



IMPROVING YOUR HEALTH AND
EXPANDING YOUR OPPORTUNITIES

ARHOME Health and Economic Outcomes Accountability Oversight Advisory Panel

Quarterly Report

September 26, 2024



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 31.)

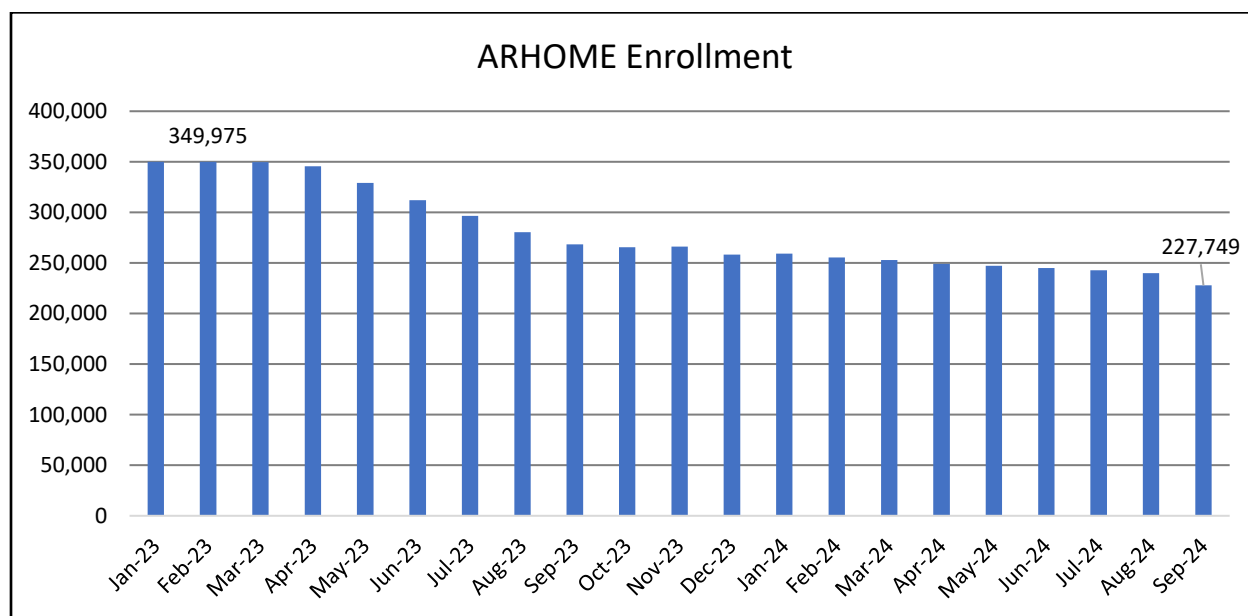
On June 1, 2023, DHS submitted to CMS a proposed amendment to the ARHOME waiver. The proposal requests permission to implement the Opportunities for Success Initiative. Through the Initiative, DHS seeks to provide focused care coordination services provided by a Success Coach to beneficiaries who are 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

rehabilitation program) would be assigned a Success Coach. Success Coaches would evaluate the health-related social needs (HRSN) 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 would 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 would transition from their QHP to the traditional Medicaid Fee-for-Service (FFS) delivery system. They would not lose Medicaid eligibility. This amendment is pending CMS approval.

Eligibility and enrollment

The ARHOME program currently covers about 232,000 beneficiaries. Due to the public health emergency (PHE) caused by the COVID-19 pandemic, CMS prohibited states from disenrolling most beneficiaries from Medicaid programs. 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. The process for disenrolling ineligible beneficiaries spanned six months to the end of September 2023. As of early September 2024, the ARHOME population decreased by about 35% from its height in February 2023. The ARHOME disenrollments include beneficiaries who transitioned out of ARHOME and into another Medicaid eligibility category.



Enrollment as of the first day of each month (data pulled on 9/9/2024).

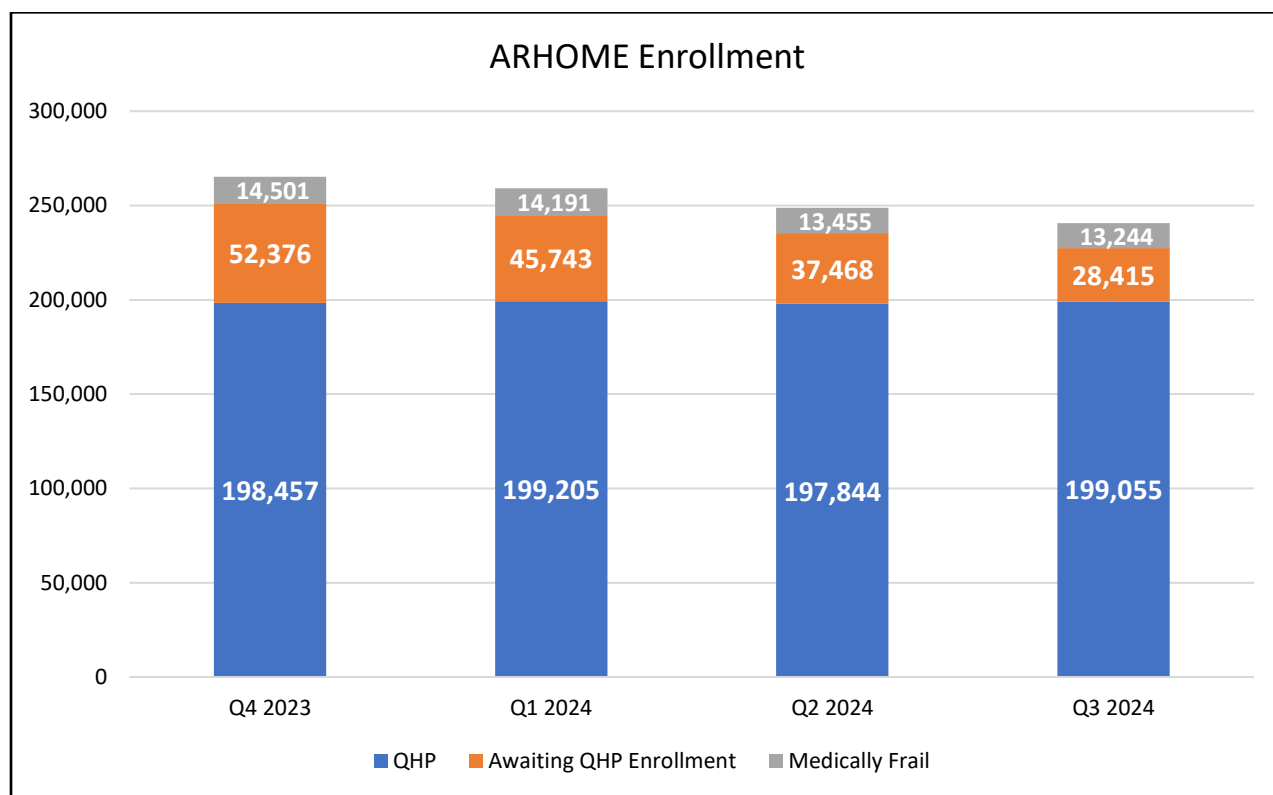
Medically Frail and QHP Enrollment

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.



