Webinar Logistics:

- Audio: Listen through your computer speakers or call in using a telephone. To get call-in information, click “telephone” under “audio”.
- Because there will be a large number of people on the call, all lines will be muted to ensure good audio quality.
- If you have a question during the webinar, please type your question into the question box. Questions will be answered at the end of the webinar.
- The webinar slides and recording will be sent to all registrants within approximately one week of the webinar.
Medicare Open Enrollment Period and Medicare Updates

November 6, 2019
Make Medicare Work Coalition

• MMW is a coalition led by AgeOptions, Progress Center for Independent Living and Smart Policy Works

• Together we continue to promote affordable, accessible healthcare options in Illinois to ensure that older adults and people with disabilities make informed choices about their healthcare

• Since February 1\textsuperscript{st}, the MMW email policy changed. Each MMW lead agency will use their copy of the email list to send information to MMW members in keeping with the Make Medicare Work mission
Through the Avisery by AgeOptions program, we support the work of MMW.

Avisery by AgeOptions provides tools and support to professionals serving older adults and people with disabilities, enabling them to help their clients access healthcare coverage that allows them to thrive as they age.

Avisery will continue offering trainings, technical assistance, and webinars, including our daylong Medicare/Medicaid Counselor trainings for providers like you!
What We Do

• **Educate** Medicare consumers, service providers and policymakers

• Provide **impartial information** through in-person trainings, webinars and technical assistance for professionals and volunteers

• Gather and create practical, accessible educational **materials** for service providers & consumers

• **Problem solving** – individual and systemic

• **Advocate** for consumer focused laws and policies

• Target **underserved** groups in Illinois
How to Access Avisery Services

• In Person Trainings & Webinars
  – Seasonal Calendar of Events & event registration sent through our Avisery Email List

• Technical Assistance (TA)
  – Send TA request through our program’s Email Address: Avisery@ageoptions.org

• Counseling Tools (Charts, Materials, etc.)
  – Sent through our Avisery Email List
  – Available on http://www.ageoptions.org/services-and-programs_makemedicarework.html
Contact Information

Avisery by AgeOptions
1048 Lake Street, Suite 300
Oak Park, IL 60301

Avisery Phone Number: (708)628-3440

Avisery Email Address: Avisery@ageoptions.org

Avisery Website: http://avisery.org/
Thank you to our funders

Avisery

Kott Memorial Foundation

Other Grants

Retirement Research Foundation

Revenue from Business (FFS)
What We Will Cover Today

• Medicare Part D and the Open Enrollment Period
  – What you need to know to help beneficiaries make informed Part D choices
  – Medicare Part D and Medicare Advantage plan options in 2020
  – What beneficiaries expect to pay for their medications

• Other Medicare Enrollment Periods

• Medicare updates
Medicare Part D and the Open Enrollment Period
Medicare Open Enrollment Period

• The Medicare Open Enrollment Period (OEP) takes place **October 15 to December 7** of each year
  – Also referred to as the Medicare Annual Enrollment Period
  – Can make any Medicare Part D plan changes at this time (enroll, disenroll or switch plans)
  – Includes stand-alone prescription drug plans (PDPs) and Medicare Advantage (MA) plans

• New plan enrollments are effective January 1, 2020

• Beneficiaries should have received an Annual Notice of Change (ANOC) from their Part D plans by September 30th that lists premium, plan and formulary changes for 2020

• Medicare Part D and MA plans are also required to send Evidence of Coverage (EOC) information which details what the plans covers, costs, etc.
  – CMS does allow some plans to send the EOC electronically and separately from the ANOC, but must allow members to request a printed copy
# 2020 Medicare Part D Standard Benefit

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly premium</strong> (continue paying all year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yearly deductible</strong></td>
<td>$0 - $415</td>
<td>$0 - $435</td>
</tr>
</tbody>
</table>

