Arkansas Health And Opportunity for Me (ARHOME) Program – Zoom Public Hearing Transcript

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Nell Smith: That we have a public forum each year to solicit comments on the progress of the demonstration. The purpose is also to allow the public to have an opportunity to provide comments the forums summary will be included back after this is it concludes, and we get take all the comments The summary will be included in quarterly and annual reports to CMS and the forum materials will be available at the link below. Let me do that. Oh, actually Courtney can you put in the chat? Can you copy that link and put it in the chat?

Courtney: Yes, okay. We will get it in there in a minute.

Nell Smith: Okay, Thank you. To next slide, unless we need to stay here to get that.

Courtney: Just one second

Nell Smith: I'm throwing you for a loop.

Courtney: Thanks a lot.

Nell Smith: There you go. Perfect. Okay, so just as an overview of the ARHOME Program. ARHOME is the health and opportunity for me program. Arkansas Medicaid expansion program under the Federal Affordable Care Act. Its serves adults between 19 and 64 years old, and those individuals with household income below 138% of Federal poverty level. It was established as a Medicaid Waiver program so that we could do things a little differently, and the waiver allows us to spend Medicaid dollars to buy private insurance for our clients. So, individuals have a Blue Cross card or Ann Better Card, or one of our carries rather than a Medicaid fee for services card. They have a normal private health insurance that you could buy on the marketplace. The Federal Government pay 90% of the ARHOME Program and Arkansas pays the final 10 % of the program costs and in calendar year 2022 total expenditures, we're to almost 2.6 billion dollars for the program. So, it's a major investment in our state next slide. You can click all of them.

So, there are nearly 300,00 people who care currently enrolled in ARHOME Program about 19% of Arkansas non – elderly adults are in ARHOME. The ARHOME Program is there is more women than men. There is about 54% who are women about 46% who are men and about 70% of the population they ARHOME population are 45 years old or younger. So, it's a young excuse younger population and about 44% live in single person households and 39% of the ARHOME population have a dependent child. Next slide. Oh, before you go there. There's about 48% of the population. The ARHOME population that are under 20% of the Federal poverty level. So, it's skews very, very low income in the program. And about 26% are above the Federal poverty level, 100% of Federal poverty level. Next slide.

So, we wanted to provide an update about the Public Health emergency. During the Covid Public Health Emergency, the Federal Government provided enhanced Federal Medicaid matching funds in exchange for State agreements to not disenroll Medicaid beneficiaries except in certain circumstances, and those were, if the client moved out of state, the client that passed away, or the client was incarcerated, or the client requested to be disenrolled. Otherwise, we were not allowed to disenroll beneficiaries. So, we during that period of time our Medicaid client's enrollment increased pretty significantly throughout the

3 years but recently the Federal Government established April first as the date to end the continuous enrollment requirement and resume normal operations. In Arkansas out State Legislature passed Act 780 of 2021. That requires all Medicaid eligibility redeterminations to these public health emergencies eligibly, redeterminations to be completed within 6 months. So, DHS begin sending renewal forms in February and this disenrollment began April first and we actually did about a year- long campaign to get clients to update their address because we were afraid, we had lost them their actually address during the 3 years where that we weren't redetermine annually. And we've done a number of other efforts, including providing names of individuals who were at risk of losing Medicaid coverage to the ARHOME carriers and to primary care providers so that they could do outreach and make sure that no one who is eligible for Medicaid lost coverage. But this, enrollments did begin April first, and ARHOME beneficiaries we're among the first group to complete the eligibility, red determinations, and next line.

Dennis: I did want to point out for the public that the enhance funding, the additional 6.2 percentage points that State received applied to the regular Medicaid population and to the chip population. The freeze on this enrollment applied to the ARHOME population. But this States did not receive any additional funding throughout that period of time, so it remained at 90% through the entire time we got State did not received any of the enhanced match for the ARHOME population.

Nell Smith: Very good clarification. Thank you. So, with that we had for the first 2 months we had about 140,000 Medicaid clients who were disenrolled from Medicaid, and about 41% total were, among the ARHOME population and so, these are just some steps to take for ARHOME renewal that we do not want, individuals who are eligible to lose their Medicaid coverage. But we do have about 75 of the disenrollment due to the individual not returning the renewal packet or providing information that DHS needs to determine eligibility. So, we don't want someone who is eligible but just hasn't returned their renewal packet or provided the additional information. We don't want those folks to lose coverage. So, we want to make sure everyone knows what they need to do, it they find that they've lost their coverage, you first look for the Medicaid renewal form in the mail, fill it out and send it back. You also, if you have questions or want to find your account you would call our call center and the phone number is listed there or you can submit a question at the website that's listed or you can call and visit your local county office if you've lost health care coverage, because of the one reason that we just talked about. You can still provide that information and have your coverage reopened and you'll have 90 days after you closing date if you qualify for ARHOME.

