

ACCESS MONITORING REVIEW PLAN – 2016

Arkansas

Overview

Arkansas Medicaid provides healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly, parents and other adults. The Division of Medical Services (DMS) within the Department of Human Services (DHS) is the state agency that administers the Medicaid program in Arkansas. In state fiscal year 2014, the Arkansas Medicaid program provided coverage to 595,807 enrolled beneficiaries with total expenditures of \$4,691,150,931.

Arkansas is a relatively small state with a total population of 2.8 million. Arkansas provides care through 50 Acute Care Hospitals, and 29 Critical Access Hospitals and affiliated practices, Rural Health Clinics, and Federally Qualified Health clinics. Throughout the state, there are multiple avenues for Medicaid beneficiaries to access healthcare.

In accordance with 42 CFR 447.203, Arkansas developed this Access Monitoring Review Plan (AMRP) for the following service categories provided under a Fee-For-Service (FFS) arrangement:

- Primary care services
- Physician specialist services
- Behavioral health services
- Home health services

The AMRP describes data that will be used to measure access to care for beneficiaries in the Fee-For-Service environment. The plan considers the availability of Medicaid providers, utilization of Medicaid services, and the extent to which Medicaid beneficiaries' healthcare needs are fully met.

Beneficiary Population

Below is a breakdown of aid categories in the Arkansas Medicaid program. In state fiscal year 2014, Arkansas expanded Medicaid under the state Health Care Independence Act. Arkansas provides coverages for the new adult group through a premium assistance model and uses Title XIX funding to purchase coverage through the Qualified Health Plans available on Arkansas's Marketplace. The new adult group is not included as a focus of this AMRP because the vast majority of those beneficiaries do not receive coverage via a FFS delivery model. Instead, they are served by Qualified Health Plans (QHPs), which are private insurance plans.

Aid Categories	Monthly average of Beneficiaries, SFY 2014	Percentage of average monthly Medicaid beneficiaries-SFY 2014
Aid to the Aged ,Blind and Disabled	27,527	3.7%
ArKids A	270,881	36.4%
ArKids B	69,233	9.3%
Foster Care	7,756	1%
Medically Needy	1,684	.2%
Pregnant Women	19,095	2.6%
Private Option	96,737	13.0%
Qualified Medicare Beneficiary	66,119	8.9%
Refugee	8	0.0%
Supplemental Security Income	116,378	15.7%
Transitional Employment Assistance	20,892	2.8%
Under Age 18	18,353	2.5%
Women's Health Waiver Family Planning	28,942	3.9%

SOURCE: Arkansas Department of Human Services, Division of Medical Services

Assistance with Medicaid access

The State of Arkansas operates a beneficiary call center, through the Division of County Operations within DHS, as a way to engage and assist beneficiaries. Each beneficiary's Medicaid card includes the toll-free number for the call center along with information about how to seek assistance if they have difficulty finding a provider or scheduling an appointment. The ARKids First toll-free number goes to the ConnectCare Helpline. The helpline is run through a contract with the Arkansas Department of Health. The ConnectCare Helpline (1-800-275-1131) is available Monday through Friday between 6am and 8pm to assist Medicaid and ARKids First beneficiaries with Primary Care Case Manager assignments and changes. The ConnectCare Helpline does not assist beneficiaries with scheduling appointments with their primary care providers. All calls received are logged (detailing the number of calls received, the purpose of the call and any issues/complaints raised) in a database. The ConnectCare Helpline produces a daily "Call/Complaint/Issue" report using the information logged in the database.

The issues/complaints received dealing with providers or other Medicaid issues are sent to the Arkansas Foundation for Medical Care (AFMC) for investigation and resolution. The ConnectCare Dental Helpline (1-800-322-5580) is available between 8am and 4:30pm Monday through Friday to provide Dental Coordinated Care for Medicaid, ARKids First beneficiaries, and dental providers. The ConnectCare Helpline's toll-free phone number is listed on the back of each Medicaid/ARKids First beneficiary's card. All dental phone calls received on the ConnectCare Helpline are transferred to the ConnectCare Dental Helpline. The ConnectCare Dental Helpline produces a weekly "complaint" report, detailing the number of calls, the issues raised and the resolution of the issue that is sent to Medicaid Managed Care Services Provider Relations team at AFMC. AFMC operates a call center and records each beneficiary inquiry or complaint into a database. The database is designed for use across a broad range of contracts AFMC supports for the state of Arkansas. Each database entry includes the caller and/or the beneficiary's name, the beneficiary's Medicaid number, address and telephone number, and a brief narrative of the beneficiary's call.

Since state fiscal year 2015, AFMC has received more than 111,500 calls or requests for information or assistance. The overwhelming majority (85 percent) of all calls are general inquiries for information regarding traditional Medicaid coverage or the Private Option. Other calls, of a much lower volume, represented specific complaints, grievances, or issues that required research by DMS analysts.

The largest single topic of discussion during these calls is Medicaid coverage. Other less common topics include, but are not limited to, Medicaid card requests, requests for application

status updates, or specific questions regarding a beneficiaries' private insurance coverage offered through commercial carriers.

Hewlett Packard Enterprises (HPE) also operates a provider relations assistance center.

Beneficiary perceptions of access to care

Arkansas measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access to care that is comparable to the general population.

Arkansas collects and analyzes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, which are administered through CMS. Since the data is retrospective, it may not demonstrate current access levels. Nonetheless, the surveys serve as a reliable indicator as to whether beneficiaries are able to access medical services when needed. DMS contracted with AFMC, a National Committee for Quality Assurance (NCQA)- certified Health Plan Employer Data and Information Set (HEDIS) survey vendor, to conduct its 2015 CAHPS 5.0 Medicaid Adult and Child Beneficiary Satisfaction surveys by mail.

AFMC received 403 responses from the eligible adult beneficiary population between February and May, resulting in a response rate of 24.9 percent. AFMC also received 395 surveys from the eligible child beneficiary population between February and May, resulting in a response rate of 27.1 percent. While this AMRP utilizes a summary of the CAHPS 2015 survey results, it also compares the survey data with the 2013 and 2011 Arkansas Medicaid survey results as well as national and regional benchmarks. These comprehensive analyses assist DMS in determining which services beneficiaries use, how beneficiaries evaluate the Medicaid program and its services, and how the Arkansas Medicaid program compares with other regional children's Medicaid programs.

When compared with all children's Medicaid plans within the Southern region (defined as Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia), ARKids First A is significantly lower in the "Customer service" composite as well as every component measure of that composite and the summary rate of "Health promotion and education."

When compared with 2015 ARKids First B beneficiaries, ARKids First A beneficiaries indicated a significantly greater satisfaction level by reporting higher percentage scores in the composite measures "Getting needed care" and "Getting care quickly," along with its component measure "Obtaining care when wanted, not when needed right away." "Customer service" is the only

composite measure higher in ARKids First B than ARKids First A; however, the difference is not significant.

Adult trend analysis

Highlights from the 2015 CAHPS adult survey results demonstrating significant increases, or improvements, from 2011 to 2015:

- The “Getting needed care” composite, including the “Getting care, tests or treatment” rating item.
- Within the “How well doctors communicate” composite, the “Doctors listening carefully to you” and “Doctors showing respect for what you had to say” rating items.
- The “Customer service” composite.
- “Rating of personal doctor.”
- “Rating of specialist.”
- “Health promotion and education.”
- The “Coordination of care” measure.
- The measure “Advising smokers and tobacco users to quit.”

Child trend analysis

Highlights from the 2015 CAHPS survey results for children’s programs that demonstrated increases from 2011 to 2015:

- The “Getting care quickly” composite.
- The “How well doctors communicate” composite.
- The overall ratings for personal doctor, health care and health plan.
- The “Health promotion and education” summary rates.

