

2024

Replacing Durable Medical Equipment & Prescription Drugs after a Disaster: Addressing the Needs of Medicare Beneficiaries



Student Manual Guide

Slide 1 – Title Slide

Visual



ASPR

**Replacing Durable Medical Equipment
& Prescription Drugs after a Disaster:
Addressing the Needs of Medicare
Beneficiaries**



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Transcript

Welcome to the training “Replacing Durable Medical Equipment & Prescription Drugs after a Disaster: Addressing the Needs of Medicare Beneficiaries.”

Additional Technical Information

- N/A

Slide 2 – Disclaimer

Visual

Disclaimer

- This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.
- This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of its contents.
- This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Transcript

Please review this disclaimer. This presentation was current at the time it was published and uploaded. Policies change frequently, so it is important to stay current by checking the Centers for Medicare & Medicaid Services website at CMS.gov.

The information provided in this training is also available as a transcript in English.

Additional Technical Information

- N/A

Slide 3 – How to view this training

Visual

How to view this training

- This training is designed to be watched in order
- You can pause and play as necessary if you would like to take a break.

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Transcript

Here are instructions on how to view this training. This training is designed to be watched in order. You can pause and play again as necessary if you would like to take a break.

Additional Technical Information

- N/A

Introduction

- This training was developed as a partnership between the Centers for Medicare & Medicaid Services (CMS) and the Administration for Strategic Preparedness and Response (ASPR)

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Transcript

This training was developed through a partnership of two agencies within the U.S. Department of Health and Human Services (HHS): CMS and the Office of the Assistant Secretary for Preparedness and Response (ASPR).

This training describes the Medicare fee-for-service, Medicare Advantage (MA), and Prescription Drug Plan (PDP) programs and information about access to durable medical equipment after an emergency.

Additional Technical Information

- N/A

Visual

Introduction, continued

- This training is for:
 - Disaster case managers (state, local, territorial, tribal) and disaster volunteer workers
 - Federal Emergency Management Agency (FEMA) Disability Integration Specialists/Advisors and others
 - Emergency managers
 - Medical Reserve Corps (MRC)
 - Other Health & Human Services (HHS) Partners
 - Shelter volunteers

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Transcript

This training is for emergency responders and volunteers. It is for individuals who work closely with beneficiaries after an emergency including disaster case managers, FEMA disability integration specialists, the Medical Reserve Corps, and others who support emergency response and recovery.

Additional Technical Information

- N/A

Overview & goals

Share information on replacing durable medical equipment (DME) & prescription drugs after an emergency or disaster

- Help people get their health care
- Share information on Original Medicare, Medicare Advantage Plans, and Prescription Drug Plan programs
- Give resources and contact information

Transcript

This training provides information on replacing durable medical equipment, and prescription drugs that may be lost or damaged due to an emergency. The information provided is for assisting survivors to reconnect with their health care so that they can begin the recovery process.

This training provides information on Original Medicare (also called fee-for-service Medicare), Medicare Advantage plans, and Prescription Drug Plan programs.

The focus of this presentation is to share information with stakeholders about the disaster recovery phase. This is not intended to cover immediate needs as a disaster is occurring.

Additional resources and contact information is provided for assisting survivors.

Additional Technical Information

- N/A

Slide 7 – What is Durable Medical Equipment (DME) & why's it important?

Visual

What's Durable Medical Equipment (DME) & why's it important?

**Durable
Medical
Equipment**

}

Wheelchairs, hospital beds, oxygen equipment, diabetes supplies, CPAP machines, walkers, etc. that are used in the home

- People with disabilities and people with chronic health conditions commonly use DME and prescription drugs
- In fact, millions of Americans rely on DME and/or prescription drugs to maintain their health and independence



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Transcript

First, let's define DME. DME stands for durable medical equipment. It includes equipment like wheelchairs, hospital beds, oxygen equipment, diabetes supplies, CPAP machines, and walkers, that are used in the home.

Many people with disabilities, people with chronic health conditions, and others with access and functional needs commonly use DME, and prescription drugs.

Additional Technical Information

- <https://www.medicare.gov/media/publication/11045-medicare-coverage-of-dme-and-other-devices.pdf>

Slide 8 – Medicare and Medicaid comparison slide

Visual



Medicare and Medicaid
Two government programs to help people pay for health care – how they differ.

Medicare	Medicaid
Care for People Who Are Older, Disabled, or Chronically Ill	Care for People With Limited Incomes and Resources
<ul style="list-style-type: none"> Administered by Federal government. Benefits are 100% Federal funds. Eligibility based on age (65 and over), disability, or chronic illness. Coverage is Federally mandated and generally includes hospital, outpatient, nursing home, and prescription drugs. No financial tests to qualify. 	<ul style="list-style-type: none"> Administered by States. Benefits are a combination of State and Federal funds. Eligibility based on limited income and resources. Coverage varies by State but generally includes most medical services prescribed by a doctor or dentist. Income and asset tests vary by State.

ASPR Saving Lives. Protecting Americans. **CMS** CENTERS FOR MEDICARE & MEDICAID SERVICES 8

Transcript

CMS administers Medicare and Medicaid. These two federal programs are often confused.

Medicare and Medicaid are two government programs that help people get health care. They are different in a few ways. To assist Medicare beneficiaries, let's ensure a good understanding of what Medicare is.

Medicare is available to people who are older, disabled, or have specific chronic illnesses. Medicare benefits are federally funded and administered by the federal government. For Medicare, there is no financial test to qualify but there are eligibility requirements. Medicare beneficiaries can choose from two different programs: 1) Original Medicare, also called fee-for-service Medicare, and 2) Medicare Advantage (MA), also called managed care plans or Part C. Beneficiaries also have the option of adding Prescription Drug Plan program coverage.

Medicaid is for people with limited resources. Medicaid is administered by individual states. To qualify for Medicaid, income and asset tests vary by state. Medicaid programs are paid through a matching program between the federal government and state governments.

This training will focus on Medicare.

Additional Technical Information

- SOURCE: [https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-MedicareMedicaid-\[July-2015\].pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-MedicareMedicaid-[July-2015].pdf)

Visual

Examples of disasters/emergencies that can disrupt healthcare

Natural	Technological	Other Public Health
<ul style="list-style-type: none">• Hurricanes/typhoons• Floods• Tornados• Wildfires• Extreme Weather• Earthquakes• Volcanos	<ul style="list-style-type: none">• Bioterrorism• Hazardous Materials• Chemical• Radiological• Power/water Outages• Nuclear• Cybersecurity	<ul style="list-style-type: none">• Pandemic influenza• Ebola Virus• Zika Virus• COVID-19• Flint Water Emergency



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Transcript

The following are examples of emergencies that can disrupt health care: natural, technological, and other public health emergencies (PHE).

Examples of natural disasters include hurricanes, floods, tornadoes, wildfires, extreme weather, earthquakes, and volcanos, where the possible disruption of health care is high.

Technological emergencies, such as bioterrorism, power outages, cybersecurity breaches, and nuclear accidents, can also disrupt health care.

