

# In the Know

Plan Now for  
Peace of Mind Later

 Health Care



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## CEUs for Today!

TODAY'S WEBINAR HAS BEEN APPROVED FOR 1 CEU HOUR

### IN ORDER FOR MO LNHAS TO GET CREDIT:

- It is **REQUIRED** that you complete a brief survey/evaluation via:
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Missouri Network of Learning  
Training & Technical Assistance

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- Providing education about levels of care in the healthcare system.
- Providing information about criteria to be met at each level of care and how insurance plans provide payment for services.
- Increasing understanding of the financials of healthcare.
- Increasing awareness about resources in the area.

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## Post-Acute Levels of Care

- [illegible]

- **Acute Care:** Patient receives active but short-term treatment for a severe injury or episode of illness. Examples might include care for an urgent medical condition or recovery following surgery that requires inpatient hospitalization.
- **Acute Inpatient Rehab:** Patient benefits from intensive interdisciplinary rehabilitation program. Patient receives physical, occupational and speech therapy as needed and is medically managed by trained physicians. Patients in this setting receive 24-hour nursing care. Specific qualifiers allow transfer to inpatient rehab. In general, patients need to be able to participate in three hours of therapy per day.
- **LTAC (Long-Term Acute Care Hospital):** Patient requires extended hospitalization. Patients in this setting receive 24-hour nursing care. Patients that require LTAC have serious medical problems that require intense, special medical treatment for extended periods of time, typically 20-30 days. Common medical issues addressed include non-healing wounds, pulmonary issues (vent weaning) or a combination of complex health care needs.

### POST-ACUTE LEVELS OF CARE

- **SNF (Skilled Nursing Facility):** Facility that provides care or treatment that can only be performed by licensed professionals. Skilled nursing facilities offer a wide range of services and medical care including physical therapy, occupational therapy, speech therapy, wound care, intravenous (IV) therapy, injections and monitoring of vital signs. These services often are needed following surgery or serious illness to recover to prior levels of functioning. These services usually are necessary for only short periods of time. Patients do not have to tolerate three hours of therapy daily to qualify. Therapy is tailored to what the patient can tolerate and can be increased or decreased to meet the patient's needs.
- **Nursing Home/Long-Term Care:** Facility that cares for persons who no longer can reside in an independent living setting. Nursing homes provide 24-hour nursing staff. Most nursing homes also can provide skilled levels of care.

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### POST-ACUTE LEVELS OF CARE CONTINUED....

- **ALF (Assisted Living Facility)/Memory Care:** Residential setting that provides older adults with personalized care. Often individuals in assisted living facilities are mobile but require additional assistance with activities of daily living to maintain independence and safety. Assisted living facilities are staffed 24/7 with licensed and/or unlicensed staff. Often, assisted living facilities have a memory care unit to meet the needs of those individuals with memory issues.
- **Independent Living:** Housing designed for seniors 55 and older. Seniors who reside in independent living are independent with activities of daily living. The atmosphere promotes activity and engagement. Housing accommodates aging adults, is easy to navigate, and requires no maintenance or yard work. Independent living does not provide medical care or nursing staff; however, an individual can hire in-home help as needed.

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### POST-ACUTE LEVELS OF CARE CONTINUED....

- **Home Health:** Skilled services provided in the home following illness or injury. Home health is intended to teach the patient and/or family members how to continue care as needed. Home health is not intended to be long-term. Skilled services that can be provided in the home are skilled nursing, physical therapy, occupational therapy, speech therapy, and visits with a social worker. A home health aide can be provided to patients while receiving a skilled service. It is important to note that a patient needs to be homebound during this period of care. The definition of homebound is that it is a taxing effort to leave the home, and in order to leave SAFELY, the patient needs an assistive device or the assistance of another person.
- **In-Home Care Services:** Supportive, non-skilled services provided in a home setting to maintain independence with activities of daily living. Services often provided are meal preparation, bathing, grooming, dressing, household chores, transportation to appointments and stores, etc.

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### POST-ACUTE LEVELS OF CARE CONTINUED....

**Hospice:** Care provided to patients at end of life with the expectation that the patient has a life expectancy of six months or less. The focus is on symptom management, pain control and emotional support. Hospice focuses on quality of life and can be provided in a home setting, nursing home or assisted living facility.

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## PAYORS FOR ACUTE AND POST-ACUTE LEVELS OF CARE

### PAYORS

- Medicare A&B
- Medicare A&B with Supplement
- Managed Medicare Plans
- Medicaid
- Managed Medicaid Plans
- Commercial Health Insurance
- Private Pay



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## PAYORS FOR ACUTE AND POST-ACUTE LEVELS OF CARE

**Medicare A&B:** Medicare covers acute hospitalizations in acute care settings (hospital, inpatient acute rehab, and long-term acute care hospital). Medicare covers stays in skilled nursing facilities for patients who require short-term skilled stays prior to returning to their previous levels of care. All skilled nursing facilities accept Medicare A&B. No prior authorization is required for admission and Medicare does not dictate length of stay if the patient continues to meet skilled criteria. Medicare also covers skilled home health services and hospice care. If hospice services are provided in any facility, the patient is responsible for room and board.

