

Idaho Health Plan Coverage

*A Benefits Guide to Medicaid,
CHIP, & Premium Assistance*



Idaho Medicaid Card

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IDAHO DEPARTMENT OF
HEALTH & WELFARE



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Idaho Health Plan Coverage

Prevention, Wellness, and Responsibility

Idaho cares that you get the health coverage that meets your needs. Whether you're covered through the Children's Health Insurance Program (CHIP) or Medicaid, Idaho's public health plans are designed to meet your health care needs.

These plans do more to help you improve your overall health, find new health issues early, and manage your current health issues.

People are different, and so are their health care needs. Idaho offers three different benefit plans to meet different healthcare needs:

The Basic Plan is for low-income children and adults with eligible dependent children. This plan provides health, prevention, and wellness benefits for children and adults who don't have special health needs. Most participants will be in this benefit plan.

The Enhanced Plan is for individuals with disabilities or special health needs. This plan has all the benefits of the Basic Plan, plus additional benefits.

The Medicare-Medicaid Coordinated Plan is for individuals who are eligible for both Medicaid and Medicare. The Department of

Health and Welfare has partnered with insurance companies to provide coordinated health coverage between Medicare Part A, Part B, Part D, and Medicaid through Medicare Advantage plans. There is no cost to you when you follow the plan regulations. Medicare Part D might still require you to pay a co-payment depending on your income level.

The benefits you get are based on your health needs. When you apply, we'll ask about your current health conditions and needs.

If you're enrolled in the Basic Plan and your health changes, you might need to get an assessment to find out if you should be placed in the Enhanced Plan.

See pages 8 to 12 in this booklet for more information about the Basic Plan, the Enhanced Plan, and the Medicare-Medicaid Coordinated Plan.

It's important to use your health services wisely. Idaho cares about helping you improve your health, find new health issues early, and manage your current health issues. You can help by making healthy choices in order to stay well and make your health plan work for you.

To get more details, please visit:
www.healthandwelfare.idaho.gov
(click on "medical" then "medicaid").



Important Numbers

The first time you're found eligible for Idaho health insurance coverage, you'll receive a permanent identification (ID) card with your ID number on it. This number identifies you for health plan coverage. More information about the ID card is on page 22.

For information, or to find out about the status of your application for health plan coverage for families with children, call the Family Medicaid Unit toll free at **(866) 326-2485**.

For information about nursing home assistance or the status of your application for nursing home coverage, call the Long Term Care Unit toll free at **(866) 255-1190**.

If you're over 65, receiving Social Security benefits due to disability, or if you're applying for Medicaid for an elderly person with a disability, please visit your local Health and Welfare office (see pages 29 and 30) or call the customer service line toll free at **(877) 456-1233**.

To find a doctor in your area or change doctors, contact Healthy Connections. The Healthy Connections office numbers are listed on page 31.

For information about dental coverage or to find a dentist in your area, contact Idaho Smiles at **(800) 936-0978** or visit their Web site at **www.dentaquestgov.com**.

To get help with other services in the Department of Health and Welfare, call the Idaho CareLine (2-1-1 or (800) 926-2588) or call or visit one of the local Health and Welfare offices (see pages 29 and 30).



If you have questions about your covered services, Please call the participant line at **(866) 686-4752**.

Reasons you might call the participant line are:

- If a doctor or medical service reports you to a collection agency or if you get a bill that you think your health plan should pay.
- If you want to know if a service needs a Healthy Connections referral or prior authorization.
- If you need to know if an item or service is covered.



Don't call for eligibility questions; contact your local Health and Welfare office (see pages 29 and 30).

How Do I Apply for Health Plan Coverage?

Applying

To get Idaho Health Plan coverage through Medicaid or CHIP, you must complete an application. You can do this in several ways:

- Call the Idaho CareLine (2-1-1 or (800) 926-2588) and request an application.
- Call or pick up an application at your local Health and Welfare office (see pages 29 and 30 for phone numbers).

- **Print the application form at www.healthandwelfare.idaho.gov**



Help completing your application

- Ask for the application in English or Spanish.
- Ask for an interpreter to help you. This help is free.
- Have a friend or relative help you. Parents and guardians can apply for their children.

Turning in your application

- Fax or mail your application to your local Health and Welfare office (see pages 29 and 30 for contact information).
- Take your application to your local Health and Welfare office (see pages 29 and 30 for phone numbers and addresses).

- If you are applying for help with nursing home costs, fax or mail your application to the Long Term Care Unit (see page 29 for contact information).

After you turn in your application, your case will be assigned to a Self Reliance Specialist who will check to see if you're eligible. Sometimes more information is needed. You might get a phone call or letter asking for more information, so it's important for you to tell us if your address or phone number changes. You should report changes to the office where you applied for coverage or call us toll free at (866) 326-2485 or (877) 456-1233.

You will be sent a letter within 45 days after you turn in your application telling you if you're eligible for health plan coverage. If you're eligible, you'll receive an ID card within two weeks unless you have received an ID card before. See page 22 to learn more about your ID card.

If you have questions about your application, you can call the Health and Welfare office you applied at (see pages 29 and 30 for phone numbers).

Your Responsibilities

You're responsible for providing true and complete information about your circumstances

This includes your income, the size of your family, your current address, and other information that helps the Department of Health and Welfare decide whether you should continue to be eligible for health plan coverage.

You're responsible for reporting changes in your circumstances

If your income, resources, living arrangements, family size, or other circumstances change, it can affect your eligibility. Each program has different reporting requirements. It's your responsibility to let your local Health and Welfare office know about these changes. If you have private health care insurance and your coverage under that policy changes, you need to let your local Health and Welfare office know (*see page 27 for more information*).

You're responsible for paying for care that requires a Healthy Connections referral, if you don't get a referral before receiving the care

When you applied for coverage you were asked to choose a Healthy Connections doctor. A letter will be sent to you to confirm your choice or ask you to reselect. If you don't choose, a primary care doctor will be assigned to you.

Your Healthy Connections primary care doctor must know about any health conditions you might have in order to make necessary referrals for your care. Your primary care doctor might not make referrals if you've never been seen in that office or it's been a while since you were last seen. It's your responsibility to call your Healthy Connections primary care doctor and ask if you need to be seen before a referral can be made. Your health plan won't pay for most services without a referral.

