January 2022

State Brief: Arkansas

THE CENTER FOR POPULAR DEMOCRACY

Sick of Waiting

Barriers to Medicaid Keep Healthcare Out of Reach

Alaskans Take A Stand

ARKANSAS COMMUNITY ORGANIZATIONS

RIGHTS & DEMOCRACY

SPACEs in ACTION

OPPORTUNITY KNOCKS DELAWARE

OF WV

TOP Texas Organizing Project

Sick of Waiting

Barriers to Medicaid Keep Healthcare Out of Reach

Acknowledgements

This report was written by Eli Vitulli. It was edited by Jennifer Flynn Walker, Vinay Krishnan, and Emily Gordon (Center for Popular Democracy) and staff members from Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy, Texas Organizing Project, Our Future West Virginia, and SPACEs in Action. This brief draws in part from *Healthcare is a Human Right: Examining Barriers to Medicaid Access*, a report on initial findings from our survey, written by graduate students at Columbia University's School of International and Public Affairs, including Arianna Bankler-Jukes, Drashti Brahmbhatt, Brittany Cronin, Diana McCaffrey, Etizaz Hassan Shah, Aastha Uprety, and Bingmei Zhou, as well as Kristina Eberbach (faculty advisor).

THE CENTER FOR POPULAR DEMOCRACY

The Center for Popular Democracy is a nonprofit organization that promotes equity, opportunity, and a dynamic democracy in partnership with innovative base-building organizations, organizing networks and alliances, and progressive unions across the country. www.populardemocracy.org

ARKANSAS COMMUNITY ORGANIZATIONS

Arkansas Community Organizations is Arkansas's largest grassroots organization. We organize low-income and working families across the state to enable them to fight for social and economic justice. ACO believes that when people join together around a common purpose, they can accomplish great things through planning and action.

Medicaid is a vitally important federal public health insurance program for people with low incomes. It insures 75.9 million people in the US, or more than one in every five Americans, including over 880,000 in Arkansas,[1] while also substantially financing the nation's hospitals, community health centers, nursing homes, doctors, and other health care jobs. Medicaid covers a diverse range of health care services and is an especially important source of comprehensive children's health care, long-term care including nursing home care and community-based long-term services, care for pregnant people, and primary care through community health centers.[2] It has helped narrow long-standing economic and racial disparities in health insurance and health care access.[3] The program has been particularly important during the COVID-19 pandemic and the related recession, supporting continued health care access for many people who lost their jobs due to the pandemic.[4]

In other words, Medicaid is a safety net, allowing many vulnerable people to access affordable health care, including many people who work but whose employers do not offer health insurance benefits.[5] Research shows that people with Medicaid have much better access to health care, better health outcomes, and greater financial security than uninsured people.[6]

In 2013, Arkansas became the first southern state to expand Medicaid coverage to adults through the Affordable Care Act. The program paid for private health insurance for people with incomes at or below 138% of the federal poverty line.[7] Medicaid expansion has faced opposition in each legislative session since 2013. In 2017, the legislature approved work requirements for Medicaid expansion enrollees, which was put on hold by a federal judge in April 2019.[8]

All people who meet Medicaid eligibility criteria are guaranteed coverage.[9] However, many Arkansans who are eligible still struggle to enroll in and maintain Medicaid coverage. Studies have shown that people can face substantial burdens, such as complex and confusing enrollment and renewal processes, burdensome paperwork, and lack of knowledge about eligibility.[10] Poverty, non-citizen status, not being fluent in English, and living in a rural location exacerbate many of these barriers. It is also likely that people of color are more likely to experience barriers. Because of the ways that systemic racism shapes how social safety net programs are implemented, people of color, especially Black people, are less likely to access and more likely to experience greater scrutiny when trying to enroll and when enrolled in other social safety net programs.[11] Yet, Medicaid is especially important for people of color, who are more likely to be uninsured than white people, and studies have shown that Medicaid expansion has helped narrow that divide.[12] Medicaid has also been especially important for people living in rural areas, in large part because of high uninsured rates.[13] Moreover, many of the barriers that people face enrolling in Medicaid are likely exacerbated by the COVID-19 pandemic, as demand for the program has increased, offices have temporarily closed, and call volumes have increased.[14]

To better understand the barriers faced by Arkansans trying to access Medicaid, the Center for Popular Democracy, Arkansas Community Organizations, researchers at Columbia University, and other partners surveyed 282 community members about their experiences applying for Medicaid.

Highlights from the survey findings include:

- The majority of respondents described a good or relatively easy enrollment experience. However, 41% of respondents experienced challenges when they tried to enroll in Medicaid. Respondents applying via the website (55%), the mail (50%), and the phone (49%) were more likely to report challenges than those applying in person (29%). Moreover, 65% of respondents who were rejected reported experiencing challenges.
- No one answering the phone or calls being dropped, not understanding how to apply, feeling stigma or shame in applying, the website being difficult to navigate, not having the forms to apply, and long wait times were the most common barriers to enrollment.
- 18% of respondents were dissatisfied with their application experience, while 66% were satisfied. The remaining 16% were neither satisfied nor dissatisfied.
- The overwhelming majority of respondents (88%) are Black.

The first section of this brief outlines our survey findings in more detail and contextualizes our findings with other studies about barriers to enrolling and renewing Medicaid. The last section offers best practices for Medicaid enrollment and renewal systems to adopt to eliminate or minimize many of the barriers discussed in this brief.

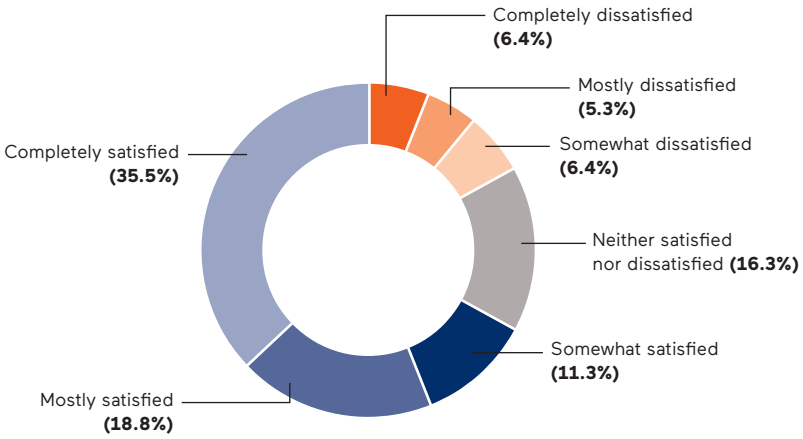
> **"I make like $5 over the income cap. It's ridiculous that I could lose my Medicaid over an arbitrary number. The website is onerous. There is no help. Documentation is all suspicious of the applicant."**

> **"They claim that they lost my [application] after I got everything done. I need medical help during that time and couldn't see the doctor."**

> **"They told me I couldn't apply because they put me down as an immigrant. And I was born in the United States and they said I wasn't because of my name."**

"How satisfied were you with your recent Medicaid application process?"

