

Senior Citizen Guide to **Health Care Services**



Dear Friend,

Obtaining affordable health insurance and other health-related services can be a daunting challenge for many senior citizens. That's why I am pleased to report there are a number of federal, state, and community programs designed to help elders access the health care services they need and deserve.

This brochure provides basic details about many of these important programs and contains additional health-related information, including such matters as health care proxies, respite care and long-term care insurance.

Sincerely,

A handwritten signature in black ink, reading "Roxanne J. Persaud". The signature is fluid and cursive, with the first name "Roxanne" being more prominent and the last name "Persaud" following in a similar style.

Senator Roxanne J. Persaud
19th Senate District

Programs

Medicare

Medicare covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) considered medically necessary to treat a disease or condition.

If you're in a Medicare Advantage Plan or other Medicare plan, you may have different rules, but your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions.

To find out if Medicare covers what you need, you should talk to your doctor or other health care provider about why you need certain services or supplies, and ask if Medicare will cover them. If you need something that's usually covered and your provider thinks that Medicare won't cover it in your situation, you'll have to read and sign a notice saying that you may have to pay for the item, service or supply.

Part A, in general, covers the following: hospital care, skilled nursing facility care, nursing home care (as long as custodial care isn't the only care you need), Hospice and home health services.

Part B covers two types of services:

- Medically necessary services - services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice; and
- Preventive services - health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

You pay nothing for most preventive services if you get the services from a health care provider who has an agreement with Medicare.

Part B covers things like: clinical research, ambulance services, mental health, inpatient, outpatient, partial hospitalization, getting a second opinion before surgery and limited outpatient prescription drugs.



Under Medicare, there are two ways to obtain drug coverage:

1. Medicare Advantage Plans **(Part C)** (like an HMO or PPO) or other Medicare health plans that offer Medicare prescription drug coverage - you get all of your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage, and prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called “MA-PDs.” You must have Part A and Part B to join a Medicare Advantage Plan.

2. Medicare Prescription Drug Plans **(Part D)** - these plans (sometimes called “PDPs”) add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans and Medicare Medical Savings Account (MSA) Plans.

Medicare Prescription Drug Coverage (Part D)

Medicare Part D is prescription drug coverage that is partially subsidized by the federal government. To be eligible, you must be entitled to benefits under Medicare Part A and/or enrolled under Part B. You must

choose a plan, enroll and pay a monthly premium to get the coverage. If you have limited income and resources, you may get this coverage for little or no cost by applying for the Low Income Subsidy.

To take advantage of this coverage, you may join a Medicare Prescription Drug Plan that covers prescription drugs only and keep Original Medicare (Medicare Part A and B) or you can join a Medicare Advantage Plan that also offers prescription drug coverage.

People with Medicare, their families and other trusted representatives can review and compare current plan coverage with Medicare Advantage and Medicare Part D plan offerings. More information is available at the following:

- **www.medicare.gov** – compares costs and coverage of available plans, using the Medicare Plan Finder and Medicare Options Compare tools;
- 1-800-MEDICARE (1-800-633-4227)/TTY 1-877-486-2048 - assistance with coverage options; and
- One-on-one counseling assistance from the NYS Office for Aging Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501.

Medigap

Medigap is a supplemental insurance, sold by private companies, that may help fill “gaps” in Medicare coverage (certain instances, services, treatments, tests, equipment and settings are only partly covered or not covered by Medicare). Talk with a counselor to find out if a Medigap policy is right for you. Contact the State Office for the Aging for information on counseling services at (800) 701-0501 or www.aging.ny.gov. The NYS Department of Financial Services also has a listing of Medigap carriers available on its website at www.dfs.ny.gov/consumer/caremain.htm.

Third Party Notification

Under state law, insurance companies may be requested to send insurance payment notices to a third party. This includes payment notices for Medigap policies.

Medicaid

Medicaid is a joint federal, state and local program for senior citizens and others with income or resources below a certain level. Some senior citizens are eligible to receive both Medicare and Medicaid benefits. State law protects some of the assets of a married couple should one require nursing home care. If you have any questions, or if you wish to apply for Medicaid assistance, contact your county Office for the Aging. If you can't go there in person, someone else may go on your behalf. More information is available by clicking on the Medicaid link on the New York State Department of Health website at: www.health.ny.gov.

EPIC

EPIC is a New York State cost-sharing program that helps eligible seniors pay for their prescription drugs. To be eligible, you must be a New York State resident 65 years or older with an annual income under \$75,000 if single, or \$100,000 or less if married, and must be enrolled in a Medicare Advantage (HMO) plan or a Medicare Part D prescription drug coverage plan.

Seniors with moderate incomes pay a low quarterly fee and participate in the "Fee" plan. Seniors with higher incomes meet an annual deductible and participate in the "Deductible" plan. Those who pay a fee or who meet their deductible make a co-payment at the pharmacy when purchasing prescriptions, typically in a range between \$3 and \$20. For single members with incomes up to \$23,000, as well as married participants with incomes up to \$29,000, EPIC will also pay at least a portion of Medicare Part D premiums. Seniors will be responsible for any Medicare Part D deductibles. However, higher income seniors in the deductible plan will see their EPIC deductible lowered by the annual cost of a basic Medicare Part D drug plan.