You're responsible for making sure you're accessing care from an Idaho Medicaid Provider

Whether you receive care in Idaho or in another state, Idaho Medicaid won't cover the services you receive if the provider isn't an Idaho Medicaid provider. It's your responsibility to ask if the provider you're receiving services from is an Idaho Medicaid provider.

Cost Sharing

Co-Payments

You might be required to pay for some of the costs of your Medicaid insurance coverage through co-payments and premium payments.

Medicaid providers might charge a co-payment for some routine, non-emergency services. These include:

- Using the emergency room when it's not an emergency
- Using emergency medical transportation when it's not an emergency
- Chiropractic care
- Occupational therapy
- Optometry
- Physical therapy
- Podiatry
- Speech therapy
- Doctor visits

NOTE: If a doctor decides you need emergency treatment, you won't have to pay a co-payment for any of these services that are used during that treatment.

Your co-payment amount will depend on your age, your income, and other factors. Medicaid will let you know if you're required to pay a co-payment and how much you'll have to pay.

Premiums

You might also have to pay a premium:

- For some services if you're on the Aged and Disabled Waiver
- If your child is placed on the Basic Plan (\$0, \$10, or \$15 a month, based on your income)
- If your child qualifies for the Home Care for Certain Disabled Children Program (Katie Beckett). If you're child qualifies for this program, Medicaid will send you a letter with a suggested, voluntary premium amount that is based on your income. If you're unable to pay the premium amount, your child's Medicaid eligibility won't be affected.



Medicaid or Medicare, What's the Difference?

People sometimes confuse Medicaid and Medicare. They are not the same.

Medicaid

Medicaid is a state program you might qualify for if your income is low and you match one of these descriptions:

- You're pregnant.
- You're a child or a teenager.
- You're an adult with an eligible child.
- You have a disability.
- You're age 65 or older.
- You're blind.
- You need nursing home care.
- You need long-term care services at home or in the community.

If you or someone in your family needs health care, you should apply for Medicaid even if you aren't sure you qualify. Some income and resources aren't counted when determining your eligibility. For example, owning your home might not stop you from getting Medicaid.

Medicare

Medicare is a federal program that provides health coverage if you match one of these descriptions:

- You're age 65 or older.
- You're any age and have kidney failure or a long-term kidney disease.
- You have a total permanent disability.

Some people qualify for both Medicaid and Medicare. If you qualify for both, you'll receive all Medicaid covered services even if Medicare doesn't cover the services. If you're eligible for Medicare, you must have it or apply for it to receive Medicaid.

Some people who don't qualify for regular Medicaid are eligible for Qualified Medicare Beneficiary programs where Medicaid helps pay for Medicare costs including:

- Monthly Medicare premiums
- Co-insurance
- Deductibles



For information about Medicare prescription drug coverage, log onto www.medicare.gov.

For more information about Medicare, call (800) 633-4227.

Which Plan Is Right for Me?

It's always a good idea to ask your primary care doctor or pharmacist if your health plan covers the service or item you need.

There are some limits to these services, and some might require you or your primary care doctor to get prior authorization from the Medicaid Division first. *See page 24 for more information about prior authorizations.*

Some services are only covered in the Enhanced Plan. If you're in the Basic Plan and your health changes, you might need to get an assessment to see if you should change to the Enhanced Plan and get additional services. Contact your local Health and Welfare office (*see pages 29 and 30*).

The Basic Plan

The Basic Plan includes the following prevention benefits to help you stay healthy:

Annual physical – adults

- Limited to once every 12 months.
- One screening mammogram per year for women over age 40.

Well-child checks

- Head-to-toe physical and developmental check-up. The number of well-child checks that a child needs each year depends on the child's age. All check-ups recommended by the American Academy of Pediatrics are covered.



Help your child stay healthy

Make sure your children get well-child checks

It's just as important to take your children for well-child checks as it is to take them to the doctor when they're sick.

Idaho health plans can cover medically necessary services that your doctor orders for a condition found during a well-child check, even if the service is beyond what is normally covered.

You'll receive letters to remind you to schedule well-child checks. Wellness services for children through Idaho health plans are always free of charge.

Which Plan Is Right for Me?

Continued

Immunizations

- Provided in a doctor's office, a free clinic, or through your local District Health Department.

Ask to have your child's immunizations recorded into Idaho's Immunization Reminder Information System (IRIS). IRIS helps your doctor keep track of which of your child's immunizations are due and when. If you move or change doctors, any enrolled office can retrieve your child's records.

Lead Screening

- Testing in a doctor's office.
 - Lead poisoning doesn't have any signs or symptoms.
 - Lead poisoning can lower a child's IQ and learning capacity.

Your child should be tested at age 12 months and again at age 24 months. All children under the age of 6 should be tested, if they haven't previously been tested.



For information about immunizations, lead screening, or to ask for a copy of "Get the Lead Out" HW-0243, call the Idaho CareLine (2-1-1 or (800) 926-2588).

The Basic Plan also covers the following services:

Chiropractic Services

- Limited to 6 visits during a calendar year.
 - Doesn't pay for x-rays taken by a chiropractor.

Counseling Services

See Mental Health Services on page 10.

Dental Services

- Idaho Smiles (DentaQuest) covers the following dental care when provided by a dentist:
 - Children up to age 21 for basic and preventive dental care, which includes check-ups, x-rays, fillings, oral surgery, orthodontics when necessary, emergency dental care, and other medically necessary treatment.
 - Adults age 21 and older are only covered for emergency dental treatment such as pain or infection.
 - Women who are eligible for the Pregnant Women Program are covered for an oral check-up and basic dental care during their pregnancy.



For information, call the Idaho Smiles customer service line at (800) 936-0978 or visit their Web site at www.dentaquestgov.com

Doctor and Nurse Office Visits

- Exams or treatments by a doctor, physician assistant, or nurse practitioner.
- Surgical and other treatment services performed by a doctor.
- Diagnostic lab and radiology services.

Hearing Services

- Exam and testing once each calendar year when ordered by a doctor.
 - One hearing aid for each adult in a lifetime.
 - Children can get additional hearing aids with prior authorization.

- Batteries, follow-up testing, and repairs from normal use.
- Doesn't pay for lost, misplaced, stolen, or destroyed hearing aids.

Home Health Services

- Ordered by a doctor.
 - Limited to 100 visits during a calendar year, including all visits such as skilled nursing, aide visits, speech language pathology, occupational therapy, and physical therapy.

