medicare benefit policy manual chapter 16

medicare benefit policy manual chapter 16 provides detailed guidance on the coverage, payment, and billing policies associated with home health services under the Medicare program. This chapter is essential for healthcare providers, billing professionals, and policymakers aiming to understand the intricacies of Medicare's home health benefit. It outlines eligibility criteria, covered services, documentation requirements, and the conditions under which Medicare will reimburse providers. The manual also addresses compliance with federal regulations and the administrative processes related to home health claims. Understanding medicare benefit policy manual chapter 16 is crucial for ensuring proper service delivery and accurate reimbursement within the Medicare home health framework. This article will explore the key components of Chapter 16, including eligibility rules, covered benefits, billing procedures, and important updates.

- Overview of Medicare Home Health Benefit
- Eligibility Criteria for Home Health Services
- Covered Services under Medicare Chapter 16
- Documentation and Certification Requirements
- Billing and Payment Policies
- Compliance and Program Integrity
- Recent Updates and Policy Changes

Overview of Medicare Home Health Benefit

The medicare benefit policy manual chapter 16 focuses primarily on the administration of home health services, a vital component of Medicare's coverage. Home health services are medically necessary health care services provided in a patient's home to individuals who are homebound and require intermittent skilled nursing or therapy services. This chapter serves as a comprehensive resource explaining the scope of services Medicare covers, eligibility requirements, and the procedural framework for providers. It ensures that beneficiaries receive appropriate care while maintaining program integrity and preventing fraud or abuse.

Purpose and Scope of Chapter 16

This chapter defines and clarifies the Medicare home health benefit, including service definitions, payment structures, and provider obligations. It ensures consistent application of policies across different states and provider types, facilitating uniform understanding and compliance. The medicare benefit policy manual chapter 16 also functions as the authoritative guide for Medicare Administrative Contractors (MACs) and other entities involved in claims adjudication and audits.

Eligibility Criteria for Home Health Services

One of the core aspects of medicare benefit policy manual chapter 16 is establishing clear eligibility for home health services under Medicare. Not all patients qualify, and strict criteria must be met to receive coverage. These standards help target resources to beneficiaries who genuinely require home-based care.

Homebound Status

To be eligible for Medicare home health services, the beneficiary must be considered homebound. This means leaving the home requires considerable effort and assistance, and absences are infrequent or for specific medical or religious reasons. The medicare benefit policy manual chapter 16 outlines examples and exceptions to clarify this requirement.

Need for Skilled Services

Medicare mandates that patients must require intermittent skilled nursing care, physical therapy, speech-language pathology, or continued occupational therapy. The services must be reasonable and necessary for the treatment or diagnosis of an illness or injury.

Physician Certification and Plan of Care

A physician or allowed non-physician practitioner must certify that the patient meets the eligibility criteria and establish a comprehensive plan of care. This certification is crucial for the initiation and continuation of home health services reimbursed by Medicare.

Covered Services under Medicare Chapter 16

The medicare benefit policy manual chapter 16 enumerates the specific services covered under the home health benefit, ensuring clarity on what services can be billed and reimbursed. These services support the patient’s recovery, rehabilitation, and maintenance of health at home.

Skilled Nursing Care

Medicare covers intermittent skilled nursing care, including wound care, injections, and monitoring of health status. Skilled care must be provided by licensed nurses or under their supervision.

Therapy Services

Physical therapy, occupational therapy, and speech-language pathology services are covered when medically necessary. These therapies must be part of the patient’s plan of care and aim to improve or maintain functional abilities.

Medical Social Services

Services provided by qualified social workers, such as counseling and assistance with community resources, are covered under certain conditions.

Home Health Aide Services

Home health aides may provide personal care services, but only when the patient is also receiving skilled nursing or therapy services. These aides assist with activities of daily living under supervision.

Durable Medical Equipment (DME)

Chapter 16 also addresses coverage for certain DME essential for home health care, such as wheelchairs or hospital beds, when necessary for the treatment plan.

Documentation and Certification Requirements

Accurate documentation and proper certification are critical components of the medicare benefit policy manual chapter 16. These requirements ensure that Medicare funds are used appropriately and that patient care is well-documented.