**Medicare Part B:** Helps cover services from doctors and other health care providers, outpatient care, home health care, durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment), and many preventive services (like screenings, shots or vaccines, and yearly “wellness” visits). In most cases, if you don’t sign up for Part B when you’re first eligible, you may have a delay in getting Medicare Part B coverage in the future (in some cases over a year), and you may have to pay a late enrollment penalty for as long as you have Part B.

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### PAYORS FOR ACUTE AND POST-ACUTE LEVELS OF CARE

**Medicare A&B with Supplemental Insurance:** Medicare is primary and is billed first. Supplemental insurance helps pay some of the health care cost that Medicare doesn't cover, for example, coinsurance, copayments, or deductibles. Supplemental insurance plans are an additional cost and are provided by private insurance companies. Supplement insurance policies cannot be purchased with managed Medicare plans.

**Medicare Part D- Drug Coverage -** Helps cover the cost of prescription drugs (including many recommended shots or vaccines). Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

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### PAYORS FOR ACUTE AND POST-ACUTE LEVELS OF CARE

**Managed Medicare Plans:** Managed Medicare takes the place of an original Medicare plan. These plans are offered by private insurance companies overseen by Medicare. Managed Medicare plans cover acute and post-acute levels of care; however, not all facilities are in-network with every plan. Most plans don't cover services from providers outside a plan's network and service area. Managed Medicare plans can charge different out-of-pocket costs, co-pays, and deductibles. Plans can also have different rules for how a person receives services; for example, requiring a referral prior to seeing a specialist, requiring authorization prior to admission and re-authorization for continued services. The premiums for these plans are often more budget friendly and most plans offer coverage for additional services, such as pharmacy, vision, dental, and transportation, etc.

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### Pros and Cons of Medicare vs Medicare Advantage

Medicare	Medicare Advantage
You and your doctor choose your care	Your plan dictates your care
May have higher monthly premiums	Often has lower to no monthly premiums
No pre-authorization needed	Pre-authorizations and re-authorizations required
No dental or vision included	Dental and Vision included in some plans
You have choice of doctor, hospital, and post-acute care agency	Choice of doctor, hospital, and post acute agency is restricted to the plans network. Cost of out-of-network cost is covered at an additional cost to patient.
You must purchase a separate drug plan. Costs for routine medications might be higher.	Drug Plan often included in most plans. Costs of routine medications are typically lower. Specialty drugs are often higher.
Used anywhere in the USA that accepts Medicare	Often limited to a certain geographic area
3 -day hospital stay required before admit to skilled (waivers in place during COVID)	No required length of stay at hospital for admission to skilled- can admit/readmit from home

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### Its Important to Note.....

- As stated in the Medicare handbook, if you don't sign up for Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B. Your monthly Part B premium may go up 10% for each full 12 months in the period that you could have had Part B but didn't enroll. If you're allowed to sign up for Part B during a Special Enrollment Period, you usually don't pay a late enrollment penalty.
- Before you can buy Medicare Supplement Insurance (Medigap), you must have Part A and Part B. The best time to buy a Medigap policy is during your Medigap Open Enrollment Period. This 6-month period begins on the first day of the month in which you're 65 or older and enrolled in Part B. (Some states have additional Open Enrollment Periods.) After this enrollment period, you may not be able to buy Medigap. If you're able to buy Medigap, it may cost more.

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### Its Important to Note.....

As stated in the Medicare handbook, if you want to cancel your Medigap policy, contact your insurance company. In most cases, if you drop your Medigap policy to join a Medicare Advantage Plan, you may not be able to get the same policy back.

- If you join a Medicare Advantage Plan for the first time and you aren't happy with the plan, you'll have special rights under federal law to buy a Medigap policy and a separate Medicare drug plan if you return to original Medicare within 12 months of joining the Medicare Advantage Plan.
- If you had Medigap before you joined, you may be able to get the same policy back if the company still sells it. If it isn't available, you can buy another policy.
- If you joined a Medicare Advantage Plan when you were first eligible for Medicare (and you're not happy with the plan), you can choose from any Medigap policy when you switch to original Medicare within the first year of joining.

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### PAYORS FOR ACUTE AND POST-ACUTE LEVELS OF CARE CONTINUED...

