

CMS
NTP
NATIONAL
TRAINING PROGRAM
MODULE 0

Medicare—Getting Started

Session Topics

- Part I: Medicare Program Basics
- Part II: Enrolling in Medicare
- Part III: Should I Enroll in Medicare?
- Part IV: Coordination of Benefits
- Part V: Medicare and Other Resources

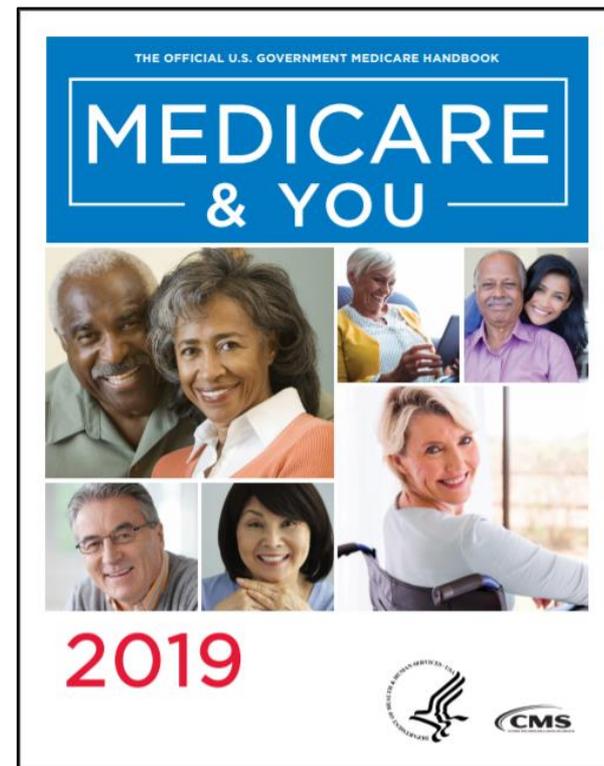
Part I—Medicare Program Basics

- What is Medicare?
- Parts of Medicare
- Medicare Part A and Part B benefits and costs

What Is Medicare?

- Health insurance for people
 - 65 and older
 - Under 65 with certain disabilities
 - ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease) without a waiting period
 - Any age with End-Stage Renal Disease (ESRD)

NOTE: To get Medicare you must be a U.S. citizen or lawfully present in the U.S.



CMS Product No. 10050

What Agencies are Responsible for Medicare?

They Handle Enrollment,
Premiums, and
Replacement Medicare
Cards



Social Security Administration (SSA) enrolls most people in Medicare



Railroad Retirement Board (RRB) enrolls railroad retirees in Medicare



Federal retirees' premiums are handled by the **Office of Personnel Management**

We Handle the Rest



Centers for Medicare & Medicaid Services (CMS) administers the Medicare Program

What Are the Parts of Medicare?



