



Arkansas Health Independence Accounts

Assurance of Compliance



Executive Summary:

The Arkansas Health Care Independence Act of 2013 directed the Department of Human Services to develop a model to allow non-aged, non-disabled program-eligible participants to enroll in a program that will create and utilize Independence Accounts that operate similar to a Health Savings Account or Medical Savings Account during the calendar year 2015. The Arkansas Health Care Independence Act of 2013 is available at the following link: www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act1498.pdf

Special Language in the Division of Medical Services (DMS) Appropriation Act of 2014 required an approval of the model. This Act also established cost sharing under the Health Care Independence Program shall apply to beneficiaries with incomes above fifty percent (50%) of the federal poverty level. The Department of Human Services was required to submit drafts of state plan amendments or waivers public comment by August 1, 2014; and file the required state plan amendments or waivers with the United States Department of Health and Human Services by September 15, 2014 and gain federal approval no later than February 1, 2015. The amendment to the STCs for this program was approved by CMS on December 31, 2014.

The Arkansas Health Reform Act of 2015 also changed the participation requirements for Health Independence Accounts (HIAs). This legislation suspended cost-sharing requirements and participation requirements in the HIAs for Private Option enrollees with incomes below 100% of the federal poverty level. The Health Reform Act of 2015 is available at the following link: <http://www.arkleg.state.ar.us/Bills/2015/Public/SB96.pdf>.

Objectives of the Program include:

- **Gain knowledge about appropriate access points for health care services and their associated costs**
- **Promotes transparency in the cost of health care services and accountability of consumers.**
- **Contributions mirror private market premiums.** Monthly contributions to Independence Accounts introduce enrollees to the concept of premium payment for insurance.
- **Rewards consumerism.** For individuals making monthly contributions, their total out-of-pocket exposure to health care costs is lower than the Medicaid maximum allowable amount.
- **Promotes personal responsibility.** The potential savings for individuals making monthly contributions rewards foresight and helps participants learn the value of insurance.
- **Reduces the cost-sharing cliff upon transition to QHP coverage.** Incentive payments can be used to offset out-of-pocket expenditures when an Arkansas resident leaves the Private Option.

Program Operations:

Launch

All systems and operational infrastructure was designed, developed and implemented prior to the launch date of January 1, 2015. This included all software and systems to interface with the Arkansas Department of Human Services' fiscal agent to add, change and delete enrollee status in the program; create and maintain enrollee accounts; distribute HIA cards and educational collateral; develop monthly statement process; and operationalization of the HIA call center and web portal at www.Myindycard.org.

A welcome letter and quick-start card explaining the program was mailed to all enrollees prior to the launch date. All enrollees received their welcome packet, user guide and HIA card during the first week of January 2015. During January, the Arkansas Department of Human Services hosted three webinars for carriers and providers and two webinars for insurance brokers and agents to introduce the program and explain its objectives and goals. These webinars included question and answer sessions and the resulting FAQs were posted in the Resource section of the www.Myindycard.org website.

Enrollment and timeframes/deadline for payment into the account

Once the enrollee has selected a plan on the InsureArk.org portal or has been auto-assigned, a transaction is sent to the Qualified Health Plan (QHP) and the HIA Third Party Administrator (TPA) enrolling them into the QHP plan and the HIA program. The HIA cards are mailed to the enrollee within 2 weeks of receipt of the enrollment transaction.

Monthly payments must be postmarked by the 20th of the month in order for the HIA debit card to work the following month. Even if payments are received days after the 20th and as long as the postmark on the envelope is by the 20th, the payment will be honored in the next month. However, if payment is received and postmarked after the 20th of the month, the payment will be applied to the month after the following month (e.g., payments postmarked on November 25 will not be applied to the HIA until January. Please see the attached sample statement for additional information.

The system is designed to protect the enrollee from future cost-sharing obligations for the month after payment is received. We do not provide the enrollee with cost-sharing protection for prior months if payments are not received. An example would be if the enrollee makes their payment in March, they would be protected in April. If they do not make their payment in April, they will not be protected in May, but if they make their payment in May, they will be protected in June.

Monthly Payment Statements

Monthly statements are issued that will include the enrollee's payment history, including missed payments. Failure to pay does not affect ability to access benefits, but the enrollee is subject to being billed for cost sharing of services received during the month that a contribution is not applied. The monthly payment statement will identify months that are protected from these out of pocket expenses.

Notice of deactivation of health account

The Division within the Arkansas Department of Human Services that determines eligibility is the Division of County Operations (DCO). This division sends notices to the enrollee when they no longer have Medicaid eligibility. Once the eligibility has been terminated, a transaction is sent to the Qualified Health Plan (QHPs) terminating coverage and a transaction is sent to the HIA Third Party Administrator (TPA) to terminate the HIA card. As long as the enrollee is in good standing with Medicaid and has an

active QHP policy, the HIA account will be active. The TPA does not send a notice since the enrollee has already been notified by DHS and the QHP of the termination.

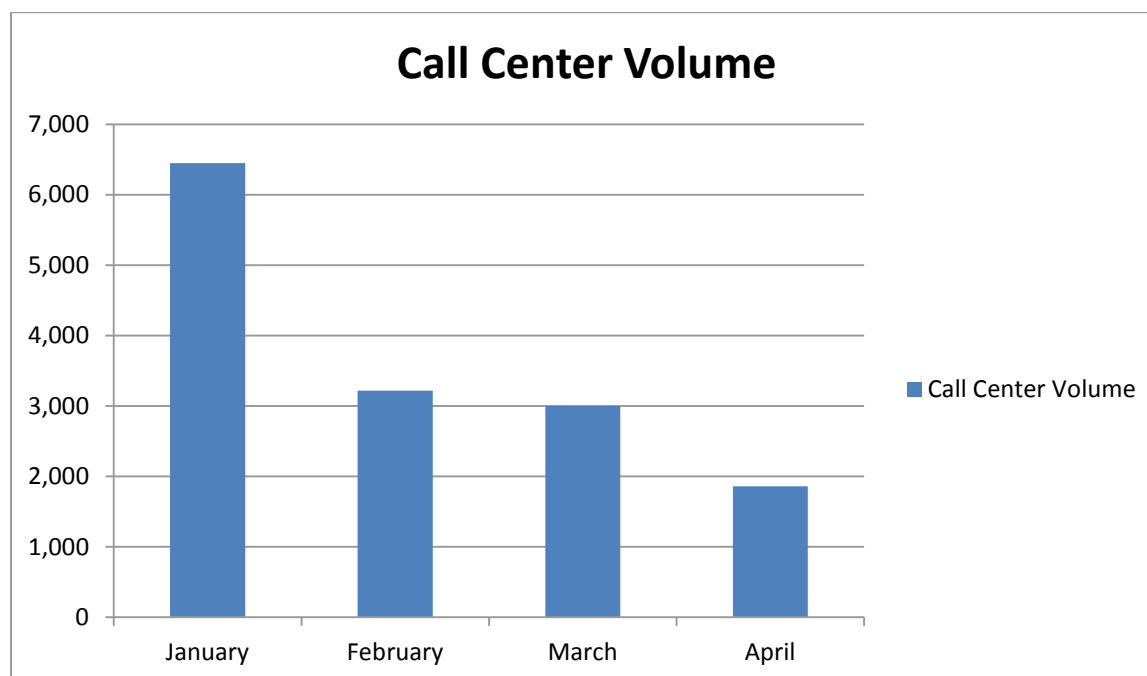
Ongoing participant and provider support

Technical and non-technical assistance is available to participants through a tiered support system. Level 1 is the call center that can handle most issues without need for escalation. The call center averages 112 calls per day and receives an average of 458 emails per month. Level 2 is the Third Party Administrator (TPA), who administers the payments, reimbursements. Level 3 is the TPA technical support team who are involved when there are system- wide issues.

The call center hours of operation are Monday - Friday, 8:00 - 5:00 pm. Participants can also submit emails to the support desk any time of day and they are answered the following business day.

Participants continue to call with questions regarding the program benefits and instructions regarding the use of the card. Call Center Representatives work with the participants to provide education and issue resolution.

