



IMPROVING YOUR HEALTH AND
EXPANDING YOUR OPPORTUNITIES

ARHOME Health and Economic Outcomes Accountability Oversight Advisory Panel

Quarterly Report

September 29, 2025



Report Requirements

In approving Act 530 of 2021, the Arkansas General Assembly created the Arkansas Health and Opportunity For Me program (ARHOME) and the Health and Economic Outcomes Accountability Oversight Advisory Panel. The Act requires quarterly reporting to the Advisory Panel on the program's progress toward meeting economic independence outcomes and health improvement outcomes. Ark. Code Ann. § 23-61-1011 (see Appendix) requires the reports to include information on the following:

- Eligibility and enrollment;
- Health insurer participation and competition;
- Premium and cost-sharing reduction costs;
- Utilization;
- Individual qualified health insurance plan health improvement outcomes;
- Economic independence initiative outcomes;
- Any sanctions or penalties assessed on participating individual qualified health insurance plans; and
- Community bridge organization (i.e., Life360 HOME) program outcomes.

ARHOME Overview

ARHOME is Arkansas's Medicaid expansion program created by the federal Affordable Care Act (ACA). It serves adults ages 19 to 64 with income below 138% of the federal poverty level. The program operates as a demonstration project (waiver) approved under the authority of Section 1115 of the Social Security Act. The waiver allows the state to use Medicaid funding to purchase coverage through private Qualified Health Plans (QHPs) for eligible individuals. The federal government pays 90% of the cost of the program, and the state pays the remaining 10%. The ARHOME program was previously known as Arkansas Works, but Act 530 of 2021 changed the program to ARHOME, effective January 1, 2022. The federal Centers for Medicare and Medicaid Services (CMS) approved the new five-year waiver (January 1, 2022, through December 31, 2026) on December 21, 2021.

CMS approved an amendment to the ARHOME waiver on November 1, 2022. The amendment creates the Life360 HOME program, allowing DHS to contract with hospitals to provide additional support and intensive care coordination for ARHOME's most at-risk beneficiaries. (More information about the Life360 HOME program is available beginning on page 31.)

Act 774 of 2025 was signed into law April 17, 2025. The Act amended ARHOME's governing statutes, adding language concerning work requirements, pharmacy rebates, and a medical loss ratio of 85%. The Act also added a provision to treat cost-sharing reductions (CSR) as premiums, which allows the state to generate 2% in premium tax revenue. This revenue helps fund the ARHOME program. Finally, the Act extended the ARHOME program's sunset statute, allowing the program to continue until December 31, 2031, or a later date if extended by the General Assembly. DHS will submit a new five-year waiver to CMS to extend the program beyond December 31, 2026 by the end of calendar year 2025.

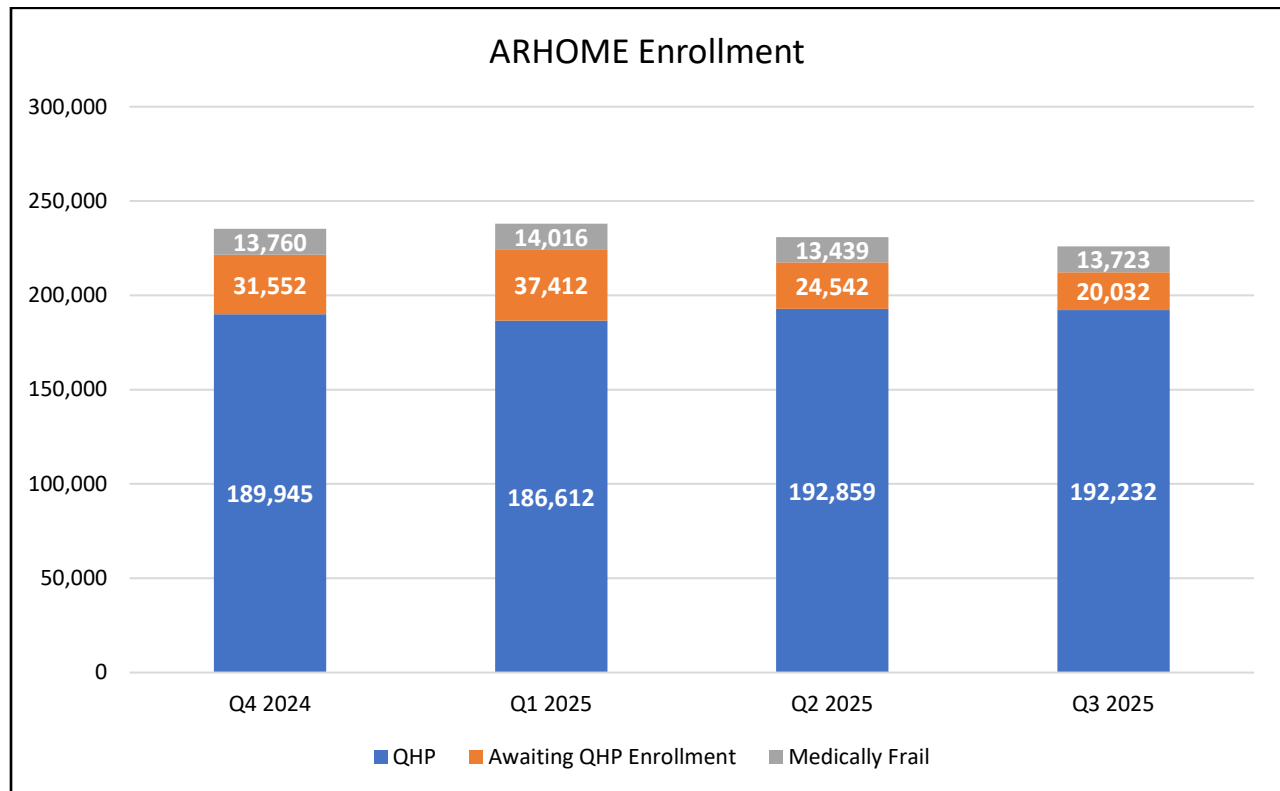
Eligibility and enrollment

The ARHOME program currently covers about 225,000 beneficiaries. Upon enrollment in the ARHOME program, beneficiaries are placed into one of two categories:

- Medically frail, or
- Awaiting QHP enrollment (Interim Alternative Benefit Plan/IABP).

Medically frail beneficiaries have health care needs that are better served by the traditional Medicaid program. These beneficiaries do not enroll in a QHP; instead, they receive health care services through traditional fee for service Medicaid. About 6% of ARHOME beneficiaries are considered medically frail.

Individuals who are not medically frail begin the process of enrolling in a QHP. These beneficiaries have 42 days to select an ARHOME QHP. Those who do not select a plan are auto-assigned to a QHP. Those who are auto-assigned have another 30 days to change their plan before their QHP coverage begins. Most ARHOME beneficiaries are enrolled in a QHP.



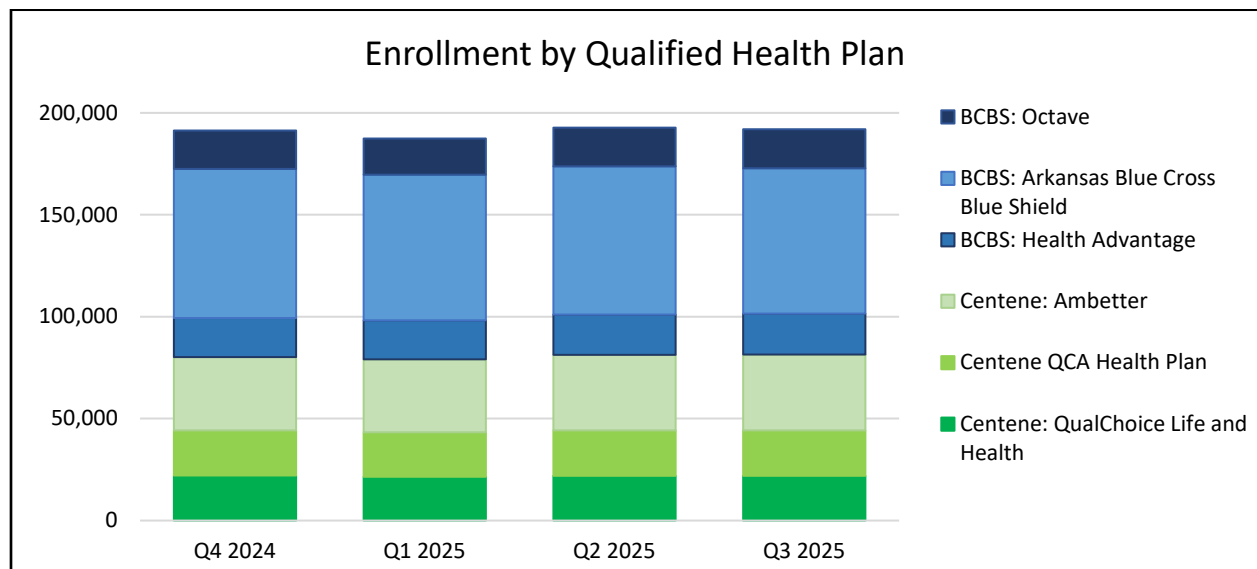
Enrollment as of the first day of each quarter (data pulled on 07/07/2025)

Health insurer participation and competition

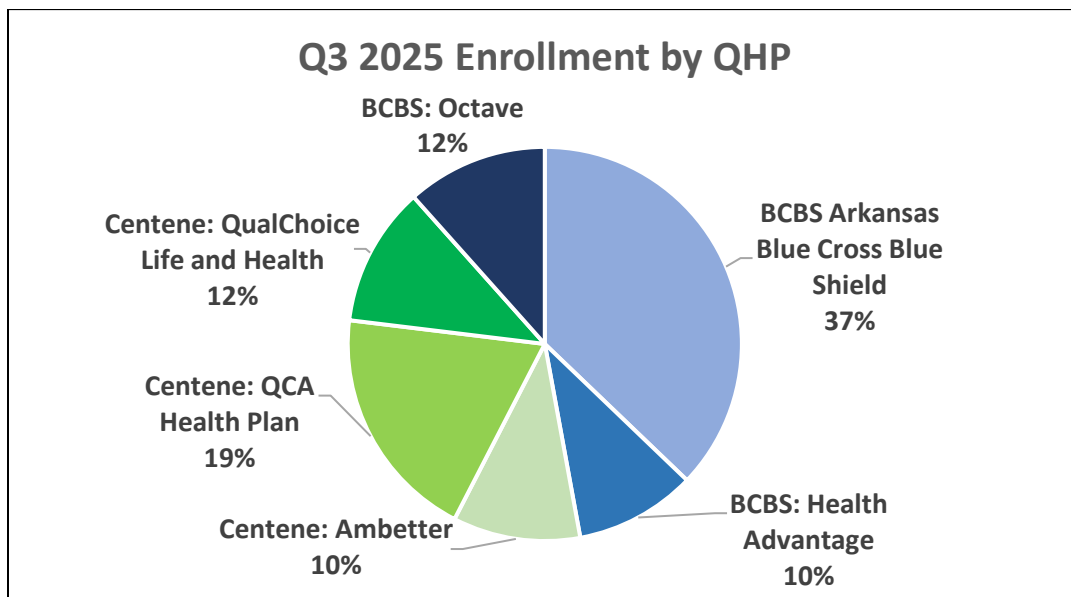
Through the ARHOME program, DHS purchases QHP coverage from two insurance carriers, Centene and Arkansas Blue Cross and Blue Shield (BCBS), for enrolled beneficiaries. In 2024 and 2025, both Centene and BCBS offered three QHPs for ARHOME beneficiaries.

The following charts show:

- ARHOME enrollment in each QHP on the first day of the last four quarters.
- The percentage of ARHOME enrollees enrolled in each QHP in the first three quarters of 2025.



QHP enrollment on the first day of each quarter of 2025 to date. Source: PROM 248-Provider AHOME Monthly Managed Care Enrollment (08/04/2025).



QHP enrollment on the first day of each quarter as of 08/04/2025. Source: PROM 248-Provider AHOME Monthly Managed Care Enrollment.

