



CROSSING INTO
NEW TERRITORY:

KIDS' HEALTH COVERAGE IN 2014



Crossing Into New Territory: Kids' Health Coverage in 2014

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Arkansas Advocates for Children and Families • April 2014

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Executive Summary

Arkansas has come a long way in covering children since ARKids First began in 1997. Steady investments in expanding and simplifying affordable coverage options for children have paid off. In 1997, 22 percent of children lacked health coverage. The most recent American Community Survey data shows that the state is making big strides in covering all kids — only 5.9 percent of children under age 19 are uninsured in Arkansas.

The number of uninsured children in Arkansas should fall even further, thanks in part to Arkansas's implementation of the Affordable Care Act. The past year brought many changes to the coverage landscape.

The Private Option: Arkansas lawmakers passed coverage for up to 250,000 low-income adults in 2013, and funding was appropriated a second time in early 2014. The state budget benefits of the Private Option (projected to be \$650 million over a decade) come with improved health coverage and economic security for families — a win-win.

The Marketplace: Higher-income children and adults can enroll in subsidized plans through healthcare.gov. These sliding scale plans based on income will help thousands access affordable coverage with no pre-existing condition exclusions.

Additionally, new data highlights the need for broad yet targeted outreach for new health coverage options as well as ARKids First. Children and families who are most likely to be uninsured include:

- Children just above the ARKids First limit (now eligible for Marketplace plans).
- Children in Northwest Arkansas.
- Non-white and non-black children (Hispanic and other races including Marshallese).
- Older children.
- Immigrant families and low-income adults of childbearing age.

The state must have continued efforts to educate and enroll Arkansans in coverage, moving toward the Finish Line where all kids and families are enrolled.

Arkansas Advocates for Children and Families (AACF) recommends future efforts to reach the Finish Line, including:

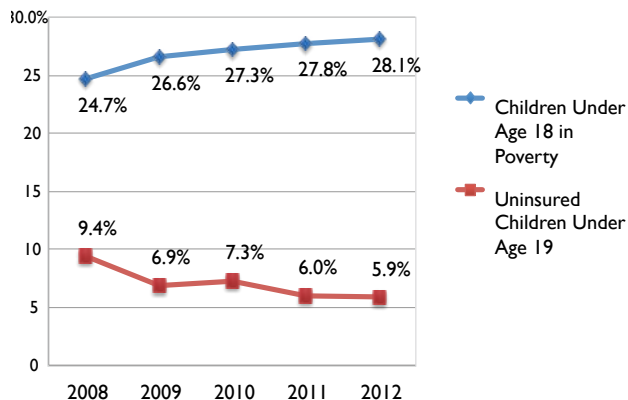
- Protect benefits, cost sharing, enrollment simplifications, and access to care for children.
- Prioritize outreach.
- Eliminate the ARKids First B waiting period.
- Protect adults' benefits.
- Cover lawfully present children.
- Improve consumer notifications.
- Protect children's coverage at the federal level.

Introduction

ARKids First and Medicaid provided health coverage for even more children as poverty levels in Arkansas continued to rise while the state recovered from the recession. This affordable coverage ensured that Arkansas's percentage of uninsured children continued to trend downward, helping families stay healthy and economically secure.

NUMBER OF UNINSURED CHILDREN HAS DECREASED DESPITE RISE IN CHILD POVERTY

Percentages from 2008 - 2012



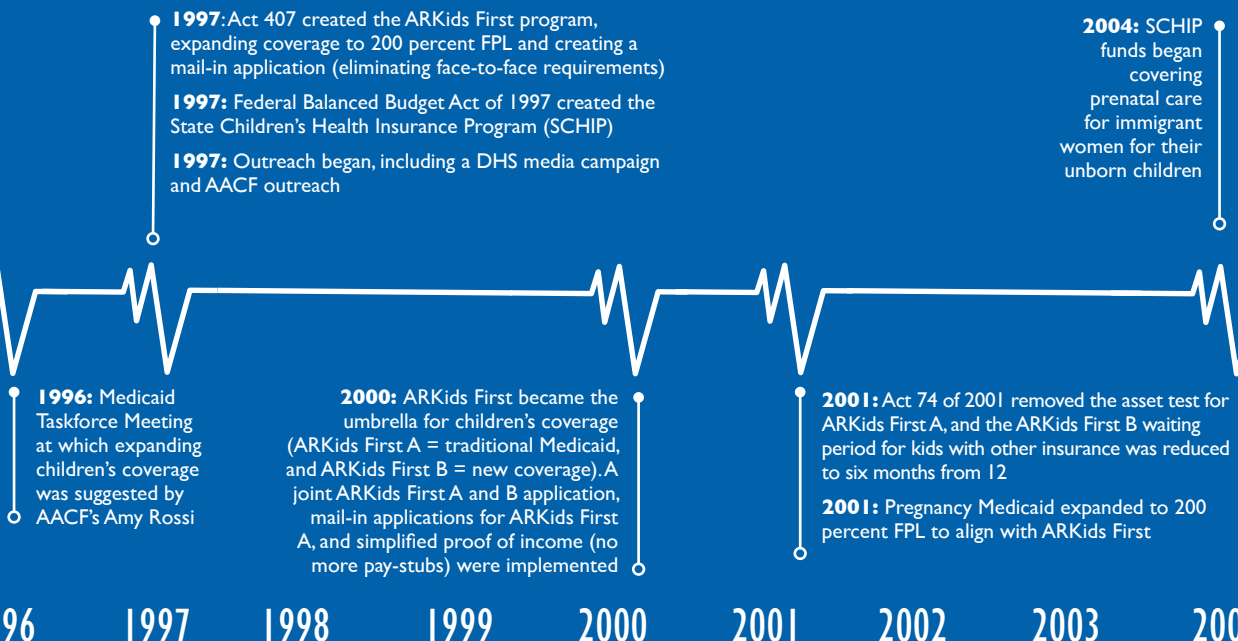
SOURCE: PRB analysis of American Community Survey PUMS, U.S. Census Bureau and U.S. Census Bureau, Small Area Income and Poverty Estimates

Most Americans believe — incorrectly — that the number of uninsured children has increased in the past five years. More than half of Americans believe at least 20 percent of children in their state lack insurance. In fact, just 7 percent of American children are uninsured.¹

Advocates must continue to share the success story of ARKids First and Medicaid to continue progress toward the Finish Line — a world in which all children and families have health care coverage. The Affordable Care Act, including Arkansas's "Private Option," is expected to cover half a million adults in Arkansas and help 17,000 uninsured children gain coverage.² The Private Option is Arkansas's unique model for covering adults earning less than 138 percent of the federal poverty level (FPL) by using Medicaid funding to purchase private health insurance from the state's health insurance Marketplace. Arkansas pioneered this approach and was the first Southern state to cover low-income adults. The state remains one of only two in the South providing low-income families affordable coverage.