The HIA call center received 6,449 calls during the month of January, 3,217 calls in February, 3,001 calls in March and 1,860 calls in April.



Common Call Center issues

Incorrect provider amounts - Providers do not always charge the correct qualified amount and participants call the call center for assistance. Call center reps will work with the provider to ensure the correct amounts are charged. If a participant asks for help disputing a charge with a provider, a call center representative will work with the QHP to educate the provider. Two thousand five providers charged the incorrect amount for services or products during the first 120 days of implementation of the program. One thousand nine hundred have since been resolved.

Point of sales (POS) device errors - Sometimes providers experience card declines because their point of sale device is not properly coded to accept the HIA debit card. Call center reps assist these providers in determining the issue and recommending the proper fix to ensure the cards work as designed. There were 190 incidences where the POS device was not coded for the correct merchant category codes, e.g. pharmacies using the merchant category codes for a hospital or ophthalmologists using the merchant category codes for an optometrist.

Providers refusing to accept HIA cards - Call center representatives also assist providers who refuse to accept the HIA debit card. Reps educate the provider on the program and work with the appropriate facility staff to ensure the cards are accepted. The state has had 10 providers who have refused to accept the card. Call center managers contact the providers to orient them to the HIA program. Nine of the providers, after working with the call center, now accept HIA. The remaining provider does not have a POS device.

Invalid card declines - When issues arise with card declines while at an in network provider, call centers reps will work with the participant and the provider to identify the problem and will work diligently to get the card working, if the issue is on the card side and the monthly payment was made. There have been 1,466 card declines that were invalid. If the invalid decline cannot be corrected quickly and participants are left to pay out of pocket for the copay, participants must submit a reimbursement request and are reimbursed for qualified expenses.

Reimbursement requests - Call center reps work with participants who submit reimbursement requests to ensure their checks are processed in a timely fashion. Reimbursements are necessary whenever providers do not have point of sale devices or when participants have forgotten their cards and pay out of pocket. The TPA received 772 reimbursement claims for 227 participants, totaling \$10,611.69. Claims are reimbursed within two business days of confirmation.

Roles and responsibilities of the third party administrator (TPA)

The Third Party Administrator's role is to administer the HIA program. The following is a list of specific tasks and responsibilities and the schedule on which they are performed:

Daily:

- Import the daily file into the system, examine the exception file for band changes or program terminations and modify the participant record accordingly.
- Download the daily participant payment file from the bank, review the payments, checking for postmark dates, and ensuring participant accounts are credited accurately. The daily payment file download could be delayed for participants who fail to include the paper coupon with their payment. The account number, participant name and address are on the coupon and allows for easy credits to accounts.
- Post payments and update received receipts in the system to ensure participant cards will work the following month.
- Import the bank file for online payments, post payments, and updated received receipts in the system to ensure participant cards will work the following month.
- Research and correct any issues involving payments, card suspensions, or processing errors.
- Work with the call center representatives as needed to resolve card problems.
- Review reimbursement requests, research each claim to ensure it is valid, follow-up with the participant if more information is needed, enter information into the system, and create a reimbursement check. (The process may take up to two weeks for each request but they are

looked at and worked on a daily basis.) Card transactions are reviewed daily to ensure only qualified providers and amounts are authorized.

Monthly:

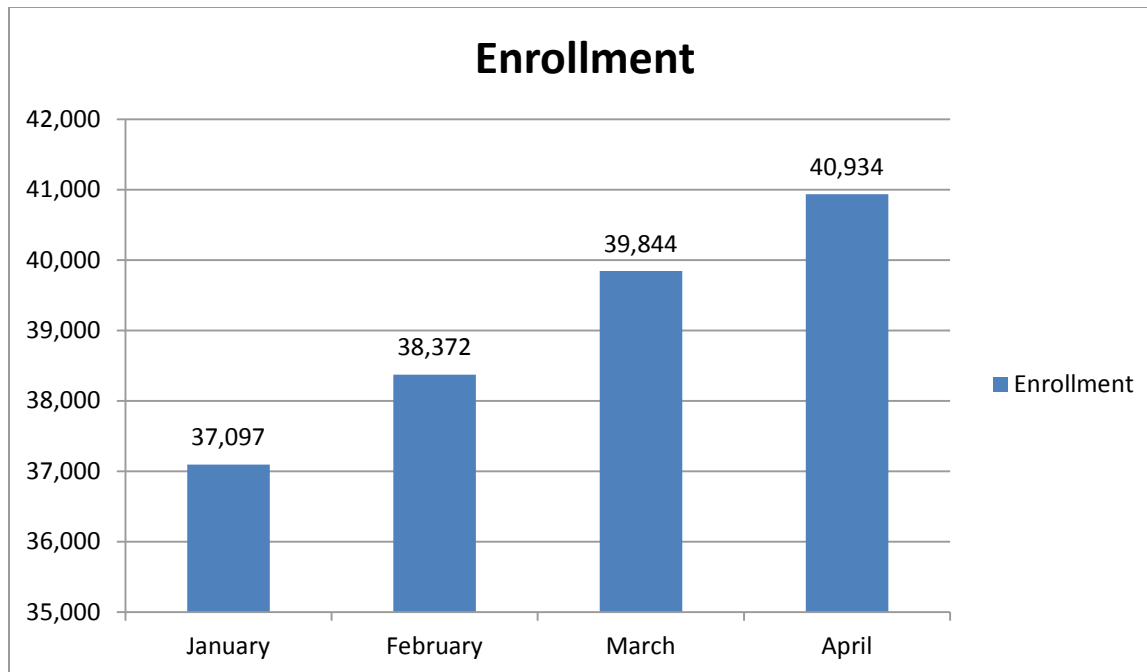
- On the 23rd of each month, ensure all current participant information is updated, all bank files have been loaded and payments have been properly applied prior to generating monthly statements.
- Generate the monthly statements for all participants, update the participant portal so all statements appear online, create batch files of statements to be printed and mailed to each participant that doesn't have a valid email address in the system."
- Run the end of month process to block the cards of participants who have been termed from the program and for those who did not pay their monthly contribution.
- Monitor the process to ensure everything works as designed and address issues should any arise.

Rollover Funds

Individuals who make six timely contributions will accrue rollover funds to offset future health insurance costs. Individuals will accrue up to \$15 in rollover funds for each month that they make a timely contribution. Individuals residing in Arkansas may use rollover funds to cover QHP premiums or employee contributions to employer-sponsored insurance. When a person departs the Private Option, rollover funds will be capped at \$200. The TPA contacts each participant to get new carrier information to apply the rollover funds to a new account. Individuals must contribute a total of six months to be eligible for rollover funds. In future years, the Independence Accounts could be used to establish incentives for more appropriate utilization or to promote healthy behaviors

