

Your Guide to
Alabama
Medicaid



Your Link to Alabama Medicaid is just a click away!

Recipients now have a web page with helpful information!

Check out the Alabama Medicaid Agency website at

www.medicaid.alabama.gov

Click on **Recipients, Applicants and Sponsors**



What you will find:

- ◆ online applications
- ◆ answers to your questions
- ◆ contacts to people who can help you
- ◆ forms you need
- ◆ educational materials
- ◆ links to other programs and agencies
- ◆ Spanish-language documents
- ◆ advance directive information

What's new!

My Medicaid, a secure online Web link where you can find information about your Medicaid account and make changes.

On *My Medicaid* you can:

- ◆ check your Medicaid status
- ◆ replace a lost or damaged Medicaid card
- ◆ change your Patient 1st Doctor
- ◆ see the number of doctor visits you have and how many visits you have left

Your Guide to Alabama Medicaid

A Summary of Covered Services



Information current as of December 6, 2013

Visit the Medicaid website at

www.medicaid.alabama.gov

for the most current details

Welcome to Medicaid!

Please read this handbook

- ◆ It tells you about the medical services that Medicaid covers.
- ◆ It tells you about the medical services that Medicaid does not cover.
- ◆ It also tells you what your rights and duties are when you have Medicaid.

Alabama Medicaid Agency

1-800-362-1504

**When you call, have your Social Security
or Medicaid number ready.**

TDD: 1-800-253-0799

(TDD is a special device for the hearing impaired)

All information in this booklet is general and may change.

**To make sure you get the latest information, call the
Alabama Medicaid Agency or visit the Agency website
at www.medicaid.alabama.gov**

All Medicaid services are made available in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990.

Complaints concerning these matters should be directed to the
Civil Rights Coordinator, Alabama Medicaid Agency.

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Who provides Medicaid services?

Health care providers give Medicaid services. These providers include: doctors, dentists, optometrists, hospitals, drug stores, nursing homes, labs, rural health clinics,



community health centers, health care centers for the homeless, federally qualified health centers, ambulatory surgical centers, nurse practitioners, nurse midwife, and physician assistants.

Be sure to ask any health care provider you plan to go to, if he or she will take your Medicaid before any medical service is given. Some health care providers may not take Medicaid.

Some health care providers outside of the Patient 1st program can choose to take Medicaid for one person, but not another. See page 16 for Patient 1st information.

Receiving medical services:

In order for Medicaid to pay for your medical services:

- you must be covered by Medicaid at the time you get your medical service
- you must be getting a medical service that is covered by Medicaid
- you must not have used up all of your covered services

If you have used up all of your covered services, Medicaid will not pay for extra medical services.

You may be asked to pay a small part of the cost of some medical services you get. This is called a copayment. Medicaid will pay the rest. You will pay this copayment to the doctor, clinic or other provider. See page 14 for the copayment amounts.



Medical services covered by Medicaid

Note: Coverage for SOBRA children stops at age 19.

Ambulance Services: Please look at the Transportation section, page 12.

Dental Services for recipients under 21 years of age: Medicaid pays for a checkup and teeth cleaning every six months. Medicaid pays for some crowns, extractions (pulling teeth), fillings, root canals, TMJ surgery and X-rays. Some services must be approved by Medicaid ahead of time.

Doctor Services: Medicaid pays for 14 doctor visits per calendar year. These include visits to the doctor's office, emergency room (unless it is a certified emergency), health care clinics and centers.

Eye Care Services (for adults): Medicaid pays for eye exams and eyeglasses once every three calendar years for recipients 21 years of age or older. Contact lenses may be provided only under certain conditions and when approved ahead of time.

Eye Care Services (for recipients under 21 years of age): Medicaid pays for eye examinations and glasses once every calendar year. Additional covered services may be available if medically necessary.

Medical services covered: (continued)

Family Planning Services: Family planning services are available to women of childbearing age and men of any age. Birth control methods covered by Medicaid include birth control pills, IUDs, diaphragms, shots, and implants.



