



IMPROVING YOUR HEALTH AND  
EXPANDING YOUR OPPORTUNITIES

## **ARHOME Health and Economic Outcomes Accountability Oversight Advisory Panel**

Quarterly Report

June 19, 2025



## Report Requirements

In approving Act 530 of 2021, the Arkansas General Assembly created the Arkansas Health and Opportunity For Me program (ARHOME) and the Health and Economic Outcomes Accountability Oversight Advisory Panel. The Act requires quarterly reporting to the Advisory Panel on the program's progress toward meeting economic independence outcomes and health improvement outcomes. Ark. Code Ann. § 23-61-1011 (see Appendix) requires the reports to include information on the following:

- Eligibility and enrollment;
- Health insurer participation and competition;
- Premium and cost-sharing reduction costs;
- Utilization;
- Individual qualified health insurance plan health improvement outcomes;
- Economic independence initiative outcomes;
- Any sanctions or penalties assessed on participating individual qualified health insurance plans; and
- Community bridge organization (i.e., Life360 HOME) program outcomes.

## ARHOME Overview

ARHOME is Arkansas's Medicaid expansion program created by the federal Affordable Care Act (ACA). It serves adults ages 19 to 64 with income below 138% of the federal poverty level. The program operates as a demonstration project (waiver) approved under the authority of Section 1115 of the Social Security Act. The waiver allows the state to use Medicaid funding to purchase coverage through private Qualified Health Plans (QHPs) for eligible individuals. The federal government pays 90% of the cost of the program, and the state pays the remaining 10%. The ARHOME program was previously known as Arkansas Works, but Act 530 of 2021 changed the program to ARHOME, effective January 1, 2022. The federal Centers for Medicare and Medicaid Services (CMS) approved the new five-year waiver (January 1, 2022, through December 31, 2026) on December 21, 2021.

CMS approved an amendment to the ARHOME waiver on November 1, 2022. The amendment creates the Life360 HOME program, allowing DHS to contract with hospitals to provide additional support and intensive care coordination for ARHOME's most at-risk beneficiaries. (More information about the Life360 HOME program is available beginning on page 16.)

Act 774 of 2025 was signed into law April 17, 2025. The Act amended ARHOME's governing statutes, adding language concerning work requirements, pharmacy rebates, and a medical loss ratio of 85%. The Act also extended the ARHOME program's sunset statute, allowing the program to continue until December 31, 2031, or a later date if extended by the General Assembly. DHS will submit a new five-year waiver to CMS to extend the program beyond December 31, 2026 by the end of calendar year 2025.

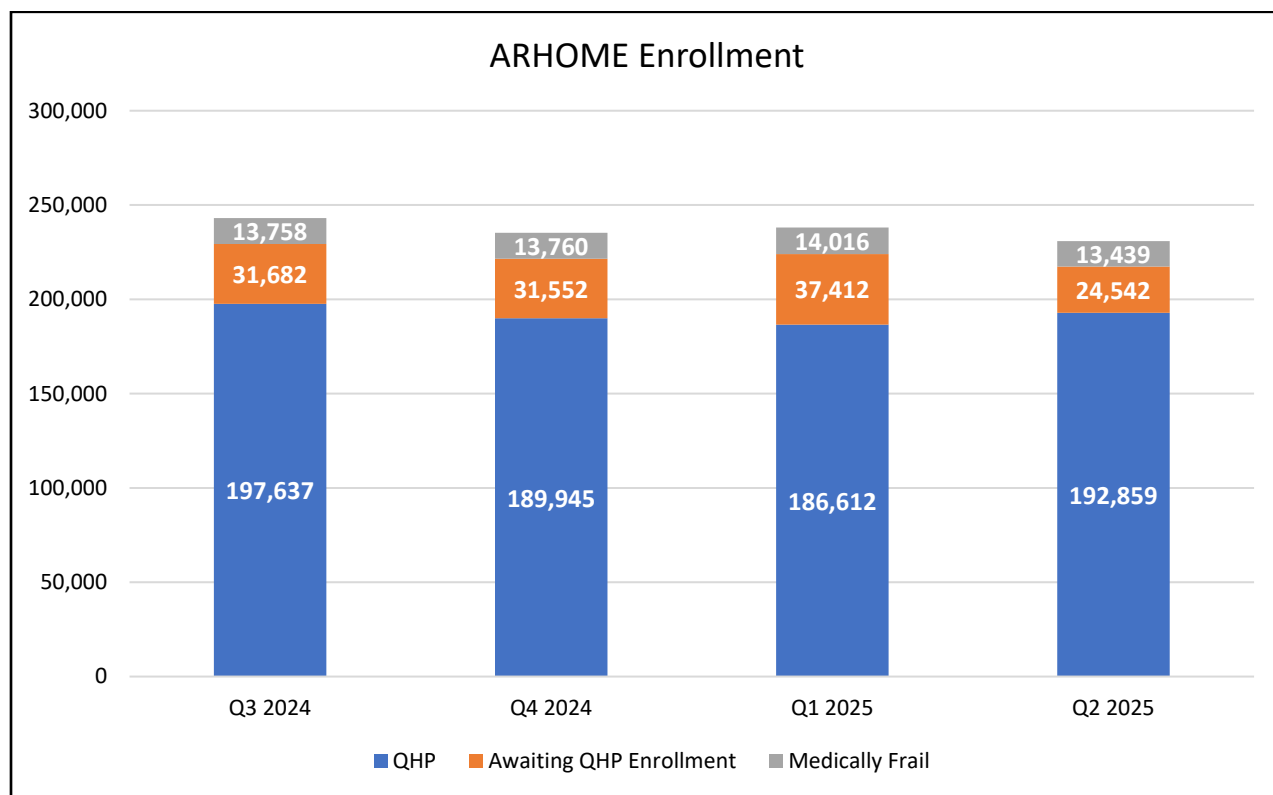
## Eligibility and enrollment

The ARHOME program currently covers about 230,000 beneficiaries. Upon enrollment in the ARHOME program, beneficiaries are placed into two categories.

- Medically frail
- Awaiting QHP enrollment (Interim Alternative Benefit Plan/IABP)

Medically frail beneficiaries have health care needs that are better served by the traditional Medicaid program. These beneficiaries do not enroll in a QHP; instead, they receive health care services through traditional fee for service Medicaid. About 6% of ARHOME beneficiaries are considered medically frail.

Individuals who are not medically frail begin the process of enrolling in a QHP. These beneficiaries have 42 days to select an ARHOME QHP. Those who do not select a plan are auto-assigned to a QHP. Those who are auto-assigned have another 30 days to change their plan before their QHP coverage begins. Most ARHOME beneficiaries are enrolled in a QHP.



