Arkansas Works Section 1115 Demonstration Waiver

ANNUAL REPORT

January-December 2020

ARKANSAS DEPARTMENT OF HUMAN SERVICES

In 2016, the Arkansas Department of Human Services (DHS), Division of Medical Services (DMS) took action to

replace the Private Option with the Arkansas Works program as an amendment to its 1115 demonstration project.

In January 2017, DMS referred all individuals enrolled in Arkansas Works to the Arkansas Department of Workforce Services, now known as the Arkansas Division of Workforce Services (DWS). The referral allowed enrollees to voluntarily seek assistance with job training and job placement. However, from January 2017 to January 2018, only 4.7% of clients acted upon the referral and used the services offered by DWS. Of that number, 23% became employed through this process. In July 2017, DMS submitted an amendment to the waiver requiring certain able-bodied adults without dependents (ABAWD) to participate in work and community engagement (WCE) requirements. Specifically, DMS required all non-disabled, childless adults who were between 19-49 years old to participate in work or community engagement, which included both education and training activities, as well as actual employment. Following CMS approval on March 5, 2018, DMS began phasing in the requirement to report compliance with the WCE requirement on June 1, 2018. In 2018, the WCE requirement applied to those people ages 30-49. In 2019, the WCE requirement also applied to individuals ages 19-29.

With the implementation of the Arkansas Works WCE requirements, Arkansas sought to begin testing whether a "stronger incentive model is more effective in encouraging participation."[i] Requirements such as the WCE requirement promote the objectives of Title XIX and encourage the beneficiary to actively participate in his/her own care. However, on March 27, 2019, the D.C. Federal District Court vacated the U.S. Department of Health and Human Services waiver approving the Arkansas Works WCE requirement. The WCE reporting requirement for Arkansas Works clients was suspended as a result of that ruling, which was appealed to the U.S. Court of Appeals. Oral arguments took place in Washington, D.C. on October 11, 2019. On February 14, 2020, the U.S. Court of Appeals for the D.C. Circuit affirmed the lower court's ruling. As of the date of this report, the work requirement provision remains suspended.

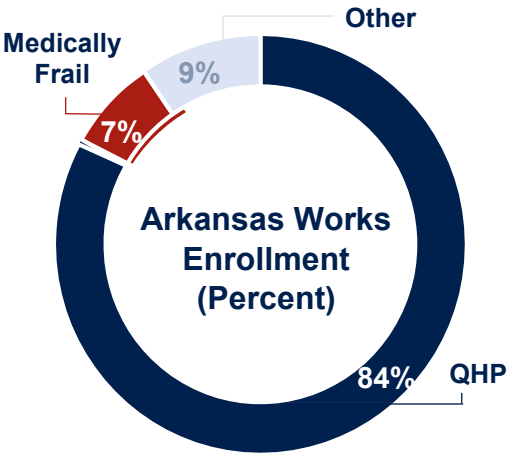
On January 31, 2020, the United States declared a public health emergency due to the spread of the COVID 19 virus. On March 11, 2020, Arkansas Governor Asa Hutchinson confirmed the state's first COVID 19 case. The federal Families First Coronavirus Response Act required continuous enrollment for individuals eligible for Medicaid on or after March 18, 2020, effectively suspending most disenrollment from Arkansas Works.

At the end of calendar year 2020, there were 307,613 individuals enrolled in Arkansas Works (data pulled on 01/08/2021). The program continues to operate below the budget neutrality cap, which is $654.79 for each client covered by Arkansas Works in 2020. [1]

[1] Does not include total CSR payments, which are settled the subsequent year. However, per the 2020 MOU, the payments to the carriers cannot exceed the annual budget cap set out in the approved Waiver document.

ARKANSAS WORKS ENROLLMENT AND PREMIUM INFORMATION

At the end of Calendar Year 2020 (Demonstration Year 4), 307,613 individuals were enrolled in Arkansas Works. Of those enrolled:



- **Eighty-four percent** received Arkansas Works coverage through a qualified health plan (QHP) purchased from plans offered through the Healthcare Insurance Marketplace.
- **Seven percent** were designated as medically frail and received Medicaid services on a fee-for-service basis.
- **Nine percent** had an interim status, which included a pending QHP assignment or Alternative Benefit Plan designation.

The table below shows the total enrollment and case closures by month for Arkansas Works clients in 2020. The case closures described below include individuals who disenrolled from Arkansas Works due to new eligibility in another Medicaid category. Case closures dropped significantly in March and April due to restrictions on disenrollment during the public health emergency.

Arkansas Works Enrollment Information
(January - December 2020)

Month	Number of Individuals Enrolled	Number of Individuals Awaiting Assignment	Number of Medically Frail Individuals	Number of Individuals with a Paid Premium	Number of Case Closures
January	260,698	30,589	20,000	210,109	10,094
February	258,546	27,597	19,848	211,101	10,384
March	258,130	25,884	19,749	212,497	8,878
April	263,615	31,848	19,736	212,031	3,053
May	271,433	25,476	20,073	225,884	2,561
June	277,284	25,228	20,261	231,795	2,560
July	282,179	23,321	20,474	238,384	2,700
August	285,505	13,877	20,293	251,335	2,509
September	290,450	25,476	20,409	244,565	2,476
October	295,576	25,442	20,588	249,546	2,562
November	300,836	25,265	20,637	254,934	2,589
December	307,613	27,012	20,720	259,881	2,546

The table below shows the total premium, advance cost share payments and wrap costs by month for Arkansas Works clients in 2020.