Medicaid pays for women age 21 and older to have their tubes tied and vasectomies for men 21 years of age and older. Consent forms must be signed at least 30 days before the surgery. Call your doctor, nurse midwife, county health department or family planning clinic for this surgery.

NOTE: Family planning services do not count against regular doctor's office visits.

Preventive Health Education Services: Medicaid pays for classes on preparing for childbirth and preventing teenage pregnancy. Hospitals, county health departments, and other groups offer these classes.

Hearing Services (for recipients under 21 years of age): Medicaid pays for one hearing screening every calendar year beginning at 5 years of age and for hearing aids. Additional covered services may be available if medically necessary.

Home Health Services: Medicaid provides for certain medical services in your home if you have an illness, disability, or injury that keeps you from leaving home without special equipment or the help of another person. Services can be part-time or off and on during a certain period of time. (These services may keep you from needing hospital or nursing home care.)

Certain medical supplies, equipment, and appliances which can be used in the home are also covered with some limits.

Hospice Services: Medicaid pays for hospice care for terminally ill persons. There is no limit on hospice days. Covered hospice services include nursing facility care, medical social services, doctors' services, short-term inpatient hospital care, medical appliances and supplies, medicines, home health aide and homemaker services, therapies, counseling services, and nursing home room and board.



Hospital Services: Medicaid covers inpatient care and outpatient services.

1) Inpatient Hospital Care - Medicaid inpatient days are unlimited as long as hospital care is medically necessary. Coverage is for a semiprivate room (2 or more beds in a room). If you ask for a private room, you must pay the difference in the cost.

In certain hospitals, nursing home care services are provided to Medicaid patients who are waiting to go into a nursing home. This is called **Post Hospital Extended Care (PEC)**.

2) Outpatient Care - Medicaid pays for 3 non-emergency outpatient hospital visits per calendar year. There are no limits on other outpatient hospital visits including certified emergency room visits.

Medicaid pays for 3 **outpatient** surgical procedures per calendar year if the surgeries are done in a place called an **Ambulatory Surgical Center**.

Medical services covered: (continued)

Medicaid also pays for emergency outpatient services when there is a certified emergency. A “certified emergency” is when you have a serious health problem that you reasonably believe could cause serious damage to your health or your body **if you do not get medical care right away.**

NOTE: A non-certified outpatient emergency room visit counts as 1 doctor visit and 1 outpatient visit. If you are in the Patient 1st program, a referral is needed from your personal doctor. See page 16.

3) Psychiatric Hospital Services - Medicaid pays for medically necessary services in a psychiatric hospital for recipients under 21 years of age and adults over age 65.

Laboratory and X-Ray Services:

Medicaid pays for laboratory and X-ray services when they are medically necessary.



Maternity Services: Medicaid pays for prenatal (before the baby is born) care, delivery and postpartum (after the baby is born) care. See page 17 for more information about the **Maternity Care Program.**

Mental Health Services: Medicaid pays for treatment of people diagnosed with mental illness or substance abuse. The treatment is provided through community mental health centers for eligible children and adults, and through the Department of Human Resources (DHR) and the Department of Youth Services (DYS) for children under 21 years of age being served by DHR and DYS.

NOTE: The services received from a mental health center do not count against regular doctor's office visits or other Medicaid covered services.

Nurse Midwife Services: Medicaid covers nurse midwife services for maternity care, delivery, routine gynecology services, and family planning services.

Nursing Home Care Services: Medicaid pays for nursing home room and board, medicines prescribed by your doctor and 14 visits from your doctor per calendar year while you are in a nursing home.

In certain hospitals, nursing home care services are provided to Medicaid patients who are waiting to go into a nursing home, if they meet the guidelines for nursing home care. This is called **Post Hospital Extended Care (PEC)**.



Medicaid also pays for long term care for people who are intellectually disabled.

Out-of-State Services: Services that Medicaid covers in Alabama may be covered out-of-state if:

- you have a certified emergency
- it would be hazardous to have you travel back to Alabama for treatment
- the medical services needed are more readily available in the other state
- an out-of-state medical provider has a contract with Medicaid in Alabama

Medical services covered: (continued)

NOTE: The medical provider must agree to enroll as a provider with the Alabama Medicaid Agency. Some services must be approved before the service can be given by an out-of-state provider.

