



CENTRAL HEALTH



MAP

Medical Access Program Handbook

Important phone numbers and websites

Contact Information	Reason
 Customer Service Line (512)978-8130	<ul style="list-style-type: none"> » Make an appointment » Get information on where to find Eligibility Offices » Report changes in your information » Ask questions about your MAP benefits » Report a lost MAP identification card
Capital Metro (512)474-1200 CARTS (512)478-7433	<ul style="list-style-type: none"> » Find out which buses go to the Eligibility Office locations
Nurse advice line 1-855-880-7019	<ul style="list-style-type: none"> » After hours advice » Toll Free
Compliments, Questions, Complaints: <ul style="list-style-type: none"> » Medical care and treatment: (512) 978-8150 » Eligibility: (512)978-8130 	
 Website http://www.medicalaccessprogram.net	



The Medical Access Program is a product of Central Health. Central Health is a local organization responsible for creating access to healthcare for eligible residents of Travis County. For more information about Central Health, visit www.CentralHealth.net. Central Health is committed to compliance with the Americans with Disabilities Act (ADA). Reasonable modifications and access to communications will be provided upon request.



The Medical Access Program serves the healthcare needs of eligible residents in Travis County and is funded by Central Health.

Inside

What is MAP and what does it do?	1
How to get medical services	2-3
If you need medical care right away.....	4-5
The right way to use your MAP identification	6-7
What services you have and what co-payments you will pay.....	8-10
Services and equipment NOT covered by MAP.....	11-17
What to do if you have compliments, questions, or complaints	18



Welcome to the Medical Access Program (MAP)!

Welcome! You are **enrolled** in the Medical Access Program (MAP). This means you are now part of the program.

What is MAP and what does it do?

- MAP helps people get the health care they need. We make sure that anyone who has a MAP card can go to (or have **access** to) a clinic, get medicine, and get emergency care.
- Every person in your family who is **eligible** will get a MAP identification card. You may use your MAP identification card to get health care services through clinics or doctors who offer care to MAP patients.

The meaning of common MAP words highlighted in **blue**:

Enroll: To sign up for, or to become a member of

Access: to be able to get in to

Eligible: We have a list of things that you need to have to get MAP. If you meet all the requirements on the list, this means you are eligible.

How to Get Medical Services

Primary Care Provider (PCP):

This is the clinic in charge of your health care.

You will go to this clinic most often for normal health care concerns and they will help you find other kinds of care when you need it.

NOTE:

Sometimes we use the word **“provider”** in a different way. We may use the word “provider” instead of the word “doctor.” This is because there are many different kinds of health care people who can take care of you. You might see a nurse, a nurse practitioner or a physician’s assistant. All of these people, including doctors and nurses, are called providers.



How do I get to see a doctor?

There are several clinics and groups of clinics that serve MAP clients. One of these will be assigned to you. That clinic or group will become your **Primary Care Provider (PCP)**.

Your Primary Care Provider is responsible for your basic health care. Your PCP will keep track of all your health care needs and make sure that everyone who takes care of you works together. You can call that clinic for an appointment as soon as you get your card.

If you already have a doctor **at a MAP-approved clinic**, you can call that clinic when you need to see a doctor.

You must use MAP-approved clinics, doctors, labs, hospitals, pharmacies, and other providers for health care services in order for your medical bills to be covered by MAP.

Always show your MAP card when you check-in for an appointment or seek services.

Your health care providers need to know when you have a new MAP card.

You will be asked to pay a small co-payment at the time of service.

Your primary care provider must get **pre-approval** from MAP for these things: hospital care (except for emergencies), selected specialty care services, medical equipment, supplies, special medications, IV therapy, or home health services.

Always call your Primary Care Provider before going to the hospital, except in emergency situations that threaten your life.

Pre-approval:

You must get approval from MAP before you get health care for these services and equipment.



How do I get Pharmacy Services?

Pharmacy services from MAP include prescriptions (unlimited) and disposable medical supplies (such as insulin syringes and chemstrips).

Your pharmacy will ask you to pay a small co-payment for each prescription at the time of service.

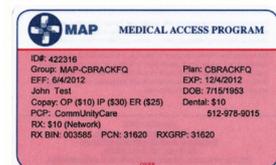
Always show your MAP card when you get a prescription.

Your health care providers, including your pharmacists, need to know when you have a new MAP card.



