Connecticut Legislature
Aging and Human Services Committees

Medicare for Connecticut Residents

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The Center for Medicare Advocacy, founded in CT in 1986, is a non-profit, non-partisan law organization that works to advance access to comprehensive Medicare, health equity, and quality health care. Based in Connecticut and DC, with additional attorneys in CA, MA, NJ.

- Staffed by attorneys, advocates, communication and technical experts, nurse consultant
- Education, legal analysis, writing, assistance, and advocacy
  - Free for Connecticut residents
- Systemic change – Policy/Litigation
  - Based on our experience with the problems of real people
- Medicare coverage and appeals expertise
- CT Medicare/Medicaid Third Party Liability Projects
With Gratitude to the CT Legislature for Supporting Medicare Assistance and Education for CT Residents
CHOICES: A CT ADS Partner Resource for Medicare Decision-Making

Call CHOICES at 1-800-994-9422

For a no-cost, unbiased review of unique individual circumstances and a knowledgeable review of Medicare options in Connecticut, including screening for the Medicare Savings Program (MSP)
Medicare Overview

• National health insurance enacted in 1965.
• People usually qualify based on age and paying into Social Security, not based on (low) income.
  • Unlike Medicaid/Title 19, which is based on income.
• Medicare covers people ≥ 65, and certain people with disabilities or ESRD.
• Medicare covers hospital, nursing home, home health, doctors, durable medical equipment, prosthetics, orthotics, hospice, prescription medicine, some preventive services, some vaccines.
• Medicare available through the original/traditional program or private “Medicare Advantage” (MA) plans.
• MA should cover at least as much as “original” Medicare and follow the same coverage rules.
• Part D - Rx
Medicare: An Insurance Model

Covers *Some* of the Cost of *Some* Health Care

• When it is Reasonable and Necessary
• For an Illness or Injury
• Diagnosis, Treatment, Rehabilitation
• Some Preventive Coverage
• With Premiums, Deductibles, Co-Pays
A Focus on Medicare Home Health Care & Obstacles to Accessing Medicare-Covered Health Care
Home Health Coverage Criteria

Under the Care of an Approved Provider

- Certified Plan of Care every 60 days AND
- Face-to-Face certification

Confined to Home ("Homebound")

- Inability to leave without device or assistance and/or leaving is contraindicated AND
- Requires a considerable and taxing effort to leave
  - (Not bound to house)

In need of reasonable and necessary skilled services

- At Least One Required In Order To Qualify For Coverage
  - Intermittent Skilled Nursing
  - Physical Therapy
  - Speech Language Pathology

42 C.F.R. § 409.40 et seq
Medicare Covered
Home Health Services

• Must Need/Receive at Least
  One Skilled Service:
• Intermittent Skilled Nursing
• Physical Therapy
• Speech Language Pathology
• Occupational Therapy (To
  continue, not trigger coverage)

If Receiving Skilled Services

"Dependent"
Services Can Be Covered

• IF a Skilled Service is Required
  and Received, Then Coverage is
  Available for:
• Home Health Aides (Part-time or
  Intermittent personal care)
• Medical Social Services
• Medical Supplies
Medicare-Covered Home Health Aides

How much can be covered – under the law?

- Combined with skilled nursing, can be provided up to 28 hours per week and any number of days per week as long as they are provided less than 8 hours each day
  - Subject to review on case by case basis, they may be available up to 35 hours per week
- Separately if the skilled service is therapy

42 U.S.C. § 1395x(m)(7)(b); 42 CFR §409.45(b)
Other Medicare Issues And Concerns

- Hospital “outpatient Observation Status”
- Improvement Standard Myth – Jimmo Case –
  - Coverage is available to maintain condition or slow decline
  - SNF, HH, & Outpatient Therapy
- Skilled Nursing Facility (SNF)
  - Coverage – Keep daily skilled care in place (5days/wk therapy; 7days/wk nursing and/or therapy combined)
  - Resident rights – including visitation
- Coverage Denials or Concerns?
  - Contact CMA for Case Review
Help Paying Medicare Costs: The Medicare Savings Program (MSP)

For CT Residents with incomes under $2,660/month ($3,591/couple) - 2021*
(*Rates change each March)

Call Connecticut CHOICES at 1-800-994-9422

At no cost, CHOICES Counselors can review qualifications and help individuals apply for one of three Medicare Savings Programs available in CT to help pay some or all Medicare costs.
CMA Connecticut Specific Resources Webpage:

CT Section on MedicareAdvocacy.org

Other CMA Services (free of charge for CT Residents, with gratitude to CT Department of Aging & Disability Services and CT Legislature):

• For Connecticut Medicare beneficiaries:
  • Evaluation, legal assistance, advocacy for rightful Medicare coverage
  • Appeals of inappropriate Medicare denials

• For Connecticut Lawmakers:
  • Expertise, participation in Town Halls/health fairs, presentations, legal support, education materials
  • Constituent services, referrals to CMA for Medicare-related issues
Links to Medicare Savings Program (MSP) Resources:

- Medicare Savings Program Factsheet, February 2021
  - Medicare Savings Program Factsheet – Spanish – Los Programas de Ahorros de Medicare
- Basic MSP Flyer, February 2021
  - Basic MSP Flyer – Spanish – ¿Necesita ayuda con los gastos de Medicare?
- Recorded Webinar: Medicare Savings Programs for Connecticut Medicare Beneficiaries
- MSP Application: https://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program/Medicare-Savings-Program

Links to Medicare Covered Home Health Resources:

- Infographic – the Road to Medicare Covered Home Health Care (English)
- Infographic – the Road to Medicare Covered Home Health Care (Spanish)
- Home Health Checklist (English)
- Home Health Checklist (Spanish)
- Home Health Coverage (English)
- Home Health Coverage (Spanish)

Link to Durable Medical Equipment Resources:

- Beneficiary Guide to Medicare Coverage for Durable Medical Equipment (DME)
Connecticut LTC Ombudsman Program & Center for Medicare Advocacy Partnership

- Optimize the value of each organization’s expertise and resources on behalf of CT’s long term care facility residents, families and helpers.
- Share resources to maximize impact
- Participate in joint education efforts
- Provide information and referrals as appropriate for services available from each program
For further information, to receive the Center’s free weekly electronic newsletter, *CMA Alert*, update emails and webinar announcements, contact:

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