

**ARKANSAS SAFETY NET BENEFIT PROGRAM (HIFA)  
SECTION 1115 DEMONSTRATION  
FACT SHEET**

<b>Name of Section 1115 Demonstration:</b>	AR HIFA
<b>Waiver Number:</b>	21-W-00051/6 and 11-W-00214/6
<b>Date Proposal Approved:</b>	March 3, 2006
<b>Date Demonstration Implemented:</b>	October 1, 2006
<b>Date Expires:</b>	September 30, 2011

**SUMMARY**

Arkansas' HIFA initiative, the Arkansas Safety Net Benefit Program, provides health insurance coverage through a public/private partnership. The program's "safety net" benefit package may provide health care services for up to 50,000 uninsured individuals over five years. The Demonstration is designed to provide employers who have not previously provided health care coverage to their employees, the opportunity to offer coverage through a public/private partnership. The Arkansas Safety Net Benefit Program will provide health care to adults (and spouses) who are employed by employers participating in the Demonstration.

Additionally, the State transitioned its ConnectCare 1915(b) waiver population of approximately 311,000 people into this new HIFA Demonstration. The benefits and service delivery were not impacted for the ConnectCare population.

The Demonstration also provides enrollees additional smoking cessation, preventive and wellness services through the Health and Wellness Benefits Program (HWBP).

**ELIGIBILITY**

Eligible beneficiaries are parents and spouses of Medicaid and CHIP children (and childless adults and spouses) aged 19 – 64 with family income up to and including 200 percent of the Federal poverty level (FPL), who are employed by a participating employer. Employers are eligible to participate in the program if they have not offered group health insurance in the past 12 months. Eligible employers voluntarily participate in the program.

Eligible beneficiaries also include all individuals previously covered under ConnectCare, the State's Medicaid Primary Care Case Management (PCCM) Program.

**DELIVERY SYSTEM**

Services provided under the safety net benefit package are delivered through the NovaSys Health provider network. Provider reimbursement is on a fee-for-service basis.

The ConnectCare population continues to receive services through the State's ConnectCare PCCM Program network of providers. Services are provided through a PCCM model with reimbursement on a fee-for-service basis.

### **BENEFITS**

The safety net benefit package consists of a total of 15 days of service: six outpatient visits per year, two outpatient hospital visits per year, two prescriptions per month, and seven days inpatient coverage per year. Benefits for the previous 1915(b) population are the same as provided under the Medicaid State plan and ConnectCare.

### **COST SHARING**

The State requires cost sharing as follows: \$100 deductible, 15 percent co-insurance for all services except pharmacy, and a \$1,000 out of pocket maximum per year for the co-insurance and deductibles. Payments toward tiered drug co-payments do not count toward the out-of-pocket max. Cost sharing for the previous 1915(b) population is consistent with the Medicaid State plan and ConnectCare.

### **FUNDING SOURCES**

Expenditures for parents in the Demonstration are provided through available title XXI funds. A priority order of coverage has been established to ensure that title XXI funds are used to cover the costs associated with title XXI children prior to covering the costs associated with parents.

The State of Arkansas certifies that State/local monies are used as matching funds for the demonstration and that such funds shall not be used as matching funds for any other Federal grant or contract, except as permitted by law.

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