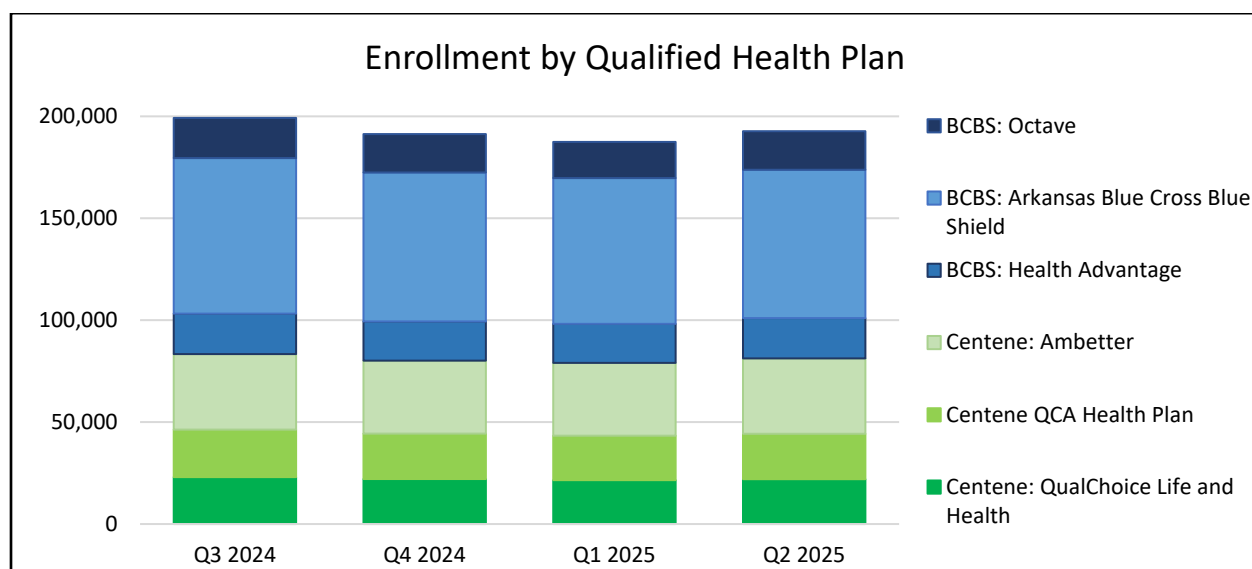
Enrollment as of the first day of each quarter (data pulled on 04/07/2025)

## Health insurer participation and competition

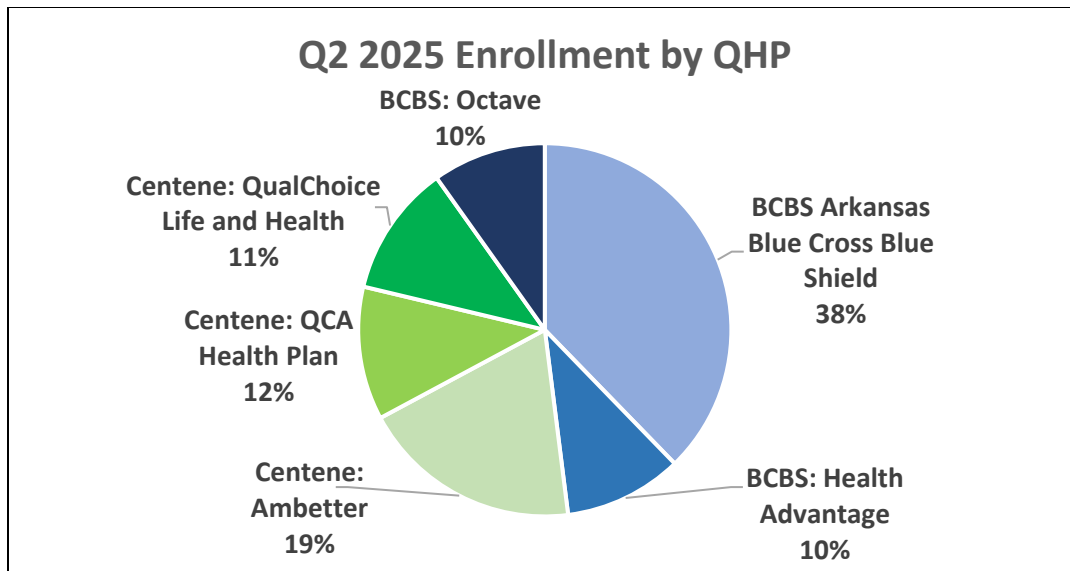
Through the ARHOME program, DHS purchases QHP coverage from two insurance carriers, Centene and Arkansas Blue Cross and Blue Shield (BCBS), for enrolled beneficiaries. Until 2024, Centene offered three QHPs for ARHOME beneficiaries, and BCBS offered two. Arkansas Blue Cross and Blue Shield introduced a third QHP, known as Octave, to the ARHOME program beginning January 2024.

The following charts show:

- ARHOME enrollment in each QHP on the first day of each of the last two quarters of 2024 and the first two quarters of 2025.
- The percentage of ARHOME enrollees enrolled in each QHP in the second quarter of 2025.



QHP enrollment on the first day of each quarter as of 05/05/2025.



HP enrollment on the first day of the quarter as of 05/05/2025.

## Premium and cost-sharing reduction costs

For ARHOME beneficiaries, DHS purchases the lowest cost qualifying silver-level plan offered in each rating area and those within 10% of the lowest cost plan. The plans DHS purchases are available to the public on the Arkansas Health Insurance Marketplace and cover the 10 essential health benefits all Marketplace plans are required to cover under the Affordable Care Act, which include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health & substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services & devices
- Laboratory services
- Preventive & wellness services and chronic disease management
- Pediatric services

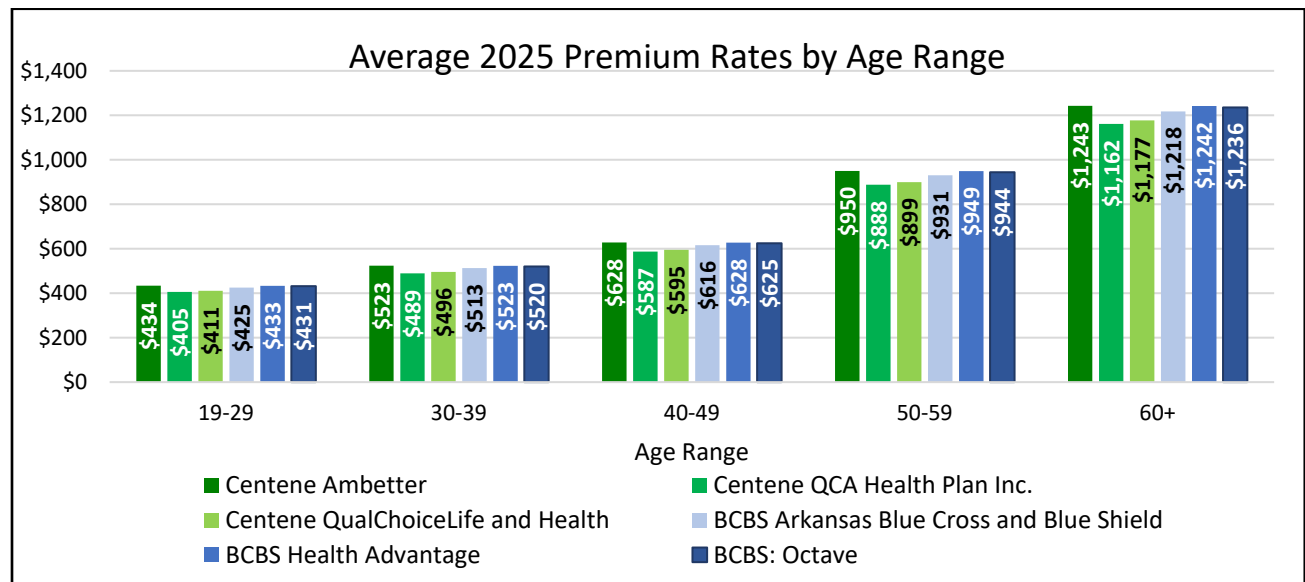
Individuals in fee for service awaiting enrollment in a QHP receive the same benefits as those offered by the QHPs.

## Qualified Health Plan Premium Rates

The carriers set the premiums they charge for each plan they sell on the Marketplace, subject to approval from the Arkansas Insurance Department. All premium rates increased for 2025. The largest premium increase, 10.2%, is in the Centene Ambetter plan. In its filing with the Arkansas Insurance Department, Centene cited updates based on claims experience and anticipated changes in the average morbidity of the plan population. Additional details in the publicly available documents have been redacted.

