

Arkansas Health Care Independence Program

State Legislative Quarterly Report
January 1, 2014 to March 31, 2014



I. Program Enrollment

Enrollment in the **Arkansas Health Care Independence Program** has been strong statewide during the program's first quarter. As of March 31, 2014, a total of 155,567 of the estimated 225,000 Arkansans who qualify for health insurance through the program — nearly 70 percent — had applied and been determined eligible. People in all 75 counties have been approved (complete county-level data on next page).

Pulaski County led the state with 20,281 sign-ups followed by:

- Washington County — 8,093,
- Benton County — 6,953
- Garland County with 6,429,
- Sebastian County with 5,278
- Craighead County with 5,252
- Faulkner County with 5,235
- Jefferson County with 5,105
- Crittenden County with 4,130
- White County with 3,770
- Saline County with 3,521

Of all Arkansans determined eligible for the program by March 31, 2014:

- 82 percent have incomes too low to qualify for insurance through the Arkansas Health Insurance Marketplace.
- 61 percent are women
- 64 percent are ages 19 to 44 years old

A. Additional Demographics and Plan Enrollment Data

	Age			Income		Gender	
Through March 2014	19-30	31-45	46-65	Under 100% FPL	100-138% FPL	Male	Female
	49,799	53,033	52,695	122,882	27,524	60,446	95,115

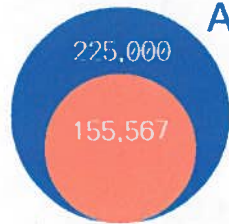
Through March 2014	Medically Frail Screenings	Medically Frail Determinations (Average %)	ABP-State Plan	ABP-FFS equivalent of QHP
	71,220	22.32	14,014	1,719

	Total Plan Enrollments			Enrollments by Carrier			
Through March 2014	Self-selections	Soft Auto Assignments	Locked Auto - Assignments	Ambetter	Arkansas BCBS	Multi-state BCBS	QualChoice
	53,682	12,603	67,760	28,985	57,480	46,352	1,237

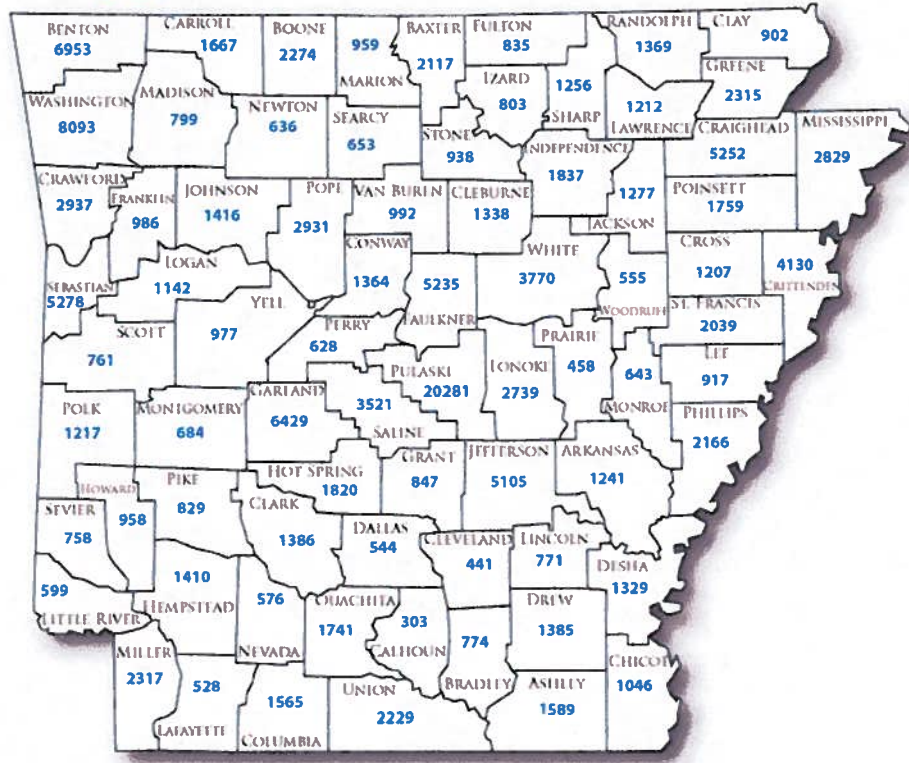
Cumulative data as of 3/31/14. Data source: MMIS.

Private Option

As of March 31, 2014

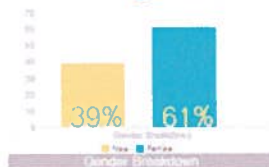


Eligibility Approvals
Estimated Eligibility



Demographics

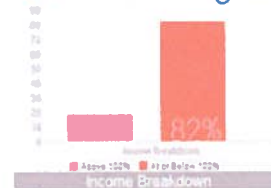
Gender



Age



Federal Poverty Level



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II. Patient Experience

Patient experience will be analyzed as part of the evaluation of the program's Demonstration Waiver. Specifically, the evaluation will determine whether, compared to care patients would have gotten in the traditional Medicaid program over time, the Health Care Independence program provides patients:

- Equal or better access to health care
- Equal or better health care and outcomes
- Better continuity of care

Evaluation data is not yet available, but will be included as it becomes available.