This is showing ARHOME enrollment for the last 4 quarters we have 3 types of individuals, 3 types of individuals plan that individuals are enrolled in when they're in ARHOME. I've talked about the qualified health insurance plan. That's the whole purpose of ARHOME being part of waiver is to allow us to buy private health insurance for our clients and so you see that group in blue those are QHP people who are enrolled QHP the second group is individuals who are waiting to enroll in QHP so once DHS had determined, someone is eligible for ARHOME. There's a little bit of time for individuals to go and select a plan. If they don't select a plan they'll be auto assigned to a plan and all of that take a little bit of time. So, the orange bars are the individuals who are in that waiting period and while they're waiting for enrollment into a QHP. They have access to traditional Medicaid fee for services, for their health care coverage and finally, the third group is medically frail, and these are individuals who have health needs that make them better suited to the Medicaid fee for services programs and the benefits that the Medicaid fee for service providers to individuals disable and individuals with difficulty with activities of

daily living. So, you'll see in the gray bar. That's the medically frail group and they received their coverage through Medicaid fee for service.

These are our 5 qualified to help plans. QHPs, we have 2 carriers, we have 5 plans operated by 2 carriers. The 2 carriers are Arkansas Blue Shield and Santen, and you can see that we have about half of the population in the Blue Cross plan and about half of the population is in a Santen plan. So, the primary focus of the ARHOME program and something that we focused on when we moved from Arkansas Works to ARHOME is getting a laser focus on health improvement. So, our health plans, the QHPs are required to provide incentives to their members or to the health care providers to encourage health improvement activities, and they are also required to submit annual quality assessment and performance improvement strategic plans and they're required to meet annual targets on quality-of-care measures and DHS may assess penalties, financial penalties if they don't meet those targets. So, there's a real incentive for QHPs to focus on improving the quality that our members receive, and the most recent metrics are available at this link, and Courtney I don't know if we can put that in the chat? If not, we can move on.

Courtney: Yes, we can. You just give us a minute. Okay it's in there.

Nell Smith: Okay, its's in there, great, wonderful next slide. So, the Life 360 home we wanted to provide an update on where we are with that and this is component of this is like a program within the overall ARHOME program. We were approved in November to initiate this and begin implementation of the like Life 360 Home program. The concept for that is that DHS will contract with hospitals to provide or contract to provide intensive care coordination to ARHOME enrollees, who are most at risk and intensive care. Coordination is really an umbrella term but it's a very different service depending on which life home program we're talking about. There are 3 types of Life 360 homes. There's maternal Life 360 Home and that program will provide home visiting services, maternal home visiting services to women with high-risk pregnancies. This program is a little different than the other in that we want not just ARHOME women pregnant women who are in ARHOME, bit also pregnant women who are in other Medicaid programs. So, we have parent caretaker relative which is fee for service Medicaid program. We also have pregnant women 8 category. So, if you're pregnant when you apply for Medicaid, and you would go into pregnant women 8 category, and we want all the women who have high risk pregnancies in any Medicaid program to be able to participate but that makes the Maternal Life 360 Home program a little different form the other ones. The Rural Life 360 Home.

Dennis: Nell if I can add again on maternal, that family qualities for home visitation not only through the pregnancy, but the first 2 years of the baby's life. So again, we are continuing to follow that mom and the newborn child to provide that additional support, as I said so for up to the end of the second year of life.

Nell Smith: That's right. Even if the lose Medicaid at ARHOME coverage if they lose Medicaid coverage, they'll continue to receive those home visiting services. So that's another nice piece for that program. So, the Rural Life 360 Homes provides care, coordination services to individuals with serious mental illness or substance use disorder who are living in rural area. So, this is helping individual in rural areas with some of these mental health issues to coordinate their medical care navigate the health care system. So, Success Life 360 Homes is a program that will help young adults who are formerly in foster care, formerly incarcerated or in the juvenile justice system, or who are veterans and we're talking about individuals who are in their twenties, although we hope to change that we hope to expand that