Part A (Hospital Insurance) helps cover

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



Part B (Medical Insurance) helps cover

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventive services



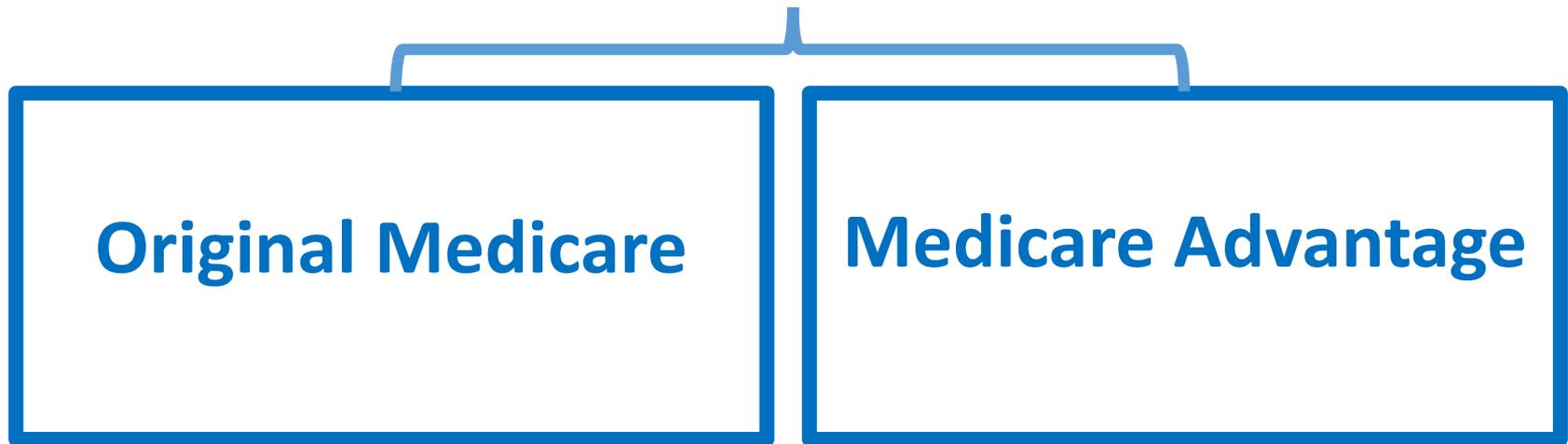
Part D (Prescription drug coverage) helps cover

- Prescription drugs
- Part D plans are run by private insurance companies that follow rules set by Medicare.

Your 2 Main Medicare Coverage Choices

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage.

There are 2 main ways to get Medicare:



Your Medicare Options—Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)
- If you want drug coverage, you'll need to join a separate Part D plan
- You may also need to buy supplemental coverage to help pay your out-of-pocket costs (like your deductible and 20% coinsurance). Some examples include coverage from a former employer or union, or Medicare Supplement Insurance (Medigap) policies.

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



Your Medicare Options—Medicare Advantage

- An “all in one” alternative to Original Medicare
- “Bundled” plans include Parts A, B, and usually Part D
- May have lower out-of-pocket costs than Original Medicare
 - You won’t need to buy separate supplemental coverage
- Some plans offer extra benefits that Original Medicare doesn’t cover—like vision, hearing, or dental

Part A



Part B



Most plans include:

Part D



Some plans also include:

Lower out-of-pocket costs

Extra benefits

Paying for Medicare Part A



Part A

Hospital Insurance

- Most people don't pay a premium for Part A
 - If you paid Federal Insurance Contributions Act (FICA) taxes for at least 10 years
- If you paid FICA less than 10 years, you can pay a premium to get Part A
- May have a penalty if you don't enroll when first eligible for Part A (if you have to pay for it)
 - Your monthly premium may go up 10%
 - You'll have to pay the higher premium for twice the number of years you could've had Part A, but didn't sign up

Medicare Part A Coverage

Inpatient Hospital Stays	Semi-private room, meals, general nursing, drugs as part of your inpatient treatment, and other hospital services and supplies. Includes care in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, and long-term care hospitals. Includes inpatient care as part of a qualifying clinical research study and mental health care (lifetime 190-day limit).
Skilled Nursing Facility Care	Semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies.
Home Health Care Services	Can include part-time or intermittent skilled care, and physical therapy, speech-language pathology, a continuing need for occupational therapy, some home health aide services, medical social services, and medical supplies.
Hospice Care	For terminally ill and includes drugs, medical care, and support services from a Medicare-approved hospice.
Blood	In most cases, if you need blood as an inpatient, you won't have to pay for it or replace it.