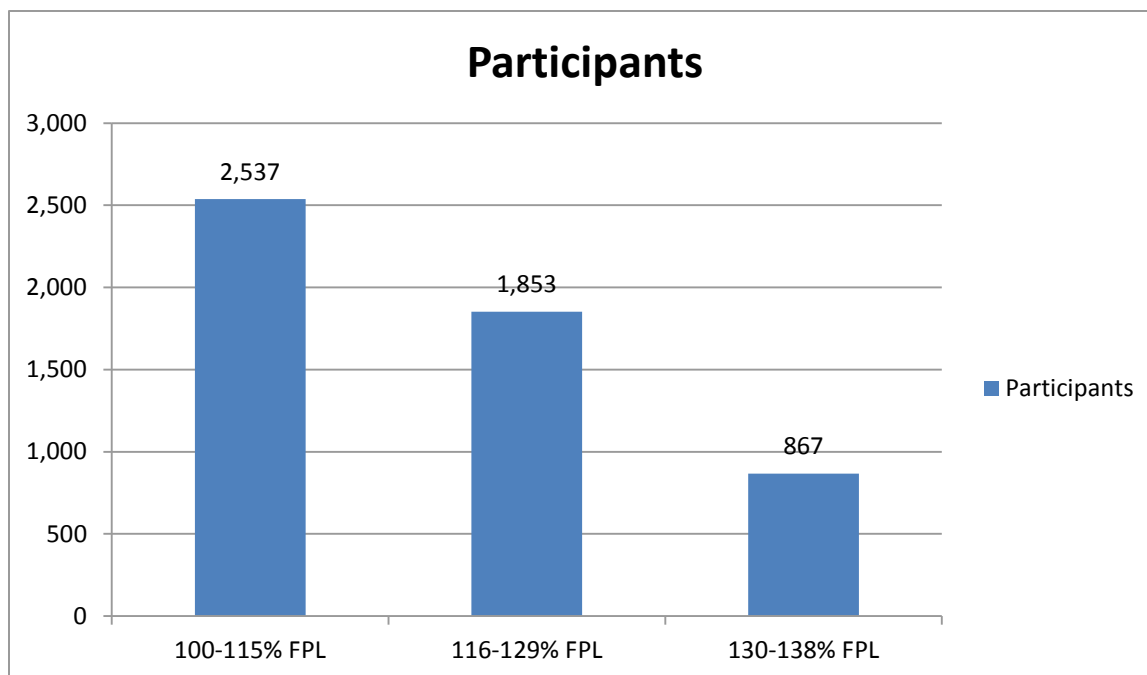
Program Data

The initial enrollment was 37,097. In February 1,275 enrollees were added, in March an additional 1,472 enrolled. By the end of April, Private Option enrollment totaled 40,934.

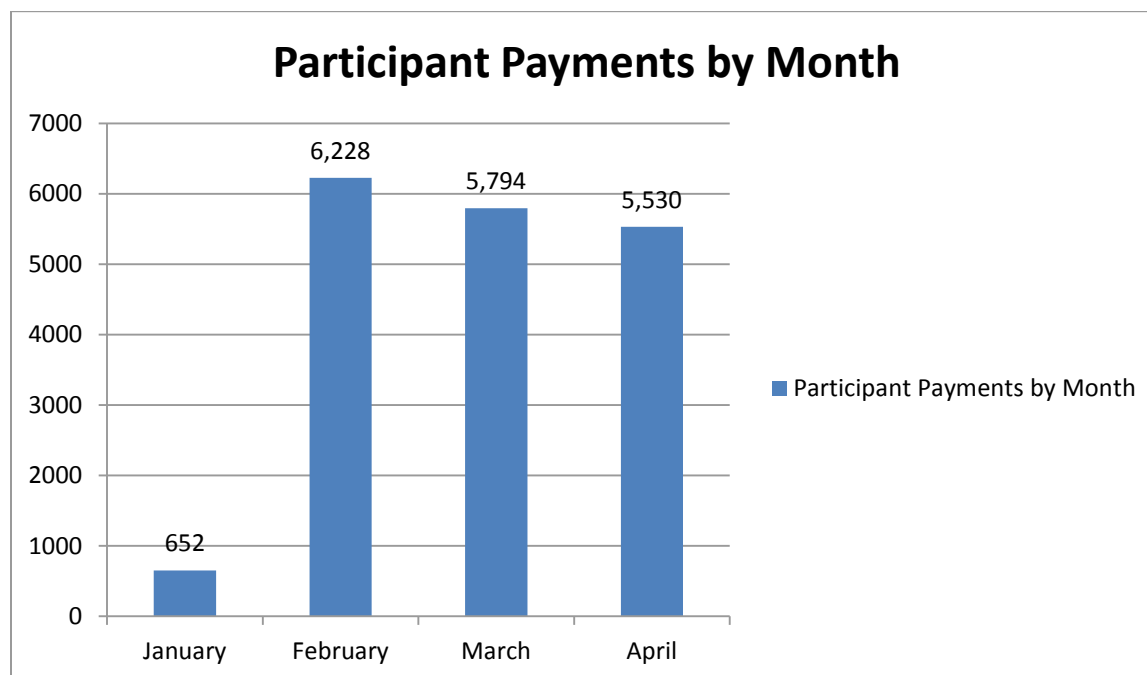


Monthly number of people paying into HIAs since January 1, 2015 (categorized by income level and contribution amount)

Through the first 120 days of the program, 5257 participants have made contributions to their independence account.



The following is a breakdown of participant payments per month. Note that enrollees are allowed to make payments for multiple months at once.



Monthly number of people subject to targeted cost sharing since January 1, 2015 (categorized by income level and contribution amount)

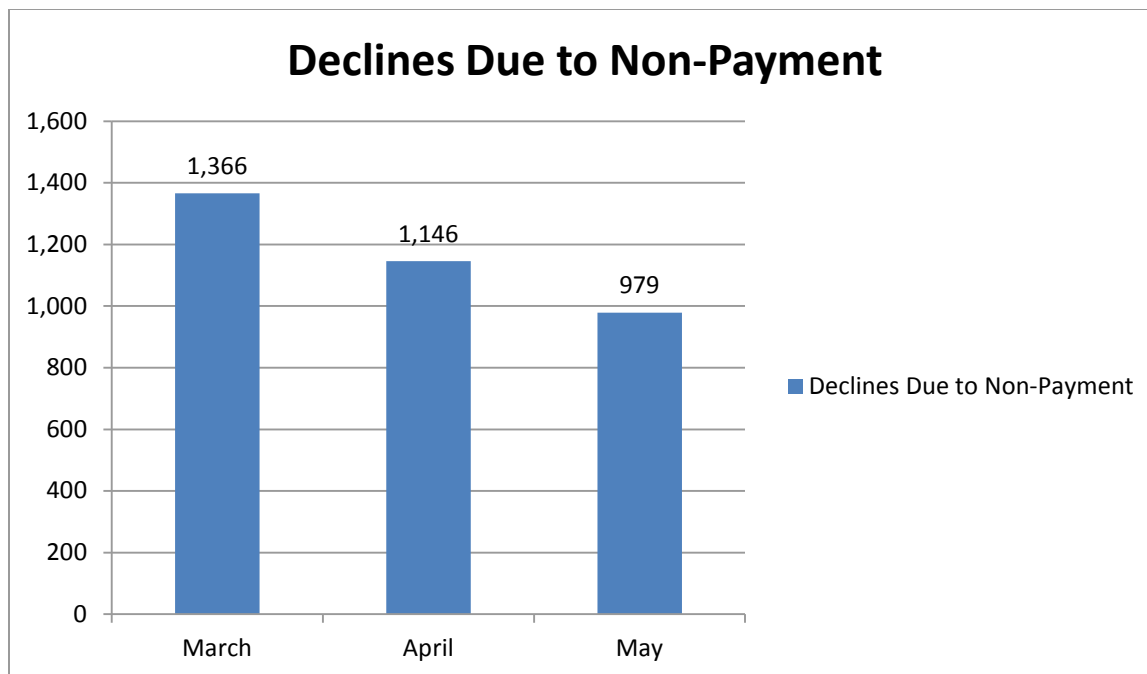
During the first two months of enrollment in the program, the cards are active without contributions to give the enrollees time to understand the proper use of the cards and their benefits. DHS or the TPA would not know if an enrollee did not present their card at point of service and paid the cost sharing, unless informed by the enrollee. There were 1,366 HIA card denials in March, 1,146 in April and 979 in May due to non-payment of the monthly contribution.

How many people denied service due to inability to pay point of service cost sharing?

Private Option enrollees with incomes between 100-138% of FPL have cost-sharing obligations (see Attachment – Appendix E for the schedule of cost-sharing for this population). Private Option enrollees in this income bracket may participate in the HIA program and avoid cost-sharing at the point-of-service. If they do not participate in the HIA program, the provider has discretion to waive co-pays or deny services for failure to pay point-of-service cost-sharing. DHS does not currently have information regarding how frequently providers deny service to this population for failure to pay allowable cost-sharing amounts.

