

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](#).

Reminder: Quarterly Report is available [here](#).

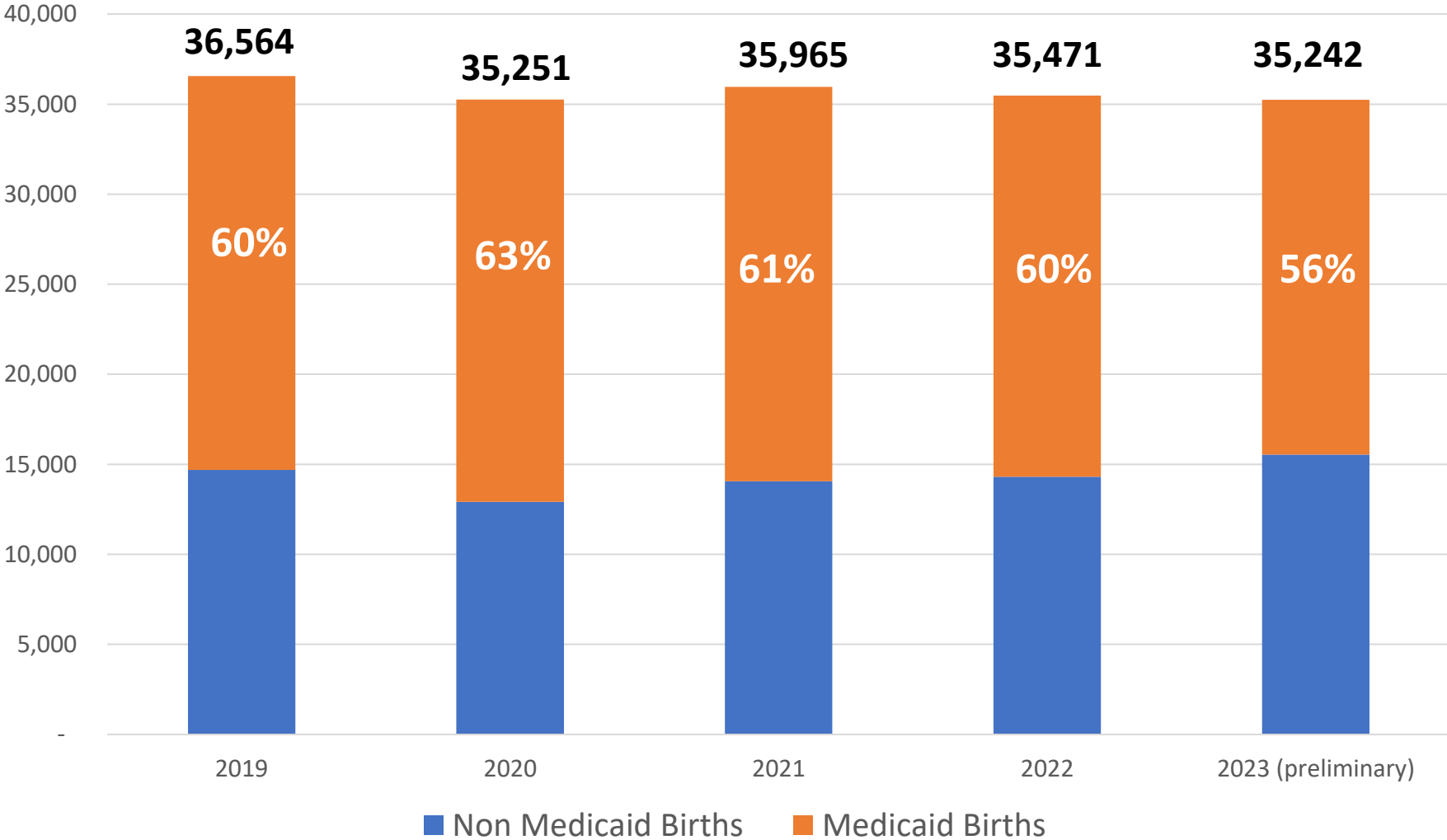
Meeting Focus: Maternal Health

Maternal and Infant Health Overview

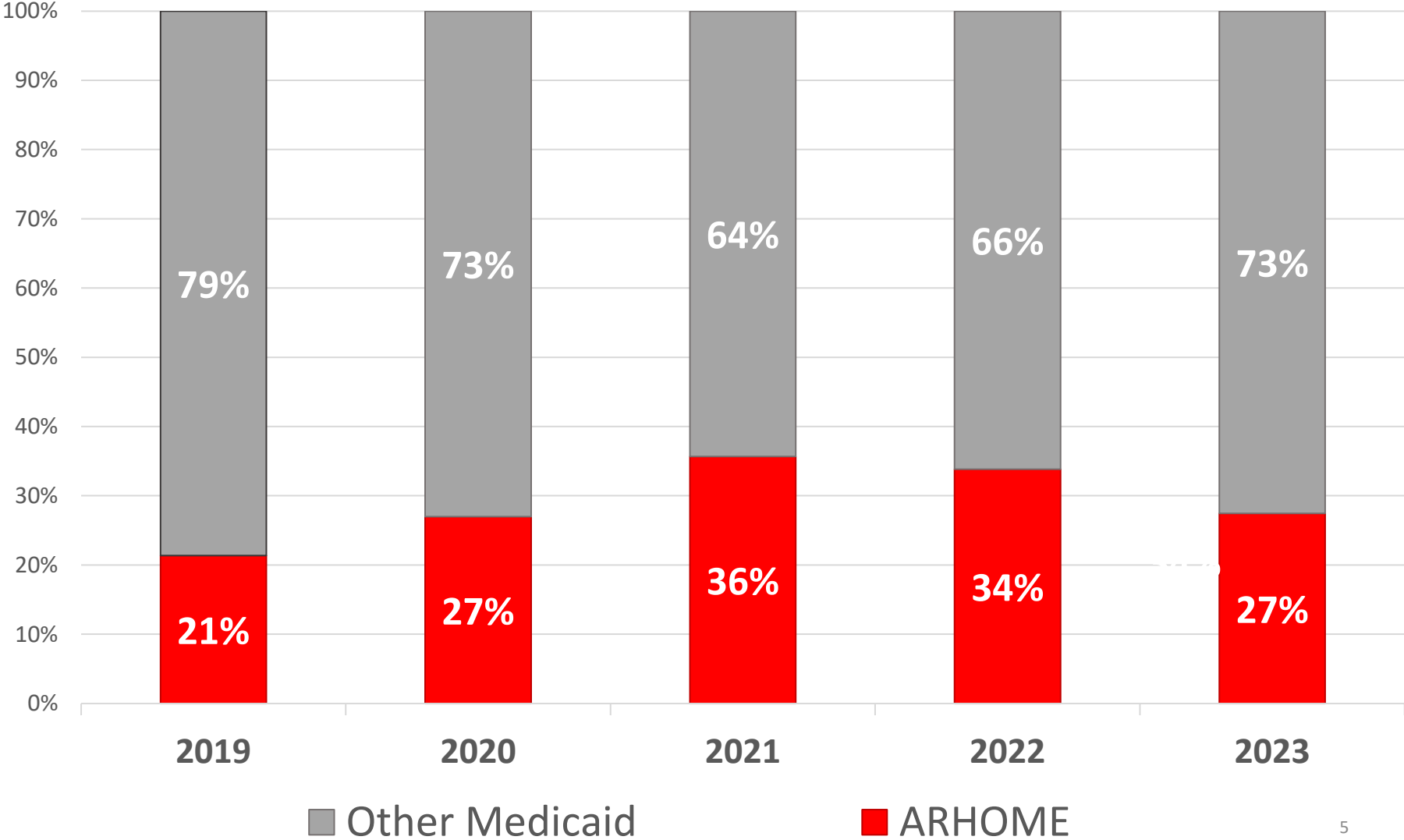


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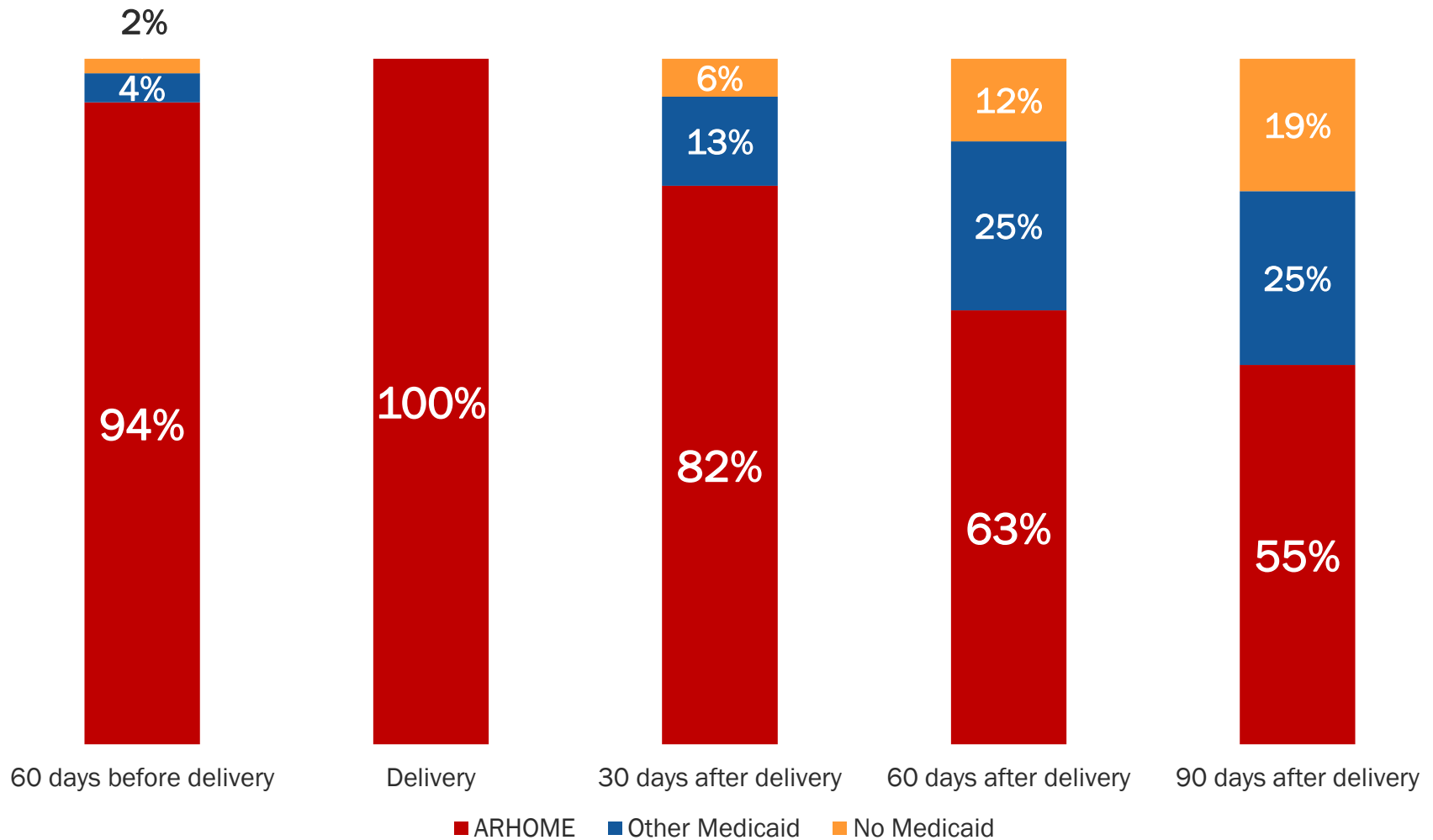
All Arkansas Births



AR Medicaid Births



2023 ARHOME Deliveries: Medicaid Coverage Before and After



Maternal and Infant Measures

	US	AR