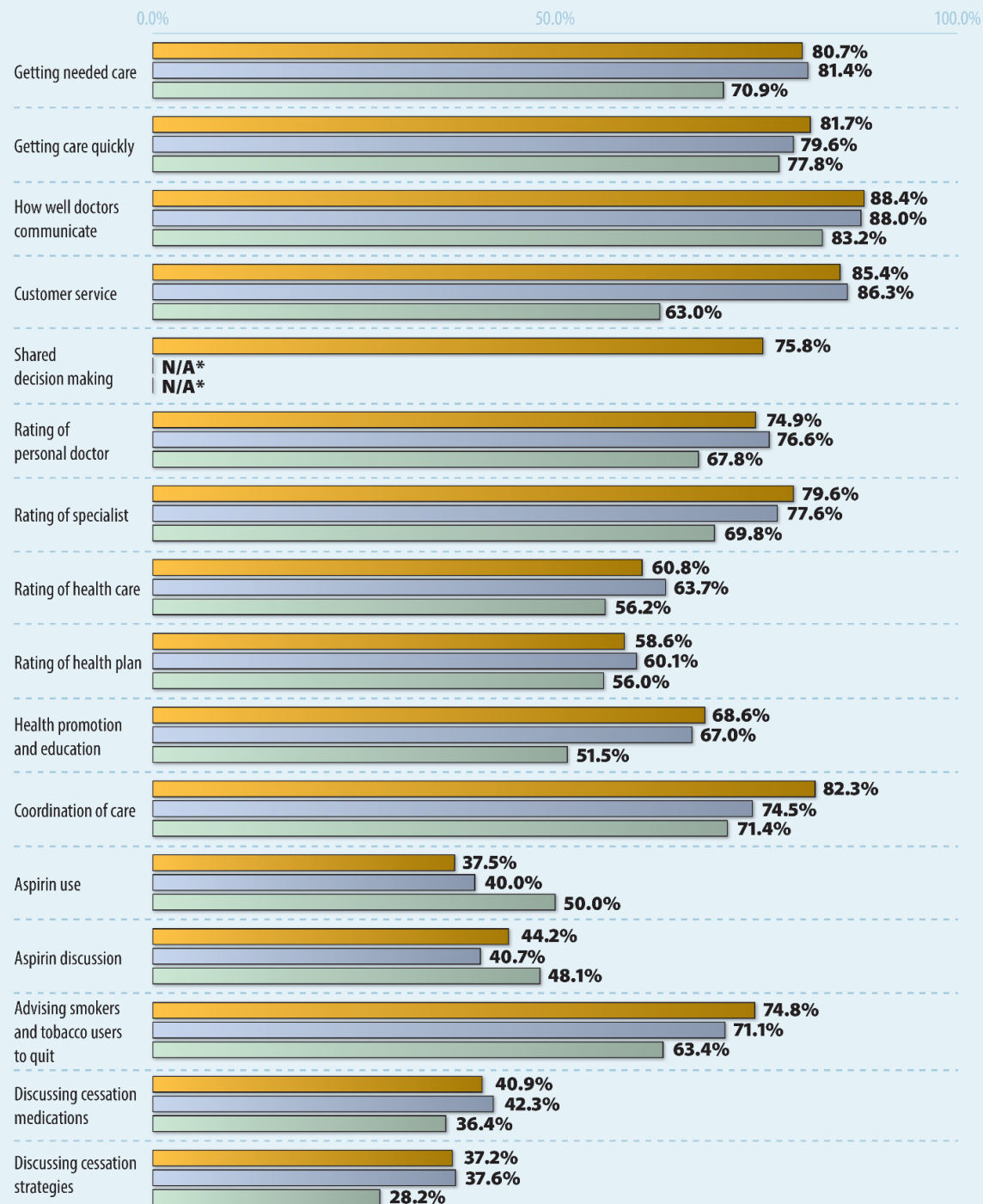
The comparison with the previous year’s data shows how the Medicaid adult and child responses have changed over time. The national benchmark data shows how the Arkansas Medicaid responses compare with other states.

See charts below from AFMC for composites and ratings of adult and child beneficiary respectively satisfaction composite and rating trends for 2015, 2013 and 2011.

Adult trending charts, by year

2015 2013 2011

Composites and ratings of adult beneficiary satisfaction.

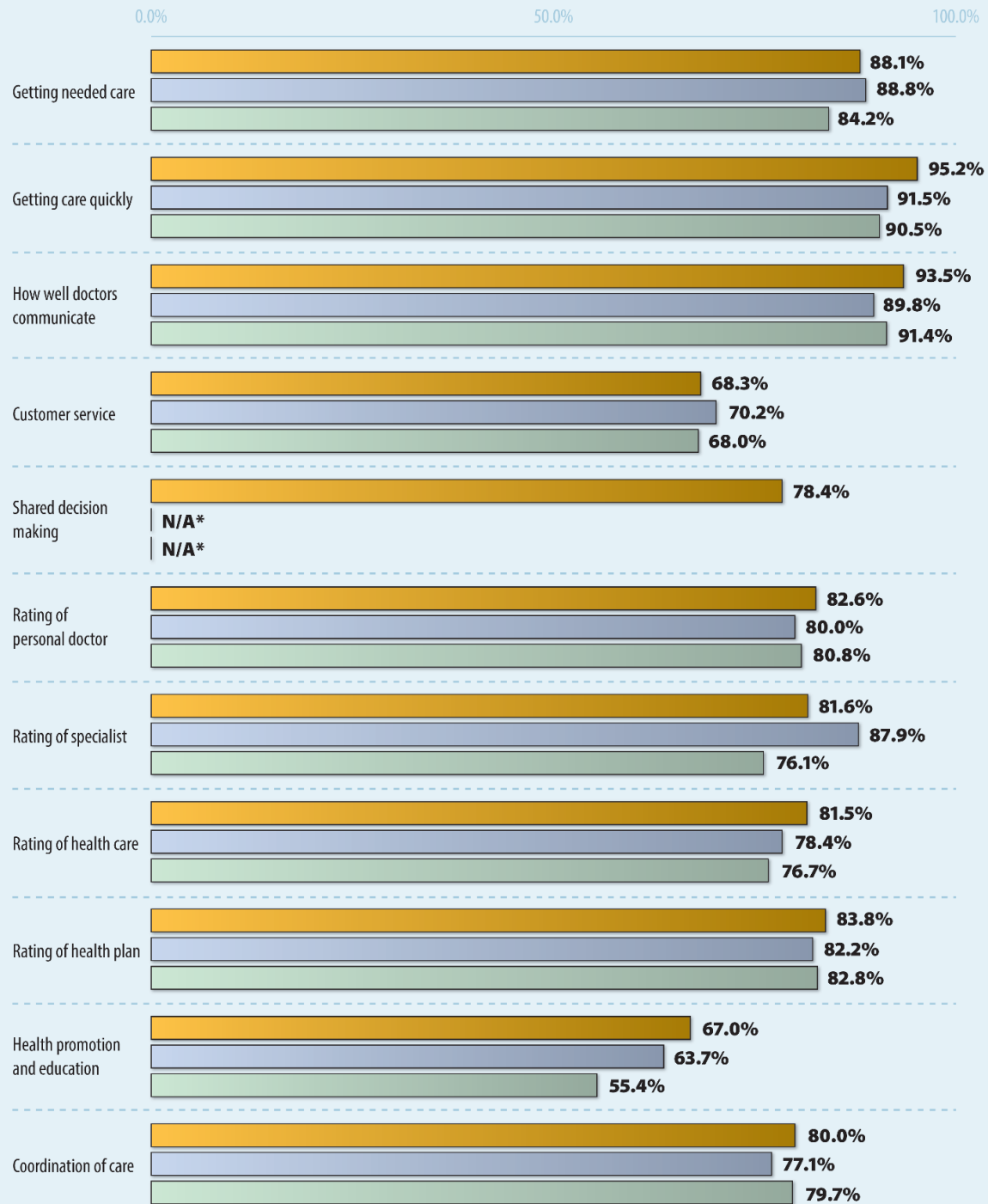


*Rates from 2013 and 2011 cannot be compared to 2015 rates since the questions that form this composite and the responses have changed.

Child trending charts, by year

2015 2013 2011

Composites and ratings of child beneficiary satisfaction.



*Rates from 2013 and 2011 cannot be compared with 2015 rates since the questions that form this composite and the responses have changed.

Comparison analysis of Medicaid payment rates to Medicare and other payers

The data in the table below shows that for the most recent period (2014) the Arkansas Medicaid Fee-For-Service payment rates are approximately 80 percent of Medicare rates for all services. The Arkansas Medicaid primary care and obstetric care rates are 68 percent and 71 percent of Medicare rates, respectively. For other services, except primary care and obstetric care, Arkansas Medicaid payment rates are 122 percent of Medicare services. Notably, this data does not account for supplemental (cost settlement) payments to hospitals and for inpatient and outpatient services, which have historically provided Arkansas the ability to augment fee-for-service rates and reduce or eliminate the gap between Medicaid and Medicare payment rates.

