Crossing the Finish Line

Cutting the Red Tape in 2011

2011 STATE OF CHILDREN'S HEALTH INSURANCE IN ARKANSAS

ARKANSAS FINISH LINE COALITION

COVERING ALL KIDS

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Photos by Tara Manthey.

Crossing the Finish Line: Cutting the Red Tape in 2011

2011 STATE OF CHILDREN'S HEALTH INSURANCE IN ARKANSAS

By ELISABETH WRIGHT BURAK
Health Policy and Legislative Affairs Director

It's no surprise that recession has hurt Arkansas families, especially children. The state's child poverty rate continues to increase and is now well over 27 percent. But new data on uninsured children provide some good news for Arkansas children and families—more Arkansas kids have health coverage than ever before thanks to ARKids First (Medicaid and the Children's Health Insurance Program (CHIP) for our state).

ARKids First has helped thousands of low-income families keep their children covered despite the economic challenges brought on by the recession. Across all income levels, the rate of uninsured children dropped to 7.3 percent. The uninsured rate has not dropped as dramatically for children in families just above the income limits for ARKids First; funding the 2009 legislation to expand coverage to 250 percent of poverty could have helped these families obtain and maintain coverage.

The improved ability to look at uninsured children by geography, age, and race help paint a picture of uninsured Arkansas children that can improve ARKids First outreach efforts. The western and southern regions of the state have the highest rates of uninsured children. While early childhood programs have helped connect more kids to coverage, the rate of uninsured school-age children has barely changed, and about 10,000 of the uninsured are 18-year-olds who could be eligible for ARKids First.

The majority of uninsured children in Arkansas are already eligible for ARKids First (under 200 percent of the Federal Poverty Level) but not signed up. Among these children, more than half are white. African-American children have the lowest uninsured rate (4.9 percent) who are eligible for ARKids First, while Latino children have the highest (14.3 percent).

Even children enrolled in ARKids First are not guaranteed access to a primary care physician (PCP) who manages their care. Up to 10 percent of children in some Arkansas counties are not assigned a PCP.

Arkansas health stakeholders continue to work to improve coverage and care for children and families.

- Act 771 passed during the 2011 session to cut the red tape in ARKids First.
- A "payment transformation" seeks to control rising health care costs by improving access to care and quality.
- Implementation of the Affordable Care Act (ACA) has significant potential to help families.

Arkansas should take the following steps to build on the state's incredible success covering children, and cross the finish line for all children and families:

1. Protect ARKids First and Medicaid from cuts to eligibility or services.
2. Implement Act 771 to improve ARKids First enrollment and renewal processes and track progress.
3. Use available data and engage partners to reach more uninsured children.
4. Remember entire families as the state implements the Affordable Care Act (ACA).
5. Expand ARKids First Eligibility to 250 percent of the federal poverty level, as the 2009 Arkansas General Assembly intended.

Introduction

Thanks to new data from the Census Bureau's American Community Survey, which developed a more accurate method of gathering data for small states, we now have a clearer picture of uninsured children in Arkansas. This report:

- Examines how uninsured children in Arkansas have fared since the recession hit in 2008.
- Takes a closer look at uninsured children in Arkansas by income, age, location, and race/ethnicity in 2010.
- Considers children under 200 percent of the federal poverty level who are eligible for ARKids First but are not signed up to know where outreach efforts may be targeted.
- Gives an update on Arkansas activities affecting coverage and access: opportunities under the Affordable Care Act, Act 771 of 2011 to cut red tape in ARKids First, and Medicaid payment reform.
- Makes recommendations for ways Arkansas can continue to make progress and finally cross the finish line to cover all children and families in Arkansas.

We know that health coverage makes a difference: it keeps children healthy and engaged in school, and gives parents peace of mind and financial security when their child needs health care. As lawmakers debate the future of Medicaid and the Children's Health Insurance Program (CHIP), we can't ignore their continued success supporting children's health and parents' pocketbooks when they need it most. ARKids First cut the rate of uninsured children in Arkansas dramatically in less than 10 years—starting at 22 percent in 1997, the rate has stayed under 10 percent since 2004.

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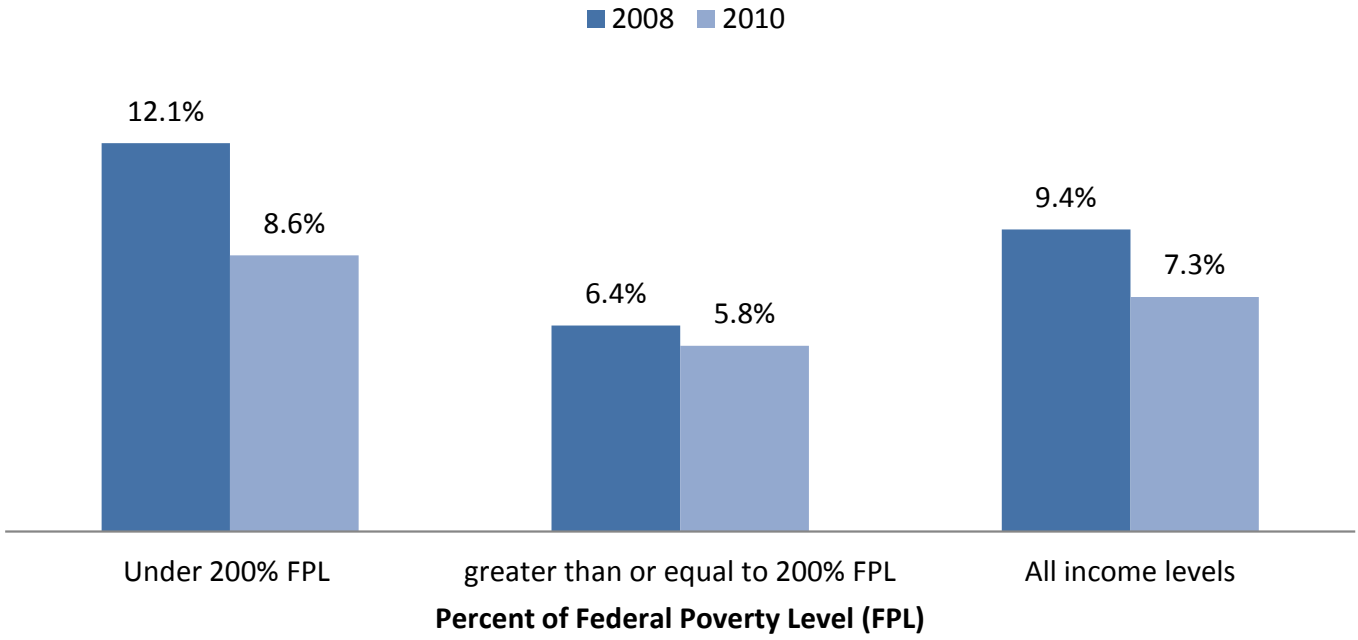
A PROFILE OF CHILDREN'S ACCESS TO HEALTH CARE IN ARKANSAS