Arkansas Works Premium Information (January - December 2020)			
Month	**Premium Expenditures**	**Advance Cost Share Payments**	**Wrap Costs**
January	$95,046,945.69	$24,826,130.22	$746,047.31
February	$96,004,654.90	$24,658,874.49	$749,693.50
March	$96,920,087.16	$25,277,961.45	$753,724.42
April	$96,846,241.85	$25,358,284.65	$752,241.19
May	$103,887,771.43	$27,332,586.81	$800,424.09
June	$104,628,620.03	$27,652,179.20	$824,424.11
July	$108,096,831.59	$28,583,639.65	$804,938.37
August	$106,239,084.94	$27,855,536.80	$847,291.14
September	$110,101,574.42	$29,123,632.64	$978,380.98
October	$111,266,469.00	$29,508,456.00	$889,154.00
November	$113,129,275.91	$30,058,991.98	$912,973.28
December	$115,069,912.70	$30,633,354.82	$926,430.54

During the last quarter of 2020, the total payment for Arkansas Works clients with a paid premium was $432,395,018.23. Of this amount:

- $339,465,657.61 was paid for premiums
- $90,200,802.80 was paid for advance cost-sharing reductions
- $2,728,557.82 was the total amount for wrap costs, which includes Non-Emergency Medical Transportation (NET) and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

During the 2020 demonstration year, the total payment for Arkansas Works clients with a paid premium was $1,598,092,821.26. Of this amount:

- $1,257,237,469.20 was paid for premiums
- $330,869,628.70 was paid for advance cost-sharing reductions
- $9,985,722.93 was the total amount for wrap costs, which includes Non-Emergency Medical Transportation (NET) and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

BUDGET NEUTRALITY WORKBOOK

During Calendar Year 2020 (Demonstration Year 4), the payments for each client who received Arkansas Works coverage through QHPs remained below the budget neutrality cap. It should be noted that these payments do not include the final cost share reduction (CSR) reconciliation that is made at the conclusion of each waiver year; however, the current Memorandum of Understanding (MOU) with the carriers limits the total cost per individual by the budget neutrality PMPM cap. The table below shows the breakdown of payments for each client with a paid premium and compares the total cost to the budget neutrality cap:

Arkansas Works Budget Neutrality Information for Each Individual with a Paid Premium
(January - December 2020)

Month	Premium Costs Per Individual with a Paid Premium	Advance Cost Share Payment Per Individual with a Paid Premium	Wrap Costs Per Individual with a Paid Premium	Total Cost Per Individual with a Paid Premium	Budget Neutrality Cap
January	$452.37	$118.16	$3.55	$574.08	$654.79
February	$454.78	$116.81	$3.55	$575.14	$654.79
March	$456.10	$118.96	$3.55	$578.60	$654.79
April	$456.76	$119.60	$3.55	$579.90	$654.79
May	$459.92	$121.00	$3.54	$584.46	$654.79
June	$451.38	$119.30	$3.56	$574.24	$654.79
July	$453.46	$119.91	$3.38	$576.74	$654.79
August	$422.70	$110.83	$3.37	$536.90	$654.79
September	$450.19	$119.08	$4.00	$573.28	$654.79
October	$445.88	$118.25	$3.56	$567.69	$654.79
November	$443.76	$117.91	$3.58	$565.25	$654.79
December	$442.78	$117.87	$3.56	$564.22	$654.79

❖Operational Updates

PRESS REPORTS

January 2020

January 7, 2020: The year began with Arkansas's WCE requirement on hold pending an appeal of the lower court's decision. National coverage focused on a newly released study that found Medicaid expansion improves health for clients in southern states. Coverage included *The Hill* and WKNO. (1)

January 12-16, 2020: *Truthout* reported on states that were reconsidering their WCE requirements, while *Michigan Health Watch* and *Modern Healthcare* examined other states' plans to implement WCE requirements, citing Arkansas's work and community engagement requirement as an example. (2)

January 22, 2020: DHS released the Monthly Enrollment and Expenditures Report for Arkansas Medicaid, which included statistics on Arkansas Works. (3)

January 30, 2020: Toward the end of the month, news outlets examined how the new "Healthy Adult Opportunity" demonstration initiative released by CMS would affect Medicaid expansion. News reports noted that Arkansas indicated it would explore the option. National coverage included a discussion of the Arkansas WCE within the context of Wisconsin's request to delay implementation of its work requirement. Coverage included articles from *Talk Business and Politics*, *Los Angeles Times, Wisconsin State Journal,* and *Associated Press.* (4)

February 2020

February 14, 2020: The U.S. Court of Appeals for the D.C. Circuit affirmed the District Court's ruling regarding Arkansas's WCE requirement. Local and national coverage included *The Hill,* the *New York Post, Kaiser Health News,* KATV, and KASU, among others. (5)

