

Original Medicare-Medicare Basics Basic SHIP Counselor Training

August 2026

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SHIP

State Health Insurance
Assistance Program



Greater Wisconsin
Agency on Aging Resources, Inc.

Acknowledgements

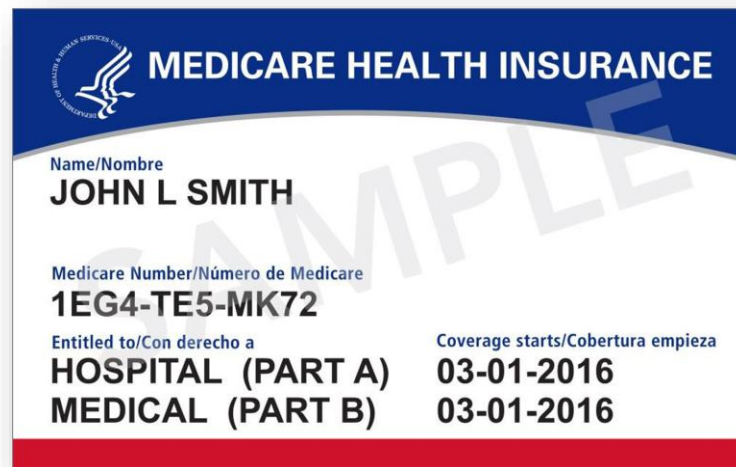
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SHIP

State Health Insurance
Assistance Program

Medicare Basics





Objective

Build on Knowledge of:

- Medicare basics
- Medicare eligibility and enrollment
- Benefits and costs of Original Medicare
- Medicare enrollment periods
- Medicare appeals



MEDICARE HEALTH INSURANCE

Name/Nombre

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

What Agencies are Responsible for Medicare?



Social Security

Enrolls most people in Medicare



Railroad Retirement Board (RRB)

Enrolls both railroad retirees and active employees in Medicare



Office of Personnel Management (OPM)

Handles federal retiree coordination



Centers for Medicare & Medicaid Services (CMS)

Forms Medicare policy and administers Medicare coverage, benefits, and payments

What is Medicare?

Health Insurance for People:

- 65 and older
- Under 65 with disabilities approved through Social Security
 - Receiving Social Security Disability Insurance (SSDI)
- Any age with End-Stage Renal Disease (ESRD)
- Those with ALS

Provides coverage for:

- Hospital Stays, Medical Services, and Prescription Drugs through: Medicare Parts A(hospital), B(medical), C(Medicare Advantage), And D (drug coverage)
- Beneficiaries can choose between Original Medicare (A&B) or Medicare Advantage Plans (Part C)
- Original Medicare is provided by the Federal Government
- Was signed into law in 1965 by Lyndon B. Johnson
 - Originally covering Medicare Part A and Medicare Part B

Medicare Eligibility

Who Can Get Medicare?

Medicare Eligibility

- Must be a US citizen or lawfully present for 5 years
- Eligibility begins at age 65
 - For premium free Part A must have worked minimum of 40 Quarters and paid into Social Security
 - Quarters do not have to be consecutive
 - Can become eligible from spouse's record
- If working and turn 65
 - In most cases, should apply for Medicare Part A
 - Must check with employer plan for continuing group health plan eligibility requirements
- Can be eligible before age 65
 - Due to disability determined by Social Security

Medicare Eligibility, continued

- The disabled child or spouse (including a divorced spouse) of a worker (living or deceased) who has worked enough quarters and paid into Social Security or in a Medicare-covered government job.
- Spouse (living or deceased, including divorced spouses) receives or is eligible to receive Social Security or Railroad benefits.