## Initial Coverage Period
- The beneficiary pays a co-insurance/co-pay amount for each prescription and the Part D plan pays the rest
- What the beneficiary and plan pays for covered drugs counts towards the **True Out-of-Pocket Threshold (TrOOP)**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage Gap</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• During the coverage gap a beneficiary receives discounts on the full price of generic and brand name formulary drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The coverage gap continues until a beneficiary meets TrOOP</td>
<td>Until $3,820</td>
<td>Until $4,020</td>
</tr>
</tbody>
</table>

## Coverage Gap
- Begins once the beneficiary and the plan have spent $3,750 in covered drug expenses
- 75% discount on brand name drugs
- 63% discount on generics

## Catastrophic Coverage
• Begins once TrOOP is met
• TrOOP includes costs paid by the beneficiary, manufacturer discounts, a charity program, and the Extra Help program
• Once TrOOP is met, **Catastrophic Coverage begins** and you pay less for covered drugs for the remainder of the calendar year

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TrOOP</strong></td>
<td>$5,100</td>
<td>$6,350</td>
</tr>
<tr>
<td><strong>Beneficiaries in catastrophic coverage pay no more than 5% or $3.40/$8.50 for generics/brand names – whichever amount is greater</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

- Begin once the beneficiary and plan have spent $4,020 in covered drug expenses
- Receive 75% discount on brand name and generic drugs
- Beneficiary pays 25% coinsurance

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<tr>
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<td></td>
</tr>
</tbody>
</table>
Medicare Standard Part D Benefit - 2020

- **Annual Deductible**: You pay this amount before the plan begins to pay its share.
  - $0 to $435

- **Initial Coverage Period**: You pay 25% of covered drugs.
- **Coverage Gap**: You pay 25% coinsurance for brand name and generic drugs.
- **Catastrophic Coverage**: You pay 5% or $3.60/$8.95 for generics/brand names – whichever is greater.

Legend:
- Annual Deductible
- Initial Coverage Period
- Coverage Gap
- Catastrophic Coverage
The Standard Part D Benefit

• Defined standard plans offer a deductible and a standard 25% coinsurance amount for formulary drugs

• Most plans offered are **not** defined standard plans –
  – In Illinois in 2020, there are no defined standard PDP plans offered and 11 Medicare Advantage plans (4 in Cook County)

• There are alternatives to the standard defined Part D benefit
  – Medicare allows plans to vary benefits as long as they are actuarially equivalent (an alternative equal in value) to the standard Part D benefit
Alternatives to the Standard Part D Benefit

- Alternative Part D plans include plans that are called “Actuarially Equivalent” or “Basic Alternative”. These types of plans, for example, may include
  - a lower deductible or lower co-pays for generics during the deductible
  - An initial coverage period that places drugs on “tiers” that have a set co-pay or coinsurance amount (instead of a standard 25% coinsurance amount)

- Enhanced plans offers a prescription drug benefit that exceeds the value of a defined standard plan
  - Includes basic Part D drug coverage, plus extra benefits
  - Extra benefits may include extra coverage in the gap, supplemental drugs that are excluded from Part D, reduced cost sharing during the deductible or initial coverage period that increases the actuarial value beyond a basic plan

- What does this mean for beneficiaries?
  - It is important to let beneficiaries know that they may pay different co-pay or coinsurance amounts depending on which phase of Part D they are in
What’s Happening to the Donut Hole in 2020 and Beyond?

• The Medicare Part D benefit was created with a benefit structure that included a coverage gap (donut hole)
  – Required beneficiaries to pay 100% of their drug costs during the donut hole
  – Medicare Modernization Act of 2003

• The Affordable Care Act of 2010 provided discounts to Part D beneficiaries in the donut hole for brand name and generic drugs
  – Discounts were gradually phased in

• Beginning in 2020, cost sharing for covered generics and brand names in the donut hole will be 25%
The Coverage Gap is Still There, But...

