

Getting Ready for Medicare's Open Enrollment Period

Health Insurance Counseling and Advocacy Program (HICAP)

"This project was supported, in part by grant number 90SAPG0094-03, from the U.S. Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy."

Health Insurance Counseling and Advocacy Program (HICAP)



HICAP is part of the national **SHIP** network and is the most dependable source of unbiased and accurate Medicare related information. In addition to providing counseling, HICAP also assists beneficiaries with Medicare plan comparisons and educate them so that they can make informed decisions before they enroll in a plan.

About Us



Agenda

What will we discuss today?

- What is the Open Enrollment Period?
- Medicare Part D Coverage Options
- Medicare Advantage Plan (Part C) Options
- Part D Special Enrollment Periods
- Part D Cost and Benefits
- Low-Income Subsidy “Extra Help” Program
- How to protect yourself against plan marketing violations & Medicare fraud?
- Questions will be answered



What is Open Enrollment?

Also known as Annual Election Period (AEP)

October 15 – December 7

Yearly Open Enrollment for people with Medicare

- **Join** a new Medicare Advantage Plan or Part D prescription Drug Plan
- **Switch** from Original Medicare to a Medicare Advantage Plan
- **Drop** a Medicare Advantage Plan and switch to Original Medicare (with or without a Part D plan)



October 1, 2022	Start comparing your current coverage with other options. You may be able to save money or get extra benefits. Visit Medicare.gov/plan-compare .
October 15 to December 7, 2022	Change your Medicare health or drug coverage for 2023 if you decide to. You can join, switch or leave a Medicare Advantage Plan or a Medicare drug plan during this Open Enrollment Period each year.
January 1, 2023	New coverage begins if you made a change. If you kept your existing coverage and your plan's costs or benefits changed, those changes also start on this date.
January 1 to March 31, 2023	If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. Any changes you make will be effective the first of the month after the plan gets your request.

Medicare Part D Plans Change Each Year

- Each year Medicare plans can change costs and coverage
- Plans mail or provide electronically
 - **Annual Notice of Change (ANOC)** explains changes from last year's coverage
 - **Explanation of Coverage (EOC)** explains coverage and costs for following year's coverage
- Some plans may chose to leave Medicare



Medicare Part D Coverage Options

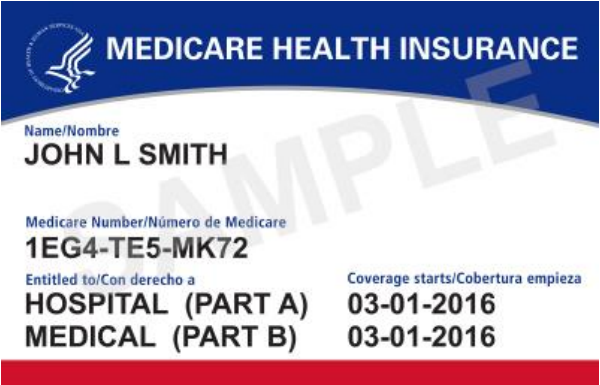
There are two ways to receive Medicare services. Each one has Part D available to beneficiaries.

Original Medicare

OR

Medicare Advantage Plan (MAPD)

“Straight Medicare” Covers Hospital (Part A) and Medical Insurance (Part B)



Must Enroll in a stand-alone Prescription Drug Plan (Part D)



- ✓ Also known as Part C
- ✓ This plan offers coverage for Part A, Part B and Part D

What are Prescription Drug Plans ? (PDP)

- ✓ Prescription plans contract with Medicare to provide Part D benefits only.
- ✓ Beneficiary will continue to use Original Medicare for Part A & Part B services
- ✓ Beneficiary can use any provider that contracts with Medicare and do not need referrals or prior authorizations for Hospital or Medical services.
- ✓ Beneficiaries will need to think about how to supplement Medicare.

Original Medicare



Things to Consider When Comparing Prescription Drug Plans (PDP)

- Does the plan cover all the medications I take?
- Does the plan have restrictions on my drugs, such as prior authorization, step therapy, or quantity limits?
- How much will I pay for monthly premiums and the annual deductible?
- How much will I pay at the pharmacy for each drug I take?
- Is my pharmacy in the plan's preferred network?



Medicare Advantage Prescription Drug Plans (MAPD)

- ✓ Plans contract with Medicare to provide all Medicare Part A, B and D benefits
- ✓ When enrolled in a MAPD, beneficiaries assign their Medicare benefits to the plan
- ✓ Beneficiaries will have to work with their primary care doctor to manage their medical care
- ✓ All specialty services must be authorized by the plan medical group
- ✓ Medicare Advantage Plan beneficiaries can use out of Network providers **only** for emergency and urgent care otherwise the plan will not cover the service and the beneficiary will receive a bill for those services.

Medicare Advantage Plan (HMO)

Health Plan (80840): **911-87726-04**
Member ID: 999999999-99 Group Number: 99999

Member: **SUBSCRIBER BROWN** Payer ID: 87726
Medical Group: **Mountain Family Medical Center (MFMC)**

Copay: PCP \$XX Spec \$XX ER \$XX

H9999 PBP# 999

Plan pays up to Medicare Limiting Charges.

GROUP NAME	
MedicareRx Prescription Drug Coverage	
RxBIN:	610097
RxPCN:	9999
RxGrp:	COS



Things to Consider When Comparing Medicare Advantage Plans (MAPD)

Medicare Advantage Plans usually include prescription drug coverage, but since it also offers your Medical and Hospital services you should consider asking:

- How much do I have to pay for office visits, hospital care or specialty services?
- What is the annual maximum out-of-pocket cost?
- Are my doctors and hospitals in the plan's network?
- What are the rules I have to follow to access health care services and my medications?
- Does the plan cover additional health care benefits that are not covered by Original Medicare?
- Will this plan affect any other coverage I may have?



