

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

The Managed Care Consumer Assistance Program (MCCAP), a statewide program, is essential 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.

OUR WORK

We leverage our network's expertise in consumer assistance, educating New Yorkers about their Medicare choices and federal programs that help them afford their health care and remain insured. This education is especially needed as the state implements major health care reforms such as the restoration of the prescription payment program, EPIC, and the enrollment of New Yorkers eligible for both Medicare and Medicaid into managed long term care (MLTC) health plans. MCCAP agencies will serve as trusted on-the-ground resources for tens of thousands of New York residents, explaining how such changes affect their Medicare and health coverage.

Here's an example: Ms. L, a Spanish-speaking beneficiary, 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 drug 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 **at least \$4,000 in prescription costs each year.**

WHO WE ARE

Seven community-based organizations across New York State work together to serve New York's seniors, people with disabilities, their families, and health care professionals. MCCAP agencies operate trusted consumer hotlines, conduct live and web-based trainings and educational workshops, and provide hands-on assistance to beneficiaries facing barriers to accessing and affording health care. We collaborate with the State Office for the Aging (SOFA) to take referrals of the most complicated cases, resolving complicated issues and reporting

regularly on client outcomes. This model builds on the strength of different organizations throughout New York State and allows the program to meet specific community needs, such as providing assistance in over six languages.

WHO WE SERVE

Our network's reach is broad. New York's 3+ million most vulnerable and hard-to-reach residents are eligible for services, including the uninsured, those eligible for both Medicare and Medicaid (i.e. the dual-eligibles), seniors, immigrants, and people with disabilities.

OUR STATISTICS

Annually, our agencies conduct trainings for more than 63,000 advocates and beneficiaries. In addition, the network provides nearly 17,000 counseling sessions to older adults, people with disabilities, and their families across the state. The network provides various services including but not limited to:

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

OUR FUNDING REQUEST

Maintain support of MCCAP in 2013-14 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

State Wide Senior Action Council: 1-800-333-4374

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

HELPING NEW YORKERS AFFORD THE COST OF THEIR HEALTH CARE

Janice was having trouble affording the costs associated with her prescription drugs, and as a result was going without needed medications. She has a low income, and is taking multiple, costly, brand-name medications that do not have generic alternatives. Several of these medications were not covered by her Medicare Part D plan. Through counseling, a MCCAP partner agency determined that the only Part D plans that would cover all of Janice's medications were out of her price range. Because of her low income, Janice was eligible for three federal and state programs that help with Medicare-related costs: Extra Help, a Medicare Savings Program, and EPIC. **The MCCAP agency helped her apply for each of these programs. With both EPIC and Extra Help subsidizing her drug coverage, Janice was able to access a plan that covered all of her drugs at an affordable price.**

ACHIEVING A SAVINGS OF \$33,000 FOR A BENEFICIARY CAUGHT BETWEEN TWO TYPES OF INSURANCE PROGRAMS

Helen has had severe joint and back issues for many years, requiring several surgeries and extensive physical therapy. In 2006, Helen was injured in a minor car accident. She saw different physical therapists to treat these minor injuries. Her no fault auto-insurance company paid for this care.

For the next six years she continued to receive treatment for her pre-existing joint and back injuries. Then in 2012, **Helen received a demand letter indicating that she owed over \$33,000 to Medicare.** Medicare claimed that her no fault insurance company, not Medicare, should pay for the last six years of her treatment—leaving Helen responsible for the \$33,000 bill. A MCCAP partner agency sorted through the claims with Helen and determined they should be paid by Medicare because they were not related to the car accident. **The MCCAP agency helped Helen appeal her demand letter and Medicare agreed the \$33,000 should be paid by Medicare and that Helen owed nothing.**

ADVOCATING FOR POLICY REFORMS TO ASSIST VICTIMS OF HURRICANE SANDY

In the wake of Hurricane Sandy, MCCAP agencies worked to secure an extension of the Medicare Open Enrollment Period beyond the usual December 7 deadline. Owing in part to this advocacy, the Centers for Medicare & Medicaid Services (CMS) granted this extension in order to give beneficiaries and their families adequate time and presence of mind to fully weigh the scope of their health care needs. **Individuals who were affected by Hurricane Sandy and who are unable to make a Medicare enrollment decision by the December 7 deadline can now call Medicare to make their plan selection at anytime, 24 hours a day, 7 days a week.** MCCAP agencies worked to educate beneficiaries and caregivers about certain obligations Medicare Advantage and Part D plans have when disaster declarations are issued, such as ensuring members have access to covered prescriptions at out-of-network pharmacies when the members cannot obtain the covered drugs at a network pharmacy, and ensuring that all affected members have access to a maximum extended day supply of their medications if the supply is available during the time at which the member refills their prescriptions.