

The ABCs (and Ds) of Medicare

CHaSCI Community webinar

October 24, 2018

Welcome to the CHaSCI Community!

What is CHaSCI?

*The **Center for Health and Social Care Integration**, housed at Rush University Medical Center in Chicago*

A platform to translate and elevate learnings from care provided at Rush and by various local & national partners

What does CHaSCI do?

Develop care models that integrate social workers into health care teams: the AIMS Model (Ambulatory Integration of Medical and Social) and Bridge Model of transitional care

Spread care models to health systems, managed care, accountable care and community-based organizations

Educate and train interprofessional trainees, educators, and practitioners on best and promising practices

Run a peer learning community open to public: *the CHaSCI Community*

Influence policy and reimbursement mechanisms

Today's speakers

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What brings us here today?



- **Learning objectives:**

1. *Develop a better understanding of Medicare coverage options*
2. *Assess enrollment eligibility for the different parts of Medicare*
3. *Be able to successfully screen clients for financial benefits*

- **Our agenda**

- *The basics: eligibility, parts, coverage, costs*
- *Helping your clients get coverage*
- *Policy updates*

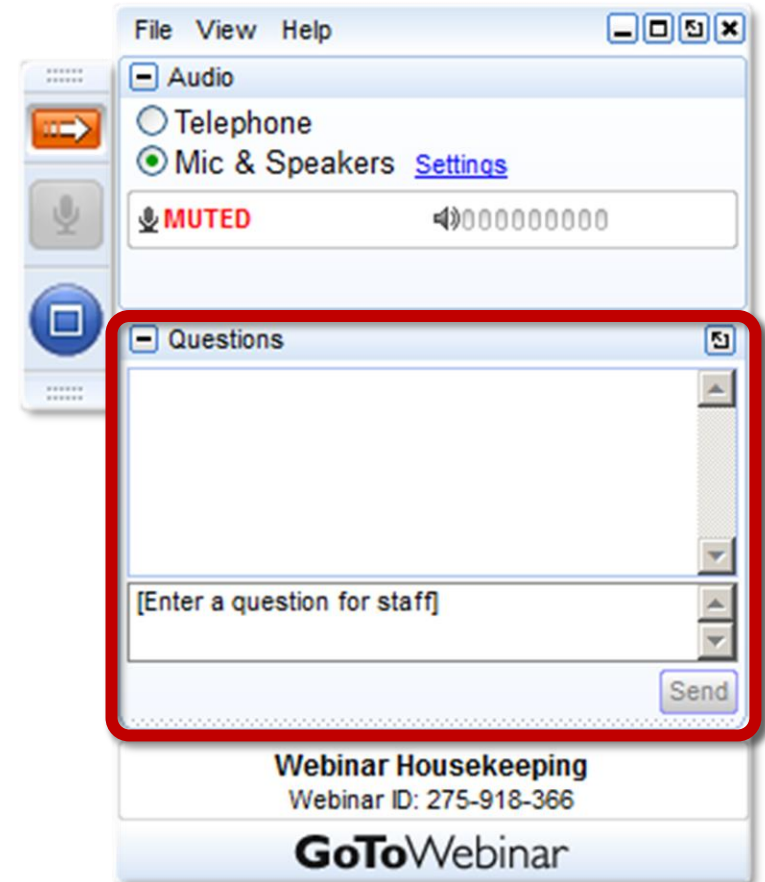
- **We will share slides and a recording after the webinar**

- **Please submit questions as we go**

- *We'll address along the way, revisit at the end, or answer as follow-up*

How to ask questions during the webinar

- To submit a question or comment, please type your questions into the question box (right)
- If at any point during the webinar you experience technical difficulties, please call Citrix tech support at 888-259-8414



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The basics: eligibility, parts, coverage, & costs

Health insurance: an overview

- **Medicare**

- *Federal program*
- *Age 65+ or have been receiving SSDI for 24 months*

- **Medicaid**

- *State program*
- *Eligibility dependent upon income and assets*
- *Specific populations until Medicaid expansion*

- **Health Insurance Marketplace coverage**

- *Part of Patient Protection and Affordable Care Act*
- *Individuals, families, and small businesses*

- **Employer-based health insurance**

- **Private broker or “off-exchange” plans**

Medicare: Eligibility

- **U.S. Citizen or legal resident who has lived in the U.S. at least 5 years**
- **65 years +, OR under 65 and have been receiving social security disability (SSDI) for at least 24 months**
 - *Exception made for individuals with ALS or ESRD*

