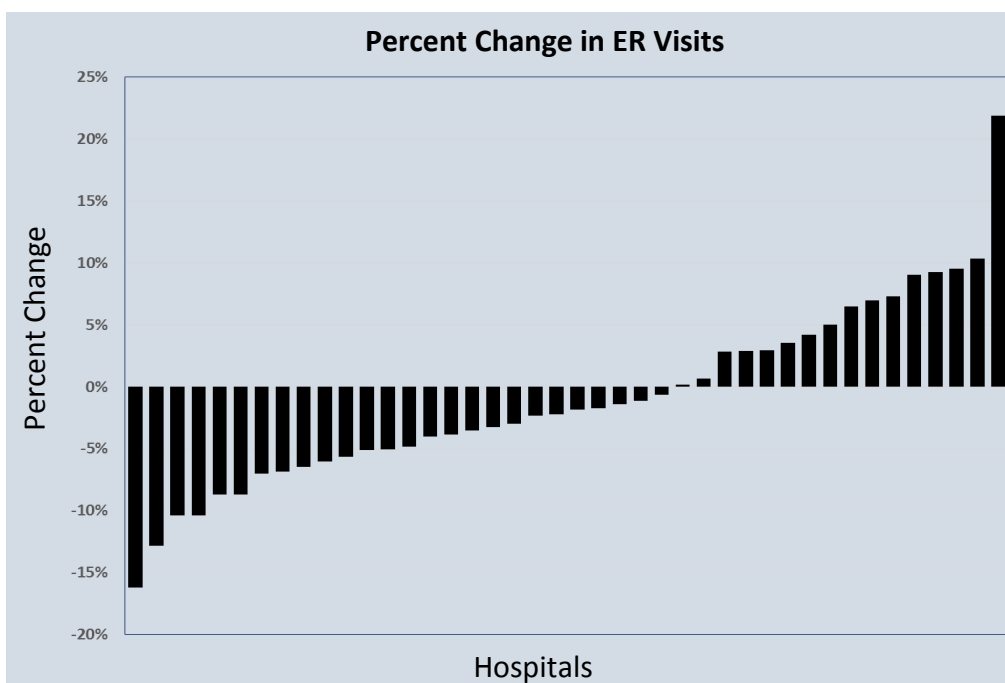


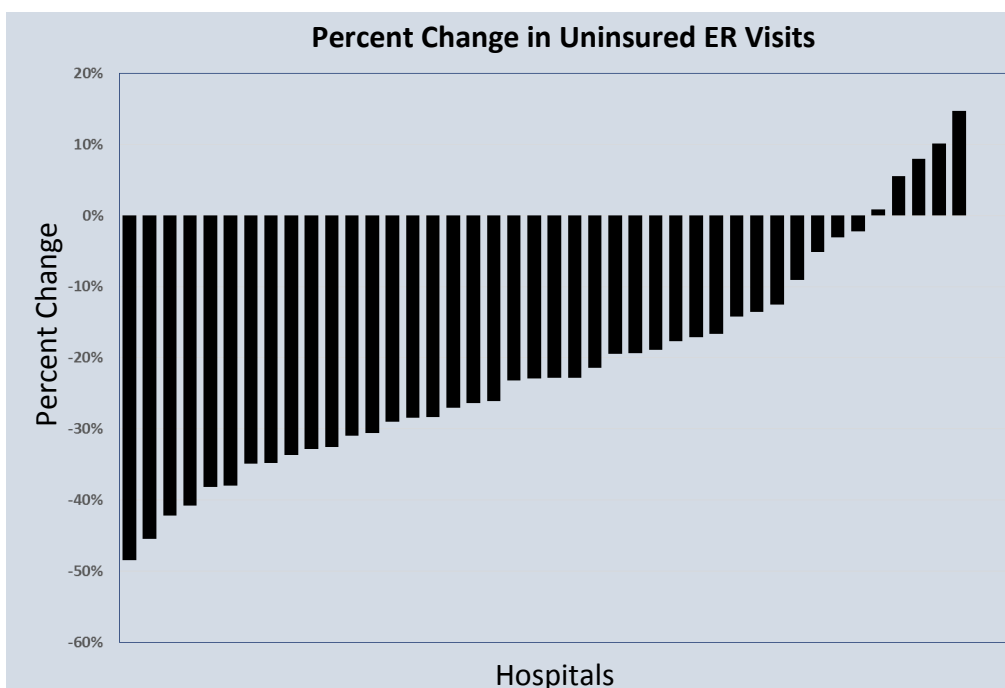
**Subject:** Arkansas Health Care Independence Program  
**Data Source:** Arkansas Hospital Association Member Survey–May 2014  
**Date:** May 23, 2014

## *First Quarter Comparison of Emergency Room (ER) Usage and Uninsured Hospital Admissions (January–March 2013 and January–March 2014)*

The absence of health care coverage and underinsurance among Arkansans has led to high uncompensated care costs among Arkansas health care providers and is a leading cause of personal bankruptcy in the U.S. In 2011, Arkansas hospitals recorded nearly \$347 million in uncompensated care.<sup>1</sup> The potential to reduce this burden on the state’s hospitals and, in particular, to shore-up the financial stability of rural hospitals, were among the main reasons for extending health insurance coverage to low-income individuals with the help of federal funding provided by the Patient Protection and Affordable Care Act (PPACA). Arkansas’s 89th General Assembly took a bipartisan approach to the prospect of extending coverage to low-income Arkansans and crafted a unique proposal to use premium assistance to provide private coverage through the Arkansas Health Insurance Marketplace (Marketplace) to individuals with incomes at or below 138 percent of the federal poverty level (FPL).