When compared to surrounding states, Arkansas Medicaid fee-for-service payment rates for all services exceed four of the six surrounding states. Only Mississippi and Oklahoma have higher payment rates (each posting 89 percent of Medicare rates). Again, the Fee-For-Service payment rate comparisons do not account for state variation in the use of supplemental payments.

Medicaid-to-Medicare Fee Index (Arkansas and Surrounding States)				
State	All Services	Primary Care	Obstetric Care	Other Services
Arkansas	0.80	0.68	0.71	1.22
Louisiana	0.71	0.69	0.67	0.78
Mississippi	0.89	0.89	0.89	0.91
Missouri	0.60	0.56	0.56	0.75
Oklahoma	0.89	0.89	0.89	0.89
Texas	0.65	0.59	0.66	0.82

SOURCE: Stephen Zuckerman, Laura Skopec, and Kristen McCormack, "[Reversing the Medicaid Fee Bump: How Much Could Medicaid Physician Fees for Primary Care Fall in 2015?](http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/)" Urban Institute, December 2014. Retrieved from <http://kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/>

Medicaid and Commercial Payer Price Differences for Outpatient Procedures by Provider Type

Except for individuals with exceptional healthcare needs who are retained in the traditional Fee-For-Service Medicaid program, Arkansas’s Medicaid expansion for adults through the Health Care Independence Program (HCIP) utilizes private payer rates. These rates are approved by the Arkansas Insurance Department for Qualified Health Plans (QHPs) participating in the Health Insurance Marketplace. QHP rates paid for services utilized by HCIP enrollees are generally higher than those paid in Medicaid and Medicare. Overall, QHP rates are approximately twice that of Medicaid rates inclusive of fee-for-service and supplemental payments. Despite the difference in payment rates between QHPs and Medicaid, there is little difference in access for adults to primary and specialty care between the QHP and Medicaid networks.

Provider Type	Weighted Medicaid Average Price	Weighted QHP Average Price	Difference
Primary Care Physician	\$53.07	\$100.67	\$47.60
Advanced Practice Nurses (APN)	\$41.90	\$68.19	\$26.29
Cardiologists	\$61.49	\$126.36	\$64.87
General Surgery	\$52.74	\$109.72	\$56.98
Obstetrician / Gynecologist (OB/GYN)	\$48.84	\$92.72	\$43.88
Oncologist	\$62.56	\$120.35	\$57.79
Ophthalmologists	\$44.47	\$118.05	\$73.58
Orthopedists	\$50.75	\$98.23	\$47.49
Psychologists / Psychiatrists	\$44.25	\$91.92	\$47.67

SOURCE: Arkansas Center for Health Improvement. Arkansas Health Care Independence Program (“Private Option”). Section 1115 Demonstration Waiver Interim Report. Little Rock, AR: Arkansas Center for Health Improvement, June 2016.

Arkansas healthcare provider landscape

Analyses of claims data provided by commercial payers, Medicaid, and Medicare indicates the following provider practice patterns potentially affecting access:

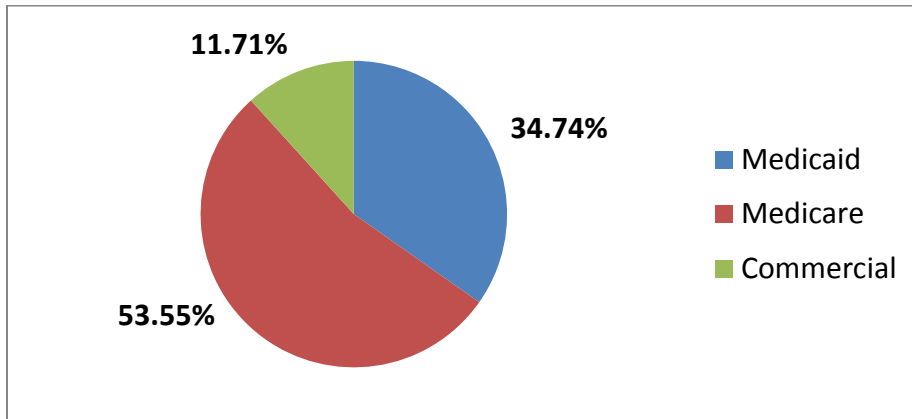
- The overwhelming majority of physician practices accept patients with Medicaid and Medicare payment sources.
- One-third of all practices had fewer than 10 percent of their patient visits from Medicaid enrollees, suggesting potential restrictions among these practices on access or limits on number of Medicaid clients served.
- 75 percent of physicians serving individuals over age 19 had approximately 20 percent or less of all visits paid for by commercial payers.
- 75 percent of physicians serving individuals over age 19 had more than 50 percent of all visits paid for by Medicare.
- 25 percent of physicians serving individuals over age 19 had 28 percent or more of all visits paid for by Medicaid, in large part reflecting the limited benefit coverage to the pregnant and disabled individuals over age 19.

Percent of Patients Served in 2009 by Payer and Age Group

	All Ages	18 and Under	19–64	65+
Commercial	34.54	24.71	59.05	11.95
Medicaid	28.09	75.25	22.51	2.15
Medicare	37.37	0.04	18.44	85.90

Source: Arkansas Center for Health Improvement. Arkansas Health Workforce: Solutions for a Patient-Centered Future, Little Rock, AR: Arkansas Center for Health Improvement, September 2012.

Distribution of Visits by Payer



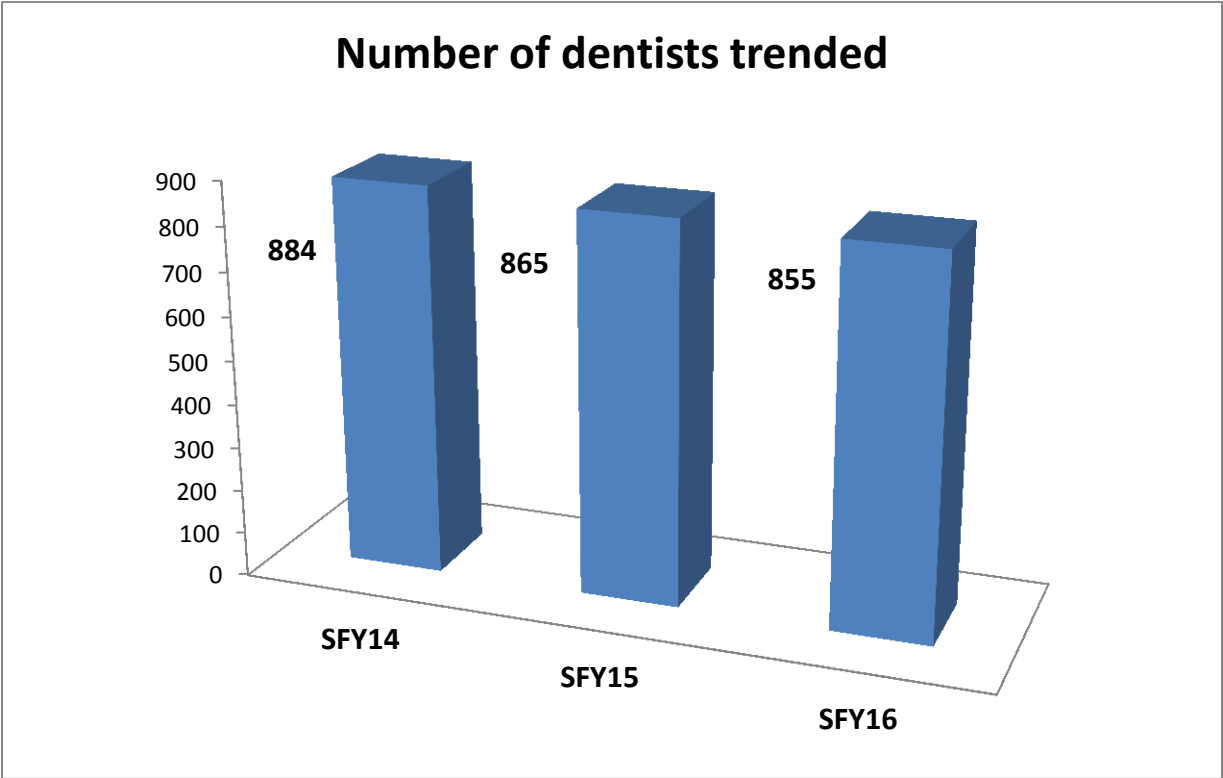
SOURCE: Arkansas Center for Health Improvement Arkansas Health Workforce: Solutions for a Patient-Centered Future, Little Rock, AR: Arkansas Center for Health Improvement

