



Medicare Benefits at Sunrise Haven

Eligibility

Individuals who are United States citizens or legal permanent residents, 65 or older, and have the required number of quarters of Social Security coverage, may be eligible for Medicare Benefits. Individuals under the age of 65 may also be eligible for Medicare if they are found to be disabled or have a qualifying health condition. If you are 65 years of age or older but have not worked enough quarters to be entitled to Medicare, you still may be able to obtain coverage by paying monthly premiums. To determine eligibility, try this online questionnaire: <https://www.medicare.gov/eligibilitypremiumcalc/>.

Medicare pays for care in a Christian Science nursing facility if certain conditions are met. Under the Medicare law, Sunrise Haven and other Christian Science nursing facilities fall into the category of “[religious nonmedical healthcare institutions](#)” (RNHCIs). Our Utilization Review Committee (URC) determines if this requirement is met. The patient must have a Medicare card, must also sign and have notarized an Election for Benefits form, and must participate in the Discharge Evaluation process.

The parts of Medicare

Hospital Insurance (Part A) - This applies to institutional providers like hospitals, skilled nursing facilities, and RNHCIs.

Medical Insurance (Part B) - This applies to health services like doctors’ visits, medical equipment, laboratory tests, and ambulance services.

Medicare Parts A & B are called Original Medicare.

Medicare Advantage (Part C) - Medicare Part C is an *alternative* to Original Medicare. If patients choose this option, they will receive all of their Medicare covered care through a private managed care organization that contracts with the federal government. *Historically, these policies have been difficult to bill and get payment from for RNHCIs because they can be medically oriented and require preauthorization from the health plan.*

Medical Insurance (Part D) - This is a prescription drug plan.

Enrolling

Here are a few different ways to sign up for Medicare:

- [Apply online](#) at the Social Security website
- Visit your local Social Security office
- Call Social Security at 1-800-772-1213
- If you worked for a railroad, call 1-877-772-5772

There is no need to sign up for Medicare annually. However, each year you can review and change your benefits during the annual open enrollment period (October 15–December 7).

Premiums and Late Penalties

There is usually no charge for Part A coverage. There is a monthly premium for Part [B](#), [C](#), or [D](#). Click above on the individual letter to learn more.

If you don't sign up for Medicare when you become eligible and later wish to sign up, you could be responsible for late enrollment penalties. Click below to learn more about late penalties.

[Medicare Part A late penalties](#) - [Medicare Part B late penalties](#) - [Medicare Part D late penalties](#)

The Election Form

The Election Form is the patient's written statement indicating his/her choice to receive non-medical care in a RNHCI for religious reasons. It is signed by the patient or a legal representative and witnessed by a notary that Sunrise Haven provides.

The Election Form will only be executed and filed with Medicare when the patient is determined to need a covered level of care under Medicare and is eligible.

If a patient uses his/her Medicare card to pay for any kind of medical care sought on a voluntary basis (e.g. ambulance, doctor or hospital visit, glasses, wheelchair, dentist's visit, etc.) after signing the Election Form, the patient has revoked that agreement with Medicare. A patient who has an election on file with Medicare can seek medical treatment at any time and Medicare will pay for the medical services to the extent they are covered. However, repeated revocations of a patient's RNHCI election will trigger waiting periods before Medicare will again pay for RNHCI services. Each time an Election is revoked a new one must be signed and filed with Medicare. If one revocation has occurred, the patient may sign a second Election Form and Medicare will pay for his/her stay at Sunrise Haven immediately if the patient's needs are a covered level of care. If two revocations have occurred, the patient must wait one year from the date of the last revocation before Medicare will pay for his/her stay in a RNHCI. If three revocations have occurred, a five-year wait is required before the patient may access the RNHCI benefit.

Medicare Coverage and Costs

Medicare benefits are available at Sunrise Haven for patients who have elected the RNHCI benefit and need a covered level of care (i.e., they have a condition that would require care in a hospital or a skilled nursing facility but for their decision to rely on religious nonmedical care. If at any time during the patient's stay, the patient no longer requires a Medicare covered level of care, Medicare coverage at Sunrise Haven will end. The patient will then become responsible for paying for care unless (s)he has other health insurance coverage that includes RNHCI services. Medicare also does not pay for Christian Science practitioner services.

Your Share of Medicare Costs (Deductible and Coinsurance)

If a patient has Original Medicare: For the first 60 days at Sunrise Haven, the patient pays a deductible when receiving a Medicare covered level of care. This deductible changes every year. The patient may have to pay the annual deductible more than one time per year if (s)he has more than one "benefit period" per year (see the section about benefit periods for additional explanation).

If the patient continues to require a Medicare covered level of care after the first 60 days, Medicare will continue to pay for the care for 30 additional days. However, the patient becomes responsible for a daily coinsurance payment. Like the Part A deductible, the coinsurance payment amount changes each year.

If the patient has a Medicare Advantage Plan (Medicare Part C): please refer to the plan for an explanation of coinsurance and deductibles.

Medicare Benefit Periods

A patient may have more than one “benefit period” over the course of a year. A Medicare “benefit period” begins the day a patient is admitted to a RNHCI and ends when the patient has not received any inpatient services that are covered by Medicare for 60 days in a row. This means that an individual’s ability to receive Medicare payment for RNHCI services is “refreshed” and begins anew, if the person is not an inpatient for 60 days, or if the patient is still an inpatient but has not received a Medicare covered level of care for 60 days.

Sunrise Haven Billing and Insurance

Sunrise Haven submits claims to Medicare on behalf of the patient. Sunrise Haven invoices the patient directly for the deductible, co-insurance, and items not covered by Medicare. Medicare will deny claims submitted by Sunrise Haven if it is found that the patient is not eligible for Medicare, does not have an Election Form on file, does not require a Medicare covered level of care, or is covered under other health insurance plans and programs that are required by law to pay before Medicare pays. If services are found not to be covered under Medicare or other health insurance coverage, payment will be the responsibility of the patient.

If you are looking for other insurances, there are several options to consider:

- **Medicare Supplement (Medigap) Plans** are available to people with Original Medicare (but not Medicare Advantage). These plans *may* cover the deductible or coinsurance days that a patient would normally have to pay. They may also cover additional days at a Medicare covered level of care after all Medicare covered days have been used during a benefit period.
- **Long-term care policies (LTC)** cover long-term stays in facilities like nursing homes. Sunrise Haven is licensed in Washington State as a nursing home. LTC policies *may* pay for RNHCI care depending on the coverage provided under the policy.
- Some **employer or employer-sponsored retiree health plans, including government employer-sponsored health plans**, *may* also cover care in a RNHCI.

For additional information, The Mother Church has more information on its website:

<http://christianscience.com/member-resources/committee-on-publication/u.s.-federal-office/insurance-and-christian-science>

You should always look at a health plans policy to see if “Christian Science” or a “Religious Non-medical Health Care Institution” is specifically mentioned and covered.

More Information

The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. - www.csncommission.org

Medicare – www.medicare.gov

Medicare RNHCI information

www.medicare.gov/coverage/rnhci-items-and-services.html

www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/rnhcis.html

Social Security Administration – www.ssa.gov

The laws may change at any time, altering information listed above.