



COVID-19 Medicare Coverage



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Beneficiary Questions & Answers

Scams related to the coronavirus, also known as COVID-19, are rapidly increasing as the public health emergency develops. Scammers are targeting older adults and those with serious long-term health conditions who appear to have a higher risk for serious illness from COVID-19. Fraudsters are attempting to bill Medicare for sham tests or treatments related to the coronavirus and are targeting individuals to illegally obtain money or Medicare numbers.

The Senior Medicare Patrol (SMP) program wants Medicare beneficiaries to have the most up-to-date information on what Medicare covers and when. This document provides answers to the most commonly asked questions regarding Medicare's coverage related to COVID-19.

- Q. What should Medicare beneficiaries do about non-COVID-related procedures (e.g., scheduled surgery) during this time?**
- A.** As more health care providers are increasingly being asked to assist with the COVID-19 response, it is critical that they consider whether elective or nonurgent surgeries and procedures can be delayed so they can use limited personal protective equipment (PPE), beds, and ventilators to care for COVID-19 patients. These recommendations from the Centers for Medicare & Medicaid Services (CMS) outline factors that should be considered for postponing elective surgeries and nonessential medical, surgical, and dental procedures: <https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf>
- Q. I need to go to the doctor but I don't want to go to the office. What should I do?**
- A.** You may be able to communicate with your doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit. Medicare pays for "virtual check-ins" – brief, virtual services with your physician or certain practitioners where the communication isn't related to a medical visit within the previous seven days and doesn't lead to a medical visit within the next 24 hours (or soonest appointment available).
- Q. What is the advice around receiving Medicare home health care services during the COVID-19 pandemic?**
- A.** Home health agencies can continue to provide services to beneficiaries. This will allow patients to be cared for in the best environment for them while supporting infection control and reducing impact on acute care and long-term care (LTC) facilities. Home health agencies can also utilize telehealth to perform initial assessments and determine patients' homebound status remotely or by record review. If necessary, the home health nurse, during an otherwise covered visit, could also obtain a sample to send to the laboratory for COVID-19 diagnostic testing.

Q. Considering many skilled nursing facilities (SNFs)/nursing homes are on lockdown, what could happen if I have a loved one who needs to enter one following hospitalization for a non-COVID-related condition?

A. The lockdowns apply to visitors of these facilities. In accordance with previous CMS guidance, every individual, regardless of their reason for entering a LTC facility (including residents, staff, visitors, outside health care workers, vendors, etc.), should be asked about COVID-19 symptoms and they must also have their temperature checked.

Accepting residents from the hospital is also contingent on the LTC facility having adequate staffing levels and personal protective equipment (PPE) to manage COVID-positive residents. If not possible, the LTC facility should stop accepting all admissions until the facility has staffing levels and PPE to manage residents.

COVID-19-positive units and facilities must be capable of maintaining strict infection control practices and testing protocols, as required by regulation. When possible, facilities should exercise consistent assignment or have separate staffing teams for COVID-19-positive and COVID-19-negative patients.

Q. Do you know if CMS is waiving any of the hospice respite rules where some long-term care facilities are limiting admissions?

A. As long as the facility has capacity, they would still be accepting patients, including hospice respite patients.

Q. Do you know if they are allowing hospices to provide additional respite in homes rather than placement in long-term care facilities?

A. At this time, the Trump administration has not expanded its respite care options for hospice.

Q. Are telehealth services available to me through my Original Medicare to treat or diagnose COVID-19?

A. During this time, you will be able to receive a specific set of services through telehealth, including evaluation and management visits (common office visits), mental health counseling, and preventive health screenings. However, if it is determined that you are at risk for COVID-19, the provider will arrange for you to receive a COVID-19 test at the nearest available testing facility.

Q. Who should I contact if I have questions about Medicare coverage during COVID-19?

A.

- Contact 1-800-Medicare or go online to www.medicare.gov/medicare-coronavirus.
- Contact your local State Health Insurance Assistance Program (SHIP) at www.shiptacenter.org or by calling 877-839-2675. SHIPs provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.

Q. What does Medicare cover if I get COVID-19?

- A.
- Part B covers:
 - COVID-19 testing and the associated provider visit. You pay no out-of-pocket costs.
 - At this time, there's no vaccine for COVID-19. However, if one becomes available, the vaccine and administration of it will be covered without any cost-sharing.
 - Part A covers:
 - Medicare covers all medically necessary hospitalizations related to COVID-19. This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay but instead you need to stay in the hospital under quarantine. Standard coverage rules and cost-sharing apply.
 - Medicare will also waive the three-day prior hospital stay before admittance to a skilled nursing facility during the COVID-19 emergency.
 - Part D covers:
 - Prescription drugs used to treat COVID-19.
 - If you have a Medicare Advantage plan, you have access to these same benefits.

