



# Manhattan Community Board 9

Serving Hamilton Heights, Manhattanville and Morningside Heights

**DRAFT**

## Senior Issues Committee Minutes September 3, 2013

### **Committee Members:**

Ernestine Welch, Chair; Present; Anthony Fletcher, Excused; Carole Singleton, Excused

### **Public Members:**

Wanda Capan, Present; Laenoria Conyers, Present, Bessie Davis, Present; Cora Gilmore; Ruther Miller, Present; Inez Woodhouse, Present; Lillian Doctor, Excused; Nazareen Robinson, Present

### **Other Attendees:**

Shirley Taylor, Dorothy White, Patricia Conningher, Rosalio Littlejeka, Ollie Neal, Zonia Bucknor, Annie Payne, Anna McKenzie, Ameenah Muhammad, Shirley Saxton, Social Security Administration, Margaret Collins, Florencia O'Laughlin, Florence Rice, Victoria Mason-Ailey

The meeting was held on Tuesday, September 3, 2013 at the George Bruce Library, 518 West 125<sup>th</sup> Street, New York, NY 10027.

Ernestine Welch, Chair called the meeting to order at 11:15 a.m.

The agenda was adopted and the minutes accepted with necessary corrections which may be found and submitted to the district office.

### **Report:**

#### **The Department For The Aging**

Diane McDaniel stated that Medicare is a national insurance program for 65 years of age and older, certain younger disabled people and people with kidney failure. It has four components as:

- Hospital Insurance (Part A)
- Medical Insurance (Part B)
- Medicare Advantage plans (Part C – HMO, PPO, and Special Needs Plans (SNP).
- Prescription Drug Coverage (Part D)

#### **Medicare eligibility:**

- 65 years old or older, citizen or permanent resident of the US for at least five years consecutive years.
- Under 65 and receiving Social Security Disability Insurance (SSDI) for 24 months.

#### **Medicare Enrollment:**

- If receiving Social Security or Retirement benefits and 65 years of age, you are automatically enrolled in both Part A and Part B. A Medicare card is mailed to you about three months before your 65<sup>th</sup> birthday.
- If you are not receiving Social Security or Retirement benefits when you turn 65 years old, you have a seven-month Initial Enrollment Period (IEP) to apply for Medicare Part B.

- If you do not enroll during this seven-month period, you will have to wait to enroll during the general enrollment period which is January 1 to March 31 of each year.
- If you do not enroll during the general enrollment period and do not have other coverage through an active employer or your spouse, you will face a higher premium as a penalty for late enrollment.
- The penalty for late enrollment is 10% for every 12 months on non-enrollment in Part B.

#### **Medicare Part A Benefits:**

Medicare Part A covers inpatient hospital care, skilled nursing facility care, home health care and hospice care.

- **Inpatient Hospital Care** – Medicare pays for up to 90 days of medically necessary care in either Medicare-certified general or psychiatric hospital during a benefits period.
- Benefit period starts when you're admitted to the hospital and continues until you have been out of the hospital and skilled nursing facility for 60 consecutive days.
- Medicare will pay for a lifetime maximum of 190 days of inpatient psychiatric care provided in psychiatric hospital.
- Medicare Part A pays for semi-private room, meals, regular nursing services, rehabilitation services, drugs, medical supplies, laboratory tests and X-rays.
  - **Nursing Facility Care** – Medicare will pay for your care for up to 100 days in a benefit period.
  - Part A pays full cost of covered services for the first 20 days.
  - If you require more than 100 days of care in a benefit period, you are responsible for all charges beginning with the 101<sup>st</sup> day.
- **Home Health Care** – Medicare pays for care provided at home by a home health agency.
- A prior stay in hospital is not required to qualify for home health care and you do not have to pay a deductible for home health services.
- Part A pays for the entire bill for covered services for as long as they are medically reasonable and necessary.
- Home health care services may be provided on a part-time or intermittent basis, not full time.
  - **Hospice Care** – If you are terminally ill, you can elect hospice care rather than regular Medicare benefits.
  - Hospice care emphasizes on providing comfort and relief from pain.
  - The care can be at home as an inpatient, and includes services such as homemaker, counseling, and certain prescription drugs.

