



**St. Elizabeth**  
HEALTHCARE

PrimeWise

# Medicare Workshop Part 1

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# You Need to Know

**This presentation shares the basics of  
Medicare Part A & Part B only.**

Other important information you will need to make decisions about your Medicare coverage include:

- Part D – Prescription Drug Plans
- Medigap or Supplemental Insurance Plans that work with original Medicare
- Another option to Original Medicare called Medicare Health Plans or Medicare Advantage Plans

**For additional information go to:**

- [www.Medicare.gov](http://www.Medicare.gov)
- Contact PrimeWise at St. Elizabeth Healthcare  
(859) 301-5999 ~ [primewise@stelizabeth.com](mailto:primewise@stelizabeth.com)

# Medicare Workshop

## Part 1

- Medicare Card
- Part A – Hospital Insurance
- Part B – Medical Insurance
- Medicare Assignment
- Help for Low-Income Beneficiaries
- Medicare Summary Notices
- Your Medicare Rights

# What is Medicare?

A federal health insurance program:

- Run by the Centers for Medicare and Medicaid Services (CMS)
- Benefit decisions controlled by U.S. Congress
- Social Security Administration (SSA) handles enrollment and eligibility

*Never intended to be a total solution for your medical needs*

# How to Enroll in Medicare

## Enrollment **is** automatic

- If you **are** receiving Social Security or Railroad benefit check
- You will receive your Medicare Card three months before your 65<sup>th</sup> birth month

## Enrollment **is not** automatic

- If you are not receiving your check from SS or RR benefits.

**To enroll** contact Social Security about 3 months **before** turning 65

- ✓ Visit local office
- ✓ Call 1-800-772-1213
- Online at [www.ssa.gov](http://www.ssa.gov)

If retired from Railroad employment enroll with RRB

- Call your local RRB office or 1-877-772-5772

# Your Medicare Card



- Check accuracy of name
- Part A – Hospital Insurance - Effective Date
- Part B – Medical Insurance - Effective Date

*Keep this card safe*

# Medicare Card Form

**When you receive the Medicare Card form in the mail you will:**

- Do nothing to accept Medicare Part A and Part B

**OR**

- Return it to refuse Part B
  - ✓ Follow instructions on the back of card form

# Decision / Keep Part B?

- If you **don't** have insurance coverage from active employment

**You probably want to keep Part B**

- If you **do** have insurance coverage through active employment through yourself or a spouse

**You may want to delay Part B**

- ✓ No penalty if you enroll while you have coverage or within 8 months of losing coverage.



# HSA and Medicare

*Always recommend checking with your company Human Resources Department about your specific situation.*

If you have a High Deductible Health Plan and contribute to an HSA (Health Savings Account)

- **AND continue to work past your 65<sup>th</sup> birthday for an employer with greater than 20 employees**
  - You probably want to delay enrolling in Medicare Part A & B
  - You do not want to elect to receive your Social Security benefit

# HSA and Medicare

**To AVOID a tax penalty on your HSA contributions**

- **If you retire 6 months or less after your 65<sup>th</sup> birthday**
  - You want to discontinue contributing to your HSA beginning the month of your 65<sup>th</sup> birthday
- **If you retire anytime after you turn 65 and 7 months**
  - You will not want to make any contributions to your HSA for 6 months prior to signing up for SS and/or enrolling in Medicare Part A or Part B

# Medicare Part A Hospital Insurance

Funded by  
Social Security Trust Fund

# Medicare Part A

- Most people receive Part A at no cost through their own employment or the employment of their spouse
- People with less than 10 years of Medicare-covered employment
  - ✓ Can pay a premium to get Part A (\$499 per month in 2022)

# What Part A Pays

<b><u>SERVICES</u></b>	<b><u>MEDICARE</u> <u>PAYS</u></b>	<b><u>YOU ARE</u> <u>RESPONSIBLE</u></b>
<b><u>INPATIENT HOSPITALIZATION</u></b>		
First 60 days of a Benefit Period*	All but \$1,556 in 2022 (deductible) of covered costs	\$1,556 (deductible)
Day 61 to day 90 of a Benefit Period*	All but \$389 per day	\$389 per day (co-pay)
Next 90 days (Lifetime Reserve Days)	All but \$778 per day, in 2022	\$778 per day (co-pay)

**\*A Benefit period begins the day admitted and ends when you haven't been an inpatient for 60 consecutive days**

# What Part A Pays

<b><u>SERVICES</u></b>	<b><u>MEDICARE PAYS</u></b>	<b><u>YOU ARE RESPONSIBLE</u></b>
<b><u>SKILLED NURSING CARE FACILITY</u></b>		
First 20 days	All covered costs	Nothing
Day 21 to day 100	All but \$194.50 per day	\$194.50 per day (co-pay)
<b><u>HOSPICE CARE</u></b>		
Inpatient & Outpatient	All covered costs	Co-pay of \$5 for outpatient drugs; 5% co-pay for respite care

# Medicare Part B Medical Insurance

Funded by  
General Revenue Funds &  
Beneficiary Monthly Premiums

# Medicare Part B Premium

Most individuals NEW to Medicare will pay \$170.10 per month for the Part B premium in 2022.