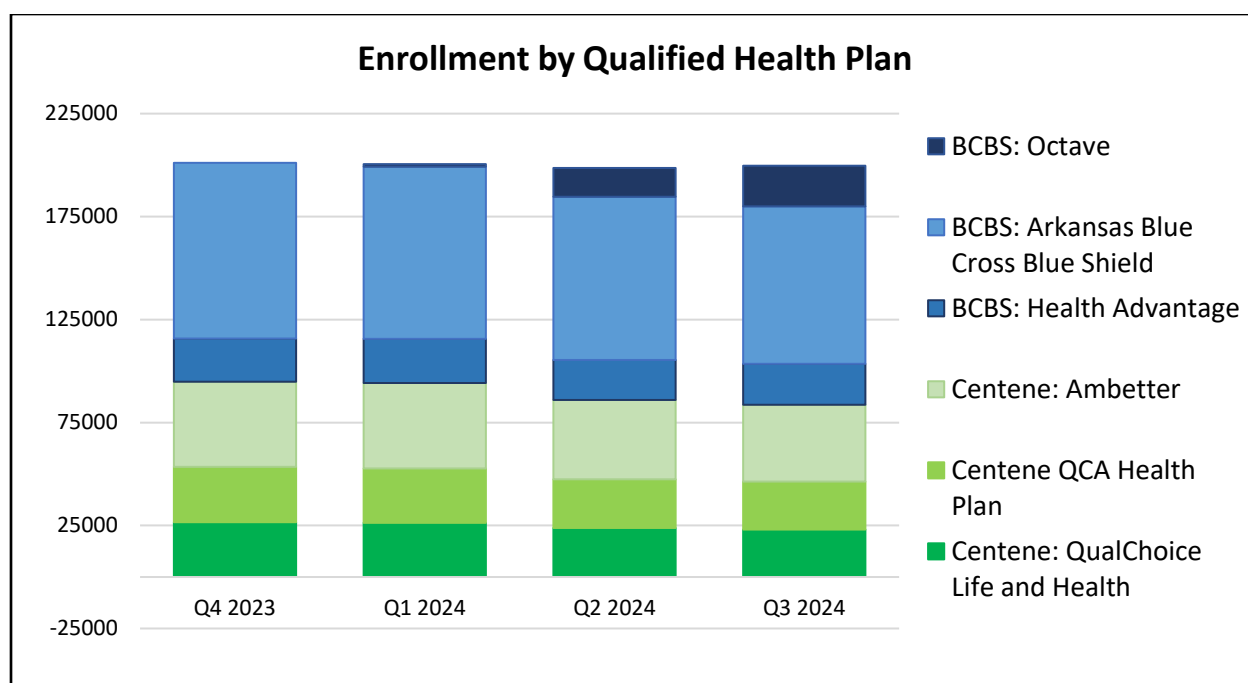
Enrollment as of the first day of each quarter (data pulled on 8/5/2024)

Health insurer participation and competition

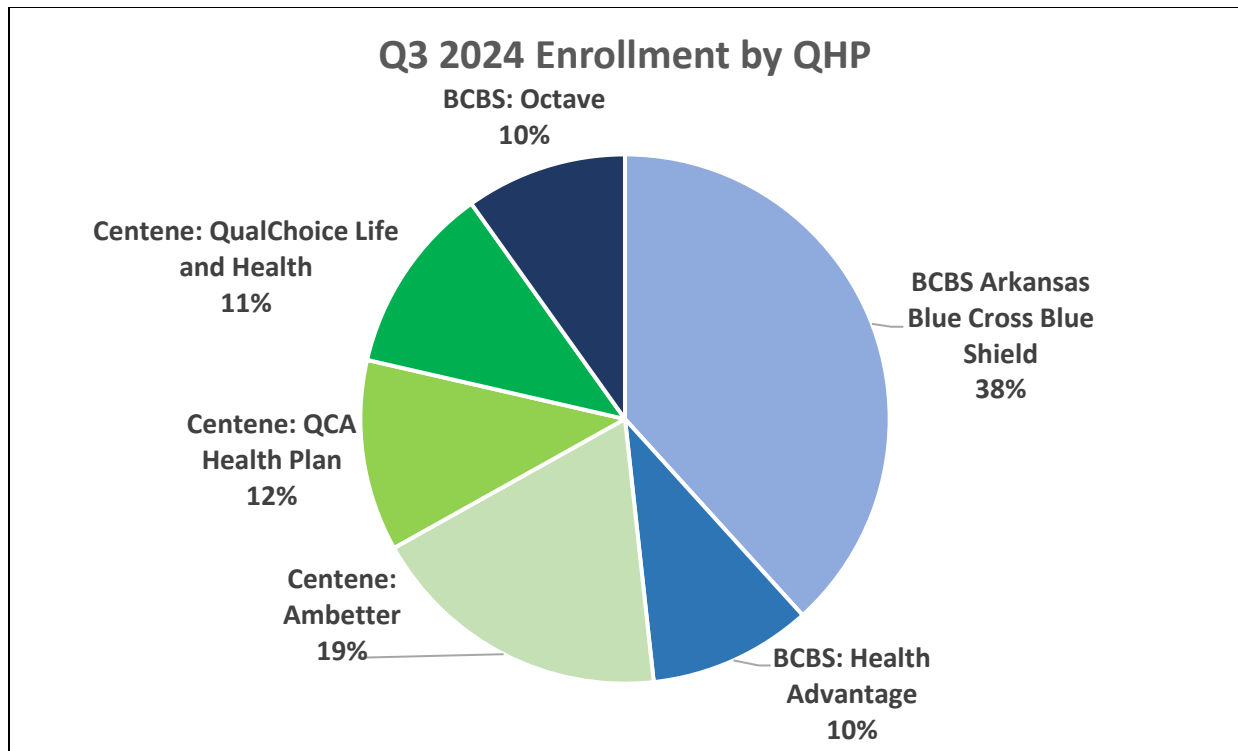
The ARHOME program currently purchases QHP coverage from two insurance carriers, Centene and Arkansas Blue Cross and Blue Shield (BCBS). Until 2024, Centene offered three QHPs for ARHOME beneficiaries, and BCBS offered two. Arkansas Blue Cross and Blue Shield introduced a third QHP, known as Octave,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

The following charts show:

- ARHOME enrollment in each QHP on the first day of the fourth quarter of 2023 and the first three quarters of 2024.
- The percentage of ARHOME enrollees enrolled in each QHP in the third quarter of 2024.



QHP enrollment on the first day of each quarter as of 08/5/2024.



QHP enrollment on the first day of the quarter as of 8/5/2024

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.

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	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.	
	FPL	Copay Limit
	0%-20%	\$0
	21%-40%	\$27
	41%-60%	\$54
	61%-80%	\$81
	81%-100%	\$108
	101%-120%	\$135
	121%-138%	\$163
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.	

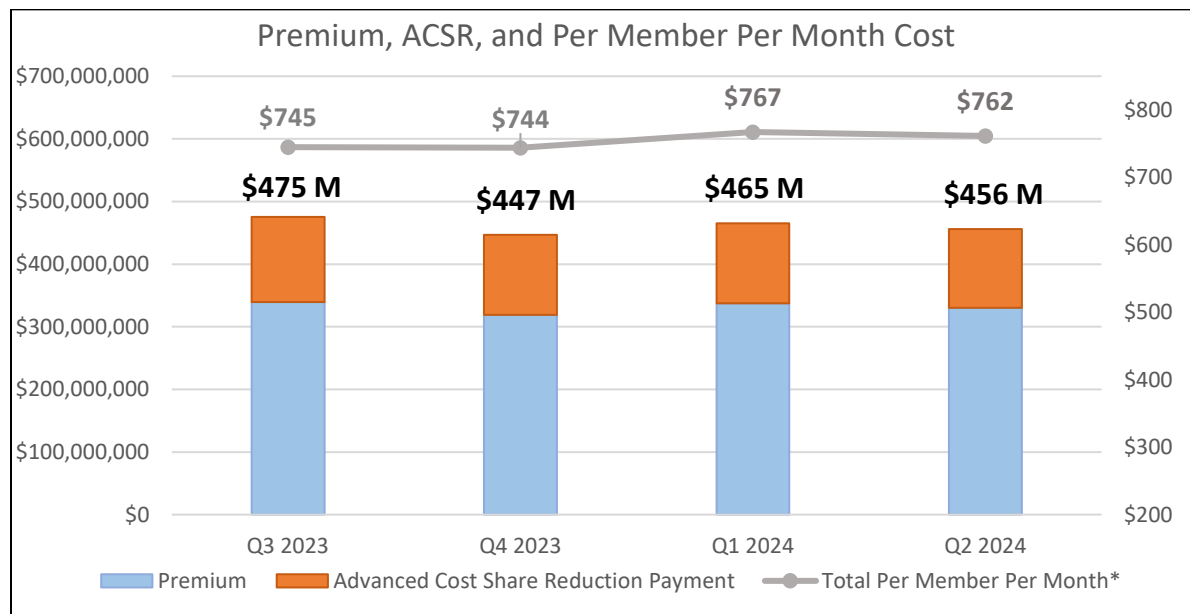
Advanced Cost Sharing Reduction Payment

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 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 2023 were set at 40% of each premium rate. The per member per month expenditure remained under the federal limit of \$758.85 for 2023. The federal limit is known as the budget neutrality cap. ARHOME QHP expenditures dropped throughout 2023 primarily due to 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.

