

Arkansas' Medicaid and Public Health Agencies Partner to Improve the Lives of Individuals Affected by HIV/AIDS and Hepatitis C

Authors: Stephanie Paneca-Navarro, MSW, LSW, CHCS | Alexandra Kearly, MPH, ASTHO

Arkansas At-A-Glance

State Structure and Information

- Arkansas' public health and Medicaid programs are housed in separate agencies: [Arkansas Department of Health \(ADH\)](#) and Arkansas Department of Human Services' [Division of Medical Services \(DMS\)](#).
- With [44%](#) of people living in rural areas— compared to 19% nationwide— Arkansas is one of the [ten most rural](#) U.S. jurisdictions.
- Arkansas has a [16%](#) poverty rate—the fourth highest in the U.S.—and [39%](#) of Arkansas' population is considered low-income.

Arkansas Department of Health

- ADH is a centralized public health system with a budget of over [\\$288 million](#).
- ADH operates [94 local health units](#) across 75 counties to provide clinical services and administer public health programs.
- [ADH's 2020-2023 strategic plan](#) priority areas include behavioral health, maternal and infant health, vaccines/infectious disease, and obesity. ADH provides these [high-priority services](#) in all 75 counties, either through local health units or through the ADH central office.

Division of Medical Services

- Around 1 million Arkansans—[27% percent of the population](#)—are covered by Medicaid and the Children's Health Insurance Program under DMS. In fiscal year 2023, DMS had a budget of [\\$9.4 billion](#).
- Under Medicaid expansion, Arkansas' uninsured rate [fell](#) from 16% in 2013 to 8% in 2018, the most rapid decline of uninsured residents of any state in the country.
- Arkansas used a Section 1115 demonstration waiver to expand Medicaid through the "[private option](#)," which uses Medicaid dollars to purchase state marketplace health plans with private companies for families at or below 138% of the federal poverty level.

Cross-Agency Alignment and Collaboration

- Arkansas's most recent Section 1115 [waiver](#) was an approved amendment called [the Arkansas Health and Opportunity for Me](#) program. This iteration of the waiver is designed to not only increase health coverage, but also improve health and economic outcomes. The waiver's [Life360 Program](#) is a collaboration between DMS and partners, including ADH, to address health-related social needs.
- ADH is enrolled as a Medicaid provider and Medicaid reimburses ADH directly or through memorandum of understanding agreements for services.
- Arkansas employs a legislative liaison for the Department of Human Services and ADH.

Introduction

Arkansans face [significant health challenges](#), and the state is dedicated to developing ways to address these issues and improve the health of people living in the state. As the state implements its [2021-2025 State Health Improvement Plan](#), Arkansas Department of Health's (ADH) longstanding commitment to quality healthcare access, coupled with a strong Medicaid-public health partnership, positions the state to meet its population health goals.

The state's collaboration between its Medicaid and public health agency focuses on an array of programs, including maternal health services, infant hearing, oral health, and infectious disease. Arkansas' Medicaid agency—Arkansas Department of Human Services' Division of Medical Services (DMS)—also supports ADH in its administration of the Ryan White HIV/AIDS Program (RWHAP) to help address the needs of Arkansans living with HIV/AIDS and reduce the transmission of HIV and hepatitis C via health coverage for needed services.

This profile, informed through interviews with state officials from ADH and DMS, examines the collaboration between these two agencies to improve the lives of those affected by HIV/AIDS and increase prevention activities throughout the state. This profile is part of an initiative led by the Association of State and Territorial Health Officers (ASTHO) and the [Center for Health Care Strategies](#) that aims to better understand how Medicaid and public health agencies collaborate.

Role of Arkansas Department of Health in the Healthcare Safety Net

ADH provides clinical services and administers public health programs to all those living in the state, with a focus on those who are uninsured or underinsured. ADH provides a variety of [clinical and supportive services](#) ranging from the state's [WIC Program](#), [family planning](#), [breast and cervical cancer screenings](#), and [immunizations](#), to [tuberculosis/STD](#), and [smoking cessation services](#). ADH employs over 2,100 staff, including nurses, physicians, lactation consultants, and registered dietitians.

HIV/AIDS SERVICES PROVIDED

[RWHAP](#) works to prevent the transmission of HIV/AIDS and promotes the health and well-being of those affected by HIV/AIDS, including those with hepatitis C. (About [21%](#) of people with HIV in the U.S. also have hepatitis C.) By providing necessary treatment and ensuring clients are virally suppressed, RWHAP helps to prevent the spread of HIV. Through RWHAP funding and participating in the national [Ending the HIV Epidemic in the U.S.](#) initiative, ADH provides both preventive and treatment-based services for HIV/AIDS, hepatitis C, and STDs.