Parts of Medicare

Original Medicare

- **Part A “Hospital Insurance”**
 - *Hospital, skilled nursing facility, home health, hospice*
- **Part B “Medical Insurance”**
 - *Doctors, outpatient services, preventive services, lab tests, ambulance services, equipment, and supplies*

Medicare Prescription Drug Coverage

- **Part D “Drug Insurance”**
 - *Prescription medication*

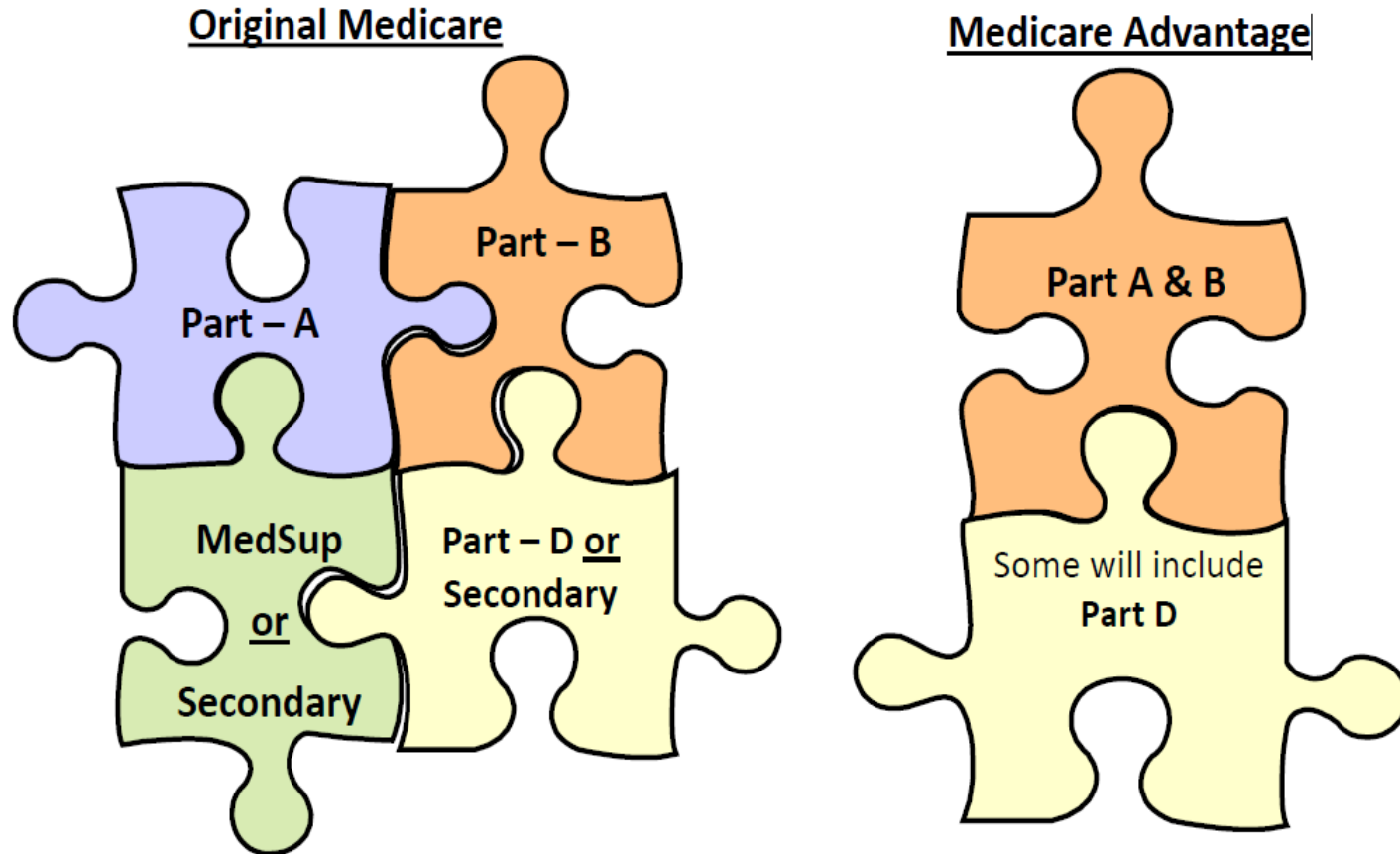
Medicare supplement (also known as MediGap)