Finally, there are other PHEs, like flu pandemics, the Ebola virus, COVID-19, and the Flint water emergency. Health care disruption from these types of public health emergencies is a little different, but can also impact health care.

Additional Technical Information

- N/A

Slide 10 – Aftermath of flash flooding

Visual

Aftermath of flash flooding



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Transcript

This is a video of the damage caused by flash flooding in Ellicott City, MD, in May 2018. It provides a visual example of the devastation that can be caused by natural disasters.

People who use DME or take prescription drugs can be at greater risk of harm in some emergencies.

With the loss of buildings and damage to vehicles, some individuals stand a greater chance of losing or having damage to products they use to maintain their health and independence.

Additional Technical Information

- Video link: <https://youtu.be/s0byjAcgDdo>

Slide 11 – What people may experience in an emergency

Visual

What people may experience in an emergency

- Evacuation
- Shelter in place
- Relocation
- Home and/or belongings being destroyed
- Hospitalization due to injuries sustained in the emergency/disaster
- Healthcare services being destroyed or unavailable

- **DME and prescription drugs being lost, left behind, damaged, or destroyed**

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Transcript

So, as you can see from that video, some emergencies can be quite devastating.

People may experience different impacts due to an emergency, like evacuation from their home or relocation, both of which are disruptive.

Belongings in one's home may be destroyed, like an insurance card, medical equipment, or medication. Some people may experience hospitalization due to injuries.

In addition, health care services like hospitals or practitioners' offices may be unavailable for care.

Most importantly for this training, DME and prescription drugs may be lost, left behind, damaged, or destroyed in an emergency.

Again, for the purposes of this training, we are focusing on disaster recovery.

Additional Technical Information

- N/A

Slide 12 - Who's impacted by an emergency?

Visual

Who's impacted by an emergency?

- Everyone!
- Systems can be disrupted, particularly access to healthcare
- “At-risk individuals” can include people with disabilities, people with chronic health conditions, and others who may need additional assistance

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Transcript

You may ask who is impacted by a disaster. Almost everyone in the impacted area could be at risk of losing property, incurring physical harm, or having difficulty accessing health care providers.

In addition, systems can be disrupted. For example, someone could lose an ID card or forget their DME. People may not be able to access items that are lost.

“At-risk individuals” are people with access and functional needs (temporary or permanent) that may interfere with their ability to access or receive medical services before, during, or after an emergency. This can include difficulty getting their usual health care services. During an emergency, it's important to recognize that at-risk individuals may need additional assistance. This can include people who use DME or prescription drugs.

Additional Technical Information

- Definition of “At-Risk Individuals” [42 U.S.C. §§ 300hh-1\(b\)\(4\)\(B\), 300hh-16.](#)

Importance of recognizing at-risk individuals with access & functional need requirements during the emergency recovery period

- Others who may have “access and functional needs” may require assistance due to any condition (temporary or permanent) that limits their ability to take action in the event of a disaster or public health emergency
- If not taken care of, access and functional needs may interfere with a person’s ability to get medical care

Transcript

People with access and functional needs may need assistance due to any condition (temporary or permanent) that limits their ability to take action in an emergency. As stated before, access and functional needs may interfere with a person’s ability to access or receive medical care. People with disabilities, people with chronic health conditions, and others with access and functional needs may need support to maintain access to healthcare services or assistance to address restrictions or limitations.

Additional Technical Information

- <https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>
- https://www.dhs.gov/sites/default/files/publications/18_0116_MGMT_DHS-Lexicon.pdf

Visual

Examples of health conditions that are supported by DME or prescription drugs

- Mobility disabilities
- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD) and other chronic lung illnesses
- Recent surgery
- Other disabilities that require the use of DME

Transcript

Individuals may use DME or prescription drugs for a number of health conditions, which can include the following:

- Mobility limitations. For example, someone recently discharged from a hospital might use a wheelchair or walker; such as a person who recently had knee replacement surgery.
- Diabetes, which is a chronic health condition that may require people to use prescription drugs or supplies to regulate their insulin levels.
- COPD and other chronic lung illnesses may require people to use equipment to prevent sleep disorders or to help them breathe

While many conditions require DME, some conditions require prescription drugs. Medicare beneficiaries may have DME, prescription drugs, or both. These may be lost or damaged in an emergency and require replacement to maintain a person's health.

Additional Technical Information

- N/A

Slide 15 – The problem: what happens when access & functional needs are not addressed?

Visual

The problem: what happens when access & functional needs are not addressed?

- Risk of acute illness
- Need for hospitalization
- More hospital stays
- Extended hospital stays (paying out-of-pocket)
- Relying on donated DME
- Can't get repairs, replacement parts, or supplies through existing healthcare insurance program
- Confusion about who to contact

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Transcript

A common problem during and after an emergency is that people with Medicare who utilize DME or prescription drugs may not self-identify or recognize that they have additional access or functional needs. However, disaster survivors with access and functional needs may experience greater impacts because of disruption to their health care.

People with disabilities, people with chronic health conditions, and others with access and functional needs may have difficulty maintaining their health and independence without their DME or prescription drugs.

An at-risk individual who is experiencing difficulty accessing DME or prescription drugs could experience adverse health outcomes. For example,

- If there is a delay in replacing DME or prescription drugs, a Medicare beneficiary may risk acute illness, the need for hospitalization, or recurring hospital stays.
- If replacement of donated DME is provided and a Medicare beneficiary does not seek a permanent replacement later, they may experience difficulty getting needed repairs or supplies through their insurance program.

Overall, there may confusion about whom to contact.

Additional Technical Information

- N/A

Slide 16 – The Solution

Visual

The solution

- The solution: reconnect people to their healthcare coverage, services, and products prior to the disaster. Many beneficiaries with disabilities or chronic health conditions get services/products through **Medicare**. If so, their DME and/or prescription drugs can usually be replaced.

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Transcript

There is a simple solution, which is to reconnect people to their health care coverage, services, and products that they had prior to the disaster.

The ability to maintain or reconnect one's health care can be disrupted in an emergency. Many people with disabilities or chronic health conditions get their health care services through Medicare.

The next part of the training describes what Medicare does to assist individuals when there is a disaster and if their DME or drugs are lost or damaged in an emergency. DME and prescription drugs can usually be replaced. We are going to discuss how to identify someone who has Medicare and provide information on how to best get them resources that will quickly help them access their health care and gain access to their DME or prescription drugs.

Additional Technical Information

- N/A

Slide 17 – Oxygen access after Tropical Storm Barry (video)

Visual

Oxygen access after Tropical Storm Barry





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Transcript

Here is a video demonstrating what can happen to someone after a disaster if they rely on DME, such as oxygen.

This video is about a woman who is without electricity after Tropical Storm Barry hit New Orleans. She uses oxygen, but without electricity, she cannot use it. After her live news story, a hospital in New Orleans offered to help her get access to oxygen.

Most individuals that use oxygen are in contact with their suppliers. The supplier is responsible for making arrangements for the beneficiary's needs before an emergency.

