ARHOME
health & opportunity for me

IMPROVING YOUR HEALTH AND
EXPANDING YOUR OPPORTUNITIES

ARHOME Health and Economic Outcomes Accountability Oversight Advisory Panel

Quarterly Report

December 15, 2023

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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. A.C.A. § 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 and 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, which 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 allows the state to implement 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 27.)

On June 1, 2023, DHS submitted to CMS a proposed amendment to the ARHOME waiver. The proposal requests permission to implement the Opportunities for Success Initiative. Through the Initiative, DHS seeks to provide focused care coordination services provided by a Success Coach to beneficiaries who are not progressing toward improved health and economic independence. Individuals under 20% of the federal poverty and not engaged in their health or

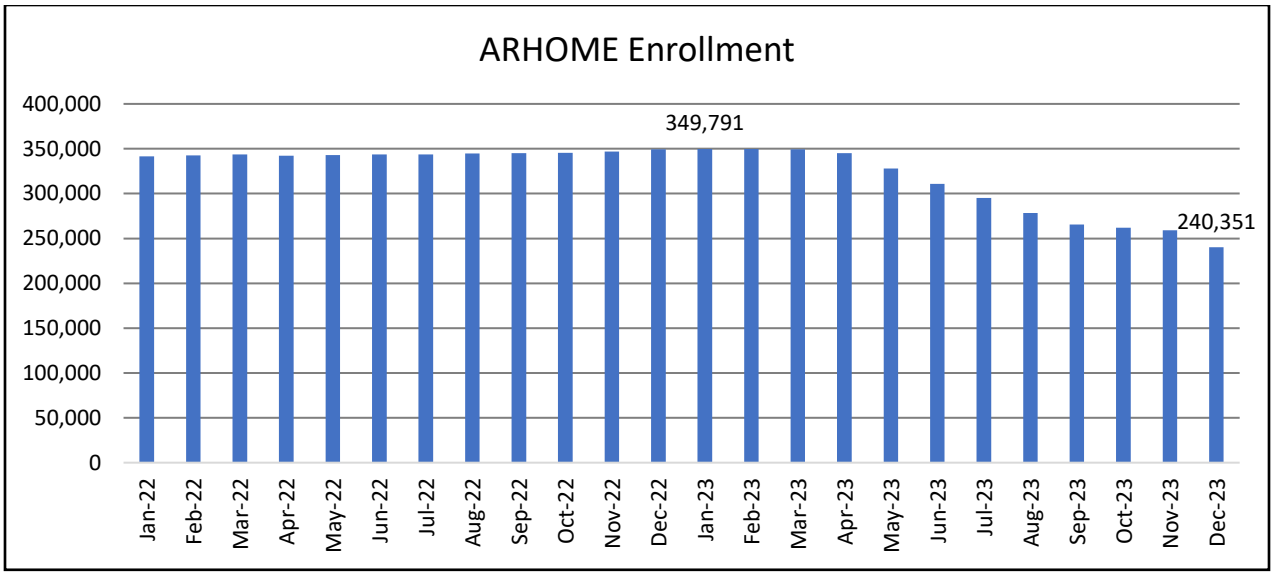
other designated activities (e.g., enrolled in education, serving as caregiver, participating in a rehab program) will be assigned a Success Coach. Success Coaches will evaluate the health-related social needs of the individuals they serve (e.g., food insecurity, education level, safe housing) to develop an individualized Action Plan. Based on the Action Plan, the Success Coach will connect the beneficiary to needed social services, employment opportunities and workforce training. Individuals who do not engage with the Success Coach or their Action Plan within three months will transition from their QHP to the traditional Medicaid Fee-for-Service (FFS) delivery system. They will not lose Medicaid eligibility.

The Opportunities for Success Initiative proposal and public comments about the proposal collected during the state public comment period are available here: Arkansas Health and Opportunity for Me (ARHOME) Program - Arkansas Department of Human Services. CMS posted the proposal on its website for the federal public comment period: 1115 Waiver Demonstration - Arkansas Health and Opportunity for Me (ARHOME) - Amendment Request (govdelivery.com). CMS received 12 public comments, which can be viewed at the link above.

Eligibility and enrollment

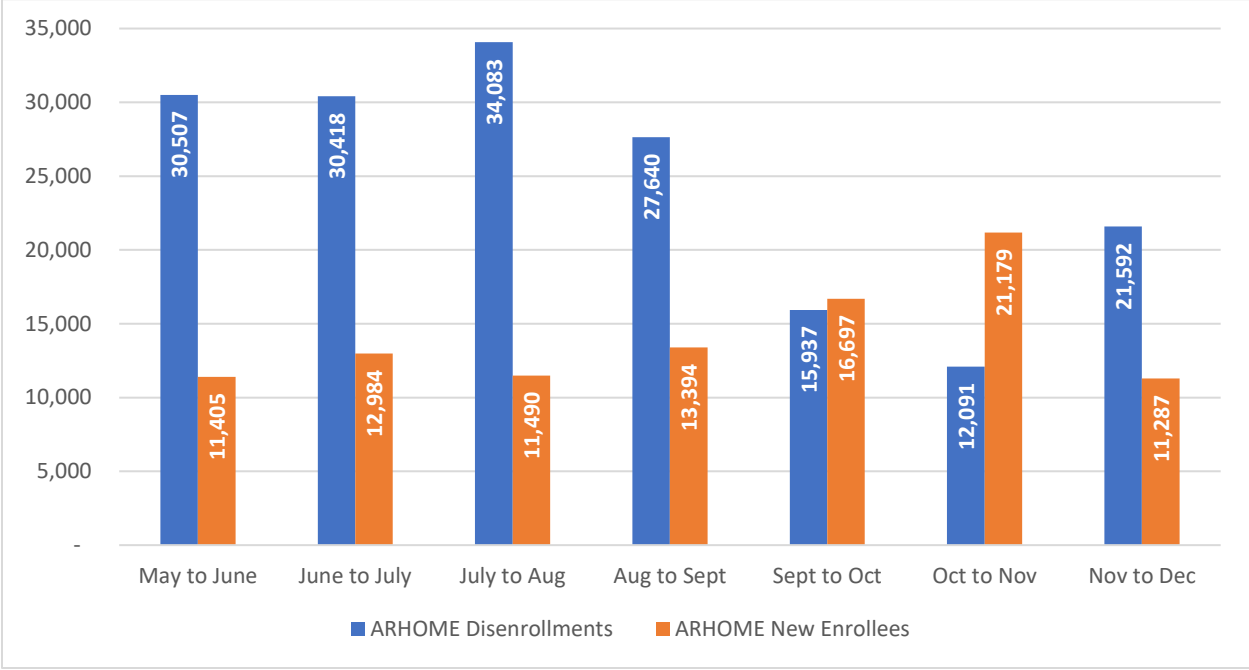
The ARHOME program currently covers about 240,000 beneficiaries. ARHOME enrollment increased steadily beginning in 2020 primarily due to the public health emergency (PHE) caused by the COVID-19 pandemic. Under the maintenance of effort (MOE) requirements of the Families First Coronavirus Response Act (FFCRA), CMS prohibited states from disenrolling beneficiaries from Medicaid programs, except when the beneficiary passes away, becomes incarcerated, moves out of state, requests disenrollment, or shifts to a different Medicaid program. That means some beneficiaries who would have otherwise lost eligibility during the PHE remained enrolled.

The federal government established the end of the continuous enrollment condition beginning April 1, 2023, requiring states to return to normal operations. DHS had already conducted multi-pronged year-long effort to alert beneficiaries, providers, and other stakeholders about coming end of the PHE. The process for disenrolling ineligible beneficiaries spanned six months and ended at the end of September. To process renewal applications timely, DHS scheduled renewals in phases, and ARHOME beneficiaries were among the first to receive renewal notices. As of early December, the ARHOME population had decreased about 31% from its height in January 2023.



Enrollment as of the first day of each month (data pulled on 11/7/23)

Some disenrolled beneficiaries have completed required paperwork and reenrolled once they discovered they had been disenrolled. In October and November, the number of people enrolling in ARHOME began to exceed the number disenrolling, but dropped again in December. Disenrollments in the chart below include individuals who shifted out of ARHOME to another Medicaid program.



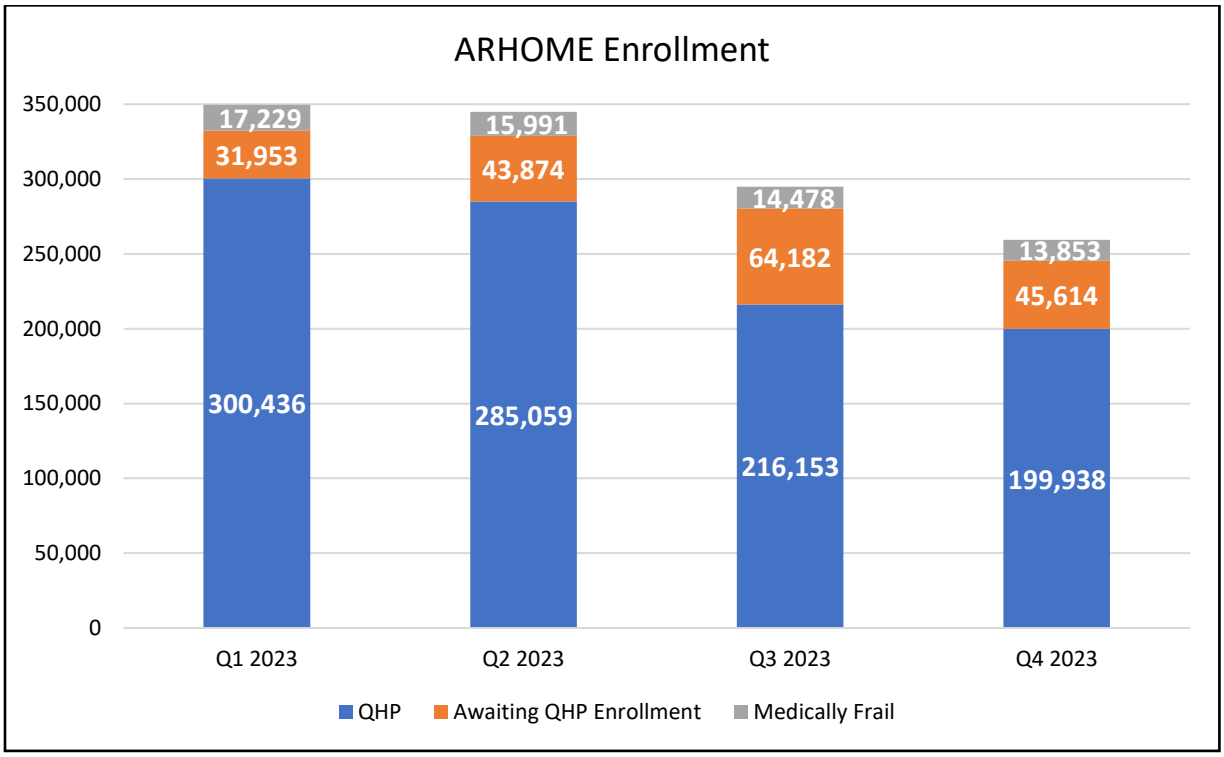
Medically Frail and QHP Enrollment

Upon enrollment in the ARHOME program, beneficiaries are placed into two categories.

