

The Continuous Enrollment Condition

EXHIBIT D

Families First Coronavirus Response

- Passed in March 2020, this law required states to keep people who were no longer eligible on the Medicaid rolls. Arkansas continued processing renewals and determining people ineligible but did not end coverage.

Omnibus Bill

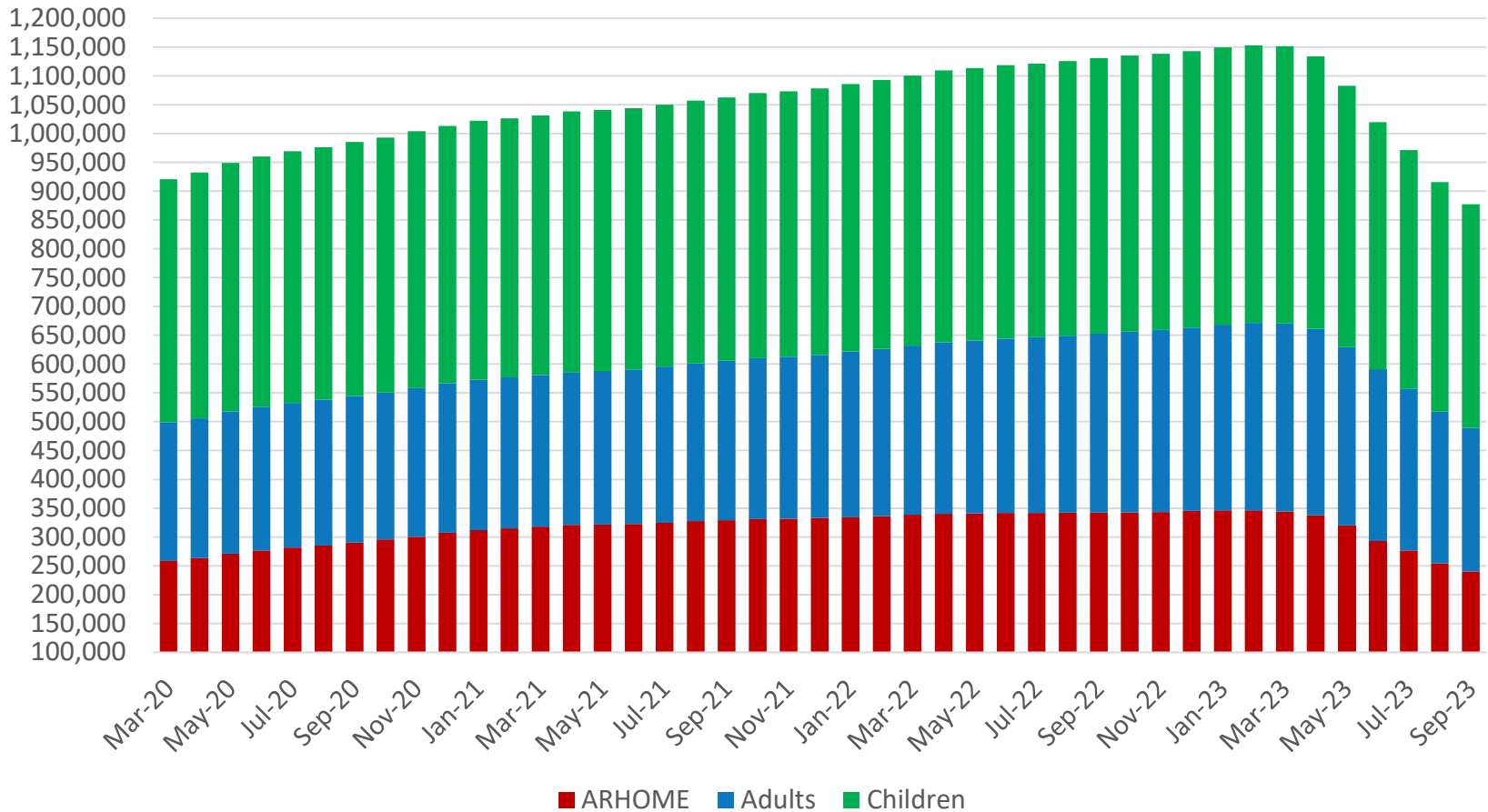
- In December 2022, President Biden signed the Consolidated Appropriations Act ending the continuous enrollment condition for Medicaid and allowing states to return to normal operations as of April 1, the end of the public health emergency (PHE).

Act 780 of 2021

- State law requires DHS to complete redeterminations of eligibility for everyone whose case had not been reviewed in the last 12 months within six months of the end of the PHE (April 1, 2023).

