

Toolkit for Medicare Beneficiaries

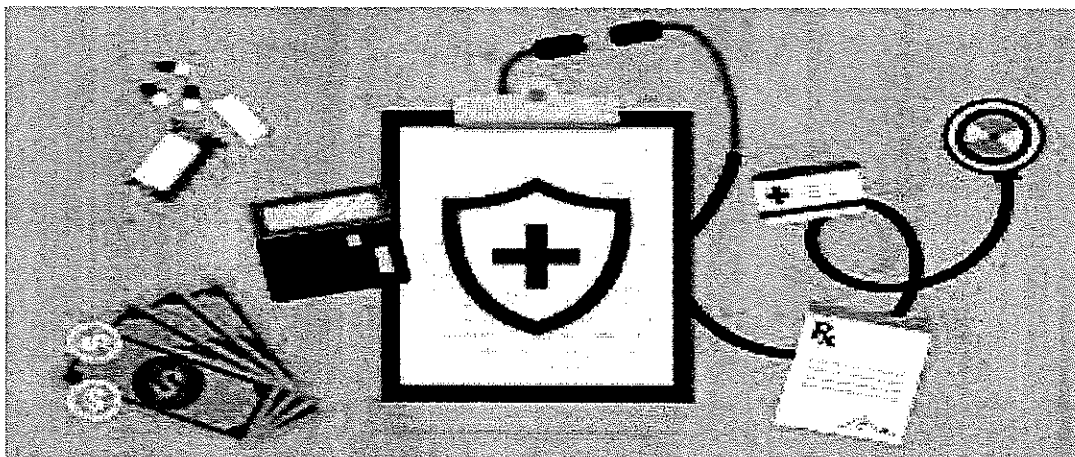


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Welcome to your Toolkit for Medicare Beneficiaries. Inside this toolkit you will find a variety of information regarding Medicare. This toolkit contains a brief history of Medicare, information about programs that help with Medicare costs, a Preventive Benefit checklist for you and your doctor, some fun puzzles to complete, and a listing of the local APPRISE office phone numbers in each county.

APPRISE is Pennsylvania's State Health Insurance Program (SHIP). APPRISE helps Medicare beneficiaries of any age as well as people who will soon be eligible for Medicare. APPRISE can answer questions about Medicare coverage, help people enroll, counsel people about Medicare health and drug coverage options, and troubleshoot problems people have getting coverage or services. APPRISE staff depend on a network of knowledgeable and trained volunteers to do this important work. If you are interested in becoming a volunteer, please contact your local APPRISE office.

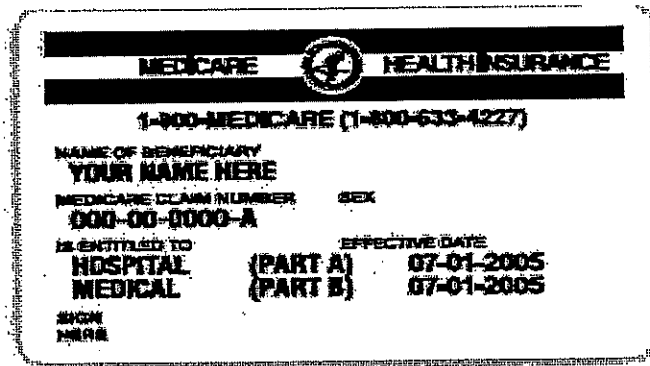
If you have any questions about the information included in this toolkit, or if you are interested in learning more about the programs that help with Medicare costs or applying for them, please call your local APPRISE office. The listing of contact numbers is at the end of this toolkit. You may also contact the APPRISE Statewide Telecenter at 1-800-783-7067, Monday thru Friday from 9am - 4pm.



June 2020

Contents

| | |
|--|-----|
| A Brief History of Medicare | 1 |
| Medicare Facts | 2 |
| Did You Know? | 3 |
| Important Medicare Enrollment Information..... | 4-5 |
| Commonly Used Terms..... | 6-7 |
| Preventive Benefits..... | 8-9 |



A Brief History of Medicare

¹1960's

- On July 30, 1965, Lyndon B. Johnson signed Medicare into law. President Harry S. Truman had called for the creation of a national health insurance fund twenty (20) year earlier.
- Medicare was only available for Americans who were aged 65 and older.

