

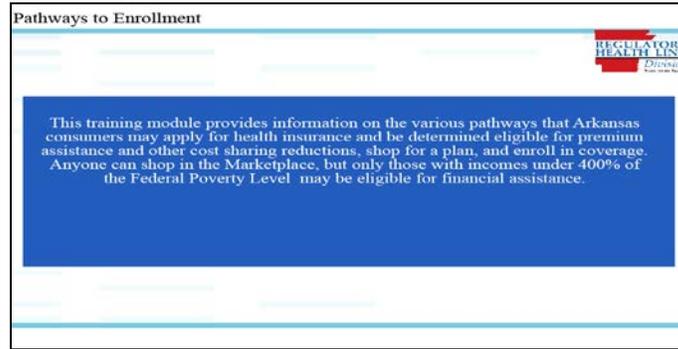
Slide 1 - Intro

Slide notes: Pathways to enrollment. After completing this module, you will be able to properly enroll consumers in the appropriate portal.



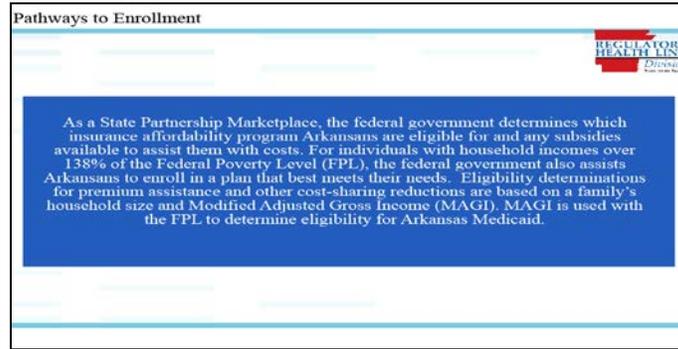
Slide 2 - Overview

Slide notes: The Health Insurance Marketplace created by the Affordable Care Act provides various pathways and methods for Arkansas residents to enroll in health insurance coverage. Arkansans with low or moderate incomes may be eligible for financial help in paying their insurance premiums and other costs such as co-insurance or co-pays.



Slide 3 - Overview

Slide notes: This training module provides information on the various pathways that Arkansas consumers may apply for health insurance and be determined eligible for premium assistance and other cost sharing reductions, shop for a plan, and enroll in coverage. Anyone can shop in the Marketplace, but only those with incomes under 400% of the Federal Poverty Level may be eligible for financial assistance.



The image is a screenshot of a presentation slide. At the top left, the title "Pathways to Enrollment" is displayed. In the top right corner, there is a logo for "REGULATORY HEALTH LINKS" with "Arkansas" written below it. The main content of the slide is a blue rectangular box containing white text. The text describes the federal government's role in determining insurance affordability and subsidies for Arkansans, and mentions that eligibility for premium assistance and cost-sharing reductions is based on household size and Modified Adjusted Gross Income (MAGI). MAGI is also used with the Federal Poverty Level (FPL) to determine eligibility for Arkansas Medicaid.

Slide 4 - Overview

Slide notes: As a State Partnership Marketplace, the federal government determines which insurance affordability program Arkansans are eligible for and any subsidies available to assist them with costs. For individuals with household incomes over 138% of the Federal Poverty Level (FPL), the federal government also assists Arkansans to enroll in a plan that best meets their needs. Eligibility determinations for premium assistance and other cost-sharing reductions are based on a family's household size and Modified Adjusted Gross Income (MAGI). MAGI is used with the FPL to determine eligibility for Arkansas Medicaid.

2015 Federal Poverty Levels (FPL)

Family Size	50%	75%	100%	133%	158%	175%	200%	250%	300%	400%
1	\$5,885	\$8,828	\$11,770	\$15,654	\$16,243	\$20,598	\$23,540	\$29,425	\$35,310	\$47,080
2	\$7,965	\$11,948	\$15,930	\$21,187	\$21,983	\$27,878	\$31,860	\$39,825	\$47,790	\$63,720
3	\$10,045	\$15,068	\$20,090	\$26,720	\$27,724	\$35,158	\$40,180	\$50,225	\$60,270	\$80,360
4	\$12,125	\$18,188	\$24,250	\$32,253	\$33,465	\$42,438	\$48,500	\$60,625	\$72,750	\$97,000
5	\$14,205	\$21,308	\$28,410	\$37,785	\$39,206	\$49,718	\$56,820	\$71,025	\$85,230	\$113,640
6	\$16,285	\$24,428	\$32,570	\$43,318	\$44,947	\$56,998	\$65,140	\$81,425	\$97,710	\$130,280
7	\$18,365	\$27,548	\$36,730	\$48,851	\$50,687	\$64,278	\$73,460	\$91,825	\$110,190	\$146,920
8	\$20,445	\$30,668	\$40,890	\$54,384	\$56,428	\$71,558	\$81,780	\$102,225	\$122,670	\$163,560

Slide 5 - Federal Poverty Level

Slide notes:

Please review this chart of the 2015 Federal Poverty Level.

Federal Poverty Level



Note Important breakpoints on the 2015 FPL chart: 50%, 100%, 138%, 250% and 400%

- Consumers with household incomes of 138% of the FPL or less may have their entire private insurance plan premium paid by Medicaid
- Consumers with household incomes of 139% - 400% of the FPL may be eligible for tax credit premium assistance on a sliding scale if they choose a Silver Level Plan.
- Consumers with household incomes up to 250% of the FPL, may get assistance with other cost sharing reductions, co-insurance, and co-pay on a sliding scale. They will be expected to pay modest cost-sharing. A new Independence Account is being offered in 2015 to assist these consumers with their cost-sharing.

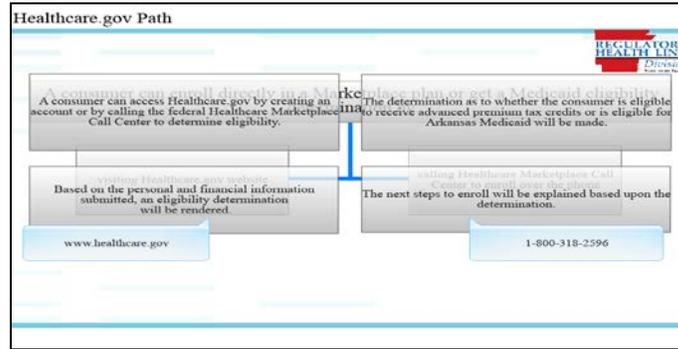
Slide 6 - FPL - Breakout

Slide notes: Note Important breakpoints on the 2015 FPL chart: 50%, 100%, 138%, 250% and 400%; Consumers with household incomes of 138% of the FPL or less may have their entire private insurance plan premium paid by Medicaid; Consumers with household incomes of 139% to 400% of the FPL may be eligible for tax credit premium assistance on a sliding scale if they choose a Silver Level Plan; Consumers with household incomes up to 250% of the FPL, may get assistance with other cost sharing reductions, co-insurance, and co-pay on a sliding scale if they choose a Silver Level Plan. They may be expected to pay modest cost-sharing. A new Independence Account is being offered in 2015 to assist these consumers with their cost-sharing.



Slide 7 - Overview

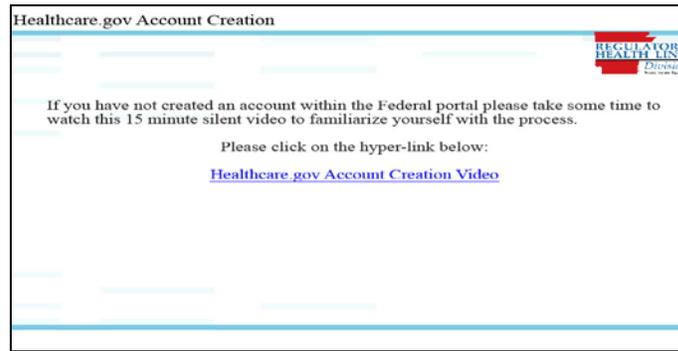
Slide notes: There are two pathways to enrollment that will be described in this module. The two Arkansas pathways to enrollment are Healthcare.gov and Access Arkansas. The recommended first step in determining eligibility for insurance afford-ability programs is to have the consumer apply through Healthcare.gov. Arkansas strives to remove any barriers to enrollment.



Slide 8 - Healthcare.gov path

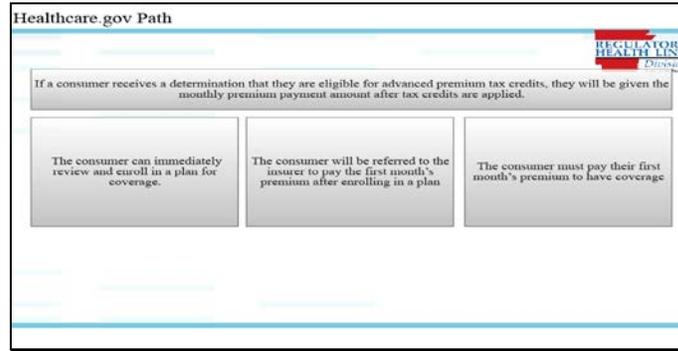
Slide notes: A consumer can enroll directly in a Marketplace plan or get a Medicaid eligibility determination by visiting www.healthcare.gov or by calling the Healthcare Marketplace Call Center at 1-800-318-2596 to enroll over the phone.

A consumer can access Healthcare.gov by creating an account or by calling the federal Healthcare Marketplace Call Center to determine eligibility. Based on the personal and financial information submitted, an eligibility determination will be rendered. The determination as to whether the consumer is eligible to receive advanced premium tax credits or is eligible for Arkansas Medicaid will be made. The next steps to enroll will be explained based upon the determination.



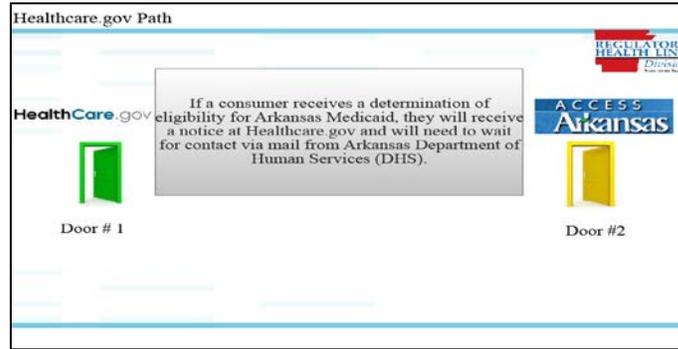
Slide 9 - Watch & Learn - HIM Application Process

Slide notes: If you have not created an account within the Federal portal please take some time to watch this 15 minute silent video to familiarize yourself with the process. Please click the hyper-link on the screen.



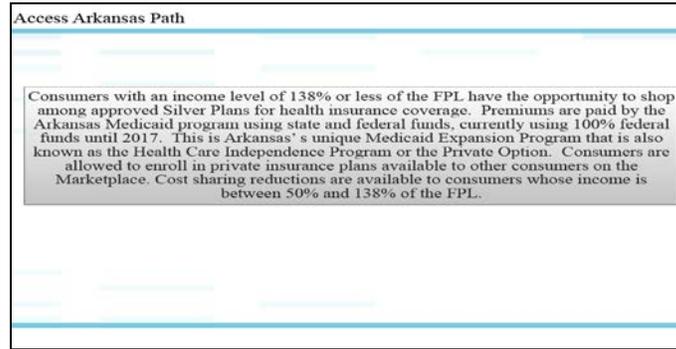
Slide 10 - APTC_determination

Slide notes: If a consumer receives a determination that they are eligible for advanced premium tax credits, can immediately review and enroll in a plan for coverage. The consumer will be given the monthly payment amount after tax credits are applied. The consumer will be referred to the insurer to pay the first month's premium after enrolling in a plan. The consumer must pay their first month's premium to have coverage.