- Health insurance sold by private companies to supplement Medicare
- Must have Parts A & B
- Use with Original Medicare (only pays if Medicare does)

Medicare Advantage (or Medicare Replacement)

- Part C
 - Combines benefits offered by Original Medicare
 - Some plans also offer prescription coverage

Two ways to get Medicare benefits



Medicare Part A and B Enrollment Periods

▪ Initial Enrollment Period (IEP)

- *3-1-3 Rule: 3 months before the month you turn 65, the month you turn 65, and 3 months after you turn 65*
 - *3-1-3 also applies to individuals who are receiving their 25th month of disability*
- *Some beneficiaries are automatically enrolled*
- *Coverage start date depends on what month you enroll*
- *You can sign up for free Part A (if you're eligible) anytime during or after your IEP starts, but if you have to buy Part A and/or Part B, you can only sign up during a valid enrollment period*

• General Enrollment Period (GEP)

- January 1-March 31
- Coverage will begin July 1
- May incur late penalties

• Special Enrollment Period (SEP)

- When you are still working you may be able to defer
- 8 months after employment ends or group health plan ends

Medicare Part D Enrollment Periods

▪ Initial Enrollment Period

- 3-1-3
- Coverage start date depends on what month you enroll

▪ Annual Open Enrollment Period

- October 15th - December 7th
- Coverage will begin January 1st

▪ General Enrollment Period

- You can sign up for Part D during April 1-June 30th if you used the GEP to get Part A or B
- Coverage will begin July 1

▪ Special Enrollment Period

- You move
- You're eligible for Medicaid (continuous)
- You qualify for Extra Help(continuous)
- You're getting care in an institution (SNF or LTC hospital; continuous)

Medicare Part C Enrollment Periods

▪ Initial Enrollment Period

- 3-1-3
- *Coverage start date depends on what month you enroll*

▪ Annual Open Enrollment Period

- *October 15th - December 7th*
- *Coverage will begin January 1st*

▪ General Enrollment Period

- *You can sign up for Part C during April 1-June 30th if you used the GEP to get Part A or B*
- *Coverage will begin July 1*

• Medicare Advantage Open Enrollment Period

- January 1st – March 31st
- replaces the previous Medicare Advantage Disenrollment Period (Jan 1st- Feb 14th)
- A beneficiary enrolled in a MA plan will be able to make a one-time change to another MA plan or return to Original Medicare and enroll in a stand alone prescription drug plan (PDP)

Part A Coverage

- **Hospital care**

- *hospital services, including semi-private rooms, meals, general nursing, drugs as part of your inpatient treatment, and other hospital services and supplies.*

- **Skilled nursing facility care**

- *semi-private room, meals, skilled nursing care, physical and occupational therapy, speech-language pathology services, medical social services, medications, medical supplies and equipment used in the facility, ambulance transportation*, dietary counseling*

- **Hospice**

- *doctor services, nursing care, medical equipment, medical supplies, prescription drugs for symptom control or pain relief, hospice aide and homemaker services, therapy services, dietary counseling, grief and loss counseling, short-term inpatient care (for pain and symptom management, short term respite care, and any other Medicare-covered services needed to manage your pain and other symptoms related to your terminal illness*

- **Home health services**

- *intermittent skilled nursing care, physical therapy, speech-language pathology services, occupational services, and more*

Part A: 2019 Costs

- **Most beneficiaries do not pay a premium for part A**
 - *If you don't qualify for premium free Part A, the cost could be up to \$437 per month*
- **Part A out-of-pocket expenses**
 - *\$1364 deductible per benefit period*
 - *\$0 copay for the first 60 days of each benefit period*
 - *\$341 daily copay for days 61-90 of each benefit period*
 - *\$682 daily copay for days 91-150 (these are lifetime reserve days and you only get 60 of them for your entire lifetime)*
- **Skilled nursing facility**
 - *\$0 copay for days 1-20*
 - *\$170.50 copay for days 21-100*
 - *You pay all costs after 100 days*