Remember Your MAP Card

Always show your MAP card when you check-in for an appointment or want services. Your health care providers need to know when you have a new MAP card.



If you need medical care right away

An urgent care center is an option for minor illnesses and injuries:

- flu
- fever
- earaches
- nausea
- rashes
- minor bone fractures
- minor cuts requiring stitches

Urgent care centers often can also do lab tests and x-rays.

You can walk in without an appointment. Many of these centers have evening and weekend hours. Always show your MAP card when you check-in for an appointment or get a prescription. Your health care providers need to know you have a new MAP card.

If you have questions about your medical need, call your Primary Care Provider or call our nurse advice line toll-free at **1-855-880-7019**.

If you get sick at night or on a weekend and cannot wait to get medical care:

- call your Primary Care Provider for advice. Your provider or another doctor is available by phone 24 hours a day, 7 days a week.
- or call the 24 hour Nurse Line at 1-855-880-7019.



If you need medical emergency services, call 911 or go to the nearest Emergency Room.

A **medical emergency** is an unexpected serious event that threatens your life or may cause serious harm. Some examples are:

- chest pain
- a baby with a very high fever who doesn't move or react to your voice

Only use the Emergency Room when you have a true emergency.

Only use the
Emergency
Room when
you have a true
emergency.



You can use the 24 Hour Nurse Line at 1-855-880-7019

Call this number 24 hours a day 7 days a week:

- if you need medical advice
- when the clinic is closed
- if you want to learn more about a medical condition

The Right Way to Use Your MAP Identification Card

Always show your MAP identification card when you check-in for an appointment or want services. Your health care providers need to know when you have a new MAP card.

You are the only one who should use your MAP card.

If you let someone else use your MAP card, you could lose services and eligibility for health care services.

Your card is good for a certain period of time, usually six months.

Expire:
To end

Before your MAP card expires, call our Customer Service Phone Line at (512)978-8130. You need to make an appointment to renew your card. The person on the phone will remind you about papers you need to bring to your appointment.

Call the Customer Service Phone Line at (512)978-8130 immediately

- if you lose your MAP identification card
- if you have any changes. Changes that need to be reported include:
 - Address
 - Household or family size
 - If any person in your household becomes pregnant
 - Eligibility for other services like Medicaid
 - Income
 - Whether or not you are married
 - If any person in your household has applied for Supplemental Security Income (SSI)

Your MAP coverage may be cancelled if you do not report changes within 10 working days of the change occurring. You will have to pay for all bills charged to your name after your coverage is cancelled.

You are responsible for using your MAP health care services the right way. This means that you should:

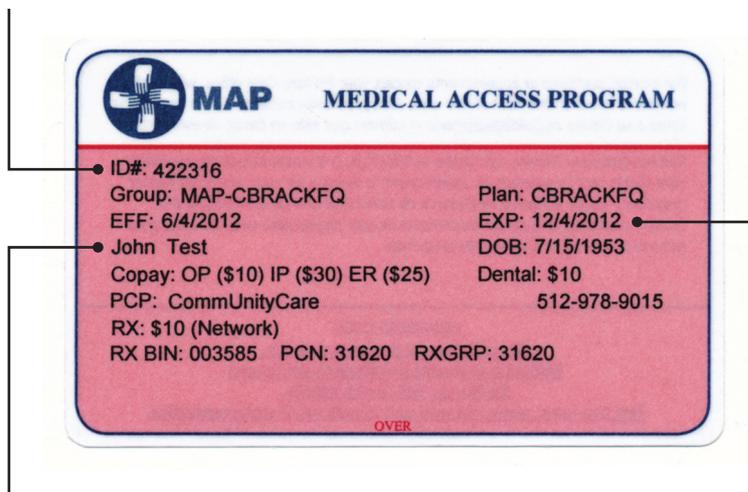
- Keep your appointments.
- Follow your provider's rules, including how to act and how to treat property.
- Follow the treatment plan your provider gives you.
- Watch your children.
- Be polite to providers, staff and other patients.

MAP has the right to end your MAP coverage if one of your health care providers stops providing services because of your actions.

The MAP Identification Card

Your ID Number

The date your card expires



Is your name correct?

Abbreviations from your MAP Card

EFF: The date your health care services start. Stands for “effective”

Copay: your part of the bill for your health care services; the amount you need to pay.

