

Frequently Asked Questions Regarding Medicaid Changes starting September 1, 2005

Are glasses and eye exams covered? Will treatment of medical conditions of the eyes be covered?

NOTE: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Coverage for eye glasses is being discontinued. Adults will be able to receive one eye exam every 2 years. They will also be able to have medical treatment for diseases of the eye (e.g., infection or injury).

Are dental services covered?

NOTE: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Coverage for routine dental including dentures has been discontinued. Dental services are covered if related to trauma or disease. If a dentist thinks trauma or disease is involved, then the dentist should ask for a prior authorization to deliver dental services. Dentists will be required to get prior authorization from Medicaid before delivering the service.

Have mental health services been discontinued?

No.

Does recipients' prescription and physician coverage continue?

Yes.

Have podiatry services been discontinued?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Some podiatry services continue to be covered. Coverage for the following foot care services has been discontinued: trimming of nondystrophic nails, debridement of nails by any method, excision of nail and nail matrix, and strapping of ankle and/or foot.

Are diabetic services covered?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Testing supplies continue to be covered. However, coverage for Diabetes Self Management training has been discontinued starting September 1, 2005

Will speech therapy, physical therapy and occupational therapy services be covered?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

No.

Is breathing equipment covered (CPAP, BiPAP, nebulizer, and oxygen)?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

If you are currently using breathing equipment or will need it in the future, you should talk to your physician so that your physician can tell Medicaid why this equipment is needed for you. If it is medically necessary, breathing equipment will continue to be covered.

Will Medicaid cover hospital beds, electric or manual?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Hospital beds are no longer covered starting September 1, 2005. If the hospital bed in your home was purchased, you will continue to have use of your bed and this will not affect you. Repairs or rental on hospital beds is not covered.

Are wheelchairs covered?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Wheelchairs are covered. Accessories and repairs for wheelchairs and wheelchair batteries are not covered.

Are leg braces covered?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Orthotic devices (all body braces, including leg braces,) are not covered.

How have Home and Community Based programs been affected?

There is no change in these programs.

Is there co-pay for in-home services?

There is no co-pay for in-home services.

Do I have to start paying a co-payment to receive certain services?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Yes. Medicaid has always had co-pays for certain services, and they remain unchanged. The amount of the co-pay will range from fifty cents (.50) to three dollars (\$3.00) depending on the service you receive, except for inpatient hospital co-pay, which is ten dollars (\$10.00).

What are the services subject to co-pay?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

Co-pays will apply to the following hospital and physician related services:

\$10.00	Inpatient Hospital Service
\$ 3.00	Outpatient or Emergency Room Service
\$ 1.00	Physician Service
\$.50	Clinic Service
\$ 1.00	X-ray and Laboratory Service
\$ 1.00	Nurse Practitioner Service
\$.50	CRNA Service
\$ 2.00	Rural Health Clinic Service
\$ 1.00	Case Management Service

\$ 2.00	Federally Qualified Health Care Service
\$ 2.00	Psychology Service

For Dental, Optical and Podiatry services the following co-pays apply:

If Medicaid pays the following amount for a service: You owe the following co-pay:

\$10.00 or less	\$.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

Does everyone pay co-pay?

Note: Medicaid/MC+ children, adults receiving assistance in a category for pregnant women or blind recipients and Medicaid recipients residing in a nursing home, will not be affected by the Medicaid changes starting September 1, 2005.

These groups do not have to pay co-payments:

- Recipients under 19 years of age;
- Managed Care enrollees
- Persons receiving Medicaid under a category of assistance for pregnant women or the blind;
- Services to residents of a skilled nursing facility; intermediate care nursing home; residential care home; adult boarding home or psychiatric hospital;
- Services to recipients who have both Medicare and Medicaid;
- Emergency or transfer inpatient hospital admissions;
- Emergency services provided in a hospital outpatient clinic or emergency room to treat a life threatening condition;
- Certain therapy services (physical therapy; chemotherapy; radiation therapy; chronic renal dialysis) except when provided as an inpatient hospital service;
- Family planning services;
- Services provided to pregnant women, directly related to the pregnancy or complications of the pregnancy.
- Foster care recipients;
- In-home/personal care services;
- Hospice services;
- Medically necessary services identified through an Early Periodic Screening, Diagnosis and Treatment screen (EPSDT);
- Mental health services;
- Medicaid waiver services.

How can I find out more information about the Medicaid Changes?

You should have received a letter in the mail, if the Family Support Division has your correct address. You may also get information by calling 1-800-392-2161. Because of the number of calls the Division of Medical Services is currently receiving you may need to try several times before someone answers, but keep trying. You may also go to the DMS website at www.dss.mo.gov/dms.

REMINDER: None of the changes outlined above affect Medicaid recipients residing in a nursing home, Medicaid/MC+ children, pregnant women or blind recipients. Nursing facility level of care must be indicated on the Medicaid eligibility file. When providing services to a recipient who is living in a nursing facility, or children, pregnant women or blind recipients, providers should continue to submit claims to Missouri Medicaid in the same way they did prior to September 1, 2005.