

ARMedicaid

2026

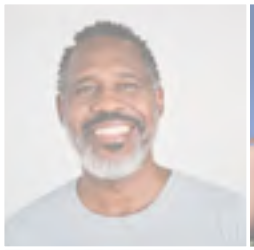
Beneficiary Satisfaction Survey Results

Adult Medicaid

DATA COLLECTION AND ANALYSIS BY

afmc

ARKANSAS DEPARTMENT OF HUMAN SERVICES

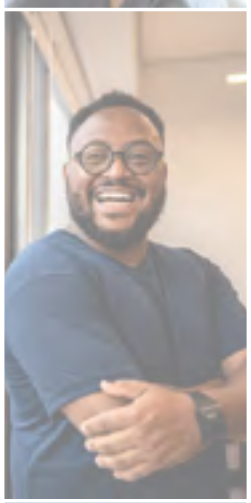
















HEDIS® CAHPS® HEALTH PLAN SURVEY, ADULT

2026 Beneficiary Satisfaction Survey Results

TABLE OF CONTENTS

Executive Summary 1

Survey Overview and Methodology 5

Demographics of Survey Sample and Respondents 9

Trend Analysis 14

Comparisons with Benchmark Data 18

Demographic Analysis 22

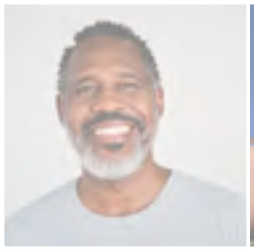
State and Regional Analysis 28

Supplemental Questions(40, 41, 42, and 43) 31

Frequency Tables 32

Comments 45



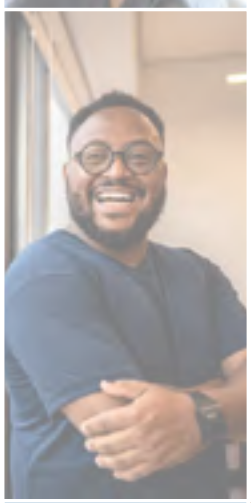
















Executive Summary

The Arkansas Department of Human Services (DHS) Division of Medical Services (DMS) engaged Arkansas Foundation for Medical Care (AFMC), a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) survey vendor, to conduct its 2026 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H Adult Medicaid survey with NCQA-approved supplemental questions. This report summarizes 2026 survey results in comparison with 2025 Adult Medicaid survey results, national benchmarks, and South Region benchmarks. This comprehensive analysis aims to assist DMS in identifying the services Adult Medicaid beneficiaries utilize and evaluating their satisfaction with these services and the program overall.

This was the second year AFMC administered both paper and online versions of the Adult Medicaid survey. Data were collected from early February to late April to assess beneficiary satisfaction. A random sample of 2,429 Adult Medicaid beneficiaries was selected to participate in the survey. AFMC received 509 Adult Medicaid surveys (463 paper, 46 online). Received surveys that did not meet eligibility guidelines, NCQA question requirements, or enrollment criteria were excluded from the analysis.

AFMC removed ten (10) individuals deemed ineligible and excluded 309 due to invalid addresses, leaving an analyzable sample size of 2,110. 495 surveys were utilized for analysis — 451 by paper and 44 online resulting in an analyzable response rate of 23.5%.

Table 1 shows the overall composite and rating percentages for the Adult Medicaid program for 2026 and 2025, as well as for the 2025 National CAHPS Benchmark Database (NCBD).

TABLE 1. Composite and rating percentages

	ADULT		
COMPOSITES	**2026**	**2025**	**NCBD 2025**
Getting needed care	52%	52%	52%
Getting care quickly	60%	59%	56%
How well doctors communicate	77%	77%	77%
Customer service	65%	62%	69%
RATING ITEMS	**2026**	**2025**	**NCBD 2025**
Rating of personal doctor	72%	71%	70%
Rating of specialist	61%	67%	68%
Rating of health care	49%	48%	57%
Rating of health plan	51%	47%	61%
QUESTION SUMMARY RATES	**2026**	**2025**	**NCBD 2025**
Coordination of care	62%	59%	59%
EFFECTIVENESS OF CARE	**2026**	**2025**	**NCBD 2025**
Advising smokers and tobacco users to quit	79%	77%	74%
Discussing tobacco cessation medications	52%	57%	54%
Discussing tobacco cessation strategies	45%	49%	48%

1: HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

2: CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

The CAHPS 5.1H Adult Medicaid survey includes four composite measures, four rating questions, one summary rate question, and three effectiveness of care measures.

Because NCBD considers only the most favorable outcomes or responses, it provides the most positive response options in analysis figures. As a result, the analysis figures are focused on the best-case scenarios and fewer respondents.

AFMC, on the other hand, provides a more comprehensive analysis by considering a wider range of positive response options. Therefore, AFMC considers a greater range of scenarios, which can lead to a more nuanced and realistic assessment with more respondents.

NCBD composite measures represent the percentage of beneficiaries who responded by selecting the most favorable responses, "always" or "yes," to the questions comprising the following composite measures:

- **Getting needed care** measures the beneficiary's ease of seeing a specialist and getting any care, tests, or treatment.
- **Getting care quickly** measures a beneficiary's access to urgent and non-urgent care in a timely manner.
- **How well doctors communicate** measures how well doctors listen, explain, spend enough time with, and show respect for what beneficiaries have to say (since 2021, doctor visits have included in-person, by phone, or by video).
- **Customer service** measures how often beneficiaries got the help they needed and were treated with courtesy and respect by Medicaid's customer service representatives.

The CAHPS 5.1H survey contains four rating questions with responses scaled from 0 to 10, where 0 represents the "worst possible" and 10 represents the "best possible" rating. Each rating represents the percentage of beneficiaries who rated the question a 9 or 10. Categories include the following measures:

- **Rating of personal doctor**
- **Rating of specialist**
- **Rating of health care**
- **Rating of health plan**

The summary rate question indicates the proportion of beneficiaries who selected "always" for the following measure:

- **Coordination of care** measures how often beneficiaries' personal doctor seemed informed and up to date about the care they got from other doctors or health care providers.

The effectiveness of care measures define criteria for the numerator as "always", "usually," and "sometimes" in each measure. These measures are described in detail below:

- **Advising smokers and tobacco users to quit** represents the percentage of beneficiaries ages 18 and older who were current smokers or tobacco users and who received advice to quit.
- **Discussing cessation medications** represents the percentage of beneficiaries ages 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications.
- **Discussing cessation strategies** represents the percentage of beneficiaries ages 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies.

KEY FINDINGS

The key findings show adult Medicaid beneficiaries' data trends over time and comparisons with national and regional benchmarks. For the complete analysis, please refer to the Trend Analysis (**Page 14**) and Comparisons with Benchmark Data (**Page 18**) sections of this summary. Key findings also show demographic data over time compared with both 2025 and 2024 data. For a complete analysis, rating trends, and comparisons of composite scores with national and regional benchmarks, please refer to the Demographics of Survey Sample and Respondents (**Page 9**) section of this summary.

- In demographic comparisons between 2026 and 2025, z-test results show no statistically significant differences in gender, age, race and education (**Table 4**).
- A z-test is used to determine significant differences in demographic categories when comparing the proportion of 2026 respondents with 2024 respondents. Although there was no significant difference between 2026 and 2024 within demographic categories, small differences were observed (**Table 4**).
- The proportion of respondents who reported smoking "every day" increased significantly by 5.6 percentage points from 2025 to 2026 (**Table 4**).
- No significant differences occurred between 2026 and 2025 or 2026 and 2024 for any of the composite measures, their corresponding component questions, the rating items, the summary rate question, or the effectiveness of care questions during these compared years (**Table 6**).
- The "customer service" summary rate has non-significantly increased from 85.4% in 2024 to 87.5% in 2025 and 88.1% in 2026 (**Table 6**).
- The 2026 Arkansas Adult Medicaid "obtaining check-up or routine care appointment as soon as needed" component rate of 60% from the "getting care quickly" composite is significantly higher (8.0 percentage points) than the 2025 NCBD rate of 52% from the same composite (**Table 7**).
- The "doctors listening carefully to you" component in the 2026 Arkansas Adult Medicaid data is significantly lower (6.0 percentage points) compared to the 2025 NCBD South Region rate (**Table 7**).

- The 2026 Adult Medicaid data show the "rating of specialist" rate of 61% as significantly lower than both the 2025 NCBD data (68%) and the NCBD South Region data (69%) (**Table 7**).
- The data from the 2026 Adult Medicaid show that the "rating of health care" rate of 49% is significantly lower than rates in both the 2025 NCBD and NCBD South Region (8.0 and 9.0 percentage points, respectively) (**Table 7**).
- The 2026 Adult Medicaid data also show that the "rating of health plan" rate (51%) is significantly lower than both the 2025 NCBD and NCBD South Region rates, by 10 percentage points in each comparison (**Table 7**).

Survey Overview and Methodology

BACKGROUND AND SURVEY INSTRUMENT

As part of its contract with DMS, AFMC regularly surveys Medicaid beneficiaries about their health care experiences. For the most recent survey activities, AFMC used the HEDIS MY 2025 CAHPS 5.1H Medicaid Adult Beneficiary Satisfaction Survey with NCQA-approved supplemental questions. NCQA's naming convention refers to "HEDIS MY ####" where "MY" #### refers to "Measurement Year" and #### is the performance period (year) from which the data is derived.

The CAHPS surveys are a set of survey tools developed to assess patient satisfaction with their health plan. CAHPS is funded by the Agency for Healthcare Research and Quality (AHRQ) and was developed jointly by AHRQ and NCQA. AFMC conducted this survey biennially from 1998 to 2023. Effective January 1, 2024, the Centers for Medicare & Medicaid Services established requirements for mandatory annual State reporting as a major step in the development of a national evidence-based system for measuring and improving the quality of care delivered to Medicaid beneficiaries.

This report summarizes results derived from the CAHPS 5.1H Medicaid Adult survey as applied to a systematic random sample of Medicaid adult beneficiaries. The four composite measures are "getting needed care," "getting care quickly," "how well doctors communicate," and "customer service."

The four rating questions covered by the CAHPS survey are "personal doctor," "specialist seen most often," "health care," and "health plan." The Adult survey also covers a summary question, "coordination of care." In addition, the adult CAHPS survey has three effectiveness of care measures: "advising smokers and tobacco users to quit," "discussing tobacco cessation medications," and "discussing tobacco cessation strategies."

Satisfaction is presented as the percentage of respondents who chose the most positive question responses as specified by NCQA. Where applicable, Arkansas rates are shown alongside the NCBD national benchmark and South regional rates to assess how well Arkansas performed compared to other Medicaid plans.

SURVEY SIZE, SAMPLE DISPOSITION, AND RESPONSE RATE

Per NCQA guidelines, AFMC systematically selected 2,429 adult beneficiaries from the Arkansas Medicaid Enterprise Decision Support System claims data. AFMC received 509 Adult surveys, resulting in a return rate of 21.0%. After further adjusting for invalid addresses (309 surveys) and beneficiaries found to be ineligible (10 beneficiaries), the analyzable sample size was 2,110 for adult beneficiaries. Surveys not meeting eligibility guidelines, NCQA question requirements, or enrollment criteria were also excluded, resulting in 495 Adult surveys (23.5%) available for analysis. It should be noted that the oversampling rate for 2026 was 80% for the Adult sample.