Received early prenatal care (first trimester) (2022)	77.3%	71.4%
Late (third trimester) or no prenatal care (2022)	6.8%	10.2%
Cesarean delivery (2021)	32.1%	34.3%
Maternal mortality (2018-2021)	23.5 per 1,000 live births	43.5 per 1,000 live births

[NCHS Pressroom - Stats of the States \(cdc.gov\)](#)

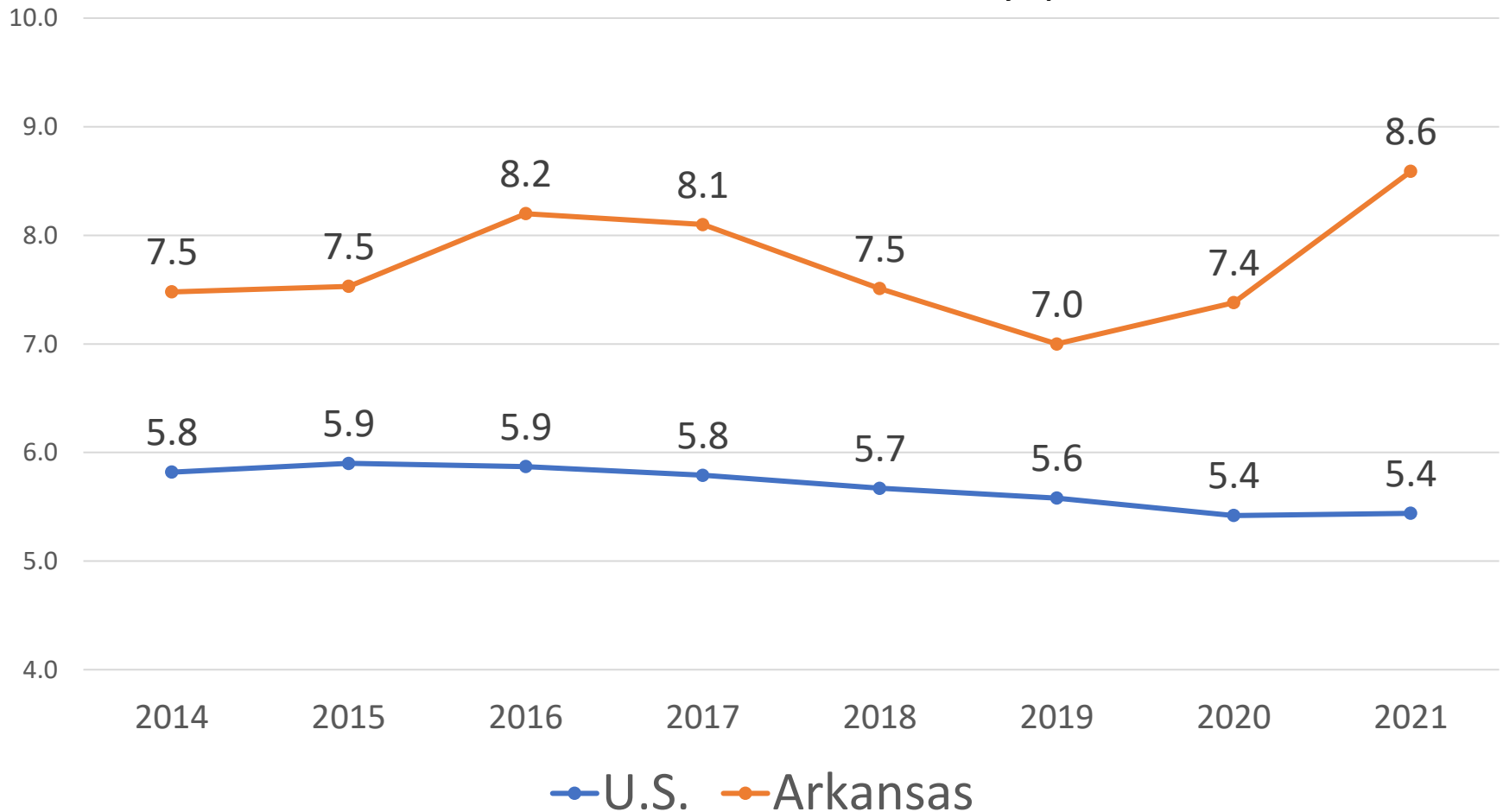
[National Vital Statistics Reports Volume 72, Number 1 January 31, 2023 \(cdc.gov\)](#)

[Maternal deaths and mortality rates by state, 2018-2021 \(cdc.gov\)](#)

