

2021 MEDICARE

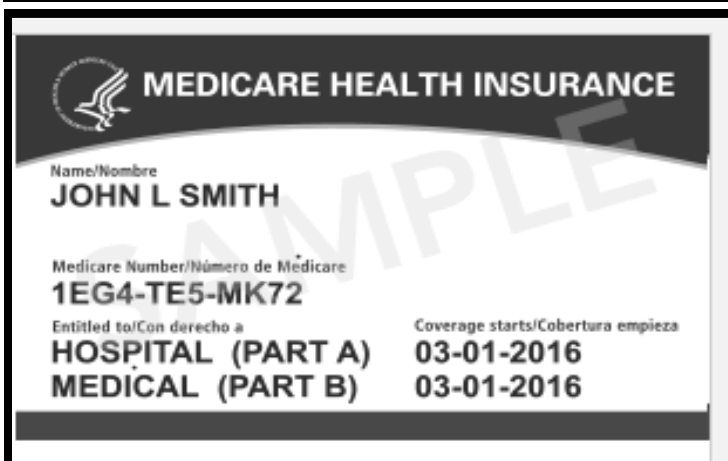
Basic Toolkit

Senior Health Insurance: Free Medicare Counseling

Arkansas Senior Health Insurance Information Program (AR SHIIP) connects Medicare beneficiaries, their families, and caregivers with certified counselors statewide. AR SHIIP's local counselors offer one-to-one in person, or over the phone guidance regarding Medicare, Medicare Advantage Plans, Medicare Supplements, and Medicare Part D (drug plans) for FREE.

AR SHIIP partners perform a screening to determine if a Medicare recipient is eligible for a low-income subsidy help or with drug costs. AR SHIIP and partners will examine ways to lower out-of-pocket expense of Medicare or review other ways to save money.

PAGE	CONTENTS
1	What is AR SHIIP
2	What is Medicare/Parts of Medicare
3	Medicare Coverage Choices
4	Medicare Enrollment Periods
5	Part A Services and Covered Cost
6	Part B Premiums and Covered Cost
7	How does other insurance work with Medicare/Facts to Remember
8	Medicare Advantage (Part C)
9	Medicare Savings and Extra Help
10	Medicare Part D (Drug coverage)
11	What is a Formulary/Donut Hole
12	Medicare Supplement Insurance
13	Medicare and the Marketplace
14	Part B Preventive Services and Screening Services
15	Medicare Rights and Protections
16	What is ABN/Identity Theft
17	Medicare Frequently Asked Questions
18	Find a Doctor/Medicare Fraud, Waste & Abuse
19	Medicare Internet Resources



Call AR SHIIP for
questions regarding your
Medicare
1-800-224-6330



What is Medicare?

Medicare is our country's health insurance program for people 65 or older, people under 65 with certain disabilities, and people of any age with End-Stage Renal Disease (ESRD), which is permanent kidney failure requiring dialysis or a kidney transplant.

Medicare has Four Parts – A, B, C and D.

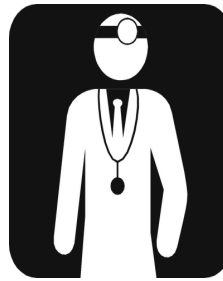
PART A

H

(Hospital Insurance)

Helps pay for:

- Inpatient hospital stay
- Skilled nursing or rehabilitation facility care
- Hospice care
- Home health care



PART B

(Medical Insurance)

Helps pay for:

- Services from doctors and other healthcare providers
- Outpatient surgery and tests
- Home health care
- Durable medical equipment (DME) such as wheelchairs, walkers, diabetic test strips, lancets and meters
- Part B Preventive Service
- Some preventive service -PSA Tests

PART C

**MEDICARE
ADVANTAGE**

Replaces Medicare A & B

- Buy from a private insurance company
- Possible vision, dental or hearing coverage
- May pay premium in addition to Part B
- May require a network of providers

PART D

**Helps cover cost of
prescription drugs**

- Managed by Medicare approved private insurance companies



Guard your Medicare number from fraudsters and identity thieves.

Do not carry your Medicare Card and do not give your number to anyone who contacts you by phone, email or in person, unless you have given them permission in advance.