Q. What should I do if I suspect someone is trying to sell me a fake test kit, cure, or vaccine?

- A. Report it to your local Senior Medicare Patrol (SMP) at www.smpresource.org or by calling 1-877-808-2468. SMPs can help you with your questions, concerns, or complaints about potential fraud and abuse issues.



Q. How can I stay up to date with the pandemic?

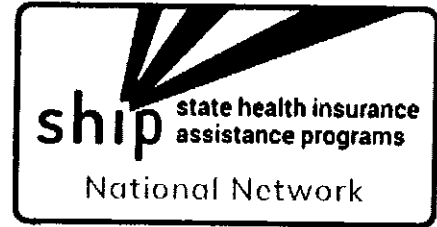
- A.
- Coronavirus.gov is the source for the latest information about COVID-19 prevention, symptoms, and answers to common questions.
 - ACL.gov/COVID-19 is the source for what older adults and people with disabilities need to know about COVID-19.
 - CDC.gov/coronavirus has the latest public health and safety information from the Centers for Disease Control and Prevention (CDC) for the overarching medical and health provider community on COVID-19.
 - USA.gov has the latest information about what the U.S. government is doing in response to COVID-19.

Available Resources

- COVID-19 fraud resources on the national SMP Resource Center website: smpresource.org/Content/Medicare-Fraud/Fraud-Schemes/COVID-19-Fraud.aspx
- Office of Inspector General (OIG): oig.hhs.gov/coronavirus
- Medicare: medicare.gov/medicare-coronavirus
- State Health Insurance Assistance Program (SHIP): shiptacenter.org
- National Council on Aging (NCOA): ncoa.org/covid-19-resources-for-older-adults/

Medicare Coverage and Coronavirus

Original Medicare-covered services related to coronavirus include:



Coronavirus testing

- Your doctor can bill Medicare for this test beginning April 1, 2020 for testing provided after February 4, 2020. You will owe nothing for the laboratory test and related provider visits (no deductible, coinsurance, or copayment). This applies to both Original Medicare and Medicare Advantage Plans.

Virtual check-ins

- Virtual check-ins can be used to communicate with your doctor and assess whether you should go to the office for an in-person visit. If you have a Medicare Advantage Plan, contact your plan to learn about its costs and coverage.

Telehealth benefits

- A telehealth service is a full visit with your doctor using video technology. During the public health emergency, Medicare covers hospital and doctors' office visits, mental health counseling, preventive health screenings, and other visits via telehealth for all people with Medicare. You can access these benefits at home or in health care settings. You may owe standard cost-sharing (like a coinsurance or copayment) for these services but contact your provider to learn more. If you have a Medicare Advantage Plan, contact your plan to learn about its costs and coverage.

Prescription refills

- If you want to refill your prescriptions early so that you have extra medication on hand, contact your Part D drug plan. Your plan should remove restrictions that stop you from refilling most prescriptions too soon. During the emergency, all Medicare Advantage and Part D plans must cover up to a 90-day supply of a drug when you ask for it. However, plans cannot provide a 90-day supply of a drug if it has certain restrictions on the amount that can be safely provided. These restrictions are called safety edits, and they commonly apply to opioids.

Medicare also covers other medically necessary services, such as inpatient and outpatient hospital care or skilled nursing facility (SNF) care. If you think you are being discharged from a hospital or SNF too soon, you can appeal that decision. Call your State Health Insurance Assistance Program (SHIP) for help. Contact information for your SHIP is on the next page. Medicare Advantage Plans must cover everything that Original Medicare does, but they can do so with different costs and restrictions.

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How to access care during a public health emergency

During a public health emergency, Medicare Advantage and Part D plans must work to maintain access to health care services and prescription drugs.

Medicare Advantage Plans must:

- Allow you to receive health care services at out-of-network doctor's offices, hospitals, and other facilities
- Charge in-network cost-sharing amounts for services received out-of-network
- Waive referral requirements
- Suspend rules requiring you to tell the plan before getting certain kinds of care or prescription drugs, if failing to contact the plan ahead of time could raise costs or limit access to care

Part D plans must:

- Cover formulary Part D drugs filled at out-of-network pharmacies
 - Part D plans must do this when you cannot be expected to get covered Part D drugs at an in-network pharmacy
- Cover the maximum supply of your refill at your request

Contact your State Health Insurance Assistance Program (SHIP) if you need help understanding what Medicare covers and how to access care.

Local SHIP contact information

SHIP toll-free phone: 1-877-987-4463

SHIP local phone:

SHIP website: www.wvship.org

To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org