

# Medicare and Medicaid

Working together to offer more care for less money



Learn more  
[wellsense.org/medicare](https://wellsense.org/medicare)

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# What is Medicare?

Medicare is a health insurance program. Medical bills are paid from trust funds that members have paid into. It serves people over 65, whatever their income and serves younger disabled people and dialysis patients. Medicare is a federal program run by the Centers for Medicare & Medicaid Services, an agency of the federal government, and is run consistently across the country.

## There are four parts to Medicare

### Part A



#### Hospital Insurance

**Medicare Part A** covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home healthcare. Most people don't pay a premium (the amount you pay for the coverage you get) for Part A.

### Part B



#### Medical Insurance

**Medicare Part B** covers certain doctors' services, outpatient care, medical supplies and preventive services. For 2022, the standard Part B premium is \$170.10 (typically deducted from Social Security or Railroad Retirement payments).

### Part C



#### Medicare Advantage

**Medicare Part C** is offered by private companies that are approved by Medicare. In addition to providing coverage offered by Parts A and B, Part C offers vision, hearing, dental, and, in most plans, prescription drug coverage. Medicare Advantage plans may have a monthly premium, though many options exist with \$0 premiums.

### Part D



#### Prescription Drug

**Medicare Part D** helps cover the cost of prescription drugs including many recommended shots and vaccines. Medicare Part D is often part of a Medicare Advantage plan or it can be purchased as a stand-alone plan.



## Section 2

# Comparing Original Medicare and Medicare Advantage

## Coverage

### Original Medicare



**Original Medicare is the coverage that is provided by the federal government for those who are eligible.** This includes hospital and medical coverage. There are no additional benefits and you would need to obtain a separate prescription drug (Part D) plan.

### Medicare Advantage



**Medicare Advantage is a private, Medicare-approved insurance company, like WellSense.** Many people prefer Medicare Advantage (Medicare Part C) plans to get their Medicare coverage because they combine most or all of your benefits into one plan under one insurer.\*

\*A Medicare Advantage plan is required to cover everything that Original Medicare covers except for hospice care. Hospice care is covered by Original Medicare and hospice benefits continue to be covered by Original Medicare even if you have a Medicare Advantage plan.

## Network

### Original Medicare



In most cases, you can go to any doctor, healthcare provider, hospital or facility that accepts Medicare and accepts new Medicare patients.

### Medicare Advantage



You must see doctors in your plan's network who work together to coordinate your care.

## Cost

### Original Medicare



You are required to pay your Part B monthly premium. This may be covered by Medicaid if you have it.

With Original Medicare, you typically have higher copays and coinsurance or a higher deductible. Original Medicare pays for much, but not all, of the cost for covered healthcare services and supplies.

There is **no yearly limit** (or maximum) for what you could pay out of pocket, so your costs can continue to rise as your care needs grow.

### Medicare Advantage



You are required to pay your Part B monthly premium. This may be covered by Medicaid if you have it. Medicare Advantage plans have a monthly premium, though many have a \$0 premium.

Medicare Advantage plans generally have lower copayments and coinsurance and/or a smaller deductible.

There is a yearly limit (or maximum) for what you could pay out of pocket each year.

## What is Medicaid?

Medicaid is an insurance program designed for people of all ages with limited income. Medicaid is a combined federal and state program, which pays for the healthcare services of their enrollees. Services range from routine preventive medical care for children to institutional care for the elderly and disabled. Enrollees typically pay nothing for covered medical expenses, though a small copay is sometimes required.

### Covered services may include:

#### Care to keep you healthy



- Hospital
- Physician
- Nursing facility
- Home health
- Lab
- X-ray
- Prescription drugs
- Mental health services

#### Care to keep you mobile



- Durable medical equipment
- Medical transportation
- Medical supplies
- Podiatry
- Physical-occupational-speech therapy

#### Care to keep you at home



- Adult medical day care
- Advanced registered nurse practitioners
- Home- and community-based care for the elderly
- Hospice services
- Interpreter
- Private-duty nursing
- Personal care attendant
- Nursing facility

## How Medicare and Medicaid work together

When individuals covered by both Medicare and Medicaid receive services covered by both programs (such as doctor's visits, hospital care, home care and skilled nursing facility care), Medicare is the primary payer. This means that Medicare will pay first and Medicaid may cover some or all of your Medicare cost sharing, including your Part B premium, coinsurance and copays.

