



IMPROVING YOUR HEALTH AND  
EXPANDING YOUR OPPORTUNITIES

## **ARHOME Health and Economic Outcomes Accountability Oversight Advisory Panel**

Quarterly Report

March 14, 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. 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. 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 20.)

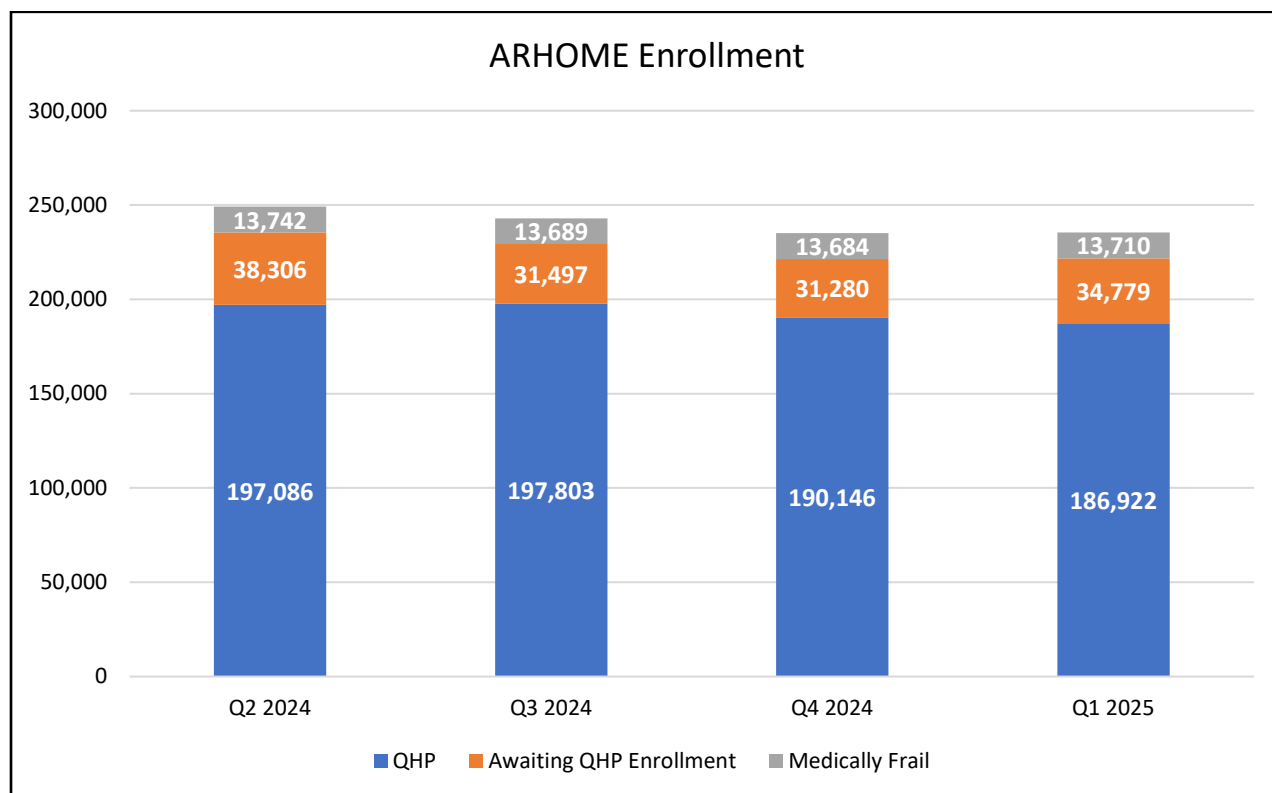
## Eligibility and enrollment

The ARHOME program currently covers about 235,000 beneficiaries. Upon enrollment in the ARHOME program, beneficiaries are placed into two categories.

- Medically frail
- Awaiting QHP enrollment

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.



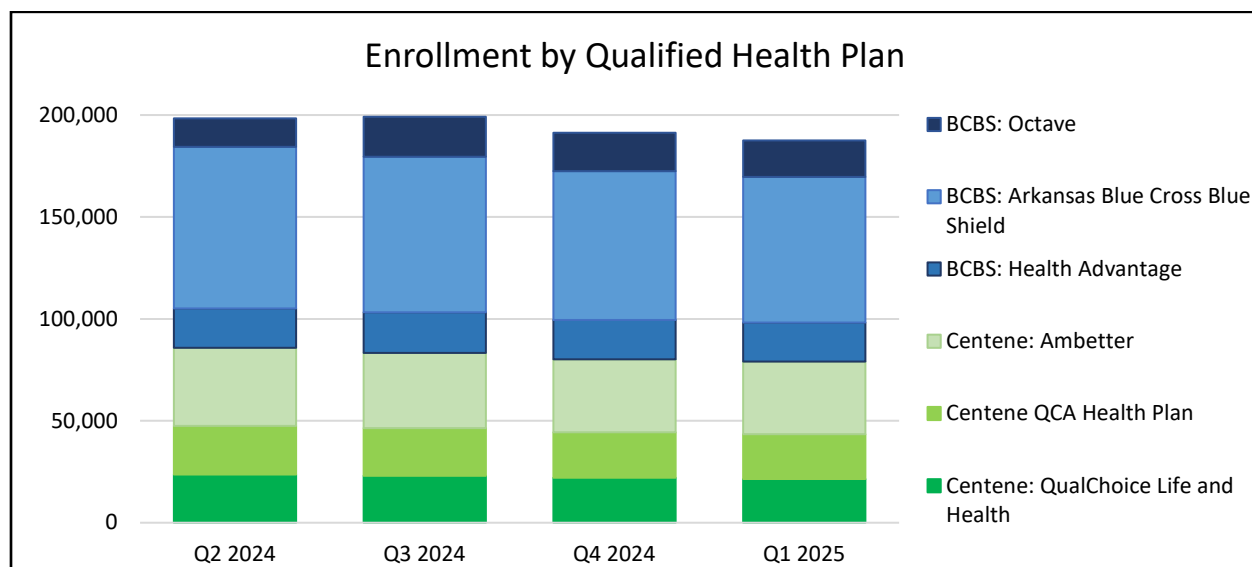
Enrollment as of the first day of each quarter (data pulled on 02/10/2025)