Only **65.5%** of survey respondents report being satisfied.



Medicaid: An Overview

Medicaid is the US's primary public health insurance for people with low incomes. The program insures nearly three out of every ten people living in Arkansas.[15] Originally authorized as part of the Social Security Act in 1965, the program is now structured as a federal-state partnership and implemented federally by the Centers for Medicare and Medicaid Services within the Department of Health and Human Services (HHS) and administered by the states.[16]

For more information on different types of coverage categories, how Arkansas Medicaid works, and the services covered, see Arkansas Medicaid Client Handbook, https://humanservices.arkansas.gov/wp-content/uploads/Medicaid_Beneficiary_Handbook_ENG_20210211v1.0FINAL.pdf.

Eligibility

Both the federal government and state governments establish qualifying criteria for Medicaid eligibility. States have broad discretion to determine eligibility criteria as long as they comply with federal guidelines, including certain federally mandated populations, such as low-income pregnant people and children and people who receive Supplemental Security Income (SSI).[17]

Because Arkansas opted into Medicaid expansion under the Affordable Care Act, any resident who does not have health insurance, meets income eligibility requirements, and is a citizen or has certain authorized immigration statuses is eligible for Medicaid. Eligibility is based on income, assets (for some groups), and status relative to certain categories, including but not limited to age, disability, and whether someone is a parent or caretaker and/or pregnant.[18] In addition, not all recipients have access to the same services (for example, people who are eligible because they are pregnant have access to certain pregnancy-services).

Additionally, undocumented immigrants and many legally authorized immigrants are ineligible for Medicaid, including those with temporary protected status. Refugees and asylum seekers qualify for Medicaid, while legal permanent residents must wait five years before becoming eligible.[19] Arkansas has removed this 5 year waiting period for children and pregnant people who are legally authorized.[20]

Because there are multiple status categories with different income limits and criteria, eligibility is complicated and difficult to understand, which is a potential barrier to eligible Arkansans even knowing they are eligible.

Funding

States and the federal government share funding responsibility for the Medicaid program. The federal government matches at least every dollar of the amount states spend on Medicaid, with no preset cap or limit, and provides a higher match rate for poorer states.[21] The federal government covers 77.82% of Arkansas Medicaid costs.[22]

The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, expanded Medicaid eligibility and increased enrollment, with the federal government fully covering the cost of the expansion for the first few years. While the original law required states to expand Medicaid enrollment, in 2012, the Supreme Court handed down a ruling that effectively made Medicaid expansion optional for states.[23] Arkansas has expanded Medicaid.[24]

As of the end of 2020, nearly 15 million people who were newly eligible because of the expansion enrolled in Medicaid, 306,500 in Arkansas.[25] In states that adopted the expansion, there was a major decline in uninsured adults and children. Studies have also found that Medicaid expansion has reduced--although not eliminated--racial disparities in health insurance coverage, access to health care, and health outcomes.[26]

Barriers to Enrollment and Renewal

Medicaid supports the health and well-being of many of the most vulnerable members of our society. Yet, there are significant barriers to eligible Arkansans enrolling in and maintaining Medicaid coverage. While most respondents reported that the enrollment process was simple or easy, a significant number (41%) reported experiencing challenges.

The most common barriers that respondents described were due to system infrastructure, especially calls not being answered or being dropped, long wait times, unhelpful representatives, not having an office nearby, and challenges navigating the website.

Other barriers identified by respondents included administrative errors such as wrongly inputted income information, glitches in the website, never receiving their Medicaid card after being enrolled, and waiting months to hear back regarding application and enrollment statuses or never receiving notice that they had been enrolled.

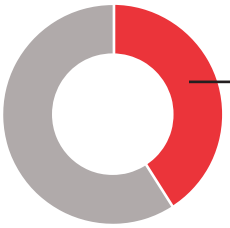
Other common barriers include **administrative ones, such as cumbersome paperwork demands or enrollment processes**.[27]

People can also face challenges and barriers to maintaining Medicaid once they are enrolled. **Complex renewal procedures, administrative requirements with strict deadlines and no grace periods to maintain eligibility, and periodic or even frequent eligibility reviews can contribute to disenrollment in Medicaid and increase uninsured rates.**[28] While most respondents said maintaining their coverage was easy, a few identified problems, including not having a permanent address (2), not having enough time to complete the renewal process (7), and not knowing about the renewal requirements and process (8).

When states have created more complex processes or added documentation requirements, enrollment and retention have declined significantly. Prior to the COVID-19 pandemic, enrollment in Medicaid in Arkansas was declining, due at least in part to burdensome requirements, including the state policy that any returned mail triggers an automatic disenrollment and its controversial work requirements.[29] In 2018, Arkansas implemented work requirements for its Medicaid expansion enrollees. The policy required recipients to work or engage in other qualifying activities at least 80 hours per month and report their activity through the internet on a monthly basis. If someone failed to report for three consecutive months, they would be removed from Medicaid. Because of the policy, more than 18,000 recipients lost their coverage. Research showed that the policy did not increase employment and that the majority of those who lost coverage had adverse, potentially devastating consequences, including delayed care and treatment and serious medical debt.[30] In 2019, a federal judge halted the policy, and in 2021, the Biden administration decided to rescind approval for Arkansas's work requirements, which had initially been approved by the Trump administration.[31]

Recipients losing coverage and having to reapply can be devastating for their health and finances. It is also costly for Arkansas, since it takes more resources to process new applications than to assess continuing eligibility.[32]

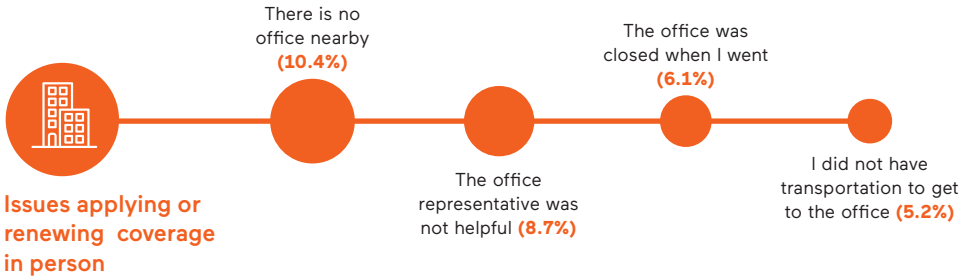
Did you face any of these challenges while applying for or renewing Medicaid coverage?