Medicare will never contact you for your Medicare number or other personal information. See page 18 for more about Medicare fraud, waste and abuse.

If your card is damaged, lost or stolen, contact the S. S. Administration for a replacement at www.ssa.gov or call **1-800-772-1213**.

What are my Medicare coverage choices?

You can receive your Medicare benefits through either Original Medicare (Part A and Part B) or a Medicare Advantage plan. If you choose Original Medicare, you can also purchase: (1) Secondary or supplemental insurance such as Medicare Supplement or a Group Health Insurance plan (GHI), and/or (2) Prescription drug coverage

Option 1

**Part A and Part B
ORIGINAL MEDICARE**

**Secondary Insurance
(GHI, Medicare
Supplement or Medicaid)**

**Part D
Prescription Drug
Coverage**

OR

Option 2

**PART C
MEDICARE
ADVANTAGE**

Hospital

PART D

**Medical
Prescription Drug
Coverage**

Where can I get my questions answered?

Get general or claims-specific Medicare information, find a doctor or hospital, request documents in a different format, and make changes to your Medicare coverage. If you need help in a language other than English or Spanish, say "Agent" to talk to a customer service representative.



1-800-MEDICARE (1-800-633-4227)

TTY number: 1-877-486-2048

Website: www.medicare.gov



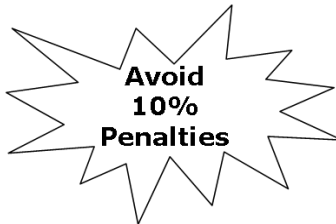
How and When do I enroll in Medicare?

If you're close to 65, and not getting Social Security or Railroad Retirement Board (RRB) benefits, you will have to sign up for Medicare. Contact Social Security 3 months before you turn 65.

Medicare enrollment is automatic **only** if you are already receiving Social Security or a RRB benefits check. A red white and Blue Medicare card will be sent to you 3 months before your 65 birthday or the 25th month of disability benefits.

Initial Enrollment Information (IEP)

When you are first eligible for Medicare, you have a 7-month **Initial Enrollment Period** to sign up for Part A and/or Part B (3 months before, your birthday month, and 3 months after your 65th birthday).



When you apply for Medicare, you can sign up for Parts A & B. You must pay a premium for Part B. If you decide to enroll in Part B later on, you may have to pay a **monthly late enrollment penalty for as long as you have Part B coverage** and could have a gap in your health coverage.

Note: When you must enroll in Medicare part B, still working at 65 and the employer has fewer than 20 employees. If you're covered by spouse's employer, and the spouse's employer requires covered dependents to enroll in Medicare at 65.

Your premium will go up 10% for each 12-month period you were eligible for Part B, but did not sign up for it, unless you qualify for a special enrollment period due to a life changing event:

- You or your spouse still work and are covered under a group health plan, or
- You are receiving Social Security disability benefits and are covered under a group health plan
- Qualify for Medicare Savings Program (MSP)

If you did not sign up for Part A (if you have to buy it) and/or Part B (for which you must pay a premium) during your **Initial Enrollment Period**, you can sign up **between January 1 and March 31** each year. **Your coverage will not start until July 1 of that year.**

You do not need to sign up for Medicare each year. You should review your drug plan/advantage plan and make changes during the annual **Open Enrollment Period (October 15 – December 7)**. New coverage will begin on January 1 of the next year.

Shop and compare plans every year

Use the Medicare Plan finder at www.medicare.gov or

Call AR SHIP for help – 1-800-224-6330



NO WAITING! APPLY ONLINE

Social Security Administration Website – www.ssa.gov/medicare

OR

Call Social Security at 1-800-772-1213 (TTY at 1-800-325-0778)



Medicare Part A Premiums

If you or your spouse worked at least 10 years and paid payroll taxes, there is no monthly premium for Part A. However, there is a 10% penalty for late enrollment.