February 19, 2020: DHS released the Monthly Enrollment and Expenditure Report for Arkansas Medicaid, including data on Arkansas Works. (6)

February 19-25, 2020: National coverage continued on the U.S. Court of Appeals decision to affirm a lower court's ruling regarding Arkansas's WCE requirement. (7)

March 2020

March 3-6, 2020: Coverage from national outlets including *Enid News & Eagle, The Hawk Eye,* and *Jurist* shifted to other states' work requirement plans, while Kaiser Family Foundation examined the appeals court's decision on Arkansas's work and community engagement requirement. (8)

March 7-31, 2020: Coverage then turned to focus on the nation's public health emergency related to the COVID-19 pandemic. (9)

April 2020

April 1-7, 2020: As April began, Arkansas's WCE requirement remained on hold after a federal appeals court panel upheld a lower court's decision to block the requirement. National coverage turned to the ongoing

public health emergency, and local news media coverage highlighted Arkansas Medicaid and its support of clients during the pandemic. *The Hot Springs Sentinel Record* covered Arkansas Medicaid's effort to encourage clients to apply online for services rather than in person. *The Southwest Times Herald* reported that after the start of the Arkansas State Legislature's 2020 Fiscal Session, three representatives tested positive for COVID-19, causing a decision to limit contact and discussion on 2021 fiscal policies for programs including Arkansas Works. (10)

April 8, 2020: DHS released the Monthly Enrollment and Expenditures Report for Arkansas Medicaid, which included statistics on Arkansas Works. (11)

April 10-17, 2020: The Arkansas Nonprofit News Network reported expectations of an increase in Medicaid enrollment and Arkansas's efforts to modify rules during the pandemic. *The Arkansas Democrat-Gazette* reported on proceedings to appropriate Medicaid funds during the Arkansas State Legislature's 2020 Fiscal Session and legislators' choice to forego debate on changes to the Arkansas Works program until after the public health emergency. (12)

April 21-30, 2020: At the end of the month, the state of Oklahoma sought to implement a work requirement using block grants, citing support of the strategy from Arkansas Governor Asa Hutchinson. Work requirements garnered some support nationally with coverage citing Arkansas's success in reducing uncompensated care and stabilizing struggling rural hospitals, while other coverage analyzed the need for more work requirements following the COVID-19 pandemic. *USA Today* examined how work requirements nationwide could reduce the number of rural hospitals. Other national coverage included *Bloomberg Law*, the Georgia Budget and Policy Institute, and *The New York Times*. (13)

May 2020

May 1-6, 2020: Media coverage analyzed the potential impact of Medicaid expansion in Missouri if voters approved a November ballot measure. News coverage also addressed how a work requirement might affect the state. (14)

May 9-14, 2020: National media continued to cover Missouri's ballot measure to expand Medicaid as well as Oklahoma's plan to use Medicaid block grants in conjunction with its work requirement. Both cited Arkansas's results after expanding Medicaid and implementing a WCE requirement. (15)

May 18, 2020: DHS released the Monthly Enrollment and Expenditures Report for Arkansas Medicaid, which included statistics on Arkansas Works. (16)

May 20-30, 2020: *The Kansas City Star* reported reasons to support Missouri's Medicaid expansion plans, again citing Arkansas's results. Meanwhile, amid state budget concerns during the coronavirus pandemic, the *Associated Press* covered Oklahoma's decision to pause its plans for Medicaid expansion. The state had set to begin Medicaid expansion July 1, 2020, with a work requirement to follow in July 2021, but the governor vetoed the bill the legislature passed to fund the program. Meanwhile, the state prepared to vote on a ballot initiative to expand Medicaid. (17)

June 2020

June 6-12, 2020: *Talk Business & Politics* interviewed a health policy organization about a possible coming shift to Arkansas Medicaid enrollment, including Arkansas Works, due to unemployment during the public health emergency. Nationally, Missouri's Supreme Court chose to allow the state's Medicaid expansion proposal to stay on the August ballot to be decided by voters, and reports analyzed Idaho's rising enrollment numbers in the state's Medicaid expansion program with a pending work requirement. (18)

June 17-24, 2020: News outlets covered discussions in Missouri that Medicaid expansion and a coming work requirement could present a possible solution to the widening healthcare gap and aid in the future recovery from the COVID-19 pandemic. Local coverage discussed the future of Arkansas's WCE requirement after the 2022 Gubernatorial election. (19)

June 25-29, 2020: News coverage focused on Montana as that state awaited federal approval to implement its community engagement requirement. News accounts examined the timing of the implementation as the COVID-19 pandemic drove unemployment and an increase in Medicaid enrollment. (20)

July 2020

July 1-6, 2020: Arkansas's WCE requirement remained on hold after a federal appeals court panel upheld a lower court's decision to halt the requirement. Local and national coverage from KRCG and the *St. Louis American* reported opinions in favor of Missouri's expansion. (21)

July 13-16, 2020: A national discussion about Medicaid expansion continued as President Trump's administration and Arkansas officials asked the Supreme Court to reinstate Arkansas's WCE. Coverage included the *Missouri Times*, the *Arkansas Times*, and Fierce Healthcare. (22)

