

The Honorable Mark Martin
Secretary of State
State Capitol Room 026
Little Rock, AR 72201-1094

Dear Mr. Martin:

Attached you will find the Questionnaire, Financial Impact Statement, Medical Services Policy Manual Sections B 100-270, D 300-320, D 400, E 100-270, F 160-164 and F 180 and forms DCO-151, Application for Health Coverage (single adults) and DCO-152, Application for Health Coverage (family).

The policy and forms will be used for determining eligibility for certain existing categories and a new group of eligibles using the Medicaid Modified Adjusted Gross Income (MAGI) methodology effective January 1, 2014. The policy and forms also establish the new mandatory groups in accordance with the Affordable Care Act and the optional adult group in accordance with Arkansas' Health Care Independence Act 2013. This change is in accordance with Arkansas Code Annotated 20-76-201 and the Patient Protection and Affordable Care Act.

It is necessary to expedite the filing of these rules to ensure that the Federally Facilitated Marketplace can meet the federal obligation of performing certain functions necessary to make correct eligibility determinations starting October 1, 2013 for individuals eligible for coverage beginning January 1, 2014 as required by the Patient Protection and Affordable Care Act. Therefore, it is imperative that this rule be promulgated on an emergency basis. The effective emergency promulgation date is October 1, 2013.

If you have any questions or comments, please contact Linda Greer, Assistant Director, Office of Program Planning and Development, P.O. Box 1437, Slot S332, Little Rock, AR 72203.

Sincerely,

Joni Jones
Director

JJ:LG:lw

Attachments

cc: file

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-100 ELIGIBILITY GROUPS

B-210 ARKids First

B-100 ELIGIBILITY GROUPS

MS Manual 01-01-14

A Medicaid eligibility group defines the eligibility requirements an individual must meet to be eligible for Medicaid coverage. The eligibility group also defines the benefit package or array of services the individuals in that group will receive.

Effective January 1, 2014, each of Arkansas' Medicaid groups fall under one the following general groupings:

- Families and Individuals
- Aid to the Aged, Blind, and Disabled
- Foster Care & Adoption Assistance
- Emergency Services for Aliens

Within these general groupings are more specific groups defined by specific individual characteristics, such as age, and/or services needed, such as Long Term Services and Supports. In addition, some groups are assigned two or more categories of coverage due to differing benefit packages or federal funding match rates. These are described in more detail in the following sections.

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 FAMILIES AND INDIVIDUALS GROUP (MAGI)

B-210 ARKids First

B-200 FAMILIES AND INDIVIDUALS GROUP (MAGI)

MS Manual 01-01-14

Most individuals under age 65 will fall into the Families and Individuals general eligibility grouping. Most of the specific groups under this general grouping use the Modified Adjusted Gross Income or MAGI methodologies to determine financial eligibility for individuals. (See [MS E-200](#) for specific policy regarding the MAGI methodology.) Therefore, this group is commonly called the “MAGI” group. Generally speaking, the MAGI groups cover non-SSI adults and children under age 65 who are not in need of specialized services or benefits related to a disability or blindness or who are not in need of long term care support or services (See [MS E-220](#)). A non-SSI individual with a disability or blindness may be covered in a MAGI group if otherwise eligible and not covered by Medicare.

NOTE: Two groups (Newborns and Former Foster Care Adults) which are described below do not have a financial test and therefore, the MAGI methodology is not used. However, since these two groups cover non-aged, blind, or disabled adults or children, they are included in the general grouping of Families and Individuals.

Individuals in all groups must meet the General Eligibility Requirements as outlined in [MS D-100](#).

The sections that follow describe each of the specific Families and Individuals (MAGI) eligibility groups.

B-210 ARKids First

MS Manual 01-01-14

The ARKids First group provides health insurance coverage for Arkansas children from birth to age 19. There are two categories of coverage – ARKids A and ARKids B.

ARKids A provides coverage to children under age 19 with family income under 142% of the Federal Poverty Level for the applicable household size. (See [MS E-110](#)) ARKids A provides the full range of Medicaid services. This is a mandatory eligibility group authorized and funded by Title XIX of the Social Security Act (Medicaid).

ARKids B provides coverage to otherwise uninsured children under age 19 with family income equal to or over 142% but under 211% of the FPL for the household size. (See [MS E-110](#)). ARKids B provides a more limited range of services with limited co-pays for some services. ARKids B was authorized by Arkansas Act 407 of 1997 (the ARKids First Program Act) and was implemented as a Section 1115 Medicaid expansion program effective September 1, 1997. The

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 FAMILIES AND INDIVIDUALS GROUP (MAGI)

B-220 NEWBORNS

program is currently funded by the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act.

Because ARKids A and ARKids B have different benefit packages and have different federal funding match rates, it is necessary to designate separate categories of coverage for them.

Please see [PUB-040, Arkansas Medicaid, ARKids First & You](#), for a summary of the benefit packages which highlights the differences in the two packages.

B-220 NEWBORNS

MS Manual 01-01-14

This group consists of newborns up to age 1 whose mothers were Medicaid eligible at the time of their births. Newborns in this group are guaranteed Medicaid coverage for the first year of life regardless of income changes that may occur during that first year. Newborns receive the full range of Medicaid services.

Although this group is considered part of the ARKids First group, Newborns also have a separate category of coverage to ensure no change in household circumstances affects their one-year of guaranteed coverage. At age 1, eligibility for ARKids First (A or B) is determined as for any other child. (See XXXX for newborn to ARKids First transition procedures.)

B-230 PARENTS/CARETAKER RELATIVES

MS Manual 01-01-14

This group consists of adults who have related minor children living in the home for whom the adult exercises care and responsibility ([MS F-110](#)) and whose household income is below the income limit for this group. (See [MS E-110](#))

Both natural or adoptive parents may be living in the home with the child. There is no "deprivation of parental care or support" requirement for the parents to be included in this group.

If an adult meets the criteria for this group, he or she must be assigned to this group even if eligibility exists in another MAGI eligibility group. Therefore, eligibility for this group is determined first before moving to other categories that may have higher income limits.

NOTE: Only adults are included in this group. The children living with these adults are covered in the appropriate ARKids First group.

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 FAMILIES AND INDIVIDUALS GROUP (MAGI)

B-240 PREGNANT WOMEN

Adults covered in the group receive the full range of Medicaid benefits.

B-240 PREGNANT WOMEN

MS Manual 01-01-14

This group consists of women age 19 and above who are pregnant at the time of application and are not eligible in either the Parent/Caretaker Relative ([MS B-230](#)) or Former Foster Care ([MS B-260](#)) group. A pregnant woman can apply for Pregnant Women Medicaid up to 3 months after birth of the baby.

There are two categories of coverage within the Pregnant Woman group.

- Those with household income at or below the income limit for Low-Income Pregnant Woman Coverage ([MS E-110](#)) receive the full range of Medicaid services.
- Those with income above that limit but under the limit for Pregnant Woman Only ([MS E-110](#)) are provided services related to prenatal, delivery and postpartum care, and to other conditions that may complicate pregnancy.

Both levels provide postpartum coverage through the end of the month in which the 60th day from the date of delivery falls.

B-250 UNBORN CHILD (Pregnant Woman)

MS Manual 01-01-14

This group consists of non-citizen pregnant women who do not meet the alienage requirements for Medicaid. This includes pregnant women who are any of the following:

- Lawfully admitted aliens who do not yet meet the 5 year residency requirements;
- Lawfully present in the United States under a Compact of Free Association with the United States (e.g., individuals from the Marshall Islands);
- Undocumented aliens.

The purpose of this group is to provide pre-natal care to the unborn child who is expected to be born in the United States. As this coverage is intended to benefit unborn children who will be U.S. citizens at birth, the pregnant woman will not qualify for this coverage if she intends to leave the U.S. before the baby is born.

This group is also different from the other Pregnant Women groups in that it receives an enhanced federal match rate under the Children's Health Insurance Program. The CHIP

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 FAMILIES AND INDIVIDUALS GROUP (MAGI)

B-260 FORMER FOSTER CARE ADULTS

enhanced funding coverage is available only to pregnant women who have no other insurance that covers pregnancy related services.

The non-citizen pregnant woman will receive postpartum coverage. Postpartum coverage is through the end of the month in which the 60th day from the date of delivery falls.

B-260 FORMER FOSTER CARE ADULTS

MS Manual 01-01-14

This group consists of adults up to age 26 who aged out of foster care in Arkansas. There is no income or resource test. Other than the general Medicaid eligibility requirements that all Medicaid eligibles must meet ([MS D-100](#)), the only requirement for eligibility in this group is that the adult was in foster care in Arkansas, aged out of foster care at age 18-21 depending on the individual circumstances, and is currently under age 26.

