Medicare and Medicaid

A Health Care Safety Net for People with Serious Disabilities and Chronic Conditions

Second in the Series
MANAGING MEDICAL BILLS
Strategies for Navigating the Health Care System

Contents Include...

When, Where and How To Apply for Social Security Disability Determination, pages 7-12

An Overview of Medicare Parts A, B, C & D, pages 15-18

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NATIONAL ENDOWMENT FOR FINANCIAL EDUCATION

Medicare and Medicaid
A Health Care Safety Net for People with Serious Disabilities and Chronic Conditions

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Copies of this booklet, other booklets in NEFE's series *Managing Medical Bills: Strategies for Navigating the Health Care System*, and other resources about your rights in obtaining and keeping health insurance can be found online at the Web site of the Georgetown University Health Policy Institute, www.healthinsuranceinfo.net, and on the National Endowment for Financial Education consumer Web site, www.smartaboutmoney.org.

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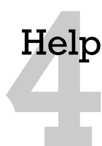

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Introduction

In the United States, we rely on health insurance for our ticket to health care. Unfortunately, millions of Americans are uninsured or underinsured. Some may be eligible for private or government insurance programs but have difficulty navigating the maze of complex rules and insurance jargon. Many more may not have any affordable coverage options or may not be eligible for any. Without health coverage for an illness or disability, the challenge of paying for necessary medical care can be daunting. Bills can accumulate. Access to health care can suffer.

A serious illness or disability can trigger a loss of job-based coverage—the source of health insurance on which most Americans rely—once a person can no longer work or must stop working to care for a loved one. A serious illness or disability also may require care that is not covered by private health insurance. In particular, long-term care services and supports—nonmedical services that assist people with disabilities in performing activities of everyday life, such as getting out of bed, dressing, toileting, managing a home, preparing meals, and managing finances—are rarely covered by private health insurance. Private health insurance can have other gaps, too. Cost sharing (co-pays, deductibles, etc.) for covered benefits and other out-of-pocket costs can pile up, causing financial stress.

This booklet provides general information about Medicare and Medicaid—two key government programs that can help meet the health-care and long-term services needs of some people with disabilities and other serious health conditions. Medicare and Medicaid offer an important safety net for people with disabilities and others who don't have private insurance to cover their health-care needs. For your convenience, Web site references provided in text are also listed as extended URLs in the End Notes at the back of the booklet.

Two other booklets in this series may also be of interest to you. One, *Understanding Private Health Insurance,* discusses strategies, legal rights, and protections that may help you get or keep private health coverage. The other, *Managing Medical Bills: Strategies for Navigating the HealthCare System,* reviews possible sources of free and reduced-cost care along with strategies for coping with medical debt when private health insurance or government programs can't help.

Chapter 1

Social Security Disability Determination: A Doorway to Public Benefits

Medicare and Medicaid are two important government-sponsored health insurance programs. Each has its own eligibility requirements. Both programs offer coverage to people with disabilities who obtain an official "determination of disability" from the federal government.

Finding Your Local Social Security Office

To find your local Social Security office or to get answers to your questions:

Online: Visit www.ssa.gov and click How to Contact Us at the top, and then click How to Find a Local Office at left. Enter your ZIP code and you will be able to obtain office location, phone number, office hours, and other useful information. You can also complete an application online at www.ssa.gov/applyforbenefits.

By toll-free telephone: Call 1-800-772-1213. Social Security operates this number from 7 a.m. to 7 p.m. (in your local time zone), Monday through Friday. If you have a touch-tone phone, recorded information and services are available 24 hours a day, including weekends and holidays.

By toll-free TTY telephone: Call 1-800-325-0778. This number, for people who are deaf or hard of hearing, is available between 7 a.m. and 7 p.m., Monday through Friday.

Medicare is federal government program that primarily provides retirement health insurance to working Americans once they turn age 65. However, people younger than 65 can also qualify for Medicare if they become disabled.

Medicaid is a federal and state government program that provides health coverage to people in certain categories: children and families, pregnant women, the elderly (age 65 or older), and people with disabilities. People in these categories qualify if they meet state-established income and resource standards and other eligibility requirements.

For both programs, if you are applying based on a disability, getting an official determination that you are disabled is an essential starting point. The place to obtain this disability determination is the Social Security Administration (SSA).

Finding your local Social Security office

To get more information and apply for Social Security disability benefits, you can visit your local Social Security field office, call and ask for materials to be mailed to you, or apply online. Request an application for benefits and information about the process. More details are in the box above.

Social Security disability benefits

Once you contact Social Security, the next step is to decide what kind of benefits to apply for. Social Security provides two kinds of cash disability benefits. You can apply for either or both.

» *Social Security Disability Insurance* benefits (*SSDI*) are available to people who have worked (and their dependents), who have paid the

required amount of Social Security taxes, and who are no longer able to work. You must be a U.S. citizen or lawfully present in the United States and have a Social Security number to apply for SSDI benefits. The amount of cash benefits under SSDI will depend on the past earnings on which you paid Social Security taxes. SSDI monthly benefits are usually greater than SSI benefits.

» *Supplemental Security Income* (SSI) is a cash benefit available to people who are disabled and who have very low incomes and assets (savings and property). To apply for SSI, you must have a Social Security number and either be a U.S. citizen or a "qualifying immigrant" who has been legally present in the United States for at least five years. Other non-citizens who had legal permanent resident status prior to Aug. 22, 1996 can also apply. Contact SSA for more information about eligibility for benefits for non-citizens. To qualify for SSI benefits, your income must be less than the maximum SSI benefit, which is $603 per month in 2006 ($904 for couples). In addition, your assets (such as money in savings accounts) must be less than $2,000 ($3,000 for couples). Not all income and assets are counted toward these limits.

Some people apply for both SSI and SSDI benefits. Often, SSI benefits can begin earlier than SSDI benefits (see chapter two, "Medicare for People with Disabilities", page 13 for more information about the SSDI waiting period). If you are approved for both, you should be aware that SSI benefits may end or be reduced once SSDI benefits begin if you no longer meet the SSI income standard. Contact the Social Security Administration for more information about SSI eligibility standards.

Applying for either SSDI or SSI requires you to go through the Social Security disability determination process. Information about this process is described in the next section of this chapter, "The Social Security disability determination process." Sometimes, people need to go through the Social Security disability determination process even when they do not seek or are not eligible for SSDI or SSI cash benefits. In particular, people who are eligible for COBRA continuation of health insurance coverage under their former employer's health plan may be eligible to extend this coverage for up to 11 months if they receive a disability determination from SSA. (See the first booklet, *Understanding Private Health Insurance,* for more information about COBRA continuation coverage.) You do not need to be eligible for either SSDI or SSI to request a disability determination from the SSA.