Percent of Provider Visits in 2009 by Payer and Age Group

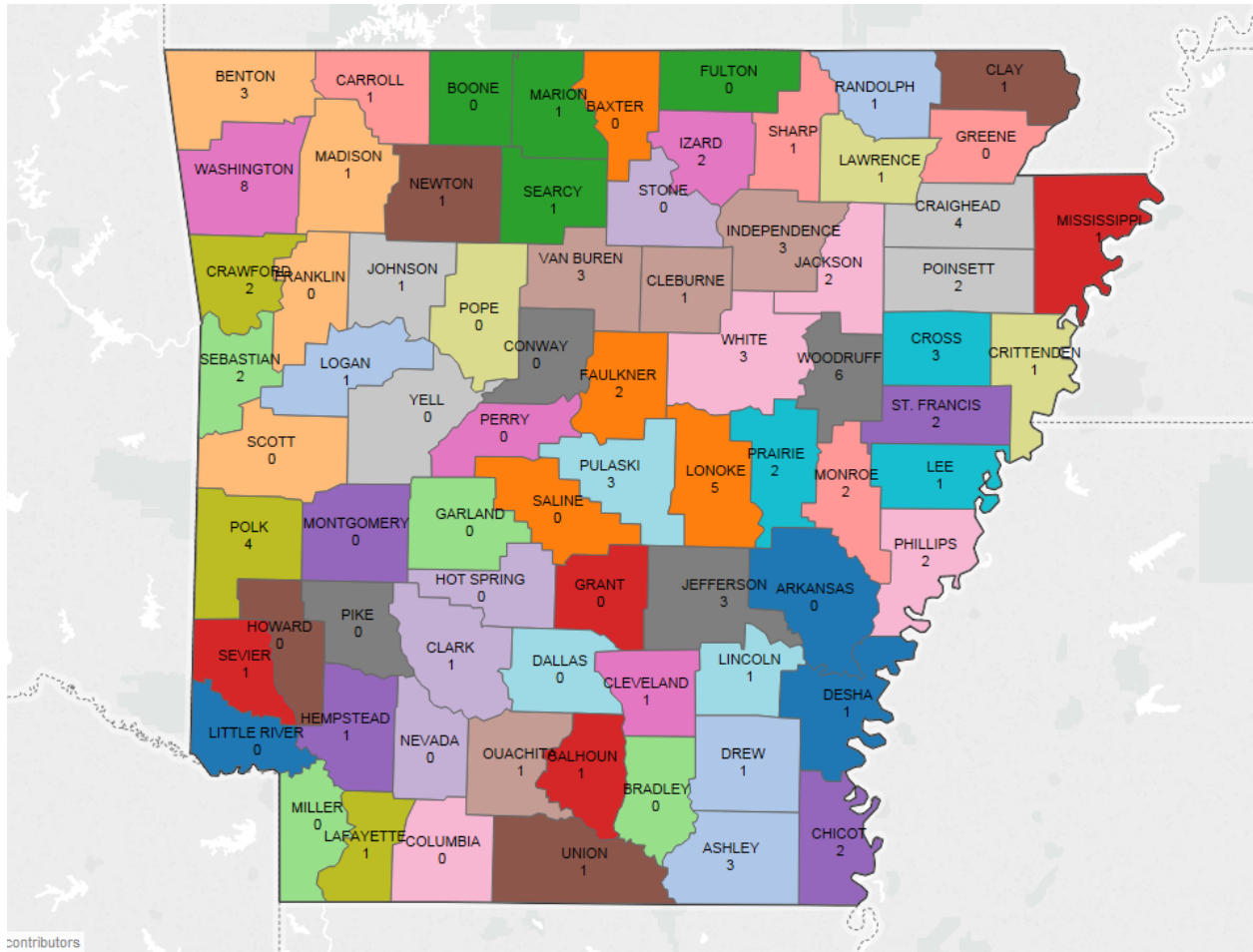
	All Ages	18 and Under	19–64	65+
Commercial	11.72	9.78	26.46	2.46
Medicaid	34.74	90.15	40.12	3.80
Medicare	53.54	0.07	33.42	93.74

SOURCE: Arkansas Center for Health Improvement Arkansas Health Workforce: Solutions for a Patient-Centered Future, Little Rock, AR: Arkansas Center for Health Improvement

