



Client Fact Sheet

MEDICAID

What is Medicaid?

Medicaid is a health insurance program administered by the City of New York’s Family Independence Administration that pays the medical bills of individuals and families who cannot afford medical care. Medicaid pays registered providers directly for the following services:

- Hospital in-patient services
- Hospital out-patient services
- Doctors’ services
- Laboratory tests
- Eyeglasses
- Hearing aids
- Transportation when essential to obtain medical care
- Nursing home services
- Home care services (personal care and housekeeping)
- Prescriptions
- Dental services

Is Medicaid accepted everywhere?

No. Not all doctors, pharmacies or laboratories accept Medicaid. If you receive services from a doctor, pharmacy or lab that does not accept Medicaid, the bills will NOT be covered. You will have to pay for that service yourself. Ask your doctor or other service providers if they accept Medicaid.

How do I get a Medicaid Benefit Identification Card if I have SSI or Public Assistance (PA)?

People who get PA but have not received a permanent plastic Medicaid Benefit Identification Card should contact their PA worker to get one. The same card is also used as a swipe card to access your monthly PA cash benefits and Food Stamp credit. People who get SSI have to give their SSI award letter or SSI Referral and Notification Form (DSS-2474) to their nearest Medicaid Office. The Medicaid Office will give them a Temporary Medicaid Authorization Form (DSS-2831A) and arrange for a permanent plastic Medicaid Benefit Identification Card.

NOTE: The Medicaid Benefit Identification Card can also be called a Medicaid Card or Benefit Card.

How do I get a Medicaid Benefit Identification Card if I have Public Assistance through HIV/AIDS Services Administration — HASA (formerly DASIS)

If you receive Public Assistance through the HIV/AIDS Services Administration (HASA), you will receive a Benefit ID card automatically as long as you ask for Medicaid at the time of application. If you do not receive a card, speak to your case manager at HASA. If you have a case manager at HASA, but you do not receive Public Assistance through them, your case manager needs to complete a Medicaid application for you.

If I don't receive PA or SSI, how do I apply for Medicaid?

The application procedures for single persons and families are the same, except that families must give documentation for each person in the household. Single people and families who do not get SSI or Public Assistance benefits may still get Medicaid coverage. Apply by going directly to your local Medicaid office.

You should call first to make an appointment.

The Eligibility Specialists can tell you over the phone a list of documents to bring to the appointment. They will help you fill out the application in person.

What if I am homebound?

Medicaid applications can be filled out in your home if you are too sick to travel. A Medicaid worker will come to your house to interview you. You can make an appointment for a home visit by calling the HRA InfoLine at 1-877-472-8411. It may take several weeks to get an appointment. You do not have to apply in person. A friend can go to the local Medicaid office and apply for you as long as you give them all the documentation that Medicaid asks for.

What do I need for the interview?

The Medicaid worker (sometimes called an Eligibility Specialist) will have the application form for Medicaid and a Disability Interview form. These forms will be completed by the worker. You must have a work history narrative. This can be a list of employers and jobs during the last 5 years. A

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Medical Report for Determination of Disability has to be filled out by your doctor.

You need to bring these documents to the appointment:

- SSD award letter (to prove your income and residence)
- Birth Certificate, Passport or Baptismal Certificate
- Social Security Card (if you do not have your Social Security card, you can use your SSD Award Letter to prove your Social Security number)
- Diagnosis letter from your doctor (you can use your SSD Award Letter if it shows an AIDS or AIDS Related Complex diagnosis)
- Green Card and/or Naturalization papers or other INS documentation proving alien status
- Lease (if your apartment is in your name) or if lease is in a roommate’s name, a letter from him or her telling about your living situation. In this letter it should say that you share the rent and utilities equally (give the amounts) and food is bought and prepared separately. You will also have to have a copy of the lease or utility bill showing your roommate’s name.
- Recent rent receipt or above letter
- Recent electric and/or gas bill
- Recent phone bill
- 2 most recent checking account statements
- Savings account statements or savings passbook showing activity for 24 months
- Recent health insurance premium statement if you have health insurance. Medicaid can pay this bill for you or it will help reduce your Medicaid Spenddown (see below)
- Proof of residence for each child—school records or physician’s or clinic’s statement
- Proof of citizenship or alien status for each child—birth certificate or INS documentation

A Medicaid worker will go over the application and documents with you during the appointment. The worker must see the original documents but has no reason to keep them. Ask that they copy all your papers and have the originals returned to you.

What happens after I apply?

After Medicaid gets your completed application they must, by law, reject or approve it within 30 to 60 days. If they need additional information, the worker will contact you by mail. You should get a permanent plastic Medicaid Benefit Identification Card in the mail two weeks after approval.

How can I use my Medicaid coverage faster?

