

AR HOME

Medicaid Expansion for 2022



Stricken language would be deleted from and underlined language would be added to present law.
Act 538 of the Regular Session

1 State of Arkansas As Enacted: 8/19/21
2 53rd General Assembly A Bill
3 Regular Session, 2021 SENATE BILL 410
4
5 By: Senator Irvin
6 By: Representative M. Gray
7

For An Act To Be Entitled

8
9 AN ACT TO AMEND TITLE 23 OF THE ARKANSAS CODE TO
10 ENSURE THE STABILITY OF THE INSURANCE MARKET IN
11 ARKANSAS; TO PROMOTE ECONOMIC AND PERSONAL HEALTH,
12 PERSONAL INDEPENDENCE, AND OPPORTUNITY FOR ARKANSAS
13 THROUGH PROGRAM PLANNING AND INITIATIVES; TO CREATE
14 THE ARKANSAS HEALTH AND OPPORTUNITY FOR ME ACT OF
15 2021 AND THE ARKANSAS HEALTH AND OPPORTUNITY FOR ME
16 PROGRAM; AND FOR OTHER PURPOSES.
17
18

Subtitle

19
20 TO AMEND TITLE 23 OF THE ARKANSAS CODE TO
21 ENSURE THE STABILITY OF THE INSURANCE
22 MARKET IN ARKANSAS; AND TO CREATE THE
23 ARKANSAS HEALTH AND OPPORTUNITY FOR ME
24 ACT OF 2021 AND THE ARKANSAS HEALTH AND
25 OPPORTUNITY FOR ME PROGRAM.
26

27
28 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

29
30 SECTION 1. Arkansas Code Title 23, Chapter 61, Subchapter 10 is
31 amended to read as follows:

32 Subchapter 10 - ~~Arkansas Work Act of 2014~~ Arkansas Health and Opportunity
33 for Me Act of 2021
34

35 23-61-1001. Title.

36 This subchapter shall be known and may be cited as the "~~Arkansas Work~~
37



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History

THE ARKANSAS HEALTH CARE INDEPENDENCE ACT OF 2013

- The Arkansas Private Option
- Federal \$\$ pays premiums for those who would have been eligible for expanded FFS Medicaid

ELIGIBILITY

- Childless adults
 - Between ages 19 and 65
 - With incomes ≤ 138% FPL
- Adult parents/caretakers
 - With incomes between 17% and 138% FPL

Early Success

- Arkansas's uninsured rate for low-income adults living in small towns and rural areas of Arkansas dropped from 45% in 2008/2009 to 22% in 2015/2016.
- That 23-percentage-point drop – **cutting the uninsured rate by half** – is one of the sharpest declines in the country, behind only Colorado, Nevada, Kentucky, Oregon, and New Mexico.
- Uncompensated care dropped statewide by about \$150 million in the first full year of the program and has continued to produce about the same amount of stability year-over-year
- Hospitals in surrounding states have seen 56 closures – Arkansas has only experienced one



More History

AR WORKS

- The Work "Requirement"
- Implemented June 1, 2018

IMPLEMENTATION

- Over a two-year period
 - 2018 – ages 30-49
 - 2019 – ages 19-29

MONTH	# LOST COVERAGE
August	4,353
September	4,109
October	3,815
November	4,655
December	1,232
TOTAL	18,164

- Enrollees ages 19 to 49 must work, volunteer, or engage in specified job training or job search activities for at least 80 hours per month to retain Arkansas Works coverage
- Those who do not meet an exemption would lose coverage after 3 months of non-compliance

Lawsuit

RULING

- The Secretary of Health and Human Services' approval of the Arkansas Works Amendments (the work requirement and limitation of retroactive coverage) was "arbitrary and capricious" because it did not address whether and how the project would implicate the core objective of Medicaid – the provision of medical coverage to the needy.