The Social Security disability determination process

The first thing to know about the Social Security disability determination process is that it can be lengthy. A relatively quick application process

Helpful Tip: If you are applying for SSI benefits, something called *presumptive disability* can speed up the disability determination process so you can receive benefits more quickly. Under presumptive disability, if you can prove there is a high likelihood that you will be determined to be disabled, SSA can provide you with SSI benefits for up to six months. If your application is ultimately denied, you will not have to pay back any benefits you received. If you think presumptive eligibility applies to you, make sure to request it with your initial application.

might take four to six months before you receive a positive determination from SSA. People diagnosed with a terminal illness can request expedited (faster) review of their application. Roughly 60 percent of people who apply for a determination are rejected at the initial application level. Many who appeal the initial denial win a positive determination at a later stage in the appeal process, but a case that requires multiple levels of appeals might take several years to complete.

SSA requires applicants to have extremely limited earnings (less than $830 per month) at all times during the disability determination process. This can pose a hardship for people who are likely to have significant ongoing medical expenses during this time and who lack other insurance to pay for their care. Therefore, successfully completing the process as quickly as possible is very important. To do this, it's important to understand the process, assemble complete medical records, and be sure to show up for any appointments that are scheduled for you.

Social Security's disability standard

SSA defines disability as the inability to earn $830 per month (in 2005) due to a severe, documented medical impairment that is likely to last 12 months or longer or result in death. SSA refers to this $830 monthly earning standard as *substantial gainful activity* or SGA.

Not all physical and mental impairments meet the standard of disability. For example, drug addiction and alcoholism are not quailfying conditions, even if they prevent you from working. Further, people with certain progressively disabling conditions only meet the criteria once the conditions are in an advanced stage. For example, persons with HIV generally do not qualify until they have an AIDS diagnosis; they can be ineligible for many years if they have HIV without the outward symptoms of advanced HIV infection. The same can be true for persons with multiple sclerosis, Parkinson's disease, and other progressively disabling conditions.

Disability onset date

One of the first important questions you will be asked is the date on which you became disabled. This is called the *disability onset date.* Give the earliest possible date you think you became unable to work because of your medical condition. The onset date is important because when you receive a disability determination, the date your benefits can begin will be based on this

Helpful Tip: There are important steps you can take to supplement the medical records retained by your physicians. These include keeping a *health care journal*. In this, you can keep track of all medications you take, when you visit the doctor, and the purpose and outcome of each doctor visit. In addition, your journal can include a log of symptoms. Write down the dates of every time you get sick, feel depressed, or encounter other health problems, as well as how long the problem lasts.

onset date. You will need to document your disability and when it began. (See the next chapter section, "Documenting your disability.") The disability onset date can be up to one year before the date of your application for a disability determination.

Documenting your disability

In most cases, getting a positive determination of disability from Social Security will require clear documentation (written proof) of both your *medical symptoms* and *functional loss.* The SSA will review your medical records to verify your disability, so it is important for these records to support your application. You want to:

» Discuss all of your medical symptoms with your doctor or other medical providers and make sure symptoms are documented in your medical record. For example, if you have physical pain or mental anxiety that makes it too hard for you to work, these symptoms should be noted in your medical record.

» Discuss all of your functional losses with your doctor or other medical provider and make sure these deficits are clearly documented in your medical records. For example, if your disability prevents you from standing, sitting, reading, or concentrating, make sure these impairments are noted in your medical record.

» Whenever possible, seek out a medical provider who understands the SSA application process, especially the documentation required to support your application. Talk to your provider about the importance of clear and consistent documentation of both medical symptoms and functional loss.

Begin developing this documentation as early as possible, as soon as you think you may need to obtain a disability determination. Go to your provider on a regular basis to ensure a sufficient amount of documentation to support your application.

It can also help to maintain a complete and organized copy of your own medical records. You can request copies of your medical records from your doctors and other providers. You have a legal right to receive your records, although you may have to pay a fee for the cost of making copies. For more information about your rights regarding your medical records, visit hpi.georgetown.edu[a] and search for "Center on Medical Record Rights and Privacy."

Other records and documents you will need

For the disability determination, you need to fill out the SSA application accurately and completely. Don't leave anything out. Though your application will focus on your primary disability, be sure to share with SSA every relevant medical problem that is contributing to your current status. For example, if you are applying for disability based on having AIDS, you should also reveal and document any other medical problem, such as diabetes.

Necessary Information When Applying for Social Security

- Your Social Security number and proof of your age
- Names, addresses, and phone numbers of doctors, hospitals, clinics, and institutions that have treated you and the dates of treatment
- Names of all medications you are taking
- Medical records from doctors, therapists, hospitals, clinics, and caseworkers you have visited
- Laboratory and test results
- A summary of where you worked and the kind of work you did
- Your most recent W-2 form, or your tax return if you're self-employed
- Information About Family Members:
  - Social Security numbers and proof of age for each person applying for benefits
  - Dates of prior marriages if your spouse is applying

IMPORTANT: You will need to submit original documents or copies certified by the issuing office. You can mail or bring them to the Social Security office. Social Security staff will make photocopies and return your original documents to you.

Be sure that all correspondence with the SSA is through certified mail or some other verifiable mechanism. In addition, keep all correspondence with the SSA for your records. *Never* throw away mail from SSA.

Appeal if your application is rejected

If your disability application is rejected at the initial stage, appeal. Don't start over. When you finally do succeed, your disability determination date will be based on the onset date in your most recent application.

Obtaining expert assistance

Consider seeking out an expert to help you—even just for a one-time consultation to review your case. An advocate often can be extremely helpful in navigating the SSA disability determination process. Often, for example, legal advocates can help bridge the language barrier that can exist between applicants, medical providers, and SSA representatives. (Sometimes it seems as though only lawyers and SSA repre-

sentatives understand the jargon of the disability process.)

If your process is a lengthy one, a legal advocate is even more important during the later stages. Experts in this process advise against going to a hearing without representation. Other complicated cases, including applicants with felony records, might benefit from legal counsel. Given the complexity of the SSA disability process, representation from an attorney seasoned in this field is advisable. The National Organization of Social Security Claimants' Representatives (NOSSCR) is an association of attorneys who are experts on the disability determination process. Through their Web site (www.nosscr.org), you can find attorneys who are knowledgeable about the disability process and find attorneys who might represent you for free.

Getting through the process

Many people experience financial difficulties as they go through the disability determination process. During a prolonged period when you are unable to work and have expensive health-care needs, significant lifestyle changes may be unavoidable. Affordable housing can be a particular challenge. Some people look into long-term arrangements with family or friends. Others apply for subsidized housing instead of paying commercial rates for an apartment. If you don't have other insurance to cover your health-care needs, you may want to explore the availability of free or reduced-cost health care offered by some providers, or options for negotiating discounts on the cost of care from other providers. The third booklet in this series, Options for Avoiding and Managing Medical Debt, contains information on these options.

