

A Word of Warning about “Medicare Advantage Plans” and HMO’s...

There are many private insurance companies advertising that they can give you better coverage than Medicare gives if you sign up with them (Kaiser Permanente, Secure Horizons, AARP, etc.) These policies are often referred to as “Medicare Advantage” policies.

There is no advantage to a Christian Scientist to sign up for a Medicare Advantage plan. Medicare Advantage plans take away the individual’s traditional Medicare Part A and B benefits, in exchange for care rendered by providers (hospitals, doctors, etc.) that have agreed to work under the restrictions of the private insurance company. While they cannot totally deny benefits for Christian Science care at a facility such as Wide Horizon, they have the right to require the individual to get authorization from them 3 days in advance of admission to a Christian Science facility, to require a physical examination by medical personnel at any point during the covered stay at Wide Horizon, and to drastically reduce the number of days they will pay for at Wide Horizon.

Christian Scientists sometimes get involved with HMO’s (Health Maintenance Organizations) through their employer-provided health benefits. Again, these insurance companies require their clients to obtain their care from within the companies own doctors and clinics, etc. When a Christian Scientist turns 65 and becomes eligible for Medicare, he should be sure that he does not continue within the HMO system, because he will not have the traditional Part A Medicare benefits which would pay for a stay at Wide Horizon in the event he or she had a need which would be deemed coverable by Wide Horizon’s Utilization and Review Committee.

Wikipedia gives the following explanation:

“With the passage of the [Balanced Budget Act of 1997](#), Medicare beneficiaries were given the option to receive their [Medicare](#) benefits through private [health insurance](#) plans, instead of through the original Medicare plan (Parts A and B). These programs were known as **Medicare+Choice** or **Part C** plans. Pursuant to the [Medicare Prescription Drug, Improvement, and Modernization Act](#) of 2003, the compensation and business practices changed for insurers that offer these plans, and "Medicare+Choice" plans became known as **Medicare Advantage** (MA) plans.”

“A **health maintenance organization (HMO)** is an organization that provides [managed care](#) for [health insurance](#) contracts in the [United States](#) as a liaison with [health care providers](#) (hospitals, doctors, etc.) Unlike traditional [indemnity](#) insurance, an HMO covers only care rendered by those doctors and other professionals who have agreed to treat patients in accordance with the HMO's guidelines and restrictions in exchange for a steady stream of customers.” (Wikipedia)