

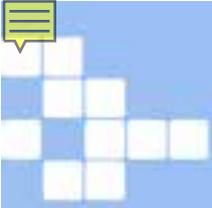


Module 2: Medicare Rights and Protections - Alaska

National Medicare TRAINING PROGRAM

**...helping people with Medicare
make informed health care decisions**

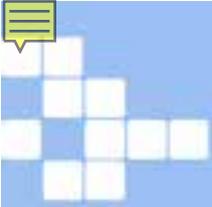




Session Objectives

§ This session will help you to

- Explain Medicare rights and protections
- Understand Medicare privacy practices
- Find more information and resources



Lessons

1. Rights for All People with Medicare
2. Rights in Original Medicare
3. Rights in Medicare Advantage and Other Medicare Plans
4. Rights in Medicare Prescription Drug Plans
5. Rights in Certain Healthcare Settings
6. Medicare Privacy Practices
7. Resources



Guaranteed Rights

- § Protect you when you get health care
- § Make sure you get medically necessary services
- § Protect you against unethical practices
- § Protect your privacy



Your Rights

§ Be treated with dignity and respect

§ Be protected from discrimination

- Race, color, national origin
- Disability
- Age
- Religion
- Sex (under certain conditions)

§ Call the Office for Civil Rights—1-800-368 1019

- TTY users call 1 800 537 7697



Your Rights

§ Have personal and health information kept private

§ Get information in a way you understand from

- Medicare
- Health care providers
- Contractors (under certain circumstances)



Your Rights

§ Get information to help you make decisions

- What is covered
- What Medicare pays
- How much you have to pay
- What to do to file a complaint or an appeal

§ Have questions about Medicare answered

- Call 1-800-Medicare
- TTY users should call 1-877-486-2048
- Call your State Health Assistance Program (SHIP)



Your Rights

§ Health care services

- In a language you understand
- In a culturally-sensitive way

§ Emergency care when and where you need it

- If your health is in danger, call 911



Your Rights

§ Have a claim for payment filed with Medicare

§ Get decisions about

- Health care payment
- Coverage of services
- Prescription drug coverage

§ Get a review (appeal) of certain decisions

- Health care payment
- Coverage of services
- Prescription drug coverage



Your Rights

§ File complaints

- Sometimes called grievances
- Including complaints about the quality of care
 - ◻ In Original Medicare, call the Quality Improvement Organization (QIO)
 - ◻ In Medicare Advantage or other Medicare plan, call the QIO, your plan, or both



Exercise

Dora thinks she was treated disrespectfully in the hospital. Does she have a right to be treated with respect?

1. True
2. False



Your Rights in Original Medicare

- § See any participating doctor or specialist
- § Go to any Medicare-certified hospital
- § Get information when Medicare doesn't pay
 - Notices
 - Appeal rights



Medigap Rights in Original Medicare

§ Buy a Medigap policy

- Also called Medicare Supplemental Insurance
- Guaranteed issue rights
- In your Medigap Open Enrollment Period an insurance company
 - q Can't deny you Medigap coverage
 - q Can't place conditions on coverage
 - q Must cover pre-existing conditions
 - q Can't charge more because of past or present health problems
- Some states give additional rights



Appeal Rights in Original Medicare

§ File an appeal

- A service or item isn't covered
- Payment for a service or item is denied
- Question amount Medicare paid



How to Appeal in Original Medicare

§ “Medicare Summary Notice” (MSN) will tell you

- Why Medicare didn't pay
- How to appeal
- Where to file your appeal
- How long you have to appeal

