

MEDICARE

STAFF HEALTH INSURANCE

Feb 21, 2025



AGENDA

- Medicare introduction*
- Medicare & SHI Rules*
- Medicare Reimbursement Policy and Procedures*
- Coordination of benefits*
- Medicare Resources*
- Frequently Asked Questions*

Medicare

Medicare is health insurance for people 65 or older. You may be eligible to get Medicare earlier if you have a disability, End-Stage Renal Disease (ESRD), or ALS (also called Lou Gehrig's disease).



Who qualifies for Medicare eligibility?

Medicare benefits are designed for retired people who are older than 65. Benefits, however, do apply to younger people who meet specific qualifications.

65 or older

- U.S. citizen or legal resident*
- Receiving social security benefits; or worked long enough to receive benefits*
- Government employee who has paid Medicare payroll taxes*

Under 65

- Entitled to disability benefits for 2 years*
- Disability pension from the railroad*
- Diagnosed with Lou Gehrig's disease*
- Diagnosed with kidney failure requiring transplant or dialysis*

It's important to note that you will have a separate Medicare plan than your spouse, so make sure you are each qualified individually, and that you choose the plan that works for you.

Part A

Covers inpatient hospital stays, skilled nursing facility (SNF) stays, some home health visits, and hospice care



Hospital Coverages

Part B

Covers physician visits, outpatient services, preventive services, and some home health visits



Medical Coverages

Medicare & SHI Rules

Beginning in 2019, the SHI Rules were amended to establish the Medicare reimbursement principle as follows:

Rule C.27 Former staff members, their dependents and other eligible family members participating in the SHI (“participating family members”) and referred to in paragraph E.13 and enrolled in the United States Medicare Part A and/or Part B (Medicare Part A and/or Part B), as applicable, will receive – through a corresponding payment to the former staff member concerned - a subsidy equal to 100 per cent of their contribution towards participation in the Medicare Part A and/or Part B, as applicable, subject to the conditions set forth in WHO/SHI Medicare reimbursement Form and related Guidelines, Application for Reimbursement of Medicare Part A and/or Part B Premiums.

Medicare & SHI Rules

Rule E.13 All former staff members, dependents and other eligible family members participating in the SHI Plan (“participating family members”) and who qualify for participation in the United States Medicare Part A and/or Part B (Medicare Part A and/or Part B) are required to enroll in Medicare Part A and/or Part B, as applicable. As from 1 August 2020, those former staff members and participating family members who choose not to enroll in Medicare Part A and/or Part B, as applicable, will have their medical expenses in the USA dealt with as if they were enrolled. No penalty will be applied with respect to medical expenses incurred by former staff members and participating family members who are 75 or older on 1 January 2019.

***IMPORTANT** *If you have not yet enrolled in Medicare Part A and B, **please enroll before 31 March (the end of the General Enrollment Period)**. Those who turn age 65 during 2025 should enroll within the special Part A & Part B sign-up period that begins 3 months before the month you turn 65.*

*For information on Medicare and Medicare Eligibility, visit **[socialsecurity.gov](https://www.socialsecurity.gov)** or call **1-800-772-1213**.*

Medicare Reimbursement Policy and Procedures

Mass email is sent in the first quarter of the year with the following information

Please follow these guidelines when submitting your 2025 request for reimbursement of Medicare Premiums and Submit the following documentation to medicare@paho.org:

- 1** *Medicare Premium Reimbursement Form completed (form attached)*
- 2** *Annual Benefit letter, if applicable*
- 3** *Form SSA-4926-SM (Annual Statement of Benefits). If you don't have a copy of Form SSA-4926-SM, you might submit instead Health and Human Services Form CMS-500 Medicare Premium Bill (submit My Monthly Premiums with the breakdown). See attached samples for your reference.*
- 4** *Copy of your Medicare ID*


Medicare Reimbursement Policy and Procedures

Mass email is sent in the first quarter of the year with the following information


→ *If you have changed bank accounts since your last reimbursement, please let us know when you submit the documentation.*

Claims for 2025 Medicare premiums will be accepted between 1 January and 31 August 2025. All the requests of reimbursement and questions concerning the Medicare premium reimbursement program should be submitted by email to medicare@paho.org.