Individuals in this group receive the full range of Medicaid benefits.

B-270 ADULTS AGE 19-64 (Health Care Independence Program)

MS Manual 01-14-13

This group consists of adults who are 19 through 64 years of age with household income below 133% (138% with 5% disregard applied) of the applicable federal poverty level ([MS E-110](#)) and are not eligible in either the Parent/Caretaker Relative group ([MS B-230](#)) or Former Foster Care group ([MS B-260](#)). Adults who are blind or who have a disability may be covered in this group unless they are determined eligible for coverage in another group on the basis of the need for long term care services (facility or waiver) or other disability related services.

A woman who is pregnant at the time of application cannot be included in this group until after the postpartum period. She must be enrolled in one of the pregnant women groups or in the parent/caretaker relative group if eligible. However, a woman who becomes pregnant after enrolling in this adult group may remain in the adult group throughout her pregnancy.

Individuals eligible in this group will participate in the Health Care Independence Program authorized by Arkansas Act 1498 of 2013 unless determined to be medically frail. The Health Care Independence Program provides Medicaid funding in the form of premium assistance to enable individuals to enroll in private health insurance plans offered through the Federally Facilitated Health Insurance Marketplace (FFM). Those determined to be medically frail will be

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 FAMILIES AND INDIVIDUALS GROUP (MAGI)

B-280 Reserved

better served through the regular Medicaid program and therefore they will not enroll in a private plan.

Note: If an individual in this group has a child(ren) under age 18 living in the home, the child(ren) must be covered in Medicaid or have other health insurance coverage.

B-280 Reserved

B-300 Reserved

B-400 Reserved

D-100 General Eligibility Requirements

D-400 Social Security Number Enumeration Requirement

D-400 Social Security Number Enumeration Requirement

MS Manual 01/01/14

To meet the Social Security enumeration requirement, each eligible person must either:

1. Declare a Social Security number or
2. Apply for a Social Security number if one has not been issued or if one has been issued but is not known.

EXCEPTIONS: A social security number is not required for an individual who:

- a. Is not eligible to receive a SSN (e.g. Refugee);
- b. Does not have a SSN and may only be issued a SSN for a valid non-work reason (e.g. Emergency Medicaid, Pregnant Women (unborn child));
- c. Is eligible in the Newborn Infant Category or
- d. Refuses to obtain a SSN because of well-established religious objections. Well-established religious objections mean that the individual:
 - 1) Is a member of a recognized religious sect or division of the sect; and
 - 2) Adheres to the tenets or teachings of the sect or division of the sect and for that reason is conscientiously opposed to applying for or using a national identification number.



Note: Since most newborns are “enumerated at birth”, a pseudo number assigned to the newborn will be updated in the eligibility system when a SSN is received.

1. Individuals who Declare an SSN

To declare an SSN, an individual must state the number. Verification is not required. When an individual declares an SSN, the caseworker will enter the SSN in the eligibility system for verification through the SVES system. (This verification process is described in [MS D-200](#).) The caseworker will not attempt to verify the SSN declared. However, if the household presents documentary evidence such as a social security card, a copy will be scanned into the electronic case record and used, if necessary, to clear any SSN discrepancies.

2. SSN Application Process (No SSN or SSN Not Known)

a. Aliens and Individuals age 12 or over

An alien regardless of age and an individual age 12 or over must apply in person at the local Social Security Administration Office. The caseworker will issue an SS-5, Application for a Social Security Card and a DCO-12, Enumeration Referral, along

MEDICAL SERVICES POLICY MANUAL, SECTION 4000

D-100 General Eligibility Requirements

D-400 Social Security Number Enumeration Requirement

with the identifying information and pseudo-SSN to the applicant. The caseworker will not forward any evidence to SSA for the applicant unless SSA specifically requests such evidence. A photocopy of the SS-5 and DCO-12 will be retained in the county office until the DCO-12 is returned by SSA showing that a complete SSN application has been received.

An individual who has been issued a number but does not know it can obtain a replacement SSN card by completing an SS-5 and taking or mailing it to SSA. If the DCO-12 is returned by SSA showing that a complete SSN application has not been received, the caseworker will send a DCO-700 advising the applicant that he must submit a complete SSN application to SSA within 10 days or the Medicaid application will be processed without that person's eligibility being considered.

b. Individuals under age 12

Form SSA-2853 (Receipt for Enumeration at Birth) will be accepted as proof of application for an SSN if an application for an SSN was made at the hospital when the baby was born. The caseworker will request the applicant provide the SSA-2853, and scan a copy into the electronic case record. The caseworker can accept this form as proof until the first reevaluation for continued eligibility. At that time, if a card has not been received, or a number is not on the system, the caseworker will complete an SS-5 and DCO-12 to forward to the SSA office, as described below.

For other individuals under age 12 who must apply for an SSN, the caseworker must complete the SS-5 and DCO-12. The caseworker will inform the applicant of what are acceptable types of evidence to verify date of birth, identity and U.S. citizenship as listed on the SS-5 application.

The original copies of evidence along with the SS-5 and DCO-12 will be submitted to the local Social Security Administration Office. A photocopy of the SS-5 and DCO-12 should be retained in the county office until the DCO-12 is returned by the SSA office indicating that a complete SSN application has been received.

If the DCO-12 is returned by SSA indicating that additional information or evidence is required, the caseworker will obtain the additional evidence, if available to the caseworker, and resubmit the entire SSN application and DCO-12. If additional evidence is not available to the caseworker, a DCO-700 will be sent to the applicant requesting the information and advising that if not provided within 10 days, the application will be processed without the person's eligibility being considered.

c. Qualified Aliens not Authorized to Work in the U.S.

MEDICAL SERVICES POLICY MANUAL, SECTION 4000

D-100 General Eligibility Requirements

D-400 Social Security Number Enumeration Requirement

SSA will not assign an SSN or a replacement card to an alien who does not have authorization of the Department of Homeland Security to work in the United States unless the alien has a valid non-work reason for needing an SSN. Meeting the eligibility requirements for Medicaid, in a category where an SSN is required of eligibles, would be a valid reason for SSA to authorize an SSN. To assign an SSN in this situation, SSA requires documentation from DCO that the individual meets all eligibility requirements for Medicaid except for an SSN. For these individuals, the caseworker must first determine that the individual meets all points of eligibility except for an SSN. If they are Medicaid eligible, the caseworker should complete the DCO-12, checking on the form that the non-work alien meets all eligibility requirements except for the SSN. The caseworker will issue the DCO-12 and SS-5 to the applicant or responsible party, following the procedures in 2(a) above, regardless of the age of the qualified alien. SSA requires an interview for enumeration of all non-citizens.



NOTE: Counties should only refer eligibles to SSA. Non-eligible, non-work alien parents applying only for their children should not be referred to SSA. They should be given a pseudo-SSN.

d. Undocumented Alien

An undocumented alien who is the casehead or included as an ineligible member in an open case will be assigned a pseudo number even if an SSN is provided. This includes an undocumented pregnant woman. More information regarding the procedures for applying for a SSN can be obtained through SSA's website: www.ssa.gov/ssnumber/ or by calling toll free at **1-800-772-1213**, deaf or hard of hearing at **1-800-325-0778** from 7 a.m. to 7 p.m., Monday through Friday for specific questions.

3. Non-Eligibles Included In the Medicaid Household Size

Non-eligible minor children, parents and other caretaker relatives, who meet the relationship criteria as outlined in [MS F-110](#), may be included in the determination of Medicaid household size without enumeration. Every effort should be made to secure the SSN of non-eligibles in the Medicaid household, but eligibility cannot be denied or delayed for eligible individuals based on non-enumeration of non-eligibles.

MEDICAL SERVICES POLICY MANUAL, SECTION D

D-300 State Residency

D-310 State Residency Determinations

D-300 State Residency

MS Manual 01/01/14

Residency regulations are intended to assure uniform application of residency rules and to assure that no otherwise eligible individual is denied Medicaid because no State recognizes him as a resident.

D-310 State Residency Determinations

MS Manual 01/01/14

State residency determinations are as follows:

1. An individual placed in an out-of-state institution is a resident of the State making arrangement for placement regardless of the individual's indicated intent or ability to indicate intent;
2. An individual receiving State Supplementation of SSI is a resident of the State making said payments;
3. A non-institutionalized individual is a resident of the State where he is living.