age range. But right now, it's individuals in their twenties and we want to help those folks with life skills and social related health needs so that they can be successful and avoid the poverty that comes with that some of the challenges that those folks face. So, this program that has been approved by CMS and we are in process of building implementation, and getting hospital interested and ready to apply and so fare we are very happy to have 8 letters of intent from hospitals. So, this is letter of intent is the first step that hospitals take in applying to become a Life 360 Home. So, we've had 8 letters on intent 7 of those were for Maternal Life 360 Home and 1 was for Rural Life 360 Home. Then we've had 2 applications. Excuse me, we've had 3 applications. That's an error, 3 application and that second step in applying. So, a hospital first submits and get approved with their letter of intent and then they move o full application, and that's where we are, with 3 hospitals. One hospital that has submitted a letter of intent withdrew its letter of intent although we hope we can talk them back into but so that's where we are. We've got a system you know ready to go and we are excited about the enthusiasm that we're seeing from the hospital community and from community-based organizations. So, we wanted to provide a update on copays and premiums. This is a change for 2023 in 2022 we had some cost sharing this is client cost sharing. So, ARHOME clients in a qualified health plan in a Blue Cross or and Ann Better plan who ever about 100% of Federal poverty level they were subject to a $13 per month premium. They were also subject to $4 or $8 copays depending on the services that they had. There was copays limit of $60 per quarter, they couldn't pay more than $60 in copays each quarter. In 2023 we changed that structure and so there are no longer any client premiums that was requirement from CMS and copays. The individual copays changed form $4 and $8 to $4 and 70 cents and 90 cents to $9.40 cents. Another change was that copays start while clients wait for enrollment into QHP. I mentioned earlier that while clients are waiting enroll in QHP they are in Medicaid fee for service and previously they were not charged copays while they were in that Medicaid fee for service but beginning in 2023, they start paying copays immediately. There are no copays for certain populations. So, pregnant women, individuals who are 19 or 20 those folks don't pay any copays. Then there's certain services that are exempt from copays such as emergency room visits or any pregnancy related service, hospital visits are exempt from copays.

Dennis: If I can add on the copay again, this structure matches exactly the federal regulation. So, we did not receive any kind of special waiver to adopt these amounts or the limits because this what is allowable under the regulations itself. I would add that we chose to eliminate to co-payments for hospital stay and Federal rules allow for a copayment on a hospital stay but we chose not to apply copay reasoning that if you are being admitted as an impatient that really is outside of your control. There's not alternative to an impatient stay. So, in that respect we chose to forfeit that amount of money that Federal rules would have allowed us to charge for impatient stay.

Nell Smith: Thank you. Another change for 2023 was the quarterly copay limit previously only individuals about 100% of the Federal poverty level were paying premiums excuse me paying copays but we started charging copays for individuals beginning at 20% of the Federal poverty level and we increase the copays limits for those above. We set copays limits for those new to copays and then increase the copay limit to $163 per quarter for individuals at the highest FPO levels within our population. Another changes that family members who are paying copays their copays count towards individuals an individual's co-pays limit. We're prohibited from charging individuals. more than 5% of their household income in copays so we needed to make sure that family members who are contributing towards co-pays don't it cause someone to exceed the 5% of household income limits. So, Dennis, do you want to do the opportunities for success?

Dennis: We're happy to. So, this is an amendment to Our Home that we filed with CMS on June first and CMS has already given us as our affirmation back that the application itself was complete meaning that it provides all the information that CMS needs to review the application. So, we've received that CMS has now posted it online for a 30-day Federal comment period and that will carry through to I believe that third week of July there has been one comment posted already and so we any group can comment on it and this was actually a national organization that sent in comments. The amendment would expand the Life 360 Homes to a higher age group those up to age 59 would now be eligible to participate in a success ARHOME this population is at the most highest risk of long term poverty. These are individuals who have been incarcerated and have returned to the community people, either as an adult or came through our juvenile justice system individuals in foster care of formally foster care. So again, they've aged out a foster care. We know that being in foster care is an additional risk factor for poor health for lower educational attainment for lower earnings throughout their lifetime. We have also expanded there was a restriction on veterans that they had to be at risk of homelessness. We have requested to remove those criteria. So, any veteran would be able to be served in a success of Life 360 Home. So, the amendment builds on lessons learned from the 2018 and 2019 work requirements we have emphasized. This is not a traditional work requirement and individuals who choose not to avail themselves of any of the opportunities that are being offered to them including success coaches. If they decline to use those opportunities. They would not lose Medicaid eligibility, but they would be transitioned from a qualified health plan back into the fee for service delivery system, which again are still comprehensive benefits, and they would still qualify for all of those benefits we are focusing on, really, on connecting the unemployed population and we have come. We have to define that or targeted that population. Those who are unemployed as at or below 20% of the Federal poverty level and again, we are presenting opportunities to them that would include assigning them a success coach if they are not engaged in any of the activities, whether economic, economic independence activities or their health improvement initiatives. We would work those individuals to identify them. We first start with the Federal poverty level, and we have that information at the time of application. So, we know at what poverty level individuals are at.