Premium and cost-sharing reduction costs

For ARHOME beneficiaries, DHS purchases the lowest cost qualifying silver-level plan offered in each rating area and those within 10% of the lowest cost plan. The plans DHS purchases are available to the public on the Arkansas Health Insurance Marketplace and cover, at a minimum, the 10 essential health benefits all Marketplace plans are required to cover under the Affordable Care Act, which include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health & substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services & devices
- Laboratory services
- Preventive & wellness services and chronic disease management
- Pediatric services

Individuals in fee for service awaiting enrollment in a QHP receive the same benefits as those offered by the QHPs.

Cost Sharing

Many ARHOME beneficiaries pay a portion of the cost of their health care services. They do not pay premiums, coinsurance or deductibles, but some beneficiaries pay point of service copays. The following table provides information on the copays beneficiaries pay.

Beneficiaries who are subject to cost sharing	Beneficiaries above 20% FPL enrolled in a QHP and those awaiting enrollment in a QHP. Some individuals are exempt (e.g., pregnant women, 19- and 20-year-olds).																
Service-specific copay amounts	\$4.70/\$9.40, depending on the service. Some services are exempt (e.g., emergency services).																
Copay limits	<p>The total copays an individual is subject to is capped each quarter. A beneficiary's quarterly copay limit is based on his or her household federal poverty level.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>FPL</th> <th>Copay Limit</th> </tr> </thead> <tbody> <tr> <td>0%-20%</td> <td>\$0</td> </tr> <tr> <td>21%-40%</td> <td>\$27</td> </tr> <tr> <td>41%-60%</td> <td>\$54</td> </tr> <tr> <td>61%-80%</td> <td>\$81</td> </tr> <tr> <td>81%-100%</td> <td>\$108</td> </tr> <tr> <td>101%-120%</td> <td>\$135</td> </tr> <tr> <td>121%-138%</td> <td>\$163</td> </tr> </tbody> </table>	FPL	Copay Limit	0%-20%	\$0	21%-40%	\$27	41%-60%	\$54	61%-80%	\$81	81%-100%	\$108	101%-120%	\$135	121%-138%	\$163
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Beneficiaries whose copays contribute to meeting the copay limit	The ARHOME beneficiary and all Medicaid beneficiaries who pay copays in the individual's family (not including ARKids B beneficiaries), per CMS requirements.																

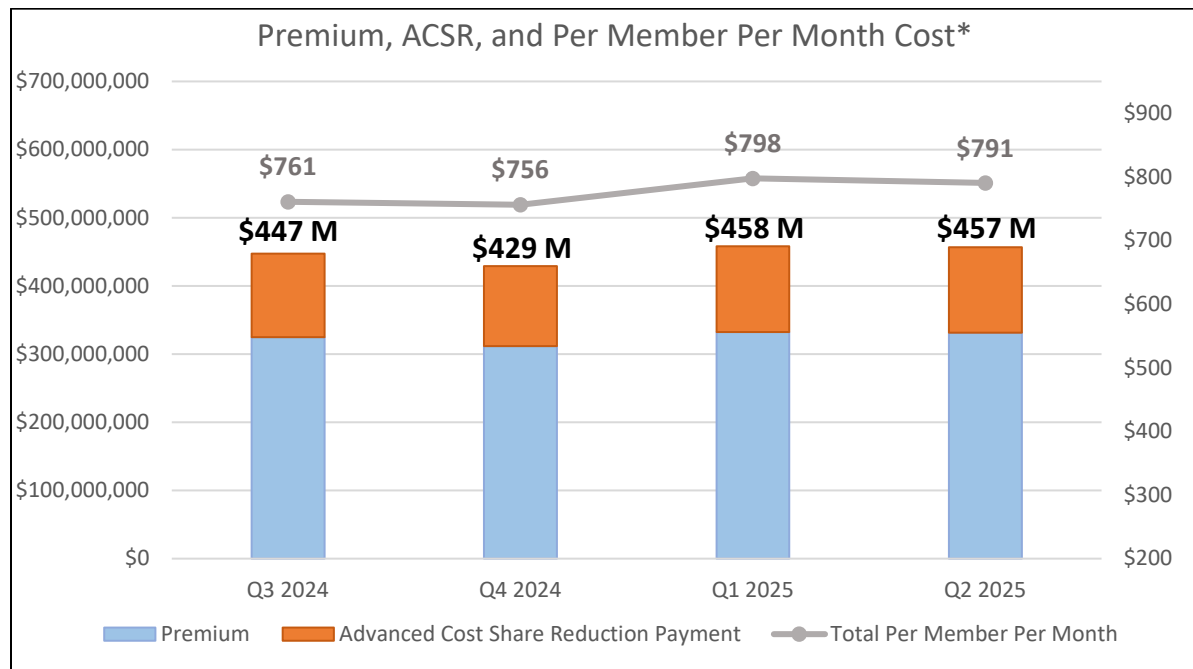
Advanced Cost Sharing Reduction Payment

The silver-level plans sold on the Marketplace charge higher copays than the \$4.70 or \$9.40 ARHOME beneficiaries pay. For example, a plan might normally have a \$50 copay for a doctor’s visit. ARHOME beneficiaries pay just \$4.70 of that \$50 copay, and DHS is responsible for the rest. DHS makes a monthly payment, known as an Advanced Cost Share Reduction (ACSR) payment, to the QHPs to cover the estimated amount of the copay not paid by ARHOME beneficiaries. This is an estimated up-front payment to cover beneficiary copays. At the end of the year, the estimated amounts are compared against actual copays incurred, and reconciliation payments are made to settle any uncovered costs or overpayments.

For each beneficiary, DHS pays the plan’s monthly premium and an ACSR payment. The ACSR rates for 2025 were set at 38% of each premium rate.

ARHOME Program Expenditures

The premiums DHS pays the QHPs, plus the advance cost sharing payments make up the vast majority of the ARHOME program expenditures. The ARHOME program’s spending is limited by an established per member per month limit known as the budget neutrality cap. The second quarter per member per month expenditure of \$791 remained under the federal limit of \$849.43 for 2025¹.

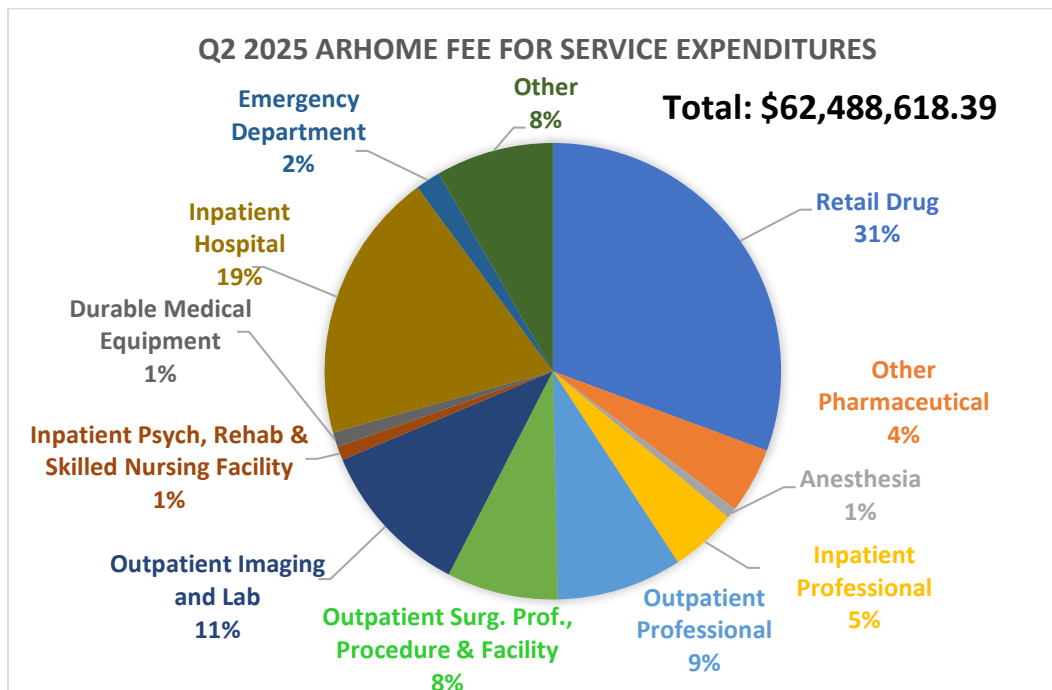


Source: AME-9827-10591 ARHOME Premium and CSR Payments and Adjustments by Month and Carrier (as of 08/07/25)

¹ Does not include wrap costs for non-emergency transportation or EPSDT services for 19- and 20-year-olds, nor does it include final CSR reconciliation settlement payments or recoupments.

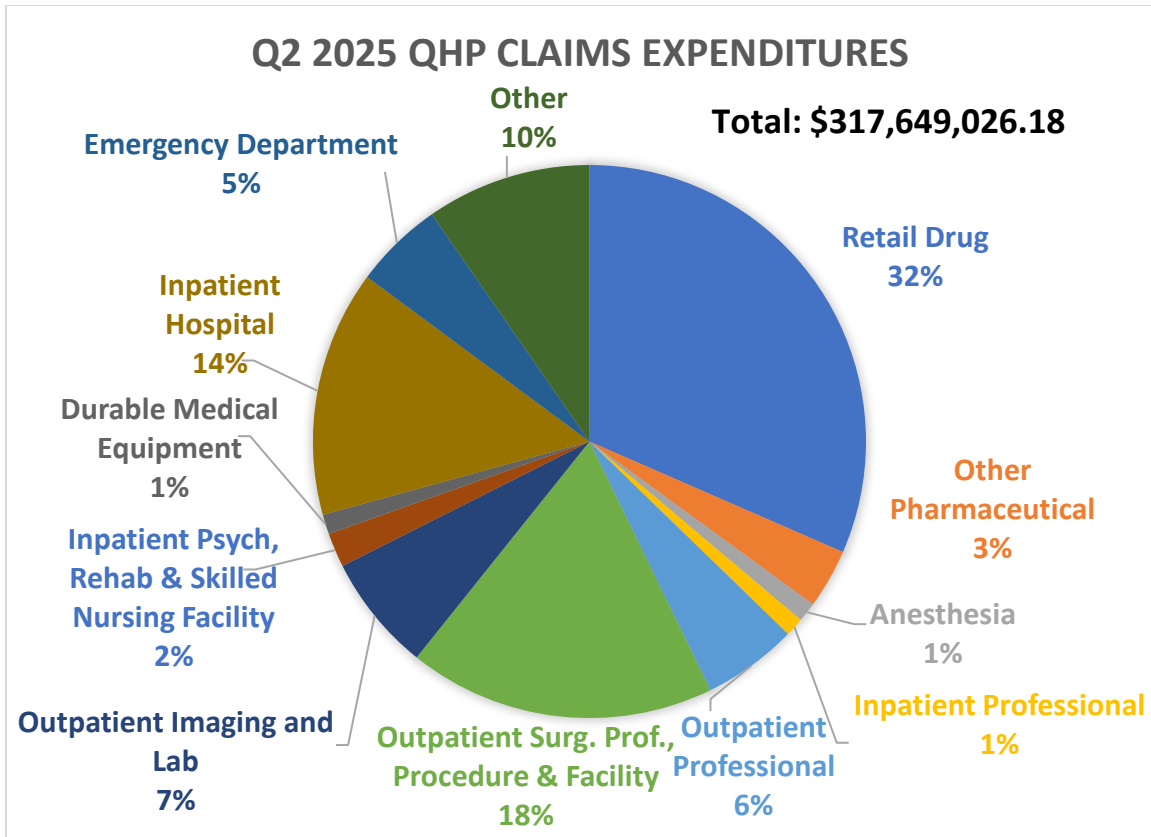
Utilization

Medical claims for ARHOME beneficiaries are processed and paid by different payors, depending on whether the beneficiary is in a QHP or in traditional fee for service (FFS) Medicaid. FFS Medicaid claims are paid from the Medicaid MMIS billing system (Interchange), while the individual QHPs process and pay medical claims for ARHOME beneficiaries through their own systems. The chart below shows claims expenditures for ARHOME beneficiaries enrolled in traditional fee for service Medicaid (medically frail and individuals awaiting QHP enrollment) for Q2 of 2025, as of 08/07/25.



Source: Care Categories - Exps and Additional Metrics – Initial, as of 08/07/25

The QHPs are required to provide DHS quarterly data on the claims they pay on behalf of ARHOME beneficiaries. The following chart shows the claims that QHPs reported paying for ARHOME beneficiaries during Q2 2025.