## Health insurer participation and competition

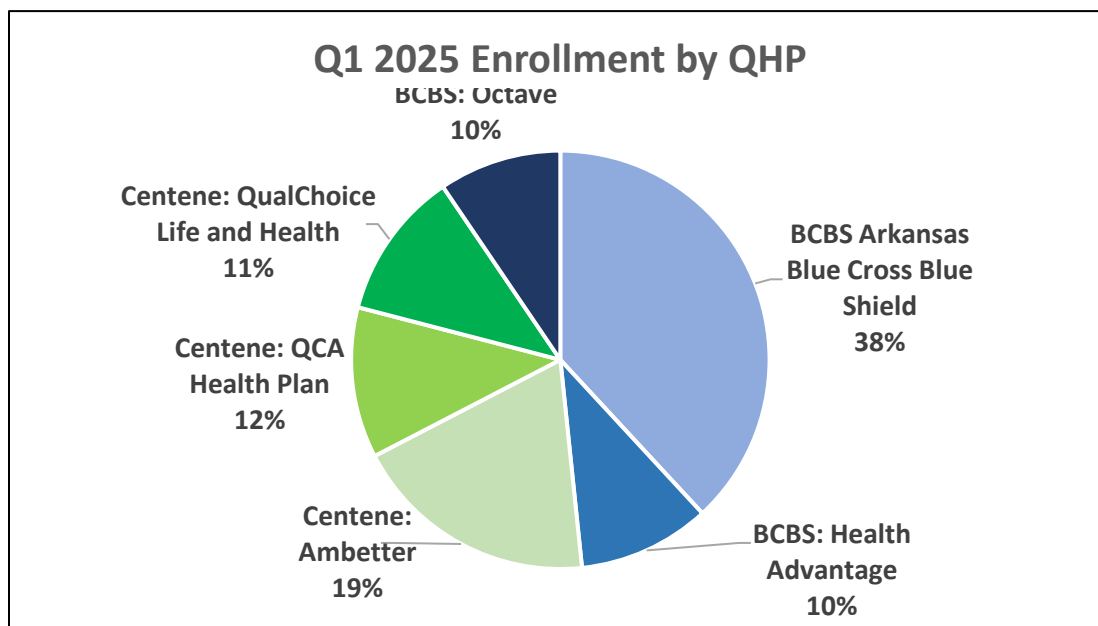
The ARHOME program currently purchases QHP coverage from two insurance carriers, Centene and Arkansas Blue Cross and Blue Shield (BCBS). Until 2024, Centene offered three QHPs for ARHOME beneficiaries, and BCBS offered two. Arkansas Blue Cross and Blue Shield introduced a third QHP, known as Octave,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

The following charts show:

- ARHOME enrollment in each QHP on the first day of each of the last three quarters of 2024 and the first quarter of 2025.
- The percentage of ARHOME enrollees enrolled in each QHP in the first quarter of 2025.



QHP enrollment on the first day of each quarter as of 02/10/2025.



QHP enrollment on the first day of the quarter as of 02/10/2025.

## 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 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

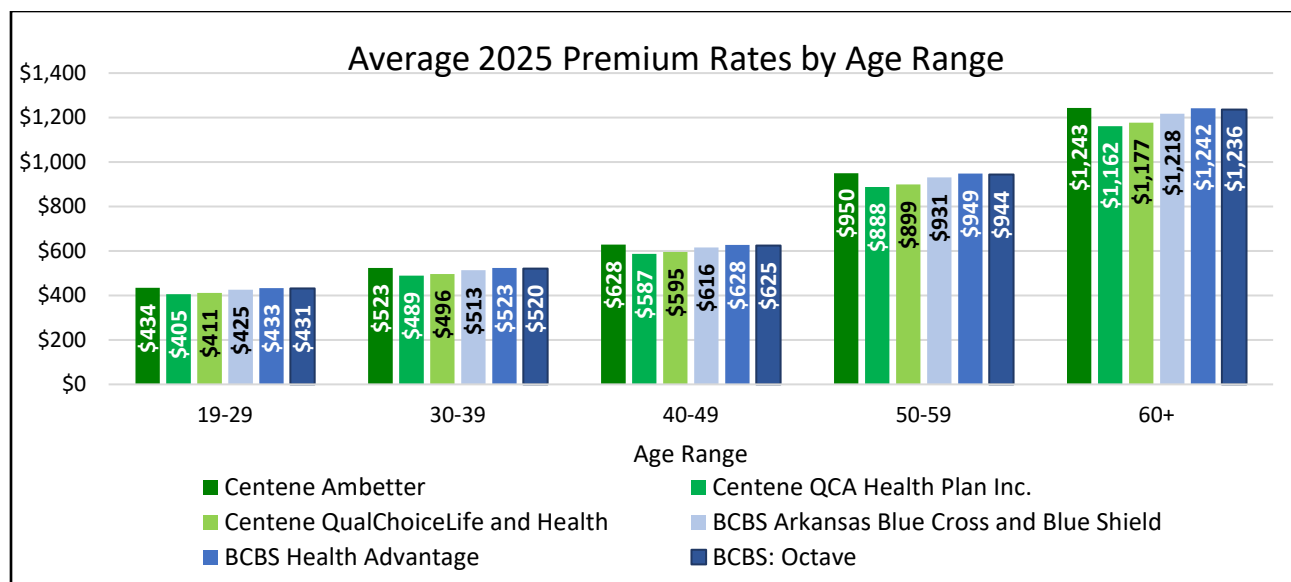
Individuals in fee for service awaiting enrollment in a QHP receive the same benefits as those offered by the QHPs.

