

+ Medicaid and SCHIP: How is the System Structured? What Do We Need to Know to Use It?



System Description

How is the system structured? Fee-for-service? Managed care? Primary Care Case Management?

- Find out if your local area is different from the state as a whole.
- Find out if certain parts of the system are “carved out” (e.g., behavioral health).

Do Medicaid and SCHIP contract with different health plans and providers? Do two children in one family sometimes need to have different doctors because of this structure?

Which health care providers take new Medicaid or SCHIP patients? How long does it take to get an appointment? Are sick visits scheduled or walk-in?

If your state has managed care, how do people select a health plan? Does your state do auto-assignment? How does it work?

Provider Selection

How is a primary care provider selected?

- Whom can families call to do this?
- Can a family maintain relationships with existing providers once they enroll in a health plan?
- Can health plan members switch providers? How often?
- How can a family find out if a provider speaks their primary language?
- What happens if a person does not select a primary care provider?

How is a behavioral health provider selected? What steps do you need to follow to see a behavioral health provider?

System Navigation

What government agency or contractor is responsible for educating consumers about their choices of providers and plans? Is the information available in different languages and varying formats? If so, which ones?

Is there a number to call for help if the system doesn’t work? For instance, if a parent can’t get a timely appointment for a child, what kind of help is provided?

Use of Benefits

Are newly-enrolled members followed up with to make sure they have received care?

Are there system issues that create barriers (e.g., delays in card activation, co-payments, etc.)? How do people get services if they are waiting to be enrolled in a managed care plan? What happens if you can’t pay the co-pay?

How do families get services such as transportation or interpretation?

How do members get durable medical equipment (e.g., hearing aids, nebulizers, etc.)? Is there a prior authorization process and how does it work?

Are publicly insured patients seen by providers only on specified days?

Do health care providers or plans provide 24-hour phone access to a nurse?

Appeals Process

If care is denied or delayed, what can people do about it? How do people get help appealing a decision?

Changing Health Plans

What is the process in managed care for changing health plans or providers?

- Under what circumstances can consumers return to fee-for-service Medicaid?
- Under what circumstances can consumers change plans or providers? How are medical records transferred?

Oversight and Coordination

What office or agency in your state contracts with and monitors health plans? How are consumer problems or complaints tracked? Is there a “report card” on plans?

Is there a state Medical Assistance Advisory Committee? Who sits on it and when are the meetings? Is there any other forum for public input?