

# Continuous Eligibility and Health Care Coverage for Arkansas Children



## Making sure kids have health insurance is good for Arkansas

When children have uninterrupted access to health care, they:

- Perform better in school
- Are more likely to participate in the workforce as adults
- Are less likely to have high-cost chronic conditions that go untreated

## But too many Arkansas kids who are eligible for Medicaid are losing health coverage

State renewal requirements, like having to report any changes in income during the year, often unnecessarily lead to children being disenrolled and losing coverage. Many of these children become eligible to re-enroll again within a few months. Unfortunately, many children leave Medicaid each year and become uninsured despite their ongoing eligibility.

**Between 2016 and 2019, there was a 43% increase in the number of uninsured Arkansas children. This increase doesn't account for any coverage losses during the COVID-19 pandemic, which likely means the numbers are even worse now.**

## Continuous eligibility is a common-sense approach to ensure eligible kids stay covered

Continuous eligibility is a state option that allows children, ages 0-18, to maintain Medicaid or CHIP coverage for up to one full year, even if families experience a change in income or family status. Our state already provides 12-month continuous coverage to children in CHIP (ARKids B) and to infants under 1 in ARKids A. Arkansas does not, however, provide continuous eligibility to children ages 1-18 in ARKids A. It only makes sense that we would provide the same guarantee for all kids enrolled in Medicaid.



## Other states are using continuous eligibility to improve coverage and program value

As of January 2020, 23 states had 12-month continuous eligibility for low-income children in either a traditional Medicaid program or a combined Medicaid-CHIP program. Twenty-five of 35 states with a separate CHIP program had continuous eligibility. Mississippi, Louisiana, and Alabama are nearby Southern states that have continuous eligibility for both their separate children's Medicaid and CHIP programs.

Additionally, states that offer continuous coverage for kids enrolled in Medicaid capture helpful data to track quality of care and health outcomes. This leads to a more complete picture of how Medicaid is working now and makes it easier to hold managed care plans and providers accountable for providing quality care.

### **States that streamline enrollment for eligible kids see reduced administrative burdens and better health outcomes in the long run by:**

- Eliminating gaps in coverage when family income fluctuates
- Reducing costs by making it less likely that kids will become uninsured and wind up in the ER
- Increasing efficiency and cutting down on red tape by simplifying the process and reducing administrative costs associated with the unnecessary processing of applications

## Arkansas can reduce our growing number of uninsured children and reduce coverage gaps

Arkansas currently does NOT have continuous eligibility for ARKids A (traditional Medicaid), but does have it for ARKids B (our CHIP program). While both programs require eligibility renewal/re-determination every 12 months, ARKids A requires that families report any changes, such as a change in income, that could affect their eligibility, except for infants under 1. If the change they report makes them ineligible, they lose their coverage.

**Recommendation:** Arkansas needs to have continuous eligibility for both ARKids A and B (CHIP). This could be done by submitting a state Medicaid plan amendment to the federal government so that income eligibility reporting requirements for ARKids A match those of ARKids B.

**Estimated cost:** \$14,941,084.

For more information, contact Loretta Alexander, AACF Health Policy Director, at 501-350-5086.



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# 12-Month Postpartum Coverage

Access to affordable medical care is an important part of overall health, and this is especially true during the vulnerable months of pregnancy and for the year following delivery. Every Arkansan needs uninterrupted access to health care.

Arkansas has one of the highest maternal mortality rates in the nation. The CDC has found that one-third of the deaths related to childbirth occurs up to one year following childbirth. Throughout the United States, thousands of women die or have near-death experiences while giving birth and up to one year following childbirth.

Most women in Arkansas receive Medicaid support during their pregnancies. Two out of every three births in Arkansas were funded by Medicaid in 2018. Arkansas should move to extend health coverage to moms for the full year after they give birth. With U.S. maternal mortality rates on the rise — especially among low-income pregnant women and pregnant women of color — this is one thing our state can do to ensure all moms have access to the regular health care and mental health checks they need in that first year postpartum.

Most pregnancy-related deaths are preventable, and many are related to loss of health coverage and access to care. Right now, Arkansas women lose coverage just two months after the end of their pregnancy, putting them at risk of lapse in medication or access to other supports, making it more difficult to care for their new baby as well as themselves. Extending coverage will help support the physical and emotional health of Arkansas's mothers and babies. Extending postpartum care ensures that new mothers can get the care they need to help keep them and their baby healthy – without a lapse in coverage.

Between 20-29% of Arkansas women have a period of uninsurance between preconception and postpartum. By implementing 12 months of coverage postpartum, Arkansas can support new parents and promote healthy development for babies by ensuring access to health care services during a critical time.

Health coverage before, during and after pregnancy increases access to preventive care, improves health outcomes for mothers and children, and reduces maternal mortality rates. Ensuring that new moms have health coverage for 12 months after their pregnancy could help lower the rate of maternal mortality and morbidity, and reduce disparities for women of color and women in rural communities.

Starting next year, states will have the option to extend Medicaid health coverage to moms for 12 months after giving birth, making it possible for moms and babies to have a healthy start, together. Extending postpartum coverage has long been a policy recommendation to prevent maternal and infant mortality, and we should implement it as soon as possible.