

Empower Seniors. Change Communities.

There have been many changes in the health care landscape for older and disabled New Yorkers. We provide free legal services in a variety of issues concerning private insurance, Medicare, Medicaid & Managed Long Term Care, including:

- Improving quality of care in skilled nursing facilities or homes
- Transitioning to/from a nursing or rehab facility back to your home
- Increasing the amount or type of health care you can get in your home
- Appealing denials or decreases in healthcare coverage

We provide free legal services to people 60 years and older, as well as to people of all ages with certified disabilities in eight WNY counties. To see if you qualify for our services, call 716- 853-3087 or visit our webpage at bit.ly/HealthJusticeNY

438 Main Street, Suite 1200
Buffalo, NY 14202
(Main Street & Court Street)

(716) 853 - 3087

Toll Free | 1 (844) 296 - 6404

English | 711 or 1 (800) 421 - 1220

Spanish | (877) 662 - 4234

elderjusticenyny.org

TRANSLATION & NY RELAY AUXILIARY

SERVICES ARE AVAILABLE

Services Made Possible by:
New York State Office for the Aging
IOLA
Judiciary Civil Legal Services
Funds in New York

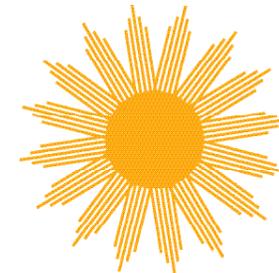
Helping You Navigate Your Health Insurance Issues



FREE LEGAL ASSISTANCE

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**CENTER FOR
ELDER
LAW &
JUSTICE**

I Have Medicare. Why Am I Receiving a Bill?

Many Medicare recipients can find themselves in the unfortunate situation of owing large sums to health care providers, despite their Medicare coverage. It is important to understand whether you're receiving a bill for your client share, or whether it is for a denial of coverage. Having Medicare does not always mean that Medicare will pay for certain claims or hospital stays.

You have the right to appeal any denial of coverage. There are five levels of appeal for Medicare. CELJ can handle these claims and advocate for our clients throughout the appeals process. Put your trust in our skilled advocates to help you fight for your health care rights!

Medicaid Managed Long Term Care & Appeals

The way that Long Term Care is managed in New York State is ever changing. If you are age 65 and need 120 days or more of home care annually, you must join a Managed Long Term Care (MLTC) Plan. The plan will handle all Medicaid coverage and determine how much and what types of services you need. If you are in need of Medicaid coverage for a long-term nursing home stay, the type of Medicaid plan you need will be different than what you would enroll in at home.

In either scenario, you have the right to appeal decisions made by the plan. We assist with answering your questions about Medicaid coverage and appealing decisions when necessary.



You have the right to appeal any decision made by an MLTC plan on your behalf, including:

- How much care you receive in your home (number of hours of home care)

- Denials or reductions in care

- Your ability to live safely in your home and not move to a nursing facility

- Any other coverage determination

The experienced advocates at CELJ can advocate on your behalf for the types of care that you qualify for, and the quality of care you deserve.

