



Q&A Session for Private Option Training for Agents & Brokers

December 17 and 18, 2013

KEY POINTS TO REMEMBER:

- Applications are filed by tax filing unit. If a person in the household is not a member of the tax filing unit, a separate application must be submitted if they need health care services.
- If a child already has ARKids, please mark they already have Medicaid.
- Contact the Access Arkansas Call Center at 1-855-372-1084 to check on the status of an application.
- Verification can be faxed to Pine Bluff at 1-870-534-3421 or mailed to:

DHS Pine Bluff Scanning Center P.O. Box 5670 Pine Bluff, AR 71611.

You can also take to your local county DHS Office.

- Medicaid Policy can be found at
 <u>https://ardhs.sharepointsite.net/DHSPolicy/DCOPublishedPolicy/Forms/MedicalServices.aspx</u>
- For technical assistance (systems), call 1-855-372-1084, option 3, or after hours to 501-537-9568.

DHS Division of County Operations Eligibility Questions:

Q: We have been enrolling people with income 138% and below the Federal Poverty Level on the federal healthcare.gov. What's the problem with doing it that way?

Response: The State received the first file from the Federally Facilitated Marketplace on December 23rd. Because of this delay eligibility can be determined more quickly by submitting an application to <u>access.arkansas.gov</u>.

Q: Who should be enrolled at healthcare.gov?

Response: Persons with income above 138% of the Federal Poverty Level (see attached chart).

Q: How long does the application process take?

Response: The State has 45 days to complete the application process but through the use of technology the goal is to significantly reduce the processing time.

Q: Why is it taking so long for the applicants to be eligible to enroll on insureark.gov?

Response: Applicants found eligible for Medicaid without further verification should be able to visit insureark.org within 2-3 minutes, complete the Medically Frail questionnaire and select a plan.

Q: Do you need to fill out an application for each person husband and wife?

Response: Applications are complete for tax filing units. If a husband and wife file taxes together, only one application is needed. If they file separately, each person must apply.

Q: What changes must be reported and when? How are changes reported?

Response: Address changes, income that would disqualify the person (more than 138% of the FPL), change in tax filing unit, etc. are examples of changes that need to be reported. Changes can be reported to the local DHS office or to the Access Arkansas Processing Center at 1-855-372-1084. The caseworker will determine if a notice is needed for additional information. The client has ten days from the date of the change to report the change.

Q: What happens at re-evaluation when the person makes too much money to qualify for the Private Option? What happens to the family?

Response: As noted above, income that increases an individual's income above 138% of the FPL must be reported in ten days. A determination of eligibility will be made for all members of the individual's household. If any member is still eligible for Medicaid coverage, that individual will remain in or be placed in the appropriate group. If the increase in income makes the family ineligible for Medicaid, the family can then apply for coverage through the Federally Facilitated Marketplace. If the person's income falls to 138% or below the FPL, they can apply at <u>access.arkansas.gov</u> at any time.

Q: I have one of the insured's who signed up are approved for Medicare - needs surgery before the 1st of the year - does not have insurance, can we get an approval for their surgery with Medicaid?

Response: This person can apply for the Exceptional Care or Medically Needy category of Medicaid. This program allows a person to "spend down" their income for a three month period by presenting unpaid medical bills. Applications can be submitted to the local county office up to three months after the month of surgery.

Q: If someone is a Native American can they qualify for the "private option" or do they need to go to the healthcare.gov website and apply?

Response: The Affordable Care Act states that Native Americans must be provided traditional Medicaid and cannot qualify for the "private option". As stated above, if their income is at 138% or below the FPL, the quickest way to get coverage is through access.arkansas.gov.

Q: If a person indicates that they are Native American or Alaskan Native are they automatically assigned to traditional Medicaid or other Tribal coverage?

Response: Traditional Medicaid.

Q: What are the Native American additional questions?

Response: The Native American/Alaska Native additional questions are located on Appendix B of the DCO-151/152. These forms can be found at:

http://humanservices.arkansas.gov/dco/dco_docs/DCO-152%20Spanish.pdf

http://humanservices.arkansas.gov/dco/dco_docs/DCO-152.pdf

Q: When identity cannot be verified, the screen instructs to send to local DHS; however, we have had no success in assisting those people. DHS sends the client back to us. What should we do?

