Medicaid for Anyone

Fall 2013

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1. Obama Care - Information By Jack Lippmann

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Affordable Care Act a/k/a Obama Care health care reform. The Affordable Care Act was signed into law to improve the health care system. The goal of the Affordable Care Act is to give more Americans the ability to afford quality health insurance, and reduce the health care spending in the U.S.

What is Obama Care? - Brief Review

The Affordable Care Act will become more affordable to more people, offering quality care and become more available to private and public health insurance through consumer protection programs, regulations, subsidies, taxes, insurance exchanges, and revision of present standards.

The Affordable Care Act will Not replace private health insurance, Medicare or Medicaid. More importantly, if your present health insurance coverage meets the requirements of ACA, you'll be allowed to keep it - may not apply to all.

Additionally, the Affordable Care Act will not regulate your health care, but it will regulate health insurance companies and the for-profit health care system.

2. What Obama Care Offers

"Obama Care also known as Affordable Care Act"

The Affordable Care Act will offer consumers new benefits, rights, and protections, including the allowance of children to stay covered under their parents health insurance plans until 26, stop insurance companies from dropping consumers when they get sick, stop insurance companies from increasing consumers premiums for no reason, stop gender discrimination, remove life-time and annual limits, offer the right to a fast appeal process of the insurance companies decisions, subsidize health insurance cost and enforce all insurance companies to cover consumers with pre-existing conditions.

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3. Obama Care & Medicaid

How does Obama Care affect Medicaid?

Basically, there is no effect, in so far, that when and if an individual is financially eligible, by Medicaid standards, he/she will receive Medicaid medical assistance.

Medicaid standards, rules and regulations dictate eligibility. More importantly, individuals on Medicare do not lose their Medicare health insurance benefits when applying for Medicaid. Additionally, if the individual applying for Medicaid medical assistance has also private health insurance and wishes to keep the health insurance plan, because their physician does accept Medicaid, they are allowed to have all three, Medicare, private health insurance, and Medicaid.

However, having Medicare and Medicaid will provide for all of one's health insurance needs.

4. NYS 2013 Medicaid Nursing Home Regional Rates

Central \$8,432

Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga and Tompkins.

North Metropolitan \$10,737

Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester.

Northeastern \$8,950

Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington.

New York City \$11,350

Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island).

Nassau, and Suffolk

Long Island \$12,034

and Suffork

Western \$8,682

Allegany, Cattaragus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming.

Rochester \$9,782

Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates.

"Individuals on Medicare do not lose their Medicare health insurance when applying for Medicaid."



Jack Lippmann, of Elder Care Services, Inc., Medicaid Professional - Consultant with over 20 years of Medicaid eligibility experience.

5. 2013 Medicaid Income & Resource Levels

Basic numbers for applicable Medicaid recipients and their spouses:

Community Medicaid and

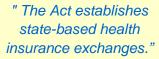
Home Care Medicaid :	Resource level for 1:	\$	14,400.00
	Resource level for 2:	\$	21,150.00
	Max Income for 1:	\$	800.00
	Max Income for 2:	\$	1,175.00
Nursing Home Medicaid :	Resource level:	\$	14,400.00
	Max Income:	\$	50.00
Supplemental Security Income (SSI), Resource level:		\$	2,000.00
Minimum federal Community Spouse Resource Allowance:		\$	74,820.00
Maximum federal Community Spouse Resource Allowance:		\$	115,920.00
Community spouse minimum monthly			

Community spouse minimum monthly
maintenance needs allowance (MMMNA):\$ 2,898.00Home Equity limit:\$ 802,000.00

What Obama Care Offers - from page 1

In the first year of operation, open enrollment will run from October 1, 2013 to March 31, 2014, and insurance plans purchased by December 15, 2013 will begin coverage on January 1, 2014. Thereafter, open enrollment will start on October 15 and end on December 7.

Low-income individuals and families whose incomes are between 100% and 400% of the federal poverty level will be eligible to receive federal subsidies in a sliding scale if they purchase insurance via an exchange. What is the Exchange. [The Act establishes state-based health insurance exchanges. These exchanges are regulated, online marketplaces, administered by either federal or state government, where individuals and small businesses can purchase private insurance plans starting October 1, 2013, with coverage beginning January 1, 2014]. If you're considered to be in the category from 133% to 150% of the poverty level you could be subsidized such that your premium cost will be 3% to 4% of your income. In 2013, the subsidy for an individual with an income up to \$45,960 or \$94,200 for a family of four, will allow the consumer to choose to receive their tax credits in advance, and the exchange will send the money directly to the insurer every month. Small businesses will also be eligible for subsidies.





6. Reduced Monthly Premiums

A number of studies on insurance premiums expect that with the subsidies offered under the ACA, more people will pay less than they did prior to the reforms, and that those premiums will be more stable (even in changing health circumstances), and transparent, due to the regulations on insurance. The Kaiser Family Foundation has calculated that about half the people who currently buy health insurance on their own today will be eligible for subsidies. Among those receiving subsidies (which excludes those with incomes above four times the poverty line-about \$46,000 for individuals or \$94,000 for a family of four), the subsidies are projected to be worth an average of \$5,548 per household, per year, which would effectively discount the projected price of insurance by twothirds, on an average.

The effect on health insurance premiums: It is forecasted that by 2016 the individual market would be approximately 17%, and that premiums per person would increase by 10% to 13% but that over half of these individuals would receive subsidies that would reduce their premium paid to "well below" premiums charged under current law. It also forecast that for the small group market, 13% of the market, premiums would be impacted 1% to -3% and -8% to -11% for those receiving subsidies; for the large group market comprising 70% of the market, premiums would be impacted 0% to -3%, with those under high premium plans subject to excise taxes being charged -9% to -12%.

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Web Site: www.eldercareservicesny.com e-mail: jlippmann@eldercareservicesny.com Simplifying ObamaCare 2013/2014:

Today, approximately 50 million Americans still don't have health insurance, despite the fact that The Affordable Care Act continues to provide access to affordable, quality health insurance. Although we won't see the biggest impact of ObamaCare till 2014, nevertheless, in 2013 we began to see changes in Medicaid Expansion and the ObamaCare insurance Marketplaces issues new health insurance policies. These are the two biggest programs in the health care reforms.

"In 2013 ObamaCare continues to expand affordability, quality and availability of insurance by opening the Health Insurance Marketplace and enacting better regulations on the health insurance industry, it also continues to reduce the growth of spending on healthcare through new taxes and budget cuts". It is estimated that ObamaCare will provide affordable health insurance coverage to an additional 30 million Americans by expending Medicare, reforming Medicaid, and creating an Affordable Insurance Exchange for employers, employees and low to middle income families.

"ObamaCare has hundreds of provisions already enacted and many more will either continue to grow or be rolled out in 2013. These include individuals no longer being denied for preexisting conditions or being able to be dropped from their insurance for being sick. It also gives consumers more rights and protections in regards to their health care. ObamaCare also regulates insurance premium hikes for profit and improves the health care industry as a whole. Doctors and Hospitals all agree, they want to keep ObamaCare, in fact they have already started re-working the health care system, repealing ObamaCare now would cost them Billions".

At the end of the day ObamaCare also known as The Affordable Care Act isn't a perfect bill, but it's a good start towards reforming American health care system.