Part B Coverage

- **Services covered under Part B include, but are not limited to:**
 - *Outpatient surgery, doctors office and specialists visits, MRIs, CT scans, DME, some drugs, some home health*
 - *Emergency room*
 - *Some services (doctor services, anesthesia, etc.) rendered while hospitalized would be charged under Part B at 20%*
- **Observation Periods**
 - *Medicare Outpatient Observation Notice (MOON)*
 - *requires hospitals to provide notification explaining the admission status of the individual and implications to those receiving observation services as outpatients for more than 24 hours*
 - *must begin using MOON no later than March 2017*

Part B Preventive Services

- Abdominal Aortic Aneurysm Screening
- Alcohol Abuse Screening and Counseling
- Bone Mass Measurement
- Cardiovascular Screening and
- Cardiovascular Disease (Behavioral Therapy)
- Colon cancer screening
- Depression Screenings
- Diabetes screening
- Diabetic self-management
- Immunizations (flu, pneumonia and Hepatitis B shots)
- Glaucoma Exam
- Mammogram Screening
- Medical nutritional therapy services
- Obesity screening
- Prostate cancer screening
- HIV screening
- Pap smears
- Sexually transmitted Infections Screening and Counseling
- Smoking cessation counseling
- “Welcome to Medicare” exam - within one year of getting Part B benefits
- Annual Wellness Exam

Part B Costs

- **Part B out of pocket costs**

- *\$185 calendar year deductible*
- *\$135.50 monthly premium for new enrollees in 2018*
- *Premium rates may vary for enrollees who were “held harmless”*
- *The premium is also income tiered (MAGI)*
 - *Beneficiaries with annual income of more than \$85,000 (single) or \$170,000 (married) will pay a Part B premium of \$134 + an income-related premium amount each month*

- **Beneficiaries pay 20% of the approved amount for most Part B covered services**

- *No out-of-pocket limit*

- **There may be financial assistance available in your state to help pay the Part B premium**

- **Late enrollment penalty:**

- *10% for each full 12-month period that you could have had Part B, but didn't sign up for it.*

Not covered by Part A or B

- **Long-term care or services/supports**
 - *Also called custodial care*
- **Most dental care**
- **Eye examinations related to prescribing glasses**
- **Dentures**
- **Cosmetic surgery**
- **Acupuncture**
- **Hearing aids and exams for fitting them**
- **Routine foot care**

Part C Coverage

- **Part C is a privatized version of Medicare in which you have your Medicare claims paid by a private company**
 - *Must have Medicare Parts A & B to join a Medicare Advantage plan*
 - *Require you to stay within a network of doctors and hospitals and to have your claims paid*
- **The coverage has to at least be as good as Original Medicare**
 - *Most include drug coverage*
 - *Some have added “supplemental benefits” - dental, hearing, and vision benefit*

Part C Costs

- **Premiums range from \$0-\$200**
 - *This is in addition to Medicare Part B premium*
- **Out-of-pocket costs can vary between different Part C plans**
 - *Each state and area has different ones available*
- **Have copayments for specific services**
 - *Usually copays are a flat dollar fee vs coinsurance*
- **Some types of plans charge higher copays to see providers out of your network**
- **Maximum out-of-pocket (MOOP) spending limit is \$6,700 in 2019**

Part D Coverage

- **Medicare Part D is a separate plan to help pay for medications**
- **Need to have Medicare Part A and/or Part B**
- **There are different coverage levels**
 - *Deductible: If choosing a plan with a deductible, the beneficiary pays up to the first \$415 in total drug costs, out of pocket, before the plan begins to pay its share*
 - *Initial: after the deductible is met, the plan and beneficiary begin paying their share of drug costs (75%/25%).*
 - *Coverage gap: Begins when total drug costs reach \$3,820. During this phase, the beneficiary is responsible for paying 25% for brand name drugs and 37% for generic drugs.*
 - *Catastrophic coverage: When the beneficiary's total out-of-pocket cost (not including monthly premiums), reaches \$5,100. Beneficiary will only pay \$3.40 for generic and \$8.50 for brand OR 5% cost (whichever is higher).*

Part D Costs

- **Part D costs vary depending on the plan**
 - *In most states there are around 20+ different plans available and the premiums may vary from \$17-\$100+ per month*
- **If your income is exceptionally high, you may have to pay more for Part D plans**
 - *This is called IRMAA (Income Related Monthly Adjustment Amounts)*
- **Many Medicare drug plans place drugs into different "tiers" on their formularies.**
 - *Drugs in each tier have a different cost*
 - *Beneficiaries can ask their plan for "tiering exception" to lower costs*
- **Late enrollment penalty: 1% of the national base beneficiary premium (\$33.19 in 2019) for each full, uncovered month that the person didn't have Part D or creditable coverage**

