What Mississippi Medicaid

Can Do For You!

For beneficiaries eligible for full Medicaid benefits, the following are covered services:

MMMH

Empowering Patient-Centered Healthcare

"The Mississippi Medicaid Medical Home is growing a Healthier Mississippi."

Services

☑ **Office Visits and Family Planning Services --** Medicaid pays for 12 office visits from July 1 to June 30 each year. (Children can get more visits if the doctor sends Medicaid a plan of care that says there is a medical need for the child to have more visits.)

☑ **Hospital Care - Inpatient Services --** Adults get 30 days of inpatient hospital services from July 1 to June 30 each year. Children can get more visits with a plan of care.

☑ **Hospital Care - Outpatient Services --** Beneficiaries get 6 emergency room visits from July 1 to June 30 each year. Children can get more visits with a plan of care.

☑ **Prescription Drugs --** You may get five (**5**) prescriptions per month. No more than two (**2**) of the five prescriptions may be name brands, including refills. Children under 21 years of age may get more than five (**5**) prescriptions if the doctor sends Medicaid a plan of care.

☑ **Eyeglasses --** Adults can get one (**1**) pair of eyeglasses every five (**5**) years. Children may get up to two (**2**) pairs of eyeglasses per year. If a child needs more than two (**2**) pairs of eyeglasses in a year, the doctor has to send Medicaid a plan of care which says there is a medical need for the child to have another pair of eyeglasses.

☑ **Home Health Services --** Adults get 25 home health visits from July 1 to June 30 each year. Children can get more visits with a plan of care.

☑ **Long Term Care Services --** Medicaid pays for nursing facility care, intermediate care facility services for the mentally retarded, and psychiatric residential treatment facility care (under age 21).

☑ **Inpatient Psychiatric Care --** This service is only available for persons under age 21 in a free-standing psychiatric hospital.

☑ **Non-Emergency Transportation Services --** Medicaid will help eligible persons to travel to and from medical appointments when they have no other way to get there.
Call 1-888-239-5489 or local at 601-576-5900 to find out how to get help with transportation to your appointment.

☑ **You are encouraged to get a yearly health screening from your doctor or clinic.**

☑ **This physical examination *will not* be used to determine your eligibility for the Medicaid program.**

COVERED SERVICES ALSO INCLUDE

☑ **Chiropractic Services**

☑ **Dialysis Services**

☑ **Emergency Ambulance Services**

☑ **Mental Health Services**

☑ **Dental Extractions and Related Treatment**

☑ **Durable Medical Equipment and Medical Supplies**

☑ **Hospice Services**

☑ **Physician Services, Physician Assistant Services, Nurse Practitioner Services**

OVER

Programs

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The EPSDT Program provides preventive services for children under 21 years of age. Your child can be seen at the county health department or at one of the EPSDT doctors or clinics in your area that takes Medicaid. With this program you can get free check-ups for your children. Contact your Medicaid Specialist, doctor, or clinic that takes Medicaid. To learn more about this program, call the EPSDT program at ***1-800-421-2408 or local at 601-359-6050 or 601-359-6133.***

Home and Community-Based Services (HCBS)

HCBS programs offer in-home services to help people live at home instead of in nursing homes. These services are for certain elderly, disabled, and/or mentally retarded/developmentally disabled Medicaid beneficiaries. You must apply and be approved for these services. To learn more about this program, call the Home and Community Based Services program at ***1-800-421-2408 or local at 601-359-6050 or 601-359-6133.***

Important Notices

Other Health Insurance (Third Party Liability / TPL)

You must report to the Division of Medicaid any health insurance you may have. If you have health insurance and Medicaid, you must give your insurance information to your doctor when you get services. Medical payments from any source (insurance, liability coverage, Workers' Comp, employer liability, CHAMPUS, lawsuits, accidents, or other) that you get for services covered by Medicaid must be reported to Medicaid. In order to be eligible for Medicaid, you must assign your rights to medical payments from any source to the Division of Medicaid. In order to be eligible for Medicaid/ CHIP, you must assign your rights of medical payments from any source to the Division of Medicaid.

Fair Hearings

The Social Security Administration (SSA) holds fair hearings for Medicaid eligibility decisions that are part of an SSI (Supplemental Security Income) decision for low income aged, blind, and disabled individuals. You may call SSA at ***1-800-772-1213***.

The Division of Medicaid (DOM) holds fair hearings for Medicaid eligibility decisions handled by Medicaid Regional Offices. You may call DOM at ***1-800-421-2408 or local at 601-359-6050 or 601-359-6133*** for the office nearest you.

What To Do If . . .

- your health care provider is giving a service that you think you may not need ***or***
- you think your health care provider may be billing for services you did not get ***or***
- your provider wants you to pay for a service you think Medicaid covers.

If you have any of these situations, call the Bureau of Program Integrity Hotline at ***1-800-880-5920.***

Co-payment

A co-payment is a small cost you must pay for the service you get.

- **Children under the age of 18, pregnant women, and persons in nursing homes do not have to pay a co-payment.**
- **You do not have to pay a co-payment if you are getting family planning services or emergency services in an emergency room.**

The following fees are paid to the provider at the time service is provided.

Ambulance	**per trip**	**$3.00**
Dental	**per visit**	**$3.00**
Federally Qualified Health Center	**per visit**	**$3.00**
Home Health	**per visit**	**$3.00**
Hospital Inpatient	**per day**	**$10.00**
Hospital Outpatient	**per visit**	**$3.00**
Physician	**per visit**	**$3.00**
Prescription	**Per prescription for generic drugs**	**$3.00**
	Per prescription for name brand drugs	**$3.00**
Rural Health Clinic	**per visit**	**$3.00**
Eyeglasses	**per pair**	**$3.00**
Durable Medical Equipment, Orthotics, and Prosthetics	**up to**	**$3.00**