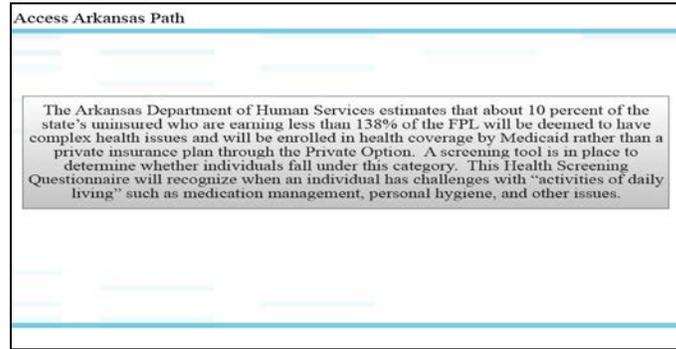
Slide 11 - Medicaid_determination

Slide notes: If a consumer receives a determination they are eligible for Arkansas Medicaid, they will receive a notice at Healthcare.gov and will need to wait for contact via mail from Arkansas Department of Human Services (DHS). Consumers will be directed to Access Arkansas, the second pathway. Please note that Healthcare.gov is the recommended portal to begin the enrollment process.



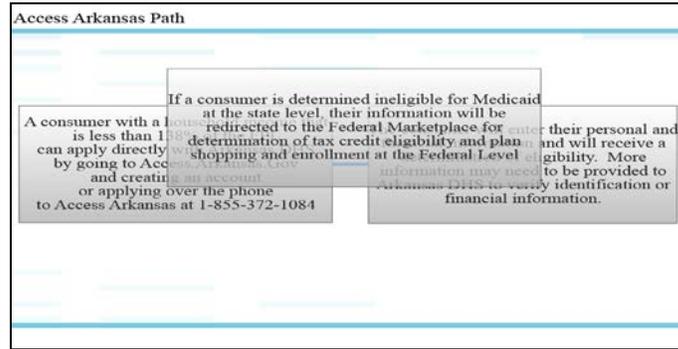
Slide 12 - Access AR Path 1

Slide notes: Consumers with an income level of 138% or less of the FPL have the opportunity to shop among approved Silver Plans for health insurance coverage. Premiums are paid by the Arkansas Medicaid program using state and federal funds, currently using 100% federal funds until 2017. This is Arkansas's unique Medicaid Expansion Program that is also known as the Private Option or the Health Care Independence Program. Consumers are allowed to enroll in private insurance plans available to other consumers on the Marketplace. Cost sharing reductions are available to consumers between 50% and 138% of the FPL.



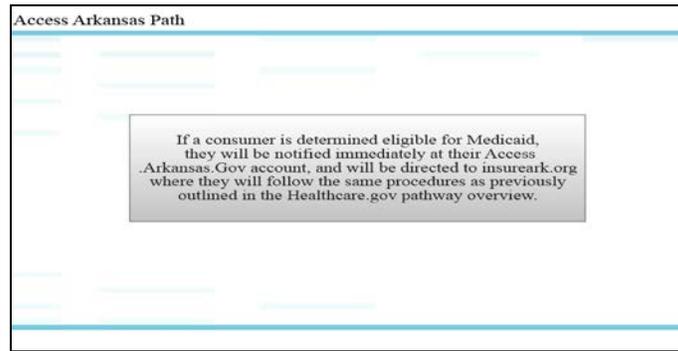
Slide 13 - Access AR Path 2

Slide notes: The Arkansas Department of Human Services estimates that about 10 percent of the state's uninsured who are earning less than 138% of the FPL will be deemed to have complex health issues and will be enrolled in health coverage by Medicaid rather than a private insurance plan through the Private Option. A screening tool is in place to determine whether individuals fall under this category. This Health Screening Questionnaire will recognize when an individual has challenges with "activities of daily living" such as medication management, personal hygiene, and other issues.



Slide 14 - Acc_AR_web_phone

Slide notes: A consumer with a household income that is less than 138% of the FPL can apply directly with Arkansas DHS by going to Access.Arkansas.Gov and creating an account or applying over the phone to Access Arkansas at; 1-855-372-1084. The consumer will enter their personal and financial information and will receive a determination of eligibility. More information may need to be provided to Arkansas DHS to verify identification or financial information. If a consumer is determined ineligible for Medicaid at the state level, their information will be redirected to the Federal Marketplace for determination of tax credit eligibility and plan shopping and enrollment at the Federal Level.



Slide 15 - AA_Medicaid_determination

Slide notes: If a consumer is determined eligible for Medicaid, they will be notified immediately at their Access.Arkansas.Gov account, and will be directed to insureark.org where they will follow the same procedures as previously outlined in the Healthcare.gov pathway overview.



Slide 16 - AA_Medicaid_determination

Slide notes: Some consumers will know that they are 138 percent or below of the poverty level. Those consumers may choose to go directly to Access Arkansas. Should they choose to do so they will first be asked if they would like to register to vote. Those that select "yes" will be directed to a new window that will allow them to complete the voter registration application. Those that select "no" will move forward to begin the application.



Slide 17 - AA_Medicaid_determination

Slide notes:

Access Arkansas, the second pathway, is a state eligibility portal where consumers can apply for 22 different health and social programs including Supplemental Nutrition Assistance Program (SNAP), Child Care Assistance, ARKidsFirst, Medicare Savings, and other programs.

Once a consumer has navigated to access.arkansas.gov, they will need to click "Log-In/Apply" where "Health Care Independence (Private Option)" appears in the yellow box to begin the application process. However, it is recommended that all consumers apply at healthcare.gov. Arkansas is known as a determination state. This means that if the federal portal determines a consumer eligible for Medicaid the state will honor that determination.



Slide 18 - AA_Medicaid_determination

Slide notes:

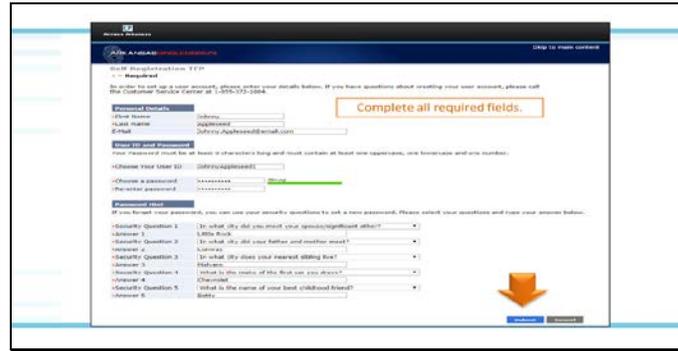
After clicking "Log-In/Apply" consumers will be directed to this page. By clicking the yellow box located on the right side, consumers will begin the application process.



Slide 19 - AA_Medicaid_determination

Slide notes:

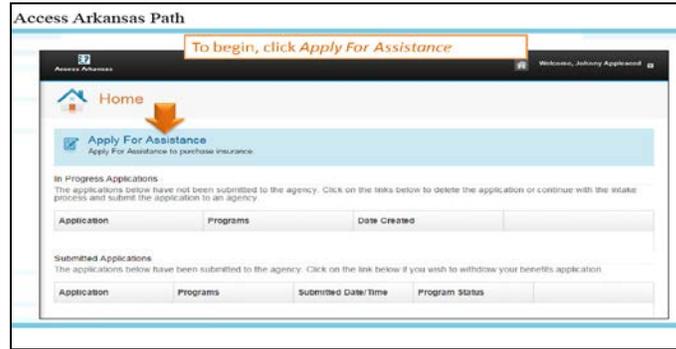
If a consumer does not have an existing account they will need to click "Register Here". Those that do have an existing account will need to enter their user-name and password and then click the "Sign In" button.



Slide 20 - AA_Medicaid_determination

Slide notes:

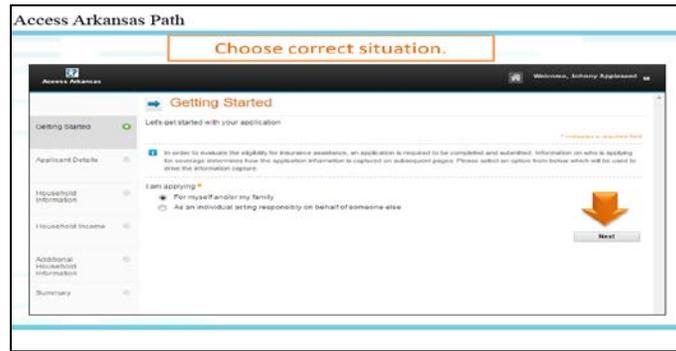
Consumers creating a new account will be taken to a page that allows them to enter their name and email address. They will also create a unique user I D and password that will allow them to access their personal account. Consumers will be prompted to create a security question along with an answer. Once this page has been completed they should click "Submit"



Slide 21 - AA_Medicaid_determination

Slide notes:

On the page titled "Apply For Assistance" consumers will begin the process of applying for coverage. Whether it be for themselves, their family, or if they are an individual applying on behalf of someone else. This page will also show if there are any applications in progress, or any that have been submitted. After clicking on "Apply For Assistance" they will be directed to a page titled "Getting Started".



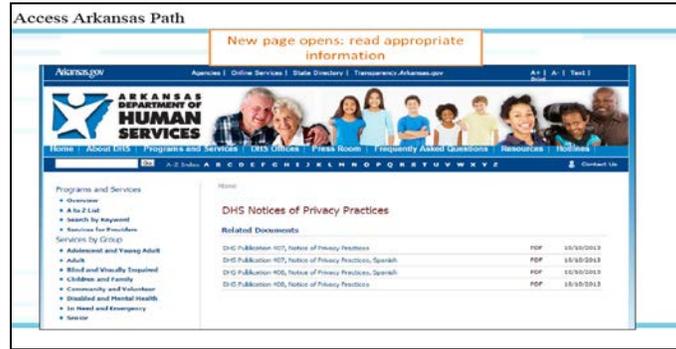
Slide 22 - AA_Medicaid_determination

Slide notes: On the "Getting Started" page, consumers will indicate if they are applying for themselves, family members, or if they are acting on behalf of someone else. Once this question has been answered, they will click "next" to move forward.

The screenshot shows a web application interface titled "Access Arkansas Path" with a sub-header "Review Privacy Act Statement." The page is for a user named "Johnny Applicant". The main content area is titled "Before We Start" and contains the following text: "Please read the information below and check the box to show your agreement before proceeding." Below this, there is a section titled "Your Information" with several items: "Applicant Consent" (with a radio button), "Household Information" (with a radio button), "Household Income" (with a radio button), and "Additional Household Information" (with a radio button). A "View Privacy Act Statement" link is also present. At the bottom right, there is a large orange arrow pointing down and a "Next" button.

Slide 23 - AA_Medicaid_determination

Slide notes: Before moving forward, the Privacy Act statement must be reviewed and acknowledged. After the consumer reads and acknowledges the statement, they should then click "Next" to proceed.



Slide 24 - AA_Medicaid_determination

Slide notes: A new page will open and the DHS privacy practices links can be opened in the form of a P D F. Consumers should read the information that is relevant to them.



Slide 25 - AA_Medicaid_determination

Slide notes: Once the consumer has reviewed the privacy practices, they will need to confirm the statement agreement by checking the box. After doing so, they will need to click "Next" to move forward.



Slide 26 - AA_Medicaid_determination

Slide notes: Consumers will complete the "About You Section". They will provide details such as their social security number and contact information.

