

Guide to Paying for Care

When you're considering care for yourself or a loved one, VNS Health can help you understand your payment options.

Paying for Care from VNS Health

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When a loved one needs home care or hospice care, you've got a lot to consider. Your mind is focused on other priorities — and the last thing you want to worry about is paying for home care.

At VNS Health, we know that finances are a reality as you and your loved one navigate home care. That's why we help you understand your options for paying for care. We'll work with your family to determine your specific coverage and help you access the care that your loved one needs.

In most cases, Medicare, Medicaid, Veterans Administration benefits, and private insurance cover home care and hospice care. In other cases, paying out of pocket is an option. We accept a variety of payment options and even offer [health plans](#) to some eligible New Yorkers.

Here are some options you can use when paying for home care from VNS Health.

Medicare

Medicare is a federally funded health insurance program, mostly for patients 65 and older.

When a doctor orders home care, Medicare may pay for services, including:

- Part-time nursing care
- Part-time home health aides
- Rehabilitation therapy (including speech, physical, and occupational therapies)
- Social services
- Medical supplies

Home care covered by Medicare needs to be part of the doctor's orders. Medicare does not cover around-the-clock home care, meal delivery, or assistance with shopping or domestic chores.

Keep in mind — some services, equipment, and supplies may need prior approval before they can be covered.

Medicare Eligibility

To qualify for Medicare home care, your loved one must be [homebound](#). Medicare defines “homebound” to mean that a person can’t leave the home without significant and taxing effort. For instance, when they leave, they require extensive support from other people, or they need to use a walker or wheelchair. Also, your loved one must need part-time skilled nursing care or rehabilitative therapy.

If this definition applies to your loved one, their health care provider must order Medicare services and create a plan of care for a home care organization — such as VNS Health — to carry out. Your loved one’s doctor and a VNS Health nurse will work closely to determine which services and supplies are needed and how often. They’ll also identify what progress should be expected and how long your loved one may need home care.

How Does Billing Work?

Before home care services can begin, VNS Health will provide a written estimate of how much of your bill should be covered by Medicare, as well as which items and services are not included in the coverage and their costs.

VNS Health bills Medicare, which pays the full, approved cost of all covered home care visits. Any remaining costs are the patient's responsibility (but they may be paid for by another form of insurance).

To learn more about Medicare eligibility requirements and coverage information, visit the the [Medicare website](#) or call [1-800-633-4227](tel:1-800-633-4227).

Medicaid

Medicaid is a health insurance program funded by federal and state governments. It is available to United States citizens and permanent residents who meet certain requirements for income, resources, age, or disability.

In general, Medicaid covers most skilled nursing care — whether at home or in a facility — and personal care provided by a home health aide. It may also cover:

- Medicine
- Supplies
- Equipment
- Transportation to and from medical appointments

Like Medicare, Medicaid does not cover around-the-clock home care, meal delivery, or assistance with shopping or domestic chores. However, there is Medicaid for long term care. Be aware that some services, equipment, and supplies may need prior approval before they can be covered.

Medicaid Eligibility

To help your family member get the health care required, plan ahead for Medicaid eligibility and learn the rules for applying for Medicaid. That way, you'll know how to ensure that your loved one gets the care they need.

To find out if your loved one meets Medicaid eligibility requirements, visit Medicaid in New York State or contact the office in your area:

- In New York City, call the Human Resources Administration at [1-718-557-1399](tel:1-718-557-1399) (people who live in the five boroughs of New York City may call toll free at [1-877-472-8411](tel:1-877-472-8411)).
 - In Nassau County, call the Nassau County Department of Social Services at [1-516-227-7474](tel:1-516-227-7474).
 - In Westchester County, call the Westchester County Department of Social Services at [1-914-995-5000](tel:1-914-995-5000).
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How Does Billing Work?

If your loved one is eligible for Medicaid, they'll receive a benefit identification card. Your loved one will need this card any time they need medical services (and there may be some limitations).

