

Medicare FAQs

Below are answers to some common questions related to enrollment in and coverage of Christian Science care under Medicare. Should you have a Medicare question that is not answered in this document, you may contact us at the number at the top of this page for further information. *(Note that we cannot provide legal advice about individual situations, although we may be able to point you to additional resources that may be of assistance).*

Medicare is a federally-funded and administered program that pays for certain covered health care costs for people who are 65 years of age or older or considered disabled. **If you have Medicare coverage, be sure to keep information concerning your current coverage in one place and tell your loved ones where to find it in the event of an emergency.**

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1. What are the four “parts” of Medicare?

Part A (Hospital Insurance) pays for institutional provider care, such as care in a hospital, hospice, or a religious nonmedical health care institution (under the Medicare law, Christian Science nursing facilities fall into this last category, which is sometimes abbreviated as “RNHCI”).

Part B (Supplemental Medical Insurance) pays for non-institutional health care services, like physician visits, laboratory tests, durable medical equipment (e.g., wheelchairs, canes), and ambulance services.

Part C (Medicare Advantage) is an **alternative to Medicare Parts A and B**. If you choose this option, you agree to receive all of your Part A and Part B covered care through a private-managed care organization that contracts with the federal government. There can be advantages and disadvantages to joining a Medicare Advantage plan. It has also historically proved *very difficult* to obtain payment from these plans for care provided in Christian Science nursing facilities (please refer to [Question 10](#) for more information).

Part D (Prescription Drug Coverage) covers the costs of certain prescription medications.

2. What types of Christian Science care does Medicare cover?

Medicare only covers skilled Christian Science nursing care received in a Christian Science nursing facility that participates in the Medicare program as a “religious nonmedical health care institution” (RNHCI). It does not cover Christian Science nursing services received at every Christian Science nursing facility; nor does it cover Christian Science nursing services received in the home. It also does not cover Christian Science practitioner services.

3. How do I know if I am eligible for Medicare?

The federal Medicare website (Medicare.gov) provides an [eligibility and premium calculator](#) to find out whether you are eligible.

4. Do I have to do anything to sign up for (enroll in) Medicare?

Many people (including those who are already receiving Social Security benefits when they turn 65 or are under 65 but have been determined to have a disability) are automatically enrolled in Medicare. If you are part of this group, you will receive a [red, white, and blue Medicare card](#) in the mail 3 months prior to your 65th birthday. You will be automatically enrolled in Parts A and B, and you will need to follow the instructions on the card if you choose to decline Part B.

Other people (most notably, those who are still working and/or are not receiving Social Security benefits when they turn 65), are not automatically enrolled in Parts A and B. If you or your spouse are 65 or older, still working, and are covered under an employer health plan by virtue of current employment, you should speak with your employer about whether to enroll in Medicare. As a general rule, if you do not receive a Medicare card in the mail 3 months prior to your 65th birthday, it is a good idea to contact the Social Security Administration (SSA) to ask about enrollment (see [Question 6](#) for more information). We encourage you to visit Medicare.gov for [more detailed information about enrolling in Medicare](#).

5. If I'm 65 or older, am I required to enroll in all of the parts of Medicare?

No, there is no legal requirement that you be enrolled in all of the parts of Medicare. However, you may face adverse financial consequences if you do not sign up for the various parts of Medicare at the time you initially become eligible but later want to use them to pay for care. This can also be an issue if you do not enroll in Medicare when you are initially eligible but later decide to join a Medicare Advantage plan (see [Question 9](#) and [Question 10](#) for more information).

6. How do I enroll in Medicare if I am not enrolled automatically?

There are several options for enrolling in Original Medicare (Parts A and B):

- [Apply online](#) through the Social Security Administration
- Visit your local Social Security office
- Call Social Security at 1-800-772-1213
- If you worked for a railroad, call 1-877-772-5772

To enroll in a Medicare Advantage plan (Part C) or a prescription drug plan (Part D), you will need to contact the company that offers the plan(s) you are interested in. Note: Medicare Advantage plans (Part C) frequently are reluctant to pay for care in a Christian Science nursing facility. Prescription drug plans (Part D) are not used in Christian Science nursing facilities.

You don't need to sign up for Medicare annually. However, you can review and change your benefits during the annual open enrollment period which runs from October 15 through December 7 each year.

7. Where can I get information about the costs for which I am responsible under Medicare?

The Medicare website provides a [summary of the basic costs](#) relating to Medicare coverage. This includes annual **premiums** (most people do not have to pay a premium for Part A, but everyone must pay premiums for Parts B, C, and D), **deductibles** (the amount you are required to pay before Medicare pays) and **coinsurance** (your share of the covered charges for services that Medicare covers). These amounts are subject to change annually.

8. When can I enroll in Medicare and/or make changes to my benefits?

As a general rule, and if you are not enrolled automatically ([See Question 4](#)), you have a seven (7) month "initial enrollment period" in which to sign up that begins 3 months prior to your 65th birthday and ends 3 months after the end of your birthday month. After you sign up, you can make changes to your benefits each year during the [annual election period](#) (October 15-December 7).

If you don't sign up during your initial enrollment period, you may have to wait for the annual general enrollment period or show that you are entitled to a "special enrollment period" to enroll. Follow these links to learn more about [enrollment periods for Parts A and B](#) and [enrollment periods for Parts C and D](#).

