

# **TOP TEN PRINCIPLES**

## **FOR HEALTH POLICYMAKERS**

Arkansas policymakers have choices to make in the coming weeks that will determine whether every Arkansan has access to affordable, high-quality health coverage beginning January 1, 2014. Research shows that better access to coverage is good for Arkansas. Our consumer- and child-friendly principles should guide Arkansas's efforts to cover low-income families and improve access to health care.

1. **Arkansas should explore flexible, innovative solutions** for improving access to affordable health coverage. This could include using Medicaid dollars to pay for health coverage in the state's health insurance exchange marketplace for families earning less than 138 percent of the poverty level (\$31,809 for a family of four).
2. **Medicaid benefits and cost-sharing protections should remain intact** regardless of how newly eligible individuals are covered. Medicaid-specific benefits should be covered, including medically-necessary services Medicaid provides to those under age 21. Cost-sharing via deductibles and premiums should not be allowed for adults eligible for coverage paid for by Medicaid funds.
3. **Medicaid and ARKids First work** for those who are covered today. They are successful, lean programs that should remain as a safety net as Arkansas embraces new coverage opportunities. The state should avoid changes that could disrupt care, reduce benefits, or cause coverage gaps.
4. **Protections in federal law will help keep Medicaid and ARKids First available for current eligibles.** The law's Maintenance of Effort provision says we cannot make eligibility or enrollment into ARKids First and Medicaid more restrictive for kids until October 2019 or for adults until January 1, 2014.
5. **Children should keep the coverage they have in 2014.** Arkansas should make a new plan for new eligibles and consider additional flexibility for kids later. More than half of Arkansas children are covered by ARKids First, which is popular, efficient and cost-effective. ARKids First should remain a source of coverage for families who cannot access affordable employer-based family coverage and cannot access Exchange subsidies because a family member's individual coverage is deemed "affordable."
6. **Consumer assistance should be available to help individuals and families enroll in or transition their coverage.** New choices for Medicaid-eligible consumers will more than double the need for assistance for families who need help with enrollment.
7. **Arkansas should measure progress** on coverage, access to care, service denials, and other indicators to determine if its coverage solution is effective for low-income Arkansans.
8. **Cost-effectiveness should be considered.** Arkansas will have to pay up to 10% of the cost of new enrollees in future years; we should use state funds wisely. Additional state investments should go toward improved care management and high-quality health care.
9. **Access to health care should be maintained or improved** by requiring adequate provider networks that include safety net providers and supporting local clinics and hospitals through higher provider payments, especially for primary care.
10. **Arkansas's Health Insurance Exchange and plans sold within it should meet the needs of the Medicaid-eligible population** it could potentially serve. For example, consumer appeals, statewide coverage, and year-round enrollment should meet Medicaid standards even when coverage is offered through Exchange health plans.