



ADVOCACY CENTER

# MEDICAID

The Advocacy Center (AC) is a statewide non-profit agency providing free legal services to senior citizens and persons with disabilities.

## WHAT IS MEDICAID?

Medicaid is a medical assistance program for people with limited income and assets. If you receive a Supplemental Security Income (SSI) check, you automatically qualify for Medicaid. People who are on Medicaid receive a card.

## FOR WHAT SERVICES DOES MEDICAID PAY?

Medicaid will pay for certain goods and services. It is important to note that there are eligibility requirements and limitations as to what is covered under Medicaid. Some examples of services for which “regular”\* Medicaid will pay include:

1. Doctor visits
2. Certain dentures
3. Eye care services due to injury or disease
4. Hospital bills, laboratory and x-ray services
5. Most prescription medicines (there may be a co-payment)
6. Personal Care Services
7. Transportation for medical appointments
8. Rehabilitation services (physical, speech, occupational therapies, etc.)
9. Medical equipment (wheelchair, walker, artificial arms or legs, etc.)
10. Nursing home services (a patient contribution is required)
11. Medicare premiums, deductibles and co-payments for certain persons with Medicare

If you have Medicaid, contact a provider who accepts Medicaid and request the service.

\*There are some types of Medicaid, such as QMB, SLMB, and QI that do not pay for all of these services.

Prescription coverage for recipients who also have Medicare is through Medicare’s new drug coverage, Part D. It is not as complete as Medicaid’s coverage.

## HOW DOES MEDICAID PAY FOR GOODS AND SERVICES?

The Medicaid Program determines the amount it will pay for covered goods and services. ***Not all providers of medical goods and services participate in the Medicaid Program.*** If the provider accepts you as a Medicaid patient, the amount Medicaid pays will be accepted as payment in full and you cannot be charged for any covered goods or services. It is your responsibility to find out, in advance, if your provider will accept Medicaid payment for the medical goods and services you need. If not, you will be responsible for payment.

## HOW CAN YOU BE ELIGIBLE FOR MEDICAID IF YOU DO NOT RECEIVE SSI?

There are many ways that you might be eligible for Medicaid. Three of the most common groups covered are **QMB, Medically Needy Program (MNP), and the Medicaid Purchase Plan (MPP).**

## **QMB (Qualified Medicare Beneficiary)**

QMB, combined with your Medicare card, provides coverage for nearly all that “regular” Medicaid does, except for dentures, personal care services, and transportation for medical appointments. QMB recipients should also be certified for nearly free drug coverage through Medicare Part D’s “Low Income Subsidy.”

## **MEDICALLY NEEDY PROGRAM**

Provides temporary assistance to senior citizens and persons with disabilities. They must have medical bills for recent services which total nearly three times their monthly income. These first bills are like a deductible. They do not get paid for by Medicaid. They qualify a person for up to 3 months of Medicaid benefits. Some families with minor children can qualify, too.

## **MEDICAID PURCHASE PLAN**

Provides coverage for persons who meet SSI disability criteria (does not require ever having been certified for SSI), are ages of 16-64, are working, have SSI-countable assets under \$25,000, and have income under 250%-500% of poverty (depending on how much of it is from earnings). For those with income over 150% of poverty, there is a premium of \$80-\$110 a month.

## **HOW CAN AN UNFAVORABLE DECISION BE APPEALED?**

You have the right to request a fair hearing of any decision which denies you benefits. To do so, **within 30 days of the date on the notice**, you should **write to the Bureau of Appeals, P. O. Box 4183, Baton Rouge, LA 70821-4183** **or you can sign and date the back of the notice that you receive, and mail or deliver your request to the Medicaid Program at the address shown at the top of the notice.**

**If you are already receiving benefits, and you request a hearing within 10 days of the date of the notice OR before the benefits are terminated, then your coverage should continue until a fair hearing decision is rendered.**

**Be sure to keep a copy of your completed appeal notice in case the Medicaid Office loses or does not receive your request for appeal.**

**For Assistance - Call: TOLL-FREE 1-800-960-7705 (Voice) or 866-935-7348 (TTY)**

**Write: 1010 Common Street, Suite 2600, New Orleans, LA 70112**

**Visit our website at [www.advocacyla.org](http://www.advocacyla.org)**

AC has offices in New Orleans, Baton Rouge, Lafayette, and Shreveport.

To request services in Vietnamese, call 1-800-960-7705, extension 153.

Để đòi hỏi những công tác (dịch vụ) bằng tiếng Việt, xin gọi 1-800-960-7705, mở rộng 153.

For information in Spanish please call 1-800-960-7705, ext. 152. Para información en español por favor llame 1-800-960-7705, ext. 152.

*You may also want to contact the Senior Health Insurance Information Program (SHIP), TOLL-FREE at 1-800-259-5301 or 225-342-5301.*