The screenshot shows a web application interface for 'Access Arkansas Path'. At the top, a red banner displays the message 'Complete required fields.' Below this, the main content area is titled 'Information About You' and contains a form with several sections: 'Your Details', 'Your Home Address', and 'Additional Information'. The 'Your Details' section includes fields for First Name (Johnny), Middle Name (Andrew), Last Name (ADDRESS), Date of Birth (1/1/1992), and Gender (Male). The 'Your Home Address' section includes a dropdown for 'Do you have a home address?' (Yes), and fields for Address Line 1 (1 Appressed Way), Address Line 2, City (Little Rock), State (Arkansas), Zip Code (72201), and County (PULASKI). The form is surrounded by a navigation menu on the left and a top navigation bar.

Slide 27 - AA_Medicaid_determination

Slide notes:

Consumers will need to enter the requested information. They should then click "Next" after completing the questions.

Access Arkansas Path

Complete required fields, cont.

Are you a resident of Arkansas? * Yes

Your Mailing Address

Is the mailing address the same as your home address? * No

Your Mailing Address

Address Line 1 * PO Box 5015 Address Line 2

City * Libe Rock State * Arkansas

Zip Code * 72365 County * PULASKI

Other Contact Information

This information is not required but you can provide it to make it easier for us to contact you.

Preferred Contact Method: PostalMail Preferred Language: English

Phone Number: 501 | 000 | 0000 Type: Mobile

Alternate Phone Number: Type: --Please Search--

E-Mail Address: JonnyAppesed1@gmail.com

Slide 28 - AA_Medicaid_determination

Slide notes:

Continue entering the requested information. Click "Next" to proceed with the application.

The screenshot shows a web form titled "Access Arkansas Path" with a sub-header "Complete required fields, cont." in an orange box. The form is titled "Other Contact Information" and includes a note: "This information is not required but you can provide it to make it easier for us to contact you." The form contains the following fields:

- Preferred Contact Method: PostMail (dropdown)
- Preferred Language: English (dropdown)
- Phone Number: 501 000 0000 (text input) with a "Type" dropdown set to "Mobile"
- Alternate Phone Number: (text input) with a "Type" dropdown set to "--Please Select--"
- E-Mail Address: JohnnyAppleseed1@gmail.com (text input)
- Help paying for your health benefits: Do you want to find out if you can get help paying for your own health insurance and health benefits? (text input) with a "Yes" dropdown

At the bottom of the form are two buttons: "Save & Exit" and "Next" (with a downward arrow icon).

Slide 29 - AA_Medicaid_determination

Slide notes:

Consumers will continue to answer questions about their contact information. Please click "Next" to proceed with the application.

Access Arkansas Path

Complete required fields.

More About You

Please provide some more information about yourself to help with your application.

Caring Clauses

Applicant Details

Race and Ethnicity
 American Indian/Alaska Native applicants may qualify for the special enrollment and reduced health care costs. Please select "Yes" if you are a member of such a tribe.
 Are you an American Indian/Alaska Native? Yes No

Please select options from below to best describe you. This information is required for statistical purposes only. The responses will not affect and influence your eligibility for assistance.

RACE or ETHNICITY

Hispanic or Latino	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

Additional Information
 Since you are applying for health insurance, you must provide a Social Security number (SSN) if available. We only use SSNs to check pricing and other information to see if you can get help paying for health insurance. A SSN can also help with enrolling in a health plan. Public aid eligible for one.
 Do you have a SSN? Yes No

Are you a US Citizen? Yes No

Are you currently enrolled on a health program or plan? Yes No

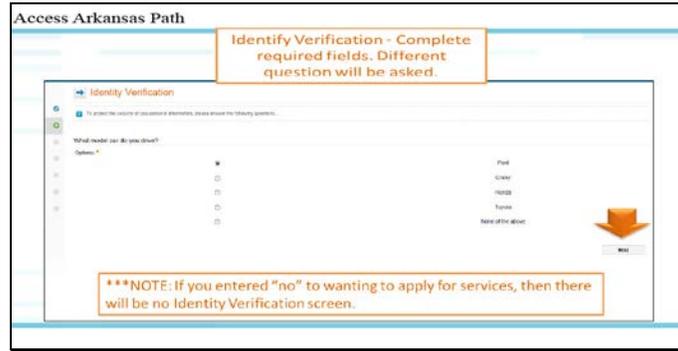
Next

If no SSN or Citizenship, the system will expand and ask additional questions.

Slide 30 - AA_Medicaid_determination

Slide notes:

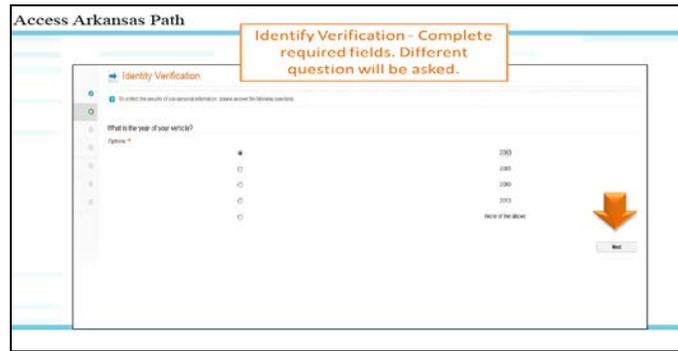
Consumers will answer questions about their race and ethnicity. They will also enter their social security number and verify their citizenship. Should an applicant not have a social security number or be a citizen, they will be required to answer additional questions. Click "Next" to proceed with the application.



Slide 31 - AA_Medicaid_determination

Slide notes:

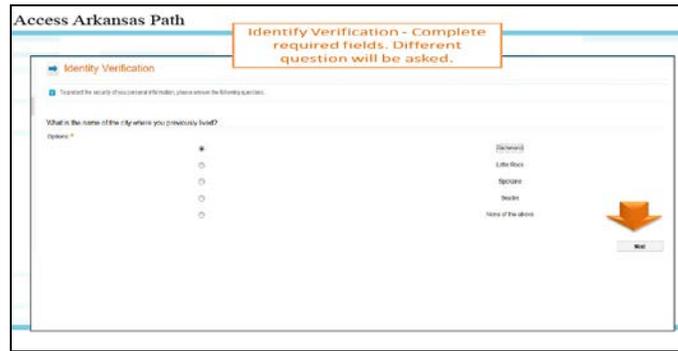
After submitting a social security number applicants will need to verify their identification by answering the questions presented on the application. Click "Next" to proceed with the application.



Slide 32 - AA_Medicaid_determination

Slide notes:

Consumers will continue to answer questions. Click "Next" to proceed with the application.



Slide 33 - AA_Medicaid_determination

Slide notes:

Consumers will continue to answer questions. Click "Next" to proceed with the application.

Access Arkansas Path

This message will display only if identity cannot be verified.

Identity Verification

We're sorry but we were not able to verify your identity. To verify your identity, please call 1-866-678-5409. You will be required to provide your reference number. Your reference number is 8636-76-d591. You may click on "Save & Exit" to save your application and resume at a later time. You will be required to have the user name and password you created to log back in. Once you have called the number above, please answer the question below.

Was your identity verified over the phone? *

Yes

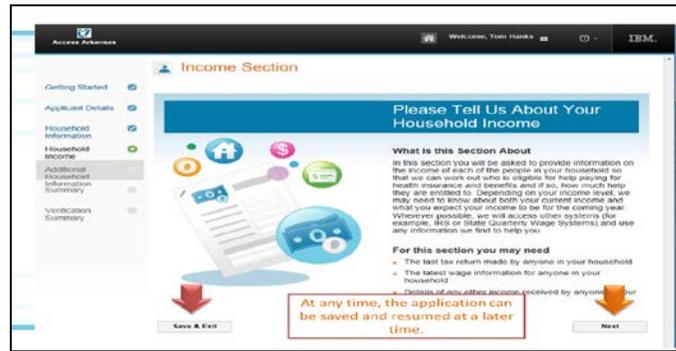
Save & Exit

Next

Slide 34 - AA_Medicaid_determination

Slide notes:

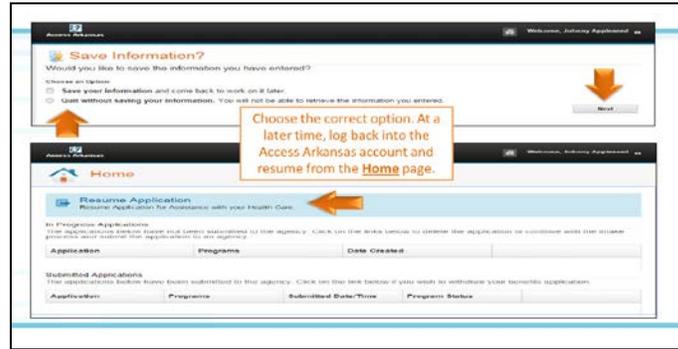
If an applicant's identity cannot be verified, a message will appear informing them that they will need to call a toll-free number and provide the reference number listed on the screen. Once they have called the toll-free number and verified their identity, they will log back into the application and confirm they have done so. Click "Next" to proceed with the application.



Slide 35 - AA_Medicaid_determination

Slide notes:

The "Income Section" of the application requires the consumer to enter information about their household income. Consumers will have to provide information on the income of each person in their household. This will help determine who is eligible for assistance to pay for health insurance.



Slide 36

Slide notes: Information that has been entered on the application can be saved. Consumers will be asked if they would like to save their information and return to work on it later or quit without saving the information. If they decide to save the information and return later then they will select "Resume Application" when they log in again.

Access Arkansas Path

Complete required fields.

Access Arkansas Path

Other Household Members

In order to properly determine your eligibility, we need to know about any other people in the household.

Getting Started

Applicant Details

Who do you need to include on this application?
Tell us about all the family members that live with you. (If you file taxes, we need to know about everyone on your tax return. (You don't need to file taxes to be eligible for health coverage.)

Household Information

Household Income

Additional Household Information

Summary

Do include:

- Yourself
- Your spouse
- Your children under 21 who live with you
- Your unmarried partner who needs health coverage
- Anyone you include on your tax return even if they don't live with you
- Anyone else under 21 who lives with you and you take care of

You don't have to include:

- Your unmarried partner who does not need health coverage
- Your unmarried partner's children
- Your parents who live with you but file their own tax return (if you are over 21)
- Other adult relatives who file their own tax return

Is there anyone else in the household?

Yes

Save & Exit

Back

Next

Slide 37

Slide notes: As consumer's proceed with the income section of their application, they will be required to answer whether there is anyone else in their household. After answering, they will need to select "Next" to move forward.

Access Arkansas Path

Complete required fields.

Welcome, Johnny Appelback

Household Member Details

Please provide details of the next household member

Please tell us which the next person in your household by filling in the information below. You may be asked more questions about this person on the next screens. This will depend on whether or not you are applying for help paying for this person's health insurance and health benefits.

Details
Please enter this person's full legal name

First Name *	Baby	Mobile Name	Jane
Last Name *	Appelback	Date of Birth *	01/12/2013
Gender *	Female		

Do you want to find out if you can get help paying for health insurance and health benefits for this person? *

Yes

Yes

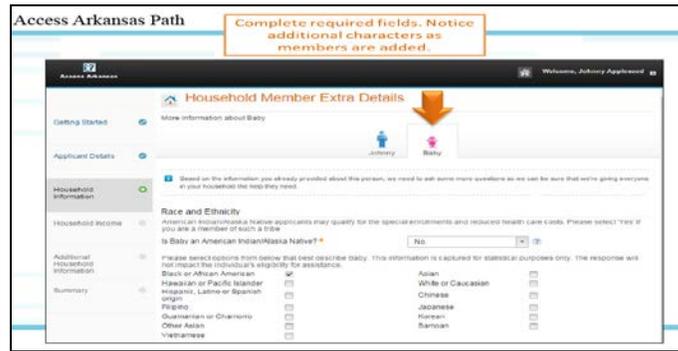
Save & Exit

Back

Next

Slide 38

Slide notes: Household member details are to be entered on this page. Select "Next" to proceed with the application.



