## Arkansas Health & Opportunity for Me Health and Economic Outcomes Accountability Oversight Advisory Panel





## **ARHOME Program Updates**



#### Life360 HOMEs

- Nov. 1: Centers for Medicare and Medicaid Services (CMS) approved Life360 HOME component of ARHOME's 1115 waiver application
- Completing CMS approval of 1915(b)(4) waiver and state plan amendment to allow women enrolled in a Medicaid program other than ARHOME to participate in Maternal Life360 HOME
- Completed state promulgation of Life360 HOME provider manual describing the rules for program operations
- Anticipate January 1, 2023, start date
- Received two Letters of Intent from interested hospitals



### **Current Copays**

#### ARHOME clients in a Qualified Health Plan above 100% FPL

- \$13/mo. premium
- \$4/\$8 copays
- Copay limit: \$60 per quarter

100% Federal Poverty Level: \$13,590 for a single person and \$27,750 for a family of four

### **2023 Cost Sharing**

- No client premiums, per CMS
- Copays: \$4.70/\$9.40
- Copays start while clients await enrollment in QHP
- No copays for:

Populations	Services
<ul> <li>Under 20% FPL</li> <li>Medically frail</li> <li>19- and 20-year-olds</li> <li>Individuals in hospice</li> <li>Pregnant women</li> <li>American Indian/Alaskan Native</li> </ul>	<ul> <li>Pregnancy-related services</li> <li>Preventive services</li> <li>Emergency services, including transportation</li> <li>Family planning services and supplies</li> <li>Inpatient hospitalization</li> </ul>

Quarterly copay limit based on client's FPL:

0%-20%	21%-40%	41%-60%	61%-80%	81%-100%	101%-120%	121%-138%
\$0	\$27	\$54	\$81	\$108	\$135	\$163

Family members paying copays count toward copay limit





## Performance Metrics, 2021



### **Overview of Panel Activities**

#### December 2021:

- Reviewed 2019 and 2020 performance results for 23 health metrics
- Set 2022 performance targets for 22 health metrics

#### June 2022:

 Reviewed 2019 and 2020 performance results for 3 birth outcome metrics

#### **Today**

- Will review 2021 performance results for 23 health metrics
- Set 2023 performance targets for 23 health metrics and 3 birth outcome metrics



### Context

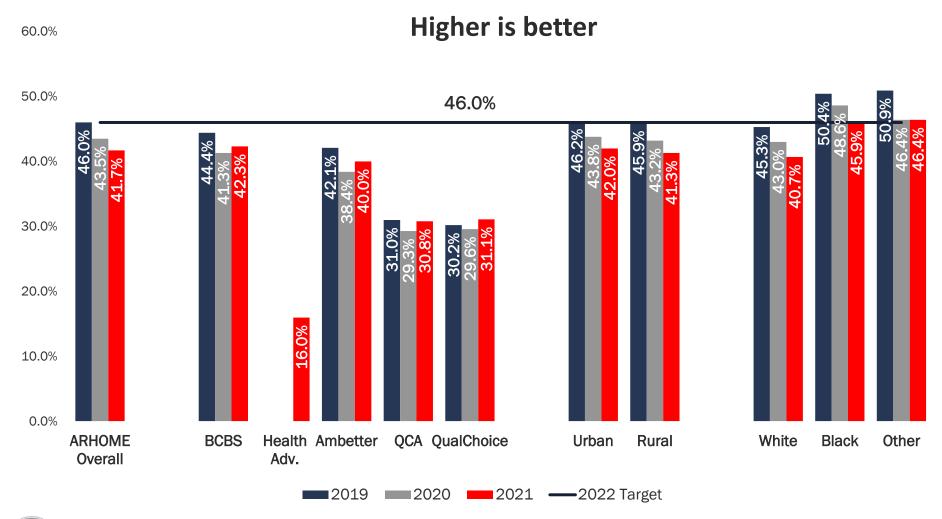
- 2021 was Health Advantage's first year participating in ARHOME.
- They had fewer clients enrolled for the full year than QHPs participating in ARHOME for many years.
- Some measures use longer time periods, beginning before calendar year 2021.
- Example: Breast cancer screenings count mammograms received as far back as October 2019.
- For these measures, Health Advantage is listed as N/A.