July 23-31, 2020: News coverage including Leader Publications and the *Kansas City Business Journal*, focused on the upcoming ballot amendment in Missouri, citing results in Arkansas. The amendment would allow voters to decide whether Medicaid should be expanded for the state. (23)

August 2020

August 3-9, 2020: National coverage examined the voters' approval to expand Medicaid in Missouri, comparing the state's plans to positive outcomes in Arkansas. Coverage included reports in the *Missouri Times* and the *Arkansas Democrat Gazette*. (24)

August 10, 2020: DHS released the May Monthly Enrollment and Expenditures Report for Arkansas Medicaid, which included statistics on Arkansas Works. (25)

August 15-24, 2020: *Talk Business & Politics* analyzed a report by Arkansas Advocates for Children and Families, which showed that Arkansas Works helped reduce the state's uninsured population and examined the impact of that coverage for Arkansans during the national pandemic. Media outlets, including *The Hill*, *The Tennessean*, and *Pharmacy Times*, analyzed Medicaid expansion's positive effect in states that had expanded, especially during the pandemic. (26)

August 27, 2020: DHS released the Monthly Enrollment and Expenditures Reports for both June and July 2020 for Arkansas Medicaid, which included statistics on Arkansas Works. (27)

August 27-31, 2020: Local coverage on Medicaid expansion in Mississippi continued from the *Arkansas Democrat Gazette*. (28)

September 2020

September 8-14, 2020: A newly published Harvard study analyzing the impact of Arkansas's WCE on health care coverage, employment, and affordability of care brought local and national coverage from Health Affairs, Benefits Pro, and KATV. The Arkansas Center for Health Improvement also reported a rise in Medicaid enrollment due to the ongoing pandemic. (29)

September 15, 2020: DHS released the August Monthly Enrollment and Expenditures Report for Arkansas Medicaid, which included statistics on Arkansas Works. (30)

September 23-28, 2020: Toward end the month, the Center on Budget and Policy Priorities focused on health care coverage during the pandemic, correlating a rise in Medicaid enrollment to the need for coverage, which it said states with expanded Medicaid like Arkansas were prepared to provide. The Centers for Medicare & Medicaid Services (CMS) also released its Federal Fiscal Year 2019 Medicaid and Children's Health Insurance Program report. (31)

October 2020

October 3 – 6: Local reports from the *Arkansas Democrat Gazette* focused on the state's 2020 expenditures for Medicaid programs, including Arkansas Works, the pandemic's effect on the existing budget, plans for a new budget to be discussed in the upcoming fiscal session, and views from Arkansas congressional candidates about programs including the Arkansas WCE requirement ahead of November's elections. (32)

October 7 – 11: National coverage focused on CMS Administrator Seema Verma's comments on states' implementation of WCE requirements, including in Arkansas, while local coverage analyzed reasons for the rise in number of uninsured children in Arkansas. Local coverage also included reports analyzing state budget projections, how the pending court decision and an individual income tax rate reduction could affect Arkansas Works, and reports about political candidates' views on programs like Arkansas Works. Coverage included Fierce Healthcare, *Arkansas Democrat Gazette*, and *Arkansas Times*. (33)

October 16: DHS released the Monthly Enrollment and Expenditures Report for Arkansas Medicaid, which included statistics on Arkansas Works. (34)

October 19 – 24: *Heath Affairs* examined the effectiveness of Arkansas's WCE requirement, as the Trump Administration petitioned the United States Supreme Court to reconsider a lower court's decision to stop Arkansas's requirement. Meanwhile, local coverage from the *Arkansas Democrat Gazette* continued to focus on Arkansas congressional candidates' views on Arkansas Works. (35)

October 27 – 29: National coverage from *The Atlantic* and Kaiser Family Foundation focused on the effects of WCE requirements nationwide, including in Arkansas. (36)

November 2020

November 2: Kaiser Family Foundation published an interactive map of the status of the 38 states that had adopted Medicaid expansion, including Arkansas. The report also included details on the 12 states that had not adopted expansion. (37)

November 10 – 11: Nearing open enrollment, local coverage focused on explaining programs like Arkansas Works and how to apply, including an explanation of Arkansas's WCE requirement, while other reports examined Arkansas Governor Hutchinson's proposed budget. (38)

November 18: DHS released its Monthly Enrollment and Expenditures Report for Arkansas Medicaid, which included statistics on Arkansas Works. (39)

November 18 – 24: National coverage centered on options for implementing Medicaid expansion in Missouri, citing Arkansas's choice to implement a WCE requirement, and on how a newly elected President

may affect the future of WCE requirements nationwide. Local coverage continued to focus on Arkansas Governor Hutchinson's budget proposal and the future of Arkansas Works. Coverage included *The Missouri Times* and *Talk Business & Politics*. (40)

December 2020

December 4 – 10: Coverage focused on the decision by the U.S. Supreme Court to review the Trump Administration's petition to reinstate work and community engagement requirement in Arkansas. Local and national coverage included *Reuters*, *Healthcare Dive, Vox, Arkansas Times*, and *Arkansas Democrat Gazette.* (41)

December 15: DHS released the Monthly Enrollment and Expenditures Report for Arkansas Medicaid, which included statistics on Arkansas Works. (42)