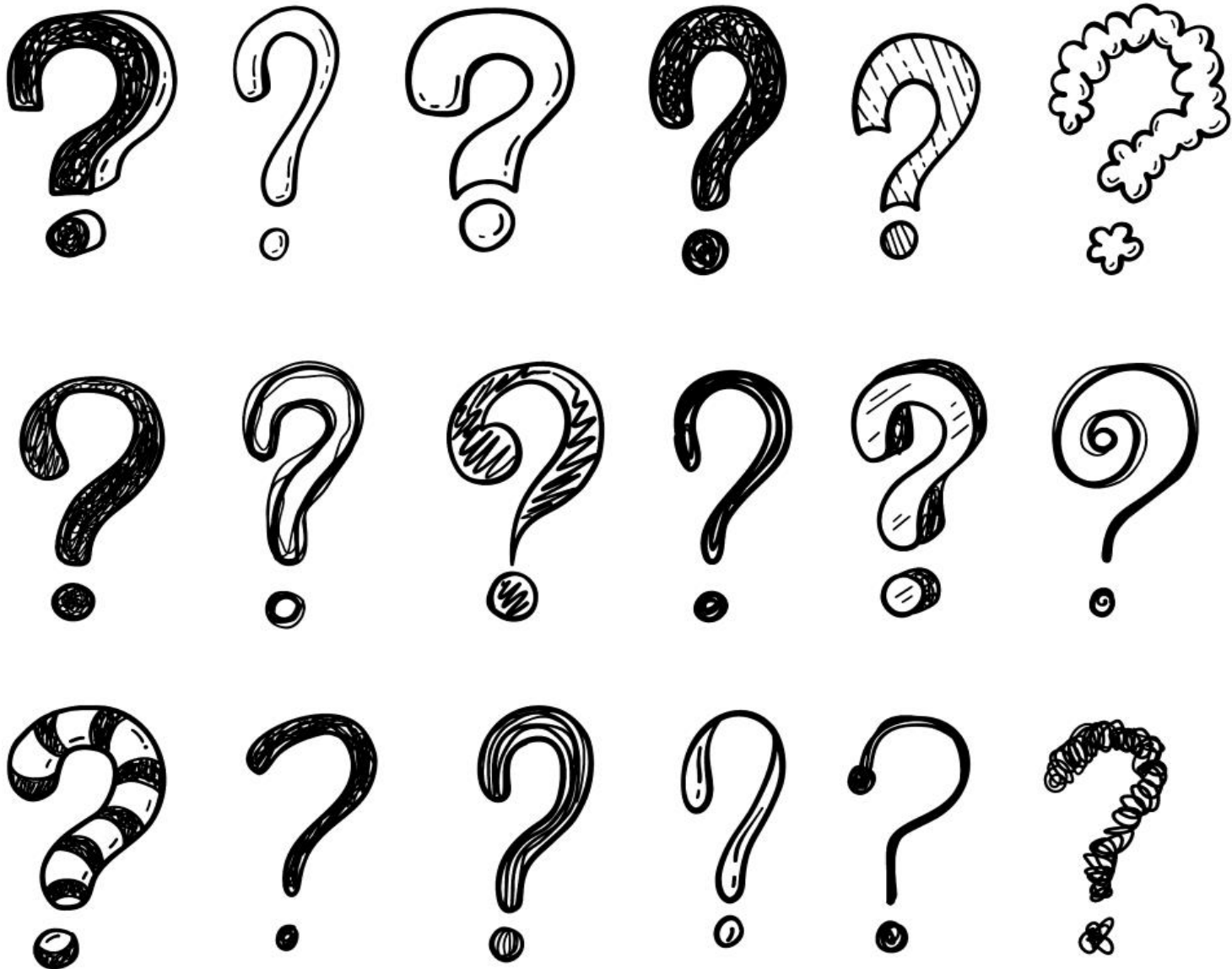
Counselor Note: If not sure, refer the client to SSA for assistance. SSA is the administrative arm of Medicare and processes all Medicare enrollment applications.

Medicare Eligibility with SSDI, ALS, ESRD

Under age 65:

- Those who receive Social Security Disability Insurance (SSDI)
 - Eligible after 24 months of SSDI payments
 - Medicare begins month 25
- Those with Amyotrophic Lateral Sclerosis (ALS)
 - Medicare begins the same month as SSDI
- People with End Stage Renal Disease (ESRD)
 - Medicare eligibility works differently for people with ESRD
 - Can have varying times of eligibility

Counselor Note: Because of the variations on timelines and interaction with employer health plans, ESRD clients with questions about Medicare eligibility should be referred to a benefit specialist for assistance.



Questions?

Medicare Enrollment

How and When to Enroll in Medicare

How to Enroll in Medicare

For most turning 65 years old

- Call Social Security 1-800-772-1213
- Go to a local Social Security Field Office
- Go online to [The United States Social Security Administration | SSA](#)

For those turning 65 years old and working for the railroad

- Go online to [Home | RRB.Gov](#)
- Call (877) 772-5772

Counselor Note: It is very easy to enroll in Medicare A and B online. Your client may need to set up a Social Security account. If your client is not able to set up an account, then direct them to a local field office or call Social Security.

Medicare Enrollment

Social Security enrolls all who are eligible into Medicare

✓ **Enrollment is automatic for individuals who receive:**

- Social Security benefits
 - Disability
 - Retirement

✓ **Enrollment is NOT automatic for individuals who:**

- Are employed
- **Not** employed and **NOT** receiving any type of SSA benefits

Medicare Enrollment for those Still Employed

- Many Group Health Plans (GHP) require Medicare Enrollment at age 65
- Medicare can be either primary or secondary
 - Primary if 20 or less employees- 65+
 - Secondary if 20 or more employees- 65+
 - Primary if 100 or less employees- under 65+
 - Secondary if 100 or more employer- under 65
- May only need to enroll in Part A
- When retired or leave the employer can enroll in Part B
 - 8-month SEP to enroll in Part B
- Beneficiaries who are Medicare eligible and still working should talk to their employers about Medicare enrollment

When to Apply for Medicare



IEP

Initial Enrollment Period



GEP

General Enrollment Period



SEP

Special Enrollment Period
(ONLY IN CERTAIN CIRCUMSTANCES)

Initial Enrollment Period (IEP)

7-Month Period



If you enroll after your IEP, you may pay a late enrollment penalty

General Enrollment Period (GEP)

Can sign up for:

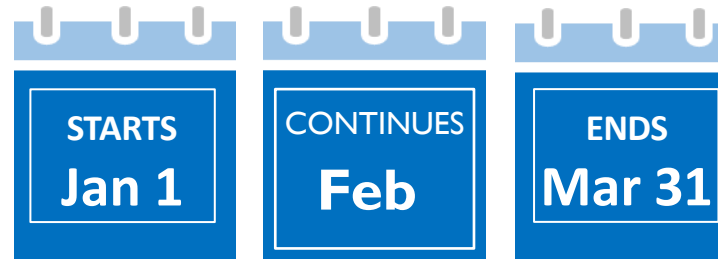


Part A
(Hospital
Insurance)



Part B
(Medical
Insurance)

3-Month GEP each year



**Coverage
Begins
the month after
enrollment**



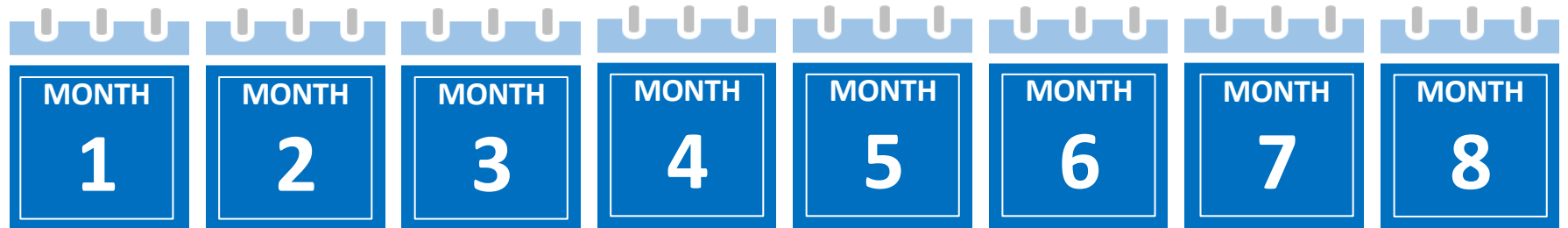
May have late enrollment penalties

Special Enrollment Period (SEP)

- Special Enrollment Periods let individuals make changes to their Medicare coverage outside of the normal enrollment periods
- Can enroll into a plan without having a late penalty
- You must be affected by a specific life event to qualify for a special enrollment period

Special Enrollment Period

**Starts after Medicare IEP
and having Group Health
Plan coverage based on
current employment**

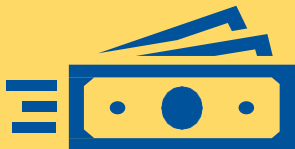


*Continues for 8 Months after Group Health Plan Coverage Based
on Current Employment Ends*

You can sign up for Part A (if you have to pay for it) and/or Part B:

- ✓ Anytime still covered by the Group Health Plan
- ✓ During the 8-month period that begins the month after the employment ends or the coverage ends

Usually no late
enrollment penalties



Exceptional Circumstances Special Enrollment Period (SEP)

- An individual may qualify for a special enrollment period if they experience an exceptional circumstance
- This SEP is limited
- The following are considered exceptional circumstances
 - Loss of Medicaid
 - Federal, state, or local government declared emergency or disaster
 - Health plan or employer misrepresentation
 - Formerly incarcerated

Counselor Note: Because of the specific timeframes and circumstances for using this special enrollment period, it is recommended you ask for assistance or refer to benefit specialist

Medicare Enrollment And Health Savings Accounts (HSA)

- Cannot have both Medicare and a Health Savings Account
- Individuals with an HSA should **stop contributing six months before enrolling in Part A** (or applying for Social Security benefits) to avoid tax penalties



Medicare Enrollment for Veterans and Their Families

- Veterans **should** enroll in Medicare
- Family members eligible for TRICARE for Life should enroll in Medicare



Counselor Note: Medicare Coordination of Benefits (COB) for VA and TRICARE for Life are Different and Will Be Discussed Later

Check Your Knowledge

Why is the Initial Enrollment Period (IEP) important?

- a. Missed enrollment deadlines could result in penalties
- b. It's your first opportunity to enroll in Medicare
- c. When you enroll impacts when your coverage begins
- d. All of the above



QUESTIONS?

Medicare Coverage and Costs

What the Different Parts of Medicare Cover

The Parts of Medicare



Part A
(Hospital Insurance)



Part B
(Medical Insurance)



Part C
(Medicare Advantage)



Part D
(Drug coverage)

Parts of Original Medicare



Part A
(Hospital Insurance)



Part B
(Medical Insurance)

Part A Hospital Insurance Covers

Inpatient care in a hospital, including:

- ✓ Semi-private room
- ✓ Meals
- ✓ General nursing
- ✓ Drugs
- ✓ Other hospital services and supplies



Part A
Hospital Insurance

- **Inpatient care in a skilled nursing facility (SNF)**
 - Covered after a related 3-day inpatient hospital stay

Part A (Hospital Insurance) Covers (continued)

Part A helps cover:

- ✓ Blood (inpatient)
- ✓ Hospice care
- ✓ Home health care
- ✓ Inpatient care in a religious nonmedical health care institution (RNHCI)