- Medically frail
- Awaiting enrollment into a QHP

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 5% 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 11/7/2023)

Due to the high percentage of QHP enrollees in the program, beginning September 1, 2022, DHS opted to suspend enrollee auto-assignment into QHPs to help with budgetary constraints. State law and other guidance allow DHS to suspend auto-assignment if the total ARHOME enrollment exceeds 320,000 and the percentage of ARHOME beneficiaries enrolled in a QHP exceeds 80%. During the suspension, new ARHOME beneficiaries receive medical coverage through traditional Medicaid fee for service. After nine months of suspended auto-enrollment,

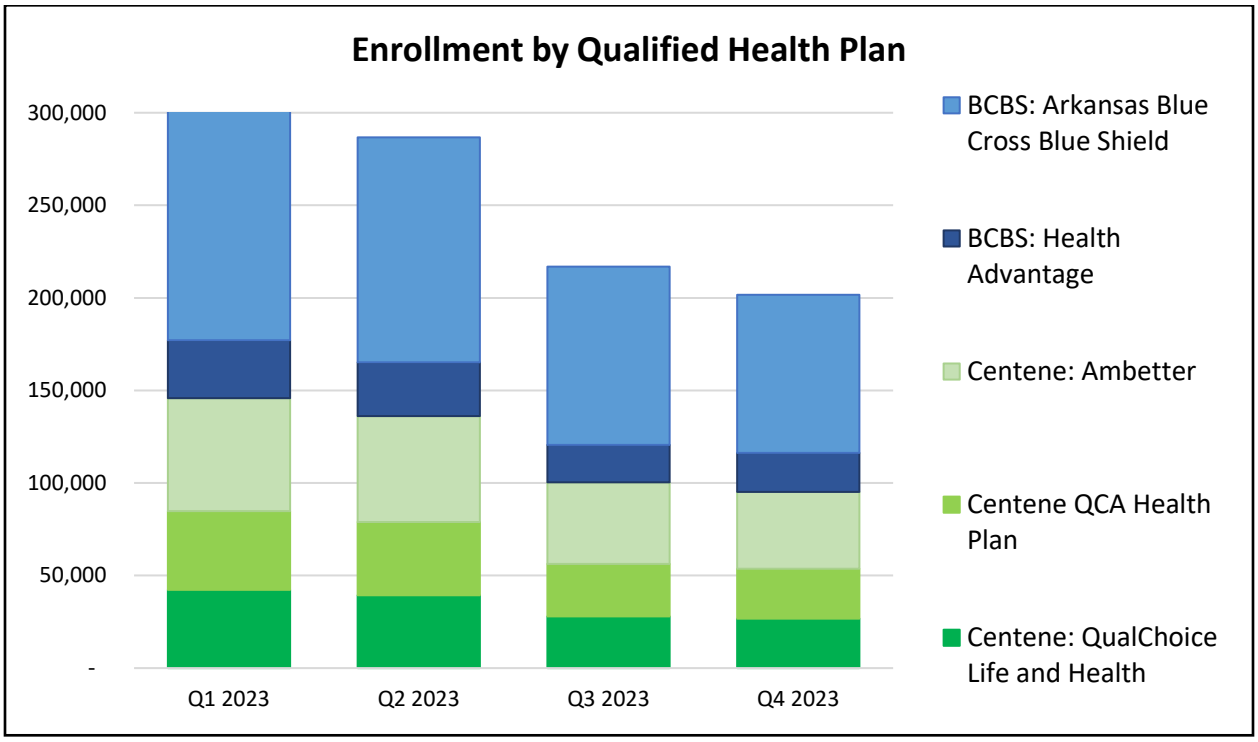
QHP enrollments dropped below 80% of all ARHOME enrollments at the end of May, and auto-assignment resumed. About 25,000 beneficiaries who had been awaiting QHP enrollment were assigned to a QHP, with an enrollment start date of August 1, 2023.

Health insurer participation and competition

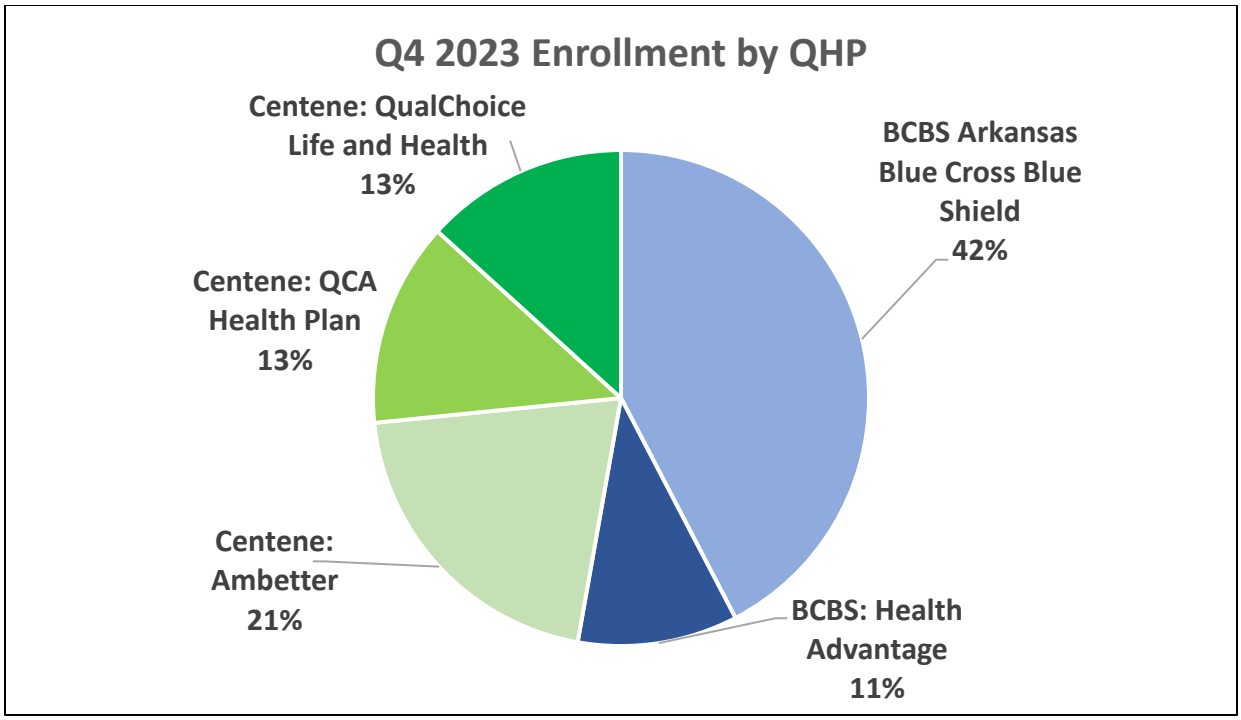
The ARHOME program currently purchases QHP coverage from two insurance carriers, Centene and Arkansas Blue Cross and Blue Shield (BCBS). Centene offers three QHPs for ARHOME beneficiaries, and BCBS offers two. Arkansas Blue Cross and Blue Shield has introduced a third QHP, known as Octave, to the ARHOME program beginning in 2024.

The following charts show:

- ARHOME enrollment in each QHP on the first day of the four quarters of 2023.
- The percentage of ARHOME enrollees enrolled in each QHP in the fourth quarter of 2023.



QHP enrollment on the first day of each quarter as of 11/13/23.



QHP enrollment on the first day of the quarter as of 11/13/23.

Premium and cost-sharing reduction costs

For ARHOME beneficiaries, DHS purchases the lowest cost qualifying silver-level plan offered in a service 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 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.

<table>
<tr><td>Beneficiaries who are subject to cost sharing</td><td>Beneficiaries above 20% FPL enrolled in a QHP and those awaiting enrollment in a QHP. Some individuals are exempt (e.g., 19- and 20-year-olds).</td></tr>
<tr><td>Service-specific copay amounts</td><td>$4.70/$9.40, depending on the service. Some services are exempt (e.g., emergency services).</td></tr>
<tr><td>Copay limits</td><td>Quarterly copay limit is based on household federal poverty level.
<table>
<tr><th>FPL</th><th>Copay Limit</th></tr>
<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>
</table></td></tr>
<tr><td>Beneficiaries whose copays contribute to meeting the copay limit</td><td>The ARHOME beneficiary and all Medicaid beneficiaries who pay copays in the individual's family (not including ARKids B beneficiaries), per CMS requirements.</td></tr>
</table>

Advanced Cost Sharing Reduction Payment

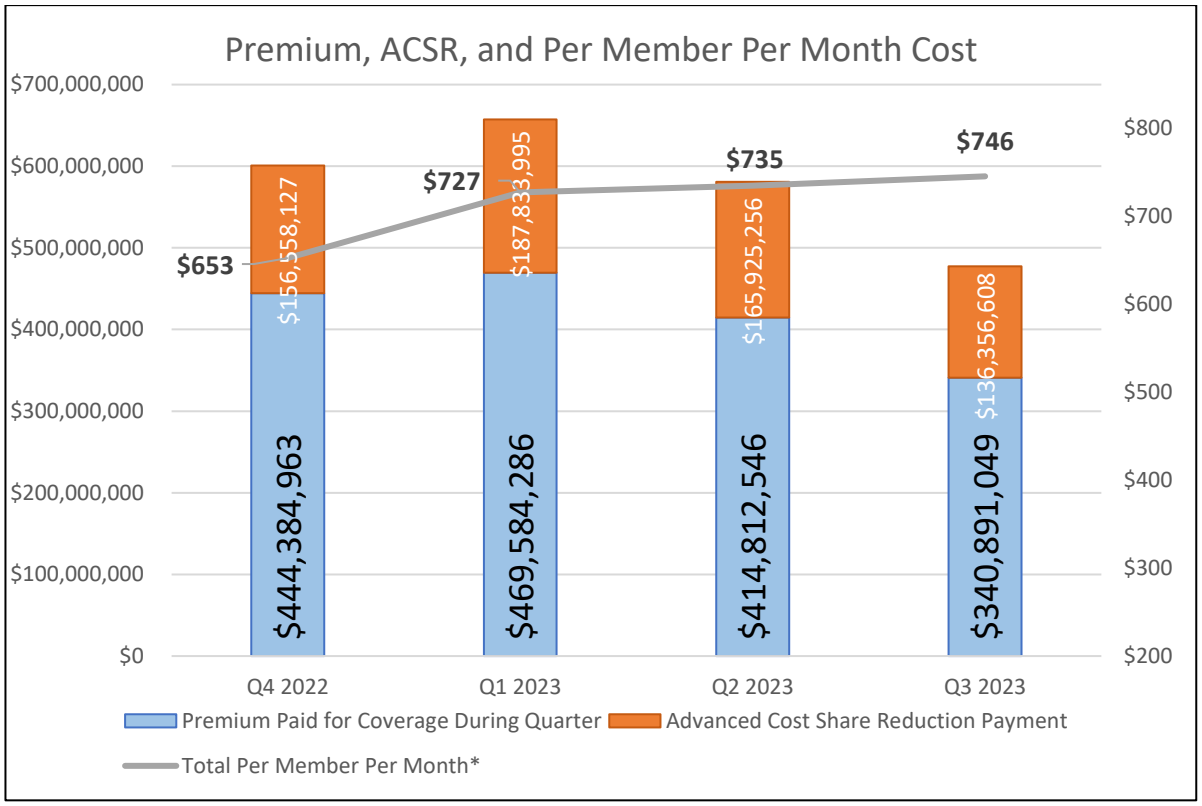
The silver-level plans sold on the Marketplace charge higher copays than the $4.70 or $9.40 ARHOME beneficiaries pay. For example, a plan might normally have a $50 copay for a doctor's visit. ARHOME beneficiaries pay just $4.70 of that $50 copay, and DHS is responsible for the rest. DHS makes a monthly payment, known as an Advanced Cost Share Reduction (ACSR) payment, to the QHPs to cover the 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. For the last two quarters of 2022, DHS set the ACSR rate at 35% of the premium. The ACSR rates for 2023 were raised to 40% of each premium rate, raising the per member per month expenditures for the first two quarters of 2023 to $727 from $653 in 2022. The per member per month expenditure remains under the federal limit of $758.85 for 2023. The federal limit is known as the budget neutrality cap. ARHOME QHP expenditures dropped in Q2 and Q3 for two reasons:

- The suspension of assigning beneficiaries to QHPs unless they select a plan (see pages 4-5), which reduced the number of new enrollees being assigned to QHPs

- The end of the public health emergency, which resulted in the disenrollment of beneficiaries determined to be ineligible for Medicaid or did not return information necessary for their eligibility to be determined.

The per member per month cost increased slightly even as overall cost decreased. This is likely due to a higher proportion of younger and/or non-tobacco users (i.e., those for whom DHS pays the QHPs lower premium rates) within the populations who were disenrolled or among the new enrollees after the suspension of auto-assignment.

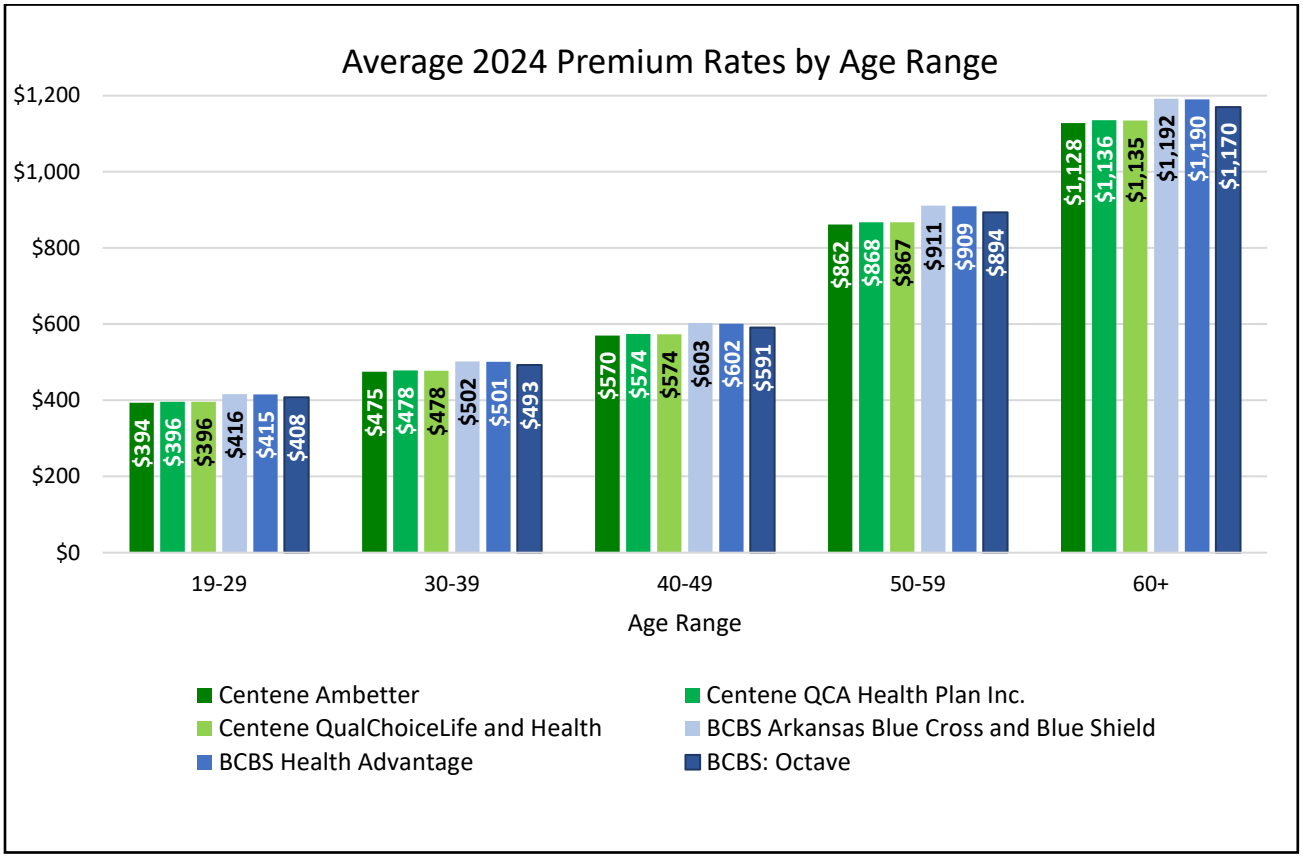


Source: 14892-10591 ARHOME Premium and CSR Payments and Adjustments by Month and Carrier 110823
*Does not include wrap costs for non-emergency transportation or EPSDT services for 19- and 20-year-olds

Qualified Health Plan Rates

The carriers set the premiums they charge for each plan they sell on the Marketplace. The 2024 premiums DHS will pay for each plan range from about $336 per month for a 19-year-old non-smoker in one plan to just under $1,360 per month for 64-year-old tobacco user in another plan. The average premium paid in the first 10 months of 2023 was about $526 per member per month.

The carriers' 2024 premium rates are shown in the following chart.

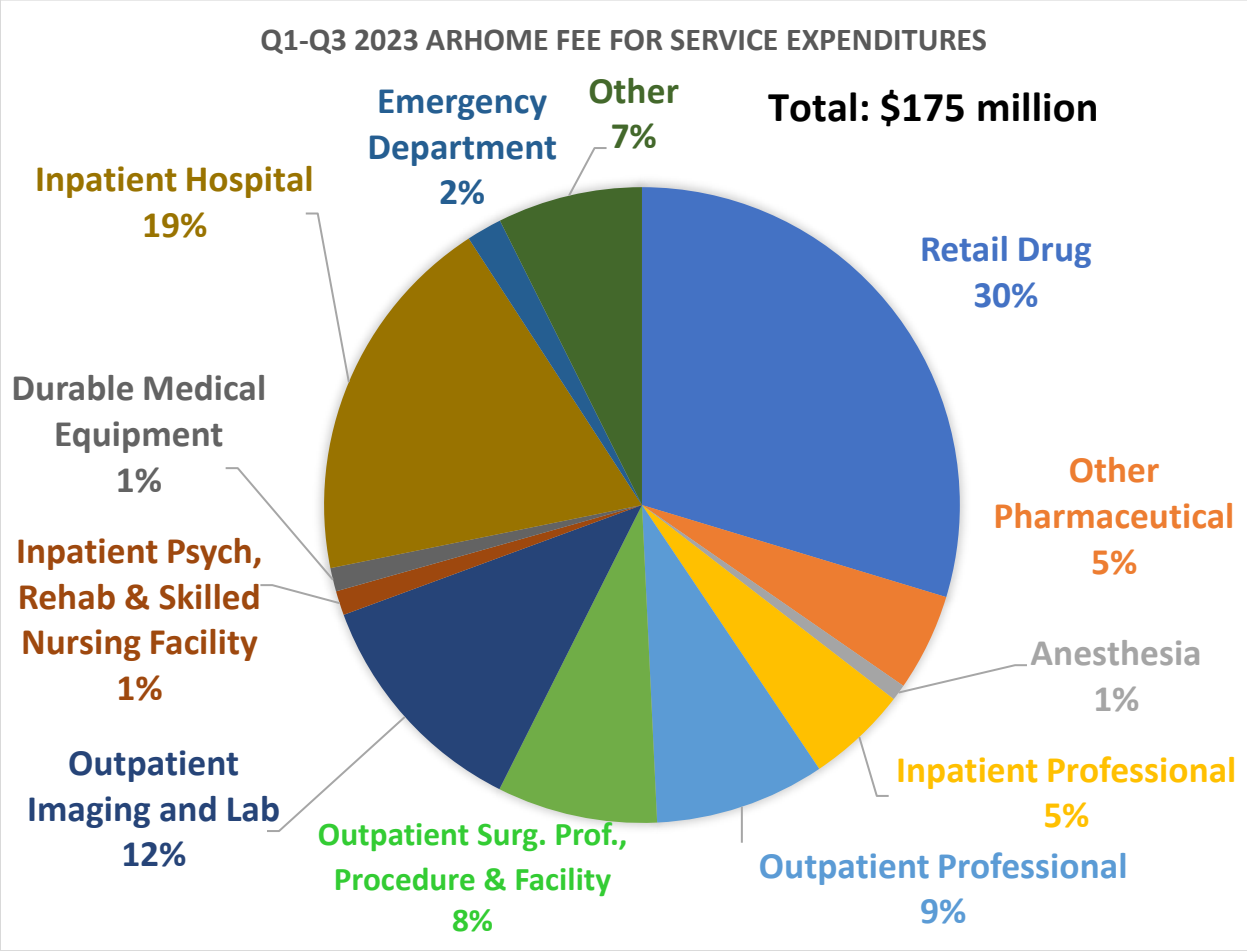


The 2024 premium rates will decrease or minimally increase for four of the five QHPs currently participating in the ARHOME program. The Arkansas Blue Cross and Blue Shield plan will increase 8%. In its filing with the Arkansas Insurance Department, BCBS cited changes in utilization and cost trends compared with 2022, benefit adjustments and adjustments to account for legislative changes.

