

Arkansas Health & Opportunity for Me

Health and Economic Outcomes

Accountability Oversight Advisory Panel



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**



Welcome

Advisory Panel members and others joining via Zoom.

Reminder: Arkansas PBS will be live streaming this meeting; watch livestream now or recording later [here](#).

Meeting Focus: Health Improvement Initiative

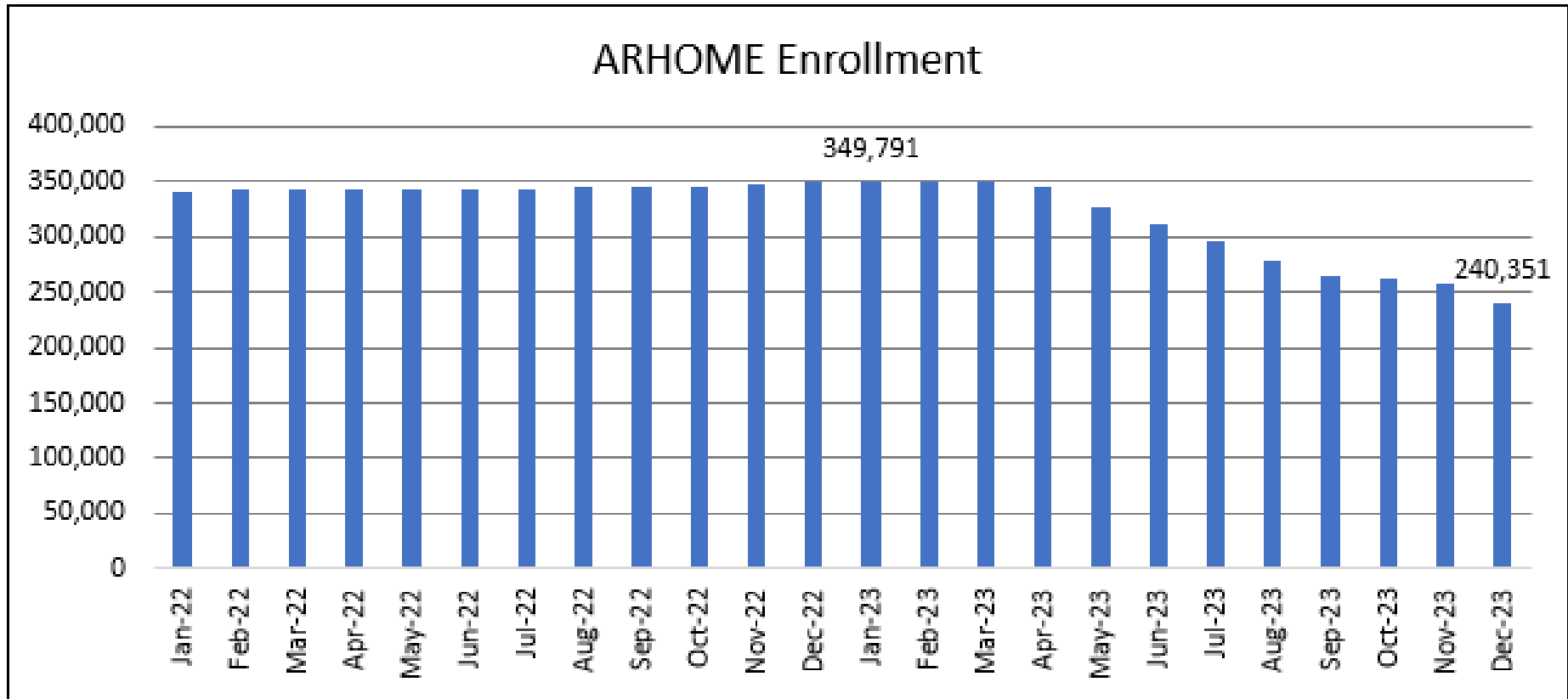
- Review 2022 health quality measures
- Establish Corrective Action Plan
- Set 2024 targets
- Discuss 2024 QHP strategic plans

ARHOME Quarterly Report



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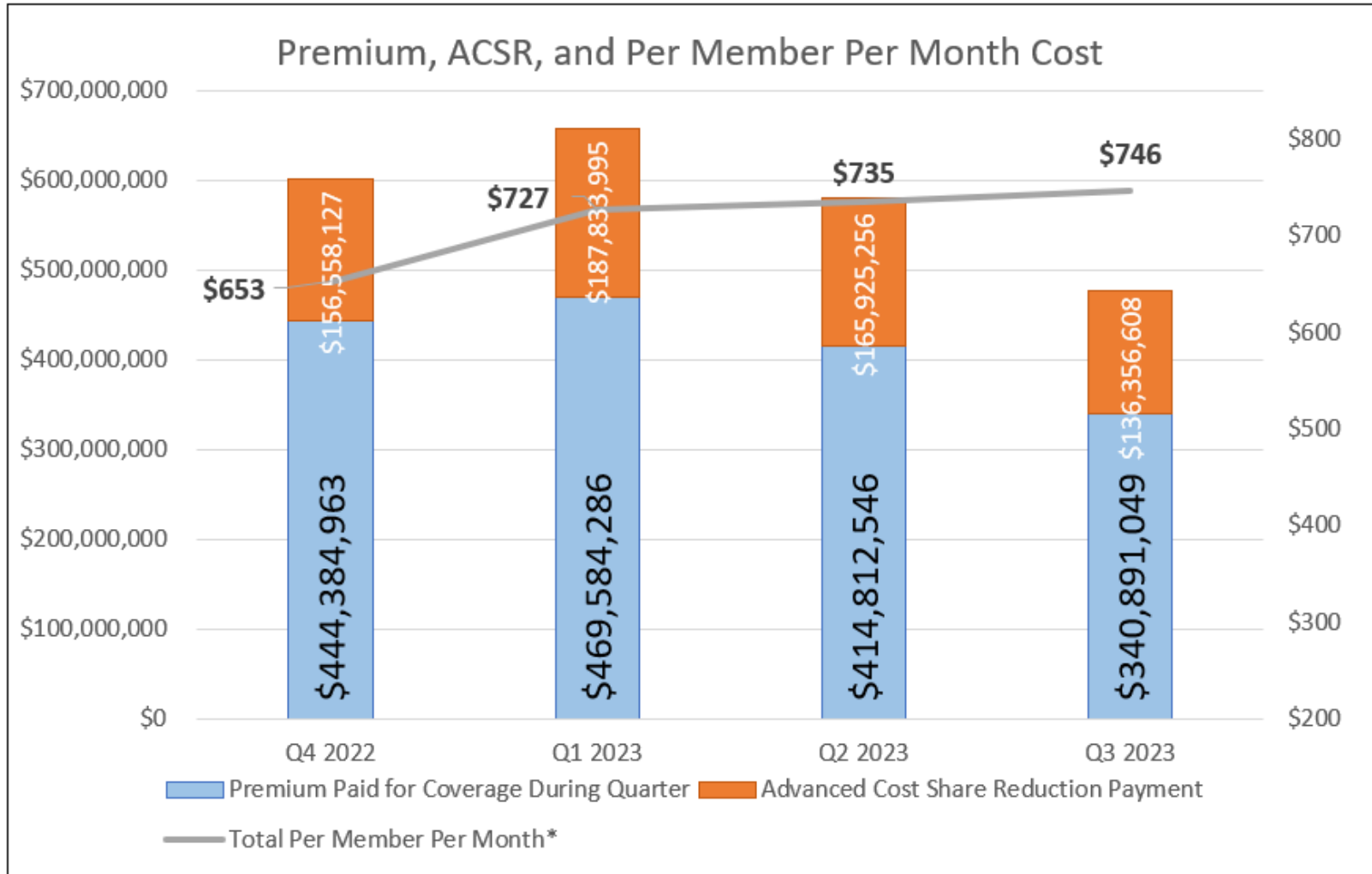
ARHOME Enrollment



Enrollment as of the first day of each month (data pulled on 11/7/23)



ARHOME Expenditures



2022 Health Quality Measure Results



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Overview of Panel Activities

December 2021:

- Set 2022 performance targets for 22 health metrics based on 2019 and 2020 performance results

September 2023

- Reviewed 2022 performance results for 11 health metrics
- Reviewed QHPs' 2022 health incentives and results

Today

- Continue review of 2022 performance results for remaining health metrics
- Continue review of QHPs' 2022 health incentives and results

Health Improvement Initiative Requirements

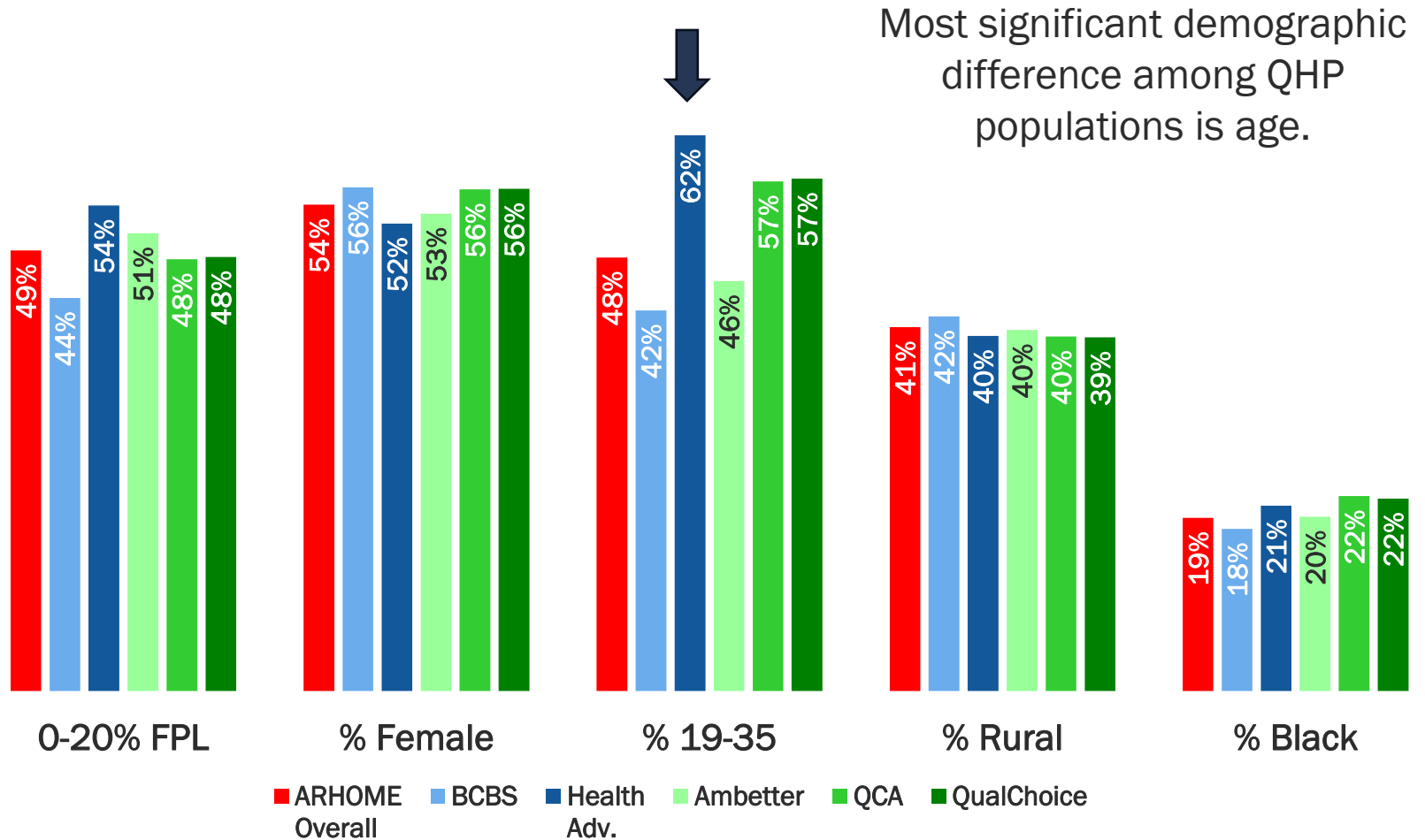
- In 2022, QHPs were required to offer **one** health improvement incentive for each focus:
 - Preventive care
 - Pregnant women, particularly those with high-risk pregnancies
 - Individuals with mental illness
 - Individuals with substance use disorder
 - Individuals with two or more chronic conditions
- In 2023, QHPs required to offer **two** incentives for each.
- QHPs must include activities to support the Health Improvement Initiative in their annual strategic plans.