9. What happens if I don't enroll in Medicare in a timely way?

There are financial consequences if you don't enroll in Medicare when you are first eligible but later want coverage. Click on these links to learn more about the financial penalties for not signing up on time for [Medicare Part A](#) (for those few who are required to purchase it), [Medicare Part B](#), and [Medicare Part D](#). If you delay enrollment beyond your initial enrollment period, you may have to wait for a general or special enrollment period (see [Question 10](#) more information).

10. I'm considering enrolling in a Medicare Advantage Plan. What factors should I consider?

The most important thing you can do in deciding whether to join a Medicare Advantage Plan is to **read the plan materials very carefully and ask any questions that you have about coverage prior to signing up!**

Medicare Advantage plans sometimes cost less than coverage under Medicare Parts A and B, and they may provide additional benefits that Medicare Parts A and B do not offer (e.g., attendant care services, dental or vision coverage). It is important to remember that Medicare Advantage is a managed care system, meaning that you will be required to receive all of your Medicare Part A and B benefits through a private managed care plan. Although Medicare Advantage plans are legally required to cover at least the services covered under Medicare Parts A and B, it has historically been difficult to obtain payment for Christian Science nursing facility care from these plans. This is because they tend to be medically-oriented, requiring preauthorization of inpatient care and management of claims.

If you are considering enrolling in a Medicare Advantage plan, you may want to contact your local Christian Science nursing facility and ask about its experience with Medicare Advantage coverage. It is also a good idea to confirm, by reading the plan materials and having discussions with the plan administrators, that the Medicare Advantage Plan covers services provided in a RNHCI (religious nonmedical health care institution). Make sure you know whether the plan requires preauthorization for inpatient care in a RNHCI and, if so, the procedure for requesting preauthorization. If you decide to enroll, keep a copy of your current "Evidence of Coverage" document for the plan in a safe place, and tell your loved ones where to find it. The Evidence of Coverage document is basically a contract between you and the health plan that spells out the benefits to which you are entitled and the procedures you must follow to access them.

Many Medicare Advantage plans also include prescription drug coverage under Part D. If you did not enroll in Medicare Parts B and D when you first became eligible for Medicare, you should discuss that issue with the Medicare Advantage plan before enrollment to make sure you understand all of the possible ramifications of joining the plan, including financial penalties for implied late enrollment.

11. What is a Medicare Advantage MSA Plan?

A Medicare Advantage MSA is a [consumer-directed \(high deductible\) Medicare Advantage plan](#) that is compatible with a Medical Savings Account. These plans are similar to other Medicare Advantage plans, but have higher deductibles that place more responsibility on the individual to cover the cost of health expenses. The premiums for these plans may be lower than those for Medicare Part B or non-MSA Medicare Advantage plans. In addition, the Medicare program makes annual contributions towards the enrollee's MSA. An MSA is similar to a Health Savings Account

(HSA) in that it allows funds to build up in a separate account for use towards personally-incurred health care expenses, including Christian Science care. See our [resource about HSAs and MSAs](#) for more information.

12. Are Medicare and Medicaid the same thing?

No. Medicare is a federally-funded health insurance program that covers individuals who are 65 and older or disabled. Medicaid is a State- and federally-funded health insurance program that covers low-income individuals. Some people qualify for both programs. Medicaid is administered by administrative agencies designated by the States, while Medicare is administered by the Centers for Medicare & Medicaid Services, a federal government agency. [Benefits.gov](#) provides helpful information about how Medicaid works in each State, including the application process and designated State agencies responsible for administering Medicaid. You can also refer to the [Medicaid](#) resource of this topic for a basic overview.

13. Can I use my Medicare benefits at any Christian Science nursing facility in the United States?

No. Not all Christian Science nursing facilities have chosen to participate in Medicare. The Commission for Accreditation of Christian Science Nursing Organizations maintains a list of Medicare-participating Christian Science nursing facilities. You may also find that information on the map found in this topic.

14. If I am admitted to a Medicare-participating Christian Science nursing facility, will Medicare cover all of the cost of my stay?

Not necessarily. For Medicare to cover your care, it must be determined that your needs would similarly qualify you for admission to a hospital, if that were your choice rather than receiving care in a RNHCI based on your religious beliefs. A committee of facility personnel, usually including the Executive Director and Director of Christian Science Nursing, is responsible for making decisions about whether an individual qualifies for Medicare coverage. Note that, even if your stay initially qualifies for Medicare coverage, an improvement in condition may result in a discontinuation of Medicare coverage.

Even if you qualify for a covered level of care, some of the services that you may receive, such as personal convenience items, beauty shop services, routine foot care, or purely religious services (e.g., staff reading the daily Bible lesson to a patient), are not covered by Medicare. Finally, there is a [limitation on the number of days that Medicare will cover](#) even if you need a Medicare-covered level of care.

15. If I am enrolled in Medicare, do I meet the federal law requirement to maintain individual health insurance coverage?

Yes. If you are enrolled in Medicare Part A or a Medicare Advantage plan, you meet the federal requirement to maintain individual health insurance coverage.

16. Where can I find more information about Medicare?

The annual Medicare and You booklet contains specific information regarding who to contact with various types of questions about Medicare. If you are enrolled in a Medicare Advantage plan, you should address any questions about your benefits to your health plan and refer to the specific information provided to you about your coverage.

Christian Science nursing facilities that participate in the Medicare program are an excellent source of information about the RNHCI (religious nonmedical health care institution) benefit and the conditions under which services are covered. Many of these facilities also have websites or offer written materials that provide general information about Medicare.

Finally, each State has a Health Insurance Assistance Program that offers free, personalized counseling to Medicare beneficiaries about their benefit options. You can also refer to the SHIP resource of this topic for a basic overview.