• Beneficiaries receive a 75% discount in the coverage gap for covered formulary drugs
  – Brand name drugs
    • 70% discount provided by the drug manufacturer
    • 5% discount provided by the Part D plan
  – Generic drugs
    • Medicare provides a 75% discount

• The beneficiary pays the remaining 25%

• What the beneficiary pays and the 70% discount provided by the drug manufacturer counts towards TrOOP
  – Once TrOOP is met, catastrophic coverage begins
Part D Catastrophic Limit in 2020

• Catastrophic Coverage begins once a beneficiary has met the TrOOP threshold
  – Once TrOOP is met, a beneficiary's cost sharing for covered drugs is no more than 5% or $3.60/$8.95 (whichever is greater)

• ACA provision that slowed the growth rate of the TrOOP threshold expires at the end of 2019
  – Provision in place between 2014 and 2019

• Beginning in 2020, TrOOP will increase by 25%
  – TrOOP increases from $5,100 in 2019 to $6,350 in 2020 (an increase of $1,250)

• What counts towards TrOOP?
  – Amounts paid out-of-pocket by the beneficiary for covered generic and brand name drugs
  – 70% discount provided by the drug manufacturers for brand name drugs in the coverage gap
2020 Medicare Part D Plan Information

• 2020 Medicare Part D plan information and drug formularies are available through the Medicare Plan Finder at [www.Medicare.gov](http://www.Medicare.gov)
  – Includes information for stand-alone Part D, Medicare Advantage, and Special Needs Plans
  – Can research, compare, and enroll in Medicare Part D plans

• 2020 Medicare Part D landscapes are available at: [https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html)
2020 Stand Alone Part D Plans in Illinois – Overview

- Stand-alone prescription drug plans (PDPs) cover only prescription drugs
- 28 PDPs available in Illinois
- Monthly premiums range from $13.20 - $135.90
- Some plans have a deductible – up to $435
  - Plans may cover some drugs that do not apply to the deductible
- Four plans offer a $0 deductible
- Eight plans offer $0 premiums to beneficiaries with full Extra Help
- Six plans offer “additional coverage in the gap”
- Co-payment or co-insurance for drugs depend on which “tier” a drug is on
  - Some plans offer tier 1 drugs for $0 or $1 (usually commonly preferred generics)
2020 Medicare Advantage Plans in Illinois – Overview

• 1,309 MA-PD plans offered. Options include:
  – 830 local HMOs
  – 324 local PPOs
  – 102 regional PPOs
  – 53 PFFS plans

• 430 MA only plans offer health coverage only (no Part D coverage)

• Monthly premiums range from $0 - $166.00

• Annual drug deductibles range from $0 - $435

• Maximum Out-of-Pocket (MOOP) limit is no more than $6,700 for in-network Part A and Part B medical expenses (does not include Part D costs)

• Some plans may have an annual health deductible
  – Contact plan for additional information
2020 Medicare Advantage Plans in Cook County - Overview

- 41 MA-PD plans offered in Cook County. Options include:
  - 29 local HMOs
  - 10 local PPOs
  - 1 regional PPO
  - 1 PFFS plan
- 5 MA-only plans offer health coverage only (no Part D coverage)
- Monthly premiums range from $0 - $166.00
- Annual drug deductibles from $0 - $435
- MOOP limits are no more than $6,700 (many plans have lower limits)
- Some plans may have an annual health deductible
  - Contact plan for additional information
2020 Special Needs Plans (SNPs) in Illinois - Overview

- 35 SNPs offered in Illinois
  - 25 plans for institutionalized individuals
  - 10 plans for individuals with chronic or disabling conditions
    - 5 plan options for individuals with dementia
    - 1 plan option for individuals with diabetes
    - 1 plan option for individuals with HIV or AIDS
    - 3 plan option for cardiovascular disorders, chronic heart failure and diabetes

- In Cook County in 2020, 10 SNPs are offered
  - 7 plan options for institutionalized individuals
  - 4 plans for individuals with chronic or disabling conditions
    - 1 plan option for individuals with dementia
    - 1 plan option for individuals with diabetes
    - 1 plan option for individuals with HIV or AIDS
    - 1 plan option for cardiovascular disorders, chronic heart failure and diabetes
Stand-Alone Part D Plans – What to Consider

• Are all of your drugs on the plan’s formulary?
• Costs
  – Monthly premium, annual deductible, co-pays throughout the year and phases of Part D
• Do your drugs have any restrictions?
  – Quantity limits, prior authorization, step therapy
• Pharmacy network
  – Standard, preferred, or mail order
• Customer service
  – Star ratings available on www.Medicare.gov
Medicare Advantage – What to Consider

• Choice of providers- are they in-network?