This availability of near-universal coverage should soon begin to change social norms and allow more Arkansans to maintain affordable, sufficient health care coverage, leading to full-family coverage and healthier families. It's important to celebrate our successes and plan for a future in which Medicaid and ARKids First continue to protect children's health and move families forward.

ARKIDS FIRST TIMELINE: IMPROVEMENTS AND EXPANSIONS SINCE 1997

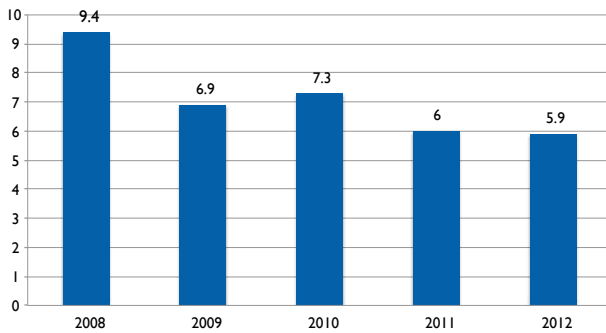


Look How Far We've Come!

Updated data from the American Community Survey show that the number of uninsured children under the age of 19 continues to drop. New 2012 data shows that 5.9 percent of Arkansas children remain uninsured, down from 6.0 percent in 2011.

PERCENT OF ARKANSAS CHILDREN UNDER AGE 19 WHO ARE UNINSURED IS DECREASING

ARKids First has played a tremendous role



SOURCE: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

Arkansas remains a leader in covering children, though the state's ranking in enrolling eligible children in ARKids First slipped in recent years from third to sixth in the country. Still, 93.6 percent of ARKids First-eligible children are enrolled.³ Gains in ARKids First enrollment

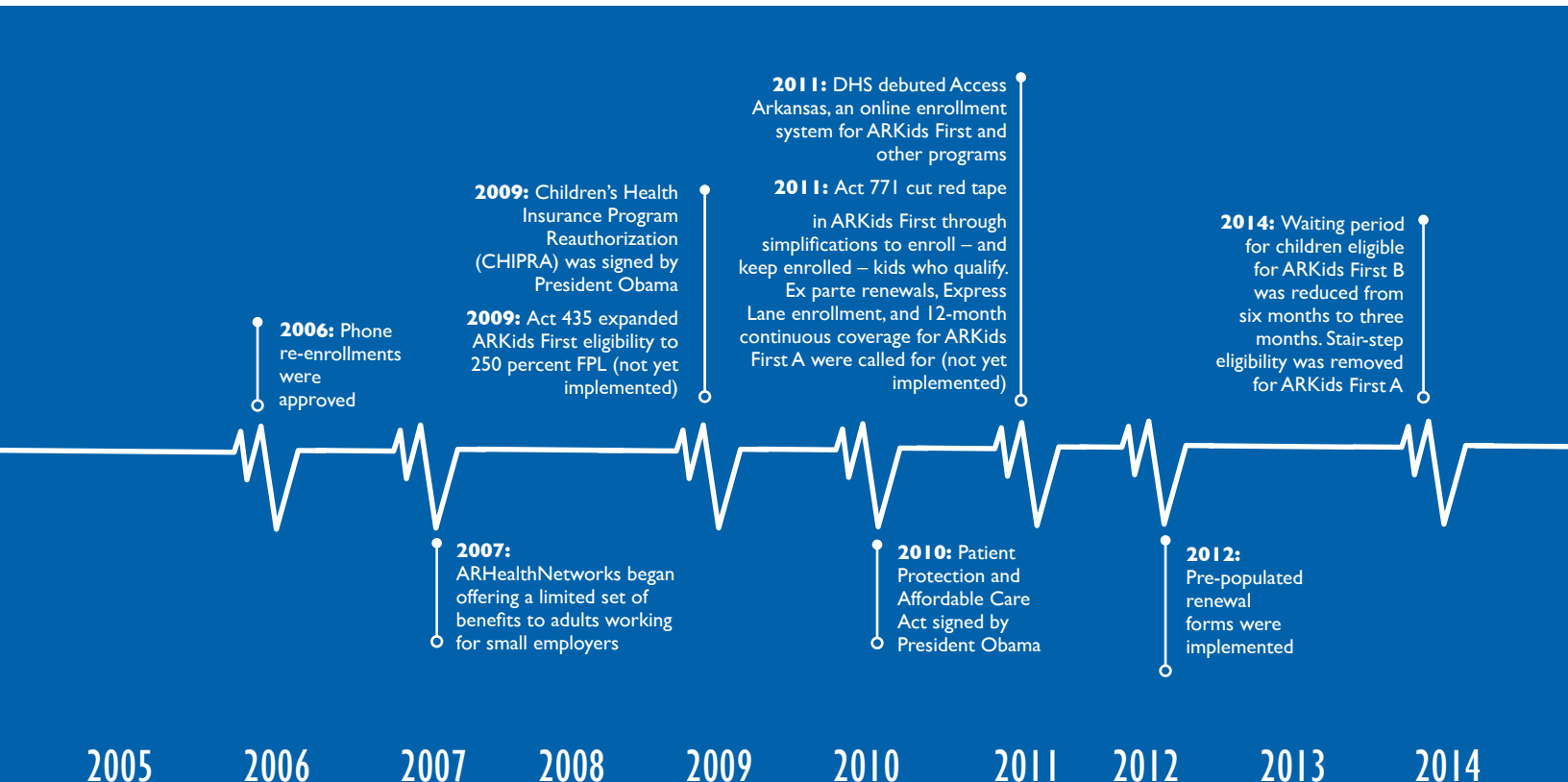
that have already been seen during the Affordable Care Act's first open enrollment period (October 2013 – March 2014) could move Arkansas closer to the top.