## **Preventive Care**

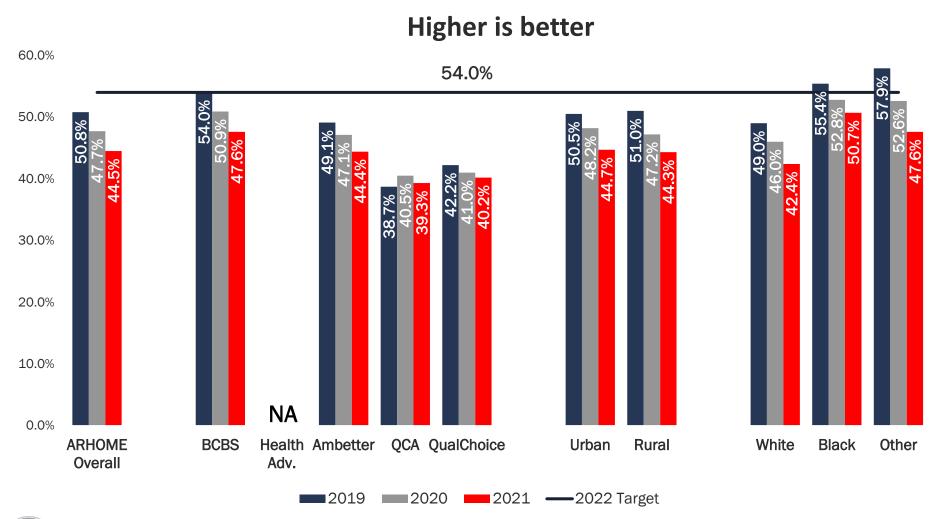


## **Cervical Cancer Screening, 21-64**





## **Breast Cancer Screening, 50-64**





## **Screening Metrics**

- Overall, cervical cancer and breast cancer screening rates continue to decline in 2021
- Mirrors national decrease in cervical/breast cancer screening between 2019 and 2020
- Chlamydia screenings were more stable during the three years
- Black women in ARHOME had higher cervical/breast/chlamydia screening rates than white women in all three years
- In 2021, urban women in ARHOME had higher cervical/breast/chlamydia screening rates than rural women

