



COVERAGE, CARE, AND CONSEQUENCES:

ARKANSAS MEDICAID PERSPECTIVES

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About Arkansas Advocates for Children and Families

Arkansas Advocates for Children and Families was founded in 1977 and has provided leadership, research, and advocacy to improve the lives of Arkansas's children for nearly 50 years. We are a multi-issue policy and advocacy organization that works in numerous issue areas including health, child welfare, education, economic security, food security, juvenile justice, racial equity, and tax and budget. Our mission is to ensure that children and their families in Arkansas have access to the resources they need to thrive and to lead healthy and productive lives.

Acknowledgements

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We are especially appreciative of our trusted partners across the state that served as focus group host locations, recruited participants, secured a quiet space for the focus groups to occur, and helped us build trust within the communities they serve. This trust was essential to the success of this project.

Most importantly, we are deeply grateful to each of the 73 participants who shared their health care story with us. Participants' willingness to share their personal stories, perspectives, and experiences with us provided valuable insight into the realities of navigating health care in Arkansas. It was a privilege to speak with all participants, and we are honored to share their experiences to improve the lives of children and families in Arkansas.

Background Information

Medicaid, the single largest provider of health insurance for individuals and families across the nation, was created in 1965 under Title XIX of the Social Security Act and is a joint federal and state program that provides coverage for more than 80 million people across the United States.¹ After the passage of the Affordable Care Act in 2010, states have been able to expand Medicaid to cover more low-income individuals. This was the largest expansion of health coverage since the creation of Medicaid and Medicare. Arkansas, along with 41 other states, has since expanded Medicaid.² Our Medicaid expansion, now known as the Arkansas Health and Opportunity for Me (ARHOME) program, covers more than 200,000 adults in Arkansas.³ ARHOME, originally called the “private option” was created when Arkansas expanded Medicaid in 2014.⁴ The Arkansas Department of Human Services (DHS) administers all Medicaid programs in Arkansas. Across all Medicaid programs in our state, more than 850,000 Arkansans receive services covered by Medicaid.⁵ In a deeply rural state, Medicaid plays a particularly important role in ensuring access to health care where many residents face barriers such as limited provider availability, transportation challenges, and higher rates of chronic health conditions.

Project Purpose

Recent federal policy changes, particularly the passage of H.R.1 (commonly referred to as the One Big Beautiful Bill Act), fundamentally alter the Medicaid expansion and are expected to prompt massive cuts in funding to states and losses in coverage.⁶ These changes raise concerns about the future of Medicaid coverage and access to care for Arkansas. Work reporting requirements, more frequent eligibility determinations, and increased red tape are likely to result in thousands of eligible recipients losing coverage due to paperwork and administrative barriers. In Arkansas, where Medicaid covers a significant portion of children, pregnant individuals, older adults, and people with disabilities, lapses in coverage could have catastrophic consequences. Coverage losses result in delayed care, worsening health outcomes, and increased medical debt. For the broader health system, coverage losses result in providers absorbing more uncompensated care costs and loss of revenue from patients, making it more difficult to keep clinics and hospitals open. This fragility is often most concentrated for rural providers; in Arkansas, around 70% of rural hospitals are operating at a loss.⁷ As these changes are implemented, it is more important than ever to involve Arkansans impacted by dramatic shifts in the conversation around coverage and access to care.

Administrative and quantitative data provide valuable information about Medicaid enrollment, utilization, expenditures, and health outcomes. While these measures are essential for evaluating program performance, they do not fully capture how beneficiaries experience the program or interact with its policies and administrative processes. Qualitative research offers a corresponding source of evidence by examining the lived experiences behind the data, helping explain why patterns emerge and where barriers exist. Incorporating beneficiary perspectives into policy research strengthens policy development, implementation, and evaluation by identifying opportunities to improve access, continuity of coverage, and the overall effectiveness of the Medicaid program. Together, quantitative and qualitative data provide a more complete understanding of how Medicaid serves Arkansans.

In these moderated discussions, participants shared what it means to navigate the health care system with Medicaid coverage and how that access shapes their ability to work, care for their families, and maintain their health. These conversations illustrated both the critical role Medicaid plays in keeping families afloat and the barriers that remain, from coverage confusion to administrative hurdles and gaps in care. Participants also shared moments of resilience, community support, and the ways Medicaid has made life-saving care possible.

This publication elevates these firsthand accounts as critical evidence. By listening directly to Arkansans across diverse communities, Arkansas Advocates for Children and Families aims to ground policy conversations in the realities that average Arkansans face every day. Their stories illustrate an urgent picture that access to health care is not just about covered services on paper, but also about whether health care is truly accessible.