The below table highlights ADH's key HIV/AIDS services, many of which are funded partially by DMS. The table is not intended to be exhaustive and the breadth of ADH's clinical services extends beyond STD services (see the complementary [report](#) for additional examples). More information about ADH's service provision is available through [its website](#).

Table 1: Select HIV/AIDS and STD services provided by ADH

PROGRAM	SERVICES	FUNDING SOURCE	MEDICAID PARTNERSHIPS
Ryan White HIV/AIDS Program Part B	Provides basic outpatient primary medical care, treatment, and support services for people with HIV to improve health outcomes and reduce the transmission of HIV.	HRSA	DMS provides health coverage to Medicaid-enrolled RWHAP recipients and reimburses certain STD and tuberculosis services.
AIDS Drug Assistance Program	Provides FDA-approved medications for HIV/AIDS, hepatitis B and C, and mental health and substance use, and administers various vaccines and laboratory tests to low-income individuals who have little or no coverage from private or third-party insurance.	HRSA	This program is managed as part of RWHAP Part B, which funds medications and/or insurance coverage assistance for those that do not qualify for Medicaid or who need services not covered by their Medicaid plan.

In 2021, the ADH-administered RWHAP program served over [3,000 individuals](#), including individuals with HIV as well as their family and partners. ADH retained 944—or 75.3%—of those in care, meaning that 944 people with HIV had at least two medical visit dates that were at least 90 days apart in the measurement year.

The AIDS Drug Assistance Program (ADAP), which is operated by ADH, helps clients maintain access to lifesaving medications for a variety of conditions. While the primary focus of the program is HIV medications, ADAP can support people living with HIV/AIDS access medications for other conditions they may have, including but not limited to hepatitis C. ADAP also provides services to improve adherence to, and monitoring of, drug treatments.

Collaborating to Reduce Transmission of HIV/AIDS and Hepatitis C

As part of ADH’s participation in the [Ending the HIV Epidemic in the U.S.](#) initiative and its [HIV Prevention Program](#), ADH developed the [Ending the HIV Epidemic in Arkansas 2020-2025 Strategic Plan](#). The plan includes a [Hepatitis C Prevention Program](#), which is designed to help combat the high number of new [hepatitis C cases](#) arising each year.

ADH and DMS collaborate in a variety of ways to address the prevalence of HIV/AIDS and hepatitis C in the state. Until 2020, hepatitis C rates [increased](#) in Arkansas, in part due to an increase in substance use. The ADH infectious disease branch and DMS work closely on the state’s Hepatitis C Prevention Program using data and information sharing, and consulting on hepatitis C elimination efforts. ADH is required to submit an annual report to HRSA detailing how hepatitis C funding is spent in the state. ADH works with DMS to obtain data on HIV care and treatment services to enhance surveillance efforts and gain a more comprehensive understanding using multiple agency datasets. ADH’s epidemiologist assessed the rates of substance use disorder treatment and hepatitis C testing services in the state, and both agencies reviewed screening outcomes. This collaborative effort helped identify barriers to hepatitis C and tuberculosis screening and substance use disorder-related treatment services, including medication-assisted treatment and treatment services. Through these many data sharing efforts, DMS and ADH are also working together to address gaps in coverage for hepatitis C services.

According to interviews with state officials, Medicaid expansion has been immensely helpful to increase access to care for uninsured and underinsured RWHAP-eligible community members in Arkansas. ADH officials expressed that since RWHAP is the [payor of last resort](#) and Medicaid expansion has enabled more Arkansans to be covered by Medicaid, many program clients have transitioned from receiving RWHAP-funded services to having access to Medicaid-funded services to meet their healthcare needs. ADH submits claims to DMS for the provision of STD and tuberculosis services to community members, including initial and follow-up visits for STD/HIV and laboratory services.

FACTORS FOR SUCCESSFUL CROSS-AGENCY COLLABORATION

State officials interviewed indicated that certain aspects of the Medicaid-public health partnership were especially vital to the success of their efforts. Officials looking to strengthen Medicaid-public health collaboration can implement these practices in their own states.

