



Arkansas Health Care Independence Program

**State Legislative Quarterly Report
October 1, 2015 –December 31, 2015**



I. Program Enrollment

Enrollment in the **Arkansas Health Care Independence Program** continued to be strong state-wide during the last quarter of 2015. As of December 30, 262,987 individuals were determined eligible with 22,708 determined to be medically frail. The corresponding monthly premium information is below.

Private Option Enrollment and Premium Information

Budget Cap approved by CMS for CY2015= \$500.08

	Number Determined Eligible as of last day of Month*	Number of Premiums Paid**	Medically Frail	Cost-sharing reduction payments (CSR)	Premium	Wraparound Costs	Average CSR Per Person	Average Premium Per Person	Average Wraparound Cost Per Person	Total Average Cost Per Person
January	233,518	195,783	23,516	\$25,508,151.10	\$68,503,807.95	\$973,426.24	\$130.29	\$349.90	\$4.97	\$485.16
February	239,350	200,884	23,857	\$26,248,599.58	\$70,489,194.23	\$988,378.53	\$130.67	\$350.90	\$4.92	\$486.49
March	242,103	205,882	24,347	\$26,896,652.57	\$72,250,018.41	\$1,037,256.55	\$130.64	\$350.93	\$4.94	\$486.51
April	250,799	209,896	24,793	\$27,418,676.74	\$73,651,889.01	\$910,738.93	\$130.63	\$350.90	\$4.25	\$485.78
May	254,749	214,461	25,196	\$28,017,823.73	\$75,268,019.34	\$922,949.26	\$130.64	\$350.96	\$4.23	\$485.83
June	259,335	218,376	25,815	\$28,474,137.68	\$76,492,301.12	\$931,810.99	\$130.39	\$350.28	\$4.27	\$484.94
July	263,387	223,067	25,838	\$29,532,988.36	\$79,374,085.18	\$953,686.25	\$132.40	\$355.83	\$4.28	\$492.50
August	237,921	199,327	22,992	\$26,309,933.26	\$70,668,816.97	\$945,106.27	\$131.99	\$354.54	\$4.74	\$491.27
September	234,168	187,246	21,634	\$24,747,988.40	\$66,496,542.46	\$848,573.94	\$132.17	\$355.13	\$4.53	\$491.83
October	238,224	193,478	22,709	\$25,086,385.25	\$67,361,398.58	\$919,812.65	\$129.66	\$348.16	\$4.75	\$482.57
November	249,539	198,917	22,839	\$25,839,039.93	\$69,439,735.82	\$913,760.22	\$129.90	\$349.09	\$4.59	\$483.58
December	262,987	200,703	22,708	\$26,246,395.82	\$70,554,873.80	\$913,318.88	\$130.77	\$351.54	\$4.55	\$486.86

*Includes medically frail

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

III. Economic impact including enrollment distribution

Data on the economic impact of the Health Care Independence Program is not yet available. As information on the economic impact of the program (including the impact of premium tax revenue, increased income and sales tax revenue, and data on offset savings) becomes available, it will be included in this report.

In November, Arkansas Center for Health Improvement released a report comparing hospitals in Arkansas to hospitals in Missouri, a state that did not expand Medicaid. The report concluded that hospitals in Arkansas are expanding services and hiring new employees while hospitals in Missouri are reducing services and laying off employees.