Part A
Hospital Insurance

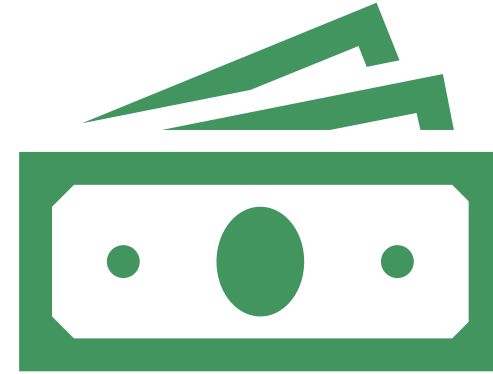
PART A COSTS- PREMIUM

Most do not pay a premium for Part A

- If the beneficiary and/or spouse paid FICA taxes for at
 - least 10 years, Part A is free
- There may be a premium if 39 or less work quarters
 - 40 quarters of coverage- \$0
 - 30-39 quarters- \$311
 - Less than 30 quarters- \$565
- **There may be a penalty** if did not enroll when first eligible for non-premium free Part A
 - Monthly premium may increase 10% for each year not enrolled
 - Will have to pay the higher premium for twice the number of years did not have Part A and did not enroll

Part A Costs

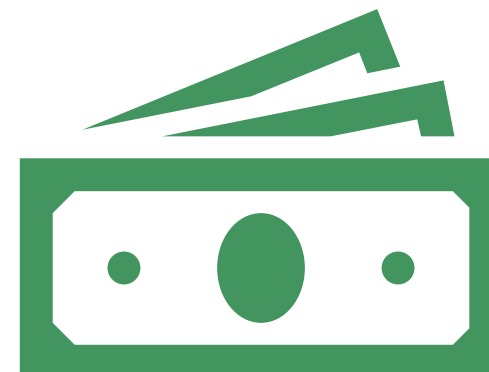
- Copays
 - Extended Stay in Hospital
 - Skilled Nursing Facility (SNF)
- Deductible
 - Hospitalization
 - \$1,736



Refer to [WI SHIP Cheat Sheet](#) for current copay amounts. This information is also on [Medicare.gov](#).

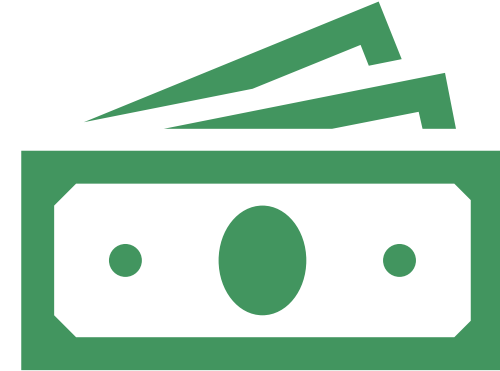
Part A Costs

- Part A Deductible each benefit period
 - Days 1- 60
 - \$1736
 - \$0 after part A deductible
- Part A copays after first 60 days of continuous hospitalization
 - Days 61-90
 - \$434 per day
- Part A copays after 90 days of continuous hospitalization
 - Days 91-150
 - \$868 per day
 - aka Lifetime reserve days (one time use)
- After day 150
 - All costs are the patient's responsibility



Part A Costs- Skilled Nursing Facility (SNF)

- Only limited coverage- 100 days
 - Days 1-20 All costs paid by Medicare Part A
 - Days 21-100 Copay for each day
 - \$217 per day
- After Day 100
 - Patient is liable for all costs



Counselor Note: If a beneficiary contacts you about a notice that Medicare will no longer pay for a stay in a nursing home after 20 days, refer immediately to a benefit specialist

Part A Benefit Periods

Each benefit period:

- Begins the day you first get inpatient care in hospital or skilled nursing facility
 - If readmitted for any reason/diagnosis still remain in current benefit period
- Ends after being home for 60 days in a row (not in a hospital or skilled care in a skilled nursing facility)
- Pay Part A deductible for each benefit period
- No limit to number of benefit periods in the year



Note: Benefit periods can extend over a calendar year

Check Your Knowledge

Part A helps pay for all of the following when medically necessary and requirements are met, EXCEPT for...

- a. Diabetic testing supplies
- b. An inpatient hospital stay
- c. An inpatient skilled nursing facility (SNF) stay
- d. Hospice care

Part A Scenario

Charles W. comes into your office with a bill for \$3500 for his stay in the hospital. He was admitted on January 2, 2025, and discharged on January 9. He was readmitted on February 21 for the same medical condition and discharged on February 23. He tells you Medicare should pay for both stays in the hospital.

Should he have received a bill?

YES. Everyone pays the Part A deductible.

How much is he liable to pay and why?

\$1,736 because he was in the same benefit period for both hospitalizations.



QUESTIONS?

Part B Costs and Coverage



Part B
(Medical Insurance)

Part B Costs- Premium

- Everyone pays the Part B premium
 - Those with lower income and assets can get help
- Premium changes every year
 - \$202.90 in 2026
 - Those with lower income may not pay the current premium
 - Social Security Hold Harmless provision
- Those with higher income may pay more
 - Income Related Monthly Adjustment Amount (IRMAA)
- If did not enroll in Part B when first eligible may incur
 - Late Enrollment Penalty (LEP)

Part B Late Enrollment Penalty (LEP)

- 10% of the current Part B premium
 - Incurred for every 12 months not enrolled in Part B
 - Amount will change every year depending on the current Part B premium
- Liable for payment of LEP as long as enrolled in Medicare
- Can be waived if eligible for Part B premium assistance
 - Medicare Savings Programs
- Can also be eliminated with a Special Enrollment Period

Part B Premium and Income Related Monthly Adjustment Amount (IRMAA)

- Everyone pays Part B premium
 - Those with lower income and assets may get assistance
- Those with higher income may pay an increased Part B premium
- The increase is based on the tax return from the previous 2 years
 - 2026 IRMAA is based on 2024 tax return
- Counted income includes adjusted gross income and other forms of tax-exempt income

Check [WI SHIP Cheat Sheet](#) for current year amounts



LET'S TAKE A QUICK BREAK!