ARKids First has helped low-income families during the recession.
The recession has hit Arkansas families hard, pushing the state's child poverty rate above 27 percent. A bright spot for families, however, is the availability of ARKids First. In 2010, only 7.3 percent of Arkansas children under 19 were uninsured, compared to 9.4 percent at the beginning of the recession in 2008.[1]

In Arkansas, ARKids First, Medicaid and CHIP have kept children covered even as employers dropped coverage or laid off workers during the recession. Between September 2008 and September 2010, enrollment increased by more than 10 percent, or 40,000 children.[2] The rate of uninsured children eligible for ARKids First (under 200 percent of the federal poverty line (FPL), or $36,620 for a family of three) decreased during the same period, from 12.1 percent to 8.6 percent (see Figure 1 below). Thanks to ARKids First, thousands more low-income children got the health coverage they needed during the first two years of the recession (also see Table 1).[3]

Figure 1: Percent of Arkansas Children Under 19 Who are Uninsured, by Income*



*While few, other factors besides family income determine a child's eligibility for ARKids First. These include, for example, U.S. citizenship and Arkansas residence.

Source: Unpublished runs from the Annie E. Casey Foundation for Children under age 19. Population Reference Bureau analysis of US Census Bureau's American Community Survey (ACS) PUMS, 2010. ACS is a new, more accurate data source for small states starting in 2008.

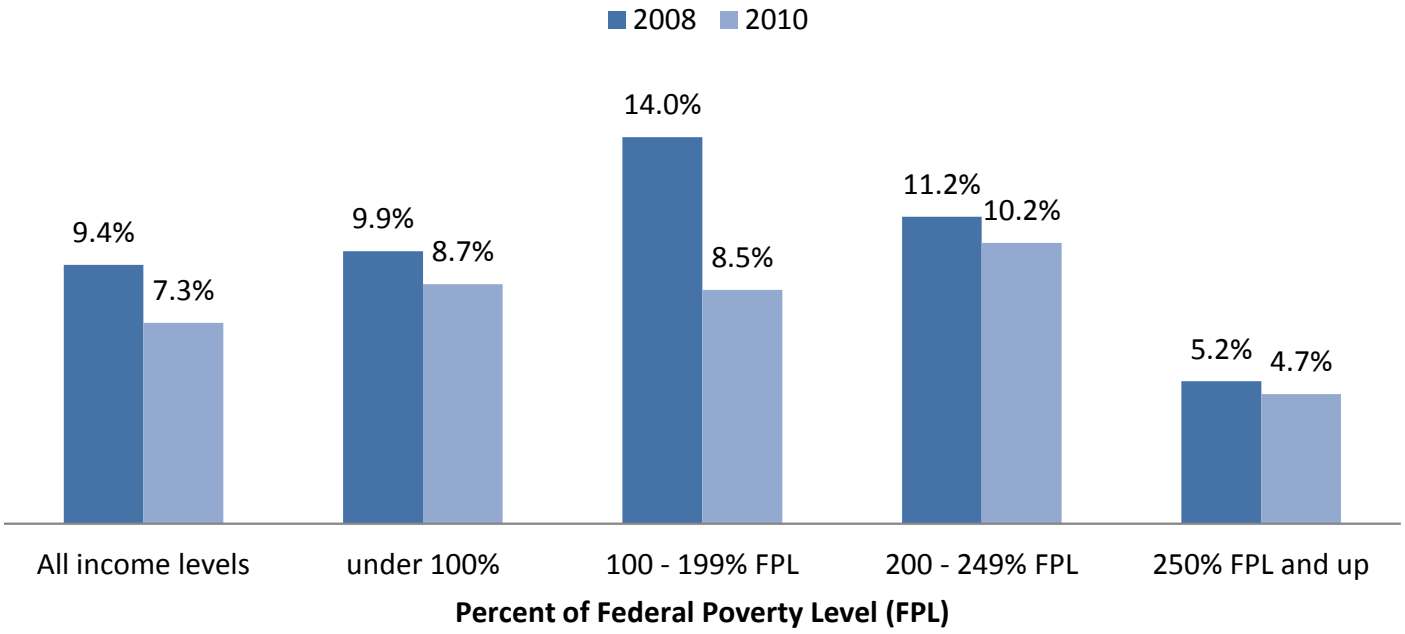
Table 1: Uninsured Kids Under Age 19 in Arkansas: 2008 to 2010

	2008	2010	change (in numbers)
Total	68,000	54,000	-14,000
Under 200% FPL	46,000	34,000	-12,000
200% and up	22,000	20,000	-2,000

Source: Unpublished runs from the Annie E. Casey Foundation for Children under age 19.
Population Reference Bureau analysis of US Census Bureau's American Community Survey (ACS) PUMS, 2010.

Middle income families still need coverage options for their children.
In 2009, Arkansas lawmakers passed legislation to extend ARKids First eligibility from 200 percent FPL up to 250 percent FPL, but budget concerns have kept the expansion from being implemented. Figure 2 shows that while the number and rate of uninsured children at all levels decreased between 2008 and 2010, children just over the income limit for ARKids First saw a much smaller decrease in uninsured children than children with access to ARKids First.

