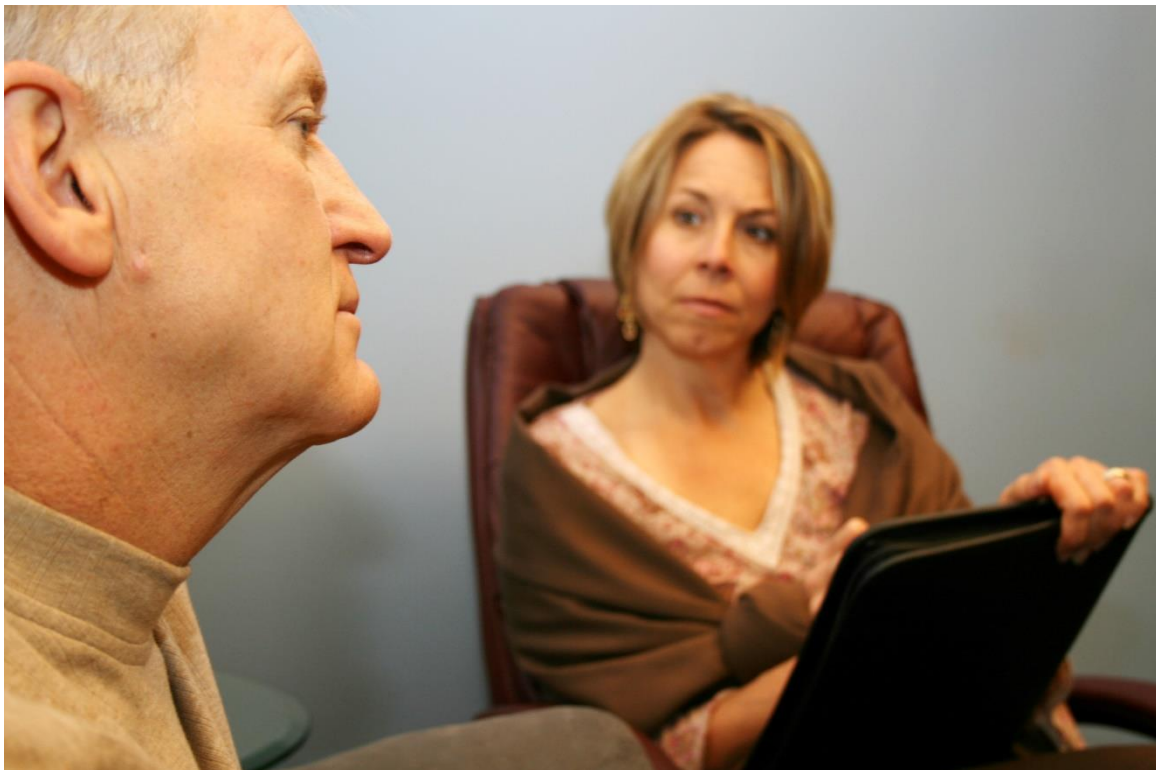




Medicare & Medicaid

Millions of people living with paralysis are eligible for health insurance through federally and state-funded Medicare and Medicaid programs.



Q: What is Medicare?

Medicare is a federally funded health insurance plan for individuals over the age of 65; individuals of any age living with disabilities who have received Social Security Disability benefits for 24 months; and individuals with end stage renal disease (ESRD) or ALS.

People with ESRD are typically eligible for Medicare three months after a course of regular dialysis begins or after a kidney transplant; people with ALS are eligible immediately upon

collecting Social Security Disability benefits.

Q: What are the main parts of Medicare?

Medicare Part A and Part B – also called “Original Medicare” – comprise the main phases of coverage.

Part A covers inpatient hospital care and skilled nursing facilities, hospice care and some home health care.

Part B covers services and supplies that are deemed medically necessary such as outpatient hospital care, physical and occupational therapists, durable medical equipment, ambulance services and preventative care including colorectal screenings and annual mammograms.

Q: What is Medicare Advantage?

Medicare Advantage is an alternative to Original Medicare that offers benefits through private health insurance plans. These plans may offer reduced premiums, deductibles and coinsurance payments, and include Part D prescription drug coverage, but generally require patients to obtain services from certain providers.

Q: What is Medicare Part D?

Medicare Part D, an optional stand-alone prescription drug program, offers Medicare beneficiaries a choice of government-approved coverage plans administered by private insurance companies.

Enrolling in Part D is optional, but if you choose not to join this plan when you are first eligible for Medicare, and you go longer than 63 days without comparable coverage from your former employer or union, you will be charged a 1% late fee for each month that you have waited.

