Frequently Asked Questions About Medical Assistance

Q: *What expenses do Medicaid, FAMIS Plus and FAMIS Cover?*

A: Medicaid, FAMIS Plus (Medicaid for children) and FAMIS cover a wide range of services, including:

- Doctor visits
- Hospital care
- Mental Health Services
- Prescriptions
- Rehabilitative Services

The Medicaid and FAMIS Plus Handbook and the FAMIS Member Handbook contain more information about covered services for each program.

Medicaid covers the Medicare premiums, copayments, and deductibles for people who are eligible for full Medicaid coverage and who also have Medicare. People with Medicare Part A whose income and resources are over the limit for full Medicaid coverage may still be eligible for coverage of their Medicare Part B premiums.

Q: *Is there any cost to me for medical services?*

A: Most adults in Medicaid have small copayments for some services. The copayments are usually $1.00 to $3.00 for each service. There copayment for in-patient hospitalization is $100.00. A medical provider cannot refuse to treat you if you are unable to pay the copayment, but you are still responsible for the copayment.

Children under age 21 in Medicaid, pregnant women, people receiving hospice care, and people in institutional care or receiving long-term care services do not have copayments for medical services. People receiving long-term care, however, may be responsible for part of the cost of care, known as the patient pay amount.

Children who receive FAMIS through a fee-for-service arrangement do not have copayments. Children who receive FAMIS through a Managed Care Organization have small copayments for some services.

The Medicaid and FAMIS Plus Handbook and the FAMIS Member Handbook contain more information about the copayments for each program.

Q: *Who has access to my medical and financial information?*

A: When a person applies for Medical Assistance, the person's information is confidential and can only be shared with people whose work involves running the Medical Assistance programs unless the person has given permission for it to be shared with another person or agency. When a person applies for Medical Assistance, the person can appoint someone else to act as an authorized

representative. This allows the eligibility worker to discuss the case and send important information to the authorized representative. Appointing an authorized representative can be helpful for people who are ill or have memory problems.

Q: *What is the difference between Medicare and Medicaid?*

A: It is easy to confuse the two programs because their names are so similar. Both programs are administered on the federal level by the Centers for Medicare and Medicaid Services (CMS).

The Medicare Program is government-sponsored health insurance that is available to people at least age 65 or who have been receiving Social Security benefits on the basis of disability for at least 24 months. You may find more information about Medicare online.

The Medicaid Program is a needs-based program. To be covered by Medicaid, a person must belong to one of the groups of people that Medicaid covers and have income and resources within the limits that have been adopted by their state.

Some people with Medicare are also eligible for full-coverage Medicaid. When a person has both types of coverage, Medicare is the first payer for services. If a person's income and/or resources are over the limit for full Medicaid coverage and the person is eligible for Medicare, the person may be eligible for a Medicare Savings Program (MSP). Under an MSP, Medicaid covers some of the out-of-pocket costs of the person's Medicare Part B coverage.

Q: *What is the difference between fee-for-service Medicaid and Medicaid Managed Care?*

A: Most people with Medicaid and FAMIS Plus receive their coverage through a Medicaid Managed Care Organization (MCO) that contracts with the Department of Medical Assistance Services (DMAS) or through Medallion, a managed-care form of Medicaid.

The MCOs are health insurance companies that often also provide plans outside of Medicaid. At the time of enrollment, a person will be given the opportunity to choose an MCO. DMAS pays the MCO a monthly amount for each patient in the plan even if no services are provided during the month. This is one reason that it is very important to report any changes in your address or other information to your eligibility worker.

Medallion is provided through DMAS, the agency that manages the State's Medical Assistance Programs. In some areas, the person will be able to choose between an MCO and Medallion.

People with Medicare or private health insurance, people receiving long-term care services, and children in foster care receive Medicaid coverage through a fee-for-service arrangement. The provider charges a fee for each service and receives payment from DMAS for each service.

Q: *How can I find a doctor or other provider that accepts Medicaid and other*

Medical Assistance?

A: Make sure your doctor or other provider accepts Medicaid, FAMIS Plus or FAMIS before you are seen. If the provider does not accept your Medical Assistance program, you could be responsible for the charges.

The Department of Medical Assistance Services (DMAS) Web site allows you to search for providers who accept Medicaid and other Medical Assistance. You can also call the DMAS Recipient Helpline at (804) 786-6145 for help finding a provider.

If you are a member of one of the Medicaid Managed Care Organizations (MCO), you should only be seen by providers who are in your MCO's network, or you could be responsible for the charges. To make sure a provider is in the network, you should call the customer care phone number you received when you were enrolled in the MCO.

People in MCOs may also call the DMAS Managed Care Helpline toll-free at 1-800-643-2273.

Q: *Is transportation covered by Medical Assistance? How can I arrange for transportation to a medical appointment?*

A: Medicaid and FAMIS Plus cover non-emergency transportation to medical appointments when they are medically necessary and the person does not have another way to get to the appointment. Medicaid contracts with LogistiCare to provide all covered transportation for Medicaid and FAMIS Plus members who receive coverage under a fee-for-service arrangement.

