

## **Frequently Asked Questions on Medicaid Services in Colorado**

### **1. What's the difference between Medicaid & Medicare? Are they the same?**

No, Medicaid and Medicare are not the same. Medicare is a health insurance program for people who are age 65 or older with gross income less than about \$700 per month for individuals and about \$950 per month for couples. Some people with disabilities also can qualify for Medicare if they were disabled later in life.

Occasionally, children qualify for Medicare if they are a surviving child of a parent who received disability qualifying Medicare or if they require kidney dialysis. If you know someone who is eligible for Medicare call the Medicare Hotline 1-800-727-7086 or 303-695-3333.

Medicaid is a health insurance program for people of all ages. Medicaid has many different programs, all with different eligibility requirements. Medicaid is considered a health insurance program for people who are low income.

### **2. Is Medicaid just for low-income individuals?**

No. If a person or family qualifies for Supplemental Security Income (SSI), they are eligible for Medicaid. There are Medicaid Home and Community Based Services (HCBS) Waivers to assist people who may not be financially eligible for Medicaid services. Some waivers "waive" the family income so a child with a disability can get Medicaid services. Children with severe developmental, physical and/or emotional disabilities may be eligible for a Medicaid waiver program. Specifically children who would qualify for nursing home or hospital level care are eligible for home and community-based services. Some waivers have waiting lists. There is a Medicaid Waiver comparison chart available by calling 1-800-221-3943.

### **3. What is EPSDT? What services do you get from EPSDT?**

Early and Periodic Screening Diagnosis and Treatment is a Federally mandated, comprehensive benefit package for children enrolled in Medicaid. EPSDT provides the following services, based on Medical Necessity and provided by a Medicaid Provider: podiatrist, optometrist, chiropractor, other practitioner services, private duty nursing, clinic services, skilled nursing facilities, emergency hospital services, personal care services, transportation, case management, hospice, diagnostic services, preventative, rehabilitative services, intermediate care facilities (ICF) for mentally retarded, inpatient psychiatric, Christian Science nurses, physical therapy, occupational therapy, speech-language-hearing, prescribed drugs, prosthetic devices and eyeglasses. Also included, via EPSDT, are any other services above and beyond the adult Medicaid benefits if the service is medically necessary.

### **4. Are Medicaid and EPSDT the same?**

Yes, Medicaid benefits, for those who are eligible, are described in the State Plan. EPSDT benefits are additional Medicaid benefits above what the State Plan offers for children ages birth up to 21st birthday.

### **5. Some people I know have an HMO through Medicaid. Who decides if you have to use an HMO through Medicaid or not?**

An HMO (Health Maintenance Organization) is a group of doctors, clinics, hospitals, pharmacies and other providers who work together to give health services to members. You have the choice of being in an HMO or in a PCPP (Primary Care Physician Program). In the PCP Program, your chosen doctor manages your health care, seeing to it that you get the prescribed treatments, services and referrals you need. A person who is eligible for Medicaid must choose a health plan through Health Colorado, which is a service for Medicaid clients. You must choose an HMO or the PCPP for each Medicaid eligible family member, and you must choose a doctor for each family member.

**6. If my child receives Medicaid what doctors can I use? Is a physician assigned to him? Do we have a choice?**

Your child may use a doctor of your choice as long as that doctor is a Medicaid provider. You need to call the doctor and ask if they belong to a Medicaid Health Maintenance Organization (HMO) or the Primary Care Physician Program (PCPP). You may choose from either the Medicaid HMO or the PCPP. You must choose an HMO or PCPP for each family member that receives Medicaid. If you do not choose, one will be chosen for you. If you are already in an HMO then your choice of doctors would be a Medicaid provider from within that network.

**7. If my child is on Medicaid do I have to pay a co-pay when my child sees a physician?**

No, children and pregnant women are co-pay exempt. There are no co-payments for services for children in Medicaid HMOs also.

**8. Does Medicaid cover dental visits? Eye appointments? Hearing aids?**

Yes, these services are available if they are medically necessary.

**9. Will we be dropped from Medicaid if we miss an appointment?**

No, however, due to the large number of clients in the HMOs and PCPs service, it is always good to call ahead of time to reschedule and to let them know. This gives them the opportunity to schedule someone else in that time slot.

**10. If my daughter doesn't qualify for Medicaid, can we re-apply?**

Yes. If there is a change in the financial situation, it is a good idea to re-apply. For families and children, the Medicaid office checks financial qualification on a monthly basis so you may not qualify one month but will the next month. If you make too much money to qualify for Medicaid and another program called CHP+ <http://www.cchp.org/> should be contacted.

