

Medicare Part C and Medicare Advantage

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Housekeeping

- All on mute. Use Questions function for substantive questions and for technical concerns.
- Problems getting on the webinar? Send an e-mail to NCLER@acl.hhs.gov.
- Written materials and a recording will be available at NCLER.acl.gov. See also the chat box for this web address.

About NCLER

The National Center on Law and Elder Rights (NCLER) provides the legal services and aging and disability communities with the tools and resources they need to serve older adults with the greatest economic and social needs. A centralized, one-stop shop for legal assistance, NCLER provides Legal Training, Case Consultations, and Technical Assistance on Legal Systems Development. Justice in Aging administers the NCLER through a contract with the Administration for Community Living's Administration on Aging.

About Justice in Aging

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Key Lessons

- What is Medicare Advantage
- The differences between Medicare Advantage and Original Medicare
- Medicare Advantage enrollment and coverage
- Different types of Medicare Advantage plans
- Service denials and appeals

What are Medicare Advantage (MA) Plans?

- Medicare managed care plans.
- An alternative to Original Medicare, which provides fee-for-service Medicare coverage.
- Roughly 1/3 of Medicare beneficiaries are in Medicare Advantage plans.

What does Medicare Advantage cover?

- All MA plans must cover all Medicare Part A benefits (hospital) and Part B benefits (medical services).
- Most are MA-PD plans, providing Part D prescription drug coverage.
- Some plans provide supplemental benefits, like vision or dental coverage.

Who can join Medicare Advantage?

- Must have Medicare Part A and Part B coverage.
- Usually can't join if have end-stage renal disease (ESRD) when enrolling, but can stay if ESRD develops.
 - Exception for ESRD Special Needs Plan (SNP).

Medicare Advantage versus Original Medicare

Provider Choice

- Provider choice: MA limits provider choice
 - HMO—must use in-network providers
 - Preferred providers within a network
 - Delegation model
 - PPO—may use out-of-network providers but pay more
- Durable Medical Equipment (DME)—must use plan DME providers who may or may not be the same as competitive bidding providers.

Payment Structure (1 of 2)

- Payment Structure
 - Coinsurance:
 - MA plans usually charge a set co-payment for a service, e.g., \$30 for a doctor visit
 - Original Medicare usually charges a percentage of the Medicare-approved amount, e.g., 20%

Payment Structure (2 of 2)

- Deductibles:
 - Some plans have no or low deductibles
 - Original Medicare has deductibles for some services
- Out-of-pocket limits
 - No out-of-pocket limit is Original Medicare
 - MA plans must have a limit

Prior Authorization

- Prior authorization
 - MA requires prior authorization for many services
 - Original Medicare almost never requires prior authorization
 - Coverage criteria must be the same

Care Coordination and Appeals

- Care coordination
 - Levels and structures vary in MA plans
- Appeals
 - MA: must begin with internal plan appeal, then go to Independent Review Entity (IRE)
 - Original Medicare: appeal to Medicare Administrative Contractor (MAC), then go to IRE
 - Higher levels of appeal are identical

Special Needs Plans (SNPs)

Special Needs Plans (SNPs)

- A subset of Medicare Advantage
 - Can limit enrollment to a subgroup of beneficiaries
 - Must offer services geared to the subgroup served
- Three types of SNPs
 - Dual eligible SNPs (D-SNPs)
 - Chronic condition SNPs (C-SNPs)
 - Institutional SNPs (I-SNPs)

D-SNPs (1 of 2)

- Some only accept dually eligible beneficiaries who are eligible for full Medicaid benefits. Others will accept people who only qualify for Medicare Savings Programs.
- Must co-ordinate with state Medicaid
 - Fully Integrated D-SNPs (FIDE-SNPs) have matching Medicaid managed care plans.
- CMS is proposing to permit plans to seamlessly enroll duals into matching D-SNPs if they are in a Medicaid managed care plan and become eligible for Medicare.
 - State must approve
 - Plan must have at least 3 stars in Quality Star Rating system

D-SNPs (2 of 2)




- CMS is proposing to permit plans to seamlessly enroll duals into matching D-SNPs if they are in a Medicaid managed care plan and become eligible for Medicare.
 - State must approve
 - Plan must have at least 3 stars in Quality Star Rating system

Picking a Plan

John is thinking of joining a Medicare Advantage plan. Where does he start?