This success in covering kids did not come without a lot of hard work, and Arkansas Advocates for Children and Families (AACF) has been at the table since the inception of ARKids First. Since advocating for its passage, we have also worked in partnership with the state's Department of Human Services (DHS) to simplify eligibility and enrollment and expand affordable coverage to even more children.

The timeline below shows the biggest wins for kids over the past 15 years that helped reduce the number of uninsured children from 22 percent in 1997 to just 5.9 percent today. By expanding eligibility and reducing barriers to applying and re-enrolling, more kids get — and stay — covered.

Other refinements to the application since 1997 include:

- Removal of parent social security number requirement.
- Removal of the requirement of "absent parent" contact information.
- Availability of the application in Spanish.
- Simplified options. Families no longer have to choose between ARKids First A and B; children are enrolled in the program for which they qualify.



The Patient Protection and Affordable Care Act (ACA) maintained the quality coverage Arkansas has had with ARKids First. In addition, the law added new affordable options through the Health Insurance Marketplace for children whose families earn more than the ARKids First income limit.

However, the law made a few tweaks to ARKids First. As of January 2014, Arkansas transitioned to using a simpler way to calculate income for determining eligibility for many categories of Medicaid. Modified Adjusted Gross Income (MAGI) is a new way of defining income based on tax filing information. This resulted in new eligibility levels for ARKids First, summarized in the table below.⁴ This transition is especially important for those families on the cusp of eligibility limits.⁵ Additionally, a change was made to align ARKids First A eligibility across all ages rather than having the “stair-step” eligibility that changed at age 6 in the past.⁶

NEW INCOME AND ELIGIBILITY LIMITS FOR ARKIDS FIRST

	% FPL	1 person	2 people	3 people	4 people	Each add'l person
ARKids First A	147%	\$17,155	\$23,123	\$29,091	\$35,060	\$5,968
ARKids First B	216%	\$25,207	\$33,977	\$42,746	\$51,516	\$8,770

*Uses 2014 Federal Poverty Levels, schedule to go into effect April 2014. Includes 5 percent income disregard. Source: Arkansas Department of Human Services Medicaid Eligibility Quick Reference

“My late friend Betty Lowe used to say that the single biggest impact on children’s health in Arkansas was improving water quality throughout the state. I believe the second best impact on improving children’s health was giving them access to health care via ARKids First. Importantly, every deterrent for applying and getting coverage was stripped to the bone, which ensured that availability and affordability were its hallmarks. Not many public policy improvements can boast that they have corrected a social problem. Moving the needle from a high of 22 percent to less than 6 percent of uninsured children is a rare but important win for children!”

—Amy Rossi, former AACF Executive Director and ARKids First champion

Heading into New Territory in 2014

The Private Option. As new coverage options under the Affordable Care Act have been implemented, Arkansas has had its own lively debates about the future of coverage for adults. Thankfully, on April 23, 2013, Governor Beebe signed the Health Care Independence Act (HCIA). Through this law, which became known as the Private Option, Arkansas lawmakers chose to accept federal funds to offer an affordable health coverage option to about 215,000 newly-eligible, lower-income adults. Funding for the Private Option was again authorized during the 2014 legislative session. Both times, lawmakers overwhelmingly supported the bipartisan measure and achieved the needed 75 percent majority of both the House of Representatives and the Senate despite a vocal minority against the new coverage. Almost 150,000 Arkansans have been determined eligible for coverage since enrollment began.⁷

Under the Private Option, most enrollees will receive private insurance through a premium assistance model. Premium assistance means using public funds to purchase private health insurance for eligible individuals. In Arkansas, the Department of Human Services (DHS) has received a Section 1115 waiver from the federal government to use Medicaid funds to pay the private health insurance premiums for newly-Medicaid-eligible adults in the state’s new Health Insurance Marketplace. About 10 percent of enrollees will be deemed “medically frail” and receive traditional Medicaid instead of a private plan. AACF’s brief “Extending Medicaid through Private Health Plans: Reactions to Arkansas’s Private Option” has much more detail on the law and protecting children and consumers.⁸

ARKids First continues to bridge insurance gap

The ARKids First “welcome mat” rolled out this year for 4-year-old Katherine, a pre-K student in Springdale who had never had health insurance or consistent access to a doctor.

Her single mom, Rosa, decided to see what kind of coverage options might be available for her family under the Affordable Care Act. What she didn't know is that Katherine was already eligible for ARKids First. To her surprise, her daughter got coverage almost immediately and has been insured since January 9. The significance of that for her family hit home only a few weeks later, when Katherine came down with the flu. Katherine was sick for more than a week, and the prescription medication cost \$300. ARKids covered the medication, to her mother's relief.

Not only can Katherine get the doctor's care she needs when she's sick, but for the first time in her life, she'll have preventative care. Before, they only went to the doctor when she was really sick — all because of the fear of what the bill would be.

“Now I don't have to wait to see really bad symptoms before we go,” Rosa said. “This definitely gives me peace of mind.”



Katherine's family can rest easy because she is covered by ARKids First.

“Insurance coverage makes a huge difference in the health of a child. When kids get the care they need when they need it, their health is more likely to stabilize and improve. Children who avoid poor health at a young age stand a better chance of maintaining a lifetime of mental and physical well-being. ARKids First benefits all Arkansans, even those who aren't parents or children who use it. The program helps slow the growth of health-care costs, costs that all Arkansans pay. Through that program, our state became a leader in expanding coverage to children. We are leading again with the Private Option. Someday, we hope to look back at the accomplishments of this initiative and see, like we have with the success of ARKids First, that our work has been well worth it.”