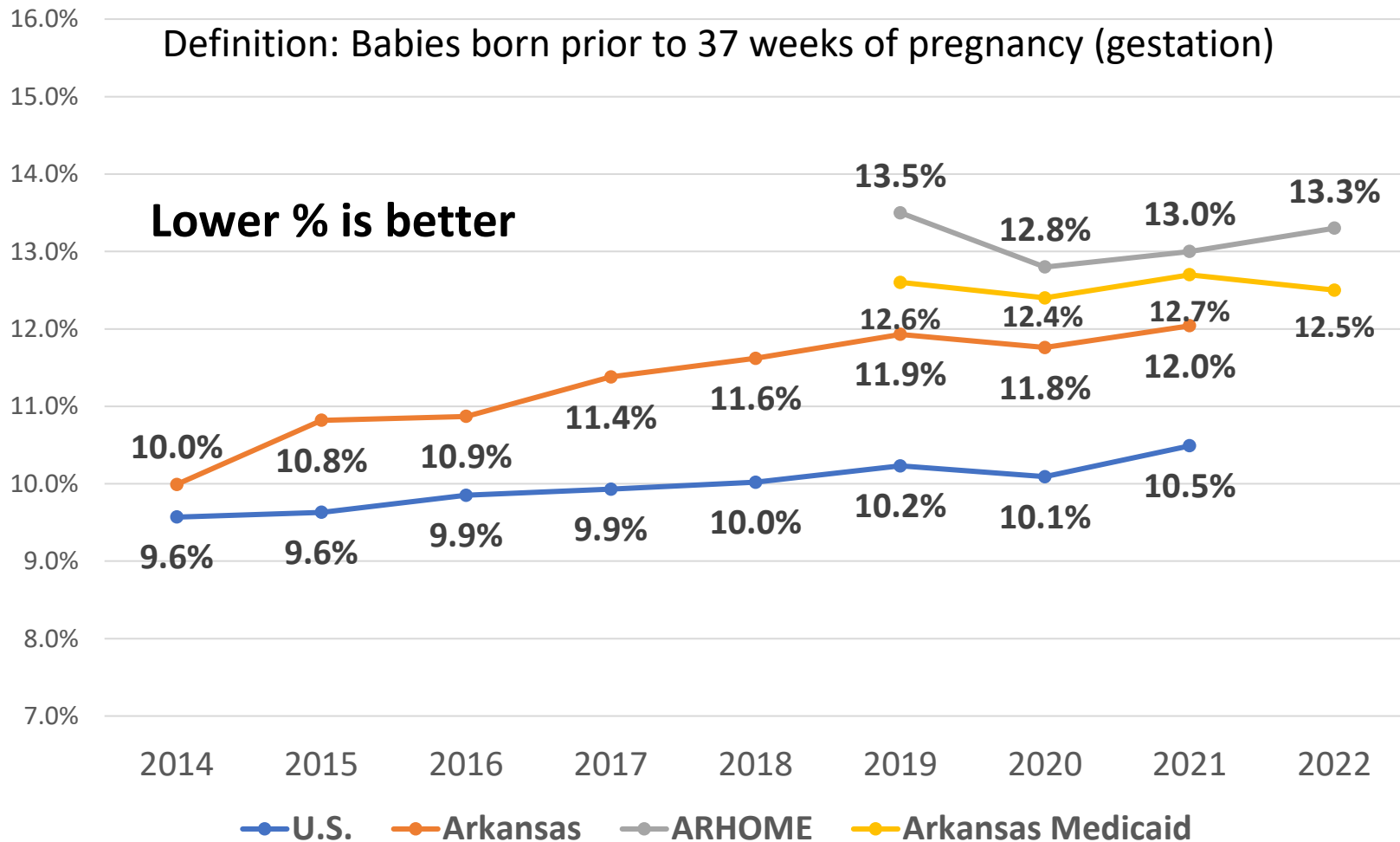
[Inadequate prenatal care: United States, 2017-2022 | PeriStats | March of Dimes](#)

Infant Mortality Rate

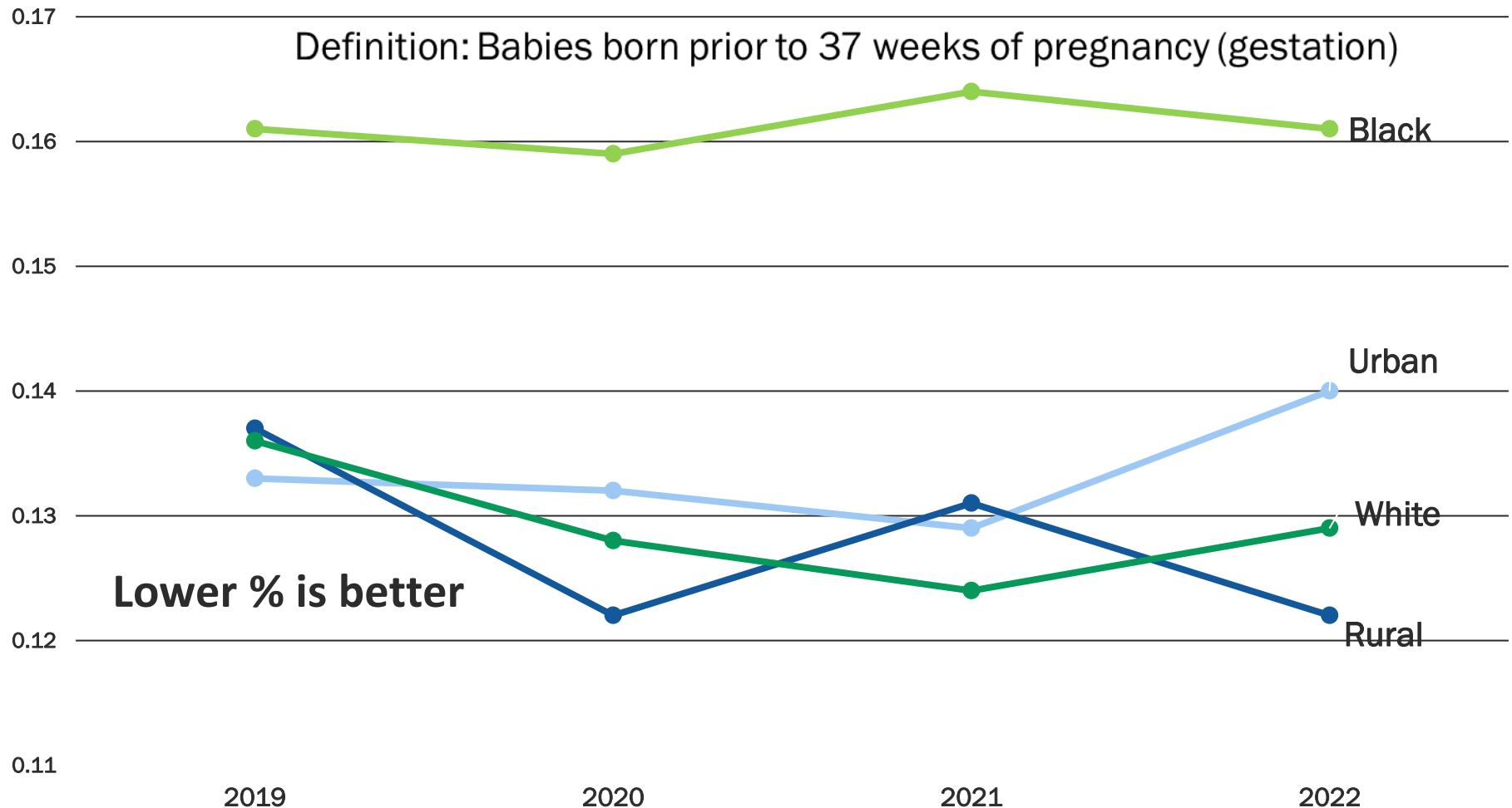
Infants who died before their first birthday, per 1,000 live births