Slide 39

Slide notes: Continue entering household member details.

Access Arkansas Path **Complete required fields.**

Additional information
Since Baby is applying for health insurance, he/she must provide a Social Security number (SSN) if available. We only use SSNs to check income and other information to see if Baby can get help paying for health insurance. A SSN can also help with enrolling in a health plan if Baby is eligible for one.

Does Baby have a SSN? *

SSN *

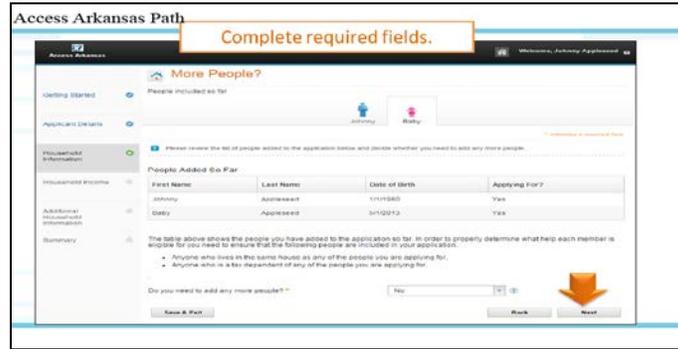
Is Baby a US Citizen? *

Is Baby currently enrolled on a health program or plan? *

Was Baby's mother enrolled on Medicaid that covers labor and delivery (including Emergency Medicaid) on his/her date of birth? *

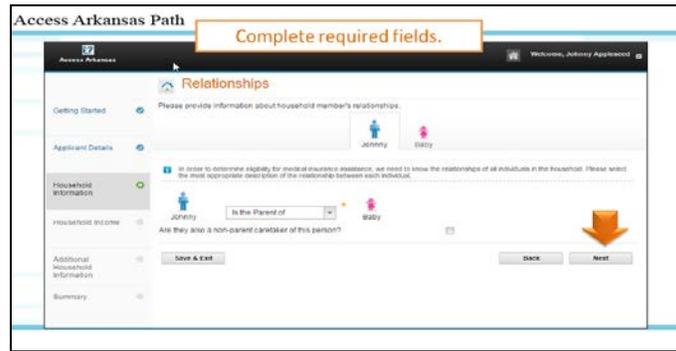
Slide 40

Slide notes: On this page the additional household member's social security number and other information is entered. Select "Next" to move forward.



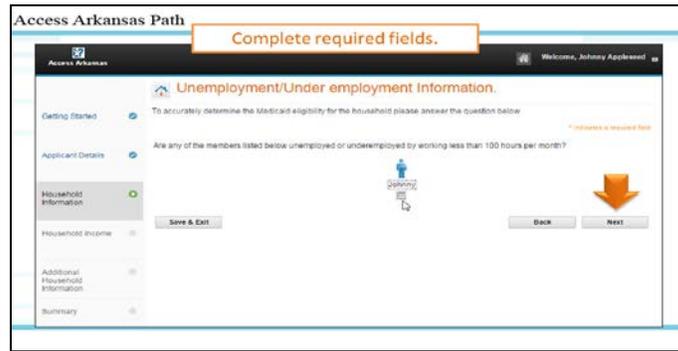
Slide 41

Slide notes: Consumers will need to review the list of people that have been added to the application. If more household members need to be added the applicant can do so on this page. Select "Next" to move forward.



Slide 42

Slide notes: At this point, the consumer will need to tell what their relationship is to each household member added to the application. Select "Next" to move forward.



Slide 43

Slide notes: This page is used to accurately determine Medicaid eligibility. Click "Next" to move forward.



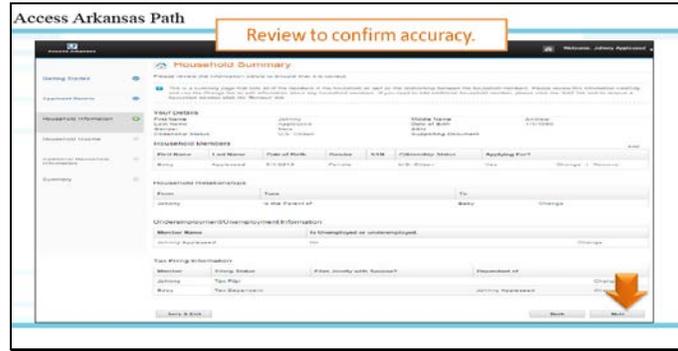
Slide 44

Slide notes: Continue answering questions and select "Next" to move forward.



Slide 45

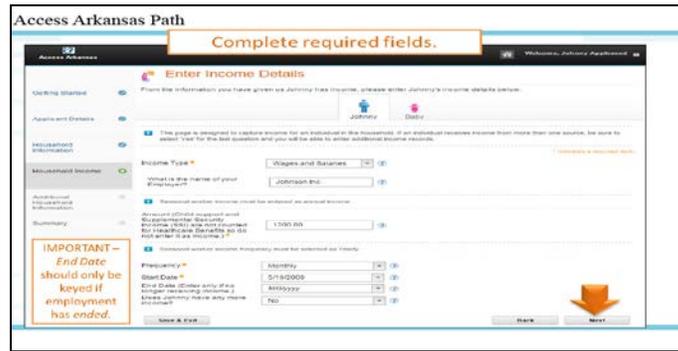
Slide notes: Continue answering questions and click "Next" to move forward.



Slide 46 - AA_Medicaid_determination

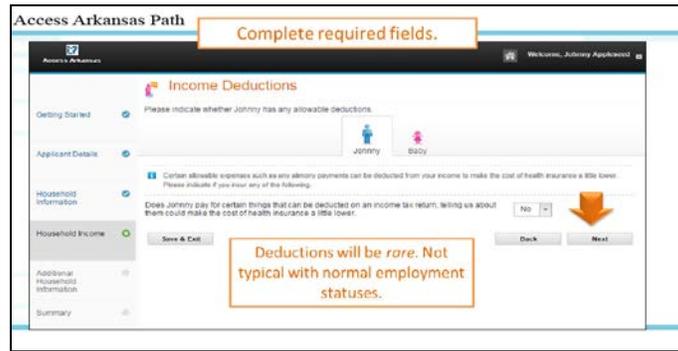
Slide notes:

The "Household Summary" is reviewed on this page. Consumers can make changes to their application if any of the information they have entered is incorrect. Click "Next" to move forward.



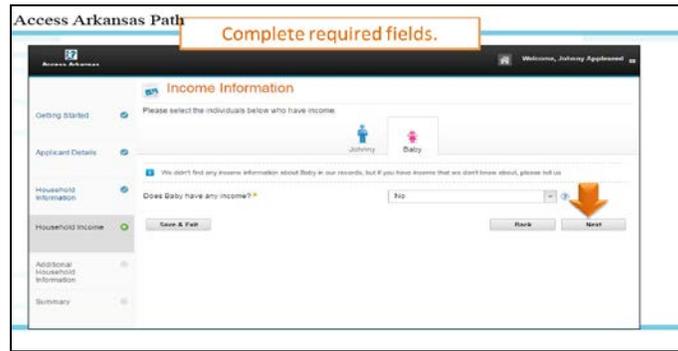
Slide 47

Slide notes: Continue entering information and click "Next" to move forward.



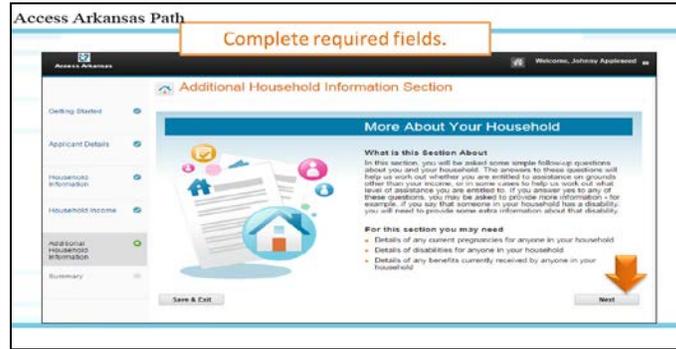
Slide 48

Slide notes: Continue entering information and click "Next" to move forward.



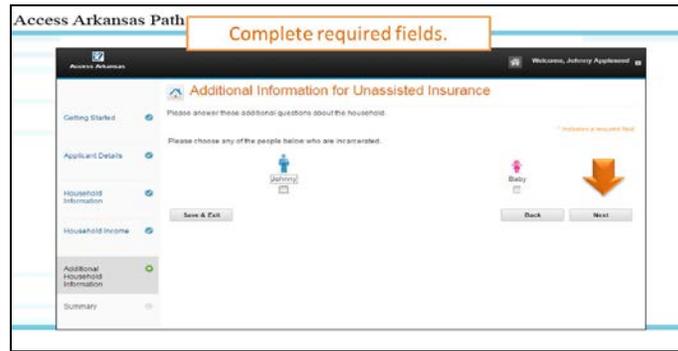
Slide 49

Slide notes: Continue entering information and click "Next" to move forward.



Slide 50

Slide notes: Follow-up questions will be asked about the household in this section. These questions will determine whether the consumer is entitled to assistance on grounds other than their income. Click "Next" to move forward.



Slide 51 - AA_Medicaid_determination

Slide notes: Continue answering questions and click "Next" to move forward.

Access Arkansas Path

Complete required fields.

Additional Information for all Applicants

Please answer these additional questions about the household.

Additional information on the household, such as whether someone is disabled or blind, will help us work out whether you may be entitled to help on grounds other than your income.

Does anyone in the household need help paying for medical bills from the last 12 months? No

Is anyone in the household blind? No

Is anyone in the household disabled? No

Do any of the people below need help with activities of daily living through personal assistance services, a nursing home, or other medical facility? No

Is anyone in the household in one of the following Medical Institutions?

- Nursing Home
- Intermediate Care Facility for the Intellectually Disabled
- Arkansas State Hospital
- Arkansas Health Center
- HUMAN Development Center

Save & Exit Back Next

Slide 52

Slide notes: Continue answering questions and click "next" to move forward.



Slide 53

Slide notes: Review the summary of the information that has been entered so far. Changes can be made by clicking change, add, or remove.



Slide 54

Slide notes: Continue reviewing the summary.

Access Arkansas Path

Review for accuracy. Changes can be made by clicking *Change*, *Add*, or *Remove*.

Welcome, Johnny Appleseed

Member/COPE Information

Member Name	Has Medical Bills from the last 3 months?	Eligible/Received Indian Health Program Services?
Johnny Appleseed	No	No
		Change
Ricky Appleseed	No	No
		Change

Blindness Information

Member Name	Is Blind?
Johnny Appleseed	No
	Change
Ricky Appleseed	No
	Change

Ceasability Information

Member Name	Is Disabled?
Johnny Appleseed	No
	Change
Ricky Appleseed	No
	Change

Medical Institution Information

Member Name	Is Institution?	Medical Institution Type
No additional documentation is needed		

Slide 55

Slide notes: Continue reviewing the summary.



Slide 56 - AA_Medicaid_determination

Slide notes: Continue reviewing the summary for accuracy.

Access Arkansas Path

Review for accuracy. Changes can be made by clicking *Change*, *Add*, or *Remove*.