Those with higher income will pay higher premiums

**If your Modified Adjusted Gross Income reported on your 2020 IRS tax return  
(what you will pay in 2022)**

<b>File Individual Tax Return</b>	<b>File Joint Tax Return</b>	<b>You pay</b>
\$91,000 or less	\$182,000 or less	\$170.10
\$91,001- \$114,000	\$182,001- \$228,000	\$238.10
\$114,001- \$142,000	\$228,001- \$284,000	\$340.20
\$142,000-\$170,000	\$284,000 - \$340,000	\$442.30
Above \$170,001 and less than \$500,000	Above \$340,001 and less than \$750,000	\$544.30



# What Part B Pays

## Medicare pays:

- After the annual deductible - **\$233** in 2022 - has been met
- **Approximately 80%** of the Medicare approved charge

# What Part B Covers

## Physician Services

- In the hospital
- In the Doctor's office
- In a nursing home
- At home

## Outpatient Services

- Emergency care
- Lab tests
- X-rays
- Diagnostic tests
- Outpatient Surgery
- Therapy Services
- Mental Health

# What Part B Covers

Home Health Services

Preventive Services Under Medicare

- Yearly wellness exam
- Flu Shots
- Mammograms
- Much more

Durable Medical Equipment

- Oxygen supplies
- Wheelchairs, hospital beds, canes, etc.
- Mail-order diabetes supplies

# Medicare Assignment

**Medicare Assignment** is an agreement between your medical provider and Medicare:

- to accept the payment amount that Medicare approves for the service
- not to bill you for any more than your Medicare deductible and/or coinsurance

# Medicare Assignment - An Example

Assume the **\$233** Part B deductible for 2022 has been paid

	Does <b>NOT</b> Accept Assignment	Accepts Assignment
<b>Actual Charge</b>	<b>\$115</b>	<b>\$115</b>
<b>Who Files Claim</b>	<b>Provider</b>	<b>Provider</b>
<b>MSN sent to</b>	<b>You</b>	<b>You &amp; Provider</b>
<b>Payment comes to</b>	<b>You</b>	<b>Provider</b>
<b>Medicare Approves</b>	<b>\$100</b>	<b>\$100</b>
<b>Medicare Pays</b>	<b>\$80</b>	<b>\$80</b>
<b>You Responsible for</b>	<b>\$35</b> <b>Difference between what Medicare approves and the actual charge</b>	<b>\$20</b> <b>Difference between what Medicare approves and what Medicare pays</b>

# Who Accepts Medicare Assignment?

Complete list of providers can be found at:

- [www.medicare.gov/physiciancompare](http://www.medicare.gov/physiciancompare)

# Help for Low Income Medicare Beneficiaries

- States help pay costs
- Three programs (QMB, SLMB & QI-1)
- Must have Medicare Part A
- Must meet income and resource limits

# Help for Low Income Medicare Beneficiaries

## Medicare Savings Programs

Eligibility Guidelines March 2022 - March 2023

	QMB Qualified Medicare Beneficiary	SLMB Specified Low-Income Beneficiary	QI Qualifying Individual
Monthly Income Limit*	Single - \$1,153 Couple - \$1,546	Single - \$1,379 Couple - \$1,851	Single - \$1,549 Couple - \$2080
Resource Limit	Single - \$8,400 Couple - \$12,600	Single - \$8,400 Couple - \$12,600	Single - \$8,400 Couple - \$12,600
Benefit	Pays: Part A & B premiums, All co-payments and co-insurance	Pays: Part B premium	Pays: Part B premium <i>funds are limited</i>

\* if Part B premium is being withheld from Social Security check, remember to include that amount as income



# Medicare Summary Notice

MSN

# Medicare Summary Notice (MSN)

- How Medicare communicates with you
- MSN is **not** a bill
- MSN is a summary statement you receive every 3 months
- Need to review when received
- Keep for at least 18 months
- Can view anytime on [www.mymedicare.gov](http://www.mymedicare.gov)

# Page 1 – Your Dashboard

## 1 DHHS Logo


The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

## 2 Your Information

Check your name and the last 4 numbers of your Medicare number, as well as the date your MSN was printed and the dates of the claims listed.

## 3 Your Deductible Info

You pay a Part A deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!



