ARKANSAS ARKIDS B SECTION 1115 DEMONSTRATION FACT SHEET

Name of Section 1115 Demonstration:

Date Proposal Submitted:

Date Proposal Approved:

Date of Implementation:

ARKids B

May 13, 1997

August 19, 1997

September 1, 1997

BBA Extension Approved: February 26, 2002 **BBA Expires** September 30, 2005

Date BIPA Extension Submitted May 31, 2005

Date BIPA ApprovedSeptember 30, 2005Date BIPA ExpiresSeptember 30, 2008

Date Extension Proposal Submitted: December 18, 2007

Date Extension Proposal Approved: Pending **Date Expires:** Pending

SUMMARY

On May 13, 1997, Arkansas submitted a proposal for "ARKids First", a five year section 1115 Medicaid Demonstration project. On August 19, 1997, CMS approved Arkansas' request, permitting the State to expand eligibility to currently uninsured children through age 18 with family income at or below 200 percent of the Federal poverty level (FPL) who were not eligible for Arkansas' existing Medicaid program. The State implemented ARKids First (renamed ARKids B in August 2000) on September 1, 1997. The expansion covers approximately 71,000 children. The objective of the Demonstration is to integrate uninsured children into the health care delivery system.

ARKids B provides a benefit package modeled on the State Employees and State Teachers Insurance Program. The ARKids B benefit package is less comprehensive than the State's traditional Medicaid program and imposes co-payments that are not required under traditional Medicaid. Services are delivered through the same provider network as the traditional Medicaid program in Arkansas which operates as a Primary Care Case Management (PCCM) model.

The Arkansas Department of Human Services allows applicants who are eligible for ARKids A, the State's traditional Medicaid program, to choose between ARKids A and ARKids B. The State must provide sufficient information about the disadvantages of enrolling in ARKids B versus traditional Medicaid to enable applicants to make an informed choice. The State also allows ARKids B enrollees to apply for, and be determined eligible for traditional Medicaid, at any time their circumstances change and/or the enrollee decides that being in traditional Medicaid would be more advantageous.

The ARKids B demonstration has been operating under temporary 30-day extensions since September 30, 2008 to allow work to be completed on the new terms and conditions for the Demonstration.

ELIGIBILITY

Uninsured children through age 18 with family income at or below 200 percent of the FPL are eligible for ARKids B. An ARKids B applicant cannot have had health insurance other than Medicaid in the preceding six months (unless the health insurance was lost through no fault of the applicant). There is no presumptive eligibility. Retroactive eligibility may be determined up to three months prior to application.

BENEFIT PACKAGE

ARKids B provides a reduced benefit package, modeled on the Arkansas State Employee and State Teacher plans. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening and immunizations are provided, but not all diagnostic and treatment services. The following services are also excluded: non-emergency transportation, audiology services, hearing aids, occupational and physical therapies, targeted case management, End Stage Renal Disease services, and approximately 15 other services included in the State's traditional Medicaid benefit package.

ENROLLMENT/DISENROLLMENT PROCESS

ARKids B participants select a primary care physician (PCP) at the time of application. Enrollees are entitled to change their PCP selection every six months, or at any time, without limitation, for good cause.

DELIVERY SYSTEM

ARKids B operates as a fee-for-service, PCCM model. It employs the ConnectCare provider network in place for the State's section 1915(b) program. ConnectCare PCPs practice in the following specialties: General Practice, Family Practice, Internal Medicine, Gynecology/Obstetrics and Pediatrics. PCPs receive a monthly case management fee for each Medicaid client enrolled with their practice. The Arkansas Medicaid Program assures that adequate physician access is available in all counties for the ARKids B participants.

QUALITY ASSURANCE

The State assures quality of care to ConnectCare enrollees, including ARKids B participants, by several means. ConnectCare has established policies and procedures regarding continuity of care, disenrollment, and monitoring of accessibility. ConnectCare also maintains a 24-hour hotline to handle inquiries, complaints, or problems, and conducts periodic enrollee surveys. The State's Surveillance and Utilization Review Subsystem (SURS) is used to identify aberrant PCP

practices for education and potential sanction purposes. Additionally, the State contracts with the Arkansas Foundation for Medical Care, Inc. (AFMC), a peer review organization (PRO). AFMC conducts periodic customer satisfaction surveys and clinical studies of the treatment patterns of PCPs on a random basis. Appropriate HEDIS standards are utilized to evaluate the performance and quality of the PCPs.

COST SHARING

Co-payments apply for all services with the exception of immunizations, preventive health screenings, family planning and prenatal care. Co-payments range from \$5 per prescription to 20 percent of the first day's hospital per diem. There is a \$10 co-payment for most outpatient services. The State notifies providers in writing that they may not refuse to provide services if the co-payment is not paid. The ARKids B program does not require the payment of premiums.

Effective April 1, 2006 the State may not impose cost sharing, including co-payments, which in the aggregate exceed five percent of a family's annual income for the length of a child's eligibility period under the demonstration. The State must inform the enrollee's family of their cumulative cost-sharing maximum amount at the time of enrollment and reenrollment.

STATE FUNDING SOURCE

The State of Arkansas certifies that State/local monies are used as matching funds for the demonstration and that such funds shall not be used as matching funds for any other Federal grant or contract, except as permitted by law.

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