OP: Out Patient

IP: In Patient (this means “in” the hospital)

ER: Emergency Room

PCP: The name of your doctor or the clinic where you see that doctor. Stands for Primary Care Provider

RX: Stands for “pharmacy” or “prescription”

EXP: The date your card expires or ends. You need to re-apply before this date.

DOB: Stands for “Date of Birth”

Services and Co-Payments

You **DO NOT** need pre-approval for these services:

All services must come from providers who are MAP providers. Always show your MAP card when you check-in for an appointment or want services.

Co-payment:

Your part of the bill for your health care services; the amount you need to pay.



Clinic or provider services

\$10.00 co-payment per visit

- Primary and preventive care
- Specialty doctors
- Urgent and Convenient Care



Pharmacy services

Prescriptions and disposable supplies (like insulin syringes, chemstrips and other things) that you get at the pharmacy.

- For a 30 day supply
\$10.00 or less co-payment per prescription
- For a 31-90 day supply
\$14.00 co-payment per prescription



Emergency care

\$25.00 co-payment per visit



Dental services

- Emergency and urgent dental services. General dental services include preventive care, x-ray, exam, filling and tooth removal
\$10 co-payment per visit



Diagnostic x-rays and laboratory (if ordered by your doctor)

\$0 co-payment per visit



Transportation Services

\$0 co-payment per visit

- Call 911 for emergencies that threaten life or limb
- Local emergency ambulance transportation only

You DO need pre-approval for these services:

You will need [pre-approval](#) before you receive some services. If you already have an appointment scheduled to see a [specialist](#) (or if you have an appointment to have a special test done), please check with your Primary Care Provider (PCP). You need to make sure that the provider has approved the appointment or the test.



Hospital in-patient services

\$30 co-payment per visit

(If you have an emergency threatening life or limb you do not have to get pre-approval.)

- Hospital room
- Operating room/recovery room
- X-ray, laboratory, [diagnostic](#), and therapeutic services
- Medications
- Intensive care/heart care
- Physician hospital visits and care
- Surgery services

Pre-approval:

You must get approval from MAP before you get health care for these services and equipment.

Specialist:

A provider who has knowledge in a particular area of health care, like heart or lung disease.

Diagnostic:

Services or tests that you may have to have in order for the doctor to decide what the problem is.

You DO need pre-approval for these services:



Outpatient services

\$10 co-payment per visit

- Surgery services (including Day Surgery)
- Occupational therapy (co-payment for therapy is a one-time charge per incident that covers all visits in the treatment plan)
- Physical therapy (co-payment for therapy is a one-time charge per incident that covers all visits in the treatment plan)
- Speech therapy (co-payment for therapy is a one-time charge per incident that covers all visits in the treatment plan)



Home health services, limited medical equipment and medical supplies

\$0 co-payment per visit



Specialty Dental Services

- Partial dentures
\$35.00 co-payment per partial
- Full dentures
\$50.00 co-payment per plate
- Oral Surgery
\$10.00 co-payment per visit

Exclusions: NOT covered by MAP

The Medical Access Program (MAP) does not pay for the things on this list. (In other words, these things are **excluded** from coverage by MAP.)

The list has four sections:

- A. Services Outside of MAP Rules or Areas
- B. Expenses Covered by Other Programs
- C. Services Not Covered
- D. Supplies and Equipment Not Covered

A. Services Outside of MAP Rules

Not following MAP rules means these things are not covered.

1. If you fill out a form to ask if something will be covered by MAP, a **pre-authorization**, and the answer is no, then that thing is not covered.
2. Services not provided within the MAP system—the doctors and providers on the MAP list, unless you get pre-authorization.
3. Services provided by your relative or a member of your household.
4. Services that are not medically necessary to treat an injury or illness.
5. **Acute** inpatient hospital services and supplies that a **MAP review** finds did not need a hospital level of care and could have been provided at a clinic or another place.
6. Services resulting from any illegal act (including violation of probation) if you are put in jail or prison.
7. Non-emergency air transport.

Excluded:

Not included; rejected.

Pre-authorization:

If a service is not normally paid for by MAP, or is excluded, you have to fill out forms or call MAP to get permission to use that service. You have to do this before you get the service, treatment or equipment.

Acute: A sickness that appears suddenly, and can be very serious or put the person at risk of dying.

