What Caregivers Need to Know About Medicare

BlueCross BlueShield of Vermont

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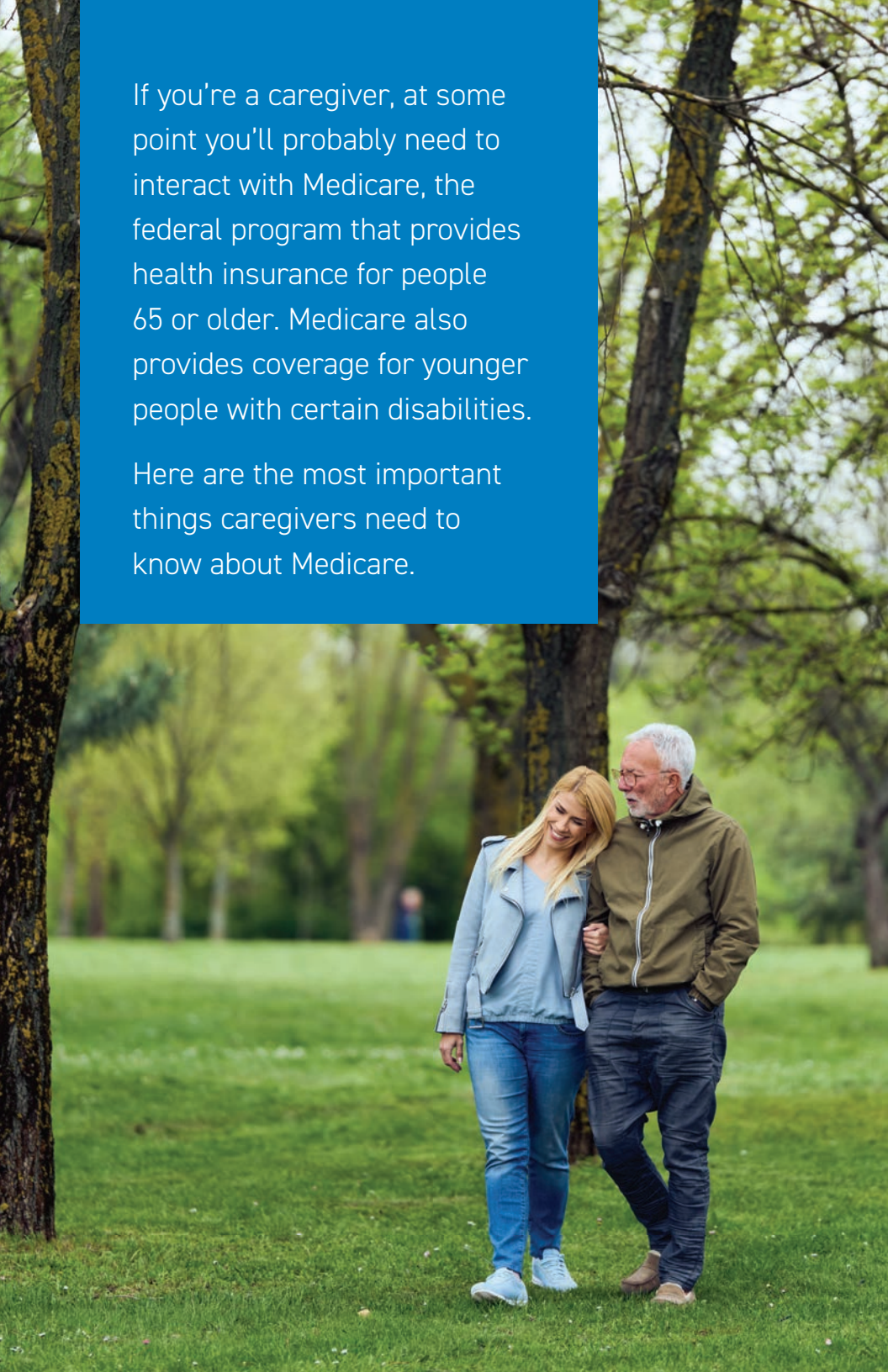
If you're a caregiver, at some point you'll probably need to interact with Medicare, the federal program that provides health insurance for people 65 or older. Medicare also provides coverage for younger people with certain disabilities.