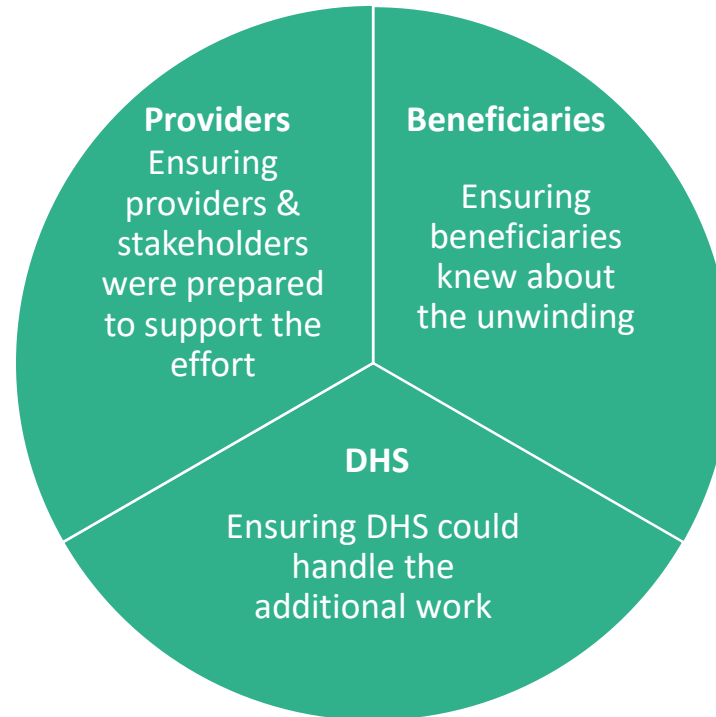
The Impact on Enrollment

At its peak in March 2023, more than 420,000 enrollees remained covered by Medicaid even though they were ineligible or never provided information so DHS could determine their eligibility. At that time, enrollment growth in the programs during the PHE was 25.16%.



Preparation for Unwinding

- ✓ Beneficiary lists
- ✓ Weekly calls
- ✓ Outreach toolkits
- ✓ Outreach grants
- ✓ State agency support



- ✓ Address updates
- ✓ Renewals and reminder notices sent
- ✓ New federal strategies
- ✓ Paid advertising
- ✓ Digital campaigns
- ✓ Texts, emails, alerts
- ✓ Partnerships with community organizations
- ✓ Expanded outreach
- ✓ Enhanced program support

- ✓ Contracted surge support
- ✓ Streamlined processes
- ✓ Cross-divisional work to support eligibility determinations

Factors Impacting Outcomes

In Arkansas, DHS is not surprised by the number of people not responding- called procedural terminations - because many know they no longer are eligible and just aren't returning the forms.

- Arkansas is experiencing a record-low unemployment rate, significantly lower than when the pandemic began. In March 2020, the unemployment rate in Arkansas was 4.9 percent. In July 2023, it was 2.6 percent.
- Arkansas increased the minimum wage twice during the pandemic, likely resulting in many beneficiaries earning over Medicaid income limits.

CMS has required some states to pause disenrollments or to reinstate some beneficiaries because of issues surrounding redetermination processes, including those tied to procedural disenrollments. Arkansas is **not** one of these states.

Eligibility Outcomes to Date

Month	Number due for renewal in the month who retained their coverage	Medicaid coverage ended in the month	
April	61,236	Extended 44,667	Regular 28,135
May	39,848	Extended 43,385	Regular 25,453
June	50,366	Extended 47,426	Regular 30,042
July	50,609	Extended 39,967	Regular 42,312
August	50,662	Extended 34,961	Regular 37,558
Total	252,721	210,406	163,500

Top Closure Reasons: First Five Months of Unwinding

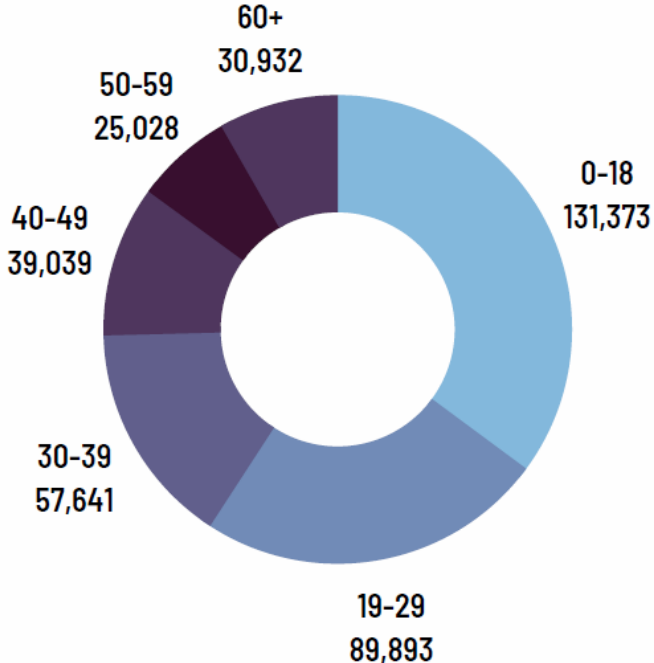
Category	Number of closures
Failed to return renewal form	189,023
Failed to return requested information	56,143
Household income is above limit for household size	39,343
Client requested closure	26,742
Did not meet requirement(s) for the program	16,562
No longer in the household	11,506
Unable to locate - returned mail	10,141
Failed to cooperate with child support	8,812
No longer met the age requirement	8,626
Not a resident of Arkansas	1,928