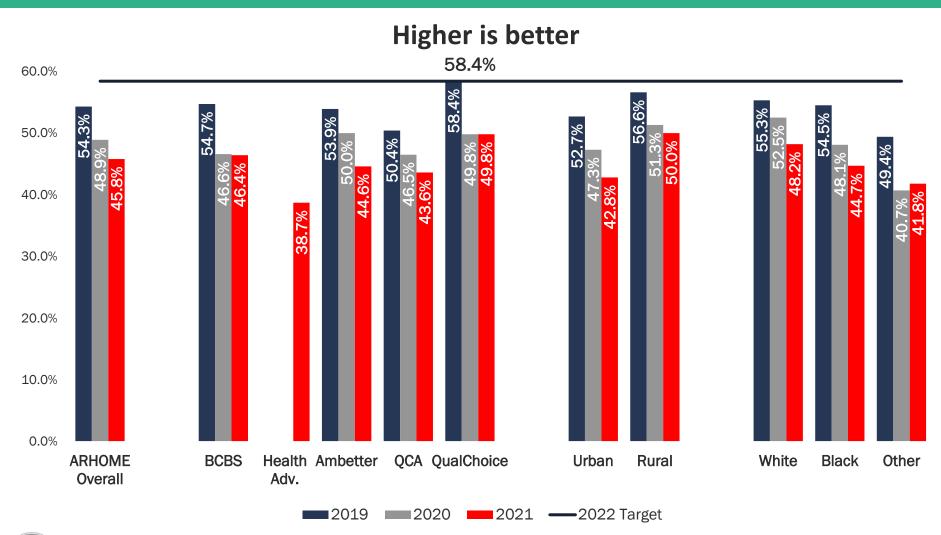
## **Maternal and Perinatal Care**



#### **Maternal and Perinatal Care Metrics**

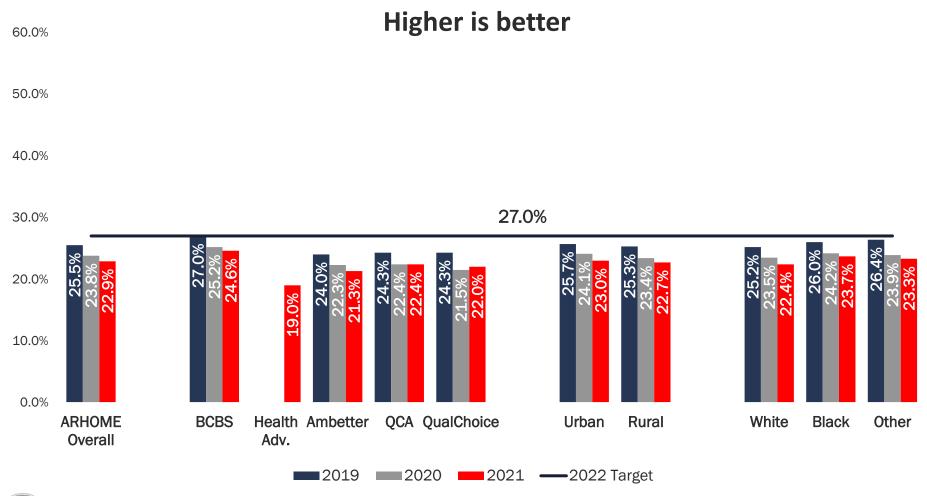
- Birth Outcomes (reviewed in June):
  - Low Birthweight
  - Very Low Birthweight
  - Pre-term Births
- Contraceptive care: percentage of women who were provided an effective method of contraception
  - Postpartum women
  - o All women, 21-44

## **Postpartum Contraceptive Care**





## Contraceptive Care, All Women 21-44





### **Contraceptive Care**

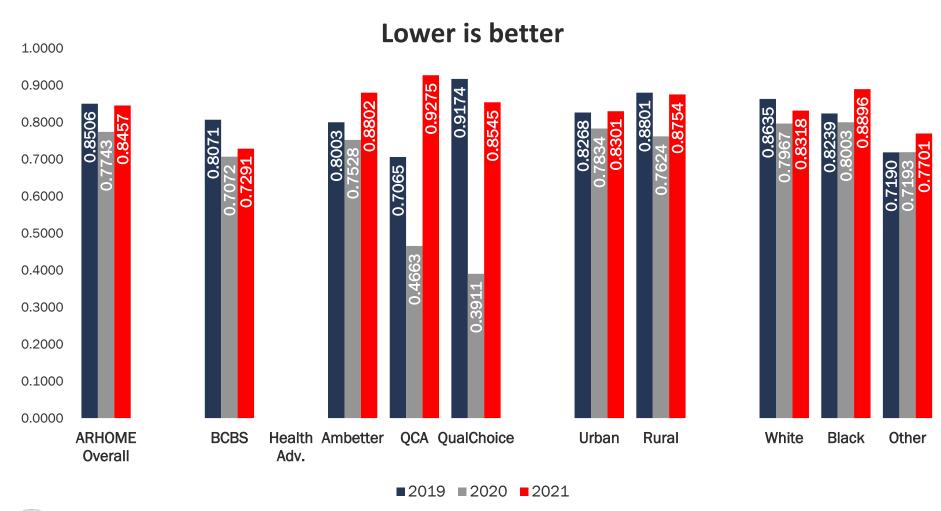
- Contraceptive care continued to decline in 2021 compared to previous years for postpartum women and all women
- Among postpartum women:
  - Rural women had better rates of contraceptive care than urban women.
  - White women had better rates of contraceptive care than black women.
- Among all women:
  - Urban women had slightly better contraceptive care rates than rural women
  - Black women had slightly better contraceptive care rates than white women



