



ODI

Ohio Department
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

Medicare Part A & B

OSHIIP— Ohio Department of
Insurance

Medicare Part A (Hospital Insurance)

- Most people receive Part A premium free
- Less than 10 years of Medicare-covered employment
 - Can pay a premium to get Part A
- For information, call SSA at 1-800-772-1213
 - TTY users call 1-800-325-0778



Medicare Part A Helps Pay For

Hospital Stays	Semi-private room, meals, general nursing, and other hospital services and supplies. Includes care in critical access hospitals and inpatient rehabilitation facilities. Inpatient mental health care in psychiatric hospital (lifetime 190-day limit).
Skilled Nursing Facility Care	Semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies.
Home Health Care Services	Can include part-time or intermittent skilled care, and physical therapy, speech-language pathology, and occupational therapy.
Hospice Care	Includes drugs and medical, and support services from a Medicare-approved hospice.
Blood	In most cases, if you need blood as an inpatient, you won't have to pay for it or replace it.



Benefit Period

- Charges based on “benefit period”
 - Inpatient hospital care and skilled nursing facility (SNF) services
 - Begins day admitted to hospital
 - Ends when out of a hospital or SNF for 60 days in a row
 - You pay deductible for each benefit period
 - No limit to number of benefit periods



Paying for Hospital Stays

- For each benefit period in 2013 you pay
 - \$1,184 total deductible for days 1 – 60
 - \$296 co-payment per day for days 61 – 90
 - \$592 co-payment per day for days 91 – 150
(60 lifetime reserve days)
 - All costs for each day beyond 150 days



Hospital Discharge Appeals

- Beneficiary can appeal if not ready to leave the hospital
- Appeal through Ohio KePRO, Ohio's Quality Improvement Organization (QIO)

Ohio KePRO

Rock Run Center, Suite 100
5700 Lombardo Center Drive
Seven Hills OH 44131
(216) 447-9604
1-800-589-7337 (toll-free)
(216) 447-7925 (fax)



Skilled Nursing Facility Coverage

- Semi-private room
- Meals
- Skilled nursing care
- Physical, occupational, & speech-language therapy
- Medical social services
- Medications, medical supplies/equipment
- Ambulance transportation (limited)
- Dietary counseling



Paying for Skilled Nursing Facility Care

For each benefit period in 2013 you pay

- \$0 for days 1 – 20
- \$148 per day for days 21-100
- All costs after 100 days

Medicare covers skilled nursing care only when:

1. You require daily skilled nursing care,
2. You require a 3-day hospital stay, AND
3. You enter the skilled nursing facility within 30 days of hospital discharge



Home Health Care

- Four conditions for home health coverage
 - Doctor must meet with patient in person – 90 days before care starts or 30 days after – may be conducted by a hospitalist
 - Must need specific skilled services
 - Must be homebound
 - Home health agency must be Medicare-approved



Hospice Care

- Special care for terminally ill and family
 - Expected to live 6 months or less
- Focuses on comfort, not on curing the illness
- Doctor must certify for each “period of care”
 - Two 90-day periods, then unlimited 60-day periods
 - Prior to the 180th day of recertification, the patient must have a face-to-face encounter with the doctor or nurse practitioner
- Hospice provider must be Medicare-approved



Covered Hospice Services

- Medical equipment and supplies
- Drugs for symptom control and pain relief
- Short-term hospital inpatient care (limited)
- Respite care in a Medicare-certified facility
 - Up to 5 days each time with no limit to number of times
- Home health aide and homemaker services
- Social worker services
- Dietary counseling
- Grief counseling



Paying for Hospice Care

- In Original Medicare you pay
 - Nothing for hospice care
 - Up to \$5 for prescription drugs for pain and symptom mgmt
 - 5% for inpatient respite care
 - Amount can change each year
- You generally pay 100% for room and board in a facility



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

Medicare and Other Insurance

- 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



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



Monthly Part B Premium

	Persons filing an individual tax return	Married couples filing a joint tax return
Your monthly Part B premium	If your annual income is	
\$104.90	\$85,000 or less	\$170,000 or less
\$146.90	\$85,001 - \$107,000	\$170,001 – \$214,000
\$209.80	\$107,001 - \$160,000	\$214,001 - \$320,000
\$272.70	\$160,001 - \$ 214,000	\$320,001 - \$ 428,000
\$335.70	More than \$214,000	More than \$428,000



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 SSA, RRB or OPM 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 SEP
- Usually no penalty if covered under a **current** employer's group health plan

Paying for Part B Services

- In Original Medicare you pay
 - Yearly deductible of \$147 in 2013
 - 20% coinsurance for most services
 - 35% mental health services coinsurance
 - Some copayments
- Some programs may help pay these costs



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”
- In other states, providers who do not accept assignment can charge up to 15% over the Medicare approved rate



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
- Covers limited services from
 - Chiropractors
 - Optometrists
 - Dentists
 - Podiatrists

Covered Preventive Services

- One time “Welcome to Medicare” physical exam (1st 12 months after Part B starts)
- Annual Wellness Exam
- Abdominal aortic aneurysm screening*
- Bone mass measurement
- Cardiovascular disease screenings
- Colorectal cancer screenings
- Diabetes screenings
- EKG Screening*
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- HIV Screening
- Mammograms (screening)
- Pap test/pelvic exam/clinical breast exam
- Prostate cancer screening
- Pneumococcal shots
- Smoking cessation
- Alcohol misuse screening and counseling
- Depression screening
- Obesity screening and counseling

*When referred during Welcome to Medicare physical exam

DMEPOS—What You Need to Know

- ▶ DMEPOS stands for
 - Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- ▶ Equipment /supplies covered under Medicare Part B
- ▶ 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



Round 2

- ▶ Expands program to 91 Metropolitan Statistical Areas
- ▶ Visit cms.gov/DMEPOSCompetitiveBid/
- ▶ Midwest Areas:

- Akron, OH
- Chicago-Naperville-Joliet,
IL-IN-WI
- Columbus, OH
- Dayton, OH
- Detroit-Warren-Livonia, MI
- Flint, MI
- Grand Rapids-Wyoming, MI
- Huntington-Ashland, WV-
KY-OH

- Indianapolis-Carmel, IN
- Milwaukee-Waukesha-West
Allis, WI
- Minneapolis-St. Paul-
Bloomington, MN-WI
- Omaha-Council Bluffs, NE-IA
- Toledo, OH
- Wichita, KS
- Youngstown-Warren-
Boardman, OH-PA



Products Included in the Program

1. Oxygen, oxygen equipment, and supplies
2. Standard power wheelchairs, scooters
3. Complex rehabilitative power wheelchairs – Group 2 only
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



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
 - Participating suppliers can be found at
 - medicare.gov/supplier
 - 1-800-MEDICARE



Points to Remember

- The Competitive Bidding Program does NOT affect which physician or hospital you use
- May need to change DMEPOS supplier to continue your Medicare coverage
- May stay with current supplier if “grandfathered”
- If in Medicare Advantage plan, check with your plan





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