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Arkansas Health and Opportunity for Me
(ARHOME) Public Forum Announcement
Arkansas Department of Human Services
Division of Medical Services
Arkansas State University, Jonesboro, Arkansas
Centennial Hall, Reng Center Student Union
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A N N O U C E M E N T

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Good afternoon, my name is Nell Smith. I am an assistant director for the Division of Medical Services at the Department of Human Services -- the Arkansas Department of Human Services and this is our Arkansas Health and Opportunity for Me (ARHOME) post-award public forum.

So the purpose of this public forum is a requirement of CMS. ARHOME operates as a Section 1115 demonstration waiver. That means that we get to operate our program, our Medicaid expansion program, a little differently than other states, and we do that under a waiver. So, federal waiver regulations require a post award public forum to solicit comments on the progress of the demonstration. The public has an opportunity to provide comments and a forum summary will be included in our quarterly and annual reports to CMS. And all of the forum materials will be available at the link on the screen.

So just an overview of ARHOME, ARHOME is Arkansas's Medicaid expansion program under the federal Affordable Care Act. Serves adults between the ages of 19 and 64 years old with household income below 138% of FPL, the federal poverty level. The

1 federal government pays 90% of the program and
2 Arkansas pays the remaining 10%. We use -- and the
3 reason it's a waiver program that we get to operate
4 it a little differently is that we use our Medicaid
5 dollars to buy private insurance for our clients. So
6 instead of individuals being on the traditional
7 Medicaid fee for service plans, we purchase with
8 premium to qualified health plans to give our clients
9 private health insurance.

10 So it originally started as Arkansas -- well, it
11 started actually as the Healthcare Independence
12 Program, but most recently was the Arkansas Works
13 Program and that state law and our federal waiver
14 expired at the end of '21, a calendar year '21. Our
15 state legislature created Act 530 of 2021 to
16 authorize DHS to apply for a new five year waiver.
17 CSM subsequently approved that ARHOME program in
18 December of 2021 for a January 1, 2022, start date.

19 Our new program as I mentioned earlier is called
20 the Arkansas Health and Opportunity for Me or ARHOME.
21 So the current ARHOME population covers more than
22 340,000 people. And it covers about 20% of Arkansas'
23 non-elderly adults. So it's an important program in
24 our state. And in 2021, the expenditures for this
25 program totaled \$2.46 billion dollars. And as I

1 mentioned earlier, the federal government is paying
2 90% of that cost.

3 So one big change we've always been interested
4 in improving the health of Arkansas Works, our
5 Medicaid expansion population, but ARHOME is really
6 taken a laser focus to improving health of our
7 clients. And one way that we do that is we put new
8 requirements on the qualified health plans. So they
9 are now required to provide incentives to their
10 members or to health care providers to encourage
11 health improvement activities. They submit annual
12 Quality Assessment and Performance Improvement
13 Strategic Plans. How are they planning to improve
14 the health of their members? And they are required
15 to meet annual targets on quality of care measures.
16 DHS may assess penalties for QHPs that miss the
17 targets. So we've set annual targets for '22 and we
18 will see how they do based on calculations in '23.

19 So these are three examples of the 2022 targets.
20 We've got Chlamydia screening, the percent of
21 individuals ages 21 to 24 who received a Chlamydia
22 screening. We've got cervical cancer screening for
23 women ages 21 to 64, and breast cancer screening ages
24 50 to 64. And you'll see the green boxes are the --
25 essentially the best performers on each of the

1 measures, so that is where we have set the targets.
2 These are just three of, you know, maybe 25 metrics
3 that we have and we've set the bar at the qualified
4 health plan that in '19 or '20 was doing the best
5 job. And the purpose of that is to say, you know, if
6 one of the qualified health plans is able to meet
7 this low measure then or this high measure, every
8 plan should be able to meet it. So these are for '22
9 -- performance year '22. We will assess how they did
10 in '23 and discuss any penalties that may occur in
11 '23.

12 So another new feature of ARHOME is the Health
13 and Economic Outcomes Accountability Oversight
14 Advisory Panel which we've just had a meeting of.
15 And this is a joint Legislative and Executive Branch
16 Oversight Panel. The panel ensures that essentially
17 program transparency and stakeholder involvement, and
18 its primary purpose is to review the health plans'
19 annual strategic plans and to make recommendations on
20 performance improvement targets. And they have done
21 that in '21 and they will do that again in the next
22 couple of meetings that we'll have. This group meets
23 quarterly and is reviewing lots of data and asking
24 very good questions in keeping track of our plans.

25 Finally, this is a component that is still being

1 discussed within our federal regulators, CMS. It's a
2 Life360 HOME, and the concept is that we will
3 contract with hospitals who will either use their own
4 staff of will contract with a partner to provide
5 intensive care coordination, supportive services for
6 individuals in these three different categories.

