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MEDICARE FOR PEOPLE WITH CHRONIC CONDITIONS

Se habla español

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COVERAGE FOR PEOPLE WITH CHRONIC CONDITIONS

Unfortunately, Medicare coverage is often unfairly denied for health care services provided to individuals with long-term and chronic conditions and debilitating conditions.

Medicare coverage can be available for health care and therapy services even if the individual's condition is unlikely to improve, when the services are necessary to prevent further deterioration or to preserve capabilities.

- Chronic conditions should not be a barrier to Medicare coverage, nor should any particular diagnosis, including Multiple Sclerosis, Alzheimer's disease, or Parkinson's disease.

- The rules for determining what services a beneficiary can receive in a private Medicare Advantage plan should not be more restrictive than in the traditional Medicare program.

- Medicare coverage for medically necessary services for people with chronic or long-term conditions should be equally available in both the traditional Medicare program and in Medicare Advantage Plans.

- Reaching the annual Medicare payment cap for outpatient therapy does not mean the individual's therapy is no longer medically reasonable and necessary.

COVERAGE REQUIREMENTS

Medicare coverage is available for skilled care and related services for chronic or long-term conditions. For care to be covered, the individual must require skilled services which may be designed to:

- Maintain the individual's condition or function; or
- Slow or prevent deterioration of the individual's condition or function.

WHAT CHRONIC CONDITIONS CAN WARRANT MEDICARE COVERAGE?

Many chronic and long-term conditions require skilled care. Medicare coverage is not limited to particular diseases, diagnosis, or disabling conditions. Generally, coverage is based on the individual's need for skilled services.

WHAT IS SKILLED CARE?

Skilled services are those that are provided by (or under the supervision of) technical or professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech pathologists, and audiologists.

Therapy than can ordinarily be performed by a non-skilled person may still be covered by Medicare if the individual's condition is so complex that it requires a skilled professional to perform or supervise the care.

PRACTICAL TIPS

- Understand Medicare's basic rules for receiving coverage for services for chronic and long-term conditions, including coverage for therapy to improve or maintain or slow deterioration of the individual's condition.

- Make sure the individual's physician writes an order and treatment plan for all necessary health care, including therapies, equipment and supplies. The treatment plan should be reviewed frequently.

- Care should not be terminated or reduced without an order from the physician.

- If you are told by a health care provider or Medicare Advantage plan services are to be terminated, request a written notice. The notice should contain the reason for the termination, and should explain the steps necessary to contest the decision.

- If the individual reaches the annual payment cap for outpatient therapy and the therapy is still necessary, the therapist should submit the claim as an Exception with supporting documentation of the need for continued care.

- If the individual is in a Medicare Advantage plan, make sure you understand the plan's procedures for filing appeals about a service denial or a termination of care. To challenge the termination or denial, provide the plan with as much information as possible about the need for Medicare covered skilled care services. Ask the doctor to write in support of necessary services.

- If Medicare coverage is denied for necessary, coverable services, file an appeal. If at all possible get written support from the attending physician and other providers send these documents to Medicare with the appeal. Keep copies of everything you send.

HOW SHOULD MEDICARE DECISIONS BE MADE?

Medicare, including Medicare Advantage private plans, should look at the individual's overall medical condition as set forth in the medical record. Diagnosis alone should not determine one's right to Medicare coverage.

Medicare coverage should not be denied simply because the individual's condition is chronic or expected to last a long time.

"Restoration potential" is not necessary. Coverage is available if a skilled professional is needed to preserve further deterioration or to preserve capabilities.

Medicare should give great weight to the medical judgment of the treating physician, specialist, therapists, and others directly involved in providing the individual's health care services.

Medicare should look at the individual's total condition and health care needs, not just at a specific diagnosis, or the individual's chance for full or partial recovery.

For example, if it is medically necessary, Medicare can cover:

- Teaching or training individual or caregivers those activities necessary for the treatment of illness or injury
- Physical therapy to maintain the individual's condition
- Observation and assessment of the individual's condition; and
- Management of the individual's care plan, including to prevent deterioration of the individual's condition.

RESTORATION POTENTIAL IS NOT REQUIRED
TO OBTAIN MEDICARE COVERAGE.

MEDICARE IS AVAILABLE IF
A SKILLED PROFESSIONAL IS NEEDED TO MAINTAIN CURRENT CAPABILITIES OR
PREVENT FURTHER DETERIORATION.

MEDICARE COVERAGE SHOULD NOT BE
DENIED SIMPLY BECAUSE THE INDIVIDUAL'S CONDITION IS CHRONIC OR EXPECTED
TO LAST A LONG TIME.

Need help?

Contact your State's Health Insurance Assistance Program (SHIP)

In Connecticut, this is CHOICES, (800) 994-9422.

There is also a great deal of information and Self-help packets on the Center for Medicare Advocacy's website:
www.MedicareAdvocacy.org

HELP US KEEP THIS INFORMATION AVAILABLE!

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The Center for Medicare Advocacy, founded in 1986, is a national non-profit law organization that works to ensure fair access to Medicare and quality health care. The Center is based in Connecticut and Washington, DC, with offices around the country.

Based on our work with real people, the Center advocates for policies and systemic change that will benefit all those in need of health care coverage and services.

Staffed by attorneys, legal assistants, nurses, and information management experts, the organization represents thousands of individuals in appeals of Medicare denials. The work of the Center also includes responding to over 7,000 calls and emails annually from older adults, people with disabilities, and their families, and partnering with CHOICES, the Connecticut State health insurance program (SHIP).

Only through advocacy and education can older people and people with disabilities be assured that Medicare and health care are provided fairly:

- We offer education and consulting services to help others advance the rights of older and disabled people and to provide quality health care.
- We draw upon our direct experience with thousands of Medicare beneficiaries to educate policy-makers about how their decisions play out in the lives of real people.

The Center for Medicare Advocacy is the most experienced organization for Medicare beneficiaries and their families.

Visit our website:
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