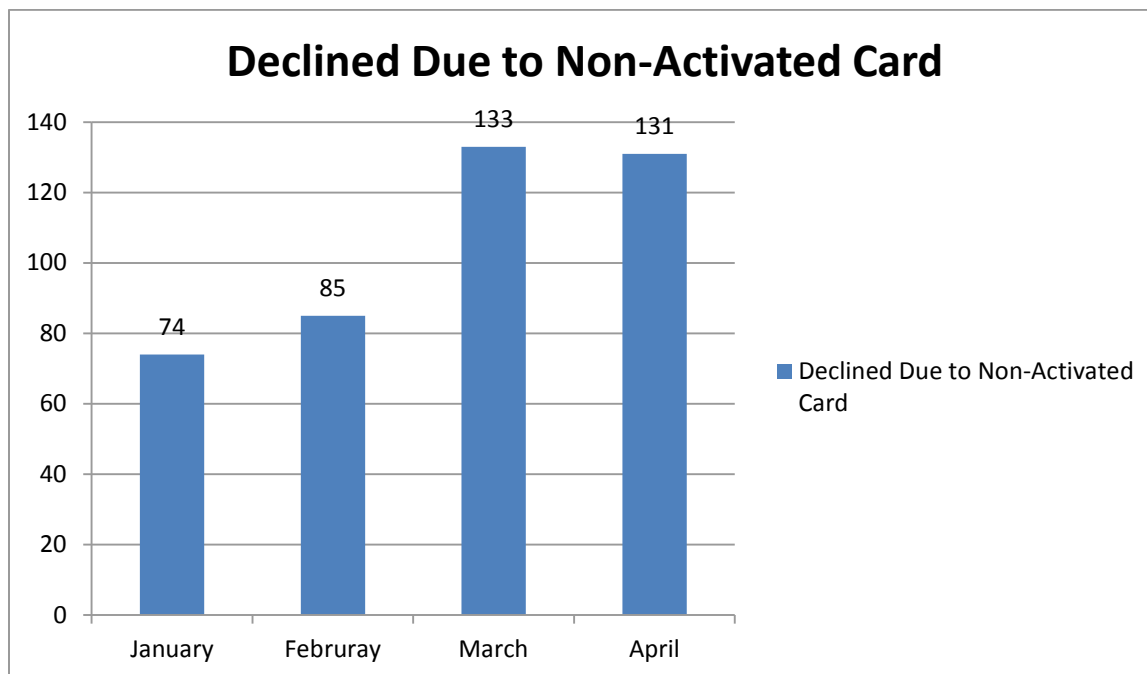
Number of participants with declined transactions due to non-payment:

January & February were 'free' months for participants with start dates of 1/1/2015

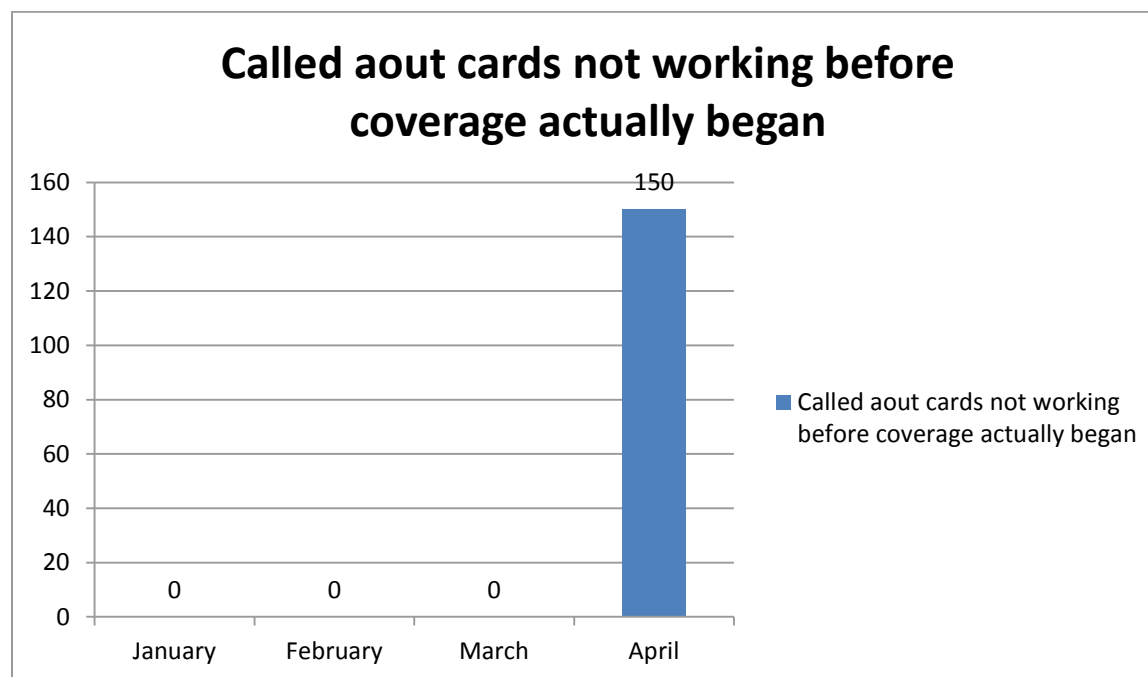


Number of participants with declined transactions due to non-activated cards:

Cards must be activated before they can be used. Participants can activate their cards by calling the TPA call center or logging onto the HIA website and registering as an active user.



Number of people who called about cards not working before coverage actually began:



Grievances and appeals

The Arkansas Department of Human Services has not received any formal appeals from enrollees concerning their HIA status or payment

HCIP participants will have access to the standard Medicaid fair hearing process for complaints regarding (1) the amount of monthly contributions owed; (2) whether a monthly contribution was made; (3) whether a debt is owed to the State; and (4) the rollover balance accrued. No modifications to the existing processes are needed.

If an HIA participant believes there is an error on the monthly statement, the HIA participant may use the TPA's informal issue resolution process prior to filing a formal appeal.

When a participant calls to inquire about a payment for the HIA program that is not reflected on the monthly statement, the customer service representative asks for their name and telephone number and follows the process listed below:

Process for Monthly Contribution Questions or Disputes

Step 1: Collect Information from Participant

When a participant calls to inquire about a monthly payment for the HIA program, the customer service representatives asks the following:

1. What is your name?
2. What is your telephone number?
3. When did you make your payment?
4. How did you make your payment?
 - a) Did you include your monthly remit slip?

- b) Did you make the payment or did someone make it on your behalf?
- c) From where did you mail the payment?
- d) Confirm the date (or range) when the payment was mailed

Step 2: Investigate Missing Payment

1. If payment was made by money order or check, check the daily bank file starting on the day the payment was mailed for the following:
 - a). Payments with the participant's name and account number (if present)
 - b). Receipts that match the payment amount but do not have an account number or a monthly remit slip
 - i). If a non-identified payment exists, check the envelope (in the image file) to determine postmark location. Compare postmark location to on envelop with information provided by Participant to determine if there is a match.
 - ii). If there is a match, apply payment to the account
 - c). Payments that may have been applied to the wrong account number (search by name).
 - d). Payments made by one family member but for multiple participants
2. If the payment was made online, check for the following:
 - a). If there was a NSF for the account
 - b). If there was a network timeout (which would be noted by a process incomplete status)
 - c). If the transaction was cancelled by the Participant

Step 3: Follow Up with Participant

1. Follow up with participant to obtain any additional information that may be necessary.
2. If we are unable to find their payment, ask them to resend, and we will apply it manually to ensure their card works for the upcoming month.

Eligibility & Enrollment Process for Medically Frail

Individual applies for coverage via HealthCare.gov, Access.Arkansas.gov or in-person at a DHS county office. If all required eligibility information is received and verified, DHS will mail the individual an approval notice. The approval notice will instruct the individual to go to insureark.org (the online portal) to complete the enrollment process.

The first step in the process is for the individual to answer 12 multiple-choice questions designed to determine if they are medically frail. If the individual is not determined to be medically frail based on the answers provided, the individual may then select from health plans available in his/her region.

If the individual is determined to be medically frail based on the answers provided, the individual will not be able to proceed with selecting a plan. Instead, the individual will be enrolled in the traditional fee-for-service Medicaid program, will receive a Medicaid card and will be subject to the standard cost sharing established for the traditional Medicaid Fee-For-Service program.

Individuals who are determined to be medically frail are not enrolled in the 1115 Waiver Demonstration and do not participate in the HIA program.

