



Medicare Benefits

for those seeking care at Sunrise Haven

Eligibility

Medicare pays for care in a Christian Science nursing facility if certain conditions are met. People with Medicare Part A who qualify for hospital or skilled nursing facility care, but medical care isn't in agreement with their religious beliefs, may be eligible to use their Medicare benefits at a Christian Science nursing facility. 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 the patient's care is Medicare coverable. 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.

Medicare benefits may be 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.

There are situations requiring Christian Science nursing care that are not coverable by Medicare which a Christian Science nurse provides. Care in which the Patient needs companionship, or in which care could be rendered by a family member, an unskilled care giver, or a Christian Science nurse who is not *Journal*-listed, is not coverable. The URC regularly reviews care needs to determine whether or not Medicare coverage should continue.

2018 Medicare Coverage Benefit Periods (not Medicare Advantage)

60 days **Full Benefits** - Patient is responsible for the deductible of up to \$1,340.

30 days **Co-insurance Benefits** - Patient pays a co-insurance rate of \$335/day.

60 days **Lifetime Reserve Days Benefit** – Medicare pays the rate above \$670/day.

(Note: LTR days are a one-time use only.)

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 Medicare

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 a valid 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 a patient has another insurance, they are responsible for submitting claims to their private insurance companies for reimbursement. Our Business Office can provide the necessary paperwork needed for claims, but does not automatically do this for patients.



General Medicare Information

Eligibility

Individuals who are United States citizens of 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.

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 is 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.

Premiums and Late Penalties

There is usually no charge for Part A coverage. There is a monthly premium for Part B, C, or D.

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.

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.

The Social Security laws may be changed at any time, altering the Medicare information listed above.