RESULT

- No work requirement and 90-day retroactive coverage reinstated

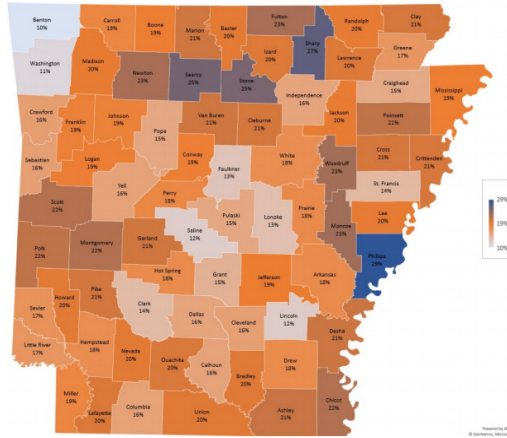


AR Health and Opportunity for Me (HOME)

- Qualified Health Plans
- Enrollee Eligibility
 - Ages same; FPL limits for coverage same
 - Can be assessed into a PASSE
 - Can be FFS instead of QHP
- Hospital Social Services Connection Responsibility
 - Rural HOMEs
 - Maternity HOMEs
 - Success HOMEs



October 1, 2020 Enrollees

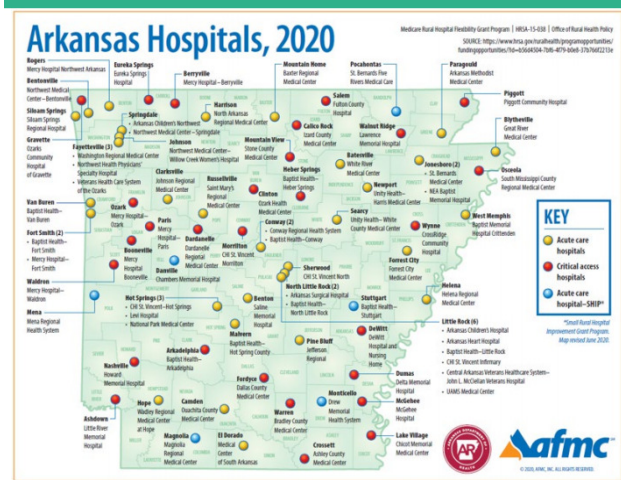


Big Changes for Enrollees

- Enrollees assessed for work readiness
- Cost-sharing is required for all income levels
 - Premiums and co-pays 100%FPL and above
 - Point-of-sale co-pays for those below 100%FPL
- Churn



Rural HOMEs



- Just in time acute crisis beds for mental illness/substance abuse
- Screen and refer health-related social needs
- Employ “coaches” to assist enrollees with treatment and social supports



Maternal HOMEs

- Birthing hospitals ONLY
- Home-visiting program required
 - Employ staff or contract with a strategic partner
 - First 24 months of the life of the child



Success HOMEs

- Funding
 - One-time start-up costs
 - Monthly per-client payments to pass-through to contractors or “strategic partners”
 - Financial incentives for successful
 - Work
 - Education
 - Reduction in recidivism
- Population
 - Veterans
 - 19-27 year-olds formerly in foster care
 - 19-24 year-olds formerly in DYS custody
 - 19-24 year-olds formerly incarcerated



QHPs Accountability

- Health Quality Measures
 - Primary Care Access and Preventive Care
 - Maternal and Perinatal Health
 - Care of Acute and Chronic Conditions
 - Behavioral Health



DHS Says...

- Over the next five years, ARHOME is expected to bring over \$9.8 billion in federal funding into Arkansas.
- That funding goes into local economies and generates local and state tax revenues and an overall economic impact of over \$10 billion.
- Because the federal government pays 90 percent of the cost of this program, the program generates over \$1.7 billion a year for the Arkansas healthcare system from the federal government.



AHA
ARKANSAS HOSPITAL ASSOCIATION

Implementation Timeline

- June '21 – public comment
- Submit waiver
- August '21- QHP rates
- October '21 – CMS approval
- January 1, '22 – START



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ARKANSAS HOSPITAL ASSOCIATION

Questions?

Bo Ryall, President
boryall@arkhospitals.org

Jodiane Tritt, Executive Vice President
(501) 859-5805 (Cell)
jtritt@arkhospitals.org