\$0 if you've worked 10 years or more
\$259 per month if you've worked 7.5 to 10 years
\$471 per month if you've worked fewer than 7.5 years

Part A Hospital insurance covered services and costs

Services	Benefits	Medicare pays	You pay
Hospitalization Semi-private room, general nursing, miscellaneous services and supplies	First 60 days	All but \$1,484 deductible	\$1,484 deductible
	61st to 90th day	All but \$371 per day	\$371 per day
	91st to 150th day	All but \$742 per day	\$742 per day
	Beyond 150 days	Nothing	All charges
POST-HOSPITAL Skilled Nursing Facility (SNF) Care after a 3-night inpatient hospital stay	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but \$185.50 per day	\$185.50 per day
	Beyond 100 days	Nothing	All costs
Home Health Care following a 3-night inpatient hospital or SNF stay	Part-time care as long as you meet guidelines	100% of approved; 80% of approved amount for durable medical equipment (DME)	Nothing for services if approved; 20% of approved amount for DME
Hospice Care Full scope of pain relief and support services for the terminally ill	As long as doctor certifies need	All but limited costs for drugs & inpatient respite care	Limited cost sharing
Blood	Blood	After first 3 pints	First 3 pints

Note: A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 consecutive days.

Medicare Part B Premium if new to Medicare in 2021

If Yearly Income is:		Monthly Premium Payment
File Individual Tax Return	File Joint Tax Return	
Less than \$88,000	Less than \$176,000	\$148.50 per month
\$88,001-\$111,000	\$176,001-\$222,000	\$207.90 per month
\$111,001-\$138,000	\$222,001-\$276,000	\$297.00 per month
\$138,001-\$165,000	\$276,001-\$330,000	\$386.10 per month
\$165,001-500,000	\$330,001-750,000	\$475.20 per month
Above \$500,001	Above \$750,001	\$504.90 per month

Part B Medical covered services and your cost

Services	Medicare pays	You pay
Medical Expense Physician services and medical supplies in and out of the hospital	80% of approved amount (after \$203 deductible)	20% of approved amount (after \$203 deductible)
Clinical Laboratory diagnostic tests	100% of approved	Nothing if approved
Home Health Care Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay Requires a prescription	100% of approved	Nothing if approved
Outpatient Hospital Treatment Unlimited if medically necessary	80% of approved	20% of approved amount (after \$203 deductible)
Durable Medical Equipment Prescribed by a doctor for use in home	80% of approved amount (after \$203 deductible)	20% of approved amount (after \$203 deductible)
Blood	80% of approved amount (after \$203 deductible and after the first 3 pints)	20% of approved amount (after \$203 deductible and after payment of the first 3 pints)

How does my other insurance work with Medicare?

When you have other insurance (Ex: employer group health coverage) and Medicare, there are rules that decide whether Medicare or your other insurance pays first.

Who Pays First?	
If you have retiree insurance from your or your spouse's former employment	Medicare pays first
If you are 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has 20 or more employees	Your group health plan pays first
If you are 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has less than 20 employees	Medicare pays first
If you are under 65 and disabled, have group health plan coverage based on your or your spouse's current employment, and the employer has 100 or more employees	Your group health plan pays first
If you are under 65 and disabled, have group health plan coverage based on your or a family member's current employment, and the employer has less than 100 employees	Medicare pays first
If you have Medicare because of your group health plan and have End-Stage Renal Disease (ESRD)	Your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Then Medicare will pay first after this 30-month period

Facts to Remember

- ⇒ The insurance that pays first (primary payer) pays up to the limits of its coverage
- ⇒ The insurance that pays second (secondary payer) only pays if there are costs the primary insurer did not cover
- ⇒ The secondary payer might not pay all of the uncovered costs (expenses not covered by Medicare are not covered by secondary insurances)
- ⇒ Medicare might pay second if you are in an accident or have a workers' compensation case in which other insurance covers your injury and pays first. In these situations, you or your lawyer should contact Medicare as soon as possible
- ⇒ Tricare for Life (TFL) requires people with Medicare to enroll in Part A and Part B

Medicare Advantage (MA) Part C

- A Medicare Health Plan or Medicare Replacement Plan sold by a **private** insurance company with Medicare's approval.
- Replaces original Medicare Part A and Part B (no need for Medicare Supplement).
- May offer added benefits such as vision, dental, hearing or transportation. Be sure to get specific coverage details in writing.
- Most plans require use of certain doctors and hospitals (a provider network). You will have to pay more or all the cost of your health care to use out-of-network doctors or hospitals.
- May have special rules to follow such as prior authorization
- The maximum out of pocket (MOOP) limit for covered services is \$7,550 in-network and \$11,300 for in and out-of-network combined.