## Qualified Health Plan Rates

The carriers set the premiums they charge for each plan they sell on the Marketplace, subject to approval from the Arkansas Insurance Department. All premium rates increased for 2025. The largest premium increase, 10.2%, will be in the Centene Ambetter plan. In its filing with the Arkansas Insurance Department, Centene cited updates based on claims experience and anticipated changes in the average morbidity of the plan population. Additional details in the publicly available documents have been redacted.

QHP	Average % Change in Premiums	
	2023 to 2024	2024-2025
Centene Ambetter	1%	10.2%
Centene QCA Health Plan Inc.	-2%	2.3%
Centene QualChoice Life and Health	0%	3.7%
BCBS Arkansas Blue Cross and Blue Shield	8%	2.2%
BCBS Health Advantage	2%	4.3%
BCBS Octave (started in 2024)		5.6%

The carriers' 2025 premium rates are shown in the following chart. The 2025 premiums DHS will pay for each plan range from about \$346 per month for a 19-year-old non-smoker in one plan to over \$1,400 per month for 64-year-old tobacco user in another plan.



## 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.

<b>Beneficiaries who are subject to cost sharing</b>	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).																
<b>Service-specific copay amounts</b>	\$4.70/\$9.40, depending on the service. Some services are exempt (e.g., emergency services).																
<b>Copay limits</b>	<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> <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>	FPL	Copay Limit	0%-20%	\$0	21%-40%	\$27	41%-60%	\$54	61%-80%	\$81	81%-100%	\$108	101%-120%	\$135	121%-138%	\$163
FPL	Copay Limit																
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81%-100%	\$108																
101%-120%	\$135																
121%-138%	\$163																
<b>Beneficiaries whose copays contribute to meeting the copay limit</b>	The ARHOME beneficiary and all Medicaid beneficiaries who pay copays in the individual's family (not including ARKids B beneficiaries), per CMS requirements.																

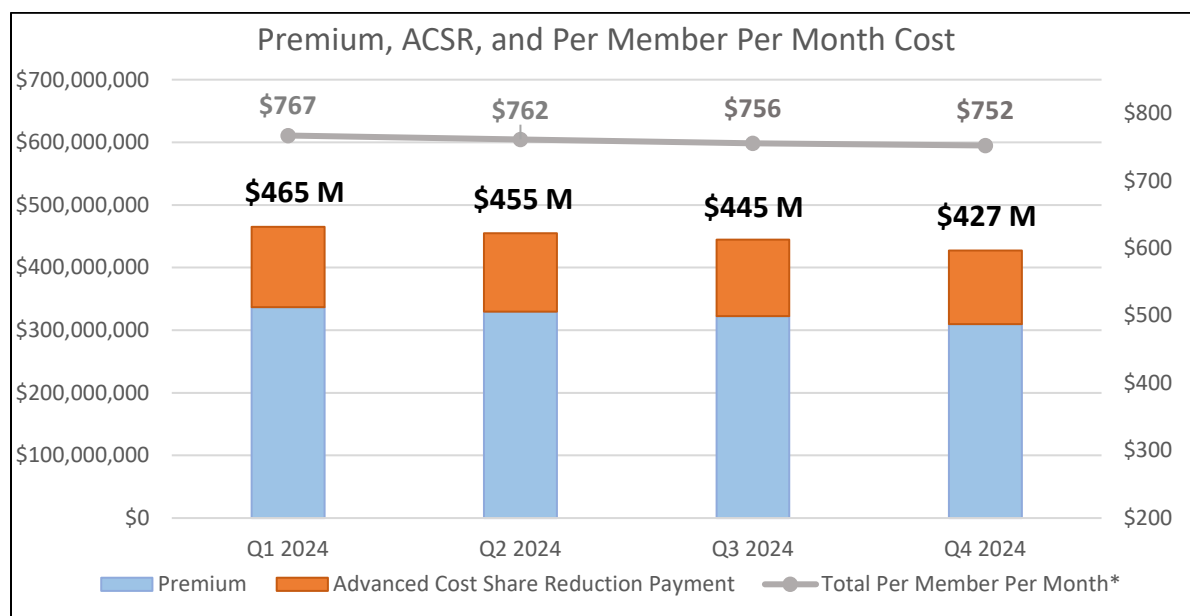
## Advanced Cost Sharing Reduction Payment

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 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 total 2024 per member per month expenditure of \$759 (not including wrap costs and end of the year reconciliation settlement) remained under the federal limit of \$802.86 for 2024. Overall costs decreased throughout 2024 due to a decrease in ARHOME enrollment.

