

VI. MEDICAL ASSISTANCE SERVICES

Many California residents who are blind or visually impaired may be eligible for two public Medical Assistance programs. One is Medi-Cal, which is California's name for the federal Medicaid program. The other is Medicare, a federal program designed to help with the cost of medical and hospital care for elderly and disabled persons.

MEDI-CAL

Medi-Cal is a state and federally funded program for low-income people, which pays for medically necessary treatment services, medicines, medical supplies and durable medical equipment, such as canes, crutches, walkers and wheelchairs.

You are automatically eligible for Medi-Cal if you are receiving SSI or IHSS. However, even if you do not receive benefits from these programs, you may still be eligible if you have low income and limited resources.

Medi-Cal provides a number of services to people with limited resources including, but not limited to:

- Physician services
- Inpatient hospital care
- Outpatient hospital care
- Laboratory and X-ray services
- Skilled nursing facility services
- Home health services

- Rural health clinic services
- Pharmacy services (Medications)
- Medical transportation
- Equipment (such as wheelchairs and hearing aids)
- Vision services
- Long term care
- Physical therapy
- Occupational therapy
- Speech therapy
- Audiology

The Medi-Cal program is administered by each county in California. To learn more about the Medi-Cal program and to find out if you are eligible for these services, contact your local County Welfare or Social Services office. The “Directory of Resources” section entitled, “County Social Services Offices” of this **Handbook** has a complete listing of County Welfare or Social Services offices. A listing of these offices may also be found at the following website: www.dhcs.ca.gov/services/med-cal/Pages/CountyOffices.aspx.

To find an Optometrist or Ophthalmologist who takes Medi-Cal in most of the counties of California, use this link to Medi-Cal’s Vision Care Provider directory: www.dhcs.ca.gov/Services/Pages/VisionFindADr.aspx.

MEDICARE

Medicare is a federal health insurance program for aged and disabled persons. Unlike Medi-Cal, entitlement to

Medicare services is not based on an individual's financial status. Rather, it is a health insurance program funded through employer and employee payroll taxes.

To qualify for Medicare, an individual must be:

- Receiving Social Security benefits;
- A retired employee of the federal government; or
- Receiving Railroad Retirement benefits.

For people who are not disabled, eligibility for Medicare begins at age 65, even if they opted to begin receiving Social Security Retirement benefits at age 62.

Persons under the age of 65 who are disabled may be eligible for Medicare if they have received Social Security or Railroad Retirement Disability benefits for at least 24 months. The disabled adult child of a Medicare recipient or spouse of a deceased Medicare recipient, is also eligible to receive Medicare benefits.

Medicare Administration

The Medicare program is administered locally by private insurance companies who are called "carriers". The Health Care Financing Administration (HCFA), a federal agency within the Health and Human Services Department, contracts with private insurance companies in each area of the country to process claims for benefits from people who are enrolled in Medicare. However, you apply for Medicare at your local Social Security office and

questions concerning benefits should be directed there as well. The Official U.S. Government site for people with Medicare can be found at: www.medicare.gov/.

If you have questions about Medicare or want to apply for benefits, call Social Security at the numbers listed below and make sure to have your Social Security Number ready when you call.

(800) 772-1213

(800) 325-0778 (TTY)

To locate the office nearest your residence, you can access the online Social Security Office Locator at: <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>.

For general Medicare information, ordering Medicare booklets, and information about health plans, Medicare may be contacted 24 hours a day, 7 days a week at:

(800) MEDICARE or (800) 633-4227

(877) 486-2048 (TTY)

Medicare Benefit Structure

Medicare benefits are divided into Parts A and B. Medicare Part A covers hospital care, nursing home and home health care services. Medicare Part B covers outpatient hospital care, physician services, physical therapy, medical transportation, durable medical

equipment (wheelchairs, walkers, etc.) and other services and procedures.

Medicare Part A

Medicare Part A covers institutional, or hospital, and similar types of care. It is free for those who have contributed to Social Security. For those who have not contributed, Part A can be purchased by persons over 65.

Medicare Part B

Medicare Part B services include:

- Physicians' services
- Outpatient hospital services
- Rural health clinic care
- Outpatient rehabilitation
- Physical and occupational therapy
- Speech pathology
- Prosthetic devices
- Durable medical equipment
- Diagnostic tests
- Certain preventive services

There is an initial deductible per year for Part B services. This amount is satisfied only by the recipient paying charges that Medicare would allow, which may be less than the full amount of the bill. In addition, recipients are responsible for paying a 20 percent co-payment for most services and devices provided under Part B. Under

certain circumstances, physicians and other providers are allowed to charge more than Medicare will pay. You, the beneficiary, are required to pay for these extra charges.

Although physicians and suppliers may charge more than Medicare allows, some have agreed to provide services and equipment on an “assignment” basis. This means they will accept the amount that Medicare allows for a service or device as payment in full without making any additional charge. Medicare pays 80 percent of this allowed amount and you, the beneficiary, must pay the remaining 20 percent. If a supplier has not agreed to assignment, the full market price may be charged. The beneficiary is expected to pay any amount which exceeds what Medicare allows.

NON-GOVERNMENT MEDICAL SERVICES

This section discusses several non-government programs that, in addition to the government programs Medi-Cal and Medicare, assist with the cost of medical treatment related to blindness prevention and vision preservation.

EYECARE AMERICA

EyeCare America is a public service program that facilitates eye care to U.S. citizens and legal residents aged 65 and over who do not have an ophthalmologist at no cost to those who qualify. The contact information for the EyeCare America is:

(877) 887-6327

Website: www.eyecareamerica.org

E-mail: pubserv@uao.org

PREVENT BLINDESS AMERICA

Prevent Blindness America provides vision screening and follow-up for adults and children. The contact information for Prevent Blindness America is:

Prevent Blindness

211 West Wacker Dr., Ste. 1700

Chicago, Ill. 60606

(800) 331-2020

Website: www.preventblindness.org

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE

The Partnership for Prescription Assistance helps qualifying patients without prescription drug coverage get the medicines they need through the program that is right for them. Many will get their medications free or nearly free. For general information about the program contact:

Website: <http://www.pparx.org>

NEW EYES FOR THE NEEDY

New Eyes for the Needy will provide eyeglasses free of charge if no other source of payment is available.

Examinations are not covered by this program. You need

to apply for assistance and, if you are approved, you will receive a voucher that can be used at a participating optical dispenser. The contact information for the New Eyes for the Needy is:

New Eyes for the Needy

549 Millburn Avenue

PO Box 332

Short Hills, NJ 07078

(973) 376-4903

Website: www.neweyesfortheneedy.org

E-mail: info@new-eyes.org

VISION IS POSSIBLE

Vision is Possible is a joint program between the Sacramento Valley Optometry Society and the Northern California Lions Sight Association that provides assistance to persons with limited resources who need intensive eye care. The participating Lions Club will screen patients for both visual and financial needs with referrals received from other service organizations, school nurses, etc. This organization provides assistance in Yolo, Sacramento, El Dorado, Nevada and Placer Counties. For additional information about this program contact:

The Northern California Lions Sight Association

2750 24th Street

Sacramento, CA 95818

(916) 427-5747

Website: www.nclsa.com

There may be similar programs in other communities throughout the state. Contact the service agency nearest you and ask about assistance with medical costs. For a listing of these agencies, refer to “California Agencies” in the “Directory of Resources” section of this ***Handbook***.