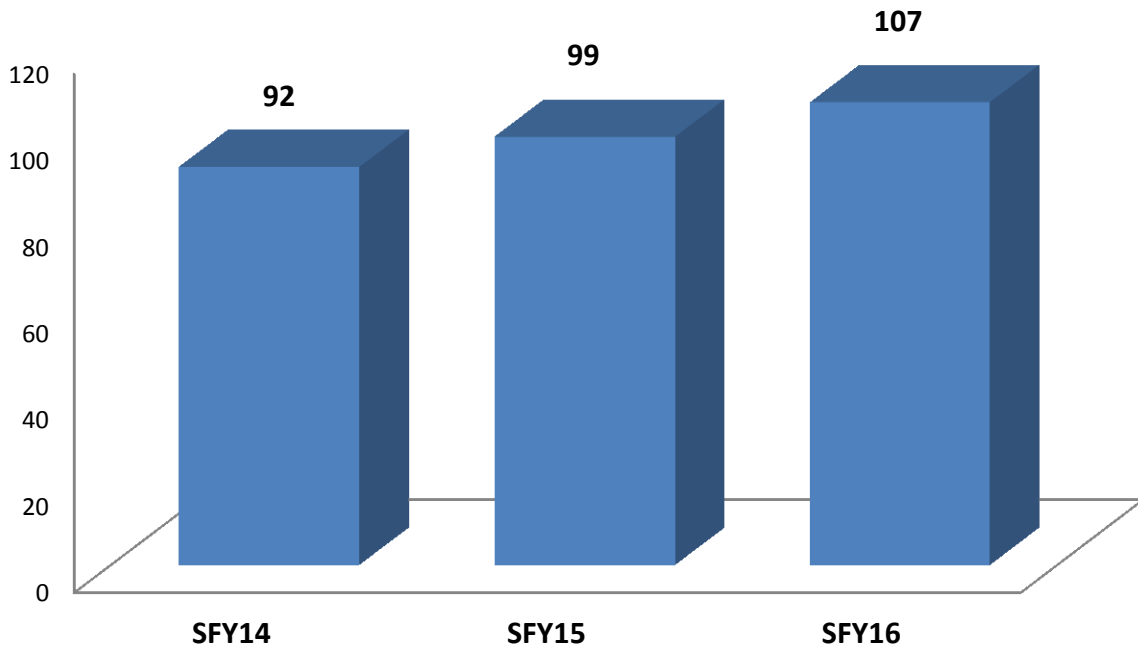
Availability of Providers



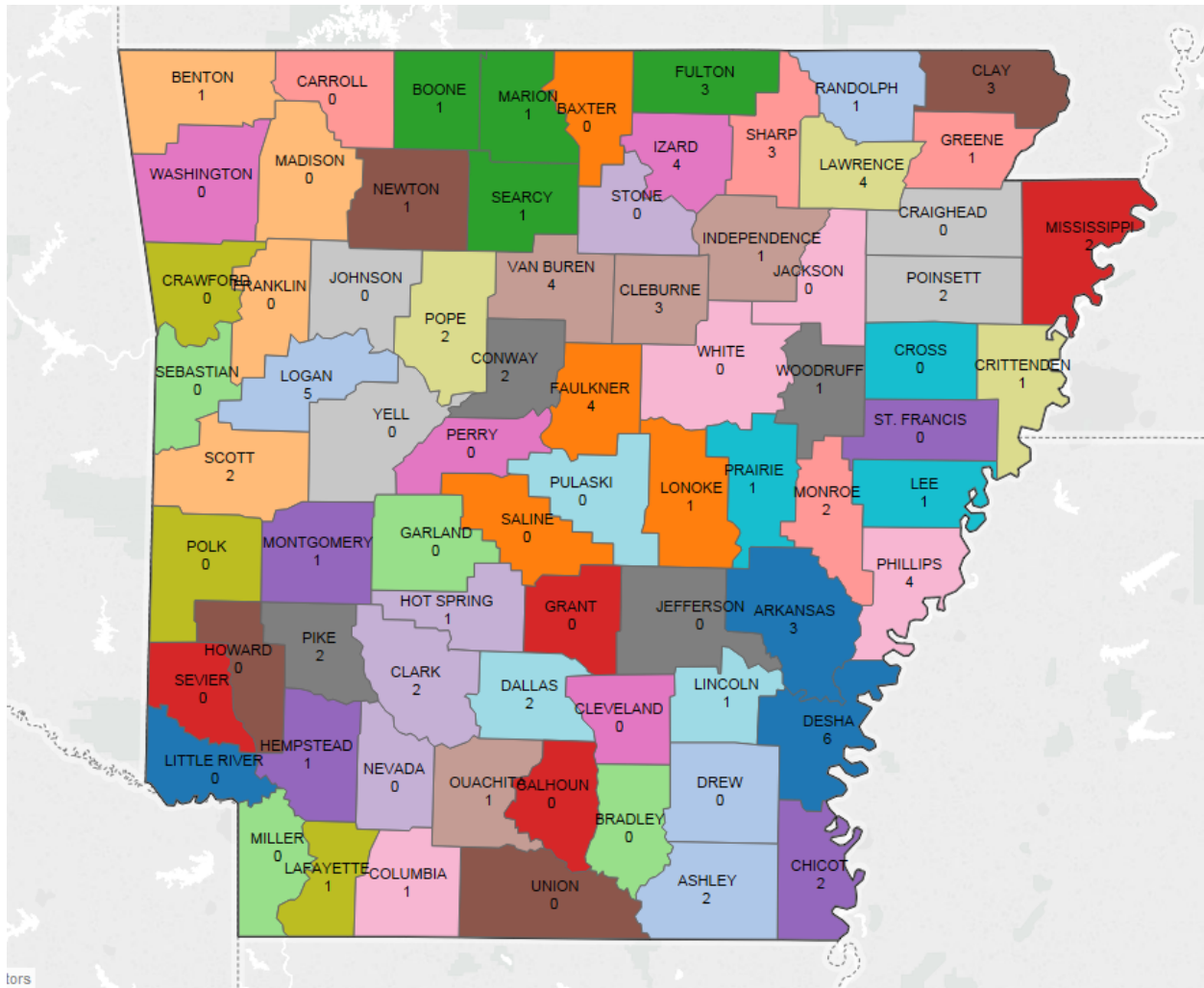
Geographic distribution of Federally Qualified Health Centers (FQHC) SFY15



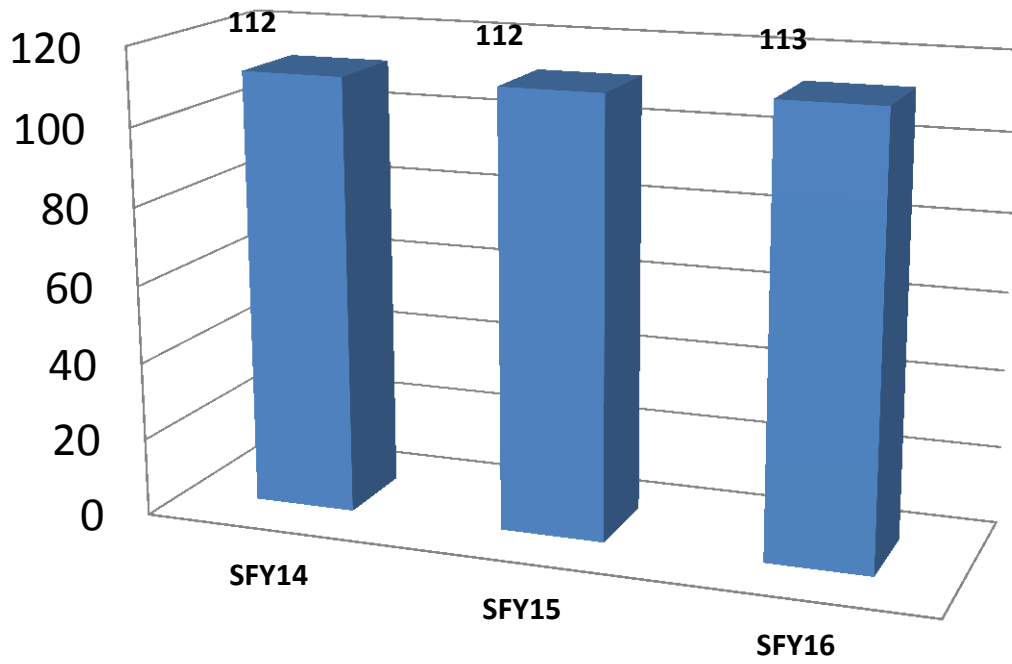
Number of FQHCs trended



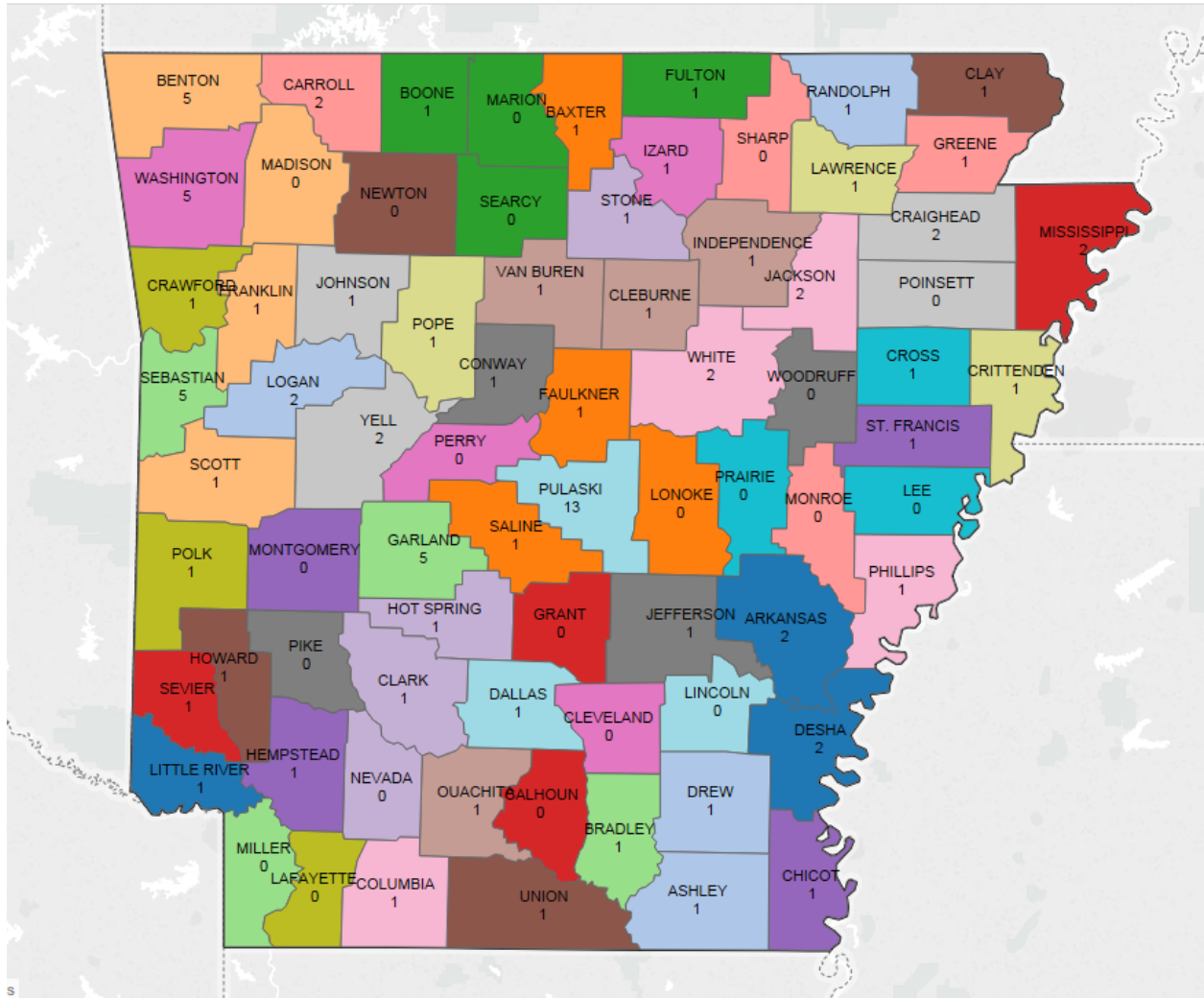
Geographic distribution of Rural Health Clinics SFY15