## Hospital Admissions/Readmissions



## **Hospital Readmission Ratio**





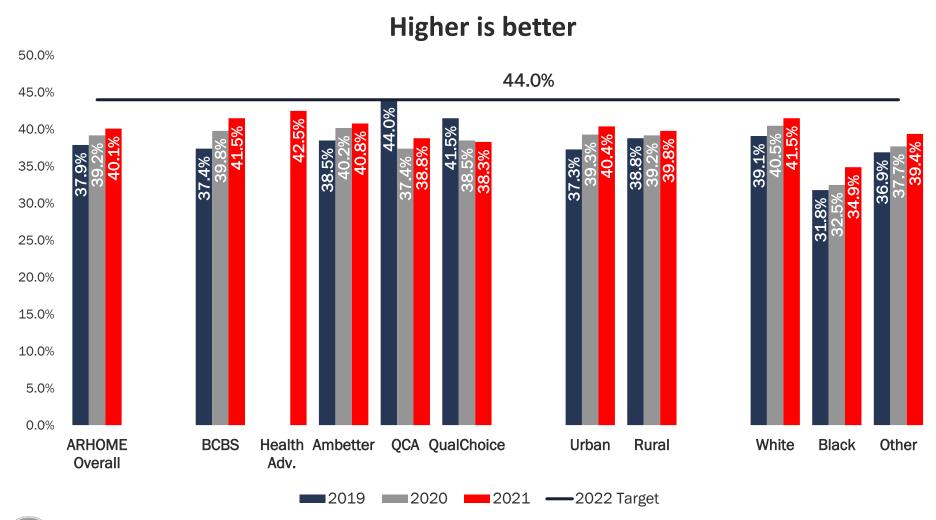
## **Hospital Admissions/Readmissions**

- Readmission ratio worsened across the board in 2021, compared with 2020
- Admission rates for older adults with COPD/asthma and all adults for heart failure improved in 2021
- Black clients had worse admission rates for heart failure than white clients, but better rates for older adults with COPD or asthma
- Rural clients had worse admission rates for heart failure than urban clients, but better rates for older adults with COPD or asthma