Top Closures by Category of Assistance: First Five Months of Unwinding

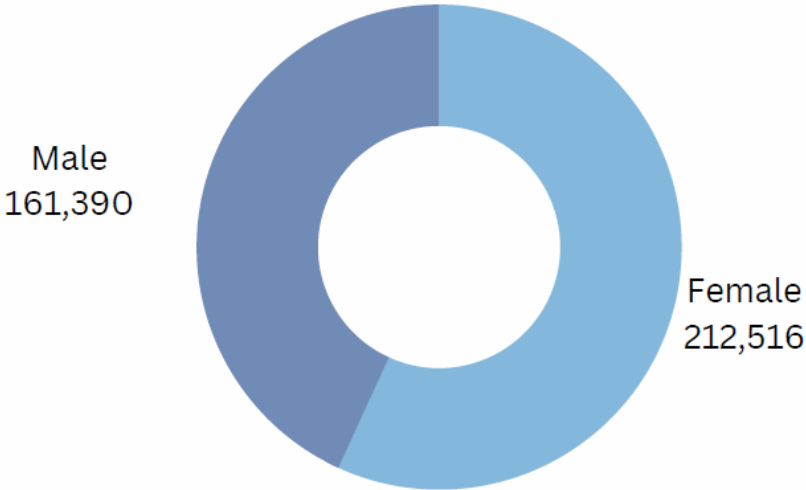
Category	Number of closures
ARHOME	146,413
ARKids A	105,748
PCR	66,713
Newborn	18,658
ARKids B	8,585
QMB	7,810
SMB	4,503
QI-1	2,577
ARSeniors	2,041
Nursing Facility	1,849