Paying for Inpatient Hospital Stays

For Each Benefit Period in 2019	You Pay
Days 1-60	\$1,341 deductible
Days 61-90	\$341 per day
Days 91-150	\$682 per day (60 lifetime reserve days)
All days after 150	All Costs

Paying for Skilled Nursing Facility Care

For Each Benefit Period in 2018	You Pay
Days 1-20	\$0
Days 21-100	\$170.50 per day
All days after 100	All Costs

Paying for Part B



■ Monthly Premium

- Standard premium is \$134 (\$135.50 in 2019) (may have to pay a higher amount depending on your income, see next slide)
- Average premium for 2018 is \$130 (if receiving Social Security benefits)

Monthly Part B Standard Premium—Income Related Monthly Adjustment Amount (IRMAA) for 2019

Chart is based on your yearly income *in 2017* (for what you pay in 2019)

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	In 2019 You Pay
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$135.50
Above \$85,000 up to \$107,000	Above \$170,000 up to \$214,000	See below	\$189.60
Above \$107,000 up to \$133,500	Above \$214,000 up to \$267,000	See below	\$270.90
Above \$133,500 up to \$160,000	Above \$267,000 up to \$320,000	See below	\$352.20
Above \$160,000 up to \$500,000	Above \$320,000 up to \$750,000	Above \$85,000 up to \$415,000	\$433.40
Above \$500,000	Above \$750,000	Above \$415,000	\$460.50

NOTE: You may pay more if you have a Part B late enrollment penalty (LEP).

Part B—What You Pay in Original Medicare

Yearly Deductible	\$183 (\$185 for 2019)
Coinsurance for Part B Services	<ul style="list-style-type: none">▪ 20% coinsurance for most covered services, like doctor's services and some preventive services, if provider accepts assignment▪ \$0 for most preventive services▪ 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services

Medicare Part B—Medical Insurance Coverage

- Part B—Medical Insurance helps cover
 - Doctors' services
 - Outpatient medical and surgical services and supplies
 - Home Health Care Services
 - Clinical lab tests
 - Durable medical equipment
 - Diabetic testing supplies
 - Preventive services

Medicare Part B Coverage

Doctors' Services	<p>Services that are medically necessary (includes outpatient and some doctor services you get when you're a hospital inpatient) or covered preventive services.</p> <p>Except for certain preventive services, you pay 20% of the Medicare-approved amount (if the doctor accepts assignment), and the Part B deductible applies.</p>
Outpatient Medical and Surgical Services and Supplies	<p>For approved procedures (like X-rays, a cast, or stitches). You pay the doctor 20% of the Medicare-approved amount for the doctor's services (if the doctor accepts assignment). You also pay the hospital a copayment for each service. The Part B deductible applies.</p>

Medicare Part B Coverage (continued)

Home Health Care Services

- Medically necessary part-time or intermittent skilled nursing care
- Physical therapy
- Speech-language pathology services
- Occupational therapy
- Part-time or intermittent home health aide services
- Medical social services
- Medical supplies
- Durable medical equipment
- Injectable osteoporosis drugs

NOTE: You pay nothing for covered services.

Medicare Part B Coverage (cont.)

Durable Medical Equipment

Items such as oxygen equipment and supplies, wheelchairs, walkers, and hospital beds for use in the home. Some items must be rented.

Medicare has a program called “competitive bidding.”

If you live in a competitive bidding area, you must use specific suppliers, or Medicare won't pay for the item and you'll likely pay full price.

You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Part B Covered Preventive Services

- "Welcome to Medicare" preventive visit
- Yearly "Wellness" visit
- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (CVD) Risk Reduction Visit
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
 - Human Papillomavirus (HPV) Testing
- Colorectal cancer screenings
 - Screening fecal occult blood test
 - Screening flexible sigmoidoscopy
 - Screening colonoscopy
 - Screening barium enema
 - Multi-target stool DNA test

Part B Covered Preventive Services (continued)

- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots (Vaccine)
- Glaucoma tests
- Hepatitis B shots (Vaccine)
- Hepatitis C screening test
- HIV screening
- Lung Cancer Screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Pneumococcal shots (Vaccine)
- Prostate cancer screening
- Sexually-transmitted infection screening and counseling
- Smoking and tobacco-use cessation counseling

Part B also covers some additional medically necessary medical services and supplies. Costs vary. For more information, see CMS Product No. 10116 “Your Medicare Benefits” at [Medicare.gov/Pubs/pdf/10116-Your-Medicare-Benefits.pdf](https://www.Medicare.gov/Pubs/pdf/10116-Your-Medicare-Benefits.pdf).

