



Medicare 101

Kimberly Latta, Program Director

SHIP (State Health Insurance Assistance Program)

Senior Medicare Patrol

DORA, Division of Insurance



COLORADO
Department of
Regulatory Agencies

Division of Insurance



LOCAL HELP FOR PEOPLE WITH MEDICARE



What is Medicare?

- Federal health insurance program for people age 65+ and some younger individuals with disabilities or certain conditions
- Individuals with Medicare have a red, white, and blue Medicare card issued by the Social Security Administration (but they may not use it depending on coverage choices)
- Medicare is different from Medicaid (lots of confusion because they sound the same). Medicaid is a state/federal program for some individuals with limited income/resources
- Individuals can be dually eligible for both Medicare and Medicaid

What is a Medicare Card?

- Identifies a person as a member of Medicare
- Indicates effective dates of Part A and Part B
- Used for Medicare claims
- Made up of a nine digit Social Security number and letter

Example: Wage earner 123-45-6789A


Example: Spouse 123-45-6789B

- Contact Social Security for replacement card

What Does a Medicare Card Look Like?

Medicare Card

Front

MEDICARE  **HEALTH INSURANCE**

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

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **FEMALE**

IS ENTITLED TO **HOSPITAL MEDICAL** (PART A) (PART B) EFFECTIVE DATE **07-01-1986** **07-01-1986**

SIGN HERE _____

Back

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under **Medicare**.
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. Mail box.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Centers for Medicare & Medicaid Services
Baltimore, MD 21244-1850
Form CMS-1966 (01/2002)

If you have questions about Medicare, call **1-800-MEDICARE (1-800-633-4227; TTY/TDD: 1-877-486-2048)** or visit us at **www.medicare.gov**.

How Does Medicare Work?

- Part A (in-patient hospital care, skilled nursing facility care, hospice care, home health care)
- Part B (services from doctors or other health care providers, out-patient hospital care, home health care, durable medical equipment, some preventive services)
- Part D (prescription drug coverage)

OR

- Part C (combines coverage under part A, B, and D)

Many Kinds of “Supplements”

- Medigap (designed for use with Medicare)
- Employer coverage (including retiree coverage)
- State (PERA) and federal (FEHB) government plans
- Tricare (VA coverage does not supplement Medicare)
- Other

Who Pays First?

- Medigap always pays after Medicare
- Typically, if you (or your spouse is working), employer coverage pays first
- Typically if you (or your spouse) is retired, Medicare pays first
- Final decision depends on the age of the beneficiary, reason on Medicare, and the size of the employer
- Medicaid is the payer of last resort (always pays second to Medicare)

Many Kinds of Managed Care

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- PFFS (Private Fee-for-Service)
- Special Needs Plans
- Medicare Cost Plans
- Programs for All-inclusive Care for the Elderly (PACE)

What Does Medicare Cost?

PREMIUMS

- Most people do not pay a premium for Part A
- Everyone pays a premium for Part B
- Some people have an additional premium for additional coverage depending on how they receive their Medicare benefits (Medicare Advantage, Medigap, Part D)

What Does Medicare Cost?

DEDUCTIBLES

- Original Medicare (Part A - benefit period, Part B-annual)
- Medicare Advantage Plan (annual)
- Prescription Drug Coverage is separate (annual)

What Does Medicare Cost?

CO-PAYS and CO-INSURANCE

- Depend on if Original Medicare or Medicare Advantage
- Depend on the Service
- Prescription Drug Coverage is separate

Unexpected Costs

- In-network vs Out-of-network
- Assigned vs Unassigned
- In-patient vs Out-patient
- Penalties for late enrollment (Part A, Part B, Part D)

Assistance with Medicare Costs

- Medicare Savings Programs (QMB, SLMB, QI)- State Medicaid
- Low Income Subsidy (LIS) - also known as “Extra Help” - Social Security Administration

Enrollment Opportunities

- Initial enrollment (7 months surrounding 65th birthday or 24 months after social security disability)
- General enrollment (Jan-Mar) - effective July 1
- Annual enrollment (Oct 15-Dec 7) - effective Jan 1
- Annual dis-enrollment (Jan 1-Feb 14) - effective 1st of following month
- Special enrollment opportunities due to loss of coverage or change in circumstance

Social Security Benefits and Medicare

- Having worked 40 quarters (10 years) qualifies you for premium-free Medicare Part A
- You can qualify on your spouses work record
- You don't have to be receiving your Social Security benefits to enroll in Medicare
- If you are, Medicare enrollment happens automatically
- If you aren't, you have to initiate enrollment (on-line, paper application, or over the phone)

Which Agency Oversees Medicare?