1970's

- In 1972, President Richard M. Nixon signed the first bill to expand Medicare. This expansion would make people who were under 65 years of age with long-term disabilities or people with end stage renal disease (ESRD) eligible for Medicare.
 - People with long-term disabilities have a 24-month waiting period to be eligible for Medicare.
 - People with ESRD were now eligible for Medicare as early as three months after they began regular hospital dialysis treatments or immediately if they went through a home-dialysis training program and began doing in-home dialysis.

1980's

- In 1980, Medicare Supplemental Insurance (Medigaps) was put under federal oversight and home health services were expanded.
- In 1982, hospice care coverage was added for terminally ill beneficiaries.
- A law requiring states to use Medicaid funds to cover Medicare premiums and cost-sharing for a qualifying group of impoverished Medicare beneficiaries was also passed.

1990's

- More laws were passed to help cover Medicare premiums and cost-sharing for qualifying groups of impoverished Medicare beneficiaries.
- Medicare Part C or Medicare Advantage (MA) offered "add on" benefits provided by private insurance companies.

2000's

- Americans 64 and younger, who have been diagnosed with amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) and are receiving Social Security Disability, are now eligible for Medicare without the 24-month waiting period.
- The Medicare Prescription Drug Improvement and Modernization Act of 2003, signed by President George H. Bush, added Part D to Medicare. As of 2006, Medicare beneficiaries can buy prescription drug coverage through stand-alone plans or as part of a Medicare Advantage plan.
- The Medicare Improvements for Patients and Providers Act (MIPPA) was passed in 2008. It included several provisions related to various parts of Medicare and aimed to help more people with limited incomes and resources qualify for programs to help with certain Medicare costs.

2010's

- Provisions in the Patient Protection and Affordable Care Act of 2010 are intended to contain Medicare costs while increasing revenue and increasing services to the program.

¹<https://www.medicareresources.org/basic-medicare-information/brief-history-of-medicare/>

“No Longer will Illness Crush and Destroy Savings” President Lyndon B. Johnson



\$\$ - Medicare and Medicaid cover nearly 1 out of every 3 Americans – that’s more than 100 million Americans

\$\$ - Medicare Enrollment – 19 million in 1966; 45 million in 2014; 61 million in 2019

\$\$ - President and First Lady Truman were the first Medicare beneficiaries

\$\$ - Medicaid provided coverage to over 75 million people in 2019. This includes working men and women, pregnant women, children, people with disabilities, and older adults.

\$\$ - Medicare was responsible for helping to desegregate hospitals after the Civil Rights Act went into effect. If hospitals wanted to receive federal funding, they had to comply with the Civil Rights Act and desegregate.

\$\$ - Original Medicare includes Part A which covers inpatient hospital, skilled nursing facility, some home health visits, and hospice care; and Part B which helps pay for physician, hospital, outpatient, some home health, and preventive services.

\$\$ - As of 2019, 45 million people with Medicare had a Medicare Part D plan through a stand-alone prescription drug plan or a Medicare Advantage Plan to help cover the cost of prescription drugs.

\$\$ - More than two-thirds or 21.4 million Medicare beneficiaries live with two or more chronic conditions. Chronic conditions include Alzheimer’s Disease, Asthma, Depression, Diabetes, Heart Failure, HIV/AIDS, High Blood Pressure, and Stroke. (This is not a complete list.)

\$\$ - Fewer “Medicare and You” handbooks are printed on paper each year because more people are viewing it online.

\$\$ - 10,000 Americans will be eligible for Medicare every day over the next 20 years.

\$\$ - 81 million Americans will be enrolled in Medicare by 2030.

DID YOU KNOW

The Medicare Improvement for Patients and Providers Act (MIPPA) made important changes to help Medicare beneficiaries with limited incomes and resources qualify for cost saving programs. MIPPA grants are administered by the U.S. Administration for Community Living (ACL).

Help is available if you cannot afford your Medicare Part B premium or your Medicare Part D plan premium, deductible and drug copays.

The Medicare Savings Programs (MSP) help pay the Medicare Part B premium. The program is administered by the Pennsylvania Department of Human Services. Individuals or married couples must meet certain income and resource guidelines to qualify.

The Extra Help Program helps to pay for prescription drug costs through Medicare Part D, including the monthly premium and deductible and co-pay amounts. The program is administered by the Social Security Administration. Individuals or married couples must meet certain income and resource guidelines to qualify.

For more information on the Medicare Savings Programs or the Extra Help Program contact your local APPRISE Program or call the statewide APPRISE Telecenter at 1-800-783-7067.