Beneficiary Survey Responses

| Health Plan Incentive Questions | Yes |
|--|-------|
| Did your health plan offer you any reward for healthy behaviors or wellness screenings (such as a mammogram or colonoscopy)? | 23.3% |
| Did you know these rewards or credits are part of the ARHOME program to improve the health of members? | 65.2% |

2022 QHP Population Differences

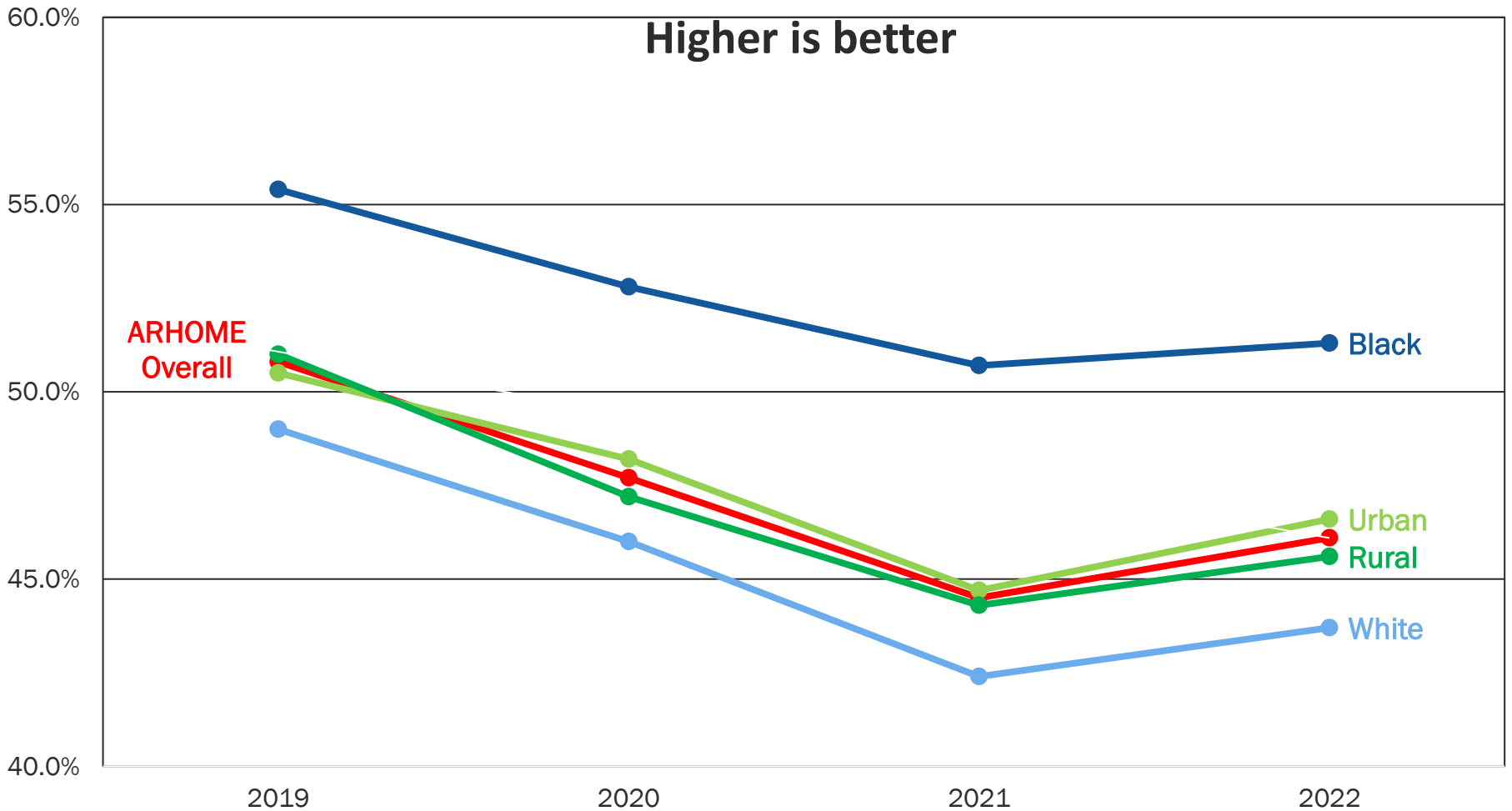


Preventive Care



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Breast Cancer Screening, 50-64 years old

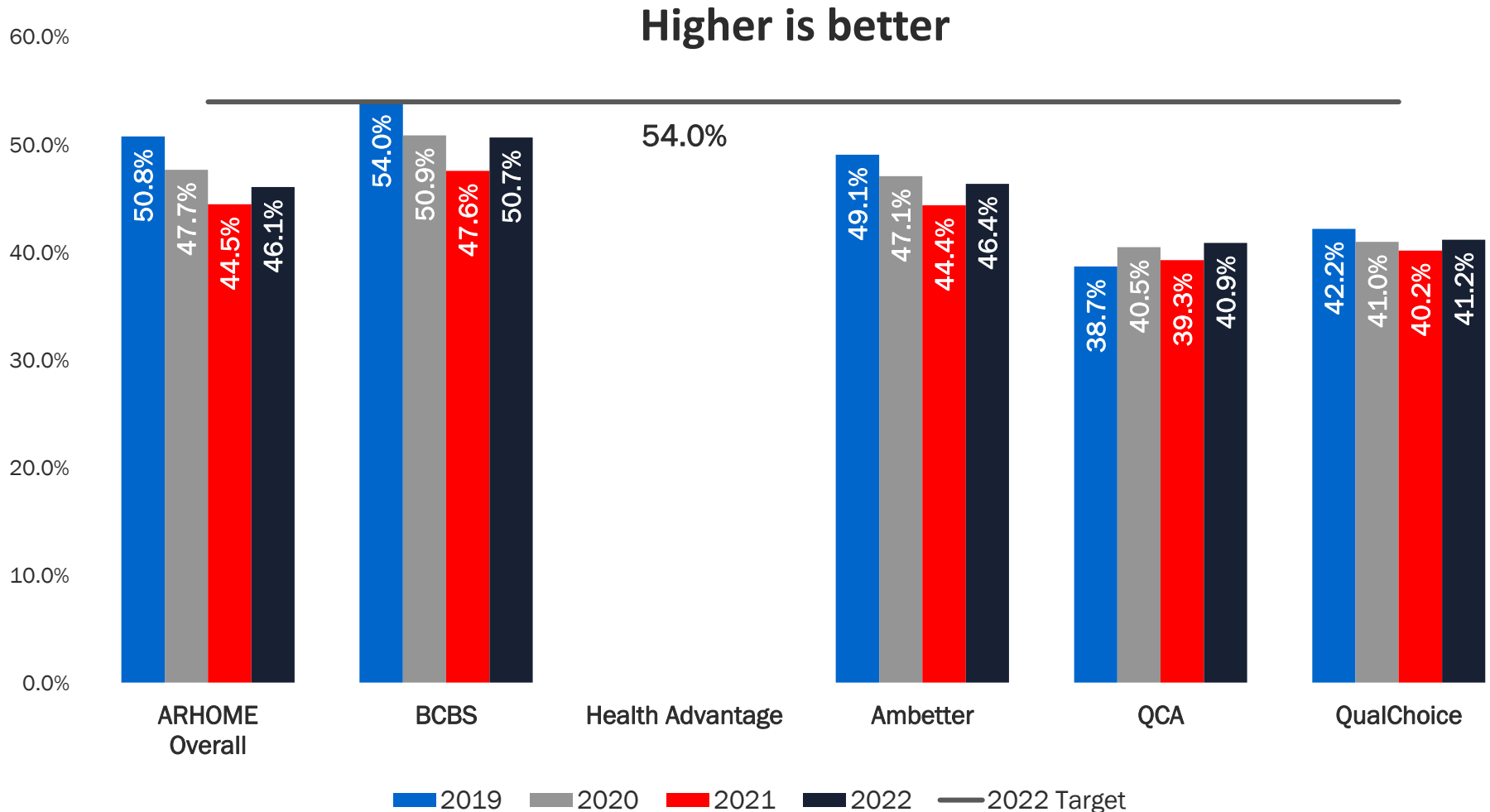


2022 QHP Health

Improvement Incentives: Preventive Care

| QHP | Incentive Activity | Beneficiaries Awarded | Total Awarded |
|----------------------------|---|--------------------------|---------------|
| Blue Cross and Blue Shield | Award beneficiaries: <ul style="list-style-type: none"> \$15 for wellness visit \$30 for cervical cancer screening. \$50 for mammogram | 27,702 (22% of eligible) | \$415,530 |
| Health Advantage | | 23,755 (43% of eligible) | \$1,187,750 |
| | | 6,584 (51% of eligible) | \$329,200 |
| | | 4,719 (15% of eligible) | \$70,785 |
| | | 1,273 (23% of eligible) | \$63,650 |
| | | 18 (28% of eligible) | \$900 |
| Ambetter | Award beneficiaries: <ul style="list-style-type: none"> \$52 for wellness visit \$25 for cervical cancer screening. \$25 for mammogram | 3,068 (5% of eligible) | \$160,325 |
| QualChoice Life | | 1,092 (4% of eligible) | \$27,450 |
| | | 9 (0.1%% of eligible) | \$225 |
| | Other incentives for colorectal cancer screening, flu shot, wellbeing survey, and watching online educational videos | 978 (2% of eligible) | \$51,975 |
| | | 366 (2% of eligible) | \$9,175 |
| | | 2 (0.05% of eligible) | \$50 |
| QCA | | 900 (2% of eligible) | \$47,175 |
| | | 378 (2% of eligible) | \$9,525 |
| | | 2 (0.05%% of eligible) | \$50 |