Picking a Plan (1 of 2)

- Quality: What's the plan's star rating? Has the plan been sanctioned?
- Costs: look at total costs, not just premiums. Use the Plan Finder and also look at the plan's Summary of Benefits to understand cost structure

 Humana Gold Plus H5619-047 (HMO) (H5619-047-0) Organization: Arcadian Health Plan, Inc.							
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions [?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]	
Retail Pharmacy Status: Preferred Cost-Sharing Cost as of Today: \$788 Mail Order Cost as of Today: \$759	\$19.00 Drug: \$19.00 Health: \$0.00 Part B Premium Reduction: No	Annual Drug Deductible: \$190 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$4 - \$100, 29%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,700 In-network 	All Your Drugs on Formulary : Yes Drug Restrictions: Yes Lower Your Drug Costs MTM Program : Yes	\$4,360	**** 4 out of 5 stars	Enroll
 Anthem MediBlue Plus (HMO) (H3447-014-0) Organization: Anthem HealthKeepers							
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions [?] and Other Programs:	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]	
Retail Pharmacy Status:	\$22.00 Drug: \$22.00	Annual Drug Deductible: \$325 Health Plan	Doctor Choice: Plan Doctors for Most Services	All Your Drugs on Formulary : Yes Drug Restrictions: Yes	\$4,590	***** 4.5 out of 5 stars	Enroll

Picking a Plan (2 of 2)

- Networks: Are John's providers in the network?
- Prescription drug coverage: John can enter his drugs in the Medicare Plan Finder
- Supplemental benefits:
 - Important to the John?
 - If John is a dual, do the supplementary benefits simply duplicate benefits he already gets from Medicaid?
- Get SHIP assistance

Changing Plans

Isabella is unhappy with her plan.

Can she leave?

When?

Changing Plans

- Isabella can change to another plan or to Original Medicare during the Open Enrollment Period each year (Oct. 15-Dec. 7). Her new coverage begins the following January.
- Starting January 2019, Isabella can make one change between January 1 and March 31 each year.
- If Isabella receives Extra Help, she can change anytime either to another plan or to Original Medicare and a Part D plan (PDP).
- If Isabella wants to change to a Five Star plan serving her area, she can change anytime.
- To change at other times, Isabella would need to qualify for a special enrollment period (SEP).

Medicare Advantage and Improper Billing

Peter is a Qualified Medicare Beneficiary (QMB).

Does he owe co-pays to plan providers?

Improper Billing

- Peter has the same protections as in Original Medicare. He owes no co-pays and no deductibles.
- It doesn't matter whether Peter is in a SNP or a regular Medicare Advantage plan.
- Peter's plan has an obligation to protect him from improper billing. If he is billed in error, the plan must fix the problem and ensure Peter gets any refunds due.
- Peter still needs to follow plan rules regarding network providers and prior authorizations.

Service Denials

Sophia's plan denied coverage for knee surgery she wants.

Now what?

Service Denials

- **Organizational Determination:** Sophia should have been denied in writing. If she did not get a written notice, she should ask for one.
- **Reconsideration:** Sophia can ask her plan to look at her request again.
- **Review by the Independent Review Entity (IRE):** If the plan denies her request again, it will automatically go to the IRE for a decision. There are three additional levels of appeal beyond the IRE.
 - Sophia should consider getting help from legal services for IRE-level appeals and beyond.

Medicare Advantage and MediGap

Andrew is confused about how MediGap interacts with Medicare Advantage.