— Governor Beebe, May 2013

Economic Benefits. The state budget benefits from the Private Option, too. Because the federal government pays fully for the new enrollees for the first three years and no less than 10 percent after that, the new coverage is projected to save \$89 million in the state budget during the 2015 fiscal year and up to \$650 million over the next decade. Hospitals, clinics, and local communities benefit from the extended coverage. Together, the ACA and the Private Option are expected to inject \$550 million into our state's economy annually and create 6,200 jobs.⁹

SNAP-Facilitated Enrollment Success. One of the most successful enrollment efforts was the smart use of data to enroll eligible people across human service programs, something AACF encouraged for children through Act 771. DHS used data from the Supplemental Nutrition Assistance Program (SNAP, or food stamps) to identify adults eligible for the Private Option or children eligible for ARKids First A. They sent letters to 132,662 households that explained family members' eligibility; they simply needed to be signed and returned to get coverage. This low-cost effort enrolled 65,138 adults and 3,007 children – an incredible return rate!

LONG STORY SHORT: between the Private Option and the Marketplace, about half a million uninsured Arkansans will be able to access affordable, comprehensive coverage. Thousands of uninsured children have the chance to enroll in ARKids First, if they qualify, or for discounted Marketplace plans if they're above the ARKids First income limit.

The Downside. However, not everything about the Private Option is good news. The original act included the intent to move ARKids First B into a premium assistance model in coming years, a proposal that could jeopardize progress in covering kids (more on that later). Changes to appropriation bills in 2014 basically eliminated the state's ability to help in the education and outreach effort. Non-emergency transportation will be offered in a more limited capacity for the Private Option population. Additional language added timelines to the establishment of a pilot health savings account and copayments for the 50-100 percent FPL income range.¹⁰

These changes are not in the best interests of the individuals and families in Arkansas who have the opportunity to get coverage, many for the first time in their lives.



Signing Up for Coverage. If you would like to learn more or seek help sign up for coverage, there are currently more than 500 licensed in-person assisters and navigators stationed in every county in the state. Many insurance brokers can also help with enrollment. Hospitals, health departments, community clinics, and many nonprofits have enrollment counselors to help you enroll. You can find information or search for local enrollment workers at www.arhealthconnector.org, or call 1-855-283-3483.

What are the new coverage options under the ACA?

If you are eligible for the **Private Option**, Medicaid will pay your monthly premium for a health insurance plan, but you may pay small copays for care. You can sign up year-round at access.arkansas.gov and insureark.gov.

If you are eligible for **Marketplace subsidies**, you may qualify for a discounted plan at healthcare.gov. You can shop for plans during open enrollment, which is from November 15, 2014 – Feb. 15, 2015, or during special enrollment periods for marriages, births, deaths, etc. Those with incomes less than 250 percent FPL may qualify for discounted deductibles and copays.¹¹

INCOME AND ELIGIBILITY LIMITS FOR THE PRIVATE OPTION AND MARKETPLACE SUBSIDIES

	% FPL	1 person	2 people	3 people	4 people	Each add'l person
Private Option (adults 19-64)	138%	\$16,105	\$21,707	\$27,310	\$32,913	\$5,603
Marketplace (all ages)	400%	\$46,680	\$62,920	\$79,160	\$95,400	\$16,240

*Uses 2014 Federal Poverty Levels, schedule to go into effect April 2014. Includes 5 percent income disregard. Source: Arkansas Department of Human Services Medicaid Eligibility Quick Reference

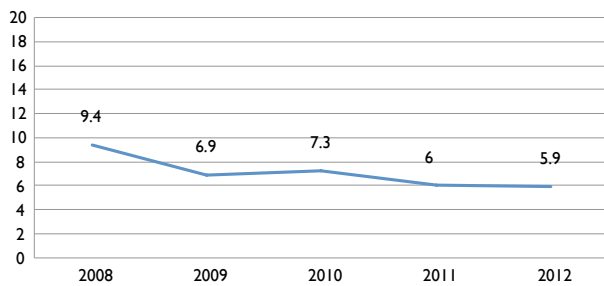
What Do the Numbers Tell Us?

Children

Health insurance and access to health care for children remain a major concern. A 2012 poll of 1,000 households showed that insurance and access were second only to obesity and nutrition when respondents were asked what the two biggest problems were with children's health and well-being in Arkansas.¹² Consistent efforts to enroll children in ARKids First and simplify the enrollment and renewal process have paid off. New data shows that in 2012, 94.1 percent of children under age 19 had health coverage. An uninsured rate of just 5.9 percent is the lowest in the state's history. The data that follow are for children under age 19 unless otherwise noted.

PERCENT OF ARKANSAS CHILDREN UNDER AGE 19 WHO ARE UNINSURED IS DECREASING

ARKids First has played a tremendous role

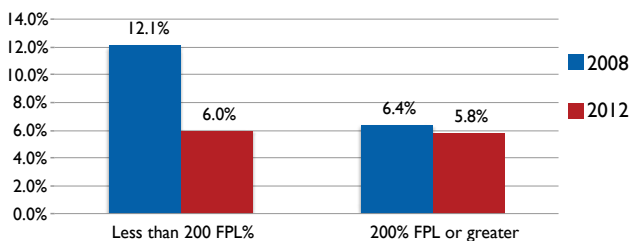


Source: PRB analysis of 2008 - 2012 American Community Survey PUMS, U.S. Census Bureau

Since 2008, when the American Community Survey data first became available, the uninsured rate for children who are income-eligible for ARKids First has dropped by more than 50 percent! Less progress has been made for children whose families earn too much money to qualify for ARKids First. Their uninsured rate dropped only 9 percent in the same time period.

ARKIDS FIRST DRASTICALLY REDUCED THE UNINSURED RATE FOR POORER CHILDREN

Percent of uninsured children by income, 2008 - 2012



Source: PRB analysis of 2008 and 2012 American Community Survey PUMS, U.S. Census Bureau

The 2012 data show that 43,000 children in Arkansas still lack health insurance, and many already qualify for ARKids First based on their income. It is likely many children will sign up along with their caregivers during open enrollment. We've already seen success with this through the SNAP-facilitated enrollment.