To cover living expenses and medical expenses during the disability determination process, some people with financial assets (such as a home, retirement savings, life insurance policies) might begin to spend them or borrow against them. These steps could have serious long-term financial implications and should be exercised only after careful consideration and, if possible, consultation with a licensed, professional financial advisor.

Chapter 2

Medicare for People with Disabilities

Medicare is a program for eligible workers and retirees. Workers who become severely disabled before age 65 and no longer can work may be eligible for Medicare. To be eligible before age 65, you must be receiving Social Security Disability Income (SSDI) benefits. Before SSDI cash benefits begin, SSA requires applicants to wait five months after the date of onset of their disability.

Helpful Tip: You may be reading this document because you need **immediate** assistance. Medicaid, which is discussed in the next section, does not have a waiting period. Also, **it is possible to receive both Medicare and Medicaid**. Medicaid provides immediate coverage to low-income people during this waiting period.

Each program has distinct advantages and drawbacks. Therefore, even if you need immediate assistance, you should still apply for Medicare if you believe you qualify.

Medicare waiting period

Once a person becomes entitled to SSDI benefits, he or she must then wait 24 months before becoming eligible for Medicare. *This is called the Medicare waiting period*. (The waiting period does not apply to elderly people who qualify for Medicare at age 65.) The Medicare law exempts two groups of non-elderly individuals from the 24-month waiting period: persons with amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) and persons with end-stage renal disease (ESRD or kidney failure). These individuals qualify for Medicare coverage as soon as they qualify for SSDI.

Additionally, certain dependent adult children of Medicare beneficiaries are eligible for Medicare if they developed a permanent and severe disability before age 22. The two-year waiting period applies and starts when an individual turns 18 (or when he or she is determined to be disabled if it is after age 18).

How much can I earn and continue to be eligible for Medicare?

Medicare is not a *means tested* program, meaning your eligibility for Medicare is not based on your earnings or assets. However, if you are under the age of 65, you must be receiving Social Security Disability Income benefits (SSDI) to qualify for Medicare. If your earned income from a job exceeds $830 per month ($1,380 per month for persons who are blind), you will not meet the SSA standard of being too disabled to work and you will not be eligible for SSDI benefits—unless you are in a special program for Medicaid beneficiaries who re-enter the work force.

Helpful Tip: SSDI benefits are paid retroactive to the end of the five-month waiting period after the date of onset of disability. For example, if you became disabled on Aug. 1, 2004 but waited until Aug. 1, 2005 to apply for SSDI, Social Security could find the date of onset of disability was Aug. 1, 2004 (assuming your medical records support this finding). The five-month waiting period would end on Jan. 1, 2006. You would receive SSDI benefits retroactive to Aug. 1, 2004, even though you did not apply until Aug. 1, 2005.

Source: Whitman-Walker Clinic Legal Services Program Public Benefits Manual. September 2004.

Can a person with a disability on Medicare go back to work?

Yes, under certain conditions. Until fairly recently, federal law made it

What Medicare Covers	
Part A	Hospital insurance, including skilled nursing, some home health, and hospice services.
Part B	Physician and outpatient services, some home health care, durable medical equipment, and ambulance services.
Part C	Alternative to receiving traditional Medicare. Beneficiaries enroll in a Medicare Advantage health plan instead of participating in the other parts of Medicare.
Part D	Prescription drug coverage program (beginning January 1, 2006)

extremely difficult for individuals with disabilities to be employed and still keep their Medicare (or Medicaid) coverage. This was unfortunate because sometimes, gaining access to Medicare (and Medicaid), allowed people to receive the health care that made it possible to work again. To correct this flaw, Congress added several "work incentives" to the Social Security Act that enable recipients to:

» Receive education, training, and rehabilitation to start a new line of work.

» Keep some or all of your SSDI or SSI cash benefits while you work.

» Qualify for Medicaid coverage, or keep Medicaid coverage for which you already qualified, while you work.

» Retain Medicare coverage that you have already qualified for while you work.

For more information on how these incentives can enable you to work, contact the Social Security Administration at 1-800-772-1213 (TTY/TTD for the hearing impaired, 1-800-325-0778). Additionally, background information is available in *Keeping Medicare and Medicaid When You Work, 2005: A Resource Guide for People with Disabilities, Their Families, and Their Advocates*, available from the Kaiser Family Foundation at www.kff.org/medicare/7241.cfm.

What benefits and services does Medicare cover?

Medicare consists of several program components, called parts, and each covers different benefits as described in the chart above. Further discussion follows below.

Medicare Part A

Everyone in Medicare participates in the Part A program. Medicare Part A pays for hospital expenses, including hospitalizations in specialty psychiatric hospitals. Medicare Part A also pays for up to 100 days in a skilled nursing facility and for skilled home health services. For persons with a life expectancy of six months or less, it pays for hospice services. There is no premium for Part A of Medicare as long as you sign up for Medicare within six months of becoming eligible. See the "Medicare Part A—Summary of Cost-Sharing" Chart on Page 17 for more information.

Medicare Part B

The Part B program is voluntary. When enrolling in Medicare, individuals de-

cide whether they wish to pay a premium ($88.50 per month in 2006) and receive Part B benefits; more than 90 percent do sign up. Part B covers doctor visits and services, skilled home health services, durable medical equipment, outpatient hospital services, ambulance services, and lab tests. The Part B program also covers certain preventive health-care services. See the "Medicare Part B—Summary of Cost-Sharing" Chart on Page 18 for more information.

Helpful Tip: While Medicare Parts B and D are both voluntary, they are intended to decrease the costs for all beneficiaries by having all Medicare beneficiaries participate as soon as they become eligible for Medicare.

To prevent people from waiting to enroll in Parts B and D until an illness causes them to need physician services or prescription drugs, both programs have substantial late enrollment penalties. As a general rule, the penalty is 1 percent per month that a person delays enrolling in these programs. Therefore, a one-year delay results in premium surcharge of 12 percent and a five-year delay results in a premium surcharge of 60 percent.

Individuals are required to pay the late enrollment penalty for the rest of their lives (as long as they remain enrolled in the Medicare program).

Parts A and B are sometimes referred to as "traditional Medicare." Traditional Medicare allows you to get care from just about any doctor or hospital and rarely requires prior authorization before care is covered. However, deductibles and other cost sharing apply under traditional Medicare. Many people buy private, supplemental insurance as a result—although this is not always an option for non-elderly people with disabilities. Some qualify for supplemental coverage under Medicaid. (For more information, see chapter three, section "What is Supplemental Security Income (SSI)?", page 21).

Medicare Part C

The Part C program is a voluntary program that provides options for enrolling in a Medicare managed care program. Under Part C, private insurers offer "Medicare Advantage" health plans as an alternative to participating in Parts A, B, and D. Medicare Advantage plans combine the benefits of the other parts of Medicare into a health plan that takes responsibility for providing all Medicare benefits.

