

MICHIGAN MEDICAID FEE-FOR-SERVICE HANDBOOK





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For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono **1-800-642-3195** (TTY 1-866-501-5656)

Arabic: 1-800-642-3195 (TTY 1-866-501-5656)

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥



INTRODUCTION



Medicaid is a health care program provided through the Michigan Department of Community Health (MDCH).

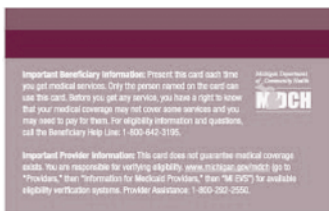


When you have Medicaid, you will get a **mihealth** card.

This is a plastic card with a magnetic strip.

The front of the card contains your name and ID number.

When a family is



determined eligible for most health programs, each eligible person in the household is given a card. The **mihealth** card does not guarantee you have Medicaid. Your provider will check to make sure you have Medicaid at each visit. Always keep this card, even if you lose eligibility for Medicaid services. You will need this card if you get Medicaid again. If you need a replacement card, call 1-800-642-3195.

Most people who have Medicaid must join a health plan. MICHIGAN ENROLLS will send you a letter to tell you if you must join a health plan.

This handbook explains how you get care under Medicaid when you are not in a health plan and how to get services not covered by a health plan, such as dental services. It also lists your rights and responsibilities under Medicaid. You can call 1-800-642-3195 for information if you have questions or need help.

GETTING CARE



When you have Medicaid and are not enrolled in a health plan, you must go to a provider who takes Michigan Medicaid. You must show your **mihealth** card each time before you receive services. Providers need to know you have Medicaid in order to know which health services are covered for you. If you do not show them your card, you may have to pay for the service. Tell your provider if you have other health insurance (private insurance) that covers all or part of your care.



SERVICES MICHIGAN MEDICAID COVERS



Medicaid covers medically necessary services such as ambulance, chiropractic, dental, doctor visits, family planning, health checkups for children and adults, hearing and speech, home health care, hospice care, hospital care, lab, x-ray, nursing home care, medical supplies, medicine prescribed by a doctor, mental health, personal care services, physical and occupational therapy, podiatry (foot care), obstetrical care (including prenatal, delivery, and post-partum), private duty nursing, immunizations (shots), substance abuse services, surgery, and vision. A yearly health exam is provided. Some of these services are limited, may not be covered for beneficiaries age 21 and older, or may require prior approval.

Your provider can tell you what Medicaid covers.

If you are financially eligible for Medicaid and you want to receive Medicaid long-term care services in a nursing facility or in a home setting, then you have to meet Medicaid's medical requirements.

Medicaid's *medical* requirements are different than Medicaid's financial requirements. The Medicaid medical requirements are determined through the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD).



NON-EMERGENCY TRANSPORTATION SERVICES



Medicaid will pay for transportation (rides) to medical or dental visits if services are necessary. You can get help with a ride if you do not have a way to get to and from a doctor or dentist visit or to get other items or services Medicaid covers. Non-emergency transportation must be approved before your visit. Contact your local Department of Human Services (DHS) office or worker if you need transportation services.



EMERGENCY ROOM CARE



Emergency rooms are for serious medical conditions only. If you go to the emergency room for routine care, you may have to pay the bill. Routine care includes minor ailments like the flu, a cold, or an earache. Call your provider about routine care.

Medicaid rules state that an emergency exists if a prudent layperson 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 services outside of Michigan.



DENTAL



Dental services are covered by Medicaid. It is a separate benefit and is not part of your Medicaid health plan. Dental services are different for those 21 and over from those who are under age 21. You will have to contact dentists in your area to see if they accept Medicaid. Depending on the county you live in, people under age 21 may have dental services covered by Delta Dental through the "Healthy Kids Dental" program. You can contact dentists in your area to see if they accept Healthy Kids Dental for treatment.



PHARMACY



Medicaid will pay for medications prescribed by your doctor, but if you have private insurance you must use that benefit first. Medicaid will pay your co-pay(s) for medicine(s) covered by your private insurance even if your private insurance requires a mandatory mail order pharmacy benefit. For more information, call 1-800-642-3195.

If you have Medicare and Medicaid, Medicaid will not pay your Medicare Part D co-pays. Medicaid will also not pay your medicine co-pay(s) if you choose to keep your private insurance and do not join a Medicare Part D plan.



PAYING FOR SERVICES



You do not have to pay for services Medicaid covers; however, you may have to pay a co-payment. If Medicaid does not cover the service, your doctor, pharmacy, hospital or other provider must tell you before they provide it. You can then decide if you want to pay for the service yourself. If the provider tells you after you have received the service that Medicaid does not cover it, you do not have to pay for it.

You may have to pay a co-payment for the services listed below:

- Doctor office visits
- Chiropractic
- Dental
- Emergency Room Visit
- Hearing aids
- Outpatient Hospital
- Inpatient Hospital Stay (first day)
- Pharmacy (medicine)
- Podiatry (foot care)
- Vision

Some people with too much income may also have to pay part of the cost of nursing home or inpatient hospital services. This is called a patient-pay amount. Your DHS worker will tell you if you have a patient-pay amount.



HEALTH CARE PROGRAMS



Medicaid covers well-child and free health checkups for people under age 21. A checkup can find problems you may not know about, such as lead poisoning or hearing or vision problems. Early treatment may prevent you or your children from getting sick later.

Checkups include: head-to-toe exam, health history, height, weight and head measurements; tests for normal growth and development, blood pressure check, needed immunizations (shots), health education and information, nutrition history, dental check, blood lead testing and other lab tests as needed; and referral to a dentist or other medical provider.



