Arkansas Medicaid, ARKids First

& You

Arkansas Medicaid Beneficiary Handbook

A GUIDE TO YOUR RIGHTS AND RESPONSIBILITIES

ARMedicaid

REVISED 2016

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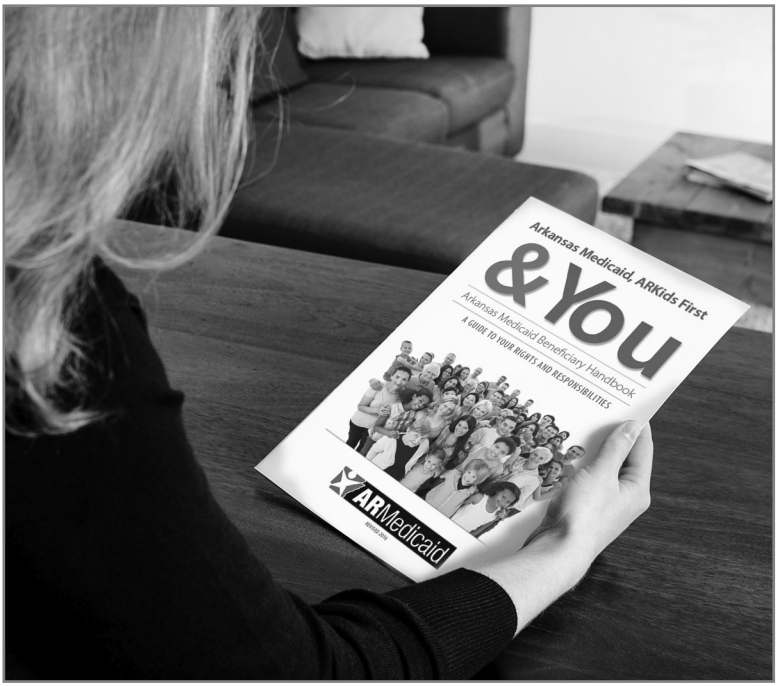

Arkansas Medicaid, ARKids First
& You
Arkansas Medicaid Beneficiary Handbook
A GUIDE TO YOUR RIGHTS AND RESPONSIBILITIES
ARMedicaid

Your Guide to Arkansas Medicaid and ARKids First

How to use this book:

- Read through this entire book as soon as you can to learn about Medicaid and ARKids First.
- Keep it as a reference to look up things you need to know.
- Mark the parts that you do not understand and make a note of your questions.
- When you get answers to your questions, write them in your handbook for future reference.

This book cannot tell you everything.

- Laws and rules can change, so some things might have changed since this book was printed.
- This book is not a legal document. That means it is just a guide, not a contract.
- The Department of Human Services (DHS) is not responsible for information in this book that is no longer correct.
- Call Medicaid at **1-800-482-5431** if you have questions.

DHS is here to help you!

Call or visit your county office when you have questions or concerns.

Alternative formats, such as large print, will be provided upon request. Please contact your local DHS county office.

About Medicaid and ARKids First

What is Medicaid?

- Medicaid is a program that helps you by paying for covered medical care you need.
- Medicaid uses state and federal money to pay these bills. In Arkansas, DHS runs the Medicaid program.
- Medicaid is not the same thing as Medicare. Medicare pays for covered medical services for people aged 65 and older, and for some people who have a disability.

What is ARKids First?

- ARKids First is health care insurance for children.
- ARKids First has two programs: ARKids First A and ARKids First B.
- ARKids First A is Medicaid for children.
- ARKids First B is for people who make too much money to get regular Medicaid, but do not have health insurance for their children.
- When you fill out the ARKids First application, you can apply for both programs. DHS will decide whether you qualify for either program.

Do Medicaid and ARKids First pay you or your doctor?

- Medicaid and ARKids First will NOT make payments to you.
- Medicaid and ARKids First pay doctors, hospitals and other health care providers who are enrolled in the Medicaid program.
- Your doctor or other health care provider should bill Medicaid or ARKids First for your medical services.

Some important points about Medicaid and ARKids First:

- Medicaid and ARKids First can help pay some of your medical bills, but not always all of them.
- Doctors do not have to bill Medicaid or ARKids First, even if they are Medicaid or ARKids First providers.
- Before you get a service or treatment for you or your child, ask if it will be billed to Medicaid or ARKids First.
- If Medicaid will not get a bill, the doctor has to tell you.
- If you still want the treatment, you may have to pay for it yourself ***or*** you can find another doctor who will bill Medicaid or ARKids First.
- Most people must choose a *primary care physician*, also called a PCP.
- Your PCP is the doctor who is in charge of your health care.
- You will be given a card to show your doctor or health care provider.
- Take care of your card, and keep it with you at all times. It makes it easier to get the care you need.
- If you have ARKids First B, or if you're an adult on Medicaid, you will have to pay for part of your medical care.
- ***Do not let others use your card.*** *If you do, you are breaking the law. This means you could lose your Medicaid eligibility and even serve time in jail.*

Applying for Medicaid and ARKids First

Who can get full Medicaid benefits?

It depends on how much money you make, how much property you own, your age and your situation. Most people who can get Medicaid are in one of these groups:

- Age 65 and older
- Under age 19
- Blind
- Disabled
- Pregnant
- The parent or the relative who is caretaker of a child with an absent, disabled, or unemployed parent
- Living in a nursing home
- Under age 21 and in foster care
- In medical need of certain home and community-based services
- Have breast or cervical cancer
- Disabled, including working disabled

What if you have Supplemental Security Income (SSI)?

- SSI is for some people who are age 65 and older. It is also for some adults and children who are blind or have a disability.
- If you can get SSI, you will get Medicaid. But if you lose your SSI benefits, you might also lose your Medicaid benefits.
- Call the Social Security Administration at **1-800-772-1213** or visit your local Social Security office for more information.

To apply for ARKids First A or B:

- Get an ARKids First application form.
  - You can print an application form from the website at **https://www.medicaid.mmis.arkansas.gov/arkids**. You can get help with this at your local library.
  - You can call **1-888-474-8275** and ask to have an application form mailed to you.
  - You can visit your county DHS office to get an application form.
- Fill out the form. It will ask questions about how much money you make and whether your children have health insurance.
- You can apply for ARKids First A and ARKids First B at the same time. DHS will look at your application and decide whether you qualify for either program.
- You will also need a copy of your child's birth certificate to prove your child's age. If your child is not a U.S. citizen, you will need copies of the child's alien papers.
- Mail or hand-deliver the form and the other papers to your county DHS office.