What is the cost?

- You still must pay Medicare Part B premiums (\$148.50 in 2021).
- You may have to pay an additional monthly premium to the MA company (The monthly premium varies by plan).
- Usually pay per-visit copayments for medical services instead of Original Medicare's 20% copayment.

What does it

- MA plans must cover the same benefits as Original Medicare, but the coverage and costs (deductibles and copays) vary.
- Most plans include drug coverage (Part D); some plans include vision, hearing and/or dental coverage; home delivered meal after surgery, and gym membership.

Note: Beginning in 2021, Medicare individuals with End-Stage Renal Disease (ESRD/Kidney failure) can enroll in Medicare Advantage Plans. Medicare Advantage Plans must cover the same services as Original Medicare but may have different costs and restrictions. Before you enroll, you may want to check with your providers and the plan you're considering to make sure the providers you currently see (like your dialysis facility or kidney doctor), or want to see in the future (like a transplant specialist), are in the plan's network.

What are the Advantages?

Plans may include **additional benefits**. Many of the dental and hearing benefits are preventive, which means they pay for teeth cleaning or hearing exams, but not for dentures or hearing aids. **Ask questions about what the policy will pay and request a Summary of Benefits for the plan.** **Cost sharing** may be less expensive for some. For example, Original Medicare hospital coverage requires a deductible of \$1,484 in 2021. The MA Plan might change the cost sharing so the patient pays \$395 per day for the first five days. If patients stay two days, they owe \$790 instead of the Original Medicare deductible of \$1,484. If patients stay five days, they owe \$1,975 instead of the Original Medicare deductible of \$1,484.

Medicare resources that can help individuals who have limited income and resources

Medicare Savings Program pays Medicare Premiums

There are 4 types of Medicare Savings Programs:

1. **AR Seniors** - helps pay for Part A and/or Part B premiums, deductibles, coinsurance, copayments, and full Medicaid benefits (must be 65 or older).
2. **Qualified Medicare Beneficiary (QMB) Program** – helps pay for Part A and/or Part B premiums, deductibles, coinsurance, copayments, copays for managed care, and a Medicaid card.
3. **Specified Low-Income Medicare Beneficiary (SMB) Program** – helps pay Part B premiums and the Part B late enrollment penalty.
4. **Qualifying Individual (QI-1) Program** – helps pay Part B premiums and late enrollment penalty.

These programs are different in every state and each has different income and asset levels to qualify.

Call AR SHIP – 1-800-224-6330

Extra Help pays for medications & Part D cost

If you qualify for **Extra Help** and enroll in a Medicare drug plan, you will get help paying your Medicare drug plan's monthly premium, yearly deductible, coinsurance, and copayments.

With **Extra Help**, there will be no coverage gap (donut hole) and no late enrollment penalty. You can switch drug plans quarterly.

Medicare will mail you a **PURPLE LETTER** if you are qualified for **Extra Help**. Keep the letter for your records. You will not need to apply.

You automatically qualify for **Extra Help** if you have Medicare and meet any of these conditions:

- ✓ You have full Medicaid coverage
- ✓ You get help from a Medicare Savings Program
- ✓ You get Supplemental Security Income (SSI) benefits

Income and asset levels can change every year.

Call AR SHIP – 1-800-224-6330



Medicare Drug Coverage (Part D)

Do you need Part D?

Yes, unless you have “**creditable coverage**,” – prescription drug coverage through a current or former employer, union, or the Veterans Administration as good as Medicare Part D.

Remember, there is a penalty for late enrollment. In most cases, you have to pay this penalty for as long as you have a Medicare drug plan, even if you switch plans.

Things to consider:

Total Annual Cost— amount you pay yearly

Monthly premium— amount you pay each month in addition to your Part B premium.

Deductible— amount you pay for your drugs before your insurance begins to pay.

Copayment (Coinsurance)— amount you pay for your drugs after the deductible.

Choose coverage through a Medicare drug plan or a Medicare Advantage Plan.

If you have a MA plan that includes prescription drug coverage and you join a Medicare Prescription Drug Plan, you will be dis-enrolled from your MA plan and returned to Original Medicare.



