

CHANGES TO MEDICARE AND BENEFITS ELIGIBILITY UNDER COVID-19

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The SHIP National
Technical Assistance Center



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Welcome!

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SMPs

- Senior Medicare Patrol

SHIPs

- State Health Insurance Assistance Program

MIPPA_s

- Medicare Improvements for Patients and Providers Act



Today's presenters

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Learning Objectives

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-  Know how Medicare covers services related to coronavirus
-  List the actions Medicare Advantage and Part D plans must take to increase access to care
-  Understand how to help individuals enroll in Part B online and through local Social Security offices

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Medicare-Covered Services Related to Coronavirus

Medicare Coverage

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- Medicare covers medically necessary items and services that beneficiary receives from provider who:
 - ▣ Accepts Original Medicare, or
 - ▣ Is in-network for the beneficiary's Medicare Advantage (MA) Plan
- MA Plans must cover everything that Original Medicare does, but they can do so with different costs and restrictions.
 - ▣ Note: Some of these restrictions must be waived during the Public Health Emergency (PHE)
- Beneficiaries with MA Plans should contact plan to learn about cost and coverage specifics

Parts of Medicare

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- Medicare benefits administered in three parts



- Part A: Hospital/inpatient benefits
 - Part B: Doctor/outpatient benefits
 - Part D: Prescription drug benefit
- Original Medicare includes Part A and Part B
 - ▣ Part D benefit offered through stand-alone prescription drug plan
 - Medicare Advantage Plans (Part C)
 - ▣ Way to get Parts A, B, and D through one private plan
 - ▣ Administered by private insurance companies that contract with federal government
 - ▣ Not a separate benefit: everyone with Medicare Advantage still has Medicare

Coronavirus Testing

- Covered under Part B as clinical laboratory test
- As of April 1, 2020, doctor can bill for testing provided after February 4, 2020
- No cost-sharing (deductible, coinsurance, or copayment) for test and associated visits
 - Applies to Original Medicare and MA Plans
- MA Plans cannot require prior authorization for testing provided after March 17, 2020

Coronavirus Vaccine

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- No vaccine available yet
- If one becomes available, it will be covered under Part B and have no cost-sharing (deductible, coinsurance, or copayment)

Prescription Refills

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- Drug plans must cover up to 90-day supply of prescription at beneficiary's request
 - ▣ Plan cannot impose quantity limit on drug that would prevent beneficiary from getting full 90-day supply, as long as they have prescription for that amount
 - ▣ Some safety checks are still in place to prevent unsafe doses of opioids
- Plans can relax restrictions on beneficiary filling prescription early
 - ▣ If beneficiary wants to refill prescription early, they should contact plan

Skilled Nursing Facility Waivers: Qualifying Hospital Stay

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- Medicare has waived some SNF coverage requirements
- Medicare usually requires beneficiary to spend 3 days as hospital inpatient before it covers SNF care
- During emergency period, Medicare has removed 3-day qualifying hospital stay requirement for beneficiaries who experience dislocations related to the PHE
- Includes, but is not limited to beneficiaries who:
 - Need to be transferred to a SNF, for example, due to nursing home evacuations or to make room at local hospitals
 - Need SNF care as a result of the current public health emergency, regardless of whether they were previously in the hospital

Skilled Nursing Facility Waivers: Benefit Period

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- Part A typically covers up to 100 days of SNF care each benefit period
 - ▣ Benefit period begins when beneficiary is admitted to a hospital as an inpatient, or to a SNF, and it ends when they have been out of a SNF or hospital for at least 60 days in a row
 - ▣ 100 days of covered SNF care renews with each benefit period
- Beneficiaries who are unable to start a new benefit period because of the public health emergency can get another 100 days of covered SNF care without having to begin a new benefit period

Skilled Nursing Facility Waivers

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- SNF waivers: apply nationally as blanket waivers
- If beneficiary has trouble accessing SNF care under these waivers, or if SNF is not aware of the waiver, file quality of care complaint with Beneficiary and Family Centered Care-Qualify Improvement Organization (BFCC-QIO) for beneficiary's state
 - ▣ Kepro: <https://www.keproqio.com/aboutus/contacts>
 - ▣ Livanta: <https://www.livantaqio.com/en>

Home Health Care: Homebound Requirement

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- Medicare has changed some home health care coverage requirements; homebound requirement still applies
- Homebound requirement can be met in additional ways
- Someone can be considered homebound if their physician certifies that they should not leave their home because:
 - They have a medical condition that makes them susceptible to contracting COVID-19
 - Or, if they have a suspected or confirmed case of COVID-19

Home Health Care: Prescribing Physician and Telehealth

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- Normally, a physician must prescribe home health care
- During public health emergency other providers, including nurse practitioners and physician assistants, can prescribe
- Home health care agencies can provide more services via telehealth, as long as services are listed on the beneficiary's plan of care
 - Telehealth services cannot be used in place of in-person services listed on the plan of care
 - Face-to-face visit requirement can be met via telehealth