In Q2 2024, the per member per month cost and overall costs decreased, due to a decrease in ARHOME enrollment. The decreased enrollment occurred in April when the federal government adjusts the FPL income levels, causing individual FPLs to drop. When individuals' FPLs decrease some people qualify for other Medicaid programs and move out of ARHOME.

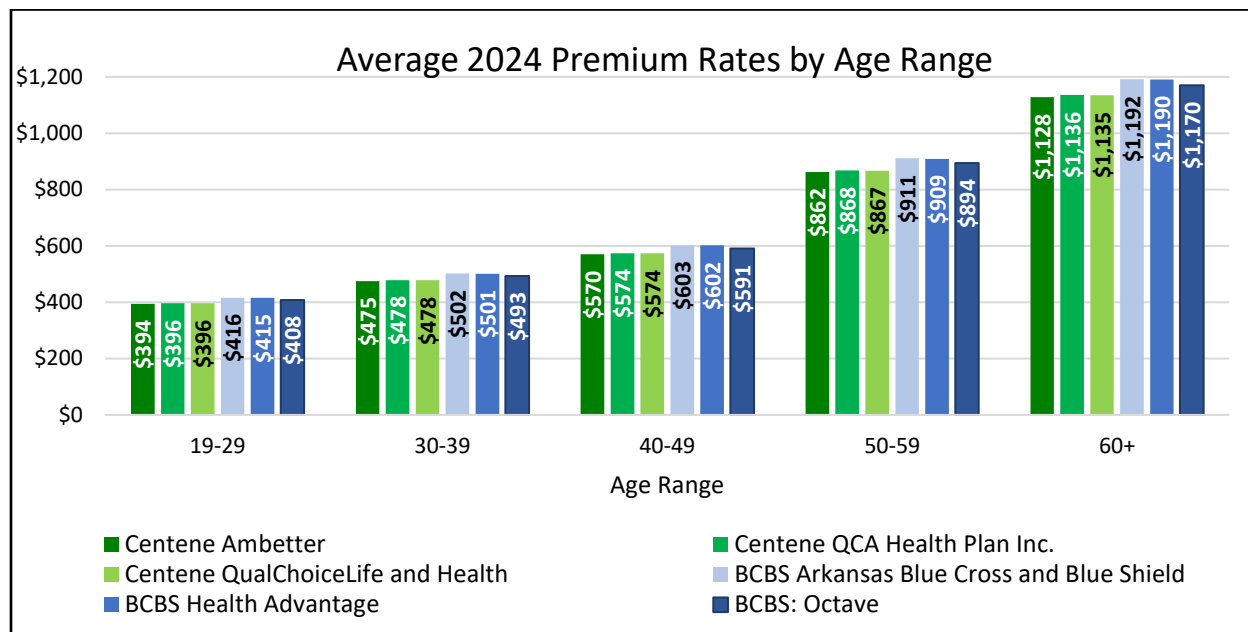


Source: AME-2599-10591 ARHOME Premium and CSR Payments and Adjustments by Month and Carrier 080524

*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.

Qualified Health Plan Rates

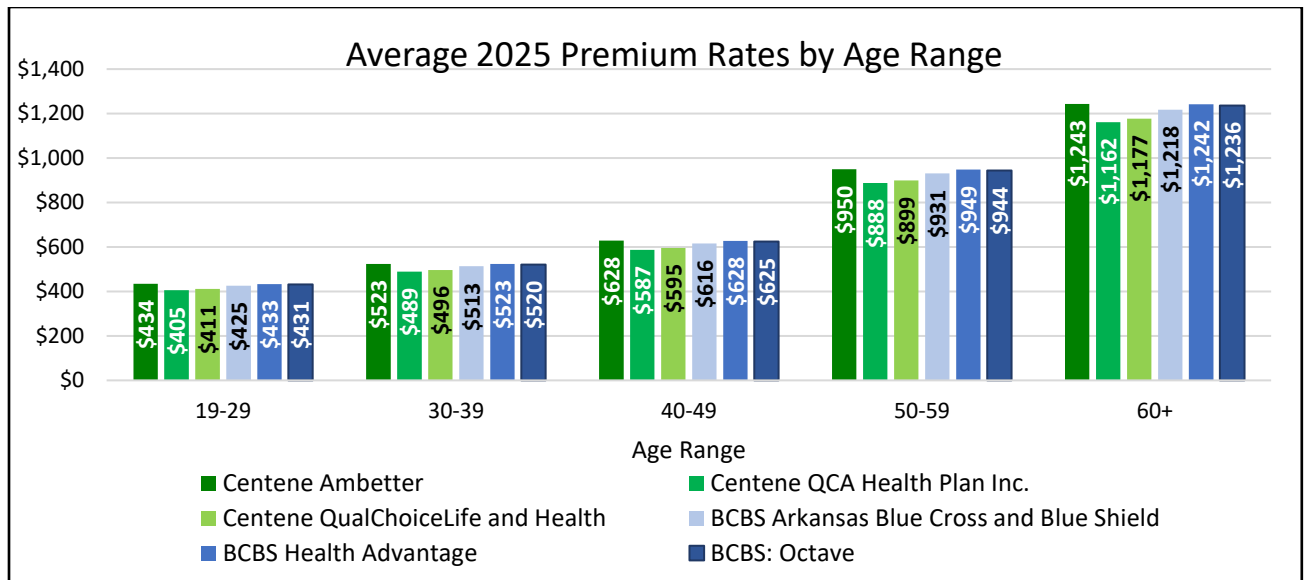
The carriers set the premiums they charge for each plan they sell on the Marketplace, subject to approval from the Arkansas Insurance Department. The 2024 premiums DHS pays for each plan range from about \$336 per month for a 19-year-old non-smoker in one plan to just under \$1,360 per month for 64-year-old tobacco user in another plan.



All premium rates will increase 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.

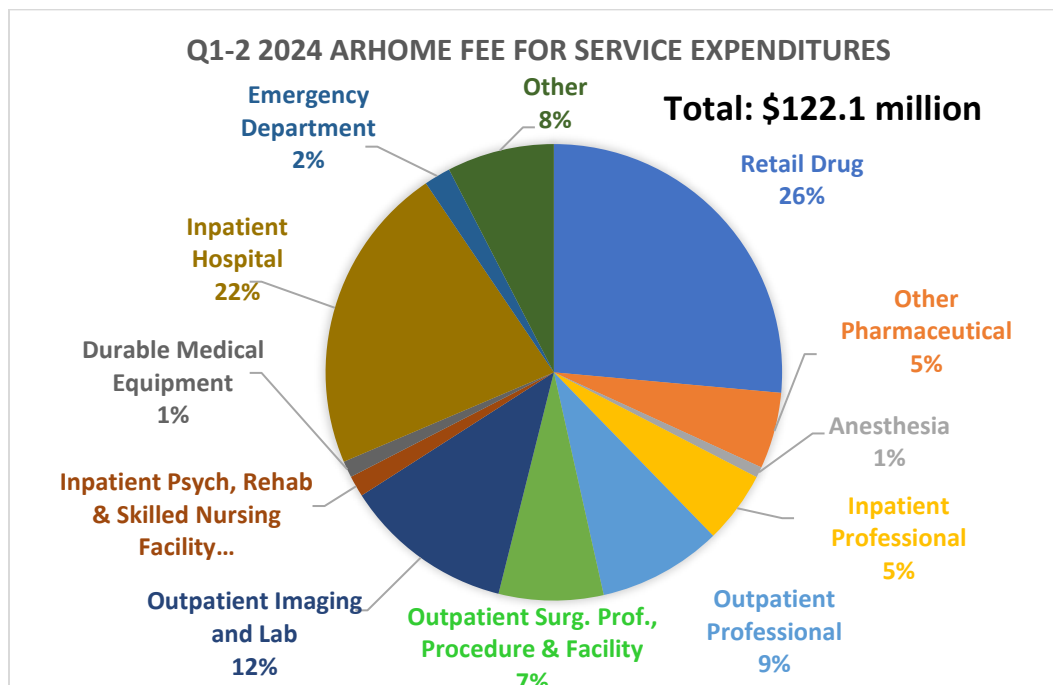
	Average % Change in Premiums		
	2022 to 2023	2023 to 2024	2024-2025
Centene Ambetter	7%	1%	10.2%
Centene QCA Health Plan Inc.	5%	-2%	2.3%
Centene QualChoice Life and Health	3%	0%	3.7%
BCBS Arkansas Blue Cross and Blue Shield	4%	8%	2.2%
BCBS Health Advantage	5%	2%	4.3%
BCBS Octave (started in 2024)			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.

