Health Care Independence Program Interim Evaluation Report Highlights

ACHI
Arkansas Center for Health Improvement

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As a part of the terms and conditions of the Section 1115 demonstration waiver implementing the Health Care Independence Program (HCIP), Arkansas was required to design and implement an evaluation of the program's premium assistance approach for individuals enrolled in private plans through the program. The Arkansas Center for Health Improvement (ACHI) worked with researchers from the University of Arkansas for Medical Sciences (UAMS) Colleges of Medicine, Pharmacy, and Public Health to complete the interim evaluation report. The effort was overseen by a national advisory committee to ensure the scientific rigor of the assessment of the program.

The federally-required evaluation report examines healthcare claims, enrollment, provider, and survey data from 2014, the first year of the waiver program. It compares access, quality, health outcomes, and costs for beneficiaries enrolled in the program to those enrolled in the traditional fee-for-service Medicaid program.

In accordance with the conditions of the waiver, the interim report of the first program year was delivered by the state to the Centers for Medicare and Medicaid Services (CMS) 90 days after the end of the second program year for review. As part of a review of the interim report, Mathematica Policy Research issued a memorandum to officials at CMS. The memorandum noted that the "…preliminary conclusions are reasonable, and the report provides a strong foundation for the final evaluation. The evaluators provide thorough explorations of the available data and useful contextualization of the findings with information about implementation status and Arkansas' policy environment."

The interim evaluation report includes the following high-level findings:

- Perceived access to care measured through surveys and real access measured through claims and provider data are better for those enrolled in private plans through the program than those in Medicaid;
- A higher proportion of those enrolled in private plans through the program received recommended preventive screenings;
- A lower proportion of those enrolled in private plans through the program used emergency room care for any type of care and for non-emergent visits when compared to those in traditional Medicaid; and
- As anticipated, per-member-per-month costs were lower for Medicaid than premiums for those enrolled in the program.

The report also assesses the cost-effectiveness of the program and projects costs of covering the same population in fee-for-service Medicaid using sets of assumptions about provider reimbursement rate changes that would be required to achieve necessary access to care for the nearly 250,000 beneficiaries in the program.

A final summative report examining years two and three of the HCIP will be submitted to CMS by the end of 2017.

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