

RESEARCH LETTER

Survey of Arkansas Dermatology Practitioners on Arkansas Medicaid Coverage of Dermatologic Medications

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ABSTRACT

Introduction: This study sought to evaluate the perception of Arkansas dermatology practitioners regarding coverage of dermatologic medications as well as prior authorization burdens for patients with Arkansas Medicaid versus private insurance.

Methods: We surveyed Arkansas dermatology practitioners' opinions on Arkansas Medicaid's prior authorization requirements, dermatologic medications on formulary, and the difference in treatment options for their Medicaid patients versus private insurance patients. We distributed this survey via the Arkansas Dermatological Society's list-serve.

Results: Our survey results are based on thirty dermatology practitioners in the state of Arkansas. The results of our survey add to the literature on healthcare disparities in dermatology by showing significant dissatisfaction from Arkansas dermatology practitioners regarding Arkansas Medicaid's prior authorization requirements, dermatologic medications on formulary, and the difference in treatment options for their Medicaid patients versus private insurance patients.

Discussion: Given the disproportionate representation of patients with skin of color among Arkansas Medicaid recipients, these results raise the concern that Arkansas Medicaid may be contributing to healthcare inequities among racial minorities.

INTRODUCTION

As of March 2023, twenty-seven percent of Arkansas' population was covered by Arkansas Medicaid or CHIP. Forty-four percent of non-elderly Medicaid enrollees in Arkansas are people of color, while twenty-eight percent of the general population of the state is comprised of people of color.¹ Disproportionate representation of racial minorities within Arkansas Medicaid raises the concern of inequity to healthcare access if the services covered by Arkansas Medicaid

are not comparable to those covered by private insurance companies. This study sought to evaluate the perception of Arkansas dermatology practitioners regarding coverage of dermatologic medications as well as prior authorization burdens for patients with Arkansas Medicaid versus private insurance.

METHODS

We surveyed Arkansas dermatology practitioners' opinions on Arkansas

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Medicaid's prior authorization requirements, dermatologic medications on formulary, and the difference in treatment options for their Medicaid patients versus private insurance patients. We distributed this survey via the Arkansas Dermatological Society's list-serve.

RESULTS

Our survey results are based on thirty (11.5%) dermatology practitioners in the state of Arkansas. Survey respondents consisted of seventy percent board-certified dermatologists, seventeen percent dermatology residents, and thirteen percent dermatology advanced practice providers. Sixty-five percent of respondents work in a private practice clinic and thirty-five percent work in an academic hospital-based practice. Eighty-four percent of respondents disagreed or strongly disagreed that Arkansas Medicaid prior authorization requirements are consistently clear and easy to understand. Ninety-seven percent of respondents disagreed or strongly disagreed that Arkansas Medicaid prior authorization requirements and dermatologic medications on formulary are consistently evidence-based and allow them to practice to the standard of care. Eighty percent of respondents strongly agreed that coverage of dermatologic medications for patients covered by Medicaid is consistently inferior when compared to those with private insurance and eighty-seven percent of respondents agreed or strongly agreed that Arkansas Medicaid's coverage of dermatologic medications contributes to worse health outcomes when compared to patients with private insurance. Complete results of our survey are included (**Figure 1**).

DISCUSSION

Healthcare disparities for patients with Medicaid has been the topic of several recent dermatologic publications. In 2006, a nationwide survey conducted by the American Academy of Dermatology found that only five percent of practices surveyed accepted new patients with Medicaid or low income patients without insurance, despite these patients making up 11.6% and 15.2%, respectively, of the general population at the time of their survey.² A more recent "secret shopper" style survey found that 44% of dermatologic practices listed as being Medicaid participating providers actually turned away a new pediatric patient with Medicaid.³ Another example is a recent cross-sectional study looking at risk factors for hospitalization for patients with psoriasis, which identified that having Medicaid or being uninsured is a risk factor for hospitalization.⁴

This study is limited by its small sample size (n=30) and the potential for selection bias, as respondents were recruited via the Arkansas Dermatological Society listserv. Additionally, it is important to note that the results of the study reflect physician's perceptions rather than direct patient outcomes.

