1 Retroactive Medicaid Coverage
You may receive Medicaid for up to three calendar months before you filed your application for Medicaid. Be sure to answer “yes” to the question on the application that asks if you have medical bills from months before the month in which you apply. You will have to show you were eligible in the prior month(s).

Example: Mary has a car accident in January and is in the hospital for a week. She sees the doctor for her injuries in February and March. If Mary can show she was eligible in January, February, and March, she will receive Medicaid to cover her medical bills from those months.

Tip: If you paid the bill yourself, show the provider your Medicaid card and ask them to reimburse you and bill Medicaid. If the provider will not do this, get legal advice.

2 Continued Medicaid until all categories are ruled out
If you have Medicaid but become ineligible for Medicaid under the category that you have been getting, DHS must look at your eligibility for all other possible categories before your Medicaid may be cut off.

Example: Mr. Samuels has serious medical problems and has been getting Medicaid as a parent with a child in the home. When his child turns 18 and graduates from high school, Mr. Samuels is no longer eligible as a parent. The agency must consider whether he is eligible for Medicaid based on disability before stopping his Medicaid.

Tip: If you receive collection notices or court papers for medical bills you did not agree to pay, get legal advice.

3 Joint SSI & Medicaid Application
An SSI application also is an application for Medicaid. If SSI is approved, you will receive Medicaid for the same period (and you can ask for retroactive coverage – see #1). You may also apply for Medicaid through DHS while you are wait for SSI. DHS may approve your Medicaid more quickly.

Example 1: Dr. Rios accepts Mr. Jones as a Medicaid patient, but when the doctor bills Medicaid, Medicaid will not pay. Dr. Rios cannot bill Mr. Jones for the service unless she told him in advance that it was not covered by Medicaid and he chose to receive the service and pay for it himself.

Example 2: Ms. Smith goes to the local Urgent Care Center after she falls down the stairs. She shows the Center her Medicaid card, with the name of her Medicaid managed care Health Plan. When the Urgent Care Center bills the Health Plan, the plan will not pay because the Center did not get advance approval for the service. The Center cannot bill Ms. Smith because she was not told in advance that the service would not be covered.

Tip: If you are not sure which category is better for you, seek legal advice. If you are told that you cannot choose, seek legal advice.

4 Choice of category
There are many ways to qualify for Medicaid. Each Medicaid category has its own rules on who is eligible. If you qualify for Medicaid under the rules for more than one category, you have the right to choose which category you get.

Example: a disabled parent may be eligible for both Low Income Family (LIF) Medicaid and for ADCare Medicaid. She may choose either category.

Tip: If you get notice that your Medicaid is ending, seek legal advice.

5 Medicaid as Payment in Full
Medical providers who accept you as a Medicaid patient cannot bill you for the services you receive, unless they tell you in advance that the service will not be covered by Medicaid and you choose to receive the service and pay for it yourself.

Example: Mr. Black is receiving chemotherapy from Dr. White for lung cancer. Dr. White does not participate in any of the Medicaid managed care plans available to Mr. Black. Therefor, Mr. Black cannot be required to enroll in managed care. However, he will have to get Dr. White to fill out the necessary forms to request an exception to managed care enrollment.

Tip: Seek legal advice if you ask for an exception and are denied.

6 Managed Care Exceptions
You cannot be forced to enroll in a Medicaid managed care health plan if you are receiving ongoing treatment for a serious health condition from a provider who does not participate in any of the available health plans.

Example: Mr. Black is receiving chemotherapy from Dr. White for lung cancer. Dr. White does not participate in any of the Medicaid managed care plans available to Mr. Black. Therefor, Mr. Black cannot be required to enroll in managed care. However, he will have to get Dr. White to fill out the necessary forms to request an exception to managed care enrollment.
7 Corrective Payments and Direct Reimbursement
If your Medicaid application is denied, but you win Medicaid after a hearing or appeal (see #10), Medicaid must pay for medical services you receive while the case is on appeal.

Example: Ms. Smith appeals a Medicaid denial and gets a hearing decision that she is eligible for Medicaid for last November. She owes Dr. Clark for surgery he did in November. Medicaid must pay for the surgery.

Tip: Tell all of your providers when Medicaid is approved, and ask them to bill Medicaid. If you have already paid the bill yourself, show the provider your Medicaid card and ask the medical provider to reimburse you and bill Medicaid. If the provider will not agree to do this, get legal advice on how to get Medicaid to reimburse you for paid bills.

8 Right to Notice and Appeal
When Medicaid Will Not Cover a Medical Service or Treatment
If you have Medicaid and Medicaid or your health plan will not provide or pay for a medical service you need, the agency or the plan must give you written notice of the denial and the reason for denial. You can file grievance or a hearing request to get coverage for medically necessary care.

Example: Dr. Long prescribes physical therapy for Ms. Short’s back condition, but Ms. Short’s Medicaid managed care plan will not approve the treatment, saying it is not medically necessary. Ms. Short should get a written notice that therapy has been denied and explaining her hearing rights. Ms. Short has the right to a health plan grievance and to a state agency hearing on Medicaid coverage for the therapy.

9 Transportation Help
DHS must assure transportation to any Medicaid covered, necessary medical care. If you have a Medicaid managed care health plan, the plan must assure transportation (instead of DHS). If you need transportation to mental health appointments, Community Mental Health must help.

Example: Mr. McGill has no car and no way to get to his doctor appointment. DHS (or his health care plan, if he has one) must provide a volunteer driver, bus pass, or van service to help him get to the appointment.

10 Pre-termination Hearings
If DHS intends to cut off your Medicaid coverage or eligibility, they must send you a notice. If you request a hearing within 10 days of the date on the notice, your coverage or eligibility will continue until a hearing decision is issued.

Tip: If you are denied Medicaid coverage or Medicaid eligibility, seek legal advice.

For legal advice on Medicaid
Contact your local Legal Services office. To find your local legal services or legal aid office, call the State Bar Lawyer referral number at 1 (800) 968-0738, check online at http://www.michiganlegalaid.org, or look in the yellow pages under “attorneys”.

Need Health Care or Help Paying Medical Bills?
Getting the most out of Medicaid

Prepared by the Center for Civil Justice
April 2008
1 (800) 724-7441 info@ccj-mi.org