Figure 2: Percent of Arkansas Children Under 19 Who Are Uninsured, by Income

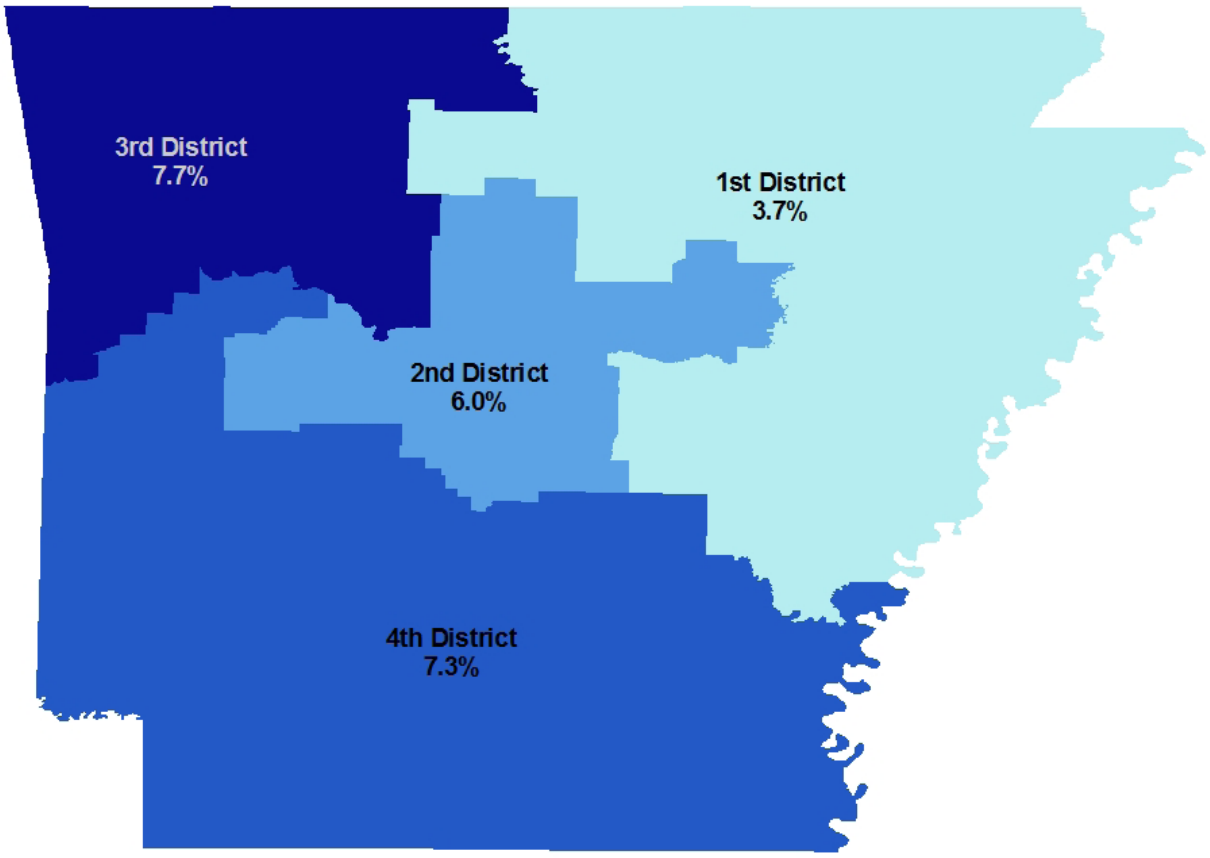


Source: Unpublished runs from the Annie E. Casey Foundation for Children under age 19.
Population Reference Bureau analysis of US Census Bureau's American Community Survey (ACS) PUMS, 2010.

Where do uninsured Arkansas children live?

As illustrated in Figure 3 below, Northwest Arkansas had the highest rate of uninsured children in 2010, with Northeast Arkansas by far the lowest, at 3.7 percent. Table 2 shows the number and percentage of uninsured children for the state's largest counties in 2010. Washington County has by far the largest percentage of uninsured children (11.2 percent), while Jefferson county has the smallest (3.9 percent). Pulaski and Washington counties have the largest number of uninsured children, 6,000 each.

Figure 3: Uninsured Children Under 18 Years of Age, 111th Congressional Districts



Source: Unpublished runs from the Annie E. Casey Foundation for Children under age 18.
Population Reference Bureau analysis of US Census Bureau's American Community Survey, 2010

Table 2: Uninsured Children Under 18 in Largest Arkansas Counties, 2010

County	Uninsured Children under 18	Uninsured Children Under 18 (%)
Washington County	6,000	11.2%
Faulkner County	3,000	9.8%
Garland County	2,000	9.0%
Lonoke County	2,000	8.9%
White County	2,000	8.3%
Sebastian County	2,000	7.2%
Saline County	2,000	6.6%
Pulaski County	6,000	6.4%
Benton County	4,000	6.4%
Craighead County	1,000	5.1%
Jefferson County	1,000	3.9%
Arkansas	**46,000***	**6.6%***

Source: Unpublished runs from the Annie E. Casey Foundation for Children under age 18.
Population Reference Bureau analysis of US Census Bureau's American Community Survey, 2010

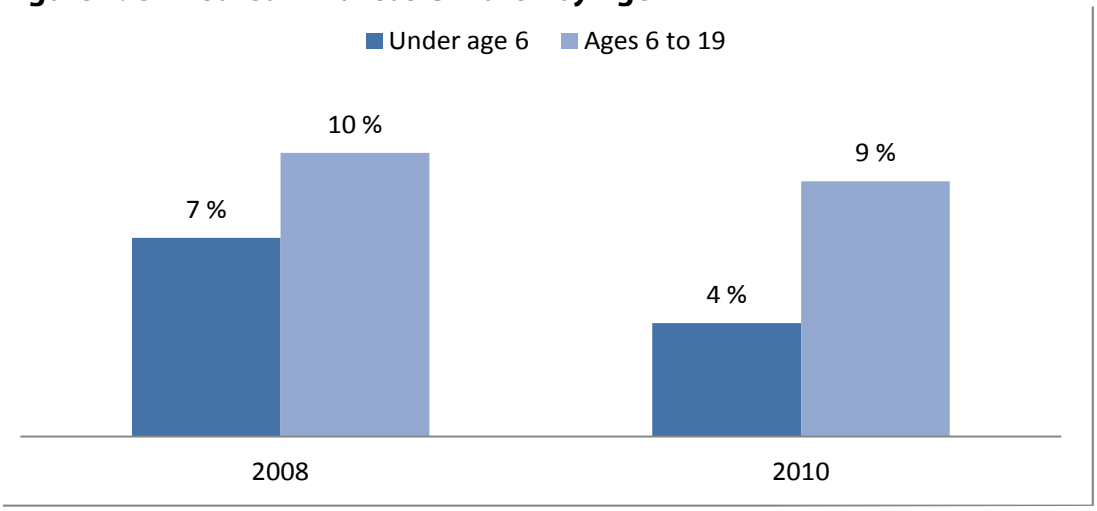
Note: Data for smaller counties are not as reliable due to small populations.

* The state-level numbers are included for comparison purposes. Note that the state-level percentage and number differ from those reported in Table 1 because they do not include 18-year-olds. AACF includes 18-year-olds (U19) whenever possible to match with ARKids First age eligibility, which runs through age 18. The U19 age breakdown is not available for smaller geographic areas.