Response: The applicant needs to submit a signed paper application to the local DHS County office. Identity can be verified with a driver's license or other form of identification. County staff will key the application.

Q: Is AR Health Care Networks considered as health insurance coverage?

Response: AR Health Care Networks ended on December 31st so applicants should NOT indicate they have insurance coverage if that was their only plan.

Q: I have over 160 clients that were receiving NovaSys services and are now trying to enroll. I helped them with the paper app and no one has at this time received any reply what are the next steps.

Response: By January 1st applicants applying at <u>access.arkansas.gov</u> should have received either an approval letter, a request for additional verification or a denial letter. Applicants can call the Processing Center at 1-855-372-1084 to check on the status of their application. Agents can also send a spreadsheet with the client's name and reference number to <u>Celeste-Spiers.Sorrells@arkansas.gov</u> and she will check on the application status.

Q: If the children are already covered by ARKids, do we ask for health insurance for them when we complete this application for the family? Do we say answer no to the question on other members? Do we need to list them as dependents at all?

Response: They are listed as dependents, if part of the tax filing unit, and marked they currently have Medicaid. If they need ARKids, indicate they have no health insurance.

Q: What if we have filled out apps and did not request coverage for the children - parents stating they were already on ARKids? Do we have to redo?

Response: No. Parents of children receiving ARKids B with incomes below 211% have been notified by mail their children have been converted to the ARKids A program.

Q: If two unmarried persons with different children each are they two households or one?

Response: It depends on how they file taxes. If each parent files separately and claims their dependent, there are two tax filing units in one household. Separate applications should be submitted in this instance for each tax filing unit.

Q: Do the children receive notices, or is there anything else we have to do when they are approved?

Response: Each person that qualifies, whether an adult or a child, receives a separate notice of eligibility.

Q: If the husband and spouse are both covered will the confirmation screen indicate both names?

Response: Yes, the screen will display each individual's coverage group.

Q: The save option on Access.Arkansas.gov does not work? I had several clients state it did not save their work.

Response: If the client's identity could not be established through Experian the application cannot proceed. The client can call Experian at the number listed to meet the identity proofing process or submit a signed paper application.

Q: Can we fax in the answers to the missing document issues when we click to finish the input to access.arkansas.gov?

Response: Yes, verification documentation can be submitted via FAX to 1-870-534-3421.

Q: When approved for January 1, sometimes we get a message that says "traditional Medicaid" until January 1". How do we explain that to the person we are assisting?

Response: Depending on their circumstances, some clients (such as a pregnant woman) may qualify for traditional Medicaid in advance of qualifying for the Health Care Independence Program which begins on January 1, 2014.

Q: Please explain the difference between Traditional Medicaid and the Private option? Are the plan benefits different?

Response: When an applicant is determined eligible for the Health Care Independence program the individual will be directed to <u>insureark.org</u> to answer questions regarding his/her medical status. If the answers to these questions determine that the individual is "medically frail", the individual will be issued a Medicaid card and receive traditional Medicaid coverage. If the individual is determined not to be "medically frail" he/she will be directed to <u>ARHealthConnector.org</u> to select a Qualified Health Plan. Medicaid will pay the premiums for that health plan.

Q: If a client has a change of circumstances and wants to withdraw the application what is the process? What happens if they missed something and want to update the application?

Response: As long as the application has not been processed, the applicant can log onto the user account that was established for the original application and make the necessary changes or withdraw the application as needed. The applicant can also call 1-855-372-1084 to inform the Processing Center of the changes.

Q: Can non-citizens get the private option? If yes, which ones and what are the documents required?

Response: Aliens who have met the Alien requirements listed in Medical Services Policy Section D-200 and Appendix C may be eligible for Medicaid. This information is located at the links below.

https://ardhs.sharepointsite.net/DHSPolicy/DCOPublishedPolicy/Section%20D-200%20General%20Citizenship%20and%20Alien%20Status%20Requirements.pdf

https://ardhs.sharepointsite.net/DHSPolicy/DCOPublishedPolicy/Appendix%20C%20Citizenship%20Verification.pdf

Q: Can we fax paystub information when requested? Where do we fax information?