## **Behavioral Health Care**

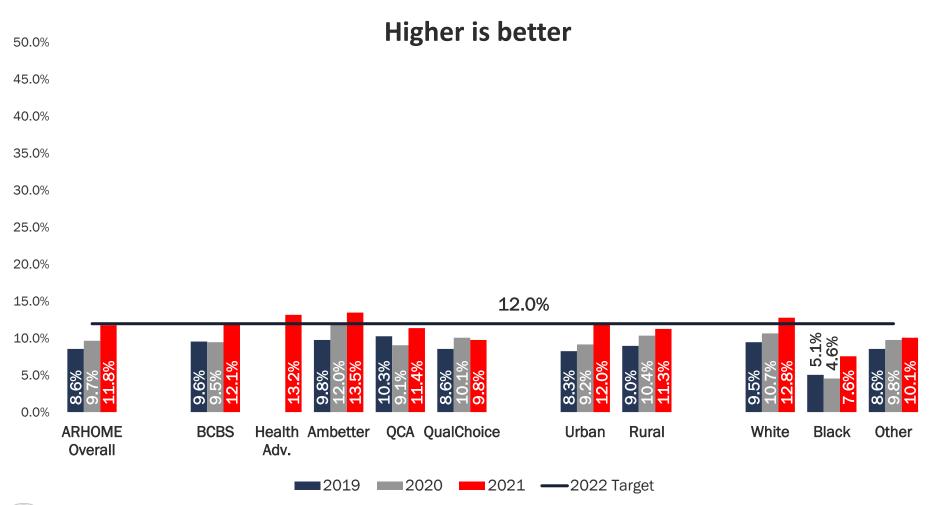


## **Initiation** of Alcohol/Drug Abuse Treatment



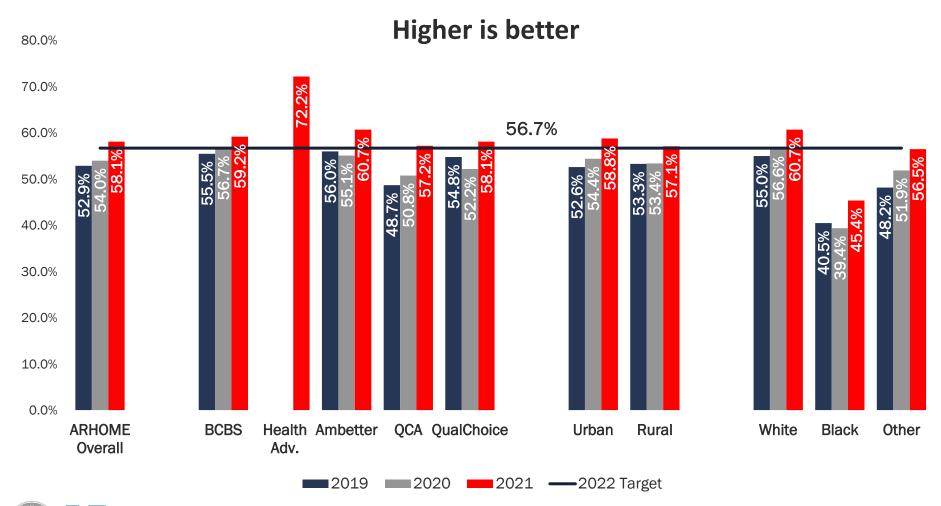


# Engagement of Alcohol/Drug Abuse Treatment



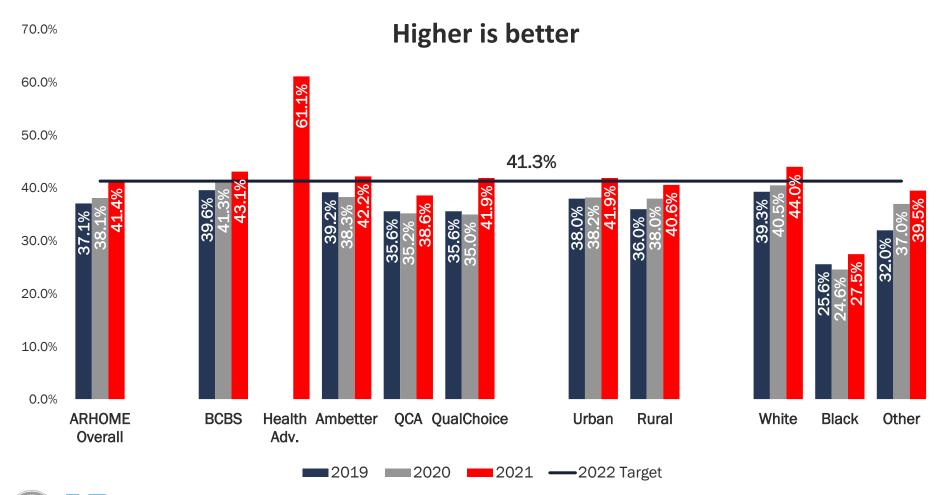


# Antidepressant Medication Management: Effective Acute Phase Treatment





# Antidepressant Medication Management: Effective Continuation Phase Treatment





# Use of Opioids at High Dosage (People Without Cancer)



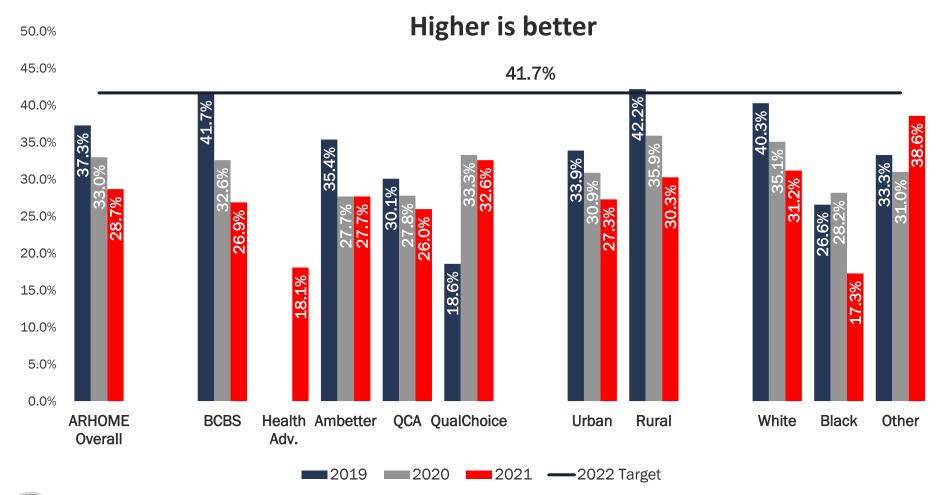


#### **Mental Health Treatment**

- Initiation and engagement of drug/alcohol treatment improved each year.
- Antidepressant medication management in the acute and continuation phase improved each year
- Compared with Black clients, white clients had:
  - Higher rates of initiation and engagement of drug/alcohol treatment
  - Higher rates of antidepressant medication management in both the acute and continuation phase
- Rates of high opioid use continued to improve (decrease) each year