TABLE 2. Survey disposition and response rates

CAHPS SURVEYS	ADULT 2026	ADULT 2025
Total mailing sent	2,429	2,430
Ineligible: According to population criteria*	8	5
Ineligible: Language barrier*	0	0
Ineligible: Mentally or physically incapacitated*	0	0
Ineligible: Deceased*	2	2
Invalid address*	309	400
Analyzable sample size	2,110	2,023
Refusal	2	4
Eligible but incomplete (3 of 5 NCQA required questions were not answered)**	4	5
Nonresponse***	1,609	1,515
Analyzable surveys returned	495	499
Analyzable response rate	23.5%	24.7%

**Excluded from response rate denominator*
***An eligible but incomplete disposition code is assigned to received surveys that have not answered at least 3 of 5 specified questions as indicated in HEDIS MY 2025 Volume 3 Specifications for Survey Measures. These surveys are not included in the analyzable surveys returned.*
****Does not include invalid addresses*

SAMPLING FRAME

Beneficiary information was obtained from Medicaid. NCQA guidelines require each beneficiary to be enrolled for a minimum of six months with no more than one gap in enrollment of up to 45 days before participating in the survey. Although NCQA defines the allowable gap as 45 days, AFMC set this criterion at 30 days because the enrollment data are reported monthly. The Adult sample frame consisted of all Arkansas Medicaid PCP-focused care enrollees at least 18 years old as of December 31, 2025. The adult six-month continuous enrollment began on July 1, 2025. Only one beneficiary per household was selected.

SURVEY PROCEDURE

AFMC followed the Internet data collection protocol enhancement methodology as presented in HEDIS specifications with minor adjustments to accommodate the Arkansas enrollment data structure. AFMC conducted a multi-mode survey using mail and online data collection methods. Following the protocol, advance letters in English, Spanish, and Marshallese, printed on DMS/DHS letterhead and each bearing a State-approved generic signature, were mailed to each selected beneficiary. The letter explained the purpose of the survey, informed the beneficiary of its confidential and voluntary nature, and gave information for requesting a Spanish and/or Marshallese version of the survey and for accessing the survey online. Approximately two weeks later, a survey packet was mailed to the selected member containing a questionnaire, a postage-paid return envelope, and cover letters in English, Spanish, and Marshallese. The cover letters, on DMS letterhead with an approved generic signature, reiterated the information in the advance letter and gave specific instructions on completing and returning the survey. Additionally, the cover letters contained a unique access code for each beneficiary to access the survey online.

A reminder notice was mailed two weeks later to those beneficiaries who did not respond to the first survey mailing. Approximately one month after the initial survey was sent, a second survey packet was mailed to any beneficiary who had not returned the initial survey. Two weeks after the second survey was mailed, a second reminder notice was mailed to nonrespondents.

All mailings were sent via bulk rate with return receipt and address correction requested. Letters and surveys returned as undeliverable with an address correction were remailed. Beneficiary telephone numbers were unavailable; therefore, no telephone follow-up of nonrespondents was conducted.

SURVEY TIMETABLE

TABLE 3. Survey mailing dates

SURVEY MAILINGS	DATE
Advance letter	Feb. 06, 2026
First survey	Feb. 24, 2026
First reminder notice	Mar. 06, 2026
Second survey	Mar. 24, 2026
Second reminder notice	Apr. 03, 2026
Data collection cutoff	Apr. 27, 2026

SURVEY TRACKING

A unique number was assigned to each survey for tracking purposes and so that a second survey could be mailed to nonrespondents, but not to those who had already completed and returned the survey. Beneficiary confidentiality was maintained at all times.

NONANALYZABLE SURVEYS

A total of 1,934 Adult Medicaid surveys were either not returned or not available for analysis. AFMC tracked the reasons why these surveys were not returned or were ineligible for analysis following NCQA guidelines.

DISQUALIFIED RECEIVED SURVEYS

Adult Medicaid surveys received after the cutoff date of April 27th, 2026, were not included in the survey analysis. Surveys received without any valid responses, those no longer meeting enrollment criteria, and those deemed incomplete were excluded from analysis. These exclusions were made following standard HEDIS/CAHPS protocol and recommendations. Surveys not available for analysis represented 3.1% of the total Adult Medicaid surveys received.

SPANISH AND MARSHALLESE LANGUAGE SURVEYS

AFMC translates all surveys into Spanish and Marshallese and provides the Spanish/Marshallese version to beneficiaries upon request. One Spanish and no Marshallese surveys were returned from the 495 analyzable Adult Medicaid surveys received.

Demographics of Survey Sample and Respondents

AFMC follows NCQA protocol and uses the systematic random sampling method. Therefore, the Adult Medicaid survey sample should be similar to the adult Medicaid population. **Table 4** shows the percentage of respondents by each demographic category of gender, age, race, education, overall health and mental health status, and smoking status for adults.

Table 4 also compares the demographics of survey respondents with the 2025 and 2024 Arkansas Medicaid respondents. Comparing the data with previous years shows how the adult Medicaid respondents have changed over time. Using a z-test, AFMC highlights where the proportion of 2026 Adult Medicaid respondents differ significantly from the previous years.

In demographic comparisons between 2026 and 2025, when using a z-test, Adult Medicaid survey respondents showed no significant difference within the race category (**Table 4**). The percentage of male respondents non-significantly increased by 4.0 percentage points from 2025 to 2026. In the age category, slight variations in proportions (less than 3.0 percentage points) occur in all age groups between 2025 and 2026. In the 2026 race category, the proportion reporting their race as "Multiracial" was non-significantly higher (1.7 percentage points) compared to 2025. Regarding education, the proportion of "Some college" respondents non-significantly increased (3.2 percentage points) from 2025 to 2026, and the proportion of "College graduate or more" non-significantly decreased (1.3 percentage points) from 2025 to 2026. In the overall health status category, the proportion of respondents reporting their overall health status as "Fair/poor" non-significantly decreased (1.9 percentage points), those reporting "Good" non-significantly increased (0.5 percentage points), and those reporting "Excellent/very good" non-significantly increased (1.4 percentage points) from 2025 to 2026. The proportion of respondents reporting "Excellent/very good" in mental health status non-significantly increased (2.5 percentage points) from 2025 to 2026. The proportion of respondents who reported smoking "every day" increased significantly by 5.6 percentage points from 2025 to 2026.

A z-test is used to determine significant differences in demographic categories when comparing the proportion of 2026 respondents with 2024 respondents. Although there was no significant difference between 2026 and 2024 within demographic categories, small differences were observed (**Table 4**). Less than a 3.0 percentage point difference is noted for each gender in the gender category. Slight variations occurred in each of the age groups within the age category; all less than 2 percentage points. The "Black or African American" race non-significantly increased (1.9 percentage points) from 2024 to 2026, while the "Multiracial" race non-significantly decreased (1.2 percentage points) from 2024 to 2026. In the education category, all groups had less than 3.0 percentage points non-significant varia-

tion in proportions for these same years. In the overall health category, the proportion of respondents reporting their overall health as "excellent/very good" decreased slightly (0.1 percentage points) from 2024 to 2026. For the mental health category, differences were less than 2.0 percentage points in 2026 compared to 2024.

Table 5 demographic data is derived from the population data and the survey responses. It shows how the sample demographics compare with the respective population and the demographics of the survey respondents. In 2026, the Adult Medicaid analyzable response rate for "female" respondents was lower than "male" respondents, even though more females responded to the survey. Within the age of analyzable responses for Adult Medicaid respondents, the largest percentage was from the "55-64" age group (37.7%). Among Adult Medicaid analyzable responses in 2026, 24.7% of respondents identified as "white" and 23.9% identified as "Black or African American". This year's data also shows that "Southwest" region had the highest analyzable response rate (28.1%) than in any other region of the state.

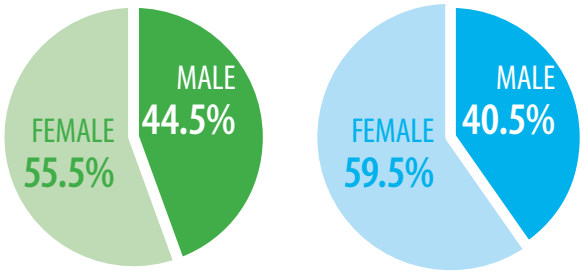
TABLE 4. Profile of Adult Medicaid survey respondents: Comparison with 2025 and 2024						
					SIGNIFICANT DIFFERENCE	
DEMOGRAPHIC	CATEGORY	2026	2025	2024	2026 VS. 2025	2026 VS. 2024
Gender	Male	44.5%	40.5%	42.4%	Not significant	Not significant
	Female	55.5%	59.5%	57.6%	Not significant	Not significant
Age	18–34	23.7%	23.4%	23.4%	Not significant	Not significant
	35–44	14.5%	13.7%	14.6%	Not significant	Not significant
	45–54	20.0%	18.8%	21.9%	Not significant	Not significant
	55 or older	41.7%	44.0%	40.1%	Not significant	Not significant
Race	White	63.5%	66.7%	64.1%	Not significant	Not significant
	Black or African American	26.9%	24.9%	25.0%	Not significant	Not significant
	Asian	1.0%	0.6%	0.9%	Not significant	Not significant
	Multiracial	4.1%	2.4%	5.3%	Not significant	Not significant
	Other	4.5%	5.3%	4.7%	Not significant	Not significant
Education	High school graduate or less	74.3%	76.2%	77.0%	Not significant	Not significant
	Some college	20.5%	17.3%	19.2%	Not significant	Not significant
	College graduate or more	5.2%	6.5%	3.8%	Not significant	Not significant
Overall health status	Excellent/very good	18.5%	17.1%	18.6%	Not significant	Not significant
	Good	28.5%	28.0%	25.1%	Not significant	Not significant
	Fair/poor	53.0%	54.9%	56.2%	Not significant	Not significant
Mental health status	Excellent/very good	23.7%	21.2%	24.2%	Not significant	Not significant
	Good	31.7%	32.0%	30.9%	Not significant	Not significant
	Fair/poor	44.6%	46.8%	45.0%	Not significant	Not significant
Smoking status	Every day	25.9%	20.3%	25.7%	Significantly Higher	Not significant
	Some days	14.1%	13.8%	12.2%	Not significant	Not significant
	Not at all	60.0%	65.9%	62.1%	Not significant	Not significant

FIGURE 1. (ADULT MEDICAID)

