Welcome to Medicare

An Educational Series for People with Medicare in Wisconsin





Grant Funding Disclaimer

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Presentation Outline

Part 1: Enrollment in Medicare

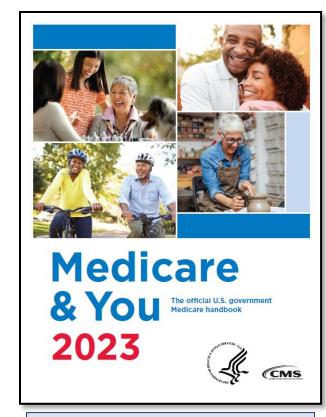
Part 2: Medicare Basics; Part A; Part B

Part 3: Your Coverage Choices; Original Medicare; Medigap Insurance

Part 4: Medicare Advantage Plans (Part C); Other Types of Coverage

Part 5: Medicare Part D; SeniorCare; Annual Open Enrollment Period

Part 6: Help for People with Limited Income; Protect Yourself & Prevent Fraud; Review & Resources



Find more detailed information in your Medicare & You Handsook.

Welcome to Medicare

Part 1

Enrollment in Medicare





- If you already get benefits from Social Security or Railroad Retirement, you will be automatically enrolled in Parts A & B the first day of the month you turn 65.
- If you are close to 65 and currently don't receive Social Security benefits, you need to enroll in Part A & B with Social Security during your Initial Enrollment Period:
 - Visit <u>ssa.gov</u>
 - Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)
 - Or visit your <u>local Social Security office</u>
- If you are under 65 and disabled, you are automatically enrolled in Medicare after receiving 24 consecutive months of Social Security disability benefits (SSDI).



Initial Enrollment Period

7-month period includes 3 months before, month of, and 3 months after 65th birthday.

There will be no penalty.

3months Before Enrollment Period 3months Birthday Month After

Special Enrollment Period

If you wait to enroll in Part B because you or your spouse are still working and have group health plan coverage, you can sign up during the 8 months following the month the group plan coverage ends *or* employment ends (whichever is first).

There will be no penalty.

General Enrollment Period

January 1 through March 31. Annual opportunity to enroll for those who did not sign up during initial enrollment.

Penalty: Cost of Part B premium will go up 10% for each full 12-month period you delay enrolling.



Medicare & Employer Coverage

- You can delay enrollment in Medicare if
 - You/your spouse are currently working, and
 - You are covered under a group health plan based on that employment,
 and
 - Employer has more than 20 employees. (If less than 20 employees you should take Medicare at age 65, even if you are still working.)

Special Enrollment Period

- Enroll in Medicare anytime while actively working.
- To avoid penalty, must enroll within 8 months of
 - Stop work (quit or retire), or
 - Lose health insurance through work.



After 8 months, you'll start incurring a late enrollment penalty, and you may not be able be able to enroll until the General Enrollment Period.

So, if you are working and turn 65:



- Check with your human resources department.
- Check with your health insurance plan.
- Check with your spouse's health insurance plan.
- Contact Social Security.

NOTE: Health Savings Account (HSA) Information

- Stop contributions to your H.S.A. 6 months before Part A starts to avoid tax penalties. If your employer offers an HSA, contact your Human Resources before enrolling into Medicare Part A or B.
- You can no contribute to your HSA account once you have Medicare.

Medicare Card



JOHN L SMITH

Medicare Number/Número de Medicare

1EG4-TE5-MK72

Entitled to/Con derecho a

HOSPITAL (PART A)

MEDICAL (PART B)

Coverage starts/Cobertura empieza

03-01-2016

03-01-2016



Local Help for People with Medicare

For **free and unbiased help with Medicare**, contact the Wisconsin State Health Insurance Assistance Program:

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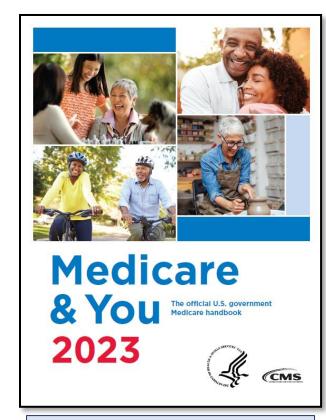
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Part 2