III. Economic impact including enrollment distribution

Evaluation data is not yet available on the impact of the premium tax revenue, increased income and sales tax revenue and any offset savings

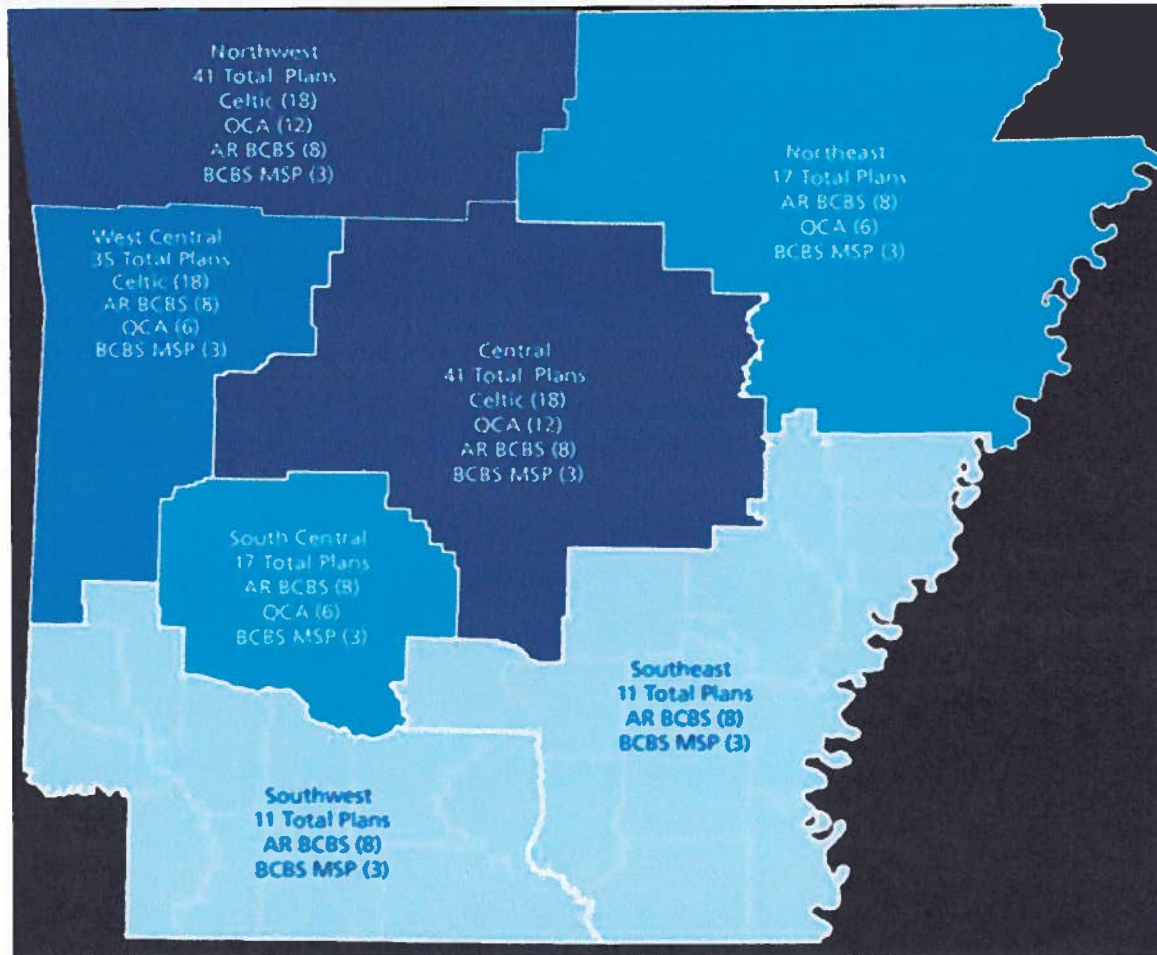
IV. Carrier competition

For Plan Year 2014, the Arkansas Marketplace has four issuers offering 71 Qualified Health Plans (QHPs) and four issuers offering 24 Stand Alone Dental Plans. These plans are offered through seven rating areas and premium rates change per rating area.

The four issuers are:

- Arkansas Blue Cross Blue Shield
- Celtic doing business as Arkansas Health and Wellness Solution (Ambetter)
- QualChoice of Arkansas
- Blue Cross Blue Shield Multi-State Plan.

Carrier competition has increased with the Private Option. Ambetter and the BCBS Multi-State plan were new entrants for Plan Year 2014. All current carriers have committed to provide statewide coverage for Plan Year 2015. We are expecting a possible new entrant into the Arkansas Marketplace for 2015. The deadline for applications is June 15, 2014. For the Health Care Independence Program, the same four issuers are offering plans in the Central, Northwest, and West Central Regions, three issuers in the Northeast and South Central Regions, and two issuers in the Southeast and Southwest Regions (see map below). Each issuer offers a "High Value Silver Plan" to program enrollees.



V. Uncompensated Care

One goal of the Health Care Independence Program is to reduce the level of uncompensated care Arkansas hospitals see as a results of the uninsured seeking care in emergency departments. No state evaluation of avoided uncompensated care has been done at this time. However, a survey* by the Arkansas Hospital Association of 42 acute care hospitals compared ER usage from January to March 2013 to January to March 2014. The survey showed:

- A 24 percent decrease in uninsured ER use

- A 30 percent reduction in uninsured hospital admissions

*The survey showed results from the 42 of 83 acute care hospitals that responded and did not include responses from Arkansas Children's Hospital, the Veterans Affairs hospital and inpatient psychiatric hospitals.