



Health Information and Education Center What Is Medicaid?

Medicaid is a jointly funded state and federal program for payment of medically necessary services for people who meet certain income and resource guidelines. All states and U.S. territories provide a basic package of benefits. Children under age 21 with Medicaid receive a comprehensive package of services called Early Periodic Screening Diagnosis, and Treatment (EPSDT). In North Dakota EPSDT is called Health Tracks.

There are "required" and "optional" eligibility groups under Medicaid. "Required" eligibility groups are those which must be served by the Medicaid program. "Optional" eligibility groups are those which may be served, with each state determining the benefits package, beyond the basic services and in most cases, the eligibility requirements beyond those not mandated by the federal government.

North Dakota's Medicaid program requires at least basic medical services for any child meeting one of the following descriptions:

- ♥ The child's parents receive Aid to Families with Dependent Children, a cash assistance program offered and jointly funded by the federal and state governments.
- ♥ The child receives Supplemental Security Income/SSI, a federal cash assistance program for qualifying adults and children with disabilities. Qualifying for SSI may also provide eligibility to Medicaid.
- ♥ The child is younger than six years old and the child's family income does not exceed the federal poverty level.
- ♥ The child comes from a two-parent family with low income and limited resources.
- ♥ The child receives adoption assistance and foster care in programs administered under the Social Security Act.
- ♥ The child is part of a "protected group". Protected groups include children who lose cash assistance for a time period due to higher family income; or children of two-parent unemployed families receiving limited cash assistance. Children in such "protected groups" can receive Medicaid coverage for 12 continuous months.

Basic Medicaid Services

Federal Medicaid laws require each state to offer "Basic Services" to all citizens who qualify for and receive Medicaid. Basic Services include the following:

- ♥ Inpatient hospital services;
- ♥ Outpatient hospital services;
- ♥ Physician services - the services provided by a physician in or out of the hospital;
- ♥ Services in rural health clinics;
- ♥ Laboratory and x-ray services not provided by a hospital or rural health clinic;
- ♥ Care in skilled nursing facilities (commonly known as nursing homes) for those 21 years or older;
- ♥ Home-based health care;
- ♥ Family planning services and supplies;
- ♥ Services of a certified nurse practitioner or midwife; and
- ♥ Early Periodic Screening, Diagnosis, and Treatment [EPSDT] Program to screen and treat children for developmental delays.

It is important to note that except for the EPSDT Program (in North Dakota called Health Tracks), states may set "amount, duration, and scope" of services limits on the benefits offered even under the required Basic Services program. The only limit allowed for the EPSDT Program is that the service must be "medically necessary."

Who is Eligible?

Effective January 1, 2002, the Medicaid program's children and family coverage group will not have an asset limit.

Income:

Depending on the amount of net income, individuals may be eligible for full Medicaid benefits or may be responsible for a portion of their medical bills which is called their recipient liability. Children who are not eligible for full Medicaid benefits may be eligible for Healthy Steps. Medicaid looks at a family's total countable income and subtracts allowed expenses to establish net income.

Some of the more common allowable expenses are:

- Taxes and other work related expenses
- Health insurance premiums
- Dependent care expenses
- Child support paid to a non household member

Other deductions may apply

How to Apply for Medicaid

Medicaid applications can be requested in person, by phone, or by writing to your [County Social Service Office](#). Medicaid applications are also available at certain hospitals. The phone numbers of County Social Service Offices are listed in local telephone directories under "Government Offices - County."

Medical Services Division

North Dakota Department of Human Services

600 E Boulevard Ave, Dept 325

Bismarck, ND 58505-0250

Telephone:(701) 328-2321 Toll-free: 1-800-755-2604 Fax: (701) 328-1544

E-mail: dhsmed@state.nd.us

Joint application: <http://www.state.nd.us/eforms/Doc/sfn00502.pdf>

Medicaid Income Levels Effective April 1, 2005

Family Size	Family Coverage (1931)	Medically Needy	SSI	Children Age 6-19 100% of Poverty	Preg. Women Child to Age 6 133% of Poverty	Transitional Medicaid 185% of Poverty
1	\$311	\$500	\$579	\$798	\$1061	\$1476
2	\$417	\$516	\$869	\$1070	\$1422	\$1978
3	\$523	\$666		\$1341	\$1784	\$2481
4	\$629	\$800		\$1613	\$2145	\$2984
5	\$735	\$908		\$1885	\$2506	\$3486
6	\$841	\$1008		\$2156	\$2868	\$3989
7	\$947	\$1083		\$2428	\$3229	\$4491
8	\$1053	\$1141		\$2700	\$3590	\$4994
9	\$1159	\$1200		\$2972	\$3952	\$5497
10	\$1265	\$1250		\$3244	\$4314	\$6000

When I go for my application interview, what should I take with me?

Proof of age, like a birth certificate

Proof of citizenship or alien status*

Recent paycheck stubs (if you are working)

Proof of your income from sources like Social Security, Supplemental Security Income (SSI), Veteran's Benefits (VA), retirement

Any bank books and insurance policies that you may have

Insurance benefit card or the policy (if you have any other health insurance)

Medicare Benefit Card

If I think I am eligible for Medicaid, should I cancel any other health insurance I might already have?