Once you are eligible for Medicare, it will be the primary payer and cover your healthcare costs. Your healthcare providers will submit bills to Medicare for payment. Medicaid becomes the payer of last resort, meaning it pays last and may pick up any additional costs, copays and coinsurance Medicare does not.



## The Medicare Advantage difference – finding the right managed care plan

One of the true values of combining a Medicare Advantage plan with your Medicaid plan is care coordination. The doctors and hospitals in your Medicare Advantage plan's network work together to ensure that your care is coordinated across the system. This is very important as people age and experience more than one chronic condition they must manage. The important thing is to find the right Medicare Advantage plan for you, one that delivers the best experience and gives you the benefits you deserve.

Medicare Advantage plans can also offer additional benefits, like vision, dental and prescription drug coverage. In fact, some Medicare Advantage plans offer benefits that neither Original Medicare nor Medicaid offer and at no additional charge.

### These benefits may include:

**An allowance for over-the-counter (OTC) purchases**



**Wellness and fitness programs (including gym memberships)**



**Meals delivered to you after a medical procedure or surgery**



**And more!**




# WellSense Medicare Advantage Added Value plan

As with all Medicare Advantage HMOs, WellSense Added Value HMO has a network of contracted doctors, hospitals and other healthcare professionals who agree to provide services to our members at a discounted rate. Members must use our extensive network for medical care.

The WellSense Added Value plan offers more benefits than Original Medicare for a low monthly premium. If you also have Medicaid, it is likely you will qualify for extra help to pay your premium, which may bring it to as low as \$0.

To learn more about the WellSense Medicare Added Value plan contact WellSense at **800-967-4497** (TTY 711). Medicare experts are available Oct.1-March 31 from 8 a.m.-8 p.m. seven days a week and April 1-Sept. 30 from 8 a.m.-8 p.m. Monday through Friday.

WellSense Added Value benefits	
Hospital coverage	
PCP and specialist visits	
Prescription drug coverage	
Over-the-counter (OTC) allowance – Up to \$600 each year for everyday health and wellness supplies	
Dental – Two cleanings per year, \$1,500 comprehensive coverage	
Vision – Eye exam every year, \$200 toward prescription glasses every year	
SilverSneakers® fitness benefit	

# WellSense cares about New Hampshire

## New Hampshire's only nonprofit, mission-driven Managed Care Organization

WellSense Health Plan was chosen in 2013 as one of the first managed care organizations to provide Medicaid coverage to New Hampshire's low-income, underserved and elderly populations.

## We serve the underserved

WellSense is here for our members during every stage of life. We cover children, adults, seniors and those with disabilities. The State of New Hampshire selected WellSense to provide healthcare coverage to their Medicaid enrollees. We provide our members with access to doctors, specialists, hospitals, behavioral health and emergency room services.

## Our approach is whole-person care management

Achieving healthy outcomes requires looking beyond basic medical needs and caring for the whole member. Our creative approach to supporting member needs includes:



Addressing social determinants of health such as housing needs, food insecurity and lack of education.



Supporting emotional and social needs such as anxiety, depression and substance use by collaborating with providers, including behavioral health specialists and hospitals.



Managing quality of care through our population health, disease management and utilization management programs.

We regularly use data and analytics to establish needs and monitor progress to ensure we are supporting our members in all ways we can.




## Important dates

### Medicare Annual Election Period (AEP):

**Oct. 15 – Dec. 7**

During this time, Medicare-eligible individuals can enroll in and change Medicare Advantage plans.

Any plan you enroll in during the AEP will start on **Jan. 1 of the following year**. Until then you will continue to rely on your current plan or Original Medicare.

**We're here  
to help** 

**WellSense Medicare Advantage experts:  
800-967-4497 (TTY: 711)**

**WellSense Member Services:  
855-833-8128 (TTY: 711)**

**New Hampshire Department of Medicaid:  
800-852-3345  
ext. 4344**



WellSense Health Plan is an HMO plan with a Medicare contract. Enrollment in WellSense Medicare Advantage HMO plans depends on contract renewal. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.

Learn more  
[wellsense.org/medicare](https://wellsense.org/medicare)