To apply for regular Medicaid:

- Go to the DHS office in the county where you live. If you are not able to go, a friend or family member may apply for you.
- You can print out a Family Medicaid Application from the Web site at **www.state.ar.us/dhs/dco**, or call **1-800-482-8988** or your local county DHS office for more information.
- When you go to the county office, you will need to take information about yourself and the family members who live with you, including:
  - Something to prove your age, such as a birth certificate, driver's license or a birth record from the hospital
  - Paycheck stubs for everyone in your household who has a job
  - Social Security card
  - Letters or forms from Social Security, SSI, Veteran's Administration, or other sources that show the amount of your income
  - Insurance policies, including other health insurance policies
  - Bank books or other papers that show the amount of money or property you own
- You will fill out an application form. The form will ask questions about your family, how much money you make, and any other money or property you have.
- DHS workers will explain the ConnectCare program and ask you to select your primary care physician.

If you can't get full Medicaid benefits, there are programs that can help. Here are a few:

ARKids First B

- ARKids First B is for children under age 19 who do not have medical insurance through a parent's employer, or who cannot use their medical insurance. For example, if a noncustodial parent living outside of Arkansas has health insurance on their child who lives in Arkansas but Arkansas doctors do not accept that insurance, the child may be able to get ARKids First B.
- On ARKids First B, you will make a small payment called a *co-payment* for prescription drugs and some medical care, but not for preventive care like well-child checkups.
- You can apply for ARKids First A and ARKids First B at the same time. DHS will look at your application and decide whether you qualify for either program.
- For more information on ARKids First B, call **1-888-474-8275** or visit your county DHS office.

ARKids 1st

Medicaid Spend-Down

- If you are hurt or sick and need a lot of care, you might be able to get temporary help from Medicaid even if you make too much money to get regular Medicaid. This is called *Medicaid Spend-Down*.
- To qualify for Medicaid Spend-Down, you must be spending a large part of your money on medical care. You have to re-enroll in Medicaid Spend-Down every three months. Contact the DHS office in your county for details.

Medicaid Savings Programs (QMB, SMB and QI-1)

- You must be on Medicare to qualify for any Medicare Savings Program.
- You must make less than a certain amount.
- Different programs have different rules.
- For more information about Medicare Savings Programs, contact the DHS office in your county.

DO NOT SWITCH OFF BEFORE

Your Medicaid or ARKids First Card

How do you get a Medicaid or ARKids First card?

- **DHS will mail your** card to you.

What do you do with your card?

- Always carry your card with you.
- If you do not have your card when you go for medical care, you might have to pay your bill.

Do not loan your card to anyone or borrow someone else's card! You may lose your Medicaid eligibility, go to jail or be fined for this.

What if you lose your card?

- Call **1-800-482-8988** as soon as you notice your card is missing.

Your Primary Care Physician (PCP)

What is a primary care physician or PCP?

- A *primary care physician*, also called a PCP, is a doctor who takes care of you and helps you stay healthy.
- Your PCP will provide most of your health care.
- Your PCP will keep a record of your health and your health care.
- If you need special care for a health problem, your PCP will make the arrangements and tell you where to go for medical services. You will need your PCP's OK, called a *referral*, in order for Medicaid or ARKids First to pay for this special medical care.

Do you need a PCP?

You must choose a PCP unless:

- You also have Medicare.
- You live in a nursing home.
- You live in an ICF/IID (a home for people who have an intellectual disability).
- You are covered by Medicaid only for a past time period.
- You have Medicaid Spend-Down. This means that you make too much to qualify for regular Medicaid, but you spend the excess amount on medical bills.

How do you get a PCP?

The ways to choose a PCP are:

- Go to the doctor's office.
- Call the ConnectCare help line at **1-800-275-1131** (**TDD: 1-800-285-1131**).
- Go the DHS office in your county.
- List your choices for a PCP on the Medicaid or ARKids First application.

Make sure the PCP you choose is a Medicaid or ARKids First provider! If you need a list of PCPs who take Medicaid or ARKids First, call ConnectCare or visit your county DHS office. The list tells you:

- The doctor's name
- The clinic's address
- Ages served
- Languages the doctor or staff speak
- Phone numbers

How do you change your PCP?

- Call the ConnectCare help line.

OR

- Visit the DHS office in your county.

Choosing a PCP

For each family member on Medicaid or ARKids First, choose three doctors. If a doctor you choose cannot take more patients, DHS will try to give you your next choice. Choose carefully. Here are some things to keep in mind:

- ***How far away is the doctor?*** The doctor's clinic needs to be in the county where you live or in a county right beside yours. If you live in a county that borders another state (Oklahoma, Texas, Louisiana, Mississippi, Missouri or Tennessee), you may choose a doctor in a city on the border in that state. Make sure the doctor takes Arkansas Medicaid and ARKids First.
- ***Do you or your family members have special needs?*** Look for a doctor that offers the service you need.
- ***Is there a hospital you like best?*** Make sure the doctor you choose sends patients to that hospital. (Remember, for emergency care, you can use any hospital. Other times, you need a doctor's referral).
- ***Does a family member not speak English?*** Choose a doctor who speaks their language.

ConnectCare: *1-800-275-1131 TDD: 1-800-285-1131*

CONNECT CARE
Your Family's Medicaid
Connection to Better Health

EMERGENCY
Drop-Off
Hospital
Drop-Off
Emergency
Parking
Visitor Parking
Exit

What to Do in an Emergency

What is a medical emergency?

A medical emergency is when you believe that your health is in serious danger and every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse.

When should you seek emergency care for yourself or your child?

You should only seek emergency care if you believe that your life or health or your child's life or health is in serious danger. (This includes your unborn baby if you are pregnant.) If you seek emergency care when you know it's not an emergency, you will have to pay the bill.

Medicaid and ARKids First will only pay for emergency care that is needed to find out what's wrong or to keep it from getting worse.

Does the hospital or your doctor need to call Medicaid before treating you in an emergency?

Your doctor or hospital does not need to get *pre-authorization* (permission from Medicaid) to treat you in a true emergency.

Are you required to go to a specific hospital?

In an emergency, you have a right to go to any hospital. It's usually best to go to the nearest hospital. (If it's not an emergency, you will need a referral from your doctor for hospital care.)

Be ready for an emergency.

You don't know when an emergency will happen, so be ready just in case.

- Ask your doctor's office if they have an after-hours emergency number. Use this number if your problem is serious, but not life-threatening, like if your child keeps throwing up.
- Find out if your county has 911 services. If it does, call 9-1-1 when you have a serious emergency. Tell the person who answers where you are and what kind of emergency you are having. If you are on a cell phone or wireless phone, you might have to tell the person where you are located (city and state).
- If you live in a part of Arkansas that does not have 911 services, you will have to call the fire department, police department or dial zero (0) for the operator.
- If you're not sure whether you have 911 services or who to call in an emergency, find out now! Don't wait until you have an emergency. If you don't have a telephone, find out where the nearest one is, and make sure your whole family knows.

(See page 17, What is a Medical Emergency?)

The federal government has defined a medical emergency as "a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part"

Seek emergency care only when you believe that your health is in serious danger—when every second counts. You may have a bad injury, sudden illness, or an illness quickly getting much worse.

Your Rights

You have a right to be treated fairly.

