



# Health Care Alert

A QUARTERLY PUBLICATION PROVIDING TIPS FOR INDIVIDUALS WITH MENTAL RETARDATION AND THEIR SUPPORT TEAMS IN ACCESSING HEALTH CARE THROUGH THE MANAGED CARE SYSTEM

## Dual Eligibility Coverage Medicare & Medicaid



### What are dual eligibles?

Dual eligibles are individuals who are entitled to Medicare Part A and/or Part B and are also eligible for some form of Medicaid benefit.

Medicare has two basic coverage components: Part A, which pays for hospitalization costs; and Part B, which pays for physician and out patient services (e.g. labs, x-rays, durable medical equipment). Medicaid (AKA Medical Assistance) is a joint Federal and State program that helps with medical costs for people with low incomes. Medicaid programs vary from state to state\*, but most health care costs are covered if you qualify for both.

(\*Note: In the Southeast region of Pennsylvania, Medicaid is in the managed care system (AKA Health Choices) and the Office of Medical Assistance has contracted with Health Maintenance Organizations to deliver health care services.)

When you carry both Medicare and Medical Assistance, Health Maintenance Organization (MA HMO) insurances, Medicare is always the primary payer of services and the MA HMO is the secondary payer. It is important to keep this in mind when choosing a physician or supplier.

**The best-case scenario is to select a physician or supplier who participates with both Medicare and the MA HMO.** This way, Medicare and the MA HMO will coordinate payment of services between each other without

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## Southeast Regional Community Hospitals



The Health Care Technical Assistance Unit (HCTA) at PCHC has collected and compiled a resource file on hospitals throughout the Southeast Region.

The resource file consists of hospital information and procedures for the following:

- Hospital phone directories
- Admission & Discharge
- Medical Records request
- Visiting Hours/Parking Fees
- Patients' Rights
- HIPAA Regulations
- Ethics Committees
- Documents & Directives

If you have any questions or would like to request information, please call PCHC and ask to speak with the HCTA assigned to your agency.

*The information presented to you is to increase your awareness of health conditions. It is not intended to replace medical advice. Please seek the advice of a physician for any health related concerns.*

## Risk Management

### Seat Belt Safety



These figures are all too familiar: 40,000 people die each year in car accidents becoming the leading cause of death for people under the age of 35. Seat belts can prevent death in about half of these accidents.

As residential providers for people with mental retardation, we are responsible for transporting people in cars. We must remember to make sure people with mental retardation are buckled up!

To understand the value of seat belt use, it is important to understand the dynamics of a crash. A motor vehicle crash is comprised of three collisions.

1. **Car Collision:** This causes the car to buckle and bend as it hits something. This can occur in one-tenth of a second.
2. **Human Collision:** The car's occupants hit some part of the vehicle. At impact, unbelted occupants are traveling at the car's original speed. Unbelted occupants will slam into the steering wheel, the windshield, some other part of the vehicle interior, or experience person-to-person impact.
3. **Internal Collision:** Even after the occupant's body comes to a stop, the internal organs are still moving forward. These organs hit other organs or the skeletal system. This often causes serious or fatal injuries.

### So, Why Seat Belts?

As with any safety system, seat belt performance is dependent on proper use and fit. If the belt is not positioned correctly on the occupant's body, it can fail to provide adequate safety in the event of a collision.

During a crash, properly fastened seat belts distribute the collision forces over larger and stronger parts of the person's body, such as the chest, hips, and shoulders. The seat belt stretches slightly to slow your body down and to increase its stopping distance.

The difference between the belted person's stopping distance and the unbelted person's stopping distance is significant. It is often the difference between life and death.

Follow these tips to ensure that seat belts provide the safety you and your passenger deserve:

- Always wear your seat belt and insist that **all** passengers do the same. This applies to all passenger vehicles including vans, trucks, and SUV's.
- Make sure your seat belt fits snugly against your body.
- If your seat belts do not operate correctly, have them repaired immediately.

