



July 23, 2015

RE: AHA Hotline: Medicaid and Private Option Income Verification

As you may have read, the Arkansas Department of Human Services (DHS) is in the midst of conducting an extensive Medicaid income verification and eligibility test for those currently enrolled in the traditional Medicaid program and the Private Option. This income verification has led to 25,000 enrollees set to be removed from the Private Option July 31, unless they respond and verify their income to DHS.

Below, please find documents provided by DHS to assist patients and your hospital staff with this process. The documents include: a frequently asked questions document, a listing of phone numbers for the DHS county offices and the verification of earnings form.

Please share this information within your hospital and with patients.

Thanks,

Bo Ryall
Arkansas Hospital Association

DHS HEALTHCARE INDEPENDENCE PROGRAM

FREQUENTLY ASKED QUESTIONS ABOUT RENEWAL

I have a question regarding my DHS Renewal Notice, but I cannot get through to 855-372-1084.

- You may call ANY DHS County Office for assistance regarding the renewal notice that you received. (To find the phone number of DHS County Offices, go to www.humanservices.arkansas.gov and click on “find your local county office.”)*

What do I need to provide proof of income to DHS? Provide one of the following:

- Check stubs (for previous month)
- Letter from Employer (verifying income)
- Verification of Earnings Form - DCO97 (completed by employer)
- Benefit Award Letters (such as Social Security or Unemployment Benefits)

If I am self-employed, what do I need to provide proof of income to DHS?

- Tax Return, including Schedule C
- If you have not filed, provide the extension and last year’s return

If I am unemployed, what do I need to provide proof of income to DHS?

- Letter explaining that you have no income (your signature must be included)

How can I submit my proof of income to DHS?

- Mail your documents to the address which appears on your DHS Notice. (Please make sure that your Social Security Number and Date of Birth are on the documents. If not, write this information on your documents).

OR

- Take your documents to a DHS County Office near you, or ANY DHS County Office (To find the address of DHS County Offices, go to www.humanservices.arkansas.gov and click on “find your local county office.”)

I cannot meet the 10 day deadline to provide proof of income. How can I receive more time?

- Call ANY DHS County Office and speak with a DHS representative to request an extension. (This will prevent your case from being closed for failing to respond).

What will happen if I do not provide proof of income?

- If you fail to provide the required documents by the deadline or do not receive an extension to provide proof of income, you will lose your health insurance coverage. However, if you can provide proof of income within 90 days from the date of your notice, you could potentially be reinstated, if determined eligible.

** A stuffer including contact phone numbers for DHS County Offices has been added to recent notices*

Who Should I Contact When I Have Healthcare Coverage Questions?



I need to select a primary care physician.	Visit www.seeyourdoc.org or call 1-800-275-1131.
I need help with my username or password on www.access.arkansas.gov .	Visit www.access.arkansas.gov or call 1-855-372-1084 and select option 1.
I need help using www.insureark.org .	Call 1-855-550-3974.
<ul style="list-style-type: none"> I need to know what plan I'm enrolled in. I haven't received my insurance card from my carrier. I have received multiple plan notices and need to know which one is correct. 	Call 1-888-987-1200, select option 3.
I need non-emergency transportation to my doctor.	Call 1-888-987-1200, select option 1.
I need to find out what Medicaid covers.	Visit www.medicaid.state.ar.us and click on the "Consumer" link or call 1-800-482-8988.
I need information about the Affordable Care Act.	Visit www.arhealthconnector.org .

How do I contact my healthcare coverage provider?

Ambetter	Visit www.ambetterofarkansas.com or call 1-877-617-0390.
Blue Cross/Blue Shield	Visit www.arkansasbluecross.com or call 1-800-800-4298.
QualChoice	Visit www.qualchoice.com or call 1-800-235-7111.

Remember, you can always contact your local DHS office for information regarding this notice or any other questions about your healthcare coverage application or case.

County	City	Phone #
Arkansas 1	Dewitt	870-946-4519
Arkansas 2	Stuttgart	870-673-3597
Ashley	Hamburg	870-853-9816
Baxter	Mtn. Home	870-425-6011
Benton	Bentonville	479-273-9011
Boone	Harrison	870-741-6107
Bradley	Warren	870-226-5878
Calhoun	Hampton	870-798-4201
Carroll	Berryville	870-423-3351
Chicot	Lake Village	870-265-3821
Clark	Arkadelphia	870-246-9886
Clay	Piggott	870-598-2282
Cleburne	Heber Springs	501-362-3298
Cleveland	Rison	870-325-6218
Columbia	Magnolia	870-234-4190
Conway	Morrilton	501-354-2418
Craighead	Jonesboro	870-972-1732
Crawford	Van Buren	479-474-7595
Crittenden	W. Memphis	870-732-5170
Cross	Wynne	870-238-8553
Dallas	Fordyce	870-352-5115
Desha	McGehee	870-222-4144
Drew	Monticello	870-367-6835
Faulkner	Conway	501-730-9900
Franklin	Ozark	479-667-2379
Fulton	Salem	870-895-3309
Garland	Hot Springs	501-321-2583
Grant	Sheridan	870-942-5151
Greene	Paragould	870-236-8723