- When you apply for Medicaid or ARKids First, your race, sex or religion should never be a reason for turning you down.
- You have a right to get information you can understand.
- Your doctor should treat you with respect.
- You have a right to help make decisions about your health care or your child's health care.
- You have a right to refuse treatment.
- You should never be strapped down or restrained just to make things easier for medical workers.
- You have a right to see your medical records, and to ask that they be changed if they're incorrect.
- No one should treat you badly just because you use these rights.

If you have a complaint about your health care:

- Call the Complaint Hotline at **1-888-987-1200**.
- Have your Medicaid or ARKids First ID card ready.

What if you feel you're being treated unfairly?

- Ask for a hearing. A *hearing* is a review and discussion of your complaint.
- A hearing officer will:
  - Listen to you
  - Explain the rules
  - Answer your questions
  - See that you get fair treatment

You should ask for a hearing if you believe:

- It was wrong to deny your application or request for service.
- It is taking too long to decide about your application.
- You did not receive enough help.
- You asked for a service and did not get it.
- Someone forced you to accept a service you did not want.
- Someone discriminated against you.

To ask for a hearing, send a letter asking for a hearing to the address on page 22.

Before the hearing:

- Get your facts in order so you can explain clearly.
- Bring any letters, papers or other items that help show what happened.
- List any witnesses who can tell what happened. DHS can help you get them to come to the hearing.
- Decide if you want someone to speak for you at the hearing. (You may speak for yourself if you like).
- Decide if you want a lawyer. If you want, you may choose to hire a lawyer to help you in the hearing. The cost for your lawyer will be your responsibility.

IMPORTANT: *If you need help contacting witnesses or if you want someone to speak for you at the hearing, contact the DHS office in your county.*

If you are notified that your Medicaid or ARKids First benefits will be taken away:

- You will get a letter telling you so. If you disagree with the decision, you can appeal the decision and have a hearing before a DHS hearing officer.
- Your request for appeal must go to the DHS Office of Appeals and Hearings. It is very helpful if you also send to the Office of Appeals and Hearings a copy of the letter you got from DHS telling you that your benefits would end.

Time limits

- If you want your benefits to continue until your appeal is over, you must request that within 10 calendar days. Look at the date that is on the letter you got from Medicaid or ARKids First telling you that your benefits would end. The Office of Appeals and Hearings must receive your request for appeal and your request that your benefits continue no later than 10 calendar days from the date on your letter.
- ***Important:*** If you choose to keep receiving Medicaid or ARKids First services during your appeal and then the appeal decision is not in your favor, you may have to pay for services you received. It is possible that DHS will contact you about a Medicaid overpayment if that happens.
- If you do not want your benefits to continue during the appeal process, you have 30 days from the date on your letter to request an appeal. Your request for an appeal hearing will be denied if the Office of Appeals and Hearings does not get your appeal request within 30 days of the date on the letter you got from Medicaid or ARKids First telling you that your benefits would end.

- ***Where to send your request:***

  DHS Office of Appeals and Hearings
  P.O. Box 1437, Slot N401
  Little Rock, AR 72203-1437
  Phone 501-682-8622
  Fax 501-404-4628

If Medicaid or ARKids First refuses to pay for a service you need:

- You will get a letter telling you so. If you disagree with the decision, you can appeal the decision and have a hearing before a DHS hearing officer.
- Your request for appeal must go to the DHS Office of Appeals and Hearings. It is very helpful if you also send to the Office of Appeals and Hearings a copy of the letter you got from DHS telling you that payment for a service has been denied.
- You have 30 days from the date on your letter to request an appeal. Your request for an appeal hearing will be denied if the Office of Appeals and Hearings does not get your appeal request within 30 days of the date on the letter you got from Medicaid or ARKids First telling you that your benefits would end.
- ***Where to send your request:***

  DHS Office of Appeals and Hearings
  P.O. Box 1437, Slot N401
  Little Rock, AR 72203-1437
  Phone 501-682-8622
  Fax 501-404-4628

DHS provides Medicaid and ARKids First benefits to anyone who is eligible in compliance with Titles VI and VII of the Civil Rights Act, without regard to: **age**, **religion**, **political affiliation**, **veteran status**, **sex**, **race**, **color or national origin**.

Your Responsibilities

For Medicaid and ARKids First A

You must report within 10 calendar days any changes that might affect your Medicaid or ARKids First eligibility.

This means you must tell DHS within 10 days if:

- The number of people in your household changes – for instance, if someone moves in or out, has a baby, or dies.
- Your family income changes. (You or someone else gets a job, for example).
- You move to a new address.
- Anything happens that might affect your eligibility. If you aren't sure, contact the DHS office in your county or call **1-800-482-8988**.

For ARKids First B

- You have to re-enroll every year.
  - You are guaranteed 12 months of coverage unless the covered child moves out of state or turns 19.
  - After being enrolled in ARKids First B for 10 months, you will get a form from DHS that you must fill out and return to DHS.
  - You must return the filled-out form by the 19th day of the next month.
  - If you don't return the form on time, you or your child could lose ARKids First B benefits!
- If you do not re-enroll in time, you will have to reapply and reselect your PCP.
- If your address changes, you must let DHS know. Contact the DHS office in your county.

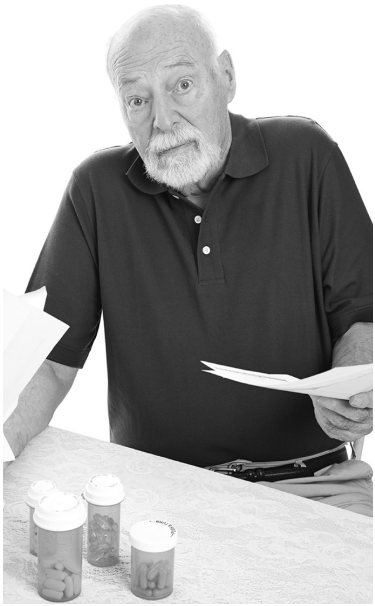
If you withhold information or give false information to DHS to keep getting Medicaid or ARKids First, ***you can go to jail, be fined or both!***

Use your benefits wisely!

- Don't get medical services you don't need. All the services you get will be reported to your PCP.
- Follow your doctor's advice. If you don't, your doctor may stop treating you.
- Don't try to get prescription drugs you don't need. If you do try, Medicaid can restrict you to just one drug store.

Charges and Bills

Charges you do not have to pay:



Your doctor or other health care provider sends medical bills to Medicaid or ARKids First after treating you. If you get a bill, you might or might not have to pay it. You can use this section to find out, or call **1-800-482-5431** (Medicaid) or **1-888-474-8275** (ARKids First).