QHP	Average % Change in Premiums	
	2023 to 2024	2024-2025
Centene Ambetter	1%	10.2%
Centene QCA Health Plan Inc.	-2%	2.3%
Centene QualChoice Life and Health	0%	3.7%
BCBS Arkansas Blue Cross and Blue Shield	8%	2.2%
BCBS Health Advantage	2%	4.3%
BCBS Octave (started in 2024)	N/A	5.6%

The carriers' 2025 premium rates are shown in the following chart. The 2025 premiums DHS pay for each plan range from about \$346 per month for a 19-year-old non-smoker in one plan to over \$1,400 per month for 64-year-old tobacco user in another plan.



## Cost Sharing

Many ARHOME beneficiaries pay a portion of the cost of their health care services. They do not pay premiums, coinsurance or deductibles, but some beneficiaries pay point of service copays. The following table provides information on the copays beneficiaries pay.

<b>Beneficiaries who are subject to cost sharing</b>	Beneficiaries above 20% FPL enrolled in a QHP and those awaiting enrollment in a QHP. Some individuals are exempt (e.g., pregnant women, 19- and 20-year-olds).
<b>Service-specific copay amounts</b>	\$4.70/\$9.40, depending on the service. Some services are exempt (e.g., emergency services).
<b>Copay limits</b>	The total copays an individual is subject to is capped each quarter. A beneficiary's quarterly copay limit is based on his or her household federal poverty level.

		<b>FPL</b>	<b>Copay Limit</b>
		<b>0%-20%</b>	<b>\$0</b>
		<b>21%-40%</b>	<b>\$27</b>
		<b>41%-60%</b>	<b>\$54</b>
		<b>61%-80%</b>	<b>\$81</b>
		<b>81%-100%</b>	<b>\$108</b>
		<b>101%-120%</b>	<b>\$135</b>
		<b>121%-138%</b>	<b>\$163</b>
<b>Beneficiaries whose copays contribute to meeting the copay limit</b>	The ARHOME beneficiary and all Medicaid beneficiaries who pay copays in the individual's family (not including ARKids B beneficiaries), per CMS requirements.		

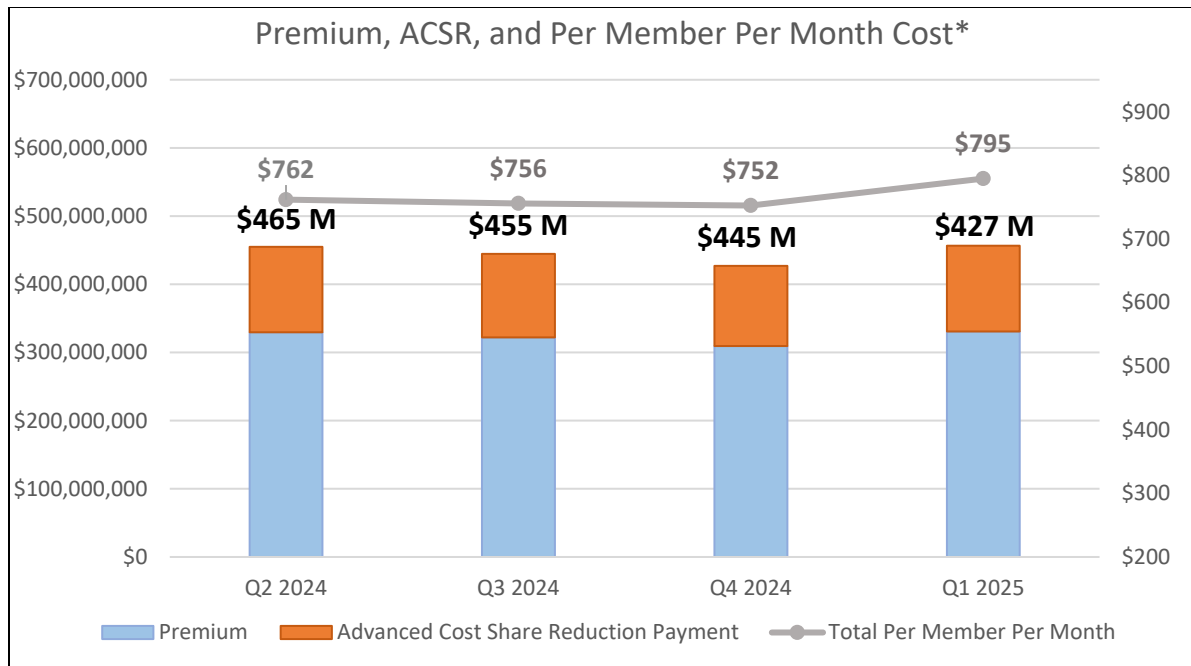
### Advanced Cost Sharing Reduction Payment

The silver-level plans sold on the Marketplace charge higher copays than the \$4.70 or \$9.40 ARHOME beneficiaries pay. For example, a plan might normally have a \$50 copay for a doctor's visit. ARHOME beneficiaries pay just \$4.70 of that \$50 copay, and DHS is responsible for the rest. DHS makes a monthly payment, known as an Advanced Cost Share Reduction (ACSR) payment, to the QHPs to cover the estimated amount of the copay not paid by ARHOME beneficiaries. This is an estimated up-front payment to cover beneficiary copays. At the end of the year, the estimated amounts are compared against actual copays incurred, and reconciliation payments are made to settle any uncovered costs or overpayments.

For each beneficiary, DHS pays the plan's monthly premium and an ACSR payment. The ACSR rates for 2025 were set at 38% of each premium rate.

### ARHOME Program Expenditures

The premiums DHS pays the QHPs, plus the advance cost sharing payments make up the vast majority of the ARHOME program expenditures. The ARHOME program's spending is limited by an established per member per month limit known as the budget neutrality cap. The first quarter per member per month expenditure of \$795 remained under the federal limit of \$849.43 for 2025\*.



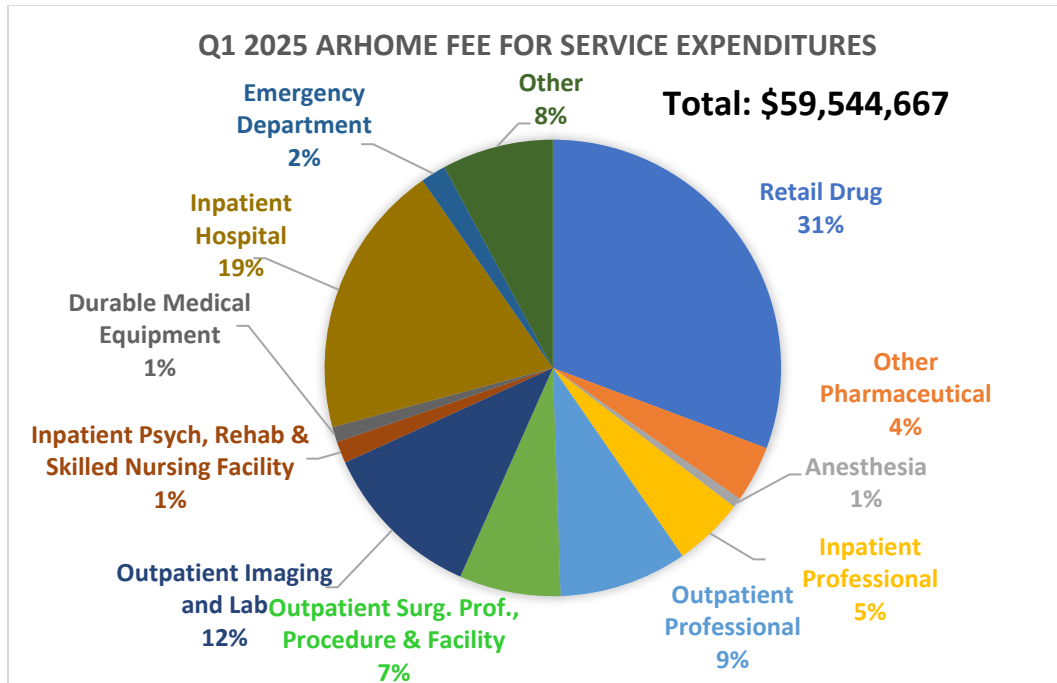
Source: AME-8823-10591 ARHOME Premium and CSR Payments and Adjustments by Month and Carrier

\*Does not include wrap costs for non-emergency transportation or EPSDT services for 19- and 20-year-olds, nor does it include final CSR reconciliation settlement payments or recoupments.

