

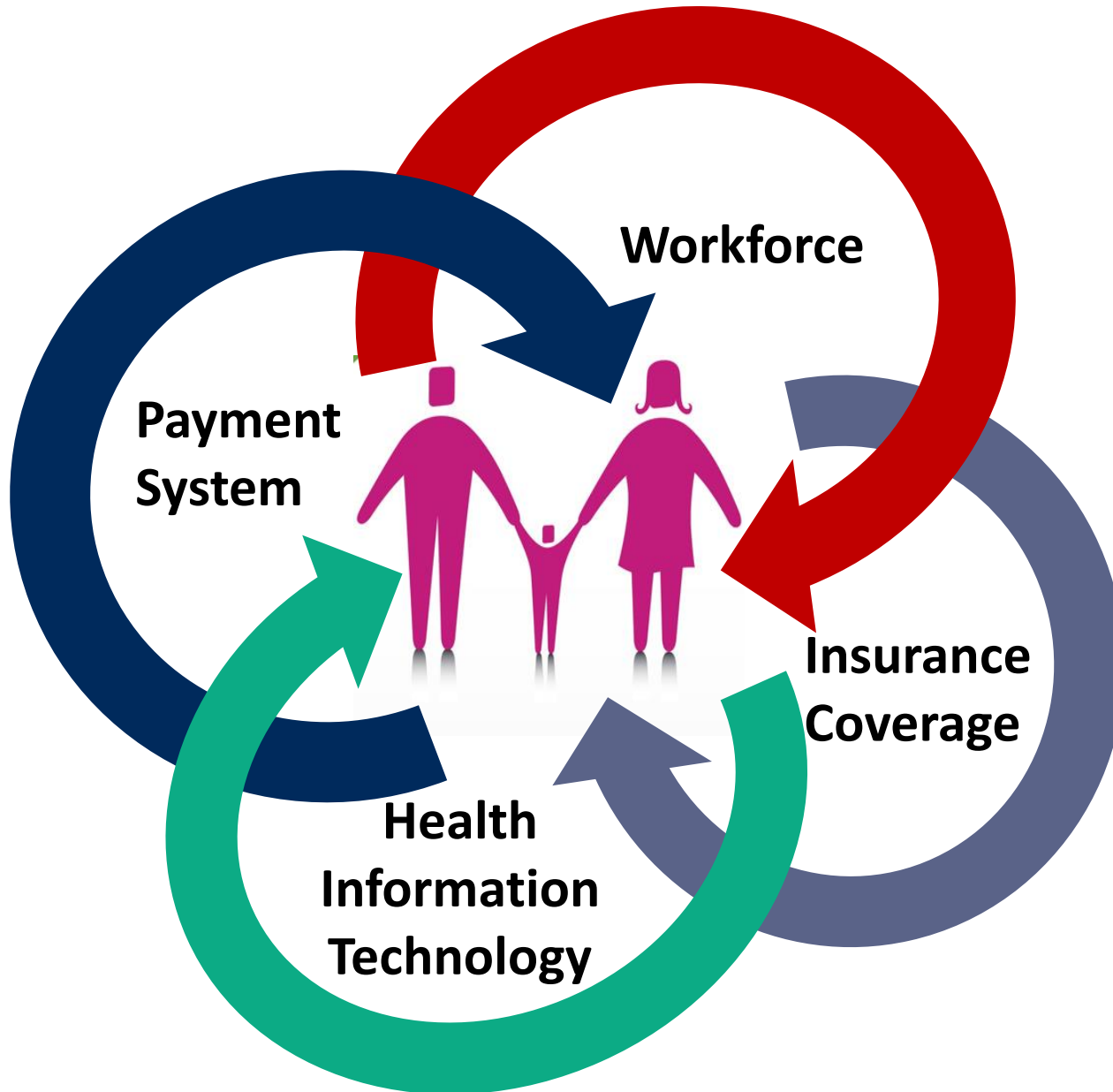
**Joe Thompson, MD, MPH**

**Arkansas Surgeon General**

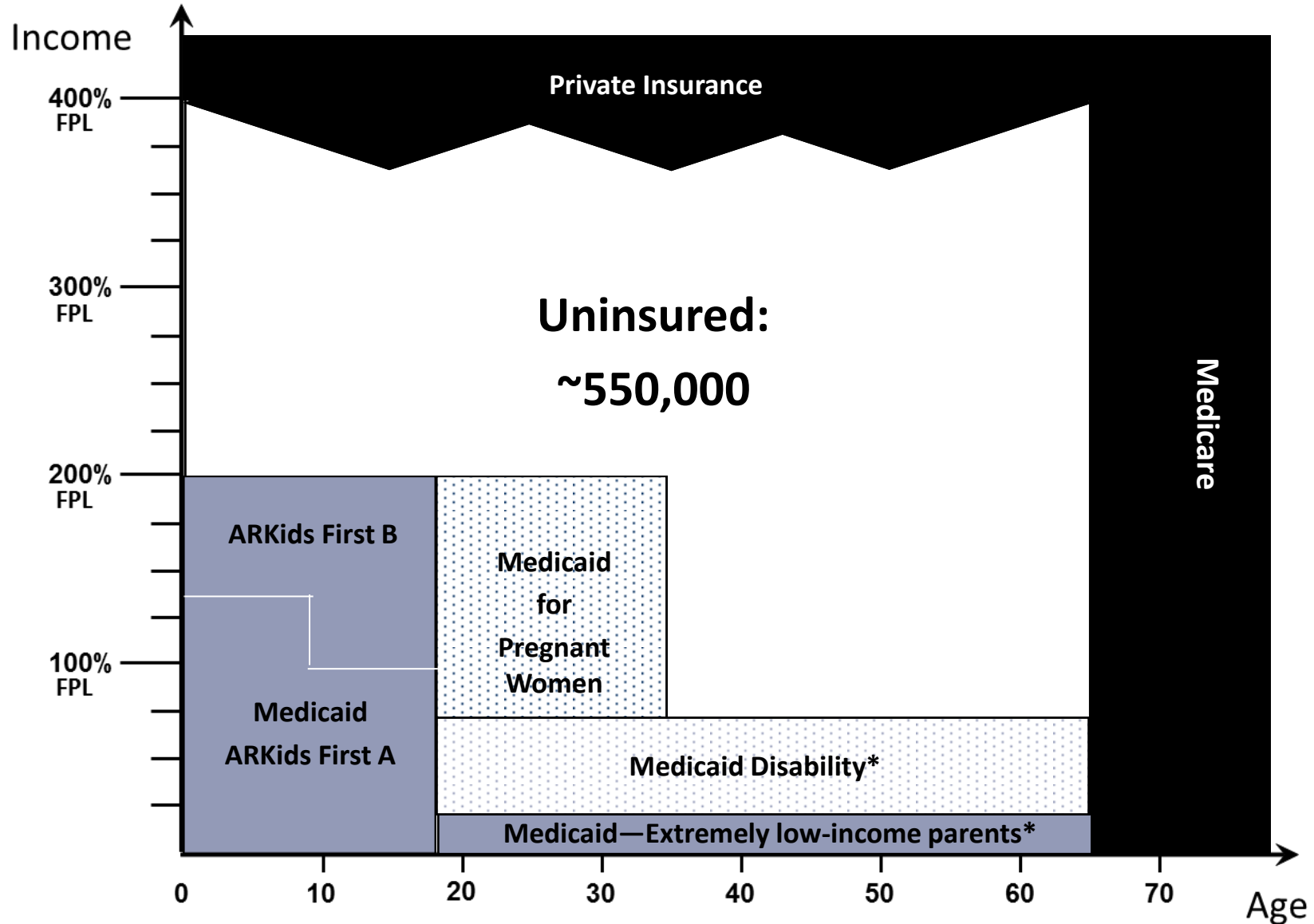
**Director, Arkansas Center for  
Health Improvement**



# Arkansas Health System Improvement



# Pre-2014 Health Insurance Distribution



# Arkansas Health Care Independence Program

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- **Alternative to Medicaid expansion (commonly called “Private Option”)**
- **Not managed care or traditional premium assistance – utilizes premium assistance**
- **Use Medicaid funding to purchase private coverage through the Health Insurance Marketplace for those <139% FPL**
- **Qualified high value silver-level policies**
- **Essential health benefits with private provider payment rates**