- Some treatments need approval from Medicaid or ARKids First before the treatment is performed. If your provider does not ask for this approval, Medicaid or ARKids First will not pay the charge, and you do not have to pay it either.
- You do not have to pay for services you did not need and did not choose to receive. If you choose to have a service you do not need, you will have to pay.
- Medicaid and ARKids First have agreed to pay certain amounts for certain services, and your doctor has agreed to accept these amounts. If your doctor charges more than the allowed amount for a certain service, you do not have to pay the difference.
- If Medicaid or ARKids First does not pay a charge because the doctor bills it incorrectly, you do not have to pay it, either.
- You do not have to submit a Medicaid or ARKids First claim form. If a provider agrees to bill Medicaid or ARKids First for services you receive, the provider cannot charge you. Before you receive care, always ask if your doctor will bill Medicaid or ARKids First.

Charges you will have to pay:

- You may have to pay some fees, called *co-payments*, *co-insurance* and *deductible* amounts.
- If you do not tell your doctor or other provider that you are on Medicaid or ARKids First before you get medical treatment, the provider may bill you.
- If Medicaid or ARKids First does not cover a service that you receive, you will have to pay for it.
- You will have to pay for services that are beyond your benefit limit. For example, if you get more prescription drugs than your plan allows, you will have to pay for each prescription above the limit.
- ***Doctors do not have to bill Medicaid or ARKids First***, even if they are Medicaid or ARKids First providers. Before you get a service or treatment for you or your child, ***ask if it will be billed to Medicaid or ARKids First***. If it will not, the doctor has to tell you. If you still want the treatment, you may have to pay for it yourself. Or, you can find another doctor who will bill Medicaid or ARKids First.
- If your situation changes and you are no longer eligible for Medicaid or ARKids First, you will have to pay your medical bills.
- If your Medicaid eligibility is *retroactive* (it applies to services you have received in the past), you must tell your providers this when you get your Medicaid or ARKids First card. Otherwise, you will have to pay for past services.
- If you have a Medicaid Spend-Down, you must pay any charges from before the day the spend-down started. You may have an amount to pay on the first day of your spend-down eligibility.

Using Medicaid with Medicare or Medical Insurance

What if I have Medicare and Medicaid?

- Medicaid and Medicare work together for you.
- Medicare pays first, and Medicaid pays last.

Medicare has two parts: Medicare Part A and Medicare Part B

Medicare Part A:

- Pays for skilled nursing care and hospital services
- Pays for most of your hospital expenses

Medicaid will pay most of the hospital bills that Medicare Part A doesn't pay. You may be billed for a small amount, called *co-insurance*. You might also have to pay part of the deductible for inpatient hospital care.

Medicare Part B:

- Pays for visits to the doctor
- Pays for lab tests and x-rays

Not everyone on Medicare has Part B. You have to pay a small amount each month for Part B coverage. Medicaid will pay this monthly charge for you. Let your DHS county office know if you have Medicare Part B so you won't be charged a Medicare premium. Medicaid also pays most of the charges that Medicare Part B will not pay. You may be billed for a small amount.

What if you have health insurance and Medicaid?

- You must use your other insurance before Medicaid will pay.
- Medicaid does not pay co-payments to other insurance.
- Your doctor or other health care provider must bill your other insurance before billing Medicaid.
- When you show your Medicaid ID card, you must also tell the doctor or other health care provider the name of your other insurance company and your insurance number. (You should have a card from your other insurance company that has this information.)
- Medicaid might not pay anything after your insurance pays.
- Your doctor or health care provider can choose not to bill Medicaid. Before you receive care, always ask if Medicaid will be billed.

Other times when Medicaid will not pay until someone else pays:

- If you are hurt in a car accident, Medicaid will not pay until your car insurance or the other driver's car insurance has paid or denied payment.
- If you are hurt on the job, Medicaid will not pay until workers' comp has paid or denied payment.
- If you win a lawsuit because you got hurt or you get a cash settlement from such a lawsuit, you must use the money to pay your medical bills. If there are still medical bills to be paid once the lawsuit settlement is gone, you should contact Medicaid to see if those bills will be paid. Medicaid might pay toward any amount of your medical bills that are left over.

Medicaid, ARKids First and Your New Baby

If you're on Medicaid or ARKids First and you have a new baby:

- If you have a baby while you are on Medicaid or ARKids First, your baby will most likely be able to get Medicaid or ARKids First, too.
- You need to fill out paperwork on your new baby as soon you can.
- Go to the DHS office in your county

  OR

- Print out an application from the Internet. Just go to **www.arkidsfirst.com** and click "**Apply**." Fill out and mail the application to your county DHS office.
- You'll need a birth certificate or some kind of proof of your baby's age.
- Make sure your baby sees the doctor for well-child checkups and shots. If your baby has Medicaid or ARKids First, Medicaid will pay for these services. Talk to your doctor about how often your baby needs well-child checkups.

NOTE: *Effective Aug. 1, 2015, ARKids First B beneficiaries are no longer eligible for the Vaccines for Children (VFC) Program; however, vaccines can still be obtained by physicians and other health care providers to administer to ARKids First-B beneficiaries through the SCHIP vaccine program.*

Getting to the Doctor: Non-Emergency Transportation (NET)

What is the Non-Emergency Transportation (NET) service?

- NET may give you a ride to and from your doctor appointments or other covered Medicaid services.
- You do not have to pay anything and there is no limit on the number of trips or miles you can travel.
- NET will only take you to and from Medicaid-covered services.

To be able to get a ride from NET:

- You must be on Medicaid or ARKids First A. ARKids First B does not cover non-emergency transportation.
- You must try to find another ride first — maybe with friends or family members.
- You must have no other way to get to your appointment.

You cannot use NET if you:

- Are in a nursing home
- Are in an ICF/IID (a home for people with intellectual disabilities)
- Are a qualified Medicare beneficiary (QMB)
- Are an ARKids First B beneficiary

To schedule a NET ride:

- Find out who the NET transportation broker is for your region. The broker is the company that Medicaid pays to give you a ride. If you don't know your broker, call the NET Help Line toll-free at **1-888-987-1200**.
- Call at least 48 hours (two full days) before your appointment. Don't count Saturday, Sunday or holidays. For example, if you need a ride to the doctor on Monday, you will need to call no later than Thursday.
- Your broker will be able to pick you up from 8 a.m. to 5 p.m., Monday through Friday.
- Your broker must pick you up as needed if you have an appointment for chemotherapy, radiation therapy or dialysis.

When you call for a ride:

- Have your Medicaid ID ready.
- Tell the broker why you need a ride.
- Call at least 48 hours (two full days) before your appointment. Don't count Saturday, Sunday, or holidays. For example, if you need a ride to the doctor on Monday, you will need to call no later than Thursday.
- Be ready when your ride arrives. Brokers only have to wait 15 minutes before they can leave without you!
- If you must travel outside your region, you will need a referral from your doctor. Ask your doctor to send the referral to your NET broker.

What does your NET broker have to do?

- Offer rides 8 a.m. to 5 p.m. Monday through Friday.
- Pick you up as needed if you have an appointment for chemotherapy, radiation therapy or dialysis.
- Provide a toll-free phone number.
- Tell you a pick-up time when you make an appointment.
- Arrive on time.
- Let you and your doctor know if your ride will be late.