## Utilization

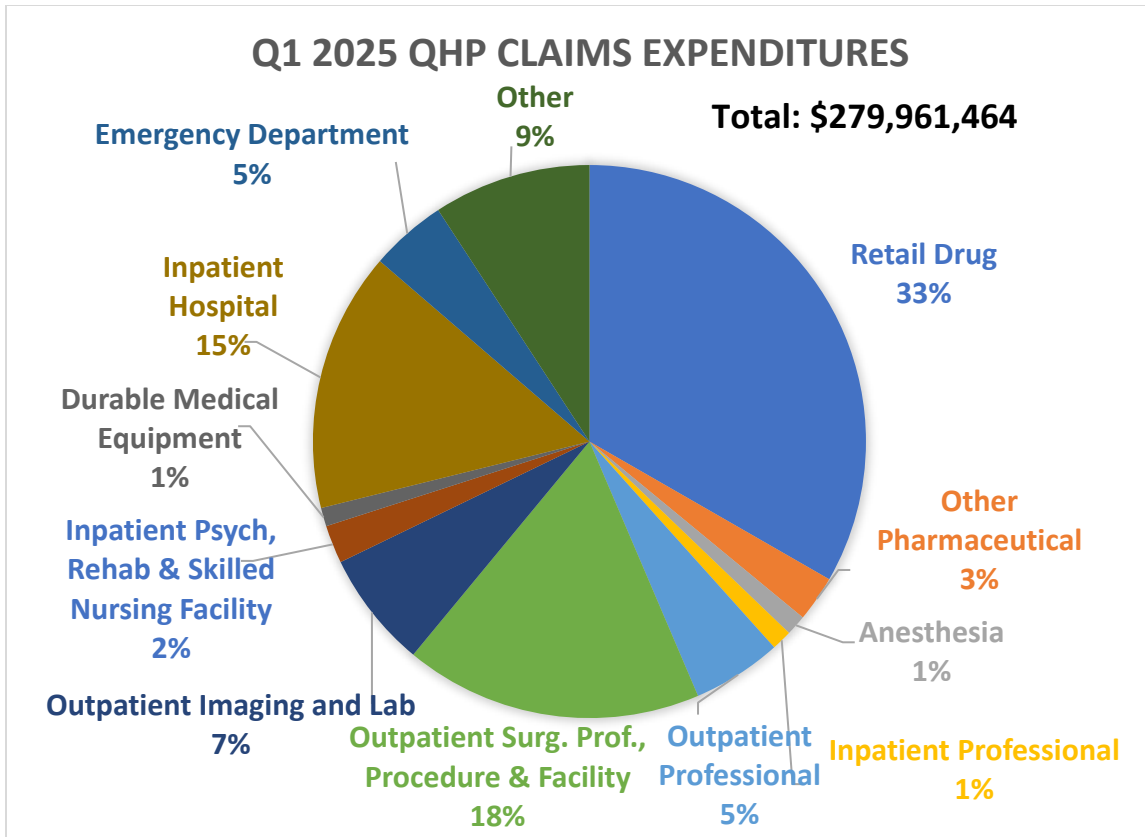
Medical claims for ARHOME beneficiaries are processed and paid by different payors, depending on whether the beneficiary is in a QHP or in traditional fee for service (FFS) Medicaid. FFS Medicaid claims are paid from the Medicaid MMIS billing system (Interchange), while the individual QHPs process and pay medical claims for ARHOME beneficiaries through their own systems. The chart below shows claims expenditures for ARHOME beneficiaries enrolled in traditional fee for service Medicaid (medically frail and individuals awaiting QHP enrollment) for Q1 of 2025, as of 05/16/25.





Source: Care Categories - Exps and Additional Metrics – Initial, as of 05/16/25

The QHPs are required to provide DHS quarterly data on the claims they pay on behalf of ARHOME beneficiaries. The following chart shows the claims that QHPs reported paying for ARHOME beneficiaries during Q1 2025.