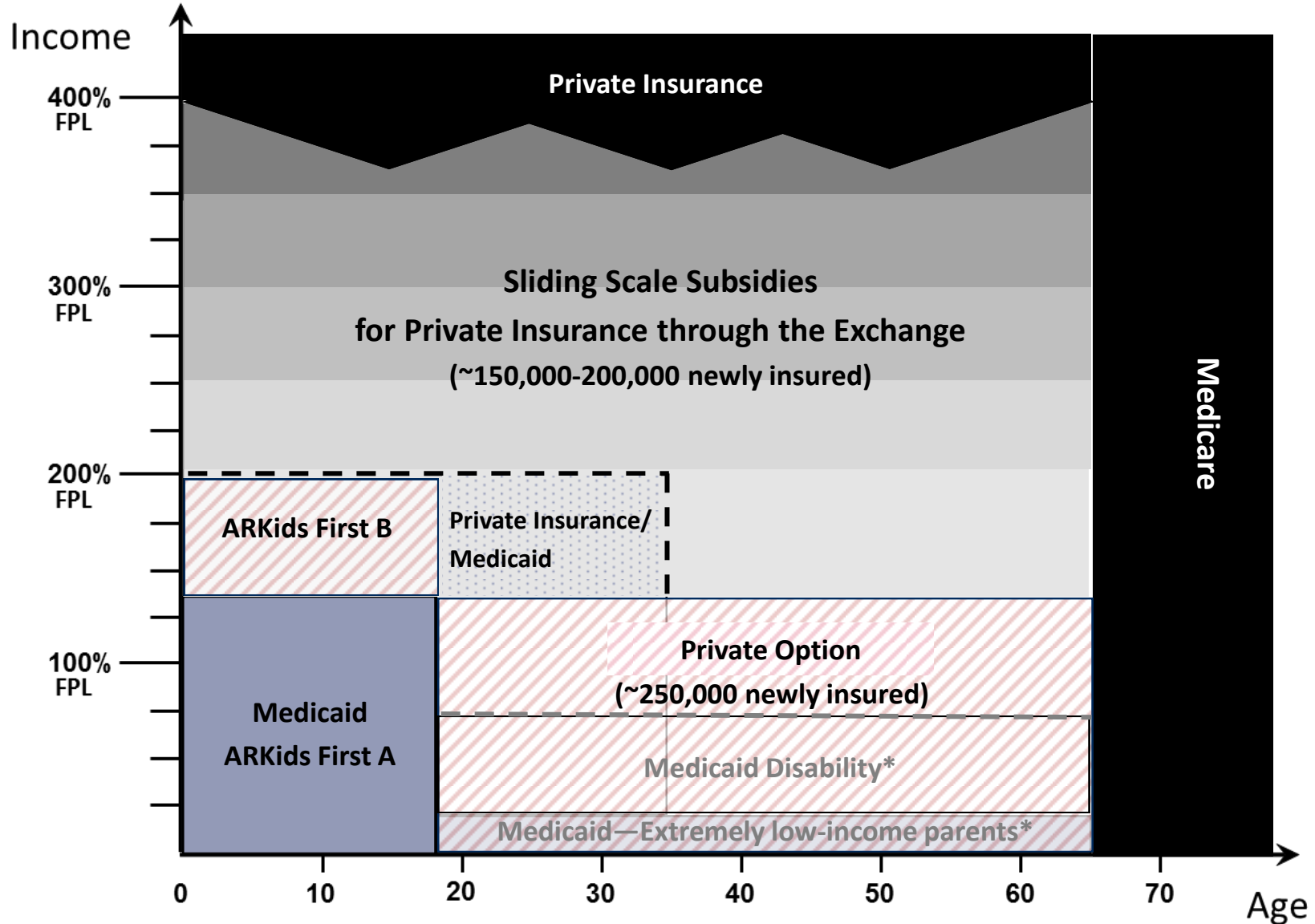


# Arkansas Health Care Independence Program

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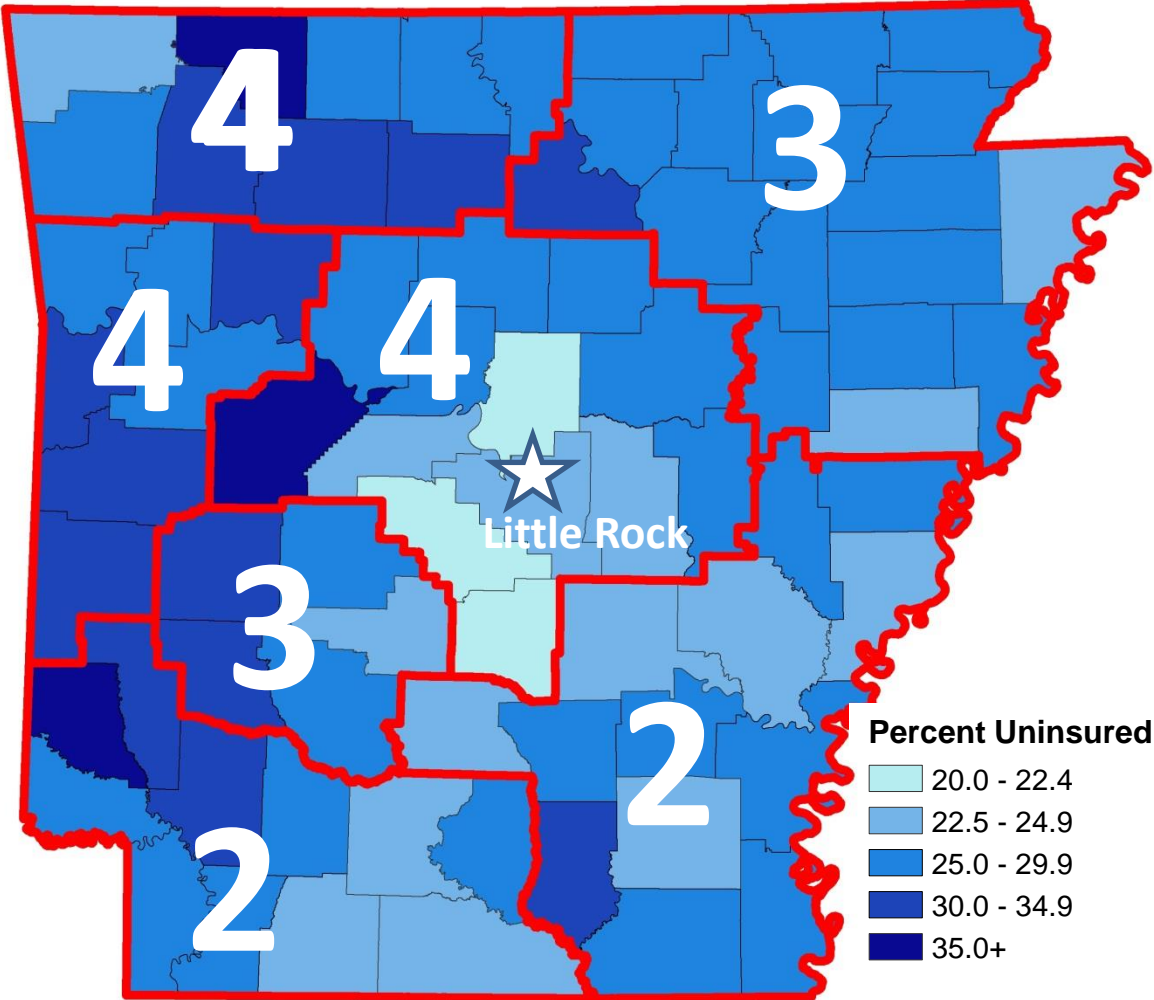
- **Funding via Affordable Care Act**
- **Majority of newly insured placed with private carriers; medically frail better served in traditional Medicaid**
- **Some existing Medicaid beneficiaries moved reducing size of state program**
- **Required waiver of select federal Medicaid requirements**
- **Bipartisan support with 75% approval required for appropriation each year**