Process and beneficiary access to wrapped benefits

Once an enrollee selects a QHP plan or is auto-assigned they are sent a notice providing information on their health plan from the Qualified Health Plan (QHP) issuer. The notice also describes the process for accessing the wrap services. The wrap services are non-emergency medical transportation and EPSDT services for 19 and 20 year olds. Below is a table detailing wrap services claim information for the first four months of 2015.

| CDE_EXP_COS | AMT_PAID | RECIP_COUNT | AMT_PAID | RECIP_COUNT | AMT_PAID | RECIP_COUNT | AMT_PAID |
|--|-------------|----------------------------|--------------|----------------------------|----------------|----------------------------|--------------|
| 10 - Dental Services | \$9,759.10 | 43 | \$12,094.65 | 44 | \$12,455.65 | 43 | \$13,019.30 |
| 11 - Dental Services EPSDT | \$6,719.75 | 41 | \$7,617.30 | 44 | \$5,192.80 | 42 | \$7,678.45 |
| 15 - EPSDT Screening | \$0.00 | 0 | \$0.00 | 0 | \$0.00 | 0 | \$0.00 |
| 16 - Eyeglasses | \$362.90 | 16 | \$770.50 | 35 | \$395.70 | 18 | \$782.28 |
| 42 - Ophthalmologist | \$51.22 | 1 | \$0.00 | 0 | \$0.00 | 0 | \$51.22 |
| 44 - Optometrist/ Ocularist | \$3,135.78 | 30 | \$3,815.18 | 38 | \$3,800.90 | 31 | \$3,984.03 |
| 45 - Oral Surgery Physicians | \$171.00 | 5 | \$136.80 | 4 | \$131.10 | 2 | \$199.50 |
| 46 - Oral Surgery Dentist (ADA Codes) | \$0.00 | 0 | \$5,322.85 | 6 | \$4,443.15 | 6 | \$10,042.45 |
| B7 - Dental Prosthetic Device Children | \$0.00 | 0 | \$0.00 | 0 | \$0.00 | 0 | \$1,615.00 |
| NT - Net Managed Care Waiver | \$0.00 | 0 | \$955,728.65 | 194727 | \$1,006,509.44 | 199444 | \$869,536.24 |
| | JAN 15 | | FEB 15 | | MAR 15 | | APR 15 |
| | AMOUNT PAID | UNDUPLICATE RECIP COUNT | AMOUNT PAID | UNDUPLICATE RECIP COUNT | AMOUNT PAID | UNDUPLICATE RECIP COUNT | AMOUNT PAID |
| TOTAL | 20,199.75 | 112 | 985,485.93 | 194,734 | 1,032,928.74 | 199,456 | 906,908.47 |

How many accounts have been deactivated due to leaving the program?

In the first 6 months, 992 accounts were termed from the program due to loss of eligibility.

How many have received credits from the balance leftover in the account to use towards healthcare?

Participants must make 6 timely payments within the calendar year to be eligible for roll-over funds.

None of the 992 enrollees that have left the program had roll-over funds available due to this requirement.

The following examples of the types of information packets that have gone out to beneficiaries describing the program and the amount of contributions owed are attached:

- Quick-Start Guide
- User Guide
- Monthly Statement
- Education Letters from January through April 2015

Challenges and corrective action plan (if applicable, including requesting TA from CMS)

The TPA has been a valued partner with the Arkansas Department of Human Services in the implementation and operations of the HIA program.

One of the major challenges is enrollee participation. Through the first 120 days of the program, the activation percentage has been steady at around 25%. The TPA continues to inform the enrollees of the value of the program with letters included in their monthly statements. DHS is working with the TPA to develop new letter designs, colors and verbiage to better explain the program and its benefits.

Quick-Start Guide

Welcome to myindycard

Call now to activate MyIndyCard:
1-866-207-3028

What is MyIndyCard?

MyIndyCard is part of the Health Care Independence Program. It pays your share of up-front costs of your health insurance.

How does MyIndyCard work?

You present the card with your health insurance card at in-network doctors or hospitals.

Where can I use MyIndyCard?

At health care providers **that are in-network**, such as:

- Doctors' offices
- Other medical places like hospitals or clinics, physical therapy, labs, or X-rays
- Pharmacies, but only for prescription drugs

For a list of in-network doctors and clinics, contact your insurance company.

What does MyIndyCard pay for?

Up-front charges including:

- Co-pays at doctors, hospitals and clinics
- Co-pays for some physical therapy visits, X-rays and other tests
- Co-pays at pharmacies for prescription drugs

This card is to be used for co-pays and other expenses at in-network health care providers.

It cannot be used at all MasterCard® acceptance locations.

No Cash Access.

1. Read the Cardholder Agreement on the back of this page.
2. For immediate activation, call 1-866-207-3028.
3. Sign the back of your card before use.

PO Box 55330
Little Rock AR 72215



>000154 6887883 000154 1 2 02 000000
JASMINE
MYINDYCARD

AR

Account Number: ~~6011 1010 1010 1010~~

Do Not Throw Away!

This card is an important part of your Health Care Independence Account.

For Your Protection

If your card is lost or stolen, call 1-866-207-3028.

For More Information

Visit www.MyIndyCard.org.

BenefitBank

Terms and Conditions

Please Read Carefully

Introduction

MyIndyCard MasterCard® card is a prepaid card that enables you to access funds from your Health Care Independence Account provided by the Arkansas Department of Human Services to reimburse certain "Qualified Expenses" with a swipe of a card. Read this Agreement thoroughly before you sign or use the MyIndyCard. By signing, using or accepting the MyIndyCard, you will be agreeing to all the terms and conditions of this Agreement and to any terms and conditions of the Health Care Independence Account under which you are covered.

Card Activation

You must activate your card before it can be used. MyIndyCard can be activated via the Internet from the URL on the back of your card. If you do not have Internet access, please call MyIndyCard Call Center at 866-207-3028. We take the security of your card account very seriously. Consequently, you will need to provide personal information in order to verify your identity during the Card Activation process.

Definitions

"Bank" means Benefit Bank or its depository institution affiliate. The issuer is an FDIC insured member institution. "Card" means the MyIndyCard MasterCard issued to you by Benefit Bank. "Independence Account" means your Health Care Independence Account. The words "you", "your", or "yours" means each individual to whom a Card is issued as an eligible participant of a Health Care Independence Account. The words "we", "our", or "us" means the MyIndyCard program. The "Plan Service Provider" or "PSP" means the authorized and appointed entity that performs administrative services on behalf of the Arkansas Department of Human Services. "DataPath" is DataPath, Inc., an authorized representative of Benefit Bank. "Qualified Expenses" means certain eligible expenses as defined in the Health Care Independence Account Program documents and under Arkansas law. Any Card transaction that is not a Qualified Expense is called a "Non-Qualified Expense."

Terms & Conditions

As an eligible participant in the Arkansas Health Care Independence Account program, you have been provided a MyIndyCard, issued pursuant to certain agreements among the Arkansas Department of Human Services, the PSP, DataPath, and the Bank. You may only use the Card for payment of Qualified Expenses as defined in this Agreement and under your Independence Account and agree that the use of the Card is thus restricted. You are not entitled to any rights or benefits given to other deposit account customers or prepaid card holders at Benefit Bank unless such rights and benefits are contained in this Agreement. You acknowledge and agree that the value available in the Independence Account is limited to the funds that have been loaded into the Independence Account by the Arkansas Department of Human Services. You further agree that Card transactions shall be subject to the terms of this Agreement and the rules of the Independence Account and any applicable federal or state rules or regulations. You understand that neither any merchants nor we are obligated to you if any merchant refuses to honor your Card or retains your Card if authorization for its use is not given. You agree that if you use your Card for a purchase that is returned for a refund, and the purchase was a Qualified Expense charged to your Independence Account, that the refund must be made on a credit voucher, which shall be credited to the Independence Account in the normal course of business. You agree that all Card transactions may be presented to the PSP through the use of either sales or credit drafts or electronic transmissions of the transaction information, and that you will, upon request, review transaction statements and sign documents attesting to the validity of your Qualified Expenses. Your total purchases may not exceed the available account balance at the time of purchase and split transactions, defined as a Card payment of any amount less than the total amount owed at the point of sale, cannot be accommodated by all merchants. The Card is not a gift card nor is it intended for gifting purposes. The Card is not a credit card and cannot be used to obtain credit or cash services. The Card is not for resale. The Card is not designed for any use other than what is dictated in this Agreement or the terms and conditions of the Health Care Independence Account, and we may close the Card if we determine that it is being used for any unauthorized purpose. We may refuse to process any transaction that we believe may violate the terms of this Agreement.