§ Collect information that may help your case

§ Keep a copy of everything you send to Medicare

Original Medicare Appeals Process

Initial Decision

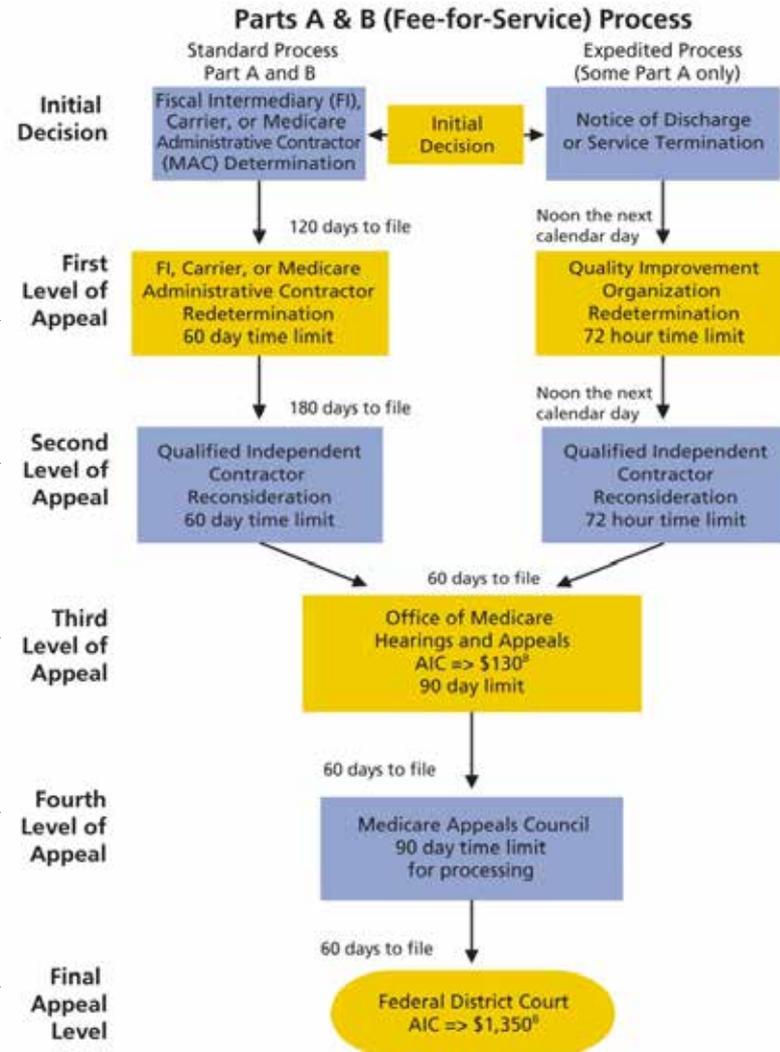
Redetermination by Medicare

Reconsideration by Qualified Independent Contractor

Hearing with Administrative Law Judge

Review by Medicare Appeals Council

Review by Federal District Court





Fast Appeals

- § Ask your provider for information related to your case
- § Call the Quality Improvement Organization
 - To request a fast appeal
 - No later than listed on the notice
- § If you miss the deadline
 - You still have appeal rights



Protection from Unexpected Bills

§ Advance Beneficiary Notice of Non-Coverage (ABN)

- Given by health care provider or supplier
- Says Medicare probably (or certainly) won't pay for an item or services
- Used only in Original Medicare
- Not required for items or services excluded under law
- Will ask you to choose whether to get services
- Will ask you to confirm you read/understood notice



ABN Case Study

Mr. Brady goes to the lab July 1 to have his annual screening PSA test. There is a frequency limitation on Medicare payments for PSA testing (once yearly). The lab issues an ABN (see Appendix B). He checks Option 1 on the ABN and signs the form, and has his blood drawn for PSA testing. A week later he receives a bill from the lab for the PSA testing. The amount being billed is much more than he is usually charged. When he looks at his calendar, he sees his last test was in June of the year before.



ABN Case Study

Is Mr. Brady obligated to pay the bill?

1. Yes
2. No



ABN Case Study

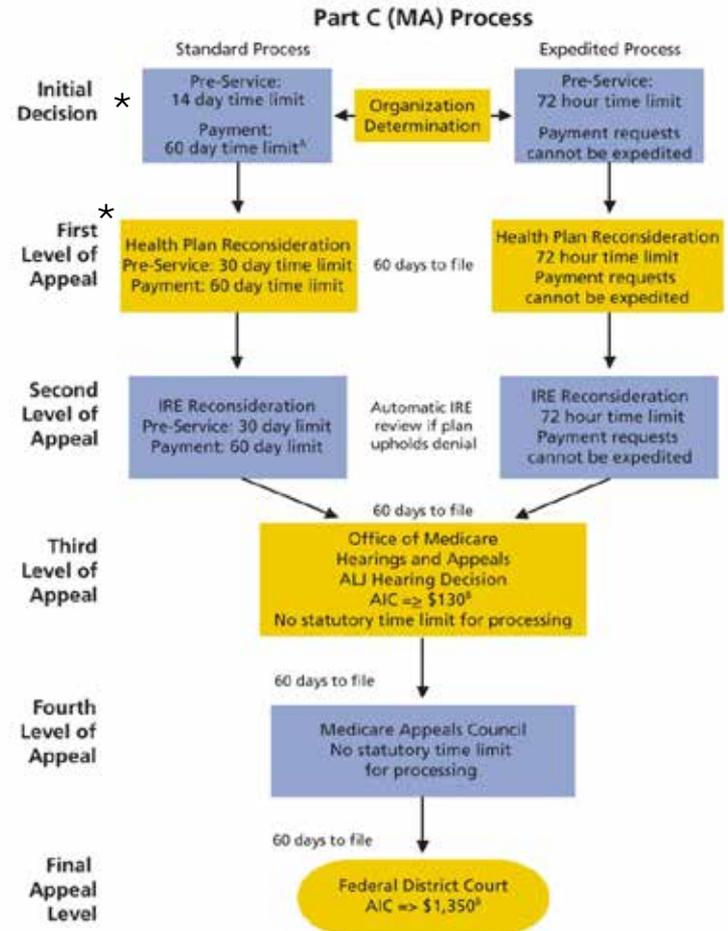
Medicare denied payment because Mr. Brady exceeded the frequency limitation for this test. The lab bill exceeds the allowable Medicare amount by \$30. What amount should he pay to the lab?

