Accreditation: Checking for quality

Accreditation is another way of assessing health plan quality. An outside organization checks to see whether the plan has the right systems and people in place to do a good job providing health care. All Michigan Medicaid health plans must be accredited or be in the process of seeking accreditation by October 2002.

1. Accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).
2. Accredited by the National Committee for Quality Assurance (NCQA).
3. Accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).

For more information, call Michigan Enrolls at

1-888-ENROLLS.
(1-888-367-6557)
All Medicaid health plans cover medically necessary services such as:

- Ambulance
- Chiropractic
- Doctor visits
- Emergency care
- Family planning
- Health checkups for kids and adults
- Hearing and speech
- Home health care
- Hospice care
- Hospital care
- Immunizations (shots)
- Lab and x-ray
- Medical supplies
- Medicine
- Mental health
- Physical and occupational therapy
- Prenatal care and delivery
- Surgery
- Vision

The categories:

**Getting Care:** Members in the plan believe that they get the care they need for themselves and their children quickly, and that their doctors do a good job explaining things to them and that they spend enough time with them.

**Keeping Kids Healthy:** Children in the plan get regular check-ups and important shots that help protect them against serious illness.

**Taking Care of Women:** Women in the plan get tests for breast and cervical cancer, and for an infection called chlamydia. These tests help to find these diseases early. This gives women more choices for treatment and a better chance of survival. Moms in the plan also get care before and after their baby is born to help keep mom and baby healthy.

**Living with Illness:** Plan takes care of members with asthma, diabetes and high blood pressure by giving them tests, check-ups and the right medicine.

**Accreditation:** Explanations on back cover.