



ODI

Ohio Department
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

Medicare Part B Review

Ohio Senior Health Insurance
Information Program

Part B Coverage

- Doctors' services
- Outpatient medical/surgical services and supplies
- Diagnostic tests
- Outpatient therapy
- Outpatient mental health services
- Some preventive health care services
- Other medical services

Enrolling in Medicare Part B

Automatic Enrollment	<ul style="list-style-type: none">▪ If you already get Social Security, Railroad Retirement, or disability benefits▪ Must opt out if you don't want to be enrolled
Initial Enrollment Period (IEP)	<ul style="list-style-type: none">▪ 7 month period. Starts 3 months before month of eligibility, and includes the month you turn 65 and 3 months after the month you turn 65
General Enrollment Period (GEP)	<ul style="list-style-type: none">▪ January 1 through March 31 each year▪ Coverage effective July 1▪ Premium penalty<ul style="list-style-type: none">– 10% for each 12-month period eligible but not enrolled– Paid for as long as the person has Part B– Limited exceptions



Part B and Employer or Union Coverage

- Find out how your insurance works with Medicare
 - Contact your employer/union benefits administrator
- You may want to delay enrolling in Part B if
 - You have employer or union coverage and
 - You or your spouse is still working

Employer or Union Coverage Ends

- When your employment ends
 - You may get a chance to elect COBRA
 - You may get a special enrollment period
 - Sign up for Part B without a penalty
- Important -- Medigap open enrollment period
 - Starts when you are both 65 and sign up for Part B
 - Once started cannot be delayed or repeated

Paying the Part B Premium

- Deducted monthly
 - Social Security
 - Railroad retirement
 - Federal retirement payments
- If not deducted
 - Billed every 3 months, or
 - Use Medicare Easy Pay
- Contact Social Security, Railroad Retirement Board or Office of Personnel Management about paying premiums

Part B Late Enrollment Penalty

- Penalty for not signing up when first eligible
 - 10% more for each full 12-month period
 - May have penalty as long as you have Part B
- Usually no penalty if you sign up during a Special Enrollment Period



2014 Part B Amounts

- Part B Monthly Premium- \$104.90
- Part B Annual Deductible - \$147
- Part B Coinsurance- Generally 20%

If your yearly income in 2012 was:

File individual tax return	File joint tax return	You pay
\$85,000 or less	\$170,000 or less	\$104.90
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	\$146.90
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	\$209.80
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	\$272.70
above \$214,000	above \$428,000	\$335.70



Inpatient vs. Outpatient

Situation	Inpatient or Outpatient	Part A Pays	Part B Pays
In the ER & then formally admitted to hospital with Dr order.	Inpatient	Hospital stay	Doctor Services
You visit the ER for a broken arm, get x-rays, a splint and go home	Outpatient	Nothing	Dr. services, ER visit, x-rays & splint
In the ER with chest pain & hospital keeps you in observation for 2 nights	Outpatient	Nothing	Dr. services, ER visit, observation services, lab, tests, EKG, etc.
In hospital for outpatient surgery but they keep you overnight for high blood pressure. Dr does not write an admittance letter and you go home the next day	Outpatient	Nothing	Dr services, surgery, lap test, IV meds, etc
Dr. writes an order for you to be admitted as an inpatient and the hospital later tells you they're changing your hospital status to outpatient. Your doctor must agree, and the hospital must tell you in writing –while you're still a hospital patient – that your hospital status changed.	Outpatient	Nothing	Dr. services and hospital outpatient services

Medicare Preventive Benefits

- “Welcome To Medicare” physical exam
- Bone mass measurement
- Annual Wellness Exam
- Cardiovascular screening
- Colorectal cancer screening
- Diabetes screening, services and supplies
- Obesity Screening
- Depression Screening
- Vaccinations
 - Flu, Pneumococcal & Hepatitis B
- Glaucoma screening
- Pap test and pelvic exam with clinical breast exam
- Prostate cancer screening
- Screening mammogram
- Smoking cessation counseling
- Alcohol Misuse Screening

Part B Deductible and Coinsurance is waived for most preventive care services.

Assignment

- Medicare doctors/providers/ suppliers
 - Accept the Medicare-approved amount
 - As full payment for covered services
 - Only charge Medicare deductible/coinsurance amount
 - They submit your claim to Medicare directly
- Applies to Original Medicare Part B claims
- We say “accepts assignment”

Providers who do NOT Accept Assignment

- May charge more than Medicare-approved amount
 - Limit of 15% more for most services
 - “The limiting charge”
- May ask you to pay entire charge at time of service
- Providers sometimes must accept assignment
 - Medicare Part B-covered Rx drugs
 - Ambulance providers

Balance Billing Ban

- Non-participating providers in Ohio may NOT charge the up-to 15% excess surcharge
- Report violations to the Ohio Dept. of Health
- Ohio residents traveling outside Ohio may be subject to the excess charge if they see a non-participating provider in another state

Non-Covered Services

- Medicare does not cover services or supplies that are not medically necessary
 - For example – hearing aids, dental services, routine vision services and routine foot care are not covered

Limited Coverage

- Medicare covers limited services from
 - Chiropractors
 - Manipulation of the spine is covered when medically necessary to correct a subluxation
 - Optometrists
 - Services that are involved in the treatment and diagnosis of eye disease
 - Podiatrists
 - Medically necessary treatment of foot injuries or diseases

Ambulance Services

- Medicare Part B covers ambulance services to or from a hospital, critical access hospital, or a skilled nursing facility only when other transportation could endanger your health.
- In some cases, Medicare may cover ambulance services from your home or a medical facility to get care for a health condition that requires you to be transported only by ambulance.
- Medicare may also cover ambulance services to or from a dialysis facility for people with End-Stage Renal Disease (ESRD) who need dialysis, and other transportation could endanger their health.



