Iowa Department of Human Services

Famiy Medicaid

What is Medicaid?

Medicaid is a program that pays medical bills for people who are eligible. Another name for Medicaid is Title 19.

Who can get Medicaid?

People with low income and assets who are:

♦ Under age 21.

♦ Parents living with a child under age 18.

♦ Relatives caring for a child under age 18.

♦ Pregnant women.

♦ Women who are screened and diagnosed by the Breast and Cervical Cancer Early Detection Program and who need treatment.

♦ Aged, blind, and disabled. For more information, ask for Comm. 28, *Medicaid for SSI-Related Persons*.

How and where do I apply?

♦ Pick up an application at a Department of Human Services (DHS) office, **or**

♦ Call 1-877-347-5678 and ask to have one mailed to you, **or**

♦ Apply on the Internet by going to https://secureapp.dhs.state.ia.us/oasis/

How will I know if I can get Medicaid?

After you apply, you will get a Notice of Decision telling you if you can get Medicaid. If you are eligible, you will get a Medical Assistance Eligibility card. Be sure to show your Medicaid card each time you get medical or dental care or fill a prescription. Do not throw the card away.

If you lose your Medicaid card, call Member Services at 1-800-338-8366 or in Polk County call 515-256-4606.

What does Medicaid cover?

Ask us for a copy of Comm. 20, *Your Guide to Medicaid*. It will tell you about services that are covered by Medicaid.

What doctor can I see?

Show your Medical Assistance Eligibility card to your health care providers before you get medical care. Not all health care providers take Medicaid. Check to see if the health care provider takes Medicaid when you make an appointment.

You may have to go to providers for managed health care. Managed health care is when the patient has a primary health care physician who supervises, organizes, and provides medical care. Managed health care includes Medicaid Patient Access to Service System (MediPASS) and Health Maintenance Organization (HMO). These plans are only available in certain counties. If you have MediPASS or an HMO, you must get most of your health care needs from the doctor you choose or the health care providers who are part of the HMO. The doctor must also be the one to refer you to another doctor, unless you have an emergency.

What if I have to travel to see my doctor?

You must go to the nearest Medicaid provider that offers the medical care you need.

Medicaid can help when you need a ride to a medical, dental, pharmacy or mental health appointment or services. Call TMS at 1-866-572-7662 at least three business days before you need a ride to an appointment or service.

Do I have to pay for my medical care *not* covered by Medicaid?

Yes. You will have to pay for any medical care that is not covered by Medicaid. Tell your medical provider that you have Medicaid. Medicaid will pay the health care provider for the covered medical care you received.

If you are enrolled in a Medicaid managed care plan and you use a health care provider that is not part of your plan, you will be responsible for paying the bill, unless you had an emergency.

You may have to pay a small fee for some medical services. This is called a copayment. Your health care provider will tell you how much you have to pay. You will **not** have to pay a copayment if you are:

♦ Under age 21,
♦ Pregnant, or
♦ Enrolled in a Medicaid managed care plan.

Except for the copayment, you will not have to pay for the services that Medicaid pays.