Physicians' Services at Home

- Part B covers services a beneficiary receives from a physician (or other provider, such as registered nurse) who visits their home
- Part B also covers some services that are not provided face-to-face with a doctor, such as check-in phone calls and assessments using an online patient portal
- Virtual check-ins can be used to assess whether a beneficiary should go to their doctor's office for an in-person visit

Telehealth Services

- Telehealth services are provided during full visit with provider using telephone or video technology that allows for both audio and video communication
- Medicare generally only covers telehealth in limited situations for certain beneficiaries, but it has expanded coverage and access during the public health emergency
- During the PHE, telehealth services are covered under Part B for all beneficiaries throughout the country in health care settings and at home

Covered Telehealth Services

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- Examples of covered visits include:
 - ▣ Hospital and doctors' office visits
 - ▣ Behavioral health counseling
 - ▣ Preventive health screenings
 - ▣ Face-to-face visits required for Medicare coverage of hospice care

Telehealth Providers and Costs

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- Health care providers who can offer telehealth services include:
 - ▣ Doctors, nurse practitioners
 - ▣ Clinical psychologists, licensed clinical social workers
 - ▣ Physical therapists, occupational therapists, speech language pathologists
- Standard cost-sharing may apply, but provider can choose not to charge the beneficiary for the cost-sharing charges
 - ▣ Providers usually cannot routinely waive cost-sharing but may during PHE
- Beneficiary with MA Plan should contact their plan to learn about its costs and coverage rules

Technology Requirements

- Telehealth services must use audio and video
 - ▣ Limited telehealth services can be delivered using audio only, including counseling and therapy provided by an opioid treatment program and behavioral health care services
- Guidance from Department of Health and Human Services (HHS) allows providers to temporarily use any non-public facing remote technology (such as FaceTime or Skype) to communicate with their patients
- If a beneficiary has questions about technology requirements for telehealth services, they should ask their provider

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Coverage Access During Public Health Emergency

Plan Responsibilities

- During emergencies, Medicare Advantage and Part D plans must work to maintain access to health care services and prescription drugs for plan members living in affected areas
- Plans must meet certain requirements following the declaration of a disaster, emergency, or public health emergency

Medicare Advantage Plans

Medicare Advantage Plans must

- Allow beneficiaries to receive health care services at out-of-network doctor's offices, hospitals, and other facilities
- Charge in-network cost-sharing amounts for services received out-of-network
- Waive referral requirements
- Suspend rules requiring the beneficiary tell the plan before getting certain kinds of care or prescription drugs, if failing to contact the plan ahead of time could raise costs or limit access to care

Part D Plans

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Part D plans must

- Cover formulary Part D drugs filled at out-of-network pharmacies
 - ▣ Part D plans must do this when beneficiary cannot be expected to get covered Part D drugs at an in-network pharmacy
- Cover up to a 90-day supply of prescription if beneficiary requests it
 - ▣ Plan cannot impose quantity limit on drug that would prevent beneficiary from getting full 90-day supply, as long as they have prescription for that amount
 - ▣ Some safety limits are still in place to prevent unsafe dispensing of opioids

Optional Changes

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- Medicare has also given plans the flexibility to make optional changes to their cost-sharing and coverage rules
- **Optional changes include:**
 - Relaxing policies to permit mail and home delivery of prescriptions, when disaster or emergency makes it difficult for the beneficiary to go to a retail pharmacy
 - Waiving prior authorization requirements that would otherwise apply to Part D drugs used to treat or prevent COVID-19, if or when such drugs are identified
 - Relaxing restrictions on refilling prescriptions too soon
 - Waiving cost-sharing for drugs used to treat COVID-19

Optional Changes (continued)

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- Disenrollment
 - Plans are encouraged not to disenroll members who fail to pay premiums
 - Plans can also extend grace period for premium repayment
 - Plans have option not to disenroll members who are outside of plan service area for more than 6 months
- Mid-year changes
 - Plans can make changes that would provide more generous (lower cost-sharing) or additional benefits
 - Changes must benefit enrollees and be offered to everyone
 - Cost-sharing changes must be related to COVID-19

Special Enrollment Period (SEP)

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- Beneficiary can use SEP to make changes to Medicare coverage if PHE prevented them from making changes during another enrollment period
 - ▣ Beneficiary must have been entitled to use another enrollment period between March 17 and July 17
- **Example:** Beneficiary with MA Plan who could not use Medicare Advantage Open Enrollment Period (January 1 – March 31) because of PHE
- Beneficiary should call 1-800-MEDICARE (633-4227) to make changes
 - Beneficiary does not have to prove they were affected by PHE

Grievances and Appeals

- If beneficiary is having trouble getting through to their Medicare Advantage or Part D plan, you can help them file grievance with the plan and a complaint with 1-800-MEDICARE (633-4227)
- If beneficiary thinks they are being discharged from the hospital or SNF too soon, you can help them appeal to their QIO
 - ▣ Kepro: <https://www.keproqio.com/aboutus/contacts>
 - ▣ Livanta: <https://www.livantaqio.com/en>