Part II—Enrolling in Medicare

- Automatic enrollment
- Medicare enrollment periods

Automatic Enrollment—Part A and Part B

- Automatic enrollment for those receiving
 - Social Security benefits
 - RRB benefits
- Initial Enrollment Period (IEP) Package
 - Mailed 3 months before
 - 65 or
 - 25th month of disability benefits
 - Includes your Medicare card



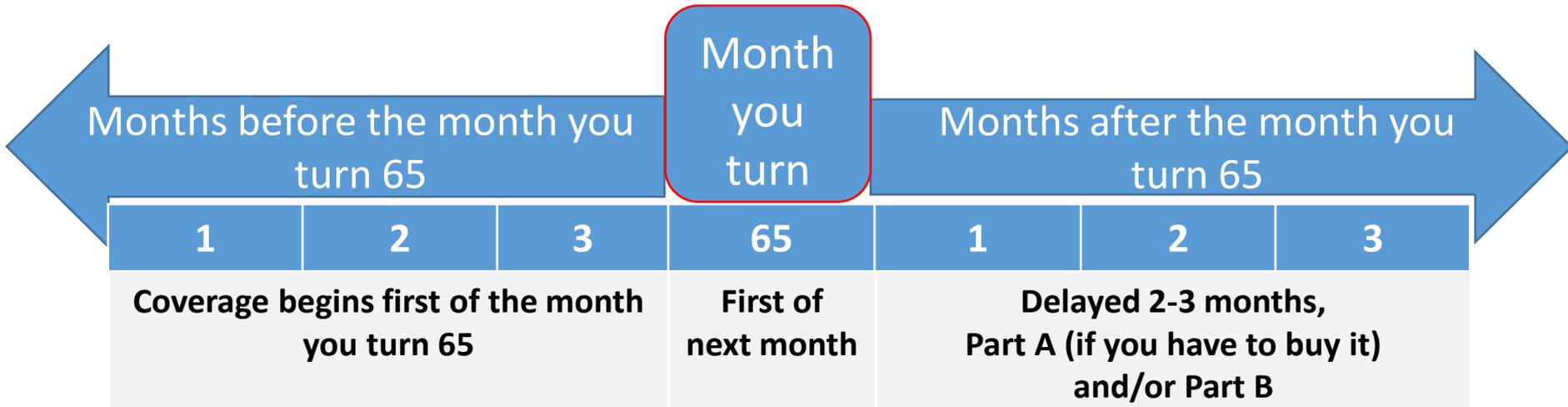
You Must Take Action to Enroll in Medicare When It's Not Automatic



- If you're not automatically enrolled in Part A and Part B (not getting Social Security or RRB benefits)
 - You need to enroll with Social Security
 - ❑ Visit [socialsecurity.gov](https://www.socialsecurity.gov), or
 - ❑ Call 1-800-772-1213 (TTY: 1-800-325-0778)
 - ❑ Make an appointment to visit your local office
 - If retired from a railroad, enroll with the RRB
 - ❑ Call your local RRB office at 1-877-772-5772

Initial Enrollment Period (IEP)

7-Month Period



During your IEP you can enroll/join

- ✓ Part A
- ✓ Part B
- ✓ Medicare Advantage (if you have Part A and Part B)
- ✓ Part D (if you have Part A and/or Part B)
- ✓ Medigap policy (must have Part A and Part B). Medigap Open Enrollment Period (OEP) lasts 6 months from when you are both 65 and have Part B)

No late enrollment penalties

General Enrollment Period (GEP)



May have late enrollment penalties

3-Month period each year during which you can enroll/join

- ✓ Part A
- ✓ Part B

If you enroll in Medicare during the GEP (dates above), from April 1-June 30, you can then sign up for

- ✓ Medicare Advantage (if you have Part A and Part B)
- ✓ Part D (if you have Part A and/or Part B)

Medicare Special Enrollment Period (SEP)— Group Health Plan (GHP) Coverage Ends



8-Month period when you can enroll in

- ✓ Part A
- ✓ Part B

Usually no late enrollment penalties.

