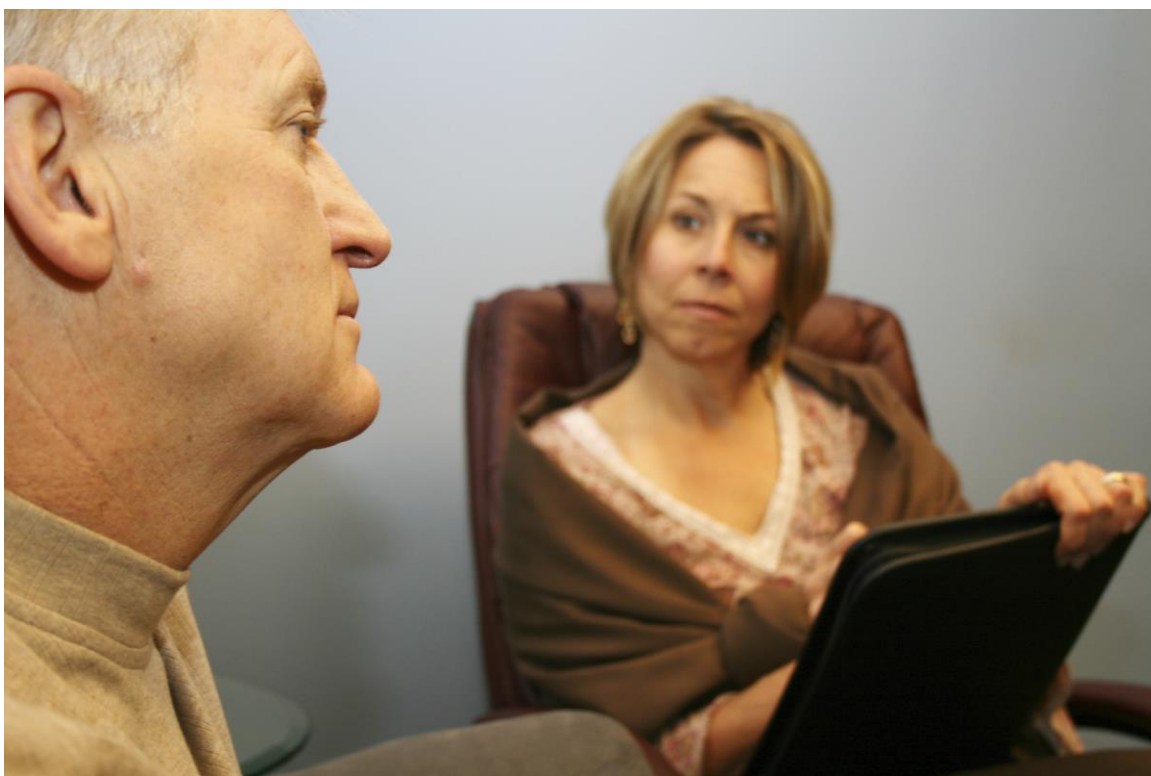




Medicare, Medicaid and Other Insurance



Medicare

Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment and you are 65 years old and a citizen or permanent resident of the United States. You might also qualify for coverage if you are a younger person with a disability or with permanent kidney failure requiring dialysis or transplant.

You can get Part A at age 65 without having to pay premiums if you are already receiving retirement benefits from Social Security or the Railroad Retirement Board and you or your spouse had Medicare-covered government employment.

If you are under 65, you can get Part A (hospital insurance) without having to pay premiums if you have received Social Security or Railroad Retirement Board disability benefit for 24 months. Most people get Part A automatically when they turn age 65.

Part B (Medical Insurance) is optional. It helps pay for doctors, services, outpatient hospital care, and some other medical services that Part A does not cover, such as the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

The standard Medicare Part B premium is \$104.90 per month in 2015. In some cases this amount may be higher if you did not choose Part B when you first became eligible at age 65. The cost of Part B may go up 10 percent for each 12-month period that you could have had Part B but did not sign up for it, except in special cases.