The results of our survey add to the literature on healthcare disparities in dermatology by showing significant dissatisfaction from Arkansas dermatology practitioners regarding Arkansas Medicaid's prior authorization requirements, dermatologic medications on formulary, and the difference in treatment options for their Medicaid patients versus private insurance patients. Given the disproportionate representation of patients with skin of color among Arkansas Medicaid recipients, these results raise the concern that Arkansas Medicaid may be contributing to healthcare inequities among racial minorities by preventing its recipients from being able to receive standard of care dermatologic medications based on the

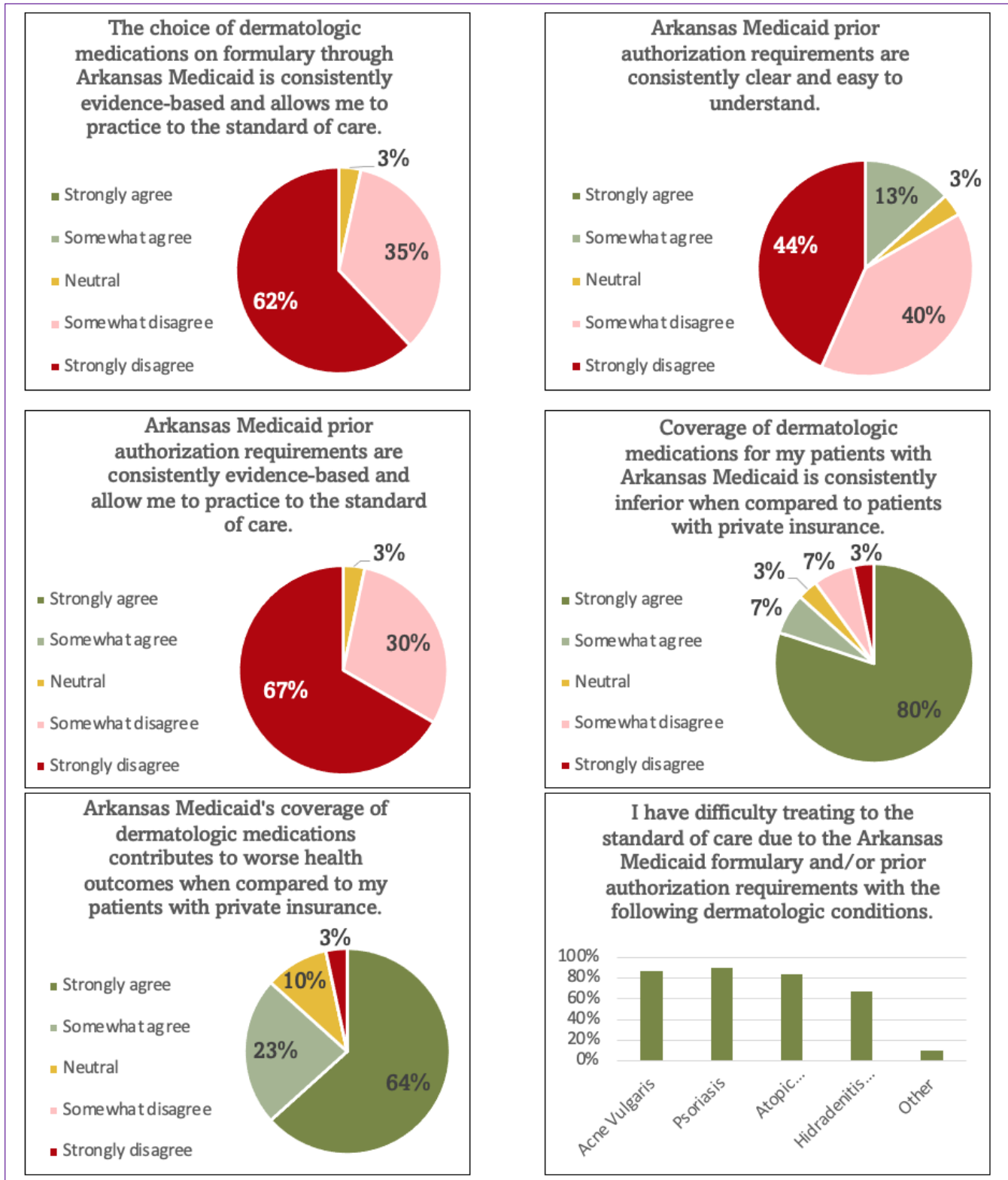


Figure 1. Results of Survey of Arkansas Dermatology Practitioners on Arkansas Medicaid Coverage of Dermatologic Medications. Other Conditions: Vitiligo, Perioral Dermatitis, Viral Warts, Keratosis Pilaris, Postinflammatory hyperpigmentation, Tinea Corporis, Pyoderma Gangrenosum, Dermatomyositis, Morphea

guidelines from the American Academy of Dermatology (AAD), the dermatology governing body.⁵ Future endeavors include conducting studies looking at treatment outcomes for specific dermatologic conditions in patients with Arkansas Medicaid versus private insurance, seeking to add a dermatology representative to the Arkansas Medicaid Drug Utilization Review Board, and continuing to advocate for patients with Arkansas Medicaid if they are denied standard of care dermatologic medications. We urge the Arkansas Medicaid Drug Utilization Review Board to address discrepancies by incorporating dermatology experts into coverage decision-making processes and aligning Medicaid formularies with AAD guidelines to ensure equitable care for all Arkansans.

Conflict of Interest Disclosures: None

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