

# Medicare Part A

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# Medicare Part A (Hospital Insurance)

- Most people receive Part A premium free if they or their spouse worked 10 years or more
- Less than 10 years of Medicare-covered employment
  - Can pay a premium to get Part A
  - Premium is higher for those who have less than 7 ½ years of work
    - 31 – 39 SSA Quarters - \$226 a month in 2016
    - 30 SSA Quarters or less - \$411 a month in 2016
- For information, call SSA at 1-800-772-1213
  - TTY users call 1-800-325-0778



## Medicare Part A Helps Pay For

<b>Hospital Stays</b>	Semi-private room, meals, general nursing, and other hospital services and supplies. Includes care in critical access hospitals and inpatient rehabilitation facilities. Inpatient mental health care in psychiatric hospital (lifetime 190-day limit).
<b>Skilled Nursing Facility Care</b>	Semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies.
<b>Home Health Care Services</b>	Can include part-time or intermittent skilled care, and physical therapy, speech-language pathology, and occupational therapy.
<b>Hospice Care</b>	Includes drugs and medical, and support services from a Medicare-approved hospice.
<b>Blood</b>	In most cases, if you need blood as an inpatient, you won't have to pay for it or replace it.



# Inpatient vs. Outpatient

Situation	Inpatient or Outpatient	Part A Pays	Part B Pays
In the ER and then formally admitted to hospital with Doctor's order	Inpatient	Hospital stay	Doctor Services
You visit the ER for a broken arm, get x-rays, a splint and go home	Outpatient	Nothing	Dr. services, ER visit, x-rays & splint
In the ER with chest pain and hospital keeps you in observation for 2 nights	Outpatient	Nothing	Dr. services, ER visit, observation services, lab, tests, EKG, etc.
In hospital for outpatient surgery but they keep you overnight for high blood pressure. Doctor does not write an admittance letter, and you go home the next day.	Outpatient	Nothing	Dr. services, surgery, lab test, IV meds, etc.
Dr. writes an order for you to be admitted as an inpatient, and the hospital later tells you they're changing your hospital status to outpatient. Your doctor must agree, and the hospital must tell you in writing – while you're still a hospital patient – that your hospital status changed.	Outpatient	Nothing	Dr. services and hospital outpatient services

# Benefit Period

- Charges based on “benefit period”
  - Inpatient hospital care and skilled nursing facility (SNF) services
  - Begins day admitted to hospital
  - Ends when out of a hospital or SNF for 60 days in a row
  - You pay deductible for each benefit period
  - No limit to number of benefit periods



# Paying for Hospital Stays

- For each benefit period in 2016, you pay
  - \$ 1,288 deductible for days 1 – 60
  - \$322 co-payment per day for days 61 – 90
  - \$644 co-payment per day for days 91 – 150  
(60 lifetime reserve days)
  - All costs for each day beyond 150 days



# Did you know?

- In 1965, the Medicare Part A deductible was \$40 per year.



# Coverage Outside the USA and on Cruise Ships

- Foreign Hospitals and Cruise Ships
  - Medicare does not generally pay claims outside of the country
  - Medicare will pay in the 50 states, the District of Columbia, Puerto Rico, The U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands
- Beneficiaries may have foreign travel coverage through a Medicare Supplement (Medigap) policy, group health insurance or other insurance product



# Hospital Discharge Appeals

- Beneficiary can appeal if not ready to leave the hospital
- Appeal through Ohio KePRO, Ohio's Quality Improvement Organization (QIO) the day you are being asked to leave:

Ohio KePRO

Rock Run Center, Suite 100  
5700 Lombardo Center Drive  
Seven Hills OH 44131  
(216) 447-9604  
1-800-589-7337 (toll-free)  
(216) 447-7925 (fax)



# Hospital Discharge Rights

- Important Message from Medicare (IM)
  - Given at or near admission
  - Signed by you and copy provided
  - Follow-up copy may be delivered before discharge

## IMPORTANT MESSAGE FROM MEDICARE

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### YOUR RIGHTS AS A HOSPITAL PATIENT

- You have the right to receive necessary hospital services covered by Medicare, or covered by your Medicare Health Plan ("your Plan") if you are a Plan enrollee.
  - You have the right to know about any decisions that the hospital, your doctor, your Plan, or anyone else makes about your hospital stay and who will pay for it.
  - Your doctor, your Plan, or the hospital should arrange for services you will need after you leave the hospital. Medicare or your Plan may cover some care in your home (home health care) and other kinds of care, if ordered by your doctor or by your Plan. You have a right to know about these services, who will pay for them, and where you can get them. If you have any questions, talk to your doctor or Plan, or talk to other hospital personnel.
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### YOUR HOSPITAL DISCHARGE & MEDICARE APPEAL RIGHTS

**Date of Discharge:** When your doctor or Plan determines that you can be discharged from the hospital, you will be advised of your planned date of discharge. You may appeal if you think that you are being asked to leave the hospital too soon. If you stay in the hospital after your planned date of discharge, it is likely that your charges for additional days in the hospital will not be covered by Medicare or your Plan.

