

Medicare Updates

Massachusetts Health Care Training Forum

October 2012

Topics Covered

Overview of Medicare A, B & C

Newest Preventive Services

Medicare Part D

- 2013 Standard Benefit
- Impact of ACA on the Coverage Gap
- Coverage for benzodiazepines and barbiturates
- Open Enrollment
- Reassignment
- Discontinued Plans
- Options for those who miss open enrollment

Healthcare.Gov Resources

Medicare Reviewed

Health Insurance for three groups of people

- 65 and older
- Under 65 with certain disabilities
- Any age with End-Stage Renal Disease (ESRD)

Four Parts to Medicare

- Part A – Hospital Insurance
- Part B – Medical Insurance
- Part C – Medicare Advantage (HMOs and PPOs)
- Part D – Medicare Prescription Drug Coverage

Medicare Reviewed

When can you join Medicare Advantage and Medicare Part D?

- 7 month initial enrollment period
 - 3 months before, month of, 3 months after your first month of Medicare eligibility
- Annual Open Enrollment Period
 - October 15 – December 7
 - Coverage starts January 1
- Special enrollment periods
 - Enrolled in Medicaid
 - Receives Extra Help
 - Loses creditable prescription coverage with employer
 - Member of Prescription Advantage

Medicare Advantage (Part C)

- Health plan options approved by Medicare
- Run by private companies
- Part of the Medicare program
 - Combine benefits provided under Part A & B
 - Members continue to pay Medicare Part B premium
 - Most plans include Medicare Part D Prescription Coverage
- Medicare pays a set amount to plan for a members care
- Members must follow plan rules, such as staying within a network of providers and hospitals

Preventive Services

- Initial Preventive Physical Examination
- Annual Wellness Visit
- Cancer Screenings
 - Breast Cancer (mammography and clinical breast exam)
 - Cervical and Vaginal Cancer (pap test and pelvic exam (includes the clinical breast exam))
 - Colorectal Cancer
 - Fecal Occult Blood Test
 - Flexible Sigmoidoscopy
 - Colonoscopy
 - Barium Enema
 - Prostate (PSA blood test and Digital Rectal Exam)

Preventive Services Cont.

- Glaucoma Screening
- Human Immunodeficiency Virus (HIV) Screening
- Immunizations (Seasonal Influenza, Pneumococcal, and Hepatitis B)
- Medical Nutrition Therapy (for beneficiaries with diabetes or renal disease)
- Tobacco-Use Cessation Counseling
- Bone Mass Measurement
- Cardiovascular Disease Screening
- Diabetes Screening
- Diabetes Self-Management Training

Newest Preventive Services

- Annual depression screening
 - Counseling
- Intensive obesity screening and behavioral counseling
- Annual cardiovascular screening
- Annual alcohol misuse screening
- Sexually Transmitted Disease (STD)/Sexually Transmitted Infection (STI) screening

Medicare Prescription Drug Coverage (Part D)

- Available for all people with Medicare
- Provided through:
 - Medicare Prescription Drug Plans (PDPs)
 - Most Medicare Advantage Plans
- Must meet benefit design requirements set by Medicare
- Primary prescription coverage for Dual-Eligibles
 - Individuals with both Medicare and MassHealth