Age matters: We have more work to do to cover school-age children and teenagers

As we've seen in prior years, younger children are much more likely to be covered, thanks in part to efforts by the state's Head Start, Arkansas Better Chance, child care, and other early childhood programs to address child health. But while the rate of uninsured children under 19 has dropped since the beginning of the recession, school-age children have seen the smallest decrease, of 1 percentage point (see Figure 4). As children age, they are less likely to have health insurance. In 2010, a large portion of uninsured children (approximately 10,000) were 18-year-olds, many of whom would have been eligible for ARKids First.[4]

Figure 4: Uninsured Arkansas Children by Age

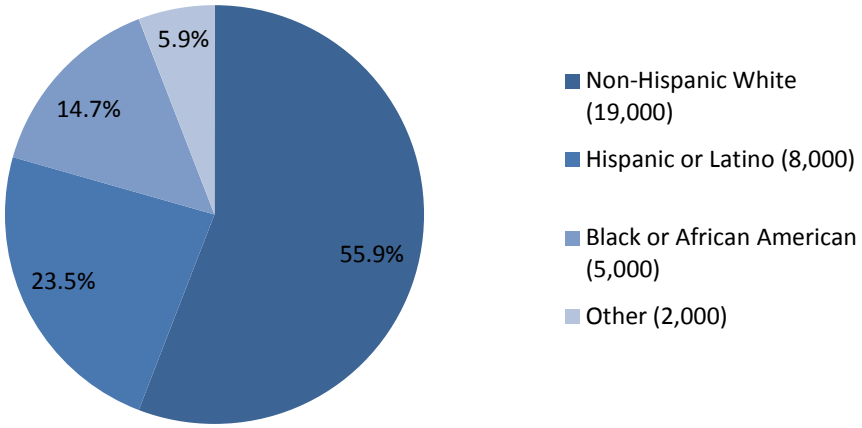


Source: Unpublished runs from the Annie E. Casey Foundation for Children under age 19.
Population Reference Bureau analysis of US Census Bureau's American Community Survey, 2010

Who are eligible but uninsured children?

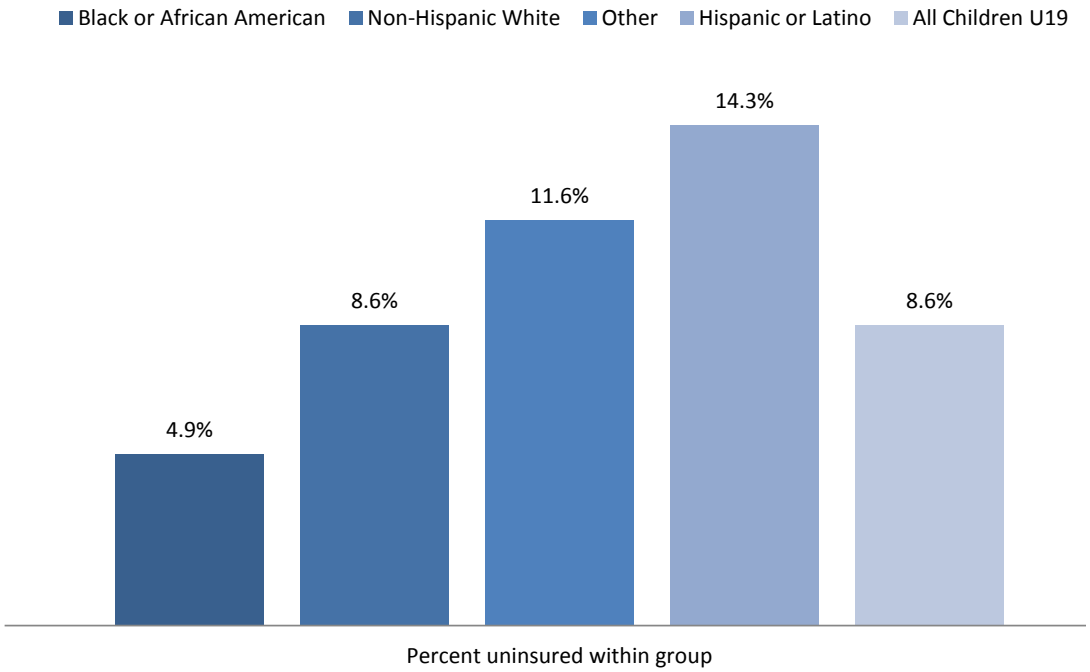
Figure 5 and Figure 6 show uninsured children under 200 percent FPL, who are likely eligible for ARKids First, by race and ethnicity. By far, the largest group of eligible, uninsured children in Arkansas are white (19,000), but children of color, especially Latino children, make up almost half of eligible uninsured children. As Figure 6 shows, African-American children have the lowest rate of uninsured children (4.9 percent) eligible for ARKids First, while Latino children have the highest (14.3 percent).

Figure 5: Uninsured Children Under 19 by Race/Ethnicity, under 200% FPL Arkansas 2010



Source: Unpublished runs from the Annie E. Casey Foundation for Children under age 19.
Population Reference Bureau analysis of US Census Bureau's American Community Survey, 2010

Figure 6: Percent of Uninsured Children Under 200% FPL within Race/Ethnicity Groups