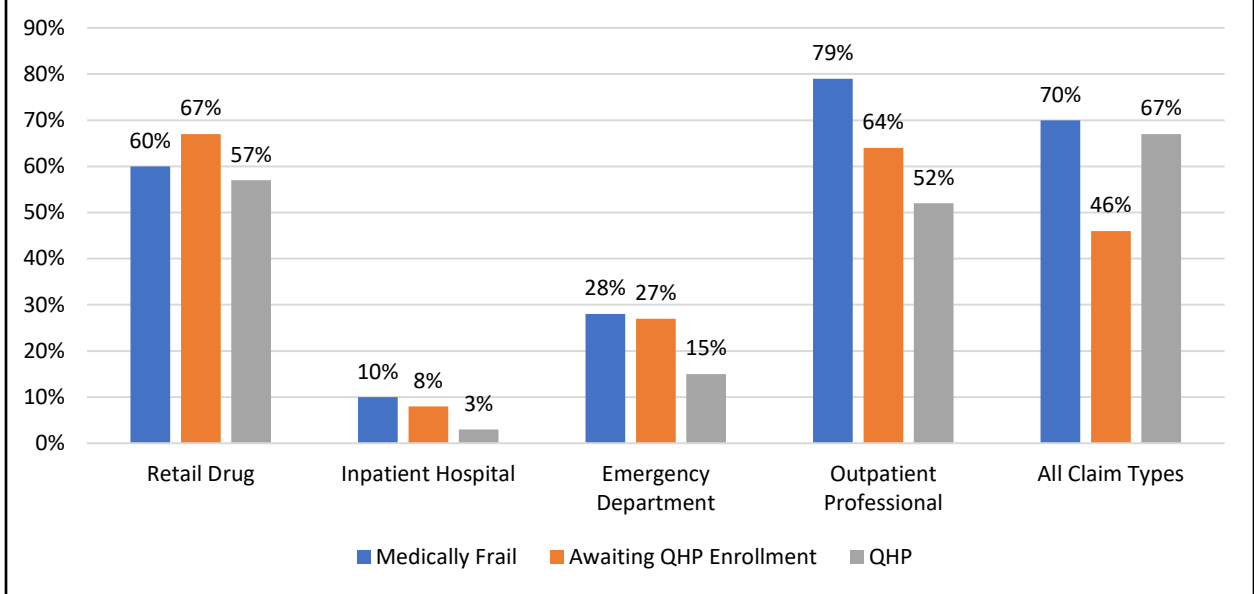
Source: ARHOME Quarterly Report-QHP Only, as of 08/07/25

The following charts show the utilization of health services by:

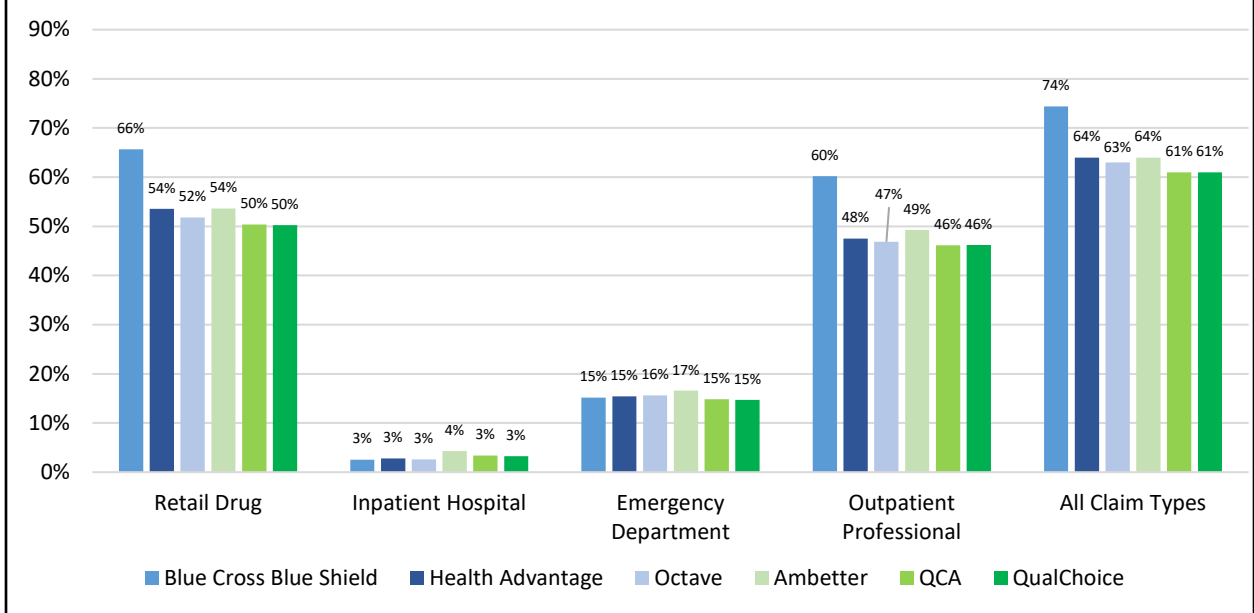
- Percent of beneficiaries with health claims
- Expenditures per beneficiary among beneficiaries with a claim in each service category (e.g., total pharmacy expenditures per beneficiary among all beneficiaries with pharmacy claims)

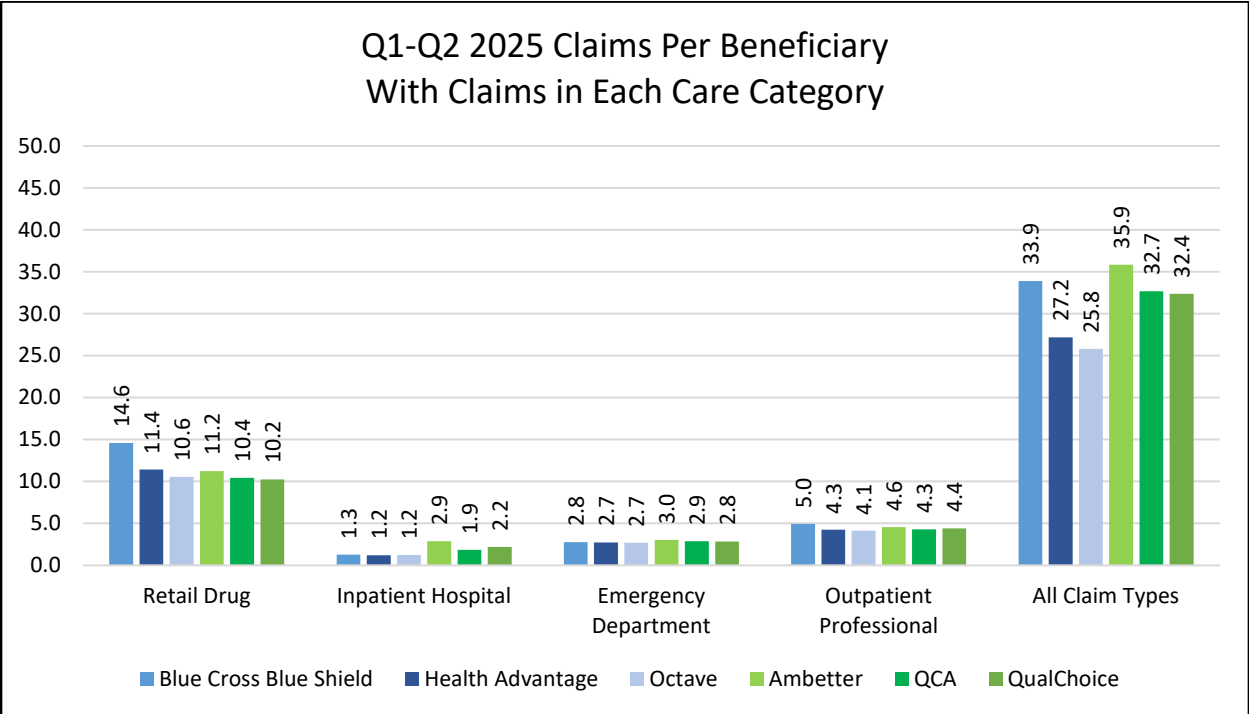
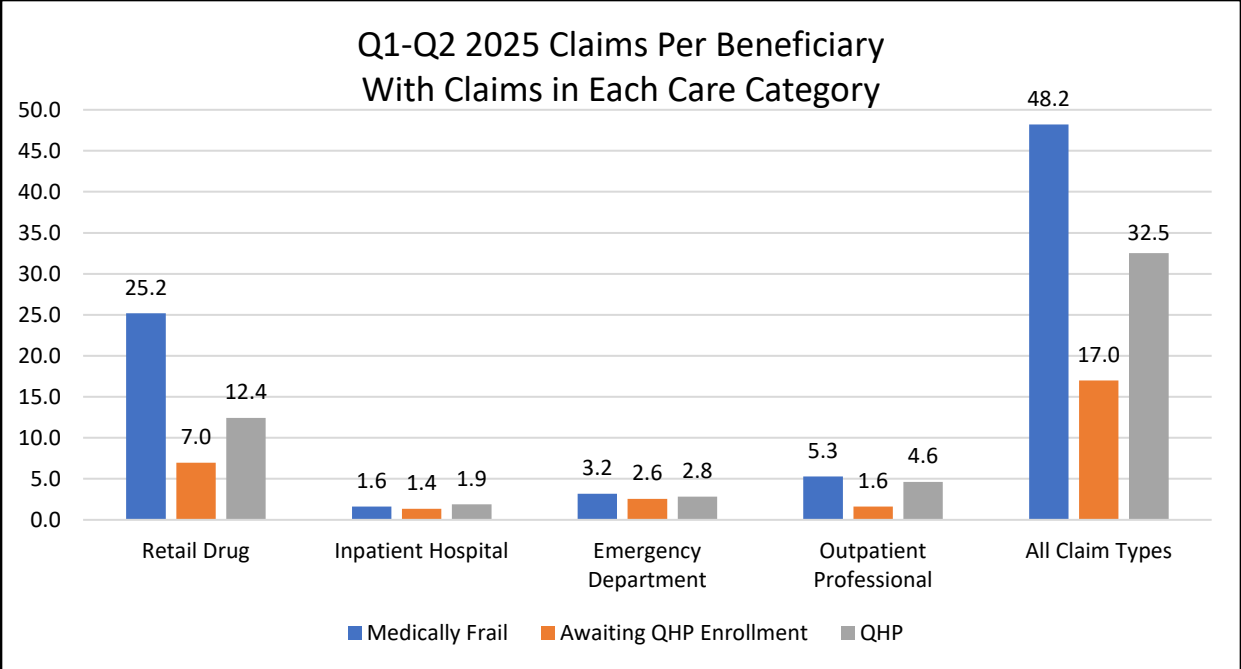
The data are provided for Q2 2025 for medically frail, beneficiaries awaiting enrollment in a QHP, all beneficiaries in a QHP, and by each individual QHP.