Prescription Drugs: Medicaid pays for most medicines ordered by your doctor. There are some drugs that must be approved by Medicaid ahead of time. Medicaid limits the number of drugs each month for some recipients. Your doctor or pharmacist can tell you which drugs are paid for by Medicaid.



Renal Dialysis Services: Medicaid pays for 156 outpatient dialysis treatments each year for recipients with kidney failure. Medicaid also pays for certain drugs and supplies.

Transplant Services: Medicaid pays for some organ transplants. If a transplant is needed, the recipient's doctor will work directly with Medicaid to arrange for the transplant.

Home and Community Based Waivers:

Medicaid pays for services for certain disabled clients who prefer to stay in their home rather than be admitted to a nursing home. Find out more about these waivers on Medicaid's website or contact the following:

- **Alabama Community Transition Waiver -** Contact the Alabama Department of Rehabilitation Services at 1-800-441-7607.
- **Elderly and Disabled Waiver -** Contact your local Area Agency on Aging at 1-800-243-5463.
- **HIV/AIDS Waiver -** Contact your local Area Agency on Aging at 1-800-243-5463.
- **Living at Home Waiver-** Call 1-800-361-4491.
- **State of Alabama Independent Living Waiver -** Contact the Alabama Department of Rehabilitation Services at 1-800-441-7607.
- **Technology Assisted Waiver for Adults -** Contact the Alabama Department of Rehabilitation Services at 1-800-441-7607.
- **Waiver for Persons with Intellectual Disabilities -** Call 1-800-361-4491.
- **PACE Program:** PACE (Program of All-Inclusive Care for Elderly) provides community-based care and services to elderly and disabled adults in Baldwin and Mobile Counties who would otherwise need nursing home care.



Medical services covered: (continued)

Transportation:

1) Ambulance Services - Medicaid pays for ambulance services only when medically necessary. (Medical necessity is determined by a set of guidelines and is related to the condition of the patient at the time of transport.) Medicaid will not pay for an ambulance service if another means of transportation can be used without harming the health of the patient.



2) Non-Emergency Services - The Medicaid Non-Emergency Transportation Program is set up to help cover the cost of transportation to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments without obvious hardship. Medicaid issues payments for these medically necessary appointments. These rides must be approved by Medicaid ahead of time before payment is made.

If you need help to pay for a ride to a medical doctor or other medical appointment, call 1-800-362-1504. The call is free.

Medical services NOT covered by Medicaid:

Below is a partial listing of some goods and services that are not covered by Medicaid in Alabama.

Medicaid will NOT pay for:

- cosmetic surgery or procedures
- dental services for recipients age 21 and older
- dental services for pregnant women who are eligible for pregnancy-related services only
- dental services for women who are eligible for family planning services only
- dental services, such as routine orthodontic care (braces), routine partials, dentures or bridgework, gold caps or crowns, or periodontal or gum surgery
- hearing services for recipients age 21 and older
- hospital meal trays or cots for guests
- TV rentals and VCRs in hospital rooms
- infertility services or treatment
- recreational therapy or experimental treatments, supplies, equipment or drugs
- respiratory therapy, speech therapy, and occupational therapy for recipients age 21 and older
- services or treatment if a person is not eligible for Medicaid
- sitter services
- any service not covered under the State Plan for Medical Assistance

Copayments for Medicaid services:

You may be asked to pay a small part of the cost (copayment) of some medical services you receive. Medicaid will pay the rest. Providers cannot charge any additional amount other than the copayment for Medicaid covered services.