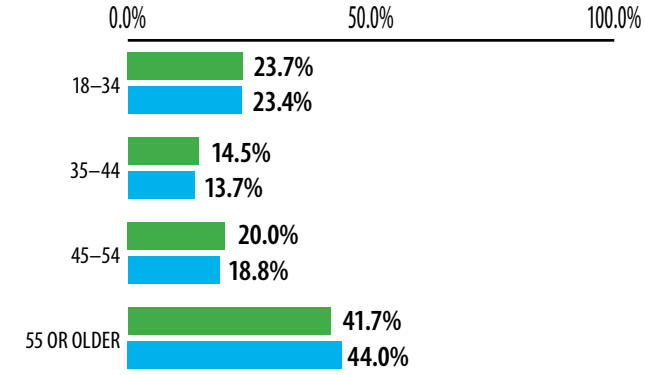
Demographics

2026 2025

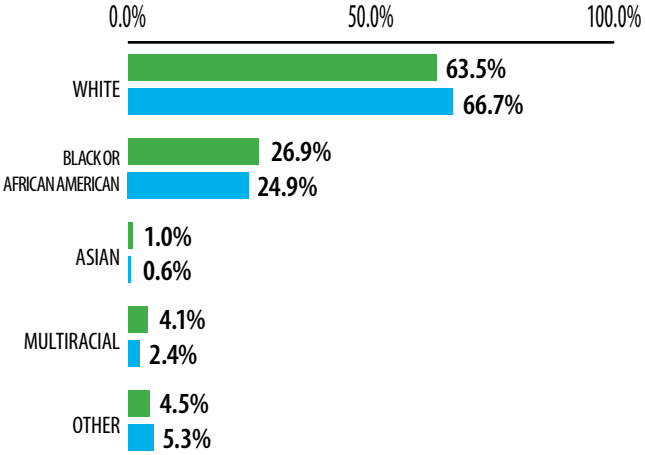
• GENDER



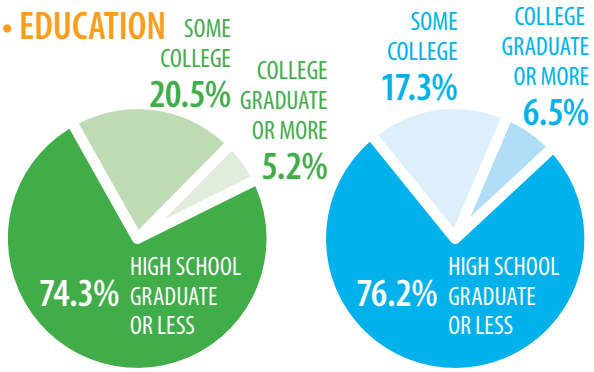
• AGE



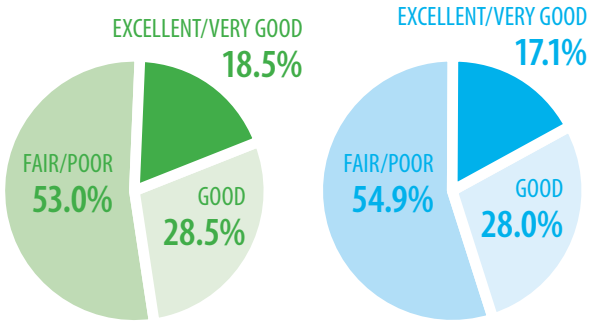
• RACE



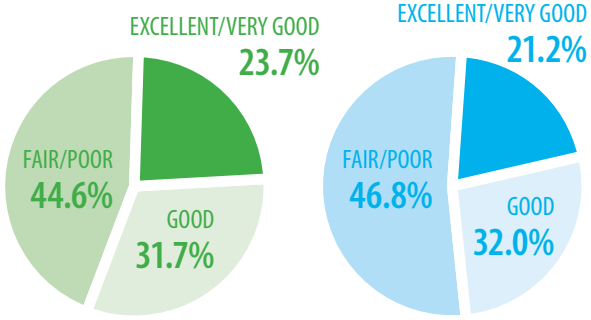
• EDUCATION



• OVERALL HEALTH STATUS



• MENTAL HEALTH STATUS



• SMOKING STATUS

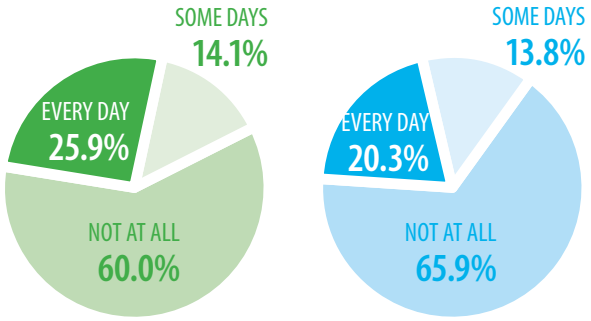


TABLE 5. Adult Medicaid sample and population demographics							
DEMOGRAPHIC	CATEGORY	BENEFICIARIES SURVEYED	PERCENT OF TOTAL	ADULT MEDICAID POPULATION	ANALYZABLE RESPONSES	PERCENT OF TOTAL	ANALYZABLE RESPONSE RATE
Gender	Female	1,222	57.9%	57.8%	277	56.0%	22.7%
	Male	888	42.1%	42.2%	218	44.0%	24.5%
	TOTAL	**2,110**	**100.0%**	**100.0%**	**495**	**100.0%**	**23.5%**
Age	18–24	508	24.1%	23.7%	62	12.5%	12.2%
	25–34	334	15.8%	16.3%	60	12.1%	18.0%
	35–44	358	17.0%	17.2%	73	14.7%	20.4%
	45–54	371	17.6%	17.6%	99	20.0%	26.7%
	55–64	520	24.6%	24.3%	196	39.6%	37.7%
	65–74	12	0.6%	0.6%	3	0.6%	25.0%
	75 or older	7	0.3%	0.3%	2	0.4%	28.6%
	TOTAL	**2,110**	**100.0%**	**100.0%**	**495**	**100.0%**	**23.5%**
Race/Ethnicity	White	1,218	57.7%	57.4%	301	60.8%	24.7%
	Black or African American	535	25.4%	25.9%	128	25.9%	23.9%
	American Indian or Alaska Native	14	0.7%	0.8%	4	0.8%	28.6%
	Hispanic or Latino	69	3.3%	3.0%	10	2.0%	14.5%
	Asian-American	29	1.4%	1.3%	7	1.4%	24.1%
	Native Hawaiian or other Pacific Islander	10	0.5%	0.4%	3	0.6%	30.0%
	Multiracial	42	2.0%	2.0%	6	1.2%	14.3%
	Unknown	193	9.1%	9.2%	36	7.3%	18.7%
	TOTAL	**2,110**	**100.0%**	**100.0%**	**495**	**100.0%**	**23.5%**
Geographic region	Northwest	578	27.4%	27.3%	132	26.7%	22.8%
	Northeast	469	22.2%	21.7%	117	23.6%	24.9%
	Central	549	26.0%	26.8%	116	23.4%	21.1%
	Southwest	278	13.2%	12.9%	78	15.8%	28.1%
	Southeast	236	11.2%	11.3%	52	10.5%	22.0%
	TOTAL	**2,110**	**100.0%**	**100.0%**	**495**	**100.0%**	**23.5%**

Rounding occurs after calculations and may not sum to 100.0%

Trend Analysis

The following pages contain trending tables and graphs that show how the Adult Medicaid CAHPS data changed over time. The tables and graphs specifically show each composite measure, the questions that make up these composites, and the overall rating questions for the current year (2026) and the previous two survey years (2025 and 2024). The composite measures in the trending tables represent the percentage of beneficiaries who responded favorably by selecting "usually" or "always" to the composite measures and summary rate question and "8," "9," or "10" to the rating questions. Although the trending graphs show a visual representation of the trends, the trending tables show whether any trend comparisons are significantly different; a z-test was used to determine significant differences. Any significant differences are highlighted.

Note that the measure figures in this section differ from the NCBD figures in that the NCBD figures only include the most positive response options, such as "always" for composite measures and question summary rates and "9" or "10" for the rating questions.

ADULT MEDICAID TREND ANALYSIS

AFMC compared the 2026 Adult Medicaid survey results with previous years in **Table 6** (displayed in **Figure 2**) and found the following composite trends:

- No significant differences were observed between 2026 and the prior years (2025 and 2024) across all composite measures, their corresponding component questions, rating items, the summary rate question, and effectiveness-of-care questions.
- The composite rate for the "getting needed care" composite has not significantly changed since 2024, even with fewer respondents in 2026 than 2025 and 2024.
- The "getting care quickly" composite non-significantly decreased (1.3 percentage points) from 2025 to 2026 and decreased (2.2 percentage points) from 2024 to 2026.
- The 2026 rate of 83.8% for "obtaining check-up or routine care appointment as soon as needed" component of the "getting care quickly" composite slightly decreased 1.8 percentage points from 2025 and 3.0 percentage points from 2024.
- In 2026, the "how well doctors communicate" composite non-significantly decreased (0.2 percentage points) from 92.7% in 2025 and increased (0.4 percentage points) from 92.1% in 2024 to 92.5% .
- One component question, "doctors spending enough time with you," in the "how well doctors communicate" composite non-significantly decreased (0.6 percentage points) from 91.6% in 2025 to 91.0% in 2026.
- The "customer service" composite measure has non-significantly increased from 85.4% in 2024 to 87.5% in 2025 and 88.1% in 2026.

AFMC compared the 2026 Adult Medicaid survey results with previous years in **Table 6** (displayed in **Figure 2**) and found the following rating and summary question trends:

- No significant differences occurred between 2026 and 2025 or 2026 and 2024 for any of the rating questions.
- The "rating of personal doctor" rating question non-significantly decreased (1.1 percentage points) from 83.3% in 2025 to 82.2% in 2026.
- The "rating of specialist" rating question has non-significantly decreased (4.0 percentage points) from 80.1% in 2025 to a low of 76.1% in 2026.
- The "rating of health care" question non-significantly increased from 64.9% in 2024 to 67.6% in 2025 and 69.0% in 2026.
- Each year, the "rating of health plan" rating question non-significantly increased, reaching a high of 64.6% in 2026.
- In 2026, the "coordination of care," summary rate non-significantly decreased to 83.1% in 2026 from 85.1% in 2025.
- The "advising smokers and tobacco users to quit," effectiveness of care measure non-significantly increased in 2026 to 78.8% from 76.7% in 2025 and 75.3% in 2024.
- In 2026, the effectiveness of care measures for "discussing cessation medications" (51.9%) and "discussing cessation strategies" (45.4%) were both non-significantly lower compared to the corresponding measures in 2024 and 2025.

TABLE 6. Composites, components of composites, and ratings of adult Medicaid beneficiary satisfaction