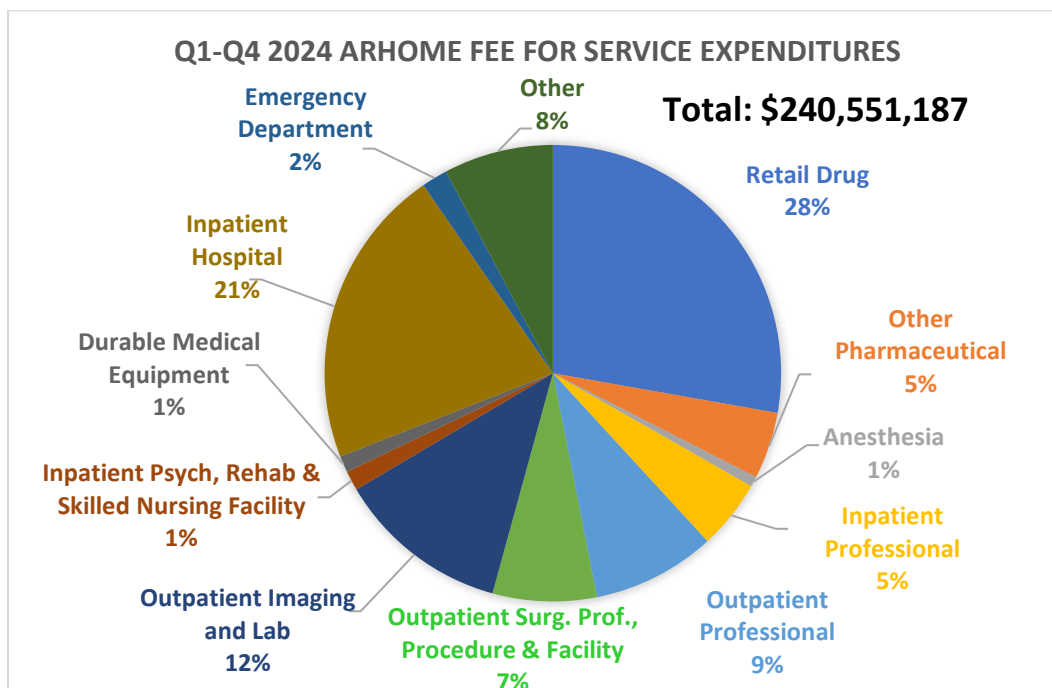


Source: AME-6162-2529 ARHOME Premium and CSR Payments and Adjustments by Month and Carrier 202501

\*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

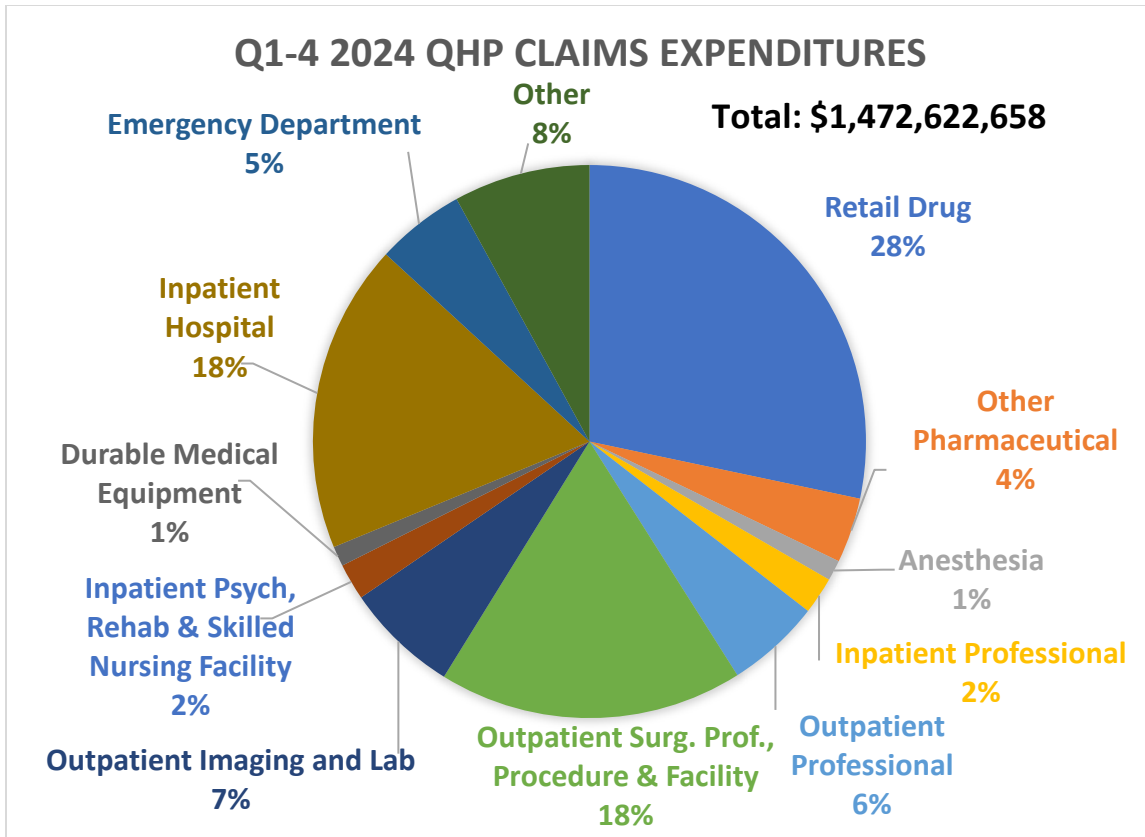
Medical claims for ARHOME beneficiaries are processed in different systems, depending on whether the beneficiary is in a QHP or in traditional fee for service (FFS) Medicaid. FFS Medicaid claims are paid from the Medicaid MMIS billing system (Interchange), while the individual QHPs process medical claims 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 Q1-4 2024, as of 02/27/25.



Source: AME-7222 5341 Care Categories - Exps and Additional Metrics – Initial, as of 02/27/25

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 Q1-4 2024.