Response: You may FAX verification documentation to 1-870-534-3421.

Q: What happens if the identity questions are wrong? How does the system handle incorrect responses?

Response: The system will attempt to verify the data that is input during an application process. If the system is unable to verify this data, a notice requesting verification documentation will be sent to the applicant.

Q: I have a completed application that has an incorrect last name. All other information is correct. How can that be edited after it was submitted?

Response: Log onto the user profile for that application and make the necessary changes.

Q: To clarify, if a person is pregnant will the private option be available or will they be on Medicaid?

Response: If an applicant aged 19-64 is pregnant at the time of application, she will be approved in the traditional Pregnant Women Medicaid group. Once she has the child and following the post-partum period, if still qualified, she

will be eligible for coverage in the Health Care Independence Program. Once the person has a private plan, and becomes pregnant, they will continue to receive services through their existing plan.

Q: In the example, if Betty is going to have a child would the husband be able to go on private option? (In the example Betty's husband was not employed.)

Response: If eligible, Betty's husband can qualify for the Health Care Independence Program.

Q: What happens when the application is approved but never transferred to insureark.org? On the home page it says the application is disposed.

Response: Once the application is approved for the Health Care Independence Program, the individual will be directed to <u>insureark.org</u>. If the individual does not complete the questionnaire at that site within 12 days, a Qualified Health Plan will be selected for the individual.

Q: Where can we get the Federal Poverty Levels?

Response: The Federal Poverty Levels are located in Appendix F of the Medical Services policy manual.

https://ardhs.sharepointsite.net/DHSPolicy/DCOPublishedPolicy/Appendix%20F%20Federal%20Poverty%20Limits.pd <u>f</u>

Q: Do I have to take a client to Healthcare.gov and get an eligibility letter from DHS BEFORE I go to this website?

Response: No. Applications submitted to Healthcare.gov will determine eligible by the Federally Facilitated Marketplace (FFM).

Q: Is there anything we can do while inputting information so that the system can recognize a Social Security Number? At the present time almost all individuals must send in SS card.

Response: At one point, the Data Services Hub was down. To resolve this problem, we are querying the State data hub to verify an SSN. If the SSN cannot be verified, we will contact the client and request verification.

Q: Where is the incarcerated question?

Response: The question regarding whether the individual is incarcerated is located on the paper applications, DCO-151 and DCO-152.

http://humanservices.arkansas.gov/dco/dco_docs/DCO-152%20Spanish.pdf

http://humanservices.arkansas.gov/dco/dco_docs/DCO-152.pdf

Q: If nothing is indicated on the "additional information needed" page, is there anything else that can slow down the process?

Response: If no additional information is needed, the application will be processed as quickly as possible.

Q: How long is it taking to get the information that needed to be verified entered in after we fax or mail it in?

Response: The information is entered within 24 hours.

Q: What do the buttons for the 1 year 2 year 3 year 4 year 5 year renewal mean?

Response: An applicant can provide permission to allow DHS to use the applicant's IRS tax forms to complete renewals without contacting the applicant if possible. This permission can be granted for a period of 1,2,3,4 or 5 years.

Q: What happens if requested information has been returned for several weeks and the client has still not received an eligibility notice? How long does it take to receive an eligibility letter?

Response: All applications for benefits should be processed within 45 days.

Q: I'm under the impression that individuals that qualify for the Private Option will have coverage retroactively effective on 1-1-14 as long as they apply by 3-31-14. Can you talk through how this will work?

Response: The client will be approved for retroactive coverage if the individual meets the eligibility requirements during the retro months. If a Health Care Independence Program client is approved for retro coverage, that coverage will be through traditional Medicaid.

Q: If we completed an enrollment December 18th and they select a regular insurance plan, will they be covered by Medicaid until 1/1/14, or are they uncovered until 1/1/14?