Closure Demographics: First Five Months of Unwinding

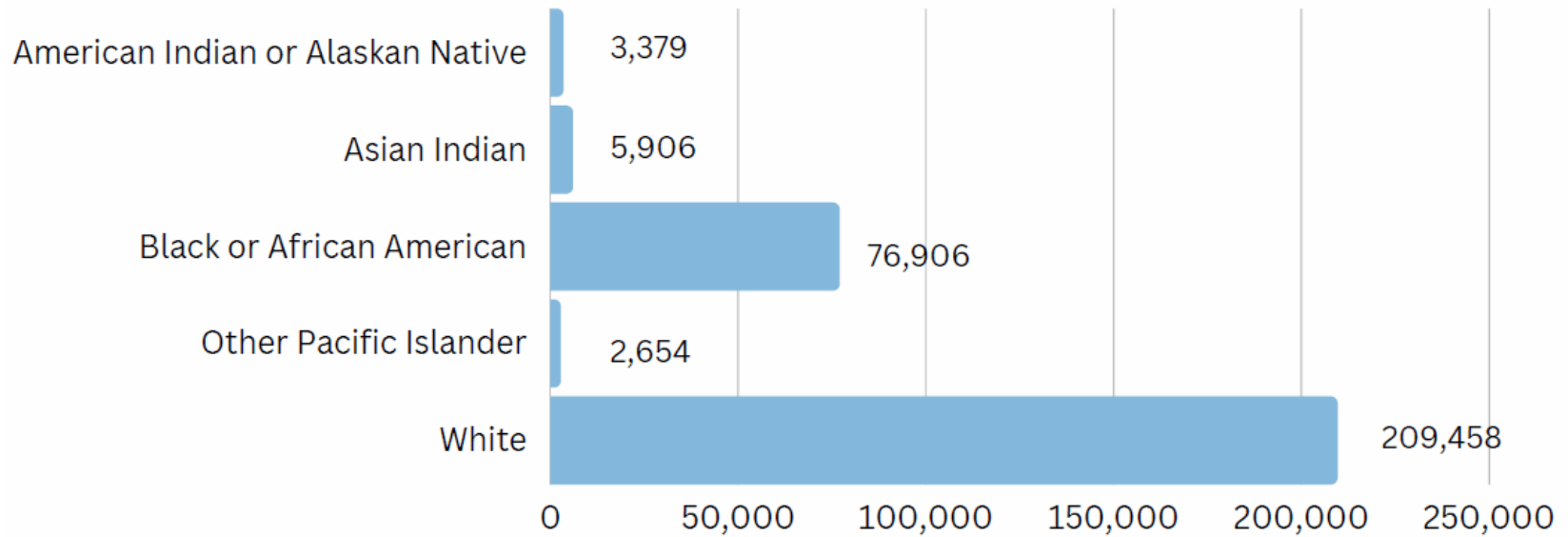
CLOSURES BY AGE



CLOSURES BY GENDER

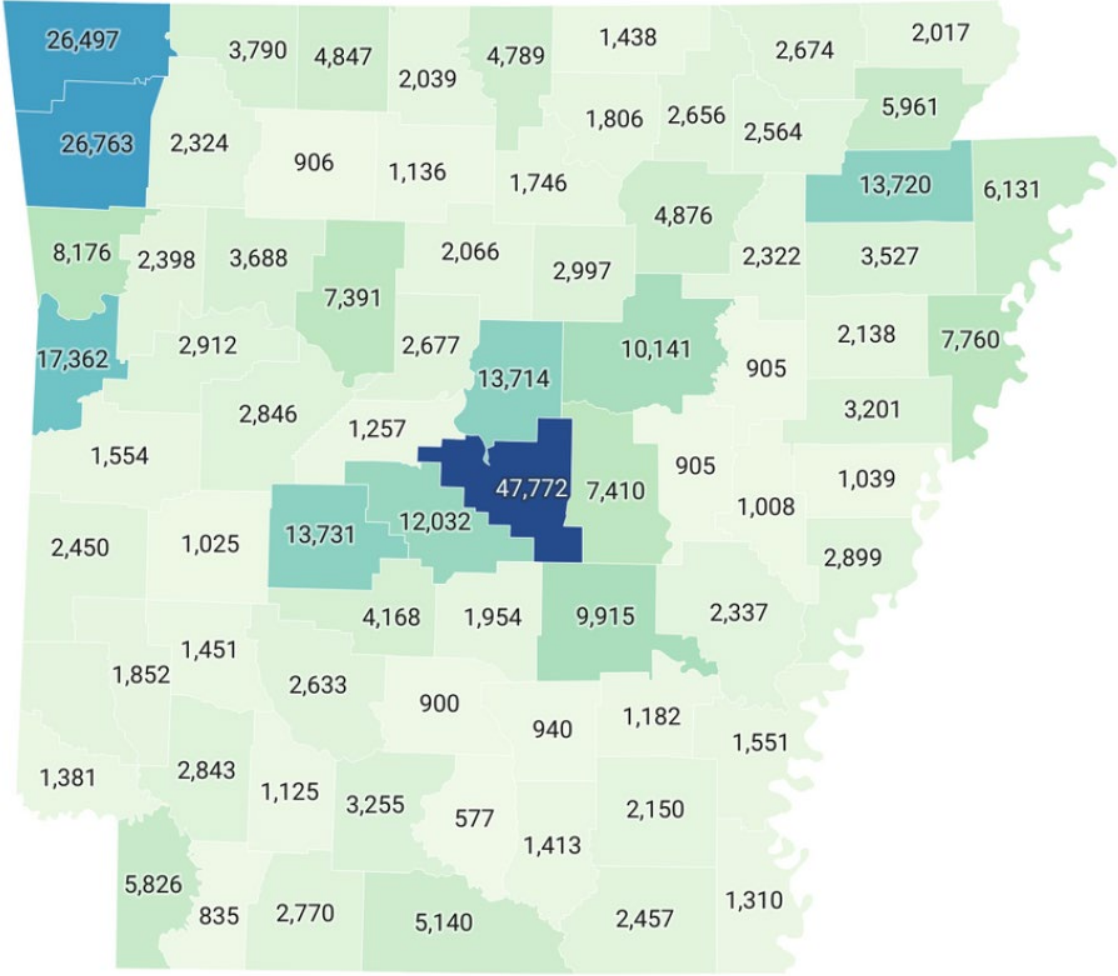


Closure Demographics: First Five Months of Unwinding



The figures above reflect cases where a single race was reported.
There were 12,366 cases where two or more races were reported.
There were also 63,237 cases where race was not reported.

Closures by County: First Five Months of Unwinding



Lost Coverage Options

Beneficiaries who lose coverage during the unwinding have options:

- If they failed to turn in requested information during a renewal, they can turn that in and get their coverage reinstated within 30 or 90 days depending on the category of assistance.
- If they believe they lost coverage in error, they can appeal the determination decision.
- If they are over income, they can apply for coverage at healthcare.gov or seek out employer-sponsored coverage.

Remaining Unwinding Eligibility Work

- DHS will continue to process extended renewals this month.
- The processing of regular renewals and appeals will continue as part of the return to normal operations.
- DHS is required to submit a report to the Arkansas Legislature at the end of the six-month unwinding period outlining the results of the renewal efforts.