Methods

From October 2025 to March 2026, Arkansas Advocates for Children and Families traveled across the state, talking with Arkansans about their experiences being insured through Medicaid. Arkansas Advocates staff held nine focus groups with a total of 73 participants who reside in Arkansas. Focus groups consisted of 8-13 participants per session and represented a wide range of demographics, backgrounds, and circumstances.

Participants ranged in age from 18 to over 65 years, with most (58%) between 25 and 44 years (see appendix). Participants included a mixture of parents and individuals without dependents. Women comprised the majority of participants (78%), with men representing 22%. The gender distribution of participants reflects the communities represented in the

focus groups, including a session with mothers receiving services at a treatment facility in which all participants were women.

To recruit participants, Arkansas Advocates partnered with trusted community organizations that frequently serve and engage Medicaid beneficiaries. These organizations leveraged their existing relationships and networks to recruit individuals with Medicaid experience to participate in the discussions. Focus groups were facilitated by a moderator and supported by a notetaker who documented participant feedback and group dynamics. Each focus group was also recorded to maintain a record of participant input and to assist with transcription for analysis. For focus groups facilitated in a language other than English, an interpreter provided real-time translations. In addition, non-English focus group recordings were translated afterward to capture both participant responses and interpretations. Individuals were provided with a meal and a \$50 gift card for participating. Following data collection and transcription, focus group transcripts were imported into MAXQDA for qualitative coding and analysis. Staff reconciled code findings and developed themes collaboratively to develop conclusions.

Results

The results of this project are organized into three sections: Findings, Takeaways and Recommendations. Focus group findings are grouped in this document by the major themes that emerged, with discussion broken down into more specific topics. Takeaways highlight insights gleaned from the focus group discussions. Finally, Arkansas Advocates offers policy recommendations based on the experiences recorded and known best practices.

The findings discussed are:

- Medicaid Enrollment and Renewal
- Understanding Medicaid
- Access to Care
- Coverage and Benefits
- Financial Impact
- Structural and Equity Barriers
- Family and Caregiving
- Emotional Experiences and Attitudes

Takeaways include:

- Medicaid offers financial and health protection
- The administrative process is a primary barrier
- Coverage disruptions negatively impact people's health
- Pathways to enrollment create positive experiences
- Medicaid is often accessed as reactive coverage
- Gaps in knowledge are too common
- Stable Medicaid coverage supports family well-being
- Benefit cliffs leave families behind

Recommendations are:

- Invest in and expand navigators to assist with enrollment
- Increase communication in multiple mediums and formats, and train staff to proactively update client contact information
- Decrease unnecessary administrative barriers and lengthy applications; increase automated data-sharing (ex parte) between agencies that serve low-income Arkansans
- Explore and reform child support enforcement processes
- Explore reforms that keep families from falling off benefit cliffs

Focus Group Findings

Medicaid Enrollment and Renewal

Discussions surrounding Medicaid enrollment and renewal consistently highlighted significant challenges in navigating the process. Across nearly all groups, participants described administrative barriers, timing delays, and coverage experiences that often felt reactive or crisis-driven rather than continuous or stable. Every focus group raised concerns related to eligibility determinations and the loss or disruption of coverage, highlighting how often issues arise with maintaining enrollment. At the same time, many participants emphasized the critical role of community organizations and enrollment assistance, noting that access to in-person or personalized support made the application and renewal process significantly more manageable.

Administrative Barriers

Administrative issues and red tape that makes coverage hard to get and keep was a common theme throughout our focus group findings. Many individuals reported issues with being “bounced around” with no clear picture of what documents were missing or necessary for their application to move forward. Many individuals reported lost mail or paperwork, difficulties communicating with DHS staff, and timing delays that led to an increase in delayed or forgone care. One individual explained the unnecessary difficulty of the application process as, “being on trial for a crime no one has committed.”

These administrative issues emphasize the need for more consistent communication throughout the application and renewal process. Errors in communication or lost paperwork often led to participants delaying or forgoing care all together.

Eligibility Issues

Loss of coverage related to eligibility determinations and coverage disruptions was a common theme across focus groups, with the issue occurring in all nine conversations. Many participants reported coverage losses when they thought they were still eligible, only learning about coverage losses when they couldn’t access care, and general confusion on the lapse in coverage and disenrollment. The lack of clarity and communication throughout the eligibility and renewal process is troubling.