If you need to see the doctor today:

Sometimes your doctor may tell you to get medical care right away. Your doctor must call the transportation broker and tell him you have an urgent medical situation. Your broker should come pick you up without 48 hours' notice.

If you see the doctor at the same time each week:

- You should call your broker and ask if they will set up a regular schedule for you. Some brokers will do this.
- If you have to change your appointment time or cancel it, call your broker 48 hours before your normal appointment time and let them know.

If you have more than one doctor appointment on the same day:

- Your broker should provide you rides to all of your appointments. Just make sure to give 48 hours' notice.

If you called for a ride, but your ride doesn't show up:

- Call your transportation broker and report the problem.
- Call the NET Helpline at **1-888-987-1200.** Have your Medicaid or ARKids First ID number ready.
- Call your doctor or health care provider.

If you have questions or problems with the NET program:

- Call the NET Helpline at **1-888-987-1200**. The helpline staff will not arrange transportation for you, but will try to give you the help you need.

Arkansas Medicaid, ARKids First

Covered Services

Covered Services

This section will tell you about some benefits or services covered by Medicaid or ARKids First. Here are some things to keep in mind:

Medicaid and ARKids First pay for a wide range of medical services, but not all services.

- Sometimes benefits change. If that happens, DHS will send you a letter before the change takes effect.
- If you need to know whether Medicaid pays for a service that you don't see in this section, call:

The Medical Assistance (Medicaid) Office
682-8501 (if you are in Little Rock)
1-800-482-5431 toll-free

- If you need to know whether ARKids First pays for a service that you don't see in this section, call:

ARKids First
1-888-474-8275

- Always have your Medicaid or ARKids First ID number with you when you call.

Many benefits have limits, especially for adults. Two examples for benefit limits are those that are applied annually or monthly.

- An annual benefit limit means Medicaid or ARKids First will pay for only a certain number of services, or will pay a certain dollar amount for services, from July 1 of one year to June 30 of the next. Each year on July 1, the count starts over.
- A monthly benefit limit means Medicaid or ARKids First will pay for a certain number of services or will pay a certain dollar amount for services in a calendar month. The count starts over on the first day of each month.

***IMPORTANT:** To get some services, you will need an OK from your PCP. Your PCP's OK is called a referral.*

Types of Services (Listed in Alphabetical Order)

Ambulance Service (Emergency Only)

Ambulance service is emergency transportation that can be by emergency automobile, helicopter or airplane.

Medicaid and ARKids First will pay for ambulance service only in certain cases, and only when you need it to stay alive or to prevent serious damage to your health.

Under those circumstances, Medicaid and ARKids First will pay for ambulance service:

- From the place of an emergency to a hospital emergency room if the patient is admitted
- From a hospital to another hospital
- From the patient's home to a hospital for admission
- From a hospital to the person's home after the person is discharged from the hospital
- From a nursing home to a hospital for admission
- From a nursing home (after being discharged) to the person's home
- From one nursing home to another nursing home, when the original nursing home has been decertified and the transportation is necessary

Ambulatory Surgical Center

Ambulatory surgical centers provide surgeries that do not require an overnight hospital stay. Medicaid and ARKids First pay for covered surgeries in these centers. A referral from your PCP is usually required. If you have ARKids First B, you will have to pay a co-payment.

Autism Waiver

The purpose of the autism waiver is to provide one-on-one, intensive early intervention treatment for beneficiaries ages 18 months through 6 years with a diagnosis of autism. Participants must meet both medical and financial criteria. Medical criteria include meeting the ICF/IID level of care and having a diagnosis of autism.

The community-based services offered through the autism waiver are as follows:

- Individual assessment/treatment development
- Provision of therapeutic aides and behavioral reinforcers
- Plan implementation and monitoring of intervention effectiveness
- Lead therapy intervention
- Line therapy intervention
- Consultative clinical and therapeutic services

The waiver program is operated by the Partners for Inclusive Communities (also known as Partners) under the administrative authority of the Division of Medical Services.

Child Health Management Services (CHMS)

Medicaid or ARKids First A

- If a child under 21 is found to have a health problem or is not developing normally, Medicaid or ARKids First A will pay for many different services.
- These can include medical, psychological, speech and language pathology, occupational therapy, physical therapy, behavioral therapy and audiology.
- The purpose is to find out what's wrong and how to treat it, to keep it from getting worse and affecting the child's future.
- To receive these services, you will need to get a referral from your PCP.

ARKids First B

- ARKids First B does not offer the CHMS program, but some of the same services are covered outside the CHMS program, if needed. A PCP referral is required.

Chiropractor

A *chiropractor* is a doctor who can make adjustments in your spine to treat back pain and other problems. Medicaid and ARKids First cover chiropractic care.

- You will need a referral from your PCP.
- There is a limit to the number of visits Medicaid will pay for if you are 21 or older.
- If you have ARKids First B, you will have to pay a co-payment for each visit.

Community Health Centers

Community health centers are also called Federally Qualified Health Centers (FQHCs). You may choose one of these health centers as your PCP instead of choosing a doctor. Otherwise, you will need a referral from your PCP if you need to go to an FQHC. If you have ARKids First B, you will need to pay a co-payment.

Dental Care

Dental care is covered for children with ARKids First or for individuals with regular Medicaid.

For Children Under Age 21

Dental care is covered for children with ARKids First A, ARKids First B and Medicaid.

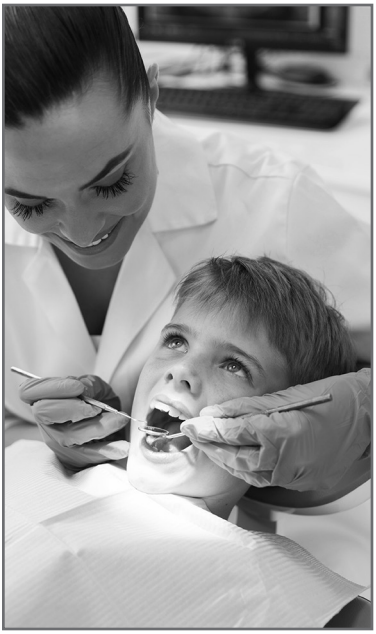
- This includes orthodontic care such as braces, if needed for medical reasons.
- All orthodontic care must be approved by Medicaid before treatment.
- If you have ARKids First B, you will need to pay a co-payment.

For Adults

Medicaid will pay up to $500 a year for most dental care, from July 1 to June 30. This includes one office visit, one cleaning, one set of X-rays and one fluoride treatment. If your dentist says you need it, Medicaid will pay for:

- Simple tooth pulling
- Surgical tooth pulling (if Medicaid approves it first)
- Fillings

- One set of dentures (if Medicaid approves it first)
- Fees to the dental lab for dentures and tooth-pulling do not count toward your $500 limit, but you can only get one set of dentures or partial dentures in your lifetime. It's up to you to make sure Medicaid will pay for other dental care if you need it.