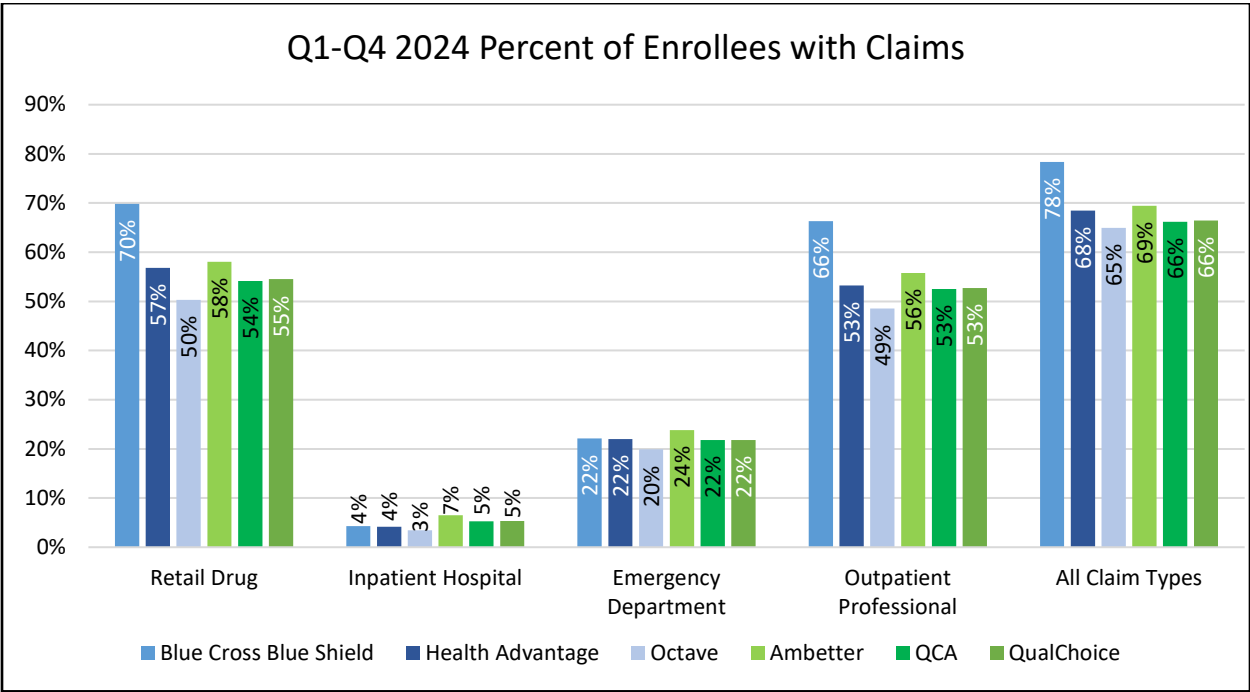
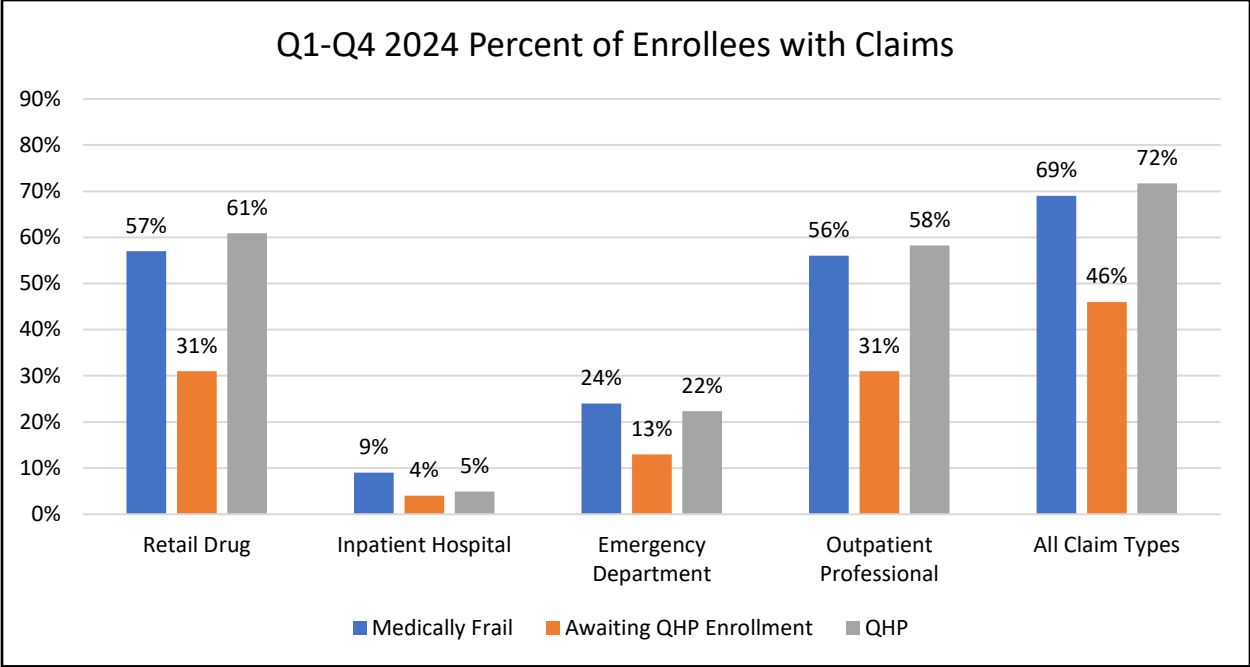