Organizations Assisting Enrollment

In seven of the nine focus groups, individuals mentioned the positive impact of organizations assisting with enrollment, stating the process was very easy and not stressful when they had someone to assist them with applying. The most frequently cited entities were hospitals, substance use treatment providers, and trusted community-based organizations. For focus groups comprised of individuals with refugee and asylum status, organizations assisted nearly all enrollees and their families with the process. Case managers and social workers helped enrollees learn about Medicaid, complete applications, and navigate unfamiliar systems. For individuals in emergency rooms and entering treatment, application assistance at point-of-care was integral for getting enrolled in Medicaid.

Understanding Medicaid

There were many discussions around the general understanding of Medicaid and experiences navigating the program. Common sources of confusion related to coverage rules, including eligibility requirements, work reporting requirements, and initial engagement with the Medicaid program when first enrolling or attempting to access services.

Initial Engagement with Medicaid

Many participants first heard about Medicaid from a friend or family member, but the majority of participants learned about the program due to a reactive/crisis-based situation where they desperately needed coverage with a quick turnaround time. Several individuals in our focus groups with immigrant and refugee communities noted they heard about the program through an organization that also assisted them with enrollment. Pregnancy was another frequent catalyst for learning about the availability of Medicaid coverage, as many participants were uninsured before becoming pregnant.

Confusion About Coverage

Participants across multiple focus groups described uncertainty and confusion about Medicaid coverage, eligibility, and program rules. Rather than reflecting a lack of effort or engagement on the part of the participants, these experiences often stemmed from the complexity of the Medicaid system itself. They reported difficulty understanding what services were covered, whether they were currently enrolled, how changes in income or employment could affect eligibility, and how different coverage types interacted with one another. Several individuals learned their insurance program did not cover a service only after receiving a bill or being denied care at a provider's office, while others struggled to understand the difference between Medicaid, Medicare, and other programs.

Many participants felt they lacked clear, accessible language about their coverage and benefits. Some described receiving conflicting information from providers, local offices, and on phone calls with program support. As one participant explained, "I don't know if I am going to get a bill, and I don't know if it will cover, or I will end up with the bill."

Work Reporting Requirements

Work reporting requirements emerged as a prominent topic across focus groups. Nearly every group included participants who referenced work reporting requirements when

discussing Medicaid-related changes they had heard about through the news or from community members. Participants expressed considerable confusion about who would be subject to these requirements and how they would be implemented. Even among those who were unsure of the details, many voiced concern that they or a family member could lose coverage as a result, stressing the uncertainty and anxiety surrounding the implementation of work reporting requirements.

Access to Care

Accessing health care remained a significant challenge for participants, even when they had Medicaid coverage. Across nearly every focus group, individuals described difficulty finding providers who accepted Medicaid, delays in receiving needed care, and reliance on emergency rooms when other options were unavailable. Participants also emphasized the importance of access to behavioral health services, describing how disruptions in care and medication access could have profound consequences for their health, recovery, and overall stability.

Lack of Access to Providers

Issues finding a health care provider emerged in eight of the nine focus groups. Many participants reported difficulty locating providers who accepted Medicaid, with provider shortages often contributing to delays in receiving care or, in some cases, foregoing care altogether. Participants described feeling as if they had few options, or reported doctors would only serve a few Medicaid patients. When they did have a provider, several participants expressed concern about finding another suitable provider if theirs retired or stopped taking Medicaid.

Delayed/Forgone Care

Issues with eligibility that led to participants delaying needed care or forgoing care all together occurred in all nine focus groups. In many experiences, participants did not know they had lost insurance until they were attempting to access care, leading to delayed care or in some cases, an increase in medical debt for participants. One woman lost her insurance due to an administrative error and only had two weeks left of her medication at the time of the focus group. She explained that she could not afford the medication out of pocket and would no longer be able to access it after her supply ran out.

Emergency Room Reliance

In almost every focus group, issues with eligibility and lost coverage led to participants relying on the emergency room for care, often waiting until the need for care was extreme. This not only posed a risk to participants but also led to increased uncompensated care costs for hospitals, further endangering the stability of many local hospitals. One participant recounted when her family lost their coverage that, “The only way to get any care [was] to go to the emergency room for every little thing because they can’t deny you.”

Behavioral Health Access

Many participants experienced significant trauma and challenging life circumstances, including domestic violence, pregnancy loss, and caregiver burnout from a lack of support while caring for family members with complex medical needs. They brought up access to mental health services like therapy, psychiatric care, and substance use treatment as being crucial to their lives and well-being. At the same time, difficulty accessing services or loss of care was associated with extremely destabilizing consequences. One participant who had inexplicably lost coverage described beginning to ration her medication that keeps her from experiencing withdrawal symptoms. She developed a substance use disorder after being prescribed large amounts of opioids following an injury years ago but was now in stable recovery and employed. She expressed intense worry that she was running out of time to refill her prescription and about what could happen to her ability to work and parent. Other participants described similar circumstances, losing access to psychiatric medications and mental health services being a catalyst to depression, suicidality, loss of child custody, and deterioration of mental health conditions previously being managed.