Breast Cancer Screening, 50-64 years old



Preventive Care

- After two years of declines in the breast cancer screening measure, 2022 showed improvement; cervical cancer screening continued its steady decline in 2022; chlamydia screening remained unchanged.
- Black beneficiaries across all three preventive screening measures (cervical cancer, chlamydia, breast cancer) had better rates than white beneficiaries.
- Urban beneficiaries had better rates for cervical cancer screenings than rural beneficiaries but similar rates for breast cancer and chlamydia screenings
- Blue Cross had the best performance in breast cancer and cervical cancer screenings; QCA had the best performance in chlamydia screenings.

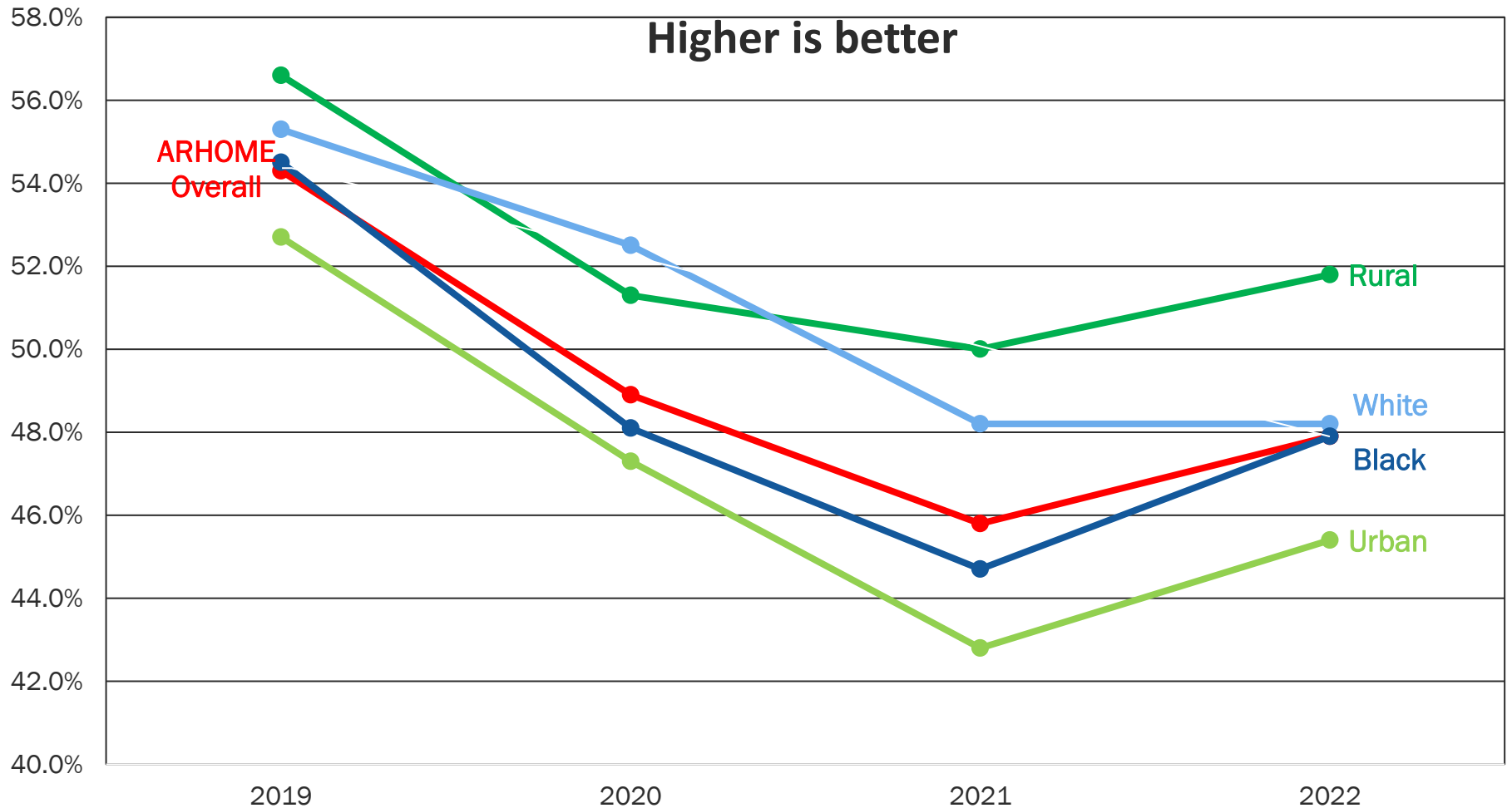


Contraceptive Care

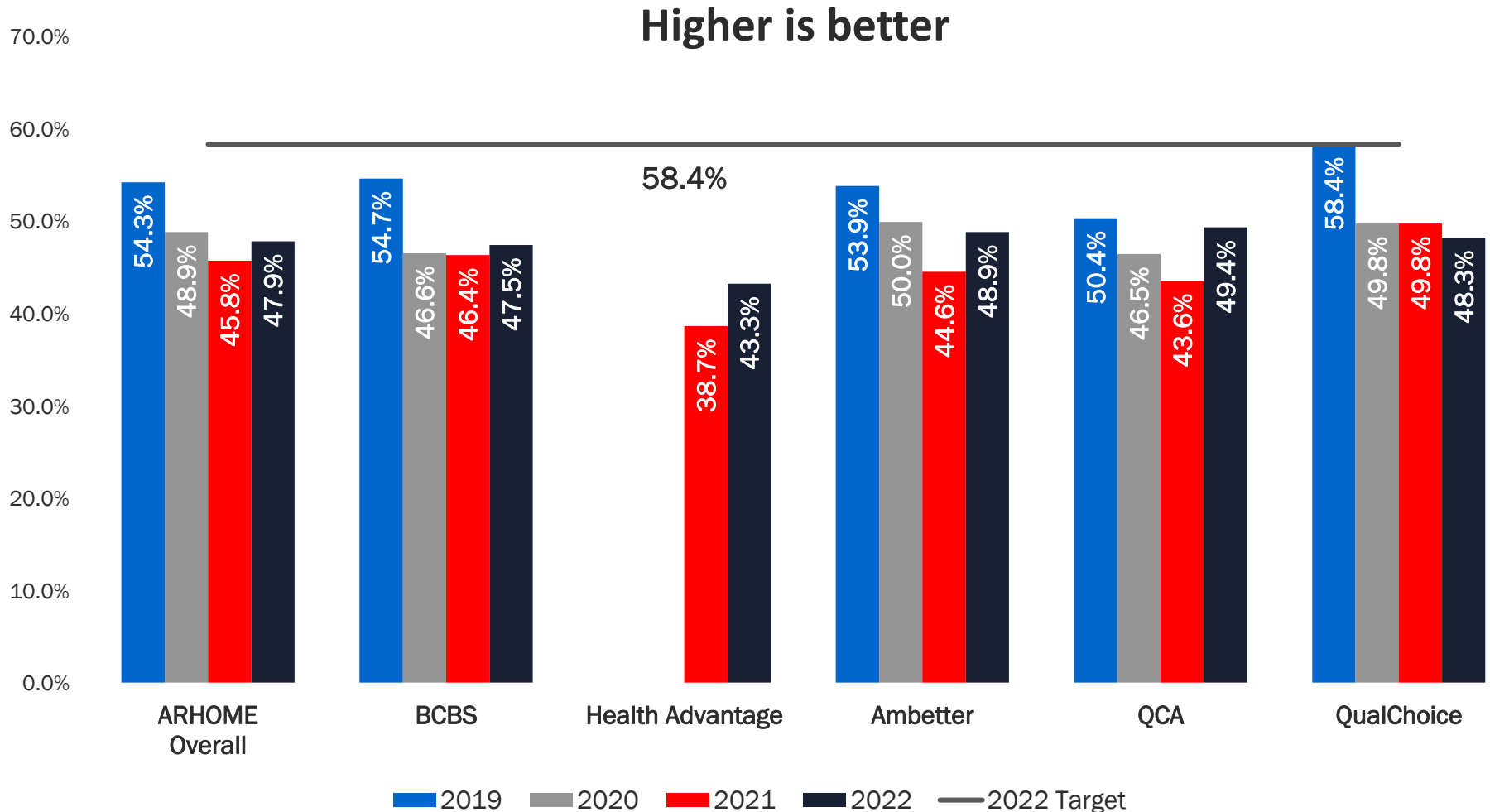


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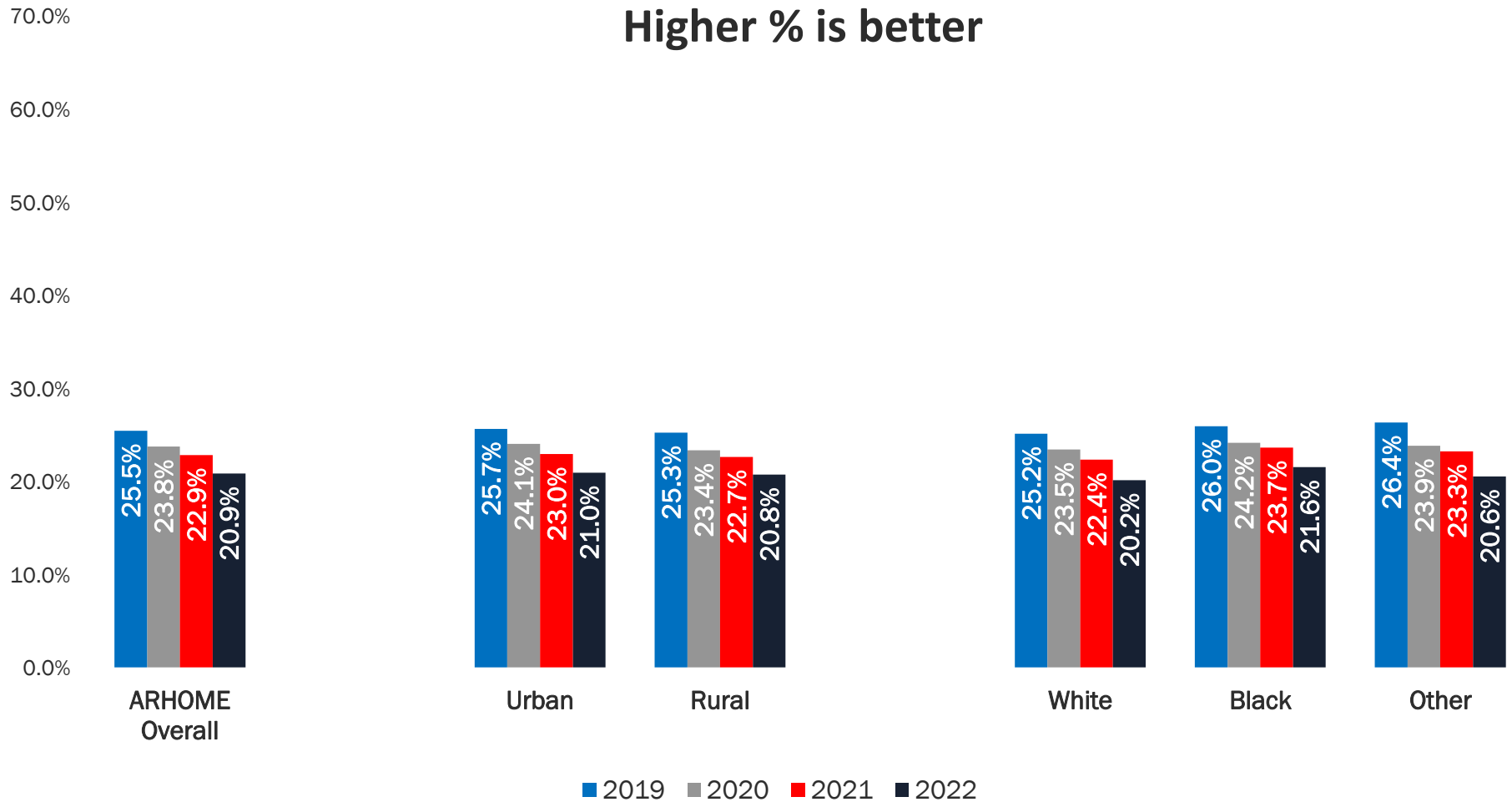
Contraceptive Care-Postpartum Women, 60 days (2019-2021), 90 days (2022)



Contraceptive Care-Postpartum Women, 60 days (2019-2021), 90 days (2022)