Initial Certification and Recertification

The initial certification must be completed by a physician or allowed practitioner before services begin. Recertification is required periodically to confirm ongoing eligibility and medical necessity.

Plan of Care Specifications

The plan of care must detail the types and frequency of services, goals of treatment, and expected outcomes. It must be signed and dated by the certifying physician and updated as the patient’s condition changes.

Clinical Records and Progress Notes

Providers must maintain thorough clinical records documenting all services rendered, patient progress, and any changes to the care plan. These records are subject to review during audits and investigations.

Billing and Payment Policies

The medicare benefit policy manual chapter 16 provides extensive guidance on billing procedures and payment methodologies for home health agencies. Proper billing is essential to ensure timely reimbursement and compliance with Medicare rules.

Home Health Prospective Payment System (HH PPS)

Medicare reimburses home health agencies through the Home Health Prospective Payment System, which uses a predetermined payment rate based on patient characteristics and service needs. Chapter 16 explains how case-mix groups and other factors influence payment.

Billing Codes and Claim Submission

Providers must use specific Healthcare Common Procedure Coding System (HCPCS) codes and adhere to submission standards. The medicare benefit policy manual chapter 16 details proper use of codes to avoid claim denials.

Payment Adjustments and Denials

The chapter outlines circumstances that may lead to payment adjustments, including insufficient documentation, failure to meet eligibility requirements, or billing errors. It also explains the appeals process for denied claims.

Compliance and Program Integrity

Ensuring compliance with Medicare rules is a key focus of medicare benefit policy manual chapter 16. The chapter includes guidance on preventing fraud, waste, and abuse within home health services.

Audit and Monitoring Procedures

Medicare Administrative Contractors conduct audits to verify the accuracy of claims and compliance with documentation standards. Providers must cooperate fully and maintain records as required.

Sanctions and Penalties

Violations of Medicare policies may result in sanctions, including repayment demands, exclusion from the program, or civil monetary penalties. Chapter 16 emphasizes the importance of adhering to all regulations to avoid these consequences.

Education and Training

Providers are encouraged to engage in ongoing education regarding medicare benefit policy manual chapter 16 to stay current with policy updates and best practices.

Recent Updates and Policy Changes

The medicare benefit policy manual chapter 16 is periodically updated to reflect changes in healthcare delivery, legislative mandates, and administrative policies. Staying informed on these updates is critical for compliance.

Impact of Legislative Changes

Legislation such as the Bipartisan Budget Acts and the Improving Medicare Post-Acute Care Transformation Act (IMPACT) have influenced home health policies, affecting eligibility, payment rates, and quality reporting.

Technological Advancements and Telehealth

Recent updates incorporate provisions for telehealth and remote patient monitoring services within home health care, expanding access while maintaining regulatory oversight.

Quality Measurement and Reporting

Chapter 16 now aligns with initiatives to enhance quality measurement in home health, requiring agencies to report outcome data used for public reporting and payment adjustments.

- Medicare home health services require strict eligibility including homebound status and need for skilled care.
- Covered services include skilled nursing, therapy, medical social services, and home health aide support.
- Documentation such as physician certification and detailed plans of care are mandatory for coverage.
- Billing follows the Home Health Prospective Payment System with specific coding and compliance requirements.
- Program integrity measures include audits, sanctions, and ongoing provider education.
- Recent policy changes address telehealth, legislative impacts, and quality reporting enhancements.

Frequently Asked Questions

What is the primary focus of Medicare Benefit Policy Manual Chapter 16?

Medicare Benefit Policy Manual Chapter 16 primarily focuses on Home Health Services, outlining the coverage, eligibility criteria, and billing requirements for these services under Medicare.

Who is eligible to receive home health services under Chapter 16?

To be eligible for home health services under Chapter 16, a Medicare beneficiary must be homebound, require intermittent skilled nursing care or therapy services, and have a plan of care established and periodically reviewed by a physician.

What types of services are covered under Medicare Benefit Policy Manual Chapter 16?

Covered services include intermittent skilled nursing care, physical therapy, speech-language pathology services, occupational therapy, medical social services, and home health aide services.

How does Chapter 16 define 'homebound' status for Medicare beneficiaries?