ConnectCare services include dental coordinated care. Dental care coordinators are available from 8 a.m. to 4:30 p.m. Monday through Friday to help with:

- Dental information
- Finding a Medicaid dentist in your area
- Scheduling dental appointments
- Scheduling needed transportation (Medicaid and ARKids First A only). ARKids First B beneficiaries cannot use the Non-Emergency Transportation (NET) Program.
- Reminding you of your dental appointment
- Re-scheduling missed dental appointments

For additional information, call **1-800-322-5580** (**TDD: 1-800-285-1131**).

Disability Services

Here are some services for people with disabilities. More options may be found under ***Long-Term Care*** on *page 49* or under ***Rehab*** *on page 57*.

Tax Equity and Fiscal Responsibility Act (TEFRA) Program

TEFRA is a category of Medicaid that provides care to children with a disability in their homes rather than in institutions. To qualify for TEFRA benefits, a child:

- Must be younger than 19
- Cannot have income that exceeds the Long Term Care Medicaid limit
- Cannot have countable resources that exceed $2,000

Parental income and resources are not considered. Only the income and resources of the child are counted. Appropriate medical services must be available to provide care for the child in the home. The estimated cost of care in the home cannot exceed the estimated cost of care for the child in an institution.

If the parents or guardians have an annual gross income higher than 150 percent of the Federal Poverty Level (FPL), the family will be required to pay a small premium for the TEFRA services the child receives. The amount of the premium is based on the parents' or guardians' income only.

If the family has other health insurance, they must keep it.

To find out more about TEFRA, contact the DHS office in your county.

Developmental Day Treatment Clinic Services (DDTCS)

DDTCS services are provided by a licensed clinic to adults and children with developmental disabilities, such as autism, or severe learning disabilities, intellectual disabilities, etc. The services may include identifying the developmental/intellectual disability and assessing how severe it is.

For more information, call **Developmental Day Treatment Clinic Services** at **501-682-8677**.

DDS Alternative Community Services (ACS)

ACS services are for people who have a developmental disability and need special care, no matter how old they are. The person must have cerebral palsy, epilepsy or autism, or have been declared to have an intellectual disability before they are 22 years old. The care is provided in the person's home, in a foster home or an apartment in a group home. A referral from a doctor may be required. To find out more or apply, call **501-682-2277** for children. For adults call **501-682-8678** or **501-683-5687**.

First Connections Program

All children grow and develop differently. Some children have delays in development and need special care. The First Connections Program is for these children, from birth to age 3, and their families. The program works with each family to find and coordinate services to help the child learn, and to help the family care for the child. To find out more, call **1-800-642-8258**.

Doctors' Services

If you are 21 or older, there is a limit to the number of doctor visits that Medicaid will pay for each year. If you need to see the doctor more often, your doctor might be able to get an extension.

If you need to see a different doctor for specialized care, you will need a referral from your PCP.

If you have ARKids First B, you will have to pay a co-payment for each doctor visit.

Domiciliary Care (Room and board for out-of-town care)

Domiciliary care is room and board for people who have to be away from home while they are getting medical treatment. Medicaid and ARKids First A will pay for room and board when you live too far away to drive back and forth every day. There is no limit to the number of days you can stay while you are being treated. Medicaid will also pay for a ride from your home to the place you will stay. The domiciliary care provider will give you a ride to the clinic or medical center where you will be treated.

ARKids First B does not cover domiciliary care.

Emergency Room Services

You should seek emergency care if you have a good reason to believe that your life or health or your child's life or health is in serious danger. (This includes your unborn baby if you are pregnant.) Medicaid and ARKids First cover emergency care only in a medical emergency. You do not need a referral from your PCP. If you have ARKids First B, you will have to pay a co-payment. Remember, if you use the emergency room when you know your problem isn't an emergency, you might have to pay the bill. To find out more, see ***What to Do in an Emergency*** *on page 17*.

Hearing

Arkansas Medicaid covers hearing tests and hearing aids for children under age 21 who are enrolled in the Child Health Services (EPSDT) Program. The services must be prescribed by a doctor. Licensed *audiologists*, or hearing specialists, may provide hearing tests. If a child needs a hearing aid, he or she gets three follow-up visits to the hearing aid dealer to make sure the hearing aid is working properly. Only the examination used to test the condition of the middle ear, called *tympanometry*, is covered under ARKids First B.

Home Health Services

Medicaid and ARKids First will pay for some home health services to be provided in your home by a home health care worker or nurse, but only if a doctor says the home care services are needed.

Medicaid will only pay if home care is needed for medical reasons. Your doctor will decide what level of care you need. In some cases, Medicaid needs to approve the services ahead of time. Medicaid has limits on what it will pay for some home services and supplies. If you have ARKids First B, you will have to pay a co-payment.

Hospice Care

Hospice services are for people who are very sick and are not expected to live much longer. Instead of trying to make a person well, hospice care just makes a person as comfortable as possible. Hospice care is usually provided in the patient's home, or sometimes in a hospital or nursing home.

Medicaid and ARKids First A will pay for hospice services, but ARKids First B will not.

Hospital Care

Medicaid and ARKids First pay for most hospital care, whether you have to stay in the hospital overnight (inpatient care) or can go home the same day you are treated (outpatient care).

Inpatient Care: Medicaid and ARKids First will pay for hospital care that is needed for your health. The hospital might need to get Medicaid's approval first. For adults age 21 and older, Medicaid will pay for a limited number of days of inpatient hospital care. There is no limit for children younger than 21. You will have to pay a co-pay if you are 18 or older, or have ARKids First B. The amount of the co-pay depends on the first day's hospital bill.

Outpatient Care: Medicaid and ARKids First will pay for most outpatient hospital care, but you may have to pay some charges. Also, there is a limit on the number of visits for adults aged 21 and older. Families with ARKids First B will have to pay a co-payment.

Immunizations

Immunizations are shots to keep you or your child from getting dangerous diseases. Medicaid and ARKids First cover these shots at certain ages. You can get these shots from your PCP or from the Arkansas Department of Health in your area. For more information about childhood immunizations, see ***Well-Child Care*** *on page 60*.

Independent Choices

Independent Choices is another option for in-home assistance. Independent Choices is available to Medicaid beneficiaries who are willing to accept the responsibilities to ensure their in-home personal assistance needs are met. The beneficiary or their representative becomes an employer and are responsible for hiring, training and supervising their worker from Medicaid funds the beneficiary/representative control. The individual hired can be a friend, family member or someone hired by the employer. Medicaid provides a budget to pay a worker and purchase goods and services that lessen human dependency.

Lab Tests and X-Rays

Medicaid and ARKids First pay for lab tests and X-rays if your doctor says you need them. You will need a referral from your PCP if you need to go somewhere else for tests or X-rays. If you have ARKids First B, you will have to pay a co-payment. If you're 21 or older, there are yearly limits on the number of some tests and X-rays that Medicaid will cover, and on the dollar amount Medicaid will pay for others.

Your doctor can ask for an extension on the number of X-rays covered if medically necessary.