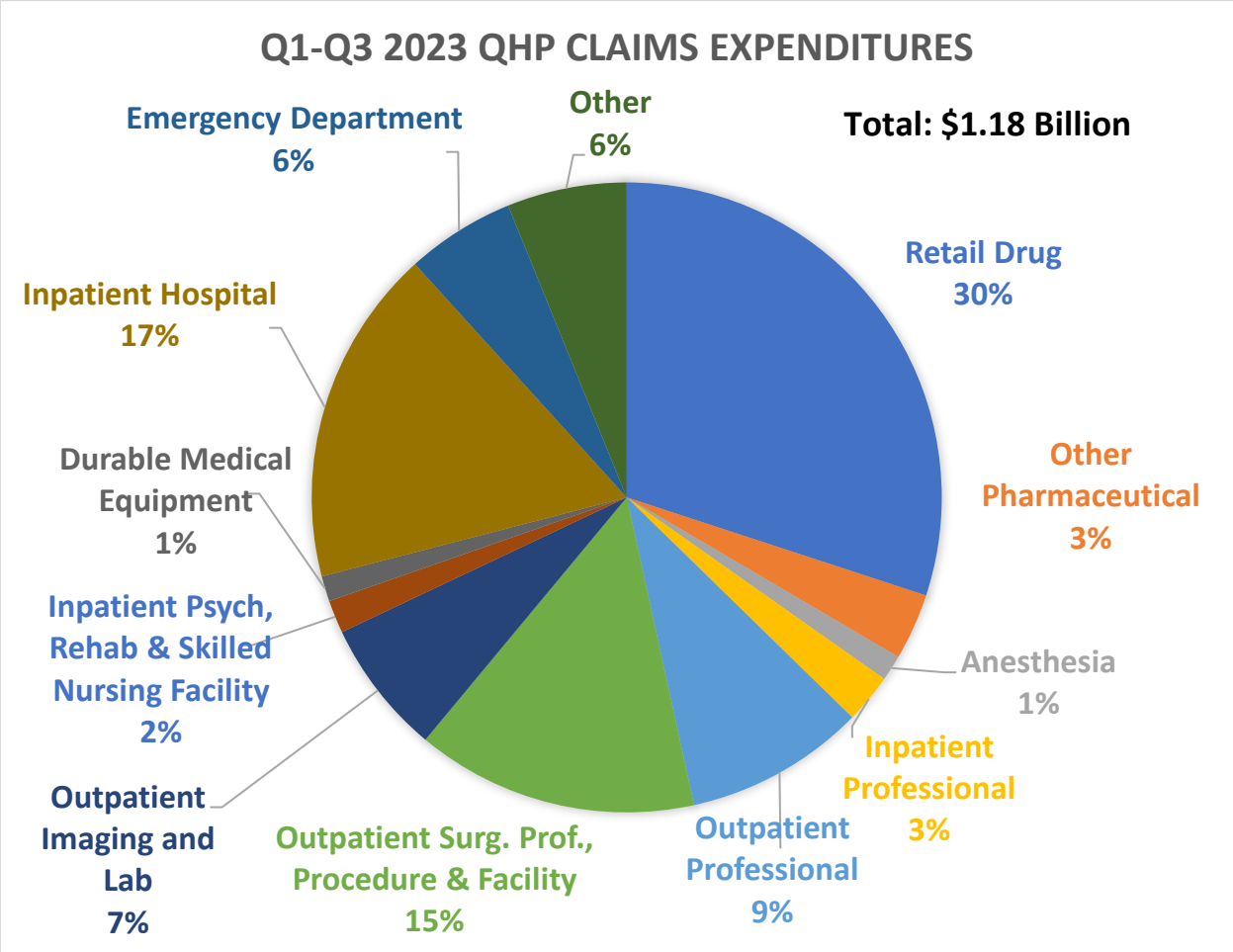
	Average % Change in Premiums	
	2022 to 2023	**2023 to 2024**
Centene Ambetter	7%	1%
Centene QCA Health Plan Inc.	5%	-2%
Centene QualChoice Life and Health	3%	0%
BCBS Arkansas Blue Cross and Blue Shield	4%	8%
BCBS Health Advantage	5%	2%

Utilization

Medical claims for ARHOME beneficiaries are processed in different systems, depending on whether the beneficiary is in a QHP or in traditional fee for service Medicaid. FFS Medicaid claims are paid from the Medicaid MMIS billing system, while the individual QHPs process medical claims for ARHOME beneficiaries through their own systems. The chart below shows expenditures for ARHOME beneficiaries enrolled in traditional fee for service Medicaid (medically frail and individuals awaiting QHP enrollment) for the first three quarters of CY 2023.



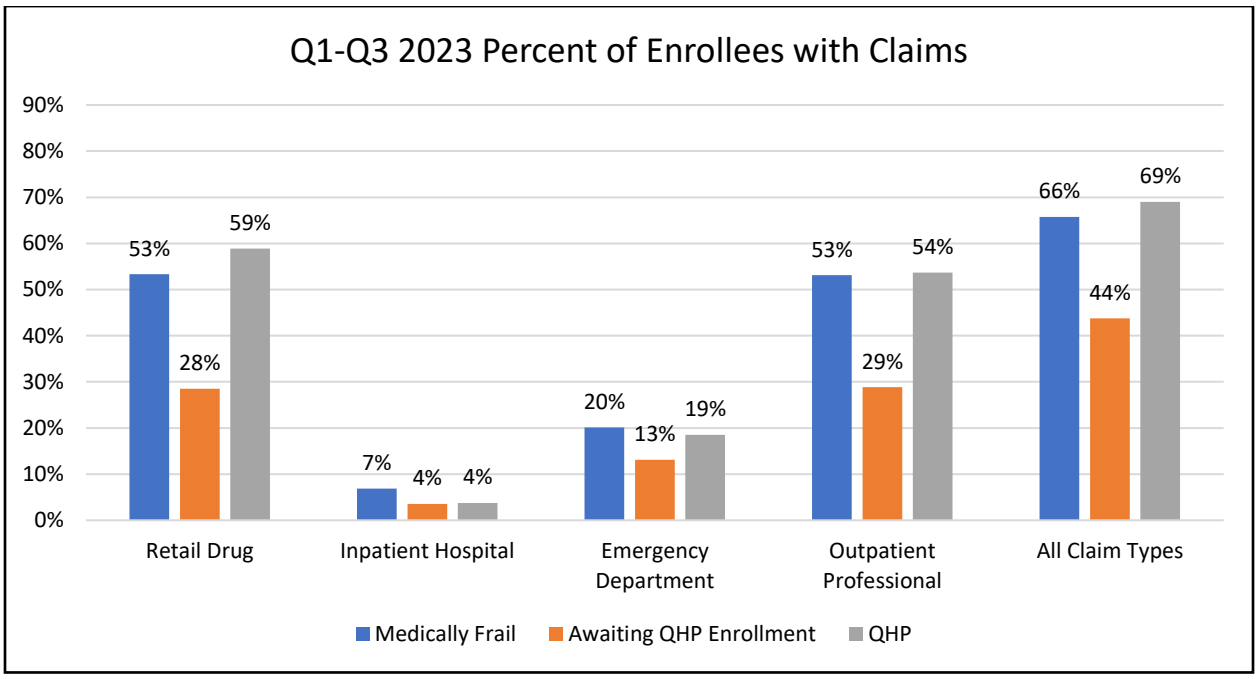
The QHPs are required to provide DHS quarterly data on the claims they pay on behalf of ARHOME beneficiaries. The following chart shows the claims that QHPs reported paying for ARHOME beneficiaries during the first three quarters of CY 2023.

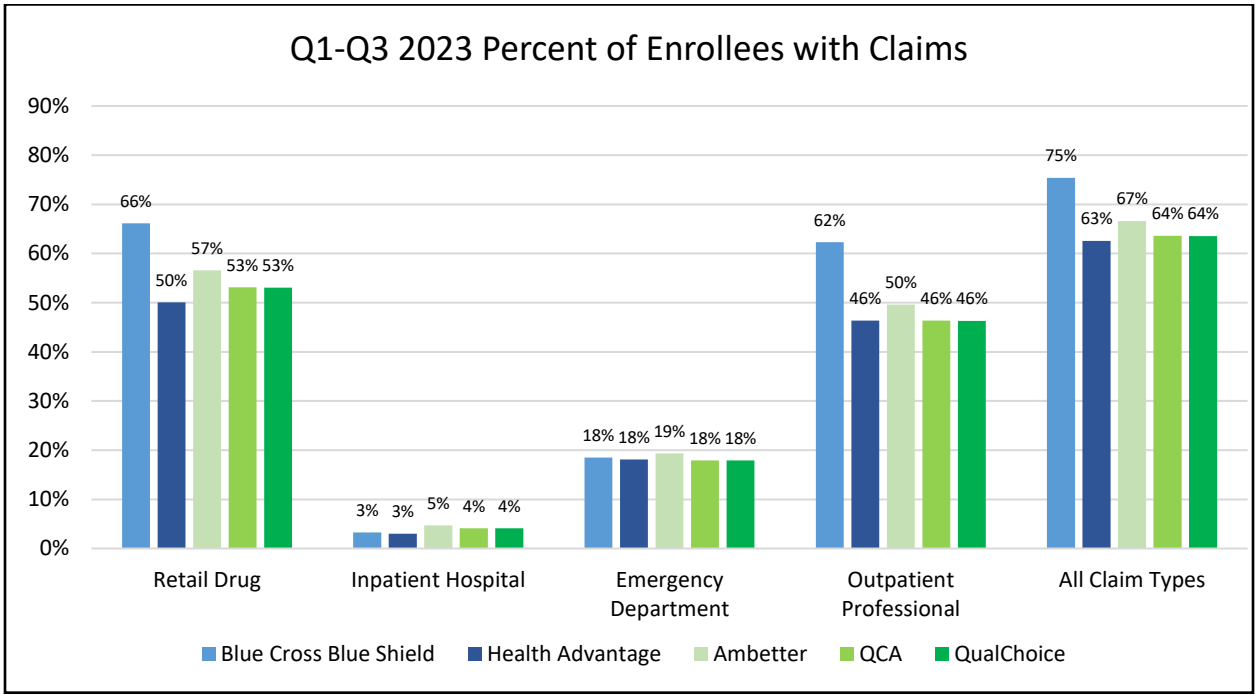


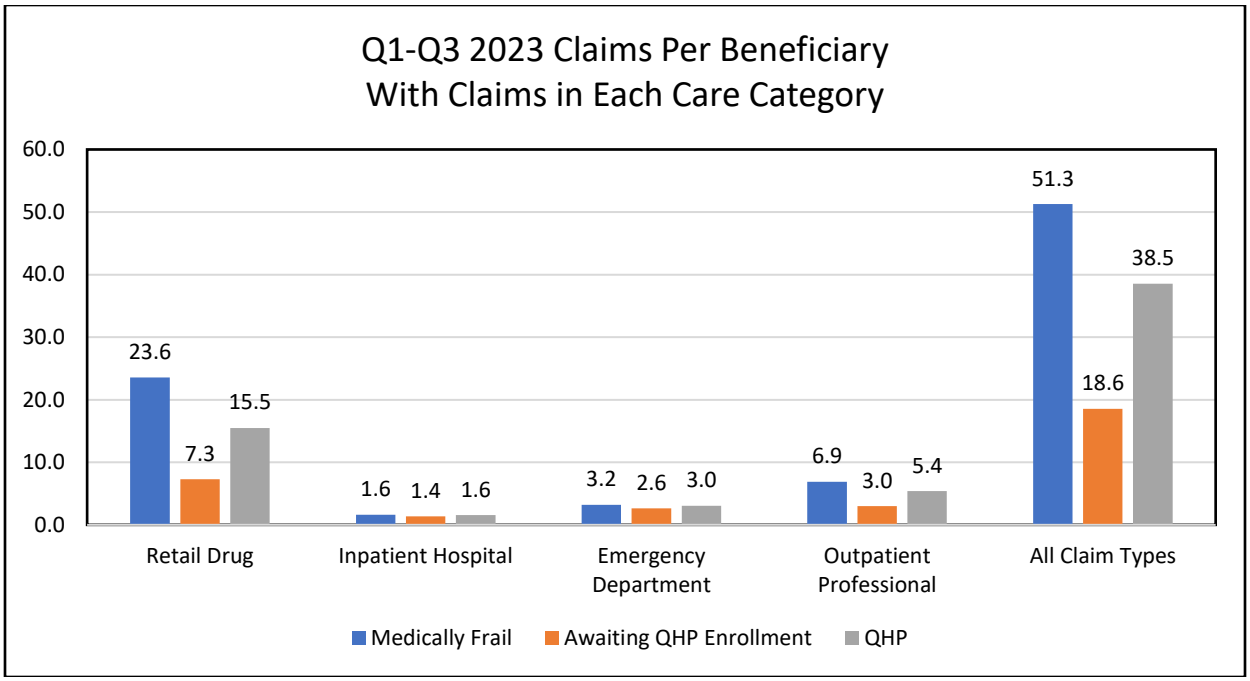
The following charts show the utilization of health services by:

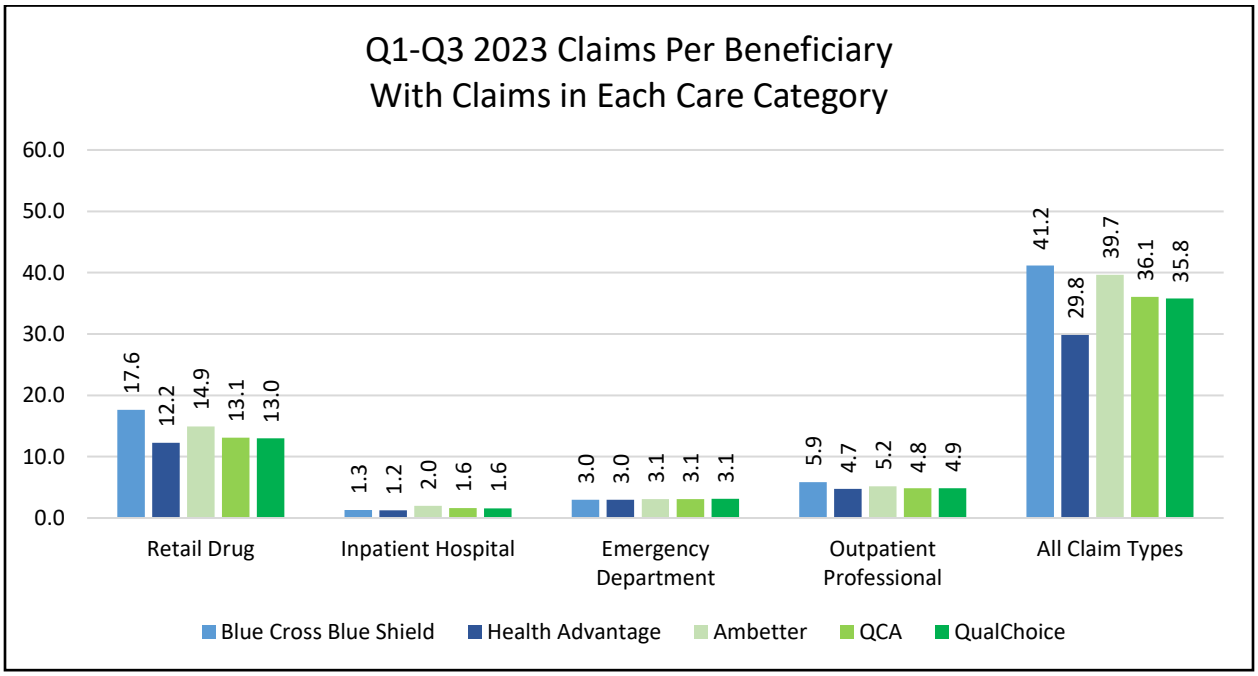
- Percent of beneficiaries with health claims
- Number of claims per beneficiary among beneficiaries with a claim in each service category (e.g., number of pharmacy claims per beneficiary among all beneficiaries with a pharmacy claim)
- Expenditures per beneficiary among beneficiaries with a claim in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

The data are provided for Q1-Q3 2023 for medically frail, beneficiaries awaiting enrollment in a QHP, all beneficiaries in a QHP, and by each individual QHP.


Q1-Q3 2023 Percent of Enrollees with Claims
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
53%
28%
59%
7%
4%
4%
20%
13%
19%
53%
29%
54%
66%
44%
69%
Retail Drug
Inpatient Hospital
Emergency Department
Outpatient Professional
All Claim Types
Medically Frail
Awaiting QHP Enrollment
QHP


Q1-Q3 2023 Percent of Enrollees with Claims
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
66%
50%
57%
53% 53%
3%
3%
5%
4%
4%
18%
18%
19%
18%
18%
62%
46%
50%
46%
46%
75%
63%
67%
64%
64%
Retail Drug
Inpatient Hospital
Emergency Department
Outpatient Professional
All Claim Types
Blue Cross Blue Shield
Health Advantage
Ambetter
QCA
QualChoice


Q1-Q3 2023 Claims Per Beneficiary
With Claims in Each Care Category
60.0
50.0
40.0
30.0
20.0
10.0
0.0
23.6
7.3
15.5
1.6
1.4
1.6
3.2
2.6
3.0
6.9
3.0
5.4
51.3
18.6
38.5
Retail Drug
Inpatient Hospital
Emergency Department
Outpatient Professional
All Claim Types
Medically Frail
Awaiting QHP Enrollment
QHP


Q1-Q3 2023 Claims Per Beneficiary
With Claims in Each Care Category
60.0
50.0
40.0
30.0
20.0
10.0
0.0
17.6
12.2
14.9
13.1
13.0
1.3
1.2
2.0
1.6
1.6
3.0
3.0
3.1
3.1
3.1
5.9
4.7
5.2
4.8
4.9
41.2
29.8
39.7
36.1
35.8
Retail Drug
Inpatient Hospital
Emergency Department
Outpatient Professional
All Claim Types
Blue Cross Blue Shield
Health Advantage
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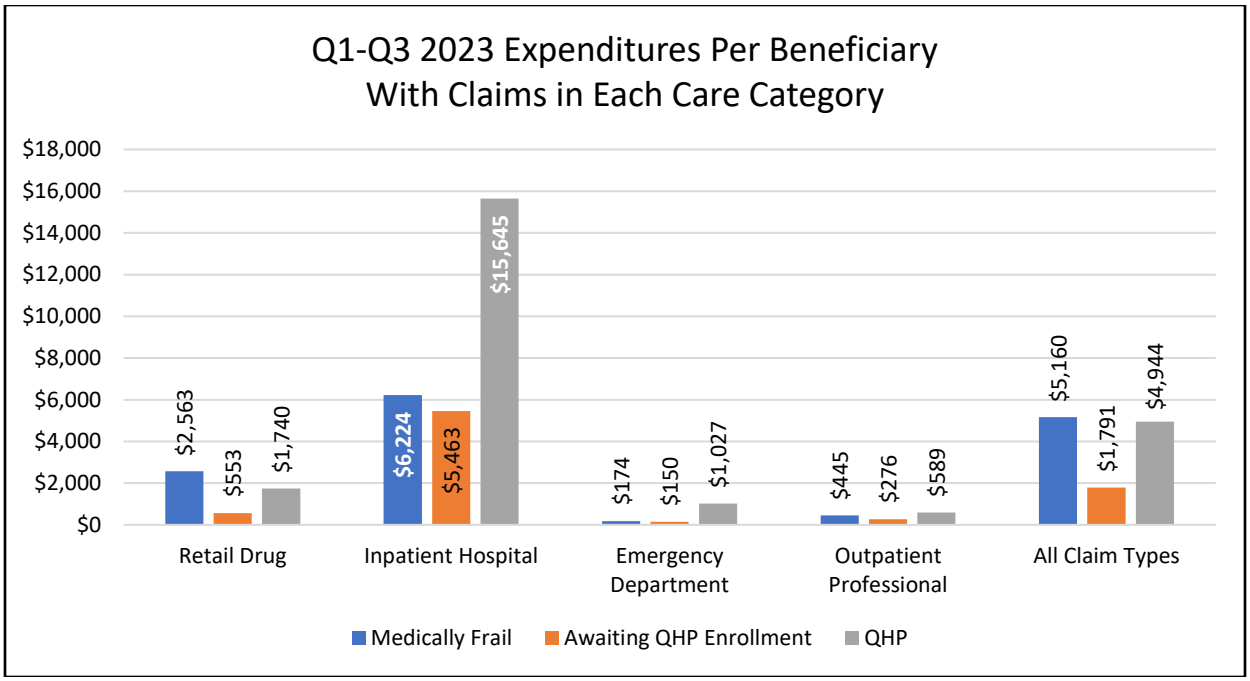
QualChoice


Q1-Q3 2023 Expenditures Per Beneficiary
With Claims in Each Care Category
$18,000
$16,000
$14,000
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$0
$2,563
$553
$1,740
$6,224
$5,463
$15,645
$174
$150
$1,027
$445
$276
$589
$5,160
$1,791
$4,944
Retail Drug
Inpatient Hospital
Emergency Department
Outpatient Professional
All Claim Types
Medically Frail
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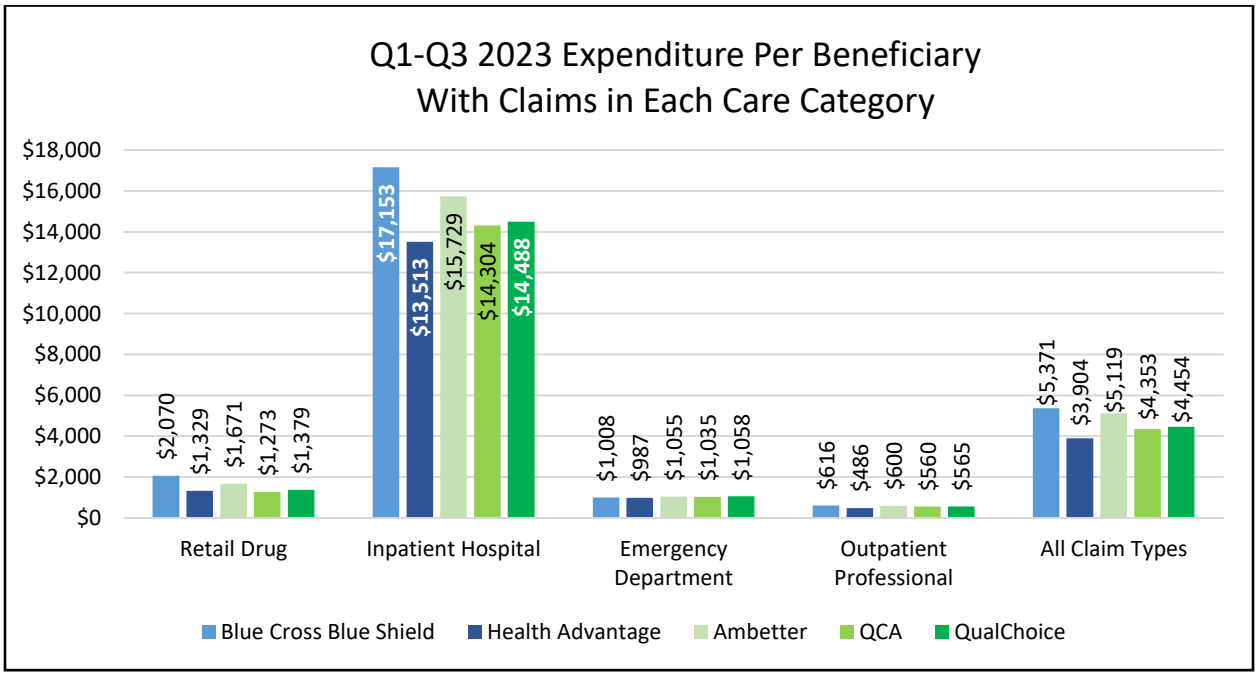
QHP