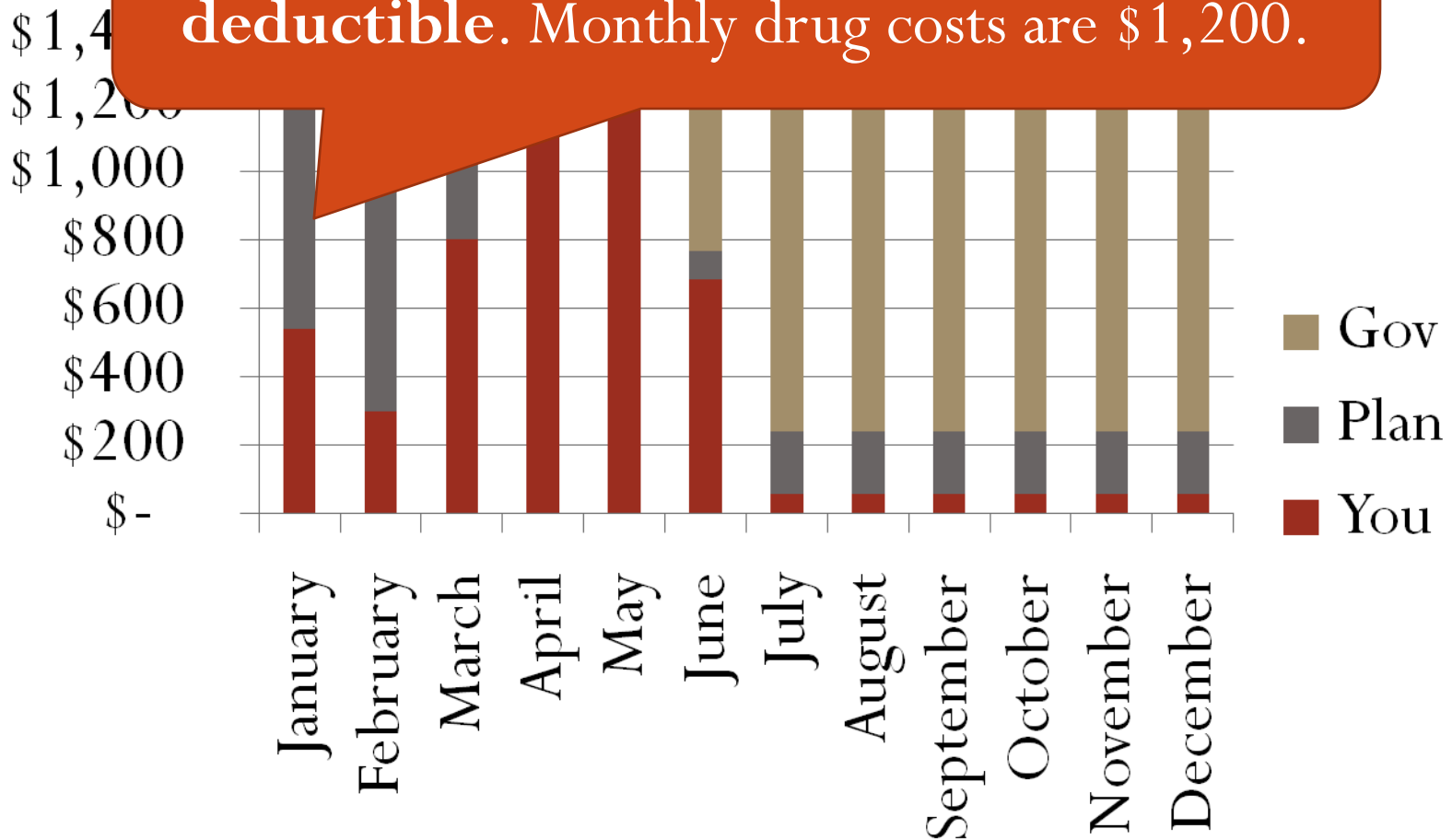
Part D Standard Benefit

	2012	2013
Deductible	\$320	\$325
Initial Coverage Limit	\$2,930	\$2,970
Brand copay in gap	50%	47.5%
Generic copay in gap	86%	79%
Out of Pocket Threshold	\$4,700	\$4,750
Catastrophic costs	\$2.60 / \$6.50 or 5%	\$2.65 / \$6.60 or 5%

- Note: Dual-eligible beneficiaries will pay no more than \$2.65 for generics and \$6.60 for brands in 2013.