7 So we've got three of them, the first is
8 Maternal. This is the concept is that we would
9 contract with hospitals with obstetric units. And
10 they would identify women with high risk pregnancies.
11 They would contract with a home visiting provider,
12 and the home visiting provider would provide home
13 visiting services to these moms during their
14 pregnancy and for up to two years after the baby is
15 born. The second Life360 HOME concept is the Rural
16 Life 360 HOMES. And these are where we would be
17 contracting with rural hospitals to coordinate some
18 intensive care coordination services for individuals
19 living in those rural areas with serious mental
20 illness or substance use disorder. The third Life360
21 HOME concept is a Success Life360 HOME and this is
22 where we would contract with acute care hospitals and
23 they would partner with an ARHOME or Goodwill sort of
24 organization to provide intensive services to help
25 individuals who -- young adults so those in their

1 twenties who are in ARHOME and have -- they're in one
2 of four categories. They were formerly incarcerated,
3 they were formerly in the DYS, the Division of Youth
4 Services System, they were formerly foster care
5 children, or they are veterans. And this program
6 would help them really sort of wrap intensive
7 services around them for improving life skills, so
8 resume building or helping them get a driver's
9 license. That sort of thing. Things that are really
10 essential to them getting off to a successful start
11 and having healthy outcomes.

12 So CMS has not -- they have been very supportive
13 of our concept and have been very encouraging, but
14 they are working through some budget neutrality
15 policy issues, and we hope that they will be
16 approving that component of our program very soon.

17 And finally, we have an update on cost sharing.
18 This is currently we have some cost sharing in the
19 ARHOME program. If you are above 100% of the federal
20 poverty level and you're in ARHOME and you're
21 enrolled in a qualified health plan, you pay a \$13.00
22 per month premium, and you will pay \$4.00 or \$8.00
23 co-pay at the time that you use services. So when
24 you go to the doctor's office. And you'll pay those
25 co-pays up to a max of \$60.00 per quarter.

1 In 2023, CMS is eliminating the premiums, so
2 those will go away entirely. The \$13.00 per month
3 will go away entirely. And then we're submitting a
4 state plan amendment, a request to CMS to change the
5 structure of our co-pays. So one thing that we're
6 doing is we're changing the amounts of each of the
7 service specific co-pays. So instead of \$4.00 or
8 \$8.00, it's \$4.70 or \$9.40 per service.

9 The other thing that we are doing is previously
10 only people above 100% of FPL were paying co-pays.
11 Now, anyone above 20% of FPL will be paying co-pays.
12 And you can see on the screen the quarterly co-pay
13 amounts. These have increased for those who are
14 already paying co-pays and are going to be brand new
15 for those who are not currently paying co-pays. But
16 there will be some populations and some services that
17 are exempt from co-pays. For example, pregnant women
18 won't be charged co-pays and emergency services will
19 be exempt from co-pays.

20 And finally, we've got some other upcoming
21 changes. We are planning to transition some ARHOME
22 members to the Provider-Led Shared Savings Entity
23 Program, the PASSE program. This applies to
24 individuals who are currently, what we consider,
25 medically frail in the ARHOME program. They are not

1 in a qualified health plan. So they are medically
2 frail and they have been assessed on the Behavioral
3 Health Independent Assessment at a Tier II or Tier
4 III. So this assessment really measures for those
5 who have a mental health condition, it assesses any
6 functional deficits that they may have. And if they
7 have high levels of functional deficits, they would
8 be in one of these higher tiered assessments. And we
9 think that those folks are going to be moved from the
10 ARHOME program to the PASSE program where they'll get
11 some care coordination services and we think that's
12 going to about 1,100 people who will move beginning
13 in July 1.

14 Finally, we have Retroactive Eligibility that is
15 where we have reduced the amount of time where you
16 can claim medical -- your medical claims back to 90
17 days. That's current Medicaid policy. That Medicaid
18 would pay for claims back to 90 days. We've reduced
19 that for the ARHOME population to 30 days and that
20 also again begins July 1st.

21 And this is the time for comments and questions.
22 We welcome and have provided a number of ways to make
23 your comments or questions. You can submit them to
24 me via email and my email is there. You can mail
25 them to me or you can express them today during this

1 meeting.

2 A couple of other things that we wanted to
3 mention is that Arkansas has provided coverage
4 through qualified health plans since 2014. That is
5 not new with ARHOME. That has been the case since
6 2014. And we welcome your comments and your
7 experiences in this demonstration.

8 So at this time I will open it up to any
9 comments or questions that anyone would like to make.

10 I'm not hearing any comments. I don't see any
11 comments on the Zoom so we will adjourn this meeting.
12 Thank you very much. Please if you do want to make
13 comments, there is still time. Thank you.

14 * * * * *

15 Announcement Concluded

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C E R T I F I C A T E

STATE OF ARKANSAS

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2
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4 hereby certify that the facts stated by me in the caption on
5 the foregoing proceedings are true; and that the foregoing
6 proceedings were reported verbatim through the use of the
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10 I FURTHER CERTIFY, that I am not a relative or employee of
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17 copies of the transcript before it is certified and delivered
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19 service not made available to all parties to the action.

20 WITNESS MY HAND AND SEAL this 14th day of July, 2022.

21
22 /s/Kassandra Cates
23 KASSANDRA CATES, CCR
24 Certified Court Reporter #763
25

