



Thank you for choosing Pleasant Valley Manor as your healthcare provider. At Pleasant Valley Manor, we strive to provide the highest quality of care for all residents, short-term or long term.

Residents should provide PVM with their latest original insurance cards (including the Medicare card if you are Medicare eligible regardless of your primary insurance carrier) and a recent photo ID on admission to be copied. If you provide copies, be sure to include front and back.

ALL married residents should complete the PA1572 Spousal Resource Assessment* provided to you on admission to Pleasant Valley Manor regardless of whether you are applying for Medical Assistance benefits at this time. This resource assessment form will determine how much of a married couple's total resources can be protected and how much must be spent down before the institutionalized spouse (the spouse in the nursing home) can qualify for Medicaid.

Please keep the following pages for reference as your stay at Pleasant Valley Manor progresses. Feel free to contact the departments below with any questions. We will forward your concerns to the appropriate department or person where applicable.

General Facility Questions:

- 570-992-4172

Billing and Financial Questions:**

- Finance Department - 570-402-4249

Resident Specific Questions or Concerns:**

- Social Service Department - 570-402-4229, 4267, or 4230

Nursing Units:**

- A1 Nursing Unit – 570-402-4231
- A2 Nursing Unit – 570-402-4226
- B-Wing Nursing Unit – 570-402-4255

**A PA1572 is included with the MA401 packet received on admission or can be obtained from the Social Services Department, Finance Department or online. This form should be submitted to the Monroe Co Assistance Office for review (or the Luzerne Co Assistance Office if you are applying for Medical Assistance benefits on admission - Luzerne Co processes all Medical Assistance applications for Monroe Co).*

***Be advised HIPAA requirements allow protected information to be released to only certain individuals or organizations. If you are requesting HIPAA protected information and are **NOT** on the residents HIPAA approved contact list, the information cannot, by law, be shared with you.*

4227 Manor Drive • Stroudsburg, PA 18360

Phone: (570) 992-4172 • Fax: (570) 992-0324 • Email: jrinker@pvmnh.com



Skilled Coverage Details for Nursing Facility Care

For Medicare Primary Residents:

(Review your current "Medicare and You" manual or the CMS website)

The maximum length of coverage provided by Medicare is 100 days (see Termination of skilled Coverage below). Medicare will cover the first 20 days of a skilled stay at 100%. Any days beyond day 20 are billable at **\$176.00/day (2020)**. If the resident has a Medicare supplement plan it may cover some or all of the co-payment. Please contact the Medicare supplement plan provider for coverage details in a Skilled Nursing Facility (SNF) and provide ALL insurance information to Pleasant Valley Manor on admission. **If there is no supplemental insurance or if the supplemental insurance plan does NOT cover Medicare SNF co-payment, the resident will be responsible for payment unless they qualify for Medical Assistance (MA) benefits for NURSING FACILITY CARE.***

For Geisinger and Other Medicare Advantage (replacement) Plans:

(Review your current Medicare Advantage Plan manual or the plan's website)

The maximum length of coverage provided by Medicare Advantage plans is 100 days for a skilled stay unless otherwise stated in your policy (see Termination of skilled Coverage below). In **2020** all Geisinger plans have a co-payment of **\$160/day** starting day 21. Other Medicare Replacement health plan contracts will likely have a co-payment, co-insurance period and/or deductible. Please contact the resident's plan provider for coverage details in a Skilled Nursing Facility and provide ALL insurance information to Pleasant Valley Manor on admission. **If the plan contract has a co-payment, co-insurance or deductible, the resident will be responsible for payment unless they qualify for Medical Assistance (MA) benefits for NURSING FACILITY CARE.***

Termination of Skilled Coverage (Traditional Medicare and Medicare Advantage Plans):

COVERAGE FOR 100 CONTINUOUS DAYS IS NOT A GUARANTEE. Coverage can end at any time due to lack of participation or progress with skilled service providers, discontinuation of skilled nursing care service(s), along with a variety of other reasons. Please keep in touch with the Social Services Department for updates on your coverage period end date and discharge or continued stay planning. **Federal Law requires only a 2 day notification of the end of Skilled Coverage for Nursing Facility Care.**

Should the resident reside with Pleasant Valley Manor beyond the skilled coverage period, room and board will be billed to the resident unless they qualify for Medical Assistance (MA) benefits for NURSING FACILITY CARE.*

**Medical Assistance benefits in the community DO NOT automatically qualify an individual for Medical Assistance in a long-term care facility. The resident may need to re-apply for benefits and provide a complete accounting/documentation of assets, resources etc. for the past 60 months.*

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Private Insurance Coverage for Nursing Facility Care
(Including Medicare Supplement, Medicare Advantage plans and employer health plans)

