

## Informational Update Vol 12 #2

### **1. Eligibility for Home Health Care**

You are in a hospital for shoulder surgery and transfer after a 3 day stay to a skilled nursing facility (SNF) for physical therapy. You now are told that you will be leaving the facility shortly, but feel you still may need physical therapy at home because it will be very difficult for you to leave the home. Will Medicare cover my home health care? Most likely yes is the simple answer.

Medicare covers a wide range of health services under its Medicare home health benefits. To be eligible for home health care, you must meet the following conditions:

- **Your physical disability makes you homebound as it is extremely difficult for you to leave your home.** This requirement can be met in additional ways during the pandemic. For example, your immune system is compromised and your doctor certifies that you must stay home, or you are suspected of having, or have COVID-19.
- **You need skilled nursing services and/or home physical therapy care on an intermittent basis.** Intermittent is defined in this context as needing a skilled nurse or physical therapy at least once every 60 days and at most once a day for up to three weeks. The physical therapy must be done by a professional or under the supervision of a professional.
- **You met face-to-face with a doctor within 90 days before your home health care begins, or 30 days after the first day that you receive care.** Face-to-face visits can take place in an office, hospital or by video conferencing.
- **Your doctor certifies that you are homebound and need intermittent skilled care.** The certification should contain a plan of care and that the face-to-face meeting requirement was met. The doctor should review and re-certify the plan every 60 day.
- **Your care is given by a Medicare-certified home health agency (HHA).**

If you meet all these requirements Medicare should pay for the skilled nursing care and/or physical therapy regardless of whether your condition is temporary or chronic. If you have any questions call 1-800-MEDICARE.

### **2. The Value of the CSA Retiree Welfare Fund and CSA Retiree Chapter Benefits**

We often hear, and I often said, that our CSA Retiree Welfare Fund and CSA Retiree Fund are some of the best retiree benefits you can find anywhere. But how good are they really? To answer that question I decided to see if I can put a monetary value on our benefits. So one day I added all the monies that were listed on the document that contains the Retiree Fund and Retiree Chapter benefits. Amazingly, I came up with almost \$325,000 worth of benefits. But that number only tells part of the story.

There were several other benefit factors on the sheet that were not included in the \$325,000.

- 1) **The 20% CSA Retiree Chapter Reimbursement.** Many of the Fund reimbursements also include an additional 20% of whatever the amount the Fund reimburses you. For example, if the Fund reimbursed you \$500 for a home health aide, you will also receive an additional \$100 seamlessly from the Retiree Chapter about 2 weeks later.
- 2) **The Dental Program** – I cannot put a monetary value on it, but obviously it is worth a lot.
- 3) **Supplemental Medical Program** – Some of the benefits under this program, such as Surgery/Anesthesia/Colonoscopies and Bronchoscopies, had no monetary value listed.
- 4) **Extended Hospitalization** – The city health plan provides for 365 days of hospitalization for non-Medicare members. No monetary value was given, but given the cost of hospitalization, this benefit is worth a lot of money.

And here is something else I did not take into account: some of the benefits reset on January 1 or after 12 months from the time they are used. Eyeglass benefits falls under this category.

Clearly, your retiree benefits from both the Fund and Retiree Chapter are extremely valuable. However, they are of little value unless you know them and use them. The document containing the benefits can be accessed from the CSA Welfare Fund website.

### **3. Question of the Month**

**Q.** I am a Medicare-eligible retiree and have a \$142.50 deduction taken from my pension check. What does this amount represent?

**A.** The \$142.50 is the high option rider that you bought when you were probably active. It is your monthly premium for your GHI Enhanced Plan D. It also provides 365 days of extended hospitalization, although the CSA will pick up the cost if the member does not have the high option rider.