# Potential Health Insurance Distribution



**Actual enrollment in HCIP thru April 2014 - 182,000**

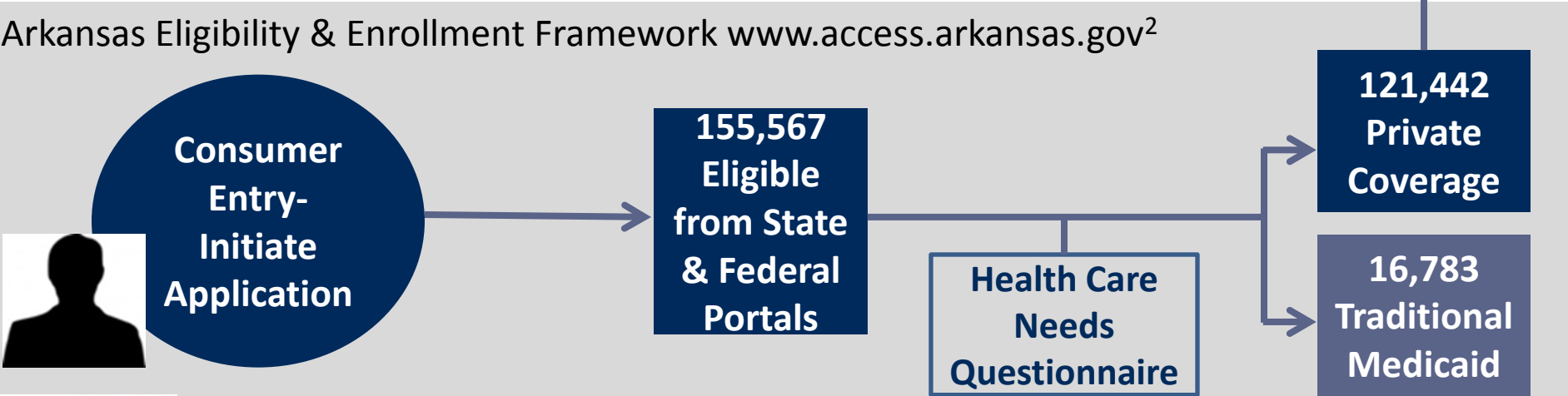
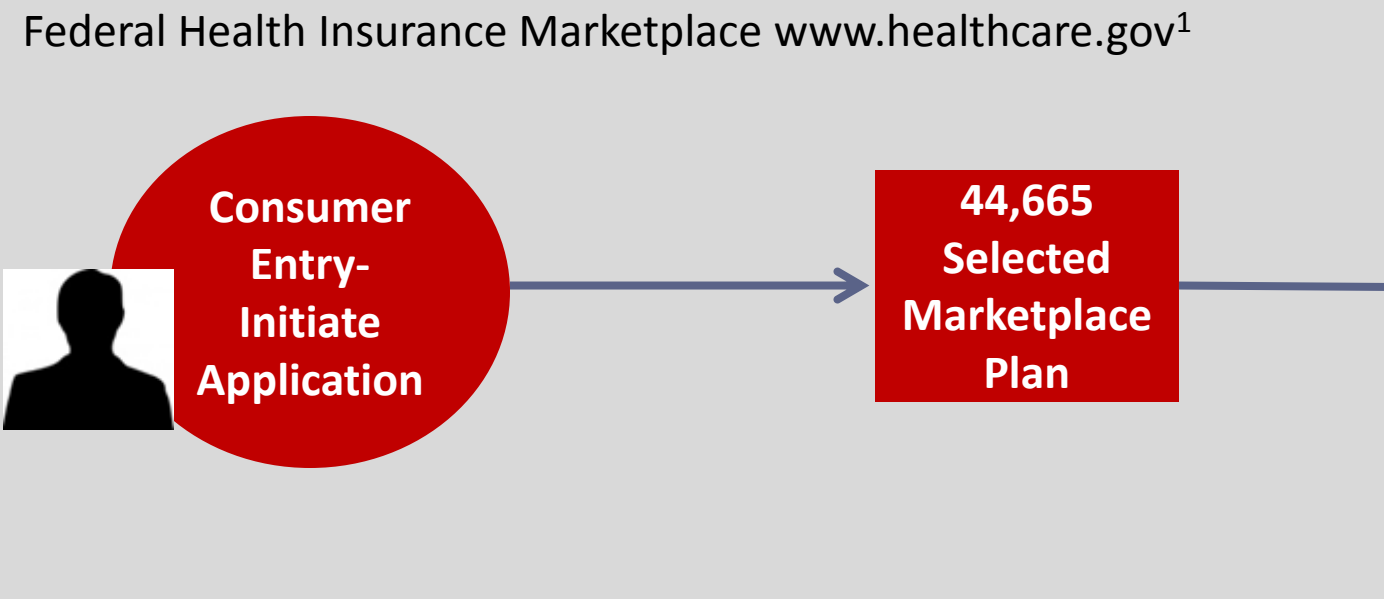
# Number of Issuers Offering Individual Plans by Service Area