For more detailed information about Medicare Part D, please visit the National Paralysis Resource Center website at <https://www.christopherreeve.org/wp-content/uploads/2024/01/Medicare-Part-D-QA-1-24-A.pdf>

Q: What will I pay for Medicare?

The payment rates for Medicare Part B change every year. In 2025, the standard monthly premium for Medicare Part B is \$185.00, an increase of \$10.30 from \$174.70 in 2024. The annual deductible for all Medicare Part B beneficiaries is \$257, an increase of \$17 from the annual deductible of \$240 in 2024.

Q: How do I enroll in Medicare?

Individuals with disabilities who have received Social Security Benefits for 24 months will automatically be enrolled in Medicare Parts A and B and receive a membership card by mail; however, if this card doesn't arrive at that time, contact your local Social Security office or call 800-772-1213. You must make an appointment for an in-office visit; search for your local office on the SSA website at <https://secure.ssa.gov/ICON/main.jsp>.

Q: What is Medicaid?

Medicaid is a health insurance plan that provides coverage to low-income adults, children and people with disabilities. It is jointly funded by federal and state governments, but administered by the states; for this reason, eligibility requirements, scope of coverage and costs will vary by state.

Q: What does Medicaid coverage typically include?

Medicaid coverage mandated for every state includes physician care, inpatient and outpatient hospital services, laboratory and x-rays services, and home health services. Depending on individual state plans, prescription drug coverage, physical and occupational therapy, dental services and medical equipment may also be included.

Q: Can I be enrolled in both Medicaid and Medicare?

Yes. Many people with disabilities are enrolled in Medicare and Medicaid. Medicaid may cover services that Medicare does not, such as long-term care and supports, dental, and vision and hearing services.

Q: What can I do if my Medicare coverage is denied?

Medicare should not be denied based on a specific diagnosis (including paralysis) or linked with the ability for a condition to improve. In other words, the decision should consider only whether the individual needs skilled nursing or therapy provided by, or under the supervision of a professional; if the answer is yes, it doesn't matter if there is potential (or not) for improvement or increased function.

If you disagree with a coverage or payment decision, you can file an appeal. For more information on how to appeal Original Medicare, Medicare Advantage and drug prescription decisions, visit the Medicare website at <https://www.medicare.gov/providers-services/claims-appeals-complaints/appeals>.

State Health Insurance Assistance Programs (SHIPs), which receive federal funds to provide free, personalized health insurance counseling to people with Medicare, can help with appeals.

If your appeal is urgent – you are about to lose services or be discharged from hospitals, skilled nursing facilities, home health agencies, outpatient rehabilitation or hospice care

– you have the right to a fast appeal. Your provider will give you a notice explaining how to request a fast appeal; in hospitals, it will be called "An Important Message from Medicare about Your Rights" and in other settings it will be called "Notice of Medicare Non-Coverage." If you don't receive this letter, ask for it. For more information about fast appeals, visit Medicare's website at <https://www.medicare.gov/providers-services/claims-appeals-complaints/appeals/fast-appeals>.

Q: What is Medigap?

Medicare Supplement Insurance (Medigap) is extra insurance you can buy from a private health insurance company to help pay the out-of-pocket costs in Original Medicare. (You cannot purchase Medigap unless you already have Part A and Part B.)

Medigap plans vary by state. Some states offer a type of Medigap policy called Medicare SELECT; if you buy this plan, you have the right to change your mind within 12 months and switch to a standardized Medigap policy.

Q: What should I know when shopping for Medigap?

Be aware of illegal tactics from some insurance companies as you consider Medigap. Insurance companies cannot:

- Pressure you to buy a policy or lie to convince you to switch companies
- Sell you a policy when they know you already have one unless you indicate in writing that you plan to cancel your existing policy
- Sell you a Medicare Advantage Plan when you say you want to keep Original Medicare and buy a Medigap policy; if you buy Medicare Advantage, you will be disenrolled from Original Medicare and will not be able to buy Medigap.

For more information regarding illegal practices, visit the Medicare website at <https://www.medicare.gov/health-drug-plans/medigap/ready-to-buy/how/illegal-practices>.

Q: Can I get help paying for the associated costs of Medicare?

Yes. The Medicare Savings Program and "Extra Help" are state programs designed to help people with limited income and resources manage other Medicare costs.

Q: What is the Medicare Savings Program?

The Medicare Savings Program is a state-funded resource that helps beneficiaries with limited income and resources. Eligibility for the following four programs is based on annually determined income and resource limits:

- The Qualified Medicare Beneficiary (QMB) Program pays for Part A and Part B premiums, deductibles, coinsurance, and copayments.
- The Specified Low-Income Medicare Beneficiary (SLMB) Program helps pay for Part B premiums.
- The Qualifying Individual Program helps pay for Part B premiums
- The Qualified Disabled & Working Individual Program pays for Part A premiums.