DMEPOS—What You Need to Know

- ▶ DMEPOS stands for
 - Durable Medical Equipment, Prosthethics, Orthotics and Supplies
- ▶ Equipment /supplies covered under Medicare Part B
- ▶ New competitive bidding program
- ▶ If you live in affected area and need certain products
 - You must use contract supplier, or
 - Medicare won't cover

Who Will Competitive Bidding Affect?

- Beneficiaries who have Original Medicare and
 - Permanently reside in a ZIP Code in a CBA
 - Obtain competitive bid items while visiting a CBA
- To find out if a ZIP Code is in a Competitive Bidding Area
 - Call 1-800-MEDICARE
 - Visit medicare.gov
- Medicare Advantage enrollees can use suppliers designated by their plan

Products Included in the Program

1. Oxygen, oxygen equipment, and supplies
2. Standard, manual and power wheelchairs, scooters
3. Complex rehabilitative power wheelchairs
4. Mail-order diabetic supplies
5. Enteral nutrients, equipment, and supplies
6. Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs)
7. Hospital beds and related accessories
8. Walkers and related accessories
9. Support surfaces (Group 2 mattresses/overlays) Miami only
10. Negative pressure wound therapy pumps

Using Contract Suppliers

- Must use contract supplier
 - Item and services included in Competitive Bidding Program living in a CBA
 - Traveling to or visiting a CBA
- Exceptions
 - Providers can supply certain items (ex: walkers)
 - Nursing facility can supply directly if a contract supplier

Identifying Contract Suppliers

- Call 1-800-MEDICARE (1-800-633-4227)
- TTY users call 1-877-486-2048
- Visit [medicare.gov/supplier](https://www.medicare.gov/supplier)
 - DMEPOS Supplier Locator Tool



Therapy Caps

- Patients may be limited in outpatient therapy services
 - \$1,940 in physical therapy / language therapy combined in 2015
 - \$1,940 in occupational therapy

Coordination of Benefits (COB)

- Medicare usually pays primary
- Exceptions
 - Over age 65 and group plan has more than 20 members
 - Under age 65 and the group has more than 100 members
 - ESRD – Medicare pays primary after 30 months
 - Medicare does not pay if the healthcare is under liability or no-fault coverage, or if another federal insurance is involved (Workers Comp, VA, etc.)
 - Call 1-800-999-1118 for Medicare COB

Limitation of Liability

- Provider must notify the beneficiary if Medicare might deny the claim
- Present an Advance Beneficiary Notice before the procedure
- Does not apply to non-Medicare covered services

Protection from Unexpected Bills

- Advanced Beneficiary Notice of Noncoverage (ABN)
 - When Medicare payment is expected to be denied

A. Notifier:

B. Patient Name:

C. Identification Number:

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:
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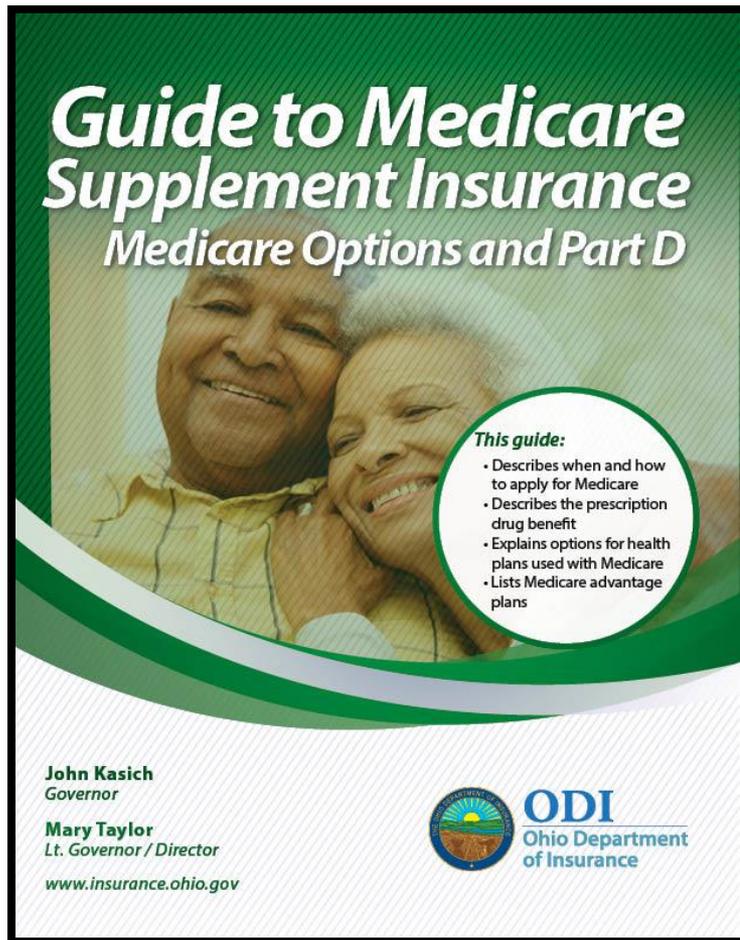
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Form CMS-R-131 (03/11)

Form Approved OMB No. 0938-0566



Thank you for your time and attention.



Questions?



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