December 17 – 21: Coverage continued to analyze whether the U.S. Supreme Court would choose to overturn a lower court's ruling to stop the WCE requirement in Arkansas. (43)

OUTREACH EFFORTS

DHS and its partner vendor targeted new Arkansas Works enrollees between the ages of 19 and 49 to educate them about general program information, ensure their contact information was current, discuss the importance of choosing a carrier or primary care provider, and refer to job training and community opportunities. DHS's primary goals were to (1) ensure the client was aware of his or her status, (2) help answer client questions, and (3) educate the client on the reporting process for changes to his or her information. Those efforts, including calls received by clients with routine plan questions, are summarized below:

Vendor Outreach to Arkansas Work Clients
(January – December 2020)

Month	Clients in Target Audience	Number of Calls Placed/Received	Clients Successfully Educated	Referrals to Community Resources
January	7,273	19,064	3,104	839
February	6,540	24,206	2,639	754
March	6,721	14,369	2,980	490
April	6,465	3,186	1,126	88
May	6,240	888	120	42
June	5,951	918	125	48
July	0	1111	514	81

Month	Clients in Target Audience	Number of Calls Placed/Received	Clients Successfully Educated	Referrals to Community Resources
August	0	836	391	33
September	0	653	263	33
October	0	605	150	447
November	0	592	172	407
December	0	1233	408	802

The reduction in the number of calls placed and clients who were successfully educated after April was due to the COVID-19 pandemic, when call center support shifted to helping individuals apply for the Supplemental Nutrition Assistance Program and other benefits. In July, DHS's vendor stopped making outbound educational calls for Arkansas Works but continued to answer inbound calls and provide education and resource referrals. DHS also has continued targeted outreach to Arkansas Works clients in social media posts and online website content. Communication addressed the importance of preventive services, developing a relationship with their PCP, the benefits of working, contributing to their community, continuing their education, and getting assistance from DWS.

PUBLIC FORUMS

No public forums were held this quarter nor during the 2020 year. The public health emergency caused significant disruption during 2020 and prohibited in-person public forums.

LAWSUITS

On February 14, 2020, the United States Court of Appeals for the District of Columbia Circuit upheld the D.C. Federal District Court's decision vacating the waiver approving the Arkansas Works Work Requirement.

A Writ of Certiorari was filed with the United States Supreme Court on July 13, 2020. On October 16, 2020, opposing counsel filed its brief in opposition to the petition for writ of certiorari in the Arkansas Works case.

The United States Supreme Court granted the Writ of Certiorari on December 4, 2020.

Briefs will be filed in early 2021 with oral arguments scheduled for March 29, 2021.

APPEALS

Month	Appeals Processed	Granted	Denied	Dismissed	Withdrawn
October	4	0	1	0	0
November	2	0	0	0	0
December	1	0	0	0	0

❖ Evaluation Progress and Activities

Evaluation Vendor Procurement

DMS announced on June 2019, that the contract was awarded to the successful bidder, General Dynamics Information Technology (GDIT), and the contractor began the Arkansas Works Waiver Evaluation demonstration analysis on August 1, 2019. The awarded vendor will continue analysis of data from January 1, 2019, forward, so there are no gaps in data gathered and analyzed in the demonstration analysis. An extension, along with an updated timeline, was given to reflect a new submission timeline of 6/30/21. GDIT continues to focus on the Arkansas Works program evaluation objectives and timeline.

Arkansas Medicaid intended to seek a separate evaluation of the WCE requirement demonstration. The evaluation for the WCE requirement was intended to assess the implementation efforts, outcomes, effects (short-term and long-term, tangible and intangible) and sustainability of the WCE requirements and activities as part of a lasting improvement to the social fabric and population health of all Arkansans. On March 27, 2019, the D.C. Federal District Court vacated the U.S. Health and Human Services waiver approving the Arkansas Works WCE requirement, halting the WCE implementation. On February 14, 2020, the U.S. Federal D.C. Circuit Court of Appeals affirmed the district court's findings. With the WCE requirement paused, the planned evaluation also has been halted.

Evaluation Design

The Arkansas Works evaluation will assess the quality of care provided to Arkansas Works clients by analyzing whether clients have equal or better care and outcomes over time, compared with what they would have otherwise received in the Medicaid fee-for-service system. Health care and outcomes will be evaluated using the following measures:

- Use of preventive and health care services
- Experience with the care provided
- Use of emergency room services (including emergent and non-emergent use)
- Potentially preventable emergency department and hospital admissions

The Arkansas Works evaluation will also assess whether Arkansas Works clients will have equal or better access to health care compared with what they would have otherwise had in the Medicaid fee-for-service system over time. Access to care will be evaluated using the following measures:

- Network adequacy
- Access to care
- Preventive screenings
- Non-emergent emergency department visits

The Arkansas Works overall evaluation will also explore whether Arkansas Works clients have equal or better continuity of care compared with what they would have otherwise had in the Medicaid fee-for-service system over time. Continuity will be evaluated using the following measures:

- Gaps in insurance coverage
- Maintenance of continuous access to the same health plans
- Maintenance of continuous access to the same providers