Long-Term Care

When most people talk about long-term care, they mean nursing home care. But nursing home care is only one kind of long-term care. Here are some other kinds of long-term care. More options may be found under ***Disability Services*** *on page 44* or under ***Personal Care*** *on page 55*.

Program of All-Inclusive Care for the Elderly (PACE)

PACE is a program for people age 55 and older who have been determined by the state, based on specific criteria, to need nursing home care. PACE allows them to live as independently as they can. PACE provides all needed services to those enrolled in the program, in all health care settings, 24 hours a day, every day of the year.

Nursing Home Care

Medicaid pays for nursing home care in a Medicaid-certified nursing home. For Medicaid to pay for nursing home care, a doctor must recommend it. You (or someone who can represent you) will need to apply for nursing home care in the DHS office in the county where the nursing home is located. If you are in a nursing home, you do not have to pay co-payments for medical care or prescription drugs. ARKids First B does not cover nursing home care.

Living Choices Assisted Living

Living Choices assisted living is a Medicaid program that pays for apartment-style housing for people who need extra care and supervision. It's for people who are at risk of being placed in a nursing home or who already live in a nursing home and want more independence. Housing and care is provided by specially licensed assisted living facilities. The housing is designed to keep residents safe and comfortable. Staff members take care of the residents, but try to let them make most of their own decisions. A portion of the resident's monthly income pays for room and board. To qualify for Living Choices assisted living, a person must:

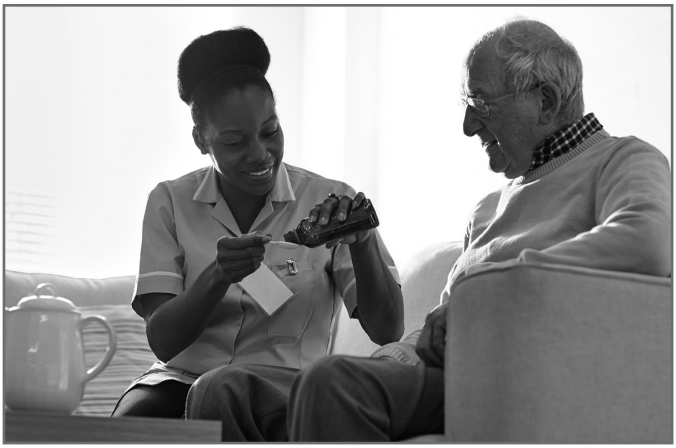
- Be aged 65 or older, or be aged 21 or older and declared disabled by Social Security/SSI or the DHS Medical Review Team
- Meet income and asset limits (make less than a certain amount of money and own less than a certain amount)

- Meet requirements for nursing home admission at the intermediate level of care
- Have a medical need and receive one or more of the services provided

ARChoices in Home Care

ARChoices provides home and community-based services to adults age 21 through 64 with a physical disability, and seniors age 65 or older. ARChoices recipients would be eligible for care in a nursing home, but choose services to help remain at home or other community setting. Services include:

- Attendant care
- Home-delivered meals
- Personal emergency response system (PERS)
- Adult day services
- Adult day health services
- Respite care
- Environmental modifications



Medical Equipment

Equipment such as wheelchairs, oxygen tanks and hospital beds that you use at home is called *durable medical equipment*. Medicaid and ARKids First will pay for some durable medical equipment. You will need a prescription and a referral from your PCP.

- **ARKids First A and Medicaid for children under age 21:** Your doctor will need to get approval from Medicaid before you get certain equipment.
- **ARKids First B:** ARKids First B will pay up to a limited amount each year for durable medical equipment. You will have to pay a percentage of the cost, plus any costs after Medicaid has paid its limit.
- **Medicaid:** If you are age 21 or older, Medicaid will only pay for certain kinds of equipment. You will need a prescription from your PCP.

Medical Supplies

Medical supplies are items you need for your health that might only be used once and then thrown away. Medicaid and ARKids First pay for some medical supplies. You will need a prescription from your PCP. There is a limit on what Medicaid or ARKids First will pay for supplies each month.

Mental Health Services

Medicaid will pay for special care for people with mental health problems. Mental health services that Medicaid will pay for include:

Licensed Mental Health Practitioner Services

These are visits with a mental health worker who is licensed to provide certain types of care. Medicaid will pay with a referral from a doctor. In some cases, Medicaid will need to approve the services in advance. This is called *prior authorization*. The doctor or mental health worker should handle getting the services approved.

School-Based Mental Health Services (SBMH)

SBMH provides mental health services to children under age 21 who are in school and who have a mental health problem. Medicaid will pay for these services if:

- The child has a referral from a doctor. The referral must be renewed every six months.
- Care is provided by a mental health worker who works for the school or under a contract with the school.
- A mental health exam shows the child needs these services.
- The services are part of a treatment plan.
- The services are provided at a public school, or at the child's home if the child is enrolled in the public school system but attends school at home.

ARKids First B does not cover SBMH.

Inpatient Psychiatric Services for Children Under Age 21

Sometimes people with mental illnesses need to stay at a hospital or mental health center. Medicaid will pay for this only for children under age 21, and only with a doctor's referral. Medicaid must approve these services in advance, except in an emergency. (This is called prior authorization.) The patient will also need a certificate of need in order for Medicaid to pay. The doctor who refers the patient should provide this. You will have to pay a co-pay if you have ARKids First B. The amount of the co-pay depends on the first day's hospital bill.

Non-Emergency Transportation (NET) Service

If you have Medicaid or ARKids First A, the NET service may give you a ride to and from your doctor appointments and other Medicaid-covered services. There is no charge but you must follow the NET guidelines. ARKids First B does not cover NET. To find out more, see ***Getting to the Doctor: NET*** *on page 31*.

Nurse-Midwife (Certified)

A *certified nurse-midwife* is trained to deliver babies in a hospital, birthing center or clinic, or in a patient's home, and to care for a woman while she is pregnant and just after she has a baby. Medicaid and ARKids First pay for certified nurse-midwife services. If you have ARKids First B, you will have to pay a co-payment for each visit.

Nursing Home Care

See ***Long-Term Care*** *on page 49*.

Nurse Practitioners

Nurse practitioners are nurses with special training. They are not doctors, but they can do some of the things a doctor can do. They can treat many illnesses and injuries, and can prescribe medicine. They can do checkups and help catch problems while they are easier to treat. Medicaid will pay for a certain number of visits with a nurse practitioner. Sometimes, a doctor's referral might be needed. If you have ARKids First B, you will have to pay a co-pay.

Personal Care

Medicaid will cover personal care if a doctor says it is needed. These services are for people who need help with everyday tasks such as bathing, getting dressed, going to the bathroom and eating. Personal care is usually provided in the person's home, by a worker who is trained to help people with these tasks, but not a nurse or a doctor. ARKids First B does not cover personal care.

Podiatrist

A *podiatrist* is a doctor who specializes in problems of the feet. You will need a referral from your PCP to see a podiatrist. If you have ARKids First B, you will have to pay a co-payment for each visit.

