

# Medicare News



2020

## Original Medicare

Original Medicare is for people 65 and older or with certain disabilities. Medicare has four parts – Medicare Part A (hospital insurance), Part B (medical insurance), Part C (choices in health care plans) and Part D (prescription drug coverage). Each year the Centers for Medicare & Medicaid Services (CMS) – the federal government agency that oversees the Medicare Program – announces updates to premiums, deductibles and coinsurance amounts for all four parts of Medicare plus other news. More details on back.

## COVID-19: Tips to Help Stay Healthy

- Wash your hands often
- Avoid touching your eyes, nose and mouth
- Stay home as much as possible
- Avoid close contact with sick people
- Put distance between yourself and other people
- Clean and disinfect frequently touched surfaces
- Avoid all cruise travel and nonessential air travel
- Concerns about COVID-19 or if you are sick, call your doctor; they may use telehealth services for common office visits, counseling, and preventive screenings

## It's the Law

Medicare enrolled providers are required to submit your claim to Medicare for payment. Providers not enrolled in Medicare cannot submit your claim because they are not part of the Medicare Program. Ask your doctor and contact Medicare to confirm the provider is enrolled in Medicare. It's to your benefit to receive services from a Medicare enrolled provider.

## Electronic Medicare Services (eMedicare)

eMedicare is an approach to interact with Medicare online or through the What's Covered app on a smart phone or tablet. The goal is to offer simple, personalized Medicare information that helps you save time and make good health care and coverage decisions. Visit <https://www.medicare.gov> for instant Medicare information and go to <https://www.MyMedicare.gov> and register to access your benefits. It's safe and secure that includes a "Go Paperless" option to receive your Medicare Summary Notice electronically (eMSN).

## Medicare Preventive Services

You pay nothing for most covered preventive services from a doctor or qualified health care provider that accepts assignment. Take charge of your health care by getting screenings, counseling and other services. The annual wellness visit is a good place to start; it's free and develops a plan to help prevent disease or disability. Check the current Medicare & You handbook for more coverage information.

## It's Your Medical Record

People on Medicare can ASK their primary care doctor to share your medical documents to support the order with other doctors, suppliers, and other qualified health care providers to assist those providers in successful claim submission to Medicare.

## Medication Safety

At your yearly "Wellness" visit, discuss the need and safety of all your medications with your doctor. Especially, the interactions with OPIOIDS and benzodiazepines.

Details Inside

# Original Medicare Benefit Summary and Your Costs for 2020—Medicare Part A (Hospital Insurance)

## Covered Services

## What You Pay

<b>1</b> <p>Hospital stays: Your room, meals, skilled nursing, therapy, tests, other hospital services, and supplies. There will also be charges from your doctors billed to Medicare Part B while you are in the hospital</p> <p>Note: Are you a Hospital Inpatient or Outpatient? If you have Medicare – Ask! Knowing what your status is at a hospital determines what you pay...Remember to Ask!</p>	<p>For each benefit period you pay:</p> <ul style="list-style-type: none"><li>• \$1,408 for a hospital stay of 1–60 days</li><li>• \$352 each day for days 61–90</li><li>• \$704 each day for days 91–150</li><li>• All charges billed by the hospital for each day beyond 150 until a new benefit period</li><li>• Most People with Medicare do not have a monthly Part A premium (See the <b>note</b> at the bottom of this page to learn about benefit periods.)</li></ul>
<b>2</b> <p>Skilled nursing facility stays: Your room, meals, skilled nursing, therapy, and other services and supplies</p>	<p>For each benefit period you pay:</p> <ul style="list-style-type: none"><li>• Nothing for the first 20 days</li><li>• \$176.00 each day for days 21–100</li><li>• All charges billed by the facility after day 100 of the benefit period</li></ul>
<b>3</b> <p>Blood: From a hospital or skilled nursing facility during a covered stay</p>	<p>You pay:</p> <ul style="list-style-type: none"><li>• For the first three pints</li></ul>
<b>4</b> <p>Home health care: Part time skilled care, home health aide, and other services</p> <p><b>Note:</b> Ask your doctor to sign any medical records sent to or requested by your home health agency.</p>	<p>You pay:</p> <ul style="list-style-type: none"><li>• Nothing for approved services</li><li>• 20% of the Medicare-approved amount for durable medical equipment</li></ul>
<b>5</b> <p>Hospice care: The services provided for you by a hospice agency when your illness is terminal</p>	<p>You pay:</p> <ul style="list-style-type: none"><li>• Small amounts for outpatient drugs and inpatient respite care (respite care is care given to you by someone else so your usual caregiver can rest)</li></ul>

**Note:** A benefit period is a way for Medicare to measure your use of services under Medicare Part A. It starts the first time you receive inpatient hospital care and ends when you have been out of a hospital or other skilled facility for 60 days in a row. There is no limit to the number of benefit periods you can have with Medicare.