Plan Restrictions:

Quantity Limit — number of pills or amount of medication covered over a certain period of time.

Step Therapy— plans may require you to first try a less expensive drug to treat your medical condition before they will cover a more expensive drug for that condition.

Prior Authorization— an approval from your insurance plan before you can fill your prescription.

When can you enroll or switch a Medicare drug plan?

- When you first become eligible for Medicare during your Initial Enrollment Period
- During Open Enrollment, between October 15 and December 7 each year (your coverage will begin on January 1 of the following year)
- Quarterly if you qualify for Extra Help (see page 9)

Special Enrollment Periods apply – when you move out of your plan’s service area, lose other creditable coverage, live in an institution (Ex: a nursing home), have Medicaid, qualify for Extra Help or the Medicare Savings Program. You can switch to a new Medicare drug plan simply by enrolling in another drug plan. Your new coverage will begin the following month.

What is a Formulary?

A FORMULARY is a list of drugs covered by a Medicare prescription drug plan. *Each plan has its own formulary and the formulary can change from year to year.*

Shop and compare plans every year. Drug costs (premiums, deductibles and formularies) change every year. Contact the plan to find out its current formulary or visit the plan's website. Your plan should notify you if there are any formulary changes.

Use the **Medicare Plan Finder** at www.medicare.gov/find-a-plan

OR

Call 1-800-MEDICARE (1-800-633-4227)

TTY users should call 1-877-486-2048

OR

Call AR SHIP for help 1-800-224-6330

Many Medicare drug plans place drugs into different "tiers" or "levels" with different costs. Generally, the higher the tier, the higher the cost. **HOWEVER**, if your doctor thinks you need a drug in a higher tier instead of a similar drug in a lower tier, he/she can ask your plan for an exception to get a lower copayment for that drug.

Each month that you fill a prescription, your drug plan will mail you an **Explanation of Benefits (EOB) notice**. This will give you a summary of your prescription drug claims and your costs. Review your notice and check it for mistakes. Contact your plan if you have questions or find mistakes.

Medicare Coverage Gap (Donut Hole)



For 2021 and beyond, Medicare will pay 75% of the price for generic drugs during the coverage gap, and you'll pay the remaining 25% of the price. The coverage for generic drugs works differently from the discount for brand-name drugs. For generic drugs, only the amount you pay will count toward getting you out of the coverage gap (\$4,130). If you think you've reached the coverage gap and you don't get a discount when you pay for your brand-name prescription, review your next "**Explanation of Benefits (EOB)**". If the discount

doesn't appear on the EOB, contact your drug plan to make sure that your prescription records are correct and up-to-date.



Catastrophic Coverage, Once you've spent \$6,550 out-of-pocket in 2021, you're out of the coverage gap. Once you get out of the coverage gap (Medicare prescription drug coverage), you automatically get "catastrophic coverage." It assures you only pay a small coinsurance amount or copayment for covered drugs for the rest of the year.

Medicare Supplement Insurance

- Secondary health insurance that **only** pays after Original Medicare A and B
- Only pays the 20% for care and services **covered** by Medicare Part A and Part B
- Sold by private insurance companies
- Not allowed with Medicare Advantage (Part C)

A guide to all companies approved to sell health insurance in Arkansas called **Bridging the Gap** is available on AR SHIP's website:

www.insurance.arkansas.gov

When can you apply?

**age 65
or older
under
age 65**

APPLY ANYTIME. Unlike Medicare Drug and Advantage Plans, there is no specific time of year to buy a Medicare Supplement Policy.

Medicare Supplement for Medicare recipients age 65 or older

The **Medicare Supplement Open Enrollment Period** is a 6-month period when an insurance company must issue a policy regardless of medical history, health status, or prior claims. The Medicare Supplement Open Enrollment Period begins on your first day of Medicare Part B enrollment at age 65 or older. Enrolling in Part B starts the Medicare Supplement Open Enrollment Period.

Medicare Supplement for Medicare recipients under age 65

Younger Medicare beneficiaries may be denied a policy based on their prior medical history. There is no assurance that those under age 65 will be issued a Medicare Supplement Policy.

Retiree insurance may pay 20% after Medicare, like Medicare Supplement does. Check with your Human Resources Department before enrolling in a Medicare Supplement Plan. Other retiree benefits – such as life, dental, hearing or vision insurance may be affected.