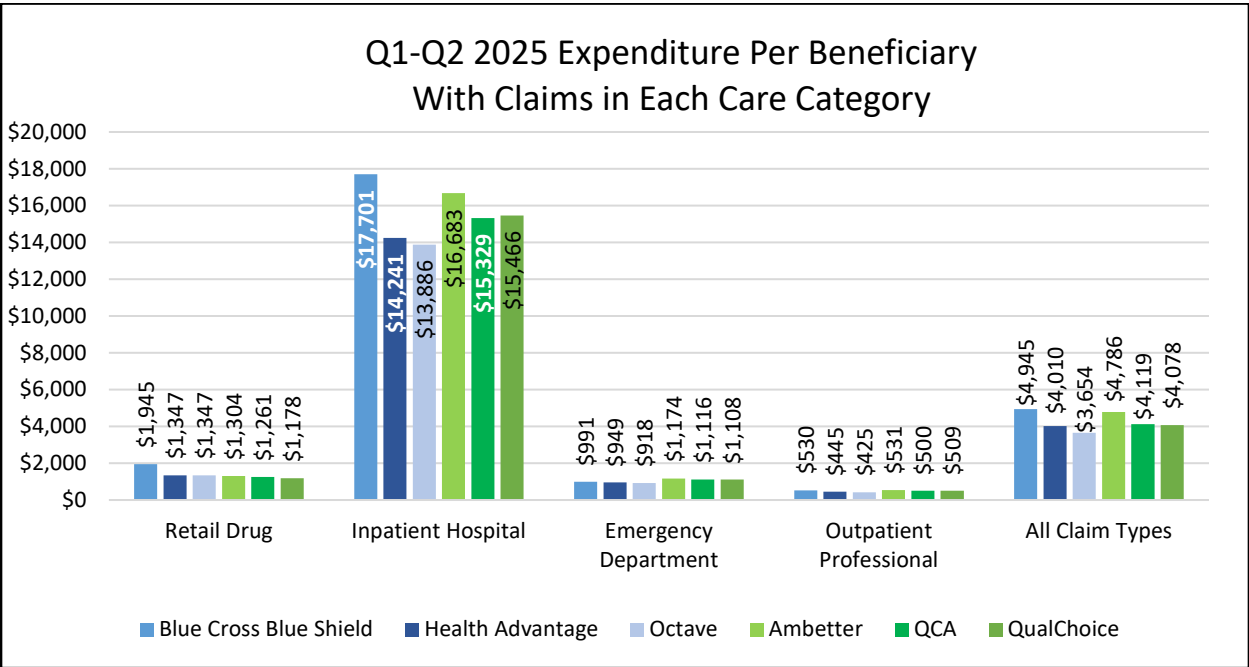
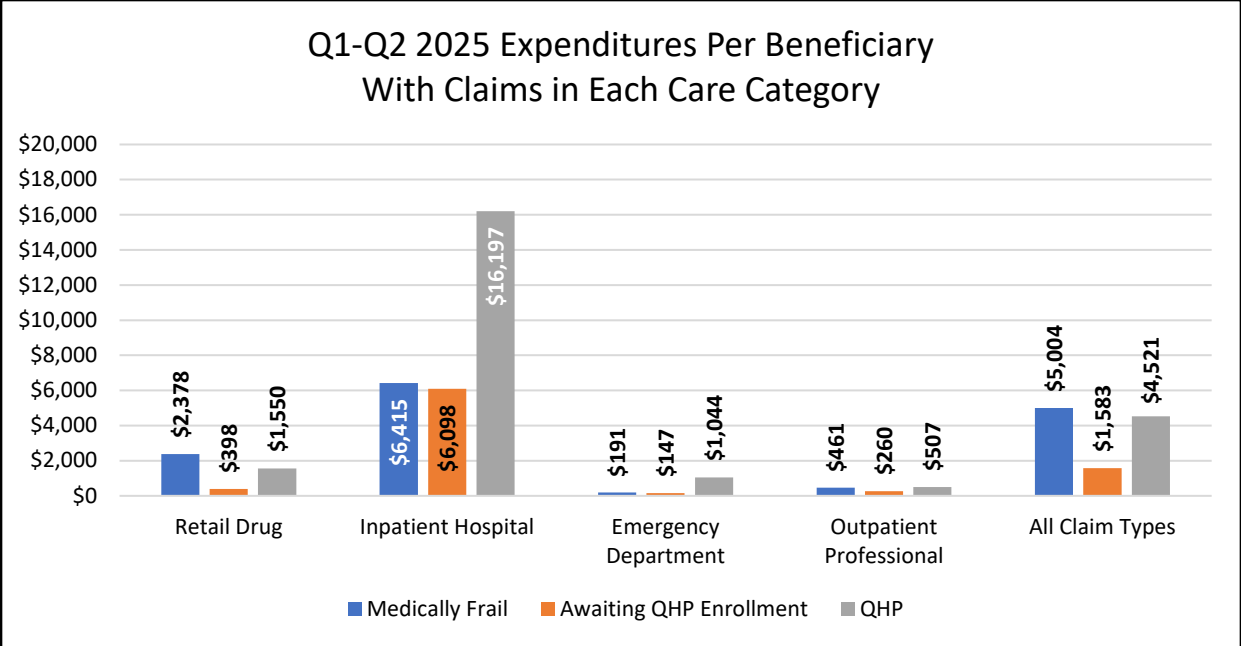
Q1-Q2 2025 Percent of Enrollees with Claims



Q1-Q2 2025 Percent of Enrollees with Claims by QHP







Economic Independence Initiative Outcomes

DHS requires QHPs to include in their annual strategic plans activities to support the ARHOME Economic Independence Initiative. Additionally, QHPs are required to offer two economic independence incentives to encourage advances in beneficiaries’ economic status or employment prospects. The table below provides the incentives each QHP is offering in 2025.

QHP	2025 Incentive Activity	Incentive Amount
BCBS	<ul style="list-style-type: none"> Continuing education Career readiness certificate Community Health Worker Certification 	<ul style="list-style-type: none"> \$50 \$100-\$200 \$200
Health Advantage		
Octave		
Ambetter	<ul style="list-style-type: none"> Attendance at one Ambetter Community Health Fair Watch videos on growing one’s own food, benefits of purchasing a used vehicle, etc. 	<ul style="list-style-type: none"> Access to job searching assistance & resume building 50 cents to \$10 per video
QualChoice Life		
QCA		

Sanctions or Penalties Assessed on Qualified Health Insurance Plans

DHS assesses penalties to QHPs that do not meet performance targets on the health care quality metrics. Performance targets are improvement goals for certain health care quality metrics set by DHS and agreed upon annually in the ARHOME MOU with the QHPs. Each year’s targets are set based on the QHPs’ previous years’ performance. There were three targets set in 2024:

- The best performing QHP for each metric over the previous three years
- The median performance of all five QHPs across the three years
- Individual QHP improvement of at least 5% from its best rate

The QHPs earned points for each target met, as specified in the annual agreement between DHS, the QHPs and the Arkansas Insurance Department. For example, a QHP would receive 2 points for meeting the best performance target for the cervical cancer screening, 2 points for meeting the median target and 2 points for improving its best performance on the metric by 5%, for a total of 6 possible points for the measure.

The total number of points the QHP earns determines the per-member-month penalty shown in the table below. The total penalty for a QHP is calculated as the penalty from the table below multiplied by the QHP’s total member months.

The 2024 penalties will be assessed based on 2024 performance, which will be calculated and presented to the ARHOME Advisory Panel in December of 2025.

Points	2024 Penalty Per Member Month
50-108	No penalty
40-49	\$1.00
30-39	\$2.00
20-29	\$3.00
10-19	\$4.00
0-9	\$5.00

The 2025 points and penalties per member per month are provided in the table below:

Points	2025 Penalty Per Member Month
78-142	No penalty
57-77	\$1.10
47-56	\$2.20
28-46	\$3.30
0-27	\$4.40

Individual qualified health insurance plan health improvement outcomes

One of the main goals of the ARHOME program is to improve beneficiaries' health. New program provisions require QHPs to take responsibility for that improvement. In 2024, QHPs were required to provide at least two health improvement incentives to encourage the use of preventive care and two health improvement incentive for each of the following populations:

- Pregnant women, particularly those with high-risk pregnancies
- Individuals with mental illness
- Individuals with substance use disorder
- Individuals with two or more chronic conditions

The following tables provide information on the incentives the QHPs offered in 2024 for each requirement, the total number of people receiving the incentive and the total incentive payment awarded. The QHPs will provide the same information for 2025 in July 2026.

QHPs also submitted annual strategic plans that included steps they would take to meet quality and performance metrics and activities to improve the health outcomes of people living in rural areas and the populations listed above.

Preventative Care

QHP	Incentive Activity	Beneficiaries Awarded (% of eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$15 for wellness visit \$50 for cervical cancer screening 	26,712 (25%)	\$400,680
		7,053 (12%)	\$352,650
		5,212 (24%)	\$260,600
		750 (21%)	\$37,500
Health Advantage	<ul style="list-style-type: none"> \$50 for mammogram \$50 for chlamydia screening 	4,974 (16%)	\$74,610
		1,563 (10%)	\$78,150
		513 (14%)	\$25,650
		499 (21%)	\$24,950
Octave		3,592 (13%)	\$53,880
		1,184 (9%)	\$59,200
		345 (16%)	\$17,250
		235 (14%)	\$11,750
Ambetter	Award beneficiaries:	6,969 (13%)	\$578,525.80
QualChoice Life	Up to \$500 in rewards for completing healthy activities, Challenges or Power-Ups in the My Health Pays portal. Members can shop at the online store or convert points into money (10 points = \$1.00) to use towards healthcare related costs or monthly bills	2,726 (8%)	\$222,286.60
QCA		2,749 (8%)	\$218,423.80

Maternal and Perinatal Care

QHP	Incentive Activity	Beneficiaries Awarded (% of eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$50 per visit (up to \$200) to complete 1-4 prenatal visits \$25 for engaging with an ABCBS Special Delivery care manager OR with a Maven care advocate by registering and completing 1 visit \$100 for receiving contraception at a pharmacy or other method of contraception by medical claim within 90 days of a live birth 	1,396 (26%)	\$138,050
Health Advantage		72 (3%)	\$1,800
		125 (24%)	\$12,500
Octave		656 (36%)	\$66,650
		13 (1%)	\$325
		48 (20%)	\$4,800
Ambetter	No specific incentives, but offered: <ul style="list-style-type: none"> Stay Smart for Your Baby case management program, which provides education to address high-risk maternity concerns Community baby showers, where attendees receive supplies, including diapers, wipes, & safety items Farmbox program, in which eligible members call Farmbox to notify them they are pregnant. Members can receive up to 4 food boxes total. 	566 (40%)	\$54,500
		13 (6%)	\$325
		40 (24%)	\$4,000
QualChoice Life		59 (11%)	N/A
		11 (2%)	
		127 (16%)	
QCA		42 (9%)	N/A
		7 (1%)	
		98 (27%)	
		45 (9%)	N/A
		4 (1%)	
		91 (24%)	

Chronic Conditions

QHP	Incentive Activity	Beneficiaries Awarded (% of Eligible)	Total Incentive Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$40 for achieving a hemoglobin A1c test result of 7% or less \$50 for maintaining ratio of 0.5 or greater for controller to rescue inhaler use 	4,808 (38%)	\$192,320
Health Advantage		324 (64%)	\$16,200
Octave		746 (35%)	\$29,840
		13 (28%)	\$650
		374 (32%)	\$14,960
		2 (67%)	\$100
Ambetter	Award beneficiaries:	3,960 (7%)	\$15,970.20
QualChoice Life	Up to \$500 (10 points=\$1.00) in rewards for completing a wellness medical service or completing a Challenge (gamified series of goal-oriented behaviors) or Power-Up (bite-sized tiles of content and interactions) in the My Health Pays portal.	1,519 (4%)	\$5,659.20
QCA		1,550 (5%)	\$5,614.60

Substance Use Disorder

QHP	Incentive Activity	Beneficiaries Awarded (% of eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$100 for completing follow-up visit within 30 days of ER visit for a substance use disorder. \$50 for completing follow up visit or receiving medication-assisted therapy within 14 days and attending 2 follow-up visits after a new diagnosis of substance use disorder 	114 (28%)	\$12,500
Health Advantage		1,002 (42%)	\$65,900
Octave		27 (24%)	\$2,800
Ambetter	No specific incentive but allows participation in the Health Assistance Linkage and Outreach case management program.	269 (49%)	\$17,350
QualChoice Life		20 (22%)	\$2,000
QCA		50 (64%)	\$3,100
Ambetter	No specific incentive but allows participation in the Health Assistance Linkage and Outreach case management program.	6 (1%)	N/A
QualChoice Life		3 (1%)	N/A
QCA		2 (1%)	N/A

The 2024 performance targets on the health quality metrics (shown in the table beginning on page 20) were set in January 2024. The 2024 performance targets were based on the best performing QHP for each metric over the prior three years. Two additional targets were established based on the median performance of all five QHPs across the three years and individual QHP improvement of at least 5% from its best rate. These additional targets allow QHPs to get credit for improvement, even if they do not match the performance of the best performing QHP.