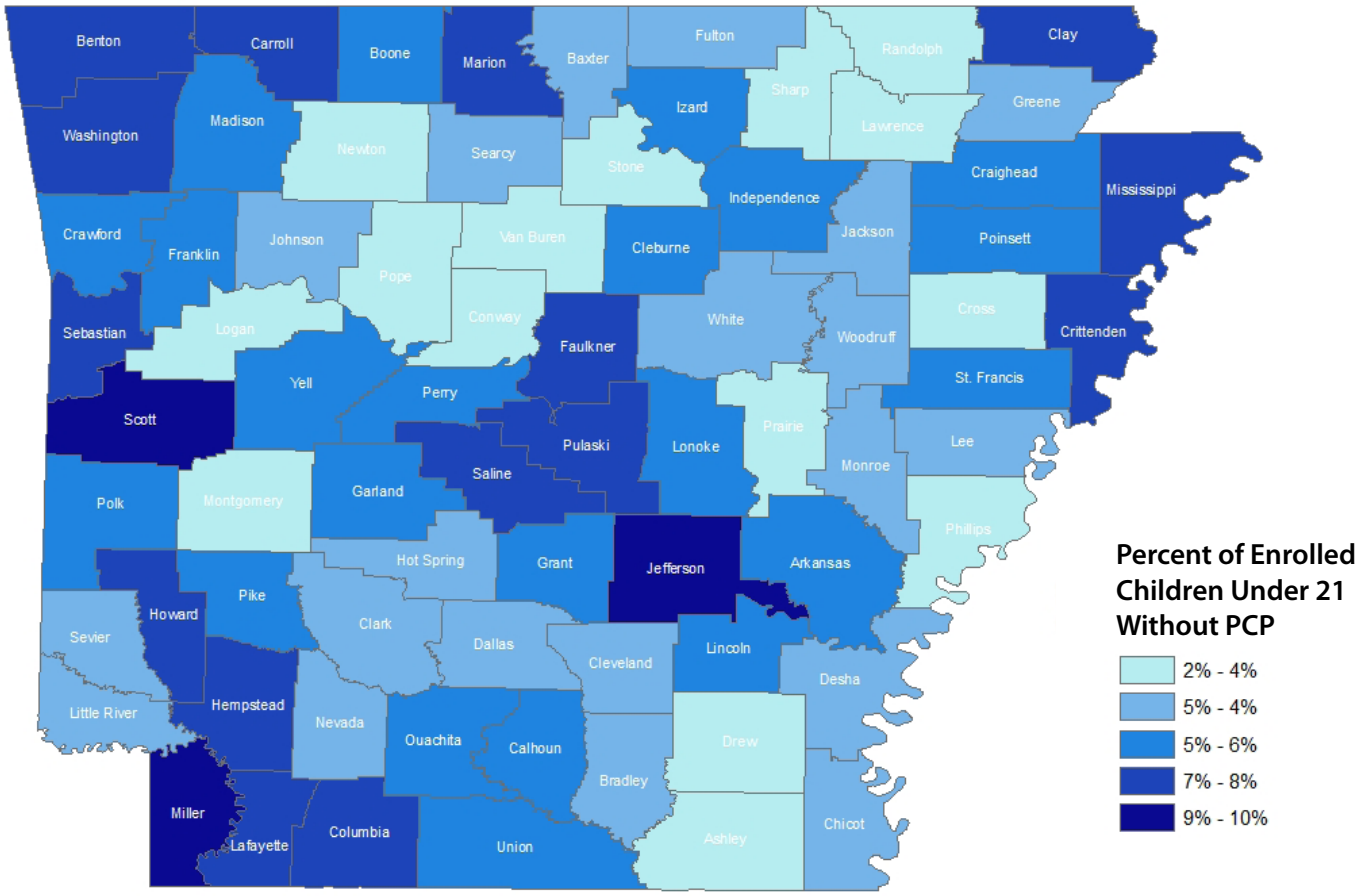
Source: Unpublished runs from the Annie E. Casey Foundation for Children under age 19.
Population Reference Bureau analysis of US Census Bureau's American Community Survey, 2010

Some children have difficulty getting the care they need, even with an ARKids First Card.
While the vast majority of ARKids First and Medicaid recipients under age 21have a regular source of care, nearly 25,000, or 6 percent of these children did not have a regular doctor, or primary care physician (PCP) on record in January 2011.

Arkansas requires children receiving ARKids First to have a PCP to ensure that every child has a "medical home," or a regular doctor to manage the quality and availability of their care. Though most of them had received care from a designated PCP at some point in the year prior, it is clear from data and anecdotal evidence that some families struggle to find regular, consistent access to a physician's care.

Where you live does make a difference, but counties with the highest rates of ARKids First kids without a PCP are diverse in both location and population. Counties with the largest percentage of ARKids First and Medicaid recipients without a PCP on record are listed in Table 3. Appendix 2 lists the number and percentage for all counties.

Figure 7: Percent of Arkansans Under 21 Enrolled in ARKids First/Medicaid Who are Not Assigned A Primary Care Physician



Source: Arkansas Department of Human Services. Data reflect a point-in-time snapshot from January 2011, including PCP assignments that were made later but were effective retroactively to January. About one-fourth of those who had no PCP assigned to them had been assigned to a PCP at some point in the previous 12 months.

Table 3: Arkansas counties with the highest percentage of ARKids First/Medicaid recipients Under 21 without a PCP on record.

County	Total Medicaid/ ARKids enrollment under 21	Without assigned PCP	Percentage without a PCP
SCOTT	1,930	200	10%
JEFFERSON	13,021	1,348	10%
MILLER	6,849	637	9%
BENTON	24,572	1,928	8%
WASHINGTON	27,399	2,062	8%
CARROLL	3,718	246	7%
HOWARD	2,418	165	7%
MARION	2,004	131	7%
PULASKI	56,660	3,861	7%
SEBASTIAN	18,194	1,282	7%
Total Statewide	**420,932**	**24,478**	**6%**

Source: Arkansas Department of Human Services. Data reflect a point-in-time snapshot from January 2011, including PCP assignments that were made later but were effective retroactively to January. About one-fourth of those who had no PCP assigned to them had been assigned to a PCP at some point in the previous 12 months.

Medicaid officials emphasize that the number of children who do not have an assigned primary care physician does not necessarily represent the number of children who cannot access one. Rather, there are myriad reasons that a child may not have an assigned primary care physician, including dismissal from a provider, moving out of the area, or closure or relocation of the doctor's office.

While not unique to Arkansas, access and workforce challenges are worse than most other states. Nationwide, the shortage of primary care physicians has slowed access to family health care for people with private and public insurance alike. The U.S. is short about 13,700 physicians, based on the ratio of physicians to the population. The Association of American Medical Colleges predicts a shortage of 91,500 by 2020.[5] Most of Arkansas lacks a sufficient supply of health professionals. Arkansas ranks 50th among states in physician distribution, with 38 percent of the state's children living in a low-physician supply region.[6] All but two counties in Arkansas have at least a partial designation as a Medically Underserved Area by the Arkansas Department of Health Office of Rural Health and Primary Care, and most counties have a shortage of primary care physicians.[7]

While access to primary care is a critical issue, it's worth noting that children with any type of health insurance are far more likely to access preventative medical care than their uninsured counterparts. Additionally, national data show that access to primary care is not limited for publicly supported insurance programs like ARKids First.[8] Access to primary medical care for children on Medicaid/CHIP and private insurance is very similar.[9]

Cutting the Red Tape Rally

February 2011
Arkansas State Capitol

What is the future of health coverage and care in Arkansas?

Act 771 can help keep kids enrolled who still qualify for ARKids First

Past Finish Line reports have made it clear that just getting kids signed up is not enough.[10] Thousands of children—28,000 in 2010[11]—fall off ARKids First for reasons other than eligibility: missing a paper form in the mail to renew coverage, change of mailing address, or a misunderstanding of ARKids First requirements.

