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Good news for Medicare beneficiaries

The Center for Medicare Advocacy (CMA) has issued an alert on “Good News for Medicare Beneficiaries...Times Two!” (www.medicareadvocacy.org). The first has to do with Part B cost-sharing being lower than expected for 2012, and the second is related to a federal class action lawsuit regarding the Medicare “improvement” standard utilized by rehab facilities.

According to the alert from CMA, the President’s administration has announced that the Medicare Part B cost sharing will be less than projected for all beneficiaries in 2012. The Part B deductible, currently at \$162 per year, will decrease to \$140 in 2012, a decrease of \$22.00. Since there is a cost-of-living increase for Social Security recipients this year, the Part B premium will increase, but only by \$3.50. Therefore, those who now pay a monthly premium of \$96.40 will now pay \$99.90 in 2012. However, those persons who actually had Part B premium increases in 2010 and 2011 will see a *decrease* in their premiums by \$15.10; premiums will go down to \$99.90 from \$115.00.

The Affordable Health Care Act has had some influence on this new trend. There has been slower Part B growth which is due in part to lower payment rates, reduced payments to private Medicare plans (Advantage plans), and increased efforts to fight fraud and abuse. Health care reform has, at the same time, increased the value of Medicare by reducing costs for prescription drugs, adding preventative care coverage, and reducing cost-sharing for preventative care.

In 2012, between reduced Part B premiums and the projected increase in Social Security benefits, the average Social Security recipient will have a net increase in their cost-of-living of \$40 each month.

The other piece of good news in the CMA alert is that a federal court judge refused to dismiss a class of Medicare beneficiaries’ challenge to the Medicare “improvement standard.” The federal government refused to throw out a lawsuit filed on behalf of Medicare beneficiaries with long-term and chronic conditions that seeks to end the use of an “improvement standard” to deny Medicare coverage. For many years, Medicare beneficiaries have been denied continued rehabilitation services on the grounds that their condition is stable, chronic, not improving, or that the patient has “plateaued.” Sometimes, the reason given is that the patient needs maintenance only, which is exactly what some persons require in order not to regress, or to reach their maximum potential and stay there. Patients with chronic conditions, such as Parkinson’s disease, Alzheimer’s disease, and MS can be very adversely affected by cessation of necessary therapy simply because they do not conform to an arbitrary improvement standard that actually does not exist in the Medicare standards. This is very good news for Medicare beneficiaries who had no real voice before in stopping this practice.

CMA is looking for stories of those who have experienced having Medicare coverage denied because “your underlying condition will not improve,” “you have plateaued,” “you are not likely to improve,” “you are chronic and stable,” or other similar phrases. They have “launched a campaign to end this unfair standard.” If you or someone you know has a story to share, call 860-456-7790.