It is the responsibility of the insured to know what is covered or not covered by their insurance plan. Due to the wide variation in insurance coverage dependent on the company and the plan type or provider billing submission, Pleasant Valley Manor cannot guarantee the accuracy of the information we receive from your insurance company related to deductibles, co-pays, co-insurance or out-of-pocket maximum. **If you do not know or understand your coverage visit your plan's website or consult the plan's printed manual. The back of your insurance card should have the contact information to discuss your benefits via phone.**

The resident will be billed for any applicable deductible, co-pay, co-insurance, or non-covered service not due to a billing error. If you receive a bill from Pleasant Valley Manor, please refer to the Explanation of benefits (EOB) you receive from your insurance company for a detailed description of why the services are not covered.

Long Term Care Insurance

If the resident has a long term care insurance policy, please provide policy details on admission. You should also notify the insurance company immediately on admission to the facility for receipt and completion of applicable forms.

Health Insurance Terminology:

Deductible

Your health insurance deductible is the amount that you will have to pay annually for your healthcare (not including some routine services) before the health insurance pays anything.

Co-pay

Your co-pay is the fixed amount you pay for using routine services defined by your plan (up to your out-of-pocket max).

Co-insurance

Co-insurance is similar to a co-pay, although co-insurance generally applies to less routine expenses, and is expressed as a percentage rather than a fixed dollar amount. Your co-insurance begins after your yearly deductible is met (up to your out-of-pocket max).

Out-of-pocket maximum

Your out-of-pocket maximum is an important feature of your health plan because it limits the total amount you pay each calendar year for healthcare including co-pays, deductibles, and co-insurance. Once you meet your out-of-pocket max, you will no longer be billed for co-pays or deductibles under your plan. **You will be billed for non-covered charges not due to a billing error regardless of whether you have met your out-of-pocket max.**

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Medical Assistance for Nursing Facility Care

Medical Assistance (Medicaid or MA) is a state program that will cover room and board for nursing facility residents (less income received by the resident where applicable) if they qualify. Eligibility is determined by the completion of a PA600L application for benefits and the submission of all requested verification documentation over the past 60 months. **Medical Assistance benefits must be renewed yearly.**

Unmarried Applicants

For an unmarried resident to qualify for PA Medical Assistance benefits, total liquid assets (bank accounts, stocks, bonds, CD's, life insurance cash value, etc.) cannot exceed \$8000 (and in certain circumstances where a resident has high income, \$2400). Other restrictions also apply.

If this applies to the resident's situation, please complete the Asset/Income sheet enclosed and return it to the PVM Finance Department. The form will aid finance personnel in completion of a Medical Assistance application if required now or in the future. PVM will also assist in the Medical Assistance application process. **The applicant or their responsible party will be required to obtain all supporting documentation for the Medical Assistance application.**

Most person's approved for Medical Assistance benefits will owe their INCOME to the facility to offset the cost of care paid by the Commonwealth of PA. **Please keep all income (less allowable deductions – see paragraph below) received from the requested start date of Medical Assistance coverage available to pay to the nursing facility.**

You will be required to pay an estimated amount of Patient Liability monthly to PVM in lieu of the full room and board rate from the requested effective date of Medical Assistance coverage. The estimated amount will be the total of the resident's income less a \$45 personal care allowance. Deductions for health insurance premiums and a home maintenance allowance will also be included where applicable. If the amount of income assessed by the Commonwealth on Medical Assistance approval is greater than or less than what was paid, a credit or debit will be applied to the account. **PVM reserves the right to file with Social Security for Representative Payee status in order to have the SSA benefits sent direct to the facility.**

Married Applicants*

Married residents are encouraged to consult an Elder Care or estate attorney or qualified financial services firm for fiscal planning. You may choose your own attorney/financial planner or contact the agency listed below for recommendations:

- Monroe County Bar Association – (570) 424-7288

**Pleasant Valley Manor can assist married applicants with a Medical Assistance application but cannot provide advice on asset protection.*

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Medical Assistance Asset and Income Worksheet

The questions below appear on a PA Medical Assistance (PA600L) application. This information will be used by PVM to assist in completion of a Medical Assistance application on behalf of the resident. **Additional information and documentation will be required if a Medical Assistance application is submitted.**

Resident Name: _____ **Spouse Name:** _____

Maiden Name: _____ **Spouse SocSec #:** _____

Veteran: Yes No **US Citizen:** Yes No **Registered Voter in US:** Yes No

CASH or CASH EQUIVALENT ACCOUNTS (please check the box next to all account types that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Saving Account | <input type="checkbox"/> Certificate of Deposit (CD) |
| <input type="checkbox"/> Stocks or Bonds | <input type="checkbox"/> IRA/Other Retirement | <input type="checkbox"/> Annuity |