Preterm Births: Medicaid and Non-Medicaid

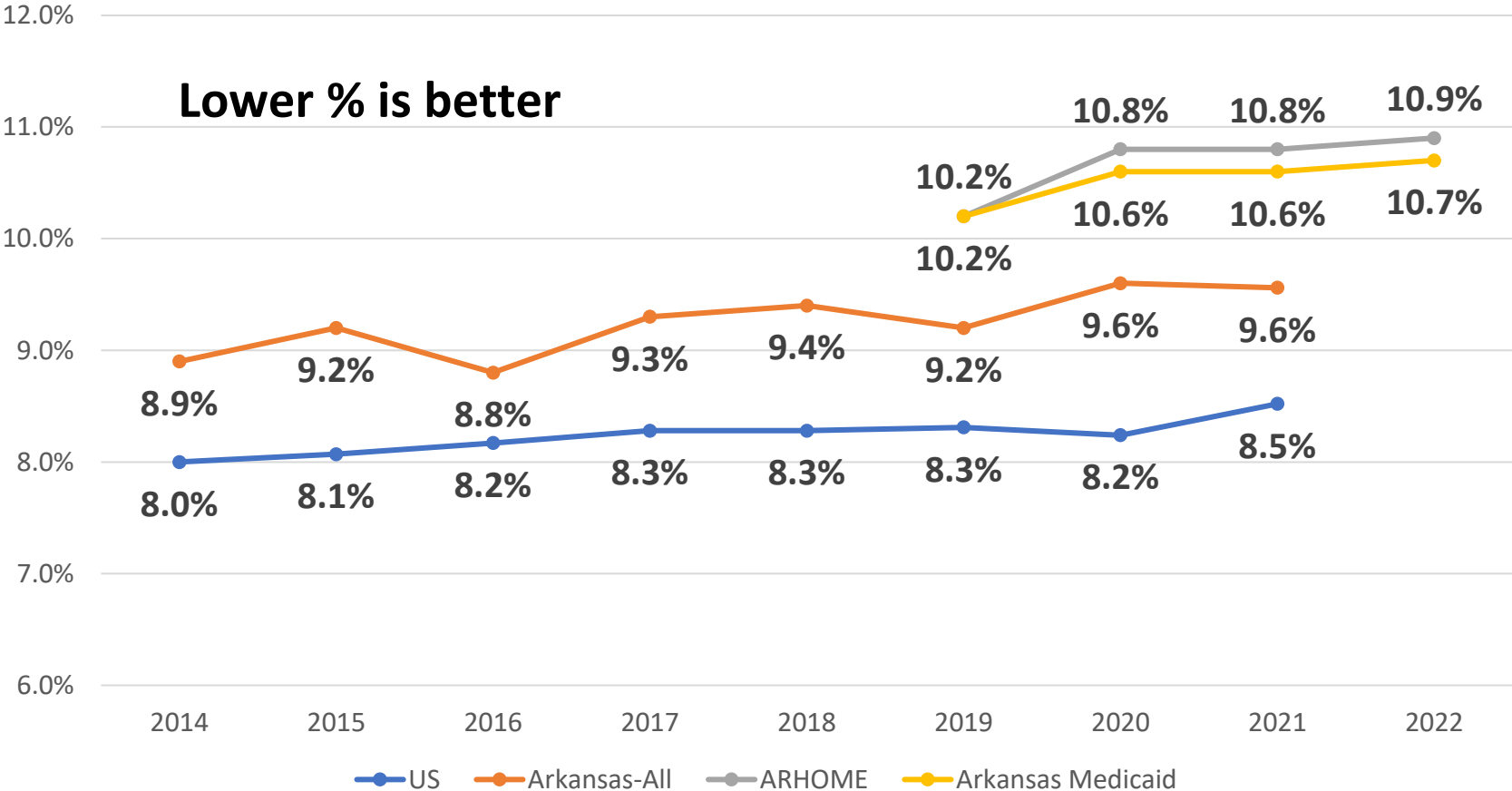


ARHOME Preterm Births

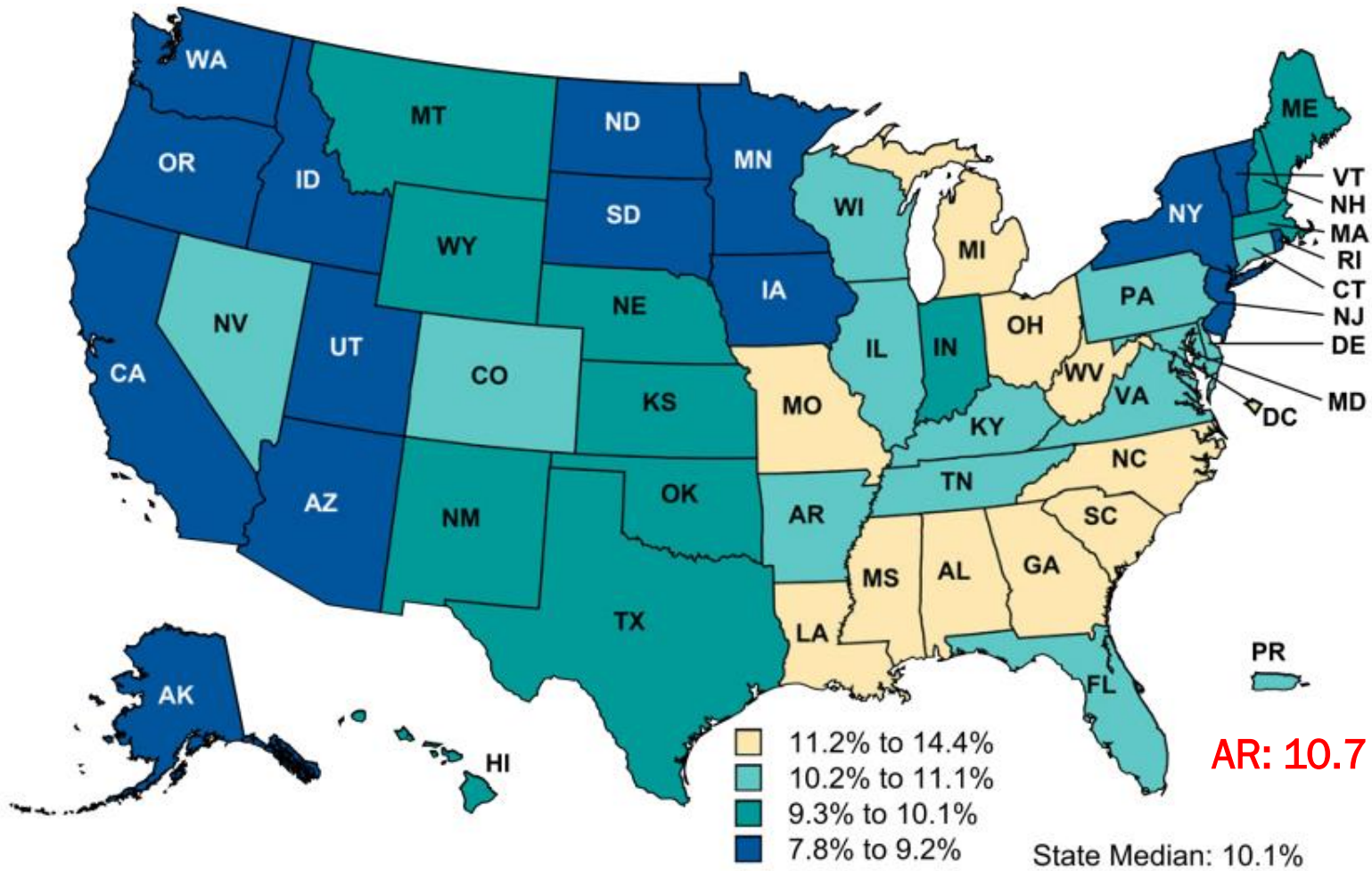