You can sign up for Part B anytime during a 7-month period that begins 3 months before you turn 65. If you choose to have Part B, the premium is usually taken out of your monthly Social Security, Railroad Retirement, or Civil Service Retirement payment. If you do not get any of the above payments, Medicare sends you a bill for your part B premium every 3 months.

If you have questions about your eligibility for Medicare Part A or Part B, or if you want to apply for Medicare, call the Social Security Administration. The toll-free telephone number is: 1-800-772-1213. The TTY-TDD number for the hearing and speech impaired is 1-800-325-0778. You can also get information about buying Part A as well as part B if you do not qualify for premium-free part A.

Source: Social Security Administration/Medicare

Medicaid

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Since Medicaid is administered by the Medicaid agency in your state, eligibility may vary from one state to another. Contact your state Medicaid Agency (<https://www.medicaid.gov/about-us/contact-us/contact-state-page.html>.) with questions or see if you qualify by applying (<https://www.healthcare.gov/medicaid-chip/>.) . CMS is the federal agency that works with state Medicaid agencies to make sure they comply with federal laws and regulations.

The Affordable Care Act established a new methodology for determining income eligibility for Medicaid, which is based on Modified Adjusted Gross Income (MAGI). MAGI is used to determine financial eligibility for Medicaid, CHIP, and premium tax credits and cost sharing reductions available through the health insurance marketplace. By using one set of income counting rules and a single application across programs, the Affordable Care Act made it easier for people to apply and enroll in the appropriate program.

To be eligible for Medicaid, individuals must also meet certain non-financial eligibility criteria. Medicaid beneficiaries generally must be residents of the state in which they are receiving Medicaid. They must be either citizens of the United States or certain qualified non-citizens, such as lawful permanent residents. In addition, some eligibility groups are limited by age, or by pregnancy or parenting status.

Once an individual is determined eligible for Medicaid, coverage is effective either on the date of application or the first day of the month of application. Benefits also may be covered retroactively for up to three months prior to the month of application, if the individual would have been eligible during that period had he or she applied. Coverage generally stops at the end of the month in which a person no longer meets the requirements for eligibility.

Source: Centers for Medicare & Medicaid Services/ Medicaid

Affordable Care Act

The Affordable Care Act (ACA) brings the country one step closer to ensuring that people living with disabilities have access to high quality, comprehensive and affordable care that meets their individual needs.

See the Reeve Foundation's Affordable Care Act (<http://s3.amazonaws.com/reeve-assets-production/ACA-Affordable-Care-Act-6-17.pdf>), The Affordable Care Act Gives Americans with Disabilities Greater Control Over Their Health Care (<http://s3.amazonaws.com/reeve-assets-production/ACA-Gives-10-15.pdf>), ACA Key Dates (<http://s3.amazonaws.com/reeve-assets-production/ACA-Key-Dates-for-2019-Coverage-9-18-1.pdf>), and ACA Questions (<http://s3.amazonaws.com/reeve-assets-production/ACA-Questions-10-15.pdf>) fact sheets for more information and resources.

Resources- Websites

The Center for Medicare Advocacy, Inc.

<http://www.medicareadvocacy.org/>

P.O. Box 350

Willimantic, CT 06226

Phone: 860-456-7790

The Center for Medicare Advocacy, Inc., established in 1986, is a national nonprofit, nonpartisan law organization that provides education, advocacy and legal assistance to

help older people and people with disabilities obtain fair access to Medicare and necessary health care. The Center is headquartered in Connecticut and Washington, DC with offices throughout the country.

Centers for Medicare & Medicaid Services

<https://www.cms.gov/>

The Centers for Medicare & Medicaid Services (CMS) provide health insurance for over 74 million Americans through Medicare, Medicaid and CHIP (the Children's Health Insurance Program).

Emergency Medical Treatment & Labor Act (EMTALA)

<https://www.cms.gov/emtala/>

Information on EMTALA, which requires Medicare-participating hospitals that offer emergency services to screen and stabilize patients with emergency medical conditions, including active labor, regardless of their ability to pay.