Response: The Health Care Independence Program was effective January 1, 2014. If an individual was approved on 12/18/13, coverage did not begin until 1/1/14.

Q: what is the most effective way to submit paper applications? Can you add an agent/npn portion to the paper application?

Response: The most effective way to submit a paper application is to mail it to the address listed on the application. DHS is not allowed to add questions that are not essential to determining Medicaid eligibility to the paper application.

Q: If the client does not list the agent/npn on the Access site, can it be added at a later date? If so how?

Response: In discussion – Response pending

Q: What do we do when <u>access.arkansas.gov</u> says they are not eligible for Private Option, but Healthcare.gov says they should be on Medicaid?

Response: One possibility is that the data entered into the two different sites is not the same.

Q: I am having several that are showing not US Citizen or valid Social Security. We are mailing this information to the DHS Center in Pine Bluff, but never hear any updates. What is the process for this type of submission?

Response: Requested verification documentation may be mailed to DHS Pine Bluff Scanning Center, P.O. Box 5670, Pine Bluff, AR 71611, faxed to the Pine Bluff Scanning Center at 1-870-534-3421 or delivered to the local DHS County Office.

Q: Is there a faster way to submit items needed for verification such as a fax instead of USPS?

Response: Verification documentation can be submitted by faxing it to 1-870-534-3421.

Q: What is telephonic enrollment #?

Response: To submit an application on the phone call 1-855-372-1084.

Q: Can you provide a "complete list of excluded (non-countable income) and definitions? Can you provide a list of income that must be included?

Response: This information is located in Medical Services policy manual Section E-262.

https://ardhs.sharepointsite.net/DHSPolicy/DCOPublishedPolicy/Section%20E-200%20Determining%20Financial%20Eligibility%20Under%20the%20MAGI%20Methodology.pdf

Q: How does a person verify no income?

Response: The applicant will need to provide information to confirm the terminated source of income. A statement from the employer can be provided or other official source document.

Q: What if the applicant has a negative self-employment income and also has wages from another job. If from wages, the applicant makes too much to qualify, but the self-employment loss makes him/her eligible, how would the income be considered?

Response: Eligibility will be determined based on the individual's current monthly salary. If this is determined by dividing last year's income by 12, then the wages and the loss due to self-employment would be added to determine the yearly salary. That number will be divided by 12 to determine current monthly salary.

Q: if husband and wife are farmers, for example, do you split income between them or show all income under one spouse, and zero income for the other?

Response: This would depend on their tax filing status.

Q: For Applicants under 138% FPL, does the process go faster if they use <u>access.arkansas.gov</u>, instead of healthcare.gov? If they use healthcare.gov, and want to know their status, what is the number to call, and what ref # would they give?

Response: Yes, the process will go faster on access.arkansas.gov. An individual who applies at healthcare.gov can obtain a status report by calling 1-800-318-2596.

Q: What is the FPL% that determines if a member gets Traditional Medicaid or the Private Option?

Response: This is not determined by FPL. This is determined by the responses of the individual on the "medically frail" questionnaire. Depending on the responses, they may be better served by traditional Medicaid.

Q: If someone had a job making \$30,000 as an individual but lost their job what salary amount do they put down?

Response: The individual will need to enter current monthly salary or income.

Q: 2. Is there a protocol in place when individuals with incomes above 138% FPL that are told by the FFM they qualify for Medicaid, but may not be approved by the Processing Center?

Response: We will have to review these on a case-by- case basis to determine outcome. The processing center will need to contact Central Office Medicaid Eligibility Unit.

Q: Is the AR H/C Independence Program for those with income from 139% up to 400% of the FPL? If so, how and where do we see the amount of the Advanced Tax Credit that will be payable toward their premiums?

Response: No, the Income Limit for the Health Care Independence Program is 138% of the FPL.

Q: On Household income on the <u>access.arkansas.gov</u> site, do we need to enter in 2013 income, or 2014 projected income?

Response: Enter the current monthly income.

Q: When wages, salary, ssn, etc. cannot be verified and information must be submitted to DHS Imaging Center in Jeff County is there a way for agents/ brokers to follow up and see if information was received and what the status of the application is?

