

**REIMBURSEMENT POLICY FOR MEDICAID/FHPLUS**

MEDICAID	Paid Bills:	Unpaid Bills:
Retro period (Begins 3 months prior to month of application and ends on the date of application)	Yes – MA services from MA enrolled or non-MA enrolled provider; payment limited to MA rate	Yes - to MA enrolled provider at MA Rate
Application date to receipt of MA ID Card	Yes – MA services from MA enrolled provider only; payment limited to MA rate	Yes - to MA enrolled provider at MA Rate
Card receipt forward	No	Yes - to MA enrolled provider (payment through MMIS)
Agency Error (If timely, from date of erroneous decision until receipt of ID card; if not timely, follow delay rule)	Yes – MA services from MA enrolled or non-MA enrolled provider; reasonable out-of-pocket expenses	Yes - to MA enrolled provider at MA Rate
Agency Delay (From date decision should have been made, i.e., 30/45/90 days, until receipt of ID card)	Yes – MA services from MA enrolled or non-MA enrolled* provider; reasonable out-of-pocket expenses	Yes - to MA enrolled provider at MA Rate

\* In cases of agency delay, reimbursement may be available to the recipient for expenses incurred from a non-enrolled provider, if the recipient demonstrates why the delay caused him/her to receive services from a non-enrolled provider.

FAMILY HEALTH PLUS	Paid Bills:	Unpaid Bills:
Retro period (None)	N/A	N/A
Application date to timely enrollment	N/A	N/A
Enrollment forward	No	Yes to FHPlus provider (payment through plan)
Agency Error (If timely, from date of erroneous decision until enrollment; if not timely, follow delay rule)	Yes – FHPlus services from MA enrolled or non-MA enrolled provider; reasonable out-of-pocket expenses	Yes – to MA enrolled provider at MA Rate; FHPlus services only (off-line process)
Agency Delay** (From date enrollment should have occurred until enrollment)	Yes – FHPlus services from MA enrolled or non-MA enrolled provider; reasonable out-of-pocket expenses	Yes - to MA enrolled provider at MA Rate; FHPlus services only (off-line process)

\*\* Enrollment must occur by the 45th day after a timely decision or, if decision is not timely, by the 45th day after the date the decision should have been made (i.e., 75 days from date of application if the application includes a pregnant woman or child under the age of 19; 90 days from date of application for all others).