Medicare Basics

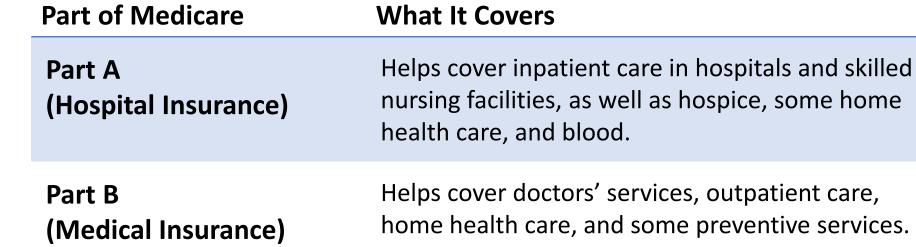




Medicare Basics









An alternative to original Medicare, managed by private insurance companies under contract with Medicare. Includes Part A and B and usually Part D.



Part D
(Prescription Drug
Coverage)

Helps cover prescription drugs. Run by private insurance companies under contract with Medicare.



Medicare Basics

Medicare Part A



Part A
Hospital
Insurance





Medicare Part A



Part A – Hospital Insurance helps cover:

- Inpatient hospital care
 - Semi-private room, meals, general nursing, other hospital services and supplies. Includes inpatient rehabilitation facilities and inpatient mental health care in a psychiatric hospital (lifetime 190-day limit).
- Inpatient skilled nursing facility (SNF) care (After a related 3-day inpatient hospital stay)
- Blood (inpatient)
- Home health care
- Hospice care

What's not covered?

- Private-duty nursing
- Private room (unless medically necessary)
- Television and phone in your room (if there's a separate charge for these items)
- Personal care items, like razors or slipper socks
- Custodial (non-skilled) care in SNF

Medicare Part A – Costs



- Premium: No premium for most people
- Deductible for each inpatient hospitalization benefit period
- Copays
 - Hospital inpatient: set amount for certain days
 - Skilled nursing facility: set amount for certain days
 - Home health care: no cost for covered services
 - Hospice care: no cost for covered services
- Out-of-pocket maximum: None in Original Medicare



Costs change every year.

See current costs at medicare.gov.

Medicare Part A – Costs



Inpatient Hospital Copays

Days	Medicare pays	You pay
1-60	Remainder of costs	Part A deductible
61-90	Remainder of costs	Daily copay
91-150	Remainder of costs	Daily copay

Medicare Part A – Costs



Skilled Nursing Facility Copays

Days	Medicare pays	You pay
1-20	All costs	\$0
21-100	All except set per day costs	Daily copay
Days 100+	None	All costs

Medicare Part A

Are You an Inpatient or an Outpatient?

Inpatient – Formally admitted to the hospital with a doctor's order.

Outpatient – No doctor's order to admit you. ER visit is considered Outpatient.

Hospital "Observation Status"

- Outpatient, not Inpatient, even if you spend the night.
- Medicare A pays nothing.
- Medicare Part B pays for doctors services and hospital outpatient services after you pay your deductibles, coinsurance and copayments.
- For drugs received during an observation stay, you'll likely need to pay out-of-pocket and submit a claim form to your drug plan for reimbursement. Request an *out-of-network pharmacy claim form* from your Part D plan.



Medicare Basics

Medicare Part B



Insurance





Medicare Part B

Part B — Medical Insurance



Doctors' services

Part B

Medical

Insurance

- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (may need to use certain suppliers)
- Diabetic testing supplies
- Preventive services (like flu shots and a yearly wellness visit)



Home health care

Medicare Part B Costs



- Monthly premium: Based on income
- Yearly <u>deductible</u>
- **Coinsurance:** 20% coinsurance for most covered services, like doctor's services.
 - \$0 for some preventive services
 - +15% for providers who don't "accept assignment"
 (the Medicare payment amount)

Costs change every year.

See current costs at medicare.gov.



Medicare Part B – Preventive Services

Preventive Services



- Welcome to Medicare Visit
- Yearly Wellness Visit
- Additional screenings/tests/services
 (Most covered with no deductible or co-pay)

"An ounce of prevention is worth a pound of cure" -Benjamin Franklin



Review the preventive services chart & discuss your prevention plan with your doctor.