### Medicare Summary Notice

for Part A (Hospital Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

JENNIFER WASHINGTON  
TEMPORARY ADDRESS NAME  
STREET ADDRESS  
CITY, ST 12345-6789

Page 1 of 4

**THIS IS NOT A BILL**

**2 Notice for Jennifer Washington**

Medicare Number	XXX-XX-1234A
Date of This Notice	September 15, 2013
Claims Processed Between	June 15 – September 15, 2013

**3 Your Deductible Status**

Your deductible is what you must pay each benefit period for most health services before Medicare begins to pay.

**Part A Deductible:** You have now met your **\$1,184.00** deductible for **inpatient hospital** services for the benefit period that began May 27, 2013.

**4 Title of your MSN**

The title at the top of the page is larger and bold.

**5 Total You May Be Billed**

A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

**6 Facilities You Went To**

Check the list of dates for services you received during this claim period.

**7 Help in Your Language**

For help in a language other than English or Spanish, call 1-800-MEDICARE and say "Agent." Tell them the language you need for free translation services.

**7**

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.  
如果您需要帮助，请致电联邦医疗保险，请先说“agent”，然后说“Mandarin”。

1-800-MEDICARE (1-800-633-4227)

# Page 2 – Making the Most of Your Medicare

## 1 Section Title

This helps you navigate and find where you are in the notice. The section titles are on the top of each page.

## 2 How to Check

Medicare offers helpful tips on what to check when you review your notice.

## 3 How to Report

Help Medicare save money by reporting fraud!

## 4 How to Get Help

This section gives you phone numbers for where to get your Medicare questions answered.

Jennifer Washington

THIS IS NOT A BILL | Page 2 of 4

1 Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each facility? Check the dates.

Did you get the claims listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a facility or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).  
Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, Medicare saved tax-payers \$4.2 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)  
Ask for "hospital services." Your customer-service code is 05535.

TTY 1-877-486-2048 (for hearing impaired)  
Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-555-555-5555.

Your Benefit Periods

Your hospital and skilled nursing facility (SNF) stays are measured in **benefit days** and **benefit periods**. Every day that you spend in a hospital or SNF counts toward the benefit days in that benefit period. A benefit period begins the day you first receive inpatient hospital services or, in certain circumstances, SNF services, and ends when you haven't received any inpatient care in a hospital or inpatient skilled care in a SNF for 60 days in a row.

**Inpatient Hospital:** You have **56 out of 90 covered benefit days** remaining for the benefit period that began May 27, 2013.

**Skilled Nursing Facility:** You have **63 out of 100 covered benefit days** remaining for the benefit period that began May 27, 2013.

See your "Medicare & You" handbook for more information on benefit periods.

Your Messages from Medicare

Get a **pneumococcal shot**. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

To **report a change of address**, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

**Early detection is your best protection.** Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

**Want to see your claims right away?** Access your Original Medicare claims at [www.MyMedicare.gov](http://www.MyMedicare.gov), usually within 24 hours after Medicare processes the claim. You can use the "Blue Button" feature to help keep track of your personal health records.

## 5 Your Benefit Period

This section explains benefit periods.

## 6 General Messages

These messages get updated regularly, so make sure to check them!

# Page 3 – Your Claims for Part A (Hospital Insurance)

## 1 Type of Claim

Claims can either be inpatient or outpatient.

## 2 Definitions

Don't know what some of the words on your MSN mean? Read the definitions to find out more.

## 3 Your Visit

This is the date you went to the hospital or facility. Keep your bills and compare them to your notice to be sure you got all the services listed.

## 4 Benefit Period

This shows when your current benefit period began.

Jennifer Washington

THIS IS NOT A BILL | Page 3 of 4

## 1 Your Inpatient Claims for Part A (Hospital Insurance)

Part A Inpatient Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care, and hospice care.

### 2 Definitions of Columns

**Benefit Days Used:** The number of covered benefit days you used during each hospital and/or skilled nursing facility stay. (See page 2 for more information and a summary of your benefit periods.)

**Claim Approved?:** This column tells you if Medicare covered the inpatient stay.

**Non-Covered Charges:** This is the amount Medicare didn't pay.

**Amount Medicare Paid:** This is the amount Medicare paid your inpatient facility.

**Maximum You May Be Billed:** The amount you may be billed for Part A services can include a deductible, coinsurance based on your benefit days used, and other charges.

For more information about Medicare Part A coverage, see your "Medicare & You" handbook.

**June 18 – June 21, 2013**  
**Otero Hospital, (555) 555-1234**  
PO Box 1142, Manati, PR 00674  
Referred by Jesus Sarmiento Forasti

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	<b>Maximum You May Be Billed</b>	See Notes Below
Benefit Period starting May 27, 2013	4 days	Yes	\$0.00	\$4,886.98	<b>\$0.00</b>	
<b>Total for Claim #20905400034102</b>			\$0.00	\$4,886.98	<b>\$0.00</b>	<b>A,B</b>

## 6 Max You May Be Billed

This is the total amount the facility is able to bill you. It's highlighted and in bold for easy reading.