Chapter 16 defines 'homebound' status as the inability to leave home without considerable and taxing effort, typically due to illness or injury, and leaving home must be infrequent or for infrequent and short absences such as medical treatment.

What documentation is required to support Medicare home health claims according to Chapter 16?

Documentation must include a physician's certification of homebound status, a plan of care with specific services outlined, and progress notes by the home health agency showing the necessity and delivery of services.

How often must the plan of care be reviewed under Chapter 16?

The plan of care must be reviewed and recertified by the physician at least every 60 days to continue Medicare coverage of home health services.

Are durable medical equipment (DME) items covered under Chapter 16?

While Chapter 16 primarily addresses home health services, DME items may be covered if

prescribed as part of the home health plan of care and are reasonable and necessary for treatment.

What are the billing requirements for home health agencies under Chapter 16?

Home health agencies must submit claims with accurate codes for services rendered, include the certification and plan of care documentation, and comply with Medicare billing deadlines and frequency limitations outlined in Chapter 16.

Does Chapter 16 address the role of telehealth in home health services?

Recent updates to Chapter 16 include provisions for certain telehealth services to be incorporated into home health care, expanding access to care while maintaining Medicare coverage requirements.

How does Chapter 16 handle coverage for intermittent versus continuous home health care?

Chapter 16 covers intermittent home health care services, which are non-continuous and provided on an as-needed basis; continuous skilled care is typically not covered unless specified under exceptional circumstances.

Additional Resources

1. *Medicare Benefit Policy Manual: Comprehensive Guide to Chapter 16*
This book offers an in-depth exploration of Chapter 16 of the Medicare Benefit Policy Manual, focusing on home health services. It explains the eligibility criteria, covered services, and billing procedures, providing clarity for healthcare providers and policy administrators. The text includes case studies and practical examples to help readers apply the policies effectively.

2. *Home Health Services and Medicare: Policy and Practice*
Focusing on Medicare's coverage of home health services as outlined in Chapter 16, this book provides a detailed analysis of benefit policies and regulatory requirements. It covers patient eligibility, service delivery standards, and compliance issues, making it an essential resource for home health agencies and clinicians navigating Medicare guidelines.

3. *Understanding Medicare Coverage: A Focus on Chapter 16 Home Health Services*
This publication breaks down the complex Medicare regulations related to home health care under Chapter 16. It offers practical guidance for providers on documentation, patient assessment, and reimbursement processes. The book also discusses recent policy updates and their implications for service delivery.

4. *Medicare Policy and Home Health: Navigating Chapter 16 Guidelines*
Designed for healthcare administrators and policy makers, this book examines the intricacies of Medicare's home health benefit policies. It highlights key provisions of Chapter 16 and provides strategies for ensuring compliance while optimizing patient care. The text includes interpretive commentary and regulatory analysis.

5. *Medicare Benefit Policy Manual: Chapter 16 Explained*
This concise guide simplifies the technical language of Chapter 16, making Medicare's home health service policies accessible to a broad audience. It outlines the scope of covered services, eligibility requirements, and billing protocols, supplemented by flowcharts and checklists for easy reference.

6. *Home Health Care under Medicare: Policies, Procedures, and Compliance*
This book addresses the practical aspects of delivering home health care within the framework of Medicare Chapter 16 policies. It covers patient rights, provider responsibilities, and documentation standards necessary for compliance. The book also explores audit processes and how to prepare for Medicare reviews.

7. *Medicare and Home Health Services: Regulatory and Policy Perspectives*
Providing a comprehensive overview, this volume discusses the regulatory environment surrounding Medicare home health benefits. It delves into Chapter 16 policies, including coverage determinations, service limitations, and quality standards, offering insights into policy evolution and future trends.

8. *Chapter 16 Medicare Benefit Policy Manual: A Provider's Handbook*
Targeted at clinicians and home health providers, this handbook offers a practical approach to understanding and implementing Chapter 16 Medicare policies. It emphasizes patient eligibility assessment, service documentation, and billing compliance, with tips to avoid common pitfalls and denials.

9. *Medicare Home Health Services: Policy Manual and Operational Insights*
This resource combines a detailed review of Chapter 16 Medicare policies with operational guidance for home health agencies. It includes best practices for service delivery, care coordination, and regulatory adherence, helping providers align with Medicare standards while enhancing patient outcomes.