Coverage and Benefits

Participants identified both the strengths and limitations of Medicaid coverage, describing the essential role it plays in accessing health care while noting important gaps in covered benefits. Across the focus groups, individuals described Medicaid as a critical source of coverage for preventative care, pregnancy-related services, prescriptions, and treatment for serious health conditions. At the same time, participants raised concerns about services that were not covered or were subject to benefit limitations, often resulting in financial strain, delayed care, or unmet health needs.

Covered Services

Covered services were discussed across all focus groups and touched on a wide range of health care needs. Participants referenced routine and preventive care, emergency services, and more intensive medical interventions. Commonly mentioned services include prenatal and pregnancy-related care, surgeries, therapies, prescription medications, and treatments for ongoing health conditions. These discussions highlighted the important role Medicaid plays in providing access to both everyday health care needs and major medical services that would otherwise be difficult or unaffordable for many participants to obtain.

Although prenatal and pregnancy-related care discussions occurred often, with one participant stating, “Another good thing about Medicaid: if you are pregnant, you know that if you go to the hospital, you will be okay,” losing access to care in the postpartum period was an alarming theme.

Non-Covered Services

Many routine health care services were mentioned as not being covered by Medicaid, including dental and vision care. More alarmingly, many urgent health care benefits were mentioned as not being covered, including ambulance care, diabetic testing strips, and glucometers. In one focus group, many women mentioned that Medicaid would not cover their tubal ligations, leading to an increase in stress and an emotional burden for many participants.

Limited Benefits

After discussions of covered services, many participants mentioned the drawback of limited benefits. One mom raised concerns for her son with asthma, mentioning that Medicaid covers limited inhalers, which proved to be an issue when her son needed an inhaler at both home and at school. These discussions around limited benefits often led to mentions of out-of-pocket expenses for families, and sometimes having to choose between paying for medications and paying different household bills.

Financial Impact

Medicaid had a profound impact on participants' financial well-being, serving as both a source of economic security, and when coverage was disrupted, a source of significant financial hardship. Across nearly every focus group, participants described Medicaid as protecting them from overwhelming medical costs and allowing them to meet their families' basic needs. At the same time, coverage losses and eligibility issues often result in unexpected medical bills, impossible financial tradeoffs, and increased medical debt that compounded existing financial stress around the cost of living and caring for their families.

Protective Impact on Finances

The protective financial impact of Medicaid coverage on participants was evident in all nine focus groups. Many participants shared their experiences of gratitude toward the program and expressed that they likely would not have been able to afford certain treatments without Medicaid. Several participants across multiple focus groups were caregivers inside the home with another family member being the sole income provider, and Medicaid benefits were especially helpful to their financial situations. Additionally, access to care through Medicaid helped participants avoid medical debt, hard financial decisions, and delaying or forgoing care.

Difficult Financial Choices

Although many participants experienced a protective impact on their finances, many also experienced having to make difficult financial choices due to coverage losses or eligibility issues. This theme emerged across all focus groups apart from one, with many participants having experienced being surprised with a bill, having to seek outside financial support, or having to choose between paying bills and feeding their children. One participant, a mother, shared, "I literally had to choose between the bills, making sure [her son] had food, or I got my meds, and I always chose [her son] over my meds." Not only did eligibility issues and coverage losses increase the financial burden on several participants, but it also led to an increase in delayed or forgone care.

Medical Debt/Out-of-Pocket Cost

With coverage losses due to eligibility issues, many participants found themselves with unexpected bills, out-of-pocket expenses, and an increase in medical debt. This theme was common across all focus groups but was especially apparent in our conversations with immigrant communities. One participant who had lost their coverage due to an

administrative error told us they stayed just two nights in the hospital to be sent a bill for \$75,000. Nearly every time medical debt came up in discussions, mentions of increased stress or emotional burden immediately followed.

Structural and Equity Barriers

Participants identified several structural obstacles that made accessing and maintaining Medicaid coverage more difficult, particularly for families already facing many economic and social challenges. Across focus groups, individuals described inherent issues within the structure of eligibility policies, inflexible administrative processes, and a lack of cultural competency and legally required language accessibility that failed to respond to the needs of their families and the realities of their lives. Their experiences illustrated how some program rules and systems create obstacles to obtaining and maintaining health coverage for themselves and their families, even at some of their most vulnerable periods.

