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For Your Health's Sake

Some Discover That Medicare Advantage Plans Are To Their Disadvantage

(Huntsville, TX) – Although different characters, the story says the same. The insurance salesman stands at your door and promises better coverage than your current Medicare plan. He assures you that it will provide all the coverage you need at a lower cost that you are currently paying. It seems like a winning situation for everyone. Unfortunately, when you go to Huntsville Memorial Hospital for your yearly diagnostic exams, you find out quickly that you will have to pay “out of network” pricing to receive your desired care because our organization is not a covered facility. For you, and countless others, the problems with your new Medicare Advantage Plan have caused you and your families’ emotional distress and weeks of bureaucratic wrangling to attempt to disengage from the plans.

Medicare Advantage Plans were created along with the Medicare drug benefit as a result of the 2003 Medicare Modernization Act. The plans are funded by Medicare, but design and administration are carried out by private-sector insurers. A Medicare Advantage Plan must offer at least the same benefits of Traditional Medicare, but may offer better benefits as well. Unfortunately, the agents marketing this product to the public, rarely explain the network restrictions that prevent enrollees from receiving care from any Medicare provider, as they did before. In an effort to provide our patients with “up to the minute” information regarding Medicare Advantage Plans and the level of participation in these plans by Huntsville Memorial Hospital, you have to understand the basics. It is necessary to understand what the term "Medicare Advantage Plan" means in Medicare lingo and also the definition of a PPO plan. Don't worry, neither are these are complicated.

There is often confusion as to the difference between Traditional Medicare and the Medicare Advantage Plans. Traditional Medicare is the Medicare program managed by the Federal government, available anywhere in the United States and its territories, and the program that allows Medicare beneficiaries to go to any doctor, specialist, hospital, or supplier who is enrolled in the Medicare program. Traditional Medicare is the program you are initially enrolled into when you turn 65. It is also the Medicare program associated with the red, white, and blue Medicare health insurance card you receive when you first enroll.

A Medicare Advantage Plan is what is also known as Part C of Medicare. The plans are another way for Medicare beneficiaries to receive Medicare hospital and doctor benefits. That is to say, the plans are an optional way to receive your Part A and Part B benefits. The plans may offer additional benefits that Medicare doesn't offer, such as dental, hearing, and eyeglasses, but at the very minimum, they must make available the same level of coverage that you would receive in the Traditional Medicare program. Many Medicare health plan also offer the option of bundling Part D, which refers to the Medicare prescription drug coverage, together with Part A and B into one package.

Many patients call and ask if there really is any "advantage" to the Medicare Advantage Plans? Tough question. There is simply no one-size-fits-all health insurance coverage that is right for all Medicare beneficiaries. In order to determine whether or not such a plan is right for you, you must carefully compare benefits, cost sharing (your out of pocket costs), and access to doctors, hospitals, suppliers, and other health care providers necessary for your particular needs.

Another hot topic that patients need to be informed on is the restrictions on providers and services that these plans enforce. First, Medicare Advantage Plans keep their costs down by limiting a patient's freedom to choose which doctors and other providers the patient can see. The most prominent type of Medicare Advantage Plans, the health maintenance organization (HMO), maintains a list or network of health care providers (doctors, hospitals, etc.) that their patients are allowed to use. The Medicare Advantage Plan has negotiated special rates with these network providers. If you see a provider who is not in the network, the pricing will be at a higher cost than what would be required from Traditional Medicare

If a Medicare Advantage Plan you are considering joining restricts access to providers, it is important to determine whether your doctors and other providers, such as Huntsville Memorial Hospital, are in the plan's network. Patients should keep in mind that Medicare Advantage Plans drop providers from their networks if they start costing the plan too much money. Even though your doctor is a member of the network today doesn't guarantee that he or she will be part of the network later.

Another way Medicare Advantage Plans strive to reduce costs is to require that all care be funneled through a primary care physician. A Managed Care Plan contracted physician makes all decisions about whether or not to refer you to a specialist. You cannot make an appointment with a specialist on your own. The Managed Care Plan contracted physician is strongly encouraged to take care of all medical problems themselves and refer you to a specialist only when absolutely necessary. Traditional Medicare does require, however, that Medicare Advantage Plans allow patients with serious conditions, such as heart disease, kidney failure and cancer, to see specialists without referrals from their Managed Care Plan contracted physician. Also, routine preventive women's health care screening must be available without a referral.

For many, Medicare Advantage Plan's most disagreeable cost-cutting strategy is the common requirement that your primary care physician obtain the plan's approval before you can receive certain medical services. If the Medicare Advantage Plan administrators

disagree with your physicians that a procedure is medically necessary, the Medicare Advantage Plan may refuse to pay for it. Medicare Advantage Plans also attempt to reduce costs by allowing their members' shorter periods of hospital and nursing home care than Medicare beneficiaries generally receive. In addition, Medicare Advantage Plans provide fewer rehabilitative services like home health care and outpatient therapies than does Traditional Medicare.

Since 1927, Huntsville Memorial Hospital has provided benevolent and charitable health care services, setting the standard for quality, proficient health care for the residents of Walker County and the surrounding communities. We would like to encourage all citizens to "know the facts" when it comes to your health care coverage. Huntsville Memorial Hospital is part of a number of Managed Care Networks. While not all-inclusive, a comprehensive list of our enrolled health plans can be found on our website at www.huntsvillememorial.com under the Patient Information section. Huntsville Memorial Hospital has also made plans to engage an outside consulting group who specializes in providing support to the provider unique Medicare Strategy and education to the Medicare population. Their job would be to assist you in making YOUR Medicare insurance selection. They will help you navigate through the Medicare maze, answer your Medicare questions, narrow down your choices from hundreds of plan options available, and provide you with a sense of security knowing that they are truly your Independent Medicare Specialists. Just another way Huntsville Memorial Hospital is making strides to improve safety, efficiency, and quality of our services to our patients.

Sally Nelson
Chief Executive Officer
Huntsville Memorial Hospital