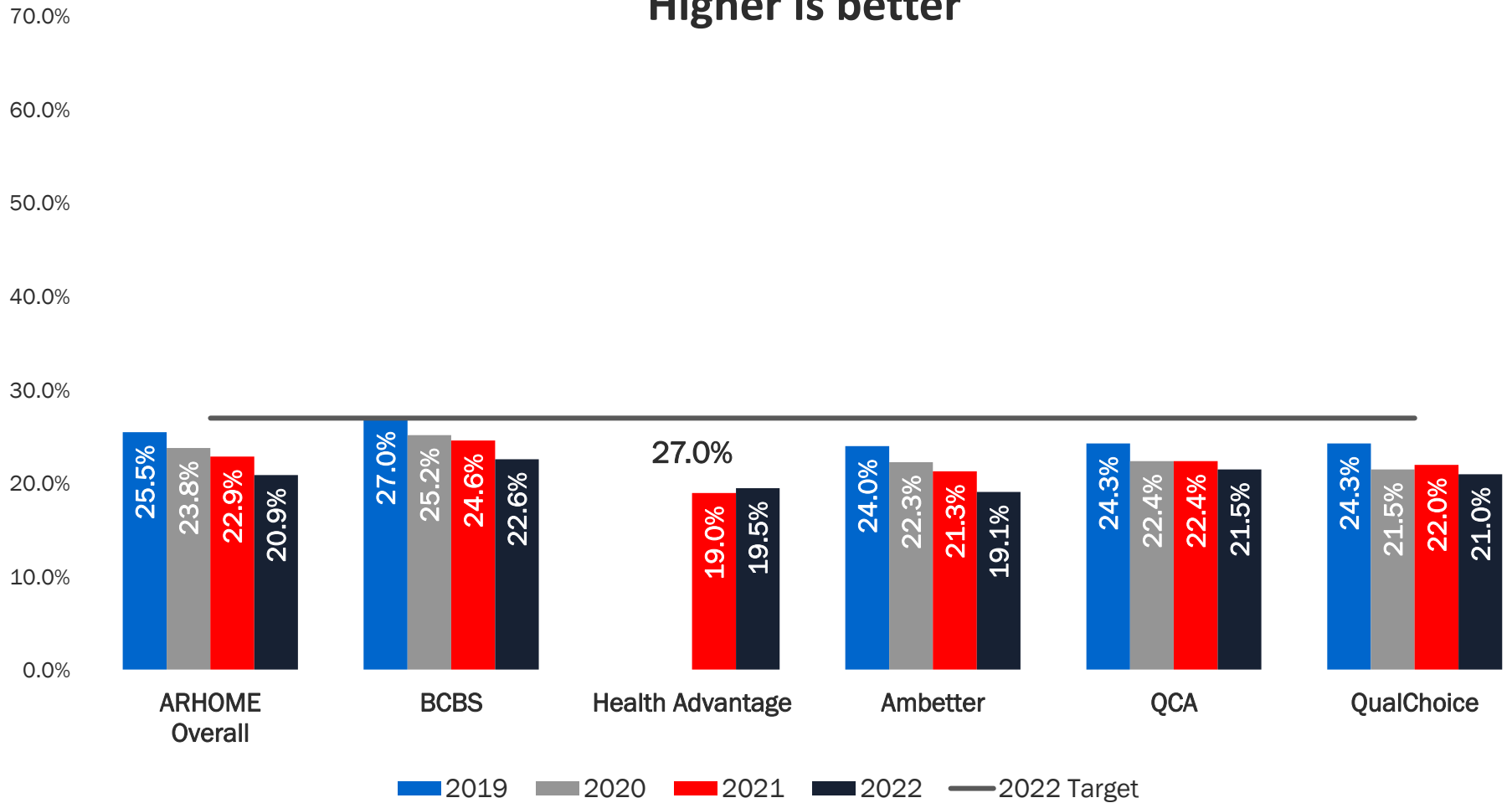


Contraceptive Care-All Women, 21-44 years



Contraceptive Care-All Women, 21-44 years

Higher is better



Contraceptive Care

- Rates of contraceptive care have continued to worsen all four years (not including metric criteria change for postpartum women).
- Rural women have significantly better postpartum contraception rates than urban women, but slightly lower contraception rates among all women.
- Black women have had lower postpartum contraception rates than white women until 2022 when the metric included an additional 30 days after birth. Black women have slightly better contraception rates for all women.
- The highest postpartum contraception rate each year switched between the three Centene plans, but the BCBS plan had the highest contraception rates for all women all four years.



Substance Use Disorders and Other Behavioral Health



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2022 QHP Health

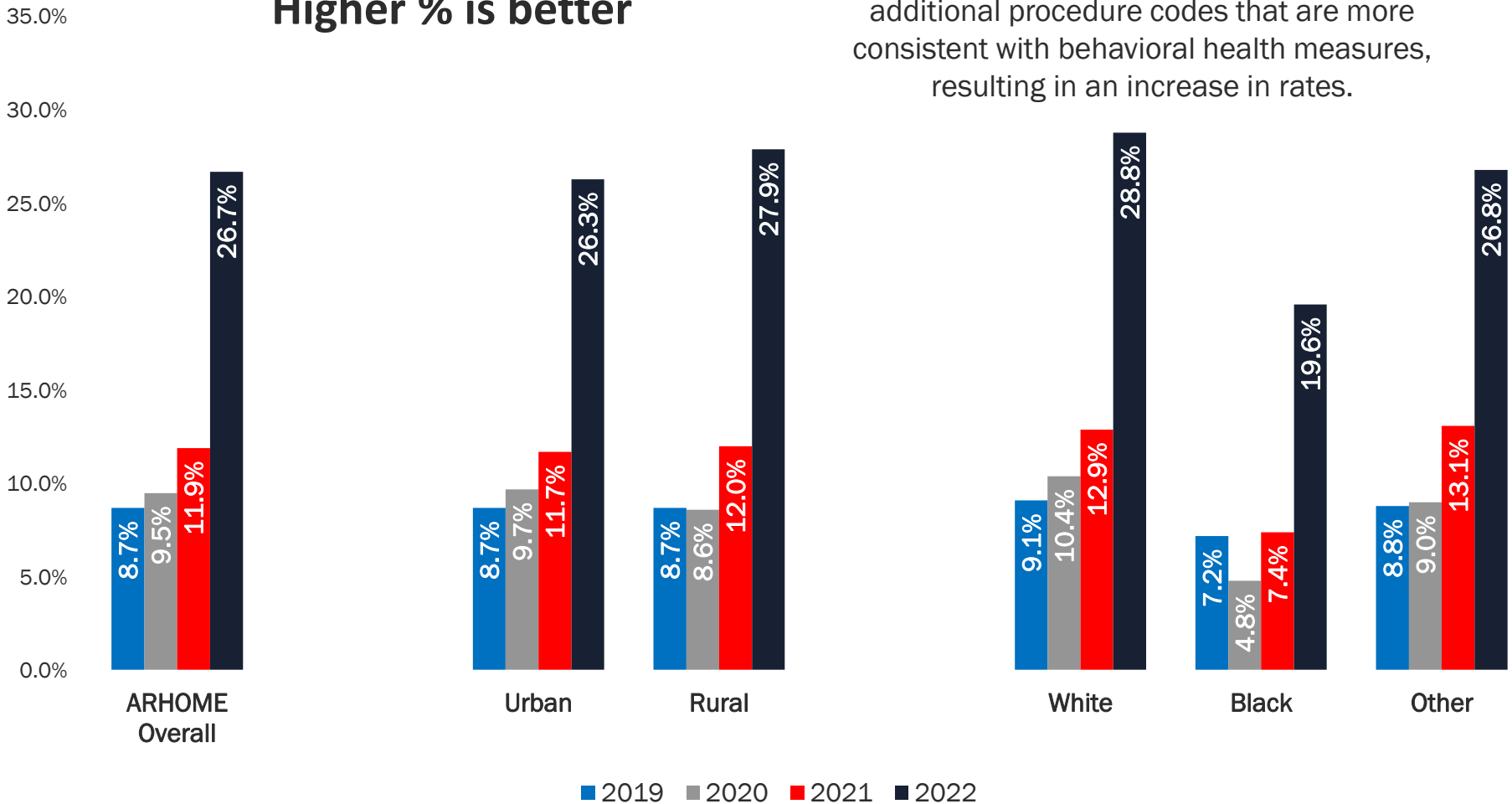
Improvement Incentives: Substance Use Disorder