Federal law allows Medicaid to charge up to the maximum copayments for covered services as listed below:

Services	Amount You Pay
Doctor visits	\$1.30 to \$3.90 for each visit
Optometric (eye care) services	\$1.30 to \$3.90 for each visit
Certified nurse practitioner visits	\$1.30 to \$3.90 for each visit
Health care center visits	\$3.90 for each visit
Rural health clinic visits	\$3.90 for each visit
Inpatient hospital	\$50 for each admission
Outpatient hospital	\$3.90 for each visit
Prescription drugs	65¢ to \$3.90 for each prescription
Medical equipment	\$1.30 to \$3.90 for each item
Supplies and appliances	65¢ to \$3.90 for each item
Ambulatory surgical centers	\$3.90 for each visit

You do not have to pay a copayment if you are a Medicaid recipient who is:

- in a nursing home
- under 18 years of age
- pregnant
- a Native American Indian with an active user letter from Indian Health Services (IHS)

The following services DO NOT require a copayment:

- birth control (family planning) services
- case management services
- chemotherapy
- dental services for recipients under 21 years of age
- doctor fees if surgery was done in the doctor's office
- doctor visits if you are in a hospital or nursing home
- emergencies
- home and community services for the intellectually disabled, the elderly and the physically disabled
- home health care services
- mental health and substance abuse treatment services
- physical therapy in a hospital outpatient setting
- radiation treatments
- renal dialysis treatments

Special Medicaid programs:

Patient 1st

All Alabama counties are in the Patient 1st program. Patient care networks have been started in some areas of the state. If you live in an area that has a Patient Care Network, a network employee may contact about ways to improve your health.

If you are in the Patient 1st program, you will pick a personal doctor and go to that doctor each time you need care. Your personal doctor will refer you to other doctors if needed and will take care of getting you into a hospital if you need to go. Medicaid will pay for care only if you go through your personal doctor first. The purpose of the Patient 1st program is to be sure recipient get the health care they need.



To change your Patient 1st doctor, you can complete an online form by clicking on *My Medicaid* on the Agency website at www.medicaid.alabama.gov or call 1-800-362-1504. The call is free.

You are not part of Patient 1st if you are:

- a Medicaid recipient who is also on Medicare
- a foster child
- locked-in to one doctor and one drug store
- adult women receiving limited SOBRA benefits
- covered by managed care insurance through your job or a family member's job
- in an institution, such as a nursing home
- a Department of Youth Services child

Maternity Care Program

If you are on Medicaid you must get your prenatal and delivery care from the Maternity Care Program in your district. All programs provide prenatal (before the baby is born) care, delivery and postpartum (after the baby is born) care. You have a choice of participating health care providers and hospitals in this program.

The following is a list of the districts and the counties served. Call the phone number for your maternity care as soon as you know you are pregnant. The call is free:



District 1: If you live in any of these counties: Colbert, Franklin, Lauderdale or Marion, call 1-888-500-7343.

District 2: If you live in any of these counties: Jackson, Lawrence, Limestone, Madison, Marshall or Morgan, call 1-888-500-7343.

District 3: If you live in any of these counties: Calhoun, Cherokee, Cleburne, DeKalb or Etowah, call 1-888-490-0131.

District 4: If you live in any of these counties: Bibb, Fayette, Lamar, Pickens or Tuscaloosa, call 1-877-553-4485.

District 5: If you live in any of these counties: Blount, Chilton, Cullman, Jefferson, St. Clair, Shelby, Walker or Winston, call 1-877-997-8377.

District 6: If you live in any of these counties: Clay, Coosa, Randolph, Talladega or Tallapoosa, call 1-877-826-2229.

District 7: If you live in any of these counties: Greene or Hale, call 1-877-553-4485.

District 8: If you live in any of these counties: Choctaw, Marengo or Sumter, call 1-877-553-4485.

District 9: If you live in any of these counties: Dallas, Perry or Wilcox, call 1-877-553-4485.

District 10: If you live in any of these counties: Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery or Pike, call 1-877-826-2229.

District 11: If you live in any of these counties: Barbour, Chambers, Lee, Macon or Russell, call 1-877-503-2259.

District 12: If you live in any of these counties: Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe or Washington, call 1-877-826-2229.

District 13: If you live in any of these counties: Coffee, Dale, Geneva, Henry or Houston, call 1-800-735-4998.

District 14: If you live in Mobile County, call 1-251-415-8585.