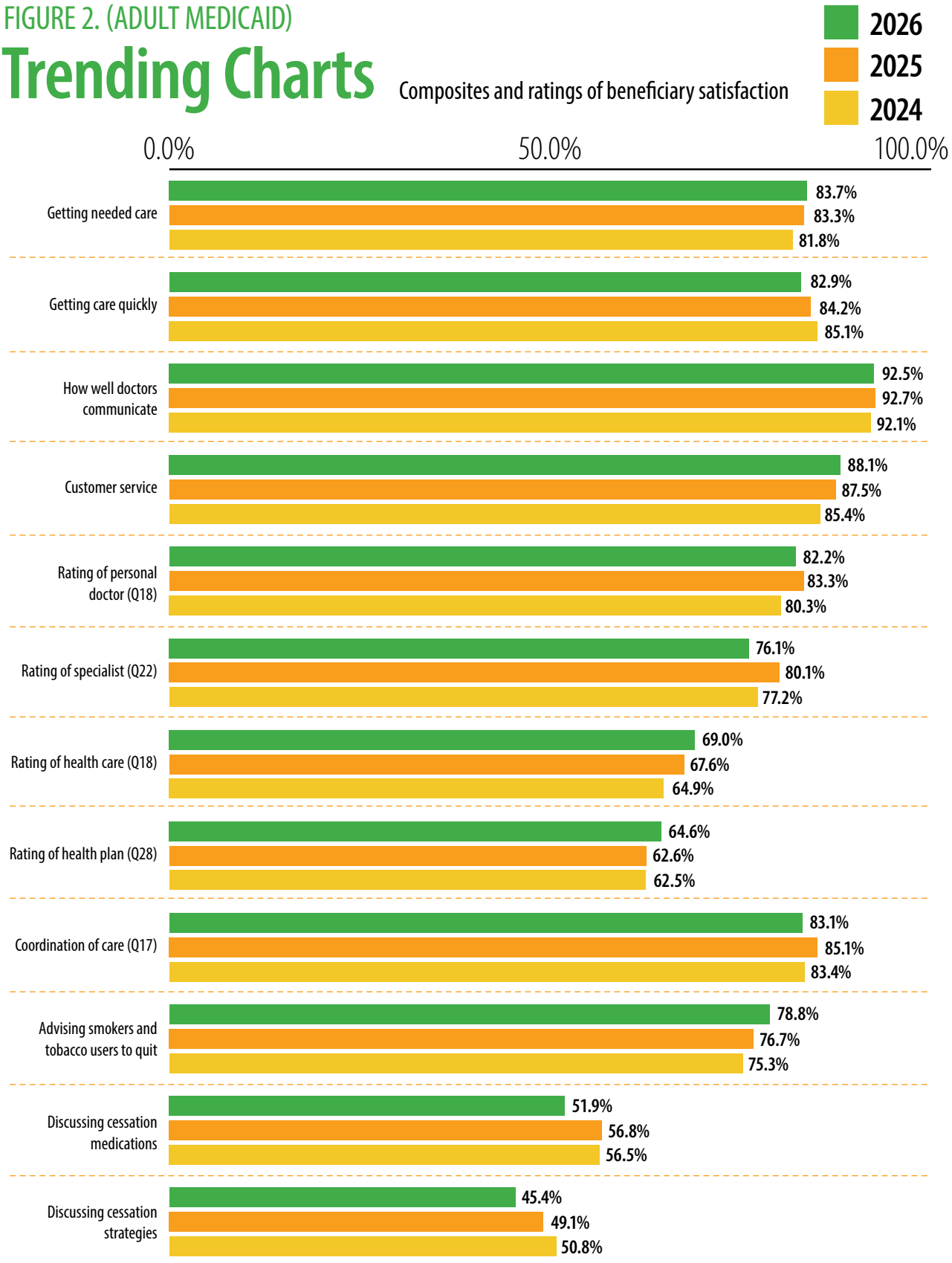
COMPOSITES AND COMPONENTS	2026		2025		2024		SIGNIFICANT DIFFERENCE	
	VALID n	SUMMARY RATE	VALID n	SUMMARY RATE	VALID n	SUMMARY RATE	2026 VS. 2025	2026 VS. 2024
Getting needed care		***83.7%***		***83.3%***		***81.8%***	***Not significant***	***Not significant***
Q20. Seeing a specialist	246	80.9%	267	80.1%	257	80.5%	Not significant	Not significant
Q9. Getting care, tests, or treatment	339	86.4%	361	86.4%	383	83.0%	Not significant	Not significant
Getting care quickly		***82.9%***		***84.2%***		***85.1%***	***Not significant***	***Not significant***
Q4. Obtaining care right away for an illness/injury/condition	200	82.0%	215	82.8%	253	83.4%	Not significant	Not significant
Q6. Obtaining check-up or routine care appointment as soon as needed	315	83.8%	347	85.6%	357	86.8%	Not significant	Not significant
How well doctors communicate		***92.5%***		***92.7%***		***92.1%***	***Not significant***	***Not significant***
Q12. Doctors explaining things in an understandable way	356	92.1%	371	91.1%	395	92.7%	Not significant	Not significant
Q13. Doctors listening carefully to you	356	91.9%	368	93.2%	394	93.1%	Not significant	Not significant
Q14. Doctors showing respect for what you had to say	356	94.9%	363	94.8%	394	93.7%	Not significant	Not significant
Q15. Doctors spending enough time with you	356	91.0%	370	91.6%	394	89.1%	Not significant	Not significant
Customer service		***88.1%***		***87.5%***		***85.4%***	***Not significant***	***Not significant***
Q24. Getting help when calling customer service	110	84.5%	112	81.3%	113	78.8%	Not significant	Not significant
Q25. Treated with courtesy and respect	109	91.7%	113	93.8%	113	92.0%	Not significant	Not significant
RATING ITEMS								
Rating of personal doctor (Q18)	433	82.2%	431	83.3%	463	80.3%	Not significant	Not significant
Rating of specialist (Q22)	234	76.1%	251	80.1%	241	77.2%	Not significant	Not significant
Rating of health care (Q8)	336	69.0%	364	67.6%	385	64.9%	Not significant	Not significant
Rating of health plan (Q28)	483	64.6%	487	62.6%	518	62.5%	Not significant	Not significant
QUESTION SUMMARY RATES								
Q17. Coordination of care	219	83.1%	228	85.1%	229	83.4%	Not significant	Not significant
EFFECTIVENESS OF CARE*								
Q32. Advising smokers and tobacco users to quit	184	78.8%	163	76.7%	194	75.3%	Not significant	Not significant
Q33. Discussing cessation medications	185	51.9%	162	56.8%	193	56.5%	Not significant	Not significant
Q34. Discussing cessation strategies	185	45.4%	163	49.1%	193	50.8%	Not significant	Not significant

**Scores for effectiveness of care items include the following response options: Always, Usually, Sometimes.*

FIGURE 2. (ADULT MEDICAID)

Trending Charts

Composites and ratings of beneficiary satisfaction



Comparisons with Benchmark Data

The following table shows how the 2026 Adult Medicaid data compared to the 2025 national Adult Medicaid benchmarks and the NCBD South Region benchmarks. To report regional benchmarks, NCBD uses the United States Census Bureau's four regions. The South Region includes Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

The table specifically shows each composite measure, the questions that make up these composites, the overall rating questions, the question summary rates, and the effectiveness of care measures for 2026 and the 2025 national and South Region Medicaid benchmarks. The table also includes the results from a z-test indicating whether any benchmark comparisons are significantly different from response data; any significant differences are highlighted.

The benchmark data comes from the 2025 NCBD. To make comparisons with NCBD benchmarks, the composite questions and rating questions shown in **Table 7** are calculated differently than in other composite/rating tables in this report. **Table 7** composites are calculated using the highest value only ("always"). **Table 7** ratings are calculated as the percentage of respondents who chose a "9" or a "10" on a scale of 0 to 10.

ADULT MEDICAID SURVEY COMPARISONS WITH BENCHMARK DATA

Results in **Table 7** indicate that the composite rates for "getting needed care" and "how well doctors communicate" aligned with 2025 NCBD composite rates. The outcome of a z-test indicated that the 2026 Adult Medicaid "getting care quickly" composite rate of 60% is non-significantly higher than the 2025 NCBD rate of 56%. The 2026 Arkansas Adult Medicaid "obtaining check-up or routine care appointment as soon as needed" component rate of 60% from the "getting care quickly" composite is significantly higher (8.0 percentage points) than the 2025 NCBD rate of 52% from the same composite. The "how well doctors communicate" composite for 2026 Adult Medicaid is consistent with the 2025 NCBD rate of 77% but is non-significantly lower (2.0 percentage points) than the 2025 NCBD South Region rate (79%). The 2026 Adult Medicaid "doctors listening carefully to you" component is significantly lower (6.0 percentage points) than the 2025 NCBD South Region rate. The "customer service" composite and its components are lower for the 2026 Arkansas Adult Medicaid data compared to both the 2025 NCBD data and the NCBD South Region data. All comparisons are non-significant.

The "rating of personal doctor" rate of 72% from the 2026 Adult Medicaid data is non-significantly higher (2.0 percentage points) than the rate of 70% from the 2025 NCBD and non-significantly higher than the rate of 71% from the NCBD South Region data. The 2026 Adult Medicaid data show the "rating of specialist" rate of 61% as significantly lower than both the 2025 NCBD data (68%) and the NCBD South Region data (69%). The data from the 2026 Adult Medicaid show that the "rating of health care" rate of 49% is significantly lower (8.0 and 9.0 percentage points, respectively) than rates in both the 2025 NCBD and NCBD South Region. The 2026 Adult Medicaid data also show that the "rating of health plan" rate (51%) is significantly lower than both the 2025 NCBD and NCBD South Region rates, by 10 percentage points in each comparison.

The 2026 Adult Medicaid data show the "coordination of care" summary question rate of 62% is non-significantly higher (3.0 percentage points) than the rate of 59% from the 2025 NCBD data and non-significantly higher (1.0 percentage points) than the rate of 61% from NCBD South Region data.

There are no significant differences in the effectiveness of care measures "advising smokers and tobacco users to quit," "discussing cessation strategies," or "discussing cessation strategies." The "advising smokers and tobacco users to quit," measure for 2026 Adult Medicaid data is non-significantly higher than rates from both 2025 NCBD and NCBD South Region data.

TABLE 7. Comparisons with benchmark data — Adult Medicaid survey

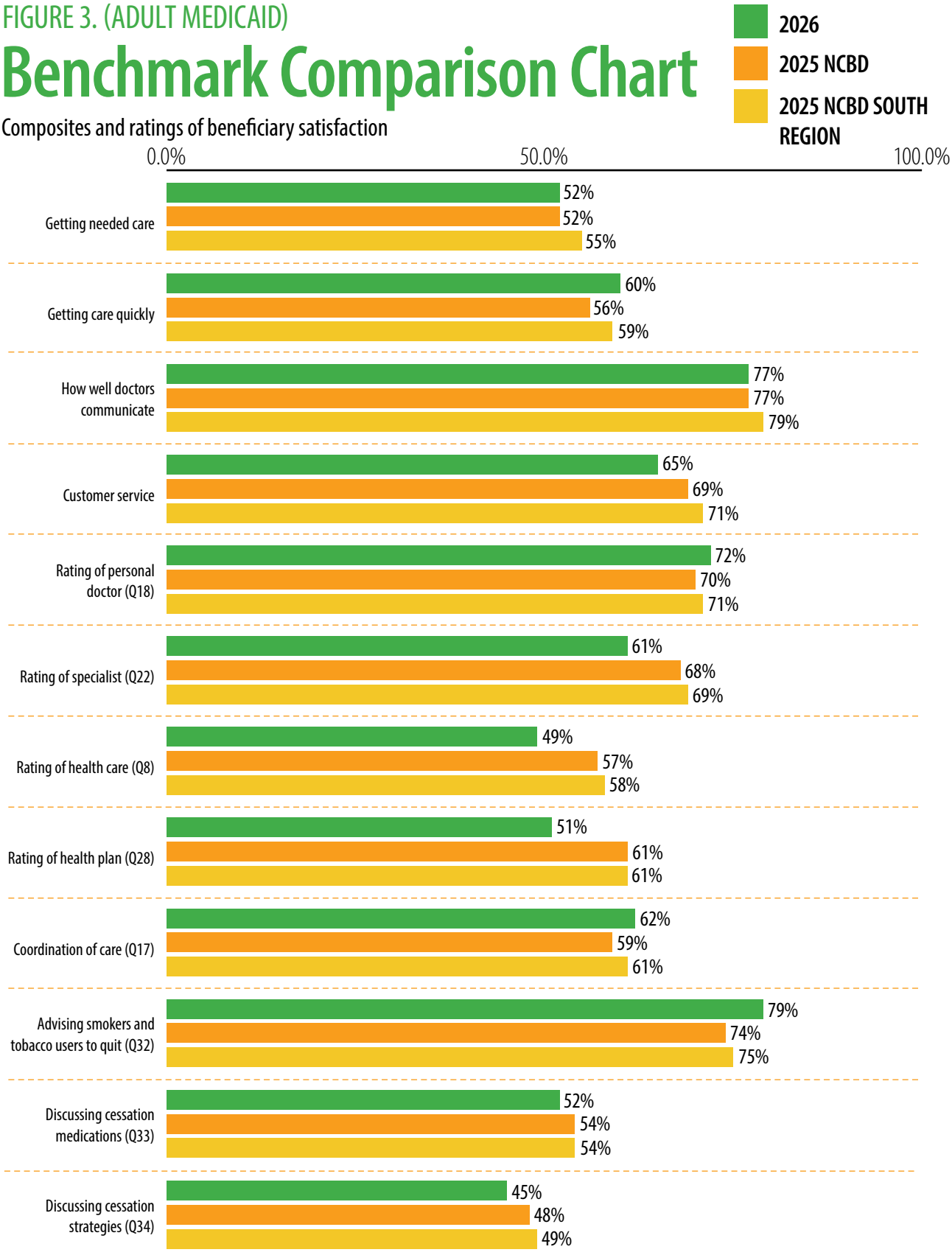
COMPOSITES AND COMPONENTS	2026 ADULT SUMMARY RATE	2025 NCBD RATE	2025 NCBD SOUTH REGION	SIGNIFICANT DIFFERENCE	
				ADULT MEDICAID VS. NCBD	ADULT MEDICAID VS. SOUTH REGION
Getting needed care	***52%***	***52%***	***55%***	***Not Significant***	***Not Significant***
Q20. Seeing a specialist	50%	49%	52%	Not Significant	Not Significant
Q9. Getting care, tests, or treatment	55%	54%	57%	Not Significant	Not Significant
Getting care quickly	***60%***	***56%***	***59%***	***Not Significant***	***Not Significant***
Q4. Obtaining care right away for an illness/injury/condition	60%	60%	62%	Not Significant	Not Significant
Q6. Obtaining check-up or routine care appointment as soon as needed	60%	52%	55%	Significantly Higher	Not Significant
How well doctors communicate	***77%***	***77%***	***79%***	***Not Significant***	***Not Significant***
Q12. Doctors explaining things in an understandable way	76%	75%	78%	Not Significant	Not Significant
Q13. Doctors listening carefully to you	74%	78%	80%	Not Significant	Significantly Lower
Q14. Doctors showing respect for what you had to say	81%	83%	85%	Not Significant	Not Significant
Q15. Doctors spending enough time with you	76%	71%	73%	Not Significant	Not Significant
Customer service	***65%***	***69%***	***71%***	***Not Significant***	***Not Significant***
Q24. Getting help when calling customer service	55%	58%	60%	Not Significant	Not Significant
Q25. Treated with courtesy and respect	75%	79%	82%	Not Significant	Not Significant
RATING ITEMS					
Rating of personal doctor (Q18)	72%	70%	71%	Not Significant	Not Significant
Rating of specialist (Q22)	61%	68%	69%	Significantly Lower	Significantly Lower
Rating of health care (Q8)	49%	57%	58%	Significantly Lower	Significantly Lower
Rating of health plan (Q28)	51%	61%	61%	Significantly Lower	Significantly Lower
QUESTION SUMMARY RATES					
Q17. Coordination of care	62%	59%	61%	Not Significant	Not Significant
EFFECTIVENESS OF CARE*					
Q32. Advising smokers and tobacco users to quit	79%	74%	75%	Not Significant	Not Significant
Q33. Discussing cessation medications	52%	54%	54%	Not Significant	Not Significant
Q34. Discussing cessation strategies	45%	48%	49%	Not Significant	Not Significant