Q1-Q3 2023 Expenditure Per Beneficiary
With Claims in Each Care Category
$18,000
$16,000
$14,000
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$0
$2,070
$1,329
$1,671
$1,273
$1,379
$17,153
$13,513
$15,729
$14,304
$14,488
$1,008
$987
$1,055
$1,035
$1,058
$616
$486
$600
$560
$565
$5,371
$3,904
$5,119
$4,353
$4,454
Retail Drug
Inpatient Hospital
Emergency Department
Outpatient Professional
All Claim Types
Blue Cross Blue Shield
Health Advantage
Ambetter
QCA
QualChoice

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 generating that improvement. In 2022, QHPs were required to provide at least **one** health improvement incentive to encourage the use of preventive care and **one** 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

In 2023, QHPs were required to provide at least **two** health improvement incentives for each of the above groups.

The following tables provide information on the incentives the QHPs offered in 2022 for each requirement, the total number of people receiving the incentive and the total incentive payment awarded.

Preventive Care

QHP	Incentive Activity	Beneficiaries Awarded	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: • $15 for wellness visit • $30 for cervical cancer screening • $50 for mammogram	27,702 (22% of eligible) 23,755 (43% of eligible) 6,584 (51% of eligible)	$415,530 $1,187,750 $329,200
Health Advantage		4,719 (15% of eligible) 1,273 (23% of eligible) 18 (28% of eligible)	$70,785 $63,650 $900
Ambetter	Award beneficiaries: • $52 for wellness visit • $25 for cervical cancer screening • $25 for mammogram Other incentives for colorectal cancer screening, flu shot, wellbeing survey, and watching online educational videos	3,068 (5% of eligible) 1,092 (4% of eligible) 9 (0.1%% of eligible)	$160,325 $27,450 $225
QualChoice Life		978 (2% of eligible) 366 (2% of eligible) 2 (0.05% of eligible)	$51,975 $9,175 $50
QCA		900 (2% of eligible) 378 (2% of eligible) 2 (0.05%% of eligible)	$47,175 $9,525 $50

Pregnant Women

QHP	Incentive Activity	Beneficiaries Awarded	Total Awarded
Blue Cross and Blue Shield	Award pregnant women $200 if they report their due date and complete one prenatal visit.	1,822 (54% of eligible)	$364,400
Health Advantage		713 (72% of eligible)	$142,600
Ambetter	Offered enhanced case management providing members with education to address high-risk maternity concerns. Organized community baby showers that offered educational sessions and health and safety opportunities to assist members prepare for their upcoming delivery. All members that attended received a gift.	212 for case mgt; 13 for community baby showers	NA
QualChoice Life		203 for case mgt; 13 for community baby showers	NA
QCA		178 for case mgt; 13 for community baby showers	NA

Individuals with Mental Illness

QHP	Incentive Activity	Beneficiaries Awarded	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries $100 for completion of a follow-up visit 30 days after hospitalization for a mental health disorder.	440 (35% of eligible)	$26,300
Health Advantage		97 (30% of eligible)	$5,700
Ambetter	Complete an activity (e.g., watch a video, read an article, etc. on relaxation, decluttering, self- compassion, etc.) on the My Health Pays Portal. Incentive awarded averaged about $4 per person.	5,114 (3-5% of eligible for each available activity)	$22,070
QualChoice Life		1,408 (1-2% of eligible for each available activity)	$5,376
QCA		1,462 (1-2% of eligible for each available activity)	$5,296

Individuals with Substance Use Disorder

QHP	Incentive Activity	Beneficiaries Awarded	Total Awarded
Blue Cross and Blue Shield	Completion of a follow-up visit 30 days after hospitalization for a substance use disorder.	78 (12% of eligible)	$5,000
Health Advantage		10 (6% of eligible)	$700
Ambetter	No specific incentive for individuals with SUD. Complete an activity (e.g., watch a video, read an article, etc. on relaxation, decluttering, self-compassion, etc.). Incentive awarded averaged about $4 per person.	5,114 (3-5% of eligible for each available activity)	$22,070
QualChoice Life		1,408 (1-2% of eligible for each available activity)	$5,376
QCA		1,462 (1-2% of eligible for each available activity)	$5,296

Individuals with two or more chronic health conditions

QHP	Incentive Activity	Beneficiaries Awarded	Total Awarded
Blue Cross and Blue Shield	• Award $15 for beneficiaries who report blood pressure and read an educational article related to hypertension. • Award $25 for beneficiaries who complete 2 hemoglobin A1c tests within the calendar year.	516 (0.4% of eligible) 9,548 (8% of eligible)	$7,740 $238,700
Health Advantage		33 (0.1% of eligible) 1,256 (4% of eligible)	$495 $31,400
Ambetter	• Award $33 for beneficiaries who complete hemoglobin A1c test. • Award $250 for beneficiaries who complete a risk assessment. Other incentives included completing an activity (e.g., watch a video, read an article, take a survey) on the My Health Pays Portal.	2,107 (45% of eligible) 630 (1% of eligible)	$70,110 $155,900
QualChoice Life		652 (25% of eligible) 176 (0.4% of eligible)	$21,600 $43,850
QCA		547 (21% of eligible) 172 (0.4% of eligible)	$18,270 $42,600

QHPs also submitted annual strategic plans that included activities 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.

The 2022 performance targets on the health quality metrics (shown in the table beginning on page 19) were set in December 2021 based on the QHPs' performance on health quality measures in 2019 and 2020. The 2022 performance targets were based on the best performing QHP for each metric over the two years.

The 2022 results are provided below and in the table on pages 19-24.

All QHPs met the established 2022 targets for:

- Hospital readmission ratios
- Hospital admission rates for COPD or asthma, older adults
- Hospital admission rates for asthma, younger adults
- Follow-up after ED visit for substance abuse
- Asthma medication ratio
- Use of pharmacotherapy for opioid use disorder
- Use of opioids at high dosage

Most QHPs met the 2022 targets for:

- Engagement of SUD treatment
- Concurrent use of opioids and benzodiazepines

No QHPs met the 2022 targets for:

- Cervical cancer screening
- Breast cancer screening
- Contraceptive care: postpartum and all women
- Hospital admission rates for heart failure
- Follow up after ED visit for mental illness within 30 days
- Follow up after hospitalization for mental illness within 30 days
- Adherence to medications for beneficiaries with schizophrenia

Most QHPs did not meet the 2022 targets for:

- Chlamydia screening
- Antidepressant medication management, continuation phase

Mixed results for:

- Hospital admission rate for diabetes short-term complications
- Initiation of SUD treatment
- Antidepressant medication management, acute phase
- Diabetes screening for people using antipsychotic medications

The QHPs that met targets are shown in green on pages 19-24 and those that did not are in red. Breakouts on the metrics are also available by race and by rural/urban areas of the state.

The 2023 performance targets were set in January 2023 based on performance in 2019, 2020 and 2021. For 2023, additional targets were established based on the median performance of all five QHPs across the three years and individual QHP improvement of at least 4% from its best rate. These additional targets allowed QHPs to get credit for improvement, even if they don't match the performance of the best performing QHP. The 2023 results will be presented to the ARHOME Advisory Panel in September 2024. For 2024, DHS plans to set targets using methodology similar to 2023 but require 5% improvement in each QHP's best performance on each measure.

Measure	CY	Targets	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	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**	**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**	**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**	**60,228**	**42,590**	**42,520**	**187,763**	**130,747**	**185,640**	**62,770**	**26,575**
Primary Care Access and Preventive Care															
Cervical Cancer Screening, 21-64 Years	2019	N/A	46.0%	54.1%	40.0%	44.4%	N/A	42.1%	31.0%	30.2%	46.2%	45.9%	45.3%	50.4%	50.9%
	2020	N/A	43.5%	55.5%	41.9%	41.3%	N/A	38.4%	29.3%	29.6%	43.8%	43.2%	43.0%	48.6%	46.4%
	2021	N/A	41.7%		43.3%	42.3%	16.0%	40.0%	30.8%	31.1%	42.0%	41.3%	40.7%	45.9%	46.4%
	2022	46.0%	41.5%			43.7%	22.1%	40.9%	37.3%	37.2%	41.8%	41.0%	40.4%	44.9%	46.0%
Chlamydia Screening in Women, 21-24 Years	2019	N/A	53.9%	59.3%	61.6%	53.6%	N/A	53.6%	55.5%	55.2%	52.7%	55.5%	49.5%	65.6%	57.0%
	2020	N/A	52.5%	58.3%	53.7%	49.7%	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%	51.3%	50.0%	53.1%	56.8%	57.3%	54.4%	53.1%	48.7%	66.3%	55.2%
	2022	55.5%	53.9%			50.9%	54.4%	55.4%	56.8%	55.1%	54.0%	53.8%	48.6%	66.2%	55.7%
Breast Cancer Screening, 50-64 Years	2019	N/A	50.8%	52.7% (Ages 50-64)	39.6% (Ages 50-64)	54.0%	N/A	49.1%	38.7%	42.2%	50.5%	51.0%	49.0%	55.4%	57.9%
	2020	N/A	47.7%	53.7% (Ages 50-64)	42.8% (Ages 50-64)	50.9%	N/A	47.1%	40.5%	41.0%	48.2%	47.2%	46.0%	52.8%	52.6%
	2021	N/A	44.5%		41.7% (Ages 50-64)	47.6%	N/A	44.4%	39.3%	40.2%	44.7%	44.3%	42.4%	50.7%	47.6%
	2022	54%	46.1%			50.7%	N/A	46.4%	40.9%	41.2%	46.6%	45.6%	43.7%	51.3%	50.9%
Maternal and Perinatal Care															
Contraceptive Care – Postpartum Women, Most or Moderately Effective Contraception - 90 Day: 21-44 Years	2019	N/A	54.3%	38.4%	38.1%	54.7%	N/A	53.9%	50.4%	58.4%	52.7%	56.6%	55.3%	54.5%	49.4%
	2020	N/A	48.9%	40.4%	37.7%	46.6%	N/A	50.0%	46.5%	49.8%	47.3%	51.3%	52.5%	48.1%	40.7%
	2021	N/A	45.8%		37.7%	46.4%	38.7%	44.6%	43.6%	49.8%	42.8%	50.0%	48.2%	44.7%	41.8%
	2022	58.4%	47.9%			47.5%	43.3%	48.9%	49.4%	48.3%	45.4%	51.8%	48.2%	47.9%	48.3%

