

# Medicaid Updates and Maternal Health / Gov. Task Force / Life360



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# Agenda

1. Snapshot of AR Medicaid
2. Maternal Health Taskforce
3. Upcoming Rate Review Cycle
4. Other Initiatives



# Overview of Arkansas Medicaid



## Medicaid Stats:

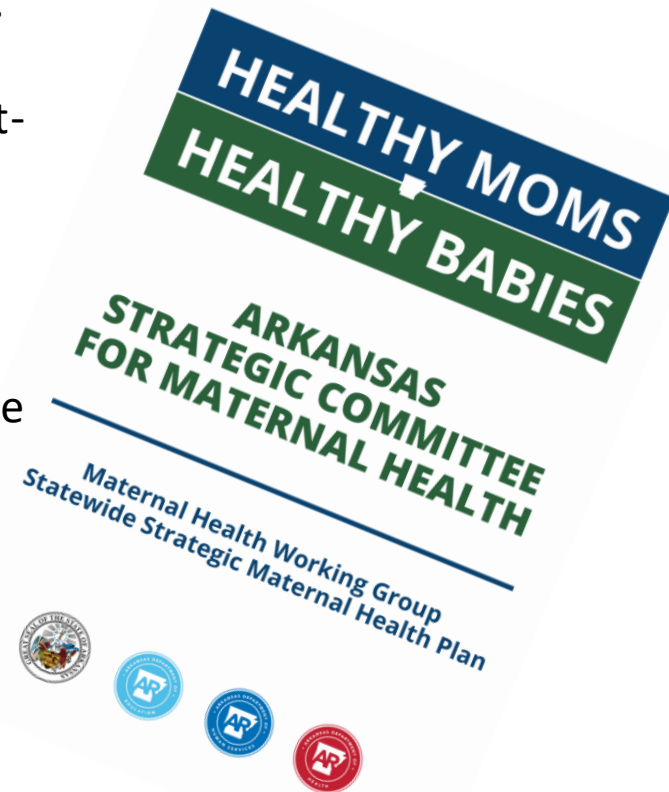
- Cover **1 in 3 Arkansans** of all ages and approximately **1 in 2 children**.
- Cover over **50% of all births**.
- Cover **80% of behavioral health services**.

- ❖ **Arkansas is an expansion state.** We are the only state that purchases private insurance for this population.
- ❖ We have a very small managed care program.
- ❖ We do not have 12 months post-partum coverage.
- ❖ All pregnant women in Medicaid get **full Medicaid benefits**.
- ❖ We do have an HRSN program for pregnant women called **Maternal Life360 Homes**.



# Maternal Health Task Force Recommendations for Medicaid

- ❖ Evaluate reimbursement across the maternal health landscape, including family planning and contraception.
- ❖ Implement presumptive eligibility for pregnant women.
- ❖ Improve identification and referral of pregnant and post-partum women at risk of losing coverage (i.e., through dashboards).
- ❖ Expand Medicaid services for pregnant or parenting women experiencing substance use disorders.
- ❖ Increase telehealth usage and expand options for mobile units.
- ❖ Reduce transportation barriers.



# Next Rate Review Cycle

<b>Phase 1</b>	Dental (now)	Personal Care/Respite	ARChoices
<b>Phase 2</b>	EIDT & ADDT	Ambulance	
<b>Phase 3</b>	DME	Home Hospice	
<b>Phase 4</b>	Physician, CRNA, CNM, APRN, PA	Global OB	
<b>Phase 5</b>	Chiropractor	ICF	
<b>Phase 6</b>	PT, OT, Speech	Lab	Radiology
<b>Phase 7</b>	Audiology	Home Health	
<b>Phase 8</b>	Ambulatory Surgical Centers	ESRD	
<b>Phase 9</b>	Behavioral Health	Optometry	
<b>Phase 10</b>	Private Duty Nursing	Targeted Case Management	

- Reviews have started now and will go through the end of 2027.
- Rate Review outcomes are subject to funding availability.
- Please find full schedule and information here: [humanservices.arkansas.gov/u/ratereviews/](https://humanservices.arkansas.gov/u/ratereviews/)



# Rate Review Objective

- Ensure Rates are Sufficient and Support Access to Quality Care
- Provide Payment Transparency and Comply with Access Rule Requirements: **42 CFR §447.203(b)**
- Maintain Budget Neutrality and Medicaid Sustainability



# Rate Review Approach

- Select Provider Types for Review
- Review Claim Utilization Data from the Prior Year
- Select Procedure Codes that Account for Approximately 70% of Utilization for Review
- Identify Six Medicaid States of Similar Size and Demographics (**Kansas, Mississippi, Missouri, Nevada, New Mexico and Oklahoma**), Medicare and Arkansas Blue Cross Blue Shield for Rate Benchmarking, where Applicable



# Rate Review Approach (Cont.)

- Conduct Provider Surveys
  - Request Provider Input on comparison states and codes list
  - Request Cost Information – Have Costs Increased or Decreased
  - Request information on payor mix
- Review Arkansas Medicaid Reimbursements for Care or Service
- Analyze Utilization and Access to Care, including network adequacy.
- Analyze Quality Indicators





# Rate Reviews Excluded

- The following Rate Reviews were Excluded from this Plan because they have existing Standard Rate Setting Methodologies:
  - Therapeutic Communities & Residential Community Reintegration (Last RR Completed 9/2021)
  - FQHC (Last RR Completed 5/2022)
  - RHC (Last RR Completed 5/2022)

Hospital (Acute Care Inpatient; Psychiatric Hospital; Rehabilitation Inpatient; Hospital Outpatient) were also excluded because there is ongoing analysis and discussion with our Actuaries and the Arkansas Hospital Association



# Other 2025 Initiatives

- Juvenile Justice Population Coverage—as required by CAA Section 5121
- Phase II of the Dental Transition—policy updates
- Home Health EVV Rollout
- Medicaid Advisory Committee