Additional Technical Information

- Video link: <https://www.youtube.com/watch?v=KeOZaPNj5Dg>

During an emergency or disaster, coverage & payment rules may change (1135 Waivers)

Along with a Stafford Act or Presidential Disaster Declaration and under section 1135, of the SSA: The Secretary may temporarily waive or modify certain Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) requirements only as necessary to ensure that sufficient health care items and services are available.

Examples of these permitted Section 1135 waivers or modifications include:

- Conditions of participation for health care providers
- Program participation requirements for health care providers
- Emergency Medical Treatment and Labor Act (EMTALA)
- Stark self-referral sanctions
- Limitations on payment for health care items and services
- Performance deadlines and timetables
- HIPAA Sanctions and penalties

Transcript

CMS policy on replacement of DME is a standard policy that is available for beneficiaries that have DME that has been lost, destroyed, or damaged. However, during many disasters, *additional* flexibilities may be made available through a waiver process.

When the President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to their regular authorities.

For example, under Section 1135 of the Social Security Act, the HHS Secretary may temporarily waive or modify certain Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

Other examples of permitted Section 1135 waivers or modifications include the following:

- Conditions of participation or other certification requirements for health care providers
- Program participation and similar requirements for health care providers
- Preapproval requirements

- Requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state (this waiver is for purposes of Medicare, Medicaid, and CHIP reimbursement only—state law governs whether a non-Federal provider is authorized to provide services in the state without state licensure)
- Emergency Medical Treatment and Labor Act (EMTALA) sanctions for redirection of an individual to receive a medical screening examination in an alternative location pursuant to a state emergency preparedness plan
- Limitations on payment to permit Medicare Advantage enrollees to use out of network providers in an emergency situation

These waivers under Section 1135 of the Social Security Act typically end no later than the termination of the emergency period.

Additional Technical Information

- [CMS.gov 1135 Waivers](#)
- [ASPR website on 1135 waivers](#)

Slide 19 – Transition Slide: Reconnecting People with Medicare to their Healthcare Coverage

Visual

**Reconnecting
People with
Medicare to their
Healthcare
Coverage**



Transcript

Next, we will describe reconnecting people with Medicare to their health care services.

Additional Technical Information

- N/A

Slide 20 – Transition slide: Original Medicare

Visual

Original Medicare



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Transcript

We will start by discussing Original Medicare. You can see in this picture that in the event of a disaster, like a wildfire or tornado, someone's wheelchair or prescription drugs could be damaged or lost. In the aftermath, you may encounter people seeking assistance to replace their DME, or prescription drugs, which we will discuss later.

Additional Technical Information

- N/A

Slide 21 – Overview: Original Medicare

Visual

Overview: Original Medicare

Original Medicare is health insurance for people 65 or older, certain people under 65 with disabilities, and people of any age with End-Stage Renal Disease.

Original	Part A – Hospital insurance	Inpatient hospital care, inpatient care in a Skilled Nursing Facility, hospice care, and some home health services
	Part B – Medical insurance	Physician services, outpatient care, DME , home health services, many preventive services, and some drugs like immunosuppressants
	Part C – Medicare Advantage (MA) Plans	Medicare-approved private insurance companies provide all Part A and Part B services and may provide prescription drug coverage (as Part D) and other supplemental benefits
	Part D – Prescription Drug Coverage	Medicare-approved private companies provide outpatient prescription drug coverage



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Transcript

We will first discuss Original Medicare.

Medicare is the federal government health care insurance for 1) people age 65 or older, 2) for some individuals under 65 with disabilities and 3) people of any age with end-stage renal disease or kidney failure.

Original Medicare is comprised of two parts:

- hospital insurance, which is Part A; and
- medical insurance, which is Part B.

The Medicare Part B program includes and pays for DME, and some pharmacy-dispensed drugs, such as immunosuppressants.

Later, we will discuss both Part C, or Medicare Advantage, which is when private insurance companies cover the benefits that are covered under Parts A and B; and Part D, or Prescription Drug Plans, which is when private companies cover prescription drugs not covered by Original Medicare Part B.

- Original Medicare pays for many types of DME for Medicare beneficiaries.
- Medicare beneficiaries may need DME as a result of an acute injury, a chronic illness, after having a medical procedure, or because of a disability.

Additional Technical Information

- [Medicare.gov](https://www.medicare.gov)

Slide 22 - How Original Medicare pays for DME

Visual

How Original Medicare pays for DME

- Medicare Part B (Medical Insurance) pays for medically necessary, provider-prescribed DME for use at home
- All people with Part B are covered for DME
- Medicare will only pay for DME if both the prescriber and DME suppliers are enrolled in Medicare
 - They must meet strict standards to enroll and stay in Medicare
- Some DME is furnished using contracted suppliers

Transcript

Original Medicare pays for DME. Part B pays for medically necessary, provider-prescribed DME for use at home. Most people with Original Medicare have Part B, so their health care benefits cover access to provider-prescribed DME.

Let's discuss how Medicare pays for DME. Original Medicare, particularly Part B medical insurance, pays for many types of DME for people with Medicare. As discussed previously, people with Medicare may need DME as a result of an injury, a chronic illness, after having a medical procedure or surgery, or because of a disability. People with Medicare get their DME from DME suppliers, which are companies that work with Medicare and other insurance companies to supply people with the DME they need.

Medicare will only pay for DME if the prescriber and DME suppliers are enrolled in Medicare. If not, Medicare will not pay claims submitted by them.

Some DME is furnished by contracted suppliers. Beginning in 2021, off-the-shelf back braces and off-the-shelf knee braces are supplied by contracted suppliers in certain areas of the country. Beneficiaries needing to replace these products as a result of a disaster should work with their supplier and call 1-800-MEDICARE.

Additional Technical Information

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/dme_travel_bene_factsheet_icn904484.pdf

Slide 23 - How Original Medicare replaces DME in general

Visual

How Original Medicare replaces DME

- Medicare pays for replacement or repair of most DME and replacement of some drugs when the equipment/drug is lost, destroyed, or damaged
- Medicare has standard policies in place to process claims when there is a formal disaster declaration
- If the DME is lost or destroyed by an emergency without a Presidential Disaster Declaration, the equipment can be replaced through standard procedures

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Transcript

Medicare pays for replacement or repair of most DME and replacement of prescription drugs when the equipment or drug is lost, destroyed, or damaged. Medicare has standard policies in place to process disaster claims.

If the DME is lost or destroyed by an emergency without a Presidential Disaster Declaration, the equipment can be replaced through standard procedures.

Additional Technical Information

- N/A

Visual

How Original Medicare replaces DME based on ownership

- Medicare pays for the replacement of equipment/item(s) which:
 - The beneficiary owns
 - Is oxygen equipment, or
 - Is a capped rental item(s) when the equipment/item(s) is lost, destroyed, irreparably damaged, or otherwise rendered unusable
- Medicare does **not** pay for the replacement of items that require frequent and substantial servicing as defined in [42 CFR 414.222](#).

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Transcript

Medicare pays for the replacement of equipment/item(s) which:

- The beneficiary owns
- Is oxygen equipment or
- Is a capped rental item(s) when the equipment/item(s) is lost, destroyed, irreparably damaged, or otherwise rendered unusable

Medicare does not pay for the replacement of items that require frequent and substantial servicing as defined in [42 CFR 414.222](#).

