

Fairness and Access for Arkansas

How Arkansas hospitals are paid directly affects their ability to care for our communities. We are advocating for a two-year extension of the ARHOME Section 1115 Medicaid waiver and minimum commercial reimbursement rates.

Now is the time.

Throughout the country, hospitals are working to meet this moment and navigate the headwinds shaping healthcare, facing significant risks of closure and reduced access. Arkansas hospitals provide emergency care, support local jobs and connect families with essential services. Rising operating costs, increasingly complex patient needs and gaps between the cost of care and payments received place pressure on hospitals, especially in rural communities.

The challenges are already visible in Arkansas.

In Arkansas, these challenges are magnified, and the risks that others face are already a reality.

55%

of Arkansas's rural hospitals have been determined to be vulnerable to closure

9

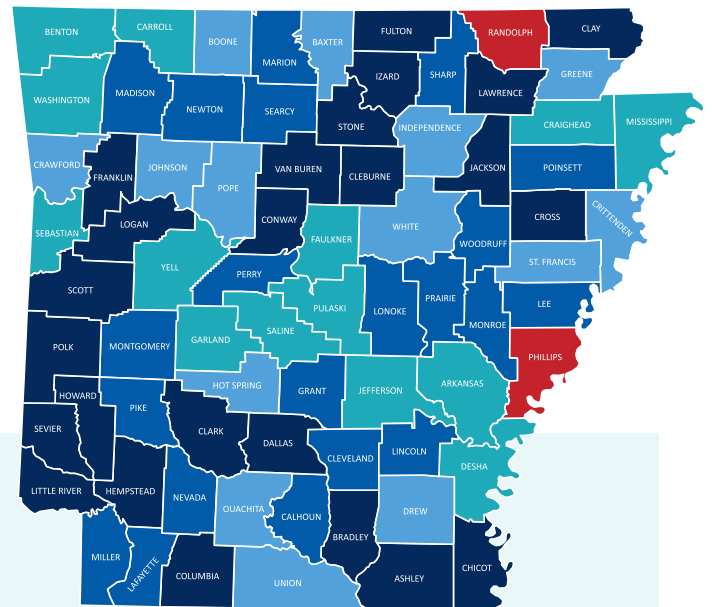
labor and delivery units have closed since 2020. Only 30 hospitals across 22 of the state's 75 counties still deliver babies

21

of Arkansas counties (> 25% of all counties) do not have a local community hospital

HOSPITAL TYPE

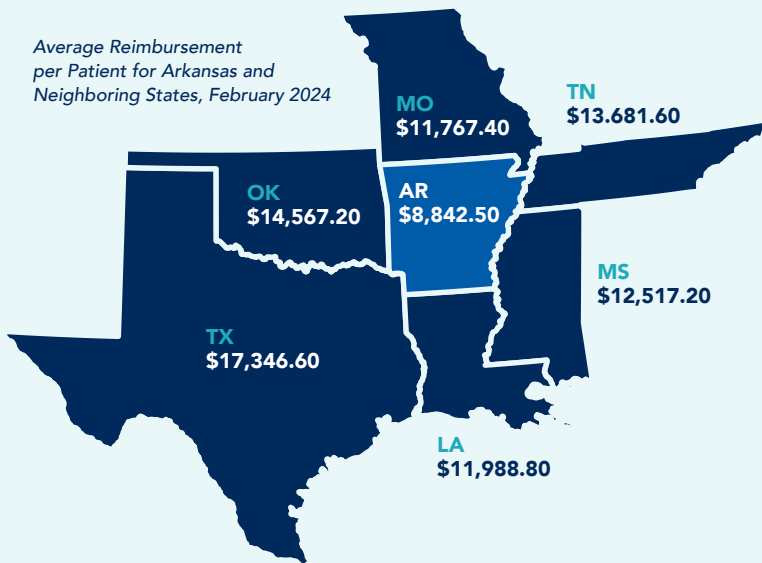
- Multiple
- Single acute only
- Single CAH only
- Single REH only
- None



Arkansans must have fairness and access.

Arkansas hospitals are already confronting an unsustainable financial reality, with commercial reimbursement rates among the lowest in the country. Ending ARHOME will deepen that strain, threatening hospitals' ability to maintain services, preserve access and meet the health needs of communities across Arkansas.

Average Reimbursement
per Patient for Arkansas and
Neighboring States, February 2024



Fair Commercial Reimbursement

Commercial insurers pay Arkansas hospitals some of the lowest rates in the nation. And, when looking at average total reimbursement per patient, the states surrounding Arkansas are reimbursed higher for the same quality and types of medical care.

We must advocate for the fairness Arkansas hospitals and patients deserve, mandating minimum commercial reimbursement levels for healthcare services.

ARHOME Extension and Access Preservation

The current Section 1115 waiver for ARHOME is set to expire at the end of 2026. As a result, individuals who depend on ARHOME today will have to shift to traditional fee-for-service Medicaid or a managed care organization. Both of these options reimburse far below the cost of care.

The end of ARHOME means that hospital reimbursement rates will plummet, exacerbating the reimbursement gap that already exists today and requiring hospitals to make difficult decisions about the types of care they are able to provide.

We can't afford to adopt the wrong solution for Medicaid expansion. We must maintain access to care and services for Arkansans by continuing to advocate for a two-year extension of ARHOME while we develop a solution that will best serve our state.

200,000+

Arkansans impacted by the discontinuation of ARHOME

Every Arkansan has a stake.

Hospitals are essential to both the health and economic vitality of Arkansas communities, serving as round-the-clock safety nets, major local employers and the foundation for surrounding care.



AR hospitals serve our rural communities, delivering essential healthcare and services and ensuring where someone lives doesn't determine whether they can get the care they need.



AR hospitals treat everyone, serving as a critical safety net and providing emergency care to all, regardless of their ability to pay – even if that means the hospital has to absorb the financial burden of caring for those who can't afford it.



AR hospitals employ Arkansans, directly creating 48,630 jobs statewide and operating as the largest employer in many of Arkansas's counties.



AR hospitals deserve fairness and our communities deserve access.