



Arkansas Dept. of Human Services



Pine Bluff Scanning Center
P.O. Box 8848
Pine Bluff AR 71611-8848

ASHANTA HEMPHILL
6 COVINA CT
LITTLE ROCK AR 72209-7717

Date of Notice: 01/31/2023
Client ID: 5001386860
Case Number: 1003707840

Notice of Action

Dear ASHANTA HEMPHILL,

You are getting this letter because we received a request to renew benefits, and a decision has been made about your eligibility.

Please read the whole notice to understand all important information about your case.

- Each part will explain the status of your case and your household members' eligibility.
- The parts called "What do you need to do?" give the next steps for your case.
- You can also check your benefits at www.access.arkansas.gov

If you need help understanding this notice, please call 1 (855) 372-1084.

Health Care

This table shows the full list of programs for each person in your household and our decision about your eligibility for coverage. The sections to come explain why we made this decision about your eligibility.

Changed or Continued Benefits

If a person has been approved, the person qualifies for coverage for the program listed, and we will pay for covered services that you get during the date that is listed. Changes in your household circumstances must be reported within 10 days of the change because it could affect your continued benefits.

Eligible Person	Coverage Type	Effective Date
ASHANTA HEMPHILL Medicaid ID: 7868192001 Client ID: 5001386860	Qualified Medicare Beneficiaries	10/01/2022
Action Taken: You have been approved based on Arkansas Medical Services Policy Sections B-322.		

What do you need to do now that you have been approved?

Depending on your income, you may pay a premium for your health insurance coverage and co-payments on your health care services. If you must pay premiums or co-payments, you will get a separate notice in the mail.

Premium - A premium is money you pay every month for your health care.

Co-Pay - A co-pay is the amount of money you pay when you get a health care service, such as a doctor visit.

For ASHANTA HEMPHILL:

- We will pay your Medicare Part B premium. We will also pay your co-pays and co-insurance as long as you are eligible.

You must report changes to DHS within 10 days if:

- Anyone in your household is admitted to or discharged from an institution such as a nursing home.


Denials or Closures in Benefits

If a person has been denied, the person does not qualify for the Health Care program **and the period** listed. If a person is closed, the person **will not be covered for the Health Care program and the period** listed.

Who is NOT Eligible?	Effective Period	Coverage Type
ASHANTA HEMPHILL Medicaid ID: 7868192001 Client ID: 5001386860	Denied: 09/01/2022 - 09/30/2022	Qualified Medicare Beneficiaries
	Reason For Denial: You do not qualify for Qualified Medicare Beneficiaries. This is based on Arkansas Medical Service Policy Section MS F-100.	

How can you send the needed information?

You can send us the information we asked for in one of the following ways:

- **Online:** - You can send your information quickly and easily by uploading it directly to your Access Arkansas account. Follow these steps:
 1. Go to www.access.arkansas.gov.
 2. You will see a system upgrade screen. You will need to give us your name, date of birth, and county you live in. You can give us your Social Security number, but it is not required.
 3. Answer the Voter Registration question with "Yes" or "No."
 4. On the main Access Arkansas screen, please choose "Health Care" button to apply for Health Care, choose "SNAP" button to apply for SNAP, or choose "TEA" button to apply for TEA. You may apply for more than one program if needed.
 5. If you have created an account, you will be able to log in to update your settings and information, see letters and forms, upload documents, and more.
 6. If you need help, you can click on the Help Button  at the top of the screen for step-by-step instructions.

Having an Access Arkansas account puts your case information at your fingertips. Get started with your Access Arkansas account today to do more online!

- **Fax:** You can send your needed information to:
 - Health care (870) 534-3421
 - SNAP and TEA (870) 534-3421
- **In Person:** You may take your needed information to your local county office:

6801 Baseline Road
Little Rock, AR, 72209

How can you update your contact information?

Update your contact information if it has changed. Visit ar.gov/update to learn more.

Who can help if you have questions?

Visit our website at <http://www.humanservices.arkansas.gov>, call the DHS Helpline at 1 (855) 372-1084, or call your local county office at (501) 371-1100.

Where can you get this letter in a different format?

- Este aviso contiene datos sobre las prestaciones de usted.
Si necesita la traducción en español, favor llame al 1 (855) 372-1084.
- Kojela in ebed aoleb melele kin jiban ko Nan kwe.
Elane kwoj aikuij jiban ikijen ukok Nan kajin Majol, joij im kurtok 1 (855) 372-1084.
- To get this notice in a format that is accessible for an individual with a disability, call 1 (855) 372-1084.

What if you do not agree with the decision?

- You have the right to request an appeal hearing.
- You can find information on how to request an appeal hearing on the attached "Client Appeal Hearing Rights" sheet.

Arkansas Department of Human Services
Client Appeal Hearing Rights

Exceptions to consider during the public health emergency	<ul style="list-style-type: none"> • During the public health emergency, we may temporarily extend health care benefits through the end of the public health emergency. • If your benefits were temporarily extended, we will send you a notice to ask for updated information at the end of the public health emergency, so we can review your eligibility again. • We recommend that you respond by deadlines that appear in any notices you may get.
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What is an appeal hearing?	<p>A hearing gives you the chance to:</p> <ul style="list-style-type: none"> • Explain why you think there has been a wrong decision made about your benefits. • Ask for a fair review of the decision. <p>The hearing officer will conduct the hearing by telephone and will call you at your telephone number.</p>
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How do I request a hearing?	<p>To request a hearing, you can:</p> <ul style="list-style-type: none"> • Check the box below. Then mail this form to the address on the front of this notice or to Appeals & Hearings at the address below. <ul style="list-style-type: none"> <input type="checkbox"/> I am requesting a hearing with DHS because I disagree with the decision or planned case action. • Write a letter <u>or</u> email, including your name, case number (if you have one), the program and action that you want to request a hearing for and a copy of the front of this notice, and send it to: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Mailing address: Office of Appeals & Hearings P.O. Box 1437 Slot 101 Little Rock, AR, 72203-1437</p> </div> <div style="width: 45%;"> <p>Email address: DHS.Appeals@dhs.arkansas.gov</p> </div> </div> • Talk to DCO staff of any county office.
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How long do I have to ask for a hearing for these health care programs?	The following household members may ask for a hearing, but the request must be received by the date shown below	
	ASHANTA HEMPHILL	Qualified Medicare Beneficiaries
	03/04/2023	
<ul style="list-style-type: none"> • If named above, you must ask for a hearing within 30 days of the Date of Notice. • You may continue to receive Health Care benefits at your current level between now and your appeal decision if 1) you appeal within 10 days of the Date of Notice, and 2) you ask to continue benefits within 10 days of the Date of Notice. • If you do not ask to keep getting benefits within 10 days of the Date of Notice, DHS will assume you do not wish to continue your benefits pending your appeal decision. 		

What are my rights if I request a hearing?	<ul style="list-style-type: none">• Your hearing will be conducted by telephone unless you request a video or in-person hearing.• You may attend the hearing (In-person hearings are conducted in Little Rock).• You may be represented by a lawyer or any other person you choose.• You may be able to get free legal aid. If you need it:<ul style="list-style-type: none">• Call the 1-800-9-LAW-AID (1-800-952-9243) or 501-376-3423• Go to https://www.arlegalservices.org.• Before the hearing, you have the right to see your hearing file and any other evidence to be presented or used at the hearing.• You have the right to present your own evidence.• You have the right to bring your own witnesses.• You have the right to question any witness against you.• Please note, if you lose your appeal, you may have to repay the amount of benefits you received during the appeal period.
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