**Your Right to an Immediate Appeal without Financial Risk:** When you are advised of your planned date of discharge, if you think you are being asked to leave the hospital too soon, you have the right to appeal to your Quality Improvement Organization (also known as a QIO). The QIO is authorized by Medicare to provide a second opinion about your readiness to leave. You may call Medicare toll-free, 24 hours a day, at 1-800-MEDICARE (1-800-633-4227), or TTY/TTD: 1-877-486-2048, for more information on asking your QIO for a second opinion. If you appeal to the QIO by noon of the day after you receive a noncoverage notice, you are not responsible for paying for the days you stay in the hospital during the QIO review, even if the QIO disagrees with you. The QIO will decide within one day after it receives the necessary information.

**Other Appeal Rights:** If you miss the deadline for filing an immediate appeal, you may still request a review by the QIO (or by your Plan, if you are a Plan enrollee) before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if the QIO (or your Plan) denies your appeal. You may file for this review at the address or telephone number of the QIO (or of your Plan).

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**ODI**  
Ohio Department  
of Insurance

# Other Types of Hospitals

- Critical Access Hospitals (CAH)
  - Usually in rural areas
  - Receive 101% of reasonable cost from Medicare
- Inpatient Psychiatric Hospitals
  - Medicare pays for no more than 190 days (lifetime total) of inpatient care in a participating psychiatric hospital



# Paying for Skilled Nursing Facility Care

For each benefit period in 2016 you pay:

- \$0 for days 1 – 20
- \$161 per day for days 21-100
- All costs after 100 days

Medicare covers skilled nursing care only when:

1. You require a 3-day inpatient hospital stay,
2. You require daily skilled nursing care, AND
3. You enter the skilled nursing facility within 30 days of hospital discharge



# Benefit Period Example

- Mrs. K enters the hospital for the first time since she has been on Medicare. She stays for 5 days and then returns home. She returns to the hospital 65 days later and stays for 5 more days. She is then sent to a skilled nursing facility for 22 days.
- In this example, she has had two benefit periods, paid two deductibles, and also paid for 2 days in the skilled nursing facility.



# Benefit Period Example #2

- Mr. J enters the hospital for the first time since he has been on Medicare. He stays for 5 days and then is sent to a skilled nursing facility for 10 days. He is discharged and returns home. Thirty five days later, he is admitted to the hospital again and stays for 5 more days. He is then sent to a skilled nursing facility where he stays for 12 days.
- In this example, he has had one benefit period, paid one deductible, used 10 hospital days and used 22 skilled nursing days. He would pay for 2 skilled nursing days.



# Home Health Care

- Four conditions for home health coverage:
  - Doctor must meet with patient in person – 90 days before care starts or 30 days after – may be conducted by a hospitalist
  - Must need specific skilled services
  - Must be homebound
  - Home health agency must be Medicare-approved



# Home Health Care Coverage

- Part-time/intermittent skilled nursing care
- Physical, occupational & speech-language therapy
- Medical social services
- Some home health aide services
- Durable medical equipment, supplies



# Paying for Home Health Care

- In Original Medicare you pay
  - Nothing for covered home health care services
  - 20% of Medicare-approved amount for durable medical equipment
  - Reviewed at least once every 60 days



# Hospice Care

- Special care for terminally ill and family
  - Expected to live 6 months or less
- Focuses on comfort, not on curing the illness
- Doctor must certify for each “period of care”
  - Two 90-day periods, then unlimited 60-day periods
  - Prior to the 180<sup>th</sup> day of recertification, the patient must have a face-to-face encounter with the doctor or nurse practitioner
- Hospice provider must be Medicare-approved



# Covered Hospice Services

- Medical equipment and supplies
- Drugs for symptom control and pain relief
- Short-term hospital inpatient care (limited)
- Respite care in a Medicare-certified facility
  - Up to 5 days each time with no limit to number of times
- Home health aide and homemaker services
- Social worker services
- Dietary counseling
- Grief counseling



# Paying for Hospice Care

- In Original Medicare you pay
  - Nothing for hospice care
  - Up to \$5 for prescription drugs for pain and symptom management
  - 5% for inpatient respite care
    - Amount can change each year
- You generally pay 100% for room and board in a facility



# Blood (Inpatient)

- If the hospital gets blood free from a blood bank
  - You won't have to pay for it or replace it
- If the hospital has to buy blood for you, you either
  - Pay the hospital costs for the first 3 units of blood you get in a calendar year **or**
  - Have the blood donated by you or someone else



How many years do you (or your spouse) have to work to get premium free Medicare Part A insurance?

A) 40

B) 10

C) 20



# Medicare Part A pays for all of the following except:

- A) hospice
- B) skilled nursing facilities
- C) outpatient or observation hospital services
- D) inpatient hospital services



# What is required for Medicare to pay for a skilled nursing facility stay?

- A) a three-day hospital stay
- B) daily skilled nursing therapy
- C) entering within 30 days of hospital discharge
- D) all of the above



# How many days does the Part A hospital deductible cover in full?

- A) 45
- B) 150
- C) 90
- D) 60



# What is the patient's responsibility for room and board under the hospice benefit?

- A) 100%
- B) 25%
- C) 5%
- D) none of the above



# Medicare will always pay for foreign travel.

A) True

B) False



# The Medicare Part A benefit period begins:

- A) the first day of the calendar year
- B) 60 days after hospital admittance
- C) the day a person is admitted to the hospital (if they have not had inpatient skilled services for the previous 60 days)
- D) upon each hospital admittance



The Medicare Part A home health care benefit is used for skilled services at home.

A) True

B) False

Medicare will pay for an unlimited number of days in a skilled nursing facility.

A) True

B) False

Medicare patients are charged a deductible per benefit period, and not per calendar year

A) True

B) False