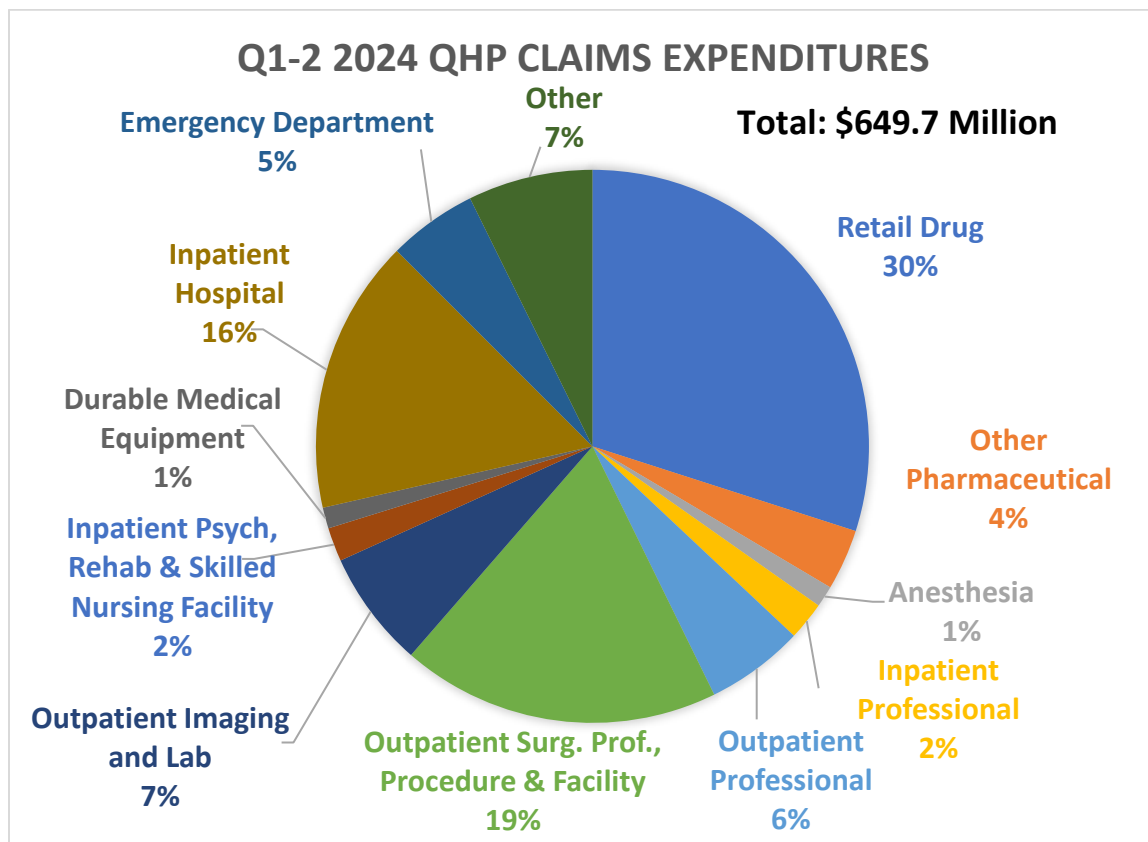


Utilization

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 (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 Q1-2 2024.



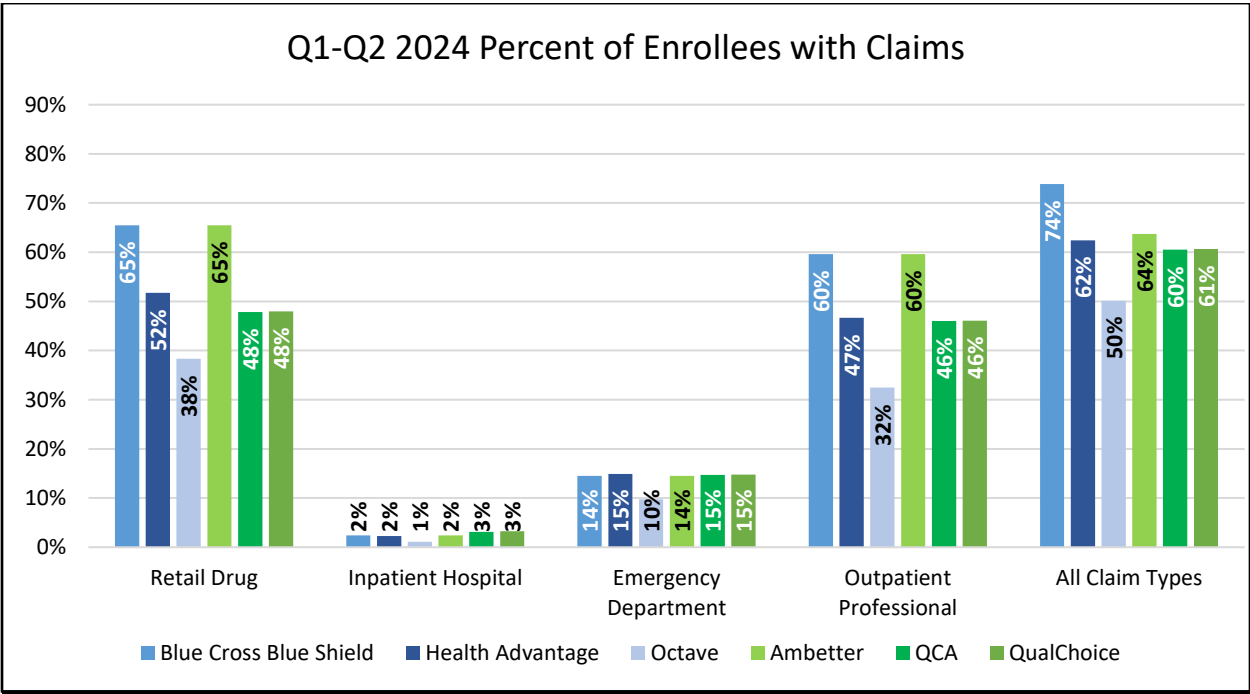
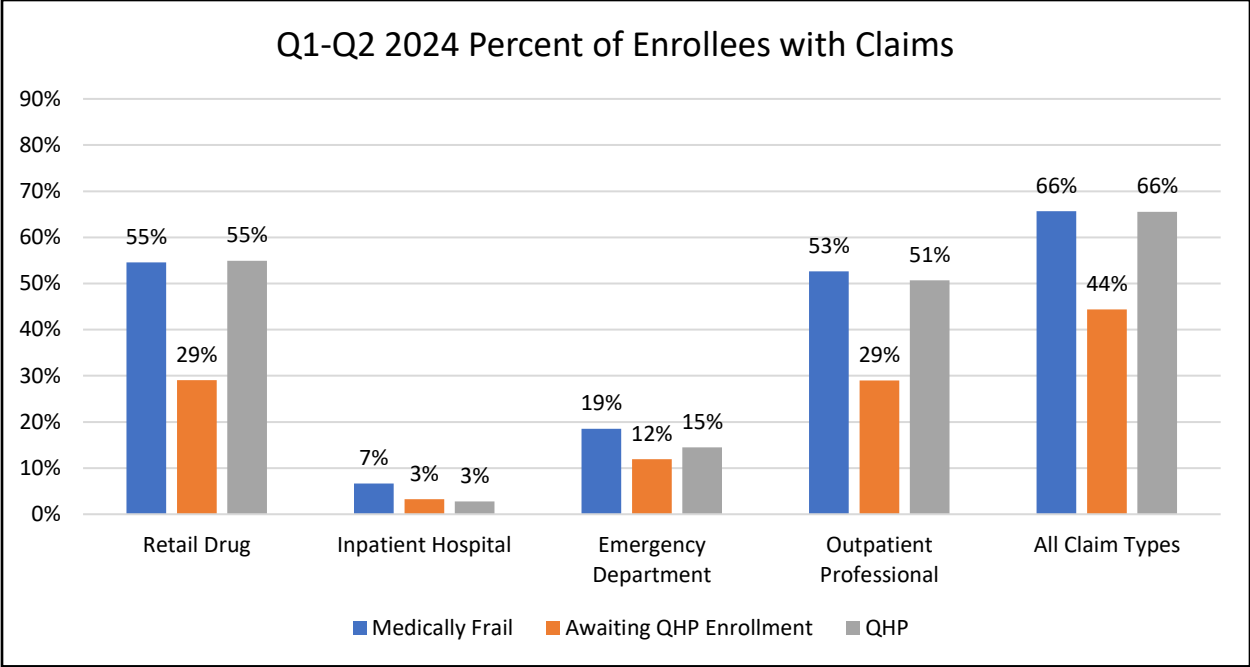
The QHPs are required to provide DHS quarterly data on the claims they pay on behalf of ARHOME beneficiaries. The following chart shows the claims that QHPs reported paying for ARHOME beneficiaries during Q1-2 2024.