If you enroll during SEP

- ✓ Medicare Advantage
- ✓ Part D

You have 6 months from the Part B effective date to buy a Medigap policy

Part III—Decision: How Do I Want to Get My Medicare Coverage?

- Original Medicare or Medicare Advantage?
- Should I take Part A and Part B? When?
- Do I need a Medigap policy?
- What about Part D?
- What do I need to do if I'm not retiring at 65?



Decision: Do I Need to Sign up for Part A?

- Consider
 - It's free for most people
 - You can pay for it if your work history isn't sufficient
 - There may be a penalty if you delay
 - Talk to your benefits administrator if you/your spouse is actively working and covered by an employer plan
- Stop contributions to your Health Savings Account (HSA)

Decision: Should I Keep/Sign up for Part B?



- Consider
 - Most people pay a monthly premium
 - Usually deducted from Social Security/RRB benefits
 - Amount depends on income
 - It may supplement employer coverage
 - Contact your benefits administrator to understand the impact to your employer plan



When You Must Have Part B



- If you want to buy a Medicare Supplement Insurance (Medigap) Policy
- If you want to join a Medicare Advantage (MA) Plan
- You're eligible for TRICARE for Life (TFL) or Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- Your employer coverage requires you have it (less than 20 employees)
 - Talk to your employer or union benefits administrator

Decision: Do I Need a Medigap Policy?

■ Consider

- It only works with Original Medicare
- Do you have other supplemental coverage?
 - Like from an employer
 - If so, you might not need Medigap
- Can you afford Medicare deductibles and copayments?
- What does the monthly Medigap premium cost?



Medigap Policy

Decision: Should I Enroll in a Part D Plan?



Part D
Medicare
prescription drug
coverage

■ Consider

- Do you have creditable drug coverage?

- Coverage as good as Medicare's

- For example, through an employer plan

- No penalty if you have creditable drug coverage and delay enrolling in a Medicare drug plan

- Will that coverage end when you retire?

- How much do your current drugs cost?

- What do the premiums cost for Part D plans?

■ Without creditable coverage

- Later enrollment may mean you pay a penalty

- If you go 63 or more days in a row without creditable coverage

Decision: Should I Join an MA Plan?

■ Consider

- You must have Part A and Part B to join
- Most offer comprehensive coverage
 - Including Part D drug coverage
- Some plans may require you to use a network
- You may need a referral to see a specialist
- You must pay the Part B and the monthly plan premium
- You can only join/leave plan during certain periods
- It doesn't work with Medigap policies
- It's NOT available to MOST people with End-Stage Renal Disease (ESRD)
- They send notices to members each year
 - Annual Notice of Change (ANOC)
 - Evidence of Coverage (EOC)



Medicare
Advantage

Part IV—Coordination of Benefits

- What is Medicare Secondary Payer?
- Who pays first?