Medicare Part B – Preventive Services

Preventive Services



"Welcome to Medicare" Visit

Includes:

- Height, weight, and blood pressure
- Body mass index
- Vision test
- Review of potential risk for depression and level of safety
- Discussion about advance directives if you choose
- A written plan regarding screenings, shots, and other preventive services needed

Note: NOT a physical!



Medicare Part B – Preventive Services

Preventive Service



Yearly Wellness Visit

Includes:

- Review of medical and family history
- Develop list of current providers and prescriptions
- Record height, weight, blood pressure
- Create list of risk factors and treatment options
- Detection of cognitive impairment
- Establish schedule of screenings for appropriate preventive services
- Offer personalized health advice

Note: Not a physical. Be sure to ask for **Yearly Wellness Visit** by name.

Local Help for People with Medicare

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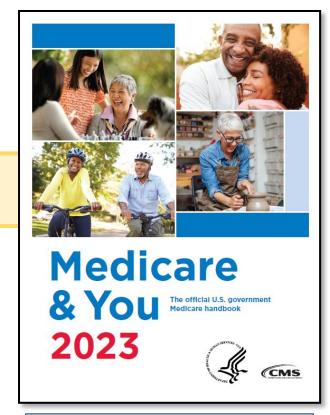
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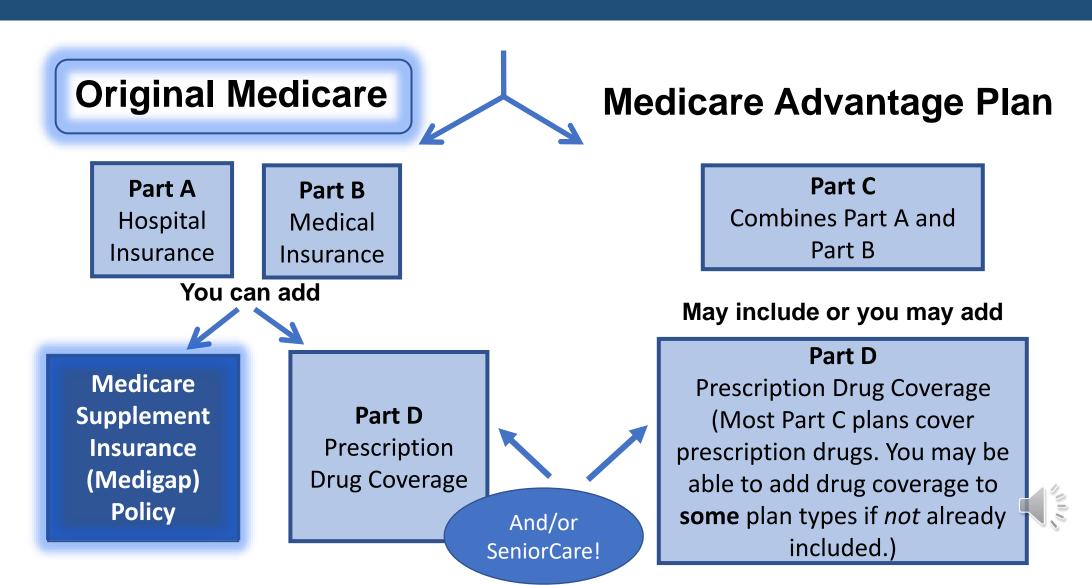
Part 3

- Your Coverage Choices
- Original Medicare
- Medicare Supplement Insurance (Medigap)





Your Coverage Choices



Original Medicare



- Original Medicare is Part A (Hospital Insurance) and/or Part B (Medical Insurance).
- Medicare provides coverage.
- You have your choice of any doctors, hospitals, and other providers that are accepting new Medicare patients
- Costs are affected by whether or not they accept assignment, which is an agreement by your doctor/provider, to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

You can add



Medicare Supplement (Medigap) Insurance



Part D



Original Medicare

Original Medicare does *not* cover these services or supplies:



- Acupuncture
- Most Dental care or Dentures
- Cosmetic surgery
- Health care while traveling outside U.S.
- Hearing aids and/or exams for fitting hearing aids
- Long-term care
- Most routine foot care & most supportive devices for feet



- Routine eye care and most eyeglasses
- Routine physicals

Original Medicare

Medigap Insurance





Medicare Supplement (Medigap) Insurance



- Private Insurance to supplement Original Medicare. Approved & regulated by WI Commissioner of Insurance.
- Helps pay some health care costs that Original Medicare doesn't cover.
- You must have Medicare Parts A and B to buy a Medigap policy.
- You pay a monthly premium for a Medigap policy.
 - Costs vary depending on insurance company, optional benefits selected, age of applicant, where applicant lives.
 - Once Medicare pays its share of Medicare-approved amounts for covered costs, then your Medigap policy pays its share.
- Does not include outpatient prescription drug coverage.



