

THE LEAVES



“and the leaves of the tree were for the healing of the nations.” Revelation 22:2

Medicare

A Roadmap for Christian Scientists

This guide contains general information about Medicare. It does not constitute legal advice and is not a substitute for a conversation with an attorney, insurance consultant, or official government sources concerning your health insurance options. We hope you find this information helpful.

What is Medicare?

Medicare is our nation’s largest health insurance plan. Created in 1965, it is a federally funded program that pays for certain covered health care costs for people who are 65 years of age or older or considered legally disabled. Since its inception, Medicare has covered some Christian Science nursing services provided in Christian Science nursing facilities like The Leaves. These facilities qualify as “religious nonmedical health care institutions” (RNHCIs) under the Medicare Law. The United States is currently the only country in the world that provides government funded payment for these services.

Am I eligible for Medicare?

The Medicare website provides an online questionnaire to determine your eligibility. Follow this link to answer a few questions and find out. <https://www.medicare.gov/eligibilitypremiumcalc/>

What kinds of health care costs does Medicare cover?

Medicare has four parts. **Medicare Part A** pays for institutional provider care, such as care in a hospital, hospice, or an RNHCI (religious nonmedical health care institutions). **Medicare Part B** pays for non-institutional health care services, like physician visits, laboratory tests, durable medical equipment (e.g., wheelchairs, canes), and ambulance services. Medicare Parts A and B together are called **Original Medicare**. Most people who are Medicare eligible receive Part A at no cost, but everyone must pay a premium for Part B.

Medicare Part C (Medicare Advantage) is an **alternative to Original Medicare**. If you choose this option, you agree to receive all of your Part A and Part B covered care through a private managed care organization that contracts with the federal government. Medicare Advantage plans sometimes cost less and/or cover additional services not covered under Original Medicare. **Medicare Part D** pays for the costs of certain prescription drugs.

As a Medicare beneficiary, you may periodically receive information about the Medicare Advantage plans available in your area asking you to sign up (enroll). If you are considering doing so, review the plan's written materials carefully. Find out what the plan covers and whether it specifically mentions RNHCI (religious nonmedical health care institution) care. Historically, it has been difficult to obtain payment for RNHCI services under Medicare Advantage plans because they can be very medically oriented and RNHCIs must obtain preauthorization from the health plan. There may also be negative financial consequences if a Medicare Advantage plan includes prescription drug coverage and you did not sign up for a Medicare Part D plan when you were first eligible for Medicare.

Not all Christian Science care in a RNHCI is eligible for Medicare coverage. The RNHCI's Utilization Review Committee (URC) will periodically review the patient's nursing needs to determine the appropriate care level and eligibility.

Do I have to do anything for my Medicare benefits to start?

As your 65th birthday approaches, you will start to receive mail about your Medicare benefits. It is important to make informed decisions at that time because you may face negative consequences if you change your mind later.

Most people are automatically enrolled in Medicare and will receive a red, white, and blue Medicare card in the mail around the time of their 65th birthday. If you fall in this group, you will be enrolled in both Medicare Parts A and B unless you affirmatively decline Part B. If you are close to 65 but not receiving Social Security or Railroad Retirement benefits, you need to contact the Social Security Administration 3 months before your 65th birthday to enroll. A major exception to this rule is that people who are 65 or older who are still working and covered under their employer's group health plan may have more time to enroll. If you are unclear about whether you are enrolled in Medicare, you may want to call and inquire close to the time of your 65th birthday.

How do I enroll in Medicare?

- Apply online at Social Security <https://www.socialsecurity.gov/medicare/apply.html>
- Visit your local Social Security office
- Call Social Security at 1-800-772-1213
- If you worked for a railroad, call 1-877-772-5772

You don't need to sign up for Medicare annually. However, each year you can review and change your benefits during the annual open enrollment period (October 15-December 7).

Should I enroll in Medicare Part B?