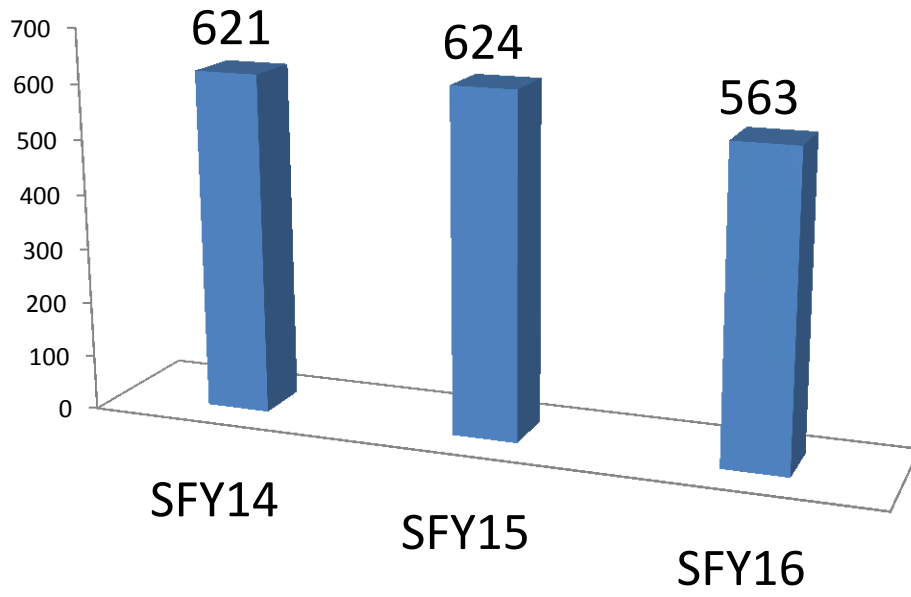
Number of Rural Health Clinics trended



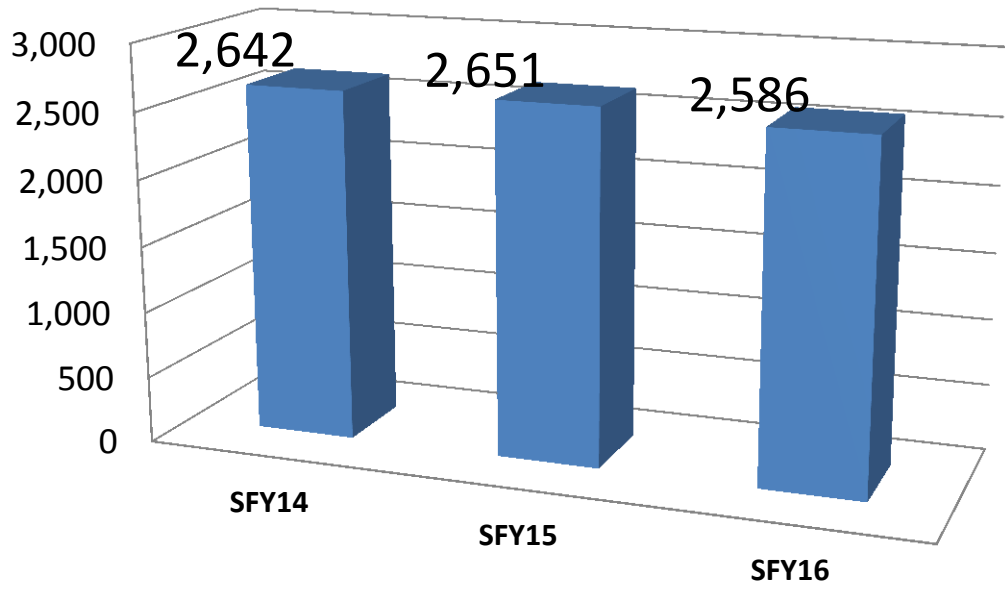
Geographic distribution of hospital-based clinics SFY15



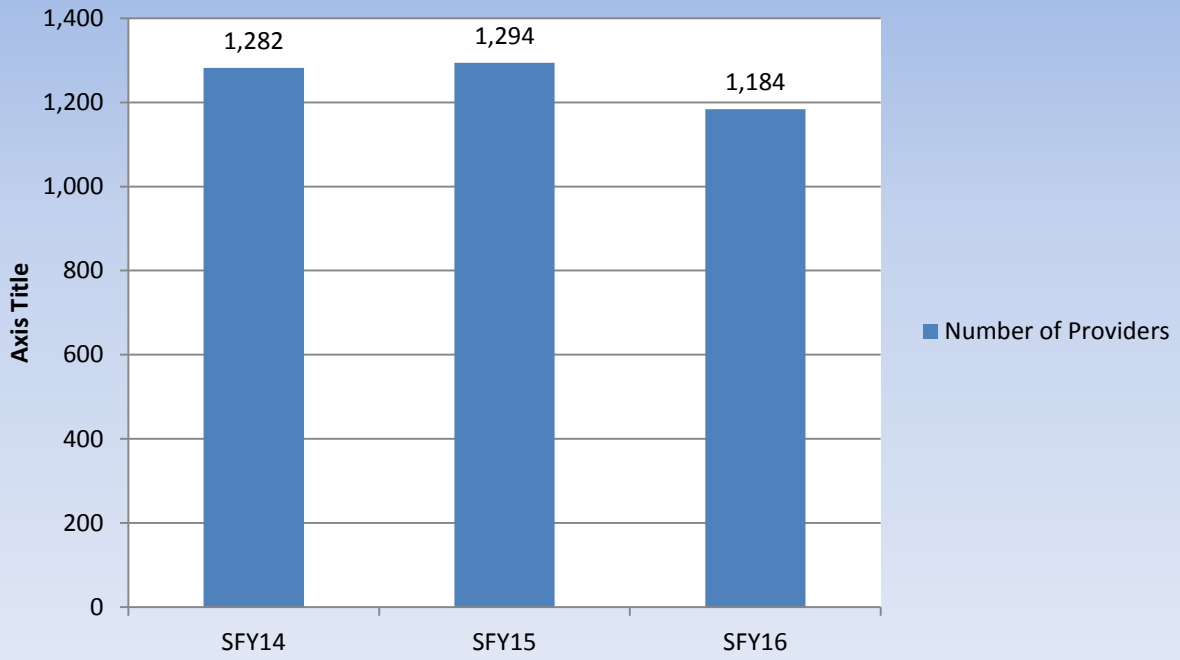
Number of Hospital-based clinics trended