Scholarship Income Exclusions Add

Member Name	Amount	Frequency	Start Date	End Date
No additional documentation is needed				

AJIAN Income Exclusions Add

Member Name	Amount	Frequency	Start Date	End Date	Income Type
No additional documentation is needed					

Tax Filing Information

Member	Filing Status	File Jointly with Spouse?	Dependent of	
Johnny	Tax Filer			Change
Baby	Tax Dependent		Johnny Appleseed	Change



Save & Exit Back Next

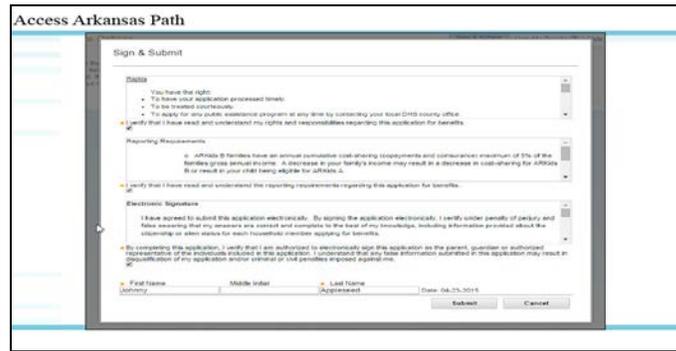
Slide 57

Slide notes: Continue reviewing the summary for accuracy and click "next" to move forward.



Slide 58

Slide notes: The application will not be complete until the consumer signs and submits it. Consumers will need to click "sign and submit" in the right hand corner.



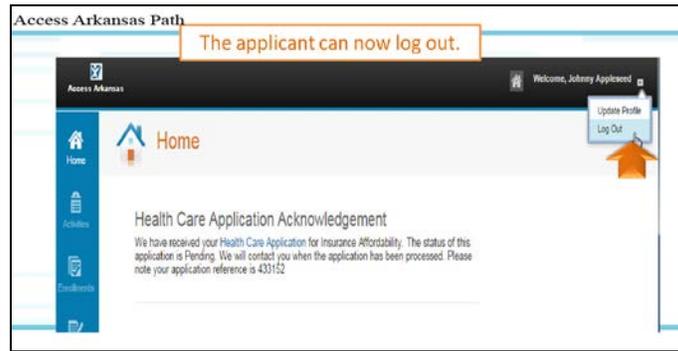
Slide 59

Slide notes: After checking the boxes the consumer will need to electronically sign and then click submit.

The screenshot shows a web form titled "Sign & Submit" within a "Review and indicate." tab. The form is titled "Renewal of coverage in future years" and contains the following text: "Medicaid cases will be scheduled for renewal every 12 months. To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow DHS to use income data, including information from tax returns. DHS will send me a notice, let me make any changes and I can opt out at any time." Below this text is a radio button selected for "Yes, renew my eligibility automatically for the next:" followed by five radio button options: "1 year", "2 years", "3 years", "4 years", and "5 years". A mouse cursor is positioned over the "4 years" option, and a large orange arrow points down to the "Submit" button. At the bottom of the form are "Submit" and "Cancel" buttons.

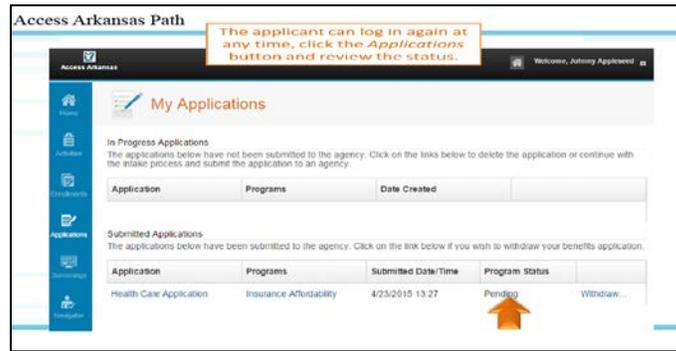
Slide 60

Slide notes: Consumers will then be asked if they would like DHS to use income data to renew their coverage. After selecting an answer they will need to click submit.



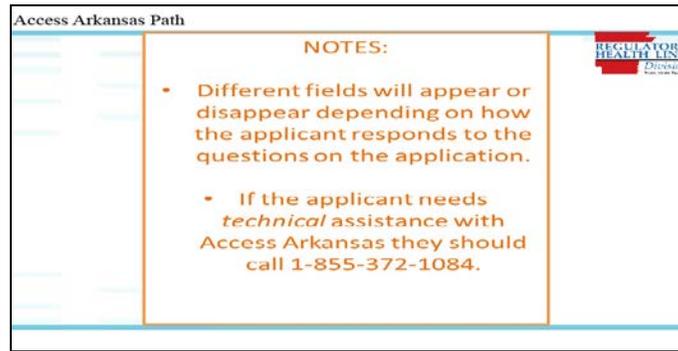
Slide 61

Slide notes: Consumers will receive a health care application acknowledgment after they click submit. At this point they may log out of their profile, or update it.



Slide 62

Slide notes: When the applicant logs back in, they will see the status of their submitted application or see if they have any applications still in progress.



Access Arkansas Path

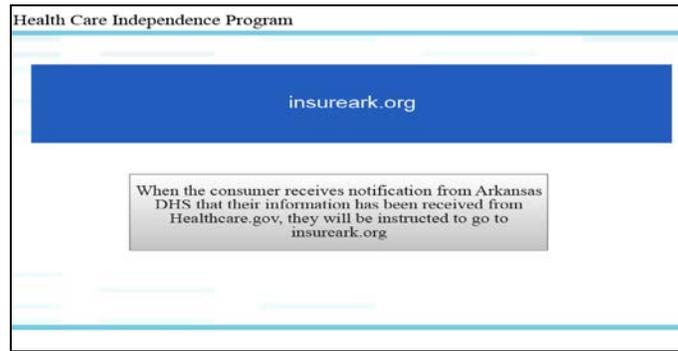
NOTES:

- Different fields will appear or disappear depending on how the applicant responds to the questions on the application.
- If the applicant needs *technical* assistance with Access Arkansas they should call 1-855-372-1084.

REGULATORY HEALTH LINKS

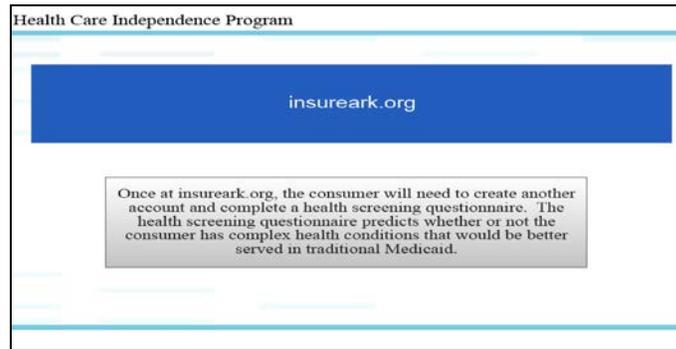
Slide 63

Slide notes: Different fields will appear or disappear depending on how the applicant responds to the questions on the application. If the applicant needs technical assistance with Access Arkansas, they should call 1-855-372-1084.



Slide 64 - Go_to_insureark

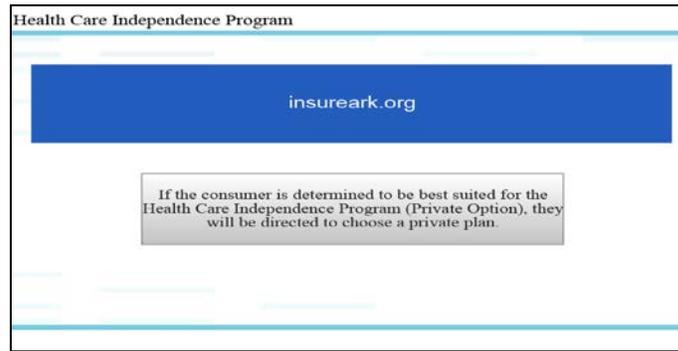
Slide notes: When the consumer receives notification from Arkansas DHS that their information has been received from Healthcare.gov, they will be instructed to go to insureark.org



Slide 65 - Once_at_insureark

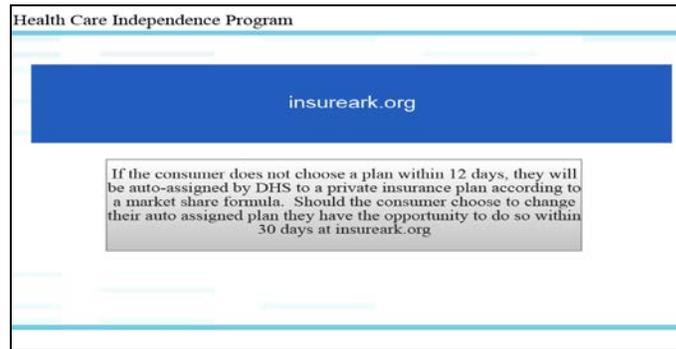
Slide notes:

Once at insureark.org, the consumer will need to create another account and complete a health screening questionnaire. The health screening questionnaire predicts whether or not the consumer has complex health conditions that would be better served in traditional Medicaid.



Slide 66 - Private_option

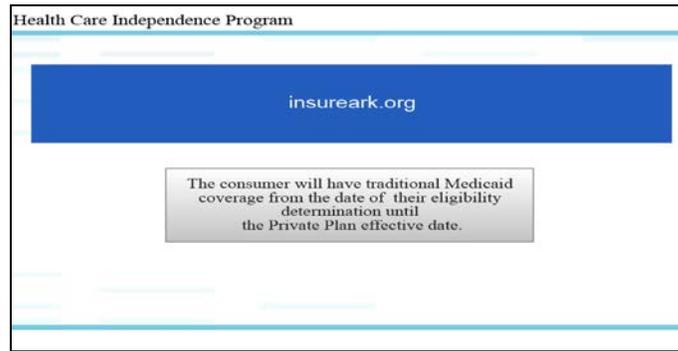
Slide notes: If the consumer is determined to be best suited for the Health Care Independence Program (Private Option), they will be directed to choose a private plan.



Slide 67 - Auto_Assign

Slide notes:

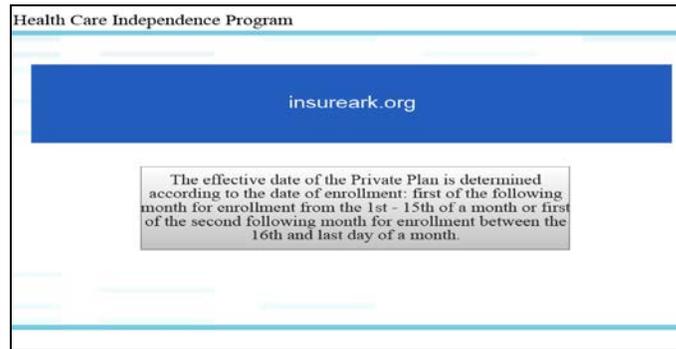
If the consumer does not choose a plan within 12 days, they will be auto-assigned by DHS to a private insurance plan according to a market share formula. Should the consumer choose to change their auto assigned plan, they have the opportunity to do so within 30 days at insureark.org



Slide 68 - Retroactive

Slide notes:

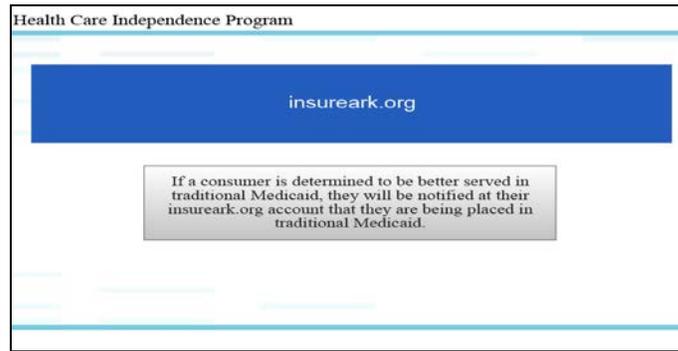
The consumer will have traditional Medicaid coverage from the date of their eligibility determination until the Private Plan effective date.