Part B Costs- Deductible, Copays, and Coinsurance

- Annual deductible in 2026 is \$283
- Some Part B services also have coinsurance and copayments
 - After deductible, Medicare pays 80% and beneficiary pays 20%
- Additional costs if someone sees a doctor who
 - Accepts Medicare but charges more for services than the Medicare approved amount or does not accept Medicare at all
- See [WI SHIP Cheat Sheet](#)

Part B Covers



- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health care
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services

Home Health Services

- Part B may also cover part-time home health care: skilled nursing care, physical therapy, occupational therapy, and more.
- Individuals must meet eligibility criteria for Part B to cover home health care.
 - Health care provider must assess you face-to-face and order your care
- Will not qualify if more than part time or “intermittent” skilled care is needed



Preventive Services

- Part B covers most preventive services for free
 - The “Welcome to Medicare” and yearly “Wellness” visits are health risk assessments, not a physical.
 - Physicals are not covered under Part B
- COVID-19 vaccines and booster shots are free
 - Flu shots
 - Pneumonia
 - Shingles is covered under Part D, not B
- Coverage timeframes may vary (for example, once every 24 months).
- Certain screenings may turn into an actual Part B covered service
 - The doctor sees something during a screening and takes action to test

Part B Preventive Services

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings and counseling
- Bone mass measurements
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
- Counseling to prevent tobacco use and tobacco-caused disease
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- Hepatitis B Virus infection screening
- Hepatitis C screening tests
- HIV (Human Immunodeficiency Virus) screenings
- Lung cancer screenings
- Mammograms
- Medicare Diabetes Prevention Program
- Nutrition therapy services
- Obesity behavioral therapy
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection (STI) screenings & counseling
- “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit

Durable Medical Equipment (DME)

- Medicare will only cover medically necessary durable medical equipment that is:
 - Prescribed by a Medicare-enrolled doctor
 - Provided by a Medicare-enrolled supplier
- Medicare may require that the DME be rented or bought



Counselor Note: An appeal of a denial of DME should be referred to a Benefit Specialist for assistance

DURABLE MEDICAL EQUIPMENT (DME), CONTINUED



Durable medical equipment must be:

- Durable (can withstand repeated use)
- Used for a medical reason
- Useful only to someone who is sick or injured
- Used in the home
- Expected to last at least three years

Part B Prescriptions

- Medicare Part B can cover:
 - Drugs administered by a provider or at a dialysis facility
 - Some outpatient drugs
 - oral cancer and immunosuppressive medications
 - Drugs used with DME
 - an infusion pump
- Some drugs can be covered by [Part B or Part D](#).



Counselor Note: B vs D drug coverage can be extremely tricky. Consult the with a [Medicare helpline](#) for assistance

[Medicare Interactive: Medicare Drug Coverage: Part D vs Part B](#)

Part B-Immunosuppressive Drug Benefit

Part B-ID

- Subject to deductible, 20% coinsurance and IRMAA

For those with ESRD and a Medicare covered Kidney transplant. Effective after loss of Medicare 36 months post transplant

- Can enroll at any time

Coverage for FDA approved immunosuppressive drugs covered under Medicare Part B only

- No other medications or services are covered

Coverage up to 36 additional months

- Cannot have any other health insurance

[Coverage of immunosuppressant drugs and vitamins for people with ESRD - Medicare Interactive](#)

Medicare Observation Stay

- Observation stay is not an admission to the hospital
 - Even if put in a bed on a non-emergency floor
- Can be for any length of time
- Can be billed for medications received during the stay
 - Medication may be covered under Part D
- Stay is covered under Part B, not Part A

Counselor Note: Notice must be given to the patient within 24 hours if not admitted to the hospital and under observation only. This notice is called Medicare Outpatient Observation Notice (MOON).

What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B do not cover include:



- Most dental care
- Vision (for prescription glasses)
- Dentures
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Long-term care
- Concierge care
- Covered items or services you get from an opt out doctor or another provider

Note: Some of these may be covered with Medicaid or a Medicare Advantage Plan

Check Your Knowledge

For Part B, in most cases, you pay

- a. A monthly premium
- b. A yearly deductible
- c. 20% coinsurance for most covered services
- d. All of the above

Countdown timer: Answer the question before the bar disappears!

When is Part A & Part B Needed?