EXCEPTION: An individual aged 18-22 and a full-time student at an Arkansas school, is not a resident of Arkansas if:

- a) Neither parent lives in Arkansas,
 - b) The student is claimed as a tax dependent by someone in a state other than Arkansas, and
 - c) The student is applying on his or her own behalf.
4. An institutionalized individual who is incapable of indicating intent, is a resident of the State where the institution is located, unless he is proven to be a resident of another State through application of the following determinations:
 - a. An institutionalized individual who became incapable of indicating intent before age 21 is a resident of the State of:
 - i. His parents or legal guardian, if one has been appointed, at the time of placement; or
 - ii. The parent applying on his behalf, if the parents reside in separate States and a legal guardian has not been appointed;

MEDICAL SERVICES POLICY MANUAL, SECTION D

D-300 State Residency

D-320 Prohibited State Residency Determination

- b. If the individual resides in a Medicaid institution and is receiving Medicaid, he is a resident of the State which pays the Medicaid bills.

When more than one State could be an individual's residence, and you cannot determine the jurisdiction of residence based on the above rules, the residence is where the individual is physically located at present.



NOTE: For purposes of State residency – an institution is a Title XIX Long Term Care Facility and an individual is considered to be incapable of indicating intent to reside in the State if:

1. He has an IQ of 49 or less or a mental age of seven (7) or less, based on tests acceptable to the State's Division of Developmental Disabilities Services (DDS);
or
2. He is judged legally incompetent; or
3. Medical or other documentation acceptable to the State supports a finding of incapability of indicating intent.

D-320 Prohibited State Residency Determination

MS Manual 01/01/14

Determinations specifically prohibited for State Residency are as follows:

1. An individual will not be denied Medicaid because he has not resided in the State for a specific period;
2. An institutionalized individual, who satisfies the residency rules set forth in this policy, will not be denied Medicaid because he did not establish residence in the State before entering the institution; and
3. An individual will not be denied Medicaid or have his Medicaid terminated because of temporary absence from the State if he intends to return when the purpose of the absence has been accomplished, unless another State has determined that he is a resident there for purposes of Medicaid.

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-100 FINANCIAL ELIGIBILITY

E-110 Income and Resource Limits for MAGI and Non-MAGI Groups

E-100 FINANCIAL ELIGIBILITY

MS Manual 01-01-14

Each individual applying for or receiving Medicaid benefits must have a financial eligibility determination made at application and, if eligible, on an on-going annual basis or when a change affecting eligibility occurs. Financial eligibility consists of an income test and if the category requires, a resource or asset test.

Most Medicaid eligibility groups have an income limit which an individual's countable income must fall under in order to be eligible for coverage in that group. Income limits and the manner in which countable income is determined vary by eligibility groups. The groups to which an income limit does not apply, and therefore no income determination is made, are the following:

- Newborns ([MS B-220](#));
- Former Foster Children ([MS B-260](#));
- Workers with Disabilities (MS XXXX).

NOTE: For the Workers with Disabilities category, income is disregarded in the financial eligibility determination, but earned and unearned income will be used to determine cost sharing. See [MS B-350](#).

A resource limit applies to most of the eligibility groups that do not use MAGI methodologies for financial eligibility. For these groups, the value of an individual's countable resources must be determined. There is no resource limit, and therefore no resource determination is made, for the following groups:

- Those using MAGI methodologies (MS XXXX);
- Newborns (B-220);
- Former Foster Children (B-260);
- Workers with Disabilities (MS XXXX).

E-110 Income and Resource Limits for MAGI and Non-MAGI Groups

MS Manual 01-01-14

Below are the income and resource limits for all Medicaid groups. When the income limit is based on a percentage of the federal poverty level (FPL), the countable household income will be compared to the FPL for the applicable household size. Refer to [Appendices F and S](#) for the specific income level amounts.

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-100 FINANCIAL ELIGIBILITY

E-110 Income and Resource Limits for MAGI and Non-MAGI Groups

Category	Income Limit	Resource Limit
ARKids A	142% of FPL	No Resource Test
ARKids B	211% of FPL	No Resource Test
Newborns	No Income Test Eligibility is based on mother's Medicaid eligibility at child's birth	No Resource Test
Pregnant Women: Full Medicaid Pregnant Woman	1 person: \$124.00 2 person: \$220.00 3 person: \$276.00 4 person: \$334.00 5 person: \$388.00 See Appendix F for household sizes over 5.	No Resource Test
Limited Medicaid Pregnant Woman	209% of FPL	
Unborn Child	209% of FPL	
Parent and Caretaker Relative	1 person: \$124.00 2 person: \$220.00 3 person: \$276.00 4 person: \$334.00 5 person: \$388.00 See Appendix F for household sizes over 5.	No Resource Test
Healthcare Independence	133% of FPL	No Resource Test
Medically Needy: U-18 Pregnant Woman	Exceeds the monthly income limit See Appendix ? for the monthly income limit	1 person: \$2,000 2 person: \$3,000 3 person: \$3,100
TEFRA	3 times the SSI Payment Standard Appendix S	\$2000
Autism	3 times the SSI Payment Standard Appendix S	\$2000
Long-Term Services & Supports: Nursing Facility, DDS, ElderChoices, Assisted Living, AAPD and PACE	3 times the SSI Payment Standard Appendix S	Individual \$2000 Couple \$3000
Medicare Savings:		

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-100 FINANCIAL ELIGIBILITY

E-110 Income and Resource Limits for MAGI and Non-MAGI Groups

ARSeniors QMB SMB QI-1 QDWI	Equal to or below 80% FPL 100% FPL Between 100% & 120% FPL 120% but less than 135% FPL 200% FPL Appendix F	ARSeniors, QMB, SMB & QI-1: Individual \$7,080 Couple \$10,620 QDWI: Individual \$4000 Couple \$6000
Workers with Disabilities	No income test	No resource test
PICKLE	Under the current SSI/SPA level Appendix S	Individual \$2000
Disabled Widows & Widowers	Under the current SSI/SPA level Appendix S	Individual \$2000
Disabled Adult Child (DAC)	Under the current SSI/SPA level Appendix S	Individual \$2000

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-210 What is MAGI

MS Manual 01-01-14

MAGI is a federal income tax term meaning **M**odified **A**djusted **G**ross **I**ncome. For purposes of determining Medicaid eligibility, MAGI is a methodology for determining how income is counted and how household composition and family size are determined. It is based on federal tax rules but it is **not** an amount on a specific line on an individual federal tax return. In addition to being used to determine Medicaid eligibility for certain eligibility groups, the MAGI methodology is also used to determine eligibility for and the amount of Advance Premium Tax Credits (APTC) and cost-sharing reductions available to individuals and families who are eligible to purchase health insurance through the Federally Facilitated Health Insurance Marketplace (FFM).

For tax purposes, the modified adjusted gross income reflects annual income for a specific tax year. For Medicaid purposes, though, current monthly income is used to determine eligibility. This is true even when using MAGI methodologies. See [MS E-265](#) for more detailed information on determining whether income is “current” and for converting income amounts to monthly amounts.

E-220 Families and Individuals (MAGI) Groups

MS Manual 01-01-14

MAGI methodologies are used to determine financial eligibility for the following eligibility groups:

1. Infants and children under age 19-(ARKids A & B);
2. Pregnant women;
3. Parents and caretaker relatives; and
4. Adults age 19 through 64 who do not fall into another adult group (Health Care Independence Program)

E-230 Steps in Determining MAGI Income Eligibility

MS Manual 01-01-14

Below are the steps for determining income eligibility:

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-230 Steps in Determining MAGI Income Eligibility

1. Determine the Medicaid household composition and size for each individual applying for assistance. See [MS E-240-E-251](#).
 - “Medicaid household” means the household members whose income will be considered when determining eligibility and/or who will be included in the household size. For MAGI determinations, the Medicaid household is determined based on the individual’s tax filing status. See [MS E-250](#).
 - The “Medicaid household size” is the number of people who will be counted to determine the appropriate Federal Poverty Level (or other income standard) for the household.
2. Determine countable household income. See [MS E-260-E-264](#).
 - Countable household income is the income of the Medicaid household members that will be counted in determining eligibility.
3. Determine current household income. See [MS E-265-E-266](#).
 - The income used to determine Medicaid eligibility must reflect the income that a Medicaid household member is currently receiving.
4. Compare countable current household income to the appropriate FPL for the household size. See [MS E-267](#).
 - This step will determine each individual’s Medicaid eligibility.

The following sections describe each of the steps above in more detail. In addition, the following example scenario is used throughout these sections to illustrate the application of each step to a particular household.

Example Scenario: Bertha is a working grandmother who claims her daughter Audrey, age 20 and a full-time student, and granddaughter Chloe (Audrey’s daughter), age 2, as tax dependents. Audrey works a few hours each week and Chloe’s father pays child support. The household consists of these three only. All are applying for Medicaid.

