



Pierce County

Senior Information & Assistance

YOUR MEDICAL COUPONS

GENERAL INFORMATION

1. Choose your own medical care providers, such as doctor, druggist, etc.
 - ◆ Make sure that they take a medical coupon.
 - ◆ Tell them right away that you have a medical coupon.
 - ◆ Use hospital services when your doctor refers you or in a medical emergency.

2. How to use your medical coupon.
 - ◆ Sign your coupon and carry it with you.
 - ◆ Please keep all appointments you make with your medical care providers.
 - ◆ Show your medical care provider your coupon when you get a service or supplies. The medical coupon tells the provider to bill the Department of Social and Health Services (D.S.H.S.).
 - ◆ If you get a medical coupon with a medical care provider's name on it, give it to them right away.
 - ◆ If you get bills from medical providers, you must tell them right away that you have a medical coupon.

3. How long does your coupon last?
 - ◆ Your medical coupon is good only for the time listed. If you are eligible next month you will receive a new one. If you do not receive a new coupon and believe you are still eligible, contact your community service office (CSO).

LIMITS ON CARE AND SERVICE

1. What is covered by your medical coupons?
 - ◆ Each medical program has limits on the medical care it covers. DSHS does not pay for all medical care. Ask your medical care provider if your medical care is covered.
 - ◆ When your medical care is not covered and you want to receive it, you may decide to pay for it. If you decide to do this, your medical care provider must have a written agreement with you before providing the service.
 - ◆ DSHS must approve some medical care in advance. Your medical care provider will ask for the approval.

Call (253) 798-4600 or 800-562-0332
E-mail – pcseniors@co.pierce.wa.us
www.PierceSeniorInfo.org

LIMITS ON CARE AND SERVICE (CONTINUED)

2. What your coupon message means.

- ◆ Your medical coupon shows what program you are on. They also tell the medical care provider what medical care you may receive.
- ◆ If your coupon says:

<u>CNP</u>	You have the full scope of care covered by Medicaid through your medical care provider
<u>CNP-QMB</u>	You have what is listed under CNP and under QMB Medicare only
<u>LCP-MNP</u>	You have medical care with some limits covered by Medicaid through your medical care provider
<u>MNP-QMB</u>	You have what is listed under LCP-MNP and under QMB-Medicare only
<u>QMB-MEDICARE</u>	You have the full scope of care covered by Medicare plus your own buy-in. Premiums, deductibles, and coinsurance are only paid by Medicaid through your medical care provider.
<u>MIP-NO OUT OF STATE CARE</u>	You have state medical care limited to emergency medical care through your medical care provider. No out of state care is covered.
<u>GAU-NO OUT OF STATE CARE</u>	You have state medical care with some limits through your medical care provider. No out of state care is provided.
<u>W-OUT OF STATE CARE</u>	You have what is listed under GAU. No out of state care.
<u>HMO-GHC</u>	Your medical care provider is Group Health Cooperative.
<u>HMO-GHS</u>	Your medical care provider is Group Health Northwest.
<u>HMO-KPS</u>	Your medical provider is Kitsap Physicians Service Sound Care
<u>HMO-KFP</u>	Your medical care provider is Kaiser Health Plan.
<u>HMO-CHS</u>	Your medical care provider is Columbia Health Plan.
<u>@ HOSPICE</u>	Your care is limited to a designated hospice agency.
<u>3 DAY DETOX</u>	Your medical care is limited to the detox center.
<u>*RESTRICTED (PRR)</u>	Your care is limited to a designated physician and pharmacy only.
<u>INSURANCE</u>	Two-letter code tells what kind of private insurance you have.



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QUALIFIED MEDICARE BENEFICIARY (QMB) SPECIFIED LOW-INCOME BENEFICIARY (SLMB)

Under the QMB program, states are required to pay the Medicare part A (hospital insurance) and Part B (medical insurance) premiums, deductibles, and coinsurance expenses for Medicare beneficiaries who meet the program's income and resource requirements. Under the SLMB program, states pay only the full Medicare Part B monthly premium. Eligibility for the SLMB may be retroactive for up to three calendar months.

QMB An individual may qualify for the QMB program if his or her income is near the national poverty - \$7,980.00 (about \$665.00 per month) For a family of two, the poverty level income is near \$10,608.00 per year or \$884.00 per month. Under this program \$20.00 in monthly income is not counted toward the limit. The amounts shown here include the disregarded income.

SLMB Under the SLMB program, individuals may qualify if the monthly income is \$794.00 or less and for a couple the income level is \$1,057.00 or less. Under the SLMB program \$20.00 in monthly income is not counted toward the limit, and these figures reflect that income disregard . Resources- such as bank accounts or stocks may not exceed \$4000.00 for one person or \$6000.00 for a family of two. Resources generally are things you own. However, not everything is counted: the house you live in, for example does not count as a resource. In most cases your car is not counted either.

or disabled, have a low income with limited assets, and receive Medicare benefits, contact your state or local welfare office for a Medicaid application.

You can also call Senior Information & Assistance 798-4600 for additional information on these two programs.

Pierce West - 593-2760
Pierce North -593-2950

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MEDICAID

The State of Washington has expanded its Medicaid program to include all Washington children (18 and under) whose incomes are under 200% of the federal poverty guidelines. This includes street kids and kids who live with friends or relatives. There is no asset test for eligibility.

Medicaid provides a broader scope of coverage than any other type of medical insurance. For example, Medicaid covers prescription drugs, mental health services, dental care, vision care, family planning, immunizations and other preventive services such as well-child screens, and any treatment needed for any problem identified in a screening.

200% of poverty is:

- \$1,227.00 - family of one
- 1,640.00 - family of two
- 2,054.00 - family of three
- 2,467.00 - family of four
- 2,880.00 - family of five
- 3,297.00 - family of six

It is easy to apply for kids Medicaid. Simply phone 1-800-562-3022 and ask for an application or write to DSHS, PO. Box 45531, Olympia, WA 98504-5531 and ask for an application. If Medicaid benefits are denied, you have the right to appeal (request a "fair hearing") the denial anytime within 90 days of the date of denial.

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