Medicare Supplement ("Medigap")

- **Use with "Original Medicare" only**
 - *Must have both Medicare Part A & Part B*
 - *Covers the major gaps in Medicare*
 - *Only covers Medicare-approved charges*
- **10 Standardized plans in most states(WI, MA, MN have own)**
 - *Plans A, B, C, D, F, G, K, L, M, N*
 - *All supplement plans will cover all or some of Part B coinsurance*
 - *The more a plan offers, the more expensive it will be*
 - *Plan benefits are identical from company to company*
 - *Not every insurance company will offer every letter plan*
 - *Humana Healthy Living option*
 - *Offers vision and dental*
- **MedSelect**
 - *Offers a lower monthly premium because the beneficiary must use specific hospitals contracted with the MedSelect plan for inpatient hospital services*

Medicare Supplement Benefits

This chart indicates the benefits included in each of the standardized Medicare Supplement plans.

Core Benefits for Plans A, B, C, D, F, G, M, and N include:

- All Part A coinsurance expenses for:
 - ❖ \$335 per day for 61st through 90th day; (2018)
 - ❖ \$670 per day for 91st through 150th day; (2018)
- Part A Hospice coinsurance
- Upon exhaustion of Part A hospitalization benefits, full coverage of an additional 365 days per lifetime;
- Part B coinsurance or copayment; – including Part B Preventive Services

Benefits Included	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Core Benefits	√	√	√	√	√	√	√*	√*	√	√*
Skilled Nursing Facility			√	√	√	√	√* (50%)	√* (75%)	√	√
Part A Deductible		√	√	√	√	√	√* (50%)	√* (75%)	√* (50%)	√
Part B Deductible			√		√					
Part B Excess (100%)					√	√				
Foreign Travel			√	√	√	√			√	√
							Out-of-pocket annual limit in 2018	\$5,240	\$2,620	

*Core Benefits for Plans K, L, M, and N are the same as listed above with some exceptions. The Plan F High-Deductible for 2018 is **\$2,240**. Please refer to the following pages.

Medicare Supplement Considerations

- **Initial Enrollment Period**

- *6-month period which starts the first month you're 65 and enrolled in Part B.*
- *This period gives you a guaranteed right to buy any supplement policy sold in your state regardless of your health status*

- **Medicare standard supplement plans do not have a “network”**

- *As long as provider accepts Medicare, the supplement plan will pay*

- **Every state has different rules**

- *Federal law doesn't require states to offer supplement coverage to beneficiaries under 65, but many states elect to have this protection*

- **Comparing the plans**


- *Plan F is considered the most comprehensive supplement plan, followed by Plan G*
- *Plan K, L, M, and N*
 - *set co-pays for some services and*
 - *only cover a certain percentage of certain supplement benefits*
- *Plan F and Plan C will no longer be offered as of 2020*
- *Plan F High Deductible will usually offer the lowest monthly premium.*
 - *However, the benefits of this plan will not kick in until \$2,240 is paid out of pocket*
 - *Usually advertised to people who are in good health*



Helping your clients get coverage

New Medicare cards in 2018

Current Medicare Card

MEDICARE  **HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER SEX
000-00-0000-A **FEMALE**

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 07-01-1986
MEDICAL (PART B) 07-01-1986

SIGN HERE → *Jane Doe*

New Medicare Card

 **MEDICARE HEALTH INSURANCE**

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a Coverage starts/Cobertura empieza
PART A 03-03-2016
PART B 03-03-2016

Checking clients' coverage

■ Medicare

- 1-800-MEDICARE: (800-633-4227)
- Social Security Administration (SSA): 800-772-1213

■ Medicare.gov

- Plan Finder Tool
 - Click on “Find Health and Drug plans”
 - Enter personalized information from Medicare card



How do you get your Medicare coverage?

- Original Medicare
- Medicare Health Plan (Such as an HMO, PPO, or Private-Fee-for-service plan)
- I don't have any Medicare coverage yet
- I don't know what coverage I have

Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

- I get help from Medicaid
- I get supplemental security income
- I belong to a Medicare Savings Program (MSP)
- I applied for and got extra help through social security
- I don't get any extra help
- I don't know

Would you like to add drugs?