Slide 69 - Effective_Date

Slide notes:

The effective date of the Private Plan is determined according to the date of enrollment: first of the following month for enrollment from the 1st through 15th of a month or first of the second following month for enrollment between the 16th and last day of a month.



Slide 70 - Traditional_Medicaid

Slide notes:

If a consumer is determined to be better served in traditional Medicaid, they will be notified at their insureark.org account that they are being placed in traditional Medicaid.

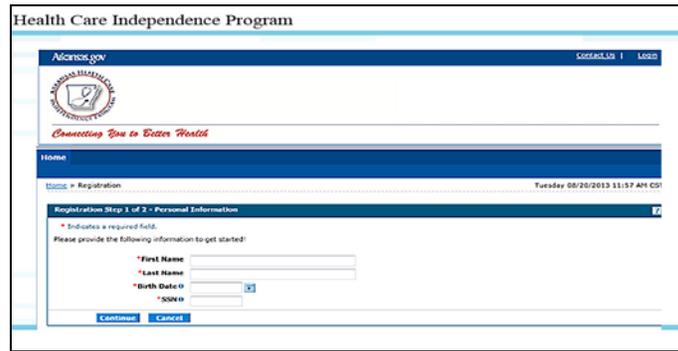


Slide 71 - Traditional_Medicaid

Slide notes:

Each consumer must log in and complete their own Health Screening Questionnaire. Therefore, if two or more are eligible in a household, each must go through this process.

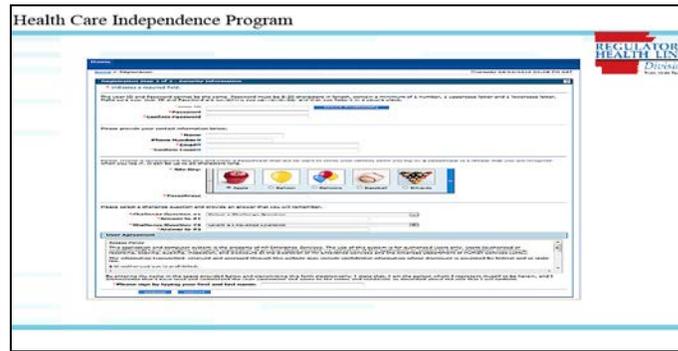
This is the first screen the consumer will see. They will have to register the first time to access the website. Once they register, InsureARK will recognize their data and let them proceed through the process.



Slide 72 - Traditional_Medicaid

Slide notes:

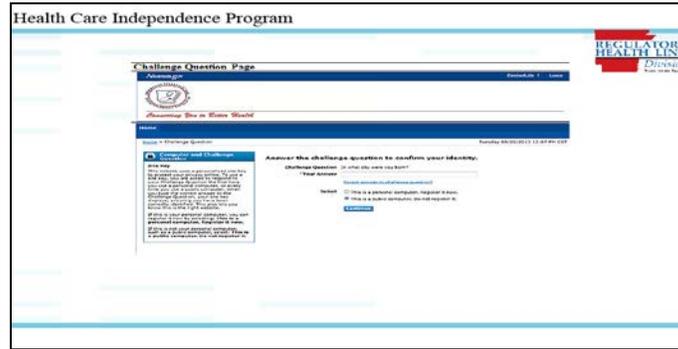
Please complete the required fields.



Slide 73 - Traditional_Medicaid

Slide notes:

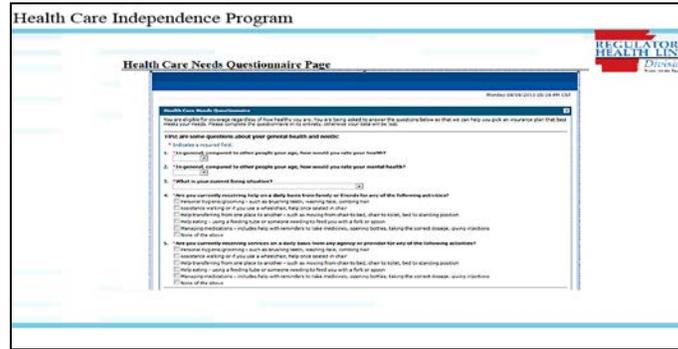
As with any website, they must create a user ID, password and go through a validation process.



Slide 74 - Traditional_Medicaid

Slide notes:

Consumers must answer the challenge question to confirm their identity.



Slide 75 - Traditional_Medicaid

Slide notes:

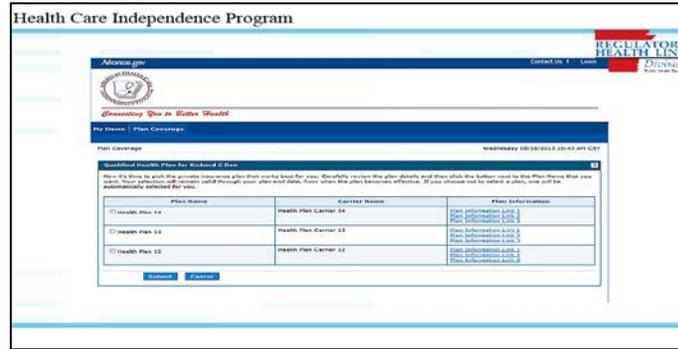
After logging in, the consumer will go through the Health Screening Questionnaire. This is a series of 12 questions that will determine whether they should be enrolled in traditional Medicaid or in a private plan. Consumers should answer these questions on their own.



Slide 77 - Traditional_Medicaid

Slide notes:

At the end of the questionnaire, the consumer will either be enrolled in traditional Medicaid, as shown on this screen. Consumer name, plan type, and the start and end date of the plan are listed below the arrow.



Slide 79 - Traditional_Medicaid

Slide notes:

If the consumer is not determined to be eligible for traditional Medicaid based on the Health Screening Questionnaire, they will be directed to go through the plan selection process.



Slide 80 - Traditional_Medicaid

Slide notes:

This is the contact us page if you have any questions concerning this process.

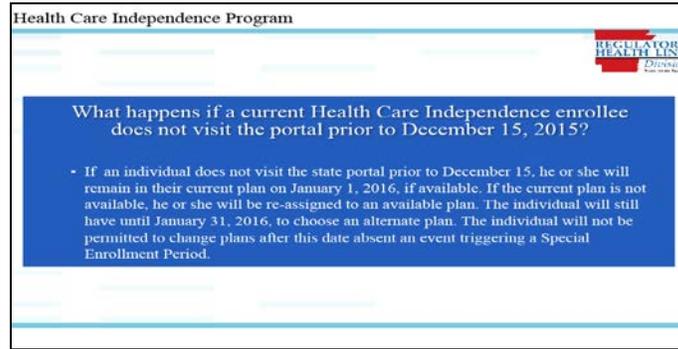
The screenshot shows a slide titled "Health Care Independence Program". It contains three text boxes:

- A top box: "A consumer who is determined to be better served by traditional Medicaid will be notified by a letter from Arkansas DHS that they have a choice between Standard Medicaid and Alternative Medicaid"
- A left box: "Standard Medicaid includes long-term care and assistance with daily living activities. Standard Medicaid does not include all Essential Health Benefits (EHBs) that are available in Alternative Medicaid."
- A right box: "Alternative Medicaid includes coverage for all EHB's including mental health and substance use disorder treatment services but does not include long-term care and assistance with daily living activities. Alternative Medicaid allows for unlimited Primary Care Physician (PCP) visits and prescriptions with prior DHS approval."

A small "Click Box" label is positioned between the two bottom boxes.

Slide 81 - Stand_vs_Alt_Med

Slide notes: A consumer who is determined to be better served by traditional Medicaid will be notified by a letter from Arkansas DHS that they have a choice between standard Medicaid and Alternative Medicaid. Standard Medicaid includes long-term care and assistance with daily living activities. Standard Medicaid does not include all Essential Health Benefits (EHBs) that are available in Alternative Medicaid. Alternative Medicaid includes coverage for all EHB's including mental health and substance use disorder treatment services but does not include long-term care or assistance with daily living activities. Alternative Medicaid allows for unlimited Primary Care Physician (PCP) visits and prescriptions with prior DHS approval. A consumer will be directed to call the Arkansas Foundation for Medical Care (AFMC) at 1-888-987-1200 to discuss benefits available under both Standard and Alternative Medicaid and pick the most suitable option.



Health Care Independence Program

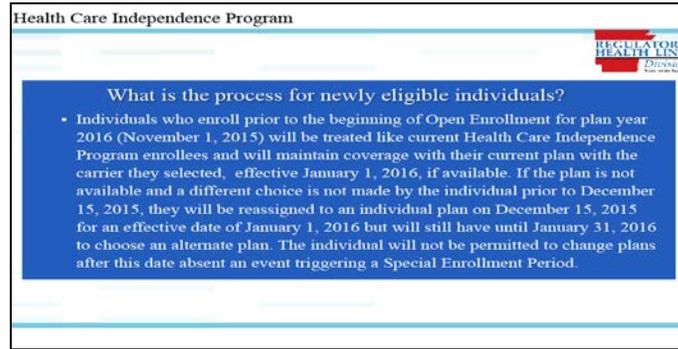
REGULATORY HEALTH LINK

What happens if a current Health Care Independence enrollee does not visit the portal prior to December 15, 2015?

- If an individual does not visit the state portal prior to December 15, he or she will remain in their current plan on January 1, 2016, if available. If the current plan is not available, he or she will be re-assigned to an available plan. The individual will still have until January 31, 2016, to choose an alternate plan. The individual will not be permitted to change plans after this date absent an event triggering a Special Enrollment Period.

Slide 82 - Health Care Independence Program

Slide notes: If an individual does not visit the state portal prior to December 15, he or she will remain in their current plan on January 1, 2016, if available. If the current plan is not available, he or she will be re-assigned to an available plan. The individual will still have until January 31, 2016, to choose an alternate plan. The individual will not be permitted to change plans after this date absent an event triggering a Special Enrollment Period.



Health Care Independence Program

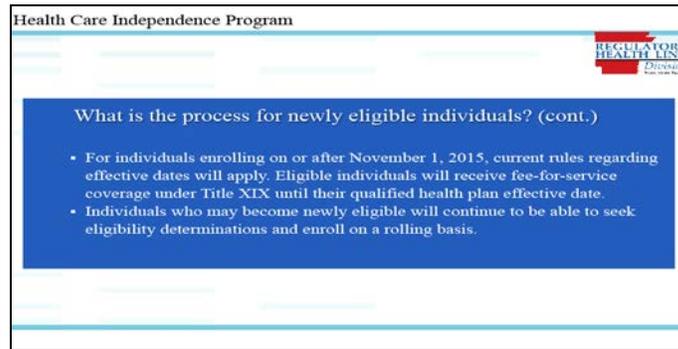
REGULATORY HEALTH LINKS

What is the process for newly eligible individuals?