If you have received the approval notice for Medicaid but need medical help right away, you can get a **Temporary Medicaid Authorization Form**

...➤ (DDS-2831a). You can use this form instead of the permanent Medicaid card. You can get it on the same day your application for Medicaid is approved. If you are going to get Medicaid through Public Assistance or a HASA case, the temporary Medicaid Authorization form has to come from the Income Support or HASA worker. A Medicaid worker has no control over a Medicaid case opened by Income Support or HASA. If you have Medicaid through SSI or directly through Medicaid, the Temporary Authorization Form has to be issued through Medicaid.

I have SSI. How do I get a Temporary Medicaid Authorization Form?

A Medicaid worker **can** give a Temporary Medicaid Authorization form to anyone who gets SSI and has an SSI Award Letter **or** an SSI Referral and Notification Form. The Referral and Notification Form must show that you are eligible for SSI on the same date, or earlier. You can get the Temporary Medicaid Authorization on the same day that you bring the Notice from SSI into the Medicaid office.

What if I have old medical bills?

When you apply for Medicaid, Public Assistance or a rent supplement from HASA, there is a question in the medical section of the blue and white application that asks you to, “Indicate if you or anyone who lives with you who is applying has paid or unpaid medical bills for the three months preceding the month of this application.”

If you have any **paid** or **unpaid medical bills** from service providers who accept Medicaid, you should answer “YES” to this question. This will allow Medicaid to grant you coverage for up to three months prior to the month in which you apply.

Any **unpaid** medical bills from sources that accept Medicaid for up to three months prior to the month of application can be sent back to the service provider with your Medicaid number. The provider can then request payment from Medicaid. You can request reimbursement for any **paid** medical bills from up to three months prior to your application date from:

Medicaid Out-of-Pocket Reimbursement Unit
330 West 34th Street, 9th floor
New York, NY 10001
212/643-3386

With your request, you should include the original bills (make copies for yourself) and your Medicaid number. If you have already paid the bill and want reimbursement, include proof of payment.

If you did not answer yes to the question on the application, and if you discover that you have

bills that need to be taken care of, you will need to get the Medicaid Out-of-Pocket Reimbursement Unit (address above) to roll back your Medicaid coverage. **Remember:** It is **much** easier to get credit for the bills at the time of your application appointment. Be sure to keep copies of the bills for the appointment. Be sure to keep copies of all your letters to Medicaid and documents.

Tip: Be sure to write down the name and telephone number of the Medicaid worker who is working on your application. Ask if he or she needs any more information. Unless you are given a Request for Documentation/Information Form, your application is complete. Ask the Medicaid worker to call you if he or she finds out after the interview that more information is needed. You must give the missing information by a certain date.

What is the Surplus Income/Spenddown Program?

People who don't have SSI or PA and don't receive PA through HASA can sometimes get Medicaid with a "Spenddown." The Medicaid Surplus Income/Spenddown Program is a program for disabled people who have income before taxes that is above the Medicaid income limit. The limit is **\$767** a month for a single person, and **\$1117** for a household of two, as of 2009. The income limit increases with the number of people in the household. This program allows people whose monthly incomes are above the limits to spend the difference between what they earn and the income limit. The "surplus" income (the difference between your monthly income and the Medicaid income limit) **must** be spent on **medically related expenses**. The income levels for Medicaid can change and usually do change every twelve months.

How does it work?

The program works very much like an insurance deductible. You get Medicaid coverage in any month that you incur medical bills equal to or greater than the surplus (spenddown amount). "Incur" means that you have a bill for a medical expense; it does not mean that you have paid the bill. You can use paid and unpaid medical bills to meet your spenddown amount. Medicaid will not pay them. However, Medicaid will pay your other medical bills **after** you have met the spenddown amount in that month as long as the bills are from a Medicaid provider (a doctor or other medically related service that accepts Medicaid as payment for its services).

Give me an example.

Your monthly income is \$100 over the allowable

➤ Medicaid income limit. The \$100 becomes your monthly income surplus amount. In any month that you submit to Medicaid any medical bills that add up to at least \$100, Medicaid will activate your coverage for that month.

When you first apply for Medicaid, they will give you credit towards your monthly income surplus spenddown amount (for this example the spenddown amount is \$100) using medical bills incurred within three months prior to the month of application. For example, let's say that you apply for Medicaid on August 1 and you have a \$600 medical bill dated June 15. Because that bill is dated within three Months prior to the month of application for Medicaid, the program will give you six months of active Medicaid coverage for June through November. You would not have to submit medical bills again until December. You are responsible for the payment of the bills you submit. Medicaid will **not** pay them.

Note: It is best to send or bring all bills to Medicaid as early in the month (any month that you need coverage) as possible in order to avoid a delay in active coverage.

How is the Surplus/Spenddown amount calculated?

In determining the surplus, Medicaid allows certain income deductions. There is a standard \$20 disregard on your monthly income. There is also a deduction for any monthly private health insurance premium you pay.

