

Medicare & Alaskacare Coordination Of Benefits



Medicare Information Office



**Medicare Information Office – AK SHIP/SMP
State of Alaska DHSS/SDS**

Jeanné M. Larson

Health Program Associate

Desk: (907) 269-3649

Jeanne.Larson@Alaska.gov

Helpline: 1-800-478-6065 or (907) 269-3680

www.Medicare.Alaska.gov

Medicare Secondary Payer aka Coordination of Benefits



- A term used when Medicare is not responsible to pay first
- Comparable to private insurance term “Coordination of Benefits”
- Each type of health insurance coverage is called a “payer”
- When there’s more than one payer, coordination of benefits rules decide which payer pays first

When Medicare Is the Primary Payer

- If Medicare is your only insurance, or
- Your other source of coverage is
 - A Medicare Supplement Insurance (Medigap)
 - Medicaid
 - **Retiree benefits (AlaskaCare)**
 - The Indian Health Service (IHS)
 - TRICARE for Life (TFL)
 - Consolidated Omnibus Budget Reconciliation Act (COBRA)



Group Health Plans (GHPs)

Must provide the same coverage to Medicare beneficiaries as they do all other individuals

Medicare may pay secondary for Medicare-covered services up to the Medicare approved amount.

If the GHP denies payment for non-covered services, Medicare may pay for services covered by Medicare.

Group Health Plans (GHP) continued...

If You Are	Medicare Pays First
65 or older and have <u>retiree</u> coverage	Yes
65 or older with GHP coverage through current employment (yours or your spouse's)	If the employer has less than 20 employees
Under 65 with a disability and have GHP coverage through current employment (yours or a family member's)	If the employer has less than 100 employees
Eligible for Medicare due to End-Stage Renal Disease (ESRD) and you have GHP coverage	When the 30-month coordination period ends, or if you had Medicare primary before you had End-Stage Renal Disease (ESRD)

Non-Group Health Plan (NGHP) MSP

- Medicare is ALWAYS the secondary payer
- Includes:
 - No-fault
 - Liability
 - Workers' compensation
 - Federal Black Lung

Medicare does not pay for services when covered by...

- Veteran's Administration (VA)
1-800-827-1000



- Federal Black Lung Benefits
1-800-638-7072



Benefits Coordination & Recovery Center (BCRC)

- Consolidates the activities that support the collection, management, and reporting of other **primary** insurance
- Helps prevent mistaken Medicare payment
- The BCRC **does not**:
 - process claims
 - handle claim payment inquiries
 - **collect information about secondary or tertiary insurance**

BCRC MSP Data Collection

- New MSP situations are being reported by
 - Employers
 - Insurers
 - Attorneys
 - Medicare Beneficiaries
- New MSP situations are received by:
 - Telephone calls
 - Written correspondence



Responsibilities of **Beneficiaries** Under Medicare Secondary Payer (MSP)

- Respond to MSP claims development letters timely to ensure correct payment
- Be aware changes in employment, including retirement and changes in health insurance companies may affect claims
- Report any changes to health care providers and the Benefits Coordination & Recovery Center (BCRC) 1-855-798-2627 or TTY 1-855-797-2627
- Contact the BCRC about any no-fault, liability, or workers' compensation cases

MyMedicare.gov

Medicare's free, secure online service for accessing personalized information about your Medicare benefits and services.

