



**INFORMATION YOU  
CAN USE ABOUT MEDICAID**

# My Medicaid

**Call Toll-Free for Information**  
**1-800-421-2408** (601-359-6050 in Jackson)



**Use this guide to help  
you understand your  
Mississippi Medicaid  
benefits.**

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Office of the Governor  
Division of Medicaid  
Robert E. Lee Building  
Suite 801  
239 North Lamar Street  
Jackson, MS 39201-1399  
Phone: 601-359-6050  
1-800-421-2408







## What is Medicaid?

### Medicaid

Medicaid is a health care program that pays for medical services for qualified people. Medical payments are made from both state and federal government monies.



### Who Can Get Medicaid?

If you live in Mississippi, you may qualify for Medicaid. If you need medical assistance, you must fill out an application to find out if you qualify for this program. Anyone who meets the Medicaid standards - such as certain low income level persons; pregnant women: children: aged, blind, or disabled persons - can receive Medicaid.

### Who Can Get Medicaid?

You may apply for Medicaid for low income families and children under 19 and pregnant women at your Medicaid Regional Office. You may call 1-800-421-2408 to locate your nearest Medicaid Regional Office.

If you are disabled, working disabled, or 65 or older and not receiving Social Security income, you may apply for benefits at the Medicaid Regional Offices listed on the next page.



### What To Do If...

- Your healthcare provider is providing a service you think might not be necessary to treat you
- You think your healthcare provider may be billing for a service you did not receive
- You know people who are letting others use their Medicaid cards
- Your provider wants you to pay for a service you think Medicaid covers

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

**Co-Payments**

- A co-payment is when you have to pay a small cost 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
Durable Medical Equipt., Orthotics, and Prosthetics	Up to	\$3.00
Eyeglasses	Per pair	\$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
Prescription	Per prescription for name brand drugs	\$3.00
Rural Health Clinic	Per visit	\$3.00

**Regional Offices**

Brandon 601-825-0477  
 Brookhaven 601-835-2020  
 Canton 601-859-3230  
 Clarksdale 662-627-1493  
 Cleveland 662-843-7753  
 Columbia 601-731-2271  
 Columbus 662-329-2190  
 Corinth 662-286-8091  
 Greenville 662-332-9370  
 Greenwood 662-455-1053  
 Grenada 662-226-4406  
 Gulfport 228-863-3328  
 Hattiesburg 601-264-5386  
 Holly Springs 662-252-3439  
 Jackson 601-961- 4361

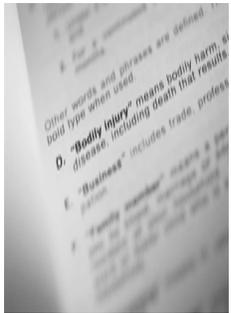
Kosciusko 662-289-4477  
 Laurel 601-425-3175  
 McComb 601-249-2071  
 Meridian 601- 483-9944  
 Natchez 601-445-4971  
 New Albany 662-534-0441  
 Newton 601-683-2581  
 Pascagoula 228-762-9591  
 Philadelphia 601-656-3131  
 Picayune 601-798-0831  
 Senatobia 662-562-0147  
 Starkville 662-323-3688  
 Tupelo 662-844-5304  
 Vicksburg 601-638-6137  
 Yazoo City 662-746-2309

**You may call** any of the offices listed above to find out how to apply. You may also receive an application by mail. Call your local Medicaid Regional Office to find out more.



**Freedom of Choice**

Most Medicaid beneficiaries may choose the doctor or clinic they wish to use. The doctor or clinic must be willing to accept Medicaid payments.



**Other Health Insurance**

You must report to 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. In order to be eligible for Medicaid, you must assign your rights to medical payments from any source to the Division of Medicaid.



**Civil Rights**

Participating providers of services in the Medicaid program must comply with the requirements of Title VI of the Civil Rights act of 1964, Section 504 of the Rehabilitation Act of 1973 and Section 504 of the Rehabilitation Act of 1973. Under the terms of those laws, a participating provider or vendor of services under any program using federal funds is prohibited from making a distinction in the provision of services to beneficiaries on the grounds of race, age, gender, color, national origin, or disability. This includes distinctions made on the basis of race or disability with respect to (a) waiting rooms, (b) hours for appointments, or © order of seeing patients.

**NOTE:** The Office of the Governor, Division of Medicaid (DOM), is responsible for investigating complaints of non-compliance.