Hospital Services

- Inpatient Services.
 - Semi-private room, prescription drugs, lab tests, and other services when you're in the hospital.
 - Lab, x-ray, and other tests ordered by your doctor.
 - Physical therapy and other services ordered by your doctor.



- Your doctor might need to get prior authorization for some hospital services from Medicaid's Quality Improvement Organization. To call, dial (800) 783-9207.

- Outpatient Services.



The emergency room isn't for routine medical care. If you're not sure you have an emergency, call your doctor anytime day or night for medical advice (see page 23 for more information about emergency room use).

Interpretation Services

- Might pay to help you communicate with your doctor, if English isn't your primary language.

Medical Equipment and Supplies

- Prescribed by a doctor.
- Artificial limbs and braces.

- To replace portions of the body that are weak or missing.

- Special shoes or inserts for diabetics.
- Wheelchairs.
 - You must have a doctor's order and an evaluation by an occupational or physical therapist to determine the most appropriate and the least costly wheelchair to meet your medical needs.

Mental Health Services

- Inpatient psychiatric services.
 - Limited to ten days during a calendar year.
- Outpatient mental health clinic.
 - Limited to 26 services during a calendar year.
 - Includes psychotherapies, pharmacology, diagnostic services, evaluation services, and treatment planning (limited to 12 hours during a calendar year).

Podiatry

- Care of your feet and ankles.
 - Limited to severe conditions from your mid-calf down.
 - Limited to treatment for chronic disease related care (such as diabetes) for adults age 21 and older.
 - Doesn't pay for routine treatment of your corns, warts, toenails, etc.

Pregnancy and Family Planning Related Services

- PAP test performed during family planning or at yearly physical.
- Family planning, counseling, prescription, and supplies to prevent pregnancy.

Which Plan Is Right for Me?

Continued

- **Sterilization.**

- *You must sign legal consent forms at least thirty days in advance. You can have the surgery on the thirty-first day.*

- *Doesn't pay for sterilization if the person is under the age of 21, or if the person isn't capable of giving informed consent.*

- **Prenatal, delivery, and postpartum services provided by a doctor or an RN certified nurse midwife.**

- *If you're only eligible because you're pregnant, this plan will only pay for your pregnancy and for services related to your pregnancy up to 60 days after your pregnancy ends.*

- **Doesn't pay for genetic testing or fertility services.**

Prescription Drugs

- **Idaho health plans cover medicines prescribed by your doctor unless they're covered by Medicare.**

- *Some types of medicines and some brand name prescription drugs require prior authorization. Your pharmacist or provider will know which medicines need prior authorization and will submit the request for you.*

- **Some non-prescription items are covered if your doctor orders them:**

- *Disposable insulin syringes and needles.*

- *Shampoo treatment for head lice.*

- *Most iron tablets.*

Prevention Benefits – Annual Physicals and Well-Child Checks

(See page 8).



School-Based Services

- The school might test your child and might determine that your child is eligible for services under an Individualized Educational Plan (IEP) or Individualized Family Services Plan (IFSP).
- With your permission, your child's school can bill Medicaid or CHIP for the services.
- School-based services won't count against the limitations of the other services your child might be getting.
- Ask your child's school if they bill Medicaid or CHIP.
- Give your child's ID number and the name of your child's doctor to the school.
- Tell the school if your child is working with other therapists or doctors.

Substance Abuse Detoxification and Rehabilitation

- **Inpatient services in a hospital and outpatient counseling in a substance-use disorder agency.**
 - *Services include: early intervention, outpatient or intensive outpatient services, detoxification, and individually managed residential treatment.*
- **Charges are decided on a sliding-fee scale.**
- **Doesn't pay for inpatient treatment in a residential treatment facility.**
- **Must obtain an intake eligibility screening and clinical assessment.**

Physical, Occupational, and Speech Therapies

- Covered as an outpatient hospital service, in schools, and by independent therapists.
- Some service limits apply. Your therapist may be able to continue treatment beyond service limits under some circumstances.
- Inform your therapist any time you receive therapy services from another provider to avoid problems with service limits.

Transportation (Non-Emergency)

If you have a medical appointment but you don't have a car, can't operate a car, or don't have a friend or family member who can take you, you can request transportation through Medicaid's non-emergency medical transportation provider, American Medical Response (AMR).

- AMR will review your request and decide if Medicaid will pay for your transportation. AMR will review your request based on the least expensive transportation available and the closest available Medicaid provider or service.
- If you've been referred for medical care outside your community, AMR might ask for a referral from your doctor before they'll schedule your transportation.
- You need to call at least 48 hours before your appointment.



Call AMR toll free
at (877) 503-1261.

Vision Services

- For adults age 21 and older.
 - Limited to treatment for acute needs such as removal of foreign objects in the eye.

- Adults with chronic diseases such as diabetes or glaucoma that require regular eye care can get eye exams once every year.

- For children under age 21.
 - The doctor who does the exam might not be the provider who supplies your glasses. Be sure to ask if your doctor orders glasses from the Medicaid supplier.
 - Covers frames and lenses when needed.
 - Doesn't pay for transition or progressive lenses for any age, or tints unless an extreme condition makes it medically necessary.
- Contacts.
 - Contacts are covered if your vision can't be corrected with glasses. Contacts for convenience or cosmetic reasons aren't covered.
 - Surgery on the cornea for myopia is not covered.

Other Covered Services

- Supplemental nutritional service when medically necessary and ordered by your doctor.
- Diabetes training.
 - Limited to 12 individual hours or 24 group hours every five years.



If you're under the age of 21, you can get additional Basic Plan services if your doctor says they are necessary and they are prior authorized by Medicaid. Your provider must submit a request to provide the extra services.

What is Preventive Health Assistance?

Preventive Health Assistance (PHA) has two benefits designed to help you and your family live a healthy lifestyle.

Behavioral PHA – Weight Management or Tobacco Cessation.

To qualify for this benefit, you must complete a health questionnaire, which you can get by calling the PHA unit or printing it from the PHA Web site. The questionnaire must indicate that you or your child over the age of five:

- Have a Body Mass Index (BMI) in the obese or underweight range and want to improve your health through weight management — **or**
- Want to quit using tobacco.

If you qualify for PHA benefits, you can earn points and use them (one point=\$1) to buy items or services that will help you live a healthy lifestyle. After you're awarded the points, they can be used at PHA approved businesses to help pay for things like weight management program fees or tobacco cessation products.

You can't receive both Weight Management and Tobacco Cessation benefits at the same time. The maximum benefit is 200 points a year.