• Monthly costs (premiums, deductibles, co-pays)
  – Some plans offered in 2020 have a health deductible that must be met before the plan will pay for health services (in addition to the annual Part D drug deductible)
  – Some plans may also offer a Part B premium reduction as an additional benefit

• Benefits (How are benefits administered? Which services require prior approval? Are your prescriptions on formulary?)

• Convenience (What type of MA plan fits your needs? Is there a broad network for possible future healthcare needs?)

• Coverage when traveling away from home

• Customer service – review the plan’s star ratings available on www.Medicare.gov
New Medicare Plan Finder

• CMS released a new Medicare Plan Finder tool for the current Medicare Open Enrollment Period
  – Designed from the beneficiary’s perspective
  – The Legacy Plan Finder (old tool) is no longer available

• Users must create a MyMedicare account to personalize their plan searches
  – Allows users to view prescription drug suggestions that are based on claims data
  – View current plan enrollment
  – View Extra Help Subsidy eligibility
  – View Medicare notifications and MSNs

• Users are also able to view plans and enroll through an anonymous search

• Drug lists previously created on the Legacy Plan Finder will only be available during this open enrollment period

• Live chat option is available 24/7 if assistance is needed
Medicare Plan Finder - How to Create a MyMedicare Account

• To create a MyMedicare account, you will need the beneficiary’s;
  – new Medicare card (the new plan finder will not accept the old Medicare number)
  – last name
  – email (if they have one – do not need an email to create an account)
  – date of birth
  – zip code (on file with Social Security)
  – Part A or Part B effective date

• Beneficiary will need to create a user name and password
  – Helpful Tip: The user name can be an email address if the beneficiary has one

• The beneficiary must also choose an answer to one of the secret questions
  – Ex., What is your favorite vacation spot? Answer: Greece
The beneficiary does not need an email to create an account.
New Medicare Plan Finder: Useful Tips

• Print or save your Plan Finder comparisons, plan details, and enrollments

• Familiarize yourself with the drop down options
  – Plans do not default to total lowest annual costs. You have to choose from the drop down box to view plans in this order

• If a beneficiary does not remember their username and/or password, they can use their secret answer and Medicare card to recover their account
  – Medicare.gov will also ask the beneficiary to prove that they are not a robot (for ex., Type in the first 3 numbers of this sequence: 456980)
  – Beneficiaries who cannot recall their secret question or answer can call 1-800-Medicare

• A confirmation letter will be mailed to the beneficiary after a MyMedicare account is created
  – A beneficiary does not have to wait for the letter to arrive and can begin using their account right away
New Medicare Plan Finder - Resources

• CMS Medicare Plan Finder Materials (video tutorial, webinar, tip sheets)
  – https://cmsnationaltrainingprogram.cms.gov/node/197

• CMS “Creating a MyMedicare Account” Tip Sheet:
  – helpful tip sheet on how to create a MyMedicare account to be able to do personalized Plan Finders

• Illinois SHIP - Creating a MyMedicare Account Flyer
  – created by the Illinois Senior Health Insurance Program (SHIP) for SHIP Counselors and Volunteers
  – http://downloads.ageoptions.org/benefits/Avisery/SHIPAuthCreateMedicareAccount.docx
Higher Part B and Part D Premiums for Higher Income Beneficiaries

• **IRMAA** = Income Related Monthly Adjustment Amount
• Beneficiaries with higher incomes ($85,000 single or $170,000 for a couple) will have to pay higher Part B and Part D monthly premiums
  – Based on income submitted to the IRS

• Extra IRMAA amount paid separately and directly to Medicare
  – Additional premium amounts will be deducted from beneficiary's SSA or RRB benefits, or Medicare will bill directly

