

## The PCIP Program's Transition to Federal Administration and Benefit Plan: Common Questions

The Preexisting Condition Insurance Plan (PCIP), also known as Take Care Arkansas, is changing. From the beginning of the program and for services through the end of June, administration has been provided by the Arkansas Comprehensive Health Insurance Pool (CHIP) under a contract with the federal government. For services beginning July 1, the federal government will administer PCIP directly, which will result in different premiums and benefits. The following are answers to basic questions from enrollees and providers about this transition. For more information, contact the **federal enrollment administrator** at the following e-mail address and telephone number.

[https://pcip.gov/Contact\\_Us.html](https://pcip.gov/Contact_Us.html)

**1-866-717-5826 Monday - Friday, 7 a.m. to 10 p.m.**

### Common Enrollee Questions

#### 1. Is my PCIP coverage ending?

No. For services provided on or after July 1, 2013, the federal government will take over PCIP administration in Arkansas and most states. You will not lose coverage because of this change, but your premium, cost-sharing obligations and benefits will change. However, to continue your coverage, you must take steps to activate the new federally-run PCIP benefit plan before July 1.

#### 2. What do I need to do to continue my PCIP coverage on or after July 1, 2013?

Individuals currently enrolled in a transitioning state-based PCIP will be automatically enrolled into the federally-administered PCIP with coverage effective July 1st. You **will not** need to complete a new application to qualify for the federally run PCIP. The July premium payment is due to the federally-administered PCIP **within 30 days** of the date that the **Enrollment Letter for Transitioned Enrollees** is sent transitioning enrollees. **A generic copy of the letter, which was sent on around June 10 to Arkansas PCIP members, is Attachment A to these Common Questions.**

The federally-administered PCIP will send a notice to the enrollee once the initial premium payment is received. If the premium payment is not received within the stated timeframe, the enrollee will receive a notice that their enrollment has been cancelled.

The federally-administered PCIP will send all transitioning enrollees a PCIP ID card in mid-June, regardless if we have received the individual's July premium payment. Beginning July 1st, any claims for covered services received by the PCIP Administrator will be paid to ensure a seamless transition of care. If a payment has not been received by August 1st, the PCIP Administrator will stop paying any claims received on or after that date. If the PCIP Administrator pays for covered services but does not receive the enrollee's July premium payment, the enrollee will be responsible for the full cost of the benefit provided.

#### 3. Will my premiums change under the federal plan?

The federal government has told us that **monthly premiums will be lower** after this transition.

Monthly premiums by age group in the federally run PCIP will be as follows:

<b>Age Range</b>	0-18	19-34	35-44	45-54	55+
<b>Premium</b>	\$100	\$126	\$197	\$260	\$409

**4. I'm set up on automatic bank draft with Take Care Arkansas. Will my bank drafts automatically transfer over and continue to be taken out?**

**No.** Beginning with your July premium, you must make premium payments directly to the federal administrator. Please follow the instructions in the letter you receive from the federal PCIP administrator in June.

**5. What forms of payment will the federal PCIP administrator accept?**

For this information, please see the Enrollment Letter for Transitioned Enrollees which is [Attachment A](#) to these Common Questions.

**6. Will my benefits change under the federal plan?**

Like the state-administered Take Care Arkansas/PCIP plan, the federally-administered plan provides comprehensive medical and pharmacy benefits, but some details, including exclusions and limitations, will be different and **there will be additional cost-sharing.**

Beginning July 1, 2013, you will be subject to the following cost sharing for covered benefits:

- Medical costs are subject to a \$1,000 medical deductible, then to a 30% coinsurance payment by you; office visits are subject to a \$25 copayment.
- Pharmacy costs are subject to a \$250 deductible for pharmacy coverage (and a \$375 non-formulary deductible). After deductibles are met, pharmacy costs are subject to copayments or coinsurance payments that differ based on things such as whether drugs are generic, brand name or specialty products.
- Out-of pocket maximum costs for the remainder of the program will be \$3,125 (and \$5,000 for non-formulary prescriptions).

For a new benefit summary, please see: <http://www.pciplan.com/forms/pdfs/2013BenefitsSummary.pdf>

**7. I already met my deductible and/or out of pocket coinsurance maximum on the Arkansas PCIP program. Does that transfer to the federal plan?**

Unfortunately, no. The federally administered PCIP is a new plan with different deductible and cost sharing requirements that begin on July 1.

**8. Will my current provider be considered participating or In-Network on the federal plan?**

For many services, the federally administered PCIP will allow you to seek care from any appropriately licensed physician, facility or other provider, **as long as** the provider is willing to accept your PCIP ID card and charge you no more than your out-of-pocket costs under the PCIP benefit plan.

The federal PCIP plan **does** utilize a contracted provider network for some services, including, but not limited to, prescription drugs, durable medical equipment, organ and tissue transplants, etc.

For more information on provider participation in federally administered PCIP, please contact the federal PCIP enrollment administrator at 866-717-5826.

**9. I am currently being treated for certain medical conditions and already had pre-authorization under the Take Care Arkansas program. What do I need to do for the federal program?**

If you currently receive ongoing treatment, you will be mailed guidance about transition of care on or around **June 10**. **A copy of this letter is Attachment B to these Common Questions.**

**It is critical that you follow required instructions to preauthorize services on or after July 1, 2013. This is necessary even if you were already authorized through the Take Care Arkansas program.**

**No preauthorization is needed for dialysis.**

**10. What happens after December 31, 2013?**

As of January 1, 2014, commercial health insurance coverage will be available in Arkansas without exclusions based on preexisting conditions. In the fall, the federal PCIP plan will send you information about what your plan options will be starting January 1, 2014.

**Common Questions by Health Care Providers**

**11. I am a health care provider and my patient will transition (or has transitioned) to the federally-administered PCIP July 1, 2013. What is the process to submit a claim for services provided on or after July 1, 2013 in the federally-administered PCIP?**

To submit a claim, please call the PCIP Administrator at 1-800-220-7898. Calls are answered from 8 a.m. to 6:30 p.m. Eastern Standard Time, Monday through Friday.

Submit all medical claims to:  
EDI Submitter # 39026  
PCIP, P.O. Box 30783  
Salt Lake City, UT 84130-0783

Submit Transplant/DME/Dialysis claims to:  
EDI Submitter # 57254  
PCIP, P.O. Box 300  
Independence, MO 64051-0300

**Claims for services provided through June 30 will continue to be submitted to BlueAdvantage of Arkansas. You should submit such claims no later than December 31, 2013.**

**12. Who do I call to verify coverage or pre-authorize care?**

Beginning on Monday, June 17, 2013, a **provider** may contact the Plan Administrator at **(800) 220-7898** Monday through Friday 7:00am to 5:30pm Central Time or see their website at [www.pciplan.com](http://www.pciplan.com) for benefits information, but preauthorization will not be available until June 17th.

***Please also see common questions for enrollees, including nos. 8 (provider participation requirements) and 9 (preauthorization requirements) and Attachments A and B to these Common Questions.***