**11. My school wants to charge Medicaid for my daughter's therapy she receives at school. Can she still receive her private therapy? How do I find out if my school takes Medicaid?**

Yes, under a new law (SB 101) Medicaid can now reimburse the school for medical services provided during a school day. In order for the school to be reimbursed for your child's services, a parent or guardian must agree in writing. This reimbursement by Medicaid to the school district should not affect her private therapy. Contact your local school district and ask if they are billing for Medicaid reimbursement or contact Medicaid customer service (800) 221-3943.

**12. How do I apply for Medicaid? Is there someone who can help me fill out the forms?**

You can apply for Medicaid through your County Department of Social Services or a Presumptive Eligibility Site which is usually a health clinic. If there is no one to help you fill out the application, you can call the Medicaid customer service phone number which is 303-866-3513 or 1-800-221-3943.

**13. How can I find a Medicaid office?**

Medicaid is handled through the County Department of Social Services in your area. The state office is located in downtown Denver <http://www.chcpf.state.co.us/>

**14. My husband and I have a good income. Because of our child's disability, we have extremely high medical costs. Can we still apply for Medicaid?**

Yes. Check into the Medicaid Home and Community Based (HCBS) Waivers mentioned in question number two to see if you qualify. The specific waiver program a person qualifies for will depend on the disability. Call your local Single Entry Point (SEP) or Community Centered Board (CCB) to request an assessment.

**15. My family has private health insurance, but they will not cover my child with a disability. Can she receive Medicaid?**

She may qualify for Medicaid through a Medicaid waiver program depending on the disability and the medical necessity. Medicaid will look at the whole situation before determining eligibility. There is a waiting list for some waiver programs.

**16. Is there a limit to the services my son can receive through Medicaid?**

In Medicaid managed care, a health plan gives all necessary health services to its Medicaid members. All services must be medically necessary according to your primary care physician. EPSDT ensures all children on Medicaid get what they need if it is medically necessary.

**17. How often do we have to reapply for Medicaid? Monthly? Yearly?**

It depends on your situation. Normally, it is once a year, but some people may need to reapply every three months and some every six months depending on the financial status of the family. Some families have incomes that change from month to month, for example: farmers or seasonal workers.

**18. Can Medicaid supplement our private health insurance?**

You can have Medicaid and a private insurance. Medicaid will pay after other insurances you might have, supplementing costs your private insurance does not cover.

**19. Who can I contact if I'm having problems with Medicaid? Are there Medicaid advocates?**

If you are in a PCPP program, first call your PCP, explain your problem and see if he or she can help. If you are in an HMO, call the HMO's member services department and explain your problem. If you do not get the help you want, call the Medicaid Customer Service Line at (303) 866-3513 or 1-800- 221-3943. The staff member will listen to your concern and connect you with the best person to solve your problem. You will be contacted with information about the status of your complaint. The last step is to call the Ombudsman for Medicaid Managed Care. To help you resolve problems with your health care (both physical health and mental health) including filing grievances and appeals.

Denver Metro Area..... (303) 830-3560 Outside Denver Metro Area.....1 877 435-7123.

**20. The doctor prescribed a new wheelchair for my daughter who is on Medicaid. What are the next steps in actually getting the wheelchair? How long will it take? Who should I call if we don't receive it for a long time?**

The next step would be to find a wheelchair supplier that is a Medicaid provider. The doctor's staff can usually help with this information by referring the patient to providers they have used in the past. The supplier should know which paperwork they need in order to bill Medicaid for the service and can tell you how long it will take to get the wheelchair. If it is taking a long time to get the wheelchair, contact the supplier to find out what is the problem.

**21. How is Medicaid connected to Supplemental Security Income (SSI)?**

Anyone who qualifies for SSI is eligible for Medicaid. The Social Security Administration (SSI included) and the Medicaid office are separate organizations, however, like the Social Services offices, a person with a disability can apply for Medicaid through the Social Security Administration.

**22. My son is now a young adult. Do Medicaid services or eligibility change when a child reaches a certain age?**

Yes. At the age of 18, services and eligibility for certain programs change, and at the age of 21, many services drop off. You should check with your son's case manager to find out what services are available for what age or call Medicaid Customer Service. As an example, EPSDT services are only for ages birth to 21.

**23. I've heard that Medicaid resources may be available to support my daughter to live in the community when she gets older. How does that work?**

You may be thinking of the Supported Living Waiver, which provides medically necessary services to be provided to individuals with a developmental disability 18 years or older, living in their home or community. For more information about this program contact your local Community Centered Board.

**24. Do I have any recourse if I feel we are being treated badly or devalued in some way because my child receives Medicaid services?**

Medicaid has an appeals process if you are not satisfied with a service or wish to appeal a denial. After talking to your PCP's office or the HMO's member service department about the situation, you feel you are still not satisfied, call the Ombudsman (see question 19 above). Medicaid customer service is also available to assist you.