There are important trade-offs to weigh when considering a Medicare Advantage plan. Some plans offer premiums and cost-sharing that is lower than in traditional Medicare. Some plans offer expanded benefits. Typically, plans are able to do this, in part, by tightly managing the benefits. This could mean that if you enroll in a Medicare Advantage plan, all the doctors you want to see may not be covered. Deciding whether to enroll in

Medicare Part A–Summary of Cost Sharing, 2006

BENEFIT	BENEFICIARY PAYS
Inpatient hospital stay	
Days 1–60	$952 deductible applies, no other cost sharing for these days
Days 61–90	$238 per day
Days 91–150	$476 per day
Days 150+	The patient is responsible for paying all costs for these days
Skilled nursing facility	
Days 1–20	Nothing
Days 21–100	$119 per day
Days 101+	The patient is responsible for paying all costs for these days
Home health	No coinsurance for home health care; however, the patient must pay 20 percent of Medicare-approved amount for durable medical equipment (such as wheelchairs, walkers, etc.)
Hospice	Up to $5 for outpatient prescription drugs and 5 percent of Medicare-approved amount for inpatient respite care

Source: Centers for Medicare and Medicaid Services.

a Medicare Advantage plan is a personal choice, but the program's history of serving people with disabilities and chronic conditions has produced mixed results.

Medicare Part D

Part D is a voluntary program providing individuals with the opportunity to purchase Medicare prescription drug coverage. Like the Part B program, Part D requires a separate premium. You won't get Part D directly from Medicare, however. This coverage is sold by private insurers, which will set their own premiums. There is a standard Part D benefits package, although Part D plans are allowed to vary what drugs they cover and what cost sharing they require, subject to limits set by Medicare.

While the precise structure of the prescription drug benefit can vary from plan to plan, under the standard drug coverage plan, beneficiaries will be responsible for the following prescription drug costs in 2006:

- Pay the first $250 in drug costs (deductible).
- Pay 25 percent of total drug costs between $250 and $2,250.
- Pay all drug costs between $2,250 and $5,100 in total drug costs per year.
- Pay either $2 for generics and $5 for brand drugs or 5 percent of total drug spending (whichever is greatest) for all drug spending greater than $5,100 in drug spending per year.

Some people on Medicare won't need Part D coverage because they already have other prescription drug coverage (for example, as a retirement benefit from a former employer). If you have other, equivalent prescription drug coverage, you should request a letter from your health plan explaining that your other coverage is at least as com-

Medicare Part B–Summary of Cost Sharing, 2006

BENEFIT	BENEFICIARY PAYS
Deductible	$124 per year
Physician & other medical services	
MD accepts assignment*	20 percent of Medicare-approved amount
MD *does not* accept assignment	20 percent of Medicare-approved amount + (up to) 15 percent over Medicare amount
Outpatient hospital care	Coinsurance that varies by service
Ambulatory surgical services	20 percent of Medicare-approved amount
X-rays; durable medical equipment	20 percent of Medicare-approved amount
Physical, speech, and occupational therapy	20 percent of Medicare-approved amount for services in hospital outpatient facilities. In other settings, there is a $1,590 coverage limit for occupational therapy and for physical and speech-language therapy services combined
Clinical diagnostic laboratory services	No coinsurance
Home health care	No coinsurance, but pays 20 percent of Medicare-approved amount for durable medical equipment
Outpatient mental health services	50 percent of Medicare-approved amount
Preventive services	20 percent of Medicare-approved amount and no coinsurance for certain services, including flu and pneumococcal vaccinations
Bone mass measurement, diabetes monitoring, glaucoma screening	20 percent of Medicare-approved amount

* Assignment: provider agrees to accept the Medicare-approved amount as payment in full for the good or service.

Source: Centers for Medicare and Medicaid Services.

In general, if you don't sign up for Part D within six months of when you are first eligible, you may face a penalty if you change your mind and sign up later. If you have other comparable prescription drug coverage, you can decide not to enroll in Part D. If you subsequently lose that other coverage, you will be able to enroll in Part D without the late enrollment penalty.

Are there gaps in Medicare's benefits package?

While Medicare is a major payer for health services, it has significant gaps in coverage, including:

» Personal assistance services

» Institutional services

» Dental care and dentures

» Hearing aids

» Routine eye care and eyeglasses

» Routine foot care

» Many screening tests

» Bathroom grab bars and similar equipment

Even when Medicare covers a particular service or piece of equipment, it sometimes places restrictions on such coverage. For example, substantial cost sharing applies and there are limits on covered rehabilitation services (such as speech therapy following stroke),

depending on where you get the services.

What outpatient mental health services does Medicare cover?

Medicare Part B pays for many mental health services. When services are delivered specifically for mental health, the individual must pay half of the cost. However, Medicare Part B pays 80 percent of the Medicare-approved amount for some medical services that may be related to mental health, such as initial diagnostic services.

Chapter 3

Medicaid Coverage for Low-Income People with Disabilities and Others

Medicaid is a nationwide program funded jointly by the federal government and the states. Because every state plays a significant role in financing Medicaid services, each one has broad discretion in designing and administering its Medicaid program.

Seeking Information and Applying for Medicaid

Since each state operates its own program, there is not a central number that everyone can call to get information about Medicaid. Therefore, to get information, you need to call your state's Medicaid agency. You can find the number for your state in chapter 5 , section "Medicaid" on page 33. Some states refer to Medicaid as "Medical Assistance" or use other names. For example, Medicaid is called "Medi-Cal" in California and "TennCare" in Tennessee.

Within broad national guidelines set by the federal government, each state determines who qualifies for coverage, which services to provide, how much to pay providers, and how much cost sharing to charge beneficiaries. Thus, Medicaid programs vary considerably among states. This section provides information about federal Medicaid requirements and describes some of the ways states can go beyond federal standards to meet the diverse needs of people of all ages with disabilities.

Who is eligible for Medicaid?

State Medicaid programs must provide Medicaid to some people, called *mandatory populations*. These include pregnant women and children under age 6 with family incomes less than 133 percent of the poverty level ($1,787 per month in 2005 for a family of three) and older children (age 6 to 18) with family incomes less than the poverty level ($1,341 per month in 2005 for a family of three). States must also cover some low-income parents, as well as people with disabilities and the elderly who are eligible for Supplemental Security Income (SSI) benefits. In addition, states are required to assist certain low-income Medicare beneficiaries by paying their Medicare Part B premiums and, in some cases, cost sharing. For all of these eligibility categories, there are eligibility rules based on income and assets (financial resources other than the applicant's primary residence or vehicle).

What is Supplemental Security Income (SSI)?