Response: Agents can send a spreadsheet with the client's name and reference number to <u>Celeste-Spiers.Sorrells@arkansas.gov</u> and she will check on the application status.

Q: Do adult, tax independent siblings, cousins, friends who live with the applicant need to be added as members of the household?

Response: Members of the household are the tax filer and anyone the filer claims as a tax dependent.

Q: Explain again how to handle a child that is a tax dependent in someone outside the household.

Response: The child will need to be entered on the application of the person that is claiming the child as a tax dependent.

Q: What if they do not have to file a tax return? Are they still eligible for this?

Response: Yes.

Q: Twin adult sisters, live together and work at the same job earning the same salary. Two separate applications were filed at <u>healthcare.gov</u> because they file separate tax returns. One qualified for Medicaid and the other did not. Does an application need to be submitted to <u>access.arkansas.gov</u> for the one that did not qualify for Medicaid?

Response: No, if the FFM determined that the individual is ineligible, there is no need to have the state site make a redetermination. There should be an appeal process for applications denied by the FFM.

Q: Please clarify again the married filing separate taxes. Can they still receive Medicaid?

Response: Yes, if either of them meets the Medicaid eligibility guidelines.

Q: A 27 yr. old living with parents and working part-time files taxes separately. How is the form completed. Just on themselves? Or complete the form with all of them with only the 27 yr. old electing coverage?

Response: The 27 year old will need to submit an application for himself/herself only.

Q: I have signed up several on the healthcare.gov site that were Medicaid eligible. When will DHS receive the file from the federal government?

Response: We received the initial file on 12/23/13 and are currently entering these individuals into our system.

Q: How do they know which private option would be best for them and would they be responsible for any premium?

Response: The individual will need to review the options available from the various plans and then select the plan that will best meet his/her medical and financial needs. Medicaid will pay the premiums for those in the Health Care Independence Program who select a Qualified Health Plan. Agents/brokers licensed by AID can assist people in selecting a plan.

Q: Any time constraint/requirement on how long an individual has to live in Arkansas to qualify for Arkansas Medicaid?

Response: No the only requirement is that the applicant is a resident of Arkansas. There is no time limit on how long an individual must be living in the state prior to becoming eligible for Medicaid.

Q: The AA call center has an automated operator who says all reps are busy, call back later, and then hangs up. Can this be changed? I have lots of files I have issues/ questions with and am willing to remain on hold.

Response: Additional workers have been added to the Processing Center to help with applications. If you need to check the status of particular cases, agents can send a spreadsheet with the client's name and reference number to <u>Celeste-Spiers.Sorrells@arkansas.gov</u> and she will check on the application status.

Q: Is there someone to call to follow-up on requirements that have to be submitted such as proof of income? How can we follow-up on these?

Response: Agents can send a spreadsheet with the client's name and reference number to <u>Celeste-Spiers.Sorrells@arkansas.gov</u> and she will check on the application status.

Q: I have some clients who have been miss-classified as Native American and it is preventing them from enrolling in a health plan. We have submitted this information, but need to know how to follow-up for the client.

Response: Contact the Processing Center at 1-855-372-1084 to provide changes to application information.

Q: is the Dec. 23rd deadline for Jan. 1 effective date still applicable or did they move this date to later time?

Response: No, the Arkansas cut-off date remains 12/15/13.

Arkansas Insurance Department Agent/Broker Questions:

Q: What if we didn't put our name and NPN number in but we did put them in the prospect system on Blueprint for agents?

Response: If the agent loaded the prospect into the Arkansas Blue Cross and Blue Shield Blueprint for Agents Prospect System, Arkansas Blue Cross will do their best to assign the agent to the policy. However, for this to happen, the applicant's name, date of birth and the last four digits of the Social Security number must be entered into the Agent Prospect System AND this information must be passed from the FFM or Medicaid to Arkansas Blue Cross. Additionally, the agent must add a prospect for every enrollment. In other words, if the agent enrolled a husband and wife on Private Option plans, the agent must add the husband and wife separately on the Agent Prospect System.

Q: Will APTC (advance premium tax credit) and CSR (Cost share reduction) be recouped or just APTC?