- Individuals who enroll prior to the beginning of Open Enrollment for plan year 2016 (November 1, 2015) will be treated like current Health Care Independence Program enrollees and will maintain coverage with their current plan with the carrier they selected, effective January 1, 2016, if available. If the plan is not available and a different choice is not made by the individual prior to December 15, 2015, they will be reassigned to an individual plan on December 15, 2015 for an effective date of January 1, 2016 but will still have until January 31, 2016 to choose an alternate plan. The individual will not be permitted to change plans after this date absent an event triggering a Special Enrollment Period.

Slide 83 - Health Care Independence Program

Slide notes: Individuals who enroll prior to the beginning of Open Enrollment for plan year 2016 (November 1, 2015) will be treated like current Health Care Independence Program enrollees and will maintain coverage with their current plan with the carrier they selected, effective January 1, 2016, if available. If the plan is not available and a different choice is not made by the individual prior to December 15, 2015, they will be reassigned to an individual plan on December 15, 2015 for an effective date of January 1, 2016 but will still have until January 31, 2016 to choose an alternate plan. The individual will not be permitted to change plans after this date absent an event triggering a Special Enrollment Period.



The screenshot shows a presentation slide with a white background and a blue header bar. The header bar contains the text "Health Care Independence Program" on the left and a logo on the right that reads "REGULATORY HEALTH LINK" with "Division" underneath. The main content area is a blue box with white text. The text reads: "What is the process for newly eligible individuals? (cont.)" followed by two bullet points: "• For individuals enrolling on or after November 1, 2015, current rules regarding effective dates will apply. Eligible individuals will receive fee-for-service coverage under Title XIX until their qualified health plan effective date." and "• Individuals who may become newly eligible will continue to be able to seek eligibility determinations and enroll on a rolling basis."

Slide 84 - Health Care Independence Program

Slide notes: For individuals enrolling on or after November 1, 2015, current rules regarding effective dates will apply. Eligible individuals will receive fee-for-service coverage under Title XIX until their qualified health plan effective date.

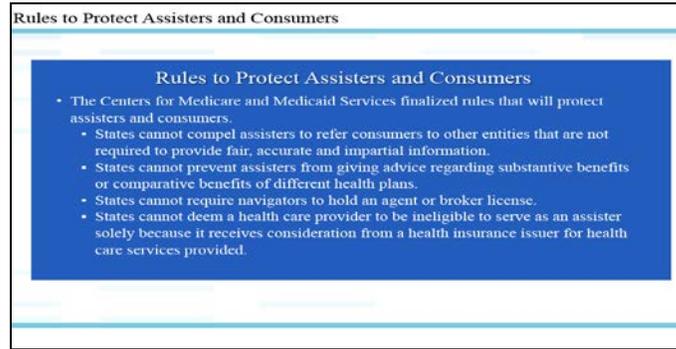
Individuals who may become newly eligible will continue to be able to seek eligibility determinations and enroll on a rolling basis.



Slide 85 - Overview

Slide notes:

CMS finalized rules that were proposed in March 2014. These rules impact navigators, in-person assisters, and certified application counselors (collectively known as assisters). States are not precluded from establishing or implementing state laws to protect consumers. This along with available resources will be discussed on the upcoming slides.



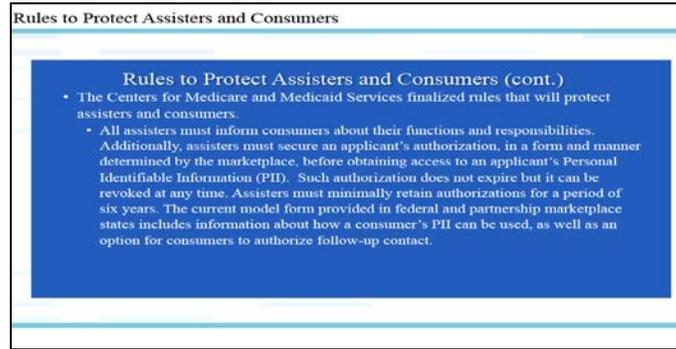
Rules to Protect Assistors and Consumers

Rules to Protect Assistors and Consumers

- The Centers for Medicare and Medicaid Services finalized rules that will protect assistors and consumers.
 - States cannot compel assistors to refer consumers to other entities that are not required to provide fair, accurate and impartial information.
 - States cannot prevent assistors from giving advice regarding substantive benefits or comparative benefits of different health plans.
 - States cannot require navigators to hold an agent or broker license.
 - States cannot deem a health care provider to be ineligible to serve as an assister solely because it receives consideration from a health insurance issuer for health care services provided.

Slide 86 - New Rules 1

Slide notes: These final regulations are the first attempt to define provisions of state laws that have inhibited assistors from doing what is required of them. States cannot compel assistors to refer consumers to other entities that are not required to provide fair, accurate and impartial information. Assistors can refer consumers to licensed producers but cannot be forced to refer consumers to them. States cannot prevent assister's from giving advice regarding substantive benefits or comparative benefits of different health plans. Assistors are not allowed to choose or recommend a specific plan for a consumer. However, they are allowed to explain and answer specific questions about a plan. Such an example would include answering whether or not a consumer's preferred doctor is within a plan's network. States cannot require navigators to hold an agent or broker license. States cannot deem a health care provider to be ineligible to serve as an assister solely because it receives consideration from a health insurance issuer for health care services provided.



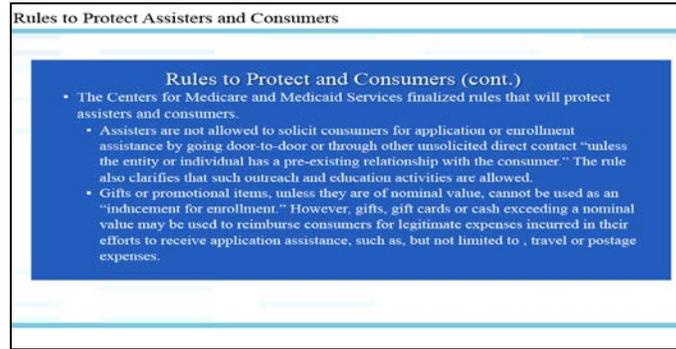
Rules to Protect Assistors and Consumers

Rules to Protect Assistors and Consumers (cont.)

- The Centers for Medicare and Medicaid Services finalized rules that will protect assistors and consumers.
 - All assistors must inform consumers about their functions and responsibilities. Additionally, assistors must secure an applicant's authorization, in a form and manner determined by the marketplace, before obtaining access to an applicant's Personal Identifiable Information (PII). Such authorization does not expire but it can be revoked at any time. Assistors must minimally retain authorizations for a period of six years. The current model form provided in federal and partnership marketplace states includes information about how a consumer's PII can be used, as well as an option for consumers to authorize follow-up contact.

Slide 87 - New Rules 5

Slide notes: All assistors must inform consumers about their functions and responsibilities. Additionally, assistors must secure an applicant's authorization, in a form and manner determined by the marketplace, before obtaining access to an applicant's Personal Identifiable Information (PII). Such authorization does not expire but it can be revoked at any time. Assistors must minimally retain authorizations for a period of six years. The current model form provided in federal and partnership marketplace states includes information about how a consumer's PII can be used, as well as an option for consumers to authorize follow-up contact.



The screenshot shows a presentation slide with a white background and a blue header bar. The title 'Rules to Protect Assistors and Consumers' is in the header. The main content is a blue box with white text. The text reads: 'Rules to Protect and Consumers (cont.)' followed by two bullet points. The first bullet point states that the Centers for Medicare and Medicaid Services finalized rules to protect assistors and consumers. The second bullet point details restrictions on solicitation methods and the use of gifts or promotional items, while allowing reimbursement for legitimate expenses.

Rules to Protect Assistors and Consumers

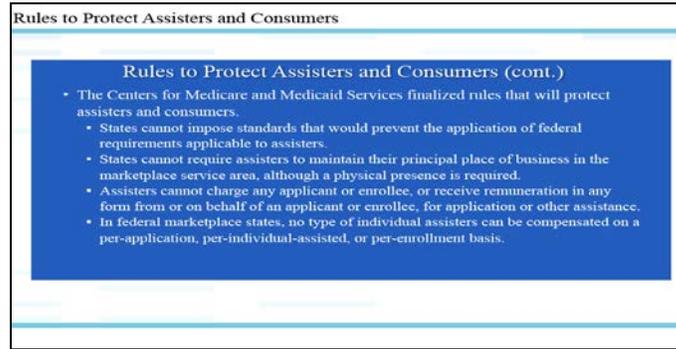
Rules to Protect and Consumers (cont.)

- The Centers for Medicare and Medicaid Services finalized rules that will protect assistors and consumers.
- Assistors are not allowed to solicit consumers for application or enrollment assistance by going door-to-door or through other unsolicited direct contact "unless the entity or individual has a pre-existing relationship with the consumer." The rule also clarifies that such outreach and education activities are allowed.
- Gifts or promotional items, unless they are of nominal value, cannot be used as an "inducement for enrollment." However, gifts, gift cards or cash exceeding a nominal value may be used to reimburse consumers for legitimate expenses incurred in their efforts to receive application assistance, such as, but not limited to, travel or postage expenses.

Slide 88 - New Rules 4

Slide notes:

Assistors are not allowed to solicit consumers for application or enrollment assistance by going door-to-door or through other unsolicited direct contact "unless the entity or individual has a pre-existing relationship with the consumer." The rule also clarifies what such outreach and education activities are allowed. Gifts or promotional items, unless they are of nominal value, cannot be used as an "inducement for enrollment." However, gifts, gift cards or cash exceeding a nominal value may be used to reimburse consumers for legitimate expenses incurred in their efforts to receive application assistance, such as, but not limited to, travel or postage expenses.



Rules to Protect Assistors and Consumers

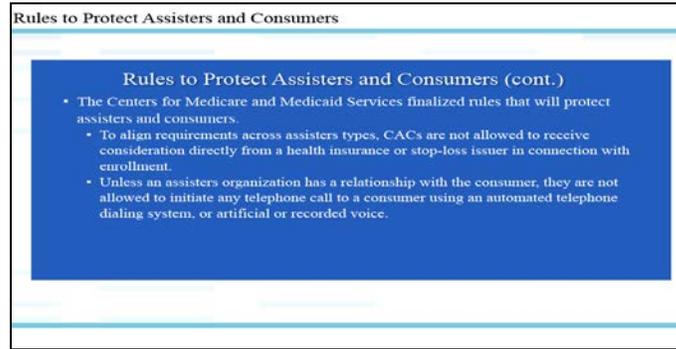
Rules to Protect Assistors and Consumers (cont.)

- The Centers for Medicare and Medicaid Services finalized rules that will protect assistors and consumers.
 - States cannot impose standards that would prevent the application of federal requirements applicable to assistors.
 - States cannot require assistors to maintain their principal place of business in the marketplace service area, although a physical presence is required.
 - Assistors cannot charge any applicant or enrollee, or receive remuneration in any form from or on behalf of an applicant or enrollee, for application or other assistance.
 - In federal marketplace states, no type of individual assistors can be compensated on a per-application, per-individual-assisted, or per-enrollment basis.

Slide 89 - New Rules 2

Slide notes:

States cannot impose standards that would prevent the application of federal requirements applicable to assistors. States cannot require assistors to maintain their principal place of business in the marketplace service area, although a physical presence is required. Assistors cannot charge any applicant or enrollee, or receive remuneration in any form from or on behalf of an applicant or enrollee, for application or other assistance. In federal marketplace states, no type of individual assister can be compensated on a per-application, per-individual-assisted, or per-enrollment basis.



