

HEALTH CARE

For full coverage, Medicaid includes doctor visits, hospital inpatient and outpatient care, drugs, X-rays, lab tests, transportation to medical services, and prescription drugs. Long-term care can be offered in rehabilitation hospitals, nursing facilities, or community alternatives including adult day care or in-home aides as needed.

Appeals

If you feel you have been unfairly denied Medicaid eligibility, you have the right to appeal the denial within 30 days. To file an appeal, write to the Appeals Division at DMAS, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219. In making the choice to appeal, you may wish to obtain the advice of legal counsel.

Conclusion

Medicaid rules are very complex, and detailed rules exist for such items as what constitutes countable income and assets, when property transfer is a potential bar to receipt of services, and whose income and resources will be used against what financial standards. For specific guidance, particularly regarding estate planning and long-term care, you may wish to contact an attorney who practices in the area of elder law.

Medicare

Introduction

Signed into law in 1965, Medicare is a federal health insurance program for people 65 years of age and older. While it is the primary source of publicly funded health care for the elderly, people with permanent kidney failure, as well as certain younger disabled people, are also eligible to receive Medicare benefits. The program is administered by the Centers for Medical and Medicaid Services (CMS) which works with the Social Security Administration for enrolling people in Medicare and collecting Medicare premiums.

Medicare Has Two Parts

Medicare has two parts: (1) Part A covers inpatient care in hospitals and skilled nursing facilities, as well as hospice care and some home health care (but not custodial or long-term care); and (2) Part B, covers doctors' services, outpatient hospital care, and some other services such as physical and occupational therapy and some home health care.

Most individuals become eligible for Medicare at age 65. There is no monthly premium for enrollment in Part A, but there is a monthly premium for enrollment in Part B (\$66.60 as of 2004). You may enroll in Part A without enrolling in Part B.

Applying for Medicare

To receive Part B Medicare benefits, you must apply at a local Social Security office. The initial enrollment period begins three months before the month you reach age 65 and ends three months after the month you turn 65. If, however, you are already receiving social security or railroad retirement benefits, you will auto-

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matically be enrolled in Medicare Part A and Part B on the first day of the month in which you become 65. If you do not want to be enrolled in Part B, you may “opt out” of this coverage by following the instructions that come with your Medicare card.

If you do not enroll in Medicare (or are not automatically enrolled) during the initial enrollment period, you may still apply between January 1 and March 31 of each calendar year. The cost of your Medicare Part B coverage, however, will increase by 10% for each year that you delay enrolling.

Medicare Part A: Hospital Insurance

Medicare Part A helps pay for covered services received in a hospital or skilled nursing facility following a hospital stay, or from a home health agency or hospice program.

You are eligible for Part A if:

- you are 65 or over or qualify for Social Security retirement benefits, or railroad retirement benefits;
- you are disabled and have been receiving Social Security disability benefits or Railroad Disability benefits for the past 24 months;
- you are receiving dialysis or need a kidney transplant because of permanent kidney failure;
- you are age 65 or over and do not meet any of the above requirements, but you pay a Medicare premium.

Inpatient Hospital Care

Part A helps pay for a semiprivate room, meals, general nursing and other hospital services and supplies. This includes care in “critical access hospitals” (a small facility that provides services to persons in rural areas) and mental health care. Inpatient mental health care in a psychiatric facility, however, is limited to 190 days in a lifetime.

Skilled Nursing Facility Care

A skilled nursing facility differs from a nursing home. It is a facility that primarily furnishes skilled nursing and rehabilitation services. (Note: Many nursing homes have specialized skilled care units.) Skilled care is to be distinguished from basic personal or custodial care, such as assistance in walking, getting in and out of bed, eating, dressing, bathing, and taking medicine. Medicare Part A will not pay for custodial care if that is the only kind of care you require.

After a related three-day inpatient stay, Medicare Part A will pay all of the cost for the first 20 days in a skilled nursing facility and part of the cost for days 21–100. It pays none of the cost after 100 days.

Home Health Care

This is covered under both Part A and Part B of Medicare. It includes part-time or intermittent skilled nursing care and home health aide services, physical and, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs or hospital beds), and medical supplies.

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A hospital stay is not needed to qualify for the home health benefit.

Hospice Care

For people with a terminal illness, Medicare covers the following hospice services:

- physician services;
- nursing care;
- medical appliances and supplies;
- drugs (for pain and symptom relief);
- short-term inpatient care;
- medical social services;
- physical and, occupational therapy and speech-language pathology services; and
- dietary and other counseling.

Blood

Part A also pays for pints of blood that you receive at a hospital or skilled nursing facility during a covered stay.

Medicare Part B: Medical Insurance

Medicare Part B pays for many medical services and supplies, but most importantly, it provides coverage for your doctors' bills. The full range of benefits includes:

- physicians' services;
- outpatient hospital services;
- X-rays and laboratory tests;
- certain ambulance services;
- durable medical equipment, such as wheelchairs and hospital beds, used at home;
- services of certain specially qualified practitioners who are not physicians;
- physical and occupational therapy;
- speech-language pathology services;
- outpatient mental health care;
- mammograms and Pap smears;
- home health care if you do not have Part A;
- blood; and
- Second surgical opinions.