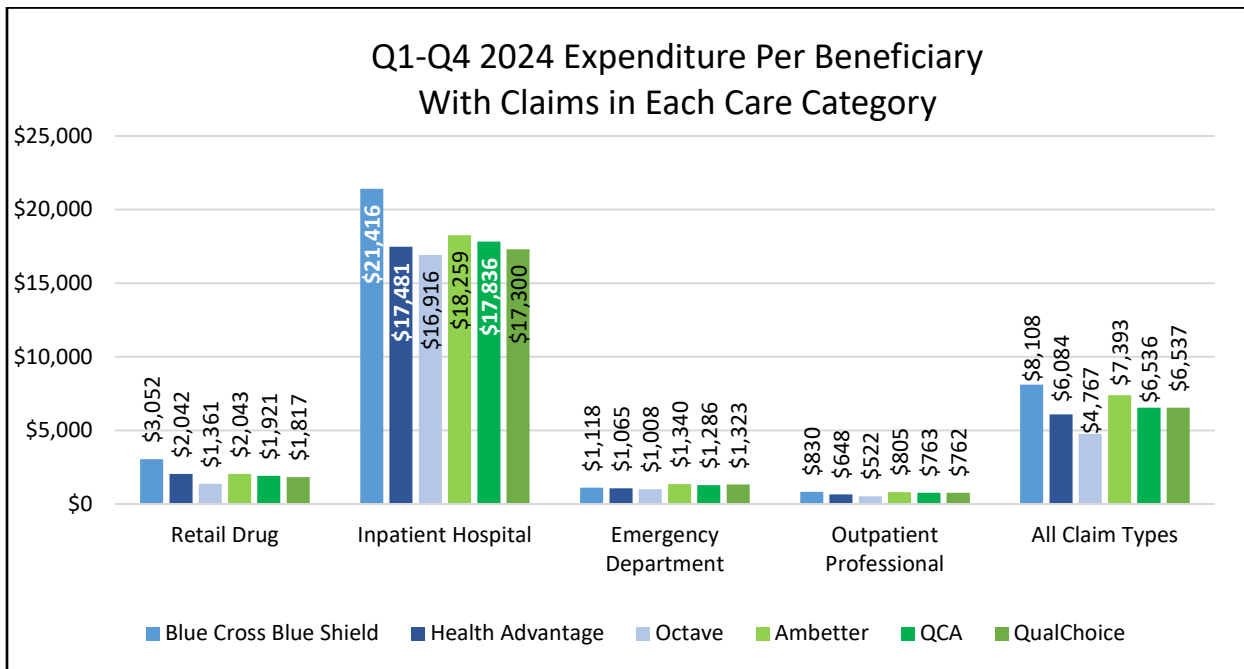
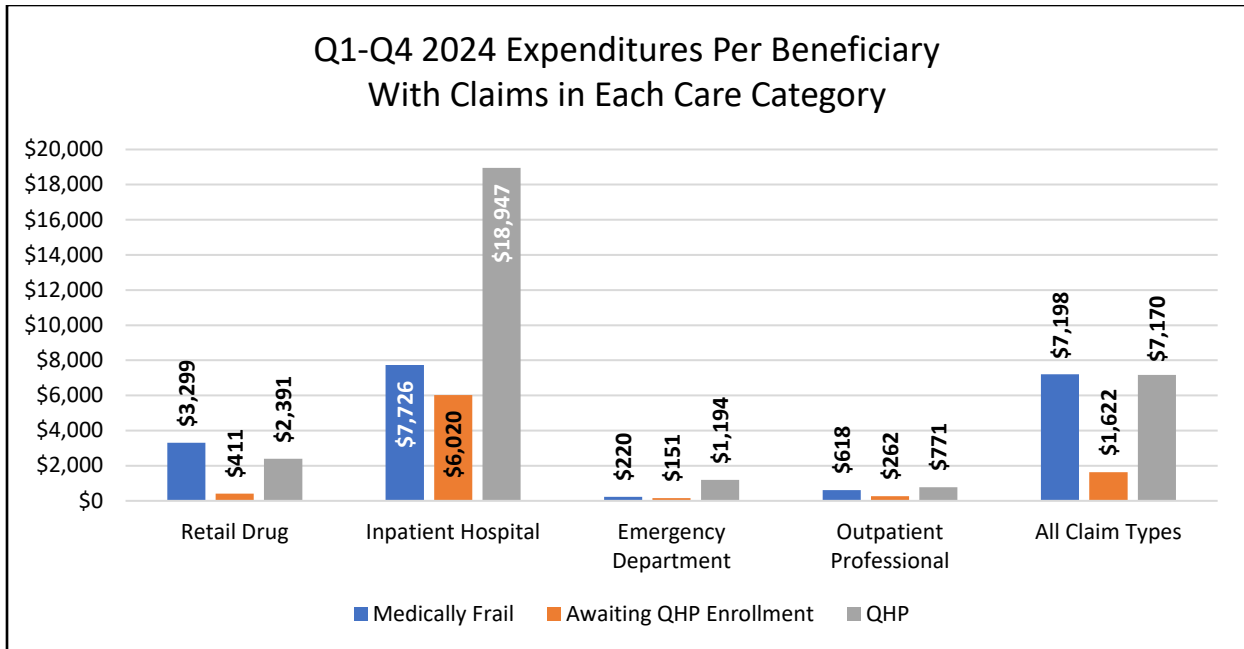
Source: AME-6728-3997 ARHOME Quarterly Report-QHP Only, as of 02/12/25

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 Q1-Q4 2024 for medically frail, beneficiaries awaiting enrollment in a QHP, all beneficiaries in a QHP, and by each individual QHP.





## 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 2023, 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 2023 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 2024 in July 2025.

QHPs also submitted annual strategic plans for 2025 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.