IMPORTANT INFORMATION ABOUT ENROLLING IN MEDICARE OR CHANGING MEDICARE COVERAGE

Medicare has strict rules about when you can enroll and when you can change your Medicare health and/or drug plan. If you do not enroll in Medicare when you are first eligible for it, you may not be able to enroll when you need the coverage and you may have to pay a late enrollment penalty. APPRISE counselors can help you understand the enrollment rules and help you explore coverage options, so contact your local APPRISE office to discuss your specific situation.

Annual Open Enrollment Period (AOEP)

The period from **October 15th to December 7th** when you can enroll in a Medicare Advantage plan or a stand-alone Prescription Drug Plan, or switch Medicare health and drug plans. New coverage begins January 1st.

General Enrollment Period (GEP)

Between **January 1st and March 31st**, you can sign up for Medicare Part B and for Medicare Part A when you must pay a premium. Coverage begins July 1st. You may use this period to sign up for premium Medicare Part A or Medicare Part B if both of the following apply:

- You did not sign up when you were first eligible.
- You are not eligible for a Special Enrollment Period

Initial Enrollment Period (IEP)

The 7-month period when you first become eligible for Medicare. Since most people become eligible for Medicare when they turn 65, you can enroll in Medicare starting 3 months before you turn 65, the month of your birthday, and the 3 months after you turn 65.

Medicare Advantage Open Enrollment Period (MA OEP)

If you have a Medicare Advantage plan, you can make a one-time change to your coverage between **January 1st and March 31st**. Changes begin the first of the month after you make the change. Here are the changes that can be made during this period:

- You can switch to a different Medicare Advantage Plan.
- You can disenroll from your Medicare Advantage plan and return to Original Medicare. You can enroll in a stand-alone prescription drug plan.

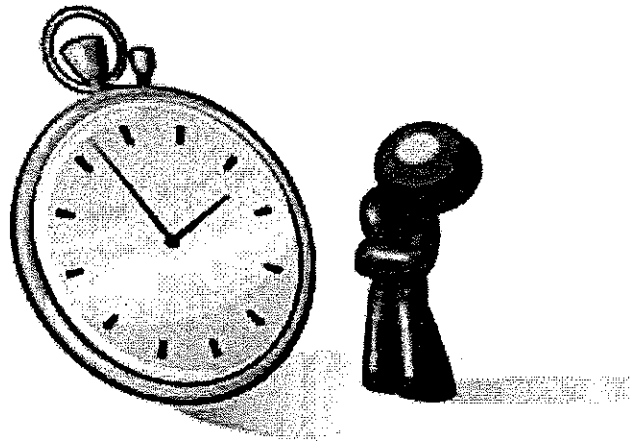
IMPORTANT INFORMATION ABOUT ENROLLING IN MEDICARE OR CHANGING MEDICARE COVERAGE

Special Enrollment Period (SEP)

These are special opportunities based on your specific situation to join, change or drop Medicare coverage. The SEP rules are different for Medicare Part B coverage than they are for Medicare Part C (Medicare Advantage) and Medicare Part D (drug) coverage.

Medicare Part B SEP: This should be used when you stop working and you got healthcare coverage through your job. This SEP allows you to enroll in Medicare Part B within **8 months after your employment ends or your employer healthcare coverage ends, whichever happens first.** You should not have a late enrollment penalty if you use this SEP to enroll in Medicare Part B.

Medicare Health or Drug Coverage (Part C and Part D) SEP: There are a number of different SEPs that allow you to change your Medicare Advantage Plan or your Medicare Prescription Drug plan during the year. This SEP can be triggered when certain life events happen such as you move or you lose other insurance coverage like Medicaid or job-based insurance. The rules about what changes you can make or when you can make changes differ depending on your situation. APPRISE can help you figure out if you qualify for an available SEP.



Commonly Used Terms

Appeal

A process to request your Medicare health plan to reconsider or perhaps change the decision of denying your request for coverage for the medical care coverage that you want.

Assignment

Your doctor, provider or supplier agrees (or is required to by law) to accept the Medicare approved amount as full payment for covered services.

Centers for Medicare & Medicaid Services (CMS)

The branch of the Department of Health and Human Services that administers Medicare.

Catastrophic coverage

The part of the prescription drug benefit that kicks in after you have paid a certain amount in a calendar year.

Coverage gap

A stage in the Part D drug benefit during which you pay a certain percent of prescription drug costs set by Medicare. Also known as the "doughnut hole," the gap begins after your costs reach an initial coverage limit and ends after you have paid enough to become eligible for catastrophic coverage.