To check your eligibility and apply, contact your state's Medicaid Agency at <https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip#statemenu>.

Q: What is “Extra Help”?

Extra Help is a program that helps people with limited income and resources pay Medicare Part D premiums, deductibles, coinsurance, and other costs associated with prescription drug coverage.

People who are eligible for full Medicaid coverage, who receive help paying Part B premiums from a Medicare Savings Program or receive Supplemental Security Income (SSI) payments from Social Security are automatically enrolled in Extra Help.

To check your eligibility and apply, visit <https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip#statemenu>.

Q: What should I do if I have more questions about Medicare?

Call Medicare's helpline at 1-800-MEDICARE 1-800-633-4227 and speak with a representative. TTY users can call 1-877-486-2048. In addition, you can also find a link for a live chat option on its website at <https://www.medicare.gov/talk-to-someone>.

Q: What should I do if I have more questions about Medicaid?

Call your state's Medicaid Agency; to find your local office, visit the Medicaid website at <https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip#statemenu>.

Sources: Centers for Medicare and Medicaid Services, Center for Medicare Advocacy, Social Security Administration.

Need to talk to someone?

Our Information Specialists are available to answer your questions.

Call toll-free 1-800-539-7309 Mon-Fri, 7 am-12 am (midnight) EST.

Or schedule a call or ask a question online at

<https://www.ChristopherReeve.org/Ask>.

Resources for Medicare and Medicaid

The Center for Medicare Advocacy, Inc.

<http://www.medicareadvocacy.org/>

P.O. Box 350

Willimantic, CT 06226

Phone: 860-456-7790

The Center for Medicare Advocacy, Inc., is a national nonprofit, nonpartisan law organization that provides education, advocacy and legal assistance to help older people and people with disabilities obtain fair access to Medicare and necessary health care. Free educational webinars (including “Medicare 101,”) are available on its website at <https://medicareadvocacy.org/webinars/>.

Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/>

7500 Security Boulevard

Baltimore, Maryland 21244-1850

The Centers for Medicare & Medicaid Services (CMS) provide health insurance for over 74 million Americans through Medicare, Medicaid and CHIP (the Children’s Health Insurance Program).

Medicare

<http://www.medicare.gov/>

Phone: 800-MEDICARE (800-633-4227)

TTY: 877-486-2048

The official U.S. government site for Medicare.

Medicare & You 2025

<https://www.medicare.gov/media/10991>

The official Medicare handbook published annually by the Centers for Medicare & Medicaid Services can be downloaded or ordered.

Medicare Plan Finder

<https://www.medicare.gov/plan-compare>

Options to complete a general or personalized plan search for health, prescription drug and Medigap plans.

Medicare: Physician Search and Compare

<https://www.medicare.gov/care-compare/>

A searchable database of physicians and other healthcare providers who accept Medicare.

Medicare Savings Program Contact Information

<https://www.medicaid.gov/about-us/where-can-people-get-help-medicaid-chip#statemenu>

State by state listings for Medicaid Agencies. Contact these offices for information about Medicare Savings Programs for people with limited income and resources.

Program of All-Inclusive Care for the Elderly (PACE)

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/PACE/PACE>

PACE is a Medicare and Medicaid(<https://www.medicare.gov/your-medicare-costs/help-paying-costs/pace/pace.html#1353>) program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. To find out if you're eligible and if there's a PACE program near you, search for PACE(<https://www.medicare.gov/find-a-plan/questions/pace-home.aspx>) plans in your area.

SHIP National Technical Assistance Center

<https://www.shiptacenter.org/>

SHIP stands for State Health Insurance Assistance Program. SHIPs provide free, in depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. There is a locator for the SHIP in your state.

Websites:

AARP

<http://www.aarp.org/>

AARP advocates on behalf of and provides information and services to people age 50 and above. The site has extensive information on health topics, including insurance.

AARP: Insurance & Medicare

<http://www.aarp.org/health/medicare-insurance/>

This section of AARP's website focuses on Medicare, Medicaid, other health insurance, and prescription drug coverage.

Advancing Independence: Modernizing Medicare and Medicaid (AIMMM)

<http://www.aimeee.com/aimmm/index.html>

AIMMM is a policy forum that identifies and advances responsible reforms in Medicare and Medicaid needed to increase the health, independence, and self-sufficiency of persons with disabilities.

Artists' Health Insurance Resource Center

<https://actorsfund.org/services-and-programs/artists-health-insurance-resource-center>

An up-to-date, comprehensive database of health care resources for artists, performers, freelancers and the self-employed. Weekly seminars (with live Q&A) offered on Affordable Care Act plans, Medicaid and Medicare.