### Preventive Care

QHP	2023 Incentive Activity	Beneficiaries Awarded (% of eligible)	2023 Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: • \$15 for wellness visit • <b>\$50 for cervical cancer screening.</b> • <b>\$50 for mammogram</b>	30,168 (20%)	\$452,520
Health Advantage		27,919 (45%)	\$1,395,950
		12,684 (53%)	\$634,200
		4,515 (11%)	\$67,725
		4,502 (41%)	\$225,100
		1,332 (45%)	\$66,600
Ambetter	Award beneficiaries: 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	7,516 (10%)	\$658,220
QualChoice Life		2,933 (6%)	\$250,816
QCA		2,842 (6%)	\$239,968

QHP	2025 Incentive Activity
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> <li>\$15 for wellness visit</li> <li>\$50 for cervical cancer screening.</li> <li>\$50 for mammogram</li> <li>\$50 for chlamydia screening</li> </ul>
Health Advantage	
Ambetter	Award beneficiaries through My Health Pays portal: <ul style="list-style-type: none"> <li>500 points (\$50) for wellness exam</li> <li>500 points (\$50) for completing wellbeing survey</li> <li>100 points (\$10) for diabetes screening</li> <li>250 points (\$25) for cervical cancer screening</li> <li>250 points (\$25) for breast cancer screening</li> <li>250 points (\$25) for colorectal cancer screening</li> <li>250 points (\$25) for cholesterol screening</li> </ul>
QualChoice Life	
QCA	

### Substance Use Disorder

QHP	2023 Incentive Activity	Beneficiaries Awarded (% of eligible)	2023 Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> <li>\$100 for completing follow-up visit within 30 days of ER visit for a substance use disorder.</li> <li>\$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</li> </ul>	170 (25%)	\$17,000
Health Advantage		632 (16%)	\$31,600
Ambetter	No specific incentive; Allows participation in the Health Assistance Linkage and Outreach case management program	29 (15%)	\$2,900
QualChoice Life		124 (12%)	\$6,200
QCA			
		17 (5.35%)	N/A
		11 (10.19%)	N/A
		14 (10.94%)	N/A

QHP	2025 Incentive Activity
Blue Cross & Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> <li>• <b>\$100 for completing follow-up visit within 30 days of ER visit for a substance use disorder.</b></li> <li>• \$50 for members with SUD who use Peer Support Specialists, virtual SUD treatment, or other SUD treatment options</li> </ul>
Health Advantage	
Ambetter	No specific <i>incentive</i> for substance use disorder. Programs the QHPs administers include: <ul style="list-style-type: none"> <li>• Pharmacy Lock-In program to detect and prevent pharmacy benefit abuse. Members meeting criteria are locked into one pharmacy for one year. Some members are referred for Case Management support.</li> <li>• Transitional care management program to work with beneficiaries with SUD who have been hospitalized to coordinate care</li> </ul>
QualChoice Life	
QCA	

## Chronic Conditions

QHP	2023 Incentive Activity	Beneficiaries Awarded (% of Eligible)	2023 Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> <li>• \$15 for reporting blood pressure and read an educational article related to hypertension.</li> <li>• \$40 for achieving a hemoglobin A1c test result of 7% or less</li> <li>• \$50 for maintaining ratio of 0.5 or greater for controller to rescue inhaler use</li> </ul>	484 (1%) 6,002 (44%) 1,146 (85%)	\$7,260 \$240,080 \$57,300
Health Advantage		32 (1%) 765 (34%) 108 (66%)	\$480 \$30,600 \$5,400
Ambetter	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.	4,634 (6.3%)	\$433,810
QualChoice Life		1,701 (3.3%)	\$166,122
QCA		1,633 (3.2%)	\$149,937

QHP	2025 Incentive Activity
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> <li>• <b>\$50 for follow-up care following a hospitalization for heart failure</b></li> <li>• \$40 for achieving a hemoglobin A1c test result of 7% or less</li> </ul>
Health Advantage	
Ambetter	Award providers: <ul style="list-style-type: none"> <li>• \$100-\$300 for completing and submitting a comprehensive appointment agenda through the Health Plan's Secure Provider Portal as part of the Continuity of Care Provider Incentive Program</li> <li>• \$100 per member for completing in-office assessments and documenting that all care omissions have been addressed.</li> </ul>
QualChoice Life	
QCA	

The 2023 performance targets on the health quality metrics were set in January 2023 based on the QHPs' best performance on health quality measures in 2019, 2020 and 2021. The 2023 performance targets were based on the best performing QHP for each metric over the 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 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.

### 2023 Best Performer Target

#### All QHPs met the targets for:

- Asthma medication ratio
- Hospitalizations for COPD/Asthma in older adults

#### Most QHPs met the targets for:

- Follow-up after ED visit for substance abuse

#### No QHPs met the targets for:

- Cervical cancer screening
- Hospitalizations for heart failure
- Concurrent use of opioids and benzodiazepines

#### Most QHPs did not meet the targets for:

- Breast cancer screening
- Hospitalizations for short-term diabetes complications
- Hospitalizations for asthma in younger adults

#### Mixed results for:

- Diabetes screening for people with schizophrenia or bipolar disorder using antipsychotic medications

## 2023 Median Target

### All QHPs met the median for:

- Cervical Cancer Screening
- Breast Cancer Screening
- Asthma Medication Ratio
- Follow-Up After ED Visit for Substance Abuse

### Most QHPs met the median for:

- Hospitalization for Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults
- Hospitalization for Asthma in Younger Adults

### No QHPs met the median for:

- Hospitalization for Heart Failure

### Mixed results for:

- Hospitalization for Diabetes Short-Term Complications
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Concurrent Use of Opioids and Benzodiazepines

## 2023 4% Improvement Target

### All QHPs met the targets for:

- Asthma Medication Ratio

### Most QHPs met the targets for:

- Breast Cancer Screening
- Follow-Up After ED Visit for Substance Abuse

### No QHPs met the targets for:

- Heart Failure Admission Rate

### Most QHPs did not meet the targets for:

- Hospitalization Asthma in Younger Adults Admission Rate

### Mixed results for:

- Cervical Cancer Screening
- Hospitalization for Short-Term Diabetes Complications
- Hospitalization for Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Concurrent Use of Opioids and Benzodiazepines



The 2024 performance targets were set in December 2023 based on performance in 2019, 2020, 2021 and 2022. For 2024, DHS set targets using methodology similar to 2023 but requires a 5% improvement in each QHP's best performance on each measure. The 2024 results will be presented to the ARHOME Advisory Panel in September 2025.