If equipment is rented and it is lost due to an emergency or disaster and needs to be replaced, payment for the equipment is made by starting a new rental period. For example, if the beneficiary needs replacement of a capped rental DME item like a CPAP machine, a new 13-month rental period would be established.

Payment for complex rehabilitation power wheelchairs would be made on a lump sum or rental basis.

Additional Technical Information

- <https://www.medicare.gov/media/publication/11045-medicare-coverage-of-dme-and-other-devices.pdf>
- <https://www.medicare.gov/medicare-and-you/different-formats>

- [§ 414.222 Items requiring frequent and substantial servicing.](#)
 - (a) Definition. Items requiring frequent and substantial servicing in order to avoid risk to the beneficiary's health are the following:
 - (1) Ventilators (except those that are either continuous airway pressure devices or intermittent assist devices with continuous airway pressure devices).
 - (2) Continuous and intermittent positive pressure breathing machines.
 - (3) Continuous passive motion machines.
 - (4) Other items specified in HCFA program instructions.
 - (5) Other items identified by the carrier.

Original Medicare replacement of oxygen

- If oxygen equipment is lost, destroyed, or damaged during a Public Health Emergency with a Presidential Disaster Declaration, the supplier can follow the procedures in place for submitting a claim for replacement which includes using appropriate claims modifiers
- With proper documentation, Medicare starts a new 36-month payment period in situations where lost oxygen equipment must be replaced

Transcript

A common type of DME is oxygen equipment. Medicare covers all types of oxygen (concentrated, liquid, gaseous, and portable oxygen contents). If oxygen equipment is lost, damaged, or destroyed during a public health emergency with a Presidential Disaster Declaration the supplier can follow the procedures in place for submitting a claim for a replacement or repair.

In the instance of oxygen, with proper documentation, Medicare starts a new 36-month payment period in situations where lost oxygen equipment must be replaced.

- The Medicare monthly payment amount for stationary oxygen and oxygen equipment includes payment for all of the different oxygen modalities (concentrator, liquid, gaseous) and also includes payment for portable oxygen contents.
- Additional payment is not provided if suppliers have to switch patients to a different modality (i.e., from a concentrator to gaseous or liquid stationary or portable equipment), for example, because of a power outage.

Additional Technical Information

- N/A

Visual

DME after relocation for people with Original Medicare

- Temporary DME replacement is available in the new location
- The new supplier will seek payment from the original supplier
- Original Medicare will not authorize a duplicate payment for the same month, so the suppliers need to work together

Transcript

People with Original Medicare who are unable to transport their DME to their new location can receive a temporary replacement DME from an alternate enrolled supplier until the beneficiary can return to their original DME supplier.

The alternate supplier needs to seek payment from the initial supplier that received the Medicare monthly rental payment amount for the remainder of the paid month during which the beneficiary relocated or needed to obtain services from an alternate supplier.

Original Medicare does not authorize duplicate payments for the same month. Once the rental month for which the initial supplier received payment is over, the alternate supplier can bill for the next continuous month, but the initial supplier of the DME cannot be paid.

Additional Technical Information

- N/A

Slide 27 - How to help people with Original Medicare

Visual

How to help people with Original Medicare

- If authorized in your role to help disaster survivors, ask to see their Medicare card so you can help them. Otherwise, you might help them call 1-800-MEDICARE.
- If Medicare paid for DME or supplies that were damaged or lost due to an emergency or disaster, Medicare will likely cover the cost to repair or replace
- 1-800-MEDICARE is available 24/7

Call 1-800-MEDICARE

(1-800-633-4227) (TTY: 1-877-486-2048)
Visit www.medicare.gov/coverage/



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Transcript

One of the best things you can do to support someone during or after a disaster is to assist with reconnecting individuals with their health care. A good way to do this is to ask the person if they know what type of health care coverage they have.

An individual's Medicare card is an important resource to begin this process. It is pictured here.

Medicare cards are red, white, and blue and will say "Medicare Health Insurance" and the person's name. If the individual has Original Medicare, the card will indicate Hospital (Part A) and, likely, Medical (Part B).

Medicare beneficiaries should only share their Medicare card information with individuals like their practitioner, insurers acting on their behalf, or trusted people in the community working with the beneficiary like FEMA, state emergency personnel, and others.

If someone has Medicare, you should instruct them to or assist them in calling 1-800-MEDICARE, or 1-800-633-4227. They should have their Medicare card ready. If they do not have their card, they should still call 1-800-MEDICARE. TTY users can call 1-877-486-2048.

The operators on this phone line will be able to answer any questions about replacing or repairing DME and may be able to refer individuals to other case management specialists who can deal with their specific situation. Remember that if Medicare paid for the DME or supplies that were damaged, Medicare will likely pay for the repair or replacement.

Additional Technical Information

- <https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>

Slide 28 – Confirming health coverage

Visual

Confirming health coverage

Coverage Type	Cards
Original Medicare (Parts A and B)	
Medicare Advantage Plans (Part C)	
Prescription Drug Coverage (Part D)	 



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Transcript

Working with survivors of disasters and asking them for their insurance card or cards is important because you will be able to identify someone as having Medicare by their red, white, and blue Medicare card. If they have original Medicare (Parts A and B), it will say Parts A and, and likely, B. The medical services are paid for under Part B, which is also the part of the program that paid for their DME.

We will discuss Part C in later slides.

Additional Technical Information

- N/A

Slide 29 – Q&A

Visual

Q & A

- Due to the nature of some emergencies, many people may not have their Medicare information readily available. How do I help someone who doesn't have their Medicare card with them?
 - Call 1-800-MEDICARE
 - Visit MyMedicare.gov, to print an official copy of their Medicare card
 - Call 1-800-772-1213 for the Social Security Administration; request that a new card be mailed to their official address on record
 - Visit SSA.gov

Transcript

Due to the nature of some disasters, many people may not have their Medicare information readily available. So, how do you help someone who doesn't have their Medicare card with them?

- Call 1-800-MEDICARE
- Visit MyMedicare.gov, to print an official copy of their Medicare card
- Call 1-800-772-1213 for the Social Security Administration; request that a new card be mailed to their official address on record
- Visit SSA.gov

Additional Technical Information

- Medicare and You handbook, Page 15 <https://www.medicare.gov/publications/10050-Medicare-and-You.pdf>

Scenario: DME Replacement – Original Medicare

- Due to a prior hospitalization, Carol is discharged from a hospital and returns to her Houston, Texas, home with a hospital bed. Soon after, she escapes hurricane flood waters and relocates temporarily to her son's home in Tulsa, Oklahoma.
- The President declares a natural disaster and Section 1135 waivers are issued by CMS for the flooding in Houston.
- **What should Carol do in her new location to get a hospital bed?**



Transcript

In some emergencies, individuals will need to evacuate to safety. In this scenario, a woman with Original Medicare was prescribed an adjustable hospital bed for home use.