Medicare

<http://www.medicare.gov/>

Phone: 800-MEDICARE (800-633-4227)

TTY: 877-486-2048

The official U.S. government site for Medicare.

Medicare & You 2022

<https://www.medicare.gov/media/10991>

The official U.S. government Medicare handbook published annually by the Centers for Medicare & Medicaid Services can be downloaded or ordered.

Medicare Plan Finder

<https://www.medicare.gov/plan-compare>

Options to complete a general or personalized plan search for health, prescription drug and Medigap plans.

Physician Compare

<http://www.medicare.gov/Physician/Search/chooseprovider.asp>

A searchable database of physicians and other healthcare providers who accept Medicare.

Medicare Savings Program Contact Information

<http://www.medicare.gov/contacts/staticpages/msps.aspx>

State by state listings of the Medicare Savings Programs that help people with Medicare who have limited income and resources pay for Medicare premiums, deductibles and coinsurance.

AARP

<http://www.aarp.org/>

AARP advocates on behalf of and provides information and services to people age 50 and above. The site has extensive information on health topics, including insurance.

Insurance & Medicare

<http://www.aarp.org/health/medicare-insurance/>

This section of AARP's website focuses on Medicare, Medicaid, other health insurance, and prescription drug coverage.

Medicare and You: Getting Started (2011)

http://www.aarp.org/health/medicare-insurance/info-01-2011/understanding_medicare_a_boomers_guide.html

This guide (which can be downloaded as a PDF) covers Medicare coverage, Medigap insurance, eligibility, and enrollment deadlines.

Advancing Independence: Modernizing Medicare and Medicaid (AIMMM)

<http://www.aimeee.com/aimmm/index.html>

AIMMM is a policy forum that identifies and advances responsible reforms in Medicare and Medicaid needed to increase the health, independence, and self-sufficiency of persons with disabilities.

Artists' Health Insurance Resource Center

<https://actorsfund.org/services-and-programs/artists-health-insurance-resource-center>

An up-to-date, comprehensive and unbiased database of health care resources for artists, performers, freelancers and the self-employed.

Federal Trade Commission: Health

<http://www.ftc.gov/health>

See their fact sheet on medical discount plans which are often misrepresented as health insurance plans.

Health Consumer Alliance (HCA)

<http://healthconsumer.org/>

HCA helps low-income Californians get the health care they need. The organization operates 9 consumer assistance programs and 2 support centers across 13 California counties.

HealthCare.gov

<http://www.healthcare.gov/>

This website, which is managed by the U.S. Department of Health & Human Services, helps people find insurance options and provides information on the 2010 health care reform law known as the Affordable Care Act.

InsureKidsNow

<http://www.insurekidsnow.gov/>

Phone: 877-543-7669

InsureKidsNow is a national campaign to connect uninsured children (from birth to age 18) to free and low-cost health insurance through Medicaid and the Children's Health Insurance Program (CHIP).

Kaiser Family Foundation (KFF)

<http://www.kff.org/>

The Kaiser Family Foundation is a non-profit foundation that conducts research and presents information on major health care issues for policymakers, the media, the health care community, and the public.

Medicare Fact Sheets

<http://kff.org/medicare/fact-sheet/medicare-at-a-glance-fact-sheet/>

Nine fact sheets provide basic information on Medicare plans and coverage, including prescription drugs. Some of the fact sheets are targeted at specific consumers such as people with low incomes, people with disabilities, and women.

Navigating Medicare and Medicaid 2005: A Resource Guide for People with Disabilities, Their Families and Their Advocates report

<https://www.kff.org/medicaid/report/navigating-medicare-and-medicaid-a-resource-guide/>

The full report can be read online or downloaded as a PDF. Individual sections on Medicare, Medicaid, and the interaction between the two can also be read online or downloaded as PDFs.

A Primer on Medicare: Key Facts About the Medicare Program and the People it Covers

<http://kff.org/report-section/a-primer-on-medicare-what-is-medicare/>

This report provides basic information on Medicare, including plans and coverage, eligibility, prescription drug benefits, supplemental insurance, and financing.