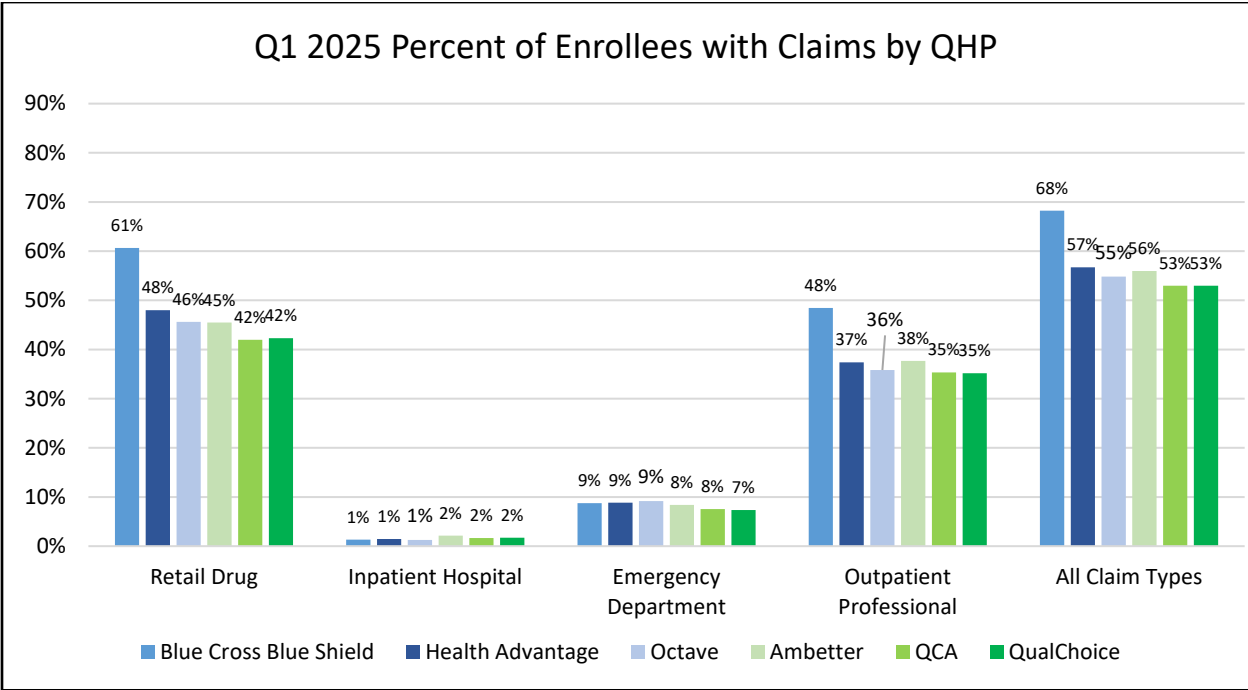
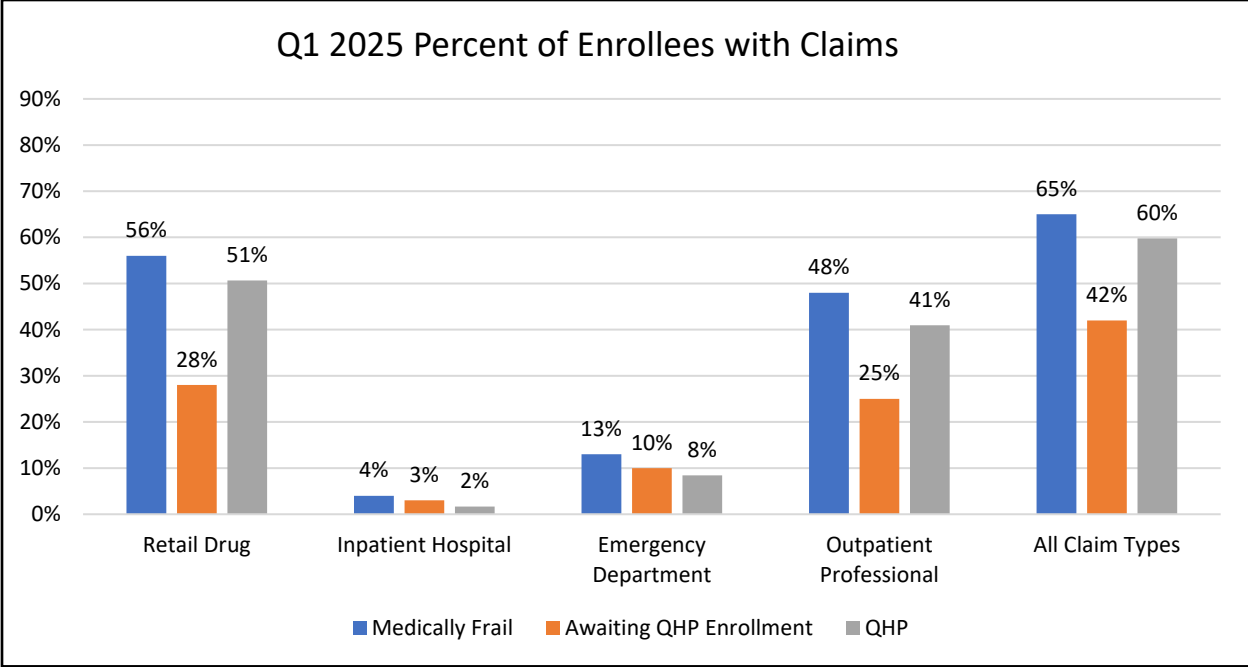


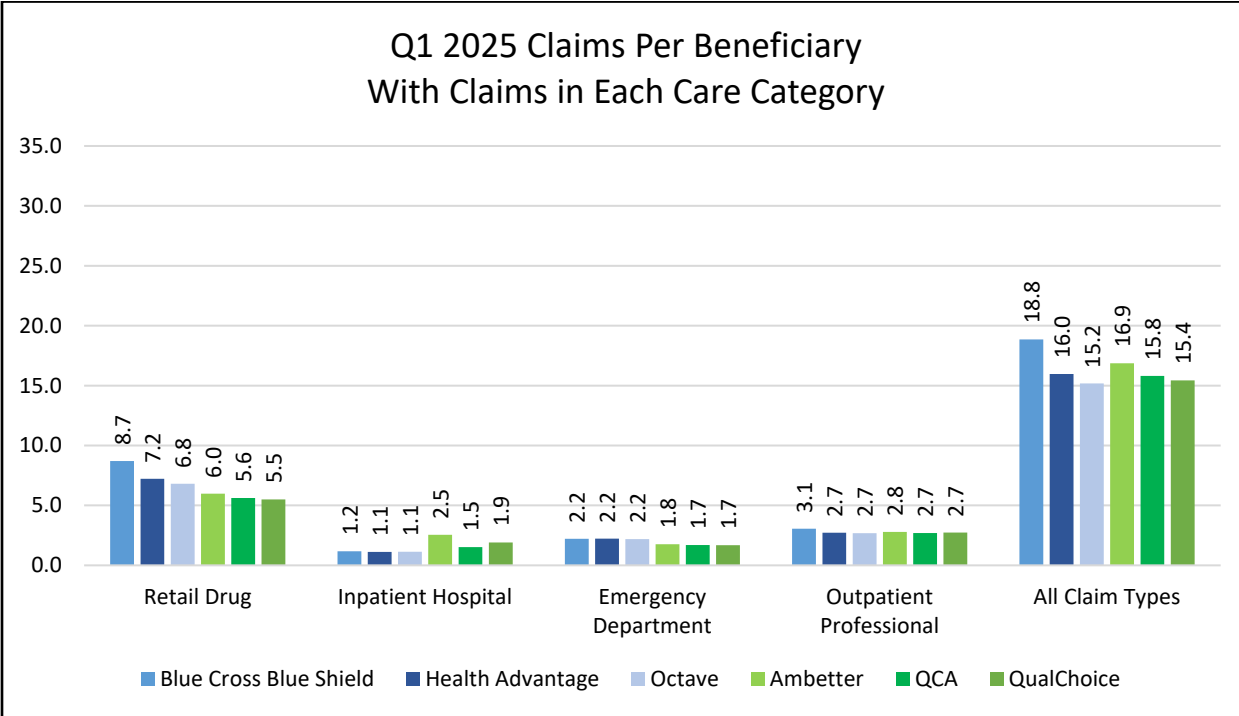
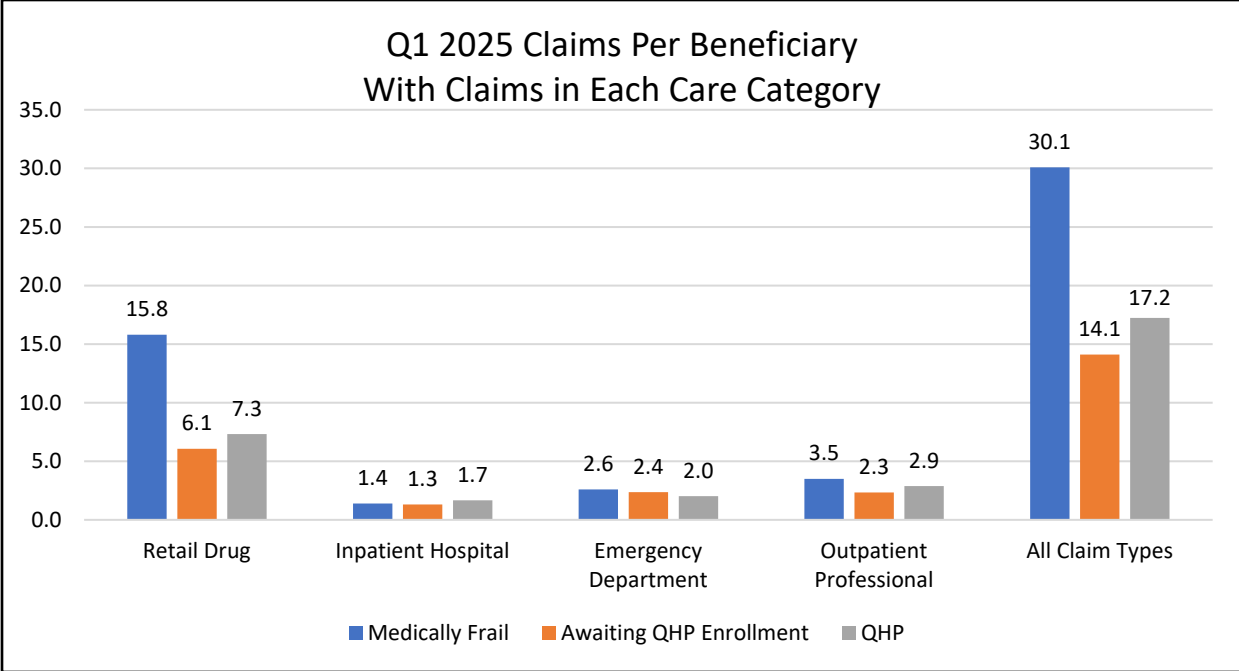
Source: ARHOME Quarterly Report-QHP Only, as of 05/16/25

