

## OBJECTIVES OF VOLUNTEER FOUNDATIONS TRAINING

At the end of this training, participants will be able to

- Chapter 1** {
- Describe the background and mission of the national SMP program;
  - Identify the three roles of the SMPs;
- Chapter 2** {
- Identify components and benefits of Medicare programs;
  - Describe eligibility and enrollment requirements of Medicare, Medicaid, and other assistance programs;
  - Review sample MSNs against case files for accuracy;
- Chapter 3** {
- Describe how Medicare programs are subject to fraud, waste, and abuse;
  - Identify and use strategies to combat fraud, waste, error, and abuse.

**CHECK YOURSELF!**  
**THINGS YOU SHOULD KNOW AFTER ATTENDING THIS TRAINING**

**Chapter 2—Do You Know...**

- ❑ When and why Medicare was established?
- ❑ Which agency administers Medicare?
- ❑ Approximately how many beneficiaries are served by Medicare each year?
- ❑ The approximate cost to Medicare of fraud and abuse?
- ❑ Which individuals are eligible for Medicare?
- ❑ Whether or not Medicare is intended to pay 100 percent of an individual's medical bills?
- ❑ The four categories of enrollment in Medicare?
- ❑ The requirements for automatic enrollment (i.e., Medicare card is automatically mailed to these persons when they become eligible)?
- ❑ The time period in months that an individual can apply for initial enrollment?
- ❑ The requirements for special enrollment?
- ❑ The period (months of the year) that general enrollment is held?
- ❑ The titles of the four parts of Medicare?
- ❑ The benefits, and the covered and non-covered costs, of Part A and Part B?
- ❑ The eligibility requirements for Medicare Advantage?
- ❑ The five types of Medicare Advantage plans?
- ❑ The eligibility requirements and costs of Part D?
- ❑ Which services get billed to each part of Medicare (Parts A, B, C, and D)?
- ❑ The eligibility requirements and costs of Medicare Supplement Insurance (Medigap)?
- ❑ How Medicare Supplement Insurance (Medigap) relates to and fills gaps in Medicare coverage?
- ❑ What "Medicare Assignment" means?
- ❑ The things to look for in reviewing Medicare Summary Notices (MSNs) for possible error?
- ❑ Why it is important to track all Medicare claims?
- ❑ The name of the Web site that provides consumers information about Medicare?
- ❑ The name of the Web site that allows beneficiaries to review their MSNs and track their health care services?
- ❑ The five types of assistance programs (extra help) available to persons with limited income and resources?
- ❑ The differences between Medicare and Medicaid?
- ❑ The eligibility requirements for Medicare Savings Programs?
- ❑ The eligibility requirements for Programs of All-Inclusive Care for the Elderly (PACE)?
- ❑ Which federal and state programs offer help with Prescription Drug Costs?
- ❑ The eligibility requirements for Supplemental Security Income (SSI) Benefits?

## AGENDA—CHAPTER 2 TRAINING

- Welcome, Introductions, and Objectives
- Background and Overview of Medicare
  - Medicare Basics
  - Eligibility for Medicare
  - Learning the Parts of Medicare: The A,B,C,Ds of Medicare
  - Medicare Supplement Insurance (Medigap)
  - Enrollment in Medicare
- How to Read the Medicare Summary Notice (MSN)
- Extra Help for People with Limited Income
- Resources for Beneficiaries
- Evaluation and Wrap-up

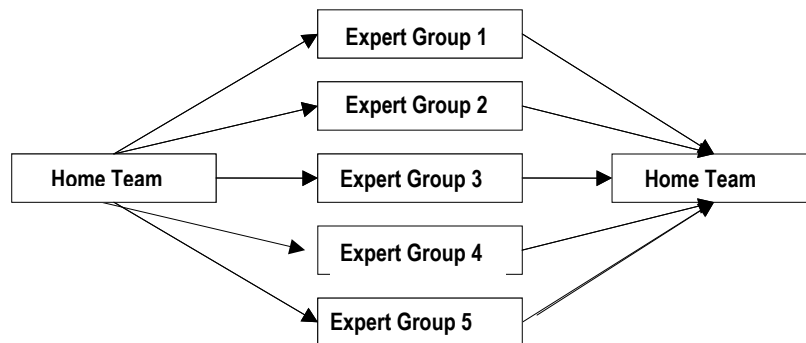
## MATCHING EXERCISE: PARTS OF MEDICARE

**Directions:** Match the Medicare Part listed in the left-hand column below to its appropriate description in the right-hand column by drawing a line from the Medicare program to its description.

