

# Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Louisiana Department of Health covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Louisiana Department of Health, 1-855-229-6848.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

## Benefits

	Medicaid	Peoples Health Secure Complete (HMO D-SNP)
<b>Inpatient Hospital Care</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Preventive Care</b>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Urgently Needed Services</b>	Covered	Covered
<b>Diagnostic Tests Lab and Radiology Services and X-Rays</b>	Covered	Covered
<b>Hearing Services</b>	Covered	Covered
<b>Dental Services</b>	Covered	Covered
<b>Vision Services</b>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Ambulance</b>	Covered	Covered
<b>Transportation (Routine)</b>	Covered	Covered
<b>Prescription Drug Benefits</b>	Covered	Covered
<b>Chiropractic Care</b>	Covered	Covered

## Benefits

	Medicaid	Peoples Health Secure Complete (HMO D-SNP)
<b>Diabetes Supplies and Services</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Foot Care</b>	Covered	Covered
<b>Home Health Care</b>	Covered	Covered
<b>Hospice</b>	Covered	Covered
<b>Outpatient Hospital Services</b>	Covered	Covered
<b>Renal Dialysis</b>	Covered	Covered
<b>Prosthetic Devices</b>	Covered	Covered
<b>Personal Care Services</b>	Covered	Not Covered beyond Original Medicare
<b>Telehealth</b>	Covered	Covered
<b>Discharge Meal Benefit</b>	Not Covered	Covered
<b>Chemotherapy Services</b>	Covered	Covered
<b>Neuropsychological Testing</b>	Covered	Not Covered beyond Original Medicare
<b>Residential Substance Use Services in Accordance With the American Society of Addiction Medicine (ASAM) Level of Care</b>	Covered	Not Covered beyond Original Medicare
<b>Outpatient Substance Abuse Care</b>	Covered	Covered