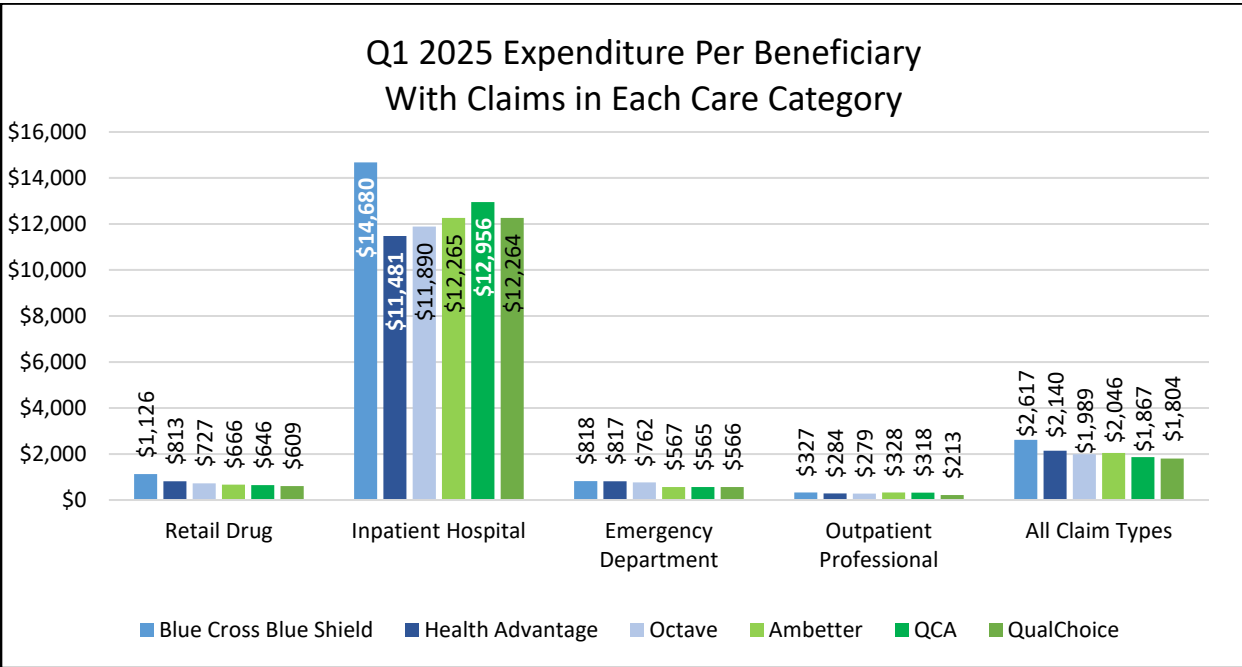
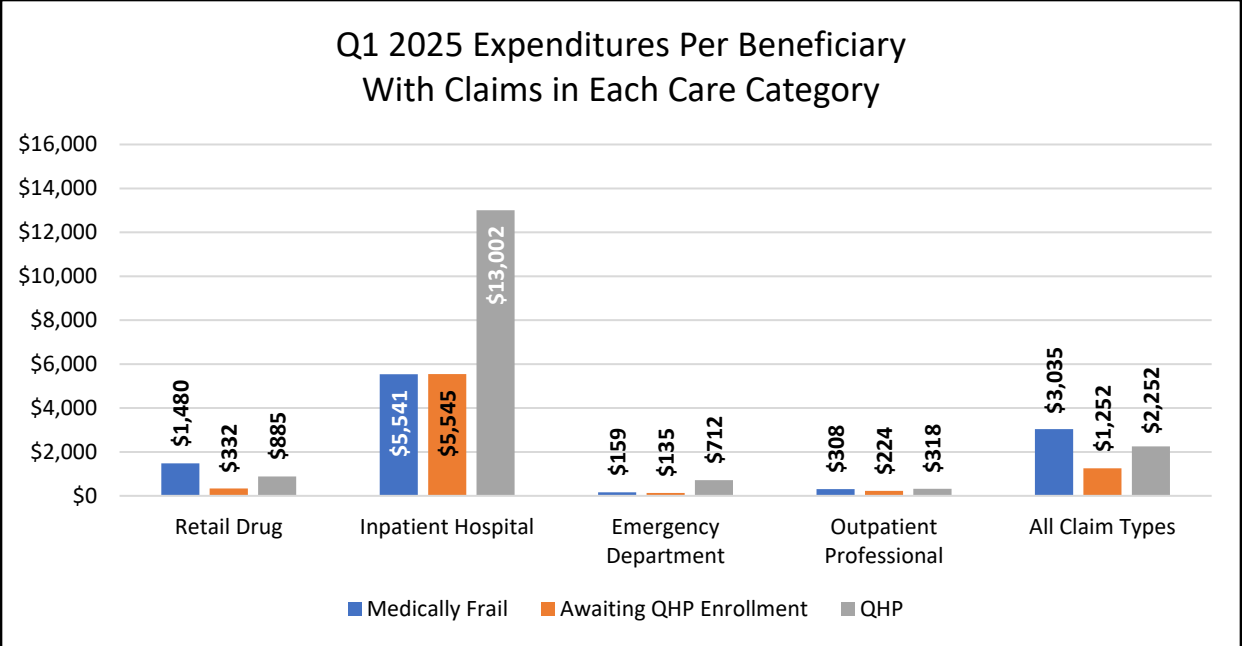
The following charts show the utilization of health services by:

- Percent of beneficiaries with health claims
- Expenditures per beneficiary among beneficiaries with a claim in each service category (e.g., total pharmacy expenditures per beneficiary among all beneficiaries with pharmacy claims)

The data are provided for Q1 2025 for medically frail, beneficiaries awaiting enrollment in a QHP, all beneficiaries in a QHP, and by each individual QHP.







## Individual qualified health insurance plan health improvement outcomes

One of the main goals of the ARHOME program is to improve beneficiaries' health. ARHOME program provisions require QHPs to take responsibility for generating that improvement. QHPs are required to provide at least two health improvement incentives to encourage the use of preventive care and two health improvement incentives for each of the following populations:

- Pregnant women, particularly those with high-risk pregnancies
- Individuals with mental illness
- Individuals with substance use disorder
- Individuals with two or more chronic conditions

The following tables provide information on the incentives the QHPs are offering in 2025 for each requirement.

QHPs also submitted annual strategic plans for 2025 that included steps they would take to meet quality and performance metrics and activities to improve the health outcomes of people living in rural areas and the populations listed above. The QHPs presented these plans to the Advisory Panel at the December 12, 2024 meeting.