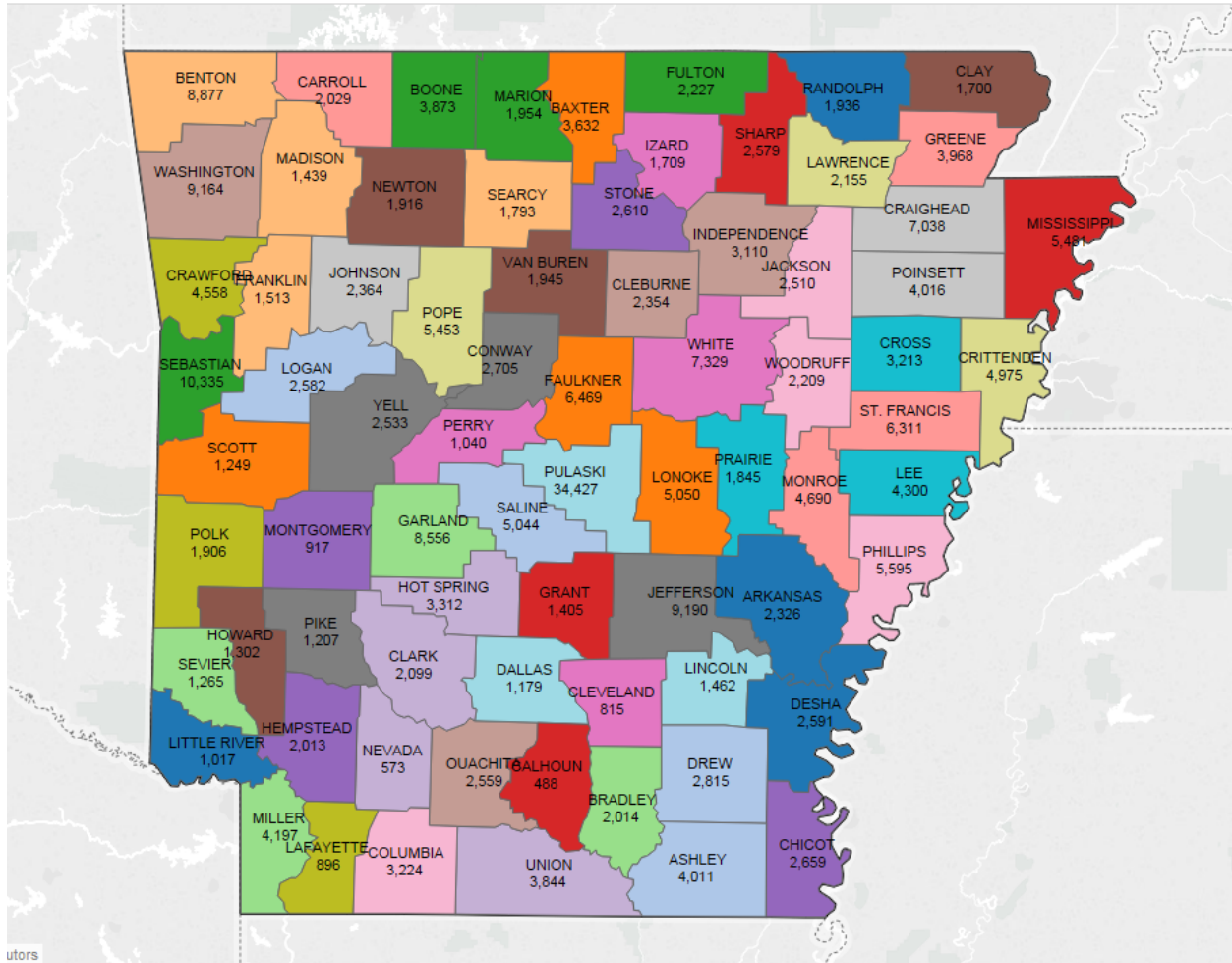
Number of Primary Care Physicians trended



