



Executive Office of Elder Affairs
RESPECT INDEPENDENCE INCLUSION



THE
SHINE
PROGRAM
Serving the Health
Insurance Needs
of Everyone

**What's New in
the Medicare
World in 2024**

October 23rd, 2023
October 26th, 2023

**ACL**
Administration for Community Living

SHINE Overview

- **SHINE**= **S**erving the **H**ealth **I**nsurance **N**eeds of **E**veryone...*on Medicare*
- We are a federally funded program by the **Administration for Community Living** which is a part of the U.S. Department of Health and Human Services
- Mission: To provide free, unbiased health insurance information, counseling and assistance to Massachusetts Medicare beneficiaries of all ages and their caregivers
- Provide screening for Public Benefit programs
- 13 Regional Offices cover entire state and the Greater Boston Chinese Golden Age Center (statewide)
- 600+ SHINE counselors (60% volunteers)
1-800-243-4636

SHINE@mass.gov

What SHINE Does

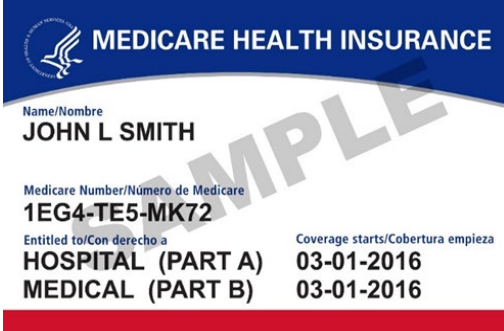
- Assist Medicare beneficiaries to understand their Medicare and MassHealth rights and benefits
- Educate consumers about all of their health insurance options
- Educate consumers with limited resources on how to pay for health care costs. For example: Low Income Subsidy & Medicare Savings (Buy-In) Programs
- Screen for public benefits (State and Federal)

Medicare 101

- Federal health insurance program for:
 - Individuals age 65 and over who are U.S. Citizens or legal permanent residents for a length of time
 - If 40 work credits through payroll tax, entitled to premium-free part A (may qualify through spouse or ex-spouse)
 - Individuals under age 65 who have received 24 months of Social Security Disability (SSDI) payments
- NOT a comprehensive health insurance program
 - Gaps in Medicare coverage mean beneficiary must pay a portion of medical expenses

Medicare Enrollment

- Enrollments and eligibility determinations:
 - **Social Security Administration**
1-800-772-1213; www.ssa.gov
- Create a My Social Security Account



The image shows a Medicare Health Insurance card for John L. Smith. The card has a blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name is listed as "JOHN L SMITH". The Medicare Number is "1EG4-TE5-MK72". The card is entitled to Hospital (Part A) and Medical (Part B) coverage, both starting on 03-01-2016. A large "SAMPLE" watermark is visible across the card.

Name/Nombre	
JOHN L SMITH	
Medicare Number/Número de Medicare	
1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