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-240 Determining the Medicaid Household For Families and Individuals Groups

E-240 Determining the Medicaid Household For Families and Individuals Groups

MS Manual 01-01-14

Under the MAGI methodology, the Medicaid household composition is based on federal income tax filing status. Household size is the number of individuals counted in the family size for the income standard. When determining the household size, SSI recipients are counted and in addition, a pregnant woman is counted as one (1) person plus the number of children she is expecting. In most situations, the Medicaid household is the same as the tax filing unit of which the individual is a member. The Medicaid household composition determines whose income will be considered in determining eligibility. If the family or individual has not filed a federal tax return for the most recent tax year and does not expect to file one, then the Medicaid household is determined as described in [MS E-251](#).

E-250 Tax Filing Status

MS Manual 01-01-14

To determine an individual's tax filing status or unit, two basic questions must be asked in relation to the individual.

Note: Each person's eligibility for Medicaid is determined individually, even if two or more individuals are living in the same house/home.

1. Does the individual expect to file taxes?
2. Does the individual expect to be claimed as a tax dependent?

If the answer to both of these questions is "No", then the individual's Medicaid household is determined according to [MS E-251](#) (Non-Tax Filing Households).

If the answer to either of the above questions is "Yes", then additional questions must be asked to determine the individual's Medicaid household as described in the table below.

Question 1. Does the individual expect to file taxes?	
Yes	Continue to Question 1a.
No	Continue to Question 2.
Q. 1a. Does the individual expect to be claimed as a tax dependent by anyone else?	
Yes	Continue to Question 2.

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-250 Tax Filing Status

No	Household is: <ul style="list-style-type: none"> ▪ The taxpayer; ▪ A spouse living with the taxpayer; and ▪ All persons the taxpayer expects to claim as a tax dependent.
Question 2. Does the individual expect to be claimed as a tax dependent?	
Yes	Continue to Question 2a.
No	Household composition is determined according to MS E-251 .
Question 2a. Does the individual meet any of the following exceptions?	
<ul style="list-style-type: none"> • Expects to be claimed as a tax dependent of someone other than a spouse or parent (biological, adoptive, or step-parent) • Is a child under age 19 living with both parents but the parents do not expect to file a joint tax return • Is a child under age 19 who expects to be claimed by a non-custodial parent 	
Yes	Household composition is determined according to MS E-251 .
No	Household is: <ul style="list-style-type: none"> ▪ The household of the taxpayer claiming the individual as a tax dependent; and ▪ The individual's spouse if married.

Example Scenario: Household Composition, i.e. Household Members

Example Scenario: Bertha is a working grandmother who claims her daughter Audrey, age 20 and a full-time student, and granddaughter Chloe (Audrey's daughter), age 2, as tax dependents. Audrey works a few hours each week and Chloe's father pays child support. The household consists of these three only. All are applying for Medicaid.

The table below shows how each individual's Medicaid household for the Example Scenario described above is determined based on each individual's tax filing status.

Bertha			
1.	Does Bertha expect to file a tax return?	Yes	Continue to Question 1a.
1a.	Does Bertha expect to be claimed as a tax dependent by anyone else?	No	
Bertha's Medicaid household is: Bertha (applicant and taxpayer) Audrey (tax dependent) Chloe (tax dependent)			
Audrey			

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-251 Non-Tax Filing Households

1.	Does Audrey expect to file a tax return?	No	Continue to Question 2.
2.	Does Audrey expect to be claimed as a tax dependent?	Yes	Continue to Question 2a.
2a.	Does Audrey expect to be claimed as a tax dependent of someone other than a spouse or parent (biological, adoptive, or step-parent)?	No	Audrey is being claimed by her mother.
	Is Audrey under age 19 living with both parents but the parents do not expect to file a joint tax return?	No	Audrey is 20 years old living with her mother. Her mother has filed a tax return.
	Is Audrey under age 19 and expecting to be claimed by a non-custodial parent?	No	Audrey is 20 years old and being claimed as a tax dependent by her mother with whom she lives.
Audrey's Medicaid household is: Bertha (taxpayer) Audrey (tax dependent) Chloe (tax dependent)		Since Audrey does not meet any of the exceptions in Question 2a., her Medicaid household is the same as the household of the taxpayer claiming her as a dependent (Bertha).	
Chloe			
1.	Does Chloe expect to file a tax return?	No	Continue to Question 2.
2.	Does Chloe expect to be claimed as a tax dependent?	Yes	Continue to Question 2a.
2a.	Does Chloe expect to be claimed as a tax dependent of someone other than a spouse or parent (biological, adoptive, or step-parent)?	Yes	See MS E-251 for how Chloe's household is determined.

Additional Tax Filing Unit Example Scenarios can be found in [Appendix E](#). They include scenarios dealing with single adults, children claimed as a tax dependent by a non-custodial parent, non-filers, etc.

E-251 Non-Tax Filing Households

MS Manual 01-01-14

Medicaid household composition will be determined in accordance with this section in the following situations:

1. The individual has not filed and/or does not expect to file a federal income tax return for the current year AND does not expect to be claimed as a tax dependent for the current year; or
2. The individual meets one of the following tax dependent exceptions:

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-251 Non-Tax Filing Households

- a. Expects to be claimed as a tax dependent of someone other than a spouse or parent (biological, adoptive, or step-parent);
- b. Is a child under age 19 living with both parents but the parents do not expect to file a joint tax return;
- c. Is a child under age 19 who expects to be claimed by a non-custodial parent.

<p>When an individual is in one of the situations above:</p>	<p>The Medicaid household includes the following persons who live in the home with the individual:</p> <ul style="list-style-type: none"> • Spouse • Children (biological, adopted and step children) under the age 19 • Siblings (biological, adopted and step siblings) under age 19. • If the individual is under age 19, his/her parent(s) (biological, adopted and step parents).
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Example Scenario: Household Composition for a Non-Tax Filing Household

Since Chloe met one of the exceptions to using tax filing status to determine household composition, her household is determined in accordance with this section (Non-Tax Filing Households) as follows:

<p>Question 2a exception: Chloe is under age 19 and is claimed as a tax dependent by her grandmother, Bertha.</p>	
<p>Chloe's Medicaid household includes the following person or persons who live in the home with her:</p> <p>Spouse Children (biological, adopted and step children) under the age 19 Parent(s) (biological, adopted and step parents) Siblings (biological, adoptive and step siblings) under age 19</p>	<p>None None Yes (Audrey) None</p>

**Chloe's household is: Chloe (applicant)
Audrey (Chloe's parent living in the home with her)**

E-260 Determining Countable Income for Families and Individuals Groups

MS Manual 01-01-14

Once the Medicaid household composition has been established for the individual, then each household member's countable income must be determined. Only income of the persons in an individual's Medicaid household is considered when determining financial eligibility. Generally speaking, countable income sources using the MAGI methodology are the same as a tax filing unit's taxable income sources with a few exceptions. The exceptions are:

- Social Security benefits are counted in full;
- Income received as a lump sum is counted as income only in the month received; and
- Any portion of an educational scholarship, award and/or fellowship grant used for living expenses is countable income.

E-261 Income Included for Families and Individuals Groups

MS Manual 01-01-14

The following are some sources of income that are taxed and included in MAGI to determine Medicaid eligibility: (list not inclusive)

1. Earned Income
2. Self-employment income after allowable income-producing costs are deducted. Refer to [MS E-266](#).
3. Social Security income (Title II) – counted in full for Medicaid even though only a portion (or none) may be taxable
4. Lump sum payments in month of receipt only
5. Dividends and interest income
6. Unemployment compensation
7. Alimony
8. Pensions and annuities payments
9. Rental income
10. Lottery and gambling winnings
11. Any portion of educational scholarships, awards, fellowship grants used for living expenses

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-262 Income Excluded For The Families and Individuals Groups

If an individual received income from a source not listed above and did file a tax return for the tax year in which the income was received, then the general rule to follow is the income will be considered for Medicaid purposes if it was reported as taxable income for that tax year. If the income was excluded for taxes, it will be excluded for Medicaid purposes. If the individual did not file a tax return for the applicable tax year, then a determination must be made as to whether the income would be taxable or not.

E-262 Income Excluded For The Families and Individuals Groups

MS Manual 01-01-14

The following are some sources of income that are excluded as taxable income for federal income tax purposes and therefore are excluded as countable income for Medicaid purposes: (list not inclusive)

1. Child Support
2. Worker's Compensation
3. Veteran's Benefits
4. Educational grants (Basic Education Opportunity Grant (BEOG or PELL, Supplemental Educational Opportunity Grant (SEOG), College Work Study and Supplemental State Income Grant (SSIG))
5. American Indian/Alaska Native
6. Public Assistance Benefits (TEA Cash, SSI)
7. Disaster Relief Payments
8. Gifts
9. Federal Tax Refunds

Refer to [MS E-261](#) to determine if a source of income not listed above can be excluded for Medicaid purposes or whether it must be counted.