- Yes
- I don't want to add drugs now
- I don't take any drugs

[Go Back](#) [Continue to Plan Results](#)

What should you recommend to your clients who are newly eligible?

- **Be sure to contact Medicare or a SHIP counselor when you are first eligible for Medicare**
- **Make a plan for enrollment based on your specific situation (e.g., whether you are still working and have employer coverage, etc.)**
 - *Medicare Parts A & B*
 - *Medicare Supplement Plan or Medicare Advantage?*
 - *Medicare Part D*
- **Keep documentation of what you decide to do and why, who you spoke to at Social Security, etc.**
 - *This is especially important if you delay enrollment!*

Medicare benefits for low-income beneficiaries

- **Medicare Savings Program**

- *Helps with Medicare Part A and Part B*
- *Call your state Medicaid program to see if you qualify*

- **Extra Help**

- *Helps with Medicare Part D costs*
- *Brochure to share with clients*
 - <https://www.ssa.gov/pubs/EN-05-10508.pdf>
- *Apply:*
 - *Online: www.secure.ssa.gov/i1020/start*
 - *In-person at local SSA office*
 - *By calling SSA at 800-772-1213*

Medicare Part D assistance

- **The Limited Income NET Program (or LI NET)**

- *Eliminates gaps in coverage for low-income individuals transitioning to Medicare Part D drug coverage*

- **Best Available Evidence (BAE) policy**

- *Helps Medicare beneficiaries who are in Part D plans and have Extra Help (LIS) but their LIS status is not yet reflected on the plan's system*
- *Use copy of medical card or letter from DHS*

Financial screening: What do you need to know?

- **Marital Status**
- **Household size**
 - *Dependents?*
- **Housing type**
- **Veteran status**
- **Medical conditions**
- **Monthly medical expenses (not covered by insurance)**
- **Monthly income (and sources)**
- **Assets (cash, bank accounts, stocks, life insurance, etc.)**
- **Benefits currently received**

Tools for financial screening

- **Benefits Checkup**

- www.benefitscheckup.com
- *Free online tool that connects older adults with benefits they may qualify for provided by the National Council on Aging (NCOA)*

- **Benefits.gov**

- www.benefits.gov
- *Government website that includes federal and state benefit programs for which US citizens may be eligible. Individuals can search by state, by category, or by federal agency and investigate the 'Other Resources' option for more programs.*

Prescription assistance

Discount Drug Cards

- Reduce cost of prescription medications, as well as OTC medications and medical supplies that are written as a prescription

Coupons, discounts, rebates

- Drug companies sometimes offer rebates, discounts, co-pay assistance or even free trial sizes of prescription or over-the-counter (OTC) medications.

Patient Assistance Programs

- Pharmaceutical patient assistance programs may provide free or discounted medicines to low or moderate income, uninsured, and under-insured people who meet the guidelines

Diagnosis-Based Assistance Programs

- Help patients pay for medications and other expenses associated with specific diseases, types of diseases, or medical conditions

Prescription assistance (cont'd)

GoodRx

- www.goodrx.com
- Coupons and free drug discount card

SearchRx

- www.searchrx.com
- Coupons and free pharmacy savings card if sign up for newsletter

NeedyMeds

- www.needymeds.com or helpline: 800-503-6897
- “informational clearinghouse”: a comprehensive list of PAPs, coupons, and other resources