**Scores for effectiveness of care items include the following response options: Always, Usually, Sometimes.*

FIGURE 3. (ADULT MEDICAID)

Benchmark Comparison Chart

Composites and ratings of beneficiary satisfaction



Demographic Analysis

At the end of the CAHPS survey, there are questions regarding the demographics of the beneficiary. The following tables show how beneficiaries in various demographic categories responded to the composites and the rating questions. AFMC performed demographic analysis on age, education level, gender, race, overall health status, and mental health status. Range is the difference between the highest and lowest percentage on the specific composite or rating item. The number of respondents was small in some categories (<30), and caution should be exercised when making conclusions based on small numbers.

Composite measures consist of any number of question components. The number of respondents to component questions will differ. Therefore, composite measures do not have "n" values.

TABLE 8. Adult Medicaid composites, ratings, and summary questions by age

AGE	18–34		35–44		45–54		55 OR OLDER		
COMPOSITES/RATINGS	n	%	n	%	n	%	n	%	RANGE*
Getting needed care		79.2%		77.5%		83.3%		88.4%	10.8%
Getting care quickly		83.7%		74.7%		85.2%		84.7%	10.5%
How well doctors communicate		93.1%		91.5%		89.3%		94.1%	4.8%
Customer service		81.3%		78.6%		91.7%		91.0%	13.1%
Rating of personal doctor	98	89.8%	64	75.0%	83	77.1%	182	83.5%	14.8%
Rating of specialist	37	73.0%	36	61.1%	54	79.6%	105	80.0%	18.9%
Rating of health care	74	75.7%	50	66.0%	65	66.2%	143	69.2%	9.7%
Rating of health plan	112	67.9%	71	59.2%	96	59.4%	202	67.3%	8.7%
Coordination of care	40	80.0%	34	70.6%	47	85.1%	95	88.4%	17.8%
Advising smokers and tobacco users to quit	17	70.6%	28	82.1%	49	79.6%	90	78.9%	11.6%
Discussing cessation medications	17	35.3%	28	67.9%	50	52.0%	90	50.0%	32.6%
Discussing cessation strategies	17	35.3%	28	64.3%	50	38.0%	90	45.6%	29.0%

**Rounding occurs after calculations.*

Results from **Table 8** show that among the composite measures, the "how well doctors communicate" composite recorded the smallest range, with a difference of 4.8 percentage points between age categories. Of the composite measures, the "customer service" composite recorded the largest range between age categories, with respondents ages "45–54" at the high end (91.7%) and respondents ages "35–44" at the low end (78.6%). Of the ratings, the "rating of specialist" had the largest range, with a difference of 18.9 percentage points between respondents aged "35–44" at the low end (61.1%) and aged "55 or older" at the high end (80.0%).

The "coordination of care" range had a 17.8 percentage point difference between age groups. The "discussing cessation medications" measure recorded the largest range (32.6%) among the tobacco measures. Some age groups had a small number of respondents, which warrants caution when making conclusions based on these small numbers.

TABLE 9. Adult Medicaid composites, ratings, and summary questions by level of education

EDUCATION	HIGH SCHOOL GRADUATE OR LESS		SOME COLLEGE OR MORE		
COMPOSITES/RATINGS	n	%	n	%	RANGE*
Getting needed care		85.2%		81.6%	3.6%
Getting care quickly		84.0%		80.0%	4.0%
How well doctors communicate		92.8%		92.9%	0.2%
Customer service		90.8%		82.4%	8.4%
Rating of personal doctor	311	82.6%	110	82.7%	0.1%
Rating of specialist	156	75.0%	74	78.4%	3.4%
Rating of health care	227	71.4%	101	65.3%	6.0%
Rating of health plan	353	66.6%	121	59.5%	7.1%
Coordination of care	138	81.9%	76	86.8%	5.0%
Advising smokers and tobacco users to quit	141	78.0%	41	80.5%	2.5%
Discussing cessation medications	142	52.1%	41	53.7%	1.5%
Discussing cessation strategies	142	43.7%	41	53.7%	10.0%

**Rounding occurs after calculations.*

All composite measures, seen in **Table 9**, between education levels had ranges of 8.4 percentage points or less. Of the composites, the "how well doctors communicate" composite percentages show the least amount of variation between beneficiary education levels, with a 0.2 percentage point difference. The "customer service" composite had the greatest range between education levels at 8.4 percentage points, with the "some college or more" respondents at the low end (82.4%). The "rating of personal doctor" had the smallest range of rating questions at 0.1 percentage points between education levels, followed by the "rating of specialist" at 3.4 percentage points.

The "coordination of care" measure is higher for those respondents reporting as "some college or more" (86.8%) compared to respondents with "high school graduate or less" (81.9%). The "advising smokers and tobacco users to quit" had a lower percentage in the "high school graduate or less" education category (78.0%) compared to those with some college education (80.5%). The "discussing cessation medications" summary rate is lower for the "high school graduate or less" category of respondents (52.1%) than for respondents with higher education (53.7%). The "discussing cessation strategies" summary rate was lower for the "high school graduate or less" education category (43.7%) when compared with the "some college or more" rate (53.7%).

TABLE 10. Adult Medicaid composites, ratings, and summary questions by gender					
GENDER	MALE		FEMALE		
COMPOSITES/RATINGS	n	%	n	%	RANGE*
Getting needed care		86.4%		82.3%	4.1%
Getting care quickly		88.3%		79.3%	9.0%
How well doctors communicate		94.8%		90.8%	4.0%
Customer service		86.2%		89.6%	3.4%
Rating of personal doctor	185	88.1%	243	77.8%	10.3%
Rating of specialist	90	82.2%	141	71.6%	10.6%
Rating of health care	137	74.5%	194	66.0%	8.5%
Rating of health plan	214	69.2%	266	60.5%	8.6%
Coordination of care	75	88.0%	140	80.7%	7.3%
Advising smokers and tobacco users to quit	90	73.3%	94	84.0%	10.7%
Discussing cessation medications	90	47.8%	95	55.8%	8.0%
Discussing cessation strategies	90	38.9%	95	51.6%	12.7%

**Rounding occurs after calculations.*

Of composites from **Table 10**, "getting care quickly" composite has the largest range with a difference of 9.0 percentage points between genders. The "customer service" composite has the smallest difference of 3.4 percentage points amongst all the composites between genders. Higher positive measure scores for all rating questions were from males rather than females. Measures for "rating of personal doctor" and "rating of specialist" have the largest ranges between genders for both ratings (10.3 and 10.6 percentage points, respectively).

The "coordination of care" measure is higher for males (88.0%) than for females (80.7%). There are more female smokers and tobacco users than male users, with females reporting a 10.7 percentage point higher rate of being advised to quit. Higher proportions of females reported "discussing cessation medications" (55.8%) and "discussing cessation strategies" (51.6%) with their providers than males.

TABLE 11. Adult Medicaid composites, ratings, and summary questions by race							
RACE	WHITE		BLACK OR AFRICAN AMERICAN		OTHER		
COMPOSITES/RATINGS	n	%	n	%	n	%	RANGE*
Getting needed care		86.0%		84.7%		67.9%	18.1%
Getting care quickly		83.5%		90.1%		62.1%	27.9%
How well doctors communicate		92.8%		92.1%		91.9%	1.0%
Customer service		91.4%		81.4%		90.5%	10.0%
Rating of personal doctor	288	80.9%	100	86.0%	40	82.5%	5.1%
Rating of specialist	160	75.6%	51	80.4%	21	66.7%	13.7%
Rating of health care	224	67.9%	79	74.7%	30	66.7%	8.0%
Rating of health plan	307	62.5%	128	70.3%	47	61.7%	8.6%
Coordination of care	152	83.6%	47	85.1%	17	76.5%	8.6%
Advising smokers and tobacco users to quit	128	80.5%	43	69.8%	13	92.3%	22.5%
Discussing cessation medications	128	51.6%	44	50.0%	13	61.5%	11.5%
Discussing cessation strategies	128	45.3%	44	43.2%	13	53.8%	10.7%

**Rounding occurs after calculations.*

In **Table 11**, the "getting care quickly" composite registered the widest range of 27.9 percentage points among race categories. Respondents identifying as "white" gave higher scores in the "getting needed care" (86.0%) and "how well doctors communicate" (92.8%) composites. Respondents in the "Black or African American" race category reported a higher score in the "getting care quickly" (90.1%) composite.

The "rating of specialist" has the greatest range of 13.7 percentage points between races among rating questions, with respondents identifying as "Black or African American" at the high end (80.4%), while those identifying as "other" at the low end (66.7%). Smaller numbers of respondents are found in the "other" race category within rating and summary questions, so caution should be applied when drawing inferences. The "coordination of care" measure received the highest score from those identifying as "Black or African American" (85.1%).

In the effectiveness of care measures, "advising smokers and tobacco users to quit" had the greatest range, with a difference of 22.5 percentage points between groups in this measure, and "other" respondents had the highest rate (92.3%). Results should be viewed with caution as numbers are small within the "other" race category.

