

1941 SOUTH 42ND STREET
SUITE #312
OMAHA, NEBRASKA 68105



VOLUNTEERS ASSISTING SENIORS

SPRING 2018

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MONDAY-FRIDAY 8:30-4:30

OUR MISSION

TO SIMPLIFY THE LIVES OF
SENIORS BY ENABLING THEM TO
MAKE INFORMED DECISIONS
REGARDING THEIR BENEFITS

www.vas-nebraska.org
402-444-6617

Skilled Nursing Coverage after Hospitalization*

Your hospital status—whether you're an inpatient or an outpatient—affects how much you pay for hospital services (like X-rays, drugs, and lab tests) and whether Medicare will cover care you get in a skilled nursing facility (SNF) following your hospital stay.

Having 'inpatient' status during your hospital stay means that Medicare may provide coverage at a skilled nursing facility while you are recovering, if you have a qualifying 3-day 'inpatient' hospital stay.

If your status is 'outpatient' you will have to pay all skilled nursing costs out-of-pocket.

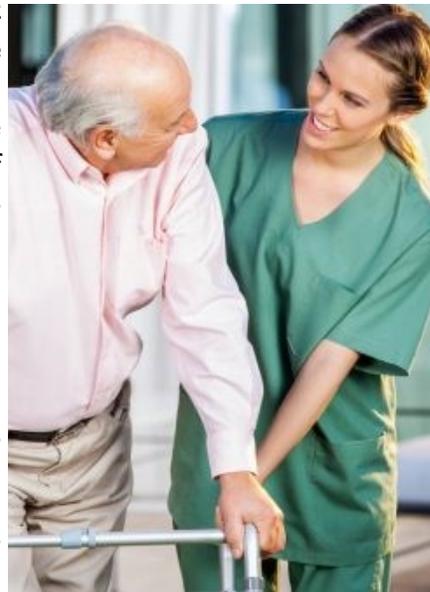
'Inpatient' Status Guidelines

You're an inpatient starting when your doctor makes an official order which says you need two or more midnights of medically necessary care to treat your illness or injury and the hospital formally admits you. In addition:

- You need the kind of care that can be given only in a hospital.
- The hospital accepts Medicare.
- The Utilization Review Committee of the hospital approves your stay while you're in a hospital.

'Outpatient' Status Guidelines

You're an outpatient if you're getting emergency department services, observation services, outpatient surgery, lab tests, or X-rays, or any other hospital services, and the doctor hasn't written an order to admit you to a hospital as an inpatient. In these cases, you're an outpatient even if you spend the night in the hospital.



Can I be both 'Inpatient' and 'Outpatient' in one hospital stay? Yes.

Your status can change due to your situation. For examples, see [Medicare Hospital Status](#)

How do I know what my hospital status is?

You can ask the doctor or hospital about your status if you are admitted

for the night. If you are in the hospital as an outpatient for more than 24 hours, you will get a Medicare Outpatient Observation Notice (MOON) that lets you know you're an outpatient in a hospital or critical access hospital. The MOON will tell you why you're an outpatient getting observation services, instead of an inpatient. It will also let you know how this may affect what you pay while in the hospital, and what care you get after leaving the hospital.

*from Medicare.gov (Continued on Page 2)

Elimination of Medicare Therapy Caps

Good news for those requiring therapy! For two decades, payments for physical, speech and occupational therapy services had an annual cap on the dollar amount Medicare would cover. This type of therapy is commonly needed when recovering from illnesses or injuries, or to manage

chronic conditions.

As of Jan. 1, with the passage of the Bipartisan Budget Act of 2018, Medicare beneficiaries are eligible for unlimited therapy, as long as their provider confirms that the services are medically reasonable and necessary.



Our Basic Estate Planning class is being offered Thursday, April 19th, 1:30 - 3:00 pm

To register call VAS at (402) 444-6617



Skilled Nursing Coverage after Hospitalization (Cont.)

If I have 'inpatient' status, how do I qualify for Medicare coverage of the skilled nursing facility?

- You have a 3-day inpatient qualifying hospital stay. Any days you spend in a hospital as an outpatient (before you're formally admitted as an inpatient based on the doctor's order) aren't counted as inpatient days. An inpatient stay begins on the day you're formally admitted to a hospital with a doctor's order. That's your first inpatient day.