That depends on your situation. If you are covered by TRICARE (government insurance for military personnel and their dependents) or have a Medicare Supplement (Medigap) policy, or want to join a Medicare Advantage plan, you may be required to enroll in Part B. If you are still working, you should check with your employer or labor union about whether to enroll in Medicare. If you don't enroll in Medicare Part B when you are first eligible but later decide that you would like Medicare to pay for services that it covers (e.g., durable medical equipment, ambulance services), you will have to pay a late enrollment penalty (see next question). You should know that for Medicare Part B to cover most services and equipment, a Medical Doctor has to prescribe it. If you decide you don't want Part B but are already enrolled, you should contact the Social Security Administration for more information.

What happens if I don't enroll in Medicare when I first become eligible?

There are financial consequences if you don't enroll in Medicare during your initial enrollment period (this period begins the third month prior to the date you initially become eligible for Medicare and ends three months after that date) but later decide you want coverage. Click on the links below to learn more about the financial penalties for not signing up timely for Medicare Part A (for those few who are required to purchase it), Medicare Part B, and Medicare Part D. You may also need to wait to enroll because Medicare only allows enrollment during the annual general enrollment period (January 1–March 31) or if you have certain special circumstances.

Medicare Part A late penalties

<https://www.medicare.gov/your-medicare-costs/part-a-costs/penalty/part-a-late-enrollment-penalty.html>

Medicare Part B late penalties

<https://www.medicare.gov/your-medicare-costs/part-b-costs/penalty/part-b-late-enrollment-penalty.html>

Medicare Part D late penalties

<https://www.medicare.gov/part-d/costs/penalty/part-d-late-enrollment-penalty.html>

In addition, many Medicare Advantage plans include prescription drug coverage. If you did not sign up for a Medicare Part D plan when you initially became eligible for Medicare and later want to switch from Original Medicare to a Medicare Advantage plan, it is a good idea to raise that issue and explain your reasons for not enrolling in drug coverage with the plan before enrolling.

Are Medicare and Medicaid the same thing?

No. Medicare is a federally administered health insurance program for people who are 65 or older or disabled. Medicaid is a State administered health insurance program for low income people. Each program has its own eligibility requirements, although some people are eligible for both programs. RNHCI (religious nonmedical health care institution) coverage is available under Medicaid only if a State affirmatively includes it in its State Medicaid Plan. Another major difference is that Medicare does not cover long-term (custodial) care, but Medicaid often does.

The Leaves is a Medicare provider, but it does not participate in Medicaid.

Will Medicare pay for all of my care provided by The Leaves?

No. Medicare does not cover Christian Science practitioner charges or Christian Science nursing care provided to an outpatient or in the home. Medicare does not cover personal items such as telephone or hairdresser charges.

For Medicare to pay for your care, you must sign an **election form** and need a **Medicare covered level of care**. The Leave's URC (Utilization Review Committee) will periodically review the patient's nursing needs to determine whether a Medicare covered level of care is needed.

Your Medicare benefits may be used more than once, but Medicare will not cover your care for longer than 90 days without a 60-day break in coverage. You may be eligible for additional coverage if you continued to need a covered level of care and choose to use your 60 Lifetime Reserve Days. If you have other insurance coverage, that insurer may require you to use those days before it will pay.

If Medicare covers your care, you still must pay coinsurance and deductible amounts. Your deductible is the amount you must pay before Medicare pays. Coinsurance is your share of Medicare costs and may vary based upon your length of stay. Deductible and coinsurance amounts change each year and are the patient's responsibility (as well as services that are not covered by Medicare or other health insurance).

What is an election form?

An election form is an official government form that all Medicare beneficiaries sign upon admission to The Leaves. It says that you are choosing care in a RNHCI (religious nonmedical health care institution) and are conscientiously opposed to the receipt of nonexcepted (voluntary) medical treatment. If you sign the election form and need a Medicare covered level of care, the form will be sent to Medicare. Medicare will then pay for your care at a RNHCI (but not medical care) unless a revocation occurs.

What is revocation of election of RNHCI benefits and how does it happen?

If your election of RNHCI (religious nonmedical health care institution) benefits is revoked, Medicare will no longer pay for RNHCI care but will pay for medical care. You can voluntarily revoke your election form at any time by writing to the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare. Elections will also be revoked involuntarily if you voluntarily seek Medicare payment for medical treatment. "Medical treatment" generally refers to any kind of treatment for which physician involvement is required, including things like the purchase of durable medical equipment.