Measure	CY	Targets	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
Contraceptive Care – All Women, Most or Moderately Effective Contraception: 21-44 Years	2019	N/A	25.5%		23.1%	27.0%	N/A	24.0%	24.3%	24.3%	25.7%	25.3%	25.2%	26.0%	26.4%
	2020	N/A	23.8%	25.3%	23.6%	25.2%	N/A	22.3%	22.4%	21.5%	24.1%	23.4%	23.5%	24.2%	23.9%
	2021	N/A	22.9%		22.8%	24.6%	19.0%	21.3%	22.4%	22.0%	23.0%	22.7%	22.4%	23.7%	23.3%
	2022	27.0%	20.9%			22.6%	19.5%	19.1%	21.5%	21.0%	21.0%	20.8%	20.2%	21.6%	20.6%
Low Birth Weight, Percentage of live births weighing < 2,500 grams †	2019	N/A	10.2%	9.8%	10.2%	10.2%	N/A	10.5%	9.8%	9.3%	10.3%	10.1%	8.7%	14.8%	8.6%
	2020	N/A	10.8%		10.6%	11.1%	N/A	10.8%	11.5%	9.6%	11.3%	10.0%	9.7%	15.9%	5.8%
	2021	N/A	10.8%		10.6%	9.8%	11.6%	12.1%	11.7%	9.6%	11.6%	9.9%	9.0%	17.1%	8.9%
	2022	N/A	10.9%		10.7%	10.7%	11.8%	12.5%	9.4%	10.5%	11.5%	10.1%	9.4%	15.9%	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	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	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%	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%	2.4%	1.2%	1.2%	1.8%	1.2%	1.1%	2.4%	1.9%
Pre-Term Birth, Percentage of live births 17 - 36 weeks gestation †	2019	N/A	13.5%		12.6%	13.3%	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	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%	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%	13.1%	12.3%	13.7%	14.0%	12.2%	12.9%	16.1%	11.5%
Care of Acute and Chronic Conditions															
Diabetes Short-Term Complications Admission Rate, 19-64 Years ***(Lower is Better)***	2019	N/A	**26.2**	20.6 (Ages 18-64)	37.3 (Ages 18-64)	14.2	N/A	16.8	16.4	22.4	27.4	24.8	26.6	26.8	20.2
	2020	N/A	**21.4**	22.2 (Ages 18+)	20.6 (Ages 18-64)	14.2	N/A	15.5	30.9	27.5	24.0	18.2	22.6	26.2	10.2
	2021	N/A	**21.9**		20.1 (Ages 18-64)	16.7	23.0	14.6	18.7	17.7	23.0	20.2	22.0	26.4	16.0
	2022	14.2	**19.0**			12.9	18.3	16.1	16.1	13.9	20.4	17.0	20.1	21.3	14.0
COPD or Asthma in Older Adults Admission Rate, 40-64 Years ***(Lower is Better)***	2019	N/A	**40.9**	82.4	121.7	24.9	N/A	32.2	18.3	23.4	39.3	42.8	45.8	26.4	33.0
	2020	N/A	**23.2**	69.4 (Ages 40+)	33.6	14.3	N/A	17.2	19.2	7.7	22.5	24.1	25.6	20.4	8.5
	2021	N/A	**19.4**		28.2	17.5	12.2	17.1	11.7	8.7	15.5	24.1	24.7	14.4	6.8
	2022	18.3	**14.9**			12.0	8.0	12.6	7.1	9.7	13.8	16.0	18.1	10.5	9.2

Measure	CY	Targets	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
Heart Failure Admission Rate, 19-64 Years ***(Lower is Better)***	2019	N/A	**23.9**	31.9 (Ages 18-64)	47.1 (Ages 18-64)	13.9	N/A	13.5	12.3	13.9	28.1	18.8	19.4	36.8	13.7
	2020	N/A	**22.8**	31.6 (Ages 18+)	22.7 (Ages 18-64)	14.4	N/A	16.3	18.3	10.9	27.0	17.4	19.8	36.8	13.8
	2021	N/A	**21.7**		22.8 (Ages 18-64)	14.8	18.1	18.4	13.1	11.7	25.3	17.1	19.6	34.8	10.8
	2022	12.3	**22.3**			14.7	17.2	17.6	14.2	13.0	26.4	16.3	19.8	35.2	12.4
Asthma in Younger Adults Admission Rate, 19-39 Years ***(Lower is Better)***	2019	N/A	**4.8**	6.5 (Ages 18-39)	7 (Ages 18-39)	3.1	N/A	3.3	2.1	2.1	5.1	4.5	4.1	9.6	2.4
	2020	N/A	**2.1**	8.2 (Ages 18-39)	2.7 (Ages 18-39)	1.6	N/A	2.0	1.7	2.8	2.0	2.2	1.9	4.5	1.4
	2021	N/A	**1.7**		2.5 (Ages 18-39)	1.8	0.0	1.0	1.2	1.8	1.5	2.0	1.6	3.0	1.1
	2022	2.1	**1.4**			1.3	1.9	1.0	1.5	0.6	1.6	1.2	1.5	2.0	0.5
Plan All-Cause Readmissions, Observed/Expected Ratio: 19-64 Years ***(Lower is Better)***	2019	N/A	0.8506	0.8555 (Ages 18-64)	0.8906 (Ages 18-64)	0.8071	N/A	0.8003	0.7065	0.9174	0.8268	0.8801	0.8635	0.8239	0.7190
	2020	N/A	0.7743	1.0259 (Ages 18-64)	1.1297 (Ages 18-64)	0.7072	N/A	0.7528	0.4663	0.3911	0.7834	0.7624	0.7967	0.8003	0.7193
	2021	N/A	0.8457		1.0544 (Ages 18-64)	0.7291	7.1528	0.8802	0.9275	0.8545	0.8301	0.8754	0.8318	0.8896	0.7701
	2022	N/A	0.8799			0.8303	0.8841	0.8394	0.9458	0.8162	0.8534	0.9166	0.8914	0.8835	0.7605
Asthma Medication Ratio, 19-64 Years	2019	N/A	46.9%	55.3%	38.5%	48.4%	N/A	45.3%	50.0%	54.5%	50.2%	43.3%	47.6%	47.4%	51.0%
	2020	N/A	55.8%	53.4%	51.5%	60.2%	N/A	51.1%	48.5%	45.8%	58.4%	51.7%	55.1%	57.0%	53.2%
	2021	N/A	58.9%		55.2%	64.6%	N/A	55.0%	47.2%	49.3%	59.2%	58.1%	57.6%	60.8%	62.2%
	2022	54.5%	63.3%			69.2%	80.0%	61.8%	56.1%	56.7%	64.4%	61.9%	63.7%	62.0%	63.2%
Behavioral Health Care															
Initiation of SUD Treatment - Total Use Disorder, 19-64 Years	2019	N/A	37.9%	41.0% (Ages 18-64)		37.4%	N/A	38.5%	44.0%	41.5%	37.3%	38.8%	39.1%	31.8%	36.9%
	2020	N/A	39.2%	43.4% (Ages 18+)	40.0% (Ages 18-64)	39.8%	N/A	40.2%	37.4%	38.5%	39.3%	39.2%	40.5%	32.5%	37.7%
	2021	N/A	40.1%		43.9% (Ages 18-64)	41.5%	42.5%	40.8%	38.8%	38.3%	40.4%	39.8%	41.5%	34.9%	39.4%
	2022	44.0%	43.1%			43.0%	43.7%	44.4%	42.6%	44.4%	44.4%	41.2%	44.9%	35.3%	41.4%

Measure	CY	Targets	ARHOME Overall	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
Engagement of SUD Treatment - Total Use Disorder, 19-64 Years	2019	N/A	8.6%	15.7% (Ages 18-64)		9.6%	N/A	9.8%	10.3%	8.6%	8.3%	9.0%	9.5%	5.1%	8.6%
	2020	N/A	9.7%	16.5% (Ages 18+)	8.9% (Ages 18-64)	9.5%	N/A	12.0%	9.1%	10.1%	9.2%	10.4%	10.7%	4.6%	9.8%
	2021	N/A	11.7%		10.2% (Ages 18-64)	12.1%	13.2%	13.5%	11.4%	9.8%	12.0%	11.3%	12.8%	7.6%	10.1%
	2022	12.0%	13.6%			12.3%	10.4%	16.7%	15.7%	15.2%	14.6%	12.1%	15.0%	7.9%	12.3%
Antidepressant Medication Management, Effective Acute Phase Treatment: 19-64 Years	2019	N/A	52.9%	51.3% (Ages 18-64)	39.7% (Ages 18-64)	55.5%	N/A	56.0%	48.7%	54.8%	52.6%	53.3%	55.0%	40.5%	48.2%
	2020	N/A	54.0%	52.5% (Ages 18+)	49.5% (Ages 18-64)	56.7%	N/A	55.1%	50.8%	52.2%	54.4%	53.4%	56.6%	39.4%	51.9%
	2021	N/A	58.1%		55.2% (Ages 18-64)	59.2%	72.2%	60.7%	57.2%	58.1%	58.8%	57.1%	60.7%	45.4%	56.5%
	2022	56.7%	57.2%			59.0%	54.0%	59.3%	58.1%	56.4%	57.9%	56.3%	59.9%	44.0%	56.0%
Antidepressant Medication Management, Effective Continuation Phase Treatment: 19-64 Years	2019	N/A	37.1%	34.4% (Ages 18-64)	26.1% (Ages 18-64)	39.6%	N/A	39.2%	35.6%	35.6%	38.0%	36.0%	39.3%	25.6%	32.0%
	2020	N/A	38.1%	35.9% (Ages 18+)	33.4% (Ages 18-64)	41.3%	N/A	38.3%	35.2%	35.0%	38.2%	38.0%	40.5%	24.6%	37.0%
	2021	N/A	41.4%		39.4% (Ages 18-64)	43.1%	61.1%	42.2%	38.6%	41.9%	41.9%	40.6%	44.0%	27.5%	39.5%
	2022	41.3%	38.5%			41.5%	36.1%	40.6%	35.7%	35.6%	39.6%	37.1%	41.5%	24.9%	35.0%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia, 19-64 Years	2019	N/A	44.1%	61.10%	59.4% (Ages 18+)	47.2%	N/A	34.8%	65.0%	38.5%	41.1%	47.3%	47.5%	36.6%	41.2%
	2020	N/A	47.2%	61.2% (Ages 18+)	58.0% (Ages 18+)	44.2%	N/A	46.4%	52.1%	43.3%	45.7%	49.1%	50.8%	43.2%	48.5%
	2021	N/A	41.2%		54.3% (Ages 18+)	44.8%	40.0%	39.9%	40.6%	41.0%	38.4%	45.0%	44.8%	33.6%	41.9%
	2022	65.0%	44.2%			50.3%	36.6%	36.7%	40.2%	35.2%	41.4%	47.9%	46.7%	37.2%	50.0%