**Medicaid:** Federal and state program that helps with healthcare costs for individuals with limited income and resources. Medicaid also offers benefits that are not normally covered by Medicare, including nursing home care and personal care. It provides coverage to eligible low-income adults, children, pregnant women, elderly and disabled persons. Medicaid programs are administered by the state under federal guidelines. Medicaid coverage varies from state to state.

**Managed Medicaid:** Program that provides delivery of Medicaid health benefits and additional services through contracted agreements between state Medicaid and managed care organizations. If a person has a managed Medicaid plan, then not all agencies may be in-network with plan.

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### PAYORS FOR ACUTE AND POST-ACUTE LEVELS OF CARE CONTINUED...

**Commercial Health Insurance:** Insurance administered by nongovernmental agencies. Commercial health insurance plans are purchased by individuals to cover health care costs. Not all acute or post-acute agencies are in-network with every commercial health insurance plan.

**Private Pay:** Not having any health care coverage. Individuals are responsible for all medical expenses incurred. Most post-acute care agencies require payment upon admission to guarantee payment for services. Some healthcare providers will offer payment plans for private pay patients.

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### FILLING IN THE GAPS

- **Long-term Care Insurance Plans:** Long-term care plans can be purchased by individuals to cover long-term care, respite care, adult day-care, in-home care services and home health services. These plans are privately purchased to cover the gaps that Medicare, commercial insurance or Medicaid does not cover.
- **Home Health Care Insurance Plans:** These policies can be purchased for an additional cost. The plan can help keep an individual home longer by bringing services to them. These plans can also help cover costs associated with Home Health that Medicare/Managed Medicare do not cover.
- **In-home Care Plans:** In-home care plans can be purchased by individuals to cover in home care services that are not covered by Medicare or commercial insurance plans. In-home care services assist with activities of daily living, such as grooming, bathing, dressing, shopping, house cleaning, and sitter services. In-home care services often allow individuals to stay in their homes longer.
- **Hospital Indemnity Plans:** Hospital indemnity plans provide cash benefits to cover medical expenses and other indirect costs not covered by health insurance plans.

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### ADDITIONAL HEALTHCARE DECISIONS TO PONDER

- **Protecting Assets:** Pre-plan asset protection, considering various scenarios that might occur as individuals age.
- **Medical and Financial POA:** Medical DPOA allows individuals to designate a person or persons to make health care decisions on their behalf when unable to do so for themselves. They also allow individuals to state their medical wishes. Financial POA designates a person or persons to make financial decisions for individuals who are unable to do so for themselves.
- **Critical Care Insurance-** Additional Insurance that can be purchased to cover critical illness or accidents (cancer, stroke, etc.).
- **Life Insurance-** Life insurance is a contract between an insurance policy holder and an insurer, where the insurer pays a designated beneficiary a sum of money upon the death of an insured person. The insurance money can help pay for final expenses and help take care of your family if something happens .
- **Financial Planners-** A qualified financial planner advises clients on investments, insurance, tax, retirement and estate planning.

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### RESOURCES

- Elder Law Attorney
- Advance Directive Information: [www.mobar.org](http://www.mobar.org)
- Insurance Brokers
- Senior Benefit Services
- Medicaid Resources: [www.mydss.mo.gov](http://www.mydss.mo.gov)
- Pharmacy- Meet with your pharmacy to see what Medicare Part D Plan best covers your medications.

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**Contact Us – We're here to help!**

**Senior Benefit Services**

801 Gray Oak Drive  
Columbia, MO 65201

**800-627-2768**

[www.sbsteam.net](http://www.sbsteam.net)



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**Coming Soon.....**

**Resource Website** – One stop for available resources in Missouri

**Spring Resource Fair-** brought to you by Rusk Rehab, MU Health, and Columbia Post Acute- Help Seniors and those with disabilities live a full happy life using local resource assistance. Also becoming educated on resources available and how to access them so that they can create a plan for future issues.

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Coming Soon.....  
More "In the Know"  
Presentations



**IN THE KNOW:**  
**Plan Now for Peace of Mind Later**

**PRESENTED BY:**  
Sarah Wies,  
Post-Acute Care Coordinator,  
MU Health Care

Jackie White,  
Post-Acute Care Coordinator,  
Columbia Post Acute


**LEARN ABOUT:**

- Making informed decisions regarding your healthcare, levels of care and resources that are available
  - For example, what is the difference between assisted living, a nursing home and skilled nursing facility?
- The coverage difference between Medicare, Medicaid and commercial insurance plans
- Additional insurance plans that can fill in the gaps not covered by insurance

**WEDNESDAY, MARCH 9**  
**12 PM**  
Presented via Zoom.

Please RSVP to Christen Stark at [starkch@health.missouri.edu](mailto:starkch@health.missouri.edu) to receive meeting link.

**QUESTIONS?** Call (573) 882-8298

 **Health Care**

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