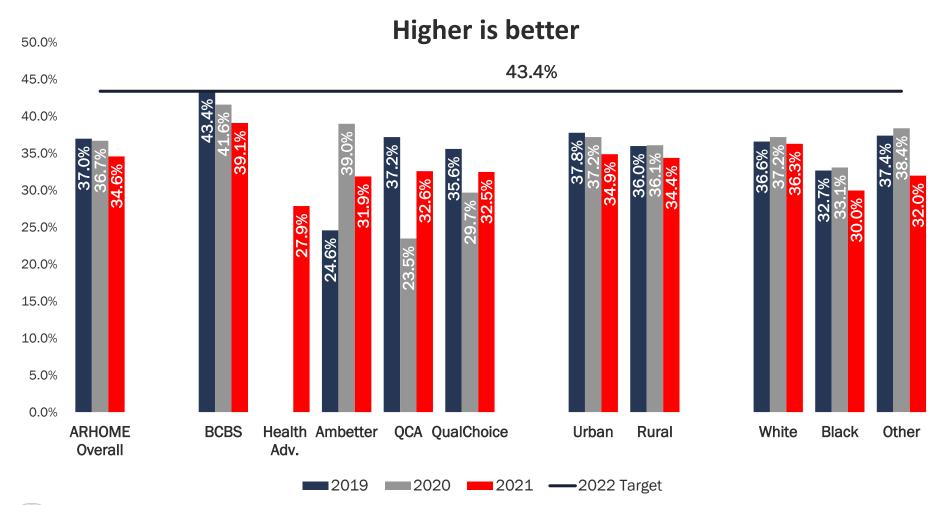


# Follow-Up Within 30 Days After ED Visit for Mental Illness



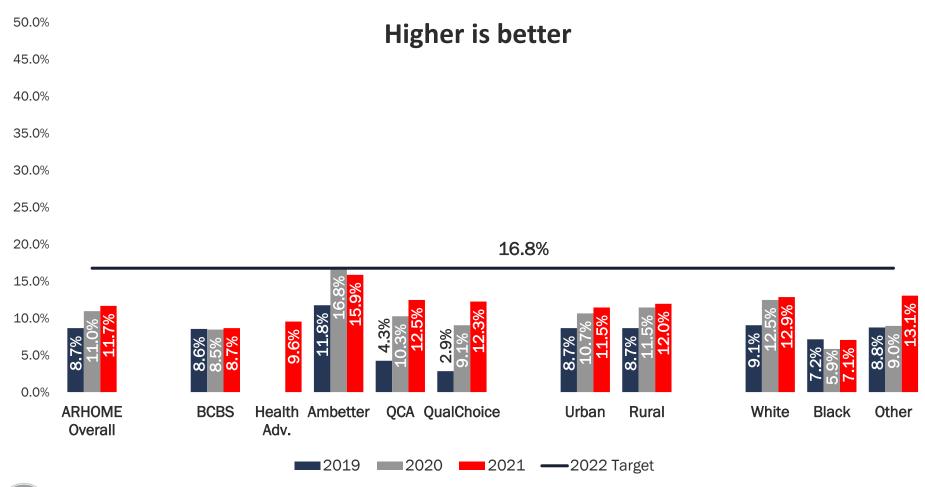


# Follow-Up Within 30 Days After Hospitalization for Mental Illness





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





## Follow Up After ED/Hospitalization

- Overall, rates declined for follow up after ED/hospitalization for mental illness
- Rates improved for follow up after ED for alcohol/drug abuse
- White clients had better follow up rates than black clients across all three years
- Rural clients had higher follow-up rates after ED visits for mental illness and alcohol/drug abuse than urban clients, while urban clients had higher follow-up rates after hospitalization for mental illness.

## **2023 Performance Target Setting**



### 2022 Methodology and Considerations for 2023

- 2022 targets were set based on the rate of the best performing qualified health plan across 2019 and 2020
- QHPs are subject to a corrective action plan for failure to meet metrics

#### Considerations for 2023

- Incentivizing better performance among lowest performers as well as high performers
- Weighting some measures higher than others (e.g., those affecting more people, those closely tied to Life360 HOME program, etc.)

## **Possible Target Setting Methodology**

- Set a point system for meeting metrics, tying the # of points each QHP receives to different levels of financial outcomes
- QHPs receive 1 point for meeting the <u>median</u> rate (<u>yellow</u>)of the five plans across 2019, 2020 & 2021 AND
- QHPs receive 2-3 points for meeting the <u>actual</u> target (green) for each metric (based on best performer, 2019, 2020 & 2021)

Measure	СҮ	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%

A QHP that scores 50 or more points has no financial penalty;
 fewer points bring increasing levels of financial penalties



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