| QHP | Incentive Activity | Beneficiaries Awarded | Total Incentive Awarded |
|----------------------------|---|--|-------------------------|
| Blue Cross and Blue Shield | Completion of a follow-up visit 30 days after hospitalization for a substance use disorder. | 78 (12% of eligible) | \$5,000 |
| Health Advantage | | 10 (6% of eligible) | \$700 |
| Ambetter | Offered no specific incentive for substance use disorder. | 5,114 (3-5% of eligible for each available activity) | \$22,070 |
| QualChoice Life | Complete an activity (e.g., watch a video, read an article, etc. on relaxation, decluttering, self compassion, etc.) on the My Health Pays Portal. Incentive awarded averaged about \$4 per person. | 1,408 (1-2% of eligible for each available activity) | \$5,376 |
| QCA | | 1,462 (1-2% of eligible for each available activity) | \$5,296 |

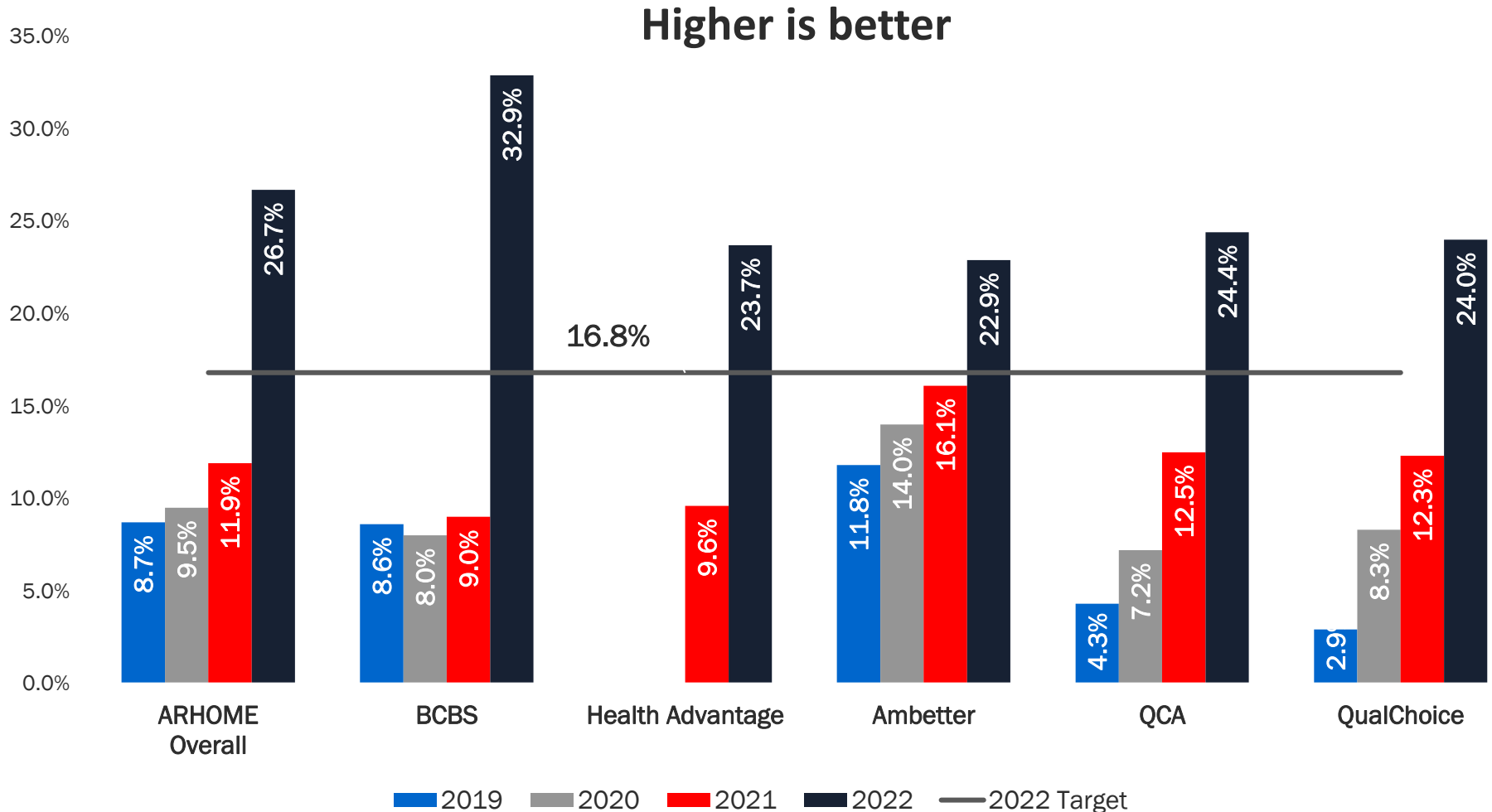
Follow-Up Within 30 Days After ED Visit for Alcohol and Other Drug Abuse

Higher % is better

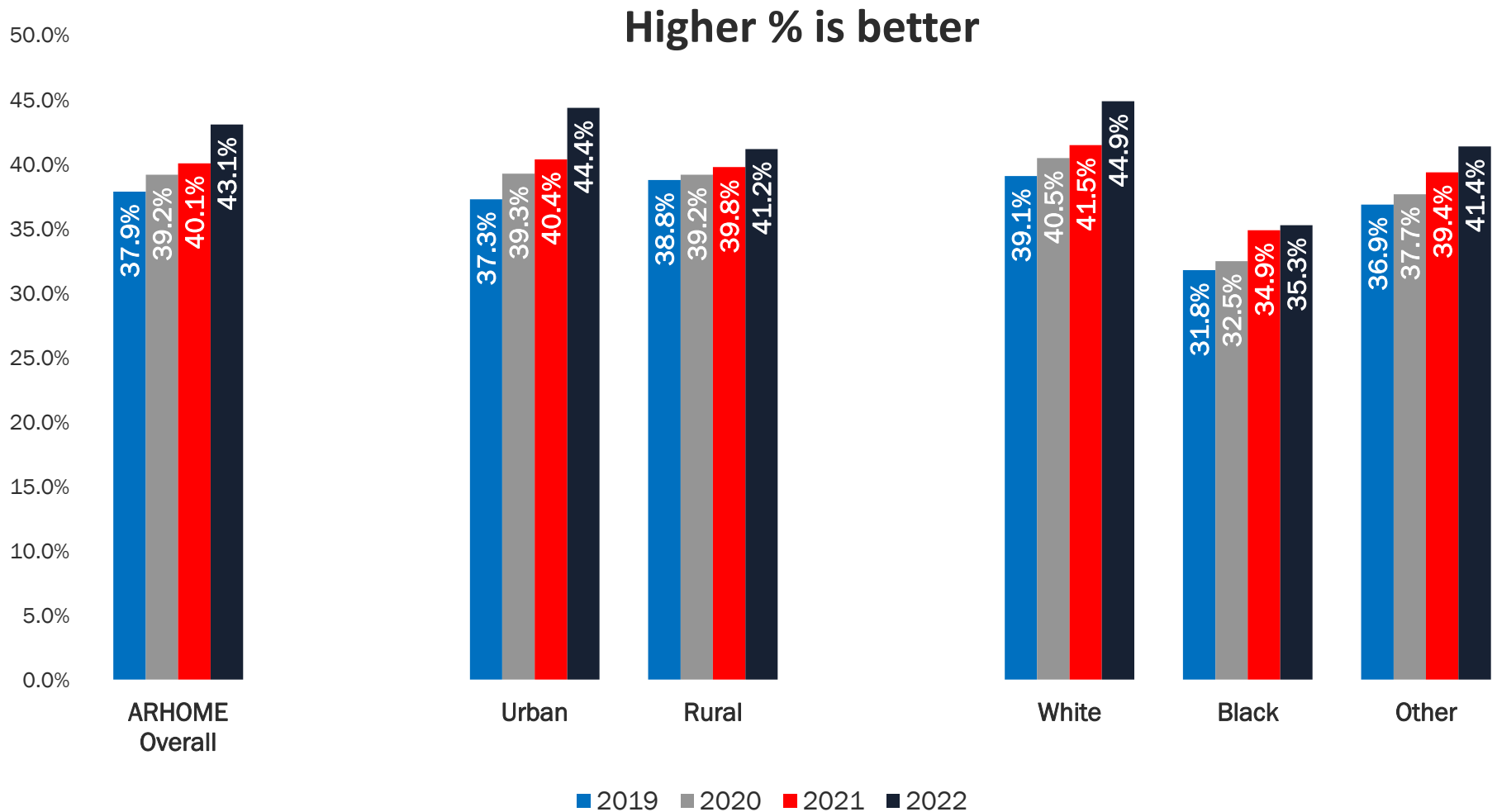
Metric methodology changed for 2022 to include additional procedure codes that are more consistent with behavioral health measures, resulting in an increase in rates.



