January 2018

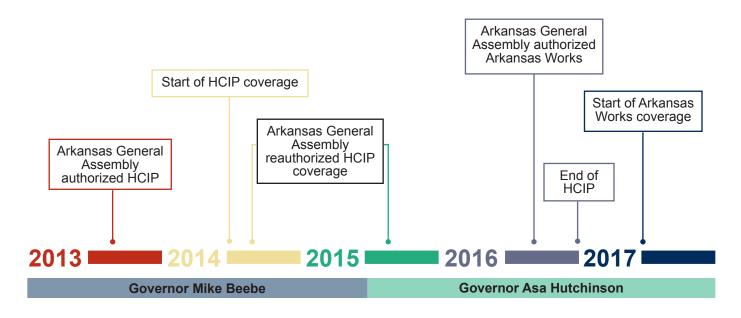
Overview

In 2013, Arkansas opted to expand healthcare coverage to low-income adults earning below 138 percent of the federal poverty level (FPL) through the Patient Protection and Affordable Care Act (ACA). In each subsequent year, the Arkansas General Assembly has authorized continued appropriations for the program with a three-fourths vote. Rather than pursue expanded healthcare coverage through the state's traditional Medicaid fee-for-service program, Arkansas sought and received approval from the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 demonstration waiver under the Social Security Act (Section 1115 waiver) to expand coverage through premium assistance. Colloquially known as the "Private Option," the "Health Care Independence Program" (HCIP) used federal funds allotted for Medicaid expansion under the ACA to purchase qualified health plans (QHPs) available in the Health Insurance Marketplace (HIM). QHP coverage was available for non-medically frail individuals eligible under the ACA's Medicaid expansion. Medicaily frail individuals received coverage directly through Medicaid.¹

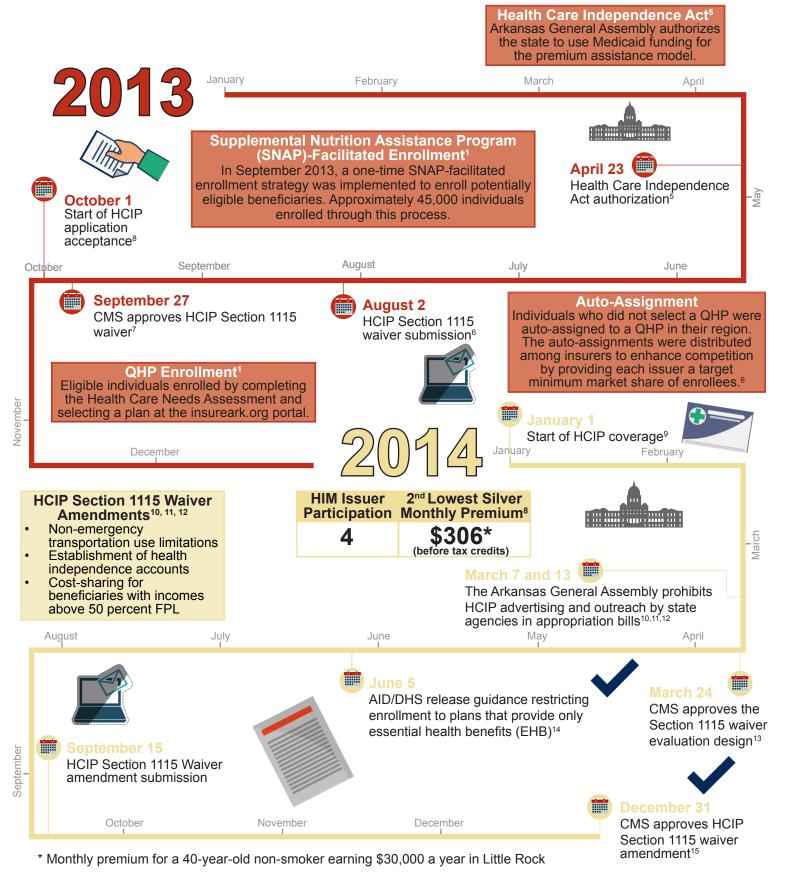
During the life of the waiver, HCIP underwent modifications in response to legislative amendments to the enabling bill—The Health Care Independence Act—including the introduction of health independence accounts (HIAs) to incorporate personal responsibility and limitations on use of non-emergency transportation. At the same time, the Arkansas General Assembly prohibited the state from program advertising and outreach.