Low Birth Weight

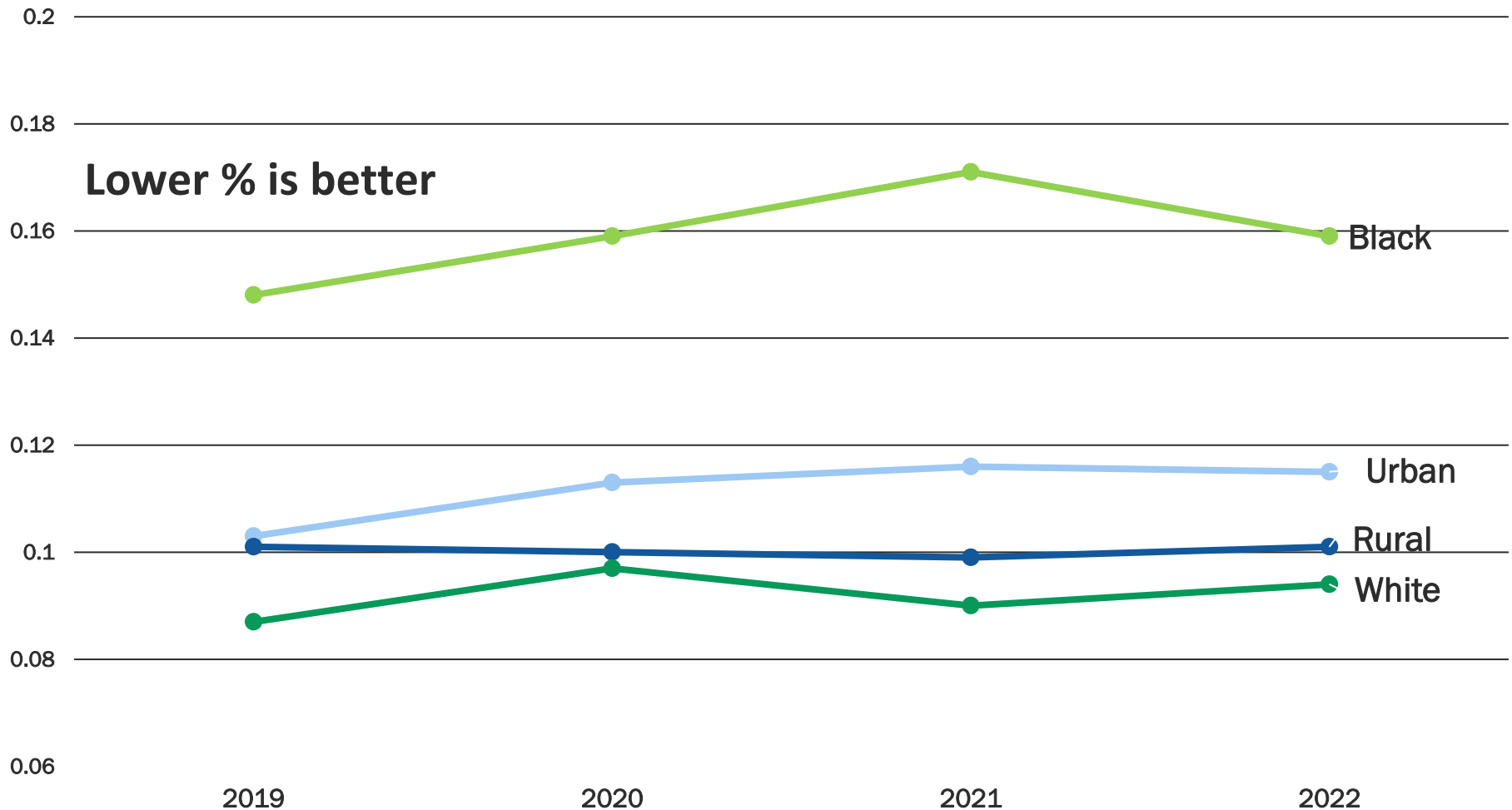
Definition: % of babies born weighing less than 2,500 grams or 5 lbs. 8oz.



