

## Navigating Medicare

**Disclaimer:** This information is provided as a courtesy to our patients, based on our best understanding of Medicare regulations. However, we are not a representative of Medicare and it is the patient's responsibility to understand the relevant details of their specific Medicare benefits and restrictions. Please visit Medicare.gov for more information.

**Medicare** is the federal health insurance program for people who are 65 or older, or for those with certain disabilities or end-stage renal disease.

- The 'parts' of Medicare are **Medicare Part A** (hospital insurance), **Medicare Part B** (outpatient medical insurance), **Medicare Part C** (an alternative way to receive your Medicare benefits) and **Medicare Part D** (prescription drug coverage). **Original Medicare** consists of **Part A** and **Part B**.
- *When patients see outpatient health care providers who have "opt-out" status with Medicare, these services will not be paid for by Medicare Part B.*

A **Medicare Supplement Insurance (Medigap) policy** 'supplements' or '(partially) fills the gap' in **Original Medicare's** benefits. For example, it can help pay the patient's out-of-pocket costs from copayments, coinsurance, and deductibles for covered services. They may also offer coverage for medical care obtained while traveling outside the U.S.

- Medigap policies are sold by private companies. If you have questions about your Medigap policy benefits, your insurance company will be best equipped to answer them.
- *When patients see outpatient health care providers who have opt-out status with Medicare, Medicare Supplement Insurance (Medigap) policies will not pay for these services.*

**Medicare Advantage Plans** (also referred to as Medicare **Part C**) are an alternative to Original Medicare (Medicare Parts A and B) and cover all the medically necessary services that Original Medicare covers. In addition, most Medicare Advantage Plans include prescription drug coverage (Medicare Part D). Many offer additional coverage such as vision, hearing, dental, and other benefits.

- Medicare Advantage Plans are sold by private companies. If you have questions about your plan benefits, your insurance company will be best equipped to answer them.
- Medicare Advantage Plans may have different provider networks than Medicare, and may even provide coverage for non-network providers, however, *they will not pay for services provided by outpatient health care providers who have opt-out status with Medicare.*

**Other insurance** that you may have in addition to Medicare, such as health insurance from your or your family member's employment or membership in a union, may offer coverage for non-participating/out-of-network providers and/or providers who have opted-out of Medicare.

- You will want to be clear in understanding your various policies which health care insurance is **primary** (that is, pays first) and which is **secondary**. Whether your other insurance is primary or Medicare is primary is something your insurance carrier or the employer's benefits office can help you answer.

### Can you file a claim with Medicare to help with reimbursement for opted-out health care providers?

**Yes**, if Medicare is your primary insurance and your secondary insurance covers out-of-network providers' services. You may submit your claim to Medicare to receive a document confirming that Medicare is not paying the claim because our providers have opted-out, and then submit this denial of claim that you receive from Medicare along with a claims form and payment receipt to your secondary insurer to request reimbursement from them.

**No**, if your only health care insurance is Medicare or Original Medicare, as our providers have opted-out and Medicare provides no coverage or reimbursement to you or to us.

**No**, if you have a Medigap policy in addition to Medicare (or Original Medicare), as Medigap only 'fills the gap' in benefits for Medicare-covered services.

**No**, if you have a Medicare Advantage Plan, even if your plan offers expanded benefits. Your insurance company contracts with Medicare to provide Medicare Part A and Part B benefits and therefore cannot pay for services obtained from providers with opt-out status.

**No**, if Medicare is your secondary insurance. However, if your primary insurance (e.g., insurance through your employer) covers out-of-network providers' services, you may submit your claim to your primary insurer.