Arkansas lawmakers passed Act 771 during the 2011 legislative session to improve the ARKids First enrollment and renewal process, which can also save the state administration costs in postage and caseworker processing as kids lose coverage and have to re-enroll. Thanks to this bill, the Arkansas Department of Human Services will:

- Expand paperless renewal options: Right now, families re-enroll their children in ARKids First by submitting a paper form; instead, this bill calls for an "ex parte" renewal process to verify an enrolled child's ongoing eligibility for ARKids First. This system would use administrative databases (such as income records in workforce services databases) to determine eligibility when families are renewing. This could be easily integrated into the Access Arkansas online system. Parents would be asked to report changes to their income as they happen and would avoid having to submit forms each year to verify information that is already available to the state. We've learned from our neighbors in Louisiana and other states that shoring up the re-enrollment process can create real results.[12]
- Start Express Lane enrollment: DHS case workers will be able to use approved applications from other programs—such as food assistance or school lunch—to automatically enroll children in ARKids First, so families don't have to submit the same information more than once to apply for income-based programs.

Though the law itself didn't specify a time frame for implementation, Arkansas DHS officials agreed during 2011 legislative committee hearings that work on these two items could begin "almost immediately" but would take time to implement. To date, however, these provisions have not been implemented. Implementation of these two components does require approval from federal Medicaid officials, but these changes need to be made in early 2012. Putting these changes into effect by April 2012 would allow Arkansas to start competing for federal bonus awards. Last year Louisiana won $3.5 million and Alabama got $55 million for covering more eligible, uninsured kids. It's unlikely that the state will qualify for a large bonus next year because of the requirement to significantly reduce our relatively low rate of eligible, uninsured kids, but making these changes could at least put the state in the running for funds in the future.

Another part of the bill to help keep children enrolled, "12-month continuous coverage," is also on hold until more funding becomes available. It would ensure income fluctuations would not disrupt coverage. As a result, parents who work on contract wouldn't have their children kicked off ARKids First if their income averaged out over a year met eligibility guidelines.

Health Care Payment Transformation: Improving quality and lowering cost by changing how we pay for Medicaid services?

Arkansas is one of very few states without a current Medicaid shortfall. Though the current revenue forecast for 2013 is better than originally projected, officials expect a shortage of more than $200 million in 2014. State leaders are working on new ways of paying for services to control rising costs and avoid cutting eligibility, services, or payment rates that could impede access to care. The idea is to change payments to providers from fee-for-service to a payment model that encourages higher quality, better coordinated care.[12] While this effort is about changing the way medical providers receive payment, it will undoubtedly impact how Arkansas patents access care. The goal of improving quality while lowering costs is a good one—especially as an alternative to cutting Medicaid eligibility or services. But child advocates should watch to ensure that services and access to care are not compromised.

Implementing the Affordable Care Act (ACA) in Arkansas

The federal Patient Protection and Affordable Care Act (ACA) not only stands to benefit the health of Arkansans, but it will also support the state economy as billions of dollars flow into the state from an expansion of the Medicaid program and subsidies to consumers to purchase health insurance.[14] Today, children are already protected from being denied coverage for a pre-existing conditions, and young adults through age 26 can remain on their parents' insurance plans. Mounting political pressure has slowed implementation of the major pieces of the law, but the ACA is on track to provide support for thousands of Arkansas families in 2014.

In 2014, the act requires that every Arkansan under 139 percent of the federal poverty line (or $24,000 for a family of 3) will become eligible for Medicaid.[15] Some 213,000 adults stand to benefit from this expansion.[16] The Medicaid expansion also will provide better benefits to school-age children. In 2014, unless the state elects to make the change sooner, an estimated 70,000 low-income children on ARKids First B will move to traditional Medicaid (ARKids First A in Arkansas), which offers more comprehensive benefits. (Children under age 6 in this income bracket are already eligible for ARKids First A).

Another 240,000 uninsured Arkansans[17] will be eligible for subsidies to purchase coverage on a Health Insurance Exchange in 2014, or a marketplace to shop for health insurance. While the Insurance Department began planning and researching a state-operated exchange, state lawmakers chose not to move forward on implementation, meaning that the federal government will operate the exchange starting in 2014. The federal government has offered states the ability to take on specific pieces of the exchanges under a federally administered exchange, but many details and decisions remain about what the system will look like. No matter who administers the final system, it will be critical for officials to ensure that enrollment in the exchange or Medicaid is seamless and that coverage remains affordable for families.

The exchange—which will offer web, telephone, and in-person places for consumers to apply for coverage—will need to be fully coordinated with the Medicaid enrollment system, since almost half the state's uninsured will be eligible after the Medicaid expansion. No applicant should reach a dead end just because they went to the wrong web site or office to apply. The act requires a "no wrong door" approach that will make it imperative for the exchange and Medicaid to be fully aligned, each with the ability to share necessary data, make decisions, and enroll applicants for the exact coverage for which they are eligible.

A major opportunity under the ACA is the promise that entire families will now have access to health coverage. But covering families successfully will not be automatic. Part of the challenge will be protecting the gains we've made covering children and learning from them. Nationally, 20 million children are in complex coverage situations that could create challenges in "continuity of care."[18] For example, many families will have children covered by ARKids First, while their parents are covered through the exchange, since Medicaid income eligibility is higher for children. Other families will have children covered by ARKids First, while their parents receive coverage through an employer that doesn't offer full family coverage. In Arkansas, more than 90,000 low-income children under 200 percent FPL, most of whom are likely covered by ARKids First, have uninsured parents.[19] Many of their parents will qualify for exchange subsidies. We need to ensure that families using more than one source of coverage do not experience gaps in care due to poor coordination between Medicaid and the exchange, especially as income or other circumstances change over time.

Of course, getting covered is one step. The insufficient pool of health care professionals will be further strained as thousands more Arkansans access health insurance. The University of Arkansas for Medicaid Sciences and state officials are looking at options to improve the Arkansas workforce and will make recommendations in early 2012.