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medicare benefit policy manual chapter 16: *Master Medicare Guide* Wolters Kluwer Law & Business, 2015-02-25 The 2015 Master Medicare Guide is packed with timely and useful information to help you stay on top of one of the most complex programs administered by the federal government. The 2015 Edition includes: Over 500 explanation summaries for all aspects of the Medicare program coverage, eligibility, reimbursement, fraud and abuse, and administration Highlights of the Protecting Access to Medicare Act of 2014 (P.L. 113-93) and the Improving Medicare Post-Acute Care Transformation Act of 2014 (P.L. 113-185); the most recent physician fee schedule reimbursement fix; A focus on the continuing implementation of the Affordable Care Act as it relates to Medicare, including accountable care organizations and a tighter link between the quality of health care and Medicare reimbursement All discussions include cross-references to relevant laws, regulations, CMS manual sections, administrative and judicial decisions, and more!

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medicare benefit policy manual chapter 16: *Master Medicare Guide 2015* Wolters Kluwer Law & Business Health Editorial, 2015-02-25 The 2015 Master Medicare Guide is a one-volume desk reference packed with timely and useful information for providers, attorneys, accountants, and consultants who need to stay on top of one of the most complex programs maintained by the federal government.

medicare benefit policy manual chapter 16: Handbook of Home Health Standards, Revised Reprint Tina M. Marrelli, 2011-08-11 Handbook of Home Health Standards, Revised Reprint

medicare benefit policy manual chapter 16: *Medicare Handbook* Judith A. Stein, Jr. Chiplin Alfred J., 2012-11-27 To provide effective service in helping clients understand how they are goingto be affected by health care reform and how to obtain coverage, pursue anappeal, or plan for long-term care or retirement, you need the latest Medicareguidelines from a source you can trust - the 2013 Edition ofMedicare Handbook .Prepared by experts from the Center for Medicare Advocacy, Inc.,Medicare Handbook covers the issues you need to provide effectiveplanning advice or advocacy services, including:Medicare eligibility and enrollmentMedicare-covered services, deductibles, and co-paymentsCo-insurance, premiums, and penaltiesFederal coordinated care issuesGrievance and appeals proceduresFace-to-face encounter requirements for home health and hospice careMedicare Handbook also provides you with coverage rules for:Obtaining Medicare-covered servicesPrescription drug benefit and the Low-Income Subsidy (LIS)The Medicare Advantage ProgramDurable Medical Equipment (DME)Preventive servicesAppealing coverage denialsand an understanding of:The Medicare Secondary Payer Program (MSP)The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)Competitive Acquisition ProgramIncome-related premiums for Parts B and DThe 2013 Edition has been updated to include information andstrategies necessary to incorporate ACA provisions on behalf of people in needof health care.In addition, the 2013 Medicare Handbook will also help advocatescontest limited coverage under private Medicare Part C plans (MedicareAdvantage) and understand initiatives to reduce overpayments to MedicareAdvantage.Other Medicare developments discussed in the 2013 Medicare Handbookinclude:Implementation of important provisions of the Affordable Care ActBeneficiary rights, when moving from one care setting to anotherDevelopments in the Medicare Home Health and Hospice BenefitsAdditional information regarding preventive benefitsContinued changes in Medicare coverage for durable medical equipment

medicare benefit policy manual chapter 16: *Clinical Evaluation of Medical Devices* Karen M. Becker, John J. Whyte, 2007-11-05 The original edition of this text, Clinical Evaluation of Medical Devices: Principles and Case Studies, provided the first overview of key pr- ciples and approaches to medical device clinical trials, illustrated with a series of detailed, real-world case studies. The book is designed as a resource for clinical professionals and regulatory specialists working in the field of new medical device development and marketing. Since the first edition of this text was published in 1997, the rapid pace of inno- tion in health care technologies continues to yield exciting and important new products. The regulatory landscape has also evolved, reflecting some of the changes and needs within the medical device industry. The purpose of Clinical Evaluation of Medical Devices: Principles and Case Studies, Second Edition is to provide an updated and expanded presentation of the scientific methods and regulatory requirements applied to the study of new significant risk medical devices. The text now includes (1) new information on the requirements and process for gaining reimbursement of new products from Medicare and private insurers, with case studies of research specifically designed for this p- pose as well as health care technology assessment methods; (2) infor- tion on new statistical methodologies applied to medical device trials; and (3) all new case studies, including examples of combination pr- ucts, three-phase development models (i. e. , feasibility, FDA approval, Medicare reimbursement), and novel study designs.