Measure	CY	Targets	ARHOME Overall¥	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
Use of Pharmacotherapy for Opioid Use Disorder, Overall Total: 19-64 Years	2019	N/A	39.0%		21.8% (Ages 18-64)	47.1%	N/A	36.5%	40.2%	45.1%	35.0%	45.4%	42.3%	15.6%	28.6%
	2020	N/A	51.3%		47.5% (Ages 18-64)	54.0%	N/A	54.1%	55.3%	51.6%	49.4%	54.1%	55.2%	19.9%	45.0%
	2021	N/A	56.8%		55.6% (Ages 18-64)	60.7%	65.4%	57.8%	56.6%	56.1%	54.6%	60.9%	59.8%	28.1%	54.1%
	2022	55.3%	59.8%			61.6%	62.4%	59.4%	61.1%	62.8%	59.8%	59.8%	61.8%	38.3%	57.7%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, 19-64 Years	2019	N/A	79.2%	79.9% (Ages 18-64)	80.3% (Ages 18-64)	80.5%	N/A	80.6%	75.2%	81.1%	79.6%	78.8%	80.3%	75.2%	78.9%
	2020	N/A	77.6%	79.8% (Ages 18-64)	75.8% (Ages 18-64)	78.3%	N/A	79.2%	76.0%	79.4%	77.3%	78.1%	78.1%	79.5%	73.2%
	2021	N/A	79.7%		80.7% (Ages 18-64)	80.2%	78.1%	81.1%	80.5%	79.4%	79.5%	79.8%	80.5%	80.0%	79.9%
	2022	81.1%	80.1%			81.4%	83.0%	80.6%	77.1%	80.7%	79.9%	80.3%	80.0%	79.4%	78.8%
Use of Opioids at High Dosage in Persons Without Cancer, 19-64 Years ***(Lower is Better)***	2019	N/A	1.1%	7.4% (Ages 18+)	0.4% (Ages 18-64)	1.3%	N/A	1.1%	1.1%	0.7%	1.4%	0.7%	1.0%	0.8%	0.7%
	2020	N/A	1.0%	7.3% (Ages 18+)	0.7% (Ages 18-64)	1.4%	N/A	1.2%	0.3%	0.2%	1.5%	0.6%	1.0%	0.8%	1.5%
	2021	N/A	0.8%		0.7% (Ages 18-64)	0.9%	1.8%	0.9%	0.6%	0.4%	1.1%	0.5%	1.0%	0.4%	0.7%
	2022	1.10%	0.7%			0.8%	0.7%	1.0%	0.7%	0.5%	0.9%	0.5%	0.8%	0.4%	0.4%
Concurrent Use of Opioids and Benzodiazepines, 19-64 Years ***(Lower is Better)***	2019	N/A	20.9%		22.3% (Ages 18-64)	21.5%	N/A	17.8%	16.0%	20.0%	21.6%	20.1%	23.7%	11.1%	17.7%
	2020	N/A	18.9%	15.4% (Ages 18+)	18.6% (Ages 18-64)	20.9%	N/A	16.3%	13.8%	15.0%	19.2%	18.5%	21.2%	11.0%	18.6%
	2021	N/A	17.2%		17.3% (Ages 18-64)	20.1%	15.8%	14.0%	12.3%	11.7%	17.3%	17.0%	19.4%	10.5%	13.8%
	2022	16.0%	16.9%			19.3%	15.9%	14.3%	12.9%	12.0%	17.6%	16.3%	19.0%	9.4%	13.4%

Measure	CY	Targets	ARHOME Overall¥	Mean of Reporting States Medicaid	AR Medicaid Overall	BCBS: Blue Cross Blue Shield	BCBS: Health Advantage	Centene: Ambetter	Centene: QCA	Centene: Qual Choice	Urban	Rural	White	Black	Other
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%	20.7% (Ages 18-64)	7.3% (Ages 18-64)	8.6%	N/A	11.8%	4.3%	2.9%	8.7%	8.7%	9.1%	7.2%	8.8%
	2020	N/A	9.5%	22.7% (Ages 18+)	9.7% (Ages 18-64)	8.0%	N/A	14.0%	7.2%	8.3%	9.7%	8.6%	10.4%	4.8%	9.0%
	2021	N/A	11.9%		11.2% (Ages 18-64)	9.0%	9.6%	16.1%	12.5%	12.3%	11.7%	12.0%	12.9%	7.4%	13.1%
	2022	16.8%	26.7%			32.9%	23.7%	22.9%	24.4%	24.0%	26.3%	27.9%	28.8%	19.6%	26.8%
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	35.4%	30.1%	18.6%	33.9%	42.2%	40.3%	26.6%	33.3%
	2020	N/A	35.9%	54.3% (Ages 18+)	37.2% (Ages 18-64)	35.7%	N/A	30.5%	32.6%	34.6%	33.6%	38.4%	37.6%	31.8%	35.7%
	2021	N/A	31.5%		34.9% (Ages 18-64)	29.4%	19.1%	32.2%	28.7%	37.6%	30.1%	33.3%	34.4%	19.2%	43.4%
	2022	41.7%	31.3%			34.1%	28.7%	26.5%	28.7%	30.3%	28.2%	36.8%	32.3%	28.2%	40.0%
Follow-Up After Hospitalization for Mental Illness, Received Follow-Up Within 30 Days of Discharge: 19-64 Years	2019	N/A	37.0%	53.3% (Ages 18-64)	42.0% (Ages 18-64)	43.4%	N/A	24.6%	37.2%	35.6%	37.8%	36.0%	36.6%	32.7%	37.4%
	2020	N/A	42.8%	52.4% (Ages 18+)	41.0% (Ages 18-64)	45.7%	N/A	41.6%	37.7%	43.1%	43.3%	42.3%	42.5%	40.0%	49.0%
	2021	N/A	37.6%		36.4% (Ages 18-64)	41.9%	30.2%	36.3%	36.1%	37.0%	38.2%	37.1%	39.1%	33.6%	35.2%
	2022	43.4%	39.3%			42.9%	38.0%	35.6%	39.6%	36.9%	40.1%	38.2%	40.0%	35.1%	40.7%

Economic Independence Initiative Outcomes

DHS requires QHPs to include in their annual strategic plans activities to support the Economic Independence Initiative. The QHPs cited the following activities in their 2022 strategic plans to promote economic independence in 2022.

- Promote member participation in employment, education, and training programs through websites, member portal, and welcome centers.
- Train member-facing staff on the economic independence goals of ARHOME and incorporate messaging promoting participation in employment, education, and training activities in appropriate member interactions.
- Refer members to the Arkansas Division of Workforce Services' (ADWS) website and programming.
- Provide a financial incentive to members who provide proof of completion of ADWS's free Career Readiness Certificate (CRC) at the Platinum, Gold, Silver, or Bronze level.
- Host a dedicated web page to address the DHS Economic Independence Initiative.
- Partner with the Little Rock Workforce System and the Rural Life360 HOMEs (see Community Bridge Organizations below) to host career expos and job/health fairs. These fairs were to feature community organizations and the use of incentives to encourage attendance.

Additionally, QHPs were required to offer one economic independence incentive in 2022 to encourage advances in beneficiaries' economic status or employment prospects. The table below provides the incentives each QHP offered in 2022 and the number of beneficiaries awarded.

QHP	Incentive Activity	Beneficiaries Awarded	Total Incentive Awarded
Blue Cross and Blue Shield	Earn an Arkansas Career Readiness certificate and send into Arkansas Blue Cross and Blue Shield for verification.	2	$90
Health Advantage		0	$0
Ambetter	View videos on various financial topics to encourage savings, debt reduction and smart purchasing choices. The member views available videos on the member's secure portal. Upon completion, members earn a My Health Pays reward and can shop at the Rewards store online or convert points into money (10 points = $1.00) to use towards healthcare-related costs or monthly bills.	4,131	$186,726
QualChoice Life		1,262	$52,240
QCA		1,206	$50,234

Sanctions or Penalties Assessed on Qualified Health Insurance Plans

DHS assess penalties to QHPs that do not meet targets on the health care quality metrics. In 2023, DHS will require a corrective action plan from QHPs that failed to meet performance targets during Plan Year 2022. Corrective action plans will be discussed and finalized at the December 2023 ARHOME Advisory Panel meeting.

Beginning with the performance in 2023, DHS will begin assessing financial penalties. A QHP will earn points in 2023 and 2024 for each target it meets, 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 4%, for a total of 6 possible points for the measure.

The total number of points the QHP earns will determine the per-member-month penalty shown in the table below. The total penalty for a QHP will be calculated as the penalty from the table below multiplied by the QHP's total 2023 and 2024 member months.

Points	2023 Penalty Per Member Month	2024 Penalty Per Member Month
50-108	No penalty	No penalty
40-49	$0.90	$1.00
30-39	$1.80	$2.00
20-29	$2.70	$3.00
10-19	$3.60	$4.00
0-9	$4.50	$5.00

Community Bridge Organizations

A significant new feature planned for ARHOME is the Life360 HOME, a program modeled after the federal community bridge organization concept. Under the Life360 HOME plan, DHS will contract with hospitals to become one of three different types of Life360 HOMEs to provide additional support for three ARHOME focus populations:

- **Maternal Life360 HOMEs**: Women with high-risk pregnancies
- **Rural Life360 HOMEs**: Individuals in rural areas with behavioral health needs
- **Success Life360 HOMEs**: Young adults who are most at risk of long-term poverty, including those who were previously in foster care, incarcerated, or in the juvenile justice system and those who are veterans.

DHS will contract with hospitals to provide a broad array of intensive care coordination services for these populations within the ARHOME program (and to beneficiaries in other Medicaid programs who are participating in the Maternal Life360 HOME program). The care coordination services include home visitation for women with high-risk pregnancies and assistance addressing social determinants of health needs and enhancing life skills. The Life360 HOME hospitals will coordinate with the beneficiaries' medical providers, but medical services will continue to be covered by the individual's QHP or fee-for-service Medicaid.

CMS approved the Life360 HOME program on November 1, 2022. DHS has begun talks with interested hospitals and has received letters of intent (the first step in the application process) from eight hospitals that would like to enroll in the program (seven for Maternal and one for Rural). One hospital has since withdrawn its letter of intent. DHS has received three full applications, completing the second step in the application process. More information about the program can be found at **www.ar.gov/life360**.

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, who reflect the broad racial and geographic diversity in the state, 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 cochairs 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 findings 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.