Kids' Waivers

<http://www.kidswaivers.org/>

Kids' Waivers is a site for Medicaid waivers, Katie Beckett or TEFRA programs, and other programs for children with disabilities or medical needs.

Medicare Made Clear

www.MedicareMadeClear.com

Offers information on when to enroll and which plan might be best for you.

The Medicare Rights Center

<http://www.medicarerights.org>

Helpline: 800-333-4114

The Medicare Rights Center (MRC) is a not-for-profit organization working to ensure that older adults and people with disabilities get affordable health care.

The National Organization of Social Security Claimants' Representatives

<http://www.nosscr.org/>

The National Organization of Social Security Claimants' Representatives (NOSSCR) provides representation and advocacy on behalf of persons who are seeking Social Security and Supplemental Security Income.

Multiple Sclerosis Association of America: Health Insurance Guide

<https://healthinsuranceguide.mymsaa.org/>

Provides info on Medicare, Affordable Care Act and non-Medicare insurance.

Nolo.com: Safe Ways to Spend Down Your Assets to Qualify for Medicaid

<https://www.nolo.com/legal-encyclopedia/safe-ways-spend-down-your-assets-qualify-medicaid.html>

Patient Advocate Foundation: Co-Pay Relief Program

<http://www.copays.org/>

The Co-Pay Relief Program provides direct financial support for pharmaceutical co-payments to insured patients, including Medicare Part D beneficiaries, who financially and medically qualify.

Program of All-Inclusive Care for the Elderly (PACE)

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/PACE/PACE>

PACE is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. To find out if you're eligible and if there's a PACE program near you, search for PACE plans in your area.

SHIP National Technical Assistance Center

<https://www.shiptacenter.org/>

SHIP stands for State Health Insurance Assistance Program. SHIPs provide free, in depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. There is a locator for the SHIP in your state.

Tri-State Advocacy Project for Spinal Cord and Burn Injured Survivors and Amputees

<http://www.tristateadvocacy.com/>

345 Beverly Drive

Collegeville, PA 19426

Phone: 877-774-6380

Evenings & Weekends: 888-454-0345

Email: tsap4u@gmail.com

A grass roots advocacy organization which helps spinal cord and burn injured survivors and amputees. Services to patients and their families are free and include assistance with specific provisions of health insurance policies and other benefits, advice and with health insurance appeals.

U.S. Department of Labor: Continuation of Health Coverage – COBRA

<http://www.dol.gov/dol/topic/health-plans/cobra.htm>

Information on the Consolidated Omnibus Budget Reconciliation Act (COBRA), which allows people lose their group health benefits the option to continue their benefits for limited periods of time under certain circumstances.

Electronic Publications

Disability Evaluation Under Social Security. Social Security Administration. Office of Disability. September 2008.

<http://www.ssa.gov/disability/professionals/bluebook/>

This edition of Disability Evaluation Under Social Security, (also known as the Blue Book), has been specially prepared to provide physicians and other health professionals with an understanding of the disability programs administered by the Social Security Administration. It explains how each program works, and the kinds of information a health professional can furnish to help ensure sound and prompt decisions on disability claims.

Too Sick to Work, Too Soon for Medicare: The Human Cost of the Two-Year Waiting Period for Americans with Disabilities report (April 2007). Robert M. Hayes, Deane Beebe and Heidi Kreamer.

http://www.medicarerights.org/pdf/Too_Sick_To_Work_Too_Soon_For_Medicare.pdf

Portraits of 21 people struggling through the two-year waiting period to receive Medicare coverage.

The information contained in this message is presented for the purpose of educating and informing you about paralysis and its effects. Nothing contained in this message should be construed nor is intended to be used for medical diagnosis or treatment. It should not be used in place of the advice of your physician or other qualified health care provider. Should you have any health care related questions, please call or see your physician or other qualified health care provider promptly. Always consult with your physician or other qualified health care provider before embarking on a new treatment, diet or fitness program. You should never disregard medical advice or delay in seeking it because of something you have read in this message.

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