• Beginning in 2019, beneficiaries with modified adjusted gross incomes of $500,000 or more ($750,000 or more for a couple) will pay an additional IRMAA for their Medicare Part B and Part D premiums
  – Premium costs for this income bracket will increase from 80% to 85%
  – Provision of the Bipartisan Budget Act
## 2020 Medicare Part D IRMAA Amounts

2020 Medicare Part D Income-Related Monthly Adjustment Amounts (IRMAA) based on 2018 tax returns

<table>
<thead>
<tr>
<th>Beneficiaries who file individual tax returns with income:</th>
<th>Beneficiaries who file joint tax returns with income:</th>
<th>Applicable percentage</th>
<th>Part D income-related monthly adjustment amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to $87,000</td>
<td>Less than or equal to $174,000</td>
<td>N/A</td>
<td>$0.00</td>
</tr>
<tr>
<td>Greater than $87,000 and less than or equal to $109,000</td>
<td>Greater than $174,000 and less than or equal to $218,000</td>
<td>35%</td>
<td>$12.20</td>
</tr>
<tr>
<td>Greater than $109,000 and less than or equal to $136,000</td>
<td>Greater than $218,000 and less than or equal to $272,000</td>
<td>50%</td>
<td>$31.50</td>
</tr>
<tr>
<td>Greater than $136,000 and less than or equal to $163,000</td>
<td>Greater than $272,000 and less than or equal to $326,000</td>
<td>65%</td>
<td>$50.70</td>
</tr>
<tr>
<td>Greater than $163,000 and less than $500,000</td>
<td>Greater than $326,000 and less than $750,000</td>
<td>80%</td>
<td>$70.00</td>
</tr>
<tr>
<td>Greater than or equal to $500,000</td>
<td>Greater than or equal to $750,000</td>
<td>85%</td>
<td>$76.40</td>
</tr>
</tbody>
</table>

Aetna PDP Members Transition to WellCare

- WellCare Health Plans acquired Aetna’s stand-alone Part D prescription drug plans (PDPs)
  - Does not affect Aetna Medicare Advantage plans
- Aetna PDP members will be automatically transitioned to WellCare PDP plans with an effective date of January 1, 2020
  - Aetna members received welcome letters from WellCare in July 2019
  - Aetna members have the option of enrolling in any plan of their choice during the Medicare OEP (October 15 – December 7)
  - If no action is taken, they will be automatically transitioned to a WellCare PDP plan effective January 1, 2020
- Individuals who remain in WellCare should have received an Annual Notice of Change (ANOC) from WellCare in September
  - Should make sure their prescriptions are on their new plan’s formulary and check their pharmacy networks

*Source: Illinois Senior Health Insurance Program (SHIP)*
Medicare Transition Supply Policy

- CMS policy for people who are new to a Part D, MA or MMAI plan and find out that a drug is not on the formulary or has restrictions such as step therapy or prior authorization

- The plan is required to provide a temporary one-month supply anytime within the first 90 days of coverage

- Once a transition supply is filled, the plan should notify the member within 3 business days explaining that it is a one-time temporary fill
  - Allows the member enough time to request a formulary exception or find an alternate formulary drug that works as well

Medicare Transition Supply Policy (continued)

- **Who does the transition policy apply to?**
  - People who are new to a Part D, MA or MMAI plan for the first time
    - In some cases current enrollees who begin a new coverage year with a plan may also be eligible for a transition supply
  - People who switch plans (anytime during the year)
  - Dual-eligibles who were randomly assigned to a plan
  - People who switch over to Part D from other coverage such as employer or COBRA
  - People who experience a change in level of care
    - E.g., people who move from a hospital to a skilled nursing facility
  - People residing in long-term care facilities
Medicare Transition Supply - Resources


Extra Help – Choosing the Right Part D Plan

• Beneficiaries with Extra Help can enroll in any Medicare Part D or Medicare Advantage plan they choose, but will be responsible for a portion of the premium if they enroll
  – in a plan that is above the Extra Help benchmark ($26.04 for Illinois in 2020)
  – in an enhanced Part D plan