- Social Security Administration handles initial enrollment
- After initial enrollment, Centers for Medicare & Medicaid Services (CMS) manages the Medicare Program
- CMS approves and oversees all Part C & Part D Medicare plans
- The State Division of Insurance (at DORA) approves and oversees Medigap plans as well as licenses agents/brokers that sell insurance

Medicare Supplements (Medigap)

- One guarantee issue period when the individual first enrolls in Part B (otherwise you may be denied)
- Most plans are standardized (since 2006)
- Know the letter, you'll know the coverage
- Not all companies sell all lettered plans
- Pricing varies (attained-age, community-rated, issue-age rated)

What Medicare Covers

- Approved services for which there is medical necessity
- Skilled care
- Acute care

What Medicare Doesn't Cover

- Long-term Care
- Routine vision visits and eyeglasses
- Dental care (including dentures)
- Hearing aids and exams for fitting them
- Acupuncture
- Cosmetic surgery
- Private-duty nursing

Medicare and the Marketplace

- Medicare plans are not part of the Marketplace
- Individuals with Medicare do not need the Marketplace and cannot be sold a Marketplace plan
- Individuals eligible for Medicare can choose a Marketplace plan if they do not qualify for premium-free Part A
- Individuals eligible for premium-free Part A but not collecting Social Security benefits can choose a Marketplace Plan but late enrollment penalties may apply when they enroll in Medicare and they don't qualify for premium assistance

Medicare and the Marketplace

- Confusion around annual open enrollment dates
- Medicare is 10/15-12/7 (choosing or changing Part C or D)
- Marketplace is 11/1-1/31

Resources

- Centers for Medicare & Medicaid Services (CMS)
Medicare.gov (key word search and free publications by topic); 800-633-4227 (available 24/7)
- Colorado SHIP (State Health Insurance Assistance Program)-
assistance with understanding Medicare options,
enrollment/dis-enrollment, claims, appeals; 888-696-7213
- Colorado Senior Medicare Patrol - education on fraud
prevention and reporting of suspicious activity by providers,
insurance agents/brokers or companies; 800-503-5190
- KEPRO - quality improvement organization; 844-430-9504

KEPRO

The Beneficiary and Family Centered Care Quality Improvement Organization



Shannon Sheppard, MPH

- **Discharge Appeals and Service Terminations**
- **Beneficiary Complaints**
- **Immediate Advocacy (IA)**
 - KEPRO's services are also available for Medicare Advantage beneficiaries and beneficiaries with Medicare as a secondary
 - More information can be found at www.keproqio.com

