



Delaware Medicare Assistance Bureau

Medicare Newsletter

Summer 2025

Trinidad Navarro, Insurance Commissioner

GETTING DURABLE MEDICAL EQUIPMENT (DME) COVERED BY MEDICARE

Whether you have Original Medicare or a Medicare Advantage Plan, Medicare covers your DME if you meet the following two conditions:

1. Your primary care provider (PCP) needs to sign a document for you to get the DME. In the document, your PCP must say:
 - You need the DME for a medical condition or injury.
 - The equipment is intended home use.
 - If needed, an in-person visit has occurred. This visit must occur within 6 months of writing the prescription for the DME.
2. After you get your doctor's order, or prescription, you need to visit the right supplier to have it covered. Make sure to choose suppliers that are approved by Original Medicare or your Medicare Advantage plan. *There is a different process for wheelchairs or scooter coverage.

From Which supplier should I get my DME?

Original Medicare DME suppliers:

- You can call 1-800-Medicare or visit [medicare.gov/medical-equipment-suppliers](https://www.medicare.gov/medical-equipment-suppliers) for a list of suppliers in your area.
- Medicare typically covers 80% of the approved amount. Be cautious of suppliers that do not accept assignment, as they may charge more.
- Avoid unauthorized suppliers, as you'll pay more for the full cost and might have to sign a contract acknowledging this.

Medicare Advantage Plans (MA) DME suppliers:

- Follow your plan's rules for DME coverage. Contact your plan to understand its coverage policies before ordering DME.
- Receive prior plan approval.
- Use a plan network supplier. You may get little or no coverage if you use an out-of-network supplier.
- You may pay higher costs when using a non-preferred brand.

Who should I contact for Questions?

- Your doctor or provider if you think you need a piece of DME
- Call 1-800-Medicare about questions of coverage
- Contact your MA plan directly if you have one.



Hospice is a program for end-of-life pain management and comfort care for those with a terminal illness

Let's understand how the Medicare hospice benefit works.

Medicare's hospice benefit is primarily home-based and offers end-of-life palliative treatment. Palliative treatment provides pain management services, rather than curative care. The goal of hospice is to help you be as comfortable as possible, not to cure an illness. Services covered under the hospice benefit include skilled nursing and skilled therapy services, hospice aides and limited homemaker services, medical supplies, durable medical equipment, respite care, short-term inpatient care, and other services. Hospice coverage also includes any prescription drugs needed for pain and symptom management related to the terminal condition, while a Part D plan may cover medications that are unrelated to your terminal condition.

Hospice-related services are almost always covered under Original Medicare. If you have a Medicare Advantage Plan, it continues to pay for any care that is unrelated to your terminal condition. Note that some Medicare Advantage Plans participate in a special demonstration program to cover hospice care. If your plan participates in this program, then it will cover your hospice care instead of Original Medicare.

Hospice generally takes place at home, with your hospice provider sending aides, nurses, and/or skilled therapists to provide the pain management services in your place of residence, which might be a facility, like a nursing home, if that is where you normally reside. Hospice can sometimes take place at an inpatient facility if your hospice provider determines inpatient care is necessary for you. If your hospice provider determines that you need inpatient care, they must be the one to make the arrangements. The cost of your inpatient stay is covered by the hospice benefit, but if you go to the hospital for hospice care and your hospice provider didn't make the arrangements, you might be responsible for the full cost of the stay.

There may be several Medicare-certified hospice agencies in your area. If the first one you, your caregiver, or your provider contact is unable to help you, contact another. Once you have found a Medicare-certified hospice, the hospice medical director and your regular doctor, if you have one, will certify that you are eligible for hospice care. Afterward, you must sign a statement electing hospice care and waiving curative treatments for your terminal illness. Your hospice team must consult with you—and your primary care provider if you wish—to develop a plan of care. Your team may include a hospice doctor, a registered nurse, a social worker, and a counselor. Medicare covers hospice care for two 90-day benefit periods, followed by an unlimited number of 60-day benefit periods. A doctor's certification is necessary for each benefit period.

If you decide you want curative treatment, you have the right to stop hospice at any time. Speak with your hospice doctor if you are interested in stopping. If you end your hospice care, you will be asked to sign a form that includes the date such care will end. Afterward, you will again receive Medicare the way you did before choosing hospice, either through Original Medicare or a Medicare Advantage Plan.



Happy Retirement Joyce!!!

After 15 years as a DMAB volunteer at the Newark Senior Center, Joyce Hayes will be retiring in September. We cannot express how much she has been a staple to our program and the Newark Senior Center community. You are going to be missed! Thank you for your compassion and generous spirit in always wanting to give back. Volunteering is such an important part of community life and we're grateful for your 15 years of commitment.

Welcome to Medicare Seminars

Sussex County

Thursday, September 4, 2025, 10 am -12 pm

Georgetown CHEER Community Center 20520 Sand Hill Road, Georgetown, DE

Kent County

Thursday, September 18, 2025, 10 am -12 pm

Delaware Department of Insurance 1351 West North Street, Suite 101, Dover DE

New Castle County

Tuesday, September 9, 2025, 12 pm- 2 pm **Bear Library** 101 Governors Place, Bear DE

Monday, September 15, 2025, 11:30 pm- 1:30 pm **Hockessin Library** 1023 Valley Road, Hockessin, DE

To register call 302-674-7364

Or online

<http://de.gov/dmabcalendar>



SMP Medicare Tracker

App is here!

Prevent, detect, & report Medicare fraud, errors, & abuse with news, scam alerts, an interactive game, & a digital My Health Care Tracker.

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Preventing Medicare Fraud

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Introducing a great tool from Senior Medicare Patrol National Resource Center to help you learn about common Medicare fraud schemes, download the digital My Health Care Tracker, and report potential fraud to **Delaware Senior Medicare Patrol** at
1-800-223-9074

Apps are available to download through Google Play & Apple Store



Become a SHIP volunteer

HELP OTHERS NAVIGATE MEDICARE.

SHIP
State Health Insurance Assistance Program

Are you interested in helping others within your community with questions regarding Medicare?

The Delaware Medicare Assistance Bureau, DMAB, is looking for volunteers.

Free Medicare training for volunteers!
No experience necessary.
302-674-7364
DMAB@delaware.gov



SHIP
State Health Insurance Assistance Program

TRAVEL PLANS?

Don't forget to pack health coverage!

Medicare usually doesn't cover health care while you're traveling outside the U.S. The 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa are considered part of the U.S. Anywhere else is considered outside the U.S.

If you're planning a trip outside of the U.S., consider looking into travel insurance for better coverage while you're away. Just remember, not all travel insurance includes health coverage, so be sure to read the details carefully!

For more information on travel insurance visit the Delaware Department of Insurance travel insurance guide:

<https://de.gov/doitravelinsguide>