***Pregnant women who are not U.S. citizens and do not have a green card are not part of the Maternity Care Program. Medicaid will only pay for pregnancy-related emergency services, including labor and delivery.**

Special Medicaid programs: (continued)

Well-Child Checkup Program

(Also known as the EPSDT Screening Program)

The Well-Child Checkup (screening) Program is for all Medicaid eligible recipients under 21 years of age who have full benefits, except those who receive pregnancy-related or family planning services only. Coverage for SOBRA children ends at age 19. This screening program provides for well-child checkups so any disease or physical problem can be detected early and the child can receive needed treatment.



If the doctor finds a medical problem during a screening, the child can be referred for extra doctor visits and may qualify for medically necessary private duty nursing, physical therapy, speech therapy, occupational therapy, medical equipment and supplies, psychology services, transportation services (see page 12), and personal care services.

Children are limited to 14 doctor visits each calendar year. In addition, well-child checkups (screenings) may be done up to 6 times before a child reaches 12 months of age, 3 more times by age 24 months, and once every year starting on the child's third birthday. The well-child screenings and extra visits that might result from the screenings do not count against the 14-visit limit.

Special Medicaid programs: (continued)

Plan First Program

Medicaid has a program in Alabama called the Plan First Program. This program provides family planning services only for eligible women who are 19 to 55 years of age, an Alabama resident not receiving Medicare. These eligible women do not receive full Medicaid benefits. **Plan First does not pay for any other medical services.**

If you would like to enroll or have questions about the Plan First Program, call 1-888-737-2083. The call is free.

Alabama Medicaid Breast and Cervical Cancer Treatment Program

Women under age 65 who have been diagnosed with breast or cervical cancer through a federal screening program may qualify for coverage of their treatment and other medically necessary services while they are eligible. The patient must be an Alabama resident and a U.S. citizen who does NOT have credible insurance that covers breast or cervical cancer treatment. The contact number is 1-877-252-3324.

If you have other health insurance:

You can have individual or group health insurance coverage in addition to Medicaid; however, you have assigned your insurance benefits to the state in order to be eligible for Medicaid. Your health insurance could be cancer, accident, indemnity, through an employer, or other insurance that pays as a result of medical care. Tell your doctor, drug store or other medical provider about your insurance. They must file for your insurance benefits first. Then, they can file Medicaid for what your insurance does not pay.



Having extra insurance will not harm your Medicaid coverage as long as you qualify for Medicaid; however, you must use the doctors, hospitals, and drug stores approved by your insurance company. You must also meet all of your insurance plan's rules such as getting referrals from doctors and being approved to stay in the hospital or have surgery and medical tests. If you are in Patient 1st, make sure your insurance doctor is also a Patient 1st doctor.

When you apply for Medicaid, you must tell your worker about health insurance that covers you or your dependents.

You must also report insurance changes to your Medicaid worker and to the Third Party Division. To use an online form, go to the **Recipients, Applicants and Sponsors** section of the Agency website at www.medicaid.alabama.gov and click on **Update Health Insurance Information**.

If you have other health insurance: (continued)

When you complete the form you may:

- Print the form and fax or mail it to Medicaid.
- Email your changes to Medicaid. Use the *Update Health Insurance* link on the Recipient tab of the Medicaid website to find the worker's email link.
- Call 1-800-362-1504 and ask to speak to someone in the Third Party Health Insurance Section.



Non-custodial parents of children on Medicaid may be required to provide health insurance for their child through their job. When this happens, employers of non-custodial parents must provide custodial parents with insurance cards and other information needed to file a claim with that health plan. For information contact your county Department of Human Resources (DHR) office.

Help with paying your insurance premiums:

Medicaid recipients who are pregnant or have a high cost medical condition and who could lose their group health insurance because of a loss of wages may qualify for Medicaid to pay their insurance premiums. For more information, call 1-800-362-1504 and ask to speak to someone about the Health Insurance Premium Payment Program (HIPP).

If you receive or expect to receive money from an insurance company or lawsuit:

- You must tell Medicaid's Third Party Division contractor about any lawsuits you file as a result of an injury by calling 1-877-252-8949.