NOTE

Call AR SHIP for help – 1-800-224-6330.

Medicare and the Health Insurance Marketplace

The Health Insurance Marketplace provides a way for people who do not have health insurance through a job or a federal program to get health coverage. **The Marketplace does not offer Medicare health plans, Medicare drug plans (Part D), or Supplement Insurance policies. Medicare is not part of the Marketplace.**

Is Medicare coverage “minimum essential coverage”?

As long as you have Medicare Part A coverage (or coverage from a Medicare Advantage Plan), you have minimum essential coverage and you do not have to get any additional coverage. If you only have Medicare Part B, you are not considered to have minimum essential coverage. ***This means you may have to pay a fee for not having minimum essential coverage when you file your federal income tax return.***

Can I get a Marketplace plan instead of Medicare, or can I get a Marketplace plan in addition to Medicare?

Generally, no. It is against the law for someone who knows you have Medicare to sell you a Marketplace plan because that would duplicate your coverage.

HOWEVER, if you are employed and your employer offers employer-based coverage through the Marketplace, you may be eligible for this type of coverage.

What if I become eligible for Medicare after I join a Marketplace plan?

If you have a Marketplace plan, you can keep it until your Medicare coverage starts. Then, you can terminate the Marketplace plan without penalty.

Visit **HealthCare.gov** to find out how to terminate your Marketplace plan.

Note: If you've been getting premium tax credits or other savings on a Marketplace plan, your eligibility for these savings will end once your Medicare Part A coverage starts.

***To learn more about how Medicare works with the Marketplace,
visit [HealthCare.gov](https://www.healthcare.gov) and [Medicare.gov](https://www.medicare.gov).***

Part B Preventive & Screening Services

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements
- Cardiovascular disease screenings
- Cardiovascular disease (behavioral therapy, one-time visit)
- Cervical & vaginal cancer screening
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- Lung cancer screening
- Hepatitis C screening test
- HIV screening
- Lung cancer screening

- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings and counseling
- One-time "Welcome to Medicare" preventive visit
- Prostate cancer screenings
- Sexually transmitted infections screening & counseling
- Tobacco use cessation counseling
- Yearly "Wellness" visit

Shots:

- Flu shots
- Hepatitis B shots
- Pneumonia shots

For more detailed information about Part B preventive & screening services, please visit
Medicare.gov website or contact Medicare at
1-800-633-4227

Medicare Rights and Protections

What are my Medicare rights?

- Be treated with dignity and respect at all times
- Be protected from discrimination
- Your personal and health information kept confidential
- Have questions about Medicare answered
- Have access to doctors, other healthcare providers, specialists, hospitals, and get emergency care when needed.
- Get information from Medicare, healthcare providers, and Medicare contractors about your treatment choices in clear language, in a format you understand, and to participate in treatment decisions
- Request a review (appeal) of certain decisions about healthcare payments, coverage of services, or prescription drug coverage
- File complaints (or grievances), including complaints about the quality of your care
- Get a decision about a healthcare payment, coverage of services, or prescription drug coverage

Who protects my Medicare rights?

KEPRO is the Medicare Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for Arkansas.

If you are not satisfied with the quality of care you receive, you can:
Call the KEPRO Medicare Beneficiary Helpline – 844-430-9504 toll free OR
download a quality of care complaint form (in English or Spanish) at:
www.keproqio.com/bene/qualityofcarecomp.aspx

Send complaint forms to KEPRO by:

Fax: 844-878-7921

Email: beneficiary.complaints@kepro.com

Mail: 5201 West Kennedy Blvd.

Suite 900

Tampa, FL 33609

Attention: Beneficiary Complaints

Examples of Quality Care Complaints:

- Your condition was misdiagnosed
- You received the wrong medication dose (i.e. overdose)
- Your surgery or diagnostic testing was unnecessary
- Your condition changed and that was not treated
- You received discharge instructions that were not complete

Trained team members are available Monday-Friday-9:00 a.m.-5:00 p.m. local time zones. A message can be left @ toll free number 24 hours a day.

What is an Advanced Beneficiary Notice of Noncoverage (ABN)?

