

Where to Apply for Health Insurance

Who	Where			
Under 65 years of	In-person assistor			
age	o http://www.hcdiny.org/content/sites/hcdi/PAM Documents/Health Insurance			
	Assistance Reference Guide AFBHC.pdf			
	NY State of Health, The Official Health Plan Marketplace			
	o (855) 355-5777			
	o <u>https://nystateofhealth.ny.gov/</u>			
Under 65 years of	In-person assistor			
age/ Disabled –	o http://www.hcdiny.org/content/sites/hcdi/PAM_Documents/Health_Insurance			
without Medicare	Assistance Reference Guide AFBHC.pdf			
	NY State of Health, The Official Health Plan Marketplace			
	o (855) 355-5777			
	o https://nystateofhealth.ny.gov/			
Under 65 years of	In-person facilitated enroller			
age/ Disabled – with	o http://www.cssny.org/programs/entry/facilitated-enrollment-for-the-aged-			
Medicare	blind-and-disabled-program-fe-abd			
	District Social Services Offices https://www.boolth.gov/boolth.gov/modicaid/ldss.htm			
	 https://www.health.ny.gov/health_care/medicaid/ldss.htm Albany County (518) 447-7492 			
	Fulton County (518) 736-5600			
	 Montgomery County (518) 853-4646 			
	Rensselaer County (518) 270-3928			
	Saratoga County (518) 884-4148			
	Schenectady County (518) 388-4470			
Under 65 years of	In-person assistor			
age/Disabled/	o http://www.hcdiny.org/content/sites/hcdi/PAM Documents/Health Insurance			
Medicare and a	Assistance Reference Guide AFBHC.pdf			
Parent/Caretaker of	State of Health, The Official Health Plan Marketplace			
a child under the	o (855) 355-5777			
age of 19	 https://nystateofhealth.ny.gov/ 			
Over the age of 65	In-person facilitated enroller			
with or without	 http://www.cssny.org/programs/entry/facilitated-enrollment-for-the-aged- 			
Medicare	<u>blind-and-disabled-program-fe-abd</u>			
	Local District Social Services Offices			
	o https://www.health.ny.gov/health_care/medicaid/ldss.htm			
	 Albany County (518) 447-7492 			
	Fulton County (518) 736-5600			
	Montgomery County (518) 853-4646Rensselaer County (518) 270-3928			
	Saratoga County (518) 884-4148			
	 Schenectady County (518) 388-4470 			
Over 65 with or	In-person assistor			
without Medicare	http://www.hcdiny.org/content/sites/hcdi/PAM_Documents/Health_Insurance			
and a	Assistance Reference Guide AFBHC.pdf			
Parent/Caretaker of	NY State of Health, The Official Health Plan Marketplace			
a child under the	o (855) 355-5777			
age of 19	o https://nystateofhealth.ny.gov/			
	seballlassassa			



Medicaid Managed Care Plans

Medicaid Managed Care offers many New Yorkers a chance to choose a Medicaid health plan. Managed Care plans focus on preventive health care and provide enrollees with a medical home for themselves and their families. In most counties, once you are eligible for Medicaid, you enroll in a Managed Care plan.

Medicaid Managed Care Plans								
	Albany County	Fulton County	Montgomery County	Rensselaer County	Saratoga County	Schenectady County		
<u>CDPHP</u>	Х	Х	X	X	Χ	X		
<u>Fidelis</u> <u>Care</u>	Х	Х	Х	Х	Х	Х		
MVP Health Care	Х			X	Х	Х		
United Health Care	X	X		X				

Enrollment in Medicaid managed care is available at:

- New York State, The Official Health Plan Market Place
 - o (855) 355-5777
 - o https://nystateofhealth.ny.gov/
- Medicaid Choice
 - 0 800-505-5678
 - o https://www.nymedicaidchoice.com/
- Statewide Assistor agencies
 - o https://nystateofhealth.ny.gov/agent/hx brokerSearch



Capital Region Health Insurance Assistance Reference Guide

In-person assistance when applying through The NYS of Health Market Place

Albany County

Healthy Capital District Initiative - (518) 462-7040 Community Service Society of New York:

- Capital District Black Chamber of Commerce (518) 591-4655
- Public Policy & Education Fund (800) 803-8508
- University at Albany School of Social Welfare (518) 442-3854

Fulton County

Community Service Society of New York Health Insurance Access Program - (518) 810-0808 Nathan Littauer Hospital - (518) 775-4074

Montgomery County

Community Service Society of New York Health Insurance Access Program - (518) 810-0808 Nathan Littauer Hospital - (518) 775-4074