#### **Medicare Part B Benefits:**

Medicare Part B pays for a wide range of medical services and supplies, but most important is that it helps pay for doctor bills. The services for a doctor are covered whether the care is at home, in the doctor's office, in a clinic, in a nursing home or in a hospital.

**Part B assist in paying for** - outpatient hospital services, outpatient mental health care, blood, after first 3 pints, ambulance transportation, physical, speech, occupational therapy, preventive and screening tests, flu, pneumonia and hepatitis B vaccines, injectable, artificial prostheses, X-rays and lab tests, durable medical equipment and medical supplies.

**Medicare Advantage Plans:**

Medicare Advantage Plans provide beneficiaries with alternatives to original free-for-service Medicare. They include Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Health Maintenance Organization with Point of Service option (HMO-POS), Special Needs Plans (SNP), Medicare medical Savings Account (MSA) Medicare Private Fee-For-Service (PFFS) plans. The Medicare Advantage Plans involves a network of doctors, health centers, hospital skilled nursing facilities and other care providers for the enrolled member to use their medical needs.

The original Fee-For-Service Medicare entitles the beneficiary to obtain medically-needed services from any Medicare provider anywhere in the United States.

Health Maintenance Organizations (HMO) – require a beneficiary to select a primary care doctor from the HMO’s network of local doctors. Some of the Health Maintenance Organizations require that the doctor provide a referral to specialists, though most do not require such referrals for in-network providers. HMOs receive subsidy from the federal government, and cost to beneficiary may be lower than in fee-for-service Medicare. They may offer additional benefits such as hearing aids, vision and dental care. There is no coverage for services obtained out of network, except for emergency care. If the beneficiary acquire medical services out of network, therefore the beneficiary will be responsible for the full cost of such services.

**Preferred Provider Organizations (PPOs) plan:**

- Provide a network of health care providers but do not restrict the beneficiary from going out of network.
- They set its payment to in network providers with fixed co-pay from the beneficiary; the beneficiary will pay more for services from out of network providers.
- Additional health benefits may be included in the plan such as hearing aids, vision, and dental care.

**Health Maintenance Organizations with Point Of Service Option plan:**

- Similar to the PPO plan but provides greater flexibility than an HMO because enrollees may use both in network and out of network providers

**Special Needs Plans (SNP) plan:**

- Are available only to certain groups of people with Medicare such as people with both Medicare and Medicaid.
- People with certain chronic conditions
- People living in an institution, such as a nursing home.
- Coverage includes services covered by Medicare Part A and Part B, and prescription drug coverage.

**Medicare Medical Saving Account (MSA) plan:**

- Combine a high deductible plan with a medical savings account.
- Money in the account can be used toward any medical expenses.
- If it is used toward a Part A or B covered service, it will count toward a deductible.
- Any unused portion of the account can be carried over to the following year.

- Members may use any Medicare-eligible provider under the plan.
- MSA plan do not include Medicare Part D, and members will have to purchase a separate stand-alone Part D in order to have prescription drug coverage.

**Update:**

**Columbia University on Community Shuttle**

Victoria Mason-Ailey, Vice- President of Government and Community Relations Department gave a final version of the Columbia Shuttle bus schedule. The strategy to distribute the shuttle bus schedule will be through the Senior Centers, Health Centers, Schomburg Center, Harlem Alliance, Community Board No. 9 and the Upper Manhattan Chamber of Commerce. The University is looking to print a one page schedule to be reader friendly for seniors, and disabled.

**Announcements:**

- Columbia University will be hosting construction job fair Tuesday, September 10<sup>th</sup> at Columbia University. All parties interested to attend should register by calling or by sending an email on
- Columbia Shuttle bus has resumed its full schedule as of September 3, 2013.
- Manhattan Community Board No. 9 Youth, Education and Libraries committee will hold its 6<sup>th</sup> Youth Resources Expo, Saturday, September 28<sup>th</sup> at City College of New York, North Academic Center (NAC) Ballroom, 138<sup>th</sup> Street and Convent Avenue from 10:00 a.m. to 2:00 p.m.
- New York Housing Authority Senior Benefit Entitlement Fair will be held on Wednesday, September 18<sup>th</sup> at Riverbank State Park from 10:00 a.m. to 3:00 p.m.

**New Business:**

- Housing issues and senior evictions
- Senior Garden