Program	Description
Medicare Part A	Not a Medicare-sponsored plan; Also known as Medigap; offered by private companies
Medicare Part B	“Outpatient Insurance”; also covers durable medical equipment (DME), X-rays and lab services (outpatient), home health
Medicare Part C	“Prescription Drugs”; Run by private companies; helps with costs of medications
Medicare Part D	“Hospital Insurance”; also covers skilled nursing facility stays, hospice, home health
Medicare Supplement Insurance	“Medicare Advantage”; may offer extra benefits not usually covered by Medicare; Replaces Parts A, B, & Supplement

## MEDICARE JIGSAW EXERCISE

**How Jigsaw Works:** Each Home Team breaks into five separate SMP Expert Groups. Each Expert Group reads an assignment and becomes expert in the content; each group decides how to teach this content. Then members return to their Home Teams where they teach the key points of the content in which they have become experts. In this way, when all the SMP Experts have completed teaching, members of the Home Team have learned key points of all the readings of the parts of Medicare. The diagram below illustrates movement between the Home Team and the SMP Expert Groups.



### Directions for all SMP Expert Groups (Medicare Parts A, B, C, D, and Medigap)

1. Go around the table and call out numbers 1 through 5 so that every person at the table has a number. Join up with others in the room with the same number (e.g., all the 1s group, all the 2s group, etc.). Read the following pages in the SMP Volunteer Manual:

SMP Expert Group 1 – Medicare Part A on page 5

SMP Expert Group 2 – Medicare Part B on pages 6-8

SMP Expert Group 3 – Medicare Part C on page 9

SMP Expert Group 4 – Medicare Part D on page 10

SMP Expert Group 5 – Medigap Insurance on pages 11-12

2. Appoint one group member to keep time, as specified below.
3. Read independently the assignment for your SMP Expert Group. **Allow 5 minutes** for reading.
4. Identify key points that to teach when you each return to your Home Teams. **Allow 10 minutes** for your Expert Group to select the key points that are important to teach. Keep in mind that, after you return to your Home Team, you will have 5 minutes to teach these key points.
5. After your group has identified key points, spend about **10 minutes** brainstorming teaching devices you can use to help Home Team members remember these points. Spend the remaining time preparing visuals or other aids you will use to teach these points.

**Note:** Your SMP Expert Group has 25 minutes total for this activity. It is important that your group remain on time and on task.

## FILL IN THE BLANKS EXERCISE: MEDICARE PARTS

**Directions:** Fill in the blank(s) in each of the following sentences with the missing information. You may refer to Chapter 2 to help you complete these statements.

1. Part A Hospital Insurance covers inpatient hospital care, inpatient skilled nursing care, hospice care, and \_\_\_\_\_.
2. Part A Hospital Insurance does not cover long-term care, custodial care, medically unnecessary stays, and \_\_\_\_\_.
3. The costs for Part A Hospital Insurance includes
  - a. A \_\_\_\_\_ for hospital services paid each benefit period;
  - b. In addition, daily \_\_\_\_\_ for services may apply.
4. Medicare Part B Outpatient Insurance benefits include doctor services, home health care, X-rays and lab services, as well as
  - a. \_\_\_\_\_, and
  - b. \_\_\_\_\_.
5. The costs for Part B Outpatient Insurance include a premium, deductibles, co-insurance, and excess charges if the supplier does not accept \_\_\_\_\_.
6. In the Original Medicare Plan, “assignment” means that the doctor or supplier agrees to accept
  - a. \_\_\_\_\_ as payment in full.  
In cases of “assignment,” Medicare will pay
  - b. \_\_\_\_\_ percent of Medicare’s approved amount.  
Doctors who do not take assignment may charge up to
  - c. \_\_\_\_\_ percent above Medicare’s approved amount.  
If a doctor opts out of Medicare altogether, the patient must pay
  - d. \_\_\_\_\_ charged by the doctor.
7. Part B Outpatient Insurance does not cover most routine physical examinations and related tests, most routine foot care, examinations for eyeglasses unless required by cataract surgery, most routine dental care or false teeth, cosmetic surgery, experimental medical procedures, and the following three services:
  - a. \_\_\_\_\_,
  - b. \_\_\_\_\_, and
  - c. \_\_\_\_\_.

8. An individual is eligible for Medicare Part C Medicare Advantage if he/she lives in the plan's service area, is enrolled in
  - a. \_\_\_\_\_ as well as in
  - b. \_\_\_\_\_, and if he/she does not have
  - c. \_\_\_\_\_ at the time of enrollment.
  