Medicare Reimbursement Form



Pan American Health Organization



World Health Organization
Americas Region

MEDICARE REIMBURSEMENT FORM

Staff Number _____ Email Address _____@_____

First Name _____ Home Phone (____) _____

Last Name _____ Cell Phone (____) _____

Address _____

City _____ Zip Code _____

State _____ Country _____

Check all U.S. Medicare coverage that you and your adult dependents currently have:

	Self	Spouse	Secondary Dependent(s)	Total Amount \$
Part A				
Part B				
Check if you/dependents have coverage under any other country's US health insurance (if that is the case provide detailed information below):				
# of years that you/adult dependents have paid U.S FICA tax				

(Optional) Please provide any other comments you have about your coverage:

Attach the documents Form SSA-4926-SM (Annual statement of benefits), or Health and Human Services Form CMS-500 Medicare Premium Bill, justifying the Medicare Part A and B amounts.

Banking Information:
 Name on the Account (should match the Member's name) : _____
 Account Number _____ Routing Number _____ Checking Savings
 Date _____

After Completion, please return by email to medicare@paho.org. Do not forget to attach the documents Form SSA-4926-SM (Annual statement of benefits), or Health and Human Services Form CMS-500 Medicare Premium Bill, justifying the Medicare Part A and B amounts. Alternatively, return by postal service to:

Pan American Health Organization
 Attention: FRM/SCP
 525 23rd St. NW
 Washington D.C. 200037-2895

Definitions:
Medicare Part A is managed by Medicare. It provides benefits and coverage for inpatient hospital care, inpatient stays in most skilled nursing facilities, and hospice and home health services.
Medicare Part B is managed by Medicare. It provides benefits and coverage for doctor and clinical lab services, outpatient and preventive care, home health care, screenings, surgical fees and supplies, and physical and occupational therapy.
FICA Tax: The Federal Insurance Contributions Act (FICA) tax is a United States federal payroll (or employment) tax to fund Social Security and Medicare.

COORDINATION OF BENEFITS WITH MEDICARE OR OTHER PRIMARY INSURANCE



PRIMARY INSURANCE COVERAGE

1. Providers will need to submit medical claims to primary insurance (Medicare, others).
2. EOB from primary insurance to be submitted to Cigna for secondary coverage.
3. Doctors will bill Cigna directly once Medicare has settled
4. Claim will be processed by Cigna according to the conditions of the plan and new settlement note will be available online.



SECONDARY INSURANCE COVERAGE

1. Providers to submit claims to Cigna for primary coverage
2. Claim will be processed according to conditions of your plan
3. EOB from Cigna and resulting claims to be submitted by your healthcare provider to secondary insurance carrier for payment of balance.



MEDICARE OPT OUT PROVIDERS

Please notify Cigna if your healthcare provider has opted out of Medicare to allow Cigna to process the claim in a timely manner



NO CROSSOVER POSSIBLE BETWEEN CIGNA AND PRIMARY OR SECONDARY INSURANCE

PLAN PRVDR	SERV DATE	POS	NOB	PROC NOBS	BILLED	ALLOWED	DEDUCT	CORE	GAP/RLMT	PRVDR
Claim Period:	DETAILS DR0025									
	DR0015 DR0025		1	PRV CODE: 0965	31.95	23.66	0.00	0.00		31.95
	DR0015 DR0025		1	PRV CODE: 0965	70.01	8.00	0.00	0.00	0.00	72.01
	PT RESP: 0.00									
	SSB PAID: 0.00									
	INTEREST: 0.00									
	LATE FEES: 0.00									
	CLAIM TOTALS:				101.97	31.66	0.00	0.00		77.01
	NET:									31.66
ADJ TO TOTALS										
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	CORE AMT	TOTAL CARM AMT	PROV PRV AMT	PROV ADJ AMT	CHECK	
	1	101.97	31.66	0.00	0.00	77.01	31.66	0.00	89817.52	