Federal Trade Commission: Medical Discount Plan Scams

<https://www.ftc.gov/media/70934>

Short video about medical discount plans which are often misrepresented as health insurance plans.

Health Consumer Alliance (HCA)

<http://healthconsumer.org/>

HCA helps low-income Californians get the health care they need. The organization operates consumer assistance programs and support centers throughout California.

HealthCare.gov

<http://www.healthcare.gov/>

This website, which is managed by the U.S. Department of Health & Human Services, helps people find insurance options and provides information on the 2010 health care reform law known as the Affordable Care Act.

InsureKidsNow

<http://www.insurekidsnow.gov/>

Phone: 877-543-7669

InsureKidsNow is a national campaign to connect uninsured children (from birth to age 18) to free and low-cost health insurance through Medicaid and the Children's Health Insurance Program (CHIP).

Kaiser Family Foundation (KFF)

<http://www.kff.org/>

KFF is a non-profit foundation that conducts research and presents information on major health care issues for policymakers, the media, the health care community, and the public.

KFF: A Primer on Medicare: Key Facts About the Medicare Program and the People it Covers

<http://kff.org/report-section/a-primer-on-medicare-what-is-medicare/>

This report provides basic information on Medicare, including plans and coverage, eligibility, prescription drug benefits, supplemental insurance, and financing.

KFF: An Overview of Medicare

<http://kff.org/medicare/fact-sheet/medicare-at-a-glance-fact-sheet/>

A 2019 issue brief providing an overview of Medicare.

KFF: Navigating Medicare and Medicaid 2005: A Resource Guide for People with Disabilities, Their Families and Their Advocates report

<https://www.kff.org/medicaid/report/navigating-medicare-and-medicare-a-resource-guide/>

The full report can be read online or downloaded as a PDF. Individual sections on Medicare, Medicaid, and the interaction between the two can also be read online or downloaded as PDFs.

Kids' Waivers

<http://www.kidswaivers.org/>

Kids' Waivers is a site for Medicaid waivers, Katie Beckett or TEFRA programs, and other programs for children with disabilities or medical needs.

The Medicare Rights Center

<http://www.medicarerights.org>

Helpline: 800-333-4114

The Medicare Rights Center (MRC) is a not-for-profit organization working to ensure that older adults and people with disabilities get affordable health care.

Multiple Sclerosis Association of America: Health Insurance Guide

<https://healthinsuranceguide.mymsaa.org/>

Provides info on Medicare, Affordable Care Act and non-Medicare insurance.

The National Organization of Social Security Claimants' Representatives

<http://www.nosscr.org/>

The National Organization of Social Security Claimants' Representatives (NOSSCR) provides representation and advocacy on behalf of people who are seeking Social Security and Supplemental Security Income.

Tri-State Advocacy Project for Spinal Cord and Burn Injured Survivors and Amputees

<http://www.tristateadvocacy.com/>

A grass roots advocacy organization which helps spinal cord and burn injured survivors and amputees. Services to patients and their families are free and include assistance with specific provisions of health insurance policies and other benefits, advice and with health insurance appeals.

U.S. Department of Labor: Continuation of Health Coverage – COBRA

<http://www.dol.gov/dol/topic/health-plans/cobra.htm>

Information on the Consolidated Omnibus Budget Reconciliation Act (COBRA), which allows people lose their group health benefits the option to continue their benefits for limited periods of time under certain circumstances.

Electronic Publications:

Disability Evaluation Under Social Security.

<http://www.ssa.gov/disability/professionals/bluebook/>

This edition of Disability Evaluation Under Social Security, (also known as the Blue Book), has been specially prepared to provide physicians and other health professionals with an understanding of the disability programs administered by the Social Security Administration. It explains how each program works, and the kinds of information a health professional can provide to help ensure sound and prompt decisions on disability claims.

Too Sick to Work, Too Soon for Medicare: The Human Cost of the Two-Year Waiting Period for Americans with Disabilities report (April 2007). Robert M. Hayes, Deane Beebe and Heidi Kreamer.

http://www.medicarerights.org/pdf/Too_Sick_To_Work_Too_Soon_For_Medicare.pdf

Portraits of 21 people struggling through the two-year waiting period to receive Medicare coverage.

The information contained in this message is presented for the purpose of educating and informing you about paralysis and its effects. Nothing contained in this message should be construed nor is intended to be used for medical diagnosis or treatment. It should not be used in place of the advice of your physician or other qualified health care provider. Should you have any health care related questions, please call or see your physician or other qualified health care provider promptly. Always consult with your physician or other qualified health care provider before embarking on a new treatment, diet or fitness program. You should never disregard medical advice or delay in seeking it because of something you have read in this message.

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