The Three Parts of Medicare



**Part A
Hospital
Insurance**



**Part B
Medical
Insurance**

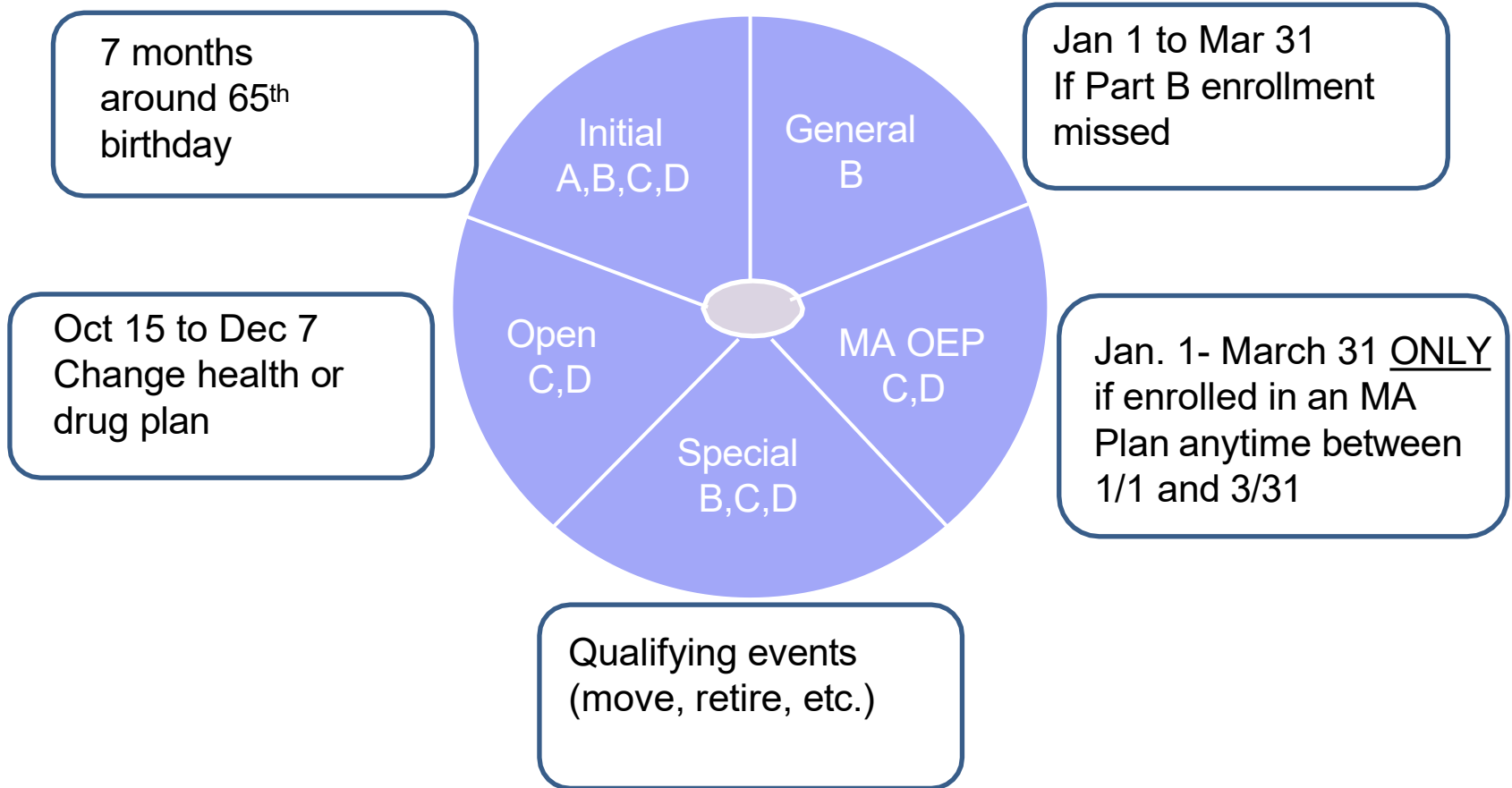


**Part D
Medicare
Prescription
Drug
Coverage**

Part A & Part B is called “Original Medicare”

Medicare Advantage plans combine Parts A, B, and D- also known as Part C

Enrollment Periods



Enrollment Periods (continued)

- Initial Enrollment Period(IEP)- 7 months around 65th birthday
 - Reminder: No longer a delay in Medicare effective date when enrolling in last 3 months of IEP
 - Coverage begins 1st of month after enrollment

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn 65*	1 month after the month you turn 65	2 months after the month you turn 65	3 months after the month you turn 65
Enroll early to avoid a delay in coverage. To get Part A and Part B the month you turn 65, you must enroll during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to enroll, your Part B coverage will begin the first of the month following the month of enrollment.			