Due to a prior hospitalization, Carol is discharged from a hospital and returns to her Houston, Texas, home with a hospital bed. Soon after, she escapes flood waters caused by a hurricane and relocates temporarily to her son's home in Tulsa, Oklahoma. The President declares a disaster and Section 1135 waivers are issued by CMS for the flooding in Houston; therefore, some additional flexibilities may be in place.

So, due to a fast-approaching hurricane, Carol had to quickly evacuate. She was able to evacuate to her son's home in a neighboring state but was not able to bring her DME, her adjustable hospital bed. What should she do in her new location to get a hospital bed?

Additional Technical Information

- N/A

Slide 31 – Scenario Outcomes: Original Medicare

Visual

Scenario outcomes: Original Medicare

- Carol should contact her DME supplier for a temporary hospital bed or for help getting a temporary hospital bed from a different supplier in the new location.
- Carol should also contact 1-800-MEDICARE if her supplier cannot help her.



Transcript

She should contact her DME supplier for a temporary hospital bed or for help getting a temporary hospital bed from a different supplier. If the current supplier is unable to assist Carol, then she should contact 1-800-MEDICARE to locate an enrolled supplier in the temporary location. The alternate supplier who furnishes the temporary hospital bed can start billing Medicare for services rendered starting once the Houston supplier's rental month is complete.

When planning to return to her home in Houston, Carol should notify the original and alternate suppliers so the suppliers can coordinate pick-up and delivery of the replacement hospital beds.

Additional Technical Information

- N/A

Slide 32 – Transition: Medicare Advantage Plans

Visual

Medicare Advantage Plans



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Transcript

Now, we will discuss Medicare Advantage Plans, or Part C.

Additional Technical Information

- N/A

Slide 33 – Overview: Medicare Advantage Plans

Visual

Overview: Medicare Advantage Plans (Part C)

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are an "all in one" alternative to Original Medicare. They are plans offered by private companies approved by Medicare. If you have a Medicare Advantage Plan, you still have Medicare.

Original	Part A – Hospital insurance	Inpatient hospital care, inpatient care in a Skilled Nursing Facility, hospice care, and some home health services
	Part B – Medical insurance	Physician services, outpatient care, DME , home health services, many preventive services, and some drugs like immunosuppressants
	Part C – Medicare Advantage (MA) Plans	Medicare-approved private insurance companies provide all Part A and Part B services and may provide prescription drug coverage (as Part D) and other supplemental benefits
	Part D – Prescription Drug Coverage	Medicare-approved private companies provide outpatient prescription drug coverage



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Transcript

Earlier we discussed Original Medicare, which is Parts A and B. Medicare also has Part C, which is referred to as Medicare Advantage or MA Plans. Medicare Advantage Plans, which are offered by private insurance companies, are plans that cover Parts A and B Medicare benefits and sometimes other benefits like prescription drug coverage, which is called Part D.

Additional Technical Information

- <https://www.medicare.gov/health-drug-plans/health-plans/your-health-plan-options>

Slide 34 – How Medicare Advantage Plans pay for DME

Visual

How Medicare Advantage Plans pay for DME

- Medicare Advantage plans must cover the same categories of DME that Original Medicare covers but may limit their coverage to specific manufacturers or brands.
- These plans determine specific pricing for DME and it can vary by company and plan.
- If you do not know your Medicare Advantage Plan's phone number, call 1-800-MEDICARE for help.

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Transcript

Medicare Advantage plans must cover the same categories of DME that Original Medicare covers but may limit their coverage to specific manufacturers or brands. These plans determine specific pricing for DME and it can vary by company and plan.

Additional Technical Information

- <https://www.medicare.gov/media/publication/11045-medicare-coverage-of-dme-and-other-devices.pdf>

Visual

How Medicare Advantage Plans replace DME

- Medicare Advantage Plans are responsible for continuity of care for beneficiaries
- In an emergency, plans:
 - Must ensure access to DME
 - Or must ensure repair/replacement of DME if lost or destroyed
 - Must allow out-of-network costs at in-network rates (when medically necessary)
 - May waive certain gatekeeper requirements

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Transcript

After a disaster or emergency, Medicare Advantage plans must ensure that beneficiaries can access or replace their DME when needed. In other words, the replacement of DME during emergencies is treated like any other covered benefit. When medically necessary, the plan must allow beneficiaries to repair or replace out-of-network DME at in-network rates. This means if an evacuated beneficiary needs replacement DME in a new location, the cost-sharing prices they would have paid in their original location must be honored. Also, the plan may waive certain “gatekeeper requirements” (for example, seeing your primary care provider for a referral before specialty care is authorized).

Additional Technical Information

- N/A

Visual

DME after relocation for people with Medicare Advantage Plans

- People with Medicare Advantage Plans who are temporarily relocated should call their plans
- NOTE: Medicare Advantage Plans must cover DME immediately, even from non-contracted providers, at the plan's current in-network cost-sharing rates or contracted providers

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Transcript

People with Medicare Advantage Plans who are temporarily relocated to another service area should contact their plans for information on getting services.

If a beneficiary relocates, MA plans must permit coverage immediately, even from non-contracted providers, of all services at in-network rates during the first 30 days of any declared disaster or emergency, or less time if the declaration is less than 30 days.

Additional Technical Information

- N/A

Slide 37 – How to help people with Medicare Advantage Plans

Visual

How to help people with Medicare Advantage Plans

- If authorized in your role to help disaster survivors, ask to see their Medicare Advantage Plan card so you can help them. Otherwise, you might help them call their Medicare Advantage Plan or 1-800-MEDICARE
- People with Medicare Advantage Plans should contact their healthcare plan at the phone number on their plan's insurance card for instructions
- If their Medicare Advantage Plan paid for DME or supplies that were damaged or lost due to an emergency or disaster, the plan will likely cover the cost to repair or replacement

Contact their MA Plan
or
Call 1-800-MEDICARE
(1-800-633-4227) (TTY: 1-877-486-2048)
Visit www.medicare.gov/coverage/



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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

37

Transcript

Now, we will review how to help people with a Medicare Advantage plan. We spoke earlier about people with Original Medicare and how to help someone by identifying what insurance they have. An individual enrolled in a Medicare Advantage plan may have both their red, white, and blue Medicare card and their Medicare Advantage Plan card.

As stated before, Medicare beneficiaries should only share their Medicare card information with individuals like their practitioner, insurers acting on their behalf, or trusted people in the community working with the beneficiary like FEMA, state emergency personnel, and others.

If someone has a Medicare Advantage plan, you should instruct them to call their Medicare Advantage plan with the phone number on their card. If this is not possible, or they do not remember their plan or have their card, they should call 1-800-MEDICARE. TTY users can call 1-877-486-2048.

The Medicare Advantage plan must cover the same services covered by Original Medicare; in other words, in situations where Original Medicare would pay for DME that were lost, damaged, or destroyed, the Medicare Advantage plan must similarly cover the DME.

Additional Technical Information

- N/A

Slide 38 – Confirming health coverage

Visual

Confirming health coverage

Coverage Type	Cards
Original Medicare (Parts A and B)	
Medicare Advantage Plans (Part C)	
Prescription Drug Coverage (Part D)	 



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Transcript

Again, here is how to verify someone’s insurance.