An elderly couple is sitting at a table in a modern, well-lit room. The woman, on the left, has grey hair and is wearing a dark blue sweater. The man, on the right, has grey hair and a beard, wearing a patterned shirt. They are both looking down at a document the woman is holding. On the table are several other papers and a pen. In the background, there is a large window with sheer curtains, a potted plant, and a modern lamp with a yellow shade. A black metal shelving unit is also visible.

Part D *Special* Enrollment Periods

You can change your Part D drug plan
outside of an enrollment period in certain
situations

Can I change my coverage in the coming year?

During the 2023 **Medicare Advantage** Open Enrollment Period

- From January 1 – March 31
- Switch to a different MAPD plan or to Original Medicare

Special Enrollment Period (SEP) for “Extra Help” and “Medi-Cal” recipients

- If you qualify for the Part D Low Income Subsidy “Extra Help” program, or the Medi-Cal program, you can change your Part D plan once a quarter during the first 9 months of the year

Certain Situations

- Lose employer, retiree or union based drug coverage
- Move out of your Part D service area
- Enter or leave a nursing home



"Extra Help" **Program**

Also known as the Low-Income
Subsidy (LIS) Program



Part D Plan Costs & Benefits

What you pay for prescriptions depends on:

- ✓ Which prescriptions you take
 - ✓ Which Medicare drug plan you choose
 - ✓ Whether you qualify for any low-income assistance
- California Part D plan Monthly Premiums range from **\$7.50** to **\$160.20**
 - The Part D drug plan annual deductible ranges from **\$0** to **\$480**



★ *These amounts are subject to change for 2023*

Part D Plan Costs & Benefits

Initial Coverage Period

- After the deductible, You pay **25%** of the total retail cost for generic and brand name prescription drugs

Coverage Gap

- When your total drug cost reach \$4,430 for the year, you pay **25%** for generic and brand name drugs until you total drug costs are \$10,690

Catastrophic Coverage

When your total drug cost reach \$10,690 for the year, you pay:

- **\$3.95** for generic drugs
- **\$9.85** for brand name drugs
- Or **5%** , whichever is higher for each drug



★ *These amounts are subject to change for 2023*

Financial Help with Medicare Part D Costs

- If you have Medicare and Medi-Cal, you must have a Part D plan. If you do not sign up for a Part D plan, Medicare will assign you to a plan.
- If you have Medicare and Medi-Cal, you will automatically be enrolled in the Extra Help program, which lowers Part D prescription drug cost
- Your Part D plan copayments will be no more than
 - \$1.35** for Generic drugs
 - \$4.00** for Brand name drugs
 - * These amounts are subject to change for 2023*
- ✓ You may qualify for help with Part D expenses even if you are not eligible for Medi-Cal
- ✓ The program is called the Low-Income Subsidy Program or Extra Help Program



Low Income Subsidy “Extra Help” Program

This program can help you pay for Medicare drug costs (Part D) including premiums, deductibles and copayments.

Full Subsidy	Monthly Income Limit	Asset Limit
Single	\$1,719	\$15,510
Married	\$2,309	\$30,950



- If you have the lowest income and resources, you pay no premiums or deductible, and small or no copayments
- If you have slightly higher income and resources, you pay reduced deductible and little more out of pocket
- No coverage gap or late enrollment penalty if you qualify for Extra Help
- To receive Extra Help, you must enroll in a Medicare Part D plan or a Medicare Advantage plan
- Beneficiaries with retiree benefits must check with their plan administrator first.

What happens if a prescription is not covered by my Part D Plan ?

Transition Fill

You may be entitled to a 30 day “transition fill” of the drug if:

- The medication is **not** a new prescription,
- You are in the **first 90 days** of being in the plan.

Exception Request

- If you are not entitled to a transition fill, ask your doctor about switching to a drug that is covered by your plan
- If other drugs are not appropriate, file an “Exception Request”
- The doctor must explain the medical need for the requested drug and explain why other covered drugs are not appropriate
 - ✓ A standard review will take 72 hours
 - ✓ An expedited review will take 24 hours if you suffer from serious health conditions
 - ✓ If your exception request is denied, you have the right to appeal

Patient Assistance Programs can help you pay in full for the drug might be available through the manufacturer of the drug, ask HICAP for assistance looking for a program.



Medicare Marketing Violations and Enrollment Fraud

Protect, Detect and Report Medicare Fraud!

Medicare plans must follow rules when they market plans
They cannot:

- **Pressure you to join their plan** by saying things like “you have to join this plan or you won’t have coverage next year”
- **Tell you they represent Medicare** and want to offer you a service for free and in exchange they ask for your Medicare number
- **Call you or visit your house** without your permission to offer plan enrollment, services, or free medical equipment
- **Offer you cash or groceries** to join their health plan
- **Sign a health plan enrollment form for you**



Protect, Detect and Report Medicare Fraud!



If you feel you have experienced marketing violations or enrollment fraud:

1. Save all documents or suspicious information including marketing materials, business cards, voicemails, brochures, post cards.
2. If you have been misled into joining a plan or your plan was changed without your consent please call our office for assistance at **661-868-1000**
3. Contact the **California Senior Medicare Patrol (SMP)** at **855.613.7080** or visit **www.smpresource.org**



“If you are satisfied with your plan, you do not need to change anything”

“Never give your MEDICARE NUMBER to a stranger or to anyone you don’t trust”

1. Contact HICAP at 661-868-1000 to request a review of coverage options or to request an unbiased plan comparison

- ### 3. Visit Medicare's website www.Medicare.gov

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Thank You

KERN COUNTY HICAP

HICAPmedia@kerncounty.com

661.868.1000

Kern County HICAP