Recommendations

1. **Protect ARKids First and Medicaid from cuts to eligibility or services.** Budget concerns threaten Medicaid and ARKids from the federal and state levels. ARKids First and Medicaid have been a lifeline to families when they need it most, doing exactly as intended during the recession. Now, more than ever, we need to keep and strengthen the program to help families as they struggle financially. Payment reform and cost cutting efforts should improve, not undermine, access to services.
2. **Implement Act 771 to improve ARKids First enrollment and renewal processes and track progress.** With more than half the state's uninsured children already eligible for ARKids First, we have room to improve the enrollment and renewal processes. Act 771 will help the state move to a paperless, more efficient re-enrollment process and use other program applications to enroll or re-enroll children in ARKids First. It will get more kids covered while eliminating unnecessary duplication of effort for parents and state employees alike. ACA regulations for Medicaid enrollment in 2014 call for a technology-based and more efficient system, relying on available state and federal data rather than paper forms from applicants. Act 771 offers a great opportunity to use our experience with ARKids First as a test pilot before similar measures are put in place for all Medicaid recipients in 2014.
3. **Use available data and engage partners to reach more uninsured children.** New research and data are painting a more accurate picture of uninsured children geographically and by age. This information is critical to reaching more eligible, uninsured children. With few-to-no resources dedicated to direct outreach, DHS should find and enroll children by partnering or strengthening partnerships with schools and community-based organizations, such as community health centers or Arkansas Health and Education Centers. Arkansas has invested resources and increased support for schools to address student health through the Coordinated School Health initiative and school-based health centers.[20] These are natural partners to reach the 9 percent of school-age children who remain uninsured.
4. **Remember entire families as the state implements the ACA.** More questions than answers remain about exactly when and how states will need to implement changes to be ready for 2014. States still await final rules on Medicaid eligibility, it's unclear how federal officials will work with states as they implement Exchanges, and budget threats loom. We also face challenges to health care access without significant workforce changes. But states will still need to do the research and work to be fully prepared for 2014. As the state makes system improvements, works to coordinate with the Exchange, develops outreach programs to reach uninsured Arkansans, and looks for new ways to organize the healthcare workforce, we can't overlook the unique needs of children and families. Many families will have multiple sources of health coverage, which put children at risk of falling through the cracks. Due to provider shortages, some children already have difficulty accessing required screenings and doctor visits, which could be exacerbated by new demand in 2014. State officials should engage a range of stakeholders, especially consumers, to provide concrete feedback on these and other changes that will impact how and where children and families get health care.
5. **Expand ARKids First Eligibility to 250 percent of the federal poverty level, as the 2009 Arkansas General Assembly intended.** A bipartisan group of lawmakers in 2009 recognized the support that ARKids First offers families struggling through the recession. Families earning just too much for ARKids First—but not enough to buy private insurance—risk falling into financial chaos with one trip to the emergency room. Three years later, these families are still stretched. We need to support working families so they can support the economic security of all of us.

Conclusion

ARKids First provides health care to thousands of Arkansas children and has supported families during one of the country's worst economic periods since the Great Depression. However, 54,000 children remain uninsured and even more children have parents without coverage. Arkansas has the tools available to cover all children and families. Right now, we can make progress in reaching more uninsured children by cutting red tape in ARKids First and putting more targeted outreach efforts in place. We can do the work and preparation necessary to ensure the Affordable Care Act provides efficient and effective health care to the thousands of Arkansas families who stand to benefit in 2014. It's time to put politics aside and do what we know will work to cross the finish line and cover all children and families in Arkansas.

Appendix 1

October 2011 Enrollment Data: Children under 19 on ARKids First or Medcaid

County	Arkids First A	Arkids First B	Other Medicaid categories	Total U19 Medicaid or ARKids First
ARKANSAS	1879	499	418	2796
ASHLEY	2492	532	539	3563
BAXTER	2829	964	582	4375
BENTON	15666	5373	2634	23673
BOONE	2818	909	726	4453
BRADLEY	1377	350	310	2037
CALHOUN	380	126	81	587
CARROLL	2585	748	334	3667
CHICOT	1427	300	535	2262
CLARK	1688	506	500	2694
CLAY	2922	780	660	4362
CLEBURNE	1811	696	365	2872
CLEVELAND	746	189	175	1110
COLUMBIA	2073	510	803	3386
CONWAY	2007	472	545	3024
CRAIGHEAD	8372	2226	3200	13798
CRAWFORD	5952	1659	971	8582
CRITTENDEN	6281	1246	2620	10147
CROSS	1675	591	549	2815
DALLAS	718	213	298	1229
DESHA	1750	350	500	2600
DREW	1691	460	540	2691
FAULKNER	7559	2432	1901	11892
FRANKLIN	1527	442	312	2281
FULTON	988	254	281	1523
GARLAND	8942	2535	1962	13439
GRANT	1329	455	256	2040
GREENE	4119	1272	1032	6423
HEMPSTEAD	2642	602	707	3951
HOT SPRING	2938	1029	564	4531
HOWARD	1497	472	357	2326
INDEPENDENCE	3321	1003	885	5209
IZARD	1053	322	242	1617
JACKSON	1715	370	500	2585
JEFFERSON	7658	1632	3277	12567
JOHNSON	2763	818	476	4057
LAFAYETTE	754	141	231	1126

County	Arkids First A	Arkids First B	Other Medicaid categories	Total U19 Medicaid or ARKids First
LAWRENCE	1519	552	464	2535
LEE	885	217	536	1638
LINCOLN	1095	307	311	1713
LITTLE RIVER	1044	315	316	1675
LOGAN	2297	587	446	3330
LONOKE	5051	1683	1194	7928
MADISON	1503	498	289	2290
MARION	1363	359	240	1962
MILLER	3841	970	1671	6482
MISSISSIPPI	5132	1310	2337	8779
MONROE	837	228	292	1357
MONTGOMERY	817	332	142	1291
NEVADA	1072	229	248	1549
NEWTON	678	259	115	1052
OUACHITA	2622	703	745	4070
PERRY	862	267	214	1343
PHILLIPS	3081	545	1530	5156
PIKE	1240	372	159	1771
POINSETT	2907	676	716	4299
POLK	2237	639	338	3214
POPE	5145	1777	1099	8021
PRAIRIE	740	212	157	1109
PULASKI	32287	8825	12636	53748
RANDOLPH	1692	593	365	2650
SALINE	6954	2545	1154	10653
SCOTT	1347	300	181	1828
SEARCY	808	325	145	1278
SEBASTIAN	12385	2753	2803	17941
SEVIER	2560	627	314	3501
SHARP	1666	577	427	2670
ST. FRANCIS	2754	641	1725	5120
STONE	1237	368	196	1801
UNION	4272	1148	985	6405
VAN BUREN	1452	429	296	2177
WASHINGTON	18526	4755	2938	26219
WHITE	6443	2164	1353	9960
WOODRUFF	778	190	246	1214
YELL	2525	764	449	3738
TOTAL	**261598**	**73519**	**70640**	**405757**

Source: October 2011 Monthly snapshot data from ADHS Division of County Operations