You need to arrange for the transportation before the appointment, and LogistiCare must approve the transportation. To request transportation, you should call the LogistiCare reservation line toll free at 1-866-386-8331.

People who receive Medicaid or FAMIS Plus through a Managed Care Organization should consult their member handbook and follow the instructions given for arranging transportation.

FAMIS does not cover transportation for non-emergency care. Emergency transportation that is medically necessary is covered by Medicaid, FAMIS Plus and FAMIS.

Q: *How can I order a new Medical Assistance Card?*

A: If your blue and white Medical Assistance Identification Card is lost or stolen, call your eligibility worker as soon as possible to report it. A new card will be mailed to you, and the old card will be de-activated so that no one else can use it. Only your eligibility worker can order a new card--do not contact the DMAS Recipient Helpline.

People who receive Medical Assistance through a Managed Care Organization (MCO) also receive a membership card for their MCO. If your MCO membership card is lost or stolen, you should contact your MCO directly. The eligibility worker cannot order MCO cards.

Q: *How can I report suspected Medical Assistance Fraud?*

A: Because the eligibility rules and income limits for Medical Assistance are not the same for all covered groups, you should not assume that someone is not eligible. Of course, you are encouraged to report situations that you feel are questionable, such as when a person uses a Medical Assistance card that belongs to someone else. You may report suspected Medical Assistance fraud by calling the Recipient Audit Fraud and Abuse Hotline toll-free at 1-866-486-1971. The hotline is open 24 hours a day.

Q: *My Medical Assistance coverage was cancelled or my coverage was lowered. How do I file an appeal?*

A: It is your right to appeal any action taken on your Medical Assistance coverage. Information about how to file an appeal is always included on any notice you receive. The appeal must be in writing. You may use the Appeal Request Form or send a letter to the Department of Medical Assistance Services asking for an appeal.

Q: *What changes do I need to report, and how do I report them?*

A: You or your authorized representative must report any changes that could affect your eligibility for Medical Assistance within 10 work days after you know about the change. The notice of approval for your Medical Assistance should include the correct phone number for reporting a change. Changes that must be reported include, but are not limited to:

- Increases or decreases in your income and/or resources
- Change of address
- Birth of a Child
- Marriage or Divorce
- Family member moving into or out of your home or dying. If you are an authorized representative for someone who has died, please report the death as soon as possible.

The reporting requirements for FAMIS may differ. The FAMIS Member Handbook contains information about reporting changes for FAMIS enrollees.

Q: *I have Medical Assistance and just had a baby. What do I need to do?*

A: You need to report the birth to your eligibility worker within 10 work days or as soon as possible. Even though some hospitals will report the birth for you, it is your responsibility to make sure the birth was reported. If the newborn's mother has Medicaid, you usually only need to report the newborn's name, sex, and date of birth for the newborn to be covered by FAMIS Plus (Medicaid for children) for the newborn's first year. Your eligibility worker will tell you if any additional information is needed.

If you are covered under FAMIS or FAMIS MOMS, you will need to complete an application form if you want coverage for your newborn. FAMIS coverage is not automatic for newborns.

Q: *Why do I need to report an insurance settlement of other settlement, and how do I report it?*

A: When a person applies for Medical Assistance, the person agrees to assign all rights to medical assistance to the State. This is required because, by law, public Medical Assistance Programs are the "last" payer for medical services. If you have been injured in any type of accident and have a personal injury claim, you must inform your eligibility worker so that the Department of Medical Assistance Services can recover payment from the person responsible for the accident. The eligibility worker will need information such as the date of the accident or injury, the type of accident, and the name of the attorney or insurance company.

You must report other types of settlements to your eligibility worker because the settlement may affect your eligibility for Medical Assistance.

Q: *Does the State have to be paid back for expenses that were paid for by a Medical Assistance program when the person dies?*

A: The death of a person who was covered by a Medical Assistance Program must be reported to the local department of social services office that served the deceased person. The Department of Medical Assistance Services (DMAS) can ask to be paid back by the estate of a Medicaid enrollee over age 55. This process is called "estate recovery." The money can be recovered only after the death of any surviving spouse, and only if the person did not leave surviving children under age 18 or disabled children. DMAS will notify the executor of the estate about any necessary recovery from the estate.

Q: *Who can I call if I have any problems with medical services, bills, or providers?*

A: You should report changes that affect you eligibility for Medical Assistance to your eligibility worker with the local department of social services. However, if you are having a problem with getting a medical service, a bill, or a provider, please call the DMAS Recipient Helpline at (804) 786-6145 if you receive coverage under a fee-for-service arrangement.

If you are a member of one of the Medicaid Managed Care Organizations (MCO), you should call the customer care phone number you received when you were enrolled in the MCO. People in MCOs may also call the DMAS Managed Care Helpline toll-free at 1-800-643-2273.