No need to review coverage yearly.

Medigap Insurance

Types of Policies



- Traditional Medicare Supplement Policies
 - Attained Age As you age your premiums will change to meet your age range and premiums become higher.*
 - Issue Age Premiums are set at the age you are when you buy the policy and will not increase because you get older.* Premiums may increase for other reasons.
- Cost-Sharing Supplemental Policies (50% or 25% cost sharing)
- High-Deductible Medicare Supplement
- Medicare Select



^{*}Medigap Premiums may also increase each year due to cost of living adjustments.

Medigap Insurance



Basic Benefits cover:

- Part A copays
- Part B 20% coinsurance
- Additional inpatient psychiatric days
- First 3 pints of blood
- 40 home health care visits.

Wisconsin Mandated Benefits:

Covers some chiropractic services and 30 days non-Medicare Skilled Nursing Facility. (Only applies to policies issued in Wisconsin to Wisconsin residents.)

 See the Office of the Commissioner of Insurance's "WI Guide to Health Insurance for People with Medicare" for more information.



Medigap Insurance



Optional Riders (Benefits):

- Part A Deductible (or Part A 50% Deductible)
- Part B Deductible*
- Part B Copay/Coinsurance (reduces premiums)
- Part B Excess Charges
- Additional Home Health
- Emergency Foreign Travel

^{*}As of January 1, 2020 the Part B Deductible rider is no longer an option for people newly eligible for Medicare.



Steps to Buy a Policy



 STEP 1: Decide which benefits (riders) you want, then decide which of the Medigap policies meets your needs.

 STEP 2: Find out which insurance companies sell Medigap policies in your state.

■ STEP 3: Call the insurance companies (or insurance agent) that sell the Medigap policies you're interested in and compare costs.

STEP 4: Buy the Medigap policy.







- Your one-time 6-month Open Enrollment Period (OEP) begins when you're 65 or older and enrolled in Part B.
- May buy a Medigap policy any time an insurance company will sell you one.

During Your Medigap OEP	NOT During Your Medigap OEP
Best time to buy	May have waiting period for preexisting conditions
Guaranteed Issue Period	May cost more
Companies must sell to you any policy they sell for the same price even if you have a pre-existing condition	Companies can deny coverage





Delayed Open Enrollment Period (OEP)

- If you delay enrolling in Medicare Part B
 - Because you or your spouse are still working, and
 - You have group health coverage (primary),
- Then your Medigap OEP is delayed
 - Until you are enrolled in Part B.
- If you have Medicare due to a disability, you get 2nd OEP at age 65.





Other times you cannot be denied a policy:

- Your Medicare Advantage plan terminates or stops providing care in your service area.
- You move outside the plan's service area.
- Your employer group health plan ends some or all of your coverage.
- Your employer group plan increases cost by more that 25% in one 12 month period.
- You are in Trial Period of Medicare Advantage plan.

Must apply within 63 days of the date your other coverage ends

For questions contact:

- Wisconsin Medigap Helpline1-800-242-1060
- Commissioner of Insurance1-800-236-8517https://oci.wi.gov
- Medicare1-800-MEDICAREwww.Medicare.gov

Or visit Medicare.gov to find a Medigap policy Health & Drug Plans > Basics v Find & Compare Learn Get started with health & Find health & drug plans drug plans Compare coverage options Get help with What health plans cover Find a Medicare Supplement Insurance (Medigap) policy How plans work with other Medicare costs coverage Drug coverage (Part D) **Check Savings Programs** Log in/Create Account See how Medicare is responding to Coronavirus Learn More

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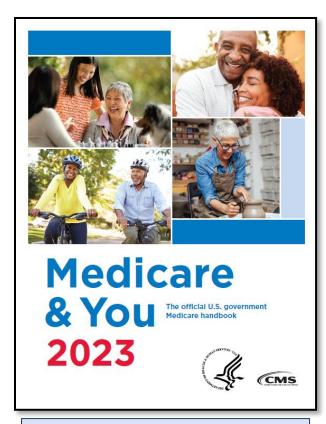
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Part 4