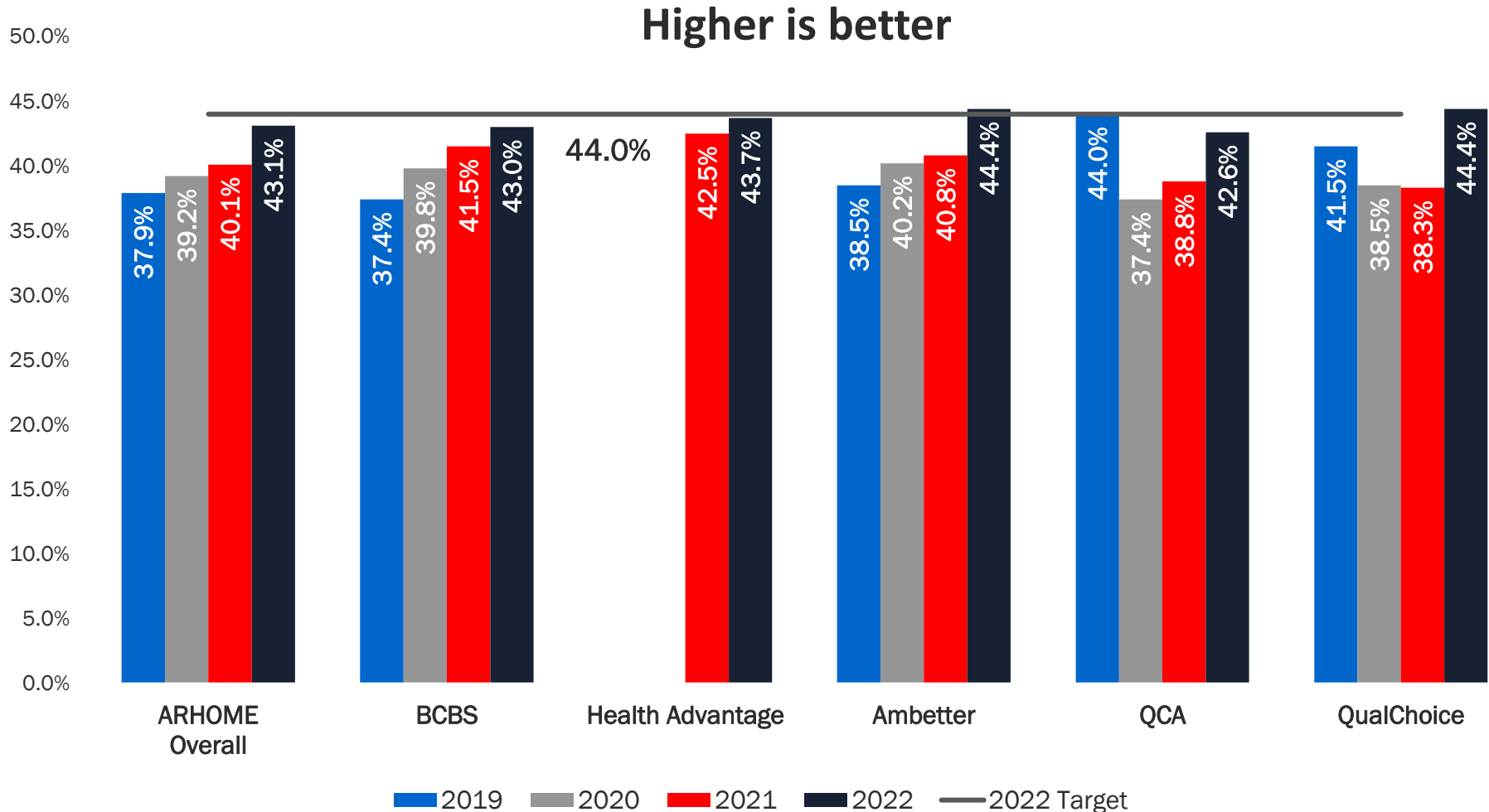
Follow-Up Within 30 Days After ED Visit for Alcohol and Other Drug Abuse



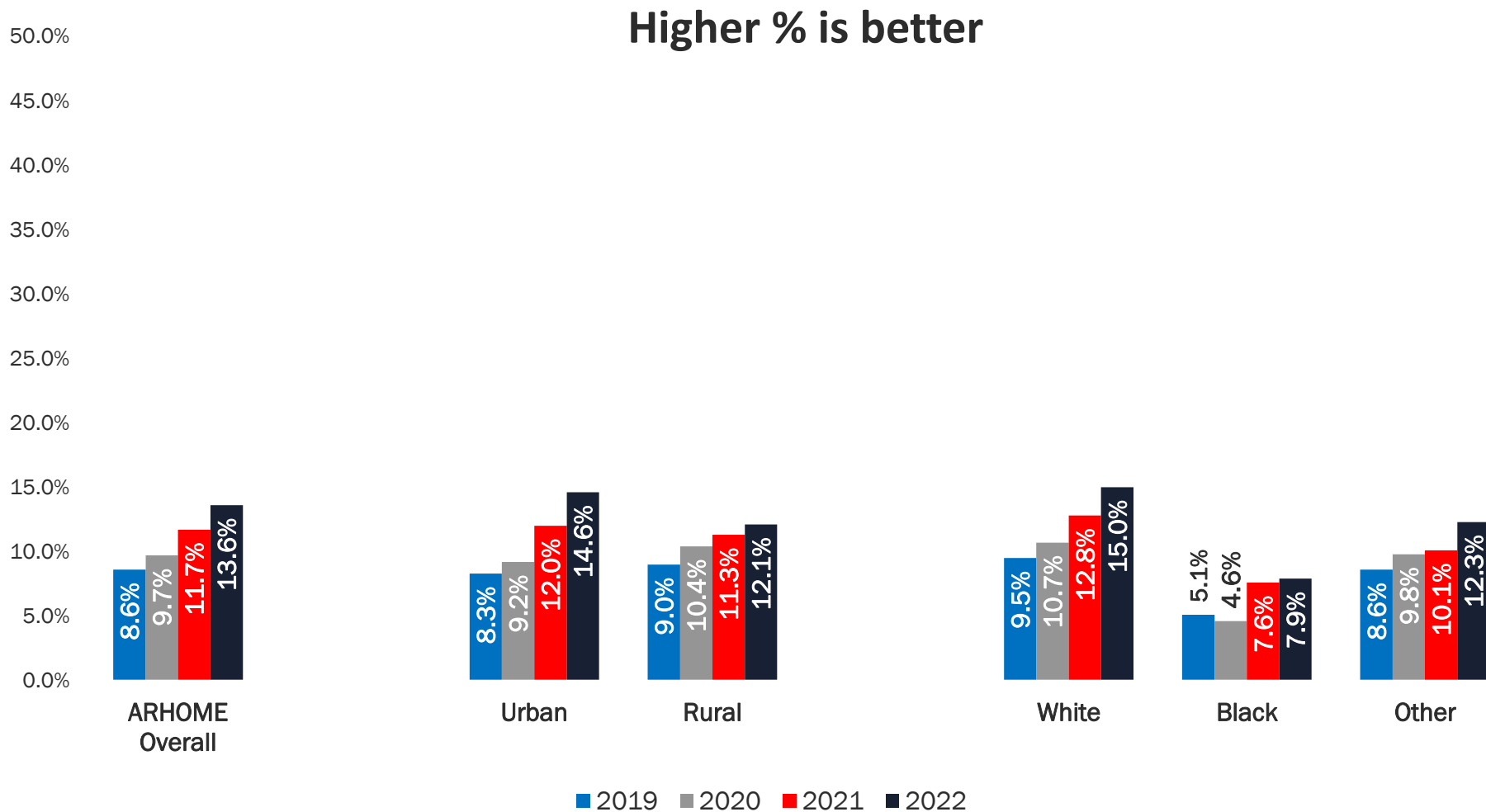
Initiation of Alcohol/Drug Abuse Treatment



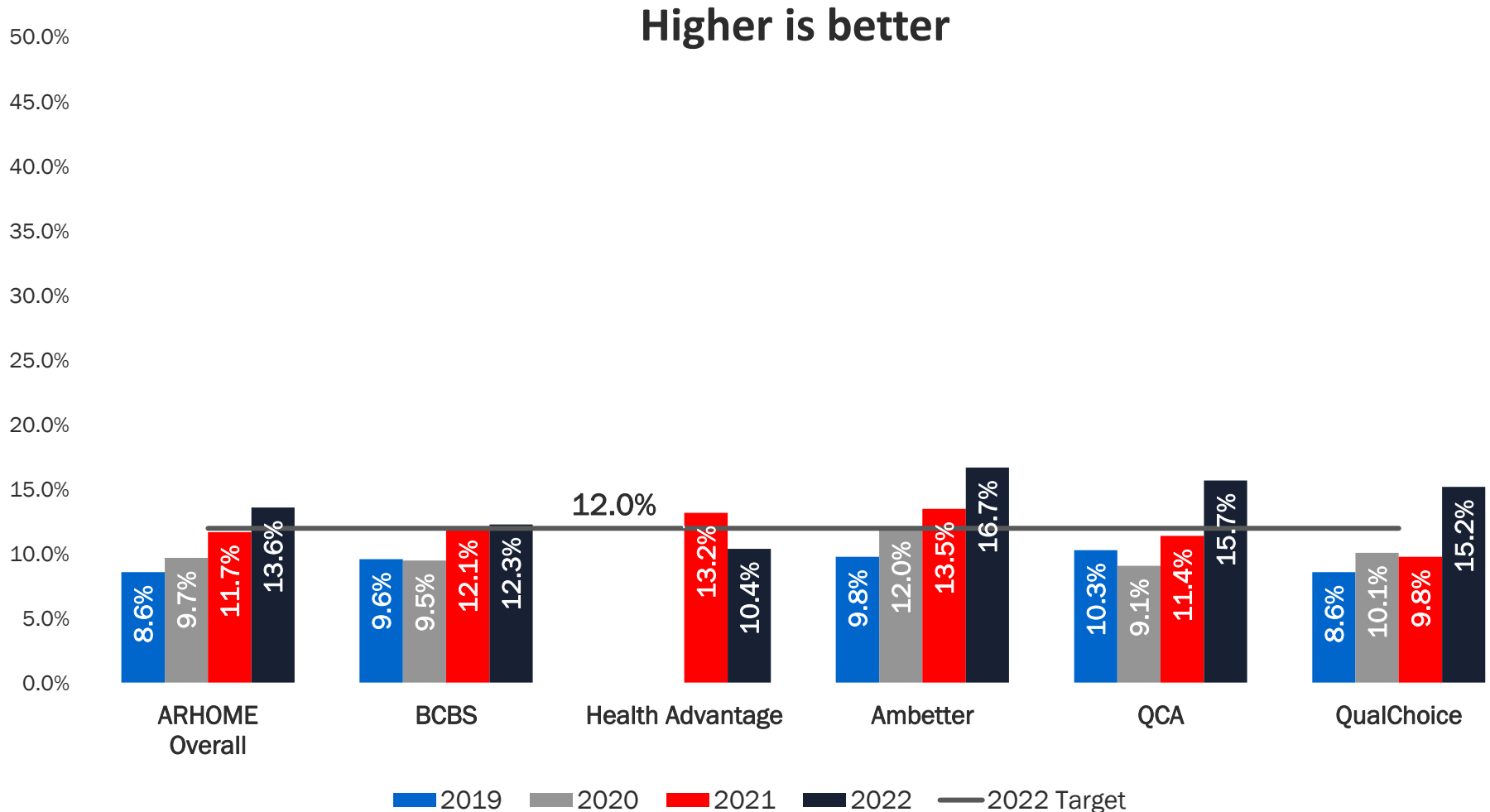
Initiation of Alcohol/Drug Abuse Treatment



