

MCCAP: Statewide Partners Maximize Hundreds of Thousands of Dollars in Federal Prescription Drug Benefits and Health Resources for New York's Low Income Elderly and Disabled New Yorkers.

WHAT ARE WE?

The Managed Care Consumer Assistance Program (MCCAP), a statewide program, is critical for New York in this fiscal climate because it assists seniors and people with disabilities in accessing services and reducing health care costs through Medicare.

WHO ARE WE?

Our network's expertise in consumer assistance helps MCCAP maximize Medicare coverage and **saves the state millions in EPIC, Medicaid and other state funded program expenditures each year.** For example, by increasing enrollment into Medicare low-income programs – like the Extra Help drug subsidy – we are able to bring more federal Medicare dollars into New York. Similarly, successful appeals of denied Medicare coverage can result in federal payment for services and medications that would otherwise be paid for by the state.

Here's an example: Ms. L, a Spanish speaking consumer, contacted the MCCAP network because she was having trouble affording the costs of her medication. Ms. L subsists on a low fixed income, and she was recently prescribed a medication she could not afford. A bilingual counselor found that **Ms. L is eligible for Extra Help, a federally funded benefit and helped her apply.** Ms. L was approved for Extra Help, which offers low coinsurances for brand name and generic medications. Extra Help is estimated to save each of its enrollees **over \$4,000 in prescription costs each year.**

HOW DO WE SERVE CONSUMERS?

Seven community based organizations across New York State receive funding and training to provide information and assistance on Medicare related issues. The agencies do this by running consumer hot-lines, conducting educational workshops, and providing hands-on assistance to consumers facing barriers to getting health care services. We also collaborate with the Area Offices for the Aging to take referrals for the most complicated cases, providing access to our technical assistance and training expertise. This model builds on the strength of different communities throughout NYS

and allows the program to provide assistance in over six languages.

WHO WE SERVE

Our network's reach is broad. New York's most vulnerable and hard-to-reach residents receive services including the uninsured, Medicaid beneficiaries, seniors, immigrants, and people with disabilities.

OUR STATISTICS

Annually, our agencies conduct trainings to more than 25,000 advocates and consumers. In addition, the network provides approximately 12,000 counseling sessions to consumers across the State. The network provides various services including but not limited to:

- General Medicare and Medicaid enrollment;
- Extra Help, Medicare Savings Program, EPIC;
- Legal representation in Medicare appeals, and Medicaid Fair Hearings;
- Medicaid Spenddown, long-term care, and home care.

OUR FUNDING REQUEST

Maintain support of MCCAP in 2012-13 in the amount of \$1,767,000.

CONTACT US:

Community Service Society: 1-888-614-5400

Empire Justice Center: 1-800-635-0355

The Legal Aid Society: 1-888-500-2455

Medicare Rights Center: 1-800-333-4114

New York Legal Assistance Group: 212-613-5000

Selfhelp: 1-866-811-5243/NYC: 212-971-7658

New York State Wide Senior Action Council, Inc.: 1-800-333-4374

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AVOIDING INSTITUTIONALIZATION AND SHIFTING COVERAGE TO FEDERALLY FUNDED BENEFITS

Scott is eighteen and lives in Genesee County with his parents. He was born with a severely disabling chromosomal abnormality that left him with a host of medical ailments, severe behavioral difficulties, and the intellectual capacity of an infant. He receives SSI and Medicaid waiver services, which have allowed him to stay in his home with the help of private duty nursing services. When he was 12, Scott suffered kidney failure, making it critical that his Medicaid private duty nurses carefully monitor his safety during the at-home dialysis treatments. A MCCAP partner agency got involved with Scott and his family when Medicaid sent them a notice terminating Scott's nursing services. **MCCAP helped Scott qualify for Medicare based on End Stage Renal Disease. Medicare is now paying for Scott's dialysis treatments as well as all other Medicare-covered services.** In addition, the MCCAP agency helped Scott appeal his termination of nursing services in a fair hearing—and won. Without the nursing services, chances were high that Scott would have to be institutionalized, requiring significantly more government resources. **The shift from Medicaid to Medicare and keeping him in his home is saving NYS Medicaid thousands of dollars each year.**

ACHIEVING A SINGLE REIMBURSEMENT OF OVER \$35,000 IN OF OUT OF POCKET COSTS

Mr. S became eligible for Medicare based on disability. He was covered under his wife's employer health plan so he called both Medicare and Social Security to ask about turning down Part B and they both said it was fine. Both agencies failed to ask how many employees there were at Mr. S' company—there were only four. Because companies with fewer than 20 employees are subject to different Part B enrollment rules, Mr. S needed to enroll in Part B when he became eligible. When he realized this, he called Medicare, was given a Special Enrollment Period, and was enrolled in Part B. However, he had accrued more than **\$35,000 worth of bills** prior to his Part B enrollment for a series of surgeries. After trying to resolve the issue on his own, **Mr. S was still left with a pile of unpaid bills and would have had to turn to bad debt or charity care.** Mr. S called a MCCAP partner agency, where a caseworker explained equitable relief to Mr. S and sent him a flier with more information. Mr. S returned to the Social Security office and received a response only four weeks later saying that he was retroactively enrolled in Part B back to his original date of eligibility. Subsequently, **all of Mr. S' claims were resubmitted and paid by Medicare, and he was reimbursed the money paid out-of-pocket.**

HELPING TO DEFEND INAPPROPRIATE ATTEMPTS TO RECOVER HEALTH COSTS FROM CLIENTS

Ms. M, who has Medicare because of a disability, contacted a MCCAP partner agency after receiving a letter from the Medicare as Secondary Payer Recovery Center (MSPRC) demanding repayment of \$7,669.61 for claims Medicare paid over the past five years. MSPRC purported that these claims were related to injuries sustained in an automobile accident five years previous. Ms. M tried to resolve the issue herself without success. Her MCCAP advocate reviewed available information and found that the claims itemized in the MSPRC demand letter were clearly unrelated to Ms. M's car accident. Her advocate submitted an appeal to MSPRC to reverse their decision. The well-documented appeal to MSPRC was denied without explanation. The advocate then escalated the case to the next level of appeal, which resulted in approval and MSPRC was instructed to close the case and drop all claims, **saving the client over \$8,000 (including accrued interest).**