TABLE 12. Adult Medicaid composites, ratings, and summary questions by overall health status							
OVERALL HEALTH STATUS	EXCELLENT/ VERY GOOD		GOOD		FAIR/POOR		
COMPOSITES/RATINGS	n	%	n	%	n	%	RANGE*
Getting needed care		89.1%		91.2%		79.9%	11.4%
Getting care quickly		84.6%		83.7%		82.3%	2.3%
How well doctors communicate		97.7%		94.8%		89.8%	7.9%
Customer service		97.4%		94.2%		83.1%	14.3%
Rating of personal doctor	78	92.3%	118	86.4%	230	77.4%	14.9%
Rating of specialist	21	85.7%	58	86.2%	151	70.9%	15.3%
Rating of health care	50	82.0%	92	75.0%	190	63.7%	18.3%
Rating of health plan	88	73.9%	137	71.5%	256	57.8%	16.1%
Coordination of care	24	83.3%	53	90.6%	138	79.7%	10.9%
Advising smokers and tobacco users to quit	22	77.3%	45	71.1%	115	81.7%	10.6%
Discussing cessation medications	22	54.5%	45	51.1%	116	51.7%	3.4%
Discussing cessation strategies	22	45.5%	45	51.1%	116	43.1%	8.0%

**Rounding occurs after calculations.*

Shown in **Table 12**, the "customer service" composite had the widest range among composites at 14.3 percentage points, followed by the "getting needed care" composite at 11.4 percentage points between respondents' overall health status categories. Respondents who perceived their health status as "excellent/very good" had the highest measure in the "how well doctors communicate" composite (97.7%).

Among rating questions, those respondents who perceived their health status as "fair/poor" had the lowest percentage of positive measures in all rating questions. Those respondents who perceived their health status as "excellent/very good" had the highest percentage of positive measures for "rating of personal doctor" (92.3%), "rating of specialist" (85.7%), and "rating of health care" (82.0%). The "rating of health care" had the largest range amongst all rating questions at 18.3 percentage points.

The effectiveness of care measures had small numbers of respondents in the "excellent/very good" health status category. Caution should be used in drawing any conclusions from this data. "Advising smokers and tobacco users to quit" had the widest range between health status categories at 10.6 percentage points. Respondents in the "fair/poor" health status category had greater proportions of positive responses for "advising smokers and tobacco users to quit" (81.7%).

TABLE 13. Adult Medicaid composites, ratings, and summary questions by overall mental health status							
OVERALL MENTAL HEALTH STATUS	EXCELLENT/ VERY GOOD		GOOD		FAIR/POOR		
COMPOSITES/RATINGS	n	%	n	%	n	%	RANGE*
Getting needed care		89.8%		86.2%		80.2%	9.6%
Getting care quickly		79.2%		84.9%		83.3%	5.7%
How well doctors communicate		94.5%		94.1%		90.4%	4.1%
Customer service		95.5%		95.4%		80.9%	14.5%
Rating of personal doctor	99	86.9%	134	84.3%	195	79.0%	7.9%
Rating of specialist	40	87.5%	72	77.8%	119	70.6%	16.9%
Rating of health care	66	77.3%	115	67.8%	153	67.3%	10.0%
Rating of health plan	113	72.6%	153	64.7%	217	60.4%	12.2%
Coordination of care	40	85.0%	67	85.1%	110	80.9%	4.2%
Advising smokers and tobacco users to quit	28	75.0%	55	78.2%	101	80.2%	5.2%
Discussing cessation medications	28	46.4%	55	54.5%	102	52.0%	8.1%
Discussing cessation strategies	28	50.0%	55	45.5%	102	44.1%	5.9%

**Rounding occurs after calculations.*

Results from **Table 13** convey that the "customer service" composite had the largest range among composites of 14.5 percentage points between mental health status categories, with the highest percentage (95.5%) coming from those identifying as having "excellent/very good" overall mental health status. The "how well doctors communicate" had the smallest range of composites at 4.1 percentage points, with beneficiaries identifying as having "excellent/very good" mental health status at the high end (94.5%) and those who identified their mental health status as "fair/poor" at the low end (90.4%).

Two rating questions, "rating of specialist" and "rating of health plan" have ranges of over 12.0 percentage points between mental health status categories. The largest range of 16.9 percentage points occurs in the "rating of specialist," with those at the low end (70.6%) perceiving their mental health status as "fair/poor," and those at the high end (87.5%) perceiving their mental health status as "excellent/very good."

The "coordination of care" high measure (85.1%) is from those who perceived their overall mental health status as "good."

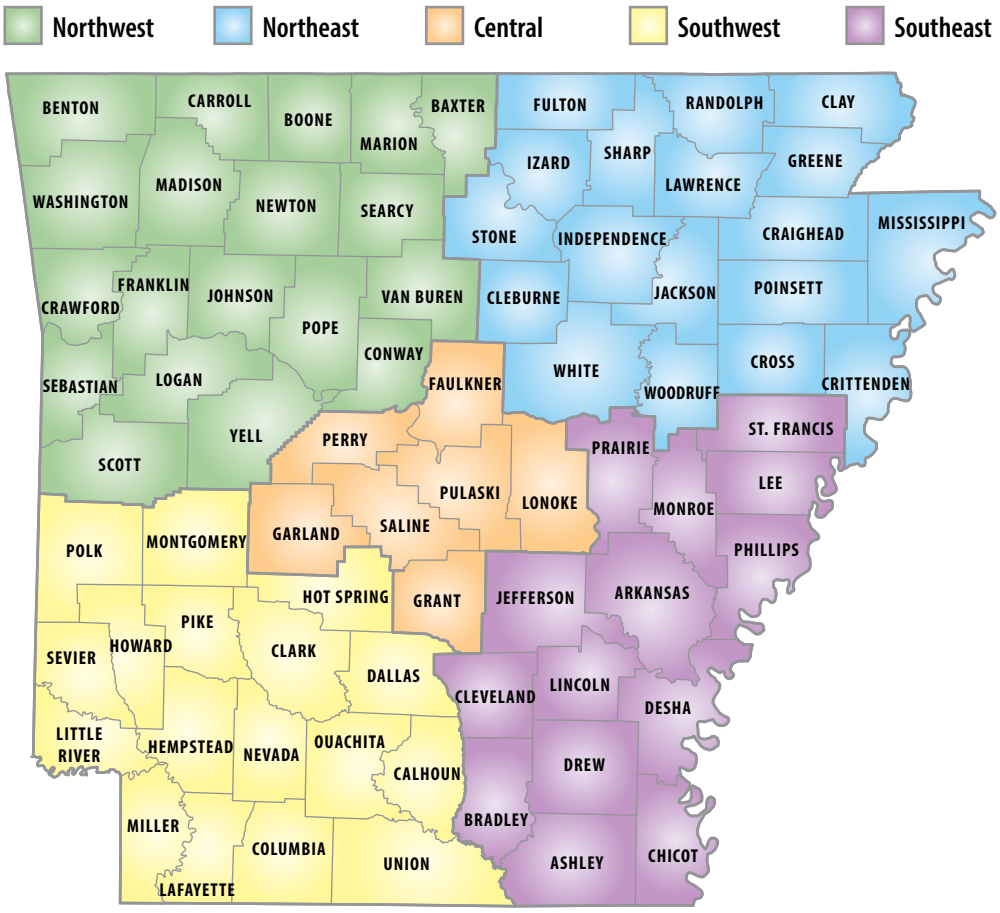
The effectiveness of care measures show a wide range (8.1 percentage points) in the "discussing cessation medications" question, with a high percentage (54.5%) coming from those who perceived their overall mental health status as "good." Those who perceived their mental health status as "excellent/very good" had higher measures in the "discussing cessation strategies" question. Results should be viewed with caution as numbers are small within the "excellent/very good" overall mental health status category.

State and Regional Analysis

Overall mean ratings and utilization of services are further reported by geographic regions of the state. The map below shows the five regions and the counties that lie within them.

GEOGRAPHICAL REGIONS:

- **Northwest:** Baxter, Benton, Boone, Carroll, Conway, Crawford, Franklin, Johnson, Logan, Madison, Marion, Newton, Pope, Scott, Searcy, Sebastian, Van Buren, Washington, and Yell counties
- **Northeast:** Clay, Cleburne, Craighead, Crittenden, Cross, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Mississippi, Poinsett, Randolph, Sharp, Stone, White, and Woodruff counties
- **Central:** Faulkner, Garland, Grant, Lonoke, Perry, Pulaski, and Saline counties
- **Southwest:** Calhoun, Clark, Columbia, Dallas, Hempstead, Hot Spring, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Polk, Sevier, and Union counties
- **Southeast:** Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson, Lee, Lincoln, Monroe, Phillips, Prairie, and St. Francis counties



OVERALL MEAN RATINGS

The overall mean ratings are based on individual questions that ask beneficiaries to rate their personal doctor, specialist, health care, and health plan on a scale of 0 to 10, where 0 represents the "worst possible" rating and 10 represents the "best possible" rating. The following (**Table 14**) shows the mean ratings by region compared to the state mean and the number of beneficiaries who responded to the question. Caution should be exercised where there exists a small number (<30) of respondents.

TABLE 14. Overall mean ratings for Adult Medicaid beneficiaries

RATINGS	CENTRAL		NORTHWEST		NORTHEAST		SOUTHWEST		SOUTHEAST		STATEWIDE	
	n	MEAN	n	MEAN	n	MEAN	n	MEAN	n	MEAN	n	MEAN
Personal doctor	96	8.8	118	9.0	103	8.9	71	8.7	45	9.0	433	8.9
Specialist	56	8.2	55	8.6	62	8.7	43	8.3	18	7.7	234	8.4
Health care	87	7.9	85	8.3	77	7.9	55	7.9	32	8.5	336	8.1
Health plan	113	7.4	131	7.9	112	8.1	77	7.7	50	8.5	483	7.9

Statewide, the mean rating scores were highest for "personal doctor" (8.9) and "specialist" (8.4) by adult Medicaid beneficiaries (**Table 14**). The range of means across all regions was 7.4-9.0 for adult Medicaid beneficiaries. The low mean score of 7.4 is for "health plan" in the Central region, and the high mean score of 9.0 is for "personal doctor" in the Southeast and Northwest regions.

UTILIZATION OF SERVICES

The questionnaire contained several questions asking whether beneficiaries used various health care services in the previous six months. The following table (**Table 15**) shows the percentage of respondents who utilized these different health care services.

TABLE 15. Utilization of services by Adult Medicaid beneficiaries

UTILIZATION OF SERVICES	CENTRAL		NORTHWEST		NORTHEAST		SOUTHWEST		SOUTHEAST		STATEWIDE	
	n	%	n	%	n	%	n	%	n	%	n	%
Visiting the doctor at least once, in person, by phone, or by video	114	77%	129	67%	116	67%	74	77%	51	67%	484	71%
Three or more visits to doctor, in person, by phone, or by video	114	44%	129	35%	116	47%	74	49%	51	41%	484	43%
Visiting personal doctor at least once, in person, by phone, or by video	93	85%	117	82%	101	85%	71	87%	42	83%	424	84%
Three or more visits to personal doctor, in person, by phone, or by video	93	41%	117	30%	101	39%	71	46%	42	40%	424	38%
Seeking routine medical care, in person, by phone, or by video	114	66%	129	67%	115	69%	76	70%	51	65%	485	67%
Needing medical care for illness/ injury	114	42%	130	39%	117	47%	77	58%	52	29%	490	44%
Seeking specialist care	114	52%	130	44%	115	58%	78	62%	50	44%	487	52%

For adult Medicaid beneficiaries statewide, "visiting personal doctor at least once, in person, by phone, or by video" recorded the highest statewide utilization rate (84%), followed by "visiting the doctor at least once, in person, by phone, or by video" (71%), and "seeking routine medical care, in person, by phone, or by video" (67%) (**Table 15**). The least utilized service statewide was "three or more visits to personal doctor, in person, by phone, or by video" (38%), followed by "three or more visits to doctor, in person, by phone, or by video" (43%).

"Visiting personal doctor at least once, in person, by phone, or by video" is the only service to have utilization rates higher than 80% amongst all regions.