To buy a Medicare Supplement Insurance (Medigap) policy



To join a Medicare Advantage Plan



Eligible for TRICARE for Life (TFL)

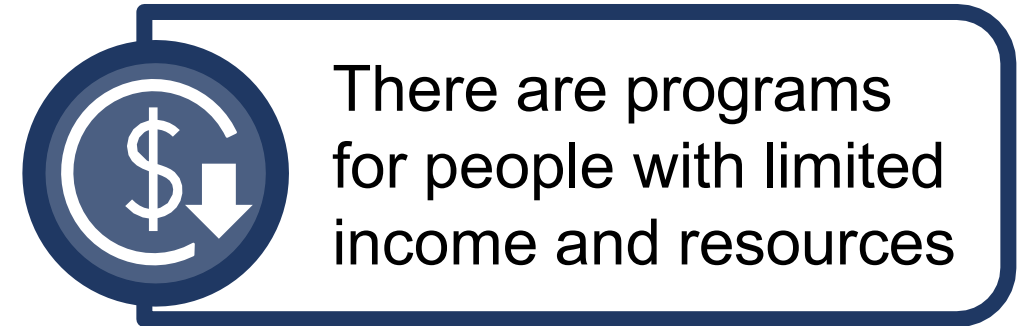
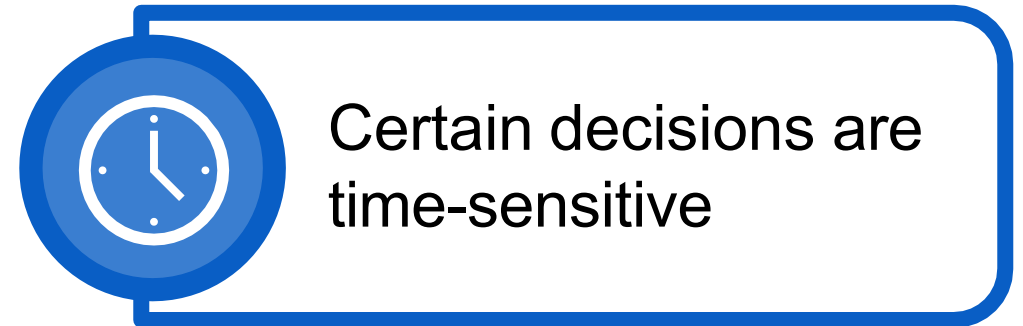
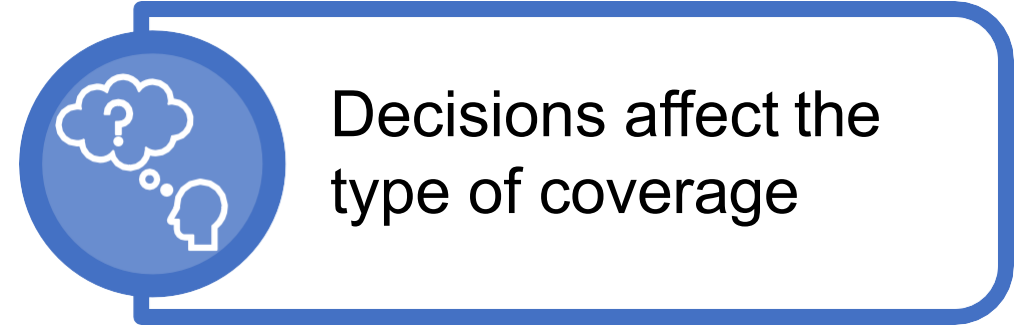
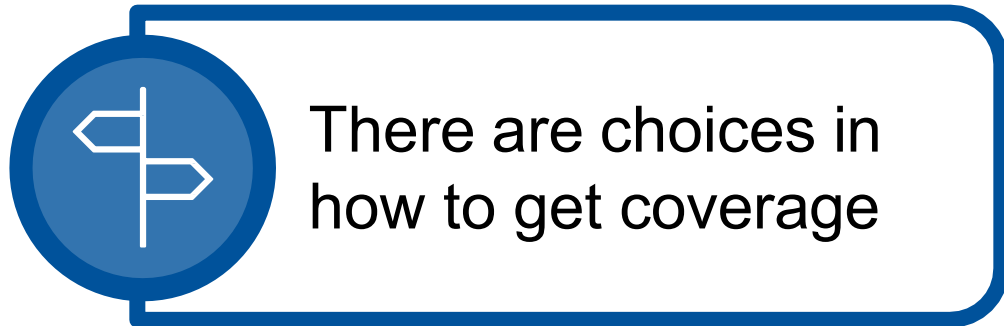
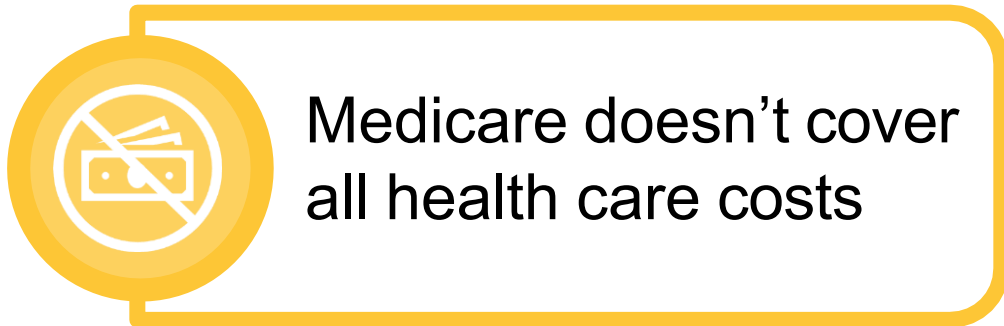
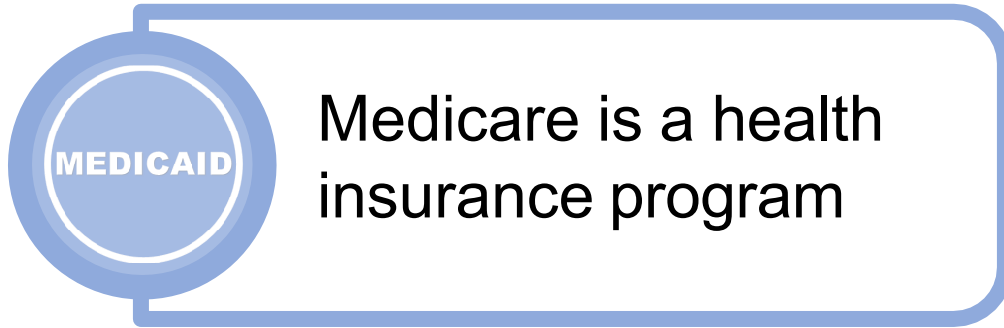