• Extra Help will continue to help pay the annual deductible and drug co-pays, regardless of which Part D plan a beneficiary enrolls in

• Certain plans offer a $0 monthly premiums to beneficiaries with full Extra Help (these plans are listed in the back of the 2020 Medicare and You Handbook)

• For a list of stand-alone Part D plans that offer a $0 premium with full Extra Help, visit:  

• Remember! Extra Help beneficiaries will receive a quarterly SEP to enroll in or switch plans
2020 Extra Help/Low-Income Subsidy (LIS) Cost Sharing Amounts

• Full Extra Help
  – No or low monthly premium
  – $0 annual deductible
  – Co-pays either $1.30/$3.90 (generics/brand names) or $3.60/$8.95 (generics/brand names)

• Partial Extra Help
  – No or low (sliding scale) monthly premium
  – Annual deductible between $0 - $89
  – Co-pays of $3.60/$8.95 (generics/brand names) or 15% coinsurance

• Cost sharing amounts depend on the beneficiary’s income and subsidy level

• Beneficiaries with Extra Help that live in an institution or receive Home and Community Based Services through a Medicaid waiver program pay $0 drug co-pays

• 2020 Extra Help income and asset levels will be announced in early 2020
Other Medicare Enrollment Periods
Medigap OEP for People with Disabilities Under 65

- In Illinois, beneficiaries under 65 who missed their Medigap OEP, may only enroll in a Medigap plan from October 15 – December 7 of each year.
  - May be charged the highest premium rate on file with the Illinois Department of Insurance, but they will not be denied coverage.
  - BCBS of Illinois currently agrees to sell guaranteed issue policies to Medicare beneficiaries under 65 during this time only

- Beneficiaries 65 and older can apply for a Medigap plan at any time of the year but...
  - A company is allowed to deny them coverage or charge them higher premiums due to a pre-existing condition
  - In Illinois, Blue Cross Blue Shield will offer guaranteed issue policies to people 65 and older any time during the year

- To view the 2019-2020 Medicare Supplement Premium Comparison Guide, visit the Illinois SHIP website at: [https://www.illinois.gov/aging/ship/Pages/default.aspx](https://www.illinois.gov/aging/ship/Pages/default.aspx)
Medicare Advantage
Open Enrollment Period

• Enrollment period available January 1 – March 31 of each year to people enrolled in Medicare Advantage plans
  – Provision of the 21st Century Cures Act (Section 17005)

• A beneficiary enrolled in an MA plan will be able to
  – make a one-time change to another MA plan or
  – return to Original Medicare and receive a special enrollment period to enroll in a stand-alone prescription drug plan

• Any enrollments done during this period are effective the 1st of the month following the enrollment

• Beneficiaries should continue to use the Medicare OEP (October 15 – December 7) to enroll in, switch, or disenroll from MA for the following plan year
Medicare General Enrollment Period

• General Enrollment Period – for beneficiaries who did not enroll in Medicare Part A and/or Part B when first eligible

Part A
• If eligible for premium-free Part A, beneficiaries can enroll at any time after their initial enrollment period (do not need to wait for the general enrollment period) and don’t have to pay a penalty
  – Part A coverage can be retroactive for six months from the date they sign up
• If not eligible for Part A premium-free, must use the Medicare General Enrollment Period (Jan 1 – March 31) to apply
  – Part A coverage begins July 1 of the same year (must also enroll or be enrolled in Part B)
  – Part A late enrollment penalty applies and premium may increase by 10%. The penalty is paid for twice the number of years they were eligible for Part A, but did not enroll
  – In Illinois, if a beneficiary is eligible for the Qualified Medicare Beneficiary Program (QMB), they need to enroll in Part A first before they qualify for QMB.
Medicare General Enrollment Period (Continued)

Part B

- Enroll in Part B from January 1 to March 31 of each year, but Part B coverage will not begin until July 1st of the same year

- Late enrollment penalties usually apply for Part B
  - 10% of the Part B premium for each full 12 months they were eligible but did not enroll
  - Part B penalty is not capped
Medicare Updates
New Medicare Cards – Transition Period Ending