Durable medical equipment (DME)

Certain medical equipment that is ordered by your doctor for use in your home. Some examples are walkers, wheelchairs, and hospital beds.

End-Stage Renal Disease (ESRD)

Permanent kidney failure that requires a transplant or dialysis.

Extra Help

Financial assistance from Medicare to help cover Part D drug plan costs. Also known as the low-income subsidy (LIS).

Formulary

A plan's list of covered prescription drugs.

Grievance

Any expression of dissatisfaction (complaint).

Guaranteed Issue

Rights you have in certain situations when insurance companies must offer you certain Medigap policies without any medical underwriting. Also known as Medigap Protections.

Commonly Used Terms

Maximum Out of Pocket (MOOP)

The most a beneficiary has to pay for covered services in a plan year. After you spend the set MOOP on deductibles, co-payments, and co-insurances for in-network care, your health plan will pay 100% of the costs of covered benefits. The MOOP does not include your monthly premium or payment regarding prescription drugs.

Medicaid

A joint federal and state program, separate from Medicare, that helps pay medical costs for people with low incomes, limited assets, and disabilities.

Medicare

The federal health insurance program for people age 65 and older. It is also available to some people under 65 who have certain disabilities, and to people with end-stage renal disease.

Medicare Part A

Coverage that helps pay for hospital stays, skilled nursing care, some home health services, and hospice care.

Medicare Part B

Coverage that helps pay for physicians' services, outpatient care, and other medical services not covered by Part A. Parts A and B together are known as Original Medicare.

Medicare Part C (Medicare Advantage)

A plan offered by a private organization as an alternative to Parts A and B only. Part C plans may offer more benefits than Original Medicare and may include Part D coverage.

Medicare Part D

Prescription drug coverage available as a stand-alone plan (PDP) or as part of a Medicare Advantage plan (MA-PD).

Medigap

Medicare supplement insurance that helps fill the "gaps" in Original Medicare and is sold by private insurance companies.

Original Medicare (also known as Traditional Medicare or fee-for-service Medicare)

Collective term for Medicare Parts A and B.

Skilled nursing care

Treatment that must be given or supervised by a registered nurse (RN), such as intravenous injections or tube feedings.

Special Needs Plan (SNP)

A Medicare Advantage plan for people who are institutionalized, or entitled to both Medicare and state Medicaid benefits, or have certain chronic conditions.

Preventive Benefits

The following two pages contain a check list of Medicare Preventive Benefits. You should take this list along to your next doctor's appointment and discuss which services may be right for you. Preventive services are a great way to keep you healthy and protect you by detecting problems early. Many of Medicare's Preventive Services have no co-insurance or deductible if you have Original Medicare. If you have a Medicare Advantage Plan, please contact your plan to find out if there is co-insurance or a co-pay and/or any deductible you must pay when you get Preventive Services.

| Date Discussed | Date Completed | Medicare Preventive Service |
|----------------|----------------|--|
| | | |
| | | One time "Welcome to Medicare" Preventive Visit—within the first 12 months you have Medicare Part B (Medical Insurance) |
| | | Yearly "Wellness" Visit—get this visit 12 months after your "Welcome to Medicare" preventive visit or 12 months after your Part B effective date |
| | | Abdominal Aortic Aneurysm Screening |
| | | Alcohol Misuse Screening and Counseling |
| | | Bone Mass Measurement (Bone Density Test) |
| | | Cardiovascular Disease (Behavioral Therapy) |
| | | Cardiovascular Screenings (cholesterol, lipids, triglycerides) |
| | | Colorectal Cancer Screenings |
| | | Depression Screening |
| | | Diabetes Screening |
| | | Diabetes Self-management Training |

Preventive Benefits

| Date Discussed | Date Complete | Medicare Preventive Service |
|----------------|---------------|--|
| | | |
| | | Flu Shot |
| | | Glaucoma Test |
| | | Hepatitis B Screening |
| | | Hepatitis C Screening |
| | | HIV Screening |
| | | Lung Cancer Screening |
| | | Mammogram (screening for breast cancer) |
| | | Medical Nutrition Therapy Services |
| | | Medicare Diabetes Prevention Program |
| | | Obesity Screening and Counseling |
| | | Pap Test and Pelvic Exam (includes a breast exam) |
| | | Pneumococcal Shots |
| | | Prostate Cancer Screening |
| | | Sexually Transmitted Infection Screening and Counseling |
| | | Counseling to Prevent Tobacco Use and Tobacco-Caused Disease |