Authorized Users

You are responsible for all authorized transactions initiated and fees incurred by the use of your Card. If you permit another person to have access to your Card or Card number, we will treat this as if you have authorized such use and you will be liable for all transactions and fees incurred by those persons. You are wholly responsible for the use of each Card according to the terms and conditions of this Agreement.

Authorizations

You agree that Card transactions will be honored only when within the limits of your Plan(s). If transactions exceed the limits of your Plans, the transaction may be rejected.

Use of the Card

Your Responsibility for Use of the Card. You agree that you will only use the Card to pay for Qualified Expenses under your Independence Account and for no other purpose. You acknowledge that you have received and reviewed guidelines for the expenses that are qualified Expenses under your Independence Account and you agree to follow those guidelines. Each time you use your Card, you authorize us to reduce the value available in your Independence Account by the amount of the transaction and any applicable fees. You are not allowed to exceed the available amount in your Independence Account through an individual transaction or a series of transactions. Nevertheless, if a transaction exceeds the balance of the funds available on your Card, you shall remain fully liable to us for the amount of the transaction and any applicable fees.

If a merchant attempts to submit a transaction on the Card for an amount that is greater than the current available balance on your Card, the transaction may not be approved by the issuer. In the event that the Issuer, in its sole discretion, settles or pays a transaction with your Card where there are insufficient funds loaded on the Card to pay the transaction, this will result in a negative balance on your Card. You agree to promptly pay the Issuer the amount of the negative balance and any related fee. We may deduct the negative balance amount and related fee from your Card at any time.

You do not have the right to stop payment on any purchase or payment transaction originated by use of your Card.

Consequences in the Event of Non-Qualified Expenses. You understand that if you use the Card for purchases of Non-Qualified Expenses, as determined by the State, PSP, or any other party having authority, you have violated this Agreement and your obligations under the Independence Account. If you use the Card for Non-Qualified Expenses, whether by mistake or otherwise, you will be liable for any such expenses as well as any taxes, fines, surcharges, penalties and other expenses payable under applicable law, together with any expenses incurred by the State and/or the PSP as a result of such impermissible use. You understand and agree that, upon notification, you must immediately re-pay the expense to the State and that your Card may be immediately suspended or revoked for failure to comply. Repayment methods include, but are not limited to, a payment in the form of a personal check, an electronic funds transfer from your personal checking or savings account initiated by you or us, or an off-set adjustment from a Qualified Expense not originated as a Card transaction but submitted for reimbursement under the Plan.

Funds Availability

You may be required to make monthly payments to your Independence Account. If you fail to timely make any required payments, we may revoke access to your Card.

Limitations on Transfers. You understand that you may only use your Card to pay for Qualified Expenses. You may not use the Card at all locations that accept MasterCard cards. There is no limit on the number of transactions you may make with the Card, but the total dollar amount of transactions is limited to the amount(s) available to your Independence Account. You are not permitted to use the Card to access cash at any ATM, and you cannot set up pre-authorized debits against the Independence Account. For security purposes and to limit exposure to fraud or unauthorized use, additional limitations may be added without disclosure to you, the State, or the PSP.

Default. You will be in default if you fail to meet your obligations under this Agreement. In such event, the Bank, DataPath, the PSP, or the State may exercise any legal rights the party may have. If you are in Default, we are not obligated to continue to provide services to you under this Agreement.

Overpayments and Reversals

If funds to which you are not entitled are deposited to your Independence Account by mistake or otherwise, these funds may be deducted from your Independence Account.

Liability in Case of Loss, Theft or Unauthorized Use

Contact us at once if you believe your Card has been lost or stolen. Telephoning is the best way to minimize your possible losses. If you believe your Card has been lost or stolen, call us at 866-207-3028. You will not be liable for unauthorized use that occurs after you notify us of the loss, theft, or possible unauthorized use. In any case, your liability for unauthorized use will not exceed \$50 if determined there is no fraud on Cardholder's behalf. However, failure to give timely notice after you become aware of any unauthorized use may result in your liability for any losses if we can prove that we could have stopped someone from taking the value if you had notified us in time and you exercise reasonable care in safeguarding your Card from loss, theft or unauthorized use. If we have actual knowledge that your Card has been lost or stolen, we will close your Card to attempt to minimize your losses.

Changes to this Agreement / Card Cancellation

We may, from time to time, change or add to the terms of this Agreement by providing notice to you. Such changes will become effective as of the date specified in the notice. We may also, at any time, cancel this Agreement and your right to use the Card. Changes to the Agreement or cancellation or suspension of your Independence Account will not affect your obligation to pay any amounts you owe under this Agreement. The Card will be cancelled immediately if you cancel your participation in the Independence Account.

Change of name or address.

You agree to notify the Arkansas Department of Human Services, Division of County Operations immediately of any change to your name, phone number, email address, or mailing address.

Assignment

You may not transfer or assign these Terms and Conditions to any other person. We may assign our obligations to you under these Terms and Conditions without your consent or notice to you.

Severability

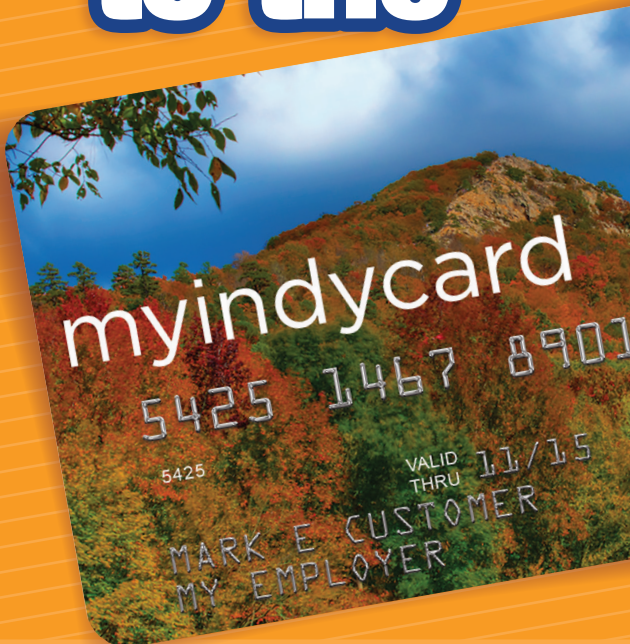
If any provision of these Terms and Conditions shall be deemed unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from these Terms and Conditions and shall not affect the validity and enforceability of any remaining provisions.

Governing Law

These Terms and Conditions and all transactions hereunder are subject to the laws of the State of Arkansas and the laws of the United States.

User Guide

Say hello to the



MyIndyCard User Guide

PROVIDED BY THE



#05645303

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Introduction

Congratulations on getting MyIndyCard!

MyIndyCard will help you get the health care you need. This guide will tell you:

- How to use MyIndyCard
- Where to use it
- How to make payments
- Who to contact if you have a problem

You are **not required** to participate in the MyIndyCard program. If you do not participate, you will have to pay your co-pay on your own. MyIndyCard is a benefit of the Private Option. It's up to you if you want to participate.

Before telling you how to use your card, let's talk about the program.

Health Care Independence Program

MyIndyCard is a part of the Arkansas Health Care Independence Program (also called the Private Option).

The Health Care Independence Program is an Arkansas program that started in January 2014.

The federal and state governments pay for the program. The money goes to help people buy health insurance.



Health Independence Accounts (HIA)

In 2015, Arkansas is adding a new feature to the Health Care Independence Program.

This feature is called a Health Independence Account (HIA). You and others in this program will pay a small amount to help cover health care costs. Your HIA keeps track of your monthly payment. This payment keeps MyIndyCard active.