E-263 Household Members Whose Income Will Not be Counted for Families and Individuals (MAGI) Groups

MS Manual 01-01-14

The income of the following household members is not considered when determining Medicaid eligibility for any person in the household:

1. Income of a child who is included in the parent's Medicaid household and is not expected to be required to file a tax return.

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E-200 Determining Financial Eligibility Under the MAGI Methodology

E-263 Household Members Whose Income Will Not be Counted for Families and Individuals (MAGI) Groups

- Income of a tax dependent who is not expected to be required to file a tax return and is in the Medicaid household of the person who is claiming him/her as a tax dependent.
Income of an SSI recipient who is included in the Medicaid household size.

E-264 Household Members Whose Income Will Be Counted For The Families and Individuals Groups - Example Scenario

MS Manual 01-01-14

Continuing with the Example Scenario of Bertha, Audrey and Chloe, the table below shows how each person's income will be counted for each individual's Medicaid eligibility.

NOTE: Bertha's and Audrey's households are the same, so the income of each member will be considered in the same way for each of their households.

Bertha's and Audrey's Medicaid Household Composition (which determines whose income is counted)

Members	Income Type	Counted
Bertha	Full-time Earnings	Yes
Audrey	Part-time Earnings	No – Audrey is not expected to be required to file a tax return and she is in the household of her parent and a tax dependent of her parent. Therefore, her income is not counted in either Bertha's or her own household.
Chloe	Child Support	No – Chloe is not expected to be required to file a tax return and is Bertha's tax dependent; child support income is not counted.

Chloe's Household

Members	Income Type	Counted
Audrey	Part-time Earnings	Yes – Although Audrey is not required to file a tax return and is claimed as a tax dependent, her income does count in this household because she is not the child

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-265 Determining Current Gross Monthly Income For The Families and Individuals Groups

		nor tax dependent of any of the other members of this household, i.e., Chloe.
Chloe	Child Support	No – Chloe is Audrey’s child; child support income is not counted.

E-265 Determining Current Gross Monthly Income For The Families and Individuals Groups

MS Manual 01-01-14

Current gross monthly income will be used in determining financial eligibility for Medicaid. Current monthly income is the income the individual is expected to have in the month(s) for which eligibility is being determined.

NOTE: There is an exception to using current monthly income in which projected annual income will be used. This is discussed further in [MS E-270](#).

Gross income is the amount paid to the individual before any withholding taxes or other deductions are taken from the income. Income that may have been received in the prior tax year or even the prior month but that is not currently being received or expected to be received in the current or future months will not be counted. If a continuing source of income has increased or decreased since the last tax return or from other information available to the agency, then the current income will be determined and used for eligibility purposes.

NOTE: Income received in a month for which retroactive eligibility is being determined will be considered for the retroactive month even if it is not considered for current or future months.

Once the household members’ current income has been established and verified using the 10% reasonable compatibility standard as appropriate (See [MS G-200](#)), the monthly amount used to determine eligibility will be calculated. Depending on how the current income was established (e.g., tax return income via the Federal Data Services Hub, State Quarterly Wage Data, checkstubs, SOLQ, etc.), the “verified” income amount may have to be reduced or increased to reflect a monthly amount. For example, if the most recent tax return reflects the income still currently available to the individual, then the annual income from the tax return is divided by 12 to arrive at a monthly amount. If the current income was established through the most recent weekly check stubs, the average weekly amount is multiplied by 4.334 to arrive at a monthly amount. Unless the verified amount is already a monthly amount, for example Social Security

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-265 Determining Current Gross Monthly Income For The Families and Individuals Groups

benefits, then some conversion to a monthly amount is required. The calculation will be documented in the individual's case file.

The chart below shows how income amounts larger or smaller than monthly amounts can be converted to a monthly amount.

Income Amount is	Convert to Monthly
Annual	Divide by 12
Quarterly	Divide by 3
Weekly	Multiply by 4.334
Bi-weekly	Multiply by 2.167
Semi-Monthly	Multiply by 2
Monthly	No conversion needed
More Often than Weekly	Total all Income Paid/Received in the Month

There may be situations in which an alternative method must be used to arrive at current monthly income. For example, if annual income included a lump sum payment that will not be paid again, then the lump sum payment will be excluded from the rest of the annual income before the conversion to monthly income is made. Self-employment income may also require an alternative method. See [MS E-266](#) for a more detailed discussion on self-employment income.

Example Scenario: Bertha's and Audrey's current monthly income is determined as follows. Since Chloe's income is not considered in any of the three households, there is no need to determine her current income.

Bertha

Bertha works full time as the vice president of The High Rise Corporation. She reported that the annual income amount returned from the Federal Data Services Hub (\$96,000) was reflective of her current salary and that she receives the same amount each month. Therefore, the annual income amount can be divided by 12 months to arrive at her current monthly income (\$8000).

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-266 Self-Employment Income

Audrey

Audrey just started working part time (10 hours per week) at the daycare center where Chloe attends. She earns \$7.25 per hour. Her current monthly income is determined as follows:

$$\$7.25 \times 10 = \$72.50$$

$$\$72.50 \times 4.334 = \$314.22 \text{ } (\$314.22 \times 12 = \$3,770.64 \text{ annual})$$

E-266 Self-Employment Income

MS Manual 01-01-14

The monthly amount of self-employment earnings is the best estimate of earned income which will be available to the individual in a month or months. The individual's recent tax data may be used to determine the monthly income. If the most recent tax data is not available or doesn't reflect current income, the individual's income will be determined by other means as determined appropriate by the caseworker, such as sales receipts, business records, etc.

Costs directly related to producing the income are subtracted from the self-employment annual gross before the monthly earnings are included in the budget. See Schedule C in [Appendix I](#) for all allowable costs associated with self-employment income.

After allowable deductions from annual income, the remainder is then divided by 12 to determine the monthly income.

E-267 Comparing Income to Income Standard for Appropriate Household Size

MS Manual 01-01-14

After the Medicaid household composition, size and countable current income have been established, the Medicaid household's countable income will be compared to the household size income standard for the appropriate eligibility group to determine whether an individual is income eligible. Income eligibility will first be determined in the eligibility group the individual falls into with the lowest income standard, e.g., eligibility for a parent would first be determined in the Parent/Caretaker Relative group before a group with a higher income standard.

E-268 The 5% Gross Income Disregard

MS Manual 01-01-14

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-268 The 5% Gross Income Disregard

Each individual will be allowed a general gross income disregard in the amount of 5% of the Federal Poverty Level for the household size.

The five percent (5%) disregard will be applied only to the Families and Individuals category that has the highest income level in which an individual could be eligible. For example, if an individual is not income eligible without application of the 5% disregard in the lowest income level group (e.g., Parent/Caretaker Relative), the five (5%) disregard will be applied to the higher income group (e.g., Health Care Independence group). However, if the individual is eligible in the higher income group without applying the five percent (5%) disregard, the disregard will not be applied.

When applied, the 5% disregard effectively raises the income limits for the applicable eligibility group by five (5) percentage points. For example, the income limit for the Health Care Independence Program is 133% ([MS E-110](#)). To apply the 5% disregard, add 5 to 133 to raise the income limit to 138% of FPL. The eligibility groups with dollar amounts for income limits are not the highest income limit groups for the individuals that fall into them. Therefore, the 5% disregard will never be applied to the dollar amount income limits.

Application of the 5% Disregard in the ARKids First groups

The 5% disregard is applied to the ARKids A income limit only if the child who would otherwise be ineligible without the disregard is covered by a health insurance plan. Since eligibility in ARKids B is not available to a child with health insurance, ARKids A is the eligibility group with the highest income limit available to an insured child and therefore, the 5% disregard can be allowed.

The 5% disregard is not applied to the ARKids A income limit if the child is uninsured and ineligible for ARKids A without application of the disregard. ARKids B is the eligibility group with the highest income limit for uninsured children and therefore, the 5% disregard is applied only if needed to achieve ARKids B eligibility.

E-269 Who Is Eligible-Example Scenario

MS Manual 01-01-14

Continuing the example of Bertha, Audrey and Chloe to show whose income will be counted and who is eligible for Medicaid.

Bertha and Audrey's household are the same which includes Bertha, Audrey & Chloe.

- Bertha earns \$8,000.00 per month which equals \$96,000 annually.