## Issuers:

- Arkansas Blue Cross Blue Shield of Little Rock
- National Blue Cross Blue Shield Multi-state Plan
- QCA Health Plan of Little Rock (QualChoice of Arkansas Inc.)
- Arkansas Health & Wellness Solutions (Ambetter)

# Eligibility and Enrollment for Health Insurance Marketplace and the Health Care Independence Program (HCIP)



<sup>1</sup> Arkansas Insurance Department, April 21, 2014, <sup>2</sup> Arkansas Department of Human Services, April 9, 2014



# Arkansas Demonstration Waiver Evaluation

## Hypotheses

1. HCIP beneficiaries 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.
2. HCIP beneficiaries will have equal or better care and outcomes compared with what they would have otherwise had in the Medicaid fee-for-service system over time.
3. HCIP beneficiaries will have better continuity of care compared with what they would have otherwise had in the Medicaid fee-for-service system over time.
4. Services provided to HCIP beneficiaries will prove to be cost effective.

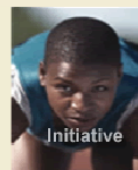




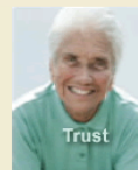
Arkansas Center for Health Improvement



Commitment



Initiative



Trust



Innovation

A nonpartisan, independent, health policy center that serves as a catalyst for improving the health of Arkansans.

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## OUR INITIATIVES

### DISEASE PREVENTION & HEALTH PROMOTION

Tobacco Prevention & Cessation

Combating Childhood & Adolescent Obesity

Link to ArCOP website:  
[www.arkansasobesity.org](http://www.arkansasobesity.org)

State Employee Health Risk Assessments & Wellness Strategy

Vehicular Safety

### HEALTH CARE FINANCING

2010 Patient Protection and Affordable Care Act

ARHealthNetworks

State Coverage Institute

Governor's Roundtable on Health Care

Navigating the Landscape of Health Care (2005-2015)

### ACCESS TO QUALITY CARE

## News

### ACHI Releases New Fact Sheet

Arkansas health insurance premiums have nearly doubled in ten years and the rate of uninsurance is nearly 40% among working-age Arkansans in some of our rural counties. At the same time, more than half of our adult citizens suffer from at least one chronic disease. Is it any wonder that Arkansas hospitals have experienced an increase of more than 50% in the cost of uncompensated care?

With one of the lowest median household incomes in the country -- \$38,413 -- Arkansas stands to benefit significantly from an expansion of health care coverage via the Patient Protection and Affordable Care Act. In fact three-fourths of all Arkansas families have income at or below a level that will make them eligible for help in getting coverage under the federal health care law -- either through federal subsidies or the potential Medicaid expansion. This is the highest percentage of families in the entire U.S. who will qualify for this help. The national average is 68% of families earning at or below 400% of Federal Poverty Level (FPL). Read more in **Expanding Health Care Coverage for Arkansans: The Facts** and **Arkansas Surgeon General's Brief: Importance of Medicaid Expansion through the Patient Protection and Affordable Care Act**. Individual fact sheets providing information and impact for each **county** are also available.



Many people across the state are working to proactively shape the future of our health system including undertaking important activities to improve the health payment system, strategically plan for a future health workforce, implementing statewide use of health information technology and planning for the health benefits exchange. **You can find more information here.**

**A VISION FOR A BETTER ARKANSAS HEALTH SYSTEM HAS BEEN DEVELOPED AND SERVES AS A GUIDE FOR THIS WORK. [CLICK HERE TO WATCH A SHORT VIDEO DEPICTING THIS VISION.](#)**

### Arkansas Among Seven Areas Selected for Medicare Initiative

Key aspects of the Arkansas Health System Improvement Initiative, including Workforce Strategic Planning and Payment System Improvement efforts will be accelerated as a result of Arkansas's participation in the Centers for Medicare and Medicaid Services Innovation Center's Comprehensive Primary Care Initiative (CPCI). On April 12, 2012, The Centers for Medicare and Medicaid Services Innovation Center announced that the state of Arkansas was one of only seven geographic markets in the country chosen to participate in a major initiative to help physicians better care for patients with chronic diseases and complex illnesses.