TOTAL UNINSURED CHILDREN IN ARKANSAS, BY POVERTY LEVEL

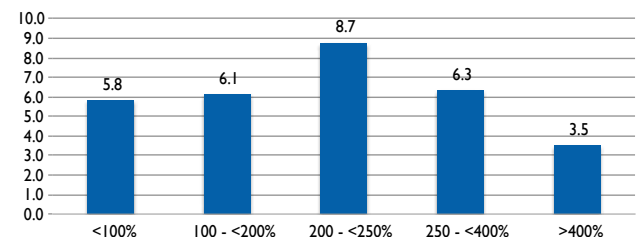
	2008	2009	2010	2011	2012	Change '08-'12
Less than or equal to 200% FPL	46,000	29,000	34,000	31,000	23,000	-23,000
Greater than 200% FPL	22,000	22,000	20,000	15,000	20,000	-2,000
Total uninsured kids	68,000	51,000	54,000	46,000	43,000	-25,000

Source: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

As in years past, the children most likely to be uninsured are those whose families earn just too much to qualify for ARKids First. The uninsured rate for children earning 200 - 250 percent FPL is almost 50 percent higher than for children overall at 8.7 percent. This data underscores the need for the Marketplace to offer middle-income families an affordable option for coverage.

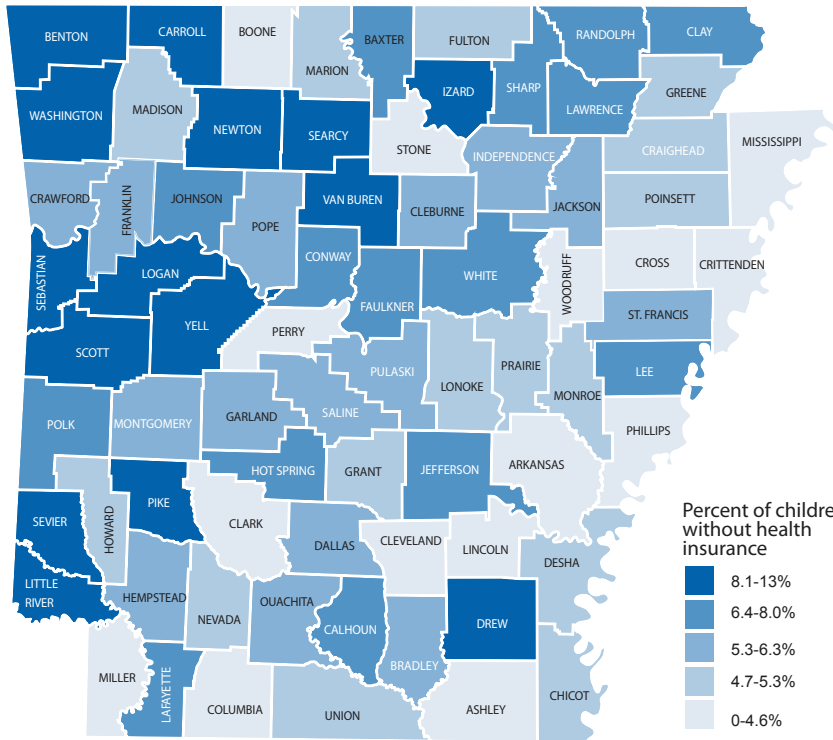
ARKANSAS CHILDREN BETWEEN 200 AND 250 PERCENT OF POVERTY ARE MORE LIKELY TO BE UNINSURED

Percent uninsured by income, 2012



Source: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

Geography. Geographic disparities remain, with the third congressional district in northwest Arkansas claiming the highest rate of uninsured children age 17 and under. The uninsured rate there is more than double the rate in Central Arkansas.



UNINSURED CHILDREN UNDER AGE 18, 2012, BY COUNTY

Source: U.S. Census Bureau, 2008-2012 American Community Survey

UNINSURED CHILDREN UNDER AGE 18, 2012, BY 113TH CONGRESSIONAL DISTRICTS

	Uninsured	Percent
1 st Congressional District (East)	9,594	5.5
2 nd Congressional District (Central)	7,064	4.0
3 rd Congressional District (Northwest)	16,468	8.6
4 th Congressional District (Southwest)	9,024	5.4

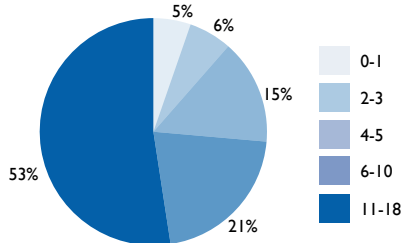
Source: American Community Survey 2012 1-year data access via American FactFinder table B27001

This is the first year that county-level data are available for the entire state, thanks to new five-year estimates of data for even the smallest counties in the state. In six counties, more than one in 10 children lacks coverage. We can see that, again, the northwest corner of the state is home to the five counties with the highest uninsured rate for kids (Carroll, Logan, Newton, Scott, and Searcy).

Demographics of Uninsured Children. When Arkansas’s uninsured children under age 19 who are income-eligible for ARKids First are examined across demographic lines, several themes emerge. More than half of the state’s uninsured children whose families earn less than 200 percent FPL are adolescents age 11 – 18. Enrollment efforts by organizations that work with older children (such as schools, after-school programs, or church youth groups) can help ensure this population has health care during an important time in their lives.

MAJORITY OF UNINSURED CHILDREN ARE AGES 11-18

Percent of uninsured children under 19 who live below 200 percent of poverty, by age



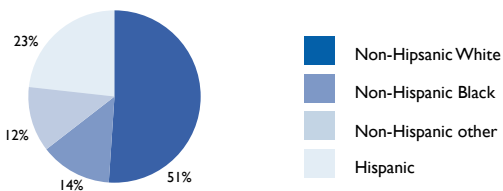
Source: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

More than half of uninsured children earning less than 200 percent FPL are non-Hispanic white, and almost a quarter are Hispanic. Hispanic children are 45 percent more likely to be uninsured than children overall, with 8.7 percent lacking coverage. (This is a big drop from 2011 data, though, when almost 14 percent in this group were uninsured.)