• New Medicare card mailings are complete
  – All beneficiaries should have received a new card with a Medicare Beneficiary Identifier (MBI)

• The transition period that allows providers to use the old Medicare number ends December 31, 2019

• Beginning January 1, 2020, Medicare claims must be submitted using the new MBI
  – Beneficiaries and providers should use the new number. Starting 1/1/2020, claims submitted using the old number will be rejected
  – Providers and pharmacies can access the new MBI through their secure web portals if the beneficiary does not have a card

• Limited exceptions of when the old number can still be used after 1/1/2020 include:
  – the filing of all types of appeals
  – plan and provider reporting, auditing, adjustments, and queries
I Didn’t Get a New Medicare Card!

• Medicare beneficiaries who did not receive their new card, can...
  – Sign in or enroll into MyMedicare.gov to get their number or print their official card
  – Call 1-800-Medicare to find out if there is an issue such as an incorrect mailing address and verify identity

• Provide them with Medicare’s flyer “Get Your New Medicare Card”

• Beneficiaries should be cautious of scammers and continue to protect their new Medicare cards!
Medicare Advantage Plans and New Expanded Extra Benefits

• MA plans are now allowed to include additional targeted benefits not covered under Original Medicare as long as the new benefits increase an individual’s health or quality of life.

• The Bipartisan Budget Act of 2018 reinterprets the definition of “primarily health related benefits” under MA plans so as to include items or services that are used to:
  – diagnose, prevent, or treat an illness or injury, or
  – compensate for physical impairments, improve the functional/psychological impact of injuries or health conditions, or
  – reduce avoidable emergency and healthcare utilization.

• For example, MA plans may begin to offer other benefits that include non-emergency transportation, assistive devices, home & bathroom safety modifications, over-the-counter drugs, adult day care services, in-home support services.

Medicare Advantage Extra Benefits – How to Find Them

Click on “Plan Details” for more information
How Can I Find Out if an MA Plan Offers Extra Benefits?

Visit the Medicare Plan Finder at www.Medicare.gov
Medicare Advantage Extra Benefits - Review

1. Standard - Offered to all enrollees, such as dental, vision & hearing benefits

2. Targeted - Available to qualifying enrollees being treated for certain health conditions

**Plans must explain in Evidence of Coverage (EOC)

Source:
New Medigap Changes Coming in 2020

- Medigap (Medicare supplement) insurance companies will **NOT** be allowed to market or sell plans C & F to people newly eligible for Medicare on or after January 1, 2020
  - MACRA Act, Section 401
- Currently, plans C & F are the only plans that cover the Part B deductible
- Beneficiaries who currently have a Plan C or Plan F will be allowed to keep their plan after January 1, 2020
- People new to Medicare or who turn 65 on or after January 1, 2020 will not be allowed to buy a Medigap plan that covers the Part B deductible
- Individuals eligible for Medicare or who turned 65 before January 1, 2020 will still be able to purchase a Plan C or Plan F after January 1, 2020
- Plan options D & G offer similar covered services as C & F
  - Plans D & G do not offer coverage of the Part B deductible
2020 Updated Medicare Marketing Guidelines

• Part D plans with an overall 5-star rating may create their own gold star icon (or any other icon of distinction) as long as it does not mislead or cause confusion to beneficiaries
  – Subsection 40.6.1 – Marketing Plans/Part D Sponsors with an Overall 5-Star Rating

• Plans and agents will be able to conduct marketing appointments and sales events following an educational event
  – CMS deleted language that prohibited plans and agents from conducting marketing and sales events immediately following an educational event
  – Subsection 5.1 – Educational Events

• Plans will be allowed to remove the following disclaimers:
  – Non-English Translations disclaimer
  – Benefits disclaimer
  – Plan Online Enrollment disclaimer
  – Federal Contracting Statement requirements for communication materials

For a complete list of 2020 Medicare Communications and Marketing Guidelines: https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/Medicare_Communications_and_Marketing_Guidelines_Update_Memo_-_8-6-19.pdf
Illinois BFCC-QIO Transition