medicare benefit policy manual chapter 16: Risk Management Handbook for Health

Care Organizations, 3 Volume Set , 2011-01-06 Continuing its superiority in the health care risk management field, this sixth edition of The Risk Management Handbook for Health Care Organizations is written by the key practitioners and consultant in the field. It contains more practical chapters and health care examples and additional material on methods and techniques of risk reduction and management. It also revises the structure of the previous edition, and focuses on operational and organizational structure rather than risk areas and functions. The three volumes are written using a practical and user-friendly approach.

medicare benefit policy manual chapter 16: The How-to Manual for Rehab Documentation Rick Gawenda, 2004

medicare benefit policy manual chapter 16: Saunders Medical Office Management Alice Anne Andress, 2013-08-09 With proven techniques and professional insight, this one-of-a-kind resource is your complete guide to ensuring both effective patient care and sound business practices in the medical facility. From the front office to financial management, each detailed chapter addresses the interpersonal and administrative concerns you'll face in the management of a medical office, accompanied by realistic forms, letters, and procedural policies that help you prepare for on-the-job success. This new edition keeps you up to date on emerging developments in billing and coding, documentation, ethical and legal issues, and technological advances to help you keep your medical office at the forefront of the competitive health care field. - Manager's Alert boxes detail measures to help you avoid complications and prevent potential emergencies. - From the Expert's Notebook boxes help you build daily decision-making skills with helpful tips, suggestions, and insights drawn from real-world practice. - Exercises at the end of each chapter reinforce concepts and help you assess your understanding. - Detailed appendices provide fast, easy access to commonly used abbreviations and symbols, Medicare information, helpful websites, and answers to the end-o-f-chapter exercises, as well as a sample procedure and policy manual to guide you in developing your own practices. - Written Communication chapter helps you ensure proper communication and documentation in the health care facility. - Updated content in the Medical Record chapter familiarizes you with the latest information on the electronic medical record. - The updated Billing, Coding, and Collections chapter keeps you up to date with the latest coding and insurance forms (CMS 1500). - Coverage of current legal and ethical issues and emerging technology in the medical office keep you apprised of recent developments.

medicare benefit policy manual chapter 16: Home Care Nursing: Surviving in an Ever-Changing Care Environment Tina M. Marrelli, 2016-09-16 Tina M. Marrelli’s new book, Home Care Nursing: Surviving in an Ever-Changing Care Environment is a practical and comprehensive guidebook written concisely and without jargon or insider acronyms, making the book accessible to anyone whose work is connected to home care nursing services. Designed to provide chapters as stand-alone resources for readers with previous experience seeking updated guidance, Home Care Nursing is also an excellent guide for course or orientation material. Each chapter is packed with practical questions, discussion topics, and additional resources, such as a complete Medicare Benefit Policy for reference. Additionally, offering more than just an overview of the healthcare and home care markets, this book discusses the unique practice setting and environment of home care nursing, the laws regulations, and quality, and how to make the leap into the field, document your home visit, and improve your professional growth and development.

medicare benefit policy manual chapter 16: Essential Health Benefits Institute of Medicine, Board on Health Care Services, Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans, 2012-02-17 In 2010, an estimated 50 million people were uninsured in the United States. A portion of the uninsured reflects unemployment rates; however, this rate is primarily a reflection of the fact that when most health plans meet an individual's needs, most times, those health plans are not affordable. Research shows that people without health insurance are more likely to experience financial burdens associated with the utilization of health care services. But even among the insured, underinsurance has emerged as a barrier to care. The Patient Protection and Affordable Care Act (ACA) has made the most

comprehensive changes to the provision of health insurance since the development of Medicare and Medicaid by requiring all Americans to have health insurance by 2016. An estimated 30 million individuals who would otherwise be uninsured are expected to obtain insurance through the private health insurance market or state expansion of Medicaid programs. The success of the ACA depends on the design of the essential health benefits (EHB) package and its affordability. Essential Health Benefits recommends a process for defining, monitoring, and updating the EHB package. The book is of value to Assistant Secretary for Planning and Evaluation (ASPE) and other U.S. Department of Health and Human Services agencies, state insurance agencies, Congress, state governors, health care providers, and consumer advocates.