1. Only the allowable Medicare amount
2. The total amount
3. \$30

Medicare Part C Appeals Process



- Initial Determination
- Plan Reconsideration →
- Independent Review Entity (IRE) →
- Administrative Law Judge (ALJ) →
- Medicare Appeals Council (MAC) →
- Judicial Review →



*These pre-service timeframes include a possible extension of up to 14 days



Rights When Filing Plan Appeals

§ Right to your case file

- Call or write your plan
- Plan may charge you a reasonable fee
 - For copying
 - For mailing

§ Right to present evidence to support your case

§ Right to expedited appeal

- When supported by a physician



Access to Covered Drugs

- § Must ensure enrollees can get drugs they need
- § Must include more than one drug in each classification
- § Must pay for brand-name as well as generic drugs
- § May have rules for managing access



Required Coverage

- § “All or substantially all” drugs in 6 categories
 - Cancer medications
 - HIV/AIDS treatments
 - Antidepressants
 - Antipsychotic medications
 - Anticonvulsive treatments
 - Immunosuppressants
- § All commercially-available vaccines
 - Except those covered under Part B (e.g., flu shot)



Transition Supply

§ Plans must fill prescriptions not on plan's formulary

- For new enrollees
- For residents of long-term care facilities

§ Immediate supply provided to new enrollee

- Fill one-time, 30-day supply of current prescription

§ While using transition supply

- Work with doctor to switch to drug on plan's formulary
- If medically necessary, request an exception
- Don't wait until supply runs out to take action



Request a Coverage Determination

- § You, your representative, or the prescriber
- Can request a coverage determination
 - If your pharmacist or plan tells you either
 - A drug you believe should be covered isn't covered
 - A drug is covered at a higher cost than you think you should have to pay
 - You have to meet a plan coverage rule before it's covered
 - § Such as prior authorization
 - It won't cover a drug on the formulary
 - § Because the plan believes you don't need it



Request an “Exception”

§ You, your representative, prescriber request if

- You think the plan should cover a drug not on its formulary
 - ◻ When other formulary options won't work for you
- Your prescriber thinks a coverage rule should be waived
 - ◻ i.e.; prior authorization, quantity or dosage limits
- You think you should pay less
 - ◻ For a more expensive drug



Request an Exception

§ Your prescriber may need to

- Call or send a supporting statement
- Ask your plan for their process

§ You may file a standard or expedited request

§ You may appeal if plan denies exception request

§ Work with your prescriber

- To find a drug on the formulary that works for you



Formulary Exceptions

§ Access to Medicare-covered drugs

- Not included on the plan's formulary or
- Plan has special coverage rules

§ Special rules include

- Prior authorization
- Quantity limits
- Step therapy

§ Plan can determine the level of cost sharing



Formulary Exceptions

§ Plan must grant a formulary exception if

- All formulary alternatives not as effective and/or
- Would have adverse effects

§ Plan must grant an exception to a coverage rule

- Coverage rule has been, or is likely to be, ineffective in treating the enrollee's condition or
- Has caused, or is likely to cause harm, to enrollee



Approved Exceptions

§ Exception valid for remainder of the year if

- Member is still enrolled
- Prescriber continues to prescribe drug
- Drug stays safe to treat person's condition

§ Plan may extend coverage into new plan year

§ Plan must notify enrollee in writing

- Coverage not extended
- Date coverage will end
- Right to request new exception