- Any court-awarded benefits, out-of-court settlements, insurance benefits, or money that is paid to you as a result of medical care or because of an injury must be paid directly to your health care providers or to Medicaid. You may keep any money left over after your providers and Medicaid are paid. If Medicaid paid your bills, make sure Medicaid is paid back before you settle any claims with insurance companies. If you do not, you could lose your Medicaid eligibility.

Estate Recovery Requirements:

Under federal law, state taxpayers must be paid back from a recipient's estate following his/her death if Medicaid paid for medical bills. Estate assets may include: property, bank accounts and certificates of deposit, vehicles, cash, personal property, and other assets as defined by Alabama probate law.

Who is Affected by Estate Recovery?

Recipients subject to estate recovery for covered services not exempted from federal estate recovery laws include:

- a Medicaid recipient who is living in a nursing home, intermediate care facility for the intellectually disabled, or other medical institution
- a Medicaid recipient who is 55 years of age or older
- a Medicaid recipient with a special needs trust

How Much Can Be Recovered?

Unless a federal exemption or undue hardship exists, the Estate Recovery Program can recover up to the total amount spent by Alabama Medicaid on the recipient's behalf.

When you are on Medicaid you have rights:

Medicaid is a voluntary program. This means that you agree to be a part of Medicaid and to follow Medicaid's rules. This also means you have the following rights when you are on Medicaid.

You have the right:

- to be able to get in touch with your doctor
- to go to any doctor or clinic for birth control (family planning)
- to get care right away if you have a certified emergency
- to be told what your illness or medical problem is and what the doctor thinks is the best way to treat it
- to decide about your health care and to give your permission before the start of treatment or surgery
- to have the personal information in your medical records kept private
- to be treated with respect, dignity and privacy
- to report to Medicaid any complaint or grievance about your doctor or your medical care
- to request a fair hearing if the Medicaid Agency reduces or denies services based on medical criteria. Your written request must be received by Medicaid within 60 days following the notice of action that a covered service has been reduced or denied. Requests should be mailed to: Alabama Medicaid Agency, Attn: Legal Division, P.O. Box 5624, Montgomery, AL 36103-5624.



When you are on Medicaid you have duties:

Medicaid is a voluntary program. This means that you agree to be a part of Medicaid and to follow Medicaid's rules. This also means you have the following duties when you are on Medicaid.

You have the duty:

- to follow the rules for Medicaid
- to call your doctor first before going to the emergency room, unless it is life threatening, or if you go to other doctors or clinics
- to give as many facts as you can to help your doctor or other health care provider take care of you. For example, it is important to tell your doctor about all the medicines you take. (You may want to take all your medicine bottles with you to the doctor.)
- to call your doctor or clinic and let them know if you cannot come to an appointment
- to follow the instructions you get from your doctor or clinic
- to ask questions about things you do not understand
- to follow the rules set up by your personal doctor for his or her office
- to tell your doctor or clinic about any insurance you have
- to keep your Medicaid card in a safe place. Never let anyone else use your card
- to tell Medicaid about any changes that might affect your coverage such as address, marital status, income or insurance coverage. You can complete an online form by clicking on **My Medicaid** on the Agency website at www.medicaid.alabama.gov or call 1-800-362-1504. The call is free. A relative should report the date of death of a Medicaid client.

Some rules your doctor might have:

- 1) Treat others with respect and courtesy. This means showing respect to the doctor, employees, and other patients and their families. This also means you are to answer questions with courtesy, follow directions and otherwise do what is asked of you.
- 2) Do not bring food or drink into the office.
- 3) Bring no more than one visitor with you to wait in the office.
- 4) Pay for any services not covered by Medicaid.
- 5) Call if you cannot keep an appointment.

Your doctor has the right to ask you to follow the rules for the office or clinic.



This also applies to any visitors or relatives who come with you or your child. If you (or others with you) do not follow the rules, your doctor has the right to ask that you (or your child) go to another doctor. If you continue to not follow the rules, you may not be able to find a doctor who will see you (or your child). **This may cause you to have to pay for your medical care.**

Acting rude, mean or threatening to the doctor or to a person who works for the doctor, may result in your losing your Medicaid. This includes fighting, using profanity or other abusive words, carrying a weapon or being under the influence of drugs or alcohol.