### Preventive Care

QHP	2025 Incentive Activity
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"><li>• \$15 for wellness visit</li><li>• \$50 for cervical cancer screening.</li><li>• \$50 for mammogram</li><li>• \$50 for chlamydia screening</li></ul>
Health Advantage	
Ambetter	Award beneficiaries through My Health Pays portal: <ul style="list-style-type: none"><li>• 500 points (\$50) for wellness exam</li><li>• 500 points (\$50) for completing wellbeing survey</li><li>• 100 points (\$10) for diabetes screening</li><li>• 250 points (\$25) for cervical cancer screening</li><li>• 250 points (\$25) for breast cancer screening</li><li>• 250 points (\$25) for colorectal cancer screening</li><li>• 250 points (\$25) for cholesterol screening</li></ul>
QualChoice Life	
QCA	

## Substance Use Disorder

QHP	2025 Incentive Activity
Blue Cross & Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> <li>• \$100 for completing follow-up visit within 30 days of ER visit for a substance use disorder.</li> <li>• \$50 for members with SUD who use Peer Support Specialists, virtual SUD treatment, or other SUD treatment options</li> </ul>
Health Advantage	
Ambetter	No specific <i>incentive</i> for substance use disorder. Programs the QHPs administers include: <ul style="list-style-type: none"> <li>• Pharmacy Lock-In program to detect and prevent pharmacy benefit abuse. Members meeting criteria are locked into one pharmacy for one year. Some members are referred for Case Management support.</li> <li>• Transitional care management program to work with beneficiaries with SUD who have been hospitalized to coordinate care</li> </ul>
QualChoice Life	
QCA	

## Chronic Conditions

QHP	2025 Incentive Activity
Blue Cross and Blue Shield	Award beneficiaries: <ul style="list-style-type: none"> <li>• <b>\$50 for follow-up care following a hospitalization for heart failure</b></li> <li>• \$40 for achieving a hemoglobin A1c test result of 7% or less</li> </ul>
Health Advantage	
Ambetter	No specific beneficiary incentives.  Award providers: <ul style="list-style-type: none"> <li>• \$100-\$300 for completing and submitting a comprehensive appointment agenda through the Health Plan's Secure Provider Portal as part of the Continuity of Care Provider Incentive Program</li> <li>• \$100 per member for completing in-office assessments and documenting that all care omissions have been addressed.</li> </ul>
QualChoice Life	
QCA	

## Economic Independence Initiative Outcomes

DHS requires QHPs to include in their annual strategic plans activities to support the ARHOME Economic Independence Initiative. Additionally, QHPs are required to offer two economic independence incentives to encourage advances in beneficiaries' economic status or employment prospects. The table below provides the incentives each QHP is offering in 2025.

QHP	2025 Incentive Activity	Incentive Amount
BCBS	<ul style="list-style-type: none"> <li>Continuing education</li> <li>Career readiness certificate</li> <li>Community Health Worker Certification</li> </ul>	<ul style="list-style-type: none"> <li>\$50</li> <li>\$100-\$200</li> <li>\$200</li> </ul>
Health Advantage		
Octave		
Ambetter	<ul style="list-style-type: none"> <li>Attendance at one Ambetter Community Health Fair</li> <li>Watch videos on growing one's own food, benefits of purchasing a used vehicle, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Access to job searching assistance &amp; resume building</li> <li>50 cents to \$10 per video</li> </ul>
QualChoice Life		
QCA		

## Sanctions or Penalties Assessed on Qualified Health Insurance Plans

DHS assesses penalties to QHPs that do not meet performance targets on the health care quality metrics. Performance targets are improvement goals for certain health care quality metrics set by DHS and agreed upon annually in the ARHOME MOU with the QHPs. Each year's targets are set based on the QHPs' previous years' performance. There were three types of targets in 2023:

- The best performing QHP for each metric over the previous three years
- The median performance of all five QHPs across the three years
- Individual QHP improvement of at least 4% from its best rate

The QHPs earned points for each target met, as specified in the annual agreement between DHS, the QHPs and the Arkansas Insurance Department. For example, a QHP would receive 2 points for meeting the best performance target for the cervical cancer screening, 2 points for meeting the median target and 2 points for improving its best performance on the metric by 4%, for a total of 6 possible points for the measure.

The total number of points the QHP earns determines the per-member-month penalty shown in the table below. The total penalty for a QHP is calculated as the penalty from the table below multiplied by the QHP's total member months.



The 2024 penalties will be assessed based on 2024 performance, which will be calculated and presented to the ARHOME Advisory Panel in the fall of 2025.

<b>Points</b>	<b>2023 Penalty Per Member Month</b>	<b>2024 Penalty Per Member Month</b>
50-108	No penalty	No penalty
40-49	\$0.90	\$1.00
30-39	\$1.80	\$2.00
20-29	\$2.70	\$3.00
10-19	\$3.60	\$4.00
0-9	\$4.50	\$5.00

Only one QHP failed to meet the overall target points in 2023, as shown in the table below. QualChoice scored 44 total points and was assessed a financial penalty of \$0.90 per member per month, for a total of \$356,139.

<b>QHP</b>	<b>Total Points</b>	<b>Member-Month Penalty</b>	<b>Member Months</b>	<b>Total Penalty</b>
Health Advantage	48	\$0	298,788	\$0
BCBS	53	\$0	1,244,869	\$0
Ambetter	53	\$0	592,308	\$0
QCA	54	\$0	398,349	\$0
QualChoice	44	\$0.90	395,710	\$356,139

The 2025 points and penalties per member per month are provided in the table below:

<b>Points</b>	<b>2025 Penalty Per Member Month</b>
78-142	No penalty
57-77	\$1.10
47-56	\$2.20
28-46	\$3.30
0-27	\$4.40

## Community Bridge Organizations

The Maternal Life360 program is modeled after the federal community bridge organization concept. Under the Life360 HOME program, DHS is contracting with hospitals to provide home visitation for women with high-risk pregnancies and assistance addressing social determinants of health needs and enhancing life skills. The Maternal Life360 HOME hospitals coordinate with the beneficiaries' medical providers, but medical services continue to be covered by the individual's QHP or fee-for-service Medicaid.

During Q1 2025, DHS continued to make progress in implementation of the Life360 HOME program. DHS has received and approved nine letters of intent (the first step in the application process) from hospitals interested in becoming Maternal Life360 HOMEs. A total of six applications (the second step in the application process) have been received from hospitals interested in becoming Maternal Life360s, and DHS has approved five applications, with one still under review. DHS has executed provider agreements with four hospitals to serve 245 beneficiaries annually combined. A total of 78 beneficiaries were enrolled in a Maternal Life360 as of June 2025.

The status of each of the programs is as follows:

- Since opening its Maternal Life360 program in November 2024, **St. Bernard's Medical Center** in Jonesboro, has referred a total of 78 beneficiaries in its service area of Craighead County to its subcontractor, Jonesboro Urban Renewal and Housing Authority Parents as Teachers (JUHRA PAT) program. JUHRA PAT has started conducting home visits with all beneficiaries who have completed a program intake and linked these families to several community resources including nutrition and transportation through their local referral network.
- **White River Health Medical Center**, which opened its Maternal Life360 program in January 2025, is accepting new beneficiaries in its service area of Independence County. White River Health subcontracts with Batesville School District Parents as Teachers program to provide Life360 services to up to 45 beneficiaries.
- **Baptist Health Medical Center - Little Rock** and **Baptist Health Medical Center - North Little Rock** began serving Maternal Life360 beneficiaries in March 2025 and are implementing the Maternal and Infant Health Outreach Worker (MIHOW) program, which is a new evidence-based home visiting program in Arkansas. The Little Rock program will serve up to 50 beneficiaries in Pulaski and Saline Counties, and North Little Rock program will serve up to 50 beneficiaries in Pulaski and Faulkner counties.