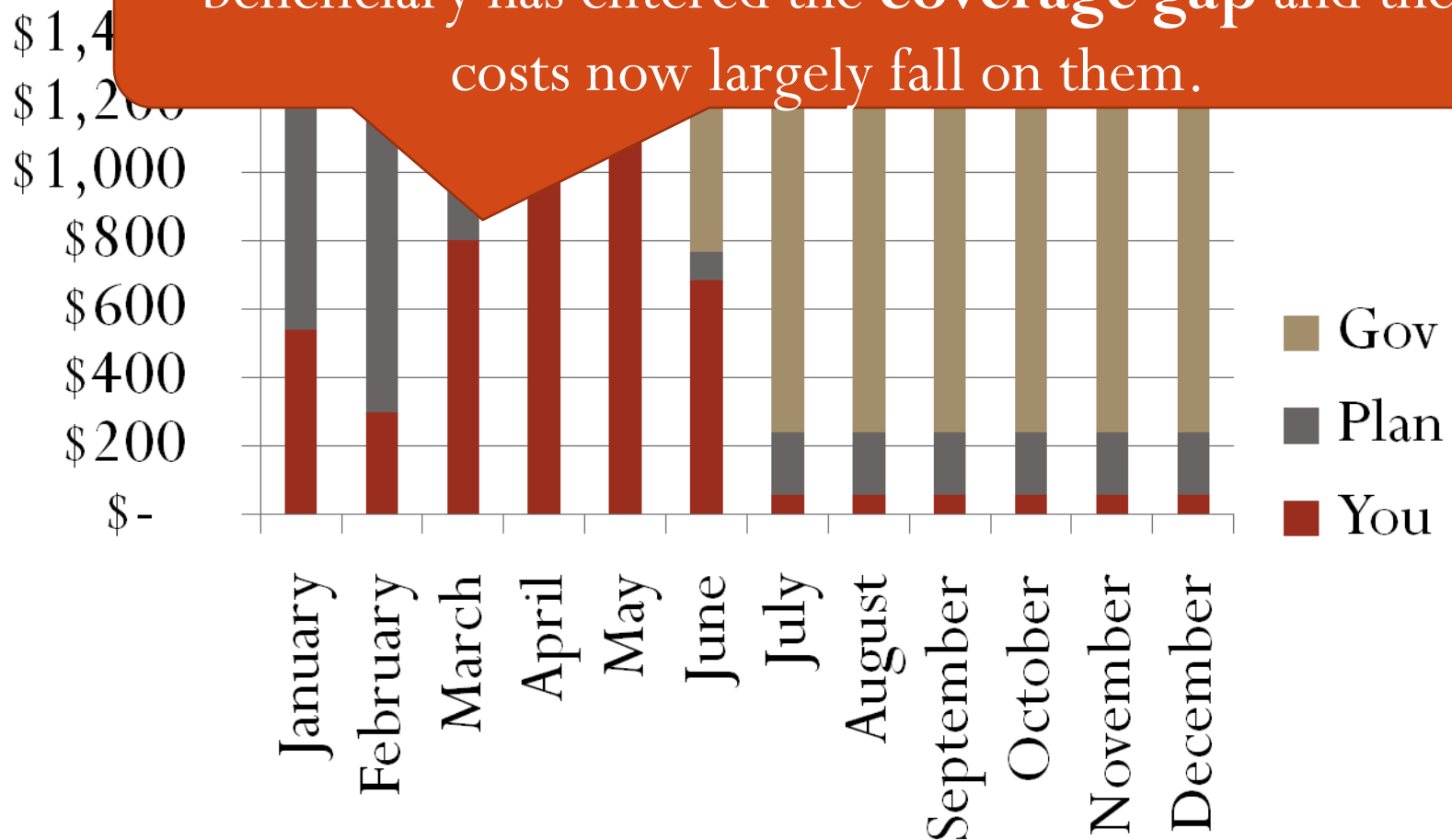
Part D Benefit Design

The year begins with payment of the deductible. Monthly drug costs are \$1,200.