If you are age 21 or older, there is a limit to the number of visits for which Medicaid will pay. Medicaid and ARKids First will pay for surgery by a podiatrist. If you need to stay in the hospital for the surgery, your podiatrist may have to get approval from Medicaid beforehand.

Pregnancy Termination

Abortions are not covered unless medically necessary and approved by Medicaid beforehand.

Prescription Drugs

Medicaid and ARKids First cover most prescription drugs. The pharmacist has to give you a generic drug when one is available. If you want a brand-name drug, you will have to pay for it.

For some drugs, your doctor will need to call Medicaid for approval. If you are age 21 or older, there is a limit on the number of prescription drugs Medicaid will pay for each month. Birth control pills and other family planning prescriptions do not count toward the monthly limit. People in nursing homes do not have monthly limits or co-payments on their prescription drugs.

If you have ARKids First B, or you're age 18 or older with Medicaid, you will have to pay a co-payment.

Rehab Services

Medicaid will pay for some rehabilitative services – also called rehab – for people with certain illnesses or injuries. *Rehabilitation services* help a person learn how to take care of themselves. Rehab services that Medicaid will pay for include:

Rehabilitative Services for Persons With Physical Disabilities (RSPD)

Medicaid pays for rehabilitation services for children under age 21 with physical disabilities, if the services are recommended by a doctor or other licensed medical worker.

To qualify for RSPD services, the child must have had a severe brain injury, or a spinal cord disorder or injury. (Spinal cord disorders or injuries are only eligible for rehab services in a state-operated extended rehabilitative hospital.)

ARKids First B does not cover RSPD.

Rehabilitative Services For Persons With Mental Illness (RSPMI)

Medicaid will pay for rehab for people with mental illnesses in some cases, to help them fit in or just to help them feel better. The care must be provided by a certified RSPMI provider. Medicaid must approve these services before they are provided, or Medicaid will not pay. The RSPMI provider should handle getting Medicaid's approval.

A referral from a PCP may be required for children under age 21. If the person needs more than eight hours of care within a 24-hour period, the doctor or other provider will need to apply for an extension of benefits for the patient. If you have ARKids First B, you will have to pay a co-payment.

Rehabilitative Services For Youth And Children (RSYC)

Medicaid will pay for rehab services for children under age 21 who are in the Child Health Services (EPSDT) Program and in the custody or care of the Arkansas Division of Youth Services (DYS). These services are for children who have been abused or neglected to help them deal with any psychological or emotional problems they may have. ARKids First B does not cover RSYC.

Rehabilitative Hospital

Medicaid will pay for rehab services to be provided in a hospital if needed for a medical reason. ARKids First B does not cover rehabilitative services.

Rural Health Clinic

Rural health clinics offer many services in areas where there are not a lot of doctors' offices. If you're age 21 or older, there is a limit to the number of visits Medicaid will pay for each year. The medical director of a rural health clinic can be named as a PCP. If you have ARKids First B, you will have to pay a co-payment.

Targeted Case Management

Targeted case managers help patients find and get the medical services they need. A doctor must prescribe targeted case management. You might be able to get this service if you:

- Are younger than age 21 and were referred as a result of a well-child checkup
- Have ARKids First A or regular Medicaid. ARKids First B does not cover targeted case management.
- Have a developmental disability
- Are age 60 or older
- Are pregnant

Therapy (Physical, Occupational or Speech)

Medicaid and ARKids First A and ARKids First B will pay for physical, occupational or speech therapy or patients who are younger than age 21. A doctor's prescription and referral is required. If you have ARKids First B, you will have to pay a co-payment.

Tobacco Cessation Program

This program helps people stop smoking or using tobacco. It can include counseling from your doctor and products or medicine to help fight the urge to use tobacco, such as patches, gum or pills.

To find out more, talk to your doctor or call Arkansas Medicaid at **1-800-482-5431**.

Vision Care

Medicaid and ARKids First will pay for a limited number of eye exams and eyeglasses. Adults aged 21 and older will have to pay a co-payment.

For children under age 21, Medicaid and ARKids First will pay for replacement or repair of eyeglasses when Medicaid approves ahead of time. No referral is needed for vision care. If you have ARKids First B, you will have to pay a co-payment.

Well-Child Care

Well-child care includes shots to prevent diseases like measles, polio, and whooping cough and regular checkups to make sure the child is developing normally.

Both ARKids First A and ARKids First B cover well-child care, but they call it different things. To find out when your child needs to see the doctor for a well-child checkup, call your doctor.

- **ARKids First A and Medicaid:** If your child has ARKids First A or regular Medicaid, well-child care is also called *EPSDT, or Early and Periodic Screening, Diagnosis and Treatment*. Medicaid has a special program, called the Child Health Services Program, to provide well-child care for people younger than age 21. Even mothers and fathers who are younger than 21 can be a part of the Child Health Services Program.

If you or your child are younger than age 21, tell your DHS caseworker you want child health services. DHS will help you find a PCP or other provider. DHS will help you get a ride to the doctor if needed. To find out more about getting a ride, see ***Getting to the Doctor: NET**, on page 31*.

- **ARKids First B:** If your child has ARKids First B, well-child visits are called *preventive health screenings*. These regular doctor visits are covered. You will not have to pay a co-pay for these visits.

NOTE: Effective Aug. 1, 2015, ARKids First-B beneficiaries are no longer eligible for the Vaccines for Children (VFC) Program; however, vaccines can still be obtained by physicians and other health care providers to administer to ARKids First-B beneficiaries through the SCHIP vaccine program.

Women's Health

Medicaid and ARKids First will pay for pelvic exams, pap tests and mammograms for all ages. You can go to your PCP for these services, or you can go to a *gynecologist* (a women's health specialist). No referral is needed for these services.

If you're age 21 or older, there are yearly limits on the number of doctor visits Medicaid will pay for each year. If you have ARKids First B, you may have to pay a co-payment.

Medicaid will also pay for family planning for women who are able to have children. These services can include:

- Physical exams
- Lab work
- Birth control
- Information about preventing HIV and other sexually transmitted diseases

Important Phone Numbers

Customer Service – Medicaid Eligibility/General

1-800-482-8988

Medicaid Information Number

1-800-482-5431

Arkansas Medicaid Providers

1-800-457-4454

Extension 28301, Out-of-State Calls

1-800-482-5850

Extension 26789, Telecommunication Device for the Deaf (TDD)

1-800-285-1131

Non-Emergency Transportation Helpline

1-888-987-1200

Fraud & Abuse Hotline

1-800-422-6641

ARKids First

1-888-474-8275

ConnectCare

1-800-275-1131

ConnectCare, Telecommunication Device for the Deaf (TDD)

1-800-285-1131

Complaint Hotline

(For complaints about health care)

1-888-987-1200

Complaint Hotline, Telecommunication Device for the Deaf (TDD)

1-800-285-1131

Nursing Home Abuse Hotline

1-800-582-4887

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