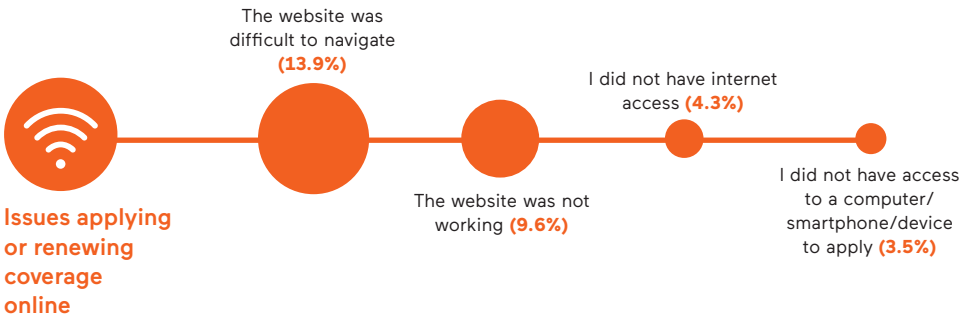


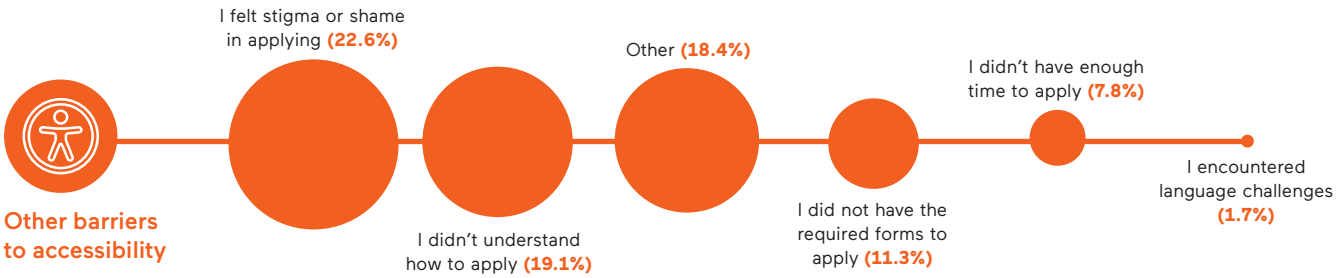
40.8%

Faced challenges while applying for or renewing Medicaid coverage

Among those who faced challenges, respondents reported:







Arkansas is currently seeking federal approval to change their Medicaid system, which would raise premiums and copayments for some recipients and shorten retroactive eligibility--which covers medical expenses for a period prior to a recipient's application date--from 90 days to 30 days.[33] These changes will likely be extremely burdensome to recipients, especially shortening retroactive eligibility coverage, which will leave many with crushing medical debt burdens.[34]

If someone is poor, an immigrant, or living in rural areas, they can face particular challenges accessing Medicaid. It is also likely that Black, Indigenous, Latinx, and other people of color are more likely to face challenges enrolling in and maintaining Medicaid. Because of the ways that systemic racism shapes how social safety net programs are implemented, people of color, especially Black people, are less likely to access and more likely to experience greater scrutiny when trying to enroll and when enrolled in other social safety net programs.[35]

Despite being a program for people with low incomes, **poverty can cause particular challenges with Medicaid application and renewal procedures**, such as not having internet access, low adult literacy, lack of computer literacy, and not being fluent in English.[36] One in three adults enrolled in Medicaid "never use a computer or the internet," and four in ten do not use email.[37] Only 57 percent of adults with incomes under $30,000 have access to broadband in their homes.[38] Availability and access to high speed internet in rural areas lags far behind urban areas,[39] and internet connections can not only be slower but also more expensive in rural areas.[40] This lack of internet access makes it harder, if not impossible, to apply online. A small but significant number of respondents reported that they did not have internet access (5) and/or access to a computer or other device to apply (4).

Having time to navigate complicated and lengthy application and renewal procedures can also be particularly burdensome for people with low incomes, especially working parents and other care-takers. Nine respondents reported that they didn't have enough time to apply, and many more identified time-related challenges, including long wait times (10), no one answering calls (15), calls being dropped (10), and the office being closed when they went (7).

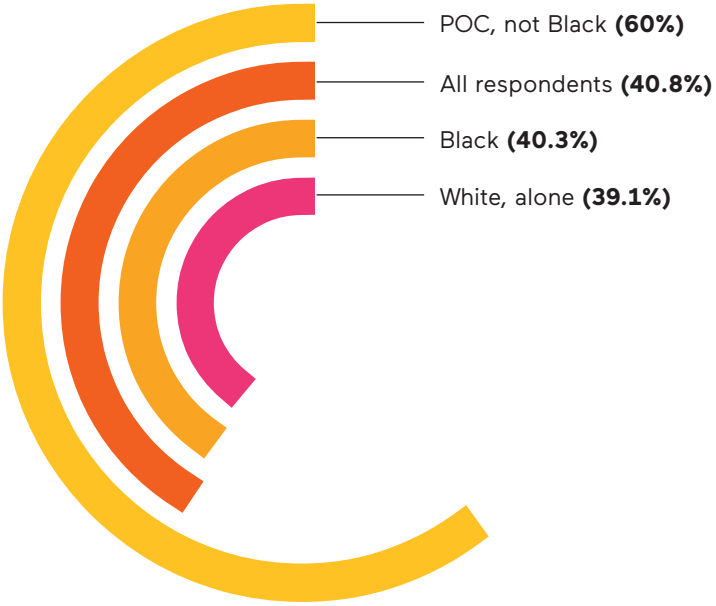
Low-income families with children, especially single parents, are especially likely to have little-to-no discretionary time.[41] Single parents are also disproportionately low-income and/or Black women.[42] While they often face particular challenges in accessing Medicaid, the program has been especially important for low-income pregnant people and families with children. Research has shown that the program has helped significantly reduce infant and child mortality and has also helped reduce teen mortality and improve educational attainment.[43]