Then we would also, further, narrow that population by matching them with data sources of to as I said, the poverty level would identifies how much they are earning we would data match to see if they are in school, data match to see if they are participating in a workforce development employment and training those types of things, and they're whether they're enrolled in any of the workforce development programs or with the educational system. So, we can identify another group of people through the data matching and all of these things whether you're in school, whether you are in training then those are indicators that you are on track, that you are on your own pathway to independence.

There are other things that we cannot data match for but assigning a success coach, the success coach would then, engage with that individual. If you are taking care of an elderly paid an elderly parent or a sibling who has a disability. So, if you are if you are their unpaid caregiver then that counts. If you are volunteering, if you are volunteering in a formal way with a whether that's a charitable organization, a faith base or community based, that would, be considered that you are engaged, and therefore again on your own pathway to independence, without any assistance for any further assistance from DHS.

So, individuals who again we become the group who would be assigned a success coach gets smaller and smaller and smaller as you are, as we are going through all of these things. But ultimately the success coach which begin working with an individual on an individualized action plan based on what the

individual's goals are for themselves, whether they want to complete their education, whether they want specific training, whether they want to develop skills to fit what their goals are for themselves. So, the success coach is there to support the individual again, this is a what we call focused care coordination and that is working directly on a regular basis on a monthly basis with that client to help them to achieve their own goals. The other end so part of this process is to screen the individual for their health-related social needs.

There are 2 concepts that have, really been introduced into health care the last few years the more common name, for it is called Social Determinants of Health. The Social Determinants of Health are about 6 different domains for social determinants of health but those are really at more a macro level at a community level.

Health related social needs are at the individual level. So, what are the individuals needs for housing, for food security, for transportation. Which are sort of the big 3 of each of those.

So, the Success coach would help identify those health, related social needs and then connect that individual to the local resources to provide that transportation or housing assistance or nutritional assistance. So again, this is a very active engagement with those clients. In again to enable that individual to get on their own pathway to a success. Those who are who may decline these opportunities and again, they are a health opportunity as well so, if you are again, these are individuals, are in a qualified health plan. They have been through the regular application process they have been auto assigned into a health plan. So, the health plans are making their own health incentive offerings to them for health screening, for example, for preventative health care, etc., to have them engaged in their own health care. Another big area that it is very important because we have heard from some medical organizations. What about an individual who has a cancer and an individual who is has a health. It is their health condition that is, keeping them out of the workforce that is keeping them out of being able to train as well.

So again, the screening process identifies whether someone and again taking care of your health actually is one of the things that we look at that you are on track because you're not engaged on the economic side, but you are very engaged on the health side. So again, anyone with. And it's not limited to cancer. It's a broadly written that any serious health condition we would say you are on track because you are taking care of your health and your invested in your health care. Individuals who do none of these things then, after over a 3-month period the success coach continues to try contract you.

You are not participating in any of these. Then we would say, okay, we are going to just transition you back to fee for service. You are still Medicaid, eligible. You're still fully eligible for those comprehensive benefits. QHP is not the right place for you, because that is model for people who are engaged in their help.

Nell Smith: You go to the next slide, Courtney.

Dennis: So, the underemployed these are individuals who are in the workforce, but perhaps, but only on a part time basis they may be and they may be underemployed. For a variety of reasons. They could be underemployed because they can do part. They can only do part time, job because they are taking care of a dependent child or a sick family member, or what or a number of other circumstances that they find themselves in. These individuals will receive monthly communications from DHS advising them about opportunities that they may wish to take advantage of, so we are communicating with them.

Excuse me on a regular basis and if they remain on the enrolled for 24 months, then we will take the next step with them to assign them a success coach because again, those individuals may be faced with barriers that a success coach can help them with. They are the longer you stay on the program then the longer you are at greater risk for long term poverty. We in Medicaid in means tested programs the way these mean steps and programs are designed. If you do increase your earnings, you start losing benefits. So, whether that is snap, whether it is a childcare subsidies. As your increase is, your income increases, benefits go down. That's called the benefit cliff again, this is something that on a on a policy basis, both ends of the political spectrum, conservatives Independence, Liberals, progressives. They all recognize that it that is built into the way these programs are designed. However, that's a short-term view of the situation in the long term. You are then forfeiting not only earnings but future benefits. You know again, your retirement benefits for social security. Depend on how much you worked, and your level of income. So, it while it the benefit cliff in the short term is a decision a person may make for a very reasonable and rational judgment call over the long term, though you are forfeiting more benefits. So again, a success coach would work to help people to understand this and help them to create a bridge over that benefit cliff into the out of poverty and into the working class and again to where it is sustainable. Oftentimes, people you, you can work extra hours and for a few months but then your hours got cut or something else. Your car broke down. You can no longer. You no longer have reliable transportation which can affect your earnings.