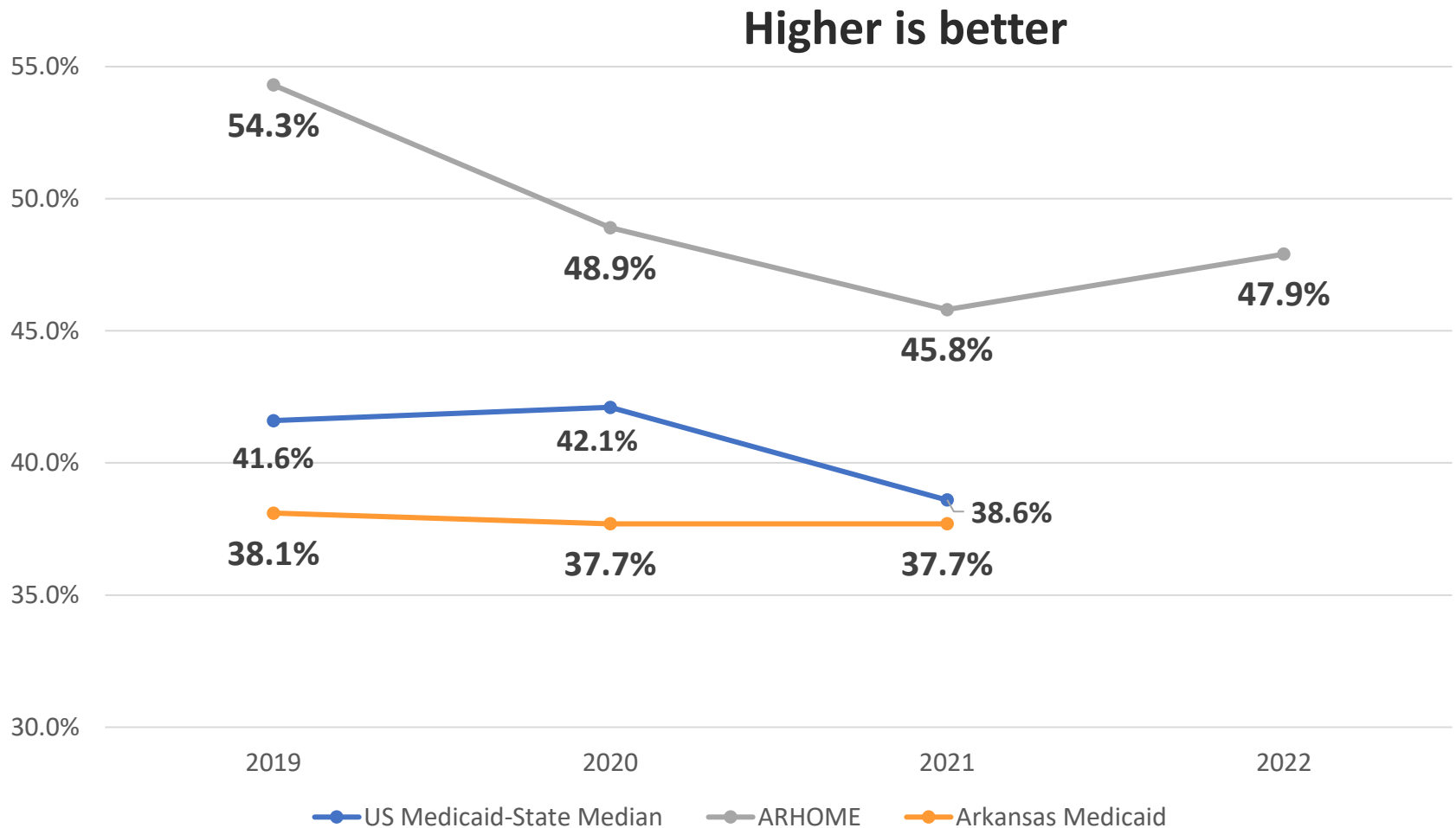
Medicaid Low Birth Weight, CY2021



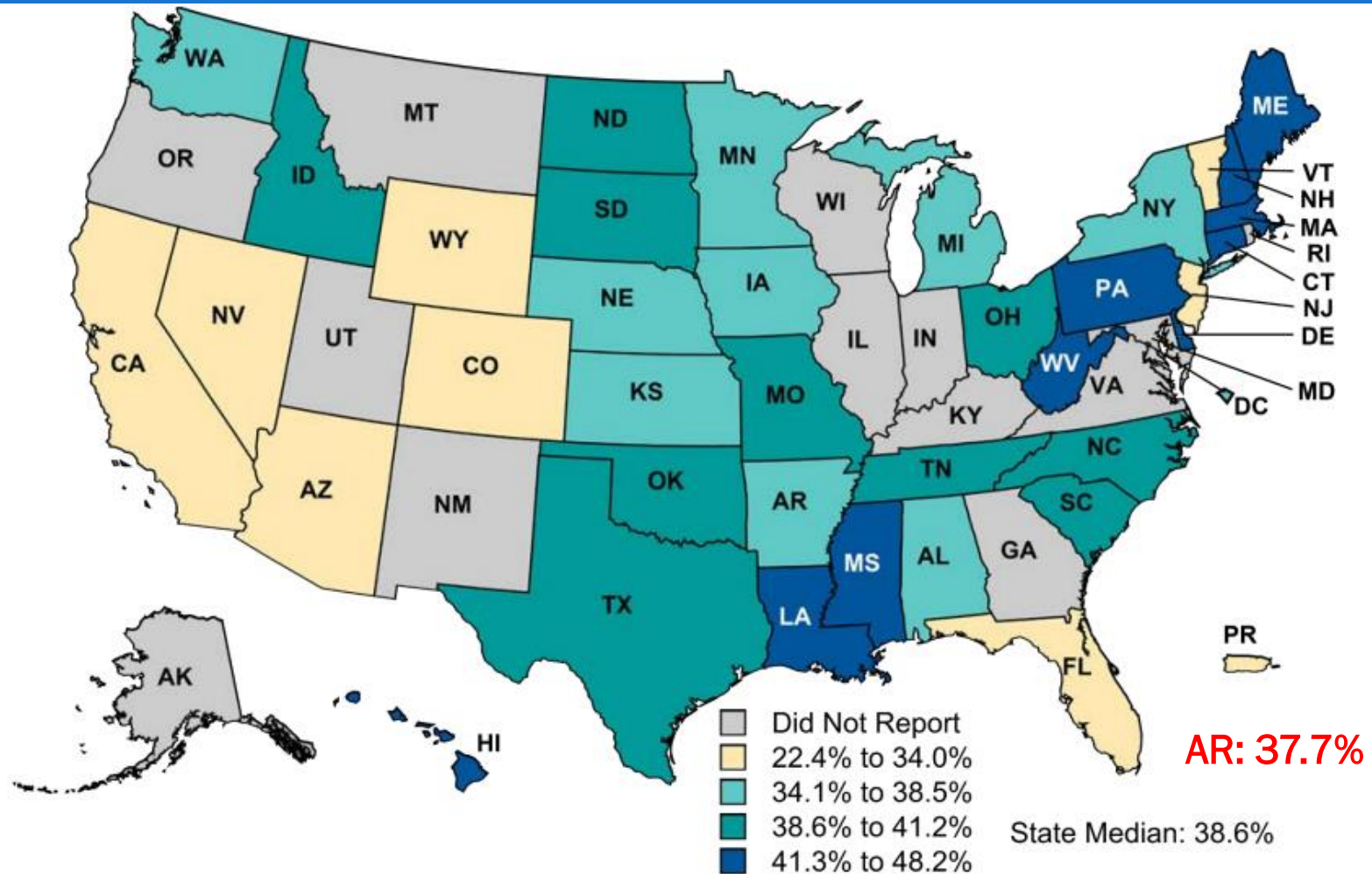
ARHOME Low Birthweight Births



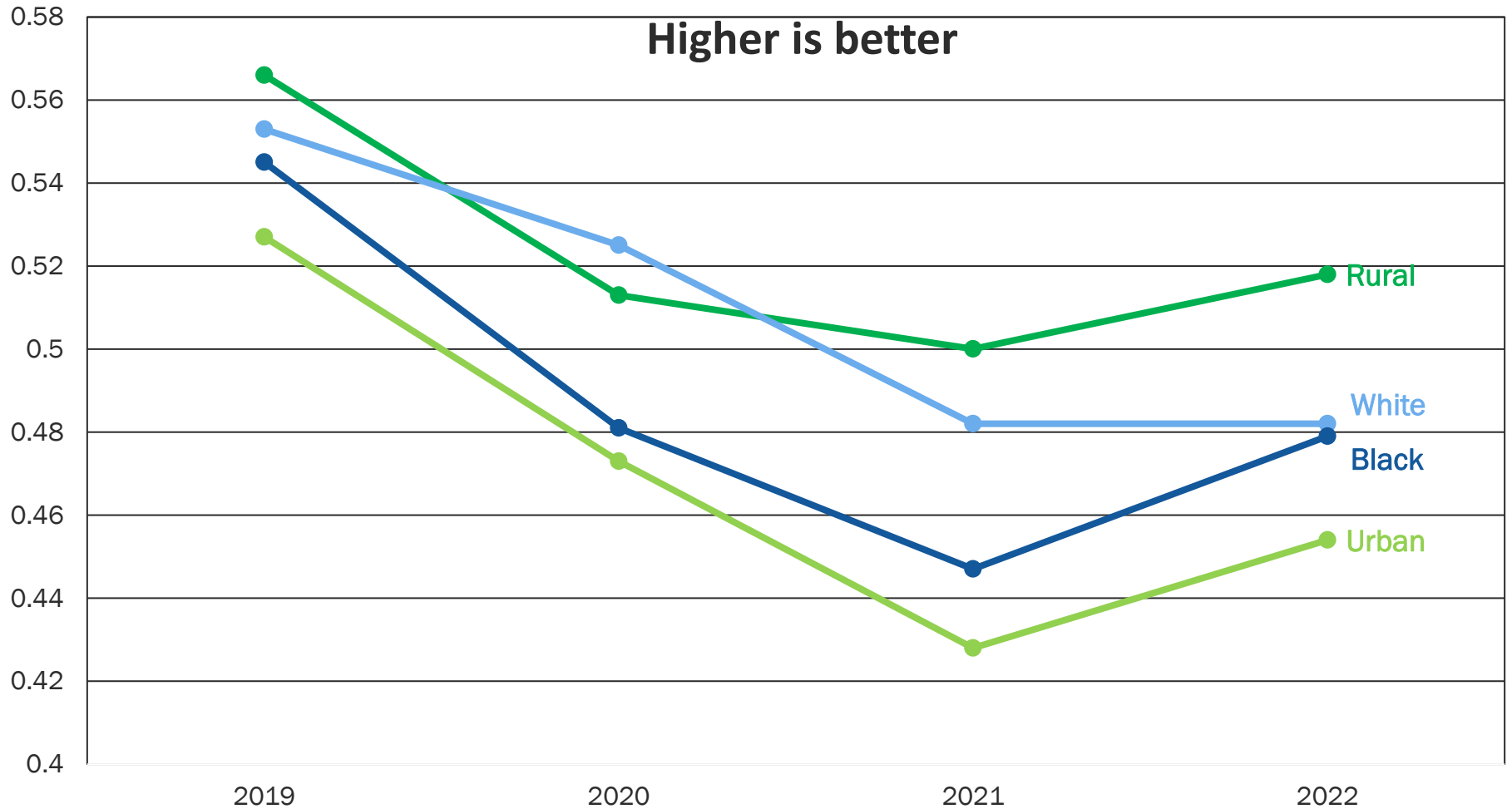
Postpartum Contraceptive Care 60 days (2019-2021), 90 days (2022)