Fourteen percent of non-Hispanic children included in the “other” race category are uninsured. This includes lawfully present Marshallese children. Marshallese children live primarily in Springdale but are also moving to new areas, such as Pine Bluff, as their parents follow employment.

MOST UNINSURED CHILDREN ARE WHITE

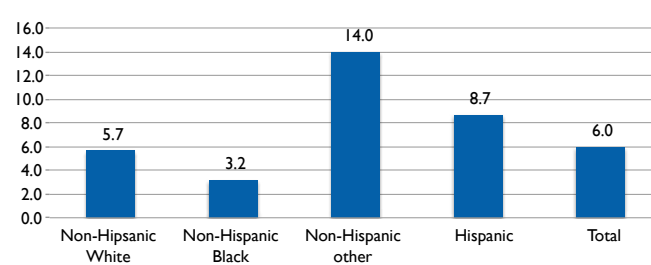
Percent of uninsured children under 19 who live below 200 percent of poverty, by race/ethnicity



Source: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

HISPANIC AND "OTHER" RACE CHILDREN MORE LIKELY TO BE UNINSURED

Percent of uninsured children under 19 who live below 200 percent of poverty, by race/ethnicity

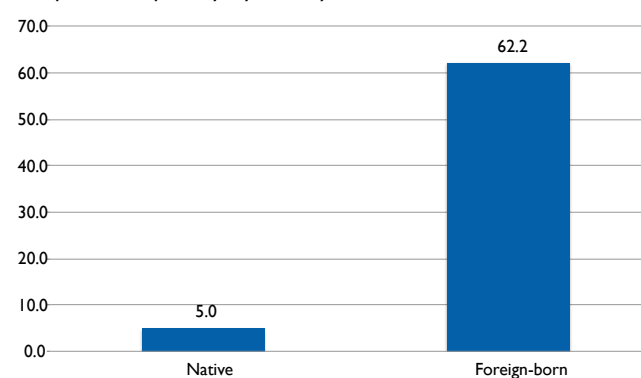


Source: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

Arkansas enrollment workers must do a better job of reaching out to lower-income minority communities, especially those who speak English as a second language (14 percent uninsured) or who were not born in the United States (62 percent uninsured).

IMMIGRANT CHILDREN MUCH MORE LIKELY TO BE UNINSURED

Percent of uninsured children under 19, living below 200 percent of poverty, by country of birth

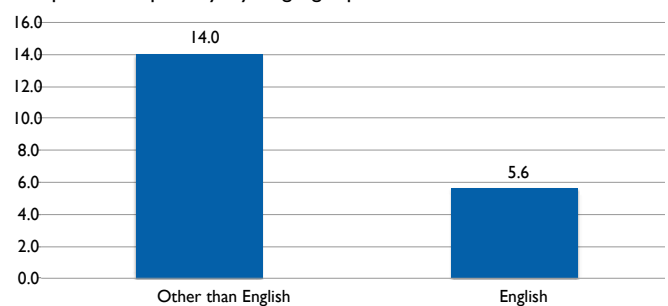


Source: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau



CHILDREN WHO SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME ARE MORE LIKELY TO BE UNINSURED

Percent of uninsured children under 19, living below 200 percent of poverty, by language spoken at home



Source: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

The good news about uninsured children who moved to the United States lawfully is that there is a solution available for affordable coverage, but Arkansas must take action. The Immigrant Child Health Improvement Act (ICHIA) allows Arkansas to choose to cover lawfully present children, eliminating the five-year waiting period that currently exists to enroll in ARKids First. In addition, ICHIA would allow Marshallese children, who have previously been shut out of coverage altogether, to enroll.

About 71 percent of non-citizen children in Arkansas whose families earn less than 200 percent FPL are uninsured – or about 6,000 children.¹³ According to a model developed by George Washington University, only about 1,200 of these children would be expected to enroll in coverage under ICHIA at a cost to the state of \$655,000. That's 0.046 percent of Arkansas's share of its Medicaid program — a small investment in some of our state's most vulnerable children. Arkansas should join the 25 states that already cover lawfully present children.

Adults

Research shows that covering adults helps reach the remaining uninsured children. Prior to the ACA, Arkansas had incredibly limited coverage available for adults under its traditional Medicaid program. Arkansas's parent eligibility was tied with Alabama for the lowest eligibility in the country. **As a result, the Private Option and Marketplace plans will bring affordable coverage options to half a million adults.** Pre-ACA, adults in poverty were more than seven times likelier to be uninsured than children in poverty.

ADULT MEDICAID ELIGIBILITY INCOME REQUIREMENTS PRIOR TO PRIVATE OPTION IN ARKANSAS

Category	Income Limit	Asset limit?
Parents	17% FPL or \$4,008/year for a family of 4	\$1000
Pregnant Women	200% FPL or \$47,700/year for a family of 4	\$3,100/family of 4
SSI (Permanently Disabled)	74% FPL or \$8,652/year for an individual	\$2,000
Childless Adults	Not eligible unless disabled/pregnant/parent*	n/a

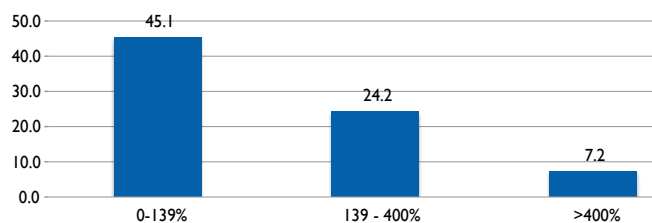
Source: AR DHS Medicaid Eligibility Quick Reference.

*A few thousand adults were eligible for limited benefit ARHealthNetworks if uninsured 12+ months, employed 30+ hours/week, with no offer of coverage.

