



Medicare Part A

A Medicare Scholar Presentation



Parts of Medicare

- Part A – Hospital Insurance
- Part B – Outpatient Insurance
- Part C – Medicare Advantage
- Part D – Prescription Drug Coverage

Medicare Part A

Qualifications

- Age 65 or older
- U.S. citizen or permanent legal resident
- Under 65 with certain disabilities, like Lou Gehrig's disease

Premium

- No premium for individuals that have worked 40 quarters paying Medicare taxes
- Worked 0-29 quarters: \$506/month
- Worked 30-39 quarters: \$278/month

Medicare Part A

Coverage for:

- Inpatient Hospitalization
- Skilled Nursing Facility
- Home Health Care
- Hospice Care



Inpatient Hospitalization

Inpatient Hospitalization Qualifications

Covers care if you meet both these conditions

- Admitted to the hospital after a doctor's order, which says you need inpatient care to treat your illness or injury
- The hospital accepts Medicare

In certain cases, Part A also covers care if the hospital's Utilization Review Committee approves your stay while you're admitted

Inpatient Hospitalization Coverage

Medicare-covered hospital services include:

- Semi-private rooms
- Meals
- General nursing
- Drugs
- Other services or supplies as part of your inpatient treatment

Inpatient Hospitalization Coverage

Medicare does not cover:

- Private-duty nursing
- Private room (unless medically necessary)
- Television or phone in your room (if charged separately)
- Personal care items, like razors, slipper socks, etc.

Inpatient Hospitalization

What is a **benefit period**?

- Begins the day you're admitted as an inpatient
- Ends when you haven't gotten any inpatient hospital care or skilled nursing care for 60 days in a row

Inpatient Hospitalization Costs

Your costs for each benefit period:

- \$1,600 deductible
- Days 1-60: \$0 copay
- Days 61-90: \$400 copay per day
- Days 91 and beyond: \$800 copay per day
 - NOTE: You have 60 “lifetime reserve days” that can be used for inpatient days 91 and beyond over your lifetime
- Each day after “lifetime reserve days”: **all costs**



Skilled Nursing Facility Care

Skilled Nursing Facility Care Qualification

Covers skilled nursing care on a short-term basis if all these conditions apply:

- You have Part A and have days left in your **benefit period** to use
- You have a qualifying inpatient stay (3 day minimum)
- Your doctor determines you need daily skilled care
- You receive skilled services in a Medicare-certified facility

Skilled Nursing Facility Care Coverage

Medicare-covered services include, but are not limited to:

- A semi-private room
- Meals
- Skilled nursing care
- Physical, occupation, and speech-language pathology therapy
- Medical social services
- Medications
- Supplies and equipment
- Ambulance transportation
- Dietary counseling

Skilled Nursing Facility Care Costs

You pay this for each benefit period:

- Days 1-20: \$0 copay
- Days 21-100: up to \$200 per day
- Days 101 and beyond: All cost

Medicare & You Handbook

SECTION 2: Find out if Medicare covers your test, item, or service 55

What's NOT covered by Part A and Part B?

Medicare doesn't cover everything. If you need certain services Part A or Part B doesn't cover, you'll have to pay for them yourself unless:

- You have other coverage (including Medicaid) to cover the costs.
- You're in a Medicare Advantage Plan or Medicare Cost Plan that covers these services. Medicare Advantage Plans and Medicare Cost Plans may cover some extra benefits, like fitness programs and vision, hearing, and dental services.

Some of the items and services that Original Medicare doesn't cover include:

- ✗ Most dental care
- ✗ Eye exams (for prescription glasses)
- ✗ Dentures
- ✗ Cosmetic surgery
- ✗ Massage therapy
- ✗ Routine physical exams
- ✗ Hearing aids and exams for fitting them
- ✗ Long-term care
- ✗ Concierge care (also called concierge medicine, retainer-based medicine, boutique medicine, platinum practice, or direct care)
- ✗ Covered items or services you get from an opt out doctor (see page 60) or other provider (except in the case of an emergency or urgent need)

Paying for long-term care

Long-term care (sometimes called "long-term services and supports") includes non-medical care for people who have a chronic illness or disability. This includes non-skilled personal care assistance, like help with everyday activities, including dressing, bathing and using the bathroom. Non-medical care also includes home-delivered meals, adult day health care, and other services. **Medicare and most health insurance, including Medicare Supplement Insurance (Medigap), don't pay for this type of care.** You may be eligible for this care through Medicaid, or you can choose to buy private long-term care insurance.

You can get long-term care at home, in the community, in an assisted living facility, or in a nursing home. It's important to start planning for long-term care now to maintain your independence and to make sure you get the care you may need, in the setting you want, now and in the future.