CD	DESCRIPTION
18	Claim/service code information or has primary billing error(s) which is needed for adjudication. Do not use this code for claim attachments or other documentation. At least one Remark Code must be provided (may be composed of either the NCPDP Request Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the E25 Healthcare Policy Identification Segment Loop 2300 Service Payment Information RET1 if present.
CO	Contractual Obligation Amount for which the provider is financially liable. The patient may not be billed for this amount.
924	incorrect claim form/format for this service identified (L13/875)



Medicare Resources

Official Website

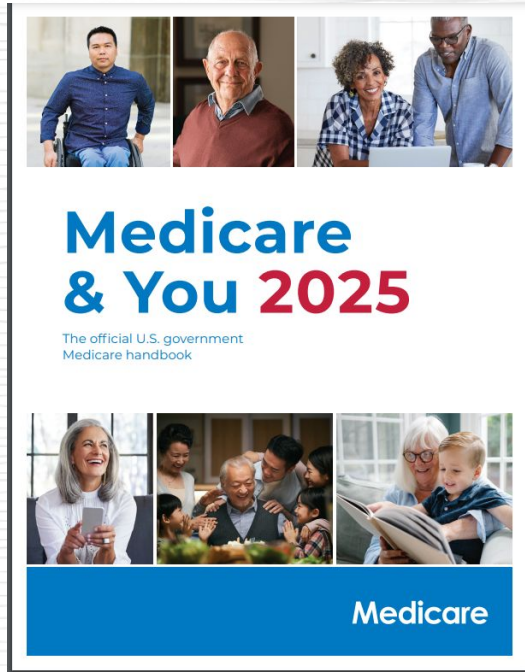
<https://www.medicare.gov/>

*For information Medicare Eligibility
visit [socialsecurity.gov](https://www.socialsecurity.gov) or call
1-800-772-1213.*