Medicaid is especially important for people living in rural areas, who are more likely to be low-income and less likely to have private insurance.[44] Yet, they also face burdens to accessing Medicaid, especially if they need to apply in person. They may need to travel long distances to their county's Medicaid office, which in turn requires time and resources. Most Medicaid offices are not open on weekends and visiting an office may require an individual to make burdensome and costly accommodations, such as taking time off from work and finding transportation and childcare. A 2005 study found that about one-third of respondents expressed difficulties finding transportation to apply to Medicaid, and about one-quarter of participants agreed that the hours when one could apply at Medicaid offices were inconvenient.[45]

Noncitizens who are eligible for Medicaid can also face multiple administrative, logistical, and language barriers when applying to Medicaid, and language barriers can make complicated eligibility and verification paperwork requirements even more difficult to navigate.[46] People with limited English proficiency are more likely to struggle with the Medicaid application and renewal processes.[47]

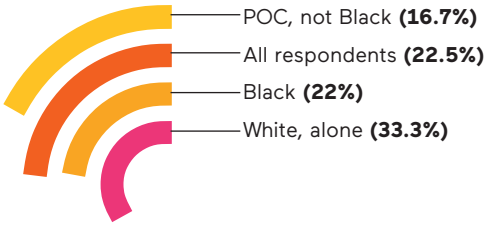
"Did you face any of these challenges while applying for or renewing Medicaid coverage?"

(by race of respondent)

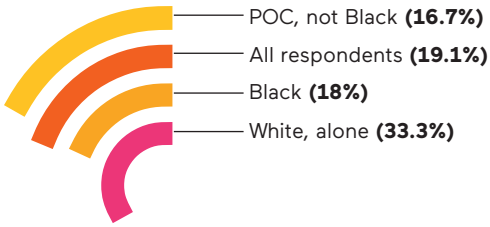


Top responses among those who faced challenges:

"I felt stigma or shame in applying"



"I didn't understand how to apply"



"[The] Medicaid application was difficult to fully understand and work [the] website."

"No one answered"

"My daughter was originally kicked off Medicaid because I didn't know about what I needed to renew. I received 1 letter about it at an old address and didn't know in time."

"My wife helped me call and do the application on the phone! The call dropped 3 times. I kept calling back."

"I felt overwhelmed and opted out of the process."

"I work off-hours from office people, so it was hard to find a time to go. When I did make it there, I didn't know I would need more proof of different things like our whole household income, which is hard to get being a server. So I never got it and never went back."

"I completed a Healthcare Marketplace application in November which is how I was automatically referred to the state Medicaid. At the time I was [on] unemployment. I received a letter asking me for verification of income (which I mailed in) and after that I did not hear anything. My daughter had a doctor appointment in January...and I happened to talk with one of the Financial Counselors at [the hospital]. She was able to pull up my account and found a letter dated [earlier in January] that I had been approved effective as of November 1st! The problem with that is I had not received any communication and wonder if I had not run into that Financial Counselor, when would I have been notified."

"When I applied for Medicaid, the case worker kept my application over the 30 day period."

Best Practices for Medicaid Enrollment and Renewal Systems

Because the Medicaid eligible population is diverse in its needs, it is important to provide a range of options to facilitate enrollment and renewal that take into account the usually limited resources of low-income households. The following are best practice suggestions that address many of the challenges in the application and renewal processes that our respondents encountered.

Enrollment

Staff call centers, online support representatives, and in-person support staff to meet demand. Representatives should be well-trained in the application process and customer service. In particular, staff should be trained to embody the idea that they are expected to help people get healthcare, not stigmatize or otherwise look down on applicants or assume that applicants are not eligible.

Create specialized eligibility staff that can assist complex cases or cases of people in "special populations," such as applicants with self-employment income or applicants who are refugees.

Create navigator or assister programs. In particular, fund trusted community-based organizations to implement these programs, where organizational staff and community members are trained to provide enrollment and renewal assistance to community members. Navigators should have the ability to help someone submit their application. Some community-based organizations are already providing navigator-type services, and they should be funded for this vital work.

Applications should use plain language and be easy to read and comprehend. Include FAQ and help pages online that also use plain language and define any specialized terminology.

Create an online live chat option, so that applicants can ask questions to a representative as they fill out their application online.

Create a dynamic online application, which tailors questions based on the information an applicant provides, runs validation checks, and tells an applicant if they've missed key questions. This helps applicants submit accurate and complete information while keeping them from having to answer unnecessary questions or provide unneeded documentation.

Allow applicants to upload documents as part of their online application, including automatically notifying applicants about any required documentation when they submit their application. Accept scanned copies and digital photos of documents.

Provide clear explanations for why an applicant is being asked about sensitive information.

Create a real-time eligibility determination system that uses federal and state data sources while the applicant is filling out the application.

Integrate enrollment systems and other administrative systems to share information and facilitate automatic information and eligibility checks. Create streamline enrollment that automatically enrolls eligible SNAP recipients (i.e. uses participation in SNAP to determine that someone is under the income eligibility limit).

Accept self-attestment (or applicants reporting their income, residency, and other information) and conduct post-enrollment verification. Adopt a reasonable compatibility policy that accepts discrepancies between reported income and data sources within a certain threshold.

Create presumptive eligibility, which facilitates the enrollment of individuals who are likely eligible for Medicaid to access services without waiting for their application to be fully processed. States authorize "qualified entities," such as community-based organizations, hospitals, health care providers, and schools, to screen and enroll eligible community members.

Create systems that allow smooth coordination with the state and/or federal Marketplace. If you have a state-based Marketplace, create an integrated Marketplace/Medicaid eligibility determination system.

Significantly raise the income eligibility ceiling and asset limits for all eligible groups. Doing so will not only allow more low-income families to access needed health care but also allow current recipients to accept raises, higher paying jobs, more shifts, and/or save without fearing that they would lose their health insurance.

Withdraw or do not implement work requirements. While no work requirements are in effect, if they are approved and authorized by courts, they would likely cause many otherwise eligible people to lose Medicaid coverage, especially parents and other caretakers, who are disproportionately women.[48]

Keep the full 90 days of retroactive coverage in place and do not raise copayments or premiums. In other words, withdraw the ARHOME waiver request to the federal government.

