

**DRAFT ONLY DRAFT ONLY DRAFT ONLY**

**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.**

**Revision Date: August 26, 2005**



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.



### QMB (Qualified Medicare Beneficiary)

For individuals with Medicare whose income is under the poverty level who qualify for Medicaid as Qualified Beneficiary, the Division of Medicaid pays for Medicare cost-sharing benefits only.

This includes payments of:

- Medicare premiums for Part A (Hospitalization Insurance) and Part B (Medical Insurance under Medicare) and,
- Coinsurance expenses charged under Medicare Parts A and B, and
- Deductible expenses charged under Medicare Part A.

Pharmacy (drug) benefits are provided under Medicare, Part D. Individuals eligible as QMB automatically qualify for the Low Income Subsidy that helps with Part D expenses under Medicare. There is no premium or deductible charge for a QMB under Medicare Part D.



### 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



**What is Medicaid?**

**SLMB/QI (Specified Low-Income Medicare Beneficiary/Qualifying Individual)**

For individuals with Medicare who qualify with Medicare who qualify for Medicaid as a Specified Low-Income Medicare Beneficiary (SLMB) or a Qualifying Individual (QI) whose income is between 100% of poverty - 135% of poverty, the Division of Medicaid pays for the Medicare, Part B premium only. The premium is paid each month that the individual is eligible for this coverage. Pharmacy (drug) benefits are provided under Medicare, Part D. Individuals eligible as SLMB or QI automatically qualify for the Low Income Subsidy that helps Part D expenses under Medicare. There is no premium or deductible charge for a SLMB or QI under Medicare, Part D.



**Healthier Mississippi Waiver**

Disabled individuals with income under 135% of poverty who do not have Medicare may qualify for Medicaid through the Healthier Mississippi Waiver Program. Individuals qualifying in this waiver receive covered services that are outlined in this booklet **with the exception** of the following excluded services: chiropractic, podiatric, dental, eyeglasses, hospice, therapies received at a free-standing clinic and long term care (nursing facility) services.

## If you have both Medicare and Medicaid...

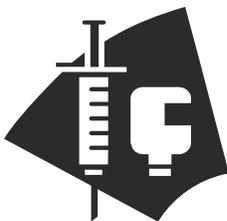
If you have both Medicare and Medicaid and have a question about your services, you should call Medicare toll-free at 1-800-M-E-D-I-C-A-R-E.

If you have Medicaid only and have a question about your services, you should call Medicaid toll-free at 1-800-421-2408 or 601-359-6050 in Jackson, and ask for Beneficiary Relations.



If you need home medical equipment or medical supplies, **see your doctor for a prescription first.**

A medical equipment provider or a pharmacist can help you get the equipment and supplies you need.



**IT IS VERY IMPORTANT FOR YOU TO HAVE A MEDICAL HOME.** This is a doctor, nurse, or a clinic where you go to get most of your medical care. They can help you get the medical treatment and other services you may need. **YOU SHOULD NOT GO TO THE EMERGENCY ROOM AT THE HOSPITAL FOR TREATMENT YOU CAN GET AT YOUR MEDICAL HOME.**



### 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.)



**NOTE:**  
For beneficiaries with Medicare, prescription drug coverage is provided under Medicare, Part D effective January 1, 2006.

#### 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

## Talk to your doctor and any other health provider...

It is very important for you to tell your doctor and any other health provider about all the medicines you take. Medicines can have side effects, and your doctor may have to make changes. Be sure to tell your doctor about medicines you get with a prescription, and medicines you buy at the store like headache, cold, or stomach medicines and vitamins.



**Regional Office locations and phone numbers****Regional  
Offices**

You may call **Medicaid** toll-free at 1-800-421-2408 or 601-359-6050 in Jackson, and ask for Beneficiary Relations for information, or questions on any covered service.

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

**NOTE:**  
These  
services  
are  
covered  
benefits  
for those  
eligible  
for full  
Medicaid  
benefits.

**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).

**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 Blue 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).



**Regional Office locations and phone numbers**

**Regional Offices**

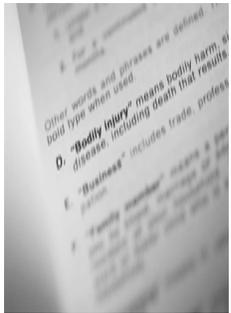
You may call Medicaid toll-free at 1-800-421-2408 or 601-359-6050 in Jackson, and ask for Beneficiary Relations for information, or questions on any covered service.

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



**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.



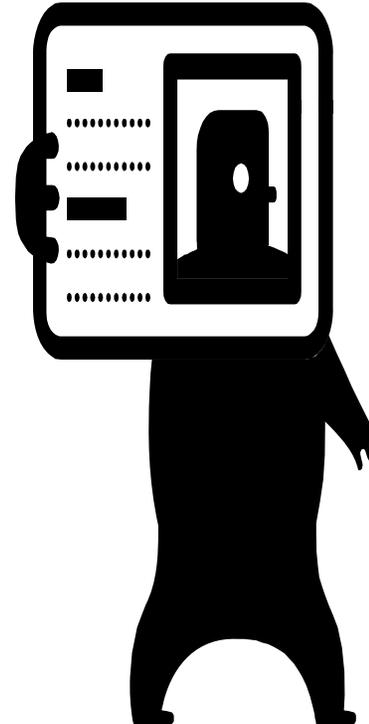
**Other Health Insurance**

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.



**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.

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