Example:

Monthly Income	\$900
Standard Disregard	-20
	880
Monthly Health Insurance Premium	-50
Monthly Income (after deduction of incurred medical expenses)	830
Maximum Monthly Medicaid Income Limit for 1	<u>767</u>
Surplus Income/Spenddown Amount	\$63

What if I become hospitalized?

If you have Medicaid with a spenddown and you are hospitalized, Medicaid will pay the entire hospital bill EXCEPT FOR 6 TIMES THE MONTHLY SPENDDOWN AMOUNT. In the case above, you would be responsible for paying \$378 (6 months x \$63) of the hospital bill. If you have to go back to the hospital within 6 months of your first hospitalization, you will not incur a second \$378 liability. The \$378 is the total 6-month liability. If you are hospitalized in the 7th month, you will incur a second \$378 liability. You will get a 6-month credit and a Medicaid Benefit Identification Card will be issued for

6 month's coverage. Full coverage is given even if you are unable to pay the hospital liability portion. Whether or not you pay your portion of the hospital bill, Medicaid will still pay its part. The only exception to full coverage is when the Third Party Health Insurance (TPHI) payment amount is unknown and a complete budget cannot be calculated by Medicaid.

How do I get into this program?

People applying for Medicaid are automatically reviewed for the Surplus Income/Spenddown program. Your Medicaid application packet must include all paid and unpaid **original** bills as far back as 3 months prior to the date of application. Bills for service that you received earlier than 3 months before the date of application (for example, 5 months old) can be used for spenddown credit **only** if the bill is dated within 3 months of the Medicaid application.

You automatically have full Medicaid coverage without a spenddown if you receive benefits through SSI or Public Assistance.

Does Medicaid pay private health insurance premiums?

Yes. Medicaid will pay the private health insurance premiums of eligible persons. The idea behind this is that it is cheaper for Medicaid to pay the premium than to pay for the full cost of medical service. Medicaid can pay private health insurance premiums directly to the health insurance company.

If the premium is paid by you, a friend, or a family member, Medicaid will reimburse the person who paid it. If you do not qualify for Medicaid, there are other programs that pay health insurance premiums that you may qualify for. For information about the other programs and to see if you qualify, please contact the GMHC Advocacy Helpline at 212/367-1125.

How does third party payment work?

Medicaid needs at least 60 days to pay a health insurance premium. To avoid losing your health insurance policy because of late payments, make sure the premium statement is sent to Medicaid as soon as you receive it. If you are unsure if Medicaid will have time to pay the bill, call and ask. People on COBRA must make sure of the date payment is due because they do not get premium statements. If there is enough time for Medicaid to pay your insurance, the **original** premium statement, your Medicaid number and a short letter asking for them to pay your bill should be sent by Certified/Return Receipt mail to:

Medicaid
Third Party Health Insurance Services, Room 405
330 West 34th Street
212/630-1158, -1152 or -1155

➤What if I run out of time?

If there is not enough time for Medicaid to pay your health insurance premium, someone else can pay it and get reimbursed from Medicaid. The person who pays the bill can get reimbursed by Medicaid by sending (to the same address above) a copy of both sides of the canceled check, a copy of the premium statement and a letter asking to be reimbursed.

I heard GMHC can pay it for me?

If you are a GMHC client and Medicaid is unable to process the check to pay your insurance premium on time, they may request that we pay the premium for you. Medicaid will reimburse us at a later date. The request must come to us from Medicaid, therefore, you must first make the request of the Medicaid Third Party Recovery Unit.

Medicaid managed care on its way

New York State has been changing the way that Medicaid service are delivered to people. Traditionally, most people on Medicaid have been able to go to any provider they choose, so long as the medical provider accepts Medicaid. Now, Medicaid provides services to many people through managed care organizations with a limited network of medical providers. People on Medicaid managed care can see providers only if they accept Medicaid AND if they are in the particular network of the managed care organization. Certain exceptions exist for some services, including family planning services and methadone maintenance. Additionally, there are exemptions and exclusions for people in specific categories, such as people with HIV and people who are on both Medicare and Medicaid. That means that if you have HIV, you do not have to join a Medicaid managed care plan right now, but you may do so if you wish. A special enhanced type of Medicaid Managed Care plan has been created specifically for persons with HIV: the HIV Special Needs Plans (or SNP's). SNP's are not currently mandatory for people with HIV, but they will become mandatory in the future. GMHC's Client Advocacy Managed Care Team publicizes information and provides guidance about HIV Special Needs Plans.

The Client Advocacy Unit at GMHC is available to assist you. For more information, please call our Helpline: 212/367-1125, Wednesdays, 2:00 to 5:30 P.M. Walk-in services are available Tuesdays and Thursdays, 10:00 A.M. to 1:00 P.M.