

Medicare Minute Script – June 2016 Medicare Part A-Covered Services

Medicare is composed of four Parts: A, B, C, and D. Today we will learn the basics of Medicare Part A, the hospital insurance Part of Medicare, including coverage and costs.

Point 1: Understand what Part A covers.

Medicare Part A (Hospital Insurance) covers most medically necessary inpatient hospital, skilled nursing facility, home health, and hospice care. Medicare Part A benefits are administered directly by the federal government through Original Medicare or by private insurance companies through Medicare Advantage Plans (sometimes called Part C). Part A covers **Inpatient hospital care** for up to 90 days each benefit period. A benefit period begins the day you're admitted as an inpatient and ends when you've been home for at least 60 days in a row. If you exhausted these days, Medicare will pay for 60 additional lifetime reserve days that you can only use once in your lifetime. They are not renewable once you use them. **Skilled nursing facility (SNF) care** is covered for up to 100 days each benefit period. To qualify for SNF care you must have been admitted to the hospital as an inpatient for at least three consecutive days in the 30 days before SNF admission. You must also need skilled nursing services seven days per week or physical, occupational, or speech therapy services five days per week.

Home health care includes skilled nursing care that can only be performed safely and effectively by a licensed nurse. Injections, tube feedings, catheter changes, and wound care are examples of skilled nursing care that Medicare may cover. It also includes skilled therapy services. To qualify, you must be certified "homebound" by a doctor and need intermittent skilled nursing or rehabilitation care. To be certifiable as "homebound" means you typically cannot leave home on your own and need another person's help or a special device to do so. You may leave home for medical treatment and for infrequent or relatively short absences for non-medical reasons, such as a walk around the block, religious services, or a wedding. **Hospice care** covers continuous home care for as long as your doctor certifies that you need non-curative (called "palliative") care to lessen symptoms of a terminal illness and have a life expectancy of six months or less. Hospice care is usually given in your home but may also be covered in a hospice inpatient facility. Hospice can include physical and occupational therapy, non-curative prescription drugs for symptom control or pain relief, social work services, dietary counseling, and any other Medicare-covered services needed to manage your pain and other symptoms related to your terminal illness.

Point 2: Know Part A costs.

Part A monthly premiums are determined by your work history. Part A is premium-free if you or your spouse have worked and paid Social Security taxes for at least 40 calendar quarters (10 years). You must also be either a U.S. citizen or a legal permanent resident of at least five continuous years to qualify for premium-free Part A. If you or your spouse worked and paid Medicare taxes between 7.5 and 10 years, you will pay \$226 per month as a Part A premium. If you or your spouse worked and paid Medicare taxes for fewer than 7.5 years, you will pay \$411 per month. Part A coinsurance and copayments vary depending on whether you have Original Medicare or a Medicare Advantage Plan. If you have Original Medicare, the first 60 days of your inpatient hospitalization will be covered in full each benefit period after you pay your deductible of \$1,288. For days 61 to 90, your coinsurance will be \$322 per day. If you exceed 90 days of inpatient care, you may choose to use some or all of your 60 non-renewable lifetime reserve days that have a daily coinsurance of \$644. If you receive



LOCAL HELP FOR PEOPLE WITH MEDICARE

care in a SNF, the first 20 days are covered in full under Part A. For days 21 to 100, your coinsurance will be \$161 per day. There are no daily coinsurance charges for home health and hospice services. If you have a Medicare Advantage Plan, contact your plan to learn more about its cost-sharing rules.

Note: If you need help covering some of the costs of Medicare, like deductibles and coinsurance, you can purchase a Medigap supplemental policy if you have Original Medicare. If you have a low income, you may be eligible for cost-assistance programs. Contact your State Health Insurance Program (SHIP) to learn more about Medigaps or programs to help with your out-of-pocket costs.

Point 3: Know whether you are a hospital inpatient or outpatient.

It is important to know whether you have inpatient or outpatient status because this impacts your costs and coverage. For example, staying overnight in a hospital does not automatically make you an inpatient. You become an inpatient after your doctor formally admits you to the hospital. In general, doctors will admit you as an inpatient if they expect you will stay two or more midnights and need medically necessary hospital care. Part A covers most of your care when you have inpatient status. However, when you are in the emergency room or in the hospital under observation, you are considered an outpatient. As an outpatient, Part B covers hospital services, in which case you generally pay a 20% copayment for each individual outpatient service you receive. This amount may vary by service. Services may include, but are not limited to, lab tests, surgery, or x-rays.

Take Action:

- 1) Understand the health services covered by Part A. Know how your costs and coverage rules differ if you are a hospital inpatient versus an outpatient.
- 2) If you are enrolled in a Medicare Advantage Plan, call your plan for a summary of inpatient hospital costs and coverage rules. If you have Original Medicare, call 1-800-MEDICARE or your SHIP for one-on-one counseling to understand Part A coverage rules, costs, and supplemental insurance or programs that may help with your costs.
- 3) If your provider is billing you for services that you did not receive and you are unable to resolve the problem, contact your Senior Medicare Patrol (SMP) for help.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: SHIP email: SHIP website: To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org	SMP toll-free: SMP email: SMP website: To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org
<i>The production of this document was supported by Grant Numbers 90ST1001 and 90NP0003 from the Administration for Community Living (ACL). Its contents are solely the responsibility of the SHIP National Technical Assistance Center and Senior Medicare Patrol National Resource Center and do not necessarily represent the official views of ACL.</i>	