

Things You Need to Know after Eligibility

When the person you represent becomes eligible for long term care medical assistance, there are some things you need to know: The first thing is that *Medical Assistance* and *Medicaid* are the same thing. The terms are used interchangeably.

Payment Toward Cost of Care:

The patient is expected to pay from monthly income whether he or she is able. There are certain deductions allowed from the gross income. What remains afterward is considered available for payment toward cost of care. The state is billed for everything else.

Medicare Buy in:

Beginning with the third month of eligibility, the state will pay the Medicare Part "B" premium which has been coming out of social security or railroad retirement checks. The institutionalized person will be paying the difference to the long term care facility. If delays occur in the buy in process, a refund will be given.

Payment of Medical Bills Outside the Institution:

Medical Assistance is always the last payer. Medicare and any supplement insurance the patient has have to be billed first for anything they may pay. Medicaid will pay the difference in the following manner: For any medical bills you receive for services rendered from the first day of the month of eligibility after other insurance's have paid, you will need to return the bills to the provider of service with the Medicaid Number and a note requesting they bill Medical Assistance. The program will only pay the provider and will not reimburse any bills which have already been paid. The Medical Assistance Number is a 11-digit number given to you on your letter of eligibility. The medical card goes to the nursing home.

Uncovered Services:

There is several services Medical Assistance does not cover. They are: hearing aids, dental work (including dentures), and eye glasses. Please contact your worker if one of these services is needed and they will explain how they may be able to help.

Changes in Circumstances:

It is very important that you report any changes as soon as possible after they occur. These include, but are not limited to representatives' address, institutionalized person's address, opening or closing of any bank accounts, changes in income from any source, no matter how small the change, and changes in health insurance premiums.

Resource Limit for Medical Assistance:

The resource limit for medical assistance is \$2,500. It is imperative that the countable resources including bank accounts, cash value of life insurance if counted, values of owned vehicles if counted, etc., total no more than \$2,500 on the first day of every month (prior to deposit of monthly income).

The personal needs' allowance (\$68.00 per month) will become an asset if allowed to remain in the account past the end of the month. Be sure to use it each month.

Bed Reservation:

The state will pay to hold the patient's bed in the nursing home for 15 days if the patient has to go to the hospital. On the 16th day, the reservation is canceled and the patient has to pay privately to hold the same bed. If the patient is unable to hold the bed privately, the bed reservation will expire and it will be the responsibility of the hospital to find a bed for the patient when he or she is ready to return to a long term care facility. Medical Assistance eligibility is not affected by the expiration of bed hold.

Annual Reconsideration:

Once a year a packet will be sent to you to redetermine eligibility for the next year. The packet is sent from Baltimore and includes an application form for institutionalized individuals. If you call us when you receive this application, we will assist you in completing and returning it.