



MEDICARE: What You Need to Know-Part I

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Medicare is the largest health insurance program in the country and is administered by the Centers for Medicare and Medicaid Services (CMS). Medicare is an entitlement program for which an individual can qualify if he or she falls into certain categories. Under the program, 41 million Americans are insured and \$213 billion is spent on care. The program is not free for everyone.

The cost for Part B (Medical Insurance) is as follows: \$93.50 per month.

Beginning in 2007, single individuals with incomes in excess of \$80,000 and married couples with incomes in excess of \$160,000 will pay higher premiums.

Those who have low income may qualify for assistance from Medicaid or Medicare Savings Programs.

Medicare covers acute care which is interpreted to be care that is reasonable and is necessary to diagnose or treat an illness or injury. It does not cover preventative or chronic health care.

An applicant must fall within one of the following categories to be eligible:

- U.S. resident age 65 or older
- U.S. citizen or legal alien-

siding in U.S. continuously for at least five years

- Disabled and entitled to Social Security, widows or RRD benefits for 25 months
- End-stage renal disease requiring dialysis or kidney transplant
- Other seniors can "buy in"

Medicare Part A covers hospital care, skilled nursing facilities, home health agencies and hospice.

Medicare Part A also covers 90 days of hospital care per "spell of illness." A "spell" begins upon entry to the hospital and ends after a discharge period of 60 days. There is an additional lifetime reserve of 60 days; however, there is no limit as to the number of "spells of illnesses". The deductible for Part A in 2007 is \$992. After someone has been hospitalized for 60 days a co-pay of \$248 is charged. On the 91st day the patient begins tapping into the 60 day lifetime reserve and, there is a co-pay of \$496 per day at that point. The benefit covers most hospital charges except payment for telephone and television and it provides for a semi private room. A private room is available only if it is "medically

necessary." Meals, medical supplies, drugs and laboratory tests are covered as well as blood transfusions after the first three pints of blood. Unproven experimental treatments or procedures are not covered. The cost of staying in a psychiatric hospital is covered; however, there is a limit of 190 days of in-patient psychiatric services during the patient's lifetime.

There are serious limits with respect to skilled nursing facilities since Medicare Part A is not intended to cover palliative care. Medicare will pay up to 100 days of skilled nursing care per "spell of illness." The patient is not responsible for any co-pay the first 20 days, however, there is a \$124 a day co-pay which may be covered by a medigap policy. In order for Medicare to pay for the above the following requirements must be met:

- Enter nursing home no more than 30 days after a hospital stay that lasted at least 3 days (not counting day of discharge)
- Care in nursing home for same condition as hospitalization
- Skilled level of care

A Skilled level of care is care

ordered by a physician and delivered by or under the supervision of a professional and is delivered on a daily basis. Few nursing home residents receive this level of care and coverage of care will end when the facility determines that the patient is no longer receiving a skilled level of care. However, coverage is often terminated prematurely for care received at a skilled nursing facility. Medicare coverage should be available if skilled care is needed to maintain the patient's status. The standard is not progress toward recovery. In addition, Medicare coverage should be available if treatments require skilled supervision even if a skilled nurse does not carry out the treatments. Once a facility determines that benefits should no longer be available, a notice of non-coverage is issued by the nursing home; however, the nursing home bill can be sent to Medicare despite the assessment of the nursing home. The patient should request review by a fiscal intermediary, which is available at no cost. The client has the right to appeal to an administrative law judge and has subsequent appellate rights as well.