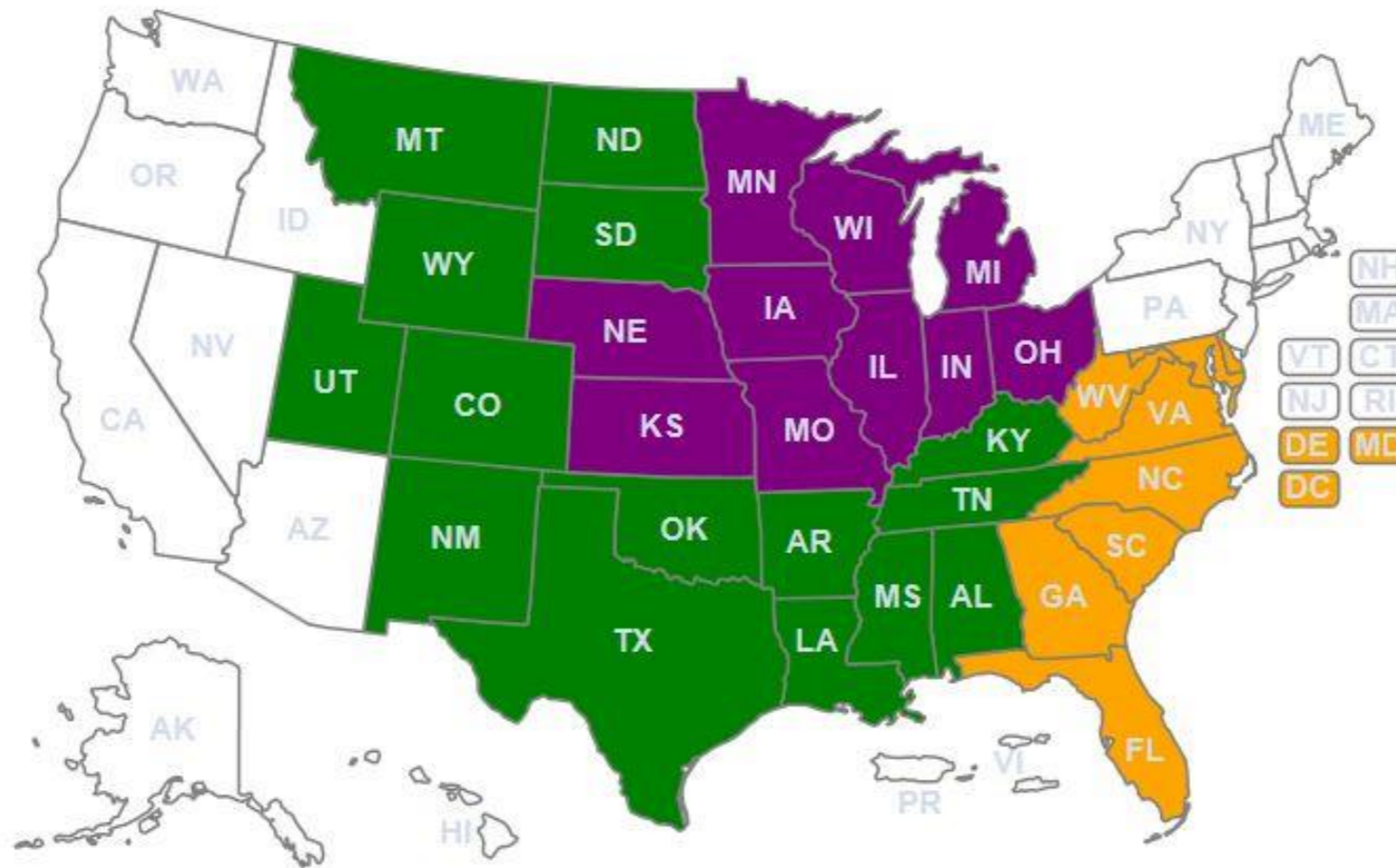


KEPRO's Phone Numbers and Additional Resources

KEPRO Service Areas

Click on a state below for a contact number and additional resources.

- **Area 2**
Toll-free: 844-455-8708
- **Area 3**
Toll-free: 844-430-9504
- **Area 4**
Toll-free: 855-408-8557



Discharge appeal cases:

[Check Case Status](#)

Changes in Quality of Care Reviews:

[More Information](#)

Are you a provider?

[Find your QIN-QIO](#)

Changes in Short Stay Reviews:

[More Information](#)

[Join our mailing list!](#)

** Beneficiaries calling for Immediate Advocacy should choose option 1 on the first prompt followed by option 2 to be connected to the beneficiary complaint department.

KEPRO Availability



- **KEPRO appeals staff work (local time):**
 - Weekdays: 9 am - 5 pm
 - Weekends: 11 am - 3 pm
 - Holidays: 11 am - 3 pm
- **Voicemails may be left during all other hours**
- **Translation services are available**

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Your feedback on today's presentation is appreciated:
www.tiny.cc/BFCCoutreach

For more information, please visit:
www.keproqio.com