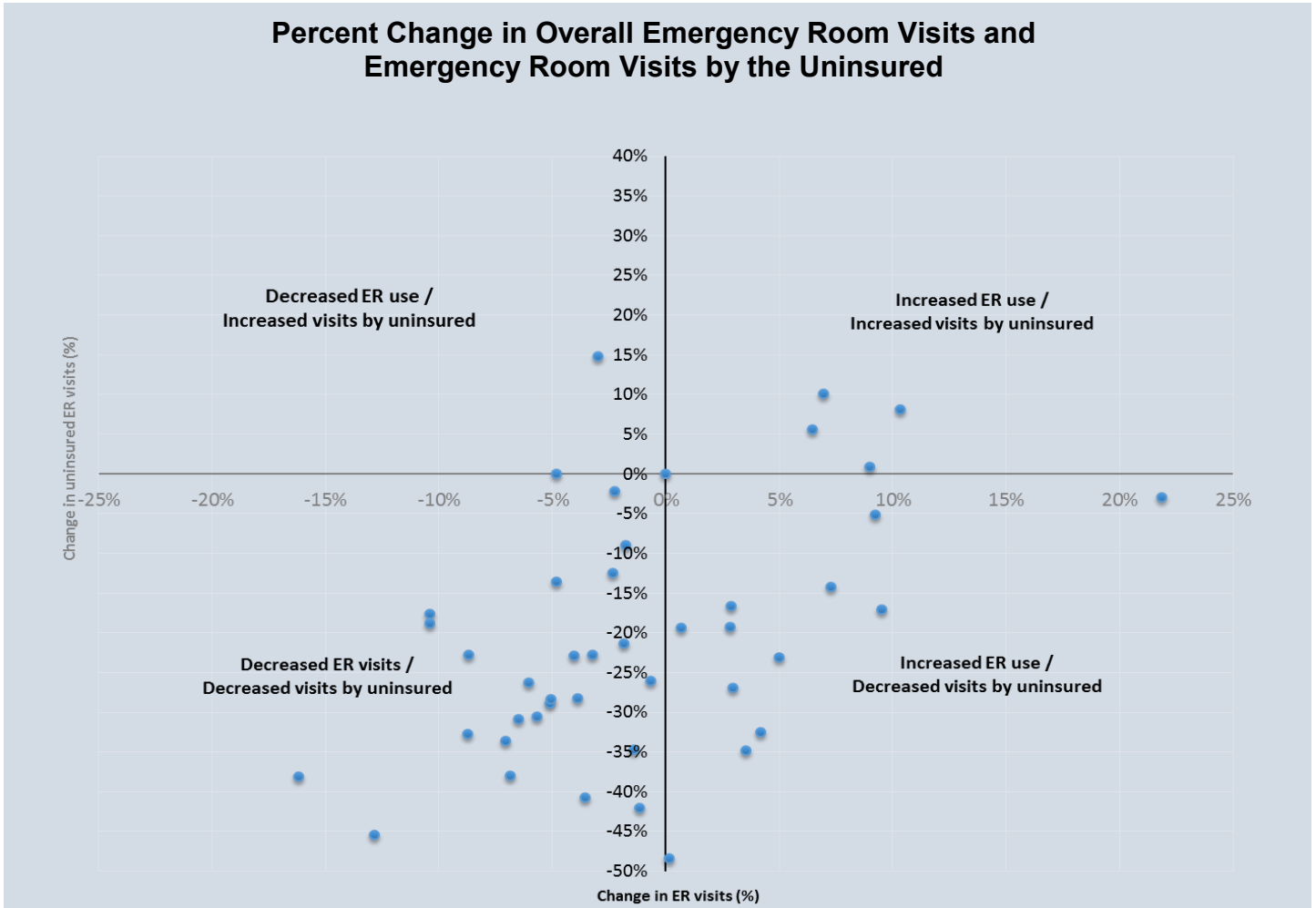
Together with individuals who have purchased coverage through the Marketplace with and without the help of tax credits (roughly 45,000), the individuals enrolled in private plans via the premium assistance model in private plans—formally known as the Health Care Independence Program (HCIP)—tally more than 166,000. Approximately 17,000 individuals have been determined to have exceptional health care needs and will be covered through the traditional Medicaid program.



Preliminary survey data of 42 hospitals indicate that hospitals across the state are experiencing declines in overall emergency room (ER) visits and ER utilization by uninsured patients. When compared to the first quarter of 2013, hospital respondents saw a 2 percent reduction in ER visits overall for the first quarter of 2014. During the same period, respondents saw a 24 percent reduction in ER visits by the uninsured.