The "visiting the doctor at least once, in person, by phone, or by video" was most utilized by the Central and Southwest regions of the state (77%). The Southwest region shows the highest utilization in all other service categories.

The adult Medicaid beneficiaries indicated the lowest utilization rate for "three or more visits to doctor, in person, by phone, or by video" and "three or more visits to personal doctor, in person, by phone, or by video" in the Northwest region (35%, 30%, respectively). The Southeast region reported the lowest utilization of "needing medical care for illness/injury" (29%) among all the regions.

Supplemental Questions (40, 41, 42 and 43)

To better understand member communication preferences and access to care barriers, beneficiaries were asked how they prefer to receive important information from their health plan and if they contacted their health plan to get help with transportation to doctors' offices, clinics, or pharmacies. They were also asked how often they got help with transportation when they called their health plan, and how often the transportation assistance met their needs.

KEY FINDINGS:

- Most respondents (75.1%) indicated their preference as mail to receive important information from their health plan followed by text message (11.3%), phone call (8.0%), and email (5.6%).
- 14.0% of respondents stated that in the last 6 months, they contacted their health plan to get help with transportation.
- Of all the respondents who stated they called their health plan to get help with transportation, 51.7% responded that they "usually" got the transportation help that was requested, and 5.2% responded that they "always" received the transportation help that was requested.
- Most respondents who received transportation help from their health plan reported that the help with transportation "always" met their needs (62.5%).

Frequency Tables

Q1) Our records show that you are now in Arkansas' Adult Medicaid program. Is that right?				
Q1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	484	100.00	484	100.00

Q2) What is the name of your health plan? (Please print)

A frequency table for Question 2 is not provided. If Question 1 has a response of "Yes," clients are instructed to skip to Question 3. Based on the *HEDIS MY 2025* QAP assessment of Question 1 responses of "No" or those left blank can be eligible for analysis if member indicates coverage in plan.

Q3) In the last 6 months, did you have an illness, injury, or condition that needed care right away?				
Q3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	214	43.67	214	43.67
No	276	56.33	490	100.00

Q4) In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?				
Q4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	8	4.00	8	4.00
Sometimes	28	14.00	36	18.00
Usually	45	22.50	81	40.50
Always	119	59.50	200	100.00

Q5) In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?				
Q5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	326	67.22	326	67.22
No	159	32.78	485	100.00

Q6) In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?				
Q6	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	7	2.22	7	2.22
Sometimes	44	13.97	51	16.19
Usually	74	23.49	125	39.68
Always	190	60.32	315	100.00

Q7) In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care in person, by phone, or by video?				
Q7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	141	29.13	141	29.13
1 time	62	12.81	203	41.94
2	75	15.50	278	57.44
3	56	11.57	334	69.01
4	42	8.68	376	77.69
5 to 9	73	15.08	449	92.77
10 or more times	35	7.23	484	100.00

Q8) Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?				
Q8	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0 Worst health care possible	1	0.30	1	0.30
1	0	0.00	1	0.30
2	7	2.08	8	2.38
3	6	1.79	14	4.17
4	7	2.08	21	6.25
5	28	8.33	49	14.58
6	18	5.36	67	19.94
7	37	11.01	104	30.95
8	67	19.94	171	50.89
9	46	13.69	217	64.58
10 Best health care possible	119	35.42	336	100.00

Q9) In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?				
Q9	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	10	2.95	10	2.95
Sometimes	36	10.62	46	13.57
Usually	108	31.86	154	45.43
Always	185	54.57	339	100.00

Q10) A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem or get sick or hurt. Do you have a personal doctor?				
Q10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	446	90.84	446	90.84
No	45	9.16	491	100.00

Q11) In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?				
Q11	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	66	15.57	66	15.57
1 time	89	20.99	155	36.56
2	107	25.24	262	61.79
3	60	14.15	322	75.94
4	29	6.84	351	82.78
5 to 9	59	13.92	410	96.70
10 or more times	14	3.30	424	100.00

Q12) In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?				
Q12	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	11	3.09	11	3.09
Sometimes	17	4.78	28	7.87
Usually	58	16.29	86	24.16
Always	270	75.84	356	100.00

Q13) In the last 6 months, how often did your personal doctor listen carefully to you?				
Q13	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	3	0.84	3	0.84
Sometimes	26	7.30	29	8.15
Usually	62	17.42	91	25.56
Always	265	74.44	356	100.00

Q14) In the last 6 months, how often did your personal doctor show respect for what you had to say?				
Q14	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	2	0.56	2	0.56
Sometimes	16	4.49	18	5.06
Usually	48	13.48	66	18.54
Always	290	81.46	356	100.00

Q15) In the last 6 months, how often did your personal doctor spend enough time with you?				
Q15	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	10	2.81	10	2.81
Sometimes	22	6.18	32	8.99
Usually	55	15.45	87	24.44
Always	269	75.56	356	100.00

Q16) In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?				
Q16	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	226	64.02	226	64.02
No	127	35.98	353	100.00

Q17) In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?				
Q17	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	8	3.65	8	3.65
Sometimes	29	13.24	37	16.89
Usually	47	21.46	84	38.36
Always	135	61.64	219	100.00

Q18) Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?				
Q18	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0 Worst personal doctor possible	0	0.00	0	0.00
1	0	0.00	0	0.00
2	3	0.69	3	0.69
3	5	1.15	8	1.85
4	5	1.15	13	3.00
5	21	4.85	34	7.85
6	15	3.46	49	11.32
7	28	6.47	77	17.78
8	45	10.39	122	28.18
9	60	13.86	182	42.03
10 Best personal doctor possible	251	57.97	433	100.00

Q19) Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?				
Q19	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	253	51.95	253	51.95
No	234	48.05	487	100.00

Q20) In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?				
Q20	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	14	5.69	14	5.69
Sometimes	33	13.41	47	19.11
Usually	75	30.49	122	49.59
Always	124	50.41	246	100.00

Q21) How many specialists have you talked to in the last 6 months?				
Q21	Frequency	Percent	Cumulative Frequency	Cumulative Percent
None	8	3.24	8	3.24
1 specialist	98	39.68	106	42.91
2	74	29.96	180	72.87
3	41	16.60	221	89.47
4	14	5.67	235	95.14
5 or more specialists	12	4.86	247	100.00

Q22) We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?				
Q22	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0 Worst specialist possible	3	1.28	3	1.28
1	2	0.85	5	2.14
2	1	0.43	6	2.56
3	3	1.28	9	3.85
4	6	2.56	15	6.41
5	10	4.27	25	10.68
6	12	5.13	37	15.81
7	19	8.12	56	23.93
8	36	15.38	92	39.32
9	31	13.25	123	52.56
10 Best specialist possible	111	47.44	234	100.00

Q23) In the last 6 months, did you get information or help from your health plan's customer service?				
Q23	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	115	23.76	115	23.76
No	369	76.24	484	100.00

Q24) In the last 6 months, how often did your health plan's customer service give you the information or help you needed?				
Q24	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	2	1.82	2	1.82
Sometimes	15	13.64	17	15.45
Usually	32	29.09	49	44.55
Always	61	55.45	110	100.00

Q25) In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?				
Q25	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	1	0.92	1	0.92
Sometimes	8	7.34	9	8.26
Usually	18	16.51	27	24.77
Always	82	75.23	109	100.00

Q26) In the last 6 months, did your health plan give you any forms to fill out?				
Q26	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	102	21.25	102	21.25
No	378	78.75	480	100.00

Q27) In the last 6 months, how often were the forms from your health plan easy to fill out?				
Q27	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	2	2.00	2	2.00
Sometimes	14	14.00	16	16.00
Usually	31	31.00	47	47.00
Always	53	53.00	100	100.00

Q28) Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?				
Q28	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0 Worst health plan possible	12	2.48	12	2.48
1	6	1.24	18	3.73
2	1	0.21	19	3.93
3	10	2.07	29	6.00
4	14	2.90	43	8.90
5	48	9.94	91	18.84
6	26	5.38	117	24.22
7	54	11.18	171	35.40
8	65	13.46	236	48.86
9	62	12.84	298	61.70
10 Best health plan possible	185	38.30	483	100.00

Q29) In general, how would you rate your overall health?				
Q29	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Excellent	26	5.34	26	5.34
Very good	64	13.14	90	18.48
Good	139	28.54	229	47.02
Fair	175	35.93	404	82.96
Poor	83	17.04	487	100.00

Q30) In general, how would you rate your overall mental or emotional health?				
Q30	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Excellent	35	7.16	35	7.16
Very good	81	16.56	116	23.72
Good	155	31.70	271	55.42
Fair	151	30.88	422	86.30
Poor	67	13.70	489	100.00

Q31) Do you now smoke cigarettes or use tobacco every day, some days, or not at all?				
Q31	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Every day	123	25.41	123	25.41
Some days	67	13.84	190	39.26
Not at all	285	58.88	475	98.14
Don't know	9	1.86	484	100.00

Q32) In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?				
Q32	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	39	21.20	39	21.20
Sometimes	40	21.74	79	42.93
Usually	43	23.37	122	66.30
Always	62	33.70	184	100.00

Q33) In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.				
Q33	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	89	48.11	89	48.11
Sometimes	44	23.78	133	71.89
Usually	18	9.73	151	81.62
Always	34	18.38	185	100.00

Q34) In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.				
Q34	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	101	54.59	101	54.59
Sometimes	40	21.62	141	76.22
Usually	23	12.43	164	88.65
Always	21	11.35	185	100.00

Q35) What is your age?				
Q35	Frequency	Percent	Cumulative Frequency	Cumulative Percent
18 to 24	57	11.66	57	11.66
25 to 34	59	12.07	116	23.72
35 to 44	71	14.52	187	38.24
45 to 54	98	20.04	285	58.28
55 to 64	185	37.83	470	96.11
65 to 74	16	3.27	486	99.39
75 or older	3	0.61	489	100.00

Q36) Are you male or female?				
Q36	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Male	217	44.47	217	44.47
Female	271	55.53	488	100.00

Q37) What is the highest grade or level of school that you have completed?				
Q37	Frequency	Percent	Cumulative Frequency	Cumulative Percent
8th grade or less	29	6.02	29	6.02
Some high school, but did not graduate	84	17.43	113	23.44
High school graduate or GED	245	50.83	358	74.27
Some college or 2-year degree	99	20.54	457	94.81
4-year college graduate	16	3.32	473	98.13
More than 4-year college degree	9	1.87	482	100.00

Q38) Are you of Hispanic or Latino origin or descent?				
Q38	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes, Hispanic or Latino	24	5.08	24	5.08
No, Not Hispanic or Latino	448	94.92	472	100.00

Q39) What is your race? Mark one or more				
Q39	Frequency	Percent	Cumulative Frequency	Cumulative Percent
White	311	63.47	311	63.47
Black or African American	132	26.94	443	90.41
Asian	5	1.02	448	91.43
Native Hawaiian or other Pacific Islander	1	0.20	449	91.63
American Indian or Alaska Native	4	0.82	453	92.45
Other	17	3.47	470	95.92
Multiracial	20	4.08	490	100.00

Q40) How do you prefer to receive important information from your health plan?				
Q40	Frequency	Percent	Cumulative Frequency	Cumulative Percent
By mail	320	75.12	320	75.12
By phone call	34	7.98	354	83.10
By text message	48	11.27	402	94.37
By email	24	5.63	426	100.00

Q41) Some health plans help with transportation to doctors' offices, clinics, or pharmacies. In the last 6 months, did you phone your health plan to get help with transportation?				
Q41	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	68	14.02	68	14.02
No	417	85.98	485	100.00

Q42) In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it?				
Q42	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	7	12.07	7	12.07
Sometimes	18	31.03	25	43.10
Usually	30	51.72	55	94.83
Always	3	5.17	58	100.00