9. Medicare Advantage plans are offered by private insurance companies that sign a contract with Medicare. The five types of plans include the following: Medicare Managed Care Plans (HMOs), Private Fee-for-Service Plans, Medicare Specialty Plans, and
  - a. \_\_\_\_\_, and
  - b. \_\_\_\_\_.
  
10. Medicare Part C Medicare Advantage plans costs vary according to the plan selected. Some costs may include Part B premiums, an additional premium, and \_\_\_\_\_.
  
11. Medicare Part D (Medicare Prescription Drug Coverage) plans are provided by private companies that contract with the Centers for Medicare and Medicaid Services (CMS).
  - a. To be eligible, individuals must have Medicare Part A, Part B, or \_\_\_\_\_.
  - b. Eligibility is not based on \_\_\_\_\_.
  
12. People with Medicare can enroll in a Part D plan
  - a. During the initial \_\_\_\_\_-month enrollment period surrounding their 65<sup>th</sup> birthday, or
  - b. During the annual enrollment period from \_\_\_\_\_ to \_\_\_\_\_ each year, or
  - c. In certain situations at other times.
  
13. Part D Medicare Prescription Drug Coverage plan costs include a premium, co-payments, a
  - a. \_\_\_\_\_, and costs in the coverage gap, also known as the
  - b. \_\_\_\_\_.
  
14. Medicare Supplement Insurance, also called Medigap insurance, may be purchased by Medicare beneficiaries to fill in gaps in health care services and supplies. To qualify, beneficiaries generally must have both
  - a. \_\_\_\_\_ and
  - b. \_\_\_\_\_.

**Bonus Question**

15. **Circle the correct answer:** Medicare (does/does not) pay the costs for a Medigap policy.

## TRUE/FALSE EXERCISE: MEDICARE BASICS

**Directions:** Below is a list of statements that may or may not be true about Medicare. In the right column, write “T” for True and “F” for false, depending on whether or not the statement is accurate. For each false statement, write the corrected statement in the space below.

Medicare Basics	True (T) or False (F)?
1. No one under the age of 65 may participate in the federal health insurance program.	
2. Medicare is administered by the Centers for Medicare and Medicaid Services.	
3. Medicare was created by Congress in 1965.	
4. If you have lived in the US or have held a resident visa for three years, you may be eligible for Medicare.	
5. Medicare is funded both by the Federal government and the states.	
6. All Medicare recipients are automatically enrolled during a period beginning three months prior to, and extending three months following, each individual’s 65th birthday month.	
7. A special enrollment period is open to individuals who are working and have group health plan coverage through their employer or union.	
8. Medicare pays a beneficiary’s entire medical bills if he/she has End-Stage Renal Disease.	
9. Individuals who miss the initial or special enrollment periods for Original Medicare can enroll again before April 15 each year.	
10. Individuals who delay enrollment may have to pay a Part B premium penalty for every year that they delay enrollment.	

## EXAMINING THE MEDICARE SUMMARY NOTICE (MSN)

**Directions:** This exercise is intended to help familiarize you with the format of the Medicare Summary Notice (MSN). On pages 21-30, Chapter 2 of your SMP Volunteer Manual, you will find examples of Part A and Part B MSNs. Turn to the MSN on pages 21-22 and answer the following questions:

1. What is the Medicare number listed on the MSN? \_\_\_\_\_
  
2. What are the dates of service when the beneficiary was in the continued care hospital?  
\_\_\_\_\_
  
3. Check the brief explanation of services provided. What does Note b tell you?  
\_\_\_\_\_
  
4. What is the name of the doctor listed for outpatient services? \_\_\_\_\_
  - a. What is the amount that the outpatient provider submitted for reimbursement? \_\_\_\_\_
  - b. What is the amount that the patient may be billed? \_\_\_\_\_
  
5. For which Parts of Medicare has the patient met the deductible? \_\_\_\_\_
  
6. For inpatient services, what is the beneficiary's financial responsibility, paid directly or a Medigap policy? \_\_\_\_\_
  
7. What is the number that the beneficiary should call if he/she has a concern about his/her MSN? \_\_\_\_\_

## MEDI-WHAT?

### KNOW THE DIFFERENCE BETWEEN MEDICARE AND MEDICAID

**Directions:** For each of the statements below, decide if the statement refers to Medicare or to Medicaid, and then circle the correct choice in the right-hand column. For the bonus question, write your answer in the right-hand column.