BlinkHealth

- www.blinkhealth.com
- Offers low prices on over 15,000 medications



Policy updates

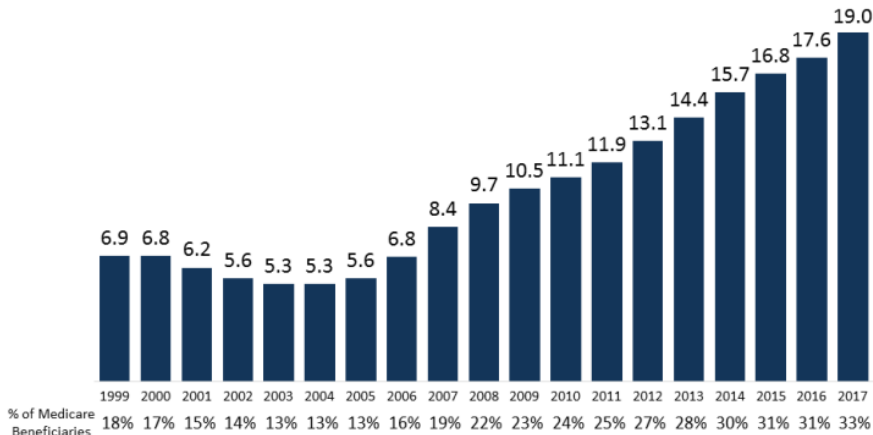
Medicare in context

- **Closing the “donut hole”**
 - *Brand names – 2019*
 - *Generics – 2020*
- **Recently removed therapy cap**
 - *Speech, OT, PT*
- **Increasing availability of telehealth**
- **Reimbursing for non-face-to-face services**
 - *Chronic Care Management*
 - *Behavioral Health Integration*
- **Updating educational materials for beneficiaries**

Medicare Advantage's prevalence is growing

Figure 1

Total Medicare Private Health Plan Enrollment, 1999-2017

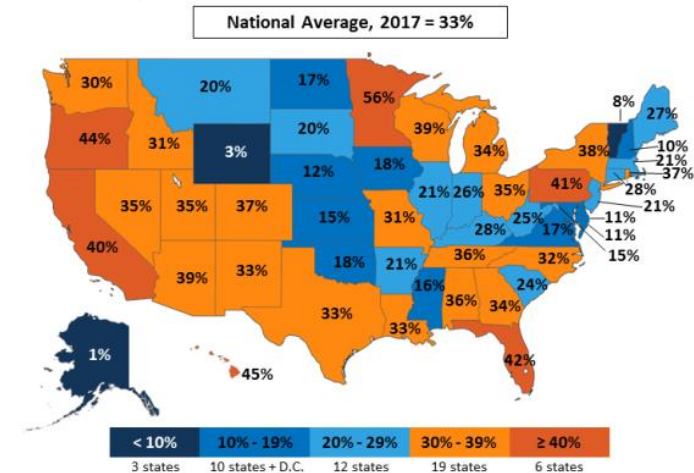


NOTE: Includes MSAs, cost plans, demonstration plans, and Special Needs Plans as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico.
 SOURCE: Authors' analysis of CMS Medicare Advantage enrollment files, 2008-2017, and MPR, "Tracking Medicare Health and Prescription Drug Plans Monthly Report," 1999-2007; enrollment numbers from March of the respective year, with the exception of 2006, which is from April.



Figure 2

Share of Medicare Beneficiaries Enrolled in Medicare Private Plans, by State, 2017



NOTE: Includes MSAs, cost plans and demonstrations. Includes Special Needs Plans as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico.
 SOURCE: Authors' analysis of CMS State/County Market Penetration Files, 2017.



Medicare Advantage in context

- **Guaranteed issue at first**
 - *But, not necessarily later on*
 - *MediGap plan may also be limited later on (if back to Original Medicare)*
- **Each person gets 3 month trial period**
 - *Required by 21st Century CURES Act*
 - *Can switch to another MA plan or back to Original Medicare*
- **Able to provide “supplemental benefits” beyond what Original Medicare provides**
 - *Transportation to physician visits*
 - *Coverage of over-the-counter drugs*
 - *Adult day care services*

CHRONIC Care Act opens new door

- **Medicare Advantage plans can now offer additional supplemental benefits**
 - *Big opportunity for home- and community-based service providers*

Figure 1: New Supplemental Benefit Offerings in 2019

Examples of Supplemental Benefits Categories	Number of Plans Offering Benefit
Nicotine Replacement Therapy	1,653
Caregiver Support Services	429
In-home Support & Personal Care Services	107
Social Worker Phone Line	80
Adult Day Care	26

Note: Includes plans in the market in both 2018 and 2019 and new plans entering the market in 2019.

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Medicare Advantage: policy considerations

- **CMS pays MA plans set rate per person**
 - *Based on risk-adjustment score, locality, anticipated use of Parts A & B services*
 - *“benchmarks” and “bids”*
 - *Rates set to attract plans, attract enrollment, improve quality measures*

- **To date, MA plans have cost the system more than Original Medicare**
 - *A decade ago, CMS was paying 14% more per enrollee for MA than original Medicare*
 - *ACA slowly addressing this by decreasing benchmarks*

Thanks for joining us today!

Questions?