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Tips for Part B Enrollment

Online Medicare Enrollment

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- Local Social Security offices are closed to appointments with the public
- Individuals who need to enroll in Medicare Part A and Part B for the first time can enroll
 - ▣ Online: <https://www.ssa.gov/benefits/medicare/>
 - ▣ By calling national Social Security Administration helpline: 800-772-2123

Problems with Online Enrollment

- Not everyone can enroll online or has access to a computer and internet connection
- If individual cannot enroll in Medicare online, they can enroll through local Social Security office
- **Example:** Individuals who lost their jobs and job-based insurance use the Part B Special Enrollment Period (SEP) to enroll in Medicare, and Part B SEP cannot currently be used online

Step 1: Contact Local Office

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- Local offices are closed to the public, but still accepting mail
- Use field office locator to find local office's phone number: <https://secure.ssa.gov/ICON/main.jsp>
- Call local office to learn best way to submit enrollment paperwork

Step 2: Collect Paperwork

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- **Form 40B:** Application for enrollment in Medicare
- **Form L564:** Request for Employer Information if individual is using Part B Special Enrollment Period (SEP)
 - ▣ Employer usually fills out Section B, but individual can fill it out on employer's behalf, however, the should not sign it
- **Proof of job-based insurance** if employer did not fill out Section B of Form L564, such as:
 - ▣ Income tax return that shows health premiums paid
 - ▣ W-2s reflecting pre-tax medical contribution
 - ▣ Pay stubs showing health insurance premiums deducted
 - ▣ Health insurance card showing policy start date
 - ▣ Explanations of Benefits paid by job-based insurance
 - ▣ Statements showing premium payments

Step 3: Mail Paperwork

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- Use certified mail
 - Certified mail provides receipt and confirmation that mail was received
 - Having proof that paperwork was submitted, and the date it was submitted, can be helpful if the individual has any 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 no confirmation receipt
- If individual cannot mail their paperwork, fax it to 1-833-914-2016

Troubleshooting

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- Various strategies exist for addressing enrollment delays at Social Security office, such as contacting federal elected representative
- Speak with supervisor and others at your organization about possible troubleshooting strategies

Equitable Relief

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- Individual who missed their Initial Enrollment Period (IEP), General Enrollment Period (GEP), or Part B SEP can request equitable relief from Social Security for more time to enroll in Medicare
- Enrollment period must have happened between March 17, 2020 and June 17, 2020

Requesting Equitable Relief

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- To request equitable relief, individual should submit enrollment paperwork to Social Security by June 17, 2020
- Individual should include note in remarks section of enrollment form that says they are requesting equitable relief

Equitable Relief and Medicare Effective Date

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- Coverage will be effective on the day it normally would have started if individual had used their other enrollment period
- **Example:** Someone uses equitable relief and they had the right to enroll during the GEP
 - ▣ Medicare would be effective on July 1, 2020
 - ▣ July 1 is when coverage would normally have been effective if the individual had enrolled in Medicare during the GEP between January and March

SHIP TA Center COVID-19 Resources

www.shiptacenter.org > SHIP Login

- COVID-19 in Toolbox > For Counselors
- COVID-19 Events
- COVID-19 News (from ACL, CMS, etc.)
- Resource Library:
 - COVID-19 Fact Sheets and Facebook images
 - COVID-19 resources from other SHIPs
- **Tip:** Use “Type for Search” – keyword “Covid”

For Counselors

Medigap Plan Finder

CMS Resources

COVID-19 Resources

CMS Unique ID



Type for search...

NCOA/MIPPA Center COVID-19 Resources (publicly available)

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

COVID-19
RESOURCE CENTER

OLDER ADULTS
& CAREGIVERS



PROFESSIONALS



Key Resources about COVID-19:

www.ncoa.org/covid-19/covid-19-resources-for-professionals-1/key-government-resources-for-professionals/



Key Resources for Professionals

Find key resources and tools developed by NCOA's national partners in aging and disability and the federal government.

Explore

Publicly available

- COVID-19 Fraud page (includes a Spanish-language fraud alert):
<https://www.smpresource.org/Content/Medicare-Fraud/Fraud-Schemes/COVID-19-Fraud.aspx>

Password-protected resources for SMPs: www.smpresource.org > SMP Login

- COVID-19 web events
- SMP Consumer Fraud Alert: COVID-19 Fraud Resources (includes several Spanish-language resources)
- SMP Resource Center Infographics – COVID-19
- **Tip:** Search for keyword “COVID”.

Webinar Resources in the Libraries

SMPs

- Step 1: Login at www.smpresource.org (click the blue SMP Login padlock). 
- Step 2: Search for keyword “COVID”.

SHIPs

- Step 1: Login at www.shiptacenter.org (click the orange SHIP Login padlock). 
- Step 2: Go to the Resource Library.
- Step 3: Search for keyword “COVID”.

MIPPAs: Resources will be emailed to the MIPPA listserv.

Questions?

Contact medicarehelp@shiptacenter.org if you have questions after webinar concludes

Thank you for attending!

Files are now available for download within WebEx

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