



MEDICAID

The Advocacy Center of Louisiana (AC) is a statewide non-profit agency providing free legal services to people with disabilities seniors.

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. Others receive it, too, getting a plastic card that says “Health Network for Louisiana.”

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
6. Personal Care Services in your home
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 (except for small copays for drugs and a large share of nursing facility costs). 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 “Extra Help Program” (also known as Low Income Subsidy).

MEDICALLY NEEDED 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 Division of Administrative Law- HH Section (DAL-HH), P.O. Box 4189, Baton Rouge, LA 70821** or you can fax your appeal to DAL-HH at 225-219-9823 or you can call DAL-HH at 225-342-5800 and leave a message with your name and telephone number. Be sure to speak clearly and spell your name.

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 agency loses or does not receive your request for appeal.

For Assistance: Call TOLL-FREE 1-800-960-7705 (Voice or Relay)

8325 Oak Street, New Orleans, LA 70118

Visit our website at www.advocacyla.org

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

To request services in Vietnamese, call 1-800-960-7705, extension 4.

Để đòi hỏi những công tác (dịch vụ) bằng tiếng Việt, xin gọi 1-800-960-7705, mở rộng 4.

For information in Spanish please call 1-800-960-7705, ext. 3. Para información en español por favor llame 1-800-960-7705, ext. 3.

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