Engagement of Alcohol/Drug Abuse Treatment



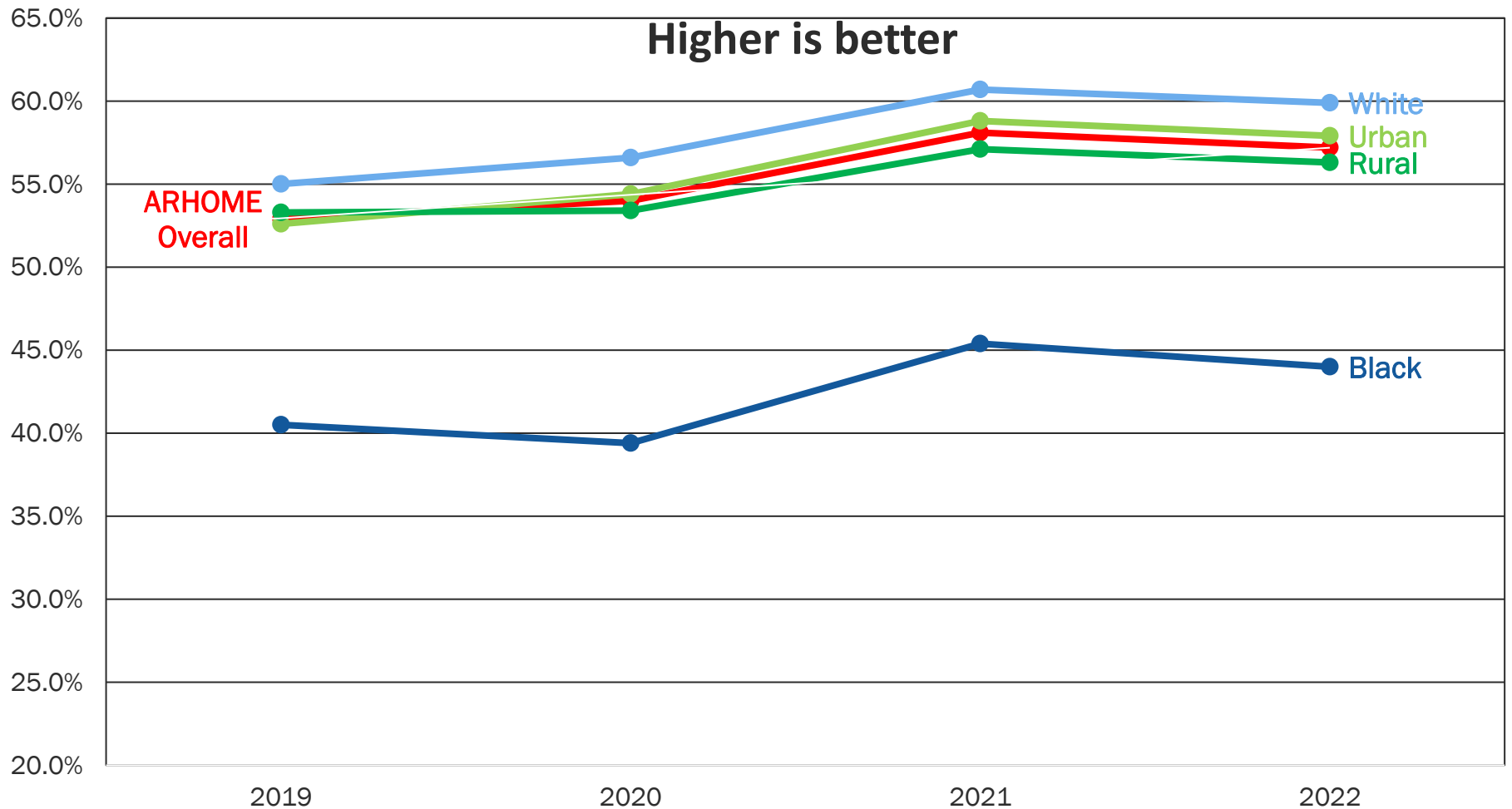
Engagement of Alcohol/Drug Abuse Treatment



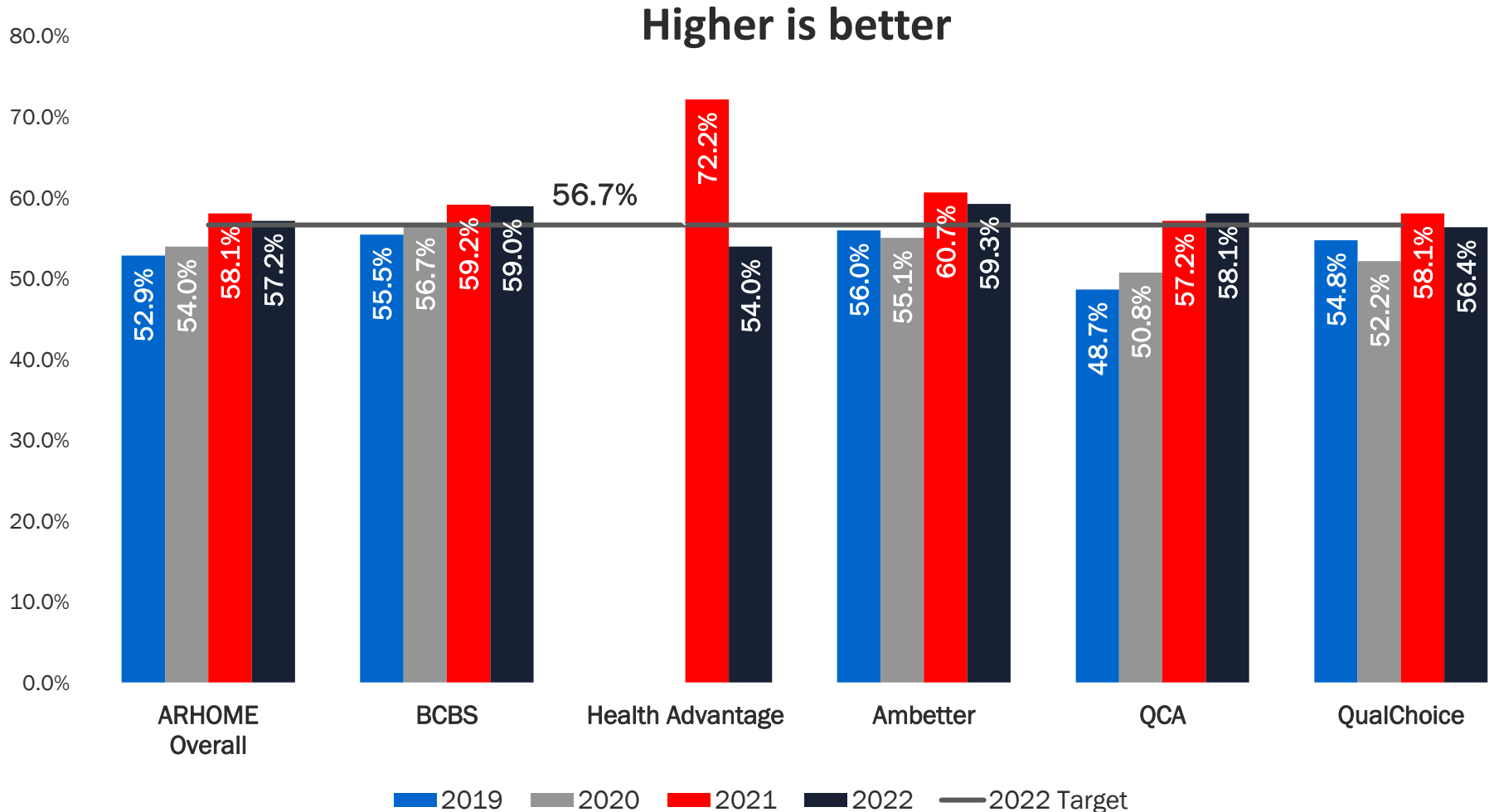
Substance Use Disorder

- All SUD measures (including some not reviewed today) improved all four years.
- White beneficiaries had higher rates of SUD treatment after an SUD episode than black beneficiaries for all four years.
- Rural and urban beneficiaries had similar rates of SUD treatment following an SUD episode.
- While there was little difference in rates of SUD treatment *initiation* between the QHPs, the Centene plans had higher rates than the Blue Cross plans in treatment *engagement*.