More information about the Life360 program and how to become a beneficiary of these programs can be found at [www.ar.gov/life360](http://www.ar.gov/life360).

## Pathway to Prosperity

On January 28, 2025, Governor Sarah Huckabee Sanders announced the Pathway to Prosperity Initiative. Act 774 of 2025 incorporated the initiative's work requirement into the Arkansas Health and Opportunity for Me Act of 2021. The purpose of this initiative is to provide a bridge over the "benefits cliff" by providing focused care coordination and a personal development plan supported by success coaching.

The "benefits cliff" is the sudden and often unexpected decrease in public benefits that can occur with a small increase in earnings. Some individuals reduce their risk of encountering the "benefits cliff" by foregoing additional income or reducing work hours. Pathway to Prosperity will provide a bridge over the benefits cliff by increasing participants' understanding of the value of health insurance and providing supports to help maintain health care coverage as they move from poverty to economic independence.

The goals of the initiative are as follows:

### **Goal 1: Increase income**

- Beneficiaries will seek to increase their income with support from our success coaches

### **Goal 2: Use of health care coverage**

- A greater percentage of enrollees will access preventative and primary care services

### **Goal 3: Increase access to private insurance coverage or maintain coverage in the most appropriate model of care**

- With success coaching and increases in beneficiary income, the program will provide support as beneficiaries cross the benefit cliff into private insurance coverage.

### **Goal 4: Address health-related social needs (HRSN)**

- Beneficiaries engaged with success coaching will see improvement in HRSNs, including nutritional assistance, transportation, employment, and housing.

Under the proposal, active participation in health or community and workforce engagement will become a required part of receiving health care through a QHP. DHS will identify ARHOME beneficiaries in a QHP who may be most at risk for poor health outcomes due to long-term dependency.

DHS will use data matching to identify ARHOME beneficiaries who appear to be not on track toward meeting their personal health and economic goals. Factors in determining on track status may include income level, employment history, educational status, presence of dependent children in the household, length of enrollment in ARHOME, current employment status, and other criteria. Those identified as not on track will receive focused care coordination services to support health and economic self-sufficiency.

Individuals identified as not on track who decline to engage with success coaching will have their ARHOME coverage suspended. Suspended coverage can be restored if the individual reengages with success coaching and begins working on the goals in his or her personal development plan.

To become active again with full benefits restored, individuals need only notify DHS of their intention to cooperate with personal development plan requirements.

The federal public comment period has ended and DHS is now responding to comments. Following the response period, DHS will engage in discussions with CMS as DHS seeks final approval.

## Appendix

### 23-61-1011. Health and Economic Outcomes Accountability Oversight Advisory Panel.

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- (a) There is created the Health and Economic Outcomes Accountability Oversight Advisory Panel.
- (b) The advisory panel shall be composed of the following members:
  - (1) The following members of the General Assembly:
    - (A) The Chair of the Senate Committee on Public Health, Welfare, and Labor;
    - (B) The Chair of the House Committee on Public Health, Welfare, and Labor;
    - (C) The Chair of the Senate Committee on Education;
    - (D) The Chair of the House Committee on Education;
    - (E) The Chair of the Senate Committee on Insurance and Commerce;
    - (F) The Chair of the House Committee on Insurance and Commerce;
    - (G) An at-large member of the Senate appointed by the President Pro Tempore of the Senate;
    - (H) An at-large member of the House of Representatives appointed by the Speaker of the House of Representatives;
    - (I) An at-large member of the Senate appointed by the minority leader of the Senate; and
    - (J) An at-large member of the House of Representatives appointed by the minority leader of the House of Representatives;
  - (2) The Secretary of the Department of Human Services;
  - (3) The Arkansas Surgeon General;
  - (4) The Insurance Commissioner;
  - (5) The heads of the following executive branch agencies or their designees:
    - (A) Department of Health;
    - (B) Department of Education;
    - (C) Department of Corrections;
    - (D) Department of Commerce; and
    - (E) Department of Finance and Administration;
  - (6) The Executive Director of the Arkansas Minority Health Commission; and
  - (7)
    - (A) Three (3) community members who represent health, business, or education, and who have demonstrated a commitment to improving the health and welfare of Arkansans, appointed as follows:
      - (i) One (1) member shall be appointed by and serve at the will of the Governor;
      - (ii) One (1) member shall be appointed by and serve at the will of the President Pro Tempore of the Senate; and
      - (iii) One (1) member shall be appointed by and serve at the will of the Speaker of the House of Representatives.
    - (B) Members serving under subdivision (b)(7)(A) of this section may receive mileage reimbursement.
- (c)
  - (1) The Secretary of the Department of Human Services and one (1) legislative member shall serve as the cochair of the Health and Economic Outcomes Accountability Oversight Advisory Panel and shall convene meetings quarterly of the advisory panel.
  - (2) The legislative member who serves as the cochair shall be selected by majority vote of all legislative members serving on the advisory panel.
- (d)
  - (1) The advisory panel shall review, make nonbinding recommendations, and provide advice concerning the proposed quality performance targets presented by the Department of Human Services for each participating individual qualified health insurance plan.
  - (2) The advisory panel shall deliver all nonbinding recommendations to the Secretary of the Department of Human Services.

- (3)**
  - (A)** The Secretary of the Department of Human Services, in consultation with the State Medicaid Director, shall determine all quality performance targets for each participating individual qualified health insurance plan.
  - (B)** The Secretary of the Department of Human Services may consider the nonbinding recommendations of the advisory panel when determining quality performance targets for each participating individual qualified health insurance plan.
- (e)** The advisory panel shall review:
  - (1)** The annual quality assessment and performance improvement strategic plan for each participating individual qualified health insurance plan;
  - (2)** Financial performance of the Arkansas Health and Opportunity for Me Program against the budget neutrality targets in each demonstration year;
  - (3)** Quarterly reports prepared by the Department of Human Services, in consultation with the Department of Commerce, on progress towards meeting economic independence outcomes and health improvement outcomes, including without limitation:
    - (A)** Community bridge organization outcomes;
    - (B)** Individual qualified health insurance plan health improvement outcomes;
    - (C)** Economic independence initiative outcomes; and
    - (D)** Any sanctions or penalties assessed on participating individual qualified health insurance plans;
  - (4)** Quarterly reports prepared by the Department of Human Services on the Arkansas Health and Opportunity for Me Program, including without limitation:
    - (A)** Eligibility and enrollment;
    - (B)** Utilization;
    - (C)** Premium and cost-sharing reduction costs; and
    - (D)** Health insurer participation and competition; and
  - (5)** Any other topics as requested by the Secretary of the Department of Human Services.
- (f)**
  - (1)** The advisory panel may furnish advice, gather information, make recommendations, and publish reports.
  - (2)** However, the advisory panel shall not administer any portion of the Arkansas Health and Opportunity for Me Program or set policy.
- (g)** The Department of Human Services shall provide administrative support necessary for the advisory panel to perform its duties.
- (h)** The Department of Human Services shall produce and submit a quarterly report incorporating the advisory panel's recommendations to the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and the public on the progress in health and economic improvement resulting from the Arkansas Health and Opportunity for Me Program, including without limitation:
  - (1)** Eligibility and enrollment;
  - (2)** Participation in and the impact of the economic independence initiative and the health improvement initiative of the eligible individuals, health insurers, and community bridge organizations;
  - (3)** Utilization of medical services;
  - (4)** Premium and cost-sharing reduction costs; and
  - (5)** Health insurer participation and completion.