Benefit Cliffs

The concept of “benefit cliffs” came up frequently in conversations. A benefit cliff effect occurs when a small increase in an individual’s income causes a sudden, steep reduction or total loss of eligibility for assistance programs like Medicaid, nutrition assistance, or childcare supports, among others. Because the lost benefits are worth more than the modest take-home income increase, the individual or family becomes worse off financially. Many participants reported exceeding income limits by only a small amount, sometimes by as little as a few dollars per month, causing them to lose access to health coverage for themselves or their children. Participants consistently emphasized that eligibility rules fail to account for the realities of household budgets, including housing costs, transportation expenses, child care, medical needs, and other essential expenses.

For many families, the loss of Medicaid created significant financial strain because the additional income did not come close to offsetting the cost of insurance premiums, deductibles, or out-of-pocket medical expenses. Participants described limiting work hours or feeling pressure to decline raises to maintain eligibility for benefits. Several expressed frustrations that program thresholds appeared to discourage economic mobility by creating a sharp cutoff rather than a gradual transition as income increases. Participants repeatedly called for higher income limits and policies that better account for the cost of living and the financial realities facing working families.

Child Support Enforcement

Child support enforcement requirements emerged as one of the most frequently discussed barriers to accessing and maintaining benefits, specifically among mothers, across multiple focus groups. Participants consistently described the process as confusing, inflexible, and punitive, with many unaware that cooperation with child support enforcement was tied to eligibility for Medicaid and critical nutrition assistance programs. Mothers reported receiving little explanation about program requirements, struggling to navigate multiple agencies and paperwork processes, and experiencing benefit denials or terminations despite believing they had complied with all necessary steps.

Participants expressed frustration and distress that the policy often failed to account for the complexity of family circumstances. Some described being required to pursue child support from noncustodial parents who were incarcerated, uninvolved, or already providing support informally negotiated by the two parents. Others reported that the requirement placed them and their children at risk by forcing contact with abusive former partners, including individuals with histories of domestic violence, sexual assault, or child abuse. Several participants stated that, even when they provided court records, protective orders, police reports, or other documentation supporting a good-cause exemption, benefits were delayed, denied, or terminated. Many viewed the policy as prioritizing enforcement over family safety and well-being, creating significant barriers to obtaining essential health coverage and nutrition assistance for their children.

Immigration/Language Barriers

Participants from immigrant and refugee communities described Medicaid as an essential source of financial stability and access to care, particularly for families with few resources and limited access to employer-sponsored insurance. Many emphasized that Medicaid eligibility helped them access routine and preventative care and provided reassurance that they had options during medical emergencies. At the same time, participants expressed concerns about the fragility and uncertainty of coverage for the future, as recent shifts in policy removed eligibility for many lawfully present immigrant groups. Many participants recounted prioritizing their children's health needs while delaying or forgoing needed care for themselves. Some participants described actions like going without meals to try to cover medical bills. Others expressed feeling the cost of health care was insurmountable without coverage. Losing coverage made many participants feel defeated, with one stating, "I work and I contribute to the state, and I don't have any benefits."

Language barriers, limited outreach, and concerns about immigration case consequences emerged as major obstacles to enrollment and retention in coverage. Participants described difficulty navigating eligibility and renewal processes, finding providers who spoke their preferred language, and understanding program requirements. Several recounted experiences of feeling disrespected and made to feel like “garbage” by some employees at offices when asking for help. They emphasized the need for culturally responsive outreach, multilingual resources, and clear information delivered through trusted community organizations and messengers.

Family and Caregiving

Throughout the discussions, participants described Medicaid as playing a critical role in supporting their ability to care for their children, families, and households. Parents and caregivers emphasized that maintaining their own health, as well as access to care for their children, was essential to meeting daily responsibilities and providing stability for their families. Many participants viewed Medicaid not only as health coverage but as a resource that enabled them to fulfill their caregiving roles.

Parenting/Caregiving

Many participants stressed the role of Medicaid as being central to parenting and caregiving. Parents cited health services like medication for managing chronic conditions like diabetes and mental health conditions as being necessary to care for their families. They reported Medicaid as being helpful to getting their children’s vaccines and physicals updated for enrollment in school and sports. Some parents cited a potential or past loss of Medicaid coverage as being life-or-death, that, without health care, they might not survive to parent their children. One participant explained how critical therapy services were for addressing extreme caregiver burnout as a parent of her child with special needs.