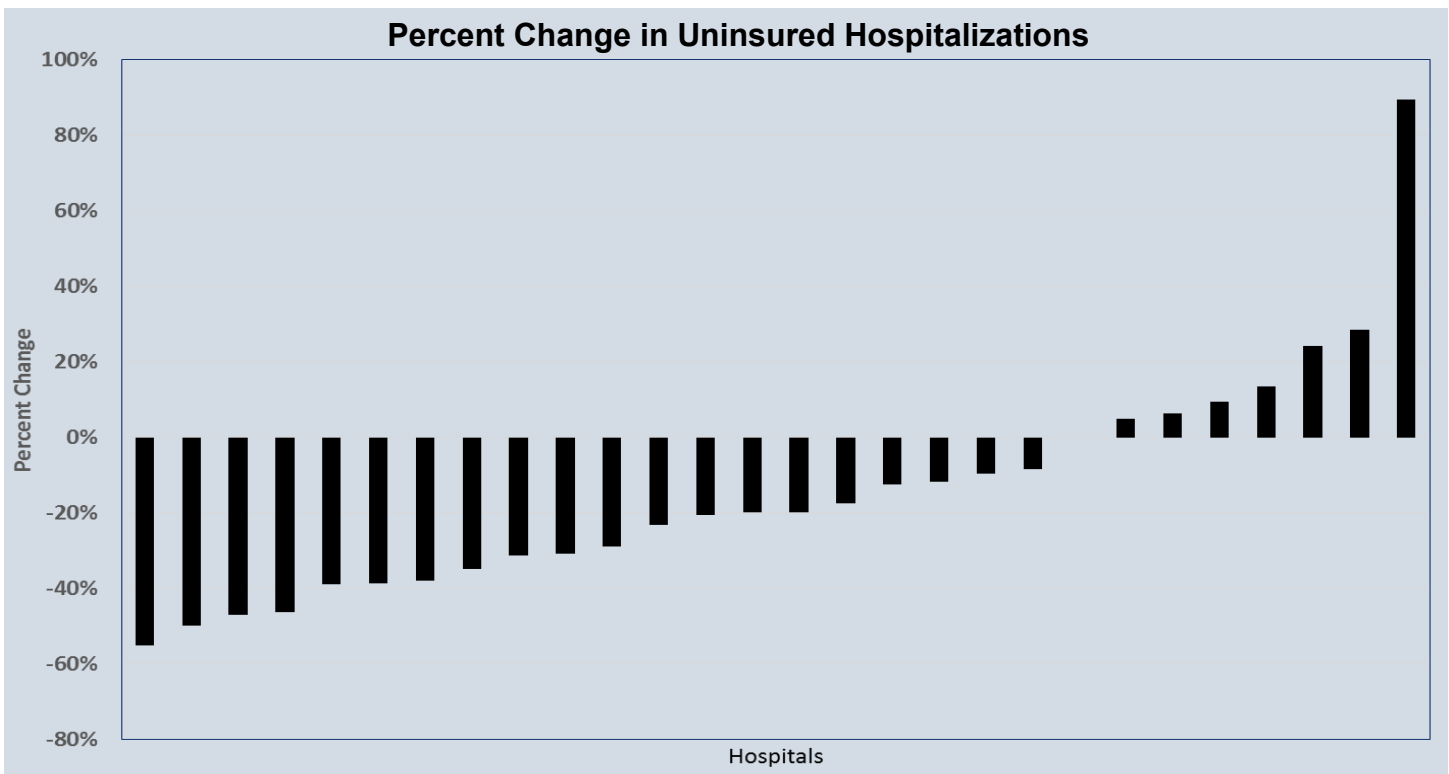
These graphics represent all acute care hospitals in Arkansas that responded to a survey conducted by the Arkansas Hospital Association. Among hospitals not depicted here are Arkansas Children’s Hospital, the Veterans Affairs hospital and inpatient psychiatric hospitals.

The following graphic illustrates changes among hospital respondents for both ER visits overall and ER visits by uninsured patients. Twenty-five hospitals (60%) saw reductions in overall ER visits and visits by uninsured. Four hospitals (10%) saw increases in overall ER visits and visits by uninsured.



This graphics represents all acute care hospitals in Arkansas that responded to a survey conducted by the Arkansas Hospital Association. Among hospitals not depicted here are Arkansas Children’s Hospital, the Veterans Affairs hospital and inpatient psychiatric hospitals.

Hospital respondents also saw reductions in admissions among uninsured patients, which fell from 5,250 for the first quarter of 2014 representing a 30 percent reduction.



This graphic represents all acute care hospitals in Arkansas that responded to a survey conducted by the Arkansas Hospital Association. Among hospitals not depicted here are Arkansas Children’s Hospital, the Veterans Affairs hospital, inpatient psychiatric hospitals and hospitals having fewer than 10 admissions by uninsured in either year.

References:

<sup>1</sup> Arkansas Hospital Association, “Arkansas Community Hospitals, Uncompensated Care Costs, 2001-2011,” Summer 2013. P.L. 111-148