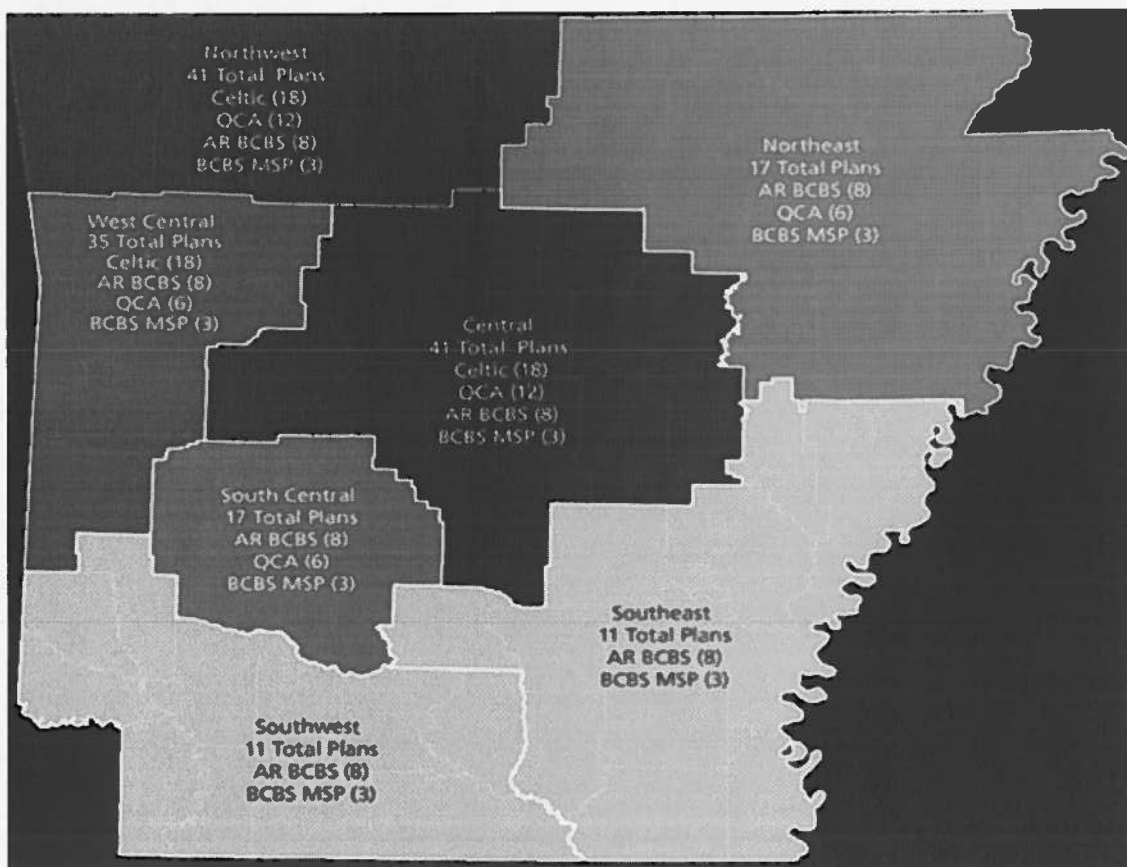
An article discussing the report can be found here: <http://ualrpublicradio.org/post/achi-hospitals-faring-better-states-said-no-medicaid#stream/0>

IV. Carrier competition

For Plan Year 2015, the Arkansas Marketplace has five issuers offering 72 Qualified Health Plans (QHPs) and five issuers offering 12 Stand Alone Dental Plans. These plans are offered through seven rating areas.

The five issuers are:

- Arkansas Blue Cross Blue Shield
- Celtic doing business as Arkansas Health and Wellness Solution (Ambetter)
- QualChoice and Health Insurance Co.
- QC Health Plan, Inc.
- Blue Cross Blue Shield Multi-State Plan.



V. Uncompensated Care

One goal of the Health Care Independence Program is to reduce uncompensated care provided by Arkansas's hospitals and to reduce the amount of uninsured care provided in emergency departments.

The evaluation of the Health Care Independence Program will provide more information in this area once completed. The first evaluation report should be completed by the spring of 2017.

In the meantime, in October, The Stephen Group, presented a report to the Legislative Taskforce, stating that without the Health Care Independence Program, hospitals would incur over a billion dollars in uncompensated care between the years 2017 and 2021.

An article written on the report can be found here: <http://talkbusiness.net/2015/10/stephen-group-report-ending-private-option-could-cost-state-438-million/>