- General Enrollment Period- Jan 1st- Mar 31st
 - Medicare effective date is 1st of month after enrollment

Enrolling in Medicare

- Common myth that Medicare will know or remind a person to enroll when eligible at age 65. This is **NOT TRUE** unless the person is already receiving Social Security benefits
- A person must call Social Security for appointment at 1-800-772-1213 or enroll online at www.ssa.gov.
 - Medicare and Social Security are two entirely separate programs

Delay Medicare Parts B & D

- Evaluate if should take Medicare A – no penalty if wait. If currently contributing to HSA, should delay
- There is a **lifetime** penalty for not signing up for Medicare Part B when initially eligible
- If enrolling late into Part D, there is also a lifetime penalty, if you have not had prior creditable coverage

Medicare Coverage Options

Option 1: Original Medicare

This includes Part A and/or Part B.



Part A

Hospital Insurance



Part B

Medical Insurance

You can add:



Part D

Medicare prescription drug coverage

You can also add:



Medigap

Medicare Supplement Insurance

Option 2: Medicare Advantage (Part C)

These plans are like HMOs or PPOs and typically include Part D.



Part A

Hospital Insurance



Part B

Medical Insurance



Part D

Medicare prescription drug coverage

Medigap Choices in Massachusetts

Available through **Continuous Open Enrollment**

- **Supplement 1:** only available to those eligible for Medicare before 1/1/20 (whether enrolled or deferred)- covers all co-pays and Part A and Part B deductibles
- **Supplement 1 A:** available to all eligible Medicare beneficiaries Same as Supplement 1 except does not cover the Part B deductible
- **Core:** Covers co-pays only; beneficiary responsible for deductibles

Medigap Updates

- Rate increases across all available plans
 - Lowest Core price in 2024: BCBS \$118.91
 - Lowest Supplement 1A price in 2024: BCBS \$195.96
 - Lowest Supplement 1 price in 2024: Humana \$235.19
- Humana Healthy Living Supplement no longer offered as of 5/1/2023
 - Current subscribers will remain covered

What is Medicare Open Enrollment?

- Medicare Open Enrollment is the **ONE TIME OF YEAR** when all people with Medicare can review, compare, enroll or dis-enroll in:
 - Part C (Medicare Advantage)
 - Part D (Prescription Drug Plans)
- Medicare Open Enrollment dates:
 - **October 15th**: Open Enrollment begins
 - **December 7th**: Open Enrollment ends
 - **January 1st**: Health/drug coverage begins

Why is Open Enrollment Important?

- This is the annual opportunity to review health and drug plans
 - This is important because:***
 - Health needs may change year to year
 - Health or drug plan change the costs, benefits, and drug coverage they offer **every year**
 - **Providers change contracts and preferred pharmacies change**
- By reviewing plans costs and benefits & comparing them with other options available for the upcoming year, there is potential to save money & ensure appropriate coverage

Medicare Advantage Plans in 2024

- 13 carriers offering 59 plans in 2024
- Lasso Medical Savings Plans no longer offered in Massachusetts
 - CMS guide on what happens when leaving an MSA plan
 - Several Medicare Advantage plans have reduced monthly premiums or held premiums stable
- Focus on MA plans continues to be on enhancing additional benefits
 - Dental coverage greatly expanded
 - OTC spending/flex cards- Quarterly amounts and spending limitations vary
 - Several plans have added Healthy Activity Incentives/Rewards programs with rebates
 - No significant hospital network updates this year

Medicare Prescription Drugs

Which Part of Medicare Pays for Prescription Drugs?

- **Part A**: Covers prescriptions during a Medicare covered stay in an acute care setting or skilled nursing facility
- **Part B**: Covers most prescriptions administered by a provider but the provider or facility must purchase and supply the drugs. This is particular to drugs administered through infusion (chemotherapy). Part B covers some but not all **new** chemotherapy drugs
- **Part D**: Covers most outpatient prescription drugs that are filled at a pharmacy