Renewals

Adopt a continuous eligibility policy, which keeps recipients enrolled for 12 months, regardless of fluctuations in income. This policy can be implemented for adults through an 1115 waiver and for children through a state plan amendment.[49] Continuous eligibility is important for low-income families whose income fluctuates throughout the year, especially for people who are self- or seasonally employed, have unpredictable schedules, or are tipped workers, but also for people who pick up an extra shift or work overtime that puts them slightly over the income limit for a month. Low-income families and families of color disproportionately experience income volatility.[50]

Coordinate ex parte renewal with renewals or applications for other benefits, such as SNAP. Because recipients of Medicaid significantly overlap with recipients of SNAP and other programs and other programs often require more frequent renewals and other contact than Medicaid, by renewing and extending Medicaid benefits like this, a Medicaid recipient may never need to take action to renew their benefits. Similarly, use targeted enrollment strategies to automatically renew Medicaid benefits based on a recipient's enrollment in other programs.

Create automatic renewal systems (or "ex parte" renewals), where your state agency uses available federal and state data sources to determine continued eligibility without requiring recipients to provide information, unless necessary. This automatic renewal system can use the same databases as the real-time eligibility determination system. Notably, federal regulations require states to do at least some ex parte renewals.[51] For example, Rhode Island renews about two-thirds of its income eligible Medicaid recipients by examining available data sources, including quarterly wage reports, Title II, and unemployment insurance data, without requiring action by the recipient. Washington state uses IRS and quarterly wage data to determine continued eligibility for around two-thirds of its beneficiaries.[52] Your system should use all available data sources.

Create a mobile app that allows recipients to receive notices and update their information. Colorado and Washington state have successfully used such an app.[53] Seek out developers from historically excluded groups of people (Black people, Indigenous people, and people of color, women, LGBTQ+ people, and/or people with disabilities).

Resources

Medicaid and CHIP MAGI Application Processing: Ensuring Timely and Accurate Eligibility Determinations (Medicaid and CHIP Learning Collaboratives, 2019): https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/timely-accurate-eligibility.pdf.

Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population (Kaiser Family Foundation, 2016), https://www.kff.org/medicaid/issue-brief/outreach-and-enrollment-strategies-for-reaching-the-medicaid-eligible-but-uninsured-population/.

Medicaid Real-Time Eligibility Determinations and Automated Renewals: Lessons for Medi-Cal from Colorado and Washington (Urban Institute, 2018), https://www.urban.org/sites/default/files/publication/98904/medicaid_real-time_eligibility_determinations_and_automated_renewals_2.pdf.

Improving SNAP and Medicaid Access: Medicaid Renewals (Center on Budget and Policy Priorities and CLASP, 2018), https://www.cbpp.org/research/health/improving-snap-and-medicaid-access-medicaid-renewals.

Opportunities for States to Coordinate Medicaid and SNAP Renewals (Center on Budget and Policy Priorities, 2016), https://www.cbpp.org/research/health/opportunities-for-states-to-coordinate-medicaid-and-snap-renewals.

Using Asset Verification Systems to Streamline Medicaid Determinations (Center on Budget and Policy Priorities, 2021), https://www.cbpp.org/research/health/using-asset-verification-systems-to-streamline-medicaid-determinations.

Reasonable Compatibility Policy Presents an Opportunity to Streamline Medicaid Determinations (Center on Budget and Policy Priorities, 2016), https://www.cbpp.org/research/reasonable-compatibility-policy-presents-an-opportunity-to-streamline-medicaid.

Methodology and Survey Sample

For most of 2021, the Center for Popular Democracy, Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy (New Hampshire), Texas Organizing Project, Our Future West Virginia, SPACEs in Action, and researchers at Columbia University collaborated to design and administer a survey project asking community members about their experiences applying for Medicaid in Alaska, Arkansas, Delaware, New Hampshire, Texas, West Virginia, and DC. This brief reports the results from respondents in Arkansas.

From mid-February to late August, 2021, Arkansas Community Organizations administered surveys in Arkansas via phone and text banking, social media, and outreach to community members and partner organizations. Respondents either filled out the survey on their own over the internet or had an organizer fill it out for them over the phone. We collected 1057 surveys nationwide, including 282 from Arkansans.

There were few limitations for this study. Conducted during the COVID-19 pandemic, organizers were largely unable to administer surveys in person, and the survey was primarily over the internet and was only in English (although some organizers were able to translate the survey over the phone), These constraints, unfortunately, likely reproduced some of the challenges we sought to identify, namely language barriers and the digital divide.

In addition, our survey oversamples people of color, especially Black residents, which is a benefit to our survey because most surveys undercount people of color.[54]

Race/ethnicity of respondents in Arkansas

Black: **87.9%**

People of color who are not Black: **3.5%**

White: **8.2%**

Prefer not to respond: **0.4%**

Gender of respondents in Arkansas

Women: **67.7%**

Men: **31.6%**

Transgender and/or Non-binary: **0.7%**

Enrollment status of respondents in Arkansas

I applied but was rejected: **12.1%**

I don't know: **6.4%**

I want to enroll in Medicaid, but I have been told or think I'm ineligible: **1.4%**

I tried to apply but didn't submit the application: **3.2%**

Other: **7.8%**

Yes: **69.2%**

How respondents in Arkansas applied for Medicaid

In person: **33.3%**

Website: **22%**

Mail: **15.6%**

Phone: **21.6%**

Other: **13.1%**

More than one way: **5%**

*** Percentages add to more than 100% because respondents could check all answers that applied.**

Arkansas Medicaid Fact Sheet

3,011,524
TOTAL POPULATION

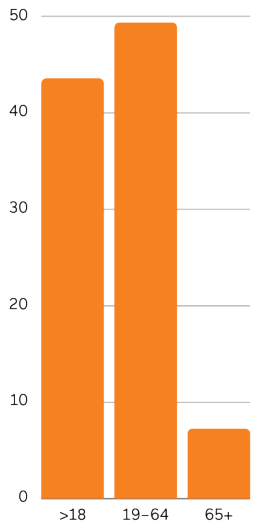
$47,597
MEDIAN HOUSEHOLD INCOME

16.2%
LIVING IN POVERTY

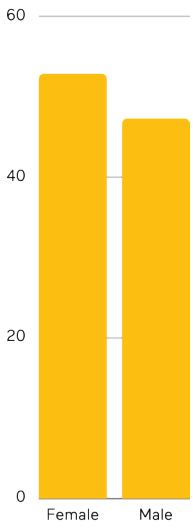
880,279
ENROLLED IN MEDICAID (MAY 2021)