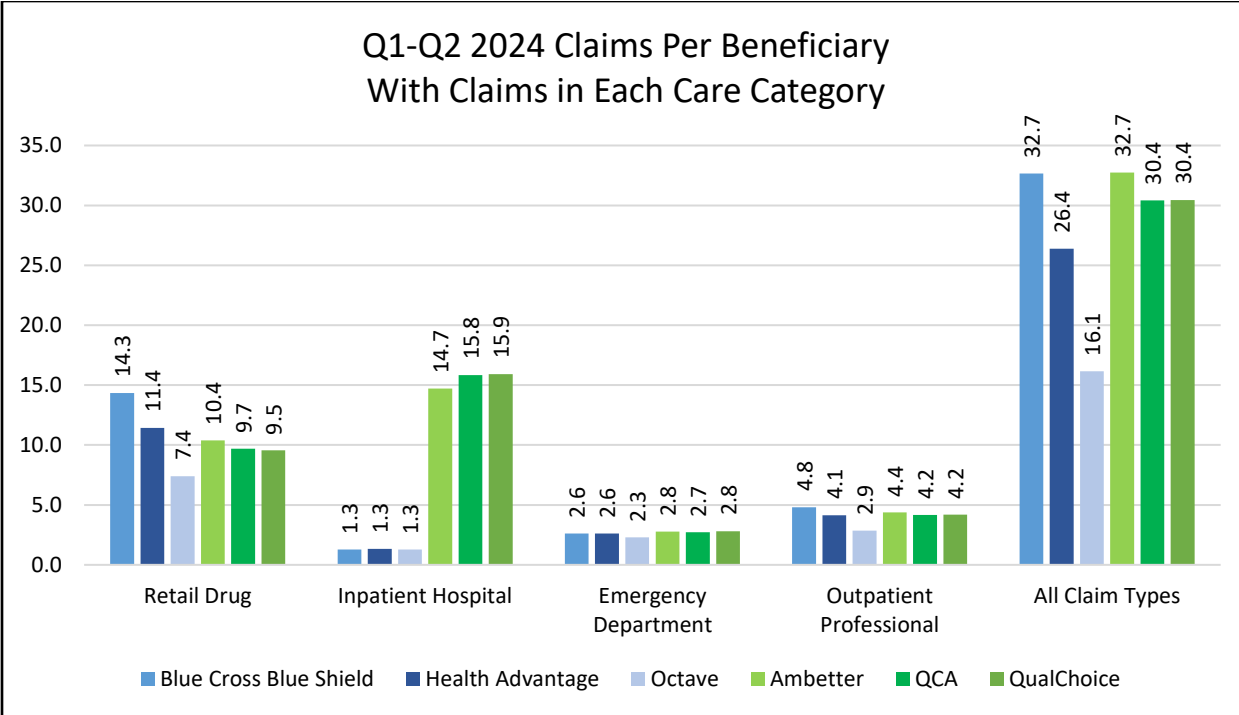
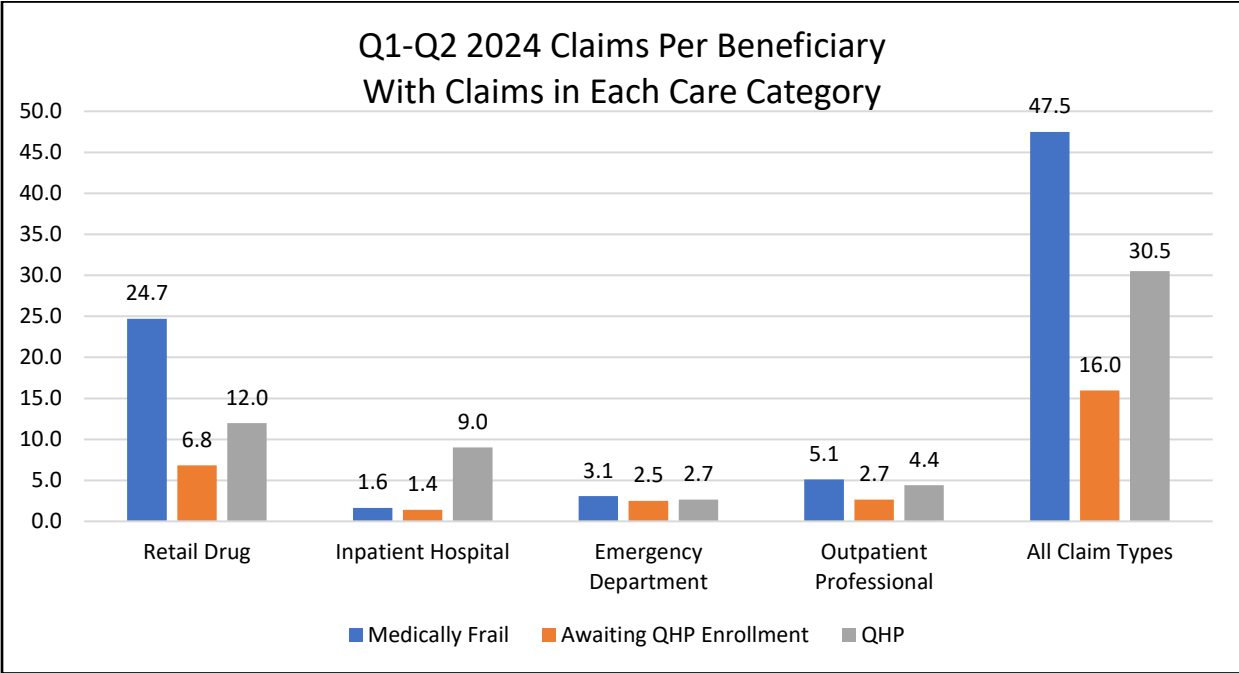