If someone is in Medicare Advantage, they should present their plan card. It is important to call their Medicare Advantage Plan first and use 1-800-MEDICARE as a second option.

Additional Technical Information

- N/A

Slide 39 – Scenario: Medicare Advantage

Visual

Scenario: DME replacement – Medicare Advantage Plan

- Mary is a beneficiary with a Medicare Advantage Plan who uses a wheelchair and lives in an area affected by a federally declared California wildfire. She lost her wheelchair when it was burned along with her other household belongings.
- In addition, her supplier and all area suppliers were damaged or destroyed.
- **How can Mary get her DME replaced when her in-network supplier is not available to provide a replacement?**



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Transcript

Let's look at another scenario.

Mary has a Medicare Advantage Plan and uses a wheelchair. She lives in an area affected by a California wildfire with a federal disaster declaration. She lost her wheelchair and household belongings in the wildfire. In addition, the medical supply providers in her local area were also damaged or destroyed.

In this scenario, Mary needs her DME replaced, but her in-network medical supply provider is not available to provide a replacement. What can Mary do now?

Additional Technical Information

- N/A

Visual

Scenario outcomes: Medicare Advantage Plan

- Mary's MA Plan must allow her to go to an out-of-network provider to get her DME. She can get replacement DME from any Medicare-certified supplier at the in-network rates.
- Her MA Plan cannot require her to request authorization before getting the replacement wheelchair.
- Note: Mary may pay more out of pocket depending on her MA Plan. If this happens, Mary should keep all documentation to get reimbursed by her plan later.
- Mary should call her MA Plan. She can also call 1-800-MEDICARE if she cannot contact her plan.

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Transcript

The Medicare Advantage Plan must allow out-of-network replacement of Mary's DME at in-network rates. Because there is no provider in the network where she normally receives services, she has to go outside her network to get services from an out-of-network provider.

She can get services from any Medicare-certified provider or supplier of DME. Additionally, the Medicare Advantage plan cannot require Mary to request an authorization from the plan as a condition for receiving the wheelchair.

There may be some instances when Mary may pay more for products and services out of network.

If she does pay more, she should retain any documentation showing what she paid, which she can then present to the plan for the reimbursement.

She should contact her plan, or she can call 1-800-MEDICARE if she cannot contact her plan.

Additional Technical Information

- N/A

Slide 41 – Transition: Prescription Drug Coverage

Visual

Prescription Drug Coverage



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 41

Transcript

Now that we've covered Original Medicare and Medicare Advantage Plans, let's take a moment to talk about prescription drugs and how they're replaced in the event of a disaster or emergency.

In many emergencies, people are required to evacuate quickly. Following an event like a natural disaster, it may be difficult for beneficiaries to find their prescription drugs or information about their prescriptions.

- They may have already filled their prescriptions for that month, so how can they get it refilled?
- What steps should they take to replace the prescriptions that may have been lost during an emergency?

We will address these questions in the next few slides.

Additional Technical Information

- N/A

Slide 42 - Medicare prescription drug coverage

Visual

Medicare prescription drug coverage

Medicare prescription drug coverage is an optional benefit offered to everyone who has Medicare. Part D coverage can be provided through a stand-alone Prescription Drug Plan (PDP) or a Medicare Advantage plan that includes Part D coverage (MA-PD). Most Medicare Advantage plans are MA-PDs. All Part D plans, including PDPs and MA-PDs, must provide a standard level of coverage set by Medicare.

Original	Part A – Hospital insurance	Inpatient hospital care, inpatient care in a Skilled Nursing Facility, hospice care, and some home health services
	Part B – Medical insurance	Physician services, outpatient care, DME , home health services, many preventive services, and some drugs like immunosuppressants
	Part C – Medicare Advantage (MA) Plans	Medicare-approved private insurance companies provide all Part A and Part B services and may provide prescription drug coverage (as Part D) and other supplemental benefits
	Part D – Prescription Drug Coverage	Medicare-approved private companies provide outpatient prescription drug coverage



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Transcript

Now, we will discuss Medicare Prescription drug coverage. People enrolled in Original Medicare can enroll in a Medicare Part D plan to get Medicare prescription drug coverage.

Part D coverage can be provided through a stand-alone prescription drug plan (PDP) or a Medicare Advantage plan that includes Part D coverage (called an MA-PD). Most Medicare Advantage plans are MA-PDs. All Part D plans, including PDPs and MA-PDs, must provide a standard level of coverage set by Medicare.

Original Medicare Part B, MA-PDs, and Part D plans cover prescription drugs. The drugs covered by Part B are limited; MA-PDs and Part D plans cover considerably more drugs.

Additional Technical Information

- <https://www.medicare.gov/drug-coverage-part-d/how-to-get-prescription-drug-coverage>

Visual

Prescription drug replacement – Medicare Part D Plans

- Medicare Part D Plans are expected to replace prescription drugs
- Plans may relax any “refill-too-soon” restrictions to allow people with Medicare to refill prescriptions at network pharmacies that have been lost, damaged, or destroyed during a disaster or emergency.
- Beneficiaries can ask for an extended-day supply of their prescription drugs if prescribed.
- If the prescription cannot be verified, the prescriber may need to be contacted

Transcript

Although there is no regulatory requirement to do so, CMS expects that plans will cover replacement prescriptions after a disaster or emergency and considers them part of the plan’s allowable Part D costs. Additionally, plans may relax “refill too soon” restrictions to allow people with Medicare to refill prescriptions that have been lost, damaged, or destroyed. Plans also are supposed to allow out-of-network access to prescription drugs.

If a person with Medicare Part D coverage won’t be able to return home for a long time, they may want to ask for an extended-day supply (a 60- to 90-day supply) of their prescription drugs if prescribed. The person might be able to get the extended-day supply from the closest network pharmacy in the area he or she is located, and should contact their plan for help finding a network pharmacy. However, the plan also has to provide adequate access to prescriptions at an out-of-network pharmacy if the person is not able to get the prescription at a network pharmacy.

Out-of-network pharmacies might charge more for a prescription than a network pharmacy. If that happens, the beneficiary might need to pay the full price out-of-pocket and ask his or her Part D plan for reimbursement.

Finally, if the prescription cannot be transferred because it cannot be verified with the original pharmacy or there are no refills left, the beneficiary or pharmacy may need to contact the prescriber. It also may be helpful for the beneficiary to bring the bottle or packaging from the original prescription if available (which of course may not be the case in a disaster or emergency).



On a later slide, you can find a link to *Getting Medical Care & Prescription Drugs in a Disaster or Emergency Area*, which is a resource book with information for these situations.