IMMUNIZATIONS (SHOTS)



We want your child to be as healthy as possible from the day he or she is born. To be healthy, your child needs protection from serious diseases like polio, measles, mumps, rubella, Hepatitis B, influenza and chicken pox. Your doctor can give your child the best protection with shots given at birth and other times. Ask your doctor to keep your child's shots up-to-date.

The State requires that all children entering Michigan child care programs and schools have all the required shots. If your child does not have all the required shots, he or she may not be allowed to attend a child care program or school.

Michigan Medicaid follows all the recommendations and guidelines issued by the Advisory Committee on Immunization Practices. Contact your doctor, local health department, child care program director or school principal for the latest requirements and where to get an immunization schedule.

Medicaid also covers shots for adults.



FAMILY PLANNING SERVICES



Both men and women can get family planning services. These services help you plan if and when to have a baby and help prevent an unwanted pregnancy.

Medicaid covers family planning services including doctor visits, medical exams, pregnancy testing, birth control counseling, birth control methods (such as condoms, birth control pills, foams, etc.), testing for sexually transmitted infections (STIs), HIV/AIDS testing, and education and counseling.

PREGNANCY CARE

If you think you may be pregnant, see your doctor as early as possible. Medicaid covers medical services while you are pregnant and after your baby is born.



MICHIGAN DIAPER AND INCONTINENCE SUPPLIES PROGRAM



Michigan has a contract to provide diapers and incontinence supplies to people who have Medicaid. Your doctor will give you a prescription if you need incontinence catheters and accessories, irrigation syringes, skin barriers, disposable diapers (baby diapers are not included for children under age three), underpads and incontinence pants and liners.

Call your local DHS worker if you want a copy of the MDCH Diaper and Incontinence Supplies Program brochure. The pamphlet will help you learn more about this program.

You can also call 1-800-642-3195 if you have questions.



YOUR MEDICAID RIGHTS AND RESPONSIBILITIES



It is important that you know your rights and responsibilities under Michigan Medicaid. You have the right to:

- Choose your primary provider
- Receive quality health care
- Be treated with respect
- Be seen by a primary provider who will arrange your care
- Get all the facts from your primary provider about your health and treatment
- Know about alternative procedures or treatments other than what has been offered to you
- Say no to any medical services you disagree with
- Get a second medical opinion
- Be told what services are covered by Medicaid
- Know if a co-payment/deductible is required
- Know the names, education and experience of your health care providers
- Get help with any special disability needs

- Get help with any special language needs
- Tell your primary provider how you wish to be treated if you ever become too ill to make your care decisions yourself
- Be told in writing when and why benefits are being reduced, denied or stopped
- Have your medical records kept confidential
- Get a free copy of your medical records
- Voice your concern about the service or care you receive
- Contact MDCH with any questions or complaints you have
- Appeal any denial or reduction of Medicaid eligibility or service.

UNDER MEDICAID, YOU HAVE THE RESPONSIBILITY TO:

- Show your **mihealth** card to all providers before receiving services
- Never let anyone use your **mihealth** card
- Choose a primary provider and build a relationship with the provider you have chosen
- Make appointments for routine checkups and immunizations (shots)
- Keep your scheduled appointments and be on time
- Provide complete information about your past medical history
- Provide complete information about current medical problems
- Ask questions about your care
- Follow your provider's medical advice
- Respect the rights of other patients and health care workers

- Use emergency room services only when you believe an injury or illness could result in lasting injury or death
- Notify your primary provider if emergency treatment was necessary and follow-up care is needed
- Make prompt payment for co-payments and services not covered by Medicaid
- Report changes that may affect your coverage to your DHS worker. This could be an address change, birth of a child, death, marriage or divorce, or change in income
- Promptly apply for Medicare or other insurance when you are eligible
- Report other insurance benefits, when you are eligible, to your DHS worker.



REPORTING MEDICAID BENEFICIARY FRAUD

You may be prosecuted for fraud if you:

- Withhold information on purpose or give false information when applying for Medicaid or other Medicaid Assistance programs or
- Do not report changes that affect your eligibility to your DHS specialist.

If you are found guilty under federal law, you can be fined as much as \$10,000 or can be sent to jail for up to a year or both. Also, your Medicaid or other medical benefits may be suspended for one year. Federal penalties are contained in Section 1909 of the Social Security Act.

You can also be prosecuted for fraud under state law. If you are found guilty, you can be sent to jail, fined and ordered to repay the state monies paid on your behalf for health care. And if you are convicted of a felony under state law, your jail sentence may be up to four years.

Report cases of suspected fraud to your local Department of Human Services (DHS) office, or call 1-800-222-8558. You do not have to give your name.



REPORTING MEDICAID PROVIDER FRAUD



A health care provider who is enrolled in the Medicaid program is also subject to federal and state penalties for Medicaid fraud.

Report any provider you suspect of:

- Billing for a service he or she did not perform or
- Providing a service that is not needed.

Report suspected provider fraud to:

Michigan Department of Community Health
Office of Health Services Inspector General
PO Box 30479
Lansing, MI 48909-7979

or call the 24-hour hotline:

1-866-428-0005

You do not have to give your name.



COMPLAINTS AND APPEALS

If you have complaints or concerns with your health care or your health care providers, call or write the Michigan Department of Community Health (MDCH):

Department of Community Health
Medical Services Administration
PO Box 30470
Lansing, MI 48909-9753
1-800-642-3195
TTY 1-866-501-5656

You can appeal a negative action, such as Medicaid not paying a bill or not approving a service. File your hearing 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:

Michigan Administrative Hearings System
PO Box 30763
Lansing, MI 48909

If you have questions, call 1-877-833-0870.

*Michigan Department
of Community Health*



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Services and Programs Provider.

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