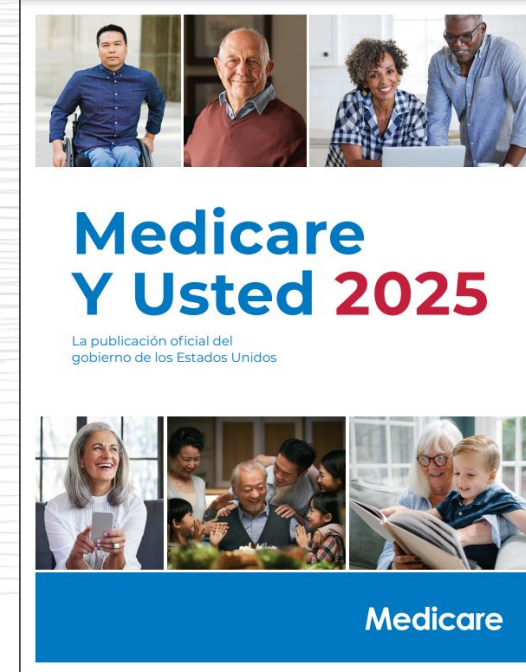
Medicare & You 2025

<https://www.medicare.gov/publications/10050-medicare-and-you.pdf>



Medicare & Usted 2025

<https://www.medicare.gov/publications/10050-s-medicare-and-you.pdf>

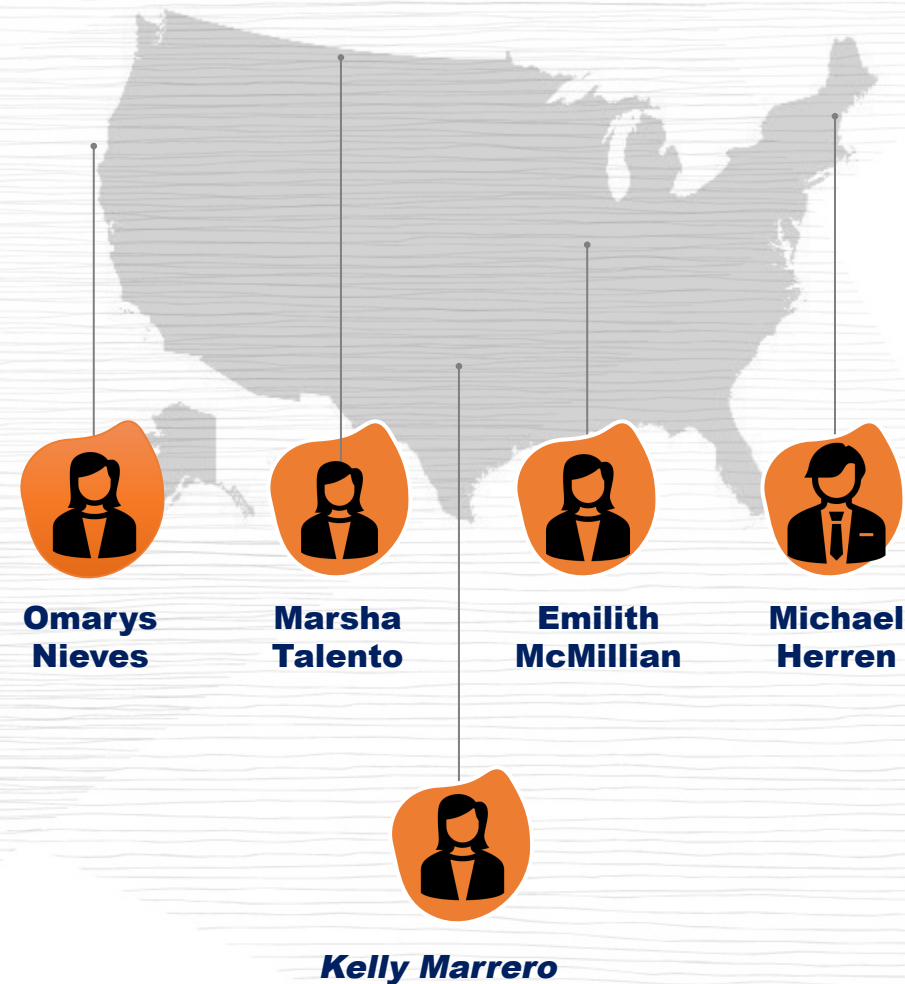


How to contact the SHI Team

*If you are an **Active Member**, please place an SRS Ticket under Staff Health Insurance (SHI), where you will find different categories and can attach your questions and support documentation (if necessary).*

*If you are a **Retired Member**, please contact us by email at the following emails:*

Nieveso@paho.org	Telephone: (202) 974-3533
talentom@paho.org	Telephone: (202) 974-3968
herrenjoh@paho.org	Telephone: (202) 974-3058
mcmilliemi@paho.org	Telephone: (202) 974-3447
marrerok@paho.org	Telephone: (202) 974-3350
saenzchr@paho.org	Telephone: (202) 974-3443



Frequently Asked Questions

1. Would it help to have Part C & D?

Part C& D are not reimbursable by PAHO. Part C is to cover additional benefits which is not an option as you have Cigna as your secondary insurance Part D is for pharmacy, but you are covered by Navitus, and you cannot have two insurances for pharmacy.

2. I had a G4 Visa and now I am a retired resident. I have not paid for social security should I register for Medicare.

You can still be eligible for Medicare Part A & Part B but you will have to pay premiums for Part A (since no payments to SS) and Part B based on income \$185 minimum or higher depending on income (as high as \$628) and meet a 5 year residency requirement. As a reminder PAHO will reimburse the premiums you pay you just need to submit the statement with details.

For any questions regarding your particular case you can call 1-800-772-1213.

Frequently Asked Questions

3. Some providers have stopped accepting Medicare as our primary insurance. When the amount is small, we can pay the provider and send the claim to Cigna and pay the 20% by ourselves. If the cost is not affordable it needs to go through a complicated process of sending the claim to Medicare first and wait for a long time to be processed, then send another claim to Cigna for the remaining.

Can Cigna communicate with Medicare on our behalf in these situations?

There is no automatic submission of claim from Medicare to Cigna. You will have to wait until you receive your explanation of benefits from Medicare and then submit it to Cigna. Some providers may do it for you but otherwise it is your responsibility. In cases where the provider has opted out of Medicare, Medicare will not pay for the services only in cases of emergency.

1-866-210-8388 – Cigna- Please call if you have any questions regarding Coverage.

If you have an issue that hasn't be resolved by Cigna, Please contact the SHI Team.