Response: Only Advanced Premium Tax Credits will be recouped

Q: if renewal of coverage occurs in future years will the agent stay as agent of record?

Response: Yes

Q: If I am an agent do I get credit for helping others enroll in Medicaid programs on this site.

Response: Only on Private Option Plans. You will not be paid commissions on those consumers that are sent to Traditional Medicaid.

Q: How does the broker get identified on the application for compensation?

Response: You will input your agent NPN number after the consumer answers the 'medically frail' questions on insureark.org. just before they select a plan.

Q: If the client has an agent that they are using for the Private Option. Where do they enter the agents name and number so that they are on file with the carriers?

Response: See above question.

Q: Will agents be paid on the HCIP?

Response: Yes, only on the Private Option plans. No commissions are payable if the consumer is referred to Traditional Medicaid.

Q: I completed the AR Connector training, but I am not licensed with BCBS. Can I still submit and be paid for a private option?

Response: You will receive commissions only from carriers you are appointed with.

Q: Are insurance agent commissions only for the first month or are they renewable?

Response: No they are part of the monthly premium. If you remain as agent of record you will continue to be paid commissions.

Q: Does an agent get paid if client ends up being medically frail and traditional Medicaid?

Response: No.

Q: As an insurance agent, must I meet with the client twice in order to get credit for assisting them? Once for the application and once for the plan choice.

Response: See question above. You will need to input your NPN number at the appropriate place in insureark.org.

Q: When will the insureds receive their ID cards and coverage information?

Response: When the carriers receive the feeds from DHS with the consumer information and effective date.

Q: If the agent assists the client in applying for services, then the client selects a plan on their own without the assistance of an agent/broker, is there a place on insureark.org to enter Agent information (in other words, will the agent/broker be compensated if the client selects their own plan and there is no place on insureark.org to enter an npn)?

Response: The carriers have a process if you help a consumer and weren't able to put in your NPN number. Check with the carrier on their process.

Q: What do we do for clients that don't have access to computers and don't have an email address? Is there a provision for a broker portal where we are able to work each applicant with one office email address?

Response: The 'broker portal' has been delayed until 2015. Therefore you can set up an email account for the consumer.

DMS/HP Questions:

Q: In the training example, why didn't the plan selection show any carriers besides BCBS?

Response: This was a training demo only. Beneficiaries can select any carriers from the list of carriers approved by AID.

Q: Do you need to fill out a separate application on insureark.org for each individual?

Response: Yes.

Q: On insureark.org can have a question stating "Are you being helped by an agent?" and then let them enter an agent NPN number and name? Currently it is an obscure box in the bottom of picking plans. It is too easy to miss.

Response: The NPN check box is placed after Health Care Screener, so that agents can get commissions for assisting individuals (who have <u>not</u> been determined medically frail) with plan selections. AID has approved the final design and location of the NPN, so DMS has no plans to change it in the near future.

Q: What if a client wants to change his private option plan prior to the effective? Once they select a plan on insureark.org it locks the plan? Can an insured change plans once he picks one if it is prior to effective date and he is still in the enrollment period?

Response: The option of changing the plan selection is only available for those individuals who have been auto assigned during a 30-day period from the time of receiving the notice.

Q: Insureark.org states that Medicaid starts now, until your private options begin, after selecting a plan. Is that true?

Response: Yes, it is. If individuals complete the enrollment process after the 15th of the month, their coverage in the plan begins on the first of the second month. Example: if I complete enrollment on Jan 17, my coverage in the private plan starts on March 1. In the interim (Jan 17-Feb 28), individual is covered by Medicaid.

Q: On insureark.org if your assisting a client whose email address do you use if client doesn't have immediate internet service?

Response: The E-mail address is only used for password resetting purposes. Anyone can create free e-mail accounts on Yahoo, Hotmail or Gmail.

Q: If someone does not elect a plan by the end of the 12 days after they get their eligibility letter and a plan is automatically assigned to them, are they able to change that before January 1 if they want to elect a different plan?

Response: Individuals are able to change their plans within a 30-day period from the time of receiving the auto assignment notice.