Fraud and abuse of the Medicaid program:

Federal rules require that Medicaid make every effort to identify and prevent fraud, abuse, or misuse of the Medicaid program. All cases of suspected fraud, abuse, or misuse are fully investigated by the Alabama Medicaid Agency and sent to appropriate law enforcement authorities.

Alabama law requires that a recipient who has defrauded, abused, or deliberately misused the Medicaid program shall lose their Medicaid immediately for at least one year, and until any money owed to the program is repaid in full. Cases of fraud may result in additional legal action as well.

Federal and state laws make it a crime to knowingly give false information in order to get Medicaid benefits. **Selling, changing, or lending a Medicaid card is against the law and Medicaid will prosecute anyone who violates Medicaid laws.**

Use of the Medicaid card for anything other than necessary medical care covered by the program is abuse or misuse and will result in loss or restriction of Medicaid benefits.

Examples of fraud, abuse or misuse

The types of problems the Medicaid Agency will investigate include, but are not limited to:

1. frequent visits to doctors or emergency rooms with general complaints
2. using too much or unnecessary pain medicine or nerve medicine
3. not cooperating with Medicaid in identifying and collecting from insurance, lawsuits, and other “third parties” for services that Medicaid has paid for

4. not paying money owed to the Medicaid Agency
5. repeated failure to keep your Medicaid card safe
6. changing your prescription
7. letting someone else use your Medicaid card
8. misusing a Non-Emergency Transportation program payment

People who use their Medicaid benefits too much may be restricted to using only one doctor and one drug store. Medicaid may also restrict its payment for certain drugs.

If you think another Medicaid recipient or a Medicaid provider may be abusing or defrauding the program, please report it to the Alabama Medicaid Agency. Call 1-866-452-4930 to report fraud or abuse. You do not have to give your name or pay for the call.

**To report Medicaid fraud
call 1-866-452-4930**

Voter Registration Information

You can register to vote at any Medicaid office when applying, renewing or submitting a change of address. Medicaid workers can help you fill out the form and send the form to the local board of registrars in your home county.

This is simply a service Medicaid offers to applicants and recipients and does not affect the Medicaid benefits that you receive.

You may call the Secretary of State's Elections Division for more information about registering to vote. The number is 1-800-274-8683. The call is free.

Notice of Privacy Practices

Por favor, llame por teléfono 1-800-362-1504 para esta información en español.

FOR YOUR PROTECTION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Medicaid promises to keep your information private

Your health information is personal. However, there are times when Medicaid must share information with others to help you get the health care you need. When this must be done, Medicaid promises to follow the law so that your information is kept private. This notice tells you how Medicaid uses and shares information about you and what your rights are under the law. It tells the rules Medicaid must follow when using or sharing your information.

Understanding what information may be shared

There are many good reasons for your information to be shared. If you apply for Medicaid through another agency (such as the Department of Human Resources or the Social Security Administration), that agency must send information about you to Medicaid. Information that may be sent to us includes your name, address, birth date, phone number, Social Security number, health insurance policies and health information. When your health care providers send claims to Medicaid for payment, the claims must include your diagnosis and the medical treatments you received. In order for Medicaid to pay for some medical treatments, your health care providers must also send extra medical information such as doctor's statements, x-rays, or lab test results.

How Medicaid uses and shares health care information

Medicaid contracts with others outside of the agency for some services. For example, Medicaid contracts with a company to process the claims sent in by your health care provider. Medicaid may need to share some or all of your information with that company so your health care bills can be paid.

When this is done, Medicaid requires that company to follow the law and keep all of your information safe.

Notice of privacy practices: (continued)

Medicaid will not use or share genetic information about you when deciding if you are eligible for Medicaid.

Medicaid will not use your information to sell products to you, or sell your information to a company that will try to get you to buy products or services.

Here are the ways Medicaid uses and shares your health information.

For each category, we will say what we mean and give an example.

