City of Alexandria, Virginia

Medicare Advantage

Division of Aging and Adult Services
City of Alexandria, VA
VICAP Program
(703) 746-5999

Medicare Advantage

We will cover:

- What is VICAP?
- What is Medicare?
- When and how to enroll?
- What is Part C: Medicare Advantage?
- Part C: Coverage and Benefits
- Appeals
- Limited Income Subsidy (Extra Help)
- Medicare Saving Programs
- Medicare Fraud and Abuse prevention
- Medicare Plan Finder

What is VICAP?

VICAP: Virginia Insurance Counseling and Assistance Program

Located in the Division of Aging and Adult Services
4850 Mark Center Drive, 9th floor
Alexandria, VA 22311
703-746-5999
www.alexandriava.gov/aging
VICAP@alexandriava.gov

- **Run by volunteