

## MTF July 2020 Meeting Medicare Updates Presentation Transcription

### Introduction

Presenters: Kathy Grant and Kathleen Gouveia from SHINE

Subject matter experts:

### **(Title slide) Slide 1: CHANGES TO MEDICARE AND BENEFITS ELIGIBILITY UNDER COVID-19**

We are going to focus on how COVID-19 has impacted Medicare beneficiary's eligibility for and access to services.

### **Slide 2: Learning Objectives**

What we want to accomplish today in terms of our learning objectives for those not familiar with the SHINE Program, I will go over some basic information about the program. How we help consumers and how they can reach us.

We will review some of the changes on how Medicare is covering services related to COVID-19.

We'll talk specifically about the requirements being placed on the Medicare Advantage plans and Medicare Plan Part D to increase access to care.

Then my colleague, Kathleen Gouveia, will review the workaround that has been put in place for individuals seeking to enroll in Medicare but obviously cannot access Social Security offices at this time.

### **(Title slide) Slide 3: Medicare-Covered Services Related to Coronavirus**

### **Slide 4: SHINE-Serving the Health Insurance Needs of Everyone (with Medicare)**

SHINE stands for Serving the Health Insurance Needs of Everyone, is one of 54 state health insurance programs across the country that are funded by the Administration for Community Living which is part of Health and Human Services. In Massachusetts, our state office is located in Boston.

We have 13 regional offices across the state to service consumers. We have a contract with the Greater Boston Chinese Golden Age Center to service their population. We have 650 certified SHINE counselors. That includes in-kind staff at several agencies, as well as, a large number of volunteers who are trained to offer health insurance education and counseling to Medicare beneficiaries.

I want to stress that despite the challenges of the COVID-19 lockdown, SHINE is absolutely open for business currently. We've been doing most of our appointments by phone or on the web. For anyone who needs an appointment, we encourage them to contact us either by calling their local Council on Aging, through our state email address, which is SHINE@state.ma.us, or by calling the MassOptions line and being referred to your nearest local agency.

### **Slide 5: Medicare Coverage**

When we are counseling consumers, we remind them that they need to be sure that their provider accepts original Medicare and most importantly if they are in a Medicare Advantage plan that the providers they want to see are in the network of the Medicare Advantage plan they are on.

Medicare Advantage plans are required to cover all the benefits that original Medicare does. They are allowed to set their own costs for services, as well as any restrictions. They also have the flexibility to add additional benefits not covered by original Medicare, such as routine eye and hearing exams, some limited dental services, as well as annual physicals which are not covered by original Medicare.

During the current public health emergency, Medicare Advantage plans are required to wave some of their standard restrictions. Each Medicare Advantage plan may be addressing these requirements differently. We are encouraging consumers to contact their plans directly for any clarification that they need.

Consumers on original Medicare also have the option of subscribing to one of the 7 supplement plans available in Massachusetts to assist in covering some or all of the gaps that Medicare does not cover completely.

#### **Slide 6: Parts of Medicare**

Just a quick refresher on the parts of Medicare. Part A covers an individual's cost for being an inpatient in the hospital, with the exception of any doctor services that are delivered in the hospital. Part B covers all doctor services both in-patient and outpatient, as well as, any other outpatient services that are received. Part D is the Medicare prescription drug benefits and Parts A and B together are what is known as original Medicare. Part D is offered separately through standalone prescription drug plans.

Medicare Advantage plans known by Medicare Part C, combine Parts A, B, and D under one plan. Private insurance companies contract with Medicare to offer these plans. Consumers who choose Medicare Advantage options are still on Medicare and they still owe their Medicare Part B premium.

#### **Slide 7: Coronavirus Testing**

When it comes to testing for COVID-19, the test is covered under Medicare Part B. Doctors can bill Medicare for any COVID-19 test provided after February 4<sup>th</sup> of this year. Medicare will cover this in full with no copays, no coinsurance, and no deductibles owed by the consumer. These guidelines apply to both original Medicare as well as Medicare Advantage plans.

Note that Medicare Advantage plans cannot require any prior authorizations for any COVID-19 tests given after March 17<sup>th</sup> of this year.

#### **Slide 8: Coronavirus Vaccine**

Once a coronavirus vaccine becomes available, it will also be covered under Medicare Part B and like the testing, there are no copays, no coinsurance, and no deductibles that will be owed by the consumer.

#### **Slide 9: Prescription Refills**

Prescription refill rules have also been relaxed as a result of the current public health emergency. If a consumer has a 90-day supply prescription, drug plans must honor requests for refills regardless of any quantity limits they may have had in place. There are still safety checks in place for opioid prescriptions.

Plans can loosen restrictions on filling prescriptions earlier than the renewal date and consumers who need this accommodation are advised to contact their plan directly.

Part B drugs, which are ones administered in a doctor's office, have a difference process. If a beneficiary wants an early refill or 90-day supply of a Part B drug, they should speak with their prescribing physician. The physician should contact the Medicare Administrative Contractor, or MAC, for their region. MACs are currently making decisions on a case by case basis about Part B drug refills during COVID-19.

**Slide 10: Skilled Nursing Facility Waivers: Qualifying Hospital Stay**

There's been some several adjustments to Medicare's policy or Skilled Nursing Facility coverage during the public health emergency. Medicare usually requires a 3-day in-patient stay in the hospital in order for a SNF stay to be covered. While the emergency period is in effect, this 3-day stay requirement has been lifted for certain situations where the beneficiary has been impacted by the public health emergency.

As an example, a 3-day stay requirement would be lifted for anyone transferred to a SNF due to a nursing home or hospital evacuation because of the coronavirus. Anyone needing SNF care as a result of the coronavirus would be exempt from this requirement whether or not they have spent any previous time in the hospital.

**Slide 11: Skilled Nursing Facility Waivers: Benefit Period**

There have been some changes to the rules around Medicare benefit periods. Part A covers 100 days of Skilled Nursing Facility care per benefit period. A benefit period starts whenever the beneficiary is admitted into the hospital as an in-patient or to a Skilled Nursing Facility, and it ends after they have been out of either facility for 60 continuous days.

Each time a new benefit period begins, the beneficiary is entitled to another 100 days in a Skilled Nursing Facility. Due to the current health emergency, some beneficiaries may be unable to start a new benefit period. These beneficiaries are still able to get in additional 100 days of Skilled Nursing care coverage.

**Slide 12: Skilled Nursing Facility Waivers**

Please note that these waivers are in place across the country. Any issues related to obtaining these waivers or any problems at all should be escalated by the consumer to the appropriate Qualified Improvement Organization agency, which in Massachusetts is Kepro.

**Slide 13: Home Health Care: Homebound Requirement**

Access to home health care services during the public health emergency have also been adjusted. Usually, homebound services, which require a physician's order, are restricted to a very specific definition of homebound. This includes being under a doctor's care, needing skilled care on an intermittent or part-time basis, and/or requiring special transportation or supportive devices in order to be in the home.

This definition has been expanded to include physician certified situations where the individual either has a condition that makes them at risk for COVID-19, or if they have a suspected or confirmed case of the virus.

**Slide 14: Home Health Care: Prescribing Physician and Telehealth**

In addition to physicians, home health services may also be prescribed by nurse practitioners as well as physician assistants. Additional services can be provided by telehealth where appropriate, excluding personal care. Whereas, home health services usually require a periodic face-to-face meeting with the prescribing provider, that requirement can now be met by a telehealth visit.

**Slide 15: Physicians' Services at Home**

Home visits by any medical practitioner are covered by Part B. Part B also covers any phone consultations or services given by a patient portal. These situations can help screen those patients who require an in-person visit to follow-up.

**Slide 16: Telehealth Services**

During a current emergency, telehealth services must include both an audio and video component and are covered by Part B. This is a shift from the past where telehealth was only covered for certain beneficiaries in certain situations.

**Slide 17: Covered Telehealth Services**

Some examples of services that can be delivered via telehealth includes hospital and doctor's office visits, behavioral health counseling, certain preventive screenings, and face to face visits that are usually required for individuals that are currently on hospice care.

**Slide 18: Telehealth Providers and Costs**

There are several categories of practitioners that can provide telehealth services, including doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, as well as physical, occupational, and speech therapists.

Plans may apply standard cost sharing, but the providers may also choose to waive any fees. We advise consumers who are on Medicare Advantage plan to check directly with their plan to understand the specific cost-sharing and coverage guidelines that are in place for that plan.

**Slide 19: Technology Requirements**

Telehealth services must include an audio and video component with an exception given for audio only when there's opioid treatment counseling as well as behavioral health counseling.

The Department of Health and Human Services has also given permission for providers to temporarily use several remote platforms, such as Facetime or Skype to do these telehealth communications with these patients.

**(Title Slide) Slide 20: Coverage Access During Public Health Emergency**

Now we will look at how consumers can get access to services that they need.

**Slide 21: Plan Responsibilities**

As a result of the public health emergency, both Medicare Advantage plans and Part D prescription drug plans are required to ensure that all of their members are able to obtain access to services in accordance with the changes that CMS has mandated.

**Slide 22: Medicare Advantage Plans**

Medicare Advantage plans must adhere to the following requirements, beneficiaries must be allowed to obtain services at out of network facilities and doctor's offices at in-network rates and without requiring any referrals for receiving those services. Rules requiring that the beneficiary get prior authorization for certain care or certain prescriptions have also been waived. Recognizing that any restrictions could impact the cost and timely access to care.

**Slide 23: Part D Plans**

Part D plans have requirements that ensure that beneficiaries will receive full access to necessary care. Beneficiaries may fill prescriptions at out of network pharmacies if they cannot obtain the prescription at an in-network pharmacy. Plans must honor requests for a 90-day supply as long as the beneficiary has the 90-day prescription from their physician. There are safety limits in place with regard to dispensing of opioids.

**Slide 24: Optional Changes**

In addition to required waivers, Medicare is allowing both Medicare Advantage and Part D plans to introduce additional changes at their discretion. These include allowing mail or home delivery of medications if the beneficiary cannot get out to a retail pharmacy, waiving certain prior authorization requirements for Part D drugs that are used to treat or prevent COVID-19, once these drugs are identified, and potentially waiving copays for these medication once they become available. They are also allowed to relax restrictions on early refills of prescriptions.

**Slide 25: Optional Changes (continued)**

Plans are encouraged, although not required, to refrain from disenrolling members who miss any premium payments. They are encouraged to allow grace periods for anyone who is attempting to make any late premium payments.

Plans can also choose to temporarily suspend the rule of disenrolling members who have been out of their plan service area for 6 months or longer.

Plans have the option of making mid-year changes whether to the benefits they are offering or for cost-sharing reductions that are specifically related to COVID-19. These changes or any additional benefits obviously must be offered to all members of the plan.

**Slide 26: Optional benefits in MA**

An example of some of the ways we've seen some of the Advantage plans using this flexibility is waiving all copays until the end of the year and redirecting those funds to support employer plans and community health centers. Another plan has established a mental health help line, and another is donating meals to health care workers and all Medicare Advantage plans are waiving co-pays for COVID-19 related testing.

**Slide 27: Special Enrollment Period (SEP)**

Medicare was allowing a special enrollment period, or an extension, for anyone affected by the health emergency who was unable to take advantage of any earlier SEP they may have been entitled to. So, someone who may not have been able to enroll during their initial enrollment period or missed out on the Medicare Advantage enrollment period at the beginning of the year.

This SEP was supposed to continue through and end on June 30<sup>th</sup>, but we would still recommend that anyone who is faced with this situation contact Medicare or come to SHINE for assistance in contacting Medicare to see if the SEP may still be able to be applied to their situation given that the emergency continues.

**Slide 28: Grievances and Appeals**

Beneficiaries always have the option of appealing any decisions either directly with the plan or through the Medicare Complaint Tracking process, which is something that SHINE can assist with. For appealing hospital or Skilled Nursing Facility discharges, we can also assist with filing an appeal for the beneficiary with Kepro.

**(Title Slide) Slide 29: Tips for Part B Enrollment**

**Slide 30: Online Medicare Enrollment**

As we know, the local Social Security offices are closed to appointments with the public but there are ways for somebody to enroll in Medicare online. The individual can go on to the SSA.gov website and apply for Medicare Part A and B at the same time. If the individual is applying for Medicare Part B using the Part B Special Enrollment Period, the application can be found at SSA.gov as well.

**Slide 31: Part B SEP Online Enrollment**

An individual can use a Part B SEP to enroll in Medicare if they, their spouse, or sometimes a family member that had recently lost their job that had provided them with health insurance.

The online form asks for an individual to upload proof that they had coverage based on current work. The proof is usually from the form CMS L564, which the employer fills out to confirm that the individual had coverage based on current employment. The individual should ask their employer if they can fill out the form, sign it, and send them a digital copy. If the employer cannot fill out the form, the individual should fill it out on their behalf and upload other proof of job-based insurance. An example would be a tax returns showing health insurance premiums paid.

**Slide 32: Problems with Online Enrollment**

Not everyone can enroll online or has access to a computer or Internet connection. If an individual cannot enroll in Medicare online, they can enroll through their local Social Security Office.

**Slide 33: Step 1: Contact Local Office**

Offices are closed to the public but still accepting mail. They can use the field office locator to find the local office's phone number. It can be found at SSA.gov as well. They can call their local office to learn the best way to submit enrollment paperwork..

**Slide 34: Step 2: Collect Paperwork**

Form 40B, is the application for enrollment in Medicare. Form L564 is the request for employer information that the individual is using a Part B Special Enrollment Period. The employer usually fills out section B, but the individual can fill it out on the employer's behalf, however they should not sign it.

The proof of job-based insurance if the employer did not fill out Section B on the L564 form such as providing income tax returns that show the health insurance premiums were paid, W2s reflecting the pre-tax medical contribution, pay stubs, health insurance card, an EOB (explanation of benefits) paid by job-based insurance, or statements showing premiums were paid.

**Slide 35: Step 3: Mail Paperwork**

Using certified mail provides a receipt and confirmation that it was received. Having proof that the paperwork was submitted and a date that it was submitted can be helpful if the individual has issues with their enrollment in the future.

If an individual cannot get to the Post Office, they can access Priority Mail from home, which provides tracking information but has no confirmation receipt. If they cannot mail their paperwork, they can fax it to this number provided.

**Slide 36: Troubleshooting**

Various strategies exist for addressing enrollment delays at the Social Security Office. Such as, contacting federal elected representatives or they can speak with their supervisor or others at their organization to discuss possible troubleshooting strategies.

**Slide 37: Equitable Relief**

An individual who missed their Initial Enrollment Period or IEP, their General Enrollment Period or GEP, or Part B SEP, could request equitable relief from Social Security for more time to enroll in Medicare. The enrollment

period must have happened between March 17th, 2020 and June 17th, 2020. This time period has now passed however, we are continuing to advocate on getting it extended.

**Slide 38: NCOA/MIPPA Center COVID-19 Resources (publicly available)**

These are some important COVID-19 resources through the NCOA/MIPPA center.

**Slide 39: SMP Resource Center COVID-19 Resources**

Here is information for the SMP resource center for COVID-19 resources. There's a COVID-19 fraud page. It includes a Spanish language fraud alert. It is a password protected resource for SMPs. It has COVID-19 web events, SMP consumer fraud alerts, and SMP Resource Center Infographics. A tip is to search for the word "COVID".

**Slide 40: Resources**

Here are some resources for the SHINE Program here at the state. This is our phone number to contact us and find out how to get in touch with a SHINE counselor in your area. If you are unable to at your Council on Aging, you can call the 1-800 number and we will connect you with a SHINE counselor. The email address is: [SHINE@state.ma.us](mailto:SHINE@state.ma.us).

We also include Medicare's phone number and website, Social Security and their website, and finally, MassOptions connections to older adult/disability services.