medicare benefit policy manual chapter 16: 2004 Medicare Explained , 2004-03-01

medicare benefit policy manual chapter 16: *Clearinghouse Review* , 2006

medicare benefit policy manual chapter 16: Physical Medicine and Rehabilitation: An Update for Internists, An Issue of Medical Clinics of North America David Lenrow, 2020-02-13 This issue of Medical Clinics, guest edited by Dr. David A. Lenrow, is devoted to Physical Medicine and Rehabilitation. Articles in this issue include: Therapeutic Exercise; Rehabilitation of Patients Post-CVA; Traumatic Brain Injury; Amputee Care; Rehabilitation of Complex Medical Patients; Cancer Rehabilitation; Care of the Patient with Spinal Cord Injury; Back and Neck Pain; Musculoskeletal Rehabilitation; Sports Medicine; Geriatric Rehabilitation; and Determination of Post-acute Hospitalization Level of Care.

medicare benefit policy manual chapter 16: Health System Management and Leadership - E-Book William R. Vanwye, Dianna Lunsford, 2023-10-05 Prepare to be a more effective physical or occupational therapy professional by learning skills in healthcare leadership, management, and policy! Health System Management and Leadership for Physical and Occupational Therapists provides a guide to essential topics such as health legislation, current issues in health care, professionalism, proposal and grant writing, business administration, quality assurance, insurance and billing, and managing a therapy practice in a variety of care settings. Written by a team of expert contributors led by physical and occupational therapy educators, William R. VanWye and Dianna Lunsford, this resource helps readers become well-informed and knowledgeable physical and occupational therapy professionals. - Objectives and Key Terms at the beginning of each chapter guide your study and ensure that you understand important concepts and terminology. - Chapter Summaries review the key content in each chapter. - Figures with discussion prompts and key points are provided throughout the text. - An eBook version is included with print purchase. The eBook allows you to access all of the text, figures and references, with the ability to search, customize your content, make notes and highlights, and have content read aloud.

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medicare benefit policy manual chapter 16: Federal Register , 2014

medicare benefit policy manual chapter 16: *Geriatric Home-Based Medical Care* Jennifer L. Hayashi, Bruce Leff, 2015-12-09 This book is a practical reference for any clinician who has struggled to care for an older adult in a home setting. The volume is written by experts in the field who describe fundamental principles and clinical approaches of geriatric home-based care and their application to specific diseases and conditions, including delirium, incontinence, falls, and chronic pain and disability. The book also details house calls for special populations, from the developmentally disabled to those afflicted with neurologic or psychiatric diseases. The volume explores house calls within the context of the US healthcare system. Geriatric Home-Based Medical

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What is Medicare Part B? - Medicare Part B helps cover medical services like doctors' services, outpatient care, and other medical services that Part A doesn't cover. Part B is optional. Part B helps pay

How do I report a change of name or address to Medicare? To change your official address with Medicare, you have to contact Social Security, even if you don’t get Social Security benefits. Here are three ways you can do this

What does Part B of Medicare (Medical Insurance) cover? Medicare Part B helps cover medically-necessary services like doctors’ services and tests, outpatient care, home health services, durable medical equipment, and other

Who’s eligible for Medicare? - Generally, Medicare is for people 65 or older. You may be able to

get Medicare earlier if you have a disability, End-Stage Renal Disease (permanent kidney failure requiring

How do I enroll in Medicare? - The Medicare.gov Web site also has a tool to help you determine if you are eligibile for Medicare and when you can enroll. It is called the Medicare Eligibility Tool

What's the difference between Medicare and Medicaid? Medicare Medicare is federal health insurance for people 65 or older, and some people under 65 with certain disabilities or conditions. A federal agency called the Centers for

What is Medicare Part C? - A Medicare Advantage Plan (like an HMO or PPO) is another Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, sometimes called "Part

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