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BOOKSHELF

Medicare Handbook

By Jane M.R. Mulcahy

***Medicare Handbook*,
edited by Judith A. Stein and
Alfred J. Chiplin, Jr. (Panel
Publishers 2000)**

Medicare Handbook is the encyclopedia of the Medicare program. Prepared by the Center for Medicare Advocacy, Inc., it is an authoritative source of the law and practicalities of the program. The handbook outlines the regulations, case law, and agency directives that govern the program's benefits. Organized in a user-friendly format, the handbook makes information easily accessible.

The handbook initially provides an introduction to Medicare coverage and appeals. It summarizes the program's financing and administration and then outlines its requirements. Covered Part A and Part B care are explained, including lists of specific coverages. The Qualified Medicare Beneficiary Program for low-income Medicare beneficiaries is highlighted, as well as the Specified Low-Income Beneficiary Program. The handbook also includes a practical summary of the appeals process for denied claims. Useful shorthand charts

are appended as a quick reference of the material.

In addition, the handbook provides detailed synopses of Part A coverage—namely hospital coverage, skilled nursing facility coverage, home health coverage, and hospice coverage.

Part A Coverage

Hospital Coverage

The handbook outlines the eligibility criteria for hospital coverage, together with the application process for those who must enroll for benefits. The scope of hospital coverage is explained and particular benefits are defined. Requirements for care providers to procure payment from the program are included. The “medical necessity” standard is explained. The handbook also discusses how the utilization review of medical necessity, reasonableness, and appropriateness by peer review organizations helps ensure quality care to program beneficiaries.

Skilled Nursing Facility Coverage

The handbook discusses the eligibility criteria and particular benefits of Medicare skilled

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nursing facility coverage. The prospective payment system and nursing home reimbursement are explained. The handbook also includes possible problem areas for the Medicare recipient's advocate to explore:

- Skilled versus custodial care
- Whether the total condition of the recipient is considered versus an individual service
- The assessment of a recipient's changing or unstable condition
- Whether skilled care is required to manage or evaluate the recipient's care plan even if the recipient does not require specific nursing services
- Whether the opinion of the attending physician is challenged by the opinion of a nontreating physician
- Whether rehabilitation potential is given too much weight in a coverage decision
- Whether services "as a practical matter" can be provided to the recipient on an outpatient basis

Home Health Coverage

The eligibility requirements and specific benefits of Medicare's home health coverage are listed in the handbook. In addition, the reasons why the Balanced Budget Act of 1997 reduced the availability of home health care to Medicare beneficiaries are outlined, including the redefinition of "homebound" and the use of a normative standard for denials of home health care to recipients.

Hospice Coverage

The election, the revocation of the election, and the choice of provider for the Medicare Hospice benefit are discussed. Additionally, the handbook describes the services provided under the benefit, including nursing care, bereavement counseling, short-term inpatient care, inpatient care for respite purposes, medical appliances and supplies, drugs and biologicals, home health aides, and homemaker services.

Part B Coverage

Medicare Part B coverage—namely for care in noninstitutional settings—is described as a voluntary program for eligible enrollees who pay a monthly

premium. The handbook provides an overview of the coverages and fee schedules; additionally, the appeals process is discussed.

Special Issues

The handbook includes chapters on Medicare-covered managed care, as well as Medigap services and Medicare as a secondary payer. These chapters explore the play between this publicly financed program and private sector medical insurance programs.

Finally, the special issues of those dually eligible—persons eligible for both Medicare and Medicaid—are discussed in the handbook. The demographics of this group are described, and then the intricate overlay of the two programs is outlined.

Conclusion

This handbook is authoritative and comprehensive. Ample references are included to steer the practitioner to the source of the law. Practitioner and layperson alike will be better able to navigate the Medicare system with the clear, user-friendly language and layout of this book.