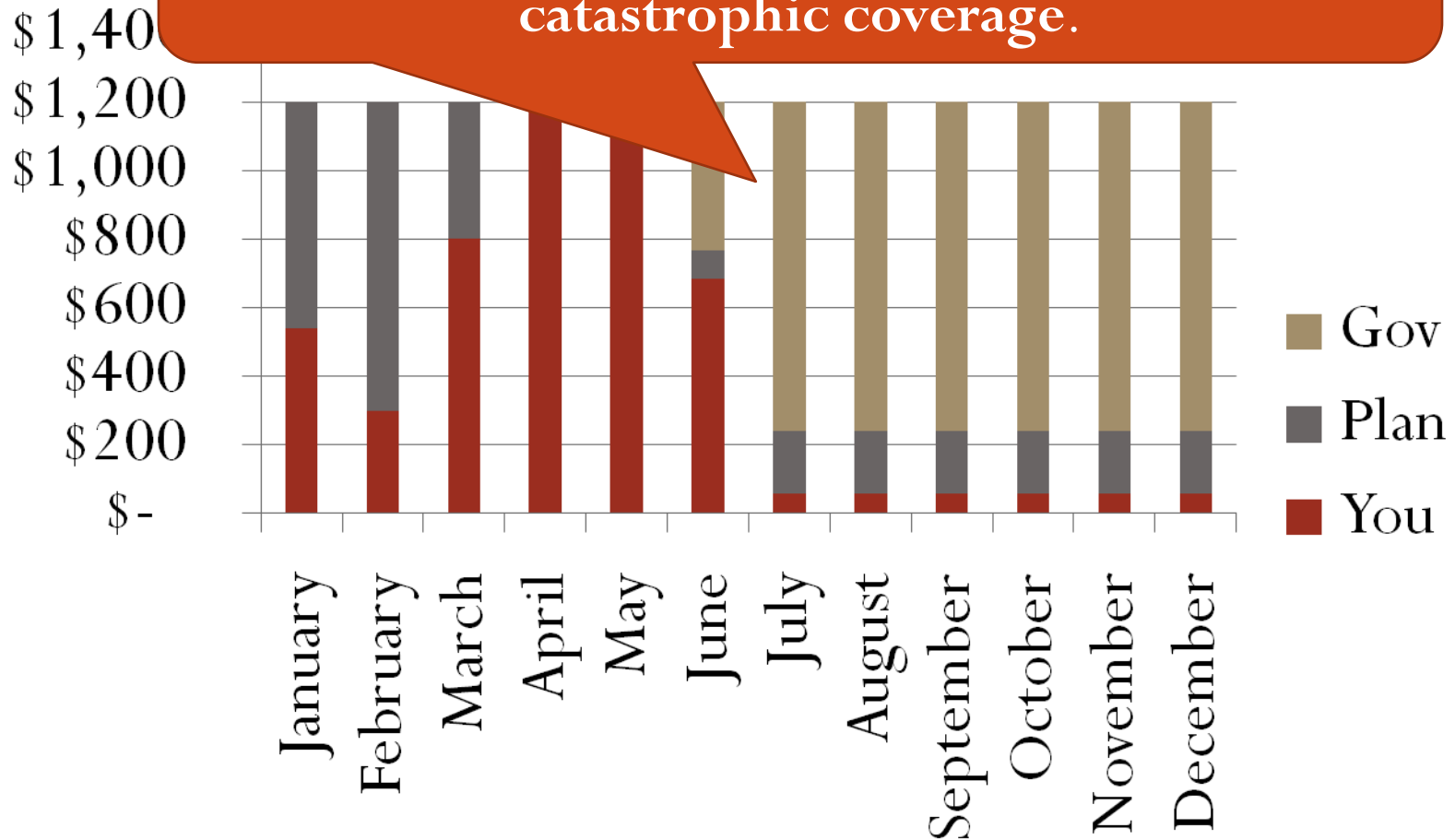
Part D Benefit Design

During March total drug costs pass \$2,970. The beneficiary has entered the **coverage gap** and the costs now largely fall on them.



Part D Benefit Design

During June he or she will have paid \$4,750 out-of-pocket, unlocking government help through catastrophic coverage.



What is the Coverage Gap?

Also known as the “donut hole”

Starts:

- Once the beneficiary + *the plan* + any additional qualified payers have spent \$2,970 (2013) towards covered medications, the beneficiary pays more for prescription medications

Ends:

- When True Out-Of-Pocket (TrOOP) spending limit is reached (\$4,750 in 2013)
- Or end of calendar year, whichever happens first

Leaving the Coverage Gap

- What expenses count towards TrOOP?
 - Annual deductibles, copayments, coinsurance, and payments made before or within any existing coverage gap.
 - Payments or reimbursements by State Pharmacy Assistance Programs (Prescription Advantage).
 - The cost of brand-name drugs (unlike generic drugs) are counted at the full price before any drug manufacturer's discount is applied.
- These TrOOP expenses will be presented to the beneficiary each month on the beneficiary's explanation of benefits (EOB).