Household Responsibilities

In most of the focus groups, participants shared the impact that the Medicaid program has on their households and day-to-day lives. Participants discussed how Medicaid was important to ensure they could handle household tasks and responsibilities and care for family members. This discussion was especially prominent in members of large families or where participants were the sole parent or caretaker.

Emotional Experiences and Attitudes

Participants described Medicaid as having a significant emotional impact, often serving as both a source of reassurance and a source of stress depending on their experiences with the program. Across all focus groups, individuals expressed deep gratitude for the health care and financial security Medicaid provided while also describing the fear, uncertainty, and emotional burden associated with coverage losses, eligibility challenges, and difficulty accessing care. These conversations underscored that Medicaid's effects extend beyond physical health, influencing participants' sense of stability, dignity, and peace of mind.

Gratitude

Although many participants experienced issues with obtaining and keeping their Medicaid coverage, participants in every focus group expressed gratitude for the program, underlining that good and bad experiences can exist at the same time. The general attitude around the program was that, when it works, Medicaid is very beneficial for individuals and families. Participants were grateful that Medicaid helped their family visit a doctor, avoid unexpected out-of-pocket expenses, helped immigrant communities gain access to health care, and even saved their lives. Many of the discussions around gratitude revealed that Medicaid is a lifeline for so many, with one participant stating, "If I didn't get it, I don't think I'd be here." In one focus group with a mother and her adult son, the son explained, "If she didn't have Medicaid, I can't guarantee she'd be sitting next to me today."

Participants consistently described Medicaid coverage as a source of security, stability, and relief during periods of significant financial and health-related stress. For many, Medicaid reduced the emotional burden associated with illness, caregiving responsibilities, and expenses.

Increased Stress/Emotional Burden

Across all focus groups, lapses in coverage, eligibility issues, non-covered services, or other issues with Medicaid caused an increase in stress or emotional burden for participants. Many described the application and renewal process as unnecessarily difficult, with some even telling us that they felt looked down on by DHS staff. In terms of coverage losses, nearly every participant who experienced a lapse in coverage told us they had increased stress or financial strain in their household. When children were involved, the level of stress was greater. As one parent explained, "As adults, we kind of put up with it, but when it comes to our children, when you're in an emergency situation, and you don't have that

support, it's painful, it's sad." Caregivers expressed feelings of guilt and helplessness when they were unable to obtain needed care for their children or family members.

Fear/Uncertainty

Fear and uncertainty were recurring themes across focus groups, particularly regarding the potential loss of coverage or access to essential medications and services. Participants described worry about how they would manage medical expenses, continue treatment, or care for their families if coverage ended. Some reported crying, losing sleep, or experiencing persistent anxiety while waiting for eligibility decisions or navigating coverage changes. For individuals managing chronic conditions, mental health needs, or substance use disorders, uncertainty about maintaining access to treatment created fears of worsening health, loss of stability, and financial hardship.

Takeaways

Medicaid Offers Financial and Health Protection

Although many issues exist in Medicaid across all program types, services, eligibility and more, the broader point remains: Medicaid is an essential financial and health protection for families. Across all nine focus groups, participants said Medicaid is a critical source of health coverage, financial stability, and peace of mind. Having access to insurance through Medicaid allowed participants to access preventative care, prenatal and pregnancy care, medications, behavioral and substance use treatment, and emergency services that would have otherwise been unaffordable. Many participants said the program helped them avoid medical debt and excessive out-of-pocket costs, care for their family members, stay healthy enough to work and maintain employment, and even survive complex health conditions. While participants identified many challenges navigating the program, they overwhelmingly viewed Medicaid as a lifeline.

The Administrative Process is a Primary Barrier

The biggest problems enrollees face is not eligibility itself but rather navigating the administrative process. Participants very rarely discussed being ineligible as the primary barrier. However, consistently, across all focus groups, participants described difficulties navigating the enrollment and renewal process. Nearly every participant described issues with either lost paperwork, missed notices, communication barriers, timing delays, and being treated poorly at DHS offices. Many participants felt they were required to

repeatedly prove their eligibility or provide the same information multiple times. These findings suggest that administrative complexity, rather than program eligibility itself, is often what prevents people from obtaining or maintaining coverage.

Coverage Disruptions Negatively Impact People's Health

Many participants only learned their coverage had been interrupted when they went to access care, and these disruptions led to delayed appointments, medication rationing, increased out-of-pocket costs and medical debt, and increased reliance on emergency room care. For people with chronic health conditions including diabetes and substance use disorders, delayed access to care created serious health risks. Participants described experiencing disruptions in coverage as not merely an administrative annoyance but as having direct consequences on their health and well-being.