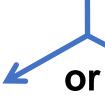
- Medicare Advantage Plans (Part C)
- Other Types of Coverage





Your Coverage Choices





Medicare Advantage Plan

Part A
Hospital
Insurance

Part B
Medical
Insurance

You can add

Medicare
Supplement
Insurance
(Medigap)
Policy

Part D

Prescription
Drug Coverage

Part C

Combines Part A and Part B

May include or you may add

Part D

Prescription Drug Coverage
(Most Part C plans cover
prescription drugs. You may be
able to add drug coverage to
some plan types if not already
included.)



Medicare Advantage Plans (Part C)

Part C Includes Part A Part B Hospital Insurance Most include Part D

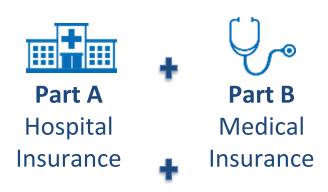
Medicare prescription

drug coverage

- Medicare Advantage, sometimes called Part C, includes both Part A, Part B, and usually Part D.
- Private insurance companies approved by Medicare provide your Medicare coverage.
- In most plans you need to use doctors, hospitals, and other providers that are in the plan's network or you will pay more or all of the costs.

Medicare Advantage Plans

Part C Includes





Types of Medicare Advantage Plans

- Medicare Health Maintenance Organization (HMO)
- Medicare Preferred Provider Organization (PPO)
- Medicare Private Fee-for-Services (PFFS)
- Medicare Special Needs (SNP)
- Medicare Medical Savings Account (MSA)



Medicare Advantage Plans

Part C Includes



Most include Part D

Medicare prescription

drug coverage

If you join a Medicare Advantage Plan you:

- Still have Medicare rights and protections.
- You must follow the plan rules for how you get services.
- May choose a plan that includes Part D prescription drug coverage.
- Can't be charged more for certain services than you would pay under Original Medicare.
- May have different benefits and cost-sharing.
- May choose a plan that includes extra benefits not covered by Original Medicare, such as vision or dental care.
- Cannot use a Medigap policy to supplement your coverage.

Medicare Advantage Plans – Costs

Part C Includes Part B Part A Medical Hospital Insurance Insurance **Most include Part D** Medicare prescription drug coverage

What you pay

- Monthly premium
 - Part B premium
 - Additional monthly premium, depending on the plan
- Deductibles, coinsurance, and copayments
 - Different from Original Medicare
 - Vary from plan to plan
 - May be higher if out-of-network



Out-of-pocket maximum

Medicare Advantage Plans

Advantages

- May have lower monthly premiums (beyond Part B premium)
- Coordinated care with network physicians
- Some offer extra benefits (vision, dental, hearing)
- Varied plans and choices
- Can change plans each year
- Out-of-pocket copay maximum
- Must follow Medicare regulations

Disadvantages

- May have higher out-of-pocket expenses
- Must see in-network providers;
 higher costs when out of network
- May need referrals and prior authorization for services
- No state mandates or protections for extra benefits
- Confusion over plans/coverage
- Must re-evaluate plan each year; may need to change plans (and providers)

Other Types of Health Insurance







- Employer/Retiree Group Health Plan
 - Check with plan for coverage details.
 - Some offer **creditable** prescription coverage.
 - Contact your employer or union benefits administrator to find out how your insurance works with Medicare.
- Military Coverage: Veterans Administration (VA) or TriCare
- Medicaid and financial assistance programs



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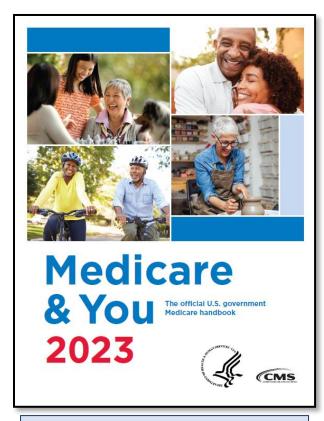
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Part 5