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
Total Enrollees																
	2020	N/A	282,096		429,006	122,741	N/A	N/A	53,378	41,790	39,587	158,640	121,874	153,926	51,093	20,926
	2021	N/A	317,608		475,193	125,091	29,800	N/A	58,833	41,789	41,764	184,166	131,595	180,451	61,292	25,361
	2022	N/A	319,478			125,919	31,917	N/A	60,228	42,590	42,520	187,763	130,747	185,640	62,770	26,575
	2023	N/A	211,741		392,876	83,909	21,278	N/A	41,752	26,785	26,658	113,564	97,463	125,229	38,337	18,513
	2024	N/A	200,577		360,649	71,451	19,207	18,134	35,463	22,029	21,703	107,752	92,173	117,232	35,190	19,234
Total Live Births																
	2019	N/A	4,952		20,802	2,573	N/A	N/A	1,214	508	508	2,824	2,107	2,604	1,219	479
	2020	N/A	5,136		20,908	2,198	N/A	N/A	1,094	923	806	2,918	2,181	2,696	1,186	482
	2021	N/A	6,566		19,573	2,252	516	N/A	1,188	1,311	1,230	3,769	2,731	3,673	1,600	660
	2022	N/A	6,105		19,442	2,104	825	N/A	1,018	1,088	1,113	3,594	2,466	3,334	1,317	722
	2023	N/A	4,149		18,372	1,436	601	N/A	705	718	712	2,223	1,909	2,320	858	508
	2024	N/A	2,786		17,393	846	375	328	437	400	400	1,465	1,303	1,552	490	414
Primary Care Access and Preventive Care																
Cervical Cancer Screening, 21-64 Years	2019	N/A	46.0%	55.5%	40.0%	44.4%	N/A	N/A	42.1%	31.0%	30.2%	46.2%	45.9%	45.3%	50.4%	50.9%
	2020	N/A	43.5%	51.9%	41.9%	41.3%	N/A	N/A	38.4%	29.3%	29.6%	43.8%	43.2%	43.0%	48.6%	46.4%
	2021	N/A	41.7%	51.1%	43.3%	42.3%	16.0%	N/A	40.0%	30.8%	31.1%	42.0%	41.3%	40.7%	45.9%	46.4%
	2022	46.0 %	41.5%	50.1%	42.8%	43.7%	22.1%	N/A	40.9%	37.3%	37.2%	41.8%	41.0%	40.4%	44.9%	46.0%
	2023	46.0 %	40.8%	Not yet published.	38.8%	42.1%	32.3%	N/A	40.9%	40.3%	40.1%	41.9%	39.5%	39.5%	43.2%	48.3%
	2024	46.0%	41.1%			42.0%	31.6%	21.9%	38.8%	37.1%	37.9%	42.1%	40.0%	39.8%	43.4%	48.0%
Chlamydia Screening in Women, 21-24 Years	2019	N/A	53.9 %	58.3%	61.6%	53.6%	N/A	N/A	53.6%	55.5%	55.2%	52.7%	55.5%	49.5%	65.6%	57.0%
	2020	N/A	52.5 %	55.2%	53.7%	49.7%	N/A	N/A	54.7%	52.3%	55.4%	52.4%	52.6%	46.8%	65.0%	50.3%
	2021	N/A	53.9 %	55.5%	55.5%	51.3%	50.0%	N/A	53.1%	56.8%	57.3%	54.4%	53.1%	48.7%	66.3%	55.2%

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
	2022	55.5%	53.9 %	56.5%	55.8%	50.9%	54.4%	N/A	55.4%	56.8%	55.1%	54.0%	53.8%	48.6%	66.2%	55.7%
	2023	57.3 %	50.6%	Not yet published.	56.9%	46.9%	51.9%	N/A	50.6%	53.3%	53.1%	51.8%	49.1%	45.6%	64.0%	51.9%
	2024	57.3%	52.1%			48.4%	53.6%	44.4%	55.2%	53.7%	56.2%	52.3%	52.0%	47.7%	65.8%	54.0%
Breast Cancer Screening, 50-64 Years	2019	N/A	50.8 %	53.7%	39.6%	54.0%	N/A	N/A	49.1%	38.7%	42.2%	50.5%	51.0%	49.0%	55.4%	57.9%
	2020	N/A	47.7 %	49.8%	42.8%	50.9%	N/A	N/A	47.1%	40.5%	41.0%	48.2%	47.2%	46.0%	52.8%	52.6%
	2021	N/A	44.5 %	48.0%	41.7%	47.6%	N/A	N/A	44.4%	39.3%	40.2%	44.7%	44.3%	42.4%	50.7%	47.6%
	2022	54.0 %	46.1 %	48.3%	43.7%	50.7%	N/A	N/A	46.4%	40.9%	41.2%	46.6%	45.6%	43.7%	51.3%	50.9%
	2023	54.0 %	50.7%	Not yet published.	47.0%	54.5%	45.5%	N/A	50.2%	44.0%	44.1%	51.3%	50.2%	48.3%	55.0%	58.7%
	2024	54.0%														
Maternal and Perinatal Care																
Contraceptive Care – Postpartum Women, Most or Moderately Effective Contraception - 90 Day: 21-44 Years	2019	N/A	54.3 %	40.4% (60 days)	38.1% (60days)	54.7%	N/A	N/A	53.9%	50.4%	58.4%	52.7%	56.6%	55.3%	54.5%	49.4%
	2020	N/A	48.9 %	39.3% (60 days)	37.7% (60days)	46.6%	N/A	N/A	50.0%	46.5%	49.8%	47.3%	51.3%	52.5%	48.1%	40.7%
	2021	N/A	45.8 %	37.8% (60 days)	37.7% (60days)	46.4%	38.7%	N/A	44.6%	43.6%	49.8%	42.8%	50.0%	48.2%	44.7%	41.8%
	2022	58.4 %	47.9 %	42.8% (90 days)	42.3% (90days)	47.5%	43.3%	N/A	48.9%	49.4%	48.3%	45.4%	51.8%	48.2%	47.9%	48.3%
	2023	58.4 %	47.8%	Not yet published.	43.9% (90days)	42.3%	42.9%	N/A	52.9%	52.6%	54.0%	45.8%	50.3%	48.1%	53.8%	43.0%
	2024	58.4%	45.9%			45.7%	46.9%	42.7%	46.1%	45.4%	47.1%	43.9%	47.9%	48.4%	49.3%	36.5%
Contraceptive Care – All Women, Most	2019	N/A	25.5 %	25.3%	23.1%	27.0%	N/A	N/A	24.0%	24.3%	24.3%	25.7%	25.3%	25.2%	26.0%	26.4%

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
or Moderately Effective Contraception: 21-44 Years	2020	N/A	23.8 %	24.7%	23.6%	25.2%	N/A	N/A	22.3%	22.4%	21.5%	24.1%	23.4%	23.5%	24.2%	23.9%
	2021	N/A	22.9 %	22.7%	22.8%	24.6%	19.0%	N/A	21.3%	22.4%	22.0%	23.0%	22.7%	22.4%	23.7%	23.3%
	2022	27.0 %	20.9 %	21.2%	20.5%	22.6%	19.5%	N/A	19.1%	21.5%	21.0%	21.0%	20.8%	20.2%	21.6%	20.6%
	2023	27.0 %	20.0 %	Not yet published.	20.9%	20.8%	22.0%	N/A	18.3%	21.3%	19.6%	20.3%	19.6%	19.4%	20.1%	21.0%
	2024	27.0 %	20.8 %			21.9%	21.8%	22.8%	18.5%	22.1%	21.4%	20.7%	20.9%	20.3%	21.3%	20.9%
Low Birth Weight, Percentage of live births weighing < 2,500 grams †	2019	N/A	10.2 %	9.8% ††	10.2%	10.2%	N/A	N/A	10.5%	9.8%	9.3%	10.3%	10.1%	8.7%	14.8%	8.6%
	2020	N/A	10.8 %	10.0% ††	10.6%	11.1%	N/A	N/A	10.8%	11.5%	9.6%	11.3%	10.0%	9.7%	15.9%	5.8%
	2021	N/A	10.8 %	10.2% ††	10.6%	9.8%	11.6%	N/A	12.1%	11.7%	9.6%	11.6%	9.9%	9.0%	17.1%	8.9%
	2022	N/A	10.9 %	10.4% ††	10.7%	10.7%	11.8%	N/A	12.5%	9.4%	10.5%	11.5%	10.1%	9.4%	15.9%	9.7%
	2023	9.6%	10.4 %	Not yet published.	10.7%	10.6%	10.6%	N/A	8.5%	9.9%	11.4%	10.6%	10.1%	9.7%	16.0%	7.3%
	2024	9.6 %	9.8 %		10.5%	9.7%	7.7%	11.6%	9.9%	12.3%	7.5%	9.8%	9.8%	7.9%	18.6%	9.7%
Very Low Birth Weight, Percentage of live births weighing < 1,500 grams †	2019	N/A	1.4 %		1.5 %	1.2%	N/A	N/A	1.7%	1.2%	1.2%	1.3%	1.4%	1.0%	2.4%	0.6%
	2020	N/A	1.6 %		1.3 %	1.6%	N/A	N/A	1.8%	1.7%	1.2%	1.8%	1.3%	1.3%	2.9%	1.0%
	2021	N/A	1.6 %		1.6 %	1.3%	2.5%	N/A	1.7%	1.5%	1.3%	1.9%	1.2%	1.2%	2.7%	1.4%
	2022	N/A	1.5 %		1.6 %	1.4%	1.6%	N/A	2.4%	1.2%	1.2%	1.8%	1.2%	1.1%	2.4%	1.9%
	2023	1.2%	1.3 %		1.5%	1.0%	1.3%	N/A	1.8%	0.8%	1.7%	1.5%	1.1%	1.1%	2.2%	0.8%

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
	2024	1.2%	1.9%		1.5%	2.2%	0.3%	2.7%	2.6%	1.8%	1.8%	1.9%	2.0%	1.7%	3.9%	1.2%
Pre-Term Birth, Percentage of live births 17 - 36 weeks gestation †	2019	N/A	13.5 %		12.6 %	13.3%	N/A	N/A	14.0%	14.4%	12.2%	13.3%	13.7%	13.6%	16.1%	10.9%
	2020	N/A	12.8 %		12.4 %	13.6%	N/A	N/A	14.2%	11.8%	11.2%	13.2%	12.2%	12.8%	15.9%	9.1%
	2021	N/A	13.0 %		12.7 %	12.7%	13.2%	N/A	15.2%	13.1%	11.1%	12.9%	13.1%	12.4%	16.4%	10.0%
	2022	N/A	13.3 %		12.5 %	13.4%	13.6%	N/A	13.1%	12.3%	13.7%	14.0%	12.2%	12.9%	16.1%	11.5%
	2023	11.8%	12.1%		12.9%	12.4%	12.5%	N/A	10.4%	11.3%	12.9%	12.4%	11.8%	12.0%	14.6%	10.2%
	2024	11.1%	11.8%		12.4%	13.1%	10.4%	13.1%	12.3%	11.5%	9.5%	12.6%	11.1%	11.2%	17.8%	10.1%
Care of Acute and Chronic Conditions																
Diabetes Short-Term Complications Admission Rate, 19-64 Years (Lower is Better)	2019	N/A	26.2	22.2 (Ages 18-64)	37.3 (Ages 18-64)	14.2	N/A	N/A	16.8	16.4	22.4	27.4	24.8	26.6	26.8	20.2
	2020	N/A	21.4	19.4 (Ages 18-64)	20.6 (Ages 18-64)	14.2	N/A	N/A	15.5	30.9	27.5	24.0	18.2	22.6	26.2	10.2
	2021	N/A	21.9	17.8 (Ages 18-64)	20.1 (Ages 18-64)	16.7	23.0	N/A	14.6	18.7	17.7	23.0	20.2	22.0	26.4	16.0
	2022	14.2	19.0	16.3 (Ages 18-64)	18.0 (Ages 18-64)	12.9	18.3	N/A	16.1	16.1	13.9	20.4	17.0	20.1	21.3	14.0
	2023	14.2	21.9	Not yet published.	24.4 (Ages 18-64)	12.5	18.1	N/A	17.2	14.5	17.4	22.4	21.3	23.2	29.1	10.2
	2024	12.9														
COPD or Asthma in Older Adults	2019	N/A	40.9	69.40	121.7	24.9	N/A	N/A	32.2	18.3	23.4	39.3	42.8	45.8	26.4	33.0