As discussed previously, SSI is a program that provides cash benefits to eligible people who are disabled and have very low incomes and assets. SSI provides cash benefits up to a maximum federal amount ($603 per month in 2006). People generally apply for SSI if they do not qualify for SSDI or if their SSDI payments are very low. If your SSDI payment is less than $603 per month in 2006, SSI will supplement the SSDI payment up to the SSI payment level.

SSI beneficiaries generally qualify for health coverage under Medicaid.

Which groups of people can states choose to cover under Medicaid?

In addition to mandatory populations, states have the option to cover other people, called *optional populations*. These include certain other groups of children and their parents, people with disabilities, and the elderly with

Mandatory Medicaid Services All states must cover:	
Hospital care (inpatient and outpatient)	Early and periodic screening, diagnostic, and treatment (EPSDT) services and immunizations for children and youth under age 21
Physician services	Nursing home care
Laboratory and X-ray services	Home health services (including durable medical equipment, such as wheel chairs,) for those eligible for nursing home care
Family planning services	Transportation services for doctor, hospital, and other health-care visits
Health center (i.e. Federally Qualified Health Centers, or FQHCs) and rural health clinic services	
Nurse midwife and nurse practitioner services	
Source: Centers for Medicare and Medicaid Services	

incomes above mandatory coverage limits. For example, several states have expanded eligibility to people with disabilities who have incomes above the mandatory level ($603 per month, or 74 percent of the poverty level) up to the poverty level (or about $817 per month.) This can be an important way for states to extend Medicaid to more SSDI beneficiaries, as the average SSDI payment is typically higher than the SSI payment level. An important optional coverage group for many people with disabilities is the *medically needy*.

What does it mean to be "medically needy"?

Thirty-five states plus the District of Columbia operate medically needy programs. The medically needy option allows states to provide Medicaid to certain groups of individuals with high medical expenses who are in one of the mandatory or optional eligible populations but have incomes above the Medicaid eligibility limits. States with medically needy programs allow such persons to "spend down" by incurring medical expenses so their income minus medical expenses falls below a state-established medically needy income limit (MNIL). The opportunity to spend down is particularly important to elderly individuals living in nursing homes and children and adults with disabilities who live in the community and incur high prescription drug, medical equipment, or other health-care expenses, either following a catastrophic incident or due to a chronic condition.

Medically needy coverage is an important "last chance" source of Medicaid coverage for people who have moderate incomes but high medical expenses. To qualify, however, individuals must often spend a very high proportion of their income on medical expenses. Among states with medically needy programs, the average MNIL is slightly higher than 50 percent of the poverty level.

What benefits and services does Medicaid cover?

Medicaid requires states to cover certain mandatory services, which include

Optional Medicaid Services

ACUTE CARE

Prescribed drugs	Physical therapy and related services
Medical care or remedial care furnished by licensed practitioners under state law	Prosthetic devices
Diagnostic, screening, preventive, and rehabilitative services	Eyeglasses
Clinic services	TB-related services
Dental services, dentures	Primary-care case management services
	Other specified medical and remedial care

LONG-TERM SERVICES AND SUPPORTS

Intermediate care facility for people with mental retardation (ICF/MR) services	Home health-care services
Inpatient and nursing facility services for people 65 or older in an institution for mental diseases (IMD)	Case management services
Inpatient psychiatric hospital services for children	Respiratory care services for ventilator-dependent individuals
	Personal-care services
	Private-duty nursing services
	Hospice care

Source: Centers for Medicare and Medicaid Services

coverage for physician visits and hospitalizations. For children, Medicaid coverage is very comprehensive. The *early and periodic screening, diagnostic, and treatment* (EPSDT) benefit for children is mandatory and ensures that children on Medicaid have regular health screening (tests and checkups). If a disability or health condition is diagnosed in a child, the state must cover the treatment, even if it does not provide the same services to adults on Medicaid.

States also can cover additional services, called optional services. These services are frequently needed by people with disabilities and include prescription drugs, physical therapy, personal attendants, and rehabilitation services. All states provide coverage for many optional services. But the specific services covered and the limitations they place on the level of benefit provided vary substantially. For example, some Medicaid programs limit the number of physical therapy visits covered per year.

To find out which optional services are available in your state, the Kaiser Commission on Medicaid and the Uninsured and the National Conference of State Legislatures have developed an easy-to-use Web-based tool for determining which services each state covers. Go to www.kff.org/medicaidbenefits.

Note: In February, 2006, a new federal law was enacted giving states the

option, beginning in March 2006, to offer flexible benefits packages based on private insurance policies which may not include all of the Medicaid mandatory services. This flexibility does not apply to Medicaid services that must be offered to people who qualify for Medicaid because of a disability or to those who are also eligible for Medicare. Those two populations continue to be guaranteed access to all mandatory Medicaid services that are medically necessary.

If I receive Medicare, what is the advantage of also receiving Medicaid?

As a general rule, Medicare payment levels for providers are higher than for Medicaid. This can mean that Medicare beneficiaries may have a broader choice of providers than Medicaid beneficiaries. Medicare has some potentially significant gaps in its coverage, though. Roughly 7 million Americans are dually eligible—receiving both Medicare and Medicaid. For "dual eligibles," Medicare is the primary payer and Medicaid fills the gaps in Medicare coverage. This includes paying for benefits Medicare does not cover, as well as paying Medicare cost sharing. Medicaid also pays the Part B premium and the cost sharing for Medicare services described previously in this booklet.

Chapter 4

Help is Available for Individuals and Families

Many community and national resources are available to help people seeking to understand their options for public and private health coverage. If you already know of an organization you trust that provides services to people with certain conditions or advocacy organizations for health-care consumers, they may be able to provide you with assistance.

Organizations representing people with specific conditions or disabilities can be especially effective because they often know of special issues and concerns unique to persons in similar circumstances.

Potentially helpful national resources include:

Protection and Advocacy Programs. Contact the National Disability Rights Network (NDRN) at 202-408-9514 or www.ndrn.org for information about the protection and advocacy program in your state. The protection and advocacy system is a federally funded network that seeks to ensure that federal, state, and local laws are fully implemented to protect people with disabilities. While not true everywhere, many of these programs actively assist people with disabilities in accessing Medicaid.

Health Assistance Partnership. This program of Families USA (a national consumer organization) supports a network of consumer assistance programs (ombudsman programs) throughout the country. To find out if there is a program in your area, contact the partnership at 202-737-6340, infohap@healthassistancepartnership.org, or www.healthassistancepartnership.org.

State Health Insurance Assistance Programs. The State Health Insurance Assistance Program, or SHIP, is a national program that offers one-on-one counseling and assistance to people with Medicare and their families. SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities.

To find the SHIP in your state, call Medicare and ask for health insurance counseling: 1-800-MEDICARE (1-800-633-4227) or TTY (toll free): 1-877-486-2048.

Helpful Tip: Be persistent. The complicated patchwork system of public and private health coverage can be confusing. However, good options for assistance may be available even if you have already tried and failed to find help.