Coordination of Benefits Overview

- Each type of health insurance coverage is called a “payer”
- When there’s more than one payer, coordination of benefits rules decide which payer pays first
- There may be primary and secondary payers, and in some cases, there may also be a third payer
 - Medicare may be primary payer or secondary payer
 - Medicare may make a \$0 payment in some cases

Group Health Plans (GHP) (continued)

If You Are	Medicare Pays First
65 or older and have retiree coverage	Yes (as long as you don't have excluding conditions such as black lung, or others specified on next page)
65 or older with GHP coverage through current employment (yours or your spouse's)	If the employer has less than 20 employees
Under 65 with a disability and have GHP coverage through current employment (yours or a family member's)	If the employer has less than 100 employees
Eligible for Medicare due to End-Stage Renal Disease (ESRD) and you have GHP coverage	When the 30-month coordination period ends, or if you had Medicare primary before you had ESRD

Medicare Providers Accept Assignment

- Doctor, provider, supplier accepts assignment
 - Signed an agreement with Medicare
 - Or is required to by law
 - Accepts the Medicare-approved amount
 - As full payment for covered services
 - Only charges Medicare deductible/coinsurance amount
- Most accept assignment
 - They submit your claim to Medicare directly

Medicare Providers

Don't Accept/Must Accept Assignment

- Providers and suppliers that **don't** accept assignment
 - May charge you more
 - The limiting charge is 15% more
 - May have to pay entire charge at time of service
- Providers sometimes **must** accept assignment
 - Medicare Part B–covered prescription drugs
 - Ambulance suppliers

Medicare Providers

Private Contracts

- Agreement between you and your doctor
 - Doctor doesn't furnish services through Medicare
 - Original Medicare and Medigap won't pay
 - Other Medicare plans won't pay
 - You'll pay full amount for the services you get
 - No claim should be submitted
 - Can't be asked to sign in an emergency
 - The doctor can't bill Medicare for 2 years for any services provided to anyone with Medicare

How are Medicare FFS Claims Submitted?

- 837i – Institutional electronic claims
- 837p – Professional (non-institutional) electronic claims
- CMS-1500 Professional/Non-Institutional paper claims
- UB-04 [CMS-1450] – Institutional paper claims
- 1490s – Patient's Request for Medical Payment (for beneficiaries who wish to file their own claim)

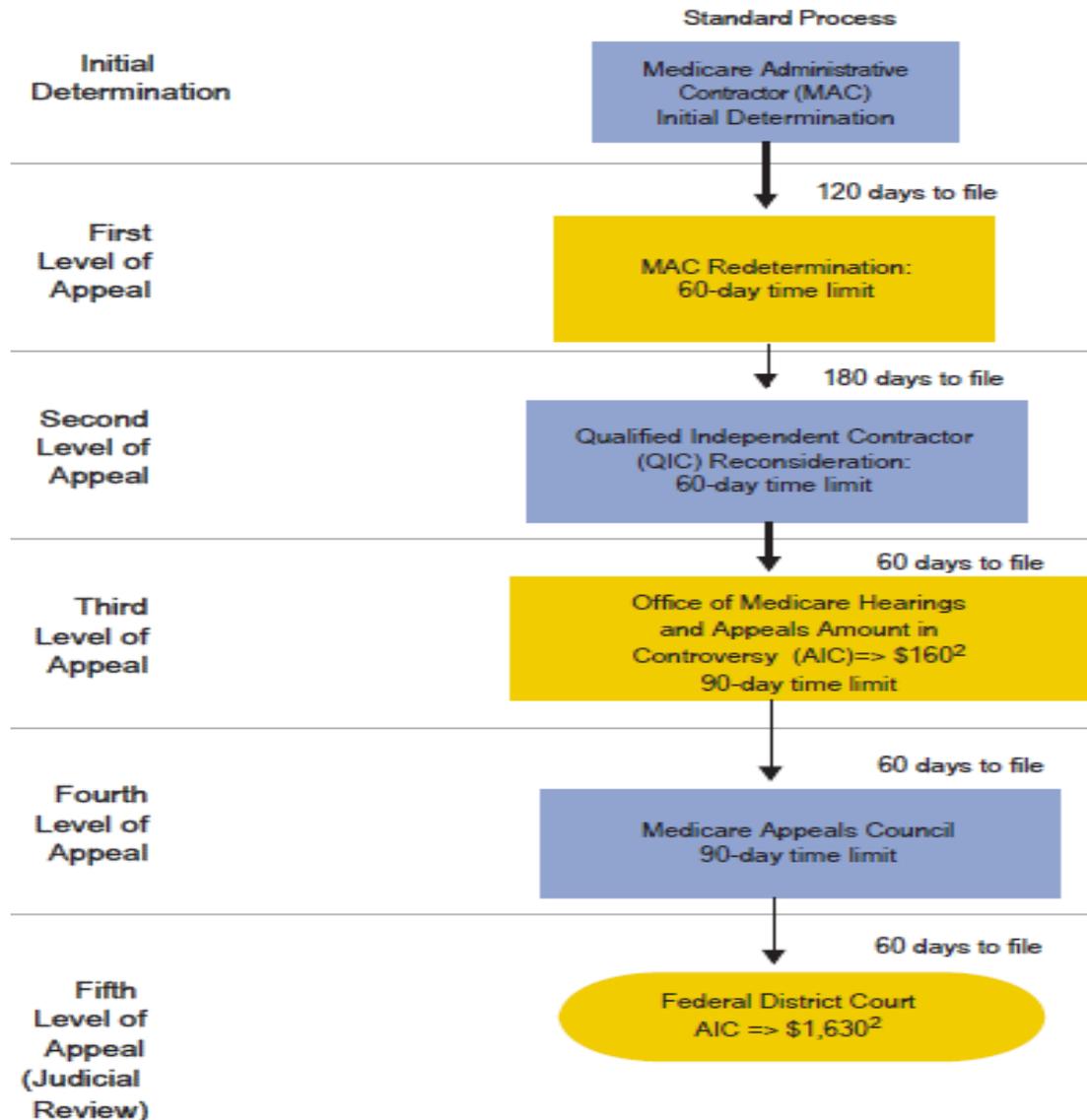
Advance Beneficiary Notice of Noncoverage (ABN)