The screenshot shows the Medicare.gov website interface. At the top, there are links for 'Español', 'A A A', 'Print', 'About Us', 'FAQ', 'Glossary', 'CMS.gov', and 'MyMedicare.gov Login'. A 'Live Chat' button is also present. The main header features the 'Medicare.gov' logo and the tagline 'The Official U.S. Government Site for Medicare'. A search bar is located on the right side of the header. Below the header is a navigation menu with buttons for 'Sign Up / Change Plans', 'Your Medicare Costs', 'What Medicare Covers', 'Drug Coverage (Part D)', 'Supplements & Other Insurance', 'Claims & Appeals', 'Manage Your Health', and 'Forms, Help, & Resources'. A yellow banner below the navigation menu reads 'Get your Medicare Summary Notices (MSNs) electronically' with a 'Go paperless' link. The main content area is titled 'Plans & Coverage' and includes a video player icon and text: 'Sign in to view plan enrollment and quality information for your Prescription Drug, Medicare Advantage, and other insurance plans. Compare health and drug plans based on quality measures and estimated costs.' Below this is a yellow navigation bar with links for 'MyMedicare.gov', 'Claims', 'Plans & Coverage' (highlighted), 'My Health', and 'Online Tour'. At the bottom, there are three sections: 'Secure Sign In' with fields for '*Username' and '*Password' and a 'Sign In' button; 'Blue Button' with a 'Blue Button Download My Data' button and a description of the service; and 'MyMedicare.gov Help' with links for 'Using MyMedicare.gov', 'Getting Started', 'Account Services', and 'Customer Service'.

AlaskaCare Retiree Health Plan Coordination with Medicare

- At age 65 Medicare becomes **primary** to the AlaskaCare Retiree Health Plan
- For services covered by both plans:
 - Claims paid first by Medicare and then AlaskaCare
 - AlaskaCare pays up to 100% of **covered** expenses
 - Less any deductible for Medicare (\$185 in 2019) and AlaskaCare (\$150)
- Services covered by AlaskaCare but excluded from Medicare coverage should be considered by AlaskaCare as primary

Assigned Medicare Provider (Participating)

Doctor Charges: \$450

Medicare-Approved amount: \$100

Medicare pays 80% of approved amount	\$80.00
AlaskaCare pays	\$20.00
Patient Responsibility	\$0.00

The \$350 **not covered** by Medicare or AlaskaCare cannot be billed to the patient.

* assuming the both deductibles are met and the service is covered by both payers

Unassigned Medicare Provider (Non-participating)

Doctor Charges: \$450

Medicare-Approved amount: \$100

Limiting Charge = Medicare approved amount + 15%

Medicare pays 80% of approved amount	\$80.00
AlaskaCare pays (20% coinsurance + limiting charge)	\$35.00
Patient Responsibility	\$0.00

The \$335 **not covered** by Medicare and AlaskaCare cannot be billed to the patient.

*assuming the both deductibles are met and the service is covered by both payers

Opted Out Medicare Provider (Private Contract)

- Opt out is a contract between a provider, beneficiary, and Medicare
 - Provider or beneficiary does not file a claim to Medicare
 - The physician or practitioner bills the beneficiary directly
 - The physician is not required to follow the **assigned** or **unassigned** Medicare charges
- In order to opt-out, providers must submit an Opt Out Affidavit with Medicare
- Must keep a Private Contract with all beneficiaries on file for each two year period
- AlaskaCare **will NOT** pay anything for services provided by an opted out provider under a private contract

Resource Guide

Medicare

24 hours a day/7 days a week

1- 800- Medicare (1-800-633-4227)

www.Medicare.gov

Benefits Coordination & Recovery Center (BCRC)

Monday – Friday (except holidays),

8:00 am -8:00 pm ET

1-855-798-2627 or TTY/TTD 1-855-797-2627

Medicare and Other Health Benefits:

Your Guide to Who Pays First

CMS Product No. 02179

www.Medicare.gov/publications

State of Alaska

Division of Retirement & Benefits

<http://doa.alaska.gov/drb/alaskacare/>

(907) 465-4460 or 1-800-821-2251

Questions?

Medicare Information Office Call Center: 1-800-478-6065 or (907) 269-3680

Anchorage Senior Activity Center: Nila (907) 770-2070 or Claudine (907) 770-2027

Fairbanks Access Alaska: Jean (907) 479-7940

Wasilla LINKS ADRC: (907) 373-3632

Medicare Information Office



LOCAL HELP FOR PEOPLE WITH MEDICARE

