

CENTER FOR MEDICARE ADVOCACY, INC.

**NATIONAL WOMEN'S LAW CENTER
REFORM MATTERS**

SALIENT FEATURES OF MEDICARE
March 12, 2009

www.medicareadvocacy.org

www.medicareadvocacy.org
Copyright © Center for Medicare Advocacy, Inc.

CENTER FOR MEDICARE ADVOCACY, INC.

- Medicare is our country's largest example of national health insurance:
 - Available to nearly all persons age 65 or over
 - Provides essentially uniform benefits throughout the United States
 - Utilizes an appeals system that is uniform throughout the United States

CENTER FOR MEDICARE ADVOCACY, INC.

- **Public-private partnership from the outset**
 - Program design is in statute, regulations, guidance from CMS
 - Claims are administered by private insurance companies known as Medicare Contractors
 - Beneficiaries receive services from private providers whom they choose

CENTER FOR MEDICARE ADVOCACY, INC.

- **Ease of Enrollment Matters**
 - Part A – 99%
 - Premium-free for most beneficiaries
 - Enrollment process is relatively easy
 - Part B – 95.5%
 - Beneficiaries must opt out of Part B

CENTER FOR MEDICARE ADVOCACY, INC.

- **In contrast to**
 - Employer-based insurance: 61% (2006 MEPS)
 - Programs for low-income people:
 - 43% (QMB)
 - 50% (Medicaid – children)
 - 54%-71% (Food stamps)
- **Of those receiving Part D low-income subsidy,**
 - 84% are deemed eligible due to receipt of another benefit

CENTER FOR MEDICARE ADVOCACY, INC.

- **Lessons from Parts C and D – private plans in Medicare**
 - Too many plans make comparisons difficult
 - Plans change their design each year
 - Much churning in plans serving low income beneficiaries (in Part D)
 - Non-standardized plan procedures and processes make assisting beneficiaries difficult
 - Oversight requires more resources than are available

CENTER FOR MEDICARE ADVOCACY, INC.

- **Other lessons from Medicare**
 - Coordination of benefits with Medicaid creates significant challenges
 - Protections for low-income beneficiaries from out-of-pocket costs are difficult to operationalize
 - Health care for people with chronic conditions cannot require a show of improvement as a condition for coverage

CENTER FOR MEDICARE ADVOCACY, INC.

■ Gaps in Medicare

- Dental, vision and hearing services are very circumscribed
- Long-term care services are limited to those attendant to skilled care or therapies
- Out-of-pocket costs are not capped
- Care coordination is not provided

CENTER FOR MEDICARE ADVOCACY, INC.

■ **Conclusion**

- Medicare is a successful model of national health insurance
- It is a public-private partnership
- Enrollment is easy
- Lessons learned from Medicare can inform policy for expanding coverage
- With its gaps filled, Medicare can provide health care for all.

CENTER FOR MEDICARE ADVOCACY, INC.

Patricia Nemore

Center for Medicare Advocacy, Inc.

Washington, DC office

202-293-5760

Center for Medicare Advocacy , Inc.

Connecticut Office

860-456-7790

www.medicareadvocacy.org

www.medicareadvocacy.org

Copyright © Center for Medicare Advocacy, Inc.

USEFUL WEB SITES

- www.cms.hhs.gov
- www.medicare.gov
- www.medicareadvocacy.org
- www.kff.org