So, we do have a significant group of people who will move on and off in and out of poverty. What we are really looking for is what we call sustainability. We want to help you. We want that to truly become a sustainable pathway to independence, and once you are on that pathway to be able to be able to stay on that side and the next slide is the employed.

Again. We have defined this as those with earnings above 81% of the Federal poverty level. So, you are working you may be working 25 hours a week rather than 40 hours a week. So, working full time full year around is 2,080 hours in that year if you are working 2,080 hours minimum wage in Arkansas is now $11 an hour. If you are working just at minimum wage, full time full year-round.

You wouldn't even qualify for our home any longer because your earnings are about a 155% of the Federal poverty level.

So again, these are individuals who are working, but they're still not quite there on they’re on the pathway. So, if you have been there on ARHOME for 36 months we will offer you a success coach again to engage you in the same way, to help you to understand, what an additional opportunity may be available to you. Next slide. And again, this is what is what is unique about Arkansas that I haven't seen any of the National coverage. You know. There, there's been a lot of because Arkansas, one of the first States one of one of 4 States that actually started disenrolling for the PHE unwind. Arkansas is unique in that because we purchase coverage through qualified health plans your earnings has increased. So, you no longer qualify again, during the PHE. You may have increased your earnings, but you still stayed on Medicaid. We could not disenroll you now that regular order has been restored.

Your earnings now show you are at 145% of FPL. You no longer qualify for Medicaid. But because we have purchased coverage from the qualified health plans. You can stay in that same plan with the same carrier, with your same doctor, with your same network of providers that is unique in the United States, because we purchased from them. So, and again in the marketplace you may still up to 150% FPL qualify for a plan at a $0 premium. So, you can have that continuity of coverage of as you as your earnings have

increased. That's something that a lot of people may not understand. But once they do, it's like, oh, okay, I'm no longer eligible for Medicaid, but I can still get my coverage through the same carrier, I won't lose my doctor, and I won't lose any continuity of coverage. So that's a very important feature for us and to help those individuals we've been working with the carriers as they have this been disenrolled. We've also said, hey, are you picking up your clients? Are you keeping them as your members?

The success is part of the amendment is expanding the Life 360 homes. I think I talked a little bit about this previously. Again, our proposed change is to lift the age restriction for people who were formally incarcerated for veterans. People coming out of the juvenile justice system raise that right now. There's an upper limit of age 30 for veterans and we will raise that age limit to 59, which means there's a much larger pool of individuals who would qualify for that, then. So, we believe we can help more people and since the pool is larger again, hospitals then have a larger group to be able to recruit as it were, because you it really is. Individuals are being referred into the Life 360 homes. For from their community organizations. So, a good will. Here in Little Rock, we have Our House. So, these local community organizations know that now the State is offering these Life 360 homes to a larger group of people. So, the pool is bigger, making it more likely that we'll be able to expand into more areas of the state. Next slide.

Nell Smith: So, I should have had a slide here that says public comment, because this is the place where that wraps up our presentation, but we would love to hear from attendees. If you have any concerns any questions. Anything like that please feel free to find the mic, if you're in the room or come off mute and or put something in the chat, you can. You can comment any of those ways.

Dennis: And comments will be on the record. So again, these will be part of the public record that we report to CMS, and generally the purpose often the one of the major purposes of these annual public comments is to hear people's experiences. We want to hear whether you had a good experience, whether you had a bad experience whether you had that you had individuals who have had a Medicaid experience in other eligibility categories are the QHPs. Do you see that QHPs have an added value to them. Oh, or whether you made have used any of the incentives, and how that worked for you. So again, this is the public's time to give us feedback on how the program works for you individually. Providers the same thing.

Nell Smith: And you can always email, email, all of us. We've got our emails listed here. I did not list Dennis and I should have; I should have just put his, but we will always accept any comments, any questions that anybody has. I think if we don't hear any anyone who wants to make a comment, I think we can close this meeting.

I think the, we don't have anything. I think the last slide is just the yeah.

Courtney: Yes, it's just the end. And then we don't have any comments or anything online. So, okay, well, great. Thank you all for coming and for hearing our program update. Really appreciate the attendance and the attention.