Nearly half of Arkansans who are income-eligible for the Private Option were uninsured in 2012, and a quarter of higher-income adults lacked coverage. Parent and future parent coverage is important, and many adults of childbearing age (19-44) were uninsured. Hopefully many of these “young invincibles” and parents have learned about the opportunity to gain affordable coverage with no-cost or discounted premiums and enrolled during the first open enrollment period.

POORER ARKANSANS ARE MUCH LESS LIKELY TO HAVE HEALTH COVERAGE

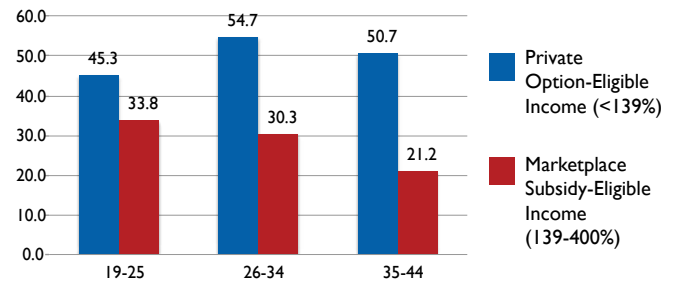
Percent of uninsured adults, by poverty level



SOURCE: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

ADULTS OF CHILDBEARING AGE LIKELY TO BE UNINSURED

Percent uninsured adults Age 19-44, by age and poverty level

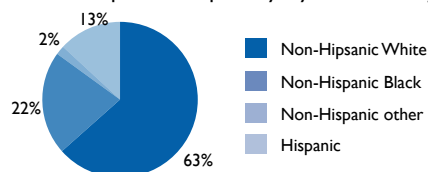


SOURCE: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

The majority of uninsured, low-income adults identify as non-Hispanic white, and most have at least a high school diploma. However, college-educated adults lack insurance as well. One third of adults with a college degree but income less than 138 percent FPL are uninsured — a side effect of a state that is coming out of a recession. Additionally, about half (48 percent) of working, low-income adults are uninsured. These healthy adults represent a large part of Arkansas's workforce. Healthy, well-educated adults help Arkansas be competitive in economic development and business growth.

MOST UNINSURED ADULTS ARE WHITE

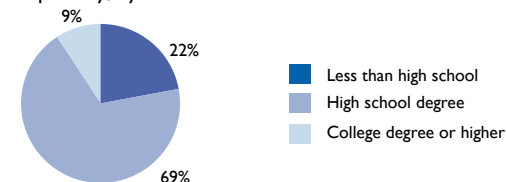
Percent of uninsured adults 19-64 who live below 138 percent of poverty, by race/ethnicity



SOURCE: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

MOST UNINSURED ADULTS HAVE A HIGH SCHOOL EDUCATION

Uninsured adults (19-64) living below 139 percent of poverty, by educational achievement



SOURCE: PRB analysis of 2012 American Community Survey PUMS, U.S. Census Bureau

It will be interesting to see how these numbers change in coming years as the reality of affordable coverage becomes the norm across Arkansas thanks to the Private Option and Marketplace coverage.

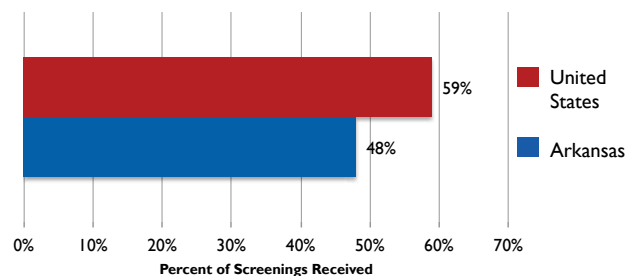
Prevention Matters

Consumer protections that were part of the Affordable Care Act will help tens of thousands of Arkansans access the care they need, including those who were already insured. Insurance companies are now required to offer preventive care with no copays or deductibles to encourage people to get the checkups and screenings that prevent complications down the road. Already, 578,000 Arkansans have taken advantage of this new protection.¹⁴

For children enrolled in ARKids First A and Medicaid, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) appointments are tracked to ensure that low-income children receive the attentive care they need. However, Arkansas children receive their expected well-child screenings at a lower rate than children nationally. Again, as families develop a culture of affordable health coverage under the Affordable Care Act, preventive health care should become a stronger social norm.

LESS THAN HALF OF LOW-INCOME CHILDREN RECEIVED WELL-CHILD VISIT

ARKids First A Children who received at least one expected screen, 2012



SOURCE: Annual EPSDT Participation Report, FY2012, Arkansas and National data

Opportunities Ahead for Covering Children and Families

Opportunities abound for improving coverage to children and families in the current policy and outreach environment. Here are a few things Arkansas can do to ensure children have a healthy start.

Protect benefits, cost sharing, enrollment simplifications, and access to care for children.

The Health Care Independence Act included the intent to move children enrolled in ARKids First B into a Private Option style of coverage in coming years. Instead of their current coverage, children would receive a private plan from the Marketplace. Because children's needs differ from those of adults in the Private Option, and because the Private Option is still politically charged

and approved only through 2017, this option should be carefully considered. ARKids First works for children, and Arkansas is a national leader because of it. Lawmakers should not put that coverage at risk to make a political point.

Prioritize outreach. The new prohibition on state-appropriated funds going to outreach and enrollment work is not in the best interests of Arkansans. Everyone should know about their right and responsibility to have health coverage, and halting advertising and in-person assistance simply leads to a less educated population and a less competitive marketplace. Private insurers, foundations, and volunteers must step in until this policy is reversed.

Eliminate the ARKids First B waiting period.

Children whose families make the smart choice to enroll their eligible children in ARKids First B should not have to go without insurance for months to be eligible. Arkansas reduced its waiting period from six months to three months due to the ACA requirement to do so, but it makes no sense to make children wait for coverage or be shuffled from one program to another in a reformed health system. Sixteen states have already taken steps to eliminate their waiting periods after HHS expressly confirmed they may do so.