Rensselaer County

Healthy Capital District Initiative - (518) 462-7040 Community Service Society of New York:

• Public Policy & Education Fund - (800) 803-8508

Saratoga County

Saratoga Hospital - (518) 580-2021 Community Service Society of New York:

• Adirondack Health Institute - (866) 872-3740

Schenectady County

Healthy Capital District Initiative - (518) 462-7040 Community Service Society of New York:

- Capital District Black Chamber of Commerce (518) 591-4655
- Public Policy & Education Fund (800) 803-8508
- University at Albany School of Social Welfare (518) 442-3854

Assistance through the New York State of Health

Self-guided: <u>nystateofhealth.ny.gov</u>

Phone Support: (855) 355-5777



Medicaid Programs for the Aged (65+), Blind and Disabled (ABD)

ABD Population

- Aged: 65 years of age or older
- Blind: Certified blind by the NYS Commission for the Blind (NYSCB)
- Disabled: Certified disabled by the Social Security Administration (SSA), State Medicaid Disability Review Team, or local (NYC only) Medicaid Disability Review Team

Program	Description
Medicaid	 For clients at or below the Medicaid income guidelines - \$842 – individual; \$1233 – couples. AND at or below the Medicaid resource guidelines \$15,150 – individual; \$22,200 – couples. Benefits include: Community Medicaid, Community Medicaid with Long Term Care and Institutional Care in a Nursing Home
Medicaid Excess Income Program "Spend Down"	 Medicaid coverage for clients with income above the Medicaid income guidelines. "Spend Down" can be met by paying LDSS directly or submitting medical bills in the amount of the excess income determination.
Medicaid Excess Resource Program	 Medicaid coverage for clients with resources above the Medicaid resource guidelines. Clients can meet the excess by providing medical bills or to pay for burial expenses.
Medicaid buy-in for Working People with Disabilities	 Medicaid coverage for clients who are disabled, and working. Income guidelines increase to \$2,513 – individual; \$3,384 – couples. Resource guidelines increase to \$20,000 – individual; \$30,000 couples.
Medicare Savings Program	 Can assist clients in paying for their Medicare premiums, coinsurance and deductibles. Income guidelines for program range from \$1,005 to \$1,357 – individual; \$1,354 to \$1,827 – couples. Resources are not counted toward eligibility of program



Facilitated Enrollment Assistance for ABD

Facilitated Enrollers are community organizations that help seniors, blind and/or disabled individuals apply for Medicaid programs. This relieves the applicant from having to understand all program requirements and applying directly at their local Department of Social Services. Facilitated Enrollers provide free application assistance, counseling about public health

Facilitated Enrollment Agencies						
	Healthy Capital District Initiative (518) 462-1459	Southern Adirondack Independent Living Center (607) 724-2111	Independent Living Center of the Hudson Valley (518) 274-0701			
Albany County	Х					
Fulton County		х				
Montgomery County		x				
Rensselaer County			Х			
Saratoga County	х					
Schenectady County	X					

insurance options and are a liaison between the client and their local Department of Social Services.*



*Facilitated Enrollers do not make Medicaid Program eligibility determinations.	Eligibility is determined solely by the Department of Social
Services.	

Information was adopted from Community Service Society http://www.cssny.org/programs/entry/facilitated-enrollment-for-the-aged-blind-and-disabled-program-fe-abd



Medicare 101

Medicare is a federal health insurance program for those who are 65 or older, under 65 with certain disabilities, and people of any age with End-Stage Renal Disease (ESRD).

Medicare Part A (Hospital Insurance)

- Covers the cost of inpatient care in hospitals, rehabilitation care in skilled nursing facilities and hospice, as well as, short-term home health care after hospitalization.
- If you or a spouse paid Medicare taxes while working, you likely would have contributed enough for **premium-free** Part A coverage.

Medicare Part B (Medical Insurance)

- Medicare Part B covers outpatient services such as doctor's visits, lab tests, hospital
 treatments that are not inpatient, and other basic medical care including preventative
 services.
- Part B usually will pay 80% of a service covered, and you will be responsible for the other 20%, along with a yearly deductible and a monthly premium.

Medicare Part C (Medicare Advantage Plans)

- Medicare Advantage Plans include both hospital and outpatient services. This is similar to Part A, and Part B (traditional Medicare) combined, but are provided by private insurance companies that have been approved by Medicare.
- Medicare Advantage Plans limit out of pocket costs, and most include Part D. If your plan does not include Part D and you would like prescription coverage, you will have to sign up for Part D separately.
- Some plans may have lower co-pays, but charge higher monthly premiums and may require you to see healthcare providers in the plan's network.