MAP review:

Medical Access Program staff looks closely at all of the facts and information regarding your services and decide if it will be covered.

8. Fees to some one else for completing or filing required forms or pre-authorizations.
9. Any equipment, supplements, or supplies not ordered by a doctor or provider and/or not considered appropriate and necessary to treat a documented medical condition/disease process.
10. Refills or prescriptions more than the number specified by the doctor or refills you get one year or more after the doctor's original order.
11. Private hospital rooms—except when you have documents to show that it is medically necessary.
12. Charges for rental equipment if you move it from where it was delivered and do not immediately tell MAP the new location.

If you are in certain places when you get care, you are not covered by MAP.

13. Services and supplies to anyone who is in a public institution (like a jail, prison, or state hospital).
14. In-patient hospital and related services for a patient in an institution for tuberculosis, mental disease, or a nursing section of a public institution for the intellectually disabled.
15. At war: services resulting from any acts of war, declared or undeclared, or any type of military conflict, or from diseases or injuries gotten in any country at war or while on your way to or from any country at war, or from illness/injuries gotten while performing military services.

B. Expenses Covered by Other Programs

If some other program could cover the expenses, they are not covered by MAP.

16. Services provided for any work-related illness or injury if **Workers' Compensation Benefits** (or any other similar regulation of the United States) are provided or

Workers' Compensation Benefits:

Workers' Compensation is insurance paid by companies to help pay medical care and other costs for workers who get sick or hurt on the job. Benefits are what are paid to the worker for these things.

should be provided by the laws of the state or territory of the employer where the illness or injury happened.

17. Services, supplies and medications you could get from a manufacturer's **Patient Benefit Program or Patient Assistance Program**, or another way (like other program or insurance), if you did not have MAP.
18. Services that can be paid by other insurance (health insurance, accident insurance, or other insurance) or by any private or other government benefit system, or any legally liable third party—some one who the law requires to pay your medical bills.
19. Services and supplies provided through any government plan or law that could cover your care (e.g., Victims of Crime, Texas Rehabilitation Commission, Veteran's Benefits, Medicare, Medicaid, TRICARE, CHAMPUS, etc.).
20. Co-insurance fees and deductibles. MAP is not a **secondary payer** for any other insurance or governmental health care program. This means that MAP will not pay things another insurance will not cover for you.
21. Whole blood or packed red cells that are available at no cost to you.

C. Services Not Covered

MAP does not cover experimental or alternative health services.

22. Acupuncture, acupressure, or biofeedback.
23. Chiropractic services/treatment.
24. Experimental services, supplies or medications—services and things that have not been approved by the Food and Drug Administration Services.
25. Hypnosis.
26. Massage: Services from a massage therapist.
27. Rolfing.

Patient Benefit Program or Patient Assistance Program:

Programs from drug and medical supply companies to help patients who cannot pay to get medicines and supplies.

Secondary payer:

A program or insurance company that pays second—after the first or main insurance pays all that they will cover.

NOTE:
Sections C and D are in alphabetical order.

MAP does not cover counseling, educational testing, or substance abuse treatment.

28. Educational counseling.
29. Hyperactivity testing.
30. Learning disabilities evaluations.
31. Mental Health: Care and treatment of mental and/or nervous disorders, psychiatric treatment or individual, family, or group counseling services, unless as a **co-morbidity** or **secondary diagnosis** during an inpatient stay or in the primary care setting.
32. Substance abuse and detox: Treatment programs for substance abuse and/or detoxification.

Co-morbidity:

A sickness that is caused by the main sickness.

Secondary diagnosis:

Another sickness that doctors find out you have after you get into the hospital. This sickness must also be treated.

MAP does not cover these services.

33. Autologous blood donations.
34. Autopsies.
35. Blood clotting factors.
36. Cellular Therapy.
37. Chemolase injections (Chemodiactin, Chymopapain).
38. Chemonucleolysis intervertebral disc.
39. Circumcision (routine) for clients one year of age or older.
40. Cosmetic surgery except if needed to repair an accidental injury, if the initial treatment is received within 12 months of the accident, or to help a malformed body part work better, or when you get pre-authorization for another medical reason.
41. Custodial or sanitarium care, rest cures, or for respite care.
42. Dermabrasion.
43. Dialysis (in-patient or out-patient) or supplies for dialysis, except for acute conditions not related to chronic renal failure while you are an inpatient.
44. Ergonovine provocation test.

