

## If you are screened eligible for Medicaid and/or Family Health Plus

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Here are the answers to some questions people who are interested in [Medicaid](#) or [Family Health Plus](#) often have about the Facilitated Enrollment process:

**Question: Does the Facilitated Enroller decide if I am eligible?**

Answer: No. A Facilitated Enroller's role is to help you fill out the application with the needed documentation. Facilitated Enrollers **CANNOT** make a decision about your eligibility. However, Facilitated Enrollers can tell you if you appear to be eligible. A final decision about your eligibility for coverage (often called "a determination,") will be made by staff at the Department of Human Services.

**Question: Will I need to provide additional information after my application is submitted to the Department of Human Services?**

Answer: It is possible that once your application is reviewed at the Department of Human Services (DHS), the worker reviewing the application will request additional information. If this happens, **you will need to send this information directly to DHS by the deadline that you are given.** It is very important for you to follow-up if you are asked to provide any additional information. If you do not, your application may be denied.

**Question: How will I know that the Department of Human Services has received my application?**

Answer: You can expect to receive a letter from DHS informing you that your application for Medical Assistance was received and has been sent to a Team for review. **Be sure to keep this letter.** Medicaid and Family Health Plus are considered Medical Assistance. If you have further questions regarding your application, you will need to contact the DHS team indicated on the letter. **DO NOT IGNORE REQUESTS FROM DHS FOR ADDITIONAL INFORMATION.** However, if you receive notification to go to DHS for an appointment, please call your Facilitated Enroller as another appointment is not required.

**Question: How long will it take for a decision about my health insurance coverage?**

Answer: You can expect an eligibility determination to take anywhere from **30 to 45 business days.** You will know if you are approved before the Facilitated Enroller is informed. If you have not heard about your eligibility determination at the end of 45 days, call the team listed on the letter you received from the Department of Human Services.

Once a determination has been made, you will receive a **Notice of Decision** in the mail from the Department of Human Services. Please read it closely (front and back). Although it may look like a form letter, all information pertains to your specific case. This notice will inform you if you have been accepted or denied. **Keep this letter for an entire year.**

**Question: What happens if I am eligible for Medicaid?**

Answer: If you or your family member qualifies for Medicaid, you can expect to be on Medicaid fee-for-service until you are transferred to a Medicaid Managed Care Plan (Blue Choice Option, Fidelis Care Option or MVP Option). This may take up to 2 or 3 months.

During the time you are covered by Medicaid fee-for-service, it is your responsibility to ask your doctors, dentists, therapists, etc. if they accept Medicaid when you schedule a time to be seen. **If they do not accept Medicaid, and you receive care from them, you will be responsible for the bill.**

Once you are transferred to the Medicaid Managed Care Plan you have selected, you must also ask your doctor, dentist, therapist etc. if they accept that plan. If they do not, you will need to find a doctor, dentist, therapist who does. **If you choose to remain with a health care provider who does not accept Medicaid or Managed Care, you will be responsible for the bill.**

**Question: Will I receive a Medicaid Benefit card?**

Answer: Yes. If you are accepted for Medicaid, you should receive a plastic benefit card in the mail for each child/adult who is eligible. If you do not receive a card in the mail within a week of receiving the **Notice of Decision**, you need to contact the worker listed on the notice.

Once you have been transferred to a Managed Care plan, you will receive a paper card from Excellus Blue Cross Blue Shield, Fidelis Care or MVP. **You will need to use both cards, so do not throw either card away!**

If you are accepted for Family Health Plus **you will receive a plastic Medicaid benefit card for prescriptions only** and a paper card from the Managed Care Plan (Excellus Blue Cross Blue Shield, Fidelis Care or MVP) within 45 days (although it may take longer).

**Question: Who can help with questions once my application has been submitted?**

Answer: You will be assigned a worker at the Department of Human Services. That person's name and phone # will be listed on your Notice of Decision. **All questions should be directed to your worker.**

**Question: What if my income or household composition changes after I receive coverage?**

Answer: If your income or household composition changes after your coverage has begun, you must to **contact your worker within 10 days.**