Pathways to Enrollment Create Positive Experiences

When assistance with enrollment and renewal were present, participants reported more positive experiences. When organizations assisted with enrollment, the process was easy and more productive, and participants were able to access services more quickly. Participants without access to enrollment assistance reported more administrative hurdles, lapses in communication, and more barriers to care. Issues with child support enforcement, benefit cliffs, and timing delays highlighted how lack of communication and inflexibility across the enrollment and renewal processes increased barriers for people attempting to comply with program requirements.

Medicaid is Often Accessed as Reactive Coverage

Most participants accessed Medicaid for the first time as a reaction to something else: pregnancy, an accident, a serious health condition, or after getting coverage for their children. While Medicaid offered support during those critical or urgent situations, participants' experiences accessing the program bring up the need for more awareness of the program and eligibility requirements so people can access care before there is a crisis.

Gaps in Knowledge are too Common

Uncertainty about eligibility, covered services, application and renewal procedures, and proposed policy changes were all a common source of confusion among many participants. Language barriers, immigration status, and inconsistent communication from

DHS further complicated these challenges and participant understanding of the program. Many participants even communicated that they discovered the program through friends, family members, or community organizations rather than agencies.

Stable Medicaid Coverage Supports Family Well-Being

Participants often credited Medicaid with providing both financial and health-related peace of mind when dealing with difficult circumstances. Maintaining coverage and having access to health care allowed families more time to focus on caregiving, maintaining stable employment, managing health conditions, and household responsibilities. However, disruptions in coverage created additional stress and emotional burden on families, and many families had to make difficult financial decisions when their coverage was interrupted.

Across all focus groups, coverage disruption caused increased stress, difficult financial decisions, delayed or forgone care, and uncertainty about how to get care in the future. Participants worried about how to care for their children, get access to lifesaving medications, visit a doctor, or pay unexpected medical bills. Many families reported that unexpected out-of-pocket costs led to medical debt and an increase in emotional burden. For many families, this emotional burden was nearly as significant as the loss of coverage itself.

Benefit Cliffs Leave Families Behind

Several participants reported small increases in income caused them to lose their benefits altogether, leaving them in a more difficult financial situation than prior to the income increase. These situations created difficult decisions between pursuing economic and career advancement and maintaining access to critical benefits. Participants described the trade-off of increased stability to manage household budgets and the increased income being lost when their health coverage was jeopardized.

Recommendations

Invest in and expand navigators to assist with enrollment. Participants with assistance in enrollment frequently described the initial application and renewal processes as being easier and often experienced less administrative barriers during the process than those applicants without enrollment assistance. Investing in both community-based and agency-based navigators would streamline and strengthen the enrollment process and support better communication with agency staff, fewer application timing delays, and better continuity of care for enrollees.

Increase communication in multiple mediums and formats, and train staff to proactively update client contact information. Nearly all focus group participants reported some issue with communication either through the application and renewal process, covered and non-covered services, delayed notices of coverage losses, or another lapse in communication. Improving communication processes and creating plain-language and culturally appropriate communication materials could help reduce confusion and avoidable coverage losses.

Decrease unnecessary administrative barriers and lengthy applications; increase automated data-sharing (*ex parte*) between agencies that serve low-income Arkansans. Participant experiences suggested that barriers to coverage stemmed from administrative burden and red tape rather than true eligibility issues. Simplifying the enrollment and renewal processes and removing unnecessary paperwork and red tape, improving inter-agency communication streams, and providing more flexibility across administrative tasks could improve continuity of coverage and decrease abrupt coverage removals.

Explore and reform child support enforcement processes. Child support enforcement intends to clarify coverage and benefits responsibilities for families. It should be there to provide structured processes to support coverage for children. In practice, it appears to function as an inflexible administrative hurdle for vulnerable parents and children in different situations. The system should be explored to find ways that support families with informal co-parenting agreements, and stronger protections for victims of domestic and intimate partner violence should be enacted.