Appendix 2

Children Under 21 Without Primary Care Physicians, by County

County	Children Under 21 Enrolled without a PCP	Percentage without a PCP
ARKANSAS	135	5%
ASHLEY	122	3%
BAXTER	171	4%
BENTON	1928	8%
BOONE	266	6%
BRADLEY	88	4%
CALHOUN	31	5%
CARROLL	246	7%
CHICOT	93	4%
CLARK	108	4%
CLAY	134	6%
CLEBURNE	147	5%
CLEVELAND	50	4%
COLUMBIA	229	6%
CONWAY	114	4%
CRAIGHEAD	768	5%
CRAWFORD	458	5%
CRITTENDEN	676	6%
CROSS	95	3%
DALLAS	55	4%
DESHA	108	4%
DREW	81	3%
FAULKNER	749	6%
FRANKLIN	110	5%
FULTON	59	4%
GARLAND	652	5%
GRANT	108	5%
GREENE	279	4%
HEMPSTEAD	261	6%
HOT SPRING	194	4%
HOWARD	165	7%
INDEPENDENCE	255	5%
IZARD	97	6%
JACKSON	122	4%
JEFFERSON	1348	10%
JOHNSON	182	4%
LAFAYETTE	78	6%

County	Children Under 21 Enrolled without a PCP	Percentage without a PCP
LAWRENCE	80	3%
LEE	13	4%
LINCOLN	89	5%
LITTLE RIVER	70	4%
LOGAN	114	3%
LONOKE	436	5%
MADISON	126	5%
MARION	131	7%
MILLER	637	9%
MISSISSIPPI	565	6%
MONROE	55	4%
MONTGOMERY	29	2%
NEVADA	60	4%
NEWTON	39	3%
OUACHITA	202	5%
PERRY	66	5%
PHILLIPS	177	3%
PIKE	96	5%
POINSETT	223	5%
POLK	158	5%
POPE	285	3%
PRAIRIE	40	3%
PULASKI	3861	7%
RANDOLPH	84	3%
SALINE	676	6%
SCOTT	200	10%
SEARCY	55	4%
SEBASTIAN	1282	7%
SEVIER	145	4%
SHARP	99	4%
ST. FRANCIS	296	6%
STONE	46	3%
UNION	375	6%
VAN BUREN	74	3%
WASHINGTON	2062	8%
WHITE	460	4%
WOODRUFF	51	4%
YELL	199	5%
TOTAL	**24478**	**6%**

Source: Arkansas Department of Human Services. Data reflect a point-in-time snapshot from January 2011, including PCP assignments that were made later but were effective retroactively to January. About one-fourth of those who had no PCP assigned to them had been assigned to a PCP at some point in the previous 12 months.

Appendix 3

ARKids First Income Eligibility, Current and Pending

ARKids First A/Medicaid (Federal funding source: Medicaid)

2011 Federal Poverty Level	Age	1 person	2 people	3 people	4 people	5 people	6 people	Each add'l person
Up to 100%	6 to 19	$10,890	$14,710	$18,530	$22,350	$26,170	$29,990	$3,820
Up to 133%	Under 6	$14,484	$19,564	$24,645	$29,726	$34,806	$39,887	$5,081

ARKids First B: Current eligibility as of early 2010
(Federal funding source: Children's Health Insurance Program)

2011 Federal Poverty Level	Age	1 person	2 people	3 people	4 people	5 people	6 people	Each add'l person
100% to 200%	6 to 19	$21,780	$29,420	$37,060	$44,700	$52,340	$59,980	$7,640
133% to 200%	Under 6							

ARKids First B: New eligibility passed in 2009, **not yet implemented**
(Federal funding source: Children's Health Insurance Program)

2011 Federal Poverty Level	Age	1 person	2 people	3 people	4 people	5 people	6 people	Each add'l person
100% to 250%	0-19	$27,225	$36,775	$46,325	$55,875	$65,425	$74,975	$9,550

Source: arkidsfirst.com/elig.htm

Endnotes

1: Source: Population Reference Bureau analysis of US Census Bureau's ACS PUMS, 2010

2: DHS Division of County Operations, monthly snapshot data.

3: Source: Population Reference Bureau analysis of US Census Bureau's ACS PUMS, 2010

4: Determined when comparing uninsured data from Population Reference Bureau analysis of US Census Bureau's ACS PUMS, 2010: one looks at 0-17, and another at 0-18

5: Association of American Medical Colleges (2010). "Physician Shortages to Worsen Without Increase in Residency Training." Available at https://www.aamc.org/download/150584/data/physician_shortages_to_worsen_without_increasesin_residency_tr.pdf

6: Shipman, S., Lan, J., Chang, C., & Goodman, D. (2010). Geographic Maldistribution of Primary Care for

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7: Arkansas Department of Health, Hometown Health (2011). Last retrieved from http://healthy.arkansas.gov/programsservices/hometownhealth/pages/orhpc.aspx.

8: Kaiser Commission on Medicaid and the Uninsured (2009). Impact of Medicaid and SCHIP on Low-income Children's Health, p. 3. Washington, DC: Kaiser Family Foundation. Available at http://www.kff.org/medicaid/upload/7645-02.pdf

9: Ibid, page 3.

10: Arkansas Advocates for Children and Families (2010). Crossing the Finish Line 2020: Moving Toward Covering All Kids and AACF (2009). Crossing the Finish Line 2009: How Arkansas Can Cover All Children. Both available at http://www.aradvocates.org/child-health/

11: ADHS Division of County Operations, monthly closure data

12: Georgetown Center for Children and Families (2009). The Louisiana Experience: Successful Steps to Improve Retention in Medicaid and SCHIP. As cited in Arkansas Advocates for Children and Families (2010). Crossing the Finish Line 2020: Moving Toward Covering All Kids. Available at http://www.aradvocates.org/child-health/

13: For more information, visit http://www.arkansas.gov/dhs and click on "Arkansas Payment Improvement Initiative" in the left-hand column.

14: See AACF (2010). Health Reform Summary: How Health Reform Will Affect Children and Families. Available at http://www.aradvocates.org/child-health/ Also see publications by the Arkansas Center for Health Improvement (ACHI) available at www.achi.net

15: While the ACA raised Medicaid income eligibility to 133 percent of the federal poverty level, it also "disregarded" 6 percent, to take into account income disregards across states. In effect, this raises the income eligibility to 139 Percent.

16: Source: Population Reference Bureau analysis of US Census Bureau's ACS PUMS, 2010

17: Source: Population Reference Bureau analysis of US Census Bureau's ACS PUMS, 2010

18: McMorrow, S., Kenney, G.M., Coye, C. (2011). Addressing Coverage Challenges for Children Under the Affordable Care Act. Available at http://www.urban.org/uploadedpdf/412341-Affordable-Care-Act.pdf

19: Source: Population Reference Bureau analysis of US Census Bureau's ACS PUMS, 2010

20: For more information visit http://www.arkansascsh.org/

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