You will receive a monthly statement in the mail. It shows:

- How much your payment is
- When your payment is due
- Your account number
- Where to send your payment

PLEASE TURN TO THE NEXT PAGE

CONTINUED FROM PREVIOUS PAGE

If you miss a payment, your card won't work for the next month. (See page 14 for more on how this works.)

If your income increases, you might start making too much to stay in the Health Care Independence Program. That would mean you need to get health insurance another way. Your HIA can help you.

If you make at least six payments in a single year, you can get up to \$200 to buy your own health insurance. Go to www.MyIndyCard.org or call **1-866-207-3028** to find out more.



Using MyIndyCard

**First, you need
to activate your card.**

Visit www.MyIndyCard.org to make your card active. You also can call **1-866-207-3028** to activate MyIndyCard. When your card is active, you can use it at your doctor's office or pharmacy.

You can only use MyIndyCard at doctors and hospitals that are in network. These are the doctors and hospitals your insurance company works with to pay for services at a set price. When you go to an in-network doctor, your co-pays and your share of other costs are lower. If you go to a doctor or hospital not in network, you have to pay your share on your own. It will also be more expensive.

PLEASE TURN TO THE NEXT PAGE

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Your insurance company will give you a list of doctors and hospitals in its network. You can call your insurance company to find out if a doctor is in network. You can also ask the doctor's office when you make your appointment.

Once your card is active, you can start using it.

MyIndyCard pays for your part of the cost of visiting the doctor. This is called your co-pay. MyIndyCard takes care of your co-pay at these places, as long as they are in network:

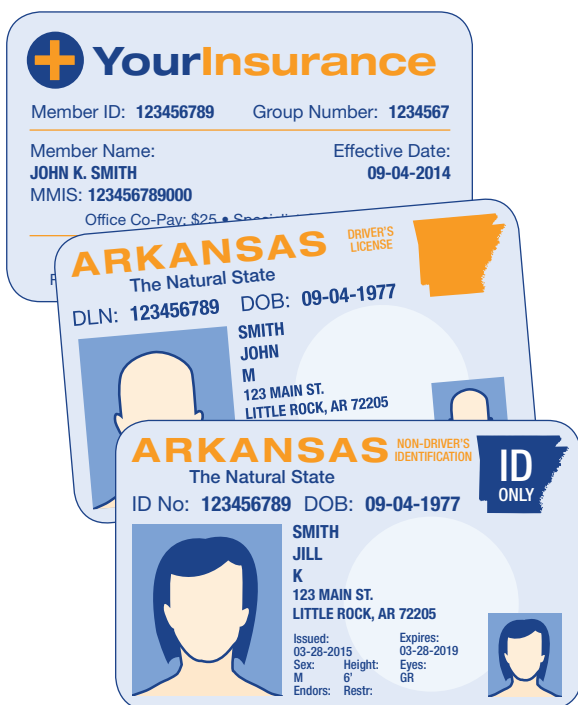
- Doctors' offices
- Other medical places like hospitals, clinics or physical therapy
- Pharmacies, but only for prescription drugs

The first time you go to the doctor, a worker will ask to see your insurance card. This is the card from your insurance company. You may also be asked to show your driver's license or state ID card.

And you will be asked for your co-pay. That's when you use MyIndyCard. If your card is working, you won't have to pay anything for your visit that day.

If you make your HIA payments on time, you won't have to pay anything for your visit. MyIndyCard also will pay your co-pay for some physical therapy and other tests.

If you are not sure, ask your doctor if the office takes MyIndyCard.



MyIndyCard Statement

Every month, MyIndyCard will mail you a statement. It will show how much you paid that month. The statement also will remind you to make your payment. You can be mailed to you, or you can sign up to get your statement by email, visit www.MyIndyCard.org

This is the address where you send your monthly payment:

You can also pay online at MyIndyCard.org.



THIS IS A
Make paym
MyIndyC
P.O. Box 9
Conway, AR

1

Participant Name
Street Address
City, State Zip

3

Notice

Account Numl

Service Peri

Total Amount D

Date D

4

Re: MyIndyCard Statement

The MyIndyCard is a new part of
expenses at Doctors or Pharma

This is your name and address:

Always make sure this information is correct.

Account number

This is your HIA number. Include this number on the check or money order when you make your payment.

Statements

a statement that will tell you about your HIA. month and how many co-pays were covered. make your next payment. Your statement will get it by email. If you would like to get your myindycard.org or call **1-866-207-3028**.

Service period:

This is the month that your payment will cover. If you make your monthly payment, your co-pays will be covered during this time.

THIS IS A BILL
payment to:
IndyCard
Box 9664
Indianapolis, IN 46206

myindycard

Service for: Participant Name

Account number: 1234567890

Period: 04/01/2015–04/30/2015

Amount Due: \$10.00

Payment Due: 03/20/2015

2

5

Total amount due:

This is how much you will pay for that month. Write your check or money order for this amount.

Date due:

You must make your payment by this date.

Account number:

Write this check or money order when you make your payment.

and is used for work-related expenses only.

1-866-207-3028

CONTINUED FROM PREVIOUS PAGE

Coverage for:

This is your name and address. Always make sure this information is correct.

Account number

This is your HIA num
Include this number
check or money ord
you make your paym

1

The Statement L

2

MUST BE DETACHED

Coverage For:

Participant Name
Street Address
City, State, Zip

Account Number:

1234567890

**Write Account Number on check.
Make check payable to MyIndyCard.
Include this stub with your payment.**

0123456789000 123 1234567890

Amount due:

This is how much you will pay for that month. Write your check or money order for this amount.


Date

You m
make
paym
this d

This is an example of the payment stub you will send in with your payment.

Number:
number.
number on the
order when
payment.

Period:
This is the month that
your payment will cover.
If you make your monthly
payment, your co-pays will
be covered during this time.

CHED AND RE **3** D with your payment. 

| Period: | Amount Due: |
|-----------------------|-------------|
| 04/01/2015–04/30/2015 | \$10.00 |

4 Amount Due: \$10.00

5 Date Due: 03/20/2015

Total Enclosed:
\$

Date due:
You must
make your
payment by
this date.

Total enclosed:
Write the amount
that you are
paying here.

Making Payments

To keep your card working, you will have to make a monthly payment.

Your monthly statement will tell you when to make your payment. You can also find out by logging in to your HIA at www.MyIndyCard.org or calling **1-866-207-3028**.

How much you pay depends on how much money you make each year and how many people live in your house. You reported this information when you first signed up for the Health Care Independence Program.

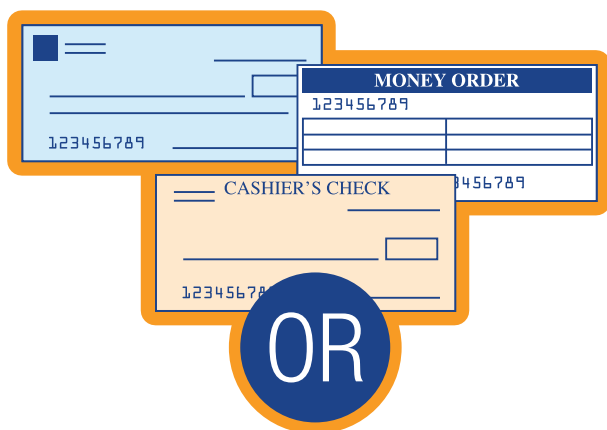
There are a few ways to make a payment. The easiest way is to pay online at www.MyIndyCard.org.

PLEASE TURN TO THE NEXT PAGE

CONTINUED FROM PREVIOUS PAGE

You also can send a check, cashier's check or money order. Mail it to the address on your statement (**see page 8**). This statement is sent to you each month.

Your account number must be on the check or money order. Make sure to include your payment stub from the bottom of your statement. It does not matter who the check is from. **Do not send cash.**



www.MyIndyCard.org

Penalties

If you miss your monthly payment, it will change how you pay at the doctor's office.

If you miss a payment, your card will not work the next month. You will have to pay your co-pay on your own at the doctor or pharmacy.

You **do not** have to make up missed payments to make your card work again. Just make your next payment by the 20th of the month. Your card will start working the following month.