Applications are available at pharmacies, doctors' offices, senior centers and local county offices for the aging. Seniors can also call the toll-free EPIC Helpline at **1-800-332-3742** or visit: health.ny.gov.



Long Term Care Insurance

Through the New York State Partnership for Long Term Care, the Medicaid program can help you or a family member pay for nursing home or home health care costs without exhausting all your life savings. If you purchase affordable private long term care insurance that has been specifically approved for the Partnership program, the insurance must cover at least two years of nursing home or four years of home health care or an equivalent combination of both. Once the minimum benefit duration is reached, an income eligible policy holder will qualify for Medicaid extended coverage for the remainder of his or her life without consideration of his or her assets.

Recently, New York State decided to participate in reciprocity as offered in the Federal Deficit Reduction Act of 2005. This change will allow New York partnership policyholders who relocate to one of the 40 other participating states to take advantage of asset protection in those states at a dollar-for-dollar level based on the amount of long-term care insurance benefits paid on their behalf.

For more information, contact the Partnership program at 1-888-697-7582. You can also visit the NYS Department of Financial Services on the Internet at: www.dfs.ny.gov or call 1-800-342-3736. You may also be eligible for a state and federal tax deduction if you purchase private long term care insurance.

State Office for the Aging Nutrition Program for the Elderly (NPE)

This program helps provide hot, balanced meals to senior citizens in every county and Indian nation of the state. The meals are served at local community gathering places. Efforts are made to identify persons unable to reach these meal sites and to provide them with transportation. In addition, senior citizens who are unable to leave their homes can have their meals delivered to them. Anyone over 60 years of age and their spouses and disabled dependents are eligible to take part in the program, and no one is turned away because of inability to pay. The services provided by the NPE are made available through local Offices for the Aging, which serve all New York State counties. These local offices are listed in the community services or local government pages of most telephone books. On the Internet, visit the Office for the Aging at: www.aging.ny.gov.

Long Term Care

Hospices

Hospices provide care for the terminally ill at home, which helps preserve the comfort and dignity of the patient while involving the patient's family. They may be operated by home care agencies, hospitals, nursing homes or other health care providers or community groups. Hospices may provide doctors, nurses and home health aides 24 hours a day, 7 days a week. Counseling is also available to assist families in bereavement and other stressful periods. The cost of hospice care generally is reimbursed by private insurance companies, Medicaid and Medicare. Go to www.hpcanys.org for more information about hospice services.

Expanded In-Home Services for the Elderly Program (EISEP)

The need for institutional or nursing home care can in part be prevented when certain nonmedical services are provided in the home. EISEP provides funding for a uniform system of in-home case management, non-institutional respite and other services for seniors who need long-term care but are not eligible for Medicaid. Those who are able share costs for services based on their ability to pay. More information can be found by visiting: www.health.ny.gov.

Respite Care

Respite provides temporary rest periods for families who care for elderly or disabled relatives. Temporary in-home and out-of-home health services can be provided by qualified community and public agencies, nursing homes and other health care providers for families who need a “time-out” from the stress of full-time care of the elderly or disabled. Costs vary from program to program. Further information is available at: www.aging.ny.gov, by contacting your local Office for the Aging or by calling 800-342-9871.

Alzheimer’s Disease Assistance Centers

There are centers across New York State that provide services to Alzheimer’s patients and their families, including disease identification, care planning and counseling. A listing of these centers is available through the NYS Health Department’s website at: www.health.ny.gov/diseases/chronic/ or by calling 518-474-0512.

Nursing Homes

Nursing homes are licensed by New York State. If a nursing home is not state licensed, or if the license is not current, don’t consider it. All nursing homes receiving Medicare and Medicaid funds are required to make copies of the findings of their most recent inspections available to the public. Ask to see these reports and all licenses and certificates. It’s your right by law. It is also important to know that a married person requiring nursing home care can be eligible for Medicaid without impoverishing his or her spouse. State law allows the marriage partner remaining at home to retain a set amount of assets and monthly income. The home itself, if it is the primary residence, is an exempt resource.



Adult Homes

Adult homes provide long term residential care, room, meals, house-keeping, some personal care and supervision to five or more adults unrelated to the operator. For more information regarding choices for long term care, visit the NY Connects website at: [ny.getcare.com](https://www.ny.getcare.com) or call 518-474-6096. NY Connects is a state-wide, locally based point of entry system that provides one stop access to free, objective and comprehensive information and assistance on long term services and supports.

Advanced Directives

Advanced directives allow you to make medical decisions prior to an emergency situation in which you may not be able to communicate your wishes. There are several types of directives including a health care proxy, a living will and a Do Not Resuscitate (DNR).

A “Health Care Proxy” allows you to empower someone else to make medical treatment choices for you if you are no longer able to make them for yourself.



A Living Will allows you to provide specific instructions for medical treatments that you may or may not want if you are unable to communicate.

A Do Not Resuscitate Order (DNR) lets you express your wish that you do not want cardiopulmonary resuscitation, or emergency treatment to restart your heart and lungs if your heartbeat or breathing stops.

You are encouraged to speak to your healthcare provider about your wishes. Additional information regarding advanced directives is also available at: www.health.ny.gov/forms.



NEW YORK STATE SENATOR

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