Medicare Advantage and Medigap

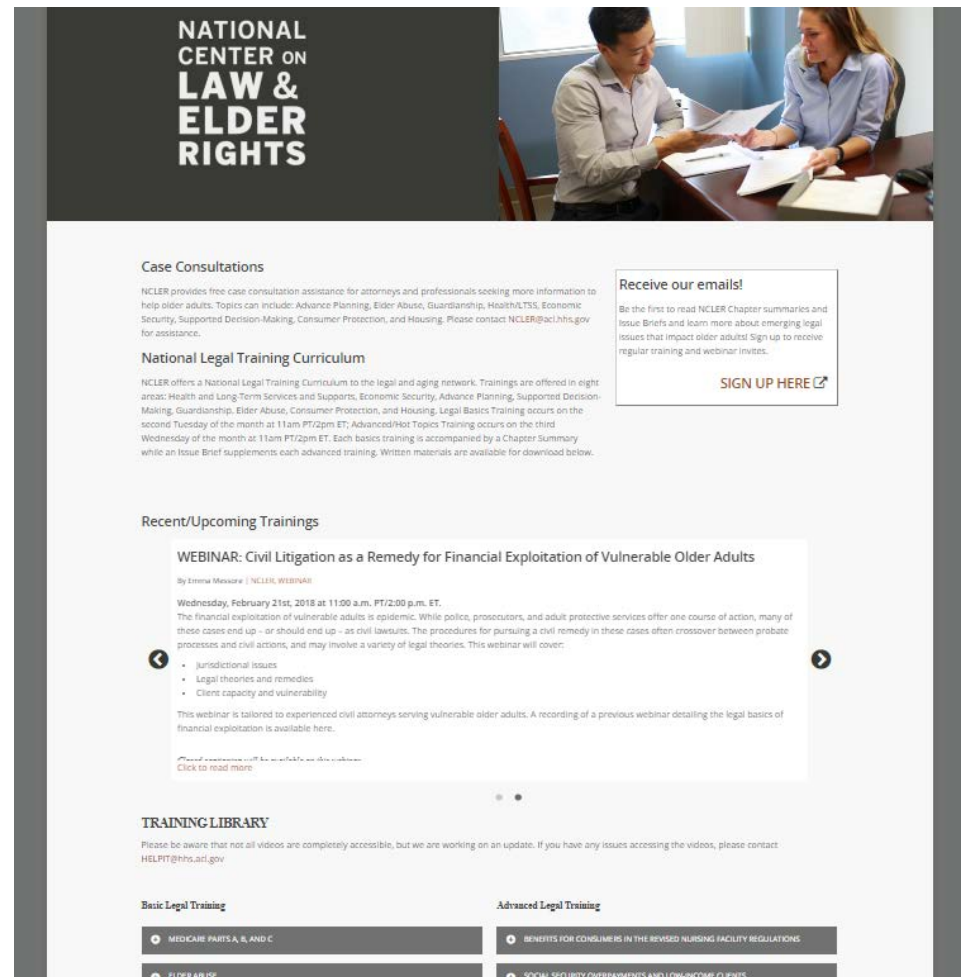
- **MA and Medigap don't mix!**
- Medigap plans are designed to supplement Original Medicare and are of little benefit to MA enrollees.
- Agents and brokers are prohibited from selling Medigap plans to MA plan enrollees.
- Before choosing to enroll in MA, beneficiaries should be aware that they may have difficulty getting a Medigap plan if they go back to Original Medicare.

Resources

- Georgia Burke, gburke@justiceinaging.org
- Natalie Kean, nkean@justiceinaging.org
- Statute: Section 1851-1859 of the Social Security Act, 42 U.S.C §§ 1395w-21 to 1395w-28.
- Regulations: 42 C.F.R. Part 422
- Guidance: [Medicare Managed Care Manual](#)
- Official Medicare Website: Medicare.gov.
- [SHIP Technical Assistance Center](#)

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NATIONAL CENTER ON LAW & ELDER RIGHTS

Case Consultations
NCLER provides free case consultation assistance for attorneys and professionals seeking more information to help older adults. Topics can include: Advance Planning, Elder Abuse, Guardianship, Health/LTSS, Economic Security, Supported Decision-Making, Consumer Protection, and Housing. Please contact NCLER@acl.hhs.gov for assistance.

National Legal Training Curriculum
NCLER offers a National Legal Training Curriculum to the legal and aging network. Trainings are offered in eight areas: Health and Long-Term Services and Supports, Economic Security, Advance Planning, Supported Decision-Making, Guardianship, Elder Abuse, Consumer Protection, and Housing. Legal Basics Training occurs on the second Tuesday of the month at 11 am PT/2pm ET; Advanced/Hot Topics Training occurs on the third Wednesday of the month at 11am PT/2pm ET. Each basics training is accompanied by a Chapter Summary while an Issue Brief supplements each advanced training. Written materials are available for download below.

Recent/Upcoming Trainings

WEBINAR: Civil Litigation as a Remedy for Financial Exploitation of Vulnerable Older Adults
By [Krisna Messore](#) | [NCLER Webinar](#)
Wednesday, February 21st, 2018 at 11:00 a.m. PT/2:00 p.m. ET.
The financial exploitation of vulnerable adults is epidemic. While police, prosecutors, and adult protective services offer one course of action, many of these cases end up – or should end up – as civil lawsuits. The procedures for pursuing a civil remedy in these cases often crossover between probate processes and civil actions, and may involve a variety of legal theories. This webinar will cover:

- Jurisdictional issues
- Legal theories and remedies
- Client capacity and vulnerability

This webinar is tailored to experienced civil attorneys serving vulnerable older adults. A recording of a previous webinar detailing the legal basics of financial exploitation is available here.

[Click to read more](#)

TRAINING LIBRARY
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Basic Legal Training

- MEDICARE PARTS A, B, AND C
- ELDER ABUSE

Advanced Legal Training

- BENEFITS FOR CONSUMERS IN THE REVISED NURSING FACILITY REGULATIONS
- SOCIAL SECURITY OVERPAYMENTS AND LOW-INCOME CLIENTS

Case Consultations

Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at ConsultNCLER@acl.hhs.gov.