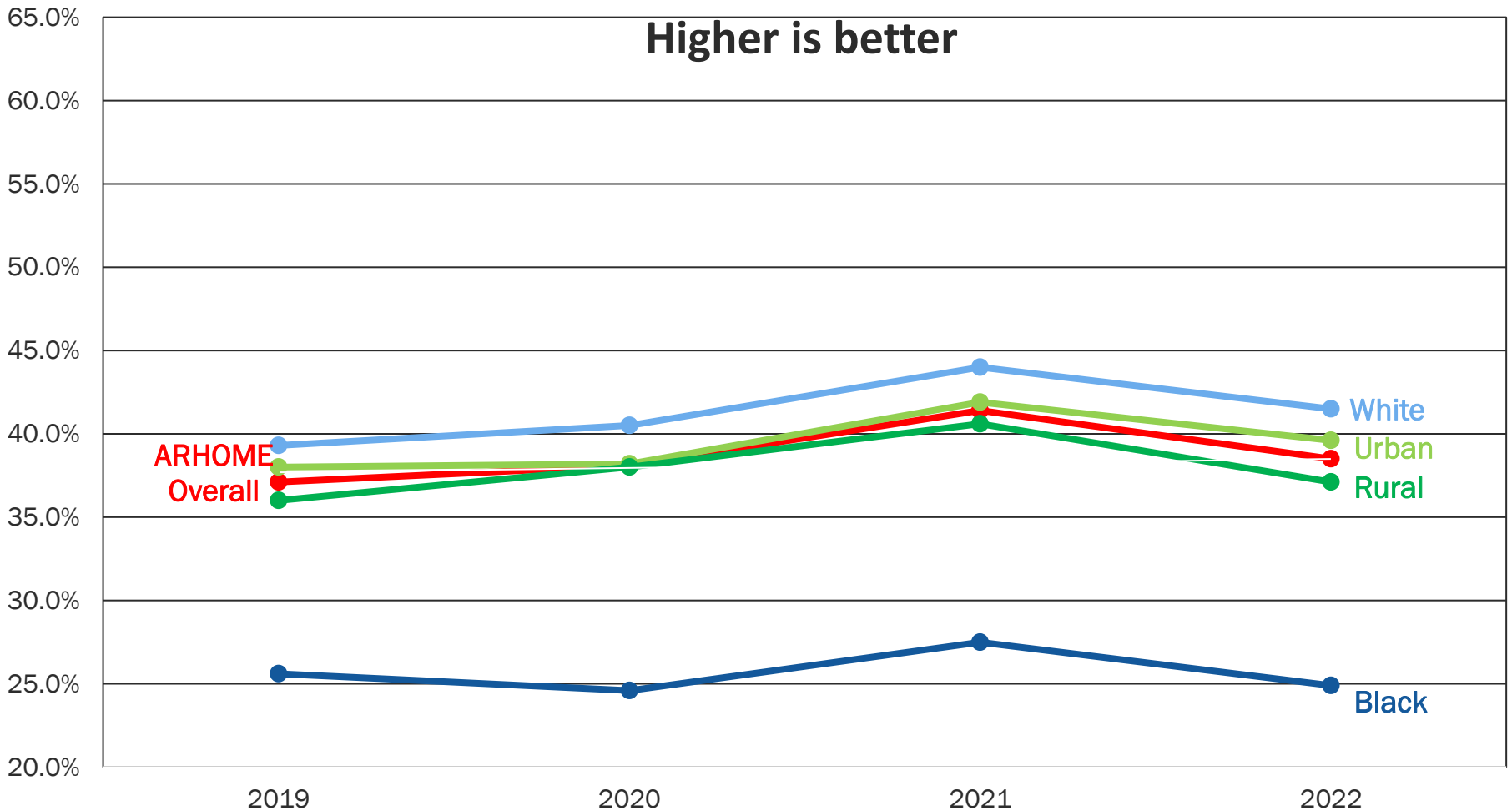
Antidepressant Medication Management: Effective Acute Phase Treatment



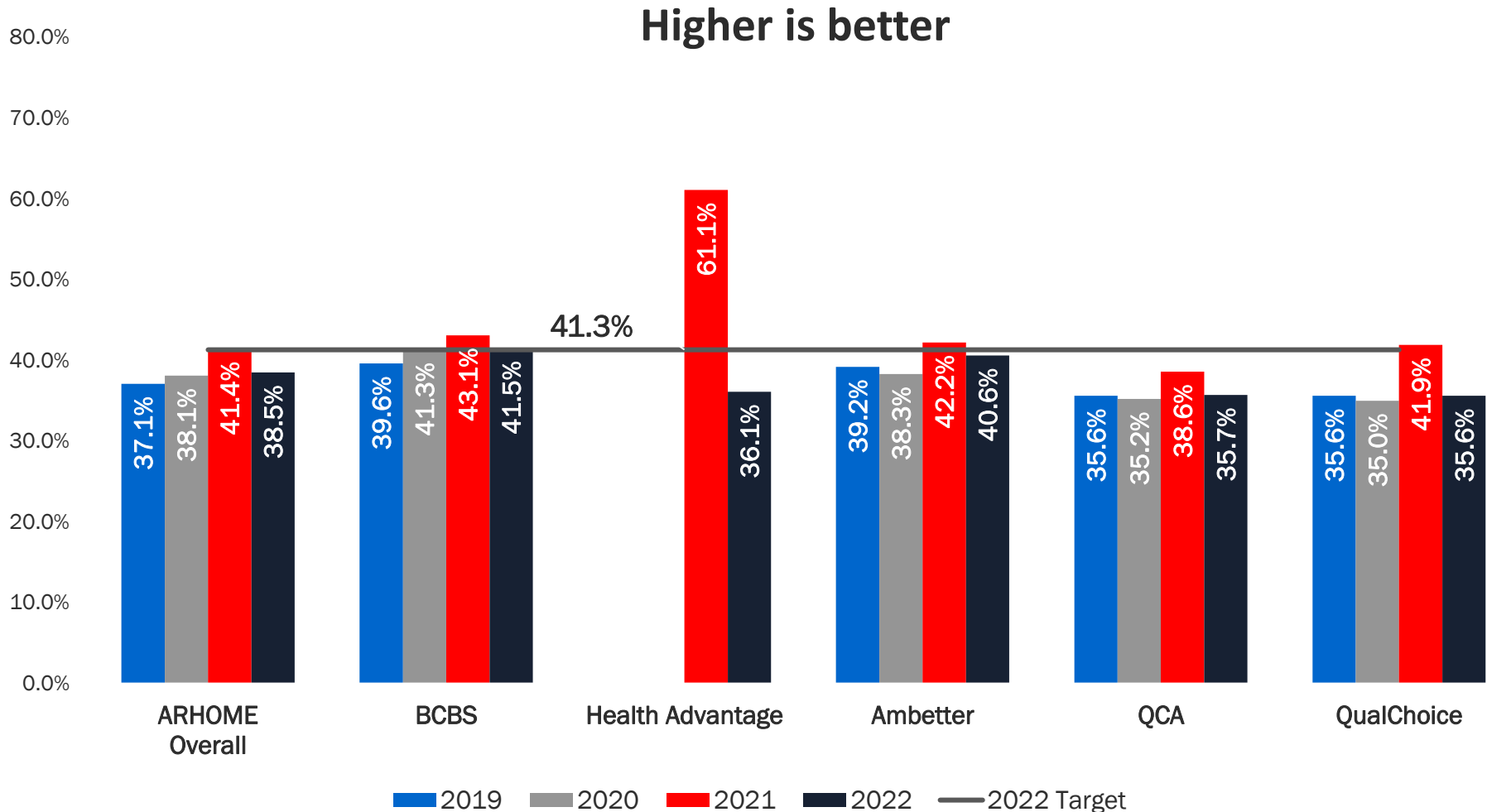
Antidepressant Medication Management: Effective Acute Phase Treatment



Antidepressant Medication Management: Effective Continuation Phase Treatment



Antidepressant Medication Management: Effective Continuation Phase Treatment



Behavioral Health

- Overall ARHOME rates for antidepressant medication management declined slightly after several years of improvement. The rates drop from treatment initiation (within 14 days of SUD episode) to treatment engagement (within 34 days of initiation) by about 10 percentage points.
- Urban and rural beneficiaries have about the same rates for antidepressant medication management.
- White beneficiaries have significantly better rates of antidepressant medication management than black beneficiaries for all four years.
- Antidepressant medication management rates differed only slightly among the QHPs.

Overall QHP Results

All QHPs met the targets for:

- Follow-up after ED visit for substance abuse
- Asthma medication ratio
- Use of pharmacotherapy for opioid use disorder
- Use of opioids at high dosage

Most QHPs met the targets for:

- Engagement of SUD treatment
- Concurrent use of opioids and benzodiazepines

No QHPs met the targets for:

- Breast cancer screening
- Contraceptive care: postpartum and all women
- Adherence to medications for beneficiaries with schizophrenia

Most QHPs did not meet the targets for:

- Chlamydia screening
- Antidepressant medication management, continuation phase

Mixed results for:

- Initiation of SUD treatment
- Antidepressant medication management, acute phase
- Diabetes screening for people using antipsychotic medications

Corrective Action Plan

- QHPs to describe, for each measure missed, the reason the plan believes the target was missed.
- QHPs to describe 2024 plans for incentive changes to address:
 - Which incentives are offered to ensure improvement in metrics
 - Incentive immediacy to ensure incentives are provided shortly after completing incentivized activity
 - Beneficiary engagement, including simple, culturally appropriate educational materials (where used) and an outreach plan specific to Medicaid beneficiaries
 - Sustained communication, including changes to the frequency in incentive messaging
 - Incentive magnitude, including changes in the value of the incentive
- QHPs to describe plans for measuring impact of incentive changes
- Corrective action plan must be approved by DHS.



2022 and 2023 Target Setting Methodology

2022 targets were set based on the rate of the best performing qualified health plan across 2019 and 2020

2023 includes multiple targets, to included three components:

- Best performance target (**green**) of 2019, 2020 and 2021
- Median target (**yellow**) of 2019, 2020 and 2021

| Measure | CY | BCBS: Blue Cross Blue Shield | BCBS: Health Advantage | Centene: Ambetter | Centene: QCA | Centene: Qual Choice |
|---|------|------------------------------------|------------------------------|----------------------|-----------------|-------------------------|
| Contraceptive Care – All Women, Most or Moderately Effective Contraception: 21-44 Years | 2019 | 27.0% | N/A | 24.0% | 24.3% | 24.3% |
| | 2020 | 25.2% | N/A | 22.3% | 22.4% | 21.5% |
| | 2021 | 24.6% | 19.0% | 21.3% | 22.4% | 22.0% |

- Improvement target: Each QHP has its own target for improving its best performance by **4%**
- Each target is worth established number of points. The total number of points a QHP receives determines financial penalty.

Proposed 2024 Performance Targets

2024 targets include three components:

- Best performance target
- Median target
- Improvement target: Each QHP has its own target for improving its best performance by **5%**

| Points | 2023 Penalty Per Member Month | 2024 Penalty Per Member Month |
|--------|-------------------------------|-------------------------------|
| 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 |

Qualified Health Plans' 2024 Strategic Plans



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2024 Strategic Plan Requirements

Strategic plan must include activities, including the use of incentives:

- To support the DHS Health Improvement Initiative;
- To support the DHS Economic Independence Initiative;
- To meet quality and performance metrics;
- To encourage the use of preventive care.
- To improve the health outcomes of individuals in each of the following beneficiaries:
 - Pregnant women, particularly women with high-risk pregnancies
 - Beneficiaries with mental illness
 - Beneficiaries with substance use disorders
 - Beneficiaries with two or more chronic diseases
 - Beneficiaries living in rural areas of the state

Next Activities

- Next meeting in March, date and location TBD
- Meeting topics: Maternal and infant health, including update on Life360 HOMEs

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Lives.