Medicaid Demographics

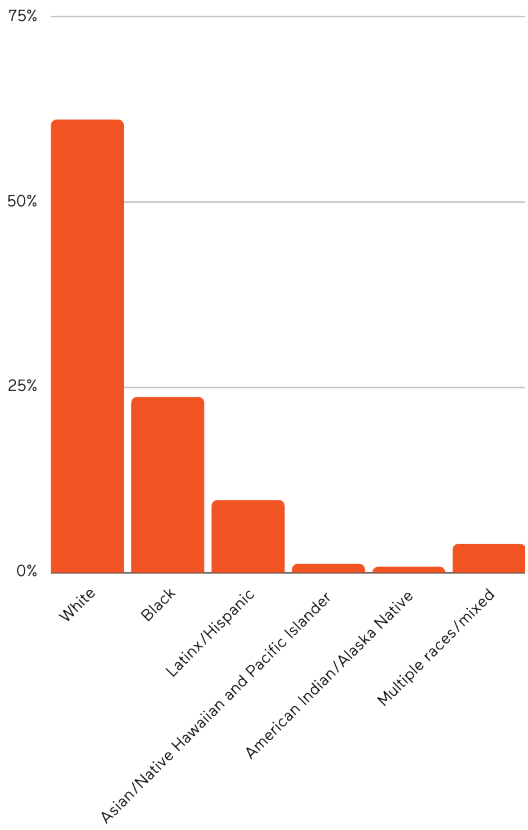
Age



Gender*



Race / Ethnicity**



* Data does not include trans and non-binary as gender options

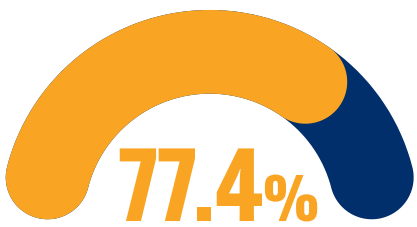
** of non-elderly recipients (2019)

Expansion Status

Adopted in 2014

13.8% Increase in enrollment during the COVID-19 pandemic (February 2020 to April 2021)

Federal Medical Assistance



State Agency Housing Medicaid

Arkansas Department of Human Services, Division of Medical Services

Sources: US Census; DQ Atlas, Medicaid.gov; Kaiser Family Foundation.

Notes

1 "May 2021 Medicaid & CHIP Enrollment Data Highlights," Medicaid.gov, accessed October 29, 2021, https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html; Brynn Epstein and Daphne Lofquist, "US Census Bureau Today Delivers State Population Totals for Congressional Apportionment," April 26, 2021, https://www.census.gov/library/stories/2021/04/2020-census-data-release.html.

2 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, "10 Things to Know about Medicaid: Setting the Facts Straight," Kaiser Family Foundation, March 6, 2019, https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/.

3 *Racial and Ethnic Disparities in Medicaid: An Annotated Bibliography* (Medicaid and CHIP Payment and Access Commission, April 2021), https://www.macpac.gov/wp-content/uploads/2021/04/Racial-and-Ethnic-Disparities-in-Medicaid-An-Annotated-Bibliography.pdf; Madeline Guth, Samantha Artiga, and Olivia Pham, *Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care* (Kaiser Family Foundation, September 30, 2020), https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/.

4 Jessica Banthin, et al., *Changes in Health Insurance Coverage Due to the COVID-19 Recession: Preliminary Estimates Using Microsimulation* (Robert Wood Johnson Foundation and Urban Institute, July 2020), https://www.urban.org/sites/default/files/publication/102552/changes-in-health-insurance-coverage-due-to-the-covid-19-recession_4.pdf; Chethan Bachireddy, Christopher Chen, and Mohammad Dar, "Securing the Safety Net and Protecting Public Health During a Pandemic: Medicaid's Response to COVID-19," *JAMA* 323, no. 20 (March 19, 2020), https://jamanetwork.com/journals/jama/fullarticle/2763487.

5 Rachel Garfield, et al., *Work Among Medicaid Adults: Implications of Economic Downturn and Work Requirements* (Kaiser Family Foundation, February 11, 2021), https://www.kff.org/coronavirus-covid-19/issue-brief/work-among-medicaid-adults-implications-of-economic-downturn-and-work-requirements/.

6 Madeline Guth, Rachel Garfield, and Robin Rudowitz, *The Effects of Medicaid Expansion under the ACA: Studies form January 2014 to January 2020* (Kaiser Family foundation, March 17, 2020), https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/; *Key Findings on Access to Care* (Medicaid and CHIP Payment and Access Commission, ND), accessed October 18, 2021, https://www.macpac.gov/subtopic/measuring-and-monitoring-access/.

7 https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/; Jane B. Wishner, John Holahan, Divvy Upadhyay, and Megan McGrath, *Medicaid Expansion, the Private Option, and Personal Responsibility Requirements: The Use of Section 1115 Waivers to Implement Medicaid Expansion Under the ACA* (Robert Wood Johnson Foundation and the Urban Institute, May 2015), 5-6, https://www.urban.org/sites/default/files/publication/53236/2000235-Medicaid-Expansion-The-Private-Option-and-Personal-Responsibility-Requirements.pdf.

8 Benjamin D. Sommers, et al, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs*, 39, no. 9 (September 2020), https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538.

9 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, "10 Things to KNow about Medicaid: Setting the Facts Straight," Kaiser Family Foundation, March 6, 2019, https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/.

10 *Key Lessons from Medicaid and CHIP for Outreach and Enrollment Under the Affordable Care Act* (Kaiser Family Foundation, June 4, 2013), https://www.kff.org/report-section/key-lessons-outreach-and-enrollment-aca-issue-brief/.

11 Alix Gould-Werth and H. Luke Shaefer, "Unemployment Insurance Participation by Education and by Race and Ethnicity," *Monthly Labor Review* 28 (October 2012), https://heinonline.org/HOL/LandingPage?handle=hein.journals/month135&div=92&id=&page=; Heather Hahn and Margaret Simms, "Poverty Results from Structural Barriers, Not Personal Choices. Safety Net Programs Should Reflect That Fact," *Urban Wire*, February 16, 2021, https://www.urban.org/urban-wire/poverty-results-structural-barriers-not-personal-choices-safety-net-programs-should-reflect-fact.

12 "Uninsured Rates for the Nonelderly by Race/Ethnicity: 2019," Kaiser Family Foundation, accessed October 21, 2021, https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D; Madeline Guth, Samantha Artiga, and Olivia Pham, *Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care* (Kaiser Family Foundation, September 30, 2020), https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/; Jesse Cross-Call, "Medicaid Expansion Has Helped Narrow Racial Disparities in Health Coverage and Access to Care," Center on Budget and Policy Priorities, October 21, 2020, https://www.cbpp.org/research/health/medicaid-expansion-has-helped-narrow-racial-disparities-in-health-coverage-and.