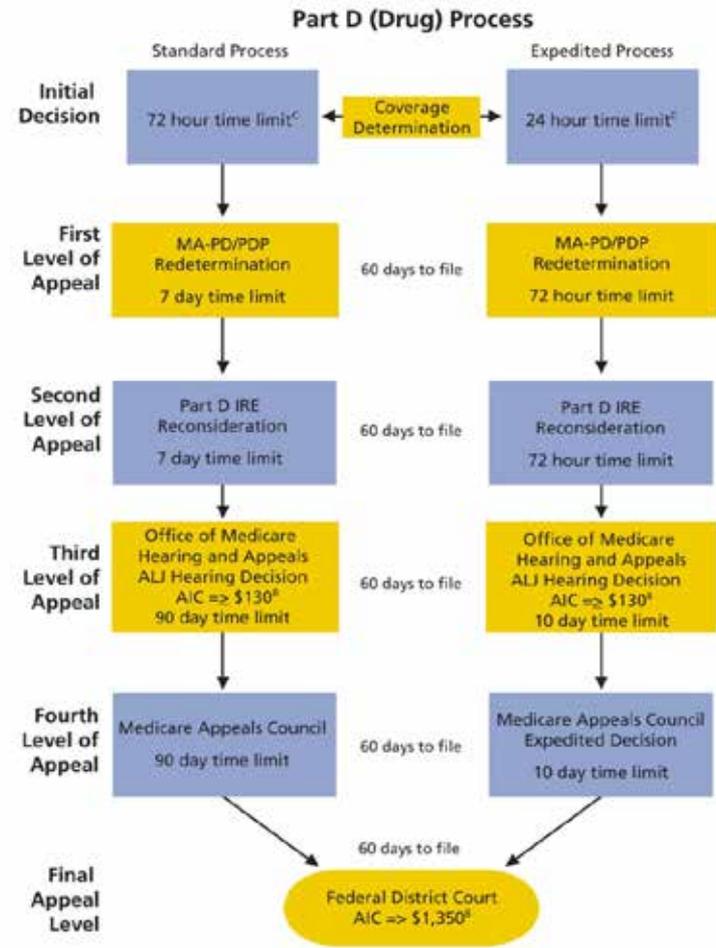


Requesting Appeals

- § Request appeal if coverage request denied
- § Denial notice will explain how to request appeal
- § Five levels in the appeals process

Medicare Part D Levels of Appeal

- Initial Decision
- Redetermination from the Part D plan (sponsor) →
- Reconsideration by a Independent Review Entity (IRE) →
- Hearing before an Administrative Law Judge (ALJ) →
- Review by the Medicare Appeals Council (MAC) →
- Review by a Federal district court →





When Plans May Disclose PHI

§ To a daughter or son

- To resolve claim or payment issue for parent in hospital

§ To human resources representative

- If you are on the call or give permission by phone

§ To Congressional office

- That faxed your request for Congressional assistance

§ To CMS

- Information satisfies plan you requested CMS assistance



Exercise

Which statement below is true about required notices from Medicare Prescription Drug Plans?

1. Plans must provide a notice at the pharmacy counter whenever a prescription is not filled as written.
2. Plans must provide a notice after every coverage determination.
3. Plans must provide a notice before every appeal decision.



Exercise

Medicare Prescription Drug Plans can always discuss personal health information with your plan.

1. True
2. False



Right to Hospital Care

§ Right to medically-necessary, Medicare-covered hospital care

- To diagnose an illness
- To treat an illness or injury
- To get follow-up care

§ You will receive a notice when admitted

- To an inpatient hospital setting
- An “Important Message From Medicare About Your Rights”



“Important Message from Medicare”

- § Notice signed by you and copy provided
- Explains your rights to
 - q Get all medically-necessary hospital services
 - q Be involved in any decisions
 - q Get services you need after you leave the hospital
 - q Appeal discharge decision and steps for appealing decision
 - q Circumstances in which your hospital services may be paid for during the appeal



Plan Fast Appeals Process

§ “Notice of Medicare Non-Coverage”

- Delivered at least 2 days before
 - SNF, CORF, Hospice or Home Health care will end

§ Contact QIO if services are ending too soon

- See your Notice for how to contact your QIO

§ QIO must notify you of its decision

- COB the day after receiving information

“Notice of Privacy Practices”