Medicare Part D (Prescription Drug Coverage)

- Prescription drug coverage plans that are run by private insurance companies that have been approved by Medicare.
- Part D helps to cover the cost of prescription drugs.
- Each plan has a list of covered drugs that includes both brand name and generic prescription drugs. Plans place drugs into "tiers," and each tier has a different cost.
- You must enroll in Medicare Part D yourself.

Medicare Choices- Getting Started

Step 1: Traditional Medicare (Part A and B) or Medicare Advantage Plan

When you enroll for the first time, you're automatically enrolled in traditional Medicare. If you decide to switch to a Medicare Advantage plan, you can do so during the open enrollment period (October 15th-December 7th).

Step 2: Decide if you need to add drug coverage (Part D)

Step 3: If you choose traditional Medicare, decide if you need to add supplemental coverage

When should you enroll?

- If you are receiving Social Security when you turn 65, you will automatically be enrolled in Medicare Part A and B. If you are not receiving Social Security when you turn 65, you will need to actively sign up as it will not automatically kick in.
- You will have a 7-month window to enroll in Medicare, including three months before turning 65, your birthday month, and the three months after you turn 65. That same 7-month window applies for Parts C and D.
- Even if you think you will be automatically enrolled at 65, you should call Social Security 3 months in advance to make sure.

Visit <u>www.medicare.gov/find-a-plan</u> and click on Medicare Plan Finder, or call 800-633-4227 to compare plans and decide what is best for you.

What does Medicare not cover?

- Medicare does not cover vision, dental, hearing aids, routine foot care, and long-term services and supports.
- There is no limit on beneficiary's out-of-pocket spending each year with traditional Medicare (Parts A and B) which is why most people have supplemental insurance such as Medigap.

Medigap

• Health insurance policy sold by private insurance companies to cover gaps (deductibles, co-insurance, and co-payments) that traditional Medicare doesn't cover.

What if I still can't cover all of my expenses?

If you have a limited income and resources, you may qualify for the federal *Extra Help program*. If you are already enrolled in Medicaid, Supplemental Security Income, or a Medicare Savings Program, you automatically qualify for Extra Help. If you are not, you can apply by contacting the Social Security Administration or at your local Medicaid office. Call 800-633-4227, and say "Medicaid" when prompted. TTY users can call 877-486-2048.



Health Care Plan: Member Services Information

Fidelis Care- Medicaid Managed care

- Member Services
 - o 1-888-343-3547 (TTY: 1-800-421-1220)
 - o Monday- Friday 8:30 a.m.-6 p.m. (Though phone line open 24/7)
- Vision:
 - o Search for vision providers via regular find a doc page and select Medicaid Managed Care plan
 - o https://www.fideliscare.org/Find-A-Doctor#/search
 - The covered benefits include the needed services of an ophthalmologist, optometrist, and an ophthalmic dispenser, and include an eye exam and pair of eyeglasses, if needed. Generally, you can get these once every two years, or more often if medically needed.
- Dental: provided through DentaQuest (same ID card as fidelis)
 - 0 1-800-516-9615
 - Covered services include regular and routine dental services such as, preventive dental check-ups, cleaning, x-rays, fillings, and other services to check for any changes or abnormalities that may require treatment and/or follow-up care for you. You do not need a referral from your PCP to see a dentist
- Nurse line: For information and resources on a variety of health topics
 - o 1-888-343-3547
- Wellness classes, online health and wellness content

MVP Healthcare-Medicaid Managed Care

- Member services
 - o 1-800-852-7826
 - o Monday Friday 8:30 a.m. to 5:00 p.m.
 - o https://www.mvphealthcare.com/members/contact-us/
- Vision: Through Superior Vision
 - Call member services for assistance with finding a vision care provider (1-800-852-7826) or call Superior vision 1-800-879-6901
 - Vision care benefits include:
 - Services of an ophthalmologist, ophthalmic dispenser, and optometrist, and coverage for contact lenses, polycarbonate lenses, artificial eyes, and or replacement of lost or destroyed glasses, including repairs, when medically necessary. Artificial eyes covered as ordered by a plan provider.
 - Eye exams, generally every two years, unless medically needed more often.
 - Glasses (new pair of Medicaid approved frames every two years, or more often if medically needed).
 - Low vision exam and vision aids ordered by your doctor.
 - Specialist referrals for eye diseases or defects.
- Dental: Through HealthPlex (Separate ID card)
 - o 1-800-468-9868 (TTY: 1-800-662-1220)
 - o Covered services include regular and routine dental services such as:



- Preventive dental check-ups, cleaning, x-rays, fillings, other services to check for any changes or abnormalities that may require treatment and/or follow-up care. You do not need a referral from your PCP to see a dentist.
- Behavioral Health: MVP customer care center M-F 8a.m.-6p.m.
 - o 1-888-687-6277 (TTY: 1-800-662-1220)
- Nurse Line: 1-800-852-7826 (TTY: 1-800-662-1220)
- Translator services:1-800-852-7826 (TTY: 1-800-662-1220)
- ER anywhere Virtual ER service: Avoid a trip to the emergency Room 24/7, visit https://myernow.unitedconciergemedicine.com/ or call 1-833myERnow (1-833-693-7669) (TTY:711)
- Wellness classes, health coaching, Chronic disease management
- CVS Caremark (MVP Pharmacy partner) 1-866-832-8077

United Healthcare Community Plan: Medicaid

- Member Services
 - o 1-844-206-1399 (TTY: 711) or 1-800-493-4647
 - o Monday Friday 8:00 a.m. to 6:00 p.m.
 - o http://www.uhccommunityplan.com/ny/medicaid/medicaid-uhc-community-plan.html
- Vision:
 - Search for vision providers via regular find a doc page and select Medicaid, can also call member services for assistance
 - https://www.uhccommunityplan.com/ny/medicaid/medicaid-uhc-community-plan/lookuptools#collapse-726063522
 - The covered benefits include the needed services of an ophthalmologist, optometrist and an ophthalmic dispenser, and include an eye exam and pair of eyeglasses, if needed. Generally, you can get these once every two years, or more often if medically needed
- Dental: (same ID card, do not need to select a primary dentist)
 - Search for providers via regular find a doc page and select Medicaid, can also call member services for assistance
 - https://www.uhccommunityplan.com/ny/medicaid/medicaid-uhc-community-plan/lookuptools#collapse-726063522
 - Covered services include regular and routine dental services such as preventive dental checkups,
 cleaning, x-rays, fillings and other services to check for any changes or abnormalities that may require
 treatment and/or follow-up care for you. You do not need a referral from your PCP to see a dentist!
- Behavioral Health: In crisis call member services then dial 8
 - o 1-800-493-4647 (TTY: 711)
- Translator services: available through member services line
- Nurse line: 24/7
 - 0 1-877-597-7801
- Case management: call member services and ask to speak to someone in case management department



CDPHP Resource Directory

Organization Name: Capital District Physicians' Health Plan, Inc. (CDPHP®) **Physical/Mailing Address:** 500 Patroon Creek Boulevard, Albany, NY 12206

Main Telephone Number: (518) 641-3800

Mission Statement

We provide quality free or low cost health care for our subscribers and operate CDPHP as a model for the delivery, financing, and administration of health care services.

Connecting with a CDPHP Community Wellness Advocate

Phone: (518) 641-3236

The CDPHP community wellness advocate can assist CDPHP members by linking them to resources within CDPHP and the community. The community wellness advocate can also help with:

- Locating and connecting to medical, dental, and behavioral health providers
- Scheduling appointments and providing reminders
- Coordinating transportation
- Providing general wellness support based on individual needs

In addition, the CDPHP community wellness advocate can link members to:

- The CDPHP Care Team, which consists of nurses, dietitians, and care coordinators who can provide information and one-on-one support
- Marketplace enrollers who can help with recertification or enrollment
- Delta Dental for support with dental care needs

If your organization is interested in hosting screening events for the individuals you serve, including flu shot and dental clinics, biometric screenings, health literacy workshops, and more, please call (518) 641-3236.

CDPHP Marketplace Facilitated Enrollers

CDPHP facilitated enrollers can assist with enrollment and recertifications in the New York State Marketplace. Appointments can be completed over the phone or in person.

Phone: 1-844-237-4773

Medicare inquiries: (518) 641-3400 or 1-888-519-3364



CDPHP Care Management Program Contact: Single Source Referral Line

Contact: Single Source Referral Line; (518) 641-3466

The CDPHP Care Team offers support and education for members dealing with chronic conditions and health concerns. From registered nurses to medical social workers, the team works together to ensure members understand their medications and possible side effects, provide advice about proper nutrition, coordinate with the member's physicians and other members of their care team, and more. The nurse case managers work collaboratively with the CDPHP behavioral health case management team to support any mental health needs.

The CDPHP Care Team can help with the following:

- Diabetes
- Asthma
- Conditions related to pregnancy
- Health problems related to aging
- Cancer
- HIV/AIDS
- Any other health issues and questions

CDPHP social workers can help members access the following resources:

- Community support groups and caregiver resources
- Challenges with accessing food, housing or transportation
- Government programs, benefits, etc.
- Sources of home care
- Pharmacy benefit assistance

• Advocacy