Additional Technical Information

- <https://www.medicare.gov/Pubs/pdf/11377-Care-Drugs-Disaster-Emergency.pdf>
- <https://www.medicare.gov/drug-coverage-part-d/how-to-get-prescription-drug-coverage>

Slide 44 – How to help people with Medicare get their prescription drugs replaced

Visual

How to help people with Medicare get their prescription drugs replaced

- If authorized in your role to help disaster survivors, ask to see their prescription drug plan card so you can help them. Otherwise, you might help them call their Part D Plan or 1-800-MEDICARE
- People with Original Medicare who are enrolled in a separate Part D Plan should **contact their Part D Plan** or call 1-800-MEDICARE for assistance.
- People with Medicare prescription drug coverage through their MA Plans should **contact their Medicare Advantage Plan** or call 1-800-MEDICARE for assistance.
- People who have drugs covered by Part B should **call 1-800-MEDICARE** for assistance.

Contact their plan
or
Call 1-800-MEDICARE
(1-800-633-4227) (TTY: 1-877-486-2048)
Visit www.medicare.gov/coverage/





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Transcript

Now we'll discuss how you can help people with Medicare get their prescription drugs replaced. When you ask someone with a prescription drug plan for their insurance card, they may have both their red, white, and blue Medicare card and a prescription drug benefit card. If a person is in an MA-PD plan, they may only present their plan card.

As stated before, Medicare beneficiaries should only share their Medicare card information with individuals like their practitioner, insurers acting on their behalf, or trusted people in the community working with the beneficiary like FEMA, state emergency personnel, and others.

People with Medicare who are enrolled in a separate Part D plan should contact their plan or call 1-800-MEDICARE.

People with Medicare prescription drug coverage through their Medicare Advantage plan should contact their Medicare Advantage plan. People who get prescription drugs through Part B should contact 1-800-MEDICARE. This does not apply to very many drugs.

If someone has a Medicare prescription drug plan, you should instruct them to call their Medicare prescription drug plan with the phone number on their card. If this is not possible, or they do not remember their plan or have their card, they should call 1-800-MEDICARE to get their plan's contact information. TTY users can call 1-877-486-2048.

Additional Technical Information

- *Getting Medical Care & Prescription Drugs in a Disaster or Emergency Area.* This Medicare document has greater detail about extended-day supplies and in- vs. out-of-network pharmacies: <https://www.medicare.gov/Pubs/pdf/11377-Care-Drugs-Disaster-Emergency.pdf>

Slide 45 – Confirming health coverage

Visual

Confirming health coverage

Coverage Type	Cards
Original Medicare (Parts A and B)	
Medicare Advantage Plans (Part C)	
Prescription Drug Coverage (Part D)	 



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Transcript

If you're helping someone get their prescription drugs replaced, they most likely will have their Medicare card and a prescription drug card. If a person is in an MA-PD plan, they may only present their plan card.

Additional Technical Information

- N/A

Slide 46 – Scenario: prescription drug replacement

Visual

Scenario – prescription drug replacement

- John, who gets prescription drugs through a Part D plan, lives in the path of an oncoming hurricane and evacuates to his brother’s house in a neighboring state just before the hurricane hits.
- Then, he realizes that he’s forgotten to pack his high blood pressure medication. The streets in John’s neighborhood are flooded, so he doesn’t know when he’ll be able to return home to access his medication, which he only filled a week or so before the hurricane.
- **How can John get an emergency refill of his blood pressure medication?**



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Transcript

Let’s review one last scenario.

- John, who has a Medicare Part D prescription drug plan, lives in the path of an oncoming hurricane and evacuates to his brother’s house in a neighboring state just before the hurricane hits.
- Then, he realizes that he’s forgotten to pack his high blood pressure medication. The streets in John’s neighborhood are flooded, so he doesn’t know when he’ll be able to return home to access his medication, which he just refilled a week before the hurricane.
- How can John get an emergency refill of his blood pressure medication?

Additional Technical Information

- N/A

Slide 47 – Scenario Outcomes: Prescription Drug replacement

Visual

Scenario outcomes: prescription drug replacement

- Medicare Part D plans typically relax “refill-too-soon” requirements for beneficiaries impacted by a disaster or emergency.
- John should contact his Medicare Part D Plan about any area in-network or out-of-network pharmacies. He should keep any receipts as he may have to pay more out-of-pocket and then get reimbursed later.
- John can call 1-800-MEDICARE about the status of the disaster in that area.
- Had John requested an extended amount of medication in advance of the hurricane, his Part D Plan may have granted it.

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Transcript

Because Medicare Part D plans typically relax “refill too soon” requirements in these situations, he should be able to get a refill for his medications. He will need to contact his plan to check on where he can get the prescriptions refilled.

Because John is in a neighboring state, may not have access to a pharmacy in his plan’s network. He needs to call his plan for information about in-network pharmacies and, if none are nearby, out-of-network rules will apply.

When someone buys their drugs out of network, they will probably have to pay full price at the time they fill their prescription and get reimbursed later by their plan after submitting a claim. Therefore, they should keep their receipts.

Had John, in advance of the hurricane, gone to request an extended amount of medication, the Part D plan may have granted it if appropriate to ensure access to the drug and if the drug was prescribed and available. However, since he doesn’t have his medication, he will need to contact his plan to check on where he can get the prescriptions refilled.

Additional Technical Information

- N/A

Slide 48 – Transition: Other Ways to Get Help

Visual

Other Ways to Get Help



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Transcript

That concludes our discussion on how to help people with Medicare. There are other ways to get help for individuals that are survivors of a disaster, which we will now review.

Additional Technical Information

- N/A

Slide 49 – Other options for help

Visual

Other options for help		
Option	Explanation	Contact Information
Private insurance plan	Different plans may offer different assistance options	Contact individual's plan
Department of Veterans Affairs – Veterans Benefits Administration (VBA)	Assistance and resources for Veterans after a disaster or emergency	1-844-698-2311
FEMA Individual Assistance	Provides assistance to individuals and households through the coordination and delivery of a variety of programs.	1-800-621-3362
FEMA Individuals and Households Program (IHP)	The IHP is one of the five Stafford Act statutory programs under FEMA's Individual Assistance. It provides financial and direct services to eligible individuals and households affected by a disaster, who have uninsured or underinsured necessary expenses and serious needs.	Must apply online disasterassistance.gov or by calling FEMA at 1-800-621-3362 If you use a TTY: 1-800-462-7585 711 or Video Relay Service (VRS): 1-800-621-3362

Transcript

Here are some examples of other options for help.

Some individuals who do not have Medicare or Medicaid may have private health insurance plans. They should contact their plans for assistance.

The Department of Veterans Affairs also has benefits and resources for Veterans after a disaster. The number to call is 1-800-698-2311.

FEMA Individual Assistance assists individuals and households through the coordination and delivery of a variety of programs. The number to call is 1-800-621-3362. The next slide will expand on FEMA Individual Assistance.

The FEMA Individuals and Households Program assists individuals and households who have necessary expenses and serious needs that cannot be met through other means (this can include replacement of DME). However, it is important to remember that if a person has Medicare, you should help them in replacing DME through Medicare before helping them get a replacement through FEMA. Individuals and households must apply for this program online.