# Original Medicare Benefit Summary and Your Costs for 2020—Medicare Part B (Medical Insurance)

Medicare Part B has a \$198 deductible each year for some covered services.

A deductible is an amount you pay before Medicare begins to pay.

The \$198 deductible applies to the covered services listed in blocks 1, 2 and 3 only.

## Covered Services

## What You Pay

<b>1</b> Medical expenses: Doctors' services in or out of the hospital, limited therapy to help you recover from an illness or injury, tests to diagnose your illness, ambulance services and durable medical equipment, such as canes, wheelchairs, home oxygen/equipment, home blood glucose monitors, test strips/lancets and preventive services such as mammograms, flu shots and many different types of screenings.	<b>You pay:</b> <ul style="list-style-type: none"><li>• 20% of approved amount (see the note at the bottom of this page)</li><li>• Most preventive services are free with no deductible or coinsurance</li><li>• 20% for most outpatient mental health services</li><li>• 20% of all outpatient physical, occupational and speech therapy services</li><li>• Most people with Medicare Part B pay a monthly premium. (see last page for more details)</li></ul>
<b>2</b> Outpatient hospital services: Services billed by the hospital for the diagnosis or treatment of an illness or injury	<b>You pay:</b> <ul style="list-style-type: none"><li>• A coinsurance or fixed copayment amount for each service you get in an outpatient visit. For each outpatient service you get, this amount cannot be more than the Medicare Part A inpatient hospital deductible (\$1,408 in 2020)</li></ul>
<b>3</b> Blood: As an outpatient or as part of a Part B covered service	<b>You pay:</b> <ul style="list-style-type: none"><li>• For the first three pints plus 20% of approved amount for additional pints</li></ul>
<b>4</b> Clinical laboratory tests: Blood and urine tests	<b>You pay:</b> <ul style="list-style-type: none"><li>• Nothing for approved services (Medicare pays 100% of approved amount)</li></ul>
<b>5</b> Home health care: Part time skilled care, home health aide, and other services  Note: Ask your doctor to sign any medical records sent to or requested by your home health agency.	<b>You pay:</b> <ul style="list-style-type: none"><li>• Nothing for approved services</li></ul>

**Note:** Doctors and suppliers who do not accept assignment can charge you an extra 15% above what Medicare approves. Some states may have a balance billing law so you do not have to pay the extra 15%.

# Medicare Part B Payment Example

The amounts you must pay after the deductible could be higher if your doctor or supplier does not accept assignment. If the doctor accepts assignment, the amount Medicare approves is the most the doctor can charge you. The math below makes it easy to understand assignment.

1) Doctor bills Medicare this amount:	➡	\$60.00
2) Medicare approves this amount:	➡	\$40.00
		<u>x 80%</u>
3) Medicare pays 80% of the approved amount:	➡	\$32.00
		\$40.00
		<u>x 20%</u>
4) You pay 20% of the approved amount:	➡	\$ 8.00
5) The doctor gets \$32.00 from Medicare:	➡	\$32.00
6) \$8.00 from you:	➡	<u>+ 8.00</u>
7) and cannot charge anymore.		\$40.00

Medicare Part B providers must accept assignment for clinical laboratory tests, ambulance transportation, and any drugs or biologicals covered by Medicare.

The Part B Medicare premium is mostly likely taken from your Social Security check. In 2020, the Part B Medicare premium amount is \$144.60, or higher depending on your income. However, some people who get Social Security benefits pay less than this amount. The Social Security Administration determines how much you pay. Questions should be directed to the Social Security Administration at 1-800-772-1213.

## Part C (Choices in Health Care Plans)

The choices in health care plans under Medicare are called Medicare Advantage Plans. Medicare Advantage Plans include Medicare HMOs, Medicare PPOs and Medicare Private Fee-for-Service Plans to name a few. These plans will have the same coverage benefits as original Medicare and may offer extra benefits, like extra days in the hospital. To find out more information about Medicare Advantage Plans, call 1-800-MEDICARE or visit <https://www.medicare.gov>.

## Part D MedicareRx (Prescription Drug Coverage)

Medicare offers approved prescription drug coverage. All people with Medicare can join a prescription drug plan. You choose the drug plan and pay a monthly premium and deductible. Extra help paying for prescription drug coverage is available to those who qualify. You will need to review your current prescription drug coverage and determine if you would like to join a drug plan. You can get help with Part D MedicareRx prescription drug coverage decisions by calling 1-800-MEDICARE or visit <https://www.medicare.gov>.

**To get more help with all Medicare questions**  
**Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week**  
**TTY/TDD 1-877-486-2048 (for the hearing impaired)**  
**Visit <https://www.medicare.gov>**



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My Medicare.*