- Option 1: You want the items or services and want your provider to bill Medicare
 - You can appeal to Medicare
- Option 2: You want the items or services, but you don't want your provider to bill Medicare
 - You can't file an appeal
- Option 3: You don't want the items or services that may not be paid for by Medicare, and you aren't responsible for any payments
 - A claim isn't submitted to Medicare, and you can't file an appeal

How to Appeal in Original Medicare

- The “Medicare Summary Notice” (MSN) will tell you
 - What Medicare paid
 - What you owe the provider or supplier
 - Medicare’s full or partial denial of your medical claim
 - Why Medicare didn’t pay
 - Your appeal rights, and who to contact if you need help filing an appeal
 - How and where to file your appeal
 - How much time you have to appeal
- If you disagree with a Medicare coverage or payment decision, you can appeal the decision
 - Collect information that may help your case
 - Keep a copy of everything you send to Medicare
- You may have the right to an expedited (fast) appeal in certain settings

Original Medicare Appeals Process: Part A & Part B (Fee-for-Service) Process



Helpful Websites

- Medicare - [Medicare.gov](https://www.Medicare.gov)
- Medicaid - [Medicaid.gov](https://www.Medicaid.gov)
- Social Security - [socialsecurity.gov](https://www.socialsecurity.gov)
- Health Insurance Marketplace - [HealthCare.gov](https://www.HealthCare.gov)
- Children's Health Insurance Program - [InsureKidsNow.gov](https://www.InsureKidsNow.gov)
- CMS National Training Program - [CMSnationaltrainingprogram.cms.gov](https://www.CMSnationaltrainingprogram.cms.gov)
- SHIP [Medicare.gov/contacts](https://www.Medicare.gov/contacts)

Key Points to Remember

- Medicare is a health insurance program
- It doesn't cover all of your health care costs
- You have choices in how you get coverage
- There are programs for people with limited income and resources
- Decisions affect the type of coverage you get
- Certain decisions are time-sensitive
- You can get help if you need it

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