§ Tells you how Medicare

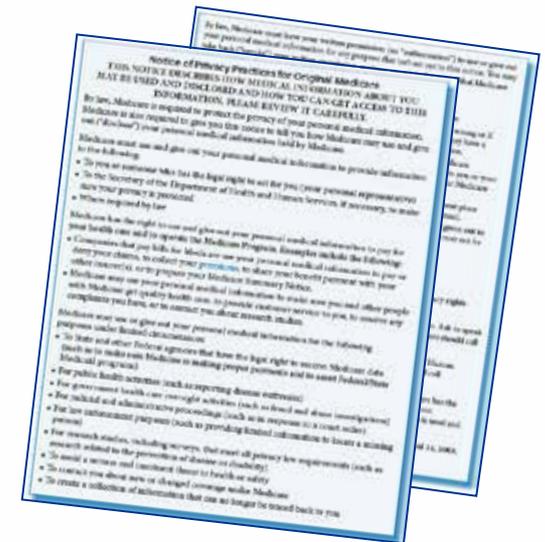
- Must protect the privacy of your personal health information
- Uses and discloses your personal medical information

§ Describes your rights and how you can exercise them

§ Published annually in *Medicare & You* handbook

§ For more information

- Visit www.medicare.gov
- Call 1-800-MEDICARE (1-800-633-4227)





Required Disclosures

§ Medicare **must** disclose your medical information

- To you
- To someone with the legal right to act for you
- To the Secretary of Health & Human Services
- When required by law



Permitted Disclosures

§ Medicare **may** disclose medical information

- To pay for your health care
- To operate the program
- Examples
 - q To Medicare contractors to process your claims
 - q To ensure you get quality health care
 - q To provide you with customer service
 - q To resolve your complaints
 - q To contact you about research studies



Additional Privacy Rights and Protections

§ For Medicare to use or give out your personal medical information

- For any purpose not set out in the Privacy Notice
- Written permission (authorization) is required

§ You may revoke your permission at any time



Privacy Rights

- § See and copy your personal medical information
- § Correct medical information you believe is wrong or incomplete
- § Know who your medical information was sent to
- § Communicate in a different manner
- § Ask Medicare to limit use of your medical information
 - To pay your claims and run the program
- § Get a written privacy notice



If Privacy Rights Are Violated

You may file a complaint

- Call 1-800-MEDICARE (1-800-633-4227)
TTY users should call 1-877-486-2048 or
- Contact HHS Office for Civil Rights
 - q Visit [hhs.gov/ocr/office/index.html](https://www.hhs.gov/ocr/office/index.html) or
 - q Call 1-866-627-7748. TTY users should call 1-800-537-7697.
- Will not affect your Medicare benefits



Advanced Directive

§ Protect yourself

§ Let people know your wishes now

- Should a time come when you can't speak for yourself

§ Complete a "health care advance directive"

- Identifies who you want to speak for you
- What kind of health care you want
- What kind of health care you don't want



Medicare Ombudsman

§ Works to ensure people with Medicare

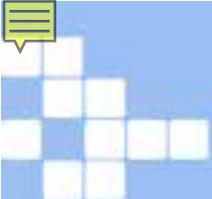
- Get information and help they need
- Understand their Medicare options
- Apply their rights and protections
- Reports to Congress

§ May identify and track issues

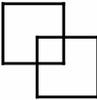
- Payment policies
- Coverage policies

Medicare Rights & Protections Resource Guide

Resources		Medicare Products
<p>Centers for Medicare & Medicaid Services (CMS) 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)</p> <p>www.Medicare.gov</p> <p>www.Medicare.gov/basics/appealoverview.asp</p> <p>www.cms.gov/bni (Beneficiary Notice Initiative)</p> <p>www.cms.gov/center/ombudsman.asp</p> <p>Dept. of Health & Human Services Office of Civil Rights hhs.gov/ocr/office/index.html 1-866-627-7748 1-800-537-7697 for TTY users</p>	<p>State Health Insurance Assistance Programs (SHIPs)*</p> <p>State Quality Improvement Organization (QIO)</p> <p>Independent Review Entity (MA & Part D claims only)</p> <p>*For telephone numbers call CMS 1-800-MEDICARE (1-800-633-4227) 1-877-486-2048 for TTY users</p>	<p><i>Medicare & You Handbook</i> CMS Product No. 10050)</p> <p><i>Your Medicare Rights & Protections</i> CMS Product No. 10112</p> <p>To access these products:</p> <p>View and order single copies at Medicare.gov</p> <p>Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization.</p>



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