Words to Know

Arkansas Health Care Independence Program

A state program for health insurance. It helps Arkansans get insurance who can't afford it on their own. Also called the Private Option.

Co-pay

This is how much you pay for a doctor's visit or medicine. MyIndyCard will pay your co-pay for you. This way, you won't have to pay at the doctor's office.

Health Independence Account (HIA)

The account for your monthly payment. If you leave the program to get health insurance on your own, your HIA could help you with the new cost. You have to make at least six payments to qualify. More information is on www.MyIndyCard.org.

Insurance card

The card your insurance company gives you. It proves you have insurance with that company. This card has all the information about your insurance plan. Your doctor's office will ask to see this card so they can bill your insurance company.

In network

The doctors' offices, hospitals and pharmacies that have a contract with your insurance company to give you health care at a lower cost.

MyIndyCard

The card that pays for your co-pay. Make sure you give this card at the doctor's office when they ask for your co-pay.



Problems with MyIndyCard?

If you lose MyIndyCard, call us as soon as possible. This is the best way to stop someone from using your card.

The sooner you report the card lost or stolen, the sooner you can get a new card.

If you need to change your address, please contact your county DHS office.

Other problems?

- Damaged or destroyed?
- Need to get a new card?
- Card not working?
- Any other questions?

**1-866-
207-3028**

Or visit

www.

MyIndyCard.org

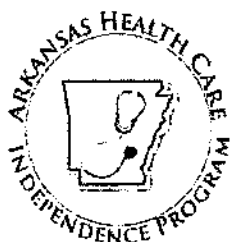
For More Information

- Visit **www.MyIndyCard.org** to find out more about MyIndyCard.
- Watch our short video to learn how the card works. Get more information about the HIA program on the website.
- If you have questions about your card and you want to speak with a person, call **1-866-207-3028**.



THE ARKANSAS HEALTH CARE INDEPENDENCE PROGRAM IS ADMINISTERED BY
THE ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF
MEDICAL SERVICES. THE ARKANSAS DEPARTMENT OF HUMAN SERVICES
IS IN COMPLIANCE WITH TITLES VI AND VII OF THE CIVIL RIGHTS ACT.
REVISED MAR.-2015

Monthly Statement



Make payment to:
myindycard
P.O. Box 9664
Conway, AR 72033

myindycard

THERESA [REDACTED]
[REDACTED]
N LITTLE ROCK, AR [REDACTED]

Notice for: THERESA [REDACTED]
Account Number: 31312
Service Period: 09/01/2015 - 09/30/2015
Total Amount Due: \$15.00
Date Due: 08/20/2015

Re: myindycard Statement

The myindycard is a new part of your health insurance program and is used to pay your co-pays at Doctors or Pharmacies.

- You must pay the amount below to keep your myindycard working.
- Please include the Payment Stub below with your monthly payment. You can pay with Check or Money Order. You can also pay online at myindycard.org.
- You must write your Account Number on your Check or Money Order.
- **To be covered for the service period, payment must be mailed by the Date Due.**

If you have any questions, go to myindycard.org or call 866-207-3028.

Sign up for e-statements at myindycard.org.

The Payment Stub Below **MUST BE DETACHED AND RETURNED** with your payment.

| Coverage For: | Account Number: | Period: | Description: | Amount Due: |
|--|-----------------|-------------------------|--------------|-------------|
| THERESA [REDACTED] [REDACTED] N LITTLE ROCK, AR [REDACTED] | 31312 | 09/01/2015 - 09/30/2015 | Medical Plan | \$15.00 |

Amount Due: \$15.00

Date Due: 08/20/2015

Total Enclosed:

Write Account Number on Check or Money Order.

Make check payable to myindycard.

Include this stub with your payment.

\$ [] [] [] [] [] [] [] []

Education Letters



Important MyIndyCard Information

myindycard

myindycard.org | 1-866-207-3028

Important information for MyIndyCard Users:

Your card must be activated before you can use it.

To activate your card, go to myindycard.org, or call 1-866-207-3028.

Be sure to present your 2015 Insurance Card when you present your MyIndyCard.

MyIndyCard will cover co-pay amounts at qualified providers. It does not cover co-pays at dentists or at eye doctors for regular eye exams.

MyIndyCard only pays for qualified co-pays.

You can only use your card to pay the co-pay for doctors, pharmacies and health specialists that are in-network for your health insurance provider. Co-pay amounts will be \$4, \$8, \$10, or \$20, or if you are admitted to the hospital, \$140 per day. **Other amounts may be declined. Be sure your provider swipes for the co-pay amount and not the entire bill.**

Write your account number on your check or money order.

To ensure your payment is made correctly, you must write your account number on your Check or Money Order. Your account number is located on your monthly statement.

You can make your payment online.

Monthly payments can also be made online. Login to MyIndyCard.org and chose "How can I make a payment?" to pay by electronic check or credit card.

Need a reimbursement?

If you forget to use MyIndyCard at the doctor, you will have to pay your co-pay on your own. However, MyIndyCard will reimburse you. First, make sure you keep your receipt from your visit then visit MyIndyCard.org for more information or call MyIndyCard customer service for more details.

MyIndyCard is a great benefit.

Co-pays at doctors and pharmacies are covered for the entire month if you make your payment in the previous month. **You will have to pay qualified co-pays out of your own pocket if you don't make your payment by the due date.**

Go to MyIndyCard.org for more information. You can also contact MyIndyCard Customer Service by email at MyIndyCard@dpath.com or by calling 1-866-207-3028.



Important MyIndyCard Information

myindycard

myindycard.org | 1-866-207-3028

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Important information for MyIndyCard Users

myindycard

myindycard.org | 1-866-207-3028

Do I have to participate?

You do not have to participate in the MyIndyCard program. If you do not participate, you will have to pay for your own co-pays at the doctor's office. The MyIndyCard program is a benefit of the Private Option. It is not mandatory.

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To activate your card, go to myindycard.org, or call 1-866-207-3028.

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Did you know there is NO limit on the number of co-pays that can be paid in a covered day, or month?

Co-pays at doctors and pharmacies are covered for the entire month if you make your payment in the previous month. You will have to pay qualified co-pays out of your own pocket if you don't make your payment by the due date. Your card will only pay the co-pay for doctors, pharmacies and health specialists that are in-network for your health insurance provider. Co-pay amounts will be \$4, \$8, \$10, or \$20, or if you are admitted to the hospital, \$140 per day.

Other amounts may be declined. Be sure your provider swipes for the co-pay amount and not the entire bill.

Please include your payment stub with your payment!

To ensure your payment is made correctly, you should always include your payment stub when you send your check or money order. You should also write your account number on your Check or Money Order. Your account number is located on your monthly statement.

Online payments are another option to ensure your card works!

Monthly payments can also be made online. Login to MyIndyCard.org and chose "How can I make a payment?" to pay by electronic check or credit card.

Need a reimbursement?

If you forget to use MyIndyCard at the doctor, you will have to pay your co-pay on your own. However, MyIndyCard will reimburse you. First, make sure you keep your receipt then visit MyIndyCard.org for more information or call MyIndyCard customer service for more details.

Monthly statements are also available online!

If you prefer emailed statements versus paper statements, visit MyIndyCard.org and register your email address. You will no longer receive statements in the mail but you will receive an email with instructions on how you can access your monthly statement online.

MyIndyCard is a great benefit.

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Be sure to present your 2015 Insurance Card when you present your MyIndyCard.

As long as you have made your monthly payment, MyIndyCard will cover co-pay amounts at qualified providers. It does not cover co-pays at dentists or at eye doctors for regular eye exams.

Please include your payment stub with your payment.

You should always include your payment stub when you send your payment. If you don't have your payment stub, make sure you write your account number on the bottom of your check or money order. Your account number is located on your monthly statement.

Online payments are another option to ensure your card works.

Monthly payments can also be made online. Login to MyIndyCard.org and chose "How can I make a payment?" to pay by electronic check or credit card.

Monthly statements are also available online.

If you prefer emailed statements versus paper statements, visit MyIndyCard.org and register your email address. You will no longer receive statements in the mail but you will receive an email with instructions on how you can access your monthly statement online.

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