

B Times

Medicare A

A favorite cartoon has a guru sitting on a mountain top. A pilgrim has just arrived at the top of the mountain, seeking the guru's wisdom. The guru says, "While I **can** explain the meaning of life, I can't explain Medicare".

Medicare is indeed confusing, but here is an attempt to explain one of the most commonly used parts of the Medicare A benefit.

Medicare A is the inpatient or hospital benefit. Most people become eligible for Medicare A when they turn 65. There are some exceptions to this, but this discussion will focus mainly on those who become eligible at 65. This discussion will not include information on Medicare Advantage plans; that is best saved for another day!

Medicare A will cover most of the cost of your hospitalization, including a semi-private room, medica-

tions, nursing services and some blood products. Your doctor is not paid by Medicare A. Medicare B pays the doctor, even when you are in the hospital.

When you are hospitalized you will have to pay a deductible of \$1068 in 2009 for each benefit period. After the deductible is paid, your first 60 days in the hospital are covered with no other co-payment. If you stay in the hospital longer than 60 days, the co-payment is \$267 a day for days 61-90. After 90 days, you begin using Life Time Reserve Days. Everyone starts out with 60 Life Time Reserve Days, but when you use these, the benefit does not rebuild. The co-payment for Life Time Reserve Days is \$534 a day.

Medicare defines a benefit period as beginning the first day you go into a hospital or skilled nursing facility. The benefit period ends when you have been

out of any Medicare paid facility, whether hospital or skilled nursing facility, for 60 days in a row. Explaining the benefit period is confusing, so see the side bar for examples.

Medicare A also includes skilled nursing benefits. Medicare will pay for a limited amount of time in a skilled nursing facility, when the patient still requires medical care, but not as much as is needed in the hospital. Medicare A will pay for up to 100 days in a skilled nursing facility. They cover the first 20 days at 100%; days 21-100 require a \$133.50 a day co-payment. It is important to remember that you have to have medical necessity to be in any hospital or skilled nursing home that is paid by Medicare.

This is simply an overview of part of the Medicare A benefit, and was adapted from information in the Medicare & You 2009 Handbook.

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Benefit Period Examples

You go to the hospital on April 3, and stay until April 10. Your benefit period begins on April 3, and you use 7 days.

If you do not go back to the hospital or any skilled nursing facility until September 18, you begin a new benefit period on September 18, because you have been out of any Medicare facility for more than 60 days in a row. You will pay another \$1.68 deductible payment.

If you go back to the hospital on May 25, that day is actually day 8 of your benefit period, because you have been out of the hospital for less than 60 days in a row.

DID YOU KNOW?

- When Medicare began on July 1, 1966, approximately 19 million enrolled.
- In 2008, there were almost 45 million people enrolled in Medicare.

—Centers for Medicare and Medicaid Services

Kim Olmedo, LCSW, CCM, CSW-G

Kim Olmedo is a Licensed Clinical Social Worker, a Certified Case Manager and a Clinical Social Worker in Gerontology. She received her Bachelors and Masters Degrees from the University of Texas at Austin. Kim has worked in a variety of health care settings, including inpatient rehabilitation, home health, hospice and long term acute care.

Kim started working at Katten & Benson in March, 2007. As the Elder Care Coordinator, Kim sees all of the firm's Life Care Planning clients. She is able to assist with a variety of issues, including decisions about place-

ment, finding care in the home, and helping to understand complex medical issues.

Kim is very active in the community, serving on several boards, including the Tarrant Area Gerontological Society and the Tarrant County Adult Protective Services Community Board. Kim is a member of the National Association of Social Workers, the Case management Society of America, and the American Society on Aging.

Kim does frequent presentations

on aging and health care topics, and is excited to be a national

speaker for the first time at the upcoming American Society on Aging/National Council on Aging conference in March.

When not busy working, Kim enjoys quilting, and won an honorable mention for one of her quilts at a local quilt show last year.



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