To protect you from unexpected bills, Medicare requires healthcare providers to give you in a written notice if they think Medicare will not pay for an item or service. It will give you the cost of the item or service so you can decide whether to pay for it or not.

How do I file an Appeal?

You can appeal a denied item or service if you think Medicare should pay but did not or if you think Medicare did not pay the right amount.

Review your Medicare Summary Notice (MSN) that shows the item or service you are appealing and follow the directions on the MSN to appeal within 120 days of the date you receive the MSN in the mail. You should receive a decision from the Medicare Administrative Contractor (MAC) within 60 days after they receive your request. If Medicare will cover the item(s) or service(s), it will be listed on your next MSN.

What if I think my services are ending too soon or I am denied admission to the hospital?

You can ask for a **fast appeal** – an immediate review by the BFCC-QIO.

For more information, visit **Medicare.gov/appeals** or

Call AR SHIP – 1-800-224-6330.

Protect yourself from identity theft

Identity theft happens when someone uses your personal information (your name and your Social Security, Medicare, credit card, or bank account numbers) without your consent to commit fraud or other crimes.

Guard your cards and protect your Medicare and Social Security numbers. Only give your Medicare number and personal information to doctors, other healthcare providers, Medicare-approved plans; your insurance company; and trusted people in the community who work with Medicare, such as AR SHIP or Social Security.

Call 1-800-MEDICARE (1-800-633-4227) to find out if a provider is approved by Medicare. TTY users should call 1-877-486-2048.

If you suspect identity theft, call your local police department and the Federal Trade Commission's **ID Theft Hotline at 1-877-438-4338.**

TTY users should call 1-866-653-4261.

Visit **ftc.gov/idtheft** to learn more about identity theft.

Medicare plans must follow certain rules for marketing and enrollment. They cannot ask you for credit card or banking information over the phone or via email, unless you are already a member of that plan. They cannot enroll you into a plan by phone unless you call them and ask to enroll, or you have given them permission to contact you.

Call 1-800-MEDICARE (1-800-633-4227) to report any plans that: ask for your personal information over the phone or email, call to enroll you in a plan, or use false information to mislead you.

Medicare Frequently Asked ????'S

Does Medicare pay for glasses and dentures?

No original Medicare does not cover glasses or dentures, some advantage plans offer dental and vision benefits.

Am I automatically enrolled in Medicare when I turn 65?

Many people automatically get Original Medicare if they're receiving Social Security retirement benefits when becoming eligible for Medicare coverage. Other's need to sign up for Medicare through Social Security.

What is Medicare part C?

Medicare part C is just another name for private Medicare insurance. The Balanced Budget Act of 1977 created part C, which is now referred to as Medicare Advantage. Medicare advantage plans are private health plans that you can choose instead of original Medicare. Advantage plans usually have a network of providers from whom Medicare individuals will seek care.

Do I have to enroll in Medicare part D?

No. It is not mandatory, but Medicare individuals are encouraged to enroll in a part d plan to avoid a penalty for not enrolling at the time that the individual is eligible. The penalty is not a one-time penalty. The penalty will exist for the lifetime of Medicare/Social Security.

What parts of Medicare do I need?

If Medicare is your only medical coverage, you need both parts of Original Medicare-Parts A and B. You must have both A and B to be eligible to enroll in either a Medicare supplement plan or a Medicare Advantage plan.

What are Medicare Supplemental Plans? Medicare Supplement plans pay **AFTER** Medicare. Medicare part B pays 80% of Medical cost after the Medicare part B deductible has been meet. Medicare Supplement will pay the 20% that the individual would normally pay after Medicare pays.

Do I need Medicare if I already have health insurance?

You may need Medicare even if you already have other health insurance coverage, or if your current plans don't meet minimum coverage requirements. Most plans that employers offer meet these standards. If you or your spouse has insurance through your job, you probably don't need Medicare. However, by staying on an employer plan, you can delay enrolling in part B without penalty until you or your spouse decide to retire.

Can my doctor insist that I pay for care up front before Medicare pays? Yes, but only if your doctor does not accept assignment. If your doctor participates with Medicare, he or she can collect the deductible and copayment. If your doctor does not accept assignment, he or she cannot charge you more than the Medicare approved amount.



