TWELVE THINGS CAREGIVERS NEED TO KNOW ABOUT MEDICARE

The likelihood of becoming a caregiver to a family member is all too real. If you find yourself in this club of about 38 million people, you'll quickly need to learn how to provide care, navigate Medicare and become your loved one's advocate — even if you're not of Medicare age yourself. Hopefully this can help you navigate this minefield.

Beyond determining what Medicare covers and doesn't cover, as a new caregiver, you need to know how to:

- ***Have all the legal paperwork completed in advance!***
- Pick the best Part D or Medicare Advantage plan each year - a licensed agent can be of assistance
- Appeal a denied claim – most often a billing error at the doctor's office
- Qualify for financial assistance - many resources
- Take advantage of extra coverage for chronic conditions or support for caregivers -special programs

Here are a dozen tips for getting the best coverage for your loved one's growing health care needs.

1. MAKE SURE MEDICARE HAS PERMISSION TO TALK WITH YOU Make sure your loved one fills out Medicare's Authorization to Disclose Personal Health Information form (**https://www.cms.gov/cms10106-authorization-disclose-personal-health-information**).

To make medical decisions on someone's behalf you need a health care power of attorney. Although an HCPA is easy to put in place, states have different rules/ forms; so, you'll need to consult those of the state where you live.

2. GET ACCESS TO YOUR LOVED ONE'S ONLINE MEDICARE ACCOUNT If your loved one has not signed up on https://www.medicare.gov, you can do that for them – you just need their Medicare ID. This is a great resource.

3. REVIEW "MEDICARE & YOU" ONLINE: https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf

This is a much better resource than the print edition in that you can do a "search" to find what you need.

4. FIND OUT ABOUT FREE PREVENTIVE CARE Medicare Part B covers more than a dozen preventive services without deductibles or copayments, with eligibility based on age and risk factors. You can find preventive services in the document referenced in item 3 above.

5. REVIEW PART D, MEDICARE ADVANTAGE DURING OPEN ENROLLMENT If your loved one has a Part D prescription drug policy or Medicare Advantage plan, **you must review the options annually** during Medicare open enrollment, which runs from Oct. 15 to Dec. 7. New coverage starts Jan. 1. Coverage and costs can change significantly from year to year. A licensed agent can be of assistance

6. LEARN ABOUT PROGRAMS TO HELP WITH CHRONIC CONDITIONS Medicare has several programs to support people with chronic conditions, including a yearlong diabetes prevention program for those diagnosed with prediabetes, as well as a nutrition therapy program and a new $35 monthly cap on insulin costs.

Medicare's chronic care management services (**https://www.medicare.gov/coverage/chronic-care-management-services**) can help navigate care for people with two or more chronic conditions. Check out Your Medicare Coverage at Medicare.gov and use its handy search tool for information related to the condition.

If your loved one has Medicare Advantage, consider a special needs plan (**https://www.medicare.gov/health-drug-plans/health-plans/your-coverage-options/SNP**) that provides coverage and coordinated care for chronic conditions, such as diabetes, cardiovascular disease or end-stage renal disease.

7. TAKE ADVANTAGE OF MEDICARE'S CAREGIVER RESOURCES Medicare's increased focus on helping family caregivers includes paying doctors and other providers for time spent training family caregivers to help with medical tasks, such as giving injections and managing medications.

Another new program, Medicare's Principal Illness Navigation Services (**https://www.medicare.gov/coverage/principal-illness-navigation-services**) , helps patients with high-risk illnesses and their caregivers understand diagnoses and guide them through the health care system. This helps

people with AIDS, cancer, chronic obstructive pulmonary disease, congestive heart failure and heart disease, dementia or severe mental illness — and their caregivers — make decisions.

8. FIND OUT ABOUT FINANCIAL ASSISTANCE - While Medicare covers the bulk of medical expenses after age 65, there are still out-of-pocket costs, including premiums, deductibles and copayments. Your loved one may qualify for federal or state programs that help pay some of these costs.

Medicare Savings Programs (**https://www.medicare.gov/basics/costs/help/medicare-savings-programs**) help pay Medicare premiums and copayments, and the Extra Help program (**https://www.cms.gov/files/document/lis-extra-help-article-feb-2024.pdf**) assists with Part D drug costs. The good news: Medicare recently increased income eligibility for the full level of help.

9. UNDERSTAND WHAT CARE IS AND ISN'T COVERED Medicare doesn't cover long-term care in a nursing home or assisted living facility, which is one of its biggest gaps. It covers some short-term skilled nursing care in a Medicare-certified skilled nursing or rehab center after a three-day stay in a hospital as an inpatient. But other resources can help with these expenses.

If you need help with caregiving at home, you may be able to get coverage for home health care in limited circumstances. Medicare covers only part-time or intermittent skilled nursing care, as well as medically necessary occupational, physical and speech-language therapy your doctor orders.

To qualify for Medicare's home health benefits, the Medicare beneficiary must be homebound and under a doctor's care, and the services must be provided through a Medicare-approved home health agency.

10. LEARN HOW TO APPEAL A PRIOR AUTHORIZATION OR CLAIM DENIAL - Some health care plans require approval of a service or medication before paying for it. While Medicare has few prior authorization requirements, a growing number of Medicare Advantage and Part D plans require it before approving certain types of care or drugs.

If denied, an appeal can be worthwhile, especially for Medicare Advantage plans. A 2023 KFF study found that in 2021, only 11 percent of Medicare Advantage prior authorization denials were appealed, but 82 percent of the appeals were overturned in part or full. The Medicare Advantage claim denial notice will outline steps for filing an appeal.

Check here: **https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/prior-authorization-and-pre-claim-review-initiatives**

If original Medicare denies a claim after a service is performed, the quarterly summary notice will report the amount of noncovered charges and the maximum you may be billed. It, too, will explain steps to appeal the denial.

Consider contacting the provider's billing office before you appeal. The problem is often a coding error or other fixable mistake. Otherwise, you have up to 120 days to appeal a denied claim.

11. BE PREPARED FOR HOSPICE WHEN THE TIME COMES - When end-of-life is evident, the valuable benefits of hospice care, particularly its medical, emotional, spiritual and social services, can bring you peace. Medicare Part A covers certified hospice care in the home, inpatient hospice center, nursing home or other facility.

To qualify, the doctor must certify that the patient is terminally ill and has a life expectancy of six months or less. Medicare covers most expenses related to terminal illness, with few out-of-pocket costs, including respite care to provide a break for you.

12. KNOW HOW TO GET HELP Medicare can be complicated, but great resources are available to help with your questions about Medicare enrollment, coverage, costs and claims.

Each state has a State Health Insurance Assistance Program (SHIP - **https://www.shiphelp.org/**), which provides free one-on-one assistance with Medicare questions. Medicare's 800-MEDICARE and the Medicare Rights Center's helpline at 800-333-4114 are also good resources.