

## What if I am already seeing a doctor for a serious illness?

If you have a serious health condition and are already seeing a doctor, you may not be required to join a health plan. You may ask for a medical exception from joining a Medicaid health plan if:

- You have a serious health condition, and
- are undergoing active treatment for that condition, and
- the doctor treating you does not work in one of Medicaid's health plans.

## What if things change or I move?

You must notify your worker of any changes within 10 days. You may be required to report changes in:

- Income
- Employment
- Any health insurance coverage or the amount paid for health insurance
- Persons living in your home
- Assets
- Address
- Anything that may affect your eligibility

Your worker will decide if the changes affect your Medicaid. You will be notified if they do. In addition, your eligibility for Medicaid is reviewed at least once each year.

## What if I disagree with department's decisions about my eligibility or coverage?

You should talk with your FIA worker or his or her manager. If you still believe the action is wrong, you may ask for a hearing. You must file your hearing request within 90 days of a notice of an action. Your hearing request must be in writing. Send it to your local FIA office.

## How do I find out more about Medicaid programs?

This brochure provides an overview of Medicaid and the basic benefits that are available. Each program under Medicaid has rules and benefits specific to its program. This brochure does not completely explain all the rules or benefits of each program. It is important to know that rules change from time to time. For more information about these programs contact one of these agencies:

- Your local FIA office
- Your local health department

You can also ask for the following publications which explain each Medicaid program in more detail:

- Medicaid Spend-Down Information
- Healthy Kids
- Nursing Home Eligibility
- Getting the most out of life by getting the most out of health care (Medicare Savings Program)

In addition to the Medicaid programs mentioned here, various other health care programs are provided by the Michigan Department of Community Health. Information about these programs can be found in these publications:

- Children's Special Health Care Services
- MIChild Health Insurance



Jennifer M. Granholm, Governor  
Janet Olszewski, Director

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# Medicaid Health Care Coverage



## What is Medicaid?

Medicaid is health care coverage for low-income families and individuals. This includes families with children, pregnant women, and persons under the age of 21. It also offers help to the blind and disabled, and people age 65 and over.

## Is Medicaid the same as Medicare?

No. Medicare is a federal health plan for blind, disabled, and elderly individuals. It is run by the Social Security Administration in Washington, D.C. Medicaid, on the other hand, is a health care program funded by the state and federal government. It is run by each state for residents of that state.

It is possible to have both Medicare and Medicaid. In fact, Medicaid may help with some Medicare premiums. Medicaid may also help with other health care costs not covered by Medicare.

## Who may receive Medicaid?

You may qualify for health care coverage if you meet the requirements of one of the many programs offered and you are:

- a Michigan resident, or
- currently living in Michigan in order to work.

You do not have to be a United States citizen or have permanent alien resident status to receive Medicaid. However, certain aliens may be restricted to emergency Medicaid services only.

from the  
**Michigan Department of Community Health**



## What types of services are covered by Medicaid?

- Ambulance
- Dental
- Doctor visits
- Family planning
- Health checkups
- Hearing and speech
- Home health care
- Hospital care
- Immunizations
- Lab and x-ray
- Hospice
- Nursing home care
- Medical supplies
- Medicine
- Mental health care
- Personal care services
- Physical therapy
- Prenatal care
- Substance abuse
- Surgery
- Vision

Some services are limited or may need advance approval. Your provider will tell you what Medicaid covers.

## Is transportation available?

Medicaid must assure necessary transportation. You can get help getting a ride if:

- you do not have a way to get to and from a doctor or dental visit, or
- you do not have a way to get medical or dental items or services covered by Medicaid.

In some cases, the rides you need must be approved in advance.

If you belong to a Medicaid health plan, contact your plan. If you do not belong to a health plan, contact the Family Independence Agency (FIA) in your area.

## How do I apply?

You can apply for these benefits at your local Family Independence Agency (FIA) or by mail. In addition, there are a number of local community agencies, such as your local health department, that offer help in applying for Medicaid.

Tell your worker if you need help with unpaid medical bills. In some cases Medicaid can pay unpaid medical bills if the services occurred within the three months before you apply.

## What kind of information will I have to provide?

You must submit a signed application. You may also authorize someone to act for you. In addition to the application, you may need to provide information about the following:

- Income
- Assets
- Social Security Number
- Age
- Medical expenses
- Marital status
- Medical insurance
- Living arrangements

Proof of the information provided will depend on the program you apply or qualify for. **You will be told what you will need to provide when you apply.**

## Is there a limit on assets?

Medicaid has a number of programs. Some of the programs have an asset limit and some don't. Sometimes the asset limit depends on the number of people in your family. You should report all your assets then let FIA determine whether they should be counted.

## What is considered an asset?

Assets are items you own. Common examples of assets are:

- Cash, savings, and checking accounts
- Credit union accounts
- Stocks, bonds, and mutual funds
- U.S. Saving Bonds

- Cars, boats, trucks, RVs
- Real estate
- Rental property
- Trusts
- Burial space items

## Are all assets counted?

No. For the purpose of Medicaid, we may not count all of your assets. For example, these are some of the assets that may not be counted:

- The home you live in
- Personal belongings
- One car

## What about income?

**Income is counted for all programs.** The most common types of income are:

- Social Security benefits
- Veterans benefits
- Self-employment
- Unemployment benefits
- Wages
- Pensions
- Child support
- Rental income

## Is there a limit on income?

Yes. The amount of income you can have depends on:

- the program you are applying for
- the program you are eligible for, and
- the number of people in your family.

Income limits vary across the state. For example, the income limit in one county may be higher or lower than another county based on the cost of living in the area. Your eligibility is reviewed at least once each year. If your income is above the limits, help may still be available. Medicaid might be able to pay part of your medical bills.

## What if I qualify for benefits?

Your local FIA office will decide if you are eligible based on the information you provide. You will receive written notice from them within 45 days. If you are disabled, it may take 60 days.

If you or anyone in your family qualifies for Medicaid you will receive a Medical Assistance Authorization Card (MA). This card will list all the family members covered for benefits. You will continue to receive a new card each month that you remain eligible for benefits.

This card may be used only for the persons whose names are listed on the card. You will need to bring this card with you each time you need medical services.

In addition to the MA card that you receive, you may be required to join a health plan. You will receive additional information from **MICHIGAN ENROLLS** about health plans and how to join.

## Does everyone have to join a health plan?

No. You do not have to join a health plan if you are:

- A migrant or Native American
- Receiving Children's Special Health Care Services

You cannot join a health plan if you:

- Are receiving Medicare
- Live in a nursing home
- Have a monthly spend-down amount
- Are receiving Home and Community-Based Services for the Elderly and Disabled
- Are already in an HMO