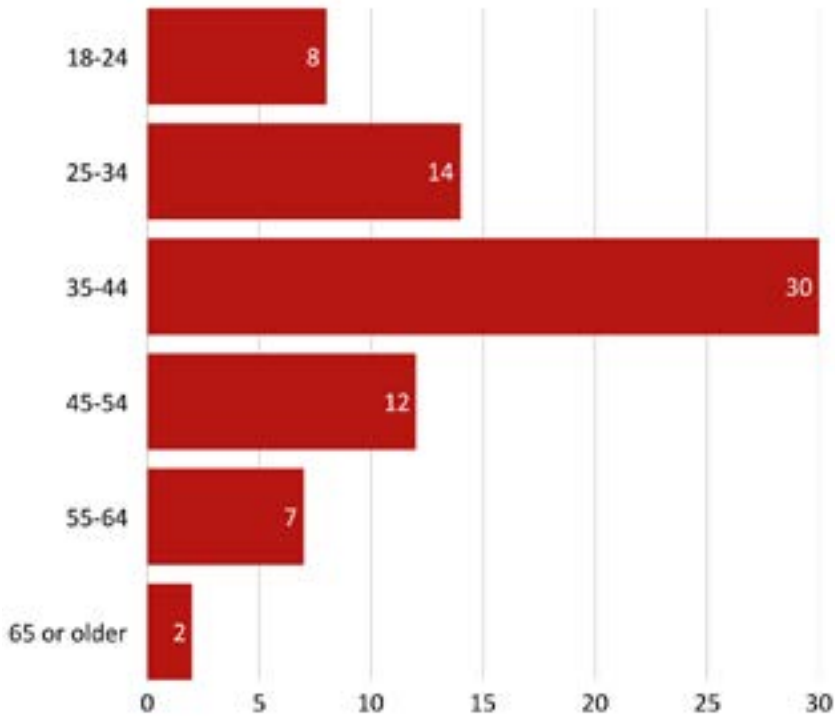
Explore reforms that keep families from falling off benefit cliffs. Policymakers should explore implementing gradual phase-outs, align program eligibility, and expand transitional supports to facilitate economic mobility and invest in better financial security for families.

Conclusion

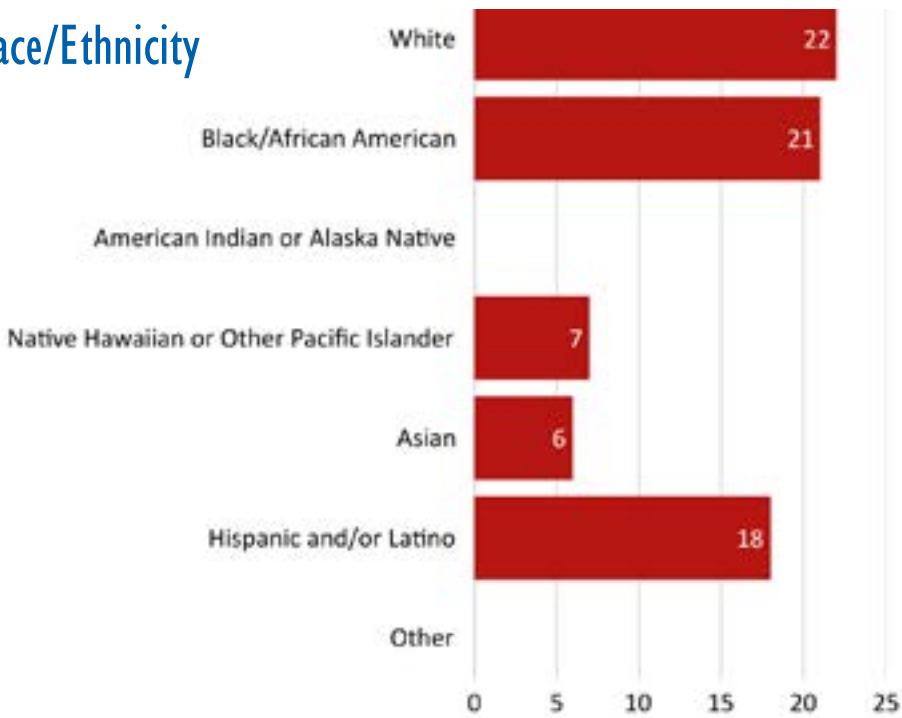
The experiences shared in this publication highlight that Medicaid is far more than an insurance program. It is a lifeline for many Arkansas families and helps people access care, manage chronic health conditions, support their families, stay healthy enough to work, and manage household responsibilities. While many participants expressed deep gratitude for the program, many also shared the devastation that happens when essential coverage and access to care are interrupted. As changes are considered and implemented to Arkansas's Medicaid program, these experiences highlight the importance of designing and implementing policies that center the needs of Arkansans and reduce administrative barriers, improve access to care, and protect continuity of coverage for those who qualify. By lifting the voices of Arkansans with lived experience, we can build a health care system that is more in touch with the realities Arkansas families face every day.

Appendix: Focus Group Participant Demographics

Age



Race/Ethnicity



References

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