For more information regarding seat belt safety visit the National Highway Traffic Safety Administration's (NHTSA) website at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

### Seat Belts Save Lives!!

(Source: NHTSA, 2003)

## Medicare/Medicaid (continued from front)

consumer involvement. Selecting a non-Medicare participating provider may make the consumer responsible for coordination of benefits.

When choosing a Medicare physician or supplier, make sure they participate and agree to accept assignment on all Medicare claims. Assignment means they must accept the Medicare-approved amount as payment in full. Medicare-only recipients are responsible for the 20% co-pay or deductible not covered by Medicare. You can find a list of participating physicians and suppliers on the website at [www.medicare.org](http://www.medicare.org).

When choosing a MA HMO physician or supplier, make sure they are a "network provider." Each MA HMO has a provider directory to assist you with finding an appropriate physician or supplier. Going "out of network" must be authorized prior to receiving services and could lead to denial of payment by the MA HMO. For a list of "network providers," go to the following websites:

- AmeriChoice Health Plan at [www.americhoice.com](http://www.americhoice.com)
- HealthPartners Health Plan at [www.healthpartners.com](http://www.healthpartners.com)
- Keystone Mercy Health Plan at [www.keystonemercy.com](http://www.keystonemercy.com)

If you belong to a MA HMO, you are not required to pay the 20% co-pay or deductible. The MA HMO will cover this cost **only** if the MA HMO fee schedule (an amount designated for a specific service) is higher than the amount paid by Medicare. You are not responsible for any balance and the Medicare provider must accept payment in full and legally cannot bill for this difference.

If you are dually eligible, coordinating coverage for health care services can either run smoothly or run rampant. Remember, selecting a physician or supplier that participates with **both** Medicare and the MA HMO will take the worry out of the coordination of services and bills.

For assistance with coordination benefits, call the MA HMO and ask to speak with a Special Needs Unit representative. You can also call PCHC and ask for a Health Care Technical Assistant.

(Source: [www.medicare.org](http://www.medicare.org) and Medicare 2005)

## DRUG ALERT

*A drug alert was recently distributed in January to all Residential Agencies in the Southeast Region regarding the drug Levoxyl (Levothyroxine sodium).*



*It's been strongly recommended that Levoxyl be taken with water since it's been known to dissolve quickly on the tongue.*

*January 11, 2005 from the Medical Director, Office of Mental Retardation*

## Get to Know Your HCTA

A "HCTA" is a Health Care Technical Assistant. The HCTA Unit at Philadelphia Coordinated Health Care (PCHC) provides technical assistance to people with mental retardation by offering support in accessing healthcare services within their community.

There are many ways a HCTA will support you. For example, they can help by providing assistance with:

- ☎ Working with Medical Assistance to access health care services,
- ☎ Providing trainings to assist in navigating the health care system,
- ☎ Helping to locate community health care services when requested.

To get to know us better, an overview can be scheduled with your agency or organization to discuss how we can support you.

Call Donna McMonagle, HCTA Supervisor, at extension 3652 to schedule a presentation of our services.



## Hydration and Fluid Intake

Even during these cold winter months, adequate hydration is necessary to regulate body temperatures, transport nutrients and make waste soluble for excretion. The amount of water recommended for an individual varies with age, activity, medications, and medical condition.



For people with developmental disabilities, water deficiency (dehydration) or water excess (over hydration) may be the result of inadequate or excessive fluid intake, effects of medication, or coexisting medical conditions.

Water in juice, decaffeinated tea and coffee, milk, and other beverages (with avoiding over-use of carbonated drinks) can contribute fluid to the diet.

Providers need to consult a health care professional for advice on how much and how often fluids are needed by each individual.

(Source: The Safety Net, Vol. 8, Winter 2003)



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*PCHC is a core program of PMHCC, Inc.*