## Economic Independence Initiative Outcomes

DHS requires QHPs to include in their annual strategic plans activities to support the Economic Independence Initiative. Additionally, QHPs were required to offer two economic independence incentives in 2024 to encourage advances in beneficiaries' economic status or employment prospects. The table below provides the incentives each QHP offered in 2024 and the number of beneficiaries awarded. The 2025 incentive activities are also provided below.

QHP	2024 Incentive Activity	Beneficiaries Awarded (% of Eligible)	Total Awarded
BCBS	<ul style="list-style-type: none"> <li>Earn an Arkansas Career Readiness certificate and send into BCBS for verification: \$100-\$200 award.</li> <li>Complete a continuing education class: \$50 award.</li> </ul>	6 (.005%)	\$1,000
		62 (.06%)	\$3,100
Octave		1 (.003%)	\$150
		3 (.01%)	\$150
Health Advantage		2 (.006%)	\$250
		7 (.02%)	\$350
Ambetter	View videos on financial topics such as budgeting, growing one's own food, benefits of purchasing a used vehicle, etc. Rewards valued at 50 cents to \$10 per video.	1,223-4,881 (2%-9%), depending on the video	\$112,258
QualChoice Life		432-1,930 (1%-6%) depending on the video	\$44,0420
QCA		420-1,942 (1%-6%) depending on the video	\$43,974

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

## Sanctions or Penalties Assessed on Qualified Health Insurance Plans

DHS assesses penalties to QHPs that do not meet targets on the health care quality metrics. QHPs earned points in 2023 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 4%, 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 was calculated as the penalty from the table below multiplied by the QHP's total 2023 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

Only one QHP failed to meet the overall target points in 2023, as shown in the table below. QualChoice scored 44 total points and was assessed a financial penalty of \$0.90 per member per month, for a total of \$356,184.

QHP	Total Points	Member-Month Penalty	Member Months	Total Penalty
Health Advantage	48	\$0	298,884	\$0
BCBS	53	\$0	1,245,093	\$0
Ambetter	53	\$0	592,533	\$0
QCA	54	\$0	398,422	\$0
QualChoice	44	\$0.90	395,760	\$356,184

## Community Bridge Organizations

A significant new feature planned for ARHOME is the Maternal Life360 HOME, a program 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.

During Q4 2024, DHS made significant progress in implementation of the Life360 HOME program. DHS has received and approved nine letters of intent (the first step in the application process) from hospitals interested in becoming Maternal Life360 HOMEs and has received six full applications (the second step in the application process) from hospitals interested in becoming Maternal Life360s. DHS has approved five of the maternal applications and executed startup agreements with four hospitals. In June 2024, DHS conducted the first readiness review for St. Bernards Medical Center in Jonesboro to ensure the hospital met all program requirements, and the hospital began enrolling patients in November. DHS conducted another readiness review in October 2024 for White River Health in North Central Arkansas, and this hospital will begin enrolling patients in January 2025. In Q4, DHS also completed readiness visits for two hospitals in Central Arkansas, Baptist Health Little Rock and North Little Rock.

More information about the program can be found at [www.ar.gov/life360](http://www.ar.gov/life360).

## Pathway to Prosperity

On January 28, 2025, Governor Sarah Huckabee Sanders announced the Pathway to Prosperity Initiative. 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.

The goals of the initiative are as follows:

### **Goal 1: Increase income**

- Beneficiaries will seek to increase their income with support from our success coaches

**Goal 2: Use of health care coverage**

- A greater percentage of enrollees will access preventative and primary care services

**Goal 3: Increase access to private insurance coverage or maintain coverage in the most appropriate model of care**

- With success coaching and increases in beneficiary income, the program will provide support as beneficiaries cross the benefit cliff into private insurance coverage.

**Goal 4: Address health-related social needs (HRSN)**

- Beneficiaries engaged with success coaching will see improvement in HRSNs, including nutritional assistance, transportation, and housing.

Under the proposal, active participation in health, community and workforce development will become required part of receiving health care through a QHP. DHS will identify ARHOME beneficiaries in a QHP who may be most at risk for poor health outcomes due to long-term dependency.

DHS will use data matching to identify ARHOME beneficiaries who appear to be not on track toward meeting their personal health and economic goals. Factors in determining on track status may include income level, employment history, educational status, presence of dependent children in the household, length of enrollment in ARHOME, and other criteria. Those identified as not on track will receive focused care coordination services to support health and economic self-sufficiency.

Individuals identified as not on track who decline to engage with success coaching will have their ARHOME coverage suspended. Suspended coverage can be restored if the individual reengages with success coaching and their personal development plan.

To become active again with full benefits restored, individuals need only notify DHS of their intention to cooperate with personal development plan requirements.

DHS will submit its official proposal, along with public comments about the plan, to CMS March 24, 2025.

## Appendix

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

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- (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 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 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.