Prior to expiration of HCIP on Dec. 31, 2016, Arkansas sought and received approval for a waiver extension to continue the premium assistance model, renamed "Arkansas Works." The five-year waiver extension included requirements for premium payments for individuals earning between 101 and 138 percent of the FPL and an employer-sponsored health insurance (ESI) premium assistance program.²

In 2017, additional modifications to Arkansas Works were legislatively enacted, including eliminating the ESI premium assistance program, capping program eligibility at 100 percent of the FPL, and adding a work requirement as a condition of eligibility.³ The waiver amendment modifications are anticipated to take effect through a phased process upon approval in 2018.⁴

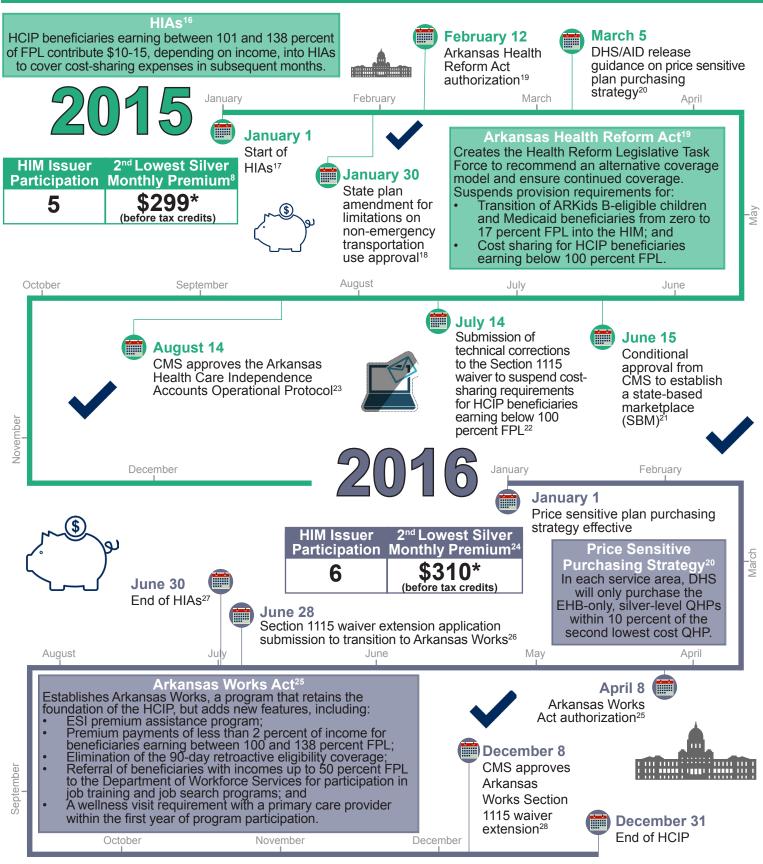








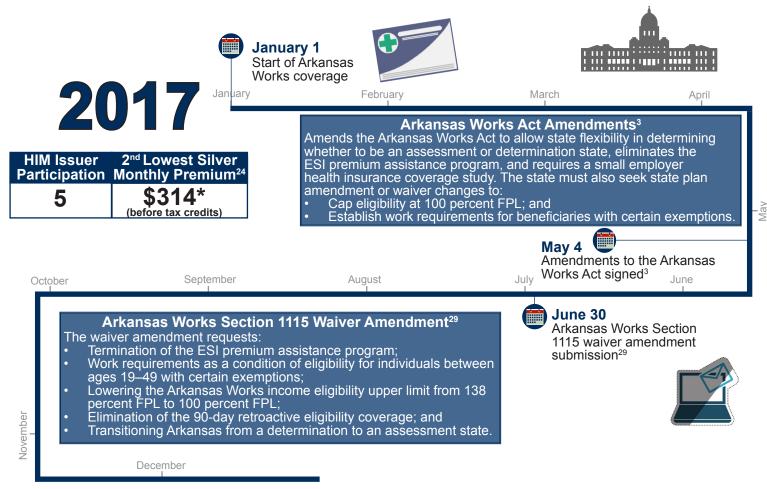
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* Monthly premium for a 40-year-old non-smoker earning \$30,000 a year in Little Rock



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