Here are the most important things caregivers need to know about Medicare.



Components of Medicare

If you're not familiar with how Medicare works, a great place to start is learning about the different components of Medicare:

- **Part A** helps cover inpatient hospital care, hospice care, home health care, and care at a skilled nursing facility.
- **Part B** helps cover doctor visits, lab tests and x-rays, outpatient hospital care, durable medical equipment, and some preventive care and immunizations.
- **Part C** provides coverage to replace Original Medicare through enrollment in a Medicare Advantage plan. This type of plan includes Medicare Part A and Part B benefits, and may also provide coverage for prescription drugs and extra benefits, like dental or vision.
- **Part D** provides prescription drug coverage. Medicare enrollees can hold this coverage through a separate Part D prescription drug plan or through a Medicare Advantage plan.
- **Medicare Supplement Insurance**, also called Medigap, is optional coverage that can be purchased to help pay out-of-pocket costs not paid by Original Medicare.

When Are the Enrollment Periods

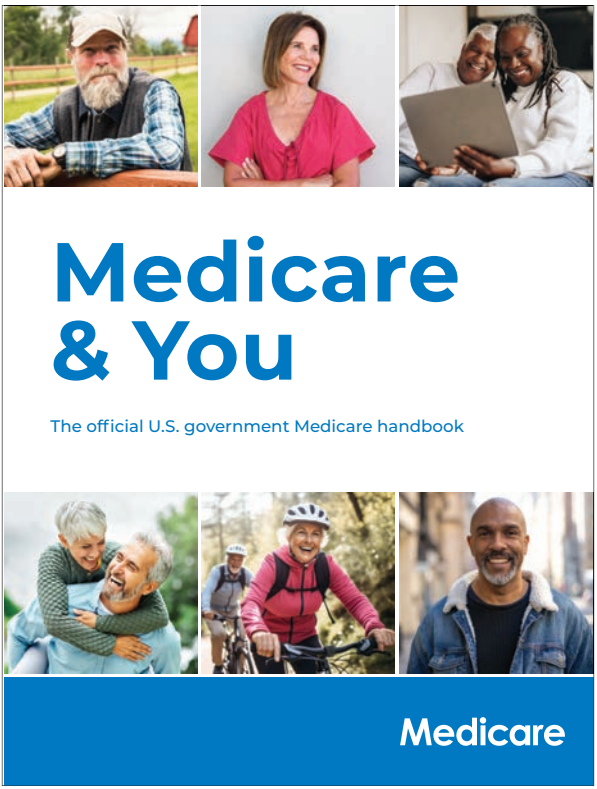
Medicare has several time periods when beneficiaries can enroll and make changes to their coverage.

- For people eligible to enroll in Medicare, they can sign up starting **three months before their 65th birthday**. The Initial Enrollment Period includes **the month they turn 65** and continues for **three months after the month they turn 65**. Beneficiaries who are already receiving Social Security or Railroad Retirement Board benefits are usually enrolled in Medicare automatically.
- Beneficiaries enrolled in Medicare can make changes to their coverage during Medicare's Annual Enrollment Period (AEP), October 15 to December 7. During this time, beneficiaries can switch between Original Medicare and Medicare Advantage or change Medicare Advantage plans. They can also join, drop, or switch Part D prescription drug plans.

For more information on when to sign up for Medicare, visit the Social Security Administration's page, **SSA.gov/medicare/plan/when-to-sign-up**.

Medicare & You Handbook

Another excellent source for knowledge about how Medicare works is the **"Medicare & You"** handbook, which is updated annually. It contains information about Medicare benefits, costs, enrollee's rights, and protections. There is also a section with answers to common questions. You can download the current version at **Medicare.gov/medicare-and-you**.