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Home Health Care

Intermittent skilled care in the home

Home Health Care Qualifications

All beneficiaries with Part A and/or Part B who meet the following conditions are covered:

- Must be under the care of a doctor, and must be under a plan of care created and reviewed regularly by a doctor
- Must be homebound, and a doctor must certify that you're homebound

Definition of Homebound

An individual shall be considered “homebound” (confined to the home) if the following two criteria are met:

Criteria 1 <u>One</u> Must Be Met	Criteria 2 <u>Both</u> Must Be Met:
Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence	There must exist a normal inability to leave home
Have a condition such that leaving your home is medically contraindicated.	Leaving home must require a considerable and taxing effort

Home Health Care Qualifications

You must need one of more of these:

- Intermittent skilled care
- Physical therapy, speech-language pathology, or continued occupation therapy services
- To be eligible, either:
 - Your condition must be expected to improve, or
 - You need a maintenance program for your condition, or
 - You need to receive maintenance therapy for your condition
- Home health agency must be approved by Medicare

Home Health Care Coverage

Medicare covers all approved home health care costs

Medicare does not pay for:

- 24-hour-a-day care at your home
- Meals delivered to your home
- Homemaker services, like shopping, cleaning, and laundry
- Custodial or personal care that assists with the activities of daily living, like bathing, dressing or using the bathroom, when this is the only care you need

Home Health Care Costs

Your costs for approved home health care services are:

- \$0 for covered services
- After you've met the Part B deductible, 20% of the Medicare-approved amount for covered medical equipment in the home (if needed)



Hospice Care

End-of-life or palliative care

Hospice Care Qualifications

If you have Medicare Part A and meet all of these conditions:

- Your doctor certifies that you're terminally ill with a life expectancy of 6 months or less
- You accept comfort care (palliative care) instead of care to cure your illness
- You sign a statement choosing hospice care instead of other covered treatment for your terminal illness

Hospice Care Coverage

Your hospice team will create a plan of care that can include any of these services:

- Doctor's services
- Nursing and medical services
- Durable medical equipment and supplies
- Drugs for pain management, spiritual and grief counseling for you and your family
- Any other services Medicare covers to manage your pain and other symptoms

Hospice Care Costs

You generally pay nothing for hospice care, except:

- You pay a copayment up to \$5 for each prescription for pain and symptom management
- You may have to pay room and board if you live in a facility, like a nursing home, and choose to get hospice care there
- You may pay 5% of the Medicare-approved amount for inpatient respite care



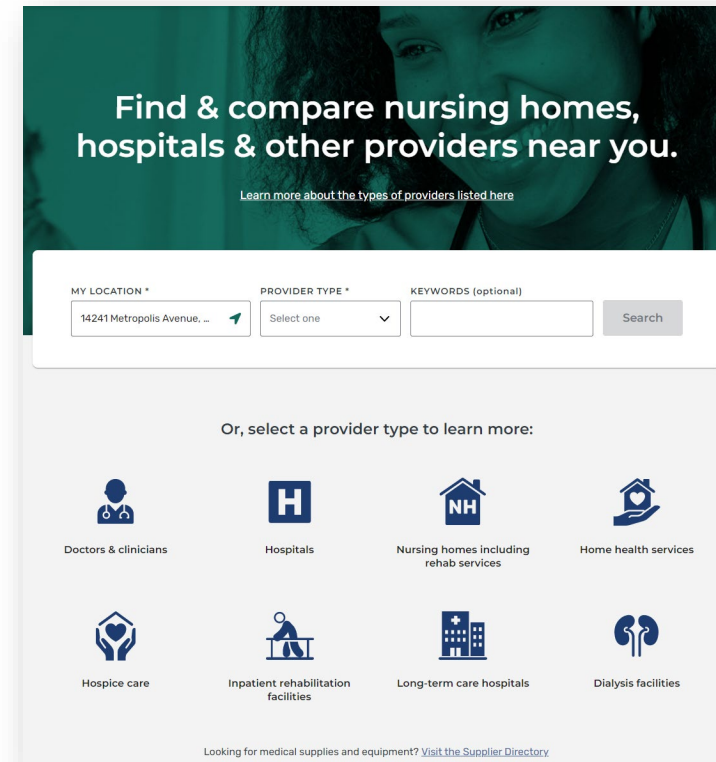
Inpatient Respite Care

Temporary care provided in a nursing home, hospice inpatient facility, or hospital so that a family member or friend who is your primary caregiver can rest or take some time off

Online Resources

- Find and compare nursing homes, hospitals, hospice care and other providers
- Ensures you're utilizing Medicare-certified facilities
- View public ratings of the facilities

www.medicare.gov/care-compare



The screenshot shows the Medicare Care Compare website interface. At the top, there is a header with the text "Find & compare nursing homes, hospitals & other providers near you." and a link "Learn more about the types of providers listed here". Below the header is a search bar with three input fields: "MY LOCATION *" (containing "14241 Metropolis Avenue..."), "PROVIDER TYPE *" (a dropdown menu with "Select one"), and "KEYWORDS (optional)". A "Search" button is located to the right of the input fields. Below the search bar, there is a section titled "Or, select a provider type to learn more:" with eight icons representing different provider types: Doctors & clinicians, Hospitals, Nursing homes including rehab services, Home health services, Hospice care, Inpatient rehabilitation facilities, Long-term care hospitals, and Dialysis facilities. At the bottom of the page, there is a link: "Looking for medical supplies and equipment? Visit the Supplier Directory".



Questions?



Thank You For
Attending!



Sources

- <https://www.medicare.gov/what-medicare-covers/what-part-a-covers>
- <https://www.medicare.gov/coverage/inpatient-hospital-care>
- <https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care>
- <https://www.medicare.gov/coverage/home-health-services>
- <https://www.medicare.gov/coverage/hospice-care>
- <https://www.medicare.gov/care-compare/>