Protect adults' benefits. The Private Option is testing many things, one of which is wraparound benefits. Transportation to doctor's visits, EPSDT services for 19- and 20-year-olds, and some other services are among those wraparound services. We must measure utilization and need for those services to ensure that access to appropriate and needed care is available.

Cover lawfully present children. The past reasons for delaying the state option to cover lawfully present immigrant children and Marshallese children — namely, budget challenges — are no longer an issue. Arkansas can implement this option without legislation, and it would make affordable health care a reality for many immigrants who typically face poorer health outcomes than their citizen peers.

Improve consumer notifications. The first year of Private Option enrollment has relied on many paper notifications, some of which were not as user-friendly as they could be. Notifications should all be written at or below a sixth-grade reading level, and they should clearly outline important concepts such as primary and wraparound benefits, medical frailty options, and how to find a provider.

Protect children’s coverage at the federal level.

Children’s Health Insurance Program (CHIP, which funds ARKids First B) funding is up for reauthorization in September 2015. CHIP should continue for the foreseeable future so that children’s coverage is stable during the changes in health coverage under the ACA.

Of course there are other items on the advocate to-do list, including monitoring new payment models, continuing to advocate for consumer- and child-friendly decisions in the Marketplace, and making sure health coverage and screenings are part of quality early childhood initiatives. We must continue to work together with our partners who also care about children’s coverage. It has taken a village to make Arkansas a leader in children’s health coverage, and that won’t change in the coming years as more and more families gain coverage. A collective effort will help us reach the Finish Line!

Appendix: ARKids First, Medicaid, Private Option Data by County

County	ARKids First A	ARKids First B	Other Medicaid <19	Total Medicaid, ARKids <19	Private Option (19-64)	County	ARKids First A	ARKids First B	Other Medicaid <19	Total Medicaid, ARKids <19	Private Option (19-64)
ARKANSAS	2,002	467	411	2,880	812	LINCOLN	1,162	285	272	1,719	500
ASHLEY	2,383	569	467	3,419	1,004	LITTLE RIVER	1,146	270	300	1,716	407
BAXTER	3,086	873	514	4,473	1,347	LOGAN	2,436	515	428	3,379	743
BENTON	17,686	5,440	2,763	25,889	4,078	LONOKE	5,489	1,448	1,094	8,031	1,671
BOONE	3,218	920	666	4,804	1,345	MADISON	1,668	432	254	2,354	514
BRADLEY	1,429	356	284	2,069	558	MARION	1,418	349	217	1,984	616
CALHOUN	384	117	83	584	211	MILLER	4,316	925	1,493	6,734	1,443
CARROLL	2,934	655	315	3,904	982	MISSISSIPPI	5,302	1,177	1,952	8,431	1,799
CHICOT	1,606	208	417	2,231	604	MONROE	929	171	233	1,333	382
CLARK	1,825	471	442	2,738	895	MONTGOMERY	885	268	99	1,252	463
CLAY	1,374	440	263	2,077	564	NEVADA	1,016	187	171	1,374	405
CLEBURNE	1,977	661	330	2,968	816	NEWTON	733	230	124	1,087	343
CLEVELAND	762	209	165	1,136	303	OUACHITA	2,820	609	613	4,042	1,063
COLUMBIA	2,150	469	706	3,325	1,078	PERRY	964	217	177	1,358	404
CONWAY	2,028	445	504	2,977	1,013	PHILLIPS	3,007	471	1,398	4,876	1,313
CRAIGHEAD	9,339	2,096	3,215	14,650	3,318	PIKE	1,289	342	136	1,767	537
CRAWFORD	6,165	1,460	1,094	8,719	1,823	POINSETT	3,028	631	693	4,352	1,177
CRITTENDEN	6,850	1,148	2,346	10,344	2,560	POLK	2,456	524	292	3,272	833
CROSS	1,821	513	466	2,800	732	POPE	5,367	1,610	1,007	7,984	1,702
DALLAS	741	204	295	1,240	365	PRAIRIE	746	198	140	1,084	289
DESHA	1,694	325	435	2,454	841	PULASKI	34,115	7,573	12,464	54,152	12,094
DREW	1,769	457	451	2,677	904	RANDOLPH	1,796	515	354	2,665	900
FAULKNER	8,547	2,283	1,811	12,641	3,303	SALINE	7,648	2,445	1,170	11,263	2,310
FRANKLIN	1,738	367	269	2,374	616	SCOTT	1,262	263	198	1,723	494
FULTON	1,045	230	240	1,515	592	SEARCY	768	250	127	1,145	381
GARLAND	9,860	2,354	1,947	14,161	4,202	SEBASTIAN	13,340	2,654	2,721	18,715	3,122
GRANT	1,395	417	208	2,020	588	SEVIER	2,646	596	328	3,570	548
GREENE	4,384	1,070	1,096	6,550	1,550	SHARP	1,793	461	352	2,606	809
HEMPSTEAD	2,847	586	604	4,037	923	ST. FRANCIS	2,723	580	1,566	4,869	1,244
HOT SPRING	3,185	894	585	4,664	1,259	STONE	1,230	341	189	1,760	613
HOWARD	1,658	405	308	2,371	636	UNION	4,472	983	929	6,384	1,396
INDEPENDENCE	3,658	920	851	5,429	1,177	VAN BUREN	1,622	406	226	2,254	669
IZARD	1,203	309	201	1,713	562	WASHINGTON	20,620	4,961	3,243	28,824	4,338
JACKSON	1,758	348	456	2,562	821	WHITE	7,379	1,957	1,333	10,669	2,273
JEFFERSON	7,804	1,515	2,905	12,224	3,263	WOODRUFF	813	162	170	1,145	348
JOHNSON	3,211	766	423	4,400	899	YELL	2,847	640	388	3,875	584
LAFAYETTE	746	124	197	1,067	350	Total	279,982	67,408	66,482	413,872	96,950
LAWRENCE	1,597	476	412	2,485	743						
LEE	872	195	486	1,553	586						

Source: Arkansas DHS. Medicaid and ARKids First data, December 2013; Private Option data, February 2014.

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