Medicare Needs Permission to Talk with You

As a caregiver, you are not allowed to interact with Medicare without the permission of the person you are taking care of. Medicare will not share any information about claims, billing, or enrollment unless they have documented permission from the beneficiary.

- A Medicare beneficiary can fill out an "Authorization to Disclose Personal Health Information" form to grant permission for Medicare to share information with you. Visit **CMS.gov** to obtain this form.
- Caregivers that need to act as a representative of a Medicare beneficiary, such as to file complaints and appeals, should have the beneficiary complete an "Appointment of Representative" form, which is also available at **CMS.gov**.
- If the Medicare beneficiary is unable to complete the forms because of health reasons, and has not previously granted you power of attorney, you may need to petition a court to be appointed as the person's legal guardian. Legal help with this process is available through Vermont Legal Aid or an attorney. Visit **VTlegalaid.org** to learn more.

Accessing Medicare Online

The **Medicare.gov** website has a wealth of information, including details about Medicare coverage and access to recent claims. Beneficiaries can log in to their online account and add a caregiver as their representative, giving them access to their account. Go to “edit my account settings” and select “my representatives,” and then “manage my representatives.”

Determining Coverage

Once you have access to the beneficiary's online account or have filed an "Authorization to Disclose Personal Health Information" form for permission to talk with Medicare over the phone, you can proceed with determining the beneficiary's coverage.

On **Medicare.gov**, log in to access information about the beneficiary's coverage, including Parts A & B and Part D (if enrolled in a prescription drug plan). If the beneficiary has other insurance, such as Medicare Supplement coverage, that may also be visible. From this dashboard, you can see how much of the annual Part B deductible has been met. In the premiums section, you can find out how much Medicare is charging the beneficiary in premiums each month and the payment method (such as a deduction from the monthly Social Security benefit).

Purchasing Coverage

PURCHASING MEDICARE PART C COVERAGE

Depending on where a Medicare beneficiary lives, they may be able to purchase Medicare Part C coverage, known as a Medicare Advantage plan. Medicare Advantage replaces Original Medicare Part A and Part B and usually includes Medicare Part D coverage for prescription medications. Medicare Advantage plans are offered by private insurers that contract with Medicare. Medicare beneficiaries enrolled in Medicare Advantage plans continue to pay the monthly Part B Medicare premium, and there may be an additional premium charged by the insurer. Some Medicare Advantage plans offer extra benefits, such as dental and vision coverage. To determine if a Medicare Advantage plan is available where you live, visit **Medicare.gov**.

PURCHASING MEDICARE PART D COVERAGE

Prescription drugs are an increasingly large part of health care, and the costs of prescription drugs have been going up quickly. To help pay for prescription drugs and protect themselves from the high cost of medications, many Medicare beneficiaries opt to purchase a Part D prescription drug plan from insurers approved by Medicare. While Part D is optional, beneficiaries do face a lifetime late enrollment penalty if they don't enroll in a Part D plan when they first become eligible. More information about Part D is available on at **Medicare.gov/health-drug-plans/part-d**.

PURCHASING MEDICARE SUPPLEMENT INSURANCE

Original Medicare typically covers 80% of the cost of health care beneficiaries receive, but that means beneficiaries are responsible for paying the remaining 20%. Original Medicare (Part A and Part B) does not include out-of-pocket limits, which means beneficiaries could end up owing large amounts. Medicare Supplement plans, often referred to as Medigap plans, help cover costs not paid by Medicare. Visit **Medicare.gov/health-drug-plans/medigap** for more information.

FINANCIAL ASSISTANCE PROGRAMS

Beneficiaries with limited income or resources can receive financial assistance in several ways.