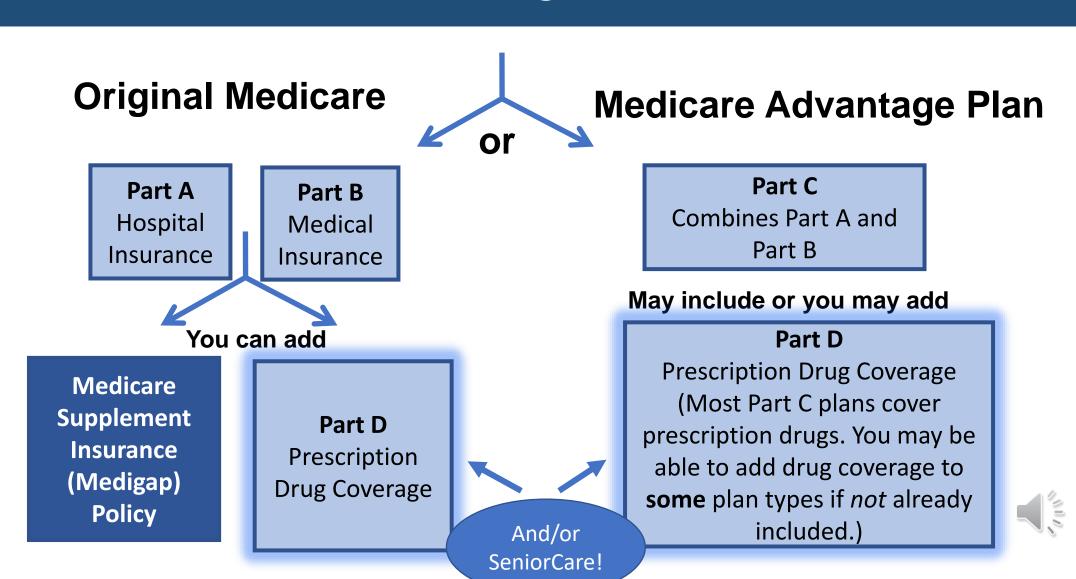
- Medicare Part D
- SeniorCare
- Annual Open Enrollment Period







Your Coverage Choices



Medicare Part D



Part D
Medicare
prescription
drug
coverage

- To receive Part D coverage, you must enroll in a Part D Plan.
- Covers prescription medications.
- Run by private companies that contract with Medicare.
- Part D Plans are provided through:
 - Medicare Prescription Drug Plans (PDPs) that work with Original Medicare.
 - Medicare Advantage Prescription Drug Plans (MA-PDs).



You can compare plans and enroll in a plan on the Plan Finder at www.medicare.gov

Medicare Part D



Enrollment Opportunities

Initial Enrollment Period

3 months prior, month of, and 3 months after starting Medicare

Annual Open Enrollment Period

October 15 - December 7 each year Change your coverage. Changes become effective January 1 of the following year

Medicare Advantage
Open Enrollment
Period

People who already have a Medicare Advantage plan can make one change January 1 – March 31 every year

Special Enrollment Periods

Qualifying events may trigger an opportunity to change your Medicare coverage



Medicare Part D – Costs



Part D Medicare prescription drug coverage

Costs change every year.

See current costs at medicare.gov.

Premiums, deductibles, and copays or coinsurance

- Costs vary by plan and change every year.
- Copays and coinsurance vary per drug, per plan, per pharmacy.

Income Related Monthly Adjustment Amount (IRMAA)

People who have higher incomes will pay higher Part D premiums.

This amount is based on their tax filing from two years prior.



(i.e. 2025 amount is based on 2023 tax filing.)

Medicare Part D – Costs



Late Enrollment Penalty

- You may pay a late enrollment penalty if you did not enroll in Part D during Initial Enrollment Period and did not have other creditable coverage*.
- The penalty is 1% of the average national monthly premium for every month you delayed enrollment.
- The penalty will be added to your monthly premium if and when you enroll in a Part D plan, and it will continue as long as you are enrolled.

*Creditable coverage:
Prescription drug coverage that is expected to pay, on average, at least as much as Medicare's standard Part D coverage, such as:

- VeteransAdministration (VA)drug coverage
- SeniorCare

Medicare Part D – Costs

Part D Coverage Phases – Starting 1/1/2025

Meet deductible (if there is one for the plan)



After the Deductible
Phase you enter the
Initial Coverage
Phase with the \$2,000
Limit

Catastrophic Phase after reaching the total out of pocket limit

Deductible Phase	Initial Coverage Phase	Catastrophic
\$590	\$2000	Phase
Beneficiary pays full cost of medications	Beneficiary pays either 25% or actuarially equivalent tier structure cost.	