1. This is a federal health insurance program primarily for individuals who are 65 years of age or older.	Medicare	Medicaid
2. This program is for some individuals with disabilities who are under 65 years of age.	Medicare	Medicaid
3. This is a jointly sponsored federal and state needs-based program for some individuals with limited income and resources.	Medicare	Medicaid
4. This is a federally administered program available for persons 65 years of age or older, for persons under age 65 who have certain disabilities, and for persons of any age with End Stage Renal Disease. <u>Hint:</u> Enrollment for this program is handled through the Social Security Administration or the Railroad Retirement Board.	Medicare	Medicaid
5. To be eligible for this program, individuals must meet income limits, which vary from state to state.	Medicare	Medicaid
6. This program is administered by the Centers for Medicare and Medicaid (CMS).	Medicare	Medicaid
7. This is for individuals with End-Stage Renal Disease (ESRD) or for individuals approved for Social Security Disability with a diagnosis of ALS (Lou Gehrig's disease).	Medicare	Medicaid
8. There are four different types of enrollment for this program: (a) automatic enrollment, (b) initial enrollment, (c) special enrollment, and (d) general enrollment.	Medicare	Medicaid
9. For this program, a person can enroll during a seven-month period starting three months before and extending to three months following the person's birthday month the year that the person turns 65.	Medicare	Medicaid
10. The State Medical Assistance office is responsible for determining eligibility and enrollment.	Medicare	Medicaid
11. This program is never based on how much money a beneficiary has.	Medicare	Medicaid
Bonus Question: Individuals who qualify for both Medicare and Medicaid are called this.		

## MATCHING EXERCISE: EXTRA HELP FOR MEDICARE BENEFICIARIES

**Directions:** Listed in the left-hand column below are the five common types of assistance programs that provide extra help to Medicare beneficiaries with limited income and resources. These programs are numbered 1 through 5. Match the descriptions in the right-hand column with the appropriate program from the left-hand column. Write the number of the matching program in the space before its description.

*Hint: One of the programs will be used more than once.*

Programs	Description
1. Medicaid	_____ a. Income limits vary from state to state
2. Medicare Savings Program	_____ b. Benefits of this program provide cash to meet basic needs for food, clothing, and shelter
3. Supplemental Security Income (SSI)	_____ c. Must be individual or married couple with monthly income of less than threshold set by Medicare
4. Program of All-Inclusive Care for the Elderly (PACE)	_____ d. Benefits from this program are <u>not</u> the same as benefits from Social Security
5. Programs that help with Prescription Drug Costs	_____ e. A joint Medicare and Medicaid program available in some states in lieu of nursing home care
	_____ f. Help with premiums, deductibles, and co-payments associated with prescription drug costs

## SELF-CHECK/MATCHING EXERCISE—CHAPTER 2 INFORMATION

**Directions:** Match each item in the left-hand column to its appropriate description in the right-hand column by writing the letter of the item on the left in the blank before the description on the right.

a. Medicare	1. _____ A joint Federal and state program that helps pay medical costs for some people with limited income and resources.
b. Medicaid	2. _____ Program for beneficiaries with premiums, deductibles, and co-payments associated with a prescription drug plan; available to beneficiaries with limited income and assets
c. General Enrollment	3. _____ Individuals who qualify for both Medicare and Medicaid
d. Explanation of Benefits	4. _____ Provides information to beneficiaries on whom to contact with questions about their MSNs.
e. Medigap	5. _____ Private health insurance regulated by state insurance departments to supplement the gaps in original Medicare
f. Assignment	6. _____ A section of the MSN that provides information on how and when to request an appeal
g. “Dual-Eligibles”	7. _____ Also referred to as Medicare Advantage; offered by private insurance companies under contract to Medicare; provides Medicare-covered benefits and may offer extra benefits, such as vision or dental services.
h. Appeals Information—Part B	8. _____ Timeframe is the 7-month period beginning 3 months prior to 65 <sup>th</sup> birthday and extending 3 months following the birthday month
i. <a href="http://www.MyMedicare.gov">www.MyMedicare.gov</a>	9. _____ A doctor or supplier agrees to accept the Medicare-approved amount as full payment.
j. Customer Service Information box on MSN	10. _____ Medicare Part D plans send out this statement.
k. Medicare Summary Notices	11. _____ A tool of beneficiaries and the SMP program for catching errors, fraud, or abuse.
l. Medicare Part C	12. _____ For persons who miss special or initial enrollment periods; enrollment and coverage dates vary by Medicare program.
m. Initial Enrollment	13. _____ Allows users to view most recent MSNs, check Part B deductible status, view eligibility information, track available preventive services, and find Medicare health or prescription drug plans
n. Medicare “Extra Help”	14. _____ Program created by Congress in 1965; federal health insurance program for persons 65 and older, some persons under 65 years who have disabilities, and persons with end-stage renal disease; administered by CMS; not intended to pay 100% of medical bills