No. If you currently pay for health insurance or Medicare coverage or have the option of getting that coverage, but cannot afford the payment, Medicaid can pay the premiums under certain circumstances. Even if you are not eligible for Medicaid benefits, the premiums can still be paid, in some instances, if you lose your job or have your work hours reduced. If you need help with a COBRA premium, you must apply quickly, to determine if Medicaid can help pay the premium.

Income and Resource Levels are subject to yearly adjustments.

You may also own a home, a car, and personal property and still be eligible. The income and resources of legally responsible relatives in the household will also be counted.

Can I be eligible for Medicaid even if I make more money than the chart shows? Yes, some people can. Pregnant women and children can have higher income levels. Pregnant women, children, persons with disabilities, and others may also be eligible for Medicaid if their income and/or resources are above these levels and they have medical bills. Ask your Medicaid worker if you fit into one of these groups.

Services Covered By ND Medical Assistance

Medicaid covers a specific list of medical services. Some covered services have limitations or restrictions. It is a recipient's responsibility to ask a medical provider whether a particular service being provided is covered by Medicaid. Do not assume that all of the medical services you receive are covered and paid by Medicaid. Non-covered medical services are the recipient's responsibility.

The services listed below are a general listing; some covered services have limitations or restrictions.

Hospital

Inpatient: Covers room and board, regular nursing services, supplies and equipment, operating and delivery room, X-rays, lab and therapy.

Outpatient: Covers emergency room services and supplies, lab, X-ray, therapies, drugs and biologicals, and outpatient surgery.

Nursing Facility

Covers room and board, nursing care, therapies, general medical supplies, wheelchairs, and durable medical equipment.

Clinics, Rural Health Clinics

Covers outpatient medical services and supplies furnished under the direction of a doctor.

Hospice

Provides health care and support services to terminally ill individuals and their families.

Physicians

Covers medical and surgical services performed by a doctor; supplies and drugs given at the doctor's office; and X-rays and laboratory tests needed for diagnosis and treatment.

Prescription Drugs

Covers a wide range of, but not all, prescription drugs, insulin, family planning prescriptions, supplies, and devices. Requires a prescription from a doctor. Pharmacists can tell you if a particular drug is covered by Medicaid

Chiropractor

Covers X-rays and manual manipulation of the spine for certain diagnosis.

Health Tracks (EPDST)

Covers screening and diagnostic services to determine physical and mental status, and treatment to correct or eliminate defects or chronic conditions and help prevent health problems from occurring for children under 21. Also covers orthodontia and vaccinations

Home Health

Covers nursing care, therapy and medical supplies when provided in a recipient's home. Care must be ordered by a physician and provided by a home health agency.

Durable Medical Equipment and Supplies

Covers medical supplies such as oxygen and catheters and reusable equipment that is primarily medical in nature. Items must be medically necessary and do not include exercise equipment, personal comfort or environmental control equipment.

Dental

Covers exams, X-rays, cleaning, fillings, surgery, extractions, crowns, root canals, dentures (partial and full) and anesthesia.

Family Planning

Covers diagnosis and treatment, drugs, supplies, devices, procedures and counseling for persons of child bearing age.

Sterilization

Covers sterilization procedures if: (1) The recipient is at least 21 years old; (2) The recipient is legally competent; (3) The recipient signs an informed consent form; and (4) At least 30 days but not more than 180 days have passed between the signing of the consent form and the sterilization.

Podiatry

Covers office visits, supplies, X-rays, glucose and culture checks, and surgery procedures.

Mental Health

Covers psychiatric and psychological evaluations, inpatient services in a psychiatric unit of a hospital, individual-group-family psychotherapy, partial hospitalization services, and inpatient psychiatric and residential treatment centers services for individuals under 21 for the care and treatment of mental illness or disorders.

Ambulance

Covers ground and air ambulance trips, attendant, oxygen, and mileage when medically necessary to transport a recipient to the closest health care facility meeting his needs. House Bill 1282 permits ambulance personnel to refuse transport to an individual where medical necessity cannot be demonstrated and recommend an alternative course of action for the individual. If the ambulance was not medically necessary, Medicaid will not pay for the service.

Transportation

Covers non-emergency transportation services to and from the recipient's home to the closest medical provider capable of providing a medically necessary examination or treatment.

Vision

Covers exam, glasses, frames and some hard contact lenses for the correction of certain conditions. Replacement eyeglasses may only be provided after a minimum of 12 months for children under 21 or 24 months for adults if a lens change is medically necessary. An exception to the replacement limitation may be made if new eyeglasses are required for a significant change in correction and the eyeglasses are prior approved. Lost or broken glasses for individuals over 21 will not be replaced within the first two years.

Therapies

Covers physical and occupational therapy and speech and language pathology.

Waivered Services - Home and Community Based Services, Traumatic Brain Injury

Provides personal care and other services not otherwise covered under the Medicaid program to individuals who are at risk of institutionalization in a nursing facility.

If I can't leave the house, can I still apply?

Yes. Call your local social services office and ask how this can be done. You may also fill out the joint application and mail it into the state Medical Services Division.

FVND can also assist you in preparing the application.

To contact FVND call 888-522-9654, www.geocities.com/ndfv/ or write PO Box 163 Edgeley, ND 58433

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