The day of discharge doesn't count as an inpatient day. For examples see [Skilled Nursing Eligibility](#)

- Your doctor has decided that you need daily skilled care given by, or under the direct supervision of, skilled nursing or therapy staff. If you're in the SNF for skilled [rehabilitation services](#) only, your care is considered daily care even if these therapy services are offered just 5 or 6 days a week, as long as you need and get the therapy services each day they're offered.

- You get these skilled services in a SNF that's certified by Medicare.
- You have days left in your [benefit period](#).
- You need these skilled services for a medical condition that was either:
 - * A hospital-related medical condition, or

* A condition that started while you were getting care in the skilled nursing facility for a hospital-related medical condition.

Medicare Advantage Plans

If you get your health care from a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan, you must get at least the same coverage as Original Medicare provides. If your plan is an HMO, you will need to use a SNF that is listed in your provider network. If you have a PPO, you may be able to use a SNF out of your provider network, but at a higher cost.

Go to [Medicare and Skilled Nursing Facility Care](#) for more information.

PACE Program

PACE is a Medicare and Medicaid program that helps people meet their health care needs in the community (at your home) instead of going to a nursing home or other care facility. PACE stands for Programs of All-Inclusive Care for the Elderly.

With PACE, the focus is on you — you have a team of health care professionals working with you and your family to make sure you get the coordinated care you need. Your team is experienced in caring for people like you. Usually they care for a small number of people, so they really get to know you.

When you enroll in PACE, you may be required to use a PACE-preferred doctor. These doctors are best suited to help you make health care decisions.

How does PACE work?

PACE organizations provide care and services in the home, the community, and the PACE center. They have contracts with many specialists and other providers in the community to make sure that you get the care you need. Many people in PACE get most of their care from staff employed by the PACE organization in the PACE center. PACE centers meet state and federal safety requirements.

Who can get PACE?

- Be 55 or older
- Live in the service area of a PACE organization
- Need a nursing home-level of care (as certified by your state)
- Be able to live safely in the community with help from PACE

What does PACE cover?

PACE provides all the care and ser-

vices covered by Medicare and Medicaid if authorized by your health care team. If your health care team decides you need care and services that Medicare and Medicaid doesn't cover, PACE may still cover them.

Here are some of the services PACE covers:

- Adult day primary care (including doctor and recreational therapy nursing services)
- Dentistry
- Emergency services
- Home care
- Hospital care
- Laboratory/x-ray services



- Meals
- Medical specialty services
- Nursing home care
- Nutritional counseling
- Occupational therapy
- Physical therapy
- Prescription drugs
- Preventive care
- Social services, including caregiver training, support groups, and respite care

- Social work counseling
- Transportation to the PACE center for activities or medical appointments, if medically necessary. You may also be able to get transportation to some medical appointments in the community.

What you pay for PACE depends on your financial situation

- If you have Medicaid, you won't pay a monthly premium for the long-term care portion of the PACE benefit.
- If you don't qualify for Medicaid but you have Medicare, you'll be charged a monthly premium to cover the long-term care portion of the PACE benefit, and premium for Medicare Part D drugs
- There is no deductible or copayment for any drug, service, or care approved by your health care team.
- If you don't have Medicare or Medicaid, you can pay for PACE privately.

How to apply for PACE

To find out if you're eligible call your [Medicaid office](#).

How do I find out about programs near me?

To find out if there's a PACE program near you, go to [PACE plans in your area](#).

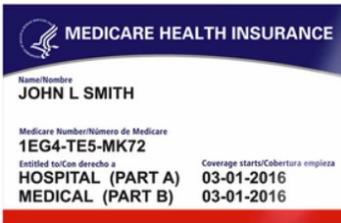
The PACE program in Nebraska is Administered through the Department of Health and Human Services. Immanuel Pathways is currently the only approved PACE provider in Nebraska, servicing Omaha and the surrounding communities. To learn more about Immanuel Pathways, call 402-991-0330 or access the following link: www.immanuelpathways.org.

Volunteers Assisting Seniors

The Center Mall
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www.vas-nebraska.org

Retirees Sharing the Experiences of a Lifetime!

Upcoming Events



New to Medicare Workshop
New Cassel Retirement Ctr

Thursday, May 17 6:30—8:30pm
Thursday, June 21 6:30—8:30pm



Basic Estate Planning
VAS (Center Mall)

Thursday, June 21 1:30—3:00pm



2nd Annual VAS 'Wine, Beer and Cheer' Fundraiser
Tuesday, August 21

Please call VAS at (402) 444-6617 for more information.