Find a doctor or healthcare provider who accepts Medicare Assignment

For a list of providers in your area, go to the **Medicare.gov Physician Compare website** at:

<https://www.medicare.gov/physiciancompare>

Enter your zip code in the “Location” box and the type of healthcare professional you are looking for in the “What are you searching for?” box (for example, primary care physician, nurse practitioner) and click on “search”. In the box on the right of the screen labeled “Medicare assignment,” click on the circle that says “Show only those accepting the Medicare-approved amount.” No Internet access? **Contact the potential Healthcare provider’s office to ensure they accept Medicare assignment.**

Medicare Fraud, Waste & Abuse

Medicare fraud occurs when healthcare services are deliberately misrepresented, resulting in unnecessary cost to the program, improper payments to providers, or overpayments. Examples are billing for services that were never provided or billing for a service at a higher rate. **Medicare abuse** occurs when providers supply services or products that are medically unnecessary or do not meet professional standards.



What Does it Cost and Who Pays?

The estimated cost of healthcare fraud is \$60-90 billion annually for Medicare alone. **Healthcare fraud** affects every taxpayer, but it is not just a matter of dollars and cents. Poor care can affect a patient's functional level and extend his/her need for services. Loss of money to fraud and abuse means that less money is available for necessary services and programs to assist caregivers.



Check your **Medicare Summary Notice** quarterly to detect and report potential fraud and abuse. Sign up for **www.mymedicare.gov** to check claims regularly.

The **Arkansas Senior Medicare Patrol (SMP)**
can help with suspected Medicare fraud.
Call 1-866-726-2916

Medicare Internet Resources

www.medicare.gov

- Compare Drug Plans (Part D)
- Compare Medicare Advantage Plans (Part C)
- Compare Hospitals
- Compare Nursing Homes
- Compare Home Health Agencies
- Order a replacement Medicare card

www.mymedicare.gov

- Create an account
- Manage personal Medicare information via a secure website:
- Review eligibility, entitlement and plan information
- Track preventive services
- Keep a prescription drug list
- Complete Authorization Forms
- ✓ Review Claims

HELPFUL WEBSITES AND EMAIL ADDRESSES:

EXTRA HELP WWW.SSA.GOV/PRESCRIPTIONHELP, APPLY ONLINE IF INDIVIDUAL QUALIFIES for EXTRA Help with Prescription medications

MEDICARE SAVINGS PROGRAM WWW.ACCESS.ARKANSAS.GOV, APPLY ONLINE for Medicare Savings PROGRAM ASSISTANCE

MEDICARE COORDINATION OF BENEFITS-1-855-798-2627, CALL IF PRIMARY AND SECONDARY INSURANCE IS NOT ACCURATE WITH MEDICARE INFO ON FILE National Medicare Center

SOCIAL SECURITY 1-800-772-1213 WWW.SSA.GOV-Medicare
MEDICARE 1-800-633-4227 WWW.MEDICARE.GOV, Medicare questions

KEPR WWW.KEPROQUIO.COM **TOLL FREE NUMBER 888-315-0636**
LOCAL 1-813-280-8256 ARKANSAS REGION 6 HELPS Medicare families and caregivers to file quality of care complaints, hospital discharge and advocacy, which can be useful in specific situations

MEDICARE COORDINATION OF BENEFITS-1-855-798-2627, CALL IF PRIMARY AND SECONDARY Insurance IS NOT ACCURATE ON FILE WITH MEDICARE at national level

SENIOR MEDICARE PATROL (SMP) Fraud Prevention Line
1-866-726-2916 Call if Medicare fraud, waste and abuse is suspected.

A R K A N S A S



SHIIP

Seniors Health Insurance Information Program

Alan McClain, Commissioner

1 Commerce Way
Little Rock, Arkansas 72202

www.insurance.arkansas.gov
Email: insurance.shiip@arkansas.gov



**Call AR SHIIP Toll Free:
1-800-224-6330**



This publication is produced by the Arkansas Senior Health Insurance Information Program (AR SHIIP) a division of Arkansas Insurance Department through the Department of Commerce with financial assistance from the Administration for Community Living, an agency of the U. S. Department of Health and Human Services.



Revised 02.12.2021

LOCAL HELP FOR PEOPLE WITH MEDICARE