The Arkansas Works evaluation will also evaluate whether the services provided to Arkansas Works clients would prove to be cost effective. The cost effectiveness of care will be evaluated using the following measures:

- Arkansas program characteristics, such as number of plans and lowest premium cost
- Ability to meet budget neutrality
- Inpatient utilization

Evaluation Activities

The evaluation activities undertaken during 2020 include the following:

- Planned and implemented data integrations
- Configured data metrics
- Administered client engagement satisfaction survey and protocols
- Reviewed CMS initial draft evaluation design feedback
- Created CMS initial draft evaluation design feedback response
- Submitted CMS initial draft evaluation design feedback response to DHS
- Reviewed CMS second round draft evaluation design feedback
- Created CMS second round draft evaluation design feedback response
- Submitted CMS second round draft evaluation design feedback response
- Completed final draft evaluation design document
- Submitted final draft evaluation design document to DHS
- Conducted two Full Evaluation Team meetings that included key stakeholders from DHS and GDIT
    - October Monthly Meeting Canceled
    - November Monthly Meeting Main Topics

        - Receipt of data from the qualified health plans (QHPs) and issues noted
        - Reviewed closure list
        - Administration of the client engagement satisfaction survey.
        - Obtained additional EPSDT data from DSS
        - Obtained additional NET data from DSS
        - Received premium payment data from DHS
        - Received second round feedback from CMS on draft evaluation design
        - Review of and submission plan for response to CMS regarding second round draft evaluation design feedback
        - Met with CMS regarding second round draft evaluation design feedback
    - December Monthly Meeting Main Topics
        - Receipt of data from the qualified health plans (QHPs) and issues noted
        - Questions regarding expected updates to QHP data sends
        - Reviewed closure list
        - Received one-time NET data for applicability review
        - Administration of the client engagement satisfaction survey
        - Submitted updated timelines and deliverables to CMS
        - CMS approved updated timelines and deliverables
        - Submitted final evaluation design to CMS
- Other Meetings Held:
    - DHS/GDIT Monthly Report Meeting on 8/3/20
    - DHS/GDIT/CMS Draft Evaluation design Feedback Discussion on 11/5/20
    - DHS/GDIT/CMS Draft Evaluation design Feedback Discussion on 11/19/20
    - Thirty-four (34) GDIT Internal Key Staff Meetings

Preliminary Evaluation Outcomes:

The interim evaluation will be submitted to CMS at the end of June 2021. Data have been collected for the client experience survey, and analyses will begin during the third quarter of 2021. The following sections provide preliminary findings on health outcomes and access to care for the members in QHPs in the Arkansas Works program.

Access to Care

The interim evaluation measures access to care by measuring network adequacy and access, essential community providers, and access to preventive care and appropriate treatment. The evaluation does not assess other factors, such as the ratio of providers to beneficiaries or wait times for scheduling appointments with providers.

Network adequacy was assessed by geospatial analysis to identify the proportion of Arkansas without a PCP within 30 miles or without one of six in-network specialists within 60 miles. Results are provided in the following table. There are essentially no areas in the state without a primary care provider within 30 miles and without a behavioral health/substance use disorder provider, cardiologist, and OB/GYN within 60 miles. There are very small portions of the state (2% or less) without an endocrinologist, oncologist, or pulmonologist within 60 miles.

2017 Proportion (Square Miles)	2018 Proportion (Square Miles)	2019 Proportion (Square Miles)
Proportion of service area *without* primary care coverage within 30 miles		
0.0000 (0.00)	0.0000 (0.00)	0.0000 (0.00)
Proportion of service area *without* a BH/SUD provider within 60 miles		
0.0000 (0.00)	0.0000 (0.00)	0.0000 (0.00)
Proportion of service area *without* a cardiologist within 60 miles		
0.0000 (0.00)	0.0000 (0.00)	0.0000 (0.00)
Proportion of service area *without* an endocrinologist within 60 miles		
0.1053 (5,601.79)	0.1214 (6,453.95)	0.1342 (7,135.15)
Proportion of service area *without* an OB/GYN within 60 miles		
0.0000 (0.00)	0.0000 (0.00)	0.0000 (0.00)
Proportion of service area *without* an oncologist within 60 miles		
0.0036 (191.09)	0.0000 (0.00)	0.0000 (0.00)
Proportion of service area *without* a pulmonologist within 60 miles		
0.0165 (874.93)	0.0188 (1,001.89)	0.0179 (953.91)

Network Access was assessed by geospatial analysis to identify the proportion of QHP enrollees who resided within 30 miles of a PCP or within 60 miles of one of six in-network specialists. Results are provided in the table below.