Medicaid Postpartum Contraceptive Care (60 days), CY2021



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

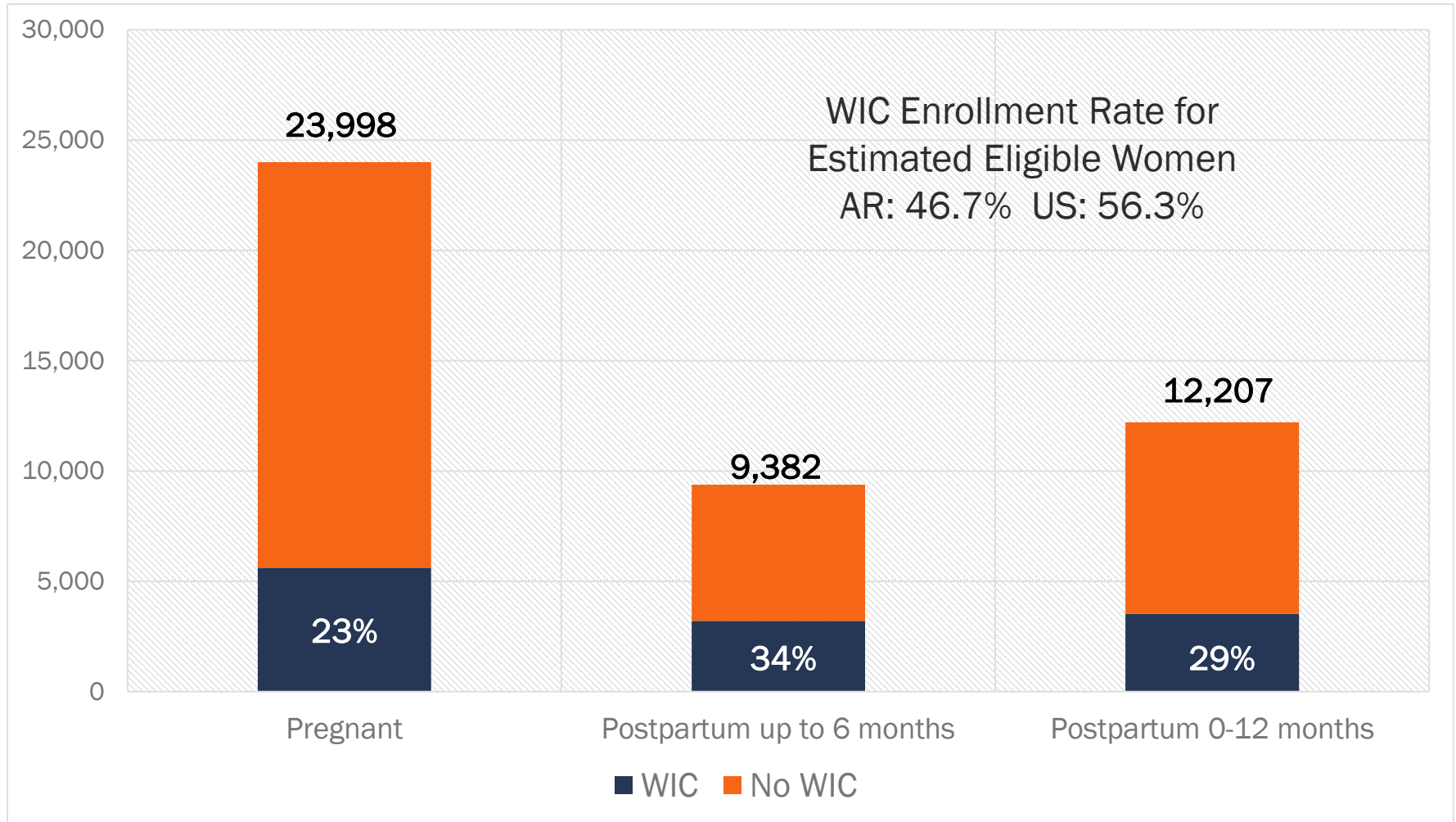


Women, Infant and Children Overview

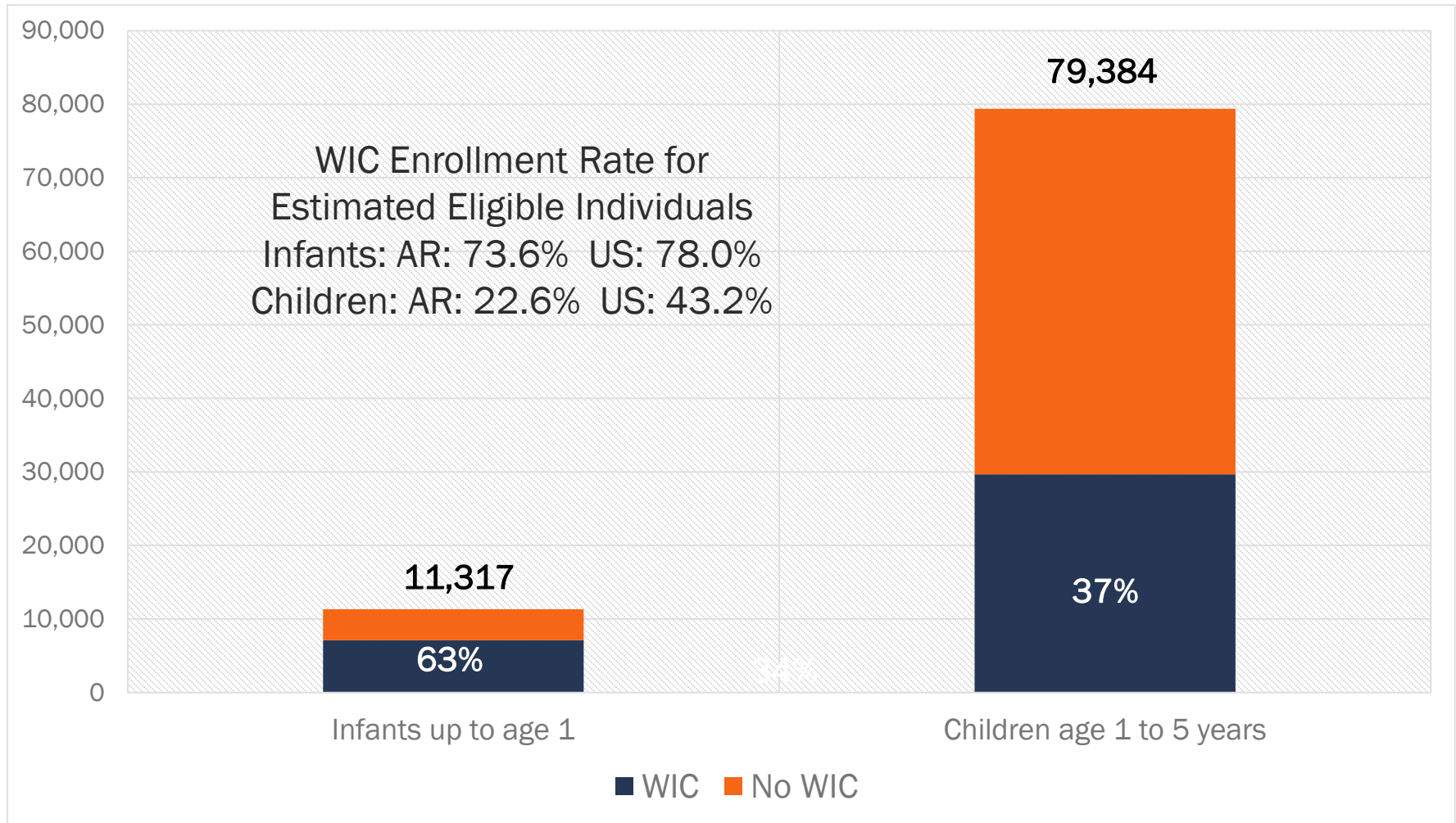
- Federal supplemental nutritional program for women, infants and children
- Funded by USDA and administered by Arkansas Department of Health
- Eligibility criteria:
 - Pregnant, breastfeeding and postpartum women, infants and children under age five
 - ≤185% of federal poverty level (e.g., \$57,720 for family of 4 for 2024)
 - Arkansas residents
 - Have a nutritional need:
 - Medically-based risk, such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes
 - Diet-based risks such as inadequate dietary pattern.
- [Arkansas participants](#) for FY2023, 62,157, including:
 - 15,120 women
 - 16,891 infants
 - 30,146 children
 - Estimated coverage rate 35% of eligible individuals; state rank: 49th



Pregnant and Postpartum Medicaid Beneficiaries ≤185% FPL, by WIC enrollment, October 2023



Infants and Children Enrolled in Medicaid $\leq 185\%$ FPL, by WIC enrollment, October 2023



Governor's Strategic Committee for Maternal Health



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Maternal Health Initiative



Executive Order 24-03

On March 6, 2024, Governor Sanders signed an Executive Order to “Support Moms, Protect Babies, and Improve Maternal Health.” (Found [here.](#))

There are four goals outlined in the EO:

1. Improve education regarding women’s and maternal health, especially prenatal and postpartum visits.
2. Improve maternal health before, during and after pregnancy.
3. Increase access to quality maternal health services.
4. Improve statewide coordination for maternal health data and reporting.

The EO requires some immediate action—including steps to:

1. Enroll pregnant and postpartum women in available health coverage options, streamline transitions, and eliminate gaps.
2. Develop a multi-agency maternal health education and advertising campaign
3. Explore change to the Medicaid program
4. Explore use of telehealth, home visiting, doulas, community health worker, etc.

Education Campaign

The Arkansas Department of Health (ADH) is starting a Pilot in 5 counties. This pilot is to educate on the importance of prenatal care in healthy deliveries and healthy moms and babies through community meetings and the development of a roadmap for local success.

The five counties targeted are:

- Phillips
- Crittenden
- Scott
- Garland
- Polk



The goals are to:

- 1) Reduce the number of women who don't receive pre-natal care at all
- 2) Increase the number of women who receive pre-natal care in the first trimester.

What is DHS Doing?

DHS leadership is currently meeting with other Agencies to develop strategies for meeting the EO goals. These agencies include:

- Health Department
- Governor's Office Staff
- The Surgeon General
- Department of Education

DMS is currently working with the Division of County Operations (DCO) to outline a pregnant woman's journey through Medicaid—

- Help us streamline the process and improve it.
- Help us identify gaps that need to be filled with process changes or policy changes.
- Participating in stakeholder groups, CMS meetings, and other collaboratives to research options for Medicaid programs.
- Exploring the Transforming Maternal Health (TMaH) technical grant from CMS.
- Launching the first Maternal Life360 Home program for home visiting in the state.