Availability of Behavioral Health providers

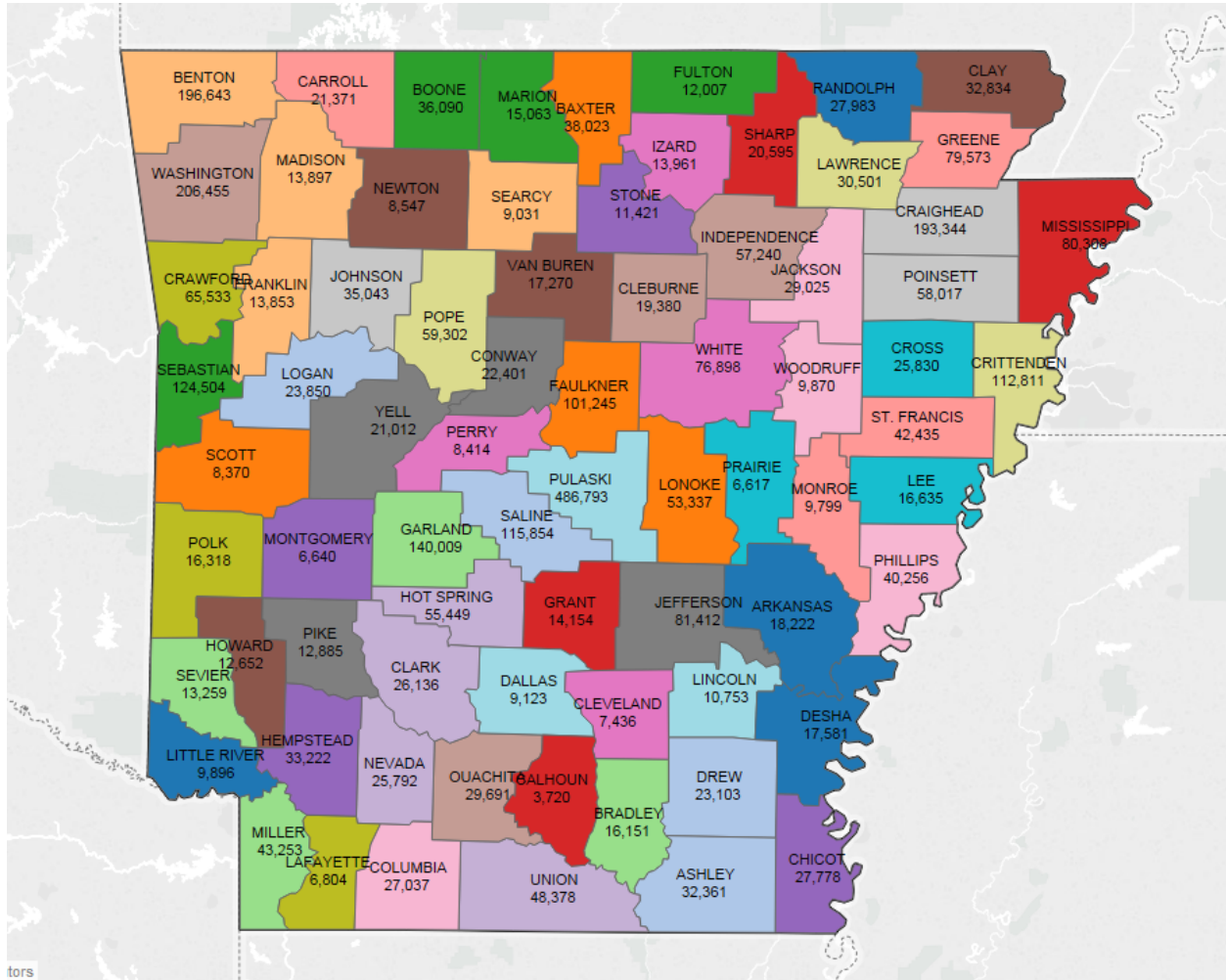


Home health services: Claim counts by geographic distribution

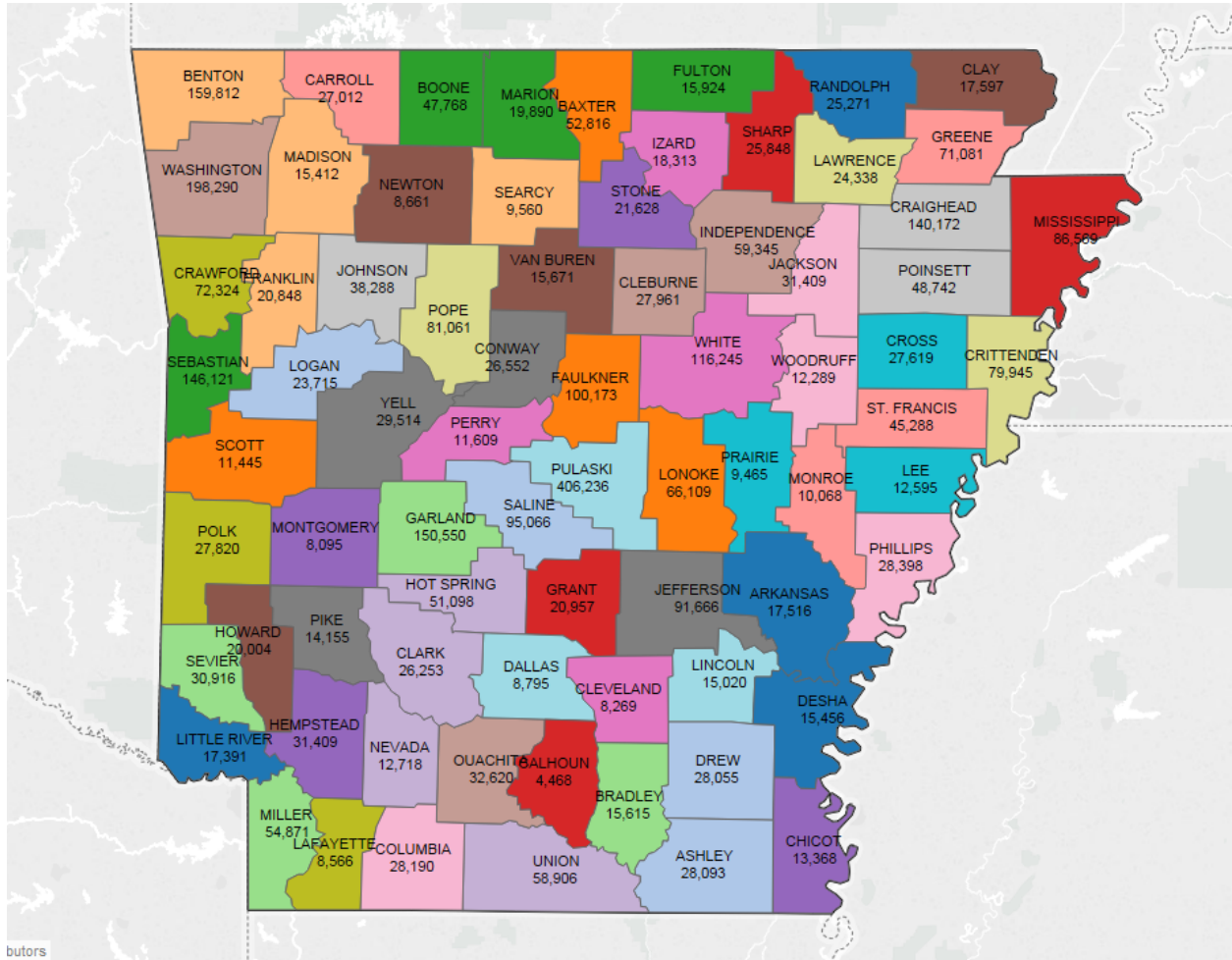


Utilization data SFY15

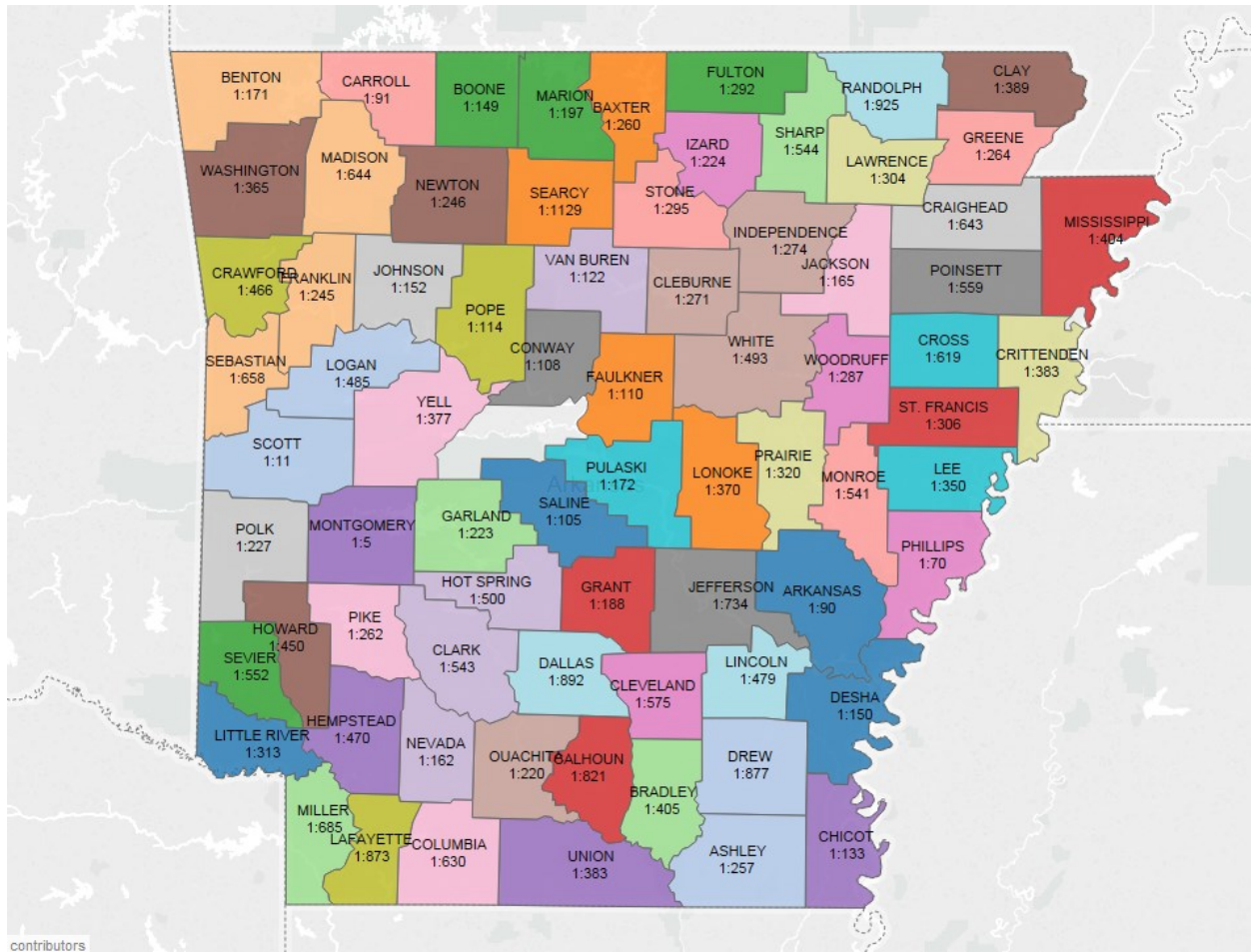
Physician specialist services: Claim counts by geographic distribution



Primary care services: Claim counts by geographic distribution



Ratio of Primary care providers to beneficiaries SFY15



MAPS SOURCE: Optum Government Solutions, Data Analytic

Conclusion

To understand the health problems facing the state, it is important to look at the people and where they live. There are close to three million people living in Arkansas. Children under the age of 18 make up 24 percent of the population. Individuals over 65 make up 14 percent.

There are 75 counties in Arkansas. The number of people in each county has changed over the years. Some counties in central Arkansas, northwest Arkansas and northeast Arkansas have grown in population in the past several years. Many counties in southern and eastern Arkansas have lost population. Arkansas is very rural compared to the U.S. as a whole. Almost 45 percent to the people in in Arkansas live in rural areas, compared to only 19 percent of people in the U.S.

The Arkansas Legislature has been working to support telemedicine which will help support access in rural areas to primary care and specialists. Act 887 of 2015 helps doctors to treat patients who have been examined at some point in person and have an ongoing professional relationship with the physician and can be seen in real time by audio and visual telemedicine technology.

Arkansas recognizes that Medicaid provides health care services for 45% percent of the state's population. These are critical services and the state will continue to monitor utilization and access throughout the state in accordance with the requirements outlined in 42 CFR 447.203.

SOURCES:

- Arkansas Center for Health Improvement Arkansas Health Workforce: Solutions for a Patient-Centered Future, Little Rock, AR: Arkansas Center for Health Improvement.
- Arkansas Foundation for Medical Care, 401 West Capital Ave. Little Rock Arkansas, 72201, Afmc.org.
- Arkansas Department of Health, 4815 West Markham Street, Little Rock, Arkansas, 72201.
- Arkansas Department of Human Services, Division of Medical Services, 7th and Main Street, Little Rock Arkansas 72201
- Hewlett Packard Enterprises, 500 President Clinton Ave, Suite 40, Little Rock, AR 72201
- Optum Government Solutions, Data Analytics Consultant, #1 Allied Drive, Little Rock, AR 72212