Rules to Protect Assisters and Consumers

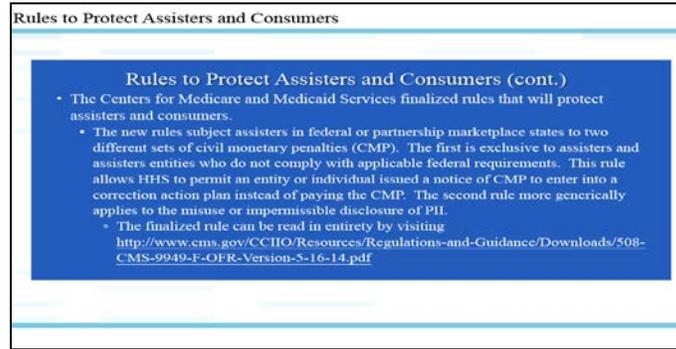
Rules to Protect Assisters and Consumers (cont.)

- The Centers for Medicare and Medicaid Services finalized rules that will protect assisters and consumers.
 - To align requirements across assister types, CACs are not allowed to receive consideration directly from a health insurance or stop-loss issuer in connection with enrollment.
 - Unless an assister organization has a relationship with the consumer, they are not allowed to initiate any telephone call to a consumer using an automated telephone dialing system, or artificial or recorded voice.

Slide 90 - New Rules 3

Slide notes:

To align requirements across assister types, CACs are not allowed to receive consideration directly from a health insurance or stop-loss issuer in connection with enrollment. Unless an assister organization has a relationship with the consumer, they are not allowed to initiate any telephone call to a consumer using an automated telephone dialing system, or artificial or recorded voice.



The screenshot shows a presentation slide with a white background and a blue header bar. The header bar contains the text "Rules to Protect Assistors and Consumers". Below the header, there is a blue rectangular area containing white text. The text is as follows:

Rules to Protect Assistors and Consumers (cont.)

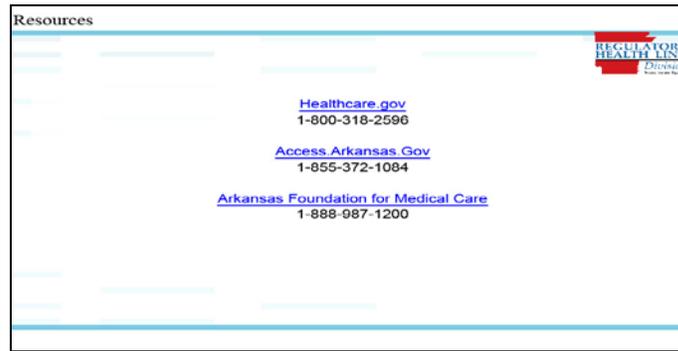
- The Centers for Medicare and Medicaid Services finalized rules that will protect assistors and consumers.
 - The new rules subject assistors in federal or partnership marketplace states to two different sets of civil monetary penalties (CMP). The first is exclusive to assistors and assistor entities who do not comply with applicable federal requirements. This rule allows HHS to permit an entity or individual issued a notice of CMP to enter into a correction action plan instead of paying the CMP. The second rule more generically applies to the misuse or impermissible disclosure of PII.
 - The finalized rule can be read in entirety by visiting <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/508-CMS-0949-F-OFR-Version-5-16-14.pdf>

Slide 91 - New Rules 6

Slide notes:

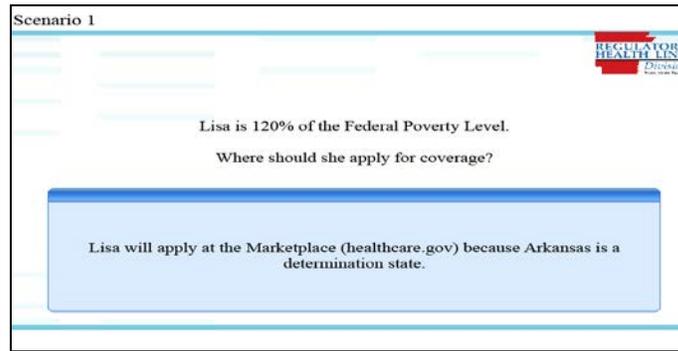
The new rules subject assistors in federal or partnership marketplace states to two different sets of civil monetary penalties (CMP). The first is exclusive to assistors and assistor entities who do not comply with applicable federal requirements. This rule allows HHS to permit an entity or individual issued a notice of CMP to enter into a correction action plan instead of paying the CMP. The second rule more generically applies to the misuse or impermissible disclosure of PII.

The finalized rule can be read in entirety by visiting the CMS website, linked on this screen.



Slide 92 - Resources

Slide notes: Some available resources are: [Healthcare.gov](#); 1-800-318-2596; [Access.Arkansas.Gov](#); 1-855-372-1084; Arkansas Foundation for Medical Care; 1-888-987-1200



Slide 93 - Taxes Scenario 1

Slide notes: Lisa is 120% of the Federal Poverty Level.

Where should she apply for coverage?

Lisa will apply at the Marketplace (healthcare.gov) because Arkansas is a determination state.

Scenario 2

REGULATORY
HEALTH LINK
Division
of Insurance

Billy is 61 years old and wants to apply for coverage through the Marketplace. He decides to go to Medicare.gov to compare Marketplace plans.

Has he chosen the correct pathway to enrollment for the Marketplace?

He has not chosen the correct pathway to enrollment. Medicare is separate from the Marketplace and for individuals 65 or older or who are disabled. Billy is neither.

Slide 94 - Taxes Scenario 2

Slide notes: Billy is 61 years old and wants to apply for coverage through the Marketplace. He decides to go to Medicare.gov to compare Marketplace plans.

Has he chosen the correct pathway to enrollment for the Marketplace? He has not chosen the correct pathway to enrollment. Medicare is separate from the Marketplace and for individuals 65 or older or who are disabled. Billy is neither.

Scenario 3



Donna received a determination of eligibility for Arkansas Medicaid and is waiting for contact via mail from the Arkansas Health Department.

Is this the correct agency that should be in communication with Donna about Medicaid?

No. The Arkansas Department of Human Services (DHS) is the agency that administers the Medicaid program.

Slide 95 - Taxes Scenario 3

Slide notes: Donna received a determination of eligibility for Arkansas Medicaid and is waiting for contact via mail from the Arkansas Health Department.

Is this the correct agency that should be in communication with Donna about Medicaid? No. The Arkansas Department of Human Services (DHS) is the agency that administers the Medicaid program.

Scenario 4

REGULATORY
HEALTH LINK
Arkansas
Department of Insurance

Carol knows that you can apply for the Health Care Independence Program online. She decided to go to the Arkansas Insurance Department's website at insurance.arkansas.gov to apply for coverage.

Will Carol get coverage through this website?

Carol will not be able to apply for coverage through the Arkansas Insurance Department website. She needs to go to healthcare.gov or Access.arkansas.gov . The Arkansas Insurance Department only provides regulation and guidance in relation to the Patient Protection and Affordable Care Act.

Slide 96 - Taxes Scenario 4

Slide notes: Carol knows that you can apply for the Health Care Independence Program online. She decided to go to the Arkansas Insurance Department's website at insurance.arkansas.gov to apply for coverage.

Will Carol get coverage through this website? Carol will not be able to apply for coverage through the Arkansas Insurance Department website. She needs to go to healthcare.gov or Access.arkansas.gov . The Arkansas Insurance Department only provides regulation and guidance in relation to the Patient Protection and Affordable Care Act.

Scenario 5

REGULATORY
HEALTH LINK
Division

Robert would like to know if he qualifies for traditional Medicaid. What information will he need to complete at insureark.org to determine if he would be better served in Traditional Medicaid?

Robert will need to complete a health screening questionnaire. The health screening questionnaire predicts whether or not the consumer has complex health conditions that would be better served in traditional Medicaid.

Slide 97 - Taxes Scenario 5

Slide notes:

Robert would like to know if he qualifies for traditional Medicaid. What information will he need to complete at insureark.org to determine if he would be better served in Traditional Medicaid? Robert will need to complete a health screening questionnaire. The health screening questionnaire predicts whether or not the consumer has complex health conditions that would be better served in traditional Medicaid.

Scenario 6

REGULATORY
HEALTH LINK
Division

Michael enrolls in a plan on March 16th.

When will the plan become effective?

The effective date of a private plan is determined according to the date of enrollment. The first of the following month for enrollment from the 1-15th of the month or the first of the second following month for enrollment between the 16 and the last day of the month. Michael's plan will not be effective until May 1st.

Slide 98 - Taxes Scenario 6

Slide notes: Michael enrolls in a plan on March 16th.

When will the plan become effective? The effective date of a private plan is determined according to the date of enrollment. The first of the following month for enrollment from the 1st to 15th of the month or the first of the second following month for enrollment between the 16th and the last day of the month. Michael's plan will not be effective until May 1st.

Scenario 7

REGULATORY
HEALTH LINK
Division

Roland goes to Sherice, a licensed Navigator, to get assistance with health coverage.
Sherice explains the enrollment process and before assisting further she verbally asks for permission to access Roland's Personal Identifiable Information.

Is this authorization sufficient?

The Centers for Medicare and Medicaid Services (CMS) requires that certain assister types must secure an applicant's written authorization. Sherice did not get sufficient authorization.

Slide 99 - Taxes Scenario 7

Slide notes: Roland goes to Sherice, a licensed Navigator, to get assistance with health coverage. Sherice explains the enrollment process and before assisting further she verbally asks for permission to access Roland's Personal Identifiable Information.

Is this authorization sufficient? The Centers for Medicare and Medicaid Services (CMS) requires that certain assister types must secure an applicant's written authorization. Sherice did not get sufficient authorization.

Scenario 8

REGULATORY
HEALTH LINK
Division

Justin is a licensed In-Person Assister. He has assisted numerous consumers in his local community. One consumer, Peter Jenkins, often referred him to many of his friends. Justin was so grateful for Peter's business that Justin offered him a free weekend at his timeshare in Jackson Hole, Wyoming. Peter accepted the offer and enjoyed his weekend away.

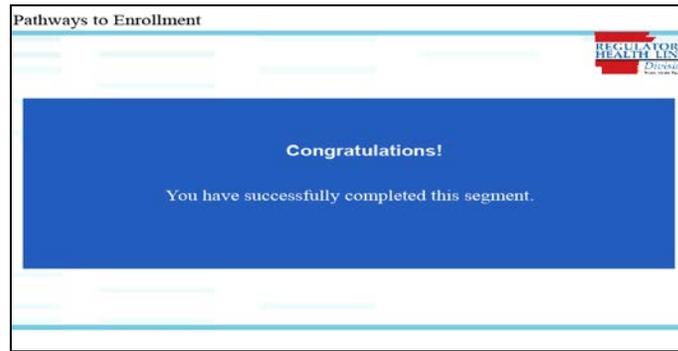
Was Justin's offer appropriate?

CMS does not allow assisters to solicit consumers for application or enrollment assistance by going door-to-door, or through unsolicited direct contact. Gifts or promotional items unless they are of nominal value cannot be used as an inducement for enrollment. Justin's offer was inappropriate.

Slide 100 - Taxes Scenario 8

Slide notes: Justin is a licensed In-Person Assister. He has assisted numerous consumers in his local community. One consumer, Peter Jenkins, often referred him to many of his friends. Justin was so grateful for Peter's business that Justin offered him a free weekend at his timeshare in Jackson Hole, Wyoming. Peter accepted the offer and enjoyed his weekend away.

Was Justin's offer appropriate? CMS does not allow assisters to solicit consumers for application or enrollment assistance by going door-to-door, or through unsolicited direct contact. Gifts or promotional items unless they are of nominal value cannot be used as an inducement for enrollment. Justin's offer was inappropriate.



Slide 101 - Final Slide

Slide notes: Congratulations! You have successfully completed this segment.