

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.

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.

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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

If you believe that you have experienced Medicare fraud, abuse, or errors, **contact your Senior Medicare Patrol (SMP).**

Senior Medicare Patrol

Senior Medicare Patrol empowers and assists Medicare beneficiaries to prevent, detect, and report Medicare fraud through free outreach, counseling, and education. Here are some tips to help keep you safe from falling prey to Medicare fraud and scammers out to steal your Medicare benefits:

- **Prevent:** Protect your Medicare and Medicaid numbers as if they were credit card numbers. Never give your personal information to anyone offering a FREE item or service. Always rely on your personal doctor to recommend all medical services and equipment for you. Remember: Social Security and Medicare will never call you to ask for your personal information!!
- **Detect:** Keep a health care calendar or journal of your medical appointments, services, tests, etc. and compare it to your Medicare Summary Notice or Explanation of Benefits to check for accuracy.
- **Report:** If you have questions about a claim on your MSN, contact the health care provider or plan first. If you cannot get the issue resolved, contact Alabama SMP for help at 1-800-243-5463.

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
NARCOG SHIP/SMP toll-free: 1-800-243-5463 or 256-355-4515 ext. 236
NARCOG SHIP/SMP website: www.narcog.org
NARCOG SHIP/SMP: Serving Cullman, Lawrence, and Morgan Counties
To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org To find a SMP in another state: Call 877-808-2468 or visit www.smpresource.org

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