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-270 When Projected Annual Income is Used for Medicaid Eligibility

- Audrey earns \$314.22 per month which equals \$3,770.64 annually.
- Audrey is the child and tax dependent of Bertha. Audrey is not required to file taxes; therefore, her income doesn't count. Bertha's income is counted.
- Bertha's household size is 3.
- Compare the \$8,000.00 monthly income to the $133\% + 5\% = 138\%$ standard for a household size of 3, \$2,245.95.
- Bertha and Audrey are not eligible for Medicaid; therefore, the agency will electronically transfer their account to the FFM for possible eligibility for Advanced Premium Tax Credits and cost sharing reductions.

Chloe's household includes Chloe and her mother, Audrey.

- Audrey earns \$314.22 per month which equals \$3,770.64 annually.
- Audrey's income will be counted because neither her mother, nor father is included in this household. Chloe's child support income is disregarded.
- Chloe's household size is 2.
- Compare the \$314.22 monthly income to the ARKids A standard of 142% for 2, \$1,835.35. **Note:** The 5% disregard was not needed for ARKids A eligibility and therefore was not applied.
- Chloe is eligible for ARKids A.

E-270 When Projected Annual Income is Used for Medicaid Eligibility

MS Manual 01-01-14

When the agency determines an individual is Medicaid ineligible based on current monthly income, the individual's information is electronically sent to the FFM. If the FFM determines the individual is Medicaid eligible because his or her projected annual income is less than 100% of the FPL, the FFM will transfer the individual's account information back to DHS. The agency will then enroll the individual in Medicaid for the remainder of the current calendar year based on the projected annual income.

Example: Jane Doe has recently obtained a higher paying job. Her household size is 2 and her new monthly income is \$1,939.00. She submits a DCO-152 Application for healthcare coverage through DHS who determines she is ineligible for Medicaid based on her current monthly income. Her information is sent to the FFM where her eligibility for the ATPC is determined. ATPC eligibility is based on the individual's projected annual income. The FFM determines her

MEDICAL SERVICES POLICY MANUAL, SECTION E

E-200 Determining Financial Eligibility Under the MAGI Methodology

E-270 When Projected Annual Income is Used for Medicaid Eligibility

projected annual income for the current calendar year to be \$14,400. The FFM determines she is ineligible for the ATRC because her annual income for the current year is below the 100% FPL. Therefore, the FFM sends the information back to DHS as Medicaid eligible. The agency will enroll her in Medicaid for the remainder of the current calendar year based on her projected annual income as determined by the FFM.

MEDICAL SERVICES POLICY MANUAL, SECTION F

F-100 Non-Financial Eligibility Requirements

F-160 Primary Care Physician Requirements

F-160 Primary Care Physician Requirements

MS Manual 01/01/14

A Medicaid case can be approved before a Primary Care Physician (PCP) is selected; however, the PCP must be selected before most services can be accessed.

F-161 Primary Care Physician Managed Care Program

MS Manual 01/01/14

ConnectCare is the Arkansas Medicaid Primary Care Case Management (PCCM) system. In ConnectCare, a Medicaid recipient chooses a physician or single-entity provider, such as Area Health Education Centers (AHEC), Federally Qualified Health Centers (FQHC), or family practice and internal medicine clinics at the University of Arkansas Medical Sciences campus, who is responsible for the management of the recipient's total care.

Each Medicaid recipient must choose a primary care physician (PCP) except those who:

- have Medicare as their primary insurance,
- receive services from DDS Children's Services ,
- are in nursing or ICF/MR facilities,
- are Medically Needy Spend Down only,
- have retroactive eligibility only, or
- are temporarily absent from the state.

Generally, a recipient must receive medical services from only the PCP or from the medical provider referred to by the PCP. There are some services which are excluded from the Primary Care Case Management (PCCM) system. A recipient can receive these services without a referral from the PCP. Refer to Form DCO-2613, Notice to Medicaid Applicants/Recipients, for a list of these excluded services.

F-162 Recipient Responsibilities

MS Manual 01/01/14

A PCP must be chosen for each family member who is a recipient. Each member may have a different physician.

The Medicaid recipient can choose a PCP:

- By calling the ConnectCare help line at 1-800-275-1131 (TDD: 1-800-285-1131),

MEDICAL SERVICES POLICY MANUAL, SECTION F

F-100 Non-Financial Eligibility Requirements

F-163 County Office Responsibilities

- By visiting the website at www.seeyourdoc.org,
- At the doctor's office, or
- At the local DHS County Office.

The recipient must choose a physician who provides services in the recipient's county of residence, in a county which adjoins the county of residence, or in a county which adjoins the adjoining county. A recipient who lives in a county which borders another state may choose a physician in the bordering state.

If a recipient chooses to see a health care provider other than the primary care physician, or other than a provider to whom the primary care physician has made a referral, the recipient will be responsible for payment for any services received.

F-163 County Office Responsibilities

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The caseworker will provide and review Form DCO-2613, Notice to Medicaid Applicants/Beneficiaries, with the applicant if in the office. If requested by the applicant, the caseworker will assist in completing Form DMS-2609 or DCO-2609-County, Primary Care Physician Selection and Change Form, for each non-excluded family member. First, second, and third choice of physicians should be listed for each family member.

When a PCP is selected by the individual, the caseworker uses the web-based program at <http://207.169.228.130/> or a telephonic voice response system at 1-800-80-1512 to enroll the individual. If the individual's first choice has a full caseload, the worker will try the second choice and if necessary, the third choice. If all physicians selected by the individual have a full caseload, a notice will be mailed to the individual to select three more physicians. A new 2609 must be completed.



NOTE: Counties may use either Form DMS-2609 or DCO-2609-County. However, if an individual requests a form for enrollment at a physician's office, a DMS-2609 will be provided. The DCO-2609-County is for county use only.

Form 2609 will be scanned into the electronic record and the original will be mailed or given to the individual, if requested.

Each County Office will maintain a current listing of all participating physicians in the geographical area. All individuals will be given access to the listing when making physician selections. Counties will receive updates to the listings on a monthly basis.

MEDICAL SERVICES POLICY MANUAL, SECTION F

F-100 Non-Financial Eligibility Requirements

F-164 Changes in Primary Care Physicians

F-164 Changes in Primary Care Physicians

MS Manual 01/01/14

A change in a recipient's primary care physician can be made in the following circumstances:

1. A physician moves from the county, closes his office, or withdraws from the program.
2. A recipient moves from the county.
3. A recipient finds his relationship with the physician unacceptable. If there is an allegation of substandard care, the recipient may report it to the Utilization Review Section, Division of Medical Services (**501-682-8340**). In this situation, no change in physician will be made until the County Office is authorized to do so by the Utilization Review Section.
4. A physician finds his relationship with the recipient unacceptable; the recipient is abusive to the physician; or the recipient fails to comply with medical instructions.

A recipient, including a SSI recipient, can change his/her primary care physician by:

- Calling the ConnectCare help line at 1-800-275-1131, (TDD:1-800-285-1131),
- Visiting the website at www.seeyourdoc.org, or
- Contacting the local DHS County Office.

MEDICAL SERVICES POLICY MANUAL, SECTION F

F-100 Non-Financial Eligibility Requirements

F-180 Other Health Insurance Coverage

F-180 Other Health Insurance Coverage

MS Manual 01/01/14

For most eligibility groups, an individual may be covered by other health insurance without affecting his or her eligibility for Medicaid. There are two exceptions to this which are described below.

Health Care Independence Program

An individual who is eligible for or enrolled in Medicare is not eligible for the Health Care Independence Program.

ARKids B

Children who have health insurance or who have been covered by health insurance other than Medicaid in the 3 months preceding the date of application will not be eligible for ARKids B unless one of the following conditions is met:

- a. The health insurance is a non-group or non-employer sponsored plan.
- b. The health insurance was lost through termination of employment for any reason.
- c. The health insurance was lost through no fault of the applicant. For example, health insurance is lost through no fault of the applicant if the employer ceases to provide employer-sponsored health insurance.
- d. The health insurance is/was not primary comprehensive. Primary comprehensive health insurance is defined as insurance that covers both physician and hospital charges.
- e. Health insurance coverage is available to a child through a person other than the child's custodial adult and is determined to be inaccessible (e.g., the absent parent lives out of state and covers the child on his or her HMO, which the child cannot access due to distance). This determination will be made on a case-by-case basis by the caseworker based on information provided by the applicant.

If a parent or guardian voluntarily terminates insurance within the 3 months preceding application for a reason other than those listed above, the children will **not** be eligible for ARKids B.

The applicant's declaration regarding the child's health insurance coverage will be accepted.

This is a special requirement for ARKids B only and does not apply to ARKids A or other Medicaid categories.