Affordable Care Act & Part D

	Brand-name Drugs	Generic Drugs
2012	50%	86%
2013	47.5%	79%
2014	47.5%	72%
2015	45%	65%
2016	45%	58%
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%

Benzodiazepines and Barbiturates

- Coverage starting on January 1, 2013
- Coverage for all benzodiazepines
 - Lorazepam (Ativan)
 - Clonazepam (Klonopin)
 - Alprazolam (Xanax)
- Coverage for barbiturates for the treatment of
 - Epilepsy
 - Cancer
 - Chronic mental disability

Open Enrollment Period

- October 15 –December 7
- January 1, 2013 new coverage starts.
- Plans can change from year to year
- Beneficiaries can explore new choices and pick the health and drug plans that work best for them.
- People with Original Medicare can choose a Part D Drug plan or a Medicare Advantage Plan
- People in a Medicare Advantage plan can stay in that plan, choose a different plan, or go back to Original Medicare

Full Extra Help & Part D

- Individuals with MassHealth or Medicare Savings Programs automatically qualify for Full Extra Help
- 6 plans in 2013 will be available for \$0 premium (10 in 2012)
- The following plans will no longer be available for no premium:
 - Community CCRx Basic (switched to SilverScript Basic)
 - Health Net Orange Option 1 (switched to SilverScript Basic)
 - CIGNA Medicare Rx Plan One (\$2.60)
 - First Health Part D Premier (\$4.80)
 - HealthSpring Prescription Drug Plan – Reg 2 (\$3.80)
 - United American – Select (\$2.30)

Reassignment

- Some Extra Help beneficiaries will receive a blue letter in mid-October and be reassigned if no action is taken.
 - Community CCRx Basic and Health Net Orange 1
 - Members auto-enrolled into current plan

Members may elect plan on their own or call Medicare to stay in current plan (if available in 2013) and pay premium

Example: First Health Part D Premier members can stay in plan and pay \$4.80 monthly premium.

- Members who chose their current plan will be notified of premium increase but will not be reassigned. (Tan Letter).

Discontinued Plans

- Members of discontinued plans received notification by Oct 1
- Letters explained options for members
 - Alternate MA or Part D plans, contact information/phone numbers
 - Information on Original Medicare, Medigap, Extra Help, and Medicaid
 - Contact information for Medicare: 1-800-MEDICARE & SHINE
- Members must select a plan or will be without Medicare Prescription Drug Coverage on January 1, 2013
- Members of discontinued plans may be eligible for a special enrollment period between December 8 – February 28

What about after December 8th?

- Plan is terminating and individual is not getting extra help
 - Special Enrollment Period (SEP): December 8 – February 28
- Extra Help Beneficiaries
 - Continuous SEP
- Prescription Advantage Members
 - 1 SEP each year
- Loss of Extra Help on 1/1/2013
 - SEP until March 31
- If a 5-Star rated plan is available
- Medicare Advantage Disenrollment Period

5 Star Special Enrollment Period

- 2013 plan ratings will be available on Medicare.gov website
- Ratings based on:
 - Customer Service, complaints & member experience
 - Drug pricing and patient safety
 - Health screenings and management of chronic conditions
- SEP December 8 – November 30 each year
 - Allows a beneficiary to enroll or switch to a 5-star rated plan
 - One time each year
 - If a Medicare Advantage plan, must meet eligibility criteria to enroll.
- Plans will receive bonus payments based on star ratings to encourage improved performance

Medicare Advantage Disenrollment Period

- Beneficiaries can disenroll from a Medicare Advantage plan and return to Original Medicare from January 1 to February 14
- Does not allow beneficiaries to switch to another MA Plan or switch from Original Medicare to a MA Plan
- Beneficiaries who switch to Original Medicare will have a SEP to join a Part D plan from Jan. 1 – Feb. 14

