

## MEDICARE BASICS

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### **Eligibility**

Medicare is health insurance available to three categories of people:

Individuals who are 1) 65 or older, 2) under 65 with certain disabilities, and 3) of any age with End-Stage Renal Disease (ESRD)

*Medicare is not a poverty program so you are entitled to coverage no matter how great your wealth.*

### **Coverage**

Medicare covers skilled care where the services needed are medically reasonable and necessary for the diagnosis or treatment of illness or injury. Medicare covers hospice services, but does not cover other custodial care (for dementia patients, for example).

**Part A** – No monthly premium

Skilled inpatient hospital care, inpatient nursing home (NH) care, home care services, and hospice.

**Part B** – A monthly premium deducted from social security benefits

Physicians, other medical personnel, durable medical equipment, outpatient services, etc.

**Medicare A – Hospital Coverage:** The patient receives hospital coverage for 90 days for each “spell of illness” after paying a deductible of \$1,184. The spell of illness begins when the patient first obtains Medicare covered care in a hospital and ends after 60 days outside of the hospital (or skilled NH). After 60 days in the hospital there is a copayment of \$296 per day until day 90. Patients also have a lifetime reserve of 60 days. The 60 day lifetime reserve coverage carries with it a copayment of \$592 per day.

*If the patient has a Medicare supplement insurance policy, the deductible (\$1,184) and the copayments would be covered by that insurance.*

**Medicare A – Nursing Home Coverage:** The patient is eligible to receive coverage of up to 100 days in a skilled nursing home, provided it is preceded by a three-day hospital stay within the 30-day period prior to admission to the nursing home. The first 20 days are free and the next 80 days require a copayment of approximately \$144.50 per day. There are certain requirements to qualify for this benefit. First a physician must certify that the patient needs the care in a skilled nursing facility (SNF); Next, the patient must require daily skilled nursing or rehabilitation; Finally, the care needed must only be available on an inpatient basis.

**Medicare A and/or B – Home Care Coverage:** Eligible home health services include intermittent skilled nursing care, physical therapy, speech-language pathology services, continued occupational services, and more. Usually, a home health care agency coordinates the services your doctor orders for you. Care must be provided through a Medicare certified provider. There are no deductibles or copayments for home care, however, the patient is responsible for 20% of the Medicare-approved amount for durable medical equipment.

*The home health agency should tell the patient (and put in writing) how much Medicare will pay for the services needed, whether any items or services are not covered by Medicare, and how much of the cost must be paid by the patient.*

For much more information go to the web:

www.Medicare.gov or download *Medicare and You*, the official U.S. government Medicare handbook