2017 Proportion (crude n)	2018 Proportion (crude n)	2019 Proportion (crude n)
Proportion of enrollees within 30 miles of a primary care physician		
1.0 (222,282)	1.0 (205,144)	1.0 (183,425)
Proportion of enrollees within 60 miles of a BH/SUD provider		
1.0 (222,282)	1.0 (205,144)	1.0 (183,425)
Proportion of enrollees within 60 miles of a cardiologist		
1.0 (222,282)	1.0 (205,144)	1.0 (183,425)
Proportion of enrollees within 60 miles of an endocrinologist		

2017 Proportion (crude n)	2018 Proportion (crude n)	2019 Proportion (crude n)
0.9120 (202,732)	0.9254 (189,835)	0.9216 (169,039)
Proportion of enrollees within 60 miles of an OB/GYN		
1.0 (222,282)	1.0 (205,144)	1.0 (183,425)
Proportion of enrollees within 60 miles of an oncologist		
0.9985 (221,951)	1.0 (205,144)	1.0 (183,425)
Proportion of enrollees within 60 miles of a pulmonologist		
0.9949 (221,149)	0.9948 (204,068)	0.9952 (182,548)

Essential Community Providers

Essential Community Providers (ECPs) are defined as providers that serve predominantly low-income, medically underserved individuals. The Affordable Care Act requires QHPs to have a sufficient number and geographic distribution of ECPs, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the plans' service area, in accordance with federal network adequacy standards described in 45 Code of Federal Regulations (CFR) 156.235. To satisfy the ECP standard, QHP issuers must contract with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network.

The following table provides the percentage of the total EPCs the QHPs reported in submission of the "ECP Network Adequacy Template." All issuers greatly exceeded the minimum threshold set forth by CMS for ECP network adequacy.

Measure	2017 Estimated % of ECPs	2018 Estimated % of ECPs	2019 Estimated % of ECPs
Total ECPs Available	221	224	230
Blue Cross Blue Shield	100%	100%	93.5%
Centene	100%	96.4%	100%
QualChoice	100%	100%	100%

Access to Care and Immunizations

Core questions from the Behavioral Risk Factor Surveillance System (BRFSS) on Health Care Access (any coverage, personal doctor, routine checkup, medical cost) and Immunization (flu shot/spray) were analyzed pre- and post-Medicaid expansion for Arkansas. Survey responses were dichotomized yes/no.

Data were extracted for all nonelderly adults (18–64) surveyed 2011–2019. Respondent household size and income were used to calculate an imputed percentage of the FPL. Analyses were restricted to respondents residing in households earning <138% FPL.

TIME PERIOD[1]			ESTIMATED DIFFERENCES[2]		
Baseline 2011-2013	Early Expansion 2014-2016	Late Expansion 2017-2019	Early Expansion – Baseline	Late Expansion – Baseline	Late Expansion – Early Expansion
Have Health Care Coverage					
0.508	0.765	0.809	0.262	0.304	0.042
Have Personal Doctor					
0.649	0.703	0.723	0.069	0.082	0.013
Last Routine Checkup					
0.510	0.611	0.696	0.117	0.199	0.082
Avoided Care Due to Cost					
0.430	0.306	0.277	-0.117	-0.149	-0.032
Flu Vaccine					
0.265	0.310	0.269	0.046	0.002	-0.044

Access to Preventive Care and Appropriate Treatment

The Arkansas Works evaluation assesses the program's access to preventive care and appropriate treatment using the following measures:

- ***Breast Cancer Screening:*** In women ages 50-64, the percentage who had a mammogram during or in the 15 months prior to the measurement year.
- ***Cervical Cancer Screening:*** Cervical cytology performed during the measurement year or the two years prior, or for women at least 30 years old, cervical cytology/HPV co-testing during the measurement year or the four years prior.
- ***Statin Therapy for Patients with Diabetes*** In clients 40-64 years of age with diabetes, the percentage who were dispensed a statin medication during the measurement year

- ***Comprehensive Diabetes Care: Hemoglobin A1c Testing:*** Clients with a diagnosis of type 1 or type 2 diabetes in the measurement year or the year prior who have had an HbA1c test during the measurement year.
- ***Adult Access to Preventative/Ambulatory Health Services:*** A client with an ambulatory or preventive care visit during the measurement year.
- ***Non-Emergent Emergency Department (ED) Visits:*** Percentage of visits to the emergency department classified as non-emergent by the NYU algorithm.
- ***Emergent Emergency Department (ED) Visits:*** Percentage of visits to the emergency department classified as emergent by the NYU algorithm.

The measures described in the table are:

- **Inverse probability weighted with regression adjustment** (IPWREG): Robust results from models that adjusted for selection, confounders, and post-treatment covariates
- **Inverse probability weighting with ratio and scale adjustments** (IPWS): Results from models that adjusted for selection.

Measure		MY17	MY18	MY19
Raw	Breast Cancer Screening	0.4642	0.4956	0.5065
IPWREG	Cervical Cancer Screening	0.4300	0.4583	0.4508
IPWS	Statin Therapy for Patients with Diabetes	0.4935	0.5438	0.5775
IPWREG	Comprehensive Diabetes Care: Hemoglobin A1c Testing	0.8029	0.8217	0.8321
IPWREG	Adult Access to Preventative/Ambulatory Health Services	0.6927	0.7381	0.7469
IPWREG	Non-Emergent Emergency Department (ED) Visits	0.3323	0.3300	0.3252
IPWREG	Emergent Emergency Department (ED) Visits	0.6677	0.6700	0.6748

Additional access to care measures include the following:

Adolescent Well-Care Visits: Adolescent Well-Care (AWC) Visits were used to assess client access to the EPSDT benefit of an annual well-child screening while enrolled in Arkansas Works. Clients eligible for the measure denominator were ages 19-20 and enrolled in a QHP during the measurement year, in addition to having previous enrollment in fee-for-service Medicaid in the previous year or two years prior to the measurement year. Each year was subject to a continuous enrollment requirement of at most 1 gap in coverage of 45 days or less.