VNS Health works directly with Medicaid. Depending on your situation, billing may vary, including what's covered and how much of a copay you'll be responsible for. Although there is no copay for home health services or personal care services, you may have small copays for other services depending on your coverage.

Certain medical supplies, equipment, or services may require prior approval. Depending on the situation, you, your loved one, or VNS Health will need to receive that approval.

Managed Care Programs

VNS Health accepts a wide variety of Medicaid managed care programs and Medicare Advantage plans. Check with your managed care company to verify that VNS Health is a participating home care company and to find out whether home health services require authorization.

VNS Health also offers Medicare Advantage and Medicaid MLTC plans to eligible New Yorkers. Learn more about the health plans offered by [VNS Health](#).

Private Pay

Private pay (paying out of pocket) may be an option if your loved one wants more services than insurance will cover — such as round-the-clock nursing care or services provided by a home health aide. Caregivers who need additional assistance and support in caring for a family member who is receiving home care or hospice services may choose to pay out of pocket. Private-pay options are also available to those who just need help ensuring that their loved one can stay healthy and safe in their home.

Seniors and their families may choose paying for home care out of pocket because:

- It gives you greater flexibility when:
 - Medicare or private insurance doesn't pay for all of the services you need or want.
 - Medicare or private insurance coverage has ended.
 - Your medical needs do not qualify you for covered home care services.
- You can avoid the restrictions and limits placed on programs provided by the government or private insurers.
- Many people find that home care costs are typically much lower than fees at residential health care facilities, such as nursing homes and assisted living or memory care facilities. For instance, the average monthly cost of in-home care services in New York State is just under \$5,000 — compared to over \$12,000 for a nursing home facility.

If you are a VNS Health patient — or the caregiver of one — and you would like more services than Medicare or a private insurance company will cover, you can supplement the covered services by choosing to pay for private care while still maintaining care that is reimbursed by Medicare.

Our private pay home care services include:

- Private nursing care
- [Clinical assessments](#)
- Companionship
- [Health care escorts](#)

- [Geriatric care management](#)
 - [Senior care](#)
 - [Care for Alzheimer's and other dementias](#)
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Private Health Insurance

Private health insurance (such as from your employer or coverage you buy on your own) and long-term care insurance may cover some home care services (including skilled nursing care, rehabilitation therapy, or services provided by a home health aide). This may be an option for your loved one if they do not have Medicare or Medicaid or if they want more services than other programs cover.

Commercial or Private Health Insurance

This type of insurance includes plans offered by an employer (if your loved one is retired or a former employer) and those purchased by an individual. They often cover home health services for limited periods. Check with your plan administrator, benefits coordinator, or insurance representative to find out what your policy covers and whether home health services require authorization.

Long-Term Care (LTC)/Related Forms of Insurance

Long-term care (LTC) insurance is different from Medicaid Managed Long Term Care. LTC is sometimes offered as a benefit through an employer, or you can buy insurance coverage directly from an agency. LTC usually provides specific payments for patients who need assistance with daily living activities. The amount of covered assistance varies from policy to policy. Be sure to check with your insurance company to make sure that your plan covers what you think it does.

Veterans Administration

If your loved one is a veteran, they may qualify for Veterans Administration (VA) benefits. Made for veterans who need help with personal care and daily living, [VA Homemaker and Home Health Aide Care](#) is a program for veterans who are on their own or have caregivers but still need more support.

Homemaker and Home Health Aide Care can be used in combination with other home care services. The program serves veterans of any age and helps them remain in their own homes for care. VNS Health has veterans liaisons who can help veterans and their families identify benefits when paying for home care.

Paying for Hospice Care

Medicare, Medicaid, the VA, and most private insurance companies cover hospice care. Insurance starts as soon as you are admitted into the hospice program.

Keep in mind — VA benefits vary. In general, benefits for combat or wartime vets are not based on income. Eligibility for peacetime vets may be income-based. Vets must have received an honorable, other than honorable, or medical discharge to qualify. They usually must have been on active duty for at least 24 months.

In New York State, insurers are required by law to cover hospice care. But private insurance companies may limit benefits and coverage. If you have private insurance, check with your plan.