Wellness PHA Benefit – If your child is on the Basic Plan and you pay a monthly premium (\$10 or \$15) for your child's medical coverage, you can earn points for keeping your child's well-child checks and immunizations current. Wellness points (one point = \$1) are used to help pay your monthly premiums. You will automatically receive more information if your child is eligible for the Wellness PHA benefit.

Wellness PHA points can't be exchanged for vouchers. Wellness PHA points can only be used to pay your monthly premium.

For more information about PHA, please visit our Web site at www.medicaid.idaho.gov (click on the Preventive Health Assistance link) or call us toll free at (877) 364-1843.



The Enhanced Plan

If you're in this plan, you can get all of the services of the Basic Plan, plus the following services:

Case Management Services (Service Coordination)

See the Service Coordination section on page 15.

Developmental Disability Services

To apply for services, contact your local Regional Program office. *You can find the phone numbers and addresses on page 32.* These services include:

- Developmental therapy, physical therapy, speech therapy, occupational therapy, psychotherapy, and intensive behavioral interventions. *See limits listed under Therapy (page 15) and Substance Abuse Detoxification and Rehabilitation (page 11).*
- Service coordination (Case Manager). *See Service Coordination section on page 15.*

Home and Community-Based Services (HCBS)

- Supportive services needed to live at home, in a residential assisted living facility (RALF), or certified family home (CFH), instead of living in an institution such as a nursing home or an intermediate care facility (ICF/ID) for people with a developmental or intellectual disability.

- You must be 18 years old or older to be eligible for Home and Community-Based Services.

Hospice Care

- In-home care for the terminally ill with six months or less to live.

Mental Health Clinic

- Partial care services.
 - *You must be 18 years old or older with a diagnosis of serious and persistent mental illness.*
 - *Limited to 12 hours a week.*

- Psychotherapy services.

- Limited to 45 hours during a calendar year, if you aren't also receiving psychosocial rehabilitative services.

Mental Health Psychosocial Rehabilitative Services

- Psychosocial Rehabilitation (PSR).
 - *Available to children under age 18 who are diagnosed with a serious emotional disturbance and adults who are diagnosed with a serious and persistent mental illness.*
 - *Limited to 5 hours a week for participants under 21 years old.*
 - *Limited to 4 hours a week to participants 21 years and older.*

Nursing Homes

- Covered if your doctor says you need to be in a nursing home and the Medicaid Division finds that you need nursing home level-of-care.

The Enhanced Plan

Continued

Personal Care Services (PCS)

- Services provided in your home.
 - *Might help with basic care, grooming, medications, light housekeeping, cooking, grocery shopping, and transportation.*
 - *Limited to 16 hours a week.*
 - *If your medical condition requires more than 16 hours a week, you might be eligible for one of the Home and Community-Based Waivers. For details, call your local Medicaid office (see page 29).*

Service Coordination

If you qualify for service coordination, you'll have a service coordinator to help you gain access and coordinate your necessary care and services.

You can only have one kind of service coordination. If you qualify for more than one kind, you must choose the kind you want. The kinds of service coordination are:

- **Developmental Disability.**
 - *Adults age 18 years old or older.*
 - *Requires prior authorization.*
- **Children.**
 - *Children up to age 21.*
 - *Must have a developmental delay, a serious emotional disorder, or other medical condition that requires the child to be seen by many service providers.*
 - *A service coordination plan must be developed and authorized before services can begin. If your child*

is age 0-3, the service coordination agency must work through the Idaho Infant Toddler network of providers.

- **Mental Health.**

- *Adults age 18 years old or older with a diagnosis of serious and persistent mental illness.*
- *Limited to five hours a month.*
- *Up to three hours a month for a documented crisis.*
- *Additional crisis hours with prior authorization.*

- **Personal Care Services.**

- *Children who get personal care services.*

Therapy

You must have all therapy services ordered by your doctor or a licensed prescriber.

- **Developmental Therapy – Provided by developmental disability agencies.**
 - *Limited to 22 hours a week for one service or a combination of developmental therapy, psychotherapy, supportive counseling, speech therapy, occupational therapy, physical therapy, and intensive behavioral intervention.*
- **Intensive Behavioral Intervention – Provided by developmental disability agencies.**
 - *Limited to a lifetime limit of 36 months.*
 - *No limit for children's services provided in a public school program.*



If you're under the age of 21, you can get additional Enhanced Plan services if your doctor says they are necessary and they are prior authorized by Medicaid. Your provider must submit a request to provide the extra services.

Women's Health Check

Some women might qualify for free breast and cervical health screening. You must be diagnosed with cancer by a Women's Health Check provider to have your cancer treatment paid for. You might qualify if you're:

- Low income.

- Don't have insurance coverage for mammograms or Pap tests.
- Age 50 to 64.
- Age 18 to 49 and haven't had a Pap test in five years or longer, have never had a Pap test, or have symptoms for cervical cancer.
- Referred by a doctor for symptoms suspicious for breast cancer.

Call the Idaho CareLine (2-1-1 or (800) 926-2588) to connect with a Women's Health Check provider to see if you qualify.



Medicaid for Workers with Disabilities

Medicaid for Workers with Disabilities is an optional Medicaid program. Individuals who participate in Medicaid for Workers with Disabilities get the same services they would under the Enhanced Plan. This option also:

- Allows working Idahoans with disabilities to get Medicaid benefits by paying a sliding-scale premium which is based on their income.
- Allows Idahoans with disabilities to continue working or seek competitive employment without having to worry about losing health care coverage.
- Encourages Idahoans with disabilities to:
 - *Increase independence.*
 - *Reduce dependence on public assistance.*

Who is eligible for Medicaid for Workers with Disabilities?

You are eligible to participate if you:

- Are at least 16 years old, but under age 65.
- Have a disability.
- Are working or self-employed.
- Have a countable income that is less than 500% of the Federal Poverty Guideline.
- Have a gross earned income that is at least 15% of your total gross income.
- You have countable resources that are less than \$10,000 for an individual or \$15,000 for a couple.

How much will my premium be?

You might have to pay \$0, \$10, or up to 7.5% of your income, depending on how much you make.

For more information, contact your local Health and Welfare office (*phone numbers are listed on pages 29 and 30*) or call **(877) 456-1233**.

The Medicare-Medicaid Coordinated Plan

If you participate in this optional plan, you can get most of your medical services from the Medicare Advantage Plan.