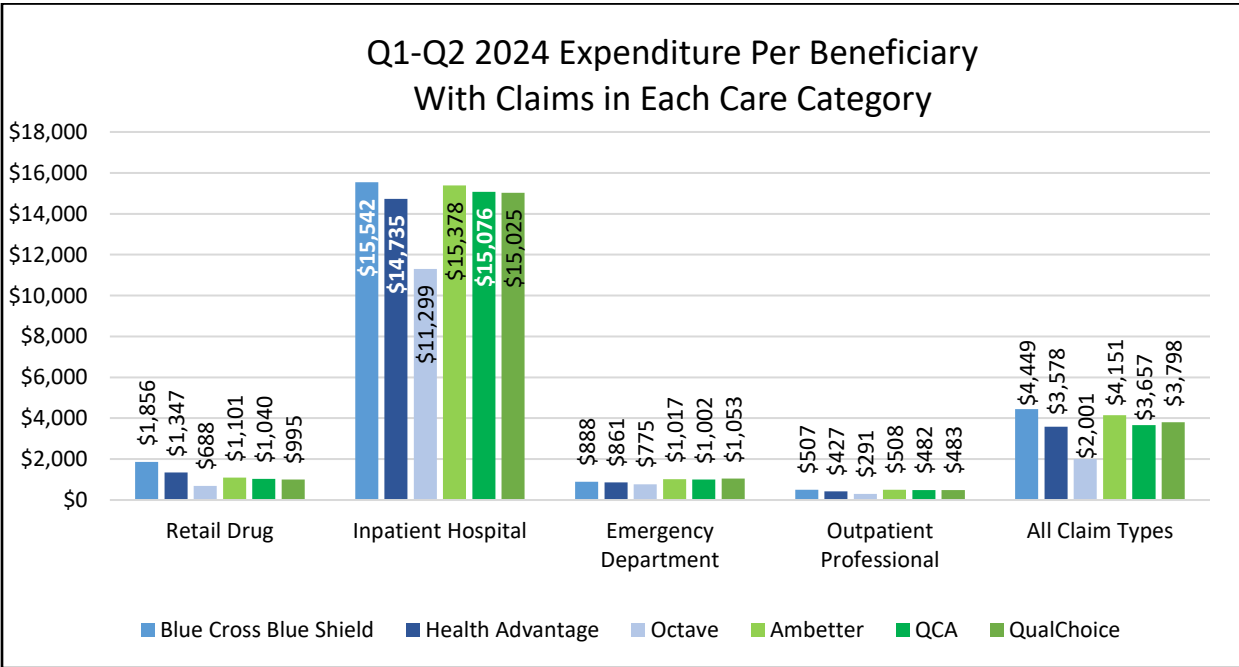
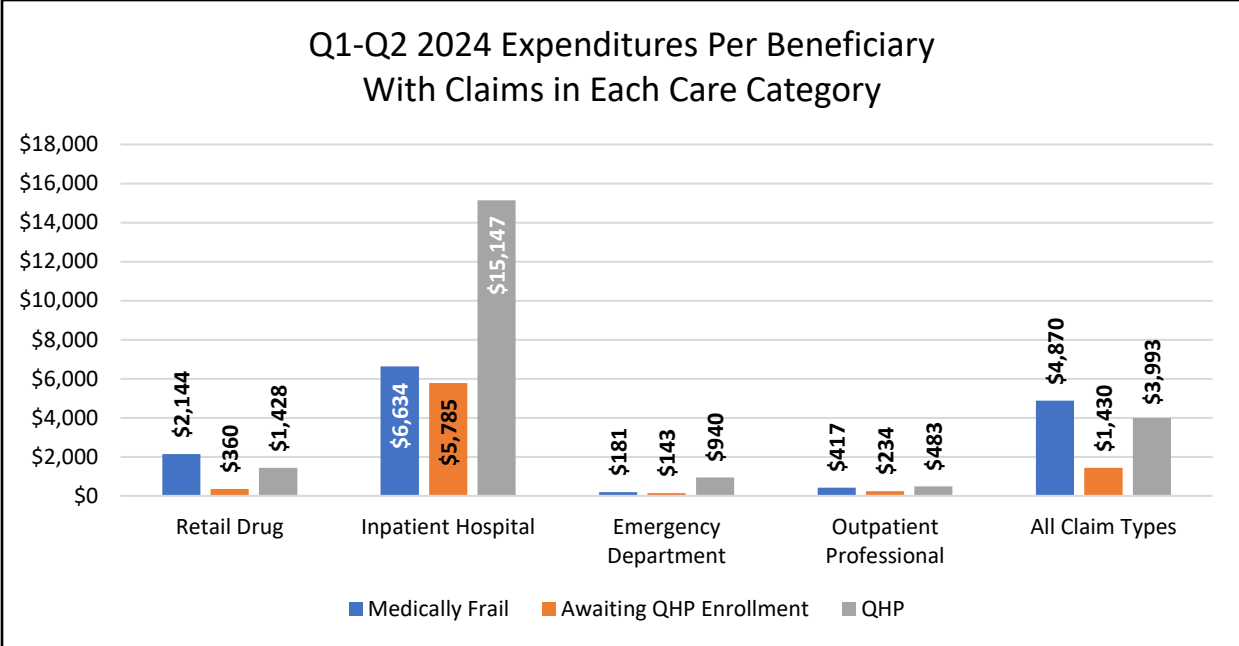
The following charts show the utilization of health services by:

- 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 and Q2 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 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	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. • \$50 for mammogram 	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

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 	170 (25%) 632 (16%)	\$17,000 \$31,600
Health Advantage		29 (15%) 124 (12%)	\$2,900 \$6,200
Ambetter	No specific incentive; Allows participation in the Health Assistance Linkage and Outreach case management program	17 (5.35%)	N/A
QualChoice Life		11 (10.19%)	N/A
QCA		14 (10.94%)	N/A

Chronic Conditions

QHP	Incentive Activity	Beneficiaries Awarded (% of Eligible)	Total Awarded
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> \$15 for reporting blood pressure and read an educational article related to hypertension. \$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 	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

The 2023 performance targets on the health quality metrics (shown in the table beginning on page 18) 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.

The 2023 results are in the table on pages 18-27. The following information identifies the overall results by each of the three types of targets: best performer, median and 4% improvement.

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

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

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 QHPs that met targets are shown in green on pages 18-27 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 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.

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
	2023		211,741		392,876	83,909	21,278	41,752	26,785	26,658	113,564	97,463	125,229	38,337	18,513
Total Live Births															
	2019	N/A	4,952		20,802	2,573	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	1,094	923	806	2,918	2,181	2,696	1,186	482
	2021	N/A	6,566		19,573	2,252	516	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	1,018	1,088	1,113	3,594	2,466	3,334	1,317	722
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	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	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 %	40.0 %	30.8 %	31.1 %	42.0 %	41.3 %	40.7 %	45.9 %	46.4 %
	2022	46.0 %	41.5 %		42.8%	43.7 %	22.1 %	40.9 %	37.3 %	37.2 %	41.8 %	41.0 %	40.4 %	44.9 %	46.0 %

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
	2023	46.0 %	40.8%			42.1%	32.3%	40.9%	40.3%	40.1%	41.9%	39.5%	39.5%	43.2%	48.3%
Chlamydia Screening in Women, 21-24 Years	2019	N/A	53.9 %	58.3%	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 %	55.2%	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%	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 %		55.8%	50.9 %	54.4 %	55.4 %	56.8 %	55.1 %	54.0 %	53.8 %	48.6 %	66.2 %	55.7 %
	2023	57.3 %													
Breast Cancer Screening, 50-64 Years	2019	N/A	50.8 %	53.7%	39.6%	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 %	49.8%	42.8%	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 %	48.0%	41.7%	47.6 %	N/A	44.4 %	39.3 %	40.2 %	44.7 %	44.3 %	42.4 %	50.7 %	47.6 %
	2022	54.0 %	46.1 %		43.7%	50.7 %	N/A	46.4 %	40.9 %	41.2 %	46.6 %	45.6 %	43.7 %	51.3 %	50.9 %
	2023	54.0 %	50.7%			54.5%	45.5%	50.2%	44.0%	44.1%	51.3%	50.2%	48.3%	55.0%	58.7%
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% (60 days)	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 %	39.3% (60 days)	37.7% (60 days)	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 %	37.8% (60 days)	37.7% (60 days)	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 %		42.3% (90 days)	47.5 %	43.3 %	48.9 %	49.4 %	48.3 %	45.4 %	51.8 %	48.2 %	47.9 %	48.3 %