Maternal Life360 HOME Update



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Maternal Life360 HOME Concept

The concept: DHS contracts with hospitals to provide intensive care coordination for ARHOME enrollees most at risk

Three types of Life360 HOMES, but today's focus:

✓ **Maternal**: home visiting services to women with high-risk pregnancies

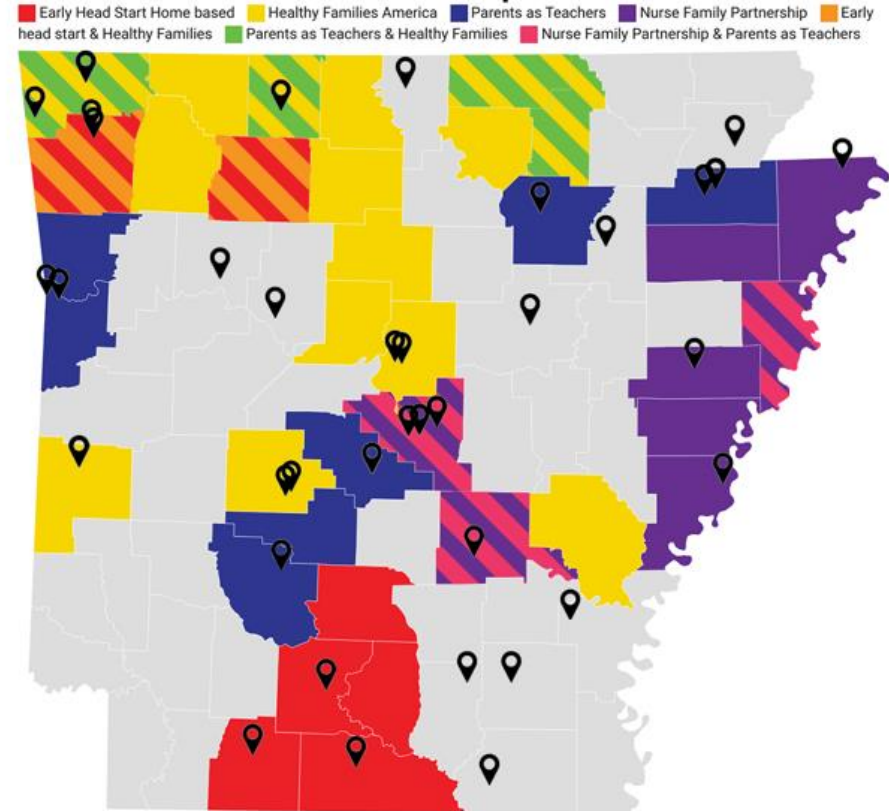
All medical services continue to be provided through QHP or traditional Medicaid; Life360s provide supplemental supports only.



Maternal Life360 Service Delivery and Targeted Population

- Life360 hospital contracts with an evidence-based home visiting provider to provide home visiting.
- Home visiting program provides services to those with a high-risk pregnancy who live in service area up to
 - two (2) years after birth in ARHOME, or
 - one (1) year for other Medicaid beneficiaries (CMS approval pending)
- ARHOME beneficiaries can continue to receive services even if they disenroll from Medicaid

Maternal Life360 Hospitals



* Nurse Family Partnership also serves portions of Cross, Craighead, Cleveland, Lincoln and Grant counties
Created with Datawrapper

Maternal Life360 Funding

Payment Type	Amount
Start up	Up to \$100,000
Monthly payment for Home Visiting services per enrollee	\$300
Transportation (allowed uses include helping beneficiary obtain resources to address an SDOH need and home visitor mileage)	Up to \$50,000 annually



Identifying Providers: Experience so far...

- Executed one startup agreement
- Approved two applications and reviewing two applications
- Approved seven (7) Maternal Letters of Intent from hospitals (two (2) others decided not to move forward)
 - Most hospitals are partnering with an existing home visiting program and some are starting new programs with own staff
 - Counties include Craighead, Pulaski, Saline, Independence, Faulkner, Washington and Benton
- Successes and challenges to date

Other Updates and Approvals

- **Completed billing system updates to allow for enrollment of Life360 HOMEs (hospitals) and beneficiaries in CY 2023**
- **Created Life360 webpage: ar.gov/life360**
- **Amended beneficiary/provider relations contract to add support for Life360 HOME providers to enroll beneficiaries and set up call center for the program**
- **Received informal feedback on state plan amendment to allow other Medicaid programs to participate in Maternal Life360, will be posted for public comment and CMS approval**
- **Other waiver deliverables revised and submitted to CMS including the evaluation plan**



Provider Perspective

**Emily McGee, Vice President of Nursing
St. Bernards Medical Center**



Corrective Action Plans



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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.



Blue Cross and Blue Shield QHPs

Both plans missed the target for:

- Cervical Cancer Screening
- Chlamydia Screening
- Contraceptive Care – Postpartum Women and All Women
- Heart Failure Admission Rate
- Initiation of SUD Treatment
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Follow-Up After *Emergency Department* Visit and *Hospitalization* for Mental Illness

BCBS also missed the target for:

- Breast Cancer Screening
- Concurrent Use of Opioids and Benzodiazepines

Health Advantage also missed the target for:

- Diabetes Short-Term Complications Admission Rate
- Engagement of SUD treatment
- Antidepressant Medication Management, Acute and Continuation Phase Treatment



BCBS Corrective Action Plan Highlights

Barriers to meeting targets:

- Data-related issues (e.g., miscoded screening, clients receiving screening under another plan)
- Chlamydia screening not widely accepted in Arkansas
- Lack of incentive for some metrics and the inadequate member education and engagement
- Lag in claims submission (pregnancy, ER visit, etc.), resulting in delays in quick intervention
- Insufficient promotion of chronic condition management visits on a frequent and ongoing basis.
- Access to care and transportation issues and other Social Determinants of Health (SDoH) needs
- Insufficient engagement with providers and a need to hold providers accountable for improvement
- Members' non-adherence to prescribed treatment regimen or need for treatment optimization

Changes for 2024:

- **New member incentives** for contraception-postpartum women (\$100) & chlamydia screening (\$50).
- **Increased incentive** for participating in health fair or community health event (\$25)
- Securing **data sources** that allow plan to know sooner (than claims data) about substance use disorder, ER visit, hospitalization, etc., so plan can encourage faster initiation of follow up care
- Creating **women's health flyer** for providers to use when educating patients about recommended preventive screenings
- Implementing 2 **email marketing campaigns** about incentives, with additional follow-up text message
- Highlighting **virtual care** options
- Assisting members with SDOH needs by **using a health risk assessment** to help identify needs

Centene QHPs

All three plans missed the target for:

- Cervical Cancer Screening
- Breast Cancer Screening
- Contraceptive Care – Postpartum Women and All Women
- Heart Failure Admission Rate
- Antidepressant Medication Management, Continuation Phase Treatment
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Follow-Up After *Emergency Department Visit and Hospitalization* for Mental Illness

Ambetter also missed the target for:

- Chlamydia Screening
- Diabetes Short-Term Complications Admission Rate

QCA also missed the target for:

- Diabetes Short-Term Complications Admission Rate
- Initiation of SUD treatment

QualChoice Life also missed the target for:

- Chlamydia Screening
- Antidepressant Medication Management, Acute Phase Treatment

Centene Corrective Action Plan Highlights

Barriers to meeting targets:

- Exclusion of supplemental data and denied claims in the metric calculations;
- Members not using the MyHealthPays portal and inaccurate member contact info;
- Members' lack of education and
- Some measures involve sensitive topics (e.g., contraceptives) not conducive to phone outreach
- Member non-compliance due to side effects,
- Lack of transportation, etc.;
- Lack of care coordination among providers;
- Providers' incorrect billing

Changes for 2024:

- Dedicated **provider education and outreach**
- MyHealthPays **member outreach**
- Quarterly **postcard** mailer
- **Incentivizing radiology clinics** for mammography appointment scheduling
- **Provider incentive for notification of pregnancy**
- **Farmbox program** for fresh produce, OB/GYN engagement, including member gift bag
- Diabetes cohort program (**six-week member engagement program**)
- Expanding **value-based payment program with behavioral health providers**



Next Activities

- Next meeting in June, date and location TBD
- Potential meeting topics: ARHOME's connection to employment supports, workforce training and education

We Care. We Act. We Change
Lives.

