

# M i c h i g a n M e d i c a i d P r o g r a m

Medicaid rules state:

An emergency exists if a prudent lay person reasonably believes that having a person wait to be treated by a Medicaid provider will worsen the person's condition.

Medicaid defines a medical emergency as:

A condition where delay in treatment may result in the person's death or permanent impairment of the person's health.

Medicaid covers emergency care provided outside of Michigan.

## When do I have to pay for services?

You must inform your medical provider (doctor, hospital, pharmacy, etc.) that you have applied for Medicaid **prior to receiving medical service.**

You must give your medical provider a copy of your Medicaid card or approval letter as soon as it is received. Your medical provider needs this information to receive prompt payment for medical services provided to you. This information is also necessary in order to issue you a refund if you pay for the services between the date you file an administrative hearing request with the Department of Human Services after an incorrect Medicaid denial, and the date of an eligibility determination resulting from your hearing request.

It is the responsibility of the medical provider to submit any outstanding medical bills, using Medicaid billing procedures, to the Medicaid office within twelve (12) months from the date of the Medicaid covered service.

Exceptions to the 12-month billing policy may be authorized if the delay in billing is caused by an agency error or as the result of a decision handed down by court order or administrative hearing decision.

Tell your worker if you need help with medical bills. In some cases, Medicaid can pay medical bills if the services occurred within the three months before you apply for Medicaid.

You do not have to pay for services that Medicaid covers. If Medicaid does not cover the service, your doctor, pharmacy, hospital, or other provider must tell you before he or she provides it. If the provider tells you after you have received the service that Medicaid does not cover it, you will not have to pay for it.

You may have a co-payment for some services. Your provider will tell you when you must pay the co-payment.

You may have a patient-pay amount for inpatient hospital or nursing home services. Your DHS specialist will tell you if you have a patient-pay amount.

## Appealing an action

You may appeal a negative action such as Medicaid not paying a bill or not approving a service. You can appeal an action by requesting a hearing.

File your request within 90 days from the date you were notified of the decision. Your request must explain the problem in writing. Mail your request for a hearing to:

Department of Community Health  
Administrative Tribunal  
PO Box 30195  
Lansing, Michigan 48909

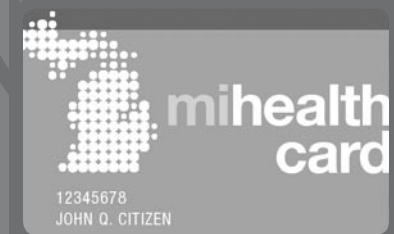
## Questions

If you have questions or need help, call Medicaid at **1-800-642-3195**.



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## Welcome to Medicaid

You will receive a mihealth card when you first become eligible for Medicaid. Save this card even if you lose Medicaid.

If you lose your card, call 1-800-642-3195.

### Most people who get Medicaid must join a health plan.

MICHIGAN ENROLLS will mail you information about your health plan choices. They can:

- tell you which doctors, pharmacies, and hospitals are part of each health plan.
- answer general questions you may have about benefits.
- enroll you in the health plan you choose.

You do not have to join a plan if you have Medicaid and are also a migrant:

You cannot join a health plan if you:

- have Medicare
- live in a nursing home
- have a monthly spend-down amount
- are receiving Home and Community-Based Services for Elderly and Disabled Adults
  - are already in a private HMO.



## Exceptions

You can ask for a medical exception from joining a Medicaid health plan if:

- you have a serious health condition, and
- you are undergoing active treatment for that condition, and
- the doctor treating you does not work with one of Medicaid's health plans.

If you get an exception, you will need to reapply after one year.

If you are a Native American you can ask for an exception to joining a health plan.

If you think you may qualify for an exception, call MICHIGAN ENROLLS at 1-888-367-6557.

## How do I get care?

If you are in a health plan, the plan will give you a member handbook and will explain how you will get services.

If you are not in a health plan or are waiting to enroll with a health plan, you must:

- go to a provider enrolled in the Michigan Medicaid Program. Your provider can request prior approval from Medicaid if you need to get services from a provider who is not enrolled in the Medicaid program.
- show your current mihealth card to all providers before you receive services. Providers need to know you have Medicaid in order to see what health services are covered. Providers will verify your eligibility.
- tell your provider if you have other health insurance that covers all or part of your care. Contact the toll free Helpline at 1-800-642-3195 to report insurance changes.

## What services does Medicaid cover?

Medicaid covers medically necessary services such as:

- ambulance
- chiropractic
- dental
- doctor visits
- family planning
- health checkups for kids and adults
- hearing aids
- hearing and speech therapy
- home health care
- hospice care
- hospital care
- immunizations (shots)
- lab and x-ray
- nursing home care
- medical supplies
- medicine
- mental health
- personal care services
- physical and occupational therapy
- prenatal care and delivery
- substance abuse
- surgery
- vision

Some services may be limited to people under 21, such as dental, those with Medicare, or for emergencies only. Your provider will tell you what Medicaid covers.

You can get help getting a ride if:

- you do not have a way to get to and from a doctor or dentist visit or
- you do not have a way to get medical or dental items or services that Medicaid covers.

Except in emergencies, the ride must be approved in advance.

If you belong to a Medicaid health plan, contact your plan about transportation. If you do not belong to a health plan, contact DHS.

## Emergency room care

Emergency rooms are for serious medical conditions ONLY. If you go to the emergency room for routine care such as the flu, a cold, or an earache, you may have to pay the bill.