Arkansas Department of Human Services

Application for Health Coverage

<p>Use this application to see what coverage you qualify for through DHS</p>	<ul style="list-style-type: none"> • Medicaid, ARKids First or the Health Care Independence Program • If you are not eligible for any of the above coverage, your information will be transferred to the Federally Facilitated Health Insurance Marketplace to determine your eligibility for tax credits to help pay for a Qualified Health Plan.
<p>Who can use this application?</p>	<p>Use this application to apply for you or anyone in your family.</p> <ul style="list-style-type: none"> • Apply even if you or your child already has health coverage. You could be eligible for lower cost or free coverage. • Families that include immigrants can apply. You can apply for your children even if you are not eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen. • If someone is helping you fill out this application, you may need to complete Appendix C.
<p>Apply faster online</p>	<p>Apply faster online at: Access.Arkansas.gov</p>
<p>What you may need to apply</p>	<ul style="list-style-type: none"> • Your Social Security number (or document number if you are a legal immigrant) • Employer and income information (for example: from paystubs, W-2 forms, or wage and tax statements) • Information about any job related health insurance available to your family • Policy numbers for any current health insurance
<p>Why do we ask for this information?</p>	<p>We ask about income and other information to let you know what coverage you qualify for and if you can get help paying for it. We will keep all the information you provide private and secure, as required by law. To view the Privacy Act Statement go to Access.Arkansas.gov.</p>
<p>What happens next?</p>	<p>Send your complete, signed application to the address on page 3. If you do not have all the information we ask for, sign and submit your application anyway.</p>
<p>Get help with this application</p>	<ul style="list-style-type: none"> • Phone: Call our Help Center at 1-855-372-1084. • In person: Contact your local DHS county office for more information. • En Español: Llame a nuestro centro de ayuda gratis al 1-855-372-1084.

Step 1 Tell Us About Yourself

(We need one adult in the family to be the contact person for your application.)

1. First Name, Middle Name, Last Name & Suffix			
2. Home Address			3. Apartment or Suite Number
4. City	5. State	6. ZIP Code	7. County
8. Mailing Address (If different from home address)			9. Apartment or Suite Number
10. City	11. State	12. ZIP Code	13. County
14. Phone Number		15. Other Phone Number	
16. Do you want to receive information about this application by email? <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address: _____			
17. Preferred spoken or written language (if not English)			

Step 2 Tell Us About Your Family

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.)

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

The amount of assistance or type of program you qualify for depends on the number of people in your family and their incomes. This information helps us make sure that everyone receives the best coverage they can.

Complete Step 2 for each person in your family. Start with yourself, then add other adults and children. If you have more than two people in your family, you will need to make a copy of the Step 2 pages, fill them out and attach them to this application. You don't need to provide immigration status or a Social Security Number (SSN) for family members who do not need health coverage. We will keep all the information you provide private and secure as required by law. We will only use your personal information to check if you are eligible for health coverage.

Please proceed to Step 2 on the following page.

NEED HELP WITH YOUR APPLICATION? Call us at **1-855-372-1084**. Para obtener una copia de este formulario en Español, llame **1-855-372-1084**. If you need help in a language other than English, call **1-855-372-1084** and tell the customer service representative the language you need. We will get you help at no cost to you. TTY users should call **1-855-372-1084**.

Step 2: Person 1 (Start with yourself)

Complete Step 2 for yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First Name, Middle Name Last Name & Suffix	2. Relationship to you? SELF
3. Date of Birth (mm/dd/yyyy)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Social Security Number (SSN) _ _ - _ - _ _ _ _ We need this if you want health coverage and have an SSN. Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who is eligible for help with health coverage costs. If someone wants help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov . TTY users should call 1-800-325-0778.	

6. **Do you plan to file a federal income tax return NEXT YEAR?** (You can still apply for health coverage even if you don't file a federal income tax return.)
 YES If yes, please answer questions a through c. **NO** If no, skip to question c.

a. Will you file jointly with a spouse? Yes No
If yes, name of spouse: _____

b. Will you claim any dependents on your tax return? Yes No
If yes, list name(s) of dependents: _____

c. Will you be claimed as a dependent on someone's tax return? Yes No
If yes, please list the name of the tax filer: _____
 How are you related to the tax filer? _____

7. Are you pregnant? Yes No **If yes, how many babies are you expecting during this pregnancy?** _____

8. **Do you need health coverage?** (Even if you have insurance, there might be a program with better coverage or lower costs.)
 YES If yes, answer all the questions below. **NO** If no, SKIP to the income questions on page 3.
 Leave the rest of this page blank.

9. Do you have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? Yes No

10. Are you a U.S. citizen or U.S. national? Yes No

11. **If you are not a U.S. citizen or U.S. national, do you have eligible immigration status?**
 Yes Enter your document type and ID number below.
 a. Immigration document type: _____ b. Document ID number: _____
 c. Have you lived in the U.S. since 1996? Yes No d. Are you or your spouse or parent a veteran or an active duty member of the U.S. military? Yes No

12. Do you want help paying for medical bills from the last three months? Yes No

13. Do you live with at least one child under the age of 19 and are you the main person taking care of this child? Yes No

14. Are you a full time student? Yes No | 15. Were you in foster care in Arkansas at age 18 or older? Yes No

16. **If Hispanic/Latino, what is your ethnicity? (OPTIONAL – Check all that apply.)**
 Mexican Mexican American Chicano/a Puerto Rican Cuban Other: _____

17. **Race (OPTIONAL – Check all that apply.)**
 White American Indian or Alaska Native Filipino Vietnamese Guamanian or Chamorro
 Black or African American Asian Indian Japanese Other Asian Samoan Chinese
 Korean Native Hawaiian Other Pacific Islander Other: _____

NEED HELP WITH YOUR APPLICATION? Call us at **1-855-372-1084**. Para obtener una copia de este formulario en Español, llame **1-855-372-1084**. If you need help in a language other than English, call **1-855-372-1084** and tell the customer service representative the language you need. We will get you help at no cost to you. TTY users should call **1-855-372-1084**.

Step 2: Person 1 (Continue with yourself)

Current Job & Income Information

Employed

If you're currently employed, tell us about your income. Start with question 18.

Not employed

Skip to question 28.

Self-employed

Skip to question 27.

CURRENT JOB 1:

18. Employer Name and Address	19. Employer Phone Number
20. Wages/tips (before taxes) \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
21. Average hours worked each week : _____	

CURRENT JOB 2: (Attach another sheet of paper to list more jobs.)

22. Employer Name and Address	23. Employer Phone Number
24. Wages/tips (before taxes) \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
25. Average hours worked each week : _____	

26. In the past year, did you: Change jobs? Stop working? Start working fewer hours? None of these?

27. If self-employed, answer the following questions:

a. Type of work

b. How much net income (profits once business expenses are paid) will you receive from this self-employment this month?
 \$ _____

28. **OTHER INCOME THIS MONTH:** Check all that apply and give the amount and how often you receive that amount.

NOTE: You don't need to tell us about child support, veteran's payments or Supplemental Security Income (SSI).

<input type="checkbox"/> None		
<input type="checkbox"/> Unemployment	\$ _____	How often? _____
<input type="checkbox"/> Pensions	\$ _____	How often? _____
<input type="checkbox"/> Net farming/fishing	\$ _____	How often? _____
<input type="checkbox"/> Net rental/royalty	\$ _____	How often? _____
<input type="checkbox"/> Social Security	\$ _____	How often? _____
<input type="checkbox"/> Alimony	\$ _____	How often? _____
<input type="checkbox"/> Retirement Accounts	\$ _____	How often? _____
<input type="checkbox"/> Other income	\$ _____	How often? _____ Type: _____

29. **DEDUCTIONS:** Check all that apply and give the amount and how often you receive that amount.

If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

NOTE: You should not include a cost that you already considered in your answer to net self-employment (Question 27b).

<input type="checkbox"/> Alimony paid	\$ _____	How often? _____
<input type="checkbox"/> Other deductions	\$ _____	How often? _____
<input type="checkbox"/> Student loan interest	\$ _____	How often? _____ Type: _____

30. **YEARLY INCOME:** Complete only if your income changes from month to month.

If you don't expect changes to your monthly income, skip to the next person.