SHINE Program

- Serving the **H**ealth **I**nformation **N**eeds of **E**lders
- SHINE is a State Health Insurance assistance Program.
- Can assist Medicare Beneficiaries one-on-one in understanding their health and prescription insurance coverage options.
- 600 SHINE Counselors located throughout Massachusetts.
- Located at local senior centers and community centers.
- Call 1-800-Age-Info or 1-800-243-4636 to schedule an appointment with your local SHINE Counselor

HealthCare.Gov Resources



Find Insurance Options

Get Help Using Insurance

The Health Care Law & You

Comparing Care Providers

Prevention & Wellness

Explore your coverage & pricing options

Find out which private insurance plans, public programs and community services are available to you.

Pick Your State



GO

Your Health Care, Explained



How the health care law benefits you

Learn More

1 2 3 4

Summary of Benefits and Coverage

Millions of Americans now have access to standardized, easy-to-understand information about health plan benefits and coverage thanks to the health care law.

Learn more about the [Summary of Benefits and Coverage \(SBC\)](#)

[Download a sample SBC \(PDF - 530 KB\)](#)

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[Consumer Assistance Program Grants: How States Are Using New Resource to Give Consumers Greater Control of Their Health Care](#)

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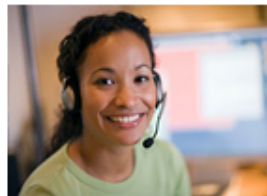
Get Help Using Insurance

In this section you'll find information that will help you with health insurance, whether you need coverage or already have it. It also includes specific information for people with Medicare, those who need free or low-cost care, large and small employers, and the self-employed.



Your Insurance Company & Costs of Coverage

Find basic information about your insurance company, search for Medical Loss Ratio rebate information, and find details about any rate increases your company has filed for.



Managing Your Insurance

Get help with questions and issues from your state's Consumer Assistance Program, or from a list of helpful resources. Also, learn about what to do if you've been rejected for insurance or need to appeal an insurer's decision about a claim.



Understanding Insurance

[Read the Law](#)[Key Features of the Law](#)[Timeline: What's Changing & When](#)[Information for You](#)[Implementation Resources](#)[Print](#) [Send](#) [Post](#) [Tweet](#) [Share](#)

The Health Care Law & You

The Affordable Care Act puts in place strong consumer protections, provides new coverage options and gives you the tools you need to make informed choices about your health. In this section, learn about how the law affects you.



Read the Full Law

Read the full text of the Affordable Care Act or browse and download the law by section.



Key Features of the Law

Read this section to learn more about your rights and protections, insurance choices, and insurance costs. Get information on important benefits and programs available to seniors and small businesses.



Timeline: What's Changing and When

The health care law puts in place reforms that will roll out through 2014 and beyond. Use the timeline or a printable list of key features in chronological order to learn what's changing and when.

Timeline

What's Changing and When

View items by selecting blocks on the timeline, or click the arrows.

You can also [see all of the timeline items on one page](#) in printable format.

[Read the Affordable Care Act in full](#) or [browse it section by section](#).

Establishing Affordable Insurance Exchanges



IMPROVING QUALITY AND LOWERING COSTS

Establishing Affordable Insurance Exchanges

Effective January 1, 2014

Starting in 2014 if your employer doesn't offer insurance, you will be able to buy it directly in an Affordable Insurance Exchange. An Exchange is a new transparent and competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans. Exchanges will offer you a choice of health plans that meet certain benefits and cost standards. Starting in 2014, Members of Congress will be getting their health care insurance through Exchanges, and you will be able to buy your insurance through Exchanges too.