**Services for Children Only (EPSDT (Early Periodic Screening, Diagnosis, and Treatment) Services**

- Additional Drug Prescriptions
- Additional Eyeglasses
- Additional Home Health Services
- Additional Inpatient Hospital Days
- Additional Outpatient Hospital Days
- All Standard Medical Benefits Can Be Expanded (Check with your doctor.)
- Dental Services
- Durable Medical Equipment
- Infusion Therapy
- Interperiodic Screens
- Hearing Aids
- Outpatient Psychiatric and Mental Health Care
- Personal Care Services
- Prosthetics and Orthotics
- Medical Supplies
- Nursing Services
- Screening Services



**Other Services for Children**

- Lead Screening
- Well Baby/Child Checkups
- Well Baby/Child Shots (Immunizations)
- WIC (Women, Infants, and Children nutrition and education programs)
- Services Not Listed, if Medically Necessary (Check with your doctor.)

**Office Visits and Family Planning**

The Medicaid pays for 12 office visits from July 1st to June 30th each year for adults and 24 office visits from July 1st to June 30th each year for children. (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.)

**Prescription Drugs**

You may get five (5) prescriptions per month. No more than two (2) of the five prescription may be name brand including refills. Children under 21 years of age may get more than five (5) prescriptions if the doctor sends Medicaid a plan of care.



**Non-Emergency Transportation**

Medicaid will help eligible persons to travel to and from medical appointments when they have no other way to get there. **Call 601-576-5900** to find out how to get help with transportation to your appointment.

**Covered Services Also Include**

- Chiropractic Services
- Dental Extractions and Related Treatment
- Dialysis Services
- Durable Medical Equipment and Medical Supplies
- Emergency Ambulance Services
- Hospice Services
- Laboratory Services
- Mental Health Services
- Physician Services, Physician Assistant Services, Nurse Practitioner Services



**Fair Hearings**

An eligibility hearing is a legal process that you may ask for if you do not agree with a decision that has been made about your Medicaid eligibility.

After you have been mailed a notice telling you of any action(s) taken on your Medicaid case, you will have 30 days in which to ask for a hearing. You may do this by either writing your Medicaid Regional Office, the Medicaid State office, or by completing the "Hearing Request" form, available in your Medicaid Regional Office.

If you are already getting Medicaid or CHIP and you ask for a hearing within 10 days after getting the notice, your Medicaid will not stop until your case has been decided. CHIP benefits will be continued for the next possible month. However, if the agency's action is upheld by the hearing decision, the Division of Medicaid has the right to initiate action for recovering benefits you receive during the hearing process.

**Medicaid Identification Card**

Once Medicaid eligibility has been approved, each Medicaid-eligible member in a family will get a plastic Identification (ID) Card. The beneficiary name and ID number are printed on this card.

**Things You Must Do To Get Health Care Services**

Always remember to take your Medicaid ID card every time you go to get health services. Remember not all doctors, dentists, and other providers accept Medicaid. You should always ask the provider if he accepts Medicaid **before you get services.**

**NOTE:** Please show your Medicaid ID card whenever you get medical services.

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

The EPSDT Program provides free medical check-ups for all Medicaid-eligible children and youth under the age of 21. It also covers treatment for medical problems identified as a result of the medical check-up, including some services not normally covered by Medicaid. To learn more about this program, call the EPSDT Division of the Bureau of Maternal and Child health at 1-800-421-2408.

**Home and Community Based Service (HCBS)**

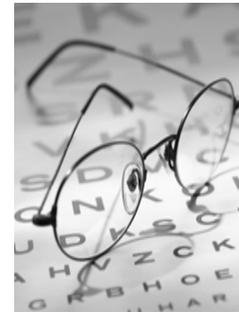
HCBS programs offer in-home services to help people live at home instead of institutions. To qualify you must meet institutional level of care, along with other criteria. Services are available to qualifying elderly, disabled and/or mentally retarded/developmentally disabled Medicaid beneficiaries.

**Mississippi Health Benefits for Children**

Health benefits for children from birth to age 19 are provided through Medicaid. Some children may be eligible for Medicaid. Other children whose families make too much money to qualify for Medicaid may be eligible for Blue Cross Boue Shield health insurance, otherwise known as the Children's Health Insurance Program (CHIP). Families may earn up to 200% of the federal poverty level and be eligible for CHIP. To find out if your children are eligible for either program, you must fill out a Mississippi Health benefits application. The same application is used for Medicaid and CHIP. Applications and help filling them out are available at Medicaid Regional Offices. For more information call 1-877-KIDS-NOW (1-877-543-7669).

**Eyeglasses**

Adults can get one (1) pair of eyeglasses every five (5) years. Children may get one pair of eyeglasses per year. If a child needs more than one (1) pair 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 1st to June 30th each year.

**Hospital Care - Inpatient**

Adults get 30 days of inpatient hospital services from July 1st to June 30th each year. Children can get more visits with a plan of care.

**Hospital Care - Outpatient**

Adults get 6 outpatient hospital visits from July 1st to June 30th each year. Children get 12 outpatient hospital visits from July 1st to June 30th each year. Children can get more visits with a plan of care. Emergency room visits count as outpatient visits.

**Inpatient Psychiatric Care**

This service is only available for persons under age 21 in a free-standing psychiatric hospital.

**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).