For Payment: Medicaid may use and share information about you so that it can pay for your health services. For example, when you get a Medicaid service, your provider asks Medicaid to pay for that service by filing a claim. On the claim form, your provider must identify you and say what your diagnoses and treatments are.

For Medical Treatment: Medicaid may use or share information about you to make sure that you get needed medical treatment or services. For example, your Patient 1st doctor may receive information about you from Medicaid.

To Run the Medicaid Program: Medicaid may use or share information about you to run the Medicaid program. For example, Medicaid may contract with a company that looks at hospital records to check on the quality of care given to you and the outcome of your care.

To Other Government Agencies That Provide Benefits or Services To You:

Medicaid may share information about you to other government agencies that are giving you benefits or services. For example, Medicaid may give the state Department of Public Health information so you can qualify for benefits or services.

To Keep You Informed: Medicaid may use your information to send you materials to help you live a healthy life. For example, Medicaid may send you a brochure about an illness or condition you have or about your managed care choices.

To Check On Health Care Providers: Medicaid may share information about you to the government agencies that license and inspect medical facilities. An example is the Alabama Department of Public Health that inspects nursing homes.

Notice of privacy practices: (continued)

For Research: Medicaid may share information about you for a research project. A review board must approve any research project and its rules to make sure your information is kept private.

As Required by Law: When requested, Medicaid will share information about you with the U.S. Department of Health and Human Services.

Your Health Information

You have the following rights about the health information that Medicaid has about you:

- You have the right to see and get a copy of your health information with certain exceptions.
- You have the right to ask Medicaid to change health information that is incorrect or incomplete. Medicaid may deny your request in some cases.
- You have the right to ask what items and who Medicaid has shared your health information with during the past six years before the date you ask us for the information.
- You have the right to ask that certain uses or disclosures of your health information be restricted. Medicaid is not legally required to agree with your request, but will agree if possible.
- You have the right to ask that Medicaid talk with you about your health in a way or at a place that will help you keep your health information private.
- You have the right to be told if your health information is used or shared in a way that the law does not allow.
- You have the right to get a copy of this notice. You may ask Medicaid to give you a copy, or print one from Medicaid's website, www.medicaid.alabama.gov

Medicaid's Requirements

Medicaid is required by law to:

- keep your information private
- give you this notice that tells the rules Medicaid must follow when using or sharing your information with others
- follow the terms of this notice

Notice of privacy practices: (continued)

- Except for the reasons given in this notice, Medicaid may not use or share any information about you unless you agree in writing. For example, Medicaid will not use or share notes made by a mental health provider that are separate from your medical record unless you give permission in writing. You may take away your permission at any time, in writing, except for the information that Medicaid disclosed before you stopped your permission. If you cannot give your permission due to an emergency, Medicaid may release the information if it is in your best interest. Medicaid must notify you as soon as possible after releasing the information.

In the future, Medicaid may change its privacy practices and may apply those changes to all health information we have. Should Medicaid's privacy practices change, Medicaid will mail a new notice to you within 60 days. Medicaid will also post the new notice on its website, www.medicaid.alabama.gov

To Find Out More

If you have questions or would like to know more, you may call:

- toll-free at 1-800-362-1504
- Telecommunication for the Deaf at 1-800-253-0799

To Report a Problem

If you believe your privacy rights have been violated, you may:

- file a complaint with Medicaid by calling toll-free at 1-800-362-1504 or call Telecommunication for the Deaf at 1-800-253-0799 or by writing to the Office of General Counsel, Alabama Medicaid Agency, P.O. Box 5624, Montgomery, AL 36103-5624.
- file a complaint with the Secretary of Health and Human Services by writing to: Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta GA 30303-8909. You may also call or fax a complaint. Call: 1-404-562-7886 or FAX: 1-404-562-7881 or Telecommunications for the Deaf: 1-404-331-2867.

We will not get back at you for filing a complaint or grievance.



Alabama Medicaid Agency
501 Dexter Avenue
P. O. Box 5624
Montgomery, AL 36103-5624
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Look inside!
It's your guide
to Medicaid!