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
	2023	58.4 %													
Contraceptive Care – All Women, Most or Moderately Effective Contraception: 21-44 Years	.	N/A	25.5 %	25.3%	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 %	24.7%	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 %	22.7%	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 %		20.5%	22.6 %	19.5 %	19.1 %	21.5 %	21.0 %	21.0 %	20.8 %	20.2 %	21.6 %	20.6 %
	2023	27.0 %													
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 %	10.0% ††	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 %	10.2% ††	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 %
	2023	9.6%													
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 %

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
	2023	1.2%													
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 %
	2023	11.8%													
Care of Acute and Chronic Conditions															
Diabetes Short-Term Complications Admission Rate (Lower is Better)	2019	N/A	26.2	22.2 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	19.4 Ages 18-64	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	17.8 Ages 18-64	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		18.0 Ages 18-64	12.9	18.3	16.1	16.1	13.9	20.4	17.0	20.1	21.3	14.0
	2023	14.2	21.9			12.5	18.1	17.2	14.5	17.4	22.4	21.3	23.2	29.1	10.2
COPD or Asthma in Older Adults Admission Rate (Lower is Better)	2019	N/A	40.9	69.4	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	52.0	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	44.6	28.2	17.5	12.2	17.1	11.7	8.7	15.5	24.1	24.7	14.4	6.8

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
	2022	18.3	14.9		21.0	12.0	8.0	12.6	7.1	9.7	13.8	16.0	18.1	10.5	9.2
	2023	18.3	16.2			12.1	17.8	12.7	8.0	8.2	12.5	20.3	19.9	10.6	3.1
Heart Failure Admission Rate (<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	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	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	18.4	13.1	11.7	25.3	17.1	19.6	34.8	10.8
	2022	12.3	22.3		22.4 <i>Ages 18-64</i>	14.7	17.2	17.6	14.2	13.0	26.4	16.3	19.8	35.2	12.4
	2023	11.7	26.3			17.0	22.7	23.3	15.5	15.9	25.5	27.2	23.2	43.2	16.6
Asthma in Younger Adults Admission Rate (<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	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	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	1.0	1.2	1.8	1.5	2.0	1.6	3.0	1.1
	2022	2.1	1.4		1.9 <i>Ages 18-39</i>	1.3	1.9	1.0	1.5	0.6	1.6	1.2	1.5	2.0	0.5
	2023	1.0	2.2			1.6	0.5	1.9	2.8	1.2	2.2	2.1	2.2	1.5	4.2
Plan All-Cause Readmissions, Observed/Expected Ratio (<i>Lower is Better</i>)	2019	N/A	0.8506	1.0259 <i>Ages 18-64</i>	0.8906 <i>Ages 18-64</i>	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	1.0379 <i>Ages 18-64</i>	1.1297 <i>Ages 18-64</i>	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	1.0082 <i>Ages 18-64</i>	1.0544 <i>Ages 18-64</i>	0.7291	7.1528	0.8802	0.9275	0.8545	0.8301	0.8754	0.8318	0.8896	0.7701

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
	2022	N/A	0.8799		1.1345 <i>Ages 18-64</i>	0.8303	0.8841	0.8394	0.9458	0.8162	0.8534	0.9166	0.8914	0.8835	0.7605
	2023	1.0													
Asthma Medication Ratio	2019	N/A	46.9 %	53.4%	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 %	57.1%	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 %	57.9%	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 %
	2023	54.5 %	65.1%			72.2%	62.0%	59.9%	58.6%	65.1%	62.8%	67.7%	63.9%	66.0%	68.3%
Behavioral Health Care															
Initiation of SUD Treatment - Total Use Disorder	2019	N/A	37.9 %	43.4% <i>Ages 18-64</i>		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 %	43.5% <i>Ages 18-64</i>	40.0% <i>Ages 18-64</i>	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 %	43.5% <i>Ages 18-64</i>	43.9% <i>Ages 18-64</i>	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 %		43.3% <i>Ages 18-64</i>	43.0 %	43.7 %	44.4 %	42.6 %	44.4 %	44.4 %	41.2 %	44.9 %	35.3 %	41.4 %
	2023	44.0 %													
Engagement of SUD Treatment - Total Use Disorder	2019	N/A	8.6 %	16.5% <i>Ages 18-64</i>		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 %	15.2% <i>Ages 18-64</i>	8.9% <i>Ages 18-64</i>	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 %	15.1% <i>Ages 18-64</i>	10.2% <i>Ages 18-64</i>	12.1 %	13.2 %	13.5 %	11.4 %	9.8 %	12.0 %	11.3 %	12.8 %	7.6 %	10.1 %

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
	2022	12.0 %	13.6 %		11.9% <i>Ages 18-64</i>	12.3 %	10.4 %	16.7 %	15.7 %	15.2 %	14.6 %	12.1 %	15.0 %	7.9 %	12.3 %
	2023	13.5 %													
Antidepressant Medication Management, Effective Acute Phase Treatment	2019	N/A	52.9 %	52.5% <i>Ages 18-64</i>	39.7% <i>Ages 18-64</i>	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 %	55.3% <i>Ages 18-64</i>	49.5% <i>Ages 18-64</i>	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 %	59.7% <i>Ages 18-64</i>	55.2% <i>Ages 18-64</i>	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 %		52.1% <i>Ages 18-64</i>	59.0 %	54.0 %	59.3 %	58.1 %	56.4 %	57.9 %	56.3 %	59.9 %	44.0 %	56.0 %
	2023	60.7 %													
Antidepressant Medication Management, Effective Continuation Phase Treatment	2019	N/A	37.1 %	35.9% <i>Ages 18-64</i>	26.1% <i>Ages 18-64</i>	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 %	38.7% <i>Ages 18-64</i>	33.4% <i>Ages 18-64</i>	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 %	41.0% <i>Ages 18-64</i>	39.4% <i>Ages 18-64</i>	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 %		34.7% <i>Ages 18-64</i>	41.5 %	36.1 %	40.6 %	35.7 %	35.6 %	39.6 %	37.1 %	41.5 %	24.9 %	35.0 %
	2023	42.2 %													
Adherence to Antipsychotic Medications for	2019	N/A	44.1 %	61.2% <i>Ages 18+</i>	59.4% <i>Ages 18+</i>	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 %	63.5% <i>Ages 18+</i>	58.0% <i>Ages 18+</i>	44.2 %	N/A	46.4 %	52.1 %	43.3 %	45.7 %	49.1 %	50.8 %	43.2 %	48.5 %

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
Individuals With Schizophrenia	2021	N/A	41.2 %	61.7% Ages 18+	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 %		55.0% Ages 18+	50.3 %	36.6 %	36.7 %	40.2 %	35.2 %	41.4 %	47.9 %	46.7 %	37.2 %	50.0 %
	2023	65.0 %													
Use of Pharmacotherapy for Opioid Use Disorder, Overall Total	2019	N/A	39.0 %			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 %	57.3% Ages 18-64	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 %	59.5% Ages 18-64	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 %		57.0% Ages 18-64	61.6 %	62.4 %	59.4 %	61.1 %	62.8 %	59.8 %	59.8 %	61.8 %	38.3 %	57.7 %
	2023	60.7 %													
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	2019	N/A	79.2 %	79.8% 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 %	74.6% 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 %	76.2% Ages 18-64	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 %		81.1% Ages 18-64	81.4 %	83.0 %	80.6 %	77.1 %	80.7 %	79.9 %	80.3 %	80.0 %	79.4 %	78.8 %
	2023	81.1 %	81.3%			82.5%	81.6%	81.1%	78.5%	80.4%	81.6%	80.9%	81.5%	80.8%	82.2%
Use of Opioids at High Dosage in	2019	N/A	1.1 %	7.3% Ages 18-64	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 %