13 "Rural and Urban Health," Health Policy Institute, accessed October 21, 2021, https://hpi.georgetown.edu/rural/; Julia Foutz, Samantha Artiga, and Rachel Garfield, *The Role of Medicaid in Rural America* (Kaiser Family Foundation, April 2017), https://static1.squarespace.com/static/53023f77e4b0f0275ec6224a/t/5919d6423a0411c1025a9872/1494865476120/Issue-Brief-The-Role-of-Medicaid-in-Rural-America.pdf.

14 Bradley Corallo and Robin Rudowitz, *Analysis of Recent National Trends in Medicaid and CHIP Enrollment* (Kaiser Family Foundation, August 16, 2021), https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/; Rebecca Landucci, et al., *Medicaid Enrollment during COVID-19: A Content Analysis of State Actions to Mitigate Barriers* (Institute for Medicaid Innovation, June 2020), https://www.medicaidinnovation.org/_images/content/2020-IMI-Medicaid_Enrollment_During_COVID19_Report.pdf.

15 "May 2021 Medicaid & CHIP Enrollment Data Highlights," Medicaid.gov, accessed October 28, 2021, https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html; Brynn Epstein and Daphne Lofquist, "US Census Bureau Today Delivers State Population Totals for Congressional Apportionment," April 26, 2021, https://www.census.gov/library/stories/2021/04/2020-census-data-release.html.

16 "Program History," *Medicaid.gov*, accessed September 21, 2021, https://www.medicaid.gov/about-us/program-history/index.html.

17 "Eligibility," Medicaid.gov, accessed October 18, 2021, https://www.medicaid.gov/medicaid/eligibility/index.html.

18 "Arkansas Medicaid," Benefits.gov, accessed October 18, 2021, https://www.benefits.gov/benefit/1089; "Eligibility," Medicaid and CHIP Payment and Access Commission, accessed October 27, 2021, https://www.macpac.gov/medicaid-101/eligibility/.

19 *Health Coverage of Immigrants* (Kaiser Family Foundation, July 15, 2021), https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/.

20 "Medicaid and CHIP Coverage of Lawfully Residing Children and Pregnant Women," Medicaid.gov, accessed October 21, 2021, https://www.medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women.

21 Robin Rudowitz, et al., *Medicaid Financing: The Basics* (Kaiser Family Foundation, May 7, 2021), https://www.kff.org/medicaid/issue-brief/medicaid-financing-the-basics/.

22 "Federal Medicaid Assistance Percentage (FMAP) for Medicaid and Multiplier: FY 2022," Kaiser Family Foundation, accessed October 18, 2021, https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

23 Gerald F. Kominski, et al., "The Affordable Care Act's Impacts on Access to Insurance and Health Care for Low-Income Populations," *Annual Review of Public Health* 38 (March 2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5886019/.

24 "Status of State Medicaid Expansion Decisions: Interactive Map," Kaiser Family Foundation, October 8, 2021, https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

25 "Medicaid Expansion Enrollment: Dec 2020," Kaiser Family Foundation, accessed October 18, 2021, https://www.kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

26 *Racial and Ethnic Disparities in Medicaid: An Annotated Bibliography* (Medicaid and CHIP Payment and Access Commission, April 2021), https://www.macpac.gov/wp-content/uploads/2021/04/Racial-and-Ethnic-Disparities-in-Medicaid-An-Annotated-Bibliography.pdf; Madeline Guth, Samantha Artiga, and Olivia Pham, *Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care* (Kaiser Family Foundation, September 30, 2020), https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/.

27 Kate Friedman, "The Hurdles and Barriers to Medicaid Coverage," National Association of Community Health Centers, April 28, 2020, https://blog.nachc.org/the-hurdles-and-barriers-to-medicaid-coverage/; Margot Sanger-Katz, "Hate Paperwork? Medicaid Recipients Will Be Drowning in It," *New York Times*, January 18, 2018, https://www.nytimes.com/2018/01/18/upshot/medicaid-enrollment-obstacles-kentucky-work-requirement.html.

28 Samantha Artiga and Olivia Pham, *Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage* (Kaiser Family Foundation, September 24, 2019), https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/.

29 Benji Hardy, "Many Factors Affect Arkansas' Drop in Medicaid Numbers," *Times Record*, August 11, 2018, https://www.swtimes.com/news/20180811/many-factors-affect-arkansas-drop-in-medicaid-numbers; Samantha Artiga and Olivia Pham, *Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage* (Kaiser Family Foundation, September 24, 2019), https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/.

30 Robin Rudowitz, MaryBeth Musumeci, and Cornelia Hall, *February State Data for Medicaid Work Requirements in Arkansas* (Kaiser Family Foundation, March 25, 2019), https://www.kff.org/medicaid/issue-brief/state-data-for-medicaid-work-requirements-in-arkansas/; Benjamin D. Sommers, et al, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs*, 39, no. 9 (September 2020), https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538.

31 Benjamin D. Sommers, et al, "Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care," *Health Affairs*, 39, no. 9 (September 2020), https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538; Sarah Rosenbaum, "Biden Administration Begins Process of Rolling Back Approval for Medicaid Work Experiments, but Supreme Courts Hangs On," The Commonwealth Fund, April 8, 2021, https://www.commonwealthfund.org/blog/2021/biden-administration-begins-process-rolling-back-approval-medicaid-work-experiments.

32 Sarah Sugar, et al., *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic* (Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, April 12, 2021), 4, https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//199881/medicaid-churning-ib.pdf.

33 *Arkansas Health and Opportunity for Me (ARHOME) A proposed Medicaid Section 1115 Demonstration Project: Section 1115 Demonstration Application* (Arkansas Department of Human Services, 2021), 14-16, https://humanservices.arkansas.gov/wp-content/uploads/ARHOME-Waiver-Application.pdf.

34 Kevin De Liban, "DHS Just Released a Proposal with BIG Changes to Arkansas's Medical Expansion Program," Legal Aid of Arkansas, June 17, 2021, https://arlegalaid.org/news-events/newsroom.html/article/2021/06/17/dhs-just-released-a-proposal-with-big-changes-to-arkansas-s-medicaid-expansion-program-; Paul Shafer, Nicole Huberfeld, and Ezra Golberstein, "Medical Retroactive Eligibility Waivers Will Leave Thousands Responsible for Coronavirus Treatment Costs," *Health Affairs*, May 8, 2020, https://www.healthaffairs.org/do/10.1377/hblog20200506.111318/full/.