Eligible for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)



Most Employer coverage requires Medicare (has fewer than 20 employees)

Key Points to Remember



Part B Scenario

Charles W. is back to see you with another bill. He went to his doctor and had a colon cancer screening. He remembers that the “Medicare and You” book said the screening was free. Now he has a bill.

- What question should you ask him and how do you explain the bill?
- Did the doctor remove a polyp?
- If the doctor removed a polyp, then it is no longer free as a preventive service. It is Medicare covered service under Part B.



QUESTIONS?

Medicare Coverage

Billing and Claims

Medicare Providers- More Than Just MDs

There are several different types of Medicare providers

- Doctor of Medicine (MD)
- Doctor of Osteopathic Medicine (DO)
- Nurse Practitioners and Physician Assistants
- Clinical Psychologists and Clinical Social Workers
- Occupational and Physical Therapists
- Certified Nurse Midwives

And, in some cases

- Dentists
- Chiropractors

Medicare Providers, Cont.

Providers must apply with CMS to receive a National Provider Identifier (NPI)

- Participating provider
- Renew participation annually

Participating providers agree to accept Medicare fee schedule payment for Medicare covered services

- Accept assignment
 - Accepts Medicare's approved amount as payment in full for covered services
- Accepts 80% payment
- Bill Medicare patients for allowable 20% coinsurance for a covered service

Non-Participating providers (still a Medicare provider with an NPI)

- Do not accept assignment, but must file claims
- Can bill patients 15% more

Providers can opt out of participating in Medicare

- Must inform patients they do not accept Medicare
- Can bill their usual and customary fees

Medicare Bills And Claims

Beneficiaries should rarely, if ever, need to file a claim

- Providers are required to submit claims

Claims must be submitted timely

- Providers cannot hold a claim
- Claims must be submitted within 12 months of provision of service

Bills from providers for coinsurance/copay amounts

- For Medicare covered services

Medicare Summary Notice (MSN)

 **Medicare Summary Notice**
for Part A (Hospital Insurance)
The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

Page 1 of 4

JENNIFER WASHINGTON
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	XXXXX1234
Date of This Notice	September 15, 2020
Claims Processed Between	June 15 – September 15, 2020

Your Deductible Status

Your deductible is what you must pay each benefit period for most health services before Medicare begins to pay.

Part A Deductible: You have now met your **\$1,184.00** deductible for **inpatient hospital** services for the benefit period that began May 27, 2020.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

Your Claims & Costs This Period

Did Medicare Approve All Claims?	YES
See page 2 for how to double-check this notice.	
Total You May Be Billed	\$2,062.50

Facilities with Claims This Period

June 18 – June 21, 2020
Otero Hospital

Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.
如果您要閱讀簡報，請致電或親臨下列地址，請使用“agent”或“agent”或“agent”... 1-800-MEDICARE (1-800-633-4227)

- Medicare summary notice is a statement of an individual's claims that are billed to Medicare
- MSN for Part A and Part B are sent every 6 months
- Includes an explanation of:
 - Services billed
 - What the individual may owe
 - Billing codes and modifiers
 - Denial rationale (if applicable)
- Explains appeal process and deadlines for denied claims

[Medicare Summary Notice Part A](#)

[Medicare Summary Notice Part B](#)

Medicare Account

- Clients should create an account
- Allows beneficiary ability to check
 - Claims
 - Medicare/other Insurance coverage
 - Prescription drug lists
 - Print out Medicare card

For more information on account log-in options [click here](#)

Log in to (or create) your Medicare account

Once you have Medicare, you can use any of these free and secure identity verification services to log in to or create your Medicare account. [Learn about the new options.](#)

Each Medicare account needs a unique email address. Don't use an email address you share with someone else to create your Medicare account.



ID.me

Trusted and used by federal services like IRS.gov and Social Security.



CLEAR

Trusted and used by airports and health systems.