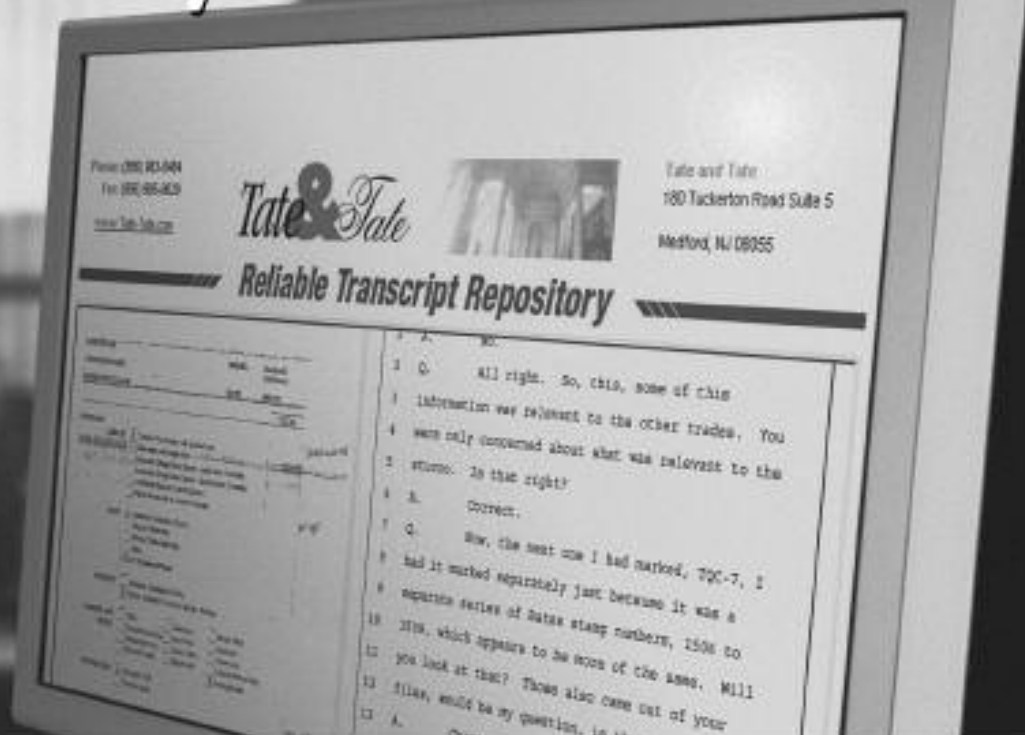
Hospice is an underutilized benefit. The benefit is available whether offered at a hospice care facility or at a hospital, nursing home or residence. The benefit covers physician services, nursing care, drugs for symptom management and pain relief, homemaker and home health aide services, counseling and spiritual care and bereavement services, and a one-time educational consult by a hospice physician to terminally ill patients not yet in hospice. The hospice care benefit is designed to make the patient more comfortable and is not designed to offer a cure. In order to obtain hospice care benefits under Part A the individual must (1) be entitled to Part A, (2) have a certification of life expectancy (after the initial certification period, unlimited number of 60-day periods), (3) sign a statement electing hospice benefit and agreeing to forego curative treatment since the patient will receive only palliative care.

It should be noted that the patient can revoke the benefit and re-elect it later. The individual is not required to be home-bound, and may continue with their personal physician.

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Medicare Part B covers the following:

- "Outpatient" care
- Office visits
- Ambulance transportation
- Physician visits to hospital
- Outpatient therapies prescribed by physician

Medicare Part A recipients are automatically enrolled in Part B unless they opt out. The monthly premium is \$93.50. You must enroll once you become eligible or a penalty will be assessed. For example, a five year delay will result in an increased 50% premium.

Medicare Part B does not cover the following items:

- Routine physical check ups
- Eyeglasses or contact lenses
- Hearing aids
- Orthopedic shoes, except for diabetics
- Custodial care
- Cosmetic surgery
- Immunizations except pneumonia vaccines
- Most dental services
- Routine foot care

There is an annual deductible of \$131. Medicare Part B covers 80% of a reasonable charge which may be less than the provider's normal charge. Any provider who accepts assignment agrees to accept payment of Medicare's approved charge. The beneficiary is charged 20% plus any part of the deductible that has not been satisfied. A non-participating provider is subject to a limiting charge, which is 20% of the Medicare approved charge plus an additional 15% of the Medicare approved amount. For example, if the Medicare approved charge is \$100 and

Dr. Smith charges \$150 dollars, Dr. Smith may bill \$20 plus \$15 for a total of \$35.

Physicians are prohibited from requiring patients to waive the right to Medicare benefits and requiring private pay, furthermore, they are prohibited from suing beneficiaries in small claims court for amounts above the 15% limiting charge.

The following services are paid in full and there is no deductible or co-pay:

- Diagnostic lab tests
- Home health services
- Second opinions on surgery
- Pneumonia vaccine
- Costs to kidney transplant donors

Medicare Part B will cover 50% of the approved rate for mental disorders on an out-patient basis.

As to the home health benefit, benefits are paid in their entirety and there is no limit on the length of time provided that the following strict requirements for home health benefits are met:

- Confinement to home
- Doctor orders home health services
- Some elements of services are "skilled" – skilled nursing care, physical therapy or speech therapy.

Home health benefits include payment for social services, part time or intermittent home health aide, medical supplies and durable medical equipment (for which there is a 20% co-pay).

Part II of this article will appear in the November Barrister and discuss Medicare Part C, Medigap Plans, other aspects of Medicare, and recent changes..

MARKETING MATTERS

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