2024 Part D Standard Benefit



- Annual Deductible- \$545
- Provides coverage for drugs on plan's formulary
- Co-pays/co-insurance during initial coverage period or until reaching the coverage gap
- Coverage Gap when **retail costs** (including what plan and member pay) reach annual limit- \$5,030
- Under Affordable Care Act consumer will pay 25% for brands and 25% for generics during the coverage gap
- Catastrophic Coverage begins when true OOP costs (TrOOP) (includes member payments and 70% discount on brands) reach annual limit of \$8,000
- Catastrophic Cost-Sharing will be eliminated for medications covered by Medicare Part D
- Note: Plan premium and cost of medication not on plan's formulary **do not count** toward out-of-pocket costs

PDPs in 2024



- Beginning in 2024, increase in Part D Annual Base Plan Premium will be limited to no more than 6% per year
 - Premium Increase % limit is in place until 2030
- Total of 21 plans available in 2024
 - Decrease from 24 plans offered in 2023
- Three plans with a \$0 deductible
- Eleven plans do not apply the deductible to all tiers
- Premium increases are significant across the board

Comparing Medicare Options

- Use the Medicare Plan Finder tool on [Medicare.gov](https://www.medicare.gov) for 2023 and 2024 plans
- You must log in to the Plan Finder with your Medicare.gov account username and password to access personalized features and to save your drug list
- Go to [Medicare.gov](https://www.medicare.gov) to create an account

Note: you cannot save a drug list if you do an Anonymous search

Medicare Plan Finder


Explore your Medicare coverage options

Review your 2024 plan options now.

 [First time joining a Medicare health or drug plan?](#)



Find Medicare health & drug plans


 Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Log In

Don't have an account? [Create one.](#)

 Continue without logging in

Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR

2024 2023

ZIP CODE

Continue

The Plan Finder Tool available on [Medicare.gov](https://www.medicare.gov) allows beneficiaries to search for the **lowest cost** options for health and prescription drug coverage available in their area

Medicare Advantage Open Enrollment Period

- People in **Medicare Advantage** plans on January 1 can make one change January 1- March 31, 2024
- Change from one MA to another MA plan or dis-enroll from MA plan and get stand-alone drug plan (and Medigap plan if needed)
- Ex. George's PCP belongs to a medical practice that drops George's MA plan February 1. George can change to a different MA plan before 3/31 or go back to Original Medicare with or without a Medigap or drug plan

Part C and D Special Enrollment Periods (SEP)

- Can enroll, disenroll, or change **Part C** (Medicare Advantage HMO or PPO) or **Part D**
- Must have qualifying events or circumstances
- Length of SEP depends on the qualifying event
- 5 Star plans or Prescription Advantage membership allow person to change plans 1x
- Consumers who have premium-free Part A **OR** pay for Part A and apply for Part B during the General Enrollment Period have a SEP to join a Part D or an MA plan starting 1/1/2024



Programs that Can Help Pay Medicare and/or Drug Costs

- MassHealth (Medicaid)
- Medicare Savings Programs
- Extra Help/Low Income Subsidy (**LIS**)
- Prescription Advantage
- Manufacturer plans, NeedyMeds.org etc.

SHINE Counselors can help screen for these and other programs

Full LIS Eligibility Expanded



- Beginning January 1, 2024, income eligibility for the **full** low-income subsidy (Extra Help) benefit is expanded to individuals and incomes up to 150% of the Federal Poverty Level. Resource limits will also be increased to the Partial Extra Help Asset Limit level (currently \$16,660 –individuals; \$33,240-couples)
- Partial Extra Help status (135%-150% of FPL) will be eliminated
- Individuals with Medicare who are currently enrolled in partial Extra Help will automatically be converted to full Extra Help- no action is needed on their part

LI NET Becomes Permanent Program



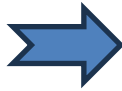
- Provides immediate prescription coverage for Medicare beneficiaries that qualify for Medicaid or LIS and have no other prescription drug coverage.
- Pharmacist can submit the medication claim directly to LINET
 - Will ask for evidence of eligibility
- CMS contract for LINET is managed by [Humana](#)



Future Impacts of the Inflation Reduction Act

What's Next?

2025



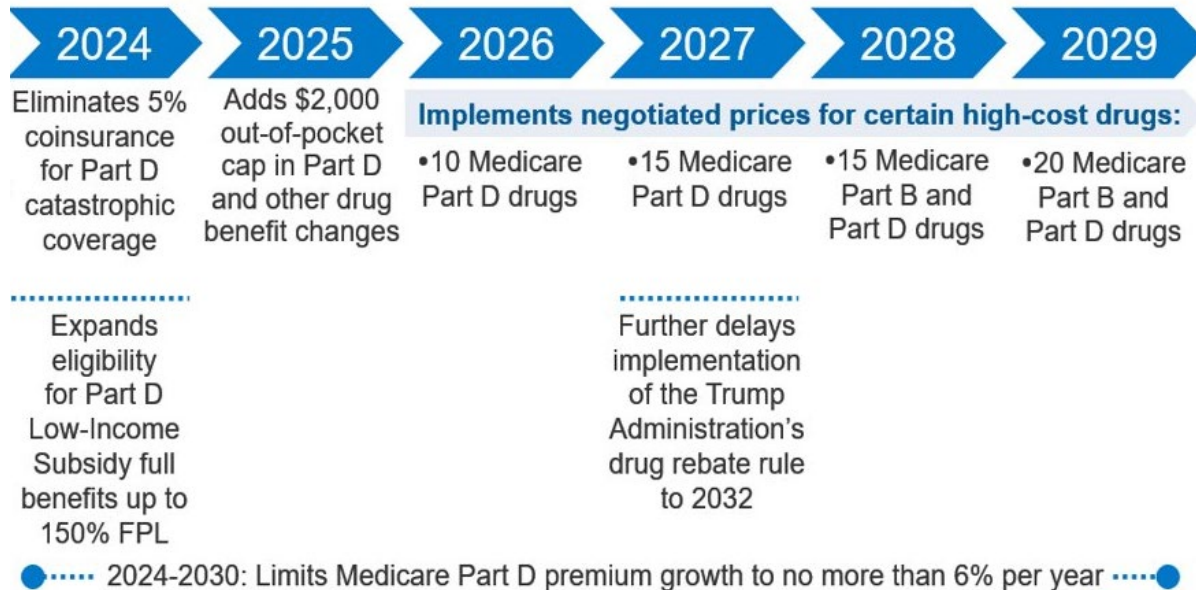
- All Medicare Part D beneficiaries will have a \$2,000 annual out-of-pocket cap on their drug costs
- Medicare will begin to negotiate the price of certain high-cost, brand-name Part D prescription drugs
 - Ten drugs to be included in 2025 negotiations for pricing updates in 2026:

Eliquis
Jardiance
Xarelto
Januvia
Farxiga

Entresto
Enbrel
Imbruvica
Stelara
Fiasp and certain other insulins
made by Novo Nordisk, including NovoLog

- Beneficiaries will have option to pay total prescription costs in monthly amounts spread throughout the year instead of all at once

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



Transitioning from the Health Connector to Medicare



- For those in a Health Connector who become eligible for **Premium free Medicare Part A** (which means they earned 40 credits working under Social Security and paying into Medicare):
 - They should sign up for Medicare
 - They will lose their Health Connector coverage
 - They will lose any tax credits they are receiving
 - If they don't sign up for Medicare, they may be subject to a late enrollment penalty

Marketing Complaints

- The Centers for Medicare and Medicaid Services (CMS) accepts complaints from Medicare beneficiaries who feel they were targeted or misled by aggressive marketing practices by a plan or its representatives
- Consumer may be allowed to change plans outside of enrollment periods
- Decisions are made by CMS based on the information provided
- Complaints can be directed to 1-800-Medicare or SHINE can assist with submitting the required documentation

Expired PHE Waivers and Flexibilities

■ Public Health Emergency Ended on 5/11/2023, resulting in the end of:



- Waiver of 3 day qualifying hospital stay requirement for SNF admission
- \$0 cost-sharing for COVID-19 OTC tests for Medicare Part B enrollees
- Hospitals Without Walls Initiative which allowed hospitals to provide services in areas not typically considered by CMS as part of the facility

Source: [CMS FAQ on Waivers and Flexibilities at End of COVID-19 PHE](#)

Waivers and Flexibilities Extended beyond End of PHE

- No copays for lab-based COVID-19 PCR and Antigen Tests when ordered by a Provider
 - For MA plan beneficiaries, access to these tests will depend on plan benefits
- No copays for COVID-19 vaccinations if given by a provider who accepts Medicare assignment
 - For MA plan beneficiaries, \$0 copays if using an in-network provider
- Acute Hospital Care at Home Program (extended through 12/31/24)

Source: [CMS FAQ on Waivers and Flexibilities at End of COVID-19 PHE](#)

Waivers and Flexibilities Extended Beyond End of PHE (cont.)

- Temporary Medicare Telehealth Services (extended through 12/31/24):
 - Any provider who bills Medicare can bill for telehealth
 - No geographic or site limitations
 - Waiver of requirement for in-person visit within 6 months/ annually thereafter of initial behavioral/mental health telehealth service
- Permanent Medicare Telehealth Services:
 - Patients can get telehealth for behavioral/mental healthcare in their home
 - No geographic restrictions for originating site for behavioral/mental health telehealth
 - Behavioral/mental health telehealth services can be delivered by phone (audio-only)
 - Rural Emergency Hospitals are eligible originating sites for telehealth in certain circumstances

Source: [CMS FAQ on Waivers and Flexibilities at End of COVID-19 PHE](#)

Senior Medicare Patrol



Mission:

Reach and educate ***Medicare and Medicaid*** beneficiaries, family members, caregivers and professionals on the importance of becoming engaged healthcare consumers to protect, detect and report healthcare errors, fraud and abuse.

SMP Program Presentations cover:

- Billing errors, fraud and/or abuse
- Deceptive Marketing
- Concerns related to Quality of Care
- COVID Fraud, Vaccine Fraud, Braces

Contact: MA SMP Program info@MASMP.org or 800-892-0890

<https://www.masmp.org/>

Medicare Marketing Violations

MARKETING VIOLATIONS

Report potential Medicare marketing violations and/or enrollment fraud, errors, or abuse if:

- You receive an unsolicited phone call from a company you have no prior relationship with
- A company represents itself as coming from or sent by Medicare, Social Security, or Medicaid
- You receive information such as leaflets, flyers, door hangers, etc., on your car or at your residence from a company you did not have an appointment with
- An agent returns uninvited to your residence after missing an appointment with them earlier
- You signed up for a plan after being told by a company that certain prescriptions or services were covered, but after reviewing your EOB, you found they were not covered by the plan and you received a bill instead

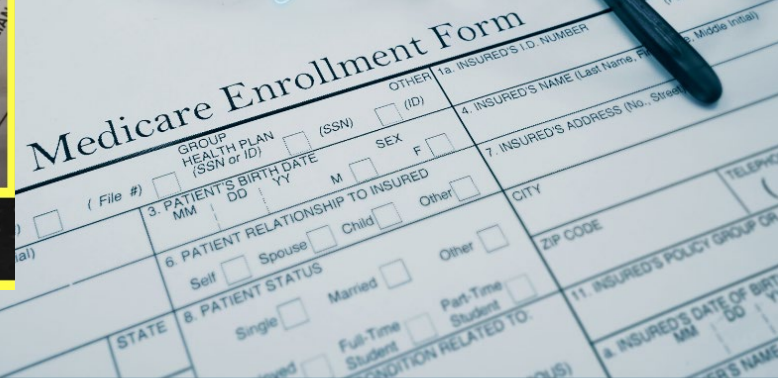


877.808.2468
SMPRESOURCE.ORG

SUPPORTED BY GRANT # 90MRC0002 FROM ACL



PROTECT YOURSELF AGAINST *Marketing Violations*



Companies and agents selling Medicare Advantage and Prescription Drug plans cannot claim to be coming from or sent by Medicare.



SUPPORTED BY GRANT # 90MRC0002 FROM ACL

877.808.2468 SMPRESOURCE.ORG



Medicare Marketing Violations Tips for Protecting Yourself and

Unlike Original Medicare, Medicare Advantage (MA, Part C) and Medicare Prescription Drug (Part D) are administered, marketed, and sold by private insurance companies. The Medicare & Medicaid Services (CMS) has guidelines for marketing Part C and Part D to protect Medicare beneficiaries from manipulative and deceptive sales and enrollment practices. Please note, these guidelines primarily focus on activities and materials related to direct plan communication, as opposed to television and radio commercials. Plan sponsors and their representatives, including agents and brokers, must follow these guidelines when marketing to beneficiaries. Marketing is seen as equivalent to "steering" beneficiaries to a plan.

What are Examples of Medicare Marketing Violations?

- Receiving an unsolicited phone call from a plan with whom they have no prior relationship from which they disenroll
- An agent or broker representing themselves as though they come from or were sent by Medicare, Social Security, or Medicaid
- Receiving an unsolicited home visit – i.e., "door-to-door cold call"
- Receiving information such as leaflets, flyers, door hangers, etc. on their car or at their residence from a company with whom they did not have an appointment
- An agent initiating a discussion about other insurance products, such as life insurance or annuities, during a visit or meeting about a Part C or Part D Medicare product
- An agent returning uninvited to a residence after missing an earlier appointment
- Requiring attendees to provide contact information as a prerequisite for attending a marketing event
- Marketing event attendees are later called without permission
- Prospective enrollees are called to confirm receipt of mailed information
- An agent signing a beneficiary up for a plan that is supposed to cover specific prescriptions or services but the beneficiary learning later that those prescriptions or services were actually not covered by the plan because they received a bill

My Ombudsman

- Assists individuals to address concerns or conflicts that may interfere with their enrollment in any MassHealth Managed Care Plan, including One Care, SCO and PACE
- Works with MassHealth and the plans to help members resolve concerns and ensure access to benefits and services
- Contact: Phone: 855-781-9898

Videophone: 339-224-6831

Email: info@myombudsman.org

Website: www.myombudsman.org

Mass College of Pharmacy and Health Sciences

Pharmacy Outreach Program

- Free information and referral service to help people take medications appropriately
- Mission: To promote medication adherence for the community through cost solutions and education
- Pharmacists, SHINE counselors, and pharmacy students on staff
- Funded by EOEA, City of Boston, Central Mass Agency on Aging, and the Massachusetts College of Pharmacy and Health Sciences



MASS Options



Access to care for elders and individuals with disabilities, simplified

- Housing
- Food
- Caregiver supports
- Health and wellness
- Day services
- Insurance
- Transportation
- In-Home supports

Refer clients who may need assistance:

Call 1-800-243-4636

Visit:

<https://www.massoptions.org/massoptions/>

Take Aways

- Don't miss deadlines to sign up for Medicare
- If turning 65 and on the Health Connector, dis-enroll by calling the plan
- Be sure your doctors and hospitals are in the network of the Medicare health plan you're choosing
- Be sure all of your current medications are on your plan's formulary
- Remember to review Medicare plans every year during Open Enrollment: 10/15 – 12/7

Where to Go for Help



- **Social Security Administration: 1-800-772-1213**
 - To enroll in Medicare
 - www.ssa.gov
- **SHINE: (1-800-243-4636); SHINE@mass.gov**
 - **Multiple languages available**
- **Medicare: 1-800-MEDICARE (1-800-633-4227)**
- **MCPHS Pharmacy Outreach Program: 1-866-633-1617**
 - Review of meds & drug coverage, refers affordable prescription drug programs

Thank You

The SHINE Program

SHINE@mass.gov

@Mass_EOEA

1-800-243-4636

<https://shinema.org/>



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Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.