- **Medicare Savings Programs (MSP)** help beneficiaries pay premiums, deductibles, coinsurance, and copays. MSP is a federal program but administered at the state level. You can learn more about MSP at **Medicare.gov**. For details about Vermont's Medicare Savings Program, visit **dvha.vermont.gov/members/medicare-savings-program**.
- **Medicare Part D Extra Help program** helps with the costs of Part D prescription drug coverage. Learn more about Extra Help at **Medicare.gov/basics/costs/help/drug-costs**.
- **State Health Insurance Assistance Program (SHIP)** offers free counseling for Medicare beneficiaries and help with filling out application forms. To learn more about Vermont's program, which is administered through regional Area Agencies on Aging, visit **Vermont4a.org/medicare-information**.

Long-Term Care Options

As a caregiver, you may need to consider long-term care options for the person you are caring for. Medicare doesn't pay for long-term care such as nursing homes or assisted living facilities. Other options may include Medicaid, long-term care insurance, or Veterans Affairs benefits for veterans. Contact your regional Area Agency on Aging at **Vermont4a.org** for help with planning long-term care.

Caregiver Training

Medicare will pay most of the costs of having medical professionals, such as doctors and nurse practitioners, train caregivers. Training topics include giving medications, helping with daily tasks, preventing bedsores and infections, and caring for wounds. The beneficiary is responsible for paying 20% of the Medicare approved amount for caregiver training. Additional information is available from Medicare at **Medicare.gov/coverage/caregiver-training-services**.

Preventive Care and Annual Wellness Visit

Medicare provides beneficiaries with a wide range of preventive services at no cost. This includes mammograms, Pap tests, colorectal cancer screenings like colonoscopies, prostate cancer screenings, cardiovascular disease screenings like cholesterol tests, and vaccinations like flu and COVID-19 shots. A list of covered preventive screenings is available at **Medicare.gov/coverage/preventive-screening-services**. After logging in to the beneficiary's Medicare account, you can see a personalized list of the preventive services they're eligible for.

Medicare also provides every beneficiary with an initial "Welcome to Medicare" preventive visit followed by free annual wellness visits. During the wellness visit, the beneficiary is given a health risk assessment questionnaire to complete, and the provider develops or updates a personalized prevention plan. Learn more about wellness visits at **Medicare.gov/coverage/yearly-wellness-visits**.

Reviewing Claims and eMSNs

Caregivers may wish to periodically check Medicare claims for health care that the beneficiary has received. This is important for understanding what providers such as hospitals and doctors have billed, the amounts Medicare has paid, and the amounts that the beneficiary may owe. It's also helpful to review claims to guard against fraudulent billing. Recent claims are available by logging in to the **Medicare.gov** website.

Medicare also produces monthly electronic Medicare Summary Notices (eMSNs), which are available through **Medicare.gov**. The eMSNs summarize claims processed for the beneficiary's care during the previous month and tend to be easier to understand than looking at each individual claim.

How to Appeal Denials

If the beneficiary you're caring for has signed the "Appointment of Representative" form, you can file appeals of denied claims on their behalf. If a claim is denied, read the eMSN carefully to learn Medicare's reasons for denying the claim. Then talk to the provider that submitted the claim to see if there was an error and whether the claim can be resubmitted. Gather all appropriate documentation as to why the service is medically necessary and file an appeal with the Medicare administrative contractor or the private insurer (for Medicare Advantage or Part D prescription plans). Learn more at **Medicare.gov/providers-services/claims-appeals-complaints/appeals**.

Taking Care of Yourself

Being a caregiver can be demanding work, so don't be afraid to ask for help and set aside time to care for yourself. Read about stress symptoms and management techniques as well as other self-care tips on our blog at **bluecrossvt.org/blog**.

Where to Get Help

If you have questions about Medicare or need assistance, you can talk to a real person 24/7 by calling Medicare at **(800) 633-4227**. Be sure to have an "Authorization to Disclose Personal Health Information" form signed by the beneficiary you're caring for, which gives Medicare permission to talk with you. If you have access to the beneficiary's Medicare account, you can log in to **Medicare.gov** and start a live chat with a representative. Another source of information and help is Vermont's State Health Insurance Assistance Program (SHIP), which is available by calling **(800) 642-5119**.

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