

Medicare Overview

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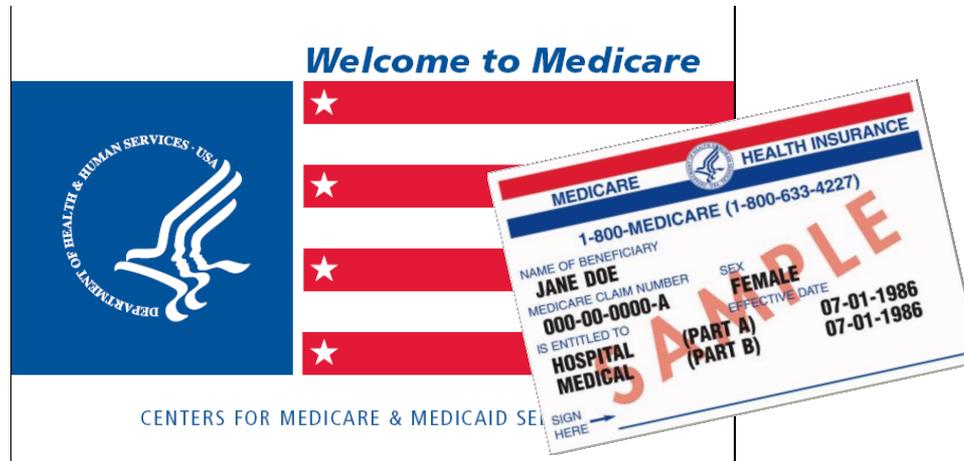
What is Medicare?

- Health insurance for three groups of people:
 - 65 and older
 - Under 65 with certain disabilities
 - Any age with End-Stage Renal Disease (ESRD)
- Administration
 - Centers for Medicare & Medicaid Services
- Enrollment
 - Social Security Administration for most
 - Railroad Retirement Board (RRB)



Automatic Enrollment

- Automatically enrolled if you already get Social Security
 - 3 months before age 65
 - 3 months before your 25th month of disability benefits
- Receive Initial Enrollment Package in mail
 - Includes your Medicare card



Enrolling in Medicare

- Some people need to sign up
 - Not getting Social Security or Railroad benefits
 - Enroll through Social Security (SSA) or
 - Railroad Retirement Board for railroad retirees
- Apply 3 months before age 65
 - Don't have to be retired



Medicare has Four Parts

Part A – Hospital Insurance	Helps cover inpatient care in hospitals and skilled nursing facilities, hospice and home health care.
Part B – Medical Insurance	Helps cover doctors’ services, outpatient care, home health care and some preventive services.
Part C – Medicare Advantage Plans	Another way to get Medicare benefits. Includes Parts A and B. Usually includes Part D coverage. Run by private insurance companies approved by and under contract with Medicare.
Part D – Medicare Prescription Drug Coverage	Helps cover the cost of prescription drugs. Run by private insurance companies approved by and under contract with Medicare.



Original Medicare

- Run by the Federal government
- Provides your Part A and/or Part B coverage
- Go to any doctor or hospital that accepts Medicare
- You pay
 - Part B premium (Part A free for most people)
 - Deductibles, coinsurance or copayments
 - Can buy a Medigap policy to help pay some of these costs
- Get Medicare Summary Notice (MSN)
- Can join a Medicare Rx Plan to add drug coverage



Medicare Card (front)

	
MEDICARE	HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY	
JANE DOE	
MEDICARE CLAIM NUMBER	SEX
000-00-0000-A	FEMALE
IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL (PART A)	07-01-1986
MEDICAL (PART B)	07-01-1986
SIGN HERE →	<u><i>Jane Doe</i></u>



Medigap

- Medigap (Medicare Supplement Insurance) policies
 - Private health insurance for individuals
 - Sold by private insurance companies
 - Supplements Original Medicare coverage
 - Follow Federal/state laws that protect you
 - Must state “Medicare Supplement Insurance”



Appeals Process

- There is a five step appeals process if Medicare denies a claim
 - **First appeal level** – 120 days to file (Medicare Administrative Contractor)
 - **Second appeal level** – 180 days to file (Independent contractor)
 - **Third appeal level** – 60 days to file – more than \$130 (Office of Medicare Hearings and Appeals)
 - **Fourth appeal level** – 60 days to file (Medicare Appeals Council)
 - **Fifth appeal level** – 60 days to file - more than \$1,300 (Federal District Court)



Appeals Example

- Mrs. B is 73 years old and suffers from severe osteoarthritis and hypertension. She woke up one morning feeling pain in her foot. Mrs. B called her primary care physician and her podiatrist and described her symptoms. Believing that the symptoms were very similar to those of two types of life-threatening blood clots, the doctors ordered her to go to the nearest emergency room.
- Mrs. B called an ambulance and was transported to the nearest ER where a doctor determined she had an edema (swelling of the foot) and not a blood clot. A few weeks later, Mrs. B received a Medicare Summary Notice denying coverage of the ambulance transport because the information provided did not support medical necessity. Should Mrs. B appeal?



Appeals Answer

- Yes, Mrs. B should appeal the decision by Medicare to deny her claim. A beneficiary has the right to appeal any denial by Medicare. In this case, Mrs. B had underlying conditions that led her doctors to believe she had a serious, life-threatening issue. She will have to get further documentation from her doctors when filing her appeal to show the emergency nature for the ambulance transport.



The current age for Medicare is 67.

- A) True
- B) False



Everyone is automatically enrolled in Medicare.

- A) True
- B) False



How many months must someone be collecting disability before he/she can qualify for Medicare?

- A) 10 months
- B) 24 months
- C) 48 months
- D) 0 months



CMS stands for:

- A) Central Medicare Services
- B) Center for Medicare Services
- C) Center for Medicaid Services
- D) Center for Medicare and Medicaid Services



Where does someone enroll in Medicare Part A & B?

- A) OSHIIP
- B) Department of Medicaid
- C) Social Security Administration
- D) Local Medicare Office