Medicare Part D



Part D
Medicare
prescription
drug
coverage

What is Covered

- Prescribed medications
- Medications that are included in a plan's formulary (Not all medications are covered by all plans.)
- Insulin and needles and syringes for the administration of insulin
- Medications must be for medically prescribed use.
- The law excludes certain medications from coverage under Part D.

Medicare Part D

What Is Not Covered?



- Medications that are not on a plan's formulary
- Non-prescription, over-the-counter drugs
- Drugs that are not approved by the Federal Drug Administration (FDA)
- Vitamins and minerals
- Cough medicine
- ED medications
- Drugs for cosmetic purposes
 - Weight loss or weight gain
 - Hair loss
- Medications prescribed for "off-label" use



SeniorCare

Wisconsin's Prescription Drug Assistance Program

- Available to Wisconsin residents age 65 and over who are U.S. citizens or have qualifying immigrant status.
- \$30 annual application fee. (No monthly premium.)
- Creditable coverage. (Avoids Part D penalty.)
- Your annual income determines your level of coverage.
 - No deductible at Level 1.
 - Level 2a and 2b have a deductible.
 - Level 3 has a deductible and spenddown.
- No asset limit.
- May use alone or in addition to Part D.



For more information or to download an application :

www.dhs.wisconsin.gov/
seniorcare

Or call 1-800-657-2033

Annual Open Enrollment Period

October 15th – December 7th



- Medicare Part D plans, as well as Medicare
 Advantage plans (Part C), can change their plan
 details each year.
- Plan formularies, pharmacy networks, premiums, and other costs can change each year.

Review your plan each year!



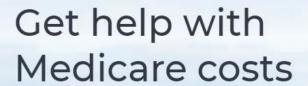
Local Help for People with Medicare

Get free, unbiased help!

- Medicare Plan Finder at: www.medicare.gov
- Medicare: 1-800-633-4227
- Wisconsin State Health Insurance Assistance Program (SHIP):
 - Medigap Helpline: 1-800-242-1060
 - Medigap Part D Helpline: 855-677-2783
 - Local SHIP counselors near you: dhs.wi.gov/medicare-help

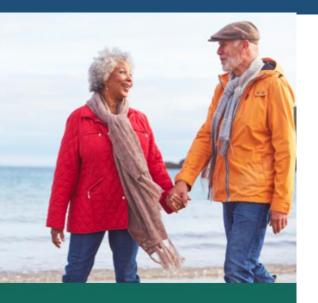


The Medicare Plan Finder



Check Savings Programs

Log in/Create Account



See how Medicare is responding to Coronavirus

Learn More





See basic Medicare costs for 2022



Talk to Someone

Get answers & local help



Find plans

Find health & drug plans

Compare plans at www.medicare.gov

- Personalize your search.
- Compare plans based on star ratings, formularies, benefits, costs, and more.

Click "Find Health & Drug Plans"

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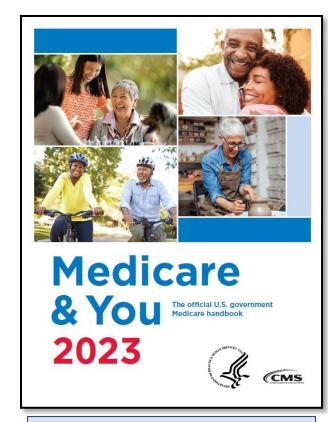
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- Help for People with Limited Income
- Protect Yourself / Prevent Fraud
- Review & Resources





Help for People with Limited Income





Help for People with Limited Income



Medicare Savings Programs

- Helps pay for Medicare Part B premium
- May also help pay Medicare copays and deductibles



Extra Help (Low Income Subsidy)

- Assistance with Medicare prescription drug coverage.
- Reduces Part D premiums, deductibles, and copays based on income and assets.



SeniorCare Prescription Drug Assistance Program





Help for People with Limited Income

Check if you qualify

Medicare Savings Program

- Learn more at <u>www.dhs.wisconsin.gov/medicaid</u> or <u>Medicare Savings Program fact sheet</u> (P-10062)
- Apply at <u>access.wisconsin.gov</u>
- Get help or apply at your <u>local</u> <u>Medicaid office</u>

You can also get help from a Wisconsin benefit specialist.