[Learn more about Affordable Insurance Exchanges.](#)







COVERAGE A

- ✓ Copay
- ✓ Prescription Drugs
- ✓ Deductibles
- ✓ Preventive Care
- ✓ Emergency Care

COVERAGE B

- ✓ Copay
- ✓ Prescription Drugs
- ✓ Deductibles
- ✓ Preventive Care
- ✓ Emergency Care

Comparing Care Providers

1. Partnership for Patients	Visit the Website 	The Partnership for Patients includes hospitals, medical practices, and others that agree to support programs that improve patient safety, increase health care quality, and lower costs. Use our map to find members in your area and learn more about the Partnership, including information for current and prospective members.
2. Compare Physicians	Visit the Website 	Use this tool to help you search for and compare physicians and other health professionals. It provides information on medical specialty, clinical training, foreign languages spoken, and more.
3. Compare Hospitals	Visit the Website 	This tool can help you compare the quality of care that hospitals provide. It provides a list of U.S. hospitals which includes hospital demographics (location, hospital type) and 44 quality-of-care measures. It also includes data on some Department of Veterans Affairs medical centers.
4. Compare Nursing Homes	Visit the Website 	Use this tool to help you compare the quality of care that nursing homes provide. It provides a list of U.S. nursing homes which includes demographics (location and type of facility) and nursing home ratings, which include health inspection reports, staffing data, and quality measures.
5. Compare Home Health Agencies	Visit the Website 	This tool can help you compare the quality of care that home health agencies provide. It provides a list of U.S. home health agencies, including demographics, services provided and quality measures.
6. Compare Dialysis Facilities	Visit the Website 	Use this tool to help you compare the quality of care that dialysis facilities provide. It provides a list of U.S. dialysis facilities which includes services provided, quality measures, and resources.

Prevention and Wellness

Prevention & Wellness

Under the health care law, many insurers are required to cover certain preventive services at no cost to you.

New Preventive Benefits for Women

It's a new day for women under the Affordable Care Act. Services to keep you healthy including well-woman visits, support for breastfeeding equipment, domestic violence screening and counseling, contraception, and more will be covered without cost sharing in new health plans starting in August 2012.

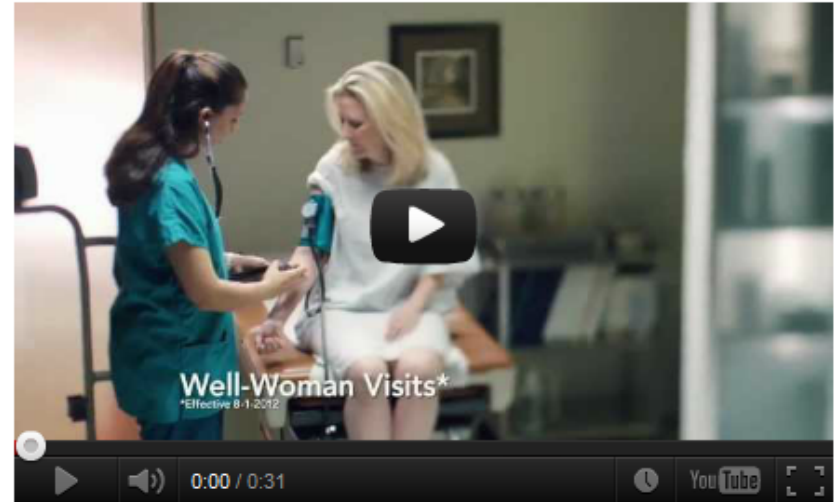
Free Preventive Care for You and Your Family

You may be eligible for preventive care such as blood pressure and cholesterol tests, mammograms, colonoscopies, screenings for osteoporosis and more. These benefits include [coverage for vaccines](#).

Medicare Preventive Benefits for Seniors

Benefits include a yearly wellness visit, tobacco cessation counseling, and a range of no-cost screenings for cancer, diabetes, and other chronic diseases.

More Prevention & Wellness Resources



8 New Prevention-Related Services for Women

Effective August 1, 2012

- Well-woman visits
- Gestational diabetes screening for pregnant women
- Domestic and interpersonal violence screening and counseling
- FDA-approved contraception methods, and contraceptive education and counseling

Contact Information

Maureen Kerrigan

Phone: (617) 565-1218

E-mail: Maureen.Kerrigan@cms.hhs.gov

Jennifer Syria

Phone: (617) 565-1247

E-mail: Jennifer.Syria@cms.hhs.gov