## 7 Notes

Refer to the bottom of the page for explanations of the items and supplies you got.

## 5 Approved Column

This column lets you know if your claim was approved or denied.

### Notes for Claims Above

**A** Days are being subtracted from your total inpatient hospital benefits for this benefit period. The "Your Benefit Periods" section on page 2 has more details.

**B** \$2,062.50 was applied to your skilled nursing facility coinsurance.

# Last Page – How to Handle Denied Claims

## 1 Get More Details

Find out your options on what to do about denied claims.

## 2 If You Decide to Appeal

You have 120 days to appeal your claims. The date listed in the box is when your appeal must be received by us.

## 3 If You Need Help

Helpful tips to guide you through filing an appeal.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 4

## How to Handle Denied Claims or File an Appeal

### 1 Get More Details

If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

### 2 If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

**Appeals must be filed in writing.** Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

January 21, 2014

### 3 If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your facility:** Ask your facility for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

### Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

### File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.

- 3 Fill in all of the following:

Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your facility for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
c/o Contractor Name  
Street Address  
City, ST 12345-6789

## 4 Appeals Form

You must file an appeal in writing. Follow the step-by-step directions when filling out the form.

# Check Your MSN

- Medicare wants your help to prevent fraud and billing errors on your MSN.
- You could receive a reward of up to \$1,000 for tips that leads to uncovering fraud.
- Remember, you are Medicare's best defense against fraud, so check your MSN for services or items you didn't get.

# Your Medicare Rights



# Your Medicare Rights

- To have your personal and health information kept private
- To receive an Advance Beneficiary Notice (ABN) when provider believes service is not covered

# Advance Beneficiary Notice

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for D. \_\_\_\_\_ below, you may have to pay.  
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

### WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. \_\_\_\_\_ listed above.  
**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

### G. OPTIONS: Check only one box. We cannot choose a box for you.

- ☐ **OPTION 1.** I want the D. \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the D. \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- ☐ **OPTION 3.** I don't want the D. \_\_\_\_\_ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

### H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

# Surprise Medical Bills Protection



## **Your Rights and Protections Against Surprise Medical Bills**

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

# Your Medicare Rights

- Medicare and/or Medicare plan must provide an appeal process
- File complaints (grievances)
  - ✓ Including complaints about quality of your care
- File an appeal
  - ✓ Must file within 120 days of the date receive MSN

# Overview of Coverage and Benefit Gaps

# COVERAGE GAPS

## in Original Medicare - 2022

- Dental care and dentures
- Eyeglasses
- First three pints of blood
- Foreign healthcare
- Hearing Aids
- Orthopedic shoes
- Private duty nursing
- Custodial Care
- Routine chiropractic care
- Routine foot care
- Cosmetic surgery
- Prescription Drugs

# BENEFIT GAPS

## in Original Medicare Part A - 2022

- **\$1,556** Part A deductible for the first 60 days of hospitalization in each benefit period
- **\$389** daily copayment for inpatient hospital days 61 - 90
- **\$778** daily copayment for 60 lifetime reserve days – days 91 - 150
- **\$194.50** daily copayment for days 21-100 in a skilled nursing home facility

# BENEFIT GAPS

## in Original Medicare Part B - 2022

- **20% copayment** of Medicare approved charges under Part B
- The **difference** between your provider's bill and the "approved charge" according to Medicare (Medicare Excess)
- Part B **\$233 deductible**



# MEDICARE WORKSHOP

## PART 2

- Overview of Your Possibilities

<b><u>Possibility 1</u></b>	<b><u>Possibility 2</u></b>
<ul style="list-style-type: none"><li>• Original Medicare</li><li>• Medigap Policy</li><li>• Part D Drug Plan</li></ul>	<ul style="list-style-type: none"><li>• Medicare Advantage Plan (HMO, PPO, PFFS, MSA)</li></ul>





- Making Your Choice

# Resources

- Medicare
  - ✓ 1-800-633-4227
  - ✓ [www.medicare.gov](http://www.medicare.gov)
- Social Security
  - ✓ 1-800-772-1213
  - ✓ [www.ssa.gov](http://www.ssa.gov)
- SHIP (State Health Insurance Program)
  - ✓ 1-800-888-8189

# Thank You!

- We hope that you found this presentation helpful!
- *Please* take a moment to give us your feedback.
  - ✓ Click on the link on the website below this presentation.
  - ✓ It will take less than 5 minutes.
- Contact our office with any questions or concerns you may have.
  - ✓ (859) 301-5999
  - ✓ [primewise@stelizabeth.com](mailto:primewise@stelizabeth.com)