FOR IMMEDIATE RELEASE
Hendersonville, TN—Friday, August 13, 2010: Consumers and advocates across the country celebrated the 45th anniversary of Medicare and Medicaid on July 30. Both public benefit programs provide crucial protection for some of the nation’s most vulnerable groups, including older adults, people with disabilities, and low-income households.

The milestone is especially meaningful to clients and staff members at Elder Law Practice of Timothy L. Takacs. “Medicare is the most important public benefit in this country for seniors, yet we tend to take it for granted,” said Timothy L. Takacs, Certified Elder Law Attorney and the founder of the Hendersonville-based firm.

Before Medicare was enacted in 1965, providing medical care for older people was a major problem in the United States. Half of America’s seniors were uninsured. Those who couldn’t get private insurance simply did without or if they were lucky, they found charity care that was subsidized by the government. Without a public program like Medicare to cover the costs, many senior citizens spent their life saving on medical care. Medicare changed all that.

Public Benefits 101

Medicare is a Federal health insurance program for people who are age 65 or older and certain younger people with disabilities. Today, Medicare is the largest source of health coverage in the nation, covering 47 million older adults and people with disabilities. In 1972, Medicare was expanded to cover millions of people with long-term disabilities, protecting the health and economic security of people who had virtually no access to affordable health coverage.

In 2010, 8 million Medicare beneficiaries, known as “dual eligibles,” are also covered by Medicaid, known as TennCare in Tennessee. Medicaid is the nation’s primary source of substantial financing for long-term care supports and services. The program covers care for 6 in 10 nursing home residents and is evolving to provide greater coverage of home- and community-based services. Medicaid also covers medical services for lower-income Americans, a role that will expand under health care reform for people under age 65.
Takacs and his staff members help approximately 300 clients qualify for Medicaid and Medicare each year. “On the Medicare side, we help our clients with coverage issues, serve as an advocate to get them the care they need and resolve billing issues,” said Takacs. “On the Medicaid side, we help clients qualify for coverage so they can pay for long-term care in the nursing home and, under the new CHOICES program, home- and community-based care so that people can stay in familiar surroundings longer.”

**Change is the only Constant**

“The only thing that stays the same about Medicare is that it’s always changing,” said Bonnie Woodard, Elder Law Practice’s Medicare Specialist. “In my 32 years of helping people with Medicare, I have seen a lot of changes.”

In the past, Medicare beneficiaries had fewer programs to choose from, with choices mostly limited to original Medicare and a Medicare supplemental policy. After 1996, when the first Medicare Health Maintenance Organization (HMO) was introduced in Tennessee, Medicare beneficiaries could choose to receive healthcare benefits through original Medicare and a supplement or a Medicare HMO. Since then, the choices have grown—and so have the acronyms. Instead of one or two Medicare HMOs, there are now about 36 separately contracted Medicare Health plans (also known as Medicare Advantage Plans) including various HMOs, PPOs (Participating Provider Organization) and PFFS (Private Fee For Service) which can change each year.

Woodard believes that the addition of prescription drug benefits in 2006 represented the biggest change in Medicare coverage. “It is confusing for the average senior because the coverage is not automatic like it is when you visit the doctor or are hospitalized,” she said. “Once beneficiaries realize that they should join a drug plan, they discover that they are expected to choose from about 50 different plans and know when to enroll or change their coverage. Ignorance is not bliss when it comes to Medicare these days. There are now so many choices that it has become very important for the Medicare beneficiary to become educated in order to make the most informed decisions.” Woodard added, “In our law firm, we also see what a challenge it can be for families who take care of elderly loved ones.”

**Looking Ahead**

The enactment of the Affordable Care Act in 2010 represents a major stride forward to strengthen the pillars of the health care system and provide coverage to all. The new health care reform law improves Medicare by eliminating cost sharing for preventive services, closing the prescription drug coverage gap, and improving coordination of care. It also helps preserve the future of the Medicare program, extending the trust fund for an additional 12 years. In addition, the law boosts Medicaid funding for programs that allow older adults and people with disabilities to receive the care and supports needed to remain at home.
Takacs predicts that in the next 25 to 30 years, there will be a push to integrate the two programs to create a more seamless continuum of care. “Medicare and Medicaid are separate programs but how do you separate the two?” he said. “Where does a person’s health care (Medicare) end and long-term care (Medicaid) begin?”

Despite today’s challenges and tomorrow’s concerns about long-term viability, Medicare and Medicaid will continue to play an important role in the lives of millions of Americans who rely on these important government programs for access to health care and long-term care.

For more than a decade, the Elder Law Practice of Timothy L. Takacs has been helping clients and their families respond to the legal, financial, physical and psychological challenges presented by long life, illness and disability. The firm serves clients in Middle Tennessee and the Upper Cumberland region from offices in Hendersonville. For more information, call 615.824.2571 or visit www.tn-elderlaw.com.

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