County	City	Phone #
Hempstead	Hope	870-777-8656
Hot Spring	Malvern	501-332-2718
Howard	Nashville	870-845-4334
Independence	Batesville	870-698-1876
Izard	Melbourne	870-368-4318
Jackson	Newport	870-523-9828
Jefferson	Pine Bluff	870-534-4200
Johnson	Clarksville	479-754-2355
Lafayette	Lewisville	870-921-4283
Lawrence	Walnut Ridge	870-886-2408
Lee	Marianna	870-295-2597
Lincoln	Star City	870-628-4105
Little River	Ashdown	870-898-5155
Logan 1	Paris	479-963-2783
Logan 2	Booneville	479-675-3091
Lonoke	Lonoke	501-676-5643
Madison	Huntsville	479-738-2161
Marion	Yellville	870-449-4058
Miller	Texarkana	870-773-0563
Mississippi 1	Blytheville	870-763-7093
Mississippi 2	Osceola	870-563-5234
Monroe 1	Clarendon	870-747-3329
Monroe 2	Brinkley	870-734-1445
Montgomery	Mount Ida	870-867-3184
Nevada	Prescott	870-887-6626
Newton	Jasper	870-446-2237
Ouachita	Camden	870-836-8166
Perry	Perryville	501-889-5105
Phillips	Helena	870-816-3200

County	City	Phone #
Pike	Murfreesboro	870-285-3111
Poinsett	Harrisburg	870-578-5491
Polk	Mena	479-394-3100
Pope	Russellville	479-968-5596
Prairie	Devalls Bluff	870-998-2581
Pulaski East	Little Rock	501-371-1300
Pulaski Jax	Jacksonville	501-371-1200
Pulaski North	N. Little Rock	501-682-0100
Pulaski South	Little Rock	501-682-9200
Pulaski SW	Little Rock	501-371-1100
Randolph	Pocahontas	870-892-4475
Saline 1	Benton	501-315-1600
Saline 2	Bryant	501-847-6056
Scott	Waldron	479-637-4141
Searcy	Marshall	870-448-3153
Sebastian	Fort Smith	479-782-4555
Sevier	Dequeen	870-642-2623
Sharp	Cherokee Village	870-856-1053
St. Francis	Forrest City	870-633-1242
Stone	Mtn View	870-269-4321
Union	El Dorado	870-862-6631
Van Buren	Clinton	501-745-4192
Washington 1	Fayetteville	479-521-1270
Washington 2	Fayetteville	479-442-4029
White	Searcy	501-268-8696
Woodruff	Augusta	870-347-2537
Yell	Danville	479-495-2723

Arkansas Department of Human Services Verification of Earnings

TO EMPLOYER:

To determine eligibility and correct benefits for your employee we need the information requested below. **This will enable us to ensure that the public funds are used only for the actual and correct benefits to which a household is entitled.** PLEASE COMPLETE THE ITEMS CIRCLED AS WELL AS THE SIGNATURE SECTION AT THE BOTTOM OF THIS FORM.

If you need this material in a different format such as large print, contact your local DHS county office.

Address Department of Human Services

Caseworker _____

Telephone Number _____ TDD# _____

Employee _____ Casehead _____

SSN of Employee _____ Case Number _____

1. The above employee began work _____ and earns \$ _____ per hour. He/she works an average of _____ hours per week. Date first pay to be received _____.

Anticipated gross amount of 1st pay \$ _____.

Employee is paid: Weekly Monthly Other -- Please indicate how often _____
 Every 2 weeks Twice Monthly

2. Please show GROSS EARNINGS (before any deductions) PAID TO this employee as indicated. Please list each pay check separately **including vacation pay and bonuses.**

	Pay Period Ending	Date Received	Hours Worked	Gross Wages	Tips	Housing/Utilities Paid above wages

REC'D in the Month of _____

For the past consecutive pay periods

3. **Earnings:** Are any of the earnings funded by JTPA - On The Job Training Program? Yes or No

4. **Termination:** If employee no longer is employed by you, what was the date and reason for leaving this job?

Date last check will be received _____ and gross amount _____

5. Additional Information/Expected Changes: (such as layoffs, raises, increased or reduced hours, vacation pay, bonuses, and sick pay).

6. **Insurance:** If employee has insurance through this job, what is the name and address of the insurance carrier? _____

Claims processing address if different than insurance carrier _____

Policy Number _____ Effective date of policy _____

Type of coverage _____ Policy: individual or group

Policyholder and covered individuals _____

I do hereby certify that the above information is factual and correct to the best of my knowledge.

Employer/Payroll Clerk Signature

Date

Telephone

Place of Business

Address