Additional Technical Information

- FEMA: www.disasterassistance.gov
- VA: https://www.osp.va.gov/VA_Disaster_Assistance_to_Veterans_Brochure_2018.pdf; <https://www.disasterassistance.gov/information/veterans>

Slide 50 – FEMA Individual Assistance

Visual

FEMA Individual Assistance	
Question	Answer
What is FEMA Individual Assistance?	Financial and/or direct assistance to individuals and households, as well as state, local, tribal and territorial (SLTT) governments to support recovery efforts nationwide. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Individual Assistance delivers five statutory programs, coordinates Mass Care and Emergency Assistance, and collaborates with other federal agencies, SLTT governments, and non-profit, faith-based, and voluntary organizations to provide wrap-around support for disaster survivors.
How does someone apply?	Apply online at www.DisasterAssistance.gov or call 1-800-621-FEMA (3362) or TTY 1-800-462-7585 by phone.
Why would someone select applying for Individual Assistance over getting equipment through Medicare?	FEMA may provide DME with a verified disaster-related need when applicants are uninsured or underinsured. FEMA is not allowed to duplicate assistance from another source.
Where can someone get more information?	Online at www.DisasterAssistance.gov

Transcript

On the prior slide, we discussed how FEMA offers Individual assistance and assistance to individuals and households to support recovery efforts. Those impacted by a disaster can apply online directly at (www.DisasterAssistance.gov) or they can call 1-800-621-3362.

There are some instances when an individual may need to apply for and receive DME from FEMA Individual Assistance even though their product was provided by Medicare. This would only be in instances where they were unable to work with their Medicare provider. Individuals should keep in mind that any DME they get through FEMA Individual Assistance would not qualify to be serviced for repairs under Medicare. Using this process would be temporary for individuals who originally obtained their products through Medicare. Generally speaking, FEMA Individual Assistance for DME is available to applicants who are uninsured or underinsured. FEMA cannot duplicate assistance from another source.

Additional info is available at www.DisasterAssistance.gov.

Additional Technical Information

- N/A

Slide 51 – ASPR EPAP

Visual

Emergency Prescription Assistance Program (EPAP)	
Question	Answer
What is EPAP?	The Emergency Prescription Assistance Program or EPAP, was created to help people in a disaster who don't have health insurance so they have access to: <ul style="list-style-type: none"> • Prescription medicine • Medical equipment • Medical supplies • Vaccinations
When is EPAP useful?	People who qualify for EPAP can replace certain prescription medicine, medical supplies, vaccines and certain pieces of medical equipment that were: <ul style="list-style-type: none"> • Lost or damaged while evacuating or because of the disaster • Not refilled before the disaster • Lost or damaged at evacuation shelter
Who qualifies for EPAP?	People without health insurance qualify for EPAP
Who doesn't qualify for EPAP?	People with health insurance from an individual health insurance policy, employer-sponsored coverage, Medicare, Medicaid, or other third party coverage
Where can someone get more information?	Online at www.PHE.gov/EPAP

Transcript

The Emergency Prescription Assistance Program (EPAP) is designed to provide prescription and medical supply services to the uninsured residents of an affected area after a Presidential Disaster Declaration or Public Health Emergency declaration.

This program is activated by a Stafford Act Declaration or the Public Health Service Act. EPAP must be activated for the uninsured person to receive their benefits.

The EPAP's cost is shared between the state and the US Government. The EPAP is activated by the affected zip code(s) within an area that has been declared as a disaster or public health emergency.

Eligibility is limited to uninsured recipients in affected areas, which allows these qualified recipients to get their medication and some medical supplies refilled through the EPAP once the disaster or public health emergency has been declared and the EPAP is activated.

Those who are eligible for the EPAP can have their prescription medications, vaccines, medical supplies, or DME that has been lost or damaged due to a disaster or public health emergency filled or replaced at an enrolled pharmacy.

Additional Technical Information

- www.PHE.gov/EPAP
- <https://www.phe.gov/Preparedness/planning/epap/Documents/epap-infographic-ENG.pdf>

Slide 52 – Parting Messages

Visual

Parting messages

- It is important to reconnect people with their usual healthcare coverage
- When you identify someone who needs to replace DME or medication, you must ask them about their insurance information
- As we've discussed today, the best way to help someone is to have them call 1-800-MEDICARE, their Medicare Advantage Plan, and/or their prescription drug plan.
- Most likely, if Medicare covered their DME or prescription drugs that were lost, damaged, or destroyed due to an emergency or disaster, it can be replaced through their healthcare coverage



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Transcript

In parting, we want to leave you with some key messages. It is vitally important to reconnect people with their usual health care coverage.

- When you identify someone who needs to replace DME or medication, you must ask them about their health care coverage.
- As we've discussed today, the best way to help someone is to have them call 1-800-MEDICARE, their Medicare Advantage Plan, and/or their prescription drug plan.
- Most likely, if Medicare covers DME or prescription drugs that were lost, destroyed, or damaged due to an emergency or disaster, they can be replaced.

Additional Technical Information

- N/A

Slide 53 – Resources

Visual

Resources

- [Medicare.gov Disasters and Emergencies page](#)
- [ASPR Technical Resources, Assistance Center, and Information Exchange \(TRACIE\) fact sheet](#)
- [Medicare Coverage of Durable Medical Equipment and Other Devices](#)
- [Medicare and You Handbook](#)
- [Emergency Response and Recovery](#)
- [Getting Medical Care & Prescription Drugs in a Disaster or Emergency Area](#)
- [Contact Medicare](#)
- [mymedicare.gov](#) (to apply for a lost Medicare card)
- [ASPR Homepage](#)
- [Medicare.gov](#)
- [FEMA.gov](#)

If you have questions about this training, please reach out to CompetitiveAcquisitionOmbudsman@cms.hhs.gov

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Transcript

As we close out the training, I want to draw your attention to several resources that might be helpful to you as you're working with people with Medicare and assisting them with getting back to their original source of insurance and helping them replace lost DME or prescription drugs.

- The [Medicare.gov Disasters and Emergencies page](#) provides information about getting care during disasters and emergencies.
- The [ASPR Technical Resources, Assistance Center, and Information Exchange \(TRACIE\) fact sheet](#) is where you can find more information about TRACIE, which has other trainings and resources related to assisting individuals after a disaster.
- The [Medicare Coverage of Durable Medical Equipment and Other Devices](#) booklet explains Medicare coverage of DME in greater detail.
- The [Medicare and You Handbook](#) includes a section about access to DME and information for people that are involved in a disaster and how to get replacement products.
- The CMS [Emergency Response and Recovery](#) website also has information about emergency response efforts for Medicare beneficiaries.
- The [Getting Medical Care & Prescription Drugs in a Disaster or Emergency Area](#) fact sheet gives information about seeing practitioners, getting prescription drugs, getting



additional supplies that were lost, and getting additional supplies to prepare before a disaster.

- The [Contact Medicare](#) link gives information on how to contact Medicare.
- Next, mymedicare.gov gives information about how to replace a lost Medicare card.
- Finally, here are several federal government websites where you can get further information, including the homepages for [ASPR](#), [Medicare](#), and [FEMA](#).

If you have questions about this training, please reach out to CompetitiveAcquisitionOmbudsman@cms.hhs.gov

Thank you for your participation today.

Additional Technical Information

- N/A