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
Admission Rate, 40-64 Years <i>(Lower is Better)</i>	2020	N/A	23.2	52.00	33.6	14.3	N/A	N/A	17.2	19.2	7.7	22.5	24.1	25.6	20.4	8.5
	2021	N/A	19.4	44.60	28.2	17.5	12.2	N/A	17.1	11.7	8.7	15.5	24.1	24.7	14.4	6.8
	2022	18.3	14.9	48.10	21.0	12.0	8.0	N/A	12.6	7.1	9.7	13.8	16.0	18.1	10.5	9.2
	2023	18.3	16.2	11.13		12.1	17.8	N/A	12.7	8.0	8.2	12.5	20.3	19.9	10.6	3.1
	2024	7.1	16.8			12.7	10.2	28.6	10.9	9.6	7.1	14.5	19.2	19.1	19.3	4.7
Heart Failure Admission Rate, 19-64 Years <i>(Lower is Better)</i>	2019	N/A	23.9	31.6 <i>(Ages 18-64)</i>	47.1 <i>(Ages 18-64)</i>	13.9	N/A	N/A	13.5	12.3	13.9	28.1	18.8	19.4	36.8	13.7
	2020	N/A	22.8	30.3 <i>(Ages 18-64)</i>	22.7 <i>(Ages 18-64)</i>	14.4	N/A	N/A	16.3	18.3	10.9	27.0	17.4	19.8	36.8	13.8
	2021	N/A	21.7	28.7 <i>(Ages 18-64)</i>	22.8 <i>(Ages 18-64)</i>	14.8	18.1	N/A	18.4	13.1	11.7	25.3	17.1	19.6	34.8	10.8
	2022	12.3	22.3	29.1 <i>(Ages 18-64)</i>	22.4 <i>(Ages 18-64)</i>	14.7	17.2	N/A	17.6	14.2	13.0	26.4	16.3	19.8	35.2	12.4
	2023	11.7	26.3	Not yet published.	31.1 <i>(Ages 18-64)</i>	17.0	22.7	N/A	23.3	15.5	15.9	25.5	27.2	23.2	43.2	16.6
	2024	11.7	32.7			23.9	21.8	11.8	23.5	23.0	17.1	34.4	30.4	28.2	52.6	23.0
Asthma in Younger Adults Admission Rate, 19-39 Years <i>(Lower is Better)</i>	2019	N/A	4.8	8.2 <i>(Ages 18-39)</i>	7.0 <i>(Ages 18-39)</i>	3.1	N/A	N/A	3.3	2.1	2.1	5.1	4.5	4.1	9.6	2.4
	2020	N/A	2.1	4.2 <i>(Ages 18-39)</i>	2.7 <i>(Ages 18-39)</i>	1.6	N/A	N/A	2.0	1.7	2.8	2.0	2.2	1.9	4.5	1.4
	2021	N/A	1.7	4.0 <i>(Ages 18-39)</i>	2.5 <i>(Ages 18-39)</i>	1.8	0.0	N/A	1.0	1.2	1.8	1.5	2.0	1.6	3.0	1.1

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
	2022	2.1	1.4	3.9 (Ages 18-39)	1.9 (Ages 18-39)	1.3	1.9	N/A	1.0	1.5	0.6	1.6	1.2	1.5	2.0	0.5
	2023	1.0	2.2	Not yet published.	2.7 (Ages 18-39)	1.6	0.5	N/A	1.9	2.8	1.2	2.2	2.1	2.2	1.5	4.2
	2024	0.6	1.9			0.5	2.7	0.8	3.0	0.0	1.2	1.9	1.9	1.6	3.3	1.3
Plan All-Cause Readmissions, Observed/Expected Ratio: 19-64 Years (Lower is Better)	2019	N/A	0.8506	1.0259 (Ages 18-64)	0.8906 (Ages 18-64)	0.8071	N/A	N/A	0.8003	0.7065	0.9174	0.8268	0.8801	0.8635	0.8239	0.7190
	2020	N/A	0.7743	1.0379 (Ages 18-64)	1.1297 (Ages 18-64)	0.7072	N/A	N/A	0.7528	0.4663	0.3911	0.7834	0.7624	0.7967	0.8003	0.7193
	2021	N/A	0.8457	1.0082 (Ages 18-64)	1.0544 (Ages 18-64)	0.7291	7.1528	N/A	0.8802	0.9275	0.8545	0.8301	0.8754	0.8318	0.8896	0.7701
	2022	N/A	0.8799	0.9982 (Ages 18-64)	1.1345 (Ages 18-64)	0.8303	0.8841	N/A	0.8394	0.9458	0.8162	0.8534	0.9166	0.8914	0.8835	0.7605
	2023	1.0000	0.9570	Not yet published.	1.1000 (Ages 18-64)	0.8799	1.0007	N/A	0.8405	0.9278	0.7784	0.9898	0.9065	0.9652	0.9756	0.9751
	2024	1.0000	0.8798			0.8512	0.9931	0.0000	0.8571	0.8818	0.9876	0.9060	0.8479	0.8892	0.9444	0.8848
Asthma Medication Ratio, 19-64 Years	2019	N/A	46.9 %	53.40%	38.5%	48.4%	N/A	N/A	45.3%	50.0%	54.5%	50.2%	43.3%	47.6%	47.4%	51.0%
	2020	N/A	55.8 %	57.10%	51.5%	60.2%	N/A	N/A	51.1%	48.5%	45.8%	58.4%	51.7%	55.1%	57.0%	53.2%
	2021	N/A	58.9 %	57.90%	55.2%	64.6%	N/A	N/A	55.0%	47.2%	49.3%	59.2%	58.1%	57.6%	60.8%	62.2%
	2022	54.5 %	63.3 %	60.80%	57.6%	69.2%	80.0%	N/A	61.8%	56.1%	56.7%	64.4%	61.9%	63.7%	62.0%	63.2%
	2023	54.5 %	65.1%	Not yet published.	N/A	72.2%	62.0%	N/A	59.9%	58.6%	65.1%	62.8%	67.7%	63.9%	66.0%	68.3%

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
	2024	69.2%	60.4%			65.8%	28.3%	0.0%	60.1%	61.5%	54.4%	58.4%	62.6%	58.8%	61.6%	63.6%
Behavioral Health Care																
Initiation of SUD Treatment - Total Use Disorder, 19-64 Years	2019	N/A	37.9 %	43.4% (Ages 18-64)		37.4%	N/A	N/A	38.5%	44.0%	41.5%	37.3%	38.8%	39.1%	31.8%	36.9%
	2020	N/A	39.2 %	43.5% (Ages 18-64)	40.0% (Ages 18-64)	39.8%	N/A	N/A	40.2%	37.4%	38.5%	39.3%	39.2%	40.5%	32.5%	37.7%
	2021	N/A	40.1 %	43.5% (Ages 18-64)	43.9% (Ages 18-64)	41.5%	42.5%	N/A	40.8%	38.8%	38.3%	40.4%	39.8%	41.5%	34.9%	39.4%
	2022	44.0 %	43.1 %	45.3% (Ages 18-64)	43.3% (Ages 18-64)	43.0%	43.7%	N/A	44.4%	42.6%	44.4%	44.4%	41.2%	44.9%	35.3%	41.4%
	2023	44.0 %	46.9%	Not yet published.	46.6% (Ages 18-64)	45.3%	47.4%	N/A	53.1%	47.3%	45.4%	48.0%	45.2%	48.0%	41.0%	45.5%
	2024	44.4%														
Engagement of SUD Treatment - Total Use Disorder, 19-64 Years	2019	N/A	8.6 %	16.5% (Ages 18-64)		9.6%	N/A	N/A	9.8%	10.3%	8.6%	8.3%	9.0%	9.5%	5.1%	8.6%
	2020	N/A	9.7 %	15.2% (Ages 18-64)	8.9% (Ages 18-64)	9.5%	N/A	N/A	12.0%	9.1%	10.1%	9.2%	10.4%	10.7%	4.6%	9.8%
	2021	N/A	11.7 %	15.1% (Ages 18-64)	10.2% (Ages 18-64)	12.1%	13.2%	N/A	13.5%	11.4%	9.8%	12.0%	11.3%	12.8%	7.6%	10.1%
	2022	12.0 %	13.6 %	17.0% (Ages 18-64)	11.9% (Ages 18-64)	12.3%	10.4%	N/A	16.7%	15.7%	15.2%	14.6%	12.1%	15.0%	7.9%	12.3%
	2023	13.5 %	15.3%	Not yet published.	13.3% (Ages 18-64)	14.4%	13.8%	N/A	21.3%	14.3%	14.6%	16.6%	13.4%	17.0%	8.9%	12.0%

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
	2024	16.7%														
Antidepressant Medication Management, Effective Acute Phase Treatment: 19-64 Years	2019	N/A	52.9 %	52.5% (Ages 18-64)	39.7% (Ages 18-64)	55.5%	N/A	N/A	56.0%	48.7%	54.8%	52.6%	53.3%	55.0%	40.5%	48.2%
	2020	N/A	54.0 %	55.3% (Ages 18-64)	49.5% (Ages 18-64)	56.7%	N/A	N/A	55.1%	50.8%	52.2%	54.4%	53.4%	56.6%	39.4%	51.9%
	2021	N/A	58.1 %	59.7% (Ages 18-64)	55.2% (Ages 18-64)	59.2%	72.2%	N/A	60.7%	57.2%	58.1%	58.8%	57.1%	60.7%	45.4%	56.5%
	2022	56.7 %	57.2 %	59.1% (Ages 18-64)	52.1% (Ages 18-64)	59.0%	54.0%	N/A	59.3%	58.1%	56.4%	57.9%	56.3%	59.9%	44.0%	56.0%
	2023	60.7 %	62.1%	Not yet published.	60.1% (Ages 18-64)	59.9%	53.1%	N/A	59.3%	57.8%	59.1%	63.1%	60.7%	63.9%	52.4%	62.4%
	2024	60.7%														
Antidepressant Medication Management, Effective Continuation Phase Treatment: 19-64 Years	2019	N/A	37.1 %	35.9% (Ages 18-64)	26.1% (Ages 18-64)	39.6%	N/A	N/A	39.2%	35.6%	35.6%	38.0%	36.0%	39.3%	25.6%	32.0%
	2020	N/A	38.1 %	38.7% (Ages 18-64)	33.4% (Ages 18-64)	41.3%	N/A	N/A	38.3%	35.2%	35.0%	38.2%	38.0%	40.5%	24.6%	37.0%
	2021	N/A	41.4 %	41.0% (Ages 18-64)	39.4% (Ages 18-64)	43.1%	61.1%	N/A	42.2%	38.6%	41.9%	41.9%	40.6%	44.0%	27.5%	39.5%
	2022	41.3 %	38.5 %	40.3% (Ages 18-64)	34.7% (Ages 18-64)	41.5%	36.1%	N/A	40.6%	35.7%	35.6%	39.6%	37.1%	41.5%	24.9%	35.0%
	2023	42.2 %	36.2%	Not yet published.	33.0% (Ages 18-64)	35.8%	27.4%	N/A	32.7%	29.9%	30.5%	37.6%	34.2%	38.4%	24.1%	34.3%
	2024	43.1%														