Q43) In the last 6 months, how often did the help with transportation meet your needs?				
Q43	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Never	1	2.08	1	2.08
Sometimes	11	22.92	12	25.00
Usually	6	12.50	18	37.50
Always	30	62.50	48	100.00

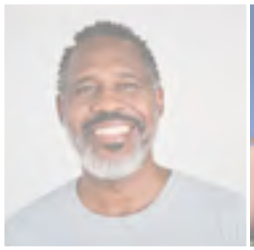
Comments

Satisfaction with Health Plan	Overall Health Status	Age	Education Level	Comments
0-4	Poor	45 to 54	Some high school, but did not graduate	Q40) NO PHONE RIGHT NOW
8-10	Fair	18 to 24	High school graduate or GED	** CANNOT READ OR SPELL, I ** FILLED THIS OUT FOR HIM.
8-10	Fair	55 to 64	High school graduate or GED	Q42) NOT NOW;
8-10	Excellent	55 to 64	Some high school, but did not graduate	Q23) DIDN'T NEED IT
8-10	Very good	65 to 74	High school graduate or GED	Q5) NO ONE TOLD I COULD; Q9) I GOT RULES THAT HAD STOPPED ME FROM DOING THE JOB; Q11) THANKS A NURSE THAT CALLS; Q13) NO ONE LISTENS TO ME. Q19) I NEED TO SEE DENTAL BUT I'M NOT GOOD SO MY PROBLEM WILL BE MY DEATH;
8-10	Very good	55 to 64	Some high school, but did not graduate	Q43) I'M GOING TO START USING TRANSPORTATION.
8-10	Fair	55 to 64	Some college or 2-year degree	BEEN WAITING FOR A NEW CARD; Q33) DO NOT WANT TO HEAR IT;
8-10	Good	45 to 54	High school graduate or GED	Q16) PHYSICAL THERAPY
5-7	Fair	25 to 34	8th grade or less	Q41) I SHOULD HAVE AND I NEEDED TO BUT DIDN'T KNOW ABOUT IT.
8-10	Fair	55 to 64	High school graduate or GED	IT WOULD BE WONDERFUL IF YOU COULD LOWER THE COST OF MEDICINES INSTEAD OF DENYING EVERYTHING.
0-4	Poor	45 to 54	Some high school, but did not graduate	Q10) I DID HAVE A PCP BUT HE LOST HIS LICENSE DUE TO SEXUAL MISCONDUCT.
0-4	Poor	35 to 44	Some college or 2-year degree	Q41) THERE HAVE BEEN MANY TIMES WHEN THE TRANSPORTATION SERVICES DID NOT COME TO GET ME! I EVEN LOST A DERMATOLOGIST AFTER THEY DID NOT COME TO GET ME! IF YOU MISS MORE THAN 3 VISITS THEN THE DOCTOR'S WON'T SEE YOU AGAIN!
8-10	Fair	65 to 74	Some high school, but did not graduate	Q42) 1 TIME, THANK YOU;
0-4	Poor	25 to 34	High school graduate or GED	Q18) HAD TO CHANGE DOCTORS

Satisfaction with Health Plan	Overall Health Status	Age	Education Level	Comments
0-4	Fair	45 to 54	High school graduate or GED	Q26) I MEANT THIS ONE
8-10	Fair	55 to 64	High school graduate or GED	Q22) HAVEN'T SEEN ONE IN LAST 6 MONTHS;
8-10	Poor	65 to 74	High school graduate or GED	Q3) HEARING LOSS, SEIZURES, FALLING; Q11) HAD CHANGED PCP, MY OLD DOCTOR LEFT TOWN, NEW PCP **; Q19) HAD NO WAY TO TRAVEL TO LITTLE ROCK; Q43) WHEN I CAN, MY DOCTOR SENDS THEM THE PAPER THEY NEED.
0-4	Poor	45 to 54	High school graduate or GED	FYI: MY MEMORY IS NOT THE BEST! **;
-	-	-	-	Q3) HAVEN'T GONE FOR DENTAL CARE;
5-7	Good	55 to 64	Some college or 2-year degree	** THANK YOU Q14) I LOVE HER. SHE'S THE BEST; Q18) I LOVE MY DOCTOR, DR**; Q32) I'M TRYING TO QUIT;
5-7	Very good	25 to 34	Some college or 2-year degree	I LOST MY CARD CAN YOU PLEASE SEND ME ANOTHER ONE ** ** **
8-10	Good	25 to 34	High school graduate or GED	NEXT TIME PLEASE DO NOT CHOOSE ME FOR THE SURVEY
5-7	Fair	55 to 64	Some college or 2-year degree	Q18) DR.** IS THE BEST; Q28) NEED MORE SLOTS FOR MEDS AS I GET OLD OR GET ONLY 6 SLOTS ON MEDICAID- NOT ENOUGH.
8-10	Fair	55 to 64	Some college or 2-year degree	Q22) DIDN'T SEE ONE; Q42) HAD TO CALL; Q43) USE THEM
8-10	Good	35 to 44	High school graduate or GED	Q19) WENT TO MY HEART DOCTOR; Q20) SEE MY HEART DOCTOR ALWAYS; Q21) MY HEART DOCTORS;
5-7	Fair	55 to 64	-	Q6) I GO TO DR EVERY 6 MONTHS FOR HIGH TRIGLYCERIDE; Q10) BUT LOOKING FOR NEW ONE; Q13) HE WANTS ME TO TAKE TEST, I DON'T WANT; Q31) DID CHEW BUT TRYING TO QUIT LAST 2 MONTHS; Q32) I QUIT SMOKING 5 YEARS AGO HE ADVISED ME TO QUIT, BUT NEVER TO QUIT CHEW; Q37) SECOND GRADE, NEVER LEARNED AFTER.
8-10	Poor	55 to 64	8th grade or less	Q22) THE SPECIALIST OFFICE I TALKED TO CAN'T TAKE NEW PATIENT TILL MAY OF 2026 **; Q23) NO, I NEVER ASKED FOR HELP FROM THEM. **; Q25) I HAVE NEVER HAD TO CALL THEM. I HAVE ALWAYS BEEN COVERED AND NO PROBLEM.
0-4	Poor	45 to 54	Some college or 2-year degree	IT'S NOT THAT I WAS IGNORING THIS, I AM DISABLED AND I HAVE NO COMPUTER

Satisfaction with Health Plan	Overall Health Status	Age	Education Level	Comments
0-4	Poor	45 to 54	Some high school, but did not graduate	Q28) CAN'T ANSWER. DON'T KNOW ANYTHING ABOUT MY INSURANCE. I NEVER GOT ANY INFORMATION.
5-7	Fair	45 to 54	High school graduate or GED	Q22) STILL WAITING FOR AN APPOINTMENT; Q23) DON'T APPLY TO ME
0-4	Poor	55 to 64	High school graduate or GED	TO WHOM IT MAY CONCERN: I HAVE A LOT OF HEALTH PROBLEMS. I SEE HEART DR, LUNG DR, UROLOGIST FOR PROSTATE CANCER, AND MY PRIMARY DR. I RUN OUT OF VISITS AND SLOTS. NEED TEST DONE NOW FROM HEART DR. THEY SAY I DON'T HAVE ANYMORE VISITS FOR NOW. I NEED HELP PLEASE. THANK YOU **
8-10	Poor	45 to 54	High school graduate or GED	21) PAIN MANAGEMENT.
8-10	Very good	18 to 24	High school graduate or GED	Q33) IF NEEDED; Q37) MAY 2026, STARTS IN 2026 LIONS COLLEGE BATESVILLE
5-7	Good	65 to 74	Some college or 2-year degree	Q42) NOT NEEDED;
8-10	Fair	55 to 64	Some college or 2-year degree	THANKS FOR ALL YOU DO; Q8) I WOULD LIKE TO EXPLAIN IF I COULD, THERE ARE NO ISSUES BEING ABLE TO BE SEEN, IT'S THE LACK OF EFFORT FROM MOST OF THE DOCTORS TO OFFER ANYTHING USEFUL TO HELP ME GET BETTER; Q9) MY PCP IS SO AWESOME BUT THE PROBLEM IS THAT I'M NOT COVERED FOR ANY OF THE GREAT IDEAS SHE HAS; Q11) BECAUSE I'M NEVER COVERED WHEN IT COMES TO IDEAS SHE HAS, I'M SAD; Q20) BUT IT WAS BECAUSE I WENT TO THE ER, I REALLY DON'T CARE FOR HIM; Q22) HE IS THE SAME DOCTOR THAT CUT MY STOMACH AND REMOVED SCAR TISSUE TWO CHRISTMASES AGO, AND WHATEVER HE DID MADE THINGS SO MUCH WORSE THAN I WAS BEFORE; Q24) I DON'T THINK I HAVE EVER SPOKEN WITH THEM; Q28) I JUST WISH THERE WERE MORE OPTIONS FOR REHAB; Q31) I WOULD QUIT TOMORROW IF I THOUGHT I COULD GET BETTER; Q40) DOESN'T MATTER; Q41) I DID THAT ONCE AND THEY CHARGED ME $10.00 **; Q42) I HAVEN'T TRIED SINCE THEY INSISTED I PAY LAST TIME;
-	Poor	45 to 54	8th grade or less	NEED TO GET A PLAN. I JUST HAVE MEDICAID;
8-10	Fair	55 to 64	High school graduate or GED	Q8) HOSPITAL FOR MONTH; Q12) KEEP UP GOOD WORK; Q43) MY SISTER TAKE ME TO MY APPT.

Satisfaction with Health Plan	Overall Health Status	Age	Education Level	Comments
0-4	Fair	55 to 64	Some high school, but did not graduate	Q43) I DID NOT KNOW MY HEALTH CARE PLAN HELPED WITH TRANSPORTATION. I WISHED I HAD KNOWN!
5-7	Poor	55 to 64	8th grade or less	Q19) SPECIALIST NEVER CALLED, DOCTOR SENT REFERRAL BUT STILL WAITING; Q20) SPECIALIST- FOOT DOCTOR- ALWAYS BUT NOT THE GALLBLADDER; Q32) DON'T SMOKE; Q33) DON'T SMOKE; Q34) DON'T SMOKE;

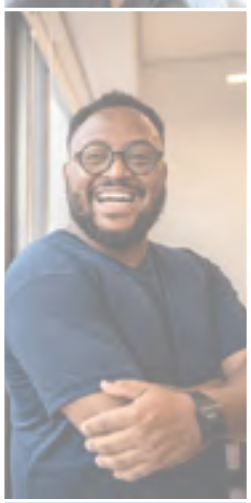








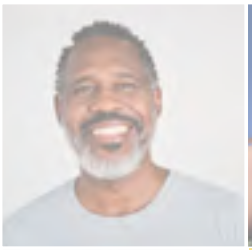


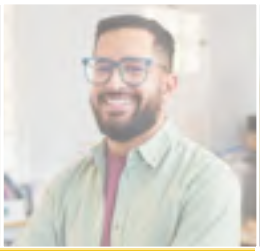





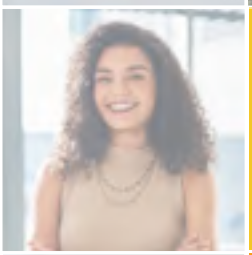







ARMedicaid




Adult Medicaid

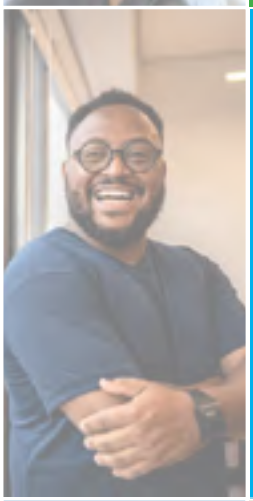



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