• Illinois has a new Medicare Beneficiary and Family Centered Care Quality Improvements Organization (BFCC-QIO)
  – Effective June 8, 2019, Livanta became the QIO for Illinois (formerly KEPRO)
  – Livanta: (888) 524-9900

• What does a BFCC-QIO do?
  – Manages quality of care concerns and complaints
  – Handles appeals from beneficiaries
    • who feel they are being discharged from a hospital too soon
    • disagree that services from a skilled nursing facility (SNF), hospice, or home health agency are ending too soon

Medicare Advantage and Telehealth

• Beginning in 2020, Medicare Advantage (MA) plans will be able to offer extended telehealth benefits as a basic benefit beyond what is offered under Original Medicare
  – Provides MA plans with more flexibility in how they pay for telehealth services
  – Bipartisan Budget Act of 2018

• The new rule allows individuals enrolled in MA plans the option of receiving telehealth services in their home instead of an in-person visit at a health care facility (in urban or rural areas)
  – Original Medicare covers telehealth services under Part B only in rural areas and under certain conditions
  – Exceptions were instituted effective July 1, 2019 under Original Medicare for ESRD, acute stroke, and treatment for substance use disorder or co-occurring mental health disorder

• Resources
  – https://www.medicare.gov/coverage/telehealth
Elimination of Pharmacy Gag Clauses

- Part D and Medicare Advantage plans may not prohibit or penalize pharmacies for informing beneficiaries when a prescription drug’s cash price is lower than the plan’s co-pay
  - Effective January 1, 2020

- Allows pharmacists to notify beneficiaries when a drug is available at a lower price
  - Beneficiaries can pay cash for a drug and then submit it to their plans for reimbursement and to be applied towards their TrOOP limit

Limited Time Equitable Relief Extended: Marketplace & Medicare

• CMS is currently offering equitable relief to individuals who are currently or were enrolled in a Marketplace plan and eligible for Medicare but did not enroll
  – Provides individuals with a SEP to enroll in Part B (can enroll in Part A at anytime if entitled to premium free Part A) OR
  – Eliminates or reduces any late enrollment penalties if enrolled in Part B late because they remained in their Marketplace plan instead of enrolling in Part B

• To qualify, an individual must
  – Be eligible or enrolled in premium free Part A
  – Have an initial enrollment period that began April 1, 2013 or later, OR
  – Notified of a retroactive premium free Part A award on October 1, 2013 or later

• CMS announced this equitable relief opportunity will continued to be offered through June 30, 2020
  – Contact Social Security to make the equitable relief request
  – Reviewed on case-by-case basis
  – Must provide documentation that confirms enrollment in a Marketplace plan

• For more information, visit
DMEPOS Competitive Bidding: Paused

• DMEPOS – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

• The program requires beneficiaries in Original Medicare who live in select geographic areas to obtain certain medical equipment from Medicare contracted suppliers in order for Medicare to cover the equipment

• Temporary gap in the DMEPOS program from January 1, 2019 – December 31, 2020
  – Beneficiaries in Original Medicare may use any Medicare DMEPOS supplier to obtain items and services during this time

• Beneficiaries should visit www.medicare.gov/supplier or call 1-800-MEDICARE to locate a supplier

• If a beneficiary thinks there is fraud surrounding their DMEPOS supplier, they can call the Illinois SMP at AgeOptions (800)699-9043.
Medicare Advantage and End-Stage Renal Disease (ESRD)

- 21st Century Cures Act – Section 17006
- Currently, individuals with End-Stage Renal Disease (ESRD) are prohibited from enrolling in MA Plans except in certain situations
- Beginning in 2021, beneficiaries with ESRD will have the option to enroll in an MA Plan
- Coverage for kidney transplants will be carved out of the MA plan and reimbursed under Medicare Part A and Part B
Since 1974, **AgeOptions** has established a national reputation for meeting the needs, wants and expectations of older adults in suburban Cook County. We are recognized as a leader in developing and helping to deliver innovative community-based resources and options to the evolving, diverse communities we serve.

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