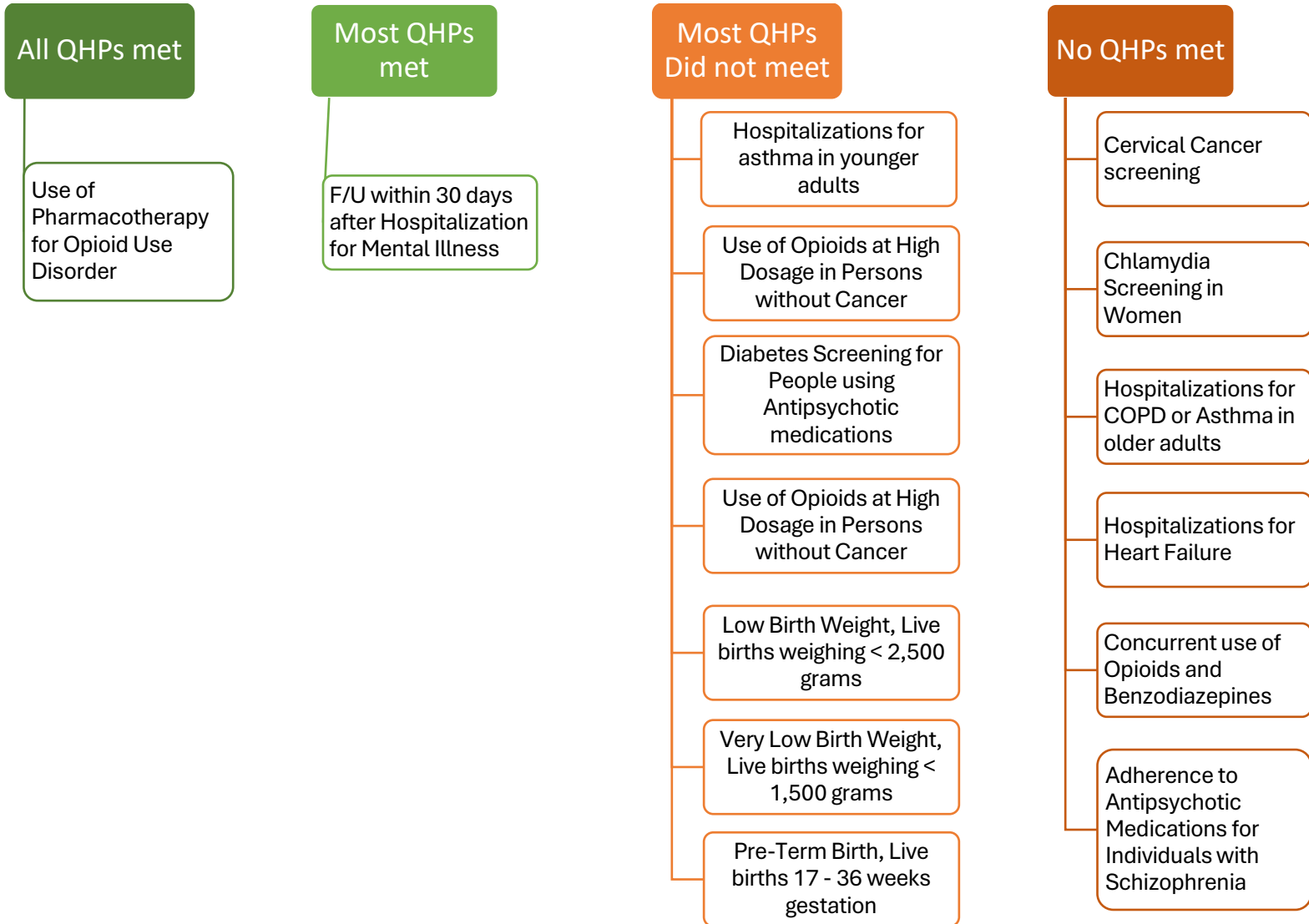
Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
Adherence to Antipsychotic Medications for Individuals With Schizophrenia, 19-64 Years	2019	N/A	44.1 %	61.2% (Ages 18+)	59.4% (Ages 18+)	47.2%	N/A	N/A	34.8%	65.0%	38.5%	41.1%	47.3%	47.5%	36.6%	41.2%
	2020	N/A	47.2 %	63.5% (Ages 18+)	58.0% (Ages 18+)	44.2%	N/A	N/A	46.4%	52.1%	43.3%	45.7%	49.1%	50.8%	43.2%	48.5%
	2021	N/A	41.2 %	61.7% (Ages 18+)	54.3% (Ages 18+)	44.8%	40.0%	N/A	39.9%	40.6%	41.0%	38.4%	45.0%	44.8%	33.6%	41.9%
	2022	65.0 %	44.2 %	61.4% (Ages 18+)	55.0% (Ages 18+)	50.3%	36.6%	N/A	36.7%	40.2%	35.2%	41.4%	47.9%	46.7%	37.2%	50.0%
	2023	65.0 %	48.0%	Not yet published.	58.1% (Ages 18+)	48.4%	34.5%	N/A	49.0%	50.8%	52.6%	45.9%	50.4%	51.4%	35.8%	50.8%
	2024	65.0%	46.8%			48.4%	53.3%	50.0%	38.4%	45.7%	47.3%	44.6%	49.6%	50.2%	38.2%	48.6%
Use of Pharmacotherapy for Opioid Use Disorder, Overall Total: 19-64 Years	2019	N/A	39.0 %			47.1%	N/A	N/A	36.5%	40.2%	45.1%	35.0%	45.4%	42.3%	15.6%	28.6%
	2020	N/A	51.3 %	57.3% (Ages 18-64)	47.5% (Ages 18-64)	54.0%	N/A	N/A	54.1%	55.3%	51.6%	49.4%	54.1%	55.2%	19.9%	45.0%
	2021	N/A	56.8 %	59.5% (Ages 18-64)	55.6% (Ages 18-64)	60.7%	65.4%	N/A	57.8%	56.6%	56.1%	54.6%	60.9%	59.8%	28.1%	54.1%
	2022	55.3 %	59.8 %	59.3% (Ages 18-64)	57.0% (Ages 18-64)	61.6%	62.4%	N/A	59.4%	61.1%	62.8%	59.8%	59.8%	61.8%	38.3%	57.7%
	2023	60.7 %	62.2%	Not yet published.	56.9% (Ages 18-64)	65.5%	67.1%	N/A	64.1%	62.8%	61.8%	61.9%	62.8%	64.6%	40.3%	58.6%
	2024	62.8%	72.6%			68.9%	81.3%	65.0%	72.3%	80.0%	76.5%	69.6%	76.9%	74.9%	50.3%	64.3%
Diabetes Screening for People With Schizophrenia or	2019	N/A	79.2 %	79.8% (Ages 18-64)	80.3% (Ages 18-64)	80.5%	N/A	N/A	80.6%	75.2%	81.1%	79.6%	78.8%	80.3%	75.2%	78.9%

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
Bipolar Disorder Who Are Using Antipsychotic Medications, 19-64 Years	2020	N/A	77.6 %	74.6% (Ages 18-64)	75.8% (Ages 18-64)	78.3%	N/A	N/A	79.2%	76.0%	79.4%	77.3%	78.1%	78.1%	79.5%	73.2%
	2021	N/A	79.7 %	76.2% (Ages 18-64)	80.7% (Ages 18-64)	80.2%	78.1%	N/A	81.1%	80.5%	79.4%	79.5%	79.8%	80.5%	80.0%	79.9%
	2022	81.1 %	80.1 %	76.8% (Ages 18-64)	81.1% (Ages 18-64)	81.4%	83.0%	N/A	80.6%	77.1%	80.7%	79.9%	80.3%	80.0%	79.4%	78.8%
	2023	81.1 %	81.3 %	Not yet published.	82.6% (Ages 18-64)	82.5%	81.6%	N/A	81.1%	78.5%	80.4%	81.6%	80.9%	81.5%	80.8%	82.2%
	2024	83.0%	82.2%			85.2%	78.5%	78.6%	82.9%	80.3%	82.0%	84.0%	80.1%	82.6%	78.8%	85.8%
Use of Opioids at High Dosage in Persons Without Cancer, 19-64 Years (Lower is Better)	2019	N/A	1.1 %	7.3% (Ages 18-64)	0.4% (Ages 18-64)	1.3%	N/A	N/A	1.1%	1.1%	0.7%	1.4%	0.7%	1.0%	0.8%	0.7%
	2020	N/A	1.0 %	7.5% (Ages 18-64)	0.7% (Ages 18-64)	1.4%	N/A	N/A	1.2%	0.3%	0.2%	1.5%	0.6%	1.0%	0.8%	1.5%
	2021	N/A	0.8 %	6.6% (Ages 18-64)	0.7% (Ages 18-64)	0.9%	1.8%	N/A	0.9%	0.6%	0.4%	1.1%	0.5%	1.0%	0.4%	0.7%
	2022	1.1 %	0.7 %	6.2% (Ages 18-64)	0.5% (Ages 18-64)	0.8%	0.7%	N/A	1.0%	0.7%	0.5%	0.9%	0.5%	0.8%	0.4%	0.4%
	2023	0.4 %	0.9 %	Not yet published.	0.9% (Ages 18-64)	1.2%	0.5%	N/A	1.4%	1.2%	0.4%	1.3%	0.7%	1.2%	0.3%	0.3%
	2024	0.4%	1.0%			1.2%	1.1%	0.0%	0.8%	0.9%	0.6%	1.4%	0.7%	1.2%	0.3%	0.9%
Concurrent Use of Opioids and Benzodiazepines, 19-64 Years (Lower is Better)	2019	N/A	20.9 %	15.4% (Ages 18-64)	22.3% (Ages 18-64)	21.5%	N/A	N/A	17.8%	16.0%	20.0%	21.6%	20.1%	23.7%	11.1%	17.7%
	2020	N/A	18.9 %	13.0% (Ages 18-64)	18.6% (Ages 18-64)	20.9%	N/A	N/A	16.3%	13.8%	15.0%	19.2%	18.5%	21.2%	11.0%	18.6%

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
	2021	N/A	17.2 %	12.6% (Ages 18-64)	17.3% (Ages 18-64)	20.1%	15.8%	N/A	14.0%	12.3%	11.7%	17.3%	17.0%	19.4%	10.5%	13.8%
	2022	16.0 %	16.9 %	12.8% (Ages 18-64)	16.9% (Ages 18-64)	19.3%	15.9%	N/A	14.3%	12.9%	12.0%	17.6%	16.3%	19.0%	9.4%	13.4%
	2023	11.7 %	16.2%	Not yet published.	16.2% (Ages 18-64)	18.5%	17.2%	N/A	13.4%	13.3%	12.2%	17.5%	15.2%	18.1%	9.5%	12.4%
	2024	11.7%	16.2%			18.8%	16.8%	12.2%	12.3%	13.3%	13.9%	16.8%	15.6%	18.0%	9.2%	12.6%
Follow-Up After Emergency Department Visit for Substance Abuse, Received Follow-Up Within 30 Days of ED Visit: 19-64 Years	2019	N/A	8.7 %	22.7% (Ages 18-64)	7.3% (Ages 18-64)	8.6%	N/A	N/A	11.8%	4.3%	2.9%	8.7%	8.7%	9.1%	7.2%	8.8%
	2020	N/A	9.5 %	23.5% (Ages 18-64)	9.7% (Ages 18-64)	8.0%	N/A	N/A	14.0%	7.2%	8.3%	9.7%	8.6%	10.4%	4.8%	9.0%
	2021	N/A	11.9 %	24.2% (Ages 18-64)	11.2% (Ages 18-64)	9.0%	9.6%	N/A	16.1%	12.5%	12.3%	11.7%	12.0%	12.9%	7.4%	13.1%
	2022	16.8 %	26.7 %	39.3% (Ages 18-64)	25.6% (Ages 18-64)	32.9%	23.7%	N/A	22.9%	24.4%	24.0%	26.3%	27.9%	28.8%	19.6%	26.8%
	2023	16.8 %	20.8%	Not yet published.	26.1% (Ages 18-64)	23.7%	18.4%	N/A	21.0%	19.1%	12.7%	21.7%	19.3%	21.6%	17.6%	21.3%
	2024	32.9%														
Follow-Up After Emergency Department Visit for Mental Illness, Received Follow-Up Within 30 Days of ED Visit: 19-64 Years	2019	N/A	37.3 %	54.3% (Ages 18-64)	39.2% (Ages 18-64)	41.7%	N/A	N/A	35.4%	30.1%	18.6%	33.9%	42.2%	40.3%	26.6%	33.3%
	2020	N/A	35.9 %	54.0% (Ages 18-64)	37.2% (Ages 18-64)	35.7%	N/A	N/A	30.5%	32.6%	34.6%	33.6%	38.4%	37.6%	31.8%	35.7%
	2021	N/A	31.5 %	53.5% (Ages 18-64)	34.9% (Ages 18-64)	29.4%	19.1%	N/A	32.2%	28.7%	37.6%	30.1%	33.3%	34.4%	19.2%	43.4%

Measure	CY	Targets	ARHOME Overall	Mean of Rptng States Medicaid*	AR Medicaid Overall***	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	BCBS: Octave	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
	2022	41.7 %	31.3 %	52.2% (Ages 18-64)	33.7% (Ages 18-64)	34.1%	28.7%	N/A	26.5%	28.7%	30.3%	28.2%	36.8%	32.3%	28.2%	40.0%
	2023	41.7 %	32.4 %	Not yet published.	35.0% (Ages 18-64)	35.5%	23.7%	N/A	33.5%	37.3%	27.8%	29.7%	36.6%	33.8%	28.5%	44.8%
	2024	41.7%														
Follow-Up After Hospitalization for Mental Illness, Received Follow-Up Within 30 Days of Discharge: 19-64 Years	2019	N/A	37.0 %	52.4% (Ages 18-64)	42.0% (Ages 18-64)	43.4%	N/A	N/A	24.6%	37.2%	35.6%	37.8%	36.0%	36.6%	32.7%	37.4%
	2020	N/A	42.8 %	56.1% (Ages 18-64)	41.0% (Ages 18-64)	45.7%	N/A	N/A	41.6%	37.7%	43.1%	43.3%	42.3%	42.5%	40.0%	49.0%
	2021	N/A	37.6 %	54.7% (Ages 18-64)	36.4% (Ages 18-64)	41.9%	30.2%	N/A	36.3%	36.1%	37.0%	38.2%	37.1%	39.1%	33.6%	35.2%
	2022	43.4 %	39.3 %	53.9% (Ages 18-64)	38.5% (Ages 18-64)	42.9%	38.0%	N/A	35.6%	39.6%	36.9%	40.1%	38.2%	40.0%	35.1%	40.7%
	2023	43.4 %	41.7%	Not yet published.	41.6% (Ages 18-64)	47.3%	41.0%	N/A	41.4%	39.9%	45.8%	40.5%	42.9%	43.0%	30.8%	50.0%
	2024	43.4%	48.1%			50.7%	49.5%	42.9%	48.8%	50.3%	48.7%	48.0%	48.5%	51.2%	34.5%	51.5%

QHP Overall Results



Life 360 HOME

The Maternal Life360 program is modeled after the federal community bridge organization concept. Under the Life360 HOME program, DHS is contracting with hospitals to provide home visitation for women with high-risk pregnancies and assistance addressing social determinants of health needs and enhancing life skills. The Maternal Life360 HOME hospitals coordinate with the beneficiaries' medical providers, but medical services continue to be covered by the individual's QHP or fee-for-service Medicaid. There is one Maternal Life360 HOME active to date.