45. Eye refractions, eye glasses, eye exercises, contact lenses, or other corrective devices, including materials and supplies. or fitting or examinations to prescribe or fit or change eye glasses, contacts, or any of these things for your eyes.
46. Fabric wrapping of abdominal aneurysms.
47. Hair analysis.
48. Histamine therapy - intravenous.
49. Hospice: Professional component of Hospice Services
50. Hyperthermia.
51. Immunotherapy for malignant disease.
52. Immunizations required for travel outside the United States.
53. Implantations (e.g., silicone, saline, penile, etc.).
54. Infertility supplies or medication.
55. Interpreter services.
56. Joint sclerotherapy.
57. Keratotomy or refractive surgeries: Radial and hexagonal keratotomy or refractive surgeries. keratoprosthesis/refractive keratoplasty.
58. Laetrile therapy.
59. Obesity procedures, obesity therapy and/or special diets (including medically supervised fasting and liquid nutrition) for weight reduction—even if for surgery or a specific medical condition.
60. Organ transplants, medications and/or treatments associated with the transplant.
61. Orthodontic treatment, crown, and bridge procedures.
62. Pain management programs (specialized) and/or treatment for chronic pain care, unless provided through MAP providers.
63. Prosthetic eye or facial quarter.
64. Rehabilitation Inpatient and intensive outpatient rehabilitation.

65. Sexuality treatments: Any treatment for transsexualism, gender dysphoria, sexual re-assignment or sex change, including, but not be limited to, drugs, surgery, medical or psychiatric care.
66. Sterilization reversal.
67. Tattooing and/or tattoo removal.
68. Thermogram.
69. TMJ: Treatment or correction of temporomandibular joint (TMJ) dysfunction.
70. TORCH screen.

D. Supplies and Equipment Not Covered

MAP does not cover these supplies and equipment.

71. Adaptive equipment for daily living such as eating utensils, reachers, handheld shower extensions, etc.
72. Admission kits.
73. Air cleaners/purifiers.
74. Augmentive communication devices, e.g., TTY device, artificial voice box, and this kind of machinery.
75. Bed cradles.
76. Bladder stimulators (pacemakers).
77. Car seats.
78. Cervical pillows.
79. Electric wheelchairs or scooters (outpatient).
80. Enuresis monitors.
81. Feeding supplements (e.g., Ensure, Osmolyte) and supplies for long-term use.
82. Hearing aids.
83. Home and vehicle modifications, including ramps, tub rails/bars.
84. Humidifiers, except when used with respiratory equipment (for example., oxygen concentrators,

CPAP/BIPAP, nebulizers, or for clients with a tracheostomy).

85. Implantable medication pumps and related supplies, with the exception of insulin pumps and related supplies..
86. Luxury or entertainment items (like TV, video, beauty aids, etc.).
87. Non-medical equipment: Equipment or services not primarily and usually used for a medical purpose (for example., an air conditioner might be used to lower room temperature to reduce fluid loss in a cardiac patient, or a whirlpool bath might be used in the treatment of osteoarthritis. however because the primary and usual use of these things is non-medical, they cannot be considered medical equipment).
88. Over bed tables.
89. Prosthetic breasts and mastectomy bras.
90. Thermometers.
91. Vocational, educational, exercise, and recreational equipment.
92. Waist/gait belts.
93. Whirlpool baths and saunas.

There may be other things that are not on this list that are not covered.

Also, the Medical Access Program can have subrogation rights. This means MAP can ask to be paid back for things MAP did cover, but that some one else (like an insurance company) has to pay. This could happen if you are hurt or get sick and the law or court says that some one else has to pay for it. Other providers may also have subrogation rights in any settlement or judgment made by a third party.

Compliments, Questions or Complaints



Bills

If you get a bill

- From a hospital, please contact the hospital directly.
- From your primary care provider, please contact your PCP directly.
- From a specialist, please contact the specialist directly.

Medical care and treatment

Please talk to your primary care provider if you have concerns or questions about your treatment or medical care. If you want to share compliments or complaints or concerns about services, or you have a problem you want to discuss, **please call (512)978-8150.**

Eligibility

If you want to share compliments or complaints or concerns about eligibility services or you have a problem you want to discuss, **please call (512)978-8130.**