Your total income this year : \$ _____	Your total income next year (if you think it will be different): \$ _____
--	---

Step 2: Person 2

Complete Step 2 for your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First Name, Middle Name Last Name & Suffix	2. Relationship to you?
3. Date of Birth (mm/dd/yyyy)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Social Security Number (SSN) ____ - ____ - ____ We need this if you want health coverage and have an SSN.	
6. Does PERSON 2 live at the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , list address: _____	

7. **Does PERSON 2 plan to file a federal income tax return NEXT YEAR?** (You can still apply for health coverage even if you don't file a federal income tax return.)
 YES **If yes**, please answer questions a through c. **NO** **If no**, skip to question c.

a. Will PERSON 2 file jointly with a spouse? Yes No
If yes, name of spouse: _____

b. Will PERSON 2 claim any dependents on his or her tax return? Yes No
If yes, list name(s) of dependents: _____

c. Will PERSON 2 be claimed as a dependent on someone's tax return? Yes No
If yes, please list the name of the tax filer: _____
 How is PERSON 2 related to the tax filer? _____

8. Is PERSON 2 pregnant? Yes No **If yes**, how many babies are expected during this pregnancy? _____

9. **Does PERSON 2 need health coverage?**
 YES **If yes**, answer all the questions below. **NO** **If no**, SKIP to the income questions on page 5. Leave the rest of this page blank.

10. Does PERSON 2 have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? Yes No

11. Is PERSON 2 a U.S. citizen or U.S. national? Yes No

12. **If PERSON 2 is not a U.S. citizen or U.S. national**, do they have eligible immigration status?
 Yes Enter their document type and ID number below.
 a. Immigration document type: _____ b. Document ID number: _____
 c. Has PERSON 2 lived in the U.S. since 1996? Yes No d. Is PERSON 2 or their spouse or parent a veteran or an active duty member of the U.S. military? Yes No

13. Does PERSON 2 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Does PERSON 2 live with at least one child under the age of 19 and are they the main person taking care of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Was PERSON 2 in foster care at age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

Please answer Questions 16 & 17 if PERSON 2 is 19 or younger:

16. Did PERSON 2 have insurance through a job and lose it within the past 3 months? Yes No
 a. **If yes**, insurance end date: _____ b. Reason insurance ended: _____

17. Is PERSON 2 a full time student? Yes No

18. **If Hispanic/Latino**, what is your ethnicity? (**OPTIONAL – Check all that apply.**)
 Mexican Mexican-American Chicano/a Puerto Rican Cuban Other: _____

19. **Race (OPTIONAL – Check all that apply.)**
 White American Indian or Alaska Native Filipino Vietnamese Guamanian or Chamorro
 Black or African American Asian Indian Japanese Other Asian Samoan Chinese
 Korean Native Hawaiian Other Pacific Islander Other: _____

Step 2: Person 2 (Continue with Person 2)

Current Job & Income Information

Employed

If PERSON 2 is currently employed, tell us about their income. Start with question 18.

Not employed

Skip to question 28.

Self-employed

Skip to question 27.

CURRENT JOB 1:

20. Employer Name and Address	21. Employer Phone Number
22. Wages/tips (before taxes) \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
23. Average hours worked each week : _____	

CURRENT JOB 2: (Attach another sheet of paper to list more jobs.)

24. Employer Name and Address	25. Employer Phone Number
26. Wages/tips (before taxes) \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
27. Average hours worked each week : _____	

28. In the past year, did PERSON 2: Change jobs? Stop working? Start working fewer hours? None of these?

29. If self-employed, answer the following questions:

a. Type of work

b. How much net income (profits once business expenses are paid) will PERSON 2 receive from self-employment this month?
 \$ _____

30. **OTHER INCOME THIS MONTH:** Check all that apply and give the amount and how often PERSON 2 receives that amount.

NOTE: You don't need to tell us about child support, veteran's payments or Supplemental Security Income (SSI).

<input type="checkbox"/> None		
<input type="checkbox"/> Unemployment	\$ _____	How often? _____
<input type="checkbox"/> Pensions	\$ _____	How often? _____
<input type="checkbox"/> Net farming/fishing	\$ _____	How often? _____
<input type="checkbox"/> Net rental/royalty	\$ _____	How often? _____
<input type="checkbox"/> Social Security	\$ _____	How often? _____
<input type="checkbox"/> Alimony	\$ _____	How often? _____
<input type="checkbox"/> Retirement Accounts	\$ _____	How often? _____
<input type="checkbox"/> Other income	\$ _____	How often? _____ Type: _____

31. **DEDUCTIONS:** Check all that apply and give the amount and how often PERSON 2 receives that amount.

If PERSON 2 pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

NOTE: You should not include a cost that you already considered in your answer to net self-employment ([Question 29b](#)).

<input type="checkbox"/> Alimony paid	\$ _____	How often? _____
<input type="checkbox"/> Other deductions	\$ _____	How often? _____
<input type="checkbox"/> Student loan interest	\$ _____	How often? _____ Type: _____

30. **YEARLY INCOME:** Complete only if PERSON 2's income changes from month to month.

If you don't expect changes to PERSON 2's monthly income, skip to the next person.

PERSON 2's total income this year : \$ _____	PERSON 2's total income next year (if you think it will be different): \$ _____
--	---

Step 3 American Indian or Alaskan Native (AI/AN) Family Members

Are you or is anyone in your family an American Indian or an Alaskan Native?

- No If No, skip to Step 4.
 Yes If Yes, go to Appendix B.

Step 4 Your Family's Health Coverage

Answer these questions for anyone who needs health coverage.

1. Is anyone enrolled in health coverage now from the following? Yes No

If Yes, check the type of coverage and write the person(s)' name(s) next to the coverage they have.

- | | |
|---|---|
| <input type="checkbox"/> Medicaid _____ | <input type="checkbox"/> Employer insurance _____ |
| <input type="checkbox"/> ARKids First/CHIP _____ | Name of health insurance _____ |
| <input type="checkbox"/> Medicare _____ | Policy number _____ |
| <input type="checkbox"/> TRICARE (Don't check if you direct care or Line of Duty) _____ | Is this COBRA coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is this a retiree health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> VA Health Care Programs _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Peace Corps _____ | Name of health insurance _____ |
| | Policy number _____ |
| | Is this a limited benefit plan (like a school accident policy)? |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Is anyone listed on this application offered health coverage from a job? Check Yes even if the coverage is from someone else's job, such as a parent or spouse.

- Yes If yes, you will need to complete and include Appendix A. Is this a state employee benefit plan? Yes No
 No If no, continue to Step 5.

Step 5 Read & Sign This Application

- I am signing this application under penalty of perjury which means I have provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false or untrue information.
- I know that I must tell the Department of Human Services (DHS) if anything changes (and is different than) what I wrote on this application. I can visit access.arkansas.gov or call **1-855-372-1084** to report any changes. I understand that a change in my information could affect the eligibility for members of my household.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- I confirm that no one applying for health insurance on this application is incarcerated (detained or jailed). If not, _____ (name of person) is incarcerated.

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We will check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security and/or a consumer reporting agency. If the information does not match, we may ask you to send us proof.

Renewal of coverage in future years

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.

Yes, renew my eligibility automatically for the next:

- 5 years (The maximum number of years allowed)

Or for a shorter number of years:

- 4 years 3 years 2 years 1 year Don't use information from tax returns to renew my coverage.

If anyone on this application is eligible for Medicaid, ARKids First or the Health Care Independence Program

- I am giving to the Department of Human Services our rights to pursue and receive money from other health insurance, legal settlements or other third parties. I am also giving to the Medicaid agency rights to pursue and receive medical support from a spouse or parent.
- I understand that the Health Care Independence Program is not an entitlement program.
- Does any child on this application have a parent living outside the home? Yes No
If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell DHS and I may not have to cooperate.

My right to appeal

If I think that DHS has made a mistake, I can appeal its decision. To appeal means to tell someone at DHS that I think the action is wrong and ask for a fair review of the action. I know that I can find out how to appeal by contacting Medicaid at **1-501-682-8622**. I know I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Sign this application. The person who filled out Step 1 should sign this application. If you are an Authorized Representative you may sign here, as long as you have provided the information required in Appendix C.

Signature	Date (mm/dd/yyyy)
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Step 6 Mail Completed Application

Mail your signed application to:
DHS Jefferson County
1222 West 6th Street
P.O. Box 5670
Pine Bluff, AR 71611

Or email the application to: 351Jefferson@arkansas.gov
Or you can fax the application to: 1-870-534-3421.

What happens next? We will process your application for Medicaid, ARKids First or the Health Care Independence Program and send you a notice to tell you if your application for coverage has been approved or denied and provide instructions on the next steps needed to complete your health coverage application. If you are not eligible for any of these programs, we will screen your application for potential eligibility for tax credits to help pay for health insurance premiums and then transfer your information to the Health Insurance Marketplace. We will provide instructions on how to complete the application process on the notice we send to you.

NEED HELP WITH YOUR APPLICATION? Call us at **1-855-372-1084**. Para obtener una copia de este formulario en Español, llame **1-855-372-1084**. If you need help in a language other than English, call **1-855-372-1084** and tell the customer service representative the language you need. We will get you help at no cost to you. TTY users should call **1-855-372-1084**.