DHS continued to make progress on implementation of the Maternal Life360 HOME program. This quarter, DHS received one new letter of intent (LOI), which is the first step in the application process, for a total of 12 letters of intent submitted by hospitals interested in becoming Maternal Life360 HOMEs. DHS has approved nine letters of intent (two letters were withdrawn by hospitals). A total of six applications (the second step in the application process) have been received from hospitals interested in becoming Maternal Life360s, and DHS has approved five applications, with one still under review. DHS has executed provider agreements with four hospitals to serve 245 beneficiaries annually combined. DHS also executed a startup agreement with Mercy Northwest Arkansas hospital in July 2025 to support readiness to provide Life360 services. An on-site readiness review visit to Mercy Northwest Arkansas hospital is scheduled for Monday, November 10, 2025. A total of 114 beneficiaries were enrolled in a Maternal Life360 as of August 2025.

The status of each of the programs is as follows:

- Since opening its Maternal Life360 program in November 2024, **St. Bernard's Medical Center** in Jonesboro, has referred a total of 97 beneficiaries in its service area of Craighead County to its subcontractor, Jonesboro Urban Renewal and Housing Authority Parents as Teachers (JUHRA PAT) program. JUHRA PAT has started conducting home visits with all beneficiaries who have completed a program intake and linked these families to several community resources including nutrition and transportation through their local referral network.
- **White River Health Medical Center**, which opened its Maternal Life360 program in January 2025, is accepting new beneficiaries in its service area of Independence County. White River Health subcontracts with Batesville School District Parents as Teachers program to provide Life360 services to up to 45 beneficiaries.
- **Baptist Health Medical Center - Little Rock** and **Baptist Health Medical Center - North Little Rock** began serving Maternal Life360 beneficiaries in March 2025 and are implementing the Maternal and Infant Health Outreach Worker (MIHOW) program, which is a new evidence-based home visiting program in Arkansas. The Little Rock

program can serve up to 50 beneficiaries in Pulaski and Saline Counties, and North Little Rock program can serve up to 50 beneficiaries in Pulaski and Faulkner counties.

More information about the Life360 program and how to become a beneficiary of these programs can be found at www.ar.gov/life360.

Pathway to Prosperity

On January 28, 2025, Governor Sarah Huckabee Sanders announced the Pathway to Prosperity Initiative. Act 774 of 2025 incorporated the initiative’s work requirement into the Arkansas Health and Opportunity for Me Act of 2021. The purpose of this initiative is to provide a bridge over the “benefits cliff” by providing focused care coordination and a personal development plan supported by success coaching.

The “benefits cliff” is the sudden and often unexpected decrease in public benefits that can occur with a small increase in earnings. Some individuals reduce their risk of encountering the “benefits cliff” by foregoing additional income or reducing work hours. Pathway to Prosperity will provide a bridge over the benefits cliff by increasing participants’ understanding of the value of health insurance and providing supports to help maintain health care coverage as they move from poverty to economic independence.

On July 4, 2025, the One Big Beautiful Bill Act (OBBBA), Pub. L. 119-21, was enacted. While not in conflict with the provisions of the Pathway to Prosperity Initiative, OBBBA contains separate and additional work requirements, set to begin no later than January 1, 2027. A comparison of the two sets of requirements is in the following table.

Act 774	P.L. 119-21
<i>Criteria for compliance/exemption</i>	<i>Criteria for compliance/exemption</i>
Volunteers 20 hours or more per week as determined by the Department of Human Services	Works not less than 80 hours per month
Meets any combination of working and participating in a work program for a total of 20 hours or more per week	Completes not less than 80 hours of community service per month
Participates and complies with the requirements of a workfare program	Participates in a work program for not less than 80 hours per month
Receives unemployment compensation and complies with work requirements that are a part of the unemployment compensation system	Is enrolled in an educational program at least half-time
Participates in a drug addiction or alcoholic treatment or rehabilitation program	Engages in any combination of activities for a total of not less than 80 hours per month
Provides care for a dependent child who has a serious medical condition or disability or is under six years of age (preempted by federal law through age of 13)	Has a monthly income that is not less than the applicable minimum wage (\$7.25/hour) multiplied by 80 hours (equals \$580 or 44% FPL for a single person)

Is medically certified as physically or mentally unfit for employment	Had an average monthly income over the preceding 6 months that is not less than the applicable minimum wage multiplied by 80 hours and is a seasonal worker
Is pregnant (after the child is born, will continue to be exempt through age of 13)	Mandatory exemptions: A specified excluded individual; Under the age of 19; Is entitled to or enrolled in Medicare; An inmate of a public institution
Is under 19 years of age	Specified excluded individuals: An Indian or an Urban Indian; A California Indian; An Indian as determined by the Indian Health Service; The parent, guardian, caretaker relative or family caregiver as defined in the RAISE Family Caregivers Act of a dependent child 13 years of age and under or a disabled individual; Who is a veteran with a disability rated as total; Who is medically frail or otherwise has special medical needs as defined by the Secretary including: an individual who is: blind or disabled; with a substance use disorder; with a disabling mental disorder; with a physical, intellectual or developmental disability that impairs their ability to perform 1 or more activities of daily living; or with a serious or complex medical condition; Who is in compliance with any requirements imposed by the State pursuant to section 407; is a member of a household that receives SNAP benefits and is not exempt from a SNAP work requirement; is participating in a drug addiction or alcoholic treatment and rehabilitation program; is an inmate of a public institution; who is pregnant or entitled to postpartum medical assistance.
Is over 59 years of age (restriction will be preempted by federal law)	N/A

DHS is currently engaged in discussions with CMS as DHS seeks final approval of this amendment, in accordance with OBBBA requirements.

Appendix

23-61-1011. Health and Economic Outcomes Accountability Oversight Advisory Panel.

- (a) There is created the Health and Economic Outcomes Accountability Oversight Advisory Panel.
- (b) The advisory panel shall be composed of the following members:
- (1) The following members of the General Assembly:
 - (A) The Chair of the Senate Committee on Public Health, Welfare, and Labor;
 - (B) The Chair of the House Committee on Public Health, Welfare, and Labor;
 - (C) The Chair of the Senate Committee on Education;
 - (D) The Chair of the House Committee on Education;
 - (E) The Chair of the Senate Committee on Insurance and Commerce;
 - (F) The Chair of the House Committee on Insurance and Commerce;
 - (G) An at-large member of the Senate appointed by the President Pro Tempore of the Senate;
 - (H) An at-large member of the House of Representatives appointed by the Speaker of the House of Representatives;
 - (I) An at-large member of the Senate appointed by the minority leader of the Senate; and
 - (J) An at-large member of the House of Representatives appointed by the minority leader of the House of Representatives;
 - (2) The Secretary of the Department of Human Services;
 - (3) The Arkansas Surgeon General;
 - (4) The Insurance Commissioner;
 - (5) The heads of the following executive branch agencies or their designees:
 - (A) Department of Health;
 - (B) Department of Education;
 - (C) Department of Corrections;
 - (D) Department of Commerce; and
 - (E) Department of Finance and Administration;
 - (6) The Executive Director of the Arkansas Minority Health Commission; and
 - (7)
 - (A) Three (3) community members who represent health, business, or education, and who have demonstrated a commitment to improving the health and welfare of Arkansans, appointed as follows:
 - (i) One (1) member shall be appointed by and serve at the will of the Governor;
 - (ii) One (1) member shall be appointed by and serve at the will of the President Pro Tempore of the Senate; and
 - (iii) One (1) member shall be appointed by and serve at the will of the Speaker of the House of Representatives.
 - (B) Members serving under subdivision (b)(7)(A) of this section may receive mileage reimbursement.
- (c)
- (1) The Secretary of the Department of Human Services and one (1) legislative member shall serve as the cochair of the Health and Economic Outcomes Accountability Oversight Advisory Panel and shall convene meetings quarterly of the advisory panel.
 - (2) The legislative member who serves as the cochair shall be selected by majority vote of all legislative members serving on the advisory panel.
- (d)
- (1) The advisory panel shall review, make nonbinding recommendations, and provide advice concerning the proposed quality performance targets presented by the Department of Human Services for each participating individual qualified health insurance plan.
 - (2) The advisory panel shall deliver all nonbinding recommendations to the Secretary of the Department of Human Services.

- (3)**
 - (A)** The Secretary of the Department of Human Services, in consultation with the State Medicaid Director, shall determine all quality performance targets for each participating individual qualified health insurance plan.
 - (B)** The Secretary of the Department of Human Services may consider the nonbinding recommendations of the advisory panel when determining quality performance targets for each participating individual qualified health insurance plan.
- (e)** The advisory panel shall review:
 - (1)** The annual quality assessment and performance improvement strategic plan for each participating individual qualified health insurance plan;
 - (2)** Financial performance of the Arkansas Health and Opportunity for Me Program against the budget neutrality targets in each demonstration year;
 - (3)** Quarterly reports prepared by the Department of Human Services, in consultation with the Department of Commerce, on progress towards meeting economic independence outcomes and health improvement outcomes, including without limitation:
 - (A)** Community bridge organization outcomes;
 - (B)** Individual qualified health insurance plan health improvement outcomes;
 - (C)** Economic independence initiative outcomes; and
 - (D)** Any sanctions or penalties assessed on participating individual qualified health insurance plans;
 - (4)** Quarterly reports prepared by the Department of Human Services on the Arkansas Health and Opportunity for Me Program, including without limitation:
 - (A)** Eligibility and enrollment;
 - (B)** Utilization;
 - (C)** Premium and cost-sharing reduction costs; and
 - (D)** Health insurer participation and competition; and
 - (5)** Any other topics as requested by the Secretary of the Department of Human Services.
- (f)**
 - (1)** The advisory panel may furnish advice, gather information, make recommendations, and publish reports.
 - (2)** However, the advisory panel shall not administer any portion of the Arkansas Health and Opportunity for Me Program or set policy.
- (g)** The Department of Human Services shall provide administrative support necessary for the advisory panel to perform its duties.
- (h)** The Department of Human Services shall produce and submit a quarterly report incorporating the advisory panel's recommendations to the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and the public on the progress in health and economic improvement resulting from the Arkansas Health and Opportunity for Me Program, including without limitation:
 - (1)** Eligibility and enrollment;
 - (2)** Participation in and the impact of the economic independence initiative and the health improvement initiative of the eligible individuals, health insurers, and community bridge organizations;
 - (3)** Utilization of medical services;
 - (4)** Premium and cost-sharing reduction costs; and
 - (5)** Health insurer participation and completion.