35 Alix Gould-Werth and H. Luke Shaefer, "Unemployment Insurance Participation by Education and by Race and Ethnicity," *Monthly Labor Review* 28 (October 2012), https://heinonline.org/HOL/LandingPage?handle=hein.journals/month135&div=92&id=&page=; Heather Hahn and Margaret Simms, "Poverty Results from Structural Barriers, Not Personal Choices. Safety Net Programs Should Reflect That Fact," *Urban Wire*, February 16, 2021, https://www.urban.org/urban-wire/poverty-results-structural-barriers-not-personal-choices-safety-net-programs-should-reflect-fact.

36 Sharon K. Long, Adele Shartzer, and Mary Politi, *Low Levels of Self-Reported Literacy and Numeracy Create Barriers to Obtaining and Using Health Insurance Coverage* (Urban Institute, October 27, 2014), https://apps.urban.org/features/hrms/briefs/Low-Levels-of-Self-Reported-Literacy-and-Numeracy.html; Kate Friedman, "Hurdles and Barriers to Medicaid Coverage," National Association of Community Health Centers, April 28, 2020, https://blog.nachc.org/the-hurdles-and-barriers-to-medicaid-coverage/; *Overview of Immigrants' Eligibility for SNAP, TANF, Medicaid, and CHIP* (Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, March 26, 2012, https://aspe.hhs.gov/reports/overview-immigrants-eligibility-snap-tanf-medicaid-chip-0.

37 *Medicaid Role for Women* (Kaiser Family Foundation, March 28, 2019), https://www.kff.org/medicaid/fact-sheet/medicaids-role-for-women/.

38 Emily A. Vogels, "Digital divide persists even as lower-income Americans make gains in tech adoption," Pew Research Center, June 22, 2021, https://www.pewresearch.org/fact-tank/2021/06/22/digital-divide-persists-even-as-americans-with-lower-incomes-make-gains-in-tech-adoption/.

39 *Fourteenth Broadband Deployment Report* (Federal Communications Commission, January 19, 2021), https://docs.fcc.gov/public/attachments/FCC-21-18A1.pdf; Clary Estes, "How the COVID-19 Pandemic Is Impacting Rural America," *Forbes*, March 17, 2020, https://www.forbes.com/sites/claryestes/2020/03/17/coronavirus-and-rural-america/?sh=371c75bde108.

40 Claire Park, *the Cost of Connectivity in West Virginia* (Open Technology Institute, April 1, 2020), https://www.newamerica.org/oti/reports/cost-connectivity-west-virginia/.

41 Charlene M. Kalenkoski, Karen S. Hamrick, and Margaret Andrews, "Time Poverty Threshold and Rates for the US Population, *Social Indicators Research* 104 (2011), https://link.springer.com/article/10.1007/s11205-010-9732-2.

42 Gretchen Livingston, *The Changing Profile of Unmarried Parents* (Pew Research Center, April 25, 2018), https://www.pewresearch.org/social-trends/2018/04/25/the-changing-profile-of-unmarried-parents/.

43 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, "10 Things to Know about Medicaid: Setting the Facts Straight," Kaiser Family Foundation, March 6, 2019, https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/.

44 Julia Foutz, Samantha Artiga, and Rachel Garfield, *The Role of Medicaid in Rural America* (Kaiser Family Foundation, April 2017), https://static1.squarespace.com/static/53023f77e4b0f0275ec6224a/t/5919d6423a0411c1025a9872/1494865476120/Issue-Brief-The-Role-of-Medicaid-in-Rural-America.pdf.

45 Jennifer Stuber and Elizabeth Bradley, "Barriers to Medicaid Enrollment: Who Is at Risk?" *American Journal of Public Health* 95, no. 2 (2005), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449169/.

46 "Immigrant Access to Health and Human Services," Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, September 2011, https://aspe.hhs.gov/immigrant-access-health-human-services.

47 Wayne Liou, "Word to the Mother(tongue): Language Access and Medicaid for Limited English Proficient Migrants," *IZA Journal of Development and Migration* 8 (2018), https://izajodm.springeropen.com/articles/10.1186/s40176-018-0130-x; Krista M. Pereira, et al, *Barriers to Immigrants' Access to Health and Human Services Programs* (Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, May 24, 2014), https://aspe.hhs.gov/reports/barriers-immigrants-access-health-human-services-programs-0#language.

48 Leighton Ku and Erin Brantley, "Medicaid Work Requirements in Nine States Could Cause 600,000 to 800,000 Adults to Lose Medicaid Coverage," The Commonwealth Fund, June 21, 2019, https://www.commonwealthfund.org/blog/2019/medicaid-work-requirements-nine-states-could-cause-600000-800000-adults-lose-coverage; Ivette Gomez, et al., *Medicaid Work Requirements Implications for Low Income Women's Coverage* (Kaiser Family Foundation, March 4, 2021), https://www.kff.org/womens-health-policy/issue-brief/medicaid-work-requirements-implications-for-low-income-womens-coverage/.

49 Farah Erzouki and Jennifer Wagner, "Unwinding the Medicaid Continuous Coverage Provision: What States Can Do Now to Keep Eligible People Covered," Center on Budget and Policy Priorities, March 23, 2021, https://www.cbpp.org/research/health/unwinding-the-medicaid-continuous-coverage-provision-what-states-can-do-now-to-keep.

50 Jennifer Wagner and Judith Solomon, "Continuous Eligibility Keeps People Insured and Reduces Costs," Center on Budget and Policy Priorities, May 4, 2021, https://www.cbpp.org/research/health/continuous-eligibility-keeps-people-insured-and-reduces-costs.

51 *Improving SNAP and Medicaid Access: Medicaid Renewals* (Center on Budget and Policy Priorities and CLASP, M2018), https://www.cbpp.org/research/health/improving-snap-and-medicaid-access-medicaid-renewals

52 *Achieving Real Time Eligibility Determinations* (Centers for Medicare and Medicaid Services, June 25, 2015), 28, https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/downloads/real-time-eligibility-determinations.pdf.

53 Jane Wishner, et al., *Medicaid Real-Time Eligibility Determinations and Automated Renewals: Lessons for Medi-Cal from Colorado and Washington* (Urban Institute, August 2018), https://www.urban.org/sites/default/files/publication/98904/medicaid_real-time_eligibility_determinations_and_automated_renewals_2.pdf.

54 "Quick Facts: Arkansas," US Census Bureau, accessed September 21, 2021, https://www.census.gov/quickfacts/fact/table/AR,US/PST045219.