Because the health-care system is so complex, no single organization can know everything. Therefore, if you reach out to one advocacy group or community-based organization for assistance but don't find help there, keep looking. There may be another group out there with the expertise and resources to help you.

Chapter 5

For More Information

Social Security

Social Security has a toll-free number that operates from 7 a.m. to 7 p.m., Monday to Friday: 1-800-772-1213. If you have a touch-tone phone, recorded information and services are available 24 hours a day, including weekends and holidays. People who are deaf or hard of hearing may call 1-800-325-0778 (TTY), between 7 a.m. and 7 p.m., Monday through Friday. Please have your Social Security number handy when you call.

To find the local SSA office nearest you, call the toll free number or use the online locator at www.ssa.gov (click How to Contact Us at the top, and then click How to Find a Local Office at left).

Medicare

For general Medicare information, ordering Medicare booklets, and information about health-care plans, contact 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for assistance. English- and Spanish-speaking customer service representatives can answer questions about Medicare and provide up-to-date information regarding the health plans (Medicare Advantage plans and Part D plans) available in your area.

SHIPs

State Health Insurance Counseling and Assistance Programs (SHIPs) provide free counseling for Medicare problems and questions, including choice of Medicare benefits and coverage options, how to understand Medicare bills, and your rights and protections under Medicare. Call your state's SHIP for help with questions about Medicare rights and protections, help filing an appeal, policies to supplement Medicare coverage (known as “Medigap policies”), and Medicare health-plan choices.

To find the SHIP program in your state, see the chart on the following pages, or use the online locator at www.healthassistancepartnership.org.

SHIPs—State Health Insurance Assistance Programs

STATE	AGENCY NAME	TOLL-FREE	LOCAL NUMBER
ALABAMA	Dept. of Senior Services	1-800-243-5463	334-242-5743 334-242-0995 (TTY)
ALASKA	SeniorCare/Medicare Info. & Referral Office	1-800-478-6065 (in-state calls only)	907-269-3680 907-269-3691 (TTY)
ARIZONA	State Health Ins. Assistance Program	1-800-432-4040	602-542-6595 602-542-6366 (TTY)
ARKANSAS	State Health Ins. Assistance Program	1-800-224-6330	501-371-2782
CALIFORNIA	Health Ins. Counseling & Advocacy Program (HICAP)	1-800-434-0222 (in-state calls only)	714-560-0424
COLORADO	State Health Insurance Assistance Program	1-888-696-7213 En Español: 1-866-665-9668	303-899-5151 Metro Denver area 303-894-7880 (TTY)
CONNECTICUT	CHOICES	1-800-994-9422 (in-state calls only)	860-424-5245 860-842-5424 (TTY)
DELAWARE	ELDERinfo	1-800-336-9500 (in-state calls only)	302-739-6266
WASH., D.C.	Health Insurance Counseling Project (HICAP)		202-739-0668 202-973-1079 (TTY)
FLORIDA	SHINE (Serving Health Ins. Needs of Elders)	1-800-963-5337	850-414-2060 850-414-2001 (TTY)
GEORGIA	GeorgiaCares	1-800-669-8387	404-657-5334
GUAM	Dept. of Public Health and Social Services		671-735-7399

SHIPs Chart

STATE	AGENCY NAME	TOLL-FREE	LOCAL PHONE NO.
HAWAII	PLUS	1-888-875-9229	808-586-7299
IDAHO	Senior Health Ins. Benefits Advisors (SHIBA)	1-800-247-4422 (in-state calls only)	208-334-4278
ILLINOIS	Senior Health Insurance Program	1-800-548-9034 (in-state calls only)	217-785-9021 217-524-4872 (TTY)
INDIANA	Senior Health Insurance Info. Program	1-800-452-4800	317-232-5299
IOWA	Senior Health Insurance Info. Program	1-800-351-4664	515-281-6867
KANSAS	Senior Health Ins. Counseling for Kan. (SHICK)	1-800-860-5260	316-337-7386
KENTUCKY	State Health Insurance Assistance Program (SHIP)	1-877-293-7447	502-564-6930
LOUISIANA	Senior Health Insurance Info. Program	1-800-259-5301 (in-state calls only)	225-342-5301 225-342-5900 225-219-7731
MAINE	State Health Ins. Assistance Program (SHIP)	1-877-353-3771 (in-state calls only)	207-623-1797
MARYLAND	Senior Health Insurance Assistance Program	1-800-243-3425 (in-state calls only) 1-800-735-2258 (TTY)	410-767-1100
MASSACHUSETTS	Serving Health Info. Needs of Elders (SHINE)	1-800-243-4636	none
MICHIGAN	Medicare/Medicaid Assistance Program (MMAP)	1-800-803-7174	517-886-0899
MINNESOTA	SHIP/Senior LinkAge Line	1-800-333-2433	651-642-0388
MISSISSIPPI	Miss. Insurance Counseling & Assistance Program (MICAP)	1-800-948-3090	601-359-4956
MISSOURI	CLAIM Program	1-800-390-3330	573-817-8300

SHIPs Chart

STATE	AGENCY NAME	TOLL-FREE	LOCAL PHONE NO.
MONTANA	Senior and Long Term Care Division	1-800-551-3191 (in-state calls only)	406-444-4077
NEBRASKA	State Health Insurance Info. Program (SHIIP)	1-800-234-7119	402-471-2201
NEVADA	State Health Insurance Advisory Program	1-800-307-4444	702-486-3478 702-759-0874 (En Español)
NEW HAMPSHIRE	Health Insurance Counseling Education and Assistance Services (HICEAS)	1-800-852-3388 (in-state calls only)	603-225-9000
NEW JERSEY	Department of Health and Senior Services	1-800-792-8820 (in-state calls only)	609-943-3435
NEW MEXICO	Aging & Long Term Services Department	1-800-432-2080 (in-state calls only)	505-476-4828
NEW YORK	Health Insurance Information Counseling and Assistance Program (HIICAP)	1-800-333-4114	212-869-3850
NORTH CAROLINA	Senior Health Insurance Info. Program (SHIIP)	1-800-443-9354 (in-state calls only)	919-733-0111
NORTH DAKOTA	Insurance Department	1-800-247-0560	701-328-2440
OHIO	Senior Health Insurance Info. Program	1-800-686-1578	614-644-3458 614-644-3745 (TDD)
OKLAHOMA	Senior Health Ins. Counseling Program (SHICP)	1-800-763-2828 (in-state calls only)	405-521-6628
OREGON	Senior Health Ins. Benefits Assistance (SHIBA)	1-800-722-4134 (in-state calls only)	503-378-2014
PENNSYLVANIA	APPRISE	1-800-783-7067 Translation avail.	717-783-1550
PUERTO RICO	State Health Insurance Assistance Program (SHIP)	1-877-725-4300	787-725-4300