If you're eligible for both Medicare Part A and Part B (dual-eligible), you can choose to sign up for this plan if it's offered in your county. This benefit plan, called the Medicare-Medicaid Coordinated Plan, provides coordinated benefits and expanded coverage in the areas of vision, hearing, and dental services. Most

people that are currently eligible in the Enhanced Plan can choose this new plan.

Services covered under the Medicare-Medicaid Coordinated Plan are shown in the table below. Medicare Advantage providers will bill the Medicare Advantage Plan directly for these services. Medicaid providers will bill Medicaid directly for Medicaid covered services shown on the table below.

Medicare-Medicaid Coordinated Plan Services

Benefit	Medicare Advantage Plan	Medicaid
Hospital Services	X	
Outpatient Services	X	
Emergency Hospital Services	X	
Ambulatory Surgical Center Services	X	
Physician Medical Services	X	
Physician Surgical Services	X	
Certified Pediatric or Family Nurse Practitioner Services	X	
Physician Assistant Services	X	
Chiropractor Services	X	
Podiatrist Services	X	
Optometrist Services	X	
Certified Nurse-Midwife Services	X	
Primary Care Case Management	X	
Adult Physicals	X	
Screening Mammography Services	X	
Prevention & Health Assistance Benefits (includes health/wellness education and intervention services such as disease management, tobacco cessation programs, or weight management)	X	

Benefit	Medicare Advantage Plan	Medicaid
Laboratory and Radiological Services	X	
Prescribed Drugs under Medicare Part D	X	
Prescribed Drugs not covered by Medicare Part D	X	
Family Planning Services	X	
Inpatient Psychiatric Services	X	
Outpatient Mental Health Services	X	
Psychosocial Rehabilitative Services		X
Home Health Care	X	
Therapy Services	X	
Speech, Hearing, and Language Services	X	
Medical Equipment and Supplies	X	
Specialized Medical Equipment and Supplies	X	
Prosthetic Devices	X	
Vision Services	X	
Dental, Medical, and Surgical Services	X	
Dentures	X	
Rural Health Clinics	X	
Federally Qualified Health Center Services	X	
Indian Health Services	X	
Medical Transportation	X	
Nursing Facility Services (100 days or less)	X	
Nursing Facility Services		X
Personal Care Services		X
Other Home & Community Based Services		X
Hospice Care	X	
Intermediate Care Facility Services (for individuals with a developmental or intellectual disability)		X
Developmental Disability Agency Services		X

Premium Assistance

Premium assistance helps you buy private health insurance. There are two premium assistance programs: Access to Health Insurance for adults, and the Access Card for children.

Access to Health Insurance

Access to Health Insurance helps you pay for employer-sponsored health insurance. It pays up to \$100 each month for qualifying employees and their spouses. To participate:

- You or your spouse must work for a small business with 2 to 50 employees.
- Your employer must agree to sign up for the program.

The Access Card

If your children are eligible, you can choose to enroll them in the Access Card program instead of the Basic Plan. The Children's Access Card program helps you pay for private insurance for your children. You can buy employer-sponsored insurance or buy an individual plan. The Access Card pays up to \$100 for each child, each month (monthly maximum of \$300 per family). You pay the co-payments and deductibles for the health plan you choose.

If your child loses private insurance paid for by the Access Card, your child can switch to the Basic Plan.

For more information, call the Idaho CareLine (2-1-1) or Family Medicaid (see page 29).



Healthy Connections

Understanding how Idaho health insurance plans work will help you use your benefits correctly. Most services are provided under a managed care system called Healthy Connections. Healthy Connections will help you find a primary care doctor who will help you manage your health needs and get the health care you need. Enrollment in Healthy Connections is required for most participants.

Enrollment

- If you already have a primary care doctor, you can continue to go to that doctor.
- If you don't have a primary care doctor, you'll choose a primary care doctor who participates in the Healthy Connections Program.
- There's a list of Healthy Connections primary care doctors available at www.healthyconnections.idaho.gov.



Make an appointment with your primary care doctor as soon as you're enrolled in Healthy Connections. Otherwise, your primary care doctor may not be able to make referrals for your care.

- If you don't choose one, a Healthy Connections representative will match you and your family with a participating primary care doctor in your area.

- You can choose to have a different primary care doctor for each family member.
- Your primary care doctor will provide all of your basic health care needs, refer you to a specialist when necessary, or refer you to the hospital if needed.
- You can change your primary care doctor by calling your local Healthy Connections office as soon as you know you're changing. The change will be effective the first of the next month.
- You'll get a letter in the mail confirming enrollment or changes with your primary care doctor. Please read it carefully and call your local Healthy Connections office if you have questions.
- You should call your primary care doctor anytime you need medical advice, even after hours or on holidays.

Referrals

You might not be able to get a referral for other health care services if you haven't seen your Healthy Connections primary care doctor. It's your responsibility to call your primary care doctor to find out if you need to be seen before a referral can be made. It's very important for you to:

- Talk with your primary care doctor before going to another doctor or getting other medical services.
- Have a referral before you go to a doctor who isn't your primary care doctor or you might have to pay the bill.

Healthy Connections

Continued

- Contact the doctor's office you're referred to right away to make an appointment and establish care.

You don't need a referral from your doctor for:

- Emergency dental care.
- Chiropractic care.
- Family planning at District Health or other agencies.
- Flu shots.
- Hearing test or screening.
- Immunizations.
- Indian health clinic visits.
- Laboratory services.
- Personal care services.
- Pharmacy.
- Podiatry (foot care) in podiatrist's office.
- Radiological services.
- School-based services.
- Screening mammograms.
- Tests for sexually transmitted diseases.
- Urgent care visits when your primary care doctor's office is closed.

Call Healthy Connections

- If you need help choosing a primary care doctor.
- If you want to change your primary care doctors.
- If you're moving to a new area. If you don't call when you move, you might not be able to use your card in the new area. Healthy Connections will help you find a new primary care doctor so you won't need a referral from your old doctor.



Call the customer service line toll free at (877) 456-

1233 to report address changes. You'll find the phone numbers for your local Healthy Connections office on page 31.

Be a good patient!

- Call in advance for an appointment. You might not get an appointment the same day you call.
- When you make an appointment or seek care from any health care provider who bills Medicaid or CHIP, tell them you're enrolled in Healthy Connections.
- Show your ID card and any other insurance card at every appointment (see page 27 for information about reporting changes in other insurance).
- When scheduling an appointment, tell the receptionist how many family members need to be seen and the reason so enough time can be scheduled for each appointment.
- Be on time to your appointments.
- Follow your treatment plan.
- If possible, avoid bringing your children to an appointment unless the appointment is for them.
- Call if you need to cancel your appointment, at least 24 hours in advance when possible. If your doctor has a policy to charge for a missed appointment, the doctor might charge you. Missed appointments aren't covered and won't be paid by your health plan.

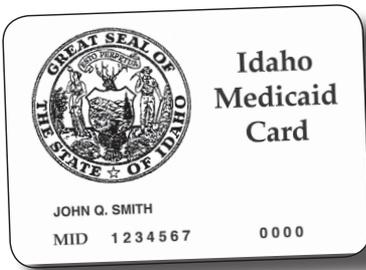
Healthy Connections grievance procedure

Call your local Healthy Connections office to talk about issues with Healthy Connections. If the Healthy Connections contact can't fix the issue, you have the right to file a written grievance with them. We'll review your problem again and you'll get an answer in writing.

If you're still not satisfied, you have the right to file for a hearing. You can ask for a hearing by writing directly to the address on your grievance response letter.

Your Identification Card

The first time you're found eligible for Idaho health insurance coverage, you'll receive a permanent identification (ID) card.



Your card will come in the mail. It's important that you call your local Health and Welfare office if you don't receive your card within 14 days after you get the letter telling you that you're eligible.



If you lose your card, call your Health and Welfare office (see pages 29 and 30 for phone numbers).



Remember, your ID card is permanent. Don't throw it away, keep it!

- If you lose benefits and then get benefits again, you'll use the same card.
- Keep your card in your purse or wallet so that you'll have it with you to show to your doctor, dentist, or pharmacy. You might have to show picture ID in addition to your Medicaid card.
- Always show your ID card and ask before you get medical services if the provider will accept your ID card as payment. Ask even when your doctor refers you to a specialist. Not all doctors accept Idaho health plan coverage.
- The state's payment for services is considered payment in full, regardless of the billed amount.

Important – Report name changes to your local Health and Welfare office because your card might not work at providers' offices if you're going by a different name than what appears on your ID card.

When to Use the Emergency Room (ER)

*You should call your doctor for advice if you or your child get sick or injured. If you're not sure you have an emergency, call your doctor for advice anytime. If your primary care doctor's office is closed, it's okay to go to an urgent care facility without a referral from your doctor. Your medical records from these visits will be supplied to your primary care doctor. **It's important to remember that an urgent care facility is not the same as an ER.***

Co-Payments for using emergency services

You might have to make a co-payment for using emergency services when you don't have an emergency medical condition. It's important to only use emergency services, like the hospital ER and ambulance services, when they're really needed. You can help keep Medicaid costs down by using appropriate services and working with your Healthy Connections doctor.

The American College of Emergency Physicians and The American Academy of Pediatrics have each listed warning signs to help you decide if you should go to the ER. Those two lists are compiled here:

- Difficulty breathing or shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting, sudden dizziness, and weakness

- Changes in vision
- Confusion or changes in mental status
- Any sudden or severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Suicidal feelings
- Difficulty speaking
- Unusual abdominal pain
- Neck stiffness or rash with fever
- Fever in a newborn
- Head injury with loss of consciousness, confusion, headache, or vomiting
- Burns
- Poisoning



Call your poison control center at: (800) 860-0620

at once if your child has swallowed a suspected poison or another person's medication, even if your child has no signs or symptoms.



Call your pediatrician if you think your child is ill. Call

9-1-1 for help if you're concerned that your child's life might be in danger or that your child is seriously ill or injured.

In addition, every parent should be prepared. Part of that preparation includes learning CPR and basic first aid. For classes near you, contact your pediatrician, the American Red Cross, or the American Heart Association.

Important Information to Remember

- Emergency rooms and ambulances can charge you a co-payment for using these services when the situation isn't an emergency.
- The emergency room is not an appropriate place to get routine care,

call your Healthy Connections primary care doctor first, or call Healthy Connections if you need a primary care doctor.

- Medicaid is partnering with primary care providers to identify participants who misuse or abuse emergency services.

What is Prior Authorization?

Prior authorization means you or your provider must get approval from Medicaid or its representatives before you get a service, or you might have to pay the bill.

Usually your doctor, healthcare provider, or pharmacist will request prior authorization for you. You might have to request prior authorization for yourself or your family for other services like transportation.

Prior authorization is different than a Healthy Connections referral:

- A prior authorization is approval from the Department for specific services.
- A Healthy Connections referral is approval from your primary care doctor for services.

You or your provider will need to get prior authorization for the following list of services:

- Transportation through AMR for non-emergency medical services.
- Mental health crisis service coordination (case management).
- Some medical equipment and supplies.

- Home and Community-Based Waiver Services.
- Some inpatient and outpatient hospitalizations or medical procedures.
- Some vision services.
- Some dental services.
- Personal care services.
- Crisis psychosocial rehabilitative services.
- Private duty nursing.
- Physical, occupational, and speech therapy – beyond service limits.
- Some medicines and most brand name drugs when generics are available.
- Intensive Behavioral Intervention (IBI).
- Developmental disability agency services.
- Additional psychological and neuropsychological testing.

There might be other services not listed that need prior authorization. Your doctor or health care provider usually knows when you need prior authorization, but *if you have questions call (888) 239-8463.*



If a service requires prior authorization, you must get it from Medicaid before getting the service.

Important Information

Your Rights

When you're eligible for Idaho's health insurance plan coverage, you have certain guaranteed rights.

You have the right to fair treatment

You have the right to all covered benefits without regard to race, color, national origin, disability, sex, or age.

If you believe that anyone in Health and Welfare has discriminated against you because of your race, color, national origin, disability, sex, or age, **you can file a complaint by contacting:**

Civil Rights Manager
Idaho Department of Health and Welfare
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5617 (voice) or
(208) 334-4921 (TDD)

You can also file a complaint by contacting:

U.S. Department of Health and Human Services (HHS)
Director, Office for Civil Rights
Room 506-F, 200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0403 (voice) or
(202) 619-3257 (TDD)

HHS is an equal opportunity provider and employer.

You have the right to timely and accurate notice

Written notifications must be mailed to you before your eligibility is ended.

You have the right to make decisions about your health care

Your provider must discuss your options with you before you start medical treatment.



You should let your family and your doctor know your wishes before you become too ill to make a decision about your medical treatment. *For a Living Will and a Durable Power of Attorney for Health Care, go to www.healthandwelfare.idaho.gov* (click on the Medical link then Certified Family Homes on the right side of the page).

You have the right to file an appeal



This is very important!
If you disagree with a decision regarding your **eligibility** coverage, or if you feel that your medical needs have not been properly met, you can file an appeal. To request an appeal, contact your regional office and ask for a "Fair Hearing Form." Complete the form and send it and a copy of the disputed notice to the address below. For eligibility appeals, the Department of Health and Welfare must receive your appeal in writing within 30 days from the date the notice was mailed.

For appeals of **denied services**, the Department of Health and Welfare must receive your appeal in writing within 28 days.

If the Department receives your appeal within the 28 days, they'll review the decision. This review might include a hearing. If the Department receives your appeal after the 28 days, you lose the right to appeal.

Send your appeals to:

Hearing Coordinator
Idaho Department of Health and Welfare
PO Box 83720
Boise, ID 83720-0036

If a hearing is scheduled, you'll receive a letter with the location and time of your hearing. During the hearing, you can have anyone you want present to represent you. You don't need an attorney but you can hire an attorney at your own expense if you want one.

Fraud, Abuse, and Misuse



Everyone in your family who's eligible for health benefits will get their own Medicaid card with their name listed on the card. It's against the law for anyone else to use the card.

If you knowingly break rules, you can lose your coverage. You can also be prosecuted and you might have to pay for the benefits you received but weren't entitled to.

If you think someone who's getting assistance from the state is abusing the programs or you think a provider is improperly billing for services they haven't provided, you should report this to Medicaid.

Estate Recovery

When you get Medicaid benefits and are over 55, you can't give your property away to others.

After you and your spouse pass away, your money and property will be used to repay Medicaid.

Under certain conditions, your children can request a Hardship Waiver.



To report participant fraud, call the Idaho CareLine at 2-1-1 or (800) 926-2588.

To report provider fraud, download the complaint form at www.healthandwelfare.idaho.gov (click on the Provider link then on File a Fraud Complaint). Fill out the form and mail it to:

Medicaid Fraud & Program Integrity Unit
Bureau of Audits & Investigations
PO Box 83720
Boise, Idaho 83720-0036
or FAX it to **(208) 334-2026**.

*For more information call the Medicaid Recovery Office at **(866) 849-3843**, or call the Idaho CareLine **(2-1-1 or (800) 926-2588)** and ask for a copy of "Property Liens and Estate Recovery" #HW-0474.*



Other Medical Insurance

If you have Medicare, Blue Cross, Blue Shield, or any other medical insurance, you must tell your Health and Welfare worker. Your other insurance must pay before Medicaid will pay. If your insurance has changed or stopped in the last six months, you need to give your Health and Welfare worker your new insurance plan information or say why you stopped your insurance. If you don't, your children might not be able to get Idaho health insurance plan coverage.



If your primary insurance ends or changes, call Health Management Systems

(HMS) at (208) 375-1132, option 0, or toll free at (800) 873-5875. HMS has no control over your benefits.

For information about benefits, call Molina Medicaid Solutions participant line at 1(866) 686-4752.



For instructions about how to pay Medicaid, call the Financial Recovery Unit at (208) 287-1150 or the

Department's third party recovery contractor – (HMS) in the Boise area at (208) 375-1132 or toll free at (800) 873-5875.

Health Insurance Premium Payment Program (HIPP)

If you have Medicaid and have other health insurance available, such as employer sponsored group coverage, ask your Health and Welfare worker about HIPP. If you or your children qualify, the Department might pay the premiums, deductibles, and co-payments for your other insurance.

For more information, call the Idaho CareLine (2-1-1 or (800) 926-2588) and ask for publication #HW-0905 Health Insurance Premium Payment.

If Medicaid pays a bill and you get money from your other insurance, you must give the money to Medicaid. You're responsible for helping Medicaid collect money from another insurance plan or a responsible person such as a non-custodial parent. The provider of the services will need to re-bill or do an adjustment.

Office of Mental Health and Substance Abuse

Medicaid Office of Mental Health and Substance Abuse

This office reviews requests for crisis psychosocial rehabilitative services and additional psychological and neuropsychological testing services.

Phone (208) 334-0767

(866) 681-7062

FAX (208) 332-7292

(866) 241-7278



**State of Idaho Substance Abuse
Treatment Line
(800) 922-3406**

Local Health and Welfare Offices

Local offices accept applications for Medicaid and other programs, determine Medicaid eligibility, and process appeals.

Family Medicaid

150 Shoup Ave., Suite 5
Idaho Falls, 83402

(866) 326-2485

FAX (208) 528-5980

Long Term Care

No office locations available

(866) 255-1190

FAX (208) 799-5048

Region 1

Coeur d' Alene

1120 Ironwood Dr. Suite 201, 83814

(208) 769-1456

FAX (208) 666-6789

Kellogg

35 Wildcat Way, 83837

(208) 784-1351

FAX (208) 784-1356

Sandpoint – Ponderay

207 Larkspur St., 83852

(208) 265-4529

FAX (208) 263-4198

St. Maries

222 S. 7th, 83861

(208) 245-2541

FAX (208) 245-7131

Region 2

Lewiston

1118 F St., 83501

(208) 799-4320

FAX (208) 799-5121

Grangeville

216 South C, 83530

(208) 983-0620

FAX (208) 983-2440

Moscow

1350 Troy Highway, 83843

(208) 882-2433

FAX (208) 882-8575

Region 3

Caldwell

3402 Franklin Rd., 83605

(208) 455-7200

FAX (208) 454-7607

Nampa

823 Park Center Blvd., 83651

(208) 465-8444

FAX (208) 442-2810

Payette

515 N. 16th, 83661

(208) 642-6400

FAX (208) 642-9746

Region 4

Boise

1720 Westgate Dr., Suite B, 83704

(208) 334-6700

FAX (208) 334-6912

Mountain Home

2420 American Legion Blvd., 83647

(208) 587-9061

FAX (208) 587-5024

Region 5

Twin Falls

601 Poleline Rd., Suite 5, 83301

(208) 736-2110

FAX (208) 736-2176

Burley

2241 Overland Ave., 83318

(208) 678-1121

FAX (208) 678-1263

Region 6

Pocatello

1090 Hiline Road, 83201

(208) 235-2900

FAX (208) 236-6100

Blackfoot

701 East Alice, 83221

(208) 785-5826

FAX (208) 785-1003

Preston

223 North State, 83263

(208) 852-0634

FAX (208) 852-2136

Region 7

Idaho Falls

150 Shoup Ave., 83402

(208) 528-5800

FAX (208) 528-5837

Rexburg

333 Walker Dr., 83440

(208) 359-4750

FAX (208) 356-5461

Salmon

111 Lillian, 83467

(208) 756-3336

FAX (208) 756-3805

Local Healthy Connections Offices

Local offices can tell you about available primary care doctors in your area and help you with changes or questions about Healthy Connections (see pages 20-22 for specific program information). For more information, please visit our Web site at www.healthyconnections.idaho.gov.

Region 1 – Coeur d’Alene

Benewah, Bonner, Boundary, Kootenai, and Shoshone counties
1120 Ironwood Dr., Coeur d’Alene, ID 83814

**(208) 666-6766 or
(800) 299-6766
FAX (208) 769-1473**

Region 2 – Lewiston & Moscow

Clearwater, Idaho, Latah, Lewis, and Nez Perce counties
1118 F St., Lewiston, ID 83501

**(208) 799-5088 or
(800) 799-5088
FAX (208) 799-5167**

Region 3 – Caldwell, Nampa, & Payette

Adams, Canyon, Gem, Owyhee, Payette, and Washington counties
3402 Franklin Rd., Caldwell, ID 83605-9901, or 515 N. 16th St., Payette, ID 83661

**(208) 642-7006 or
(208) 455-7244 or
(888) 528-5861
FAX (888) 532-0014**

Region 4 – Boise

Ada, Boise, Elmore, and Valley counties
1720 Westgate, Suite B, Boise, ID 83704

**(208) 334-4676 or
(888) 528-5861
FAX (888) 532-0014**

Region 5 – Twin Falls & Burley

Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties

601 Poleline Rd., Suite 3, Twin Falls, ID 83301

**(208) 736-4793 or
(800) 528-5861
FAX (888) 532-0014**

Region 6 – Pocatello

Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties
1090 Hiline Rd., Suite 202, Pocatello, ID 83201

**(208) 235-2927 or
(888) 528-5861
FAX (888) 532-0014**

Region 7 – Idaho Falls

Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties
150 Shoup Ave., Suite 4, Idaho Falls, ID 83402

**(208) 528-5794 or
(888) 528-5861
FAX (888) 532-0014**

Healthy Connections Spanish Line

(Statewide) (800) 378-3385

Healthy Connections Email

(Statewide) hccr7@dhw.idaho.gov

Regional Program Offices

Local offices help with developmental disability service applications and with home and community-based waivers.

Region 1 – Coeur d' Alene

1120 Ironwood Dr.
Coeur d' Alene, Idaho 83814

(208) 769-1567

Region 2 – Lewiston

1118 F Street
Lewiston, Idaho 83501

(208) 799-4430

Region 3 – Caldwell

3402 Franklin Rd.
Caldwell, Idaho 83605

(208) 455-7150

Region 4 – Boise

1720 Westgate Dr.
Boise, Idaho 83704

(208) 334-0940

Region 5 – Twin Falls

601 Poleline Rd.
Twin Falls, Idaho 83301

(208) 736-3024

Region 6 – Pocatello

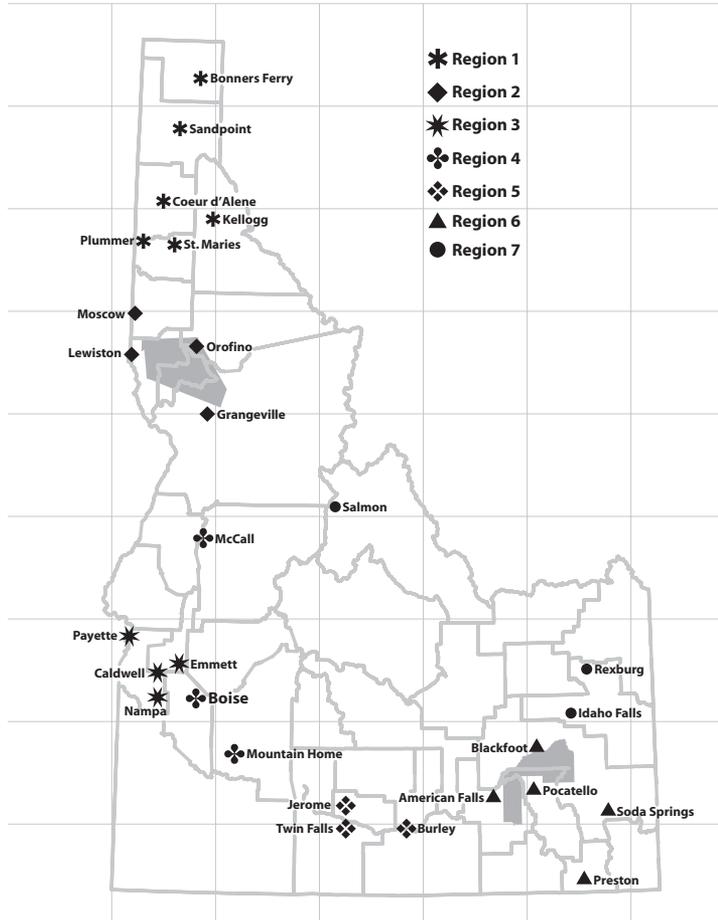
1070 Hiline Road
Pocatello, Idaho 83201

(208) 239-6260

Region 7 – Idaho Falls

150 Shoup Ave.
Idaho Falls, Idaho 83402

(208) 528-5750





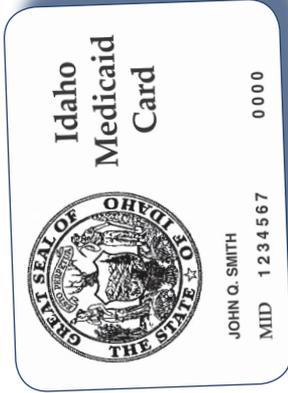
IDAHO DEPARTMENT OF
HEALTH & WELFARE

P.O. Box 83720
Boise, Idaho 83720-0036

Place
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Here

Idaho Health Plan Coverage

*A Benefits Guide to Medicaid,
CHIP, and Premium Assistance*



To:

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