EPSDT Screening – Preventive Dental Visits
The proportion of clients receiving a preventive dental visit was assessed for the same sample of clients eligible for the EPSDT AWC measure.

EPSDT Screening – Preventive Vision: The proportion of clients receiving a preventive vision visit was assessed for the same sample of clients eligible for the EPSDT AWC measure.

Period	2017	2018	2019
Adolescent Well Care Visits	0.1346	0.1606	0.1774
EPSDT Screening-Preventive Dental Visit	0.1339	0.2000	0.2169
EPSDT Screening-Preventive Vision	0.0935	0.0743	0.0842

Quality of Care

The Arkansas Works evaluation assesses the program's quality of care and health outcomes using the following measures:

- ***Preventable Emergency Department (ED) Visits:*** Percentage of emergency department visits per year were classified by the NYU algorithm as preventable ED visits.
- ***Plan All-Cause Readmissions:*** The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days of discharge
- ***Diabetes Short-Term Complications Admission Rate:*** The rate of inpatient hospital admissions for short-term complications of diabetes in clients age 18 and up.
- ***Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate:*** In clients aged 40 or older, the rates of inpatient hospital admissions for COPD
- ***Heart Failure Admission Rate:*** In clients age 18 or older, the rate of inpatient admissions for heart failure
- ***Asthma in Younger Adults Admission Rate:*** In adults ages 18 to 39, the number of inpatient admissions for asthma per 100,000 client months
- ***Follow-Up After Hospitalization for Mental Illness after 7 Days: I***n acute inpatient discharges for selected mental illness or intentional self-harm, the percentage followed by a visit with a mental health practitioner within 7 days.
- ***Follow-Up After Hospitalization for Mental Illness after 30 Days:*** In acute inpatient discharges for selected mental illness or intentional self-harm, the percentage followed by a visit with a mental health practitioner within 30 days
- ***Adherence to Antipsychotic Medications for Individuals with Schizophrenia:*** Clients with schizophrenia or schizoaffective disorder were significantly more likely to have remained on an antipsychotic medication for at least 80% of their treatment.
- ***Persistence of Beta-Blocker Treatment After a Heart Attack:*** Clients hospitalized for an acute myocardial infarction from July 1 of the year prior to the measurement year to June 30 of the measurement year.
- ***Annual Monitoring for Patients on Persistent Medications- Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin Receptor Blockers (ARB):*** Among clients who received at least 180 days of ambulatory medication therapy for an ACE inhibitor or ARB, the percentage of those who also received at least 1 therapeutic monitoring event in the measurement year.

- ***Annual Monitoring for Patients on Persistent Medications- Diuretics:*** Among clients who received at least 180 days of ambulatory medication therapy for a diuretic, the percentage of those who also received at least 1 therapeutic monitoring event in the measurement year.
- ***Annual Monitoring for Patients on Persistent Medications- Total:*** Among clients who received at least 180 days of ambulatory medication therapy for an ACE inhibitor, ARB, or diuretic, the percentage of those who also received at least 1 therapeutic monitoring event in the measurement year.
- ***Annual HIV/AIDS Viral Load Test:*** The proportions of HIV-diagnosed clients who received an HIV viral load test
- ***C-Section Rate:*** The percentage of single live births delivered via Caesarean section

Measure		MY17	MY18	MY19
IPWS	Preventable Emergency Department (ED) Visits	0.0903	0.0919	0.0909
IPWREG	Plan All-Cause Readmissions	0.0422	0.0456	0.0500
IPWREG	Diabetes Short-Term Complications Admission Rate (per 100,000 client months)	11.4148	14.1728	18.3300
IPWS	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (per 100,000 client months)	13.3421	15.9217	15.6258
IPWREG	Heart Failure Admission Rate (per 100,000 client months)	6.0870	7.4015	10.8341
IPWREG	Asthma in Younger Adults Admission Rate (per 100,000 client months)	3.9119	4.3225	3.8256
IPWREG	Follow Up After Hospitalization for Mental Illness After 7 Days	0.1759	0.2110	0.1956
IPWREG	Follow Up After Hospitalization for Mental Illness After 30 Days	0.3690	0.3900	0.4182
IPWREG	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	0.3976	0.3837	0.3795
Raw	Persistence of Beta Blocker Treatment After a Heart Attack	0.3332	0.3974	0.4341
IPWREG	Annual Monitoring for Patients on Persistent Medications-Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin Receptor Blockers (ARB)	0.8236	0.8378	0.8473
IPWREG	Annual Monitoring for Patients on Persistent Medications-Diuretics	0.8227	0.8369	0.8338
IPWREG	Annual Monitoring for Patients on Persistent Medications-Total	0.8216	0.8379	0.8404
Raw	Annual HIV/AIDS Viral Load Test	0.6876	0.6596	0.6878
IPWREG	C-Section Rate	0.2925	0.3092	0.2810

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