SHIPs Chart

STATE	AGENCY NAME	TOLL-FREE	LOCAL PHONE NO.
RHODE ISLAND	Senior Health Insurance Program	none	401-462-4000
SOUTH CAROLINA	Bureau of Senior Services	1-800-868-9095	803-734-9900
SOUTH DAKOTA	Senior Health Info. & Insurance Education (SHINE)	1-800-536-8197 1-800-877-1113 (TTY)	605-333-3314
TENNESSEE	Commission on Aging and Disability	1-877-801-0044	615-741-2056 615-532-3893 (TTY)
TEXAS	Department of Aging and Disabilities Services	1-800-252-9240	512-438-5724 (Austin area)
UTAH	Aging and Adult Services	1-877-424-4640 1-800-541-7735 (in-state calls only)	801-538-3910
VERMONT	Area Agency on Aging	1-800-642-5119 (in-state calls only)	802-748-5182
VIRGINIA	Virginia Insurance Counseling & Assistance Program (VICAP)	1-800-552-3402	804-662-9333
VIRGIN ISLANDS	State Health Insurance Assistance Program (SHIP)	none	340-772-7368 (STX) 340-714-4354 (STT)
WASHINGTON	Statewide Health Insurance Benefits Advisors	1-800-562-6900	360-725-7000 360-586-0241 (TDD)
WEST VIRGINIA	Bureau of Senior Services of West Virginia	1-877-987-4463	304-558-3317
WISCONSIN	State Health Insurance Assistance Program (SHIP)	1-800-242-1060 1-888-701-1255 (TDD)	608-246-7013
WYOMING	State Health Insurance Information Program	1-800-856-4398	307-856-6880

Medicaid

To contact the Medicaid program in your state, consult the following chart.

PROGRAM	WEB SITE	PHONE NUMBER
Alabama Medicaid Agency	www.medicaid.state.al.us	1-800-362-1504
Alaska Division of Public Assistance	www.hss.state.ak.us click "Public Assistance," then "Medicaid"[b]	1-888-804-6330 (statewide) 907-269-5777 (Anchorage)
Arizona Health Care Cost Containment Sys. *AHCCCS* ("Access")	www.ahcccs.state.az.us	602-417-4000
Arkansas Dept. of Human Services	www.medicaid.state.ar.us	1-800-482-8988 (in state calls only)
California Dept. of Health Services *Medi-Cal*	www.medi-cal.ca.gov	916-636-1980
Colorado Dept. of Health Care Policy & Financing	www.chcpf.state.co.us	1-800-221-3943 or 303-866-3513 (Denver area) 303-866-3883 (TTY)
Connecticut Dept. of Social Services	www.dss.state.ct.us click "Elders"[c]	1-800-842-1508 1-800-842-4524 (TDD/TYY)
Delaware Health and Social Services	www.state.de.us/dhss click "Medicaid"[d]	1- 800-372-2022 or 302-255-9500
Washington, D.C. Dept. of Health	www.dchealth.dc.gov click "Medicaid"[e]	202-442-5999
Florida Agency for Health Care Admin.	www.fdhc.state.fl.us/Medicaid	1-888-419-3456
Georgia Dept. of Community Health	www.communityhealth.state.ga.us click "Medicaid"[f]	404-651-8681

Medicaid Chart

PROGRAM	WEB SITE	PHONE NUMBER
Guam Division of Senior Citizens	dphss.govguam.net	671-735-7399
Hawaii Dept. of Human Services	www.med-quest.us	808-586-5390
Idaho Dept. of Health and Welfare	www.healthandwelfare.idaho.gov click “Medical”[g]	2-1-1 Idaho Care Line or 1-800-926-2588
Illinois Dept. of Healthcare and Family Services	www.hfs.illinois.gov	217-782-1200
Indiana Family and Social Services Admin.	www.IN.gov/fssa/healthcare	1-800-889-9949
Iowa Dept. of Human Services	www.dhs.state.ia.us click “Medicaid”[h]	1-800-972-2017
Kansas Dept. of Social & Rehab. Services Division of Health Care Policy Medicaid Customer Service Center	www.da.ks.gov/hpf click “Medical Assistance”[i]	1-800-933-6593 785-274-4200
Kentucky Dept. for Medicaid Services	www.chfs.ky.gov/dms	502-564-3477
Louisiana Dept. of Health and Hospitals	www.dhh.la.gov	225-342-9500
[Maine] Office of MaineCare Services	www.maine.gov/dhhs/bms/general.htm	1-800-321-5557 (in-state calls only) 207-624-7539
Maryland Dept. of Health and Mental Hygiene	www.dhmh.state.md.us/healthcare click “Medicaid and Health Insurance Programs”[j]	1-800-492-5231 410-767-5800
Massachusetts Office of Health and Human Services *MassHealth*	www.mass.gov/masshealth	1-800-841-2900 617-573-1770
Michigan Dept. of Community Health	www.michigan.gov/mdch click “Health Care Coverage”[k]	517-373-3740 517-373-3573 (TDD)

Medicaid Chart

PROGRAM	WEB SITE	PHONE NUMBER
Minnesota Dept. of Human Services	www.dhs.state.mn.us click “Health Care,” then “Medical Assistance”[l]	1-800-657-3672
Mississippi Dept. of Human Services Medicaid (for families and children)	www.dhhs.state.ms.us click “Division of Medicaid”[m]	601-359-6050
Mississippi Division of Medicaid Medicaid (for elderly and disabled persons)	www.dom.state.ms.us	1-800-421-2408
Missouri Division of Family Services	www.dss.state.mo.us	1-800-392-1261
Montana Dept. of Public Health and Human Services, Health Resources Division	www.dphhs.mt.gov click “Programs and Services,” then “Medicaid”[n]	406-444-4540
Nebraska Health and Human Services System	www.hhs.state.ne.us click “Financial Support,” then “Medicaid”[o]	1-877-255-3092 402-471-2306
Nevada Div. of Health Care Financing & Policy	www.dhcfp.state.nv.us	775-684-3600
New Hampshire Dept. of Health and Human Services Division of Family Assistance	www.dhhs.state.nh.us	1-800-852-3345, ext. 4580 (in-state calls only) 603-271-4580
New Jersey Dept. of Human Services Div. of Medical Assistance and Health Services	www.state.nj.us	1-800-356-1561 (in-state, and parts of NY, PA and DE calls only) 609-588-2600
New Mexico Human Services Dept. Medical Assistance Division	www.state.nm.us click “Living in New Mexico,” scroll to “Health and Social Services,” then click “Medicaid”[p]	1-888-997-2583 505-827-3100