If you have never signed an election form, using Medicare to pay for medical services or supplies will not impact Medicare payment for RNHCI care. After a signed election form is filed with Medicare, there are consequences if you use Medicare to pay for medical care. If you voluntarily receive medical care and if Medicare payment is requested after an election form is filed with them:

- Once – no waiting period before Medicare will pay for RNHCI care again.
- Twice – 1-year waiting period before Medicare will pay for RNHCI care again.
- Three Times – 5-year waiting period before Medicare will pay for RNHCI care again.

A revocation happens when a signed election form is filed with Medicare and Medicare determines that you already have an election form on file and subsequently used Medicare to pay for medical care. This can happen if Medicare pays for medical care after you are discharged from a RNHCI and you later need to be readmitted to the RNHCI.

What does “Medicare covered level of care” mean?

Congress intended the RNHCI (religious nonmedical health care institution) benefit to be a short-term alternative to medical treatment for people who are seriously ill and are conscientiously opposed to medical treatment due to their religious beliefs. For that reason, Medicare only covers care provided to Medicare beneficiaries who sign an election form and have a condition that would qualify them to receive inpatient treatment in a hospital or a skilled nursing facility. Skilled nursing facilities provide a higher level of care than nursing homes, which typically provide long-term (custodial) care.

When you are admitted to The Leaves, our Utilization Review Committee (URC) will determine whether you need a Medicare covered level of care. The Committee includes a Journal-listed Christian Science nurse and our Executive Director. Even if we decide you need a Medicare covered level of care initially, we may later decide that you no longer qualify for Medicare coverage because your condition has improved. As Christian Scientists, we should expect progress and rejoice in healing!

What kinds of other insurance can help pay for my stay at The Leaves?

There are several other insurance options you might consider:

- **Medicare Supplement (Medigap) Plans** are available to people with Original Medicare (but not Medicare Advantage) and sometimes cover additional days at a Medicare covered level of care when after all Medicare-covered days have been used.
- **Long-term care policies** cover long term stays in facilities like nursing homes, and typically do not require evidence that an individual has a serious illness. These policies may pay for RNHCI (religious nonmedical health care institution) care if an individual needs a level of care that is lower than what Medicare covers.
- Some **employer or employer sponsored retiree health plans, including government employer sponsored health plans**, also cover care in a RNHCI.

Whenever you are considering enrolling in an insurance plan, you should review the written materials carefully. It is helpful to specifically ask whether and under what circumstances the plan provides coverage for RNHCI care. For a nonexclusive list of health plans that may provide payment for Christian Science care, visit <http://christianscience.com/member-resources/committee-on-publication/u.s.-federal-office/insurance-and-christian-science>.

Do I need to tell the staff at The Leaves if I have other insurance coverage in addition to Medicare?

When you come to The Leaves, it is very important to provide as much information as possible about all of your available health insurance coverage. This is because federal law sometimes requires other health insurance coverage, like an employer group health plan, to pay before Medicare pays. You will be asked to complete a Medicare Secondary Payer form that must be filed with Medicare before coverage will start. The form asks for information about all of your other available insurance coverage, including whether your injury or illness resulted from an accident for which a third-party may be responsible. It is also important to provide information about existing elections and if you used Medicare at other providers, RNHCI (religious nonmedical health care institution) or medical.

Where can I go to learn more?

Medicare (information about your Medicare plan options, and what Medicare covers):

www.Medicare.gov

Social Security Administration (information about whether you are eligible for Medicare):

www.ssa.gov

Specific Information about coverage of RNHCI services under Medicare:

<https://www.medicare.gov/coverage/rnhci-items-and-services.html>

<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/rnhcis.html>

The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. (information about Christian Science nursing facilities in general):

<http://csncommission.org/>

Information about Medicare supplement (Medigap) plans available in Texas:

<http://www.tdi.texas.gov/pubs/consumer/medsup.html>