- **Communicate consistently and clearly with interagency colleagues.** As an ADH staff member said of their relationship with DMS, “Their door is always open to us for partnership.” The formal agreements between ADH and DMS, which include a memorandum of understanding (MOU) for data sharing efforts pertaining to hepatitis C, including terms outlining service provision by ADH, reimbursement by DMS, and data sharing (including regarding service utilization rates) and other information sharing that enables communication between both agencies, which is key to aligning efforts and achieving common goals. Through a yearly site visit, ADH collaborates with DMS on strategic plan development to explore what is working and what is not, which includes discussion of the state’s hepatitis C prevention work, and determine steps to move forward with public health efforts. This includes conversations about how to best leverage funding and address gaps in services.
- **Explore Medicaid reimbursement agreements for public health services.** As an ADH staff member said about DMS, “If we start doing something new, Medicaid is receptive to adding programs to the reimbursement agreements. We renew our agreements on a regular basis.” State officials indicated that there are several Medicaid reimbursement agreements across service areas for various target populations, including maternal and child health, HIV/AIDS services, and tobacco cessation. Public health services reimbursed by DMS include the following: family planning services, immunizations, STD services, and case management and prenatal education for birthing individuals. An ADH official shared, “Reimbursement and communication are strong. Because funding is limited and we couldn’t survive off funding outside of Medicaid alone, the partnership is crucial to sustaining the delivery of services.” These agreements also allow Medicaid to expand its impact. By reimbursing ADH for services provided to Medicaid-eligible Arkansans, Medicaid can better reach populations it may otherwise find challenging to reach, such as [rural populations](#) and families of [mixed legal status](#) with different healthcare needs and resources.
- **Leverage federal initiatives to create task forces and bolster the Medicaid-public health partnership.** The most robust Medicaid-public health collaborative efforts in Arkansas revolve around initiatives funded by federal agencies, such as CDC and HRSA. These include HRSA-funded Title V and RWHAP and the CDC-funded Hepatitis C Prevention Program. ADH and DMS have leveraged these initiatives to create task forces for targeted efforts, such as opioid use elimination and HIV/AIDS prevention. The state has also leveraged the [Hepatitis C Medicaid Affinity Group](#) (Affinity Group), which is a national collaboration between state public health departments, Medicaid agencies, and correctional agencies, among others, to bolster partnership and expand hepatitis C treatment coverage. The Affinity Group aims to increase the number and percentage of Medicaid beneficiaries diagnosed with hepatitis C who were successfully treated and cured. It provides support to states for hepatitis C-related initiatives, including resources, technical assistance, and cross-state collaboration and information sharing.

- **Align quality strategies across agencies to maximize impact.** In 2019, ADH began working with HRSA to develop the [Clinical Quality Management Program](#) for RWHAP, which evaluates health outcomes for RWHAP patients and opportunities for improvement. Through this initiative, ADH collaborates with DMS to gather data on viral suppression rates, utilization of provider services, annual tuberculosis and hepatitis C screening rates, and immunization rates.

OUTCOMES

State officials from both ADH and DMS indicated pride in Arkansas' task forces to address healthcare needs in the state and increase access and coverage. A DMS staff member stated, "ADH often acts in an advisory capacity to the Medicaid program. We find great value in their expertise and what they bring to the table."

Together, the state agencies have identified gaps in Medicaid coverage of hepatitis C services in Arkansas. Currently there are requirements around specialty care, abstinence from IV drug use and alcohol abuse, and particular medical diagnoses needed to access treatment. The agencies are working collaboratively to modify those requirements to reduce barriers to care and improve services across all state agencies and payors. This partnership has also yielded policy development and reform within DMS on hepatitis C care guidelines.

Collaborative efforts to address hepatitis C and HIV in Arkansas have been promising: in 2019, there were over 8,000 new cases of hepatitis C, but by 2022, there were [just over 2,700](#), an approximate 66% decrease. The state has also seen a decline in its [HIV incidence rate](#) since 2016. Most recently, in 2019, there were 289 new cases of HIV, while in 2020 there were 242.

OPPORTUNITY FOR GROWTH

ADH and DMS have collaborated extensively to address the needs of individuals living with hepatitis C and HIV/AIDS. However, one partnership opportunity the agencies can consider is establishing an MOU or interagency agreement for RWHAP service delivery and financing. An MOU of this type would help the agencies avoid duplicating care coordination, which other states have found [beneficial](#).

MOUs for other state program collaborations have also provided structure to help guide partnerships and improve related health outcomes. For example, data sharing agreements could offer [benefits](#) to both agencies. An MOU for RWHAP in Arkansas could also facilitate more effective program design and implementation; help create a more efficient and fruitful partnership, as demonstrated by RWHAP agreements [in other states](#); decrease the incidence of hepatitis C and HIV/AIDS transmission in Arkansas; and ensure that individuals living with hepatitis C and HIV/AIDS receive the quality care they need.

Looking Ahead

Arkansas continues to forge a path for more robust Medicaid-public health partnership to better serve the needs of Arkansans. ADH and DMS remain focused on improving access to care and population health and engaging in data sharing and discussions on how best to align policies and efforts to ensure the healthcare system in Arkansas is working efficiently and meeting the state's challenges. By continuing to communicate and formalize the partnership structure, the agencies can strengthen their collaboration to better support the health and well-being of all those living in the state.

This profile was developed through a collaboration between ASTHO and the Center for Health Care Strategies as part of a series to better understand how State and Territorial public health agencies can support the healthcare safety net. For the full report and additional profiles, visit our [website](#).

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