Medicaid Chart

PROGRAM	WEB SITE	PHONE NUMBER
New York Dept. of Health	www.health.state.ny.us	518-486-9057
North Carolina Dept.of Social Services CARE-LINE	www.dhhs.state.nc.us click “Divisions and Contacts,” then “Home for the Div. of Medical Assistance,” then “Contact Us”[q]	919-855-4400 919-733-4851 (TTY) email: care.line@ncmail.net
North Dakota Dept. of Human Services Medical Services	www.nd.gov/humanservices	1-800-755-2604 701-328-2321 701-328-3480 (TTY)
Ohio Dept. of Job and Family Services	www.state.oh.us/odjfs click “Medicaid”[r]	1-800-292-3572 (TDD) 1-800-324-8680 614-466-6282
Oklahoma Dept. of Human Services Family Support Services Division	www.okdhs.org/fssd	405-521-3076
Oregon Dept. of Human Services Office of Medical Assistance Programs	www.oregon.gov/dhs	1-800-527-5772 (in-state calls only) 1-800-735-2900 (TTY) 503-945-5772
Pennsylvania Dept. of Public Welfare	www.dpw.state.pa.us	1-800-692-7462
Pennsylvania Dept. of Public Welfare Office of Medical Assistance Programs (OMAP)	www.dpw.state.pa.us/omap	717-787-1870
Puerto Rico Governor’s Office of Elderly Affairs	none	1-877-725-4300
Rhode Island Dept. of Human Services	www.dhs.state.ri.us/dhs under “Services for Adults” click “Medical Assistance Program”[s]	401-462-5300
South Carolina Dept. of Health and Human Services	www.dhhs.state.sc.us	1-888-549-0820

Medicaid Chart

PROGRAM	WEB SITE	PHONE NUMBER
South Dakota Dept. of Social Services	www.state.sd.us click on “Family/Health,” then “Department of Social Services,” then “Medical Services”[t]	1-800-305-3064
Tennessee Dept. of Finance and Admin. Bureau of TennCare	www.state.tn.us/tenncare click “TennCare Eligibility”[u]	1-800-342-3145
Texas Health & Human Services Commission	www.hhsc.state.tx.us	1-800-448-3927
Utah Dept. of Health	www.health.utah.gov/medicaid	1-800-662-9651 801-538-6155 (Salt Lake City area)
Vermont Agency of Human Services	www.dsw.state.vt.us	1-800-250-8427
Virginia Dept. of Medical Assistance Services	www.dmas.virginia.gov	804-786-7933
Washington Dept. of Social & Health Services	www.dshs.wa.gov	1-800-397-4422
West Virginia Dept. of Health and Human Resources	www.wvdhhr.org	1-800-642-8522 304-558-5388
Wisconsin Dept. of Health and Family Services Recipient Services Hotline	www.dhfs.state.wi.us, select “Medicaid” from the “A-Z Topic List”[v]	1-800-362-3002
Wyoming Dept. of Family Services	wdhfs.state.wy.us/medicaid	1-800-251-1269

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End Notes

This section provides detailed URLs for cited resources as noted.

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[a] hpi.georgetown.edu/privacy/records.html

[b] www.hss.state.ak.us/dpa/programs/medicaid

[c] www.ct.gov/dss/cwp/view.asp?a=2345&Q=304924&dssNav=|

[d] www.state.de.us/dhss/dss

[e] dchealth.dc.gov/doh/cwp/view,a,1370,q,574892,dohNav_GID,1787,dohNav,|33139|.asp

[f] dch.georgia.gov/00/channel_title/0,2094,31446711_31944826,00.html

[g] www.healthandwelfare.idaho.gov/site/3330

[h] www.dhs.state.ia.us/bes/bes.asp

[i] www.da.ks.gov/hpf/medicalpolicy/MedicalAssistance/MedicalAssistanceIndex.htm

[j] www.dhmh.state.md.us/healthcare/medhealthins.htm

[k] www.michigan.gov/mdch/0,1607,7-132-2943---,00.html

[l] www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_006254.hcsp

[m] www.dom.state.ms.us/Eligibility_and_Services/body_eligibility_and_services.html

[n] www.dphhs.mt.gov/programsservices/medicaid.shtml

[o] www.hhs.state.ne.us/med/medindex.htm

[p] www.state.nm.us/hsd/mad/Index.html

[q] www.dhhs.state.nc.us/dma/contactus.htm

[r] www.state.oh.us/odjfs/ohp/0001general.stm

[s] www.dhs.state.ri.us/dhs/adults/dmadult.htm

[t] www.state.sd.us/social/medicaid/chip

[u] state.tn.us/tenncare/members/eligible1.htm

[v] www.dhfs.state.wi.us/Medicaid

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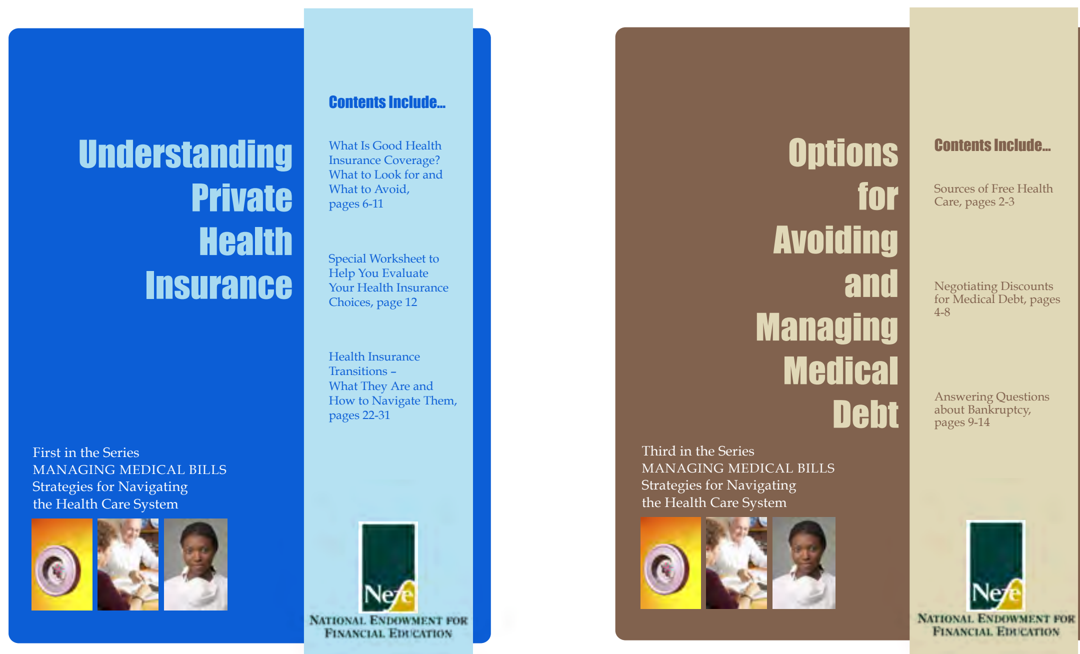

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