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
Persons Without Cancer (Lower is Better)	2020	N/A	1.0 %	7.5% Ages 18-64	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 %	6.6% Ages 18-64	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	1.1 %	0.7 %		0.5% Ages 18-64	0.8 %	0.7 %	1.0 %	0.7 %	0.5 %	0.9 %	0.5 %	0.8 %	0.4 %	0.4 %
	2023	0.4 %													
Concurrent Use of Opioids and Benzodiazepines (Lower is Better)	2019	N/A	20.9 %	15.4% Ages 18-64	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 %	13.0% Ages 18-64	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 %	12.6% Ages 18-64	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 %		16.9% Ages 18-64	19.3 %	15.9 %	14.3 %	12.9 %	12.0 %	17.6 %	16.3 %	19.0 %	9.4 %	13.4 %
	2023	11.7 %	16.2%			18.5%	17.2%	13.4%	13.3%	12.2%	17.5%	15.2%	18.1%	9.5%	12.4%
Follow-Up After Emergency Department Visit for Substance Abuse, Received Within 30 Days	2019	N/A	8.7 %	22.7% 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 %	23.5% Ages 18-64	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 %	24.2% Ages 18-64	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 %		25.6% Ages 18-64	32.9 %	23.7 %	22.9 %	24.4 %	24.0 %	26.3 %	27.9 %	28.8 %	19.6 %	26.8 %
	2023	16.8 %	20.8%			23.7%	18.4%	21.0%	19.1%	12.7%	21.7%	19.3%	21.6%	17.6%	21.3%

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
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% <i>Ages 18-64</i>	39.2% <i>Ages 18-64</i>	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 %	54.0% <i>Ages 18-64</i>	37.2% <i>Ages 18-64</i>	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 %	53.5% <i>Ages 18-64</i>	34.9% <i>Ages 18-64</i>	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 %		33.7% <i>Ages 18-64</i>	34.1 %	28.7 %	26.5 %	28.7 %	30.3 %	28.2 %	36.8 %	32.3 %	28.2 %	40.0 %
	2023	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% <i>Ages 18-64</i>	42.0% <i>Ages 18-64</i>	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 %	56.1% <i>Ages 18-64</i>	41.0% <i>Ages 18-64</i>	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 %	54.7% <i>Ages 18-64</i>	36.4% <i>Ages 18-64</i>	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 %		38.5% <i>Ages 18-64</i>	42.9 %	38.0 %	35.6 %	39.6 %	36.9 %	40.1 %	38.2 %	40.0 %	35.1 %	40.7 %
	2023	43.4 %													

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 2023 to encourage advances in beneficiaries' economic status or employment prospects. The table below provides the incentives each QHP offered in 2023 and the number of beneficiaries awarded.

QHP	2023 Incentive Activity	Beneficiaries Awarded	Total Incentive Awarded	Total Eligible
BCBS	<ul style="list-style-type: none"> Earn an Arkansas Career Readiness certificate and send into BCBS for verification; award is \$25-\$65, based on score on three skill levels. Complete a continuing ed class; \$25 award 	5 60	\$225 \$1,500	148,674
Health Advantage		1 7	\$35 \$175	41,949
Ambetter	<ul style="list-style-type: none"> View videos on financial topics to encourage savings, debt reduction and smart purchasing choices. 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. Community health fair. Attendees received hands-on assistance with job searching & resume building. 350 people attended health fairs, including Centene members & non-members 	5,994 (video)	\$209,231 NA	73,841
QualChoice Life		2,344 (video)	\$79,096 NA	51,134
QCA		2,228 (video)	\$74,596 NA	51,451

QHP	2024 Incentive Activity	Incentive Amount
BCBS	<ul style="list-style-type: none"> Continuing education Career readiness certificate 	\$50 \$100-\$200
Health Advantage		
Octave		
Ambetter	<ul style="list-style-type: none"> Attendance at one Ambetter Community Health Fair Watch videos on cryptocurrency, taxes, personal finance, etc. 	<ul style="list-style-type: none"> Access to job searching assistance & resume building \$1 each in My Health Pays Member Reward Program
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. For 2024, DHS required a corrective action plan from QHPs that failed to meet performance targets during Plan Year 2022. DHS required the carriers to submit corrective action plans that describe, for each measure their QHPs missed, the reason the plan believes the target was missed. DHS asked that the QHPs describe their plans for changes in their 2024 incentives and how their incentives will address:

- Which incentives are offered to ensure improvement in metrics
- Incentive immediacy to ensure incentives are provided shortly after completing incentivized activity
- Beneficiary engagement, including simple, culturally appropriate educational materials (where used) and an outreach plan specific to Medicaid beneficiaries
- Sustained communication, including changes to the frequency in incentive messaging
- Incentive magnitude, including changes in the value of the incentives

DHS also asked that QHPs describe plans for measuring impact of incentive changes.

The following provides highlights of the corrective action plan each carrier submitted.

Blue Cross and Blue Shield

Barriers to meeting targets:

- Data-related issues (e.g., miscoded screening, clients receiving screening under another plan)
- Chlamydia screening not widely accepted in Arkansas
- Lack of incentive for some metrics and inadequate member education and engagement
- Lag in claims submission (pregnancy, ER visit, etc.), resulting in delays in quick intervention
- Insufficient promotion of chronic condition management visits on a frequent and ongoing basis.
- Access to care and transportation issues
- Social Determinants of Health (SDoH) needs
- Insufficient engagement with providers and a need to hold providers accountable for improvement
- Members' non-adherence to prescribed treatment regimen or need for treatment optimization

Changes for 2024:

- New member incentives for contraception for postpartum women (\$100) and chlamydia screening (\$50).
- Increased incentive for participating in health fair or community health event (\$25)

- Secured data sources that allow plan to know sooner (than claims data) about substance use disorder episode, ER visit, hospitalization, so plan can encourage members to initiate follow up care and treatment
- Created a women’s health flyer for providers to use when educating patients about recommended preventive screenings
- Two major email marketing campaigns highlighting available incentives with the addition of a follow-up text message
- Highlighted virtual care options
- Assisted members with SDOH needs by using a health risk assessment to help identify needs

Centene

Barriers to meeting targets:

- Exclusion of supplemental data and denied claims in the metric calculations;
- Members not using the MyHealthPays portal;
- Members’ lack of education;
- Member non-compliance due to side effects;
- Lack of transportation, etc.;
- Lack of care coordination among providers;
- Providers’ incorrect billing

Changes for 2024:

- Dedicated provider education outreach
- MyHealthPays member outreach
- Quarterly postcard mailer
- Incentivizing radiology clinics for mammography appointment scheduling and assistance
- Provider incentive for notification of pregnancy
- Farmbox program for fresh produce, OB/GYN engagement, including member gift bag
- Diabetes cohort program (six-week member engagement program)
- Expanding value-based program with behavioral health providers

Starting 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

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 11 letters of intent (the first step in the application process) that would like to enroll in the program (10 for Maternal and one for Rural). (Two hospitals have withdrawn their letter of intent, but one has submitted a new letter of intent this quarter.) The counties potentially served by Life360 HOMEs interested hospitals include Craighead, Pulaski, Saline, Independence, Faulkner, Washington and Benton. DHS has received five full applications (the second step in the application process) from hospitals interested in becoming Maternal Life360 HOMEs. DHS has approved four of the applications and is reviewing one more. DHS has fully executed a startup agreement with four hospital (St. Bernards Medical Center in Jonesboro, White River Health in Batesville and Baptist Medical Center in Little Rock and North Little Rock) and provided startup funds.

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 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.