Extra Help

- Learn more or apply at <u>ssa.gov</u>
- Call Social Security with questions or to apply:

1-800-772-1213 (TTY 1-800-325-0778)

SeniorCare

- Learn more and print an application at www.dhs.wisconsin.gov/seniorcare
- Call the SeniorCare Helpline with questions: 1-800-657-2038



A few words of caution...



Three Steps to Prevent Fraud

Step 1: Protect Yourself and Others from Medicare Fraud

DON'T

Don't give out your
 Medicare number except
 to your doctor or other
 Medicare provider.



DO

- Do treat your Medicare card and number like your credit card.
- Do watch out for identity theft.
- Do be aware that Medicare doesn't call or visit to sell you anything.
- Do be cautious of offers for "free" medical services.



Do pass it on!

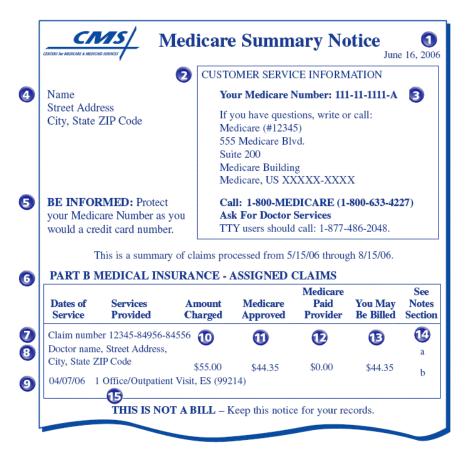
Step 2: Detect Medicare Fraud & Abuse

- Always review those Medicare Summary Notices (MSNs)!
- Access your Medicare information online at <u>www.MyMedicare.gov</u>.
- Create a Personal Health Care Journal:
 - Record doctor visits, tests and procedures in the journal and take it with you to appointments.
 - Compare your MSNs and other statements to your journal to make sure they are correct.





Always review your **Medicare Summary Notice!**



- This is not a bill. Sent quarterly.
- Check name, address, Medicare number for accuracy.
- Did you receive the service?
- Be sure claim is processed and paid. If item is denied, call doctor's office to make sure claim was coded properly. If not, office can resubmit.
- If denied, you have appeal rights. Appeal deadline is 120 days.



Step 3: Report Suspected Medicare Fraud and Abuse

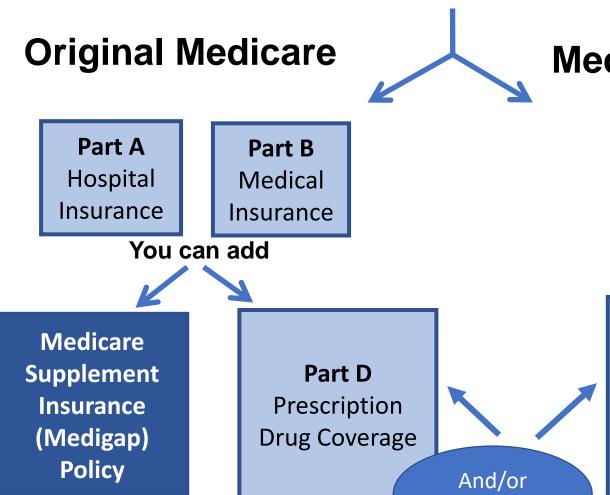
- Call the provider.
- Gather information and documentation.
- Contact WI Senior Medicare Patrol (SMP):
 - Call Toll-free: **1-888-818-2611** (Free and Confidential!)
 - To report suspected fraud/abuse.
 - For training, speakers, and/or materials.
 - To volunteer with the SMP program.





Review—Your Coverage Choices

SeniorCare!



Medicare Advantage Plan

Part C
Combines Part A and
Part B

May include or you may add

Part D

Prescription Drug Coverage
(Most Part C plans cover
prescription drugs. You may be
able to add drug coverage to
some plan types if not already
included.)



Local Help for People with Medicare

For **free and unbiased help with Medicare**, contact the Wisconsin State Health Insurance Assistance Program:



- Medigap Helpline: 1-800-242-1060
- Visit the Wisconsin Department of Health Services website at dhs.wi.gov/medicare-help.