REAL PROPERTY:

Automobile: No Yes; If Yes provide Yr, Make, Model: _____

Real Estate: Home Mobile Home Other Property **Reverse Mortgage** None

INSURANCE INFORMATION:

Life Insurance: No Yes; If Yes, Company Name: _____

Irrevocable Pre-Paid Funeral or Burial Acct: No Yes; If Yes, @ Value: _____

Supplemental Health Plan: No Yes; If Yes, Monthly Premium: _____

INCOME – only list income for the individual applicant

\$ _____ Social Security	\$ _____ Black Lung Benefits
\$ _____ SSI	\$ _____ Pension
\$ _____ Rail Road Retirement Benefits	\$ _____ other income source

Have any assets or resources had ownership transferred in the past 5 years?? No Yes*
*** If yes is checked, please describe the circumstances of the transfer on the reverse.**

EXPENSES – Only list expenses for which invoices are received in the name of the resident

\$ _____ Mortgage/Rent	\$ _____ Fuel – Oil/Gas
\$ _____ Property/School Taxes	\$ _____ Electric
\$ _____ Home Owner’s/Renter’s Insurance	\$ _____ Water/Sewer



Private Pay or Self-Pay

(On Admission or Discontinuation of Skilled Coverage)

~ All private pay or self-pay residents should consider meeting with a qualified elder care attorney or estate planner on admission to a nursing facility. The nursing facility cannot provide advice or information on the protection of assets. ~

Rates

A current room and board rate sheet is included in your Admission Agreement.

Residents who do not meet the qualifications for skilled coverage and do not qualify for PA Medical Assistance benefits for Nursing Facility Care* will be required to pay "out-of-pocket" for room and board. This applies to new admissions and residents who remain in the facility after the discontinuation of their skilled coverage.

Payment will be required on the admission/conversion date for the number of days remaining in the current month and all of the days in the next month. For example a resident admitted or converted to self-pay June 16th would be billed from June 16th to July 31st (46 total days).

Monthly Billing

Subsequent month bills will be sent on or about the 15th month for the upcoming month. Payment is due the first day of that month. For example a resident would be billed on or about July 15th for the month of August. This payment would be due on or before August 1st.

Outside Service Providers

Private Pay residents receiving services from outside providers will be responsible for payment direct to these providers. Pleasant Valley Manor will provide insurance information to these providers but any non-covered services, co-payments, co-insurance, or deductibles, etc. will be billed to the resident. **This includes but is not limited to physician services, transports, pharmacy, laboratory, x-rays, dental, vision, audiology, or podiatry services.**

Fund Depletion

If the resident's account totals are depleted paying for care in a nursing facility, they may be eligible for PA Medical Assistance benefits. For unmarried residents, an application for benefits should be completed when resources total approximately \$15,000. Married residents should have completed and submitted a PA1572 Spousal Resource Assessment on admission. This resource assessment form will determine how much of a married couple's total resources can be protected and how much must be spent down before the institutionalized spouse (the spouse in the nursing home) can qualify for Medicaid.

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Thank you again for choosing Pleasant Valley Manor as your healthcare provider.

Below are some websites and national/local offices who may be able to assist you with issues that develop during your stay at PVM. If you have questions outside of the scope of these agencies or offices, please let us know and we will try to assist in finding the right contact for your concern.

Centers for Medicare and Medicaid Services - <https://www.cms.gov>

PA Department of Human Services (Medical Assistance Online Applications and other services) - <http://www.dhs.pa.gov/>

Monroe County Area Agency on Aging-
<http://www.monroecountypa.gov/Dept/Aging/Pages/default.aspx>
MCAAA
724 Philips St; #B
Stroudsburg PA 18360
(570) 420-3735

North Penn Legal Services – free legal services to qualified persons in Monroe Co
<https://www.northpennlegal.org/>
10 North 10th Street
Stroudsburg PA 18360
800-532-8282

Social Security Administration - <https://www.ssa.gov>
SSA
9090 Franklin Hill Road; Suite 101
E Stroudsburg PA 18301
(888) 835-6169

Monroe County Veteran’s Administration -
<http://www.monroecountypa.gov/Dept/VA/Pages/default.aspx>
Monroe Co VA
1 Quaker Plaza; #101
Stroudsburg PA 18360
(570) 517-3187

Luzerne Co Assistance Office (processes Medical Assistance applications for Monroe Co Nursing Facilities)
LCAO - LTL
205 S Washington St
Wilkes-Barre PA 18711-3298
(866) 220-9320

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