Login.gov

Trusted and used by the VA, Social Security, and Global Entry.



Medicare

Medicare.gov

If you've already created a Medicare account, you can log in with your username and password.



Medicare Coordination of Benefits

How Does Medicare Work With Other Coverage

Medicare and Other Insurance

Medicare will coordinate with Medicaid

- Medicare is primary
- Medicaid is secondary

Medicare will coordinate with other insurances

- Liability and no-fault insurance after an accident
- Worker Compensation

Medicare will coordinate with Employer Group Health Plans

- If retired with Employer Health Plan, Medicare is always primary
- If still working, can be either primary or secondary
 - Whether primary or secondary depends on the number of employees

[When Medicare is primary and secondary- Medicare Interactive](#)

Coordination of Benefits with Employer Plans

- Age 65 and covered by current Employer Health Plan
- Group Health Plan with <20 employees
 - Medicare is Primary
- Group Health Plan with >20 employees
 - Medicare is Secondary
- Under age 65 and covered by current Employer Health Plan
 - Group Health Plan with <100 employees
 - Medicare is Primary
 - Group Health Plan with >100 employees
 - Medicare is Secondary

Medicare and VA and TRICARE for Life

- VA benefits and Medicare do not work together.
- Medicare and TriCare for Life do work together
- Medicare does not pay for any care provided at a VA facility, and
- VA does not pay outside of the VA center
 - Except in very certain circumstances
- Not enrolled in Part B
 - May have late enrollment penalty
 - Not covered for Part B services received from private providers



MEDICARE APPEALS

MEDICARE APPEALS

- Medicare has a unique appeals process
- Appeals cases are considered complex counseling that requires referral to [benefit specialist](#)

Counselor Note: As Basic Certified SHIP Counselors you should understand appeal rights to be able to answer common appeal and coverage questions

Original Medicare Overview of Appeals Process

With Original Medicare Part A Hospital Insurance and Part B Medical Insurance, beneficiaries often appeal bills for services already received.



Standard Coverage Appeals Process

- **Before appealing**, it is best practice for the beneficiary to contact their provider's billing office to check if a service was correctly billed
- **To appeal**, beneficiaries should complete the last page of the [Medicare Summary Notice \(MSN\)](#) within 120 days of receiving the MSN
 - First level of appeal
 - If a beneficiary misses appeal deadline on MSN can still appeal if they can show good cause for missing the appeal deadline
- **If the appeal is unsuccessful**, the beneficiary can escalate the appeal. There are five appeal levels.

Appeal Levels

First Level of Appeal:	Redetermination by a Medicare Administrative Contractor (MAC)
Second Level of Appeal:	Reconsideration by a Qualified Independent Contractor (QIC)
Third Level of Appeal:	Decision by the Office of Medicare Hearings and Appeals (OMHA)
Fourth Level of Appeal:	Review by the Medicare Appeals Council
Fifth Level of Appeal:	Judicial Review in Federal District Court



Medicare Final Thoughts

Review

- Remember, unless already receiving benefits from Social Security (SSA), no notice is sent of Medicare eligibility
- Medicare Summary Notices are received every 6 months
 - No notice sent if you don't receive services in that time frame
- Beneficiaries should create a Medicare Account
- There are no couples in Medicare
 - Each beneficiary should be considered separately for coverage and benefits

When To Refer

“Basic-level” SHIP counselors should be able to:

- Describe Medicare and use the plan finder
- Explain and assist with enrollment
- Recognize when assistance is needed with coverage of prescriptions and/or needed uncovered medical services
- Recognize when an individual may qualify for financial help.

NOTE: Refer a client to a [benefit specialist](#) or a helpline for further assistance with Medicare, Medicare Advantage and/or Part D unique coverage questions or appeals.

How to determine what your client needs help with

Sample questions:

1. When did your Medicare start?
2. When did your Medicare Advantage plan start?
3. Did you have or lose employer health coverage?
4. Do you have VA, TRICARE or any other health care coverage?
5. Are you eligible for Medicaid?
6. Why was your medication/service not covered?
7. Do you have paperwork?



Resources

Where to Go for Help

Resources

- **SHIP Technical Assistance (TA) Center**
 - <https://www.shiptacenter.org/>
 - Webinars, handouts, outreach materials, and counselor resources for SHIP counselors
- **[Medicare.gov](https://www.medicare.gov)**
 - Check current costs, eligibility, and enrollment information.
 - Use the search function to see if a service or item is covered by Medicare.

Resources

Wisconsin SHIP Cheat Sheet Packet

Found on the:

- [SHIP TA Center](#) (search “WI SHIP Counselor Cheat Sheet packet)
- GWAAR Medicare Outreach and Assistance Resources webpage (<https://gwaar.org/medicare-outreach-and-assistance-resources>) under Tools for Professionals

Contacts

Questions are encouraged!

You can go to the following SHIP counselors for help:

- **Your local SHIP supervisor**
- **The Board on Aging and Long Term Care**
 - Medigap Helpline: 1-800-242-1060,
BOALTCMedigap@wisconsin.gov
 - Medigap Part D and Prescription Drug Helpline: 1-855-677-2783,
BOALTCRXHelpline@wisconsin.gov

PRESENTER CONTACT INFORMATION

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