

Medicare and the Health Insurance Marketplaces

Medicare Eligibility and Enrollment Basics

www.medicarerights.org

Medicare Rights Center

- The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through:
 - Counseling and advocacy
 - Educational programs
 - Public policy initiatives

This training will cover

An introduction to Medicare

- Medicare Parts A and B costs and coverage
- Medicare eligibility
- Medicare Part A and B Enrollment Periods
- Medicare Part D eligibility and enrollment

Medicare

Health insurance for people 65 and older and people with disabilities

People of all income levels eligible

Run by the government but can be provided by private companies

Covers most medical services a beneficiary needs

Parts of Medicare

Medicare benefits are administered through three parts

- **Part A** Hospital/Inpatient Benefits
- Part B Doctors/Outpatient Benefits
- Part D Prescription Drug Benefit
 OAdded 2006

What happened to Part C?

Private Health Plans (HMO, PPO)
 OWay to get Parts A, B and D through one private plan
 OKnown as Medicare Advantage
 ONot a separate benefit

Getting Medicare benefits

Original Medicare

- Traditional program
- Accepted by most doctors and hospitals in the country
- Supplemental insurance can help pay out-of-pocket costs (like deductible and coinsurance)

Medicare Advantage (HMO, PPO)

- Began as Medicare + Choice in 1997
- Must offer the same benefits as Original Medicare, but can decide how and when someone can access them
 - OLimit people to doctors and hospitals in the plan's network
- May offer additional benefits

Medicare costs keywords

- Premium
 - The amount someone must pay for Medicare, a private health plan or Part D plan for coverage
 - Generally paid on a monthly basis
- Deductible
 - The amount an individual must pay for their health care services before their health insurance begins to pay
- Copay
 - A set amount someone is required to pay for each medical service they receive (example: a person has to pay \$20 each time they go to the doctor)
- Coinsurance
 - The portion of the cost of care that someone is required to pay after their health insurance pays(example: they pay 20% for most Medicare approved services)

Part A costs and coverage

Part A covers:

- Inpatient hospital care
- Inpatient skilled nursing facility
- Home health care
- Hospice care
- Part A costs:
 - Premium: Free for those with 10 years of Social Security work history
 - Hospital deductible: \$1,216 in 2014 for each benefit period

Hospital copay:

O\$234 per day for days 61-90 for each benefit period

- O\$426 per day for days 91-150 (these are 60 non-renewable lifetime reserve days)
- Skilled nursing facility copay: \$147 per day for days 21-100 for each benefit period

Part B costs and coverage

- Part B covers:
 - Doctor services
 - Preventive care
 - Durable medical equipment (DME)
 - O Such as wheelchairs, walkers, oxygen tanks
 - Home health care
 - X-rays, lab, ambulance services
 - Therapy services (PT/OT/ST)
- Part B costs:
 - Annual deductible: \$147 in 2014
 - Monthly premium: \$104.90 in 2014
 - O People with high incomes pay more
 - Coinsurance: Medicare pays 80% of Medicare-approved amount for doctors' services; beneficiaries pay 20% coinsurance
 - Exceptions: no coinsurance or deductible for certain preventive services; outpatient hospital copays cannot exceed the Part A deductible for that year

Medicare Eligibility

Medicare eligibility – 65+

When someone turns 65, they qualify for Medicare if they:

- Collect or qualify to collect Social Security or Railroad Retirement benefits; OR
- Do not qualify for Social Security or Railroad Retirement benefits, they're a current US resident, and are either:
 - O A US citizen, or
 - O A permanent US resident (Green card holder) having lived in the US for 5 continuous years before they apply for Medicare

Medicare eligibility – under 65

Someone is eligible if:

- Someone has End-Stage Renal Disease (ESRD or kidney failure) and they have enough Medicare work history; OR
- They have been getting Social Security Disability Insurance (SSDI) or Railroad Disability Annuity checks for total disability for at least 24 months
 - If someone has ALS (Lou Gehrig's disease) there is no waiting period

Medicare Enrollment

Two main ways to enroll

- 1. Automatic Enrollment
- 2. Active Enrollment
 - Initial Enrollment Period
 - Special Enrollment
 - General Enrollment

1. Automatic enrollment

A person will automatically be mailed a Medicare card for Parts A and B if:

- They have enrolled to receive Social Security benefits before they turn 65
- They have a disability and have been receiving SSDI for at least 24 months
- They are getting SSDI because they have ALS

Active enrollment into Medicare

- People who have not signed up for Social Security when they turn 65
- People who do not have enough Social Security work history to qualify for premiumfree Part A
- People who have Medicare Part A but declined Part B because they had insurance from a current employer

2. Active enrollment: Initial Enrollment

If a person is not automatically enrolled:

- They can enroll in Parts A, B and D during a 7-month period starting 3 months before their birthday month and ending 3 months after their birthday month
- They should enroll 1-3 months before their birthday month to make sure their coverage begins by the time they turn 65

2. Active enrollment: Initial Enrollment



3. Active enrollment: Special Enrollment

- Special Enrollment Period to enroll in Part B up to 8 months after insurance from a current employer ends or the worker retires
- A person may use the Special Enrollment Period if they or their spouse are actively working and receive health coverage from that job
 - Some people delay Medicare B if they have employer insurance that is primary
 - If employer insures 20+ employees, then employer insurance is primary for Medicare beneficiaries age 65 or older

4. Active enrollment: General Enrollment

- If a person misses their Initial or Special enrollment periods, they can enroll in Parts A and/or B during January1- March 31 of each year
- Coverage will start July 1
- May have to pay a 10% Part B premium penalty for the rest of their life for every year they delayed enrollment

Consequences of delayed Medicare enrollment

May pay higher premiums

- People need to pay a premium penalty (extra premium charge)
- May have gaps in coverage
 - Can only enroll at a specific time of the year,
 OGeneral Enrollment Period for Part B
 OThe Fall Open Enrollment Period for Part D

Part D

Part D

- Outpatient prescription drugs
- Only available from private plans
 - Original Medicare:
 - OStand-alone private drug plan (PDP) private plan offers only drug coverage
 - Medicare Advantage (private health) plan:
 - OGenerally get all Medicare benefits through one plan
- People with creditable coverage may not need Part D coverage
- All people qualify for Medicare Part D once they are enrolled in Medicare Part A and/or B

Enrolling into Part D

- 1. Initial Enrollment
- 2. Special Enrollment Period (SEP)
- 3. Fall Open Enrollment
 - Someone can enroll in a Part D plan or MA plan from October 15 to December 7 of each year

Enrolling into Part D

If a person misses their initial or special enrollment periods, they can enroll during Fall Open Enrollment

Coverage will start January 1

May have to pay a 1% Part D premium penalty for the rest of their lives for every month they were without drug coverage

Should someone enroll in Part D?

- Do they
 - Have coverage at least as good as or better than Medicare's basic benefit (creditable)? They should typically keep it.
 - Qualify for Extra Help? This benefit is a good deal.
 - Have high drug costs? The Part D benefit will likely help.
- Even if someone does not have high drug costs right now, their situation could change and they may have gaps in coverage
 - They may also be subject to a penalty

For more information and help

Local State Health Insurance Assistance Program (SHIP)

Find a SHIP phone number at <u>www.shiptalk.org</u>

Medicare

- 800-MEDICARE (663-4227)
- www.medicare.gov
- Medicare Rights Center
 - 800-333-4114
 - Medicare Interactive (see next slide)

Medicare Interactive



Medicare Interactive

- www.medicareinteractive.org
- Web-based compendium developed by Medicare Rights to be used as a counseling tool to help people with Medicare
 - Easy to navigate
 - Clear, simple language
 - Answers to Medicare questions and questions about related topics, for example:

"How do I choose between a Medicare private health plan (HMO, PPO or PFFS) and Original Medicare?"

1.1 million annual visits and growing





- Timely, understandable answers to Medicare questions
- Links to deeper exploration of topics
- Additional resources and health tips
- Released every two weeks

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Medicare Rights University

- Web-based curriculum that empowers professionals to better help their own clients, patients, employees, retirees, and others navigate Medicare
 - Beta tested with 30+ companies and nonprofits
- Four levels with four to five courses each
- Courses organized by knowledge level
 - Free assessment
- Quizzes and downloadable course materials
- Builds on 25 years of Medicare Rights Center counseling expertise
- For details, visit <u>MedicareRightsUniversity.org</u> or contact Scarlet Watts: 212-204-6285, <u>swatts@medicarerights.org</u>.

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