

MEDICAID FACTS

Medicaid provides free health insurance and long-term care coverage for certain low-income people. Medicaid will pay doctors' bills and other health costs for those who qualify.

- In South Carolina, the adult Medicaid program is known as Partners for Health. Children's Medicaid is called Partners for Healthy Children. If you qualify for Medicaid, you will receive a plastic Partners for Health or Partners for Healthy Children card, which you will need to show each time you or your child receives health services. It is important to keep your plastic card even if you no longer get Medicaid, because if you begin getting Medicaid again at a later date, you will be able to use your same card.

1. What services does Medicaid cover?

Medicaid pays the full cost of the medical care for children and the elderly. Some Medicaid recipients are asked to provide a co-pay for some services. This is a small partial payment that comes from you; it is often only a few dollars. If your doctor or health care provider accepts Medicaid, they cannot turn you away if you do not have the co-pay. They cannot bill you any amount over the co-pay. Additionally, Medicaid pays the complete cost of all prescriptions for children and, as of November 2006, covers up to four prescriptions per month for adults. Usually, adults must pay \$3.00 toward each of their prescription drugs. For adults and children, Medicaid will pay for no more than a 34-day supply of medication per prescription or refill per month. For certain medications you may be able to override the four prescription limit.

2. Am I eligible for Medicaid?

Medicaid covers many categories of people. You are eligible for Medicaid if:

- You receive Family Independence (FI). It is also known as TANF – Temporary Assistance to Needy Families. You must have a very low income and have a child under 18 (in some cases, 19) in the home to receive FI.
- You have a very low income but do not receive FI (the old AFDC cash benefit). The law allows low income people to qualify for Medicaid even though they do not receive FI.
- You are pregnant or have a child under age one and your income is at or below 185% of the federal poverty guideline (\$37,000 per year for a family of four in 2006).
- You are a child up to age 19 whose family income is at or below 200% of the federal poverty guideline (\$50,200 per year for a family of four in 2018). The children's Medicaid program is also called Partners for Healthy Children. Children can receive Medicaid under this program even if their parents do not receive Medicaid.
- You get Supplemental Security Income (SSI). You may also receive Medicaid if you received SSI at some point in the past even though you do not receive SSI now.
- You have \$20,000 or less equity in your car and \$30,000 or less in liquid assets.
- You receive Medicare and have a low income and few resources.
- You have an increase in your child or spousal support that causes you to lose Medicaid eligibility; you will continue to receive Medicaid for four months. You should automatically receive this benefit and should not have to fill out a new application.

You have an increase in your income from work that causes you to lose Medicaid eligibility; you will continue to receive Medicaid for up to two years. This benefit is called Transitional Medicaid. Under Transitional Medicaid, you cannot lose your Medicaid coverage from an increase in income due to work. You should be automatically enrolled in Transitional Medicaid and should not have to fill out a new application. Remember that even if you lose Transitional Medicaid, your children should still receive Medicaid through the children's Medicaid program, Partners for Healthy Children.

If you do not fall within any of the categories listed above but believe that you may be eligible for Medicaid, you should apply. The list is not complete, and other people are also eligible for Medicaid.

3. I have not yet applied for Medicaid but I have an old medical bill that I cannot pay. Will Medicaid cover this?

Medicaid will cover bills that you have from the three months before you apply for Medicaid. If you need Medicaid to cover bills that you have from the past three months, ask for Retroactive Medicaid when you apply.

4. What is the difference between Medicaid and Medicare?

Medicaid is a health insurance program for low income people who meet certain income and property guidelines. Medicare is a health insurance program for people over 65 years of age and some disabled people. A person can receive both Medicaid and Medicare. If you receive both, Medicaid will pay the monthly Medicare fees and will provide services not covered by Medicare. Medicaid will also compare the amount paid by Medicare.

5. Where do I apply for Medicaid?

Currently, you can apply at your local Department of Health and Human Services (DHHS) office. If you are applying for Medicaid as a Supplemental Security Income (SSI) recipient, you must apply at the local Social Security office. Usually, if you are approved for SSI, you will automatically receive Medicaid. In most counties, you will now be able to apply at other locations, such as hospitals, health departments, and Rural Health Centers. DHHS will be adding new locations; if you have any questions, call 1-888-549-0820. You may even be able to mail in an application in some circumstances.

6. What should I take when I apply?

When you apply for Medicaid, you must bring the following items:

- Proof of identity for you and any children under the age of 19.
- Birth certificates if you have them.
- Social Security cards for you and any children under age 19. (If the children don't have Social Security numbers, they will have to get them.)
- Paycheck stubs from any and all jobs you have.
- Any bank books, insurance policies, and deeds to property.
- Business records if you own a farm or business.

Your application will be denied if you do not give all of the information requested. You will be notified if you qualify.

7. Can I get Medicaid if I am an immigrant?

If you are a legal immigrant that has lived in the U.S. for at least 5 years, you will be eligible for Medicaid. If you are an immigrant with a medical emergency and are not eligible for Medicaid, you may qualify for the Emergency Medicaid Program.

8. What are my rights under Medicaid?

If you are found not eligible, denied payment for your medical care, or receive any decision that is harmful to you, you have the right to ask for a hearing about the decision. This is called a Fair Hearing. You must fill out a form to request a hearing within 30 days from the date on the notice that you receive. You may get this form from DHHS.

9. Can I lose my Medicaid benefits?

DHHS will review your case each year to find out if you should still receive Medicaid. You will be sent a re-certification form that you must complete and return to DHHS. If you do not return the form, you will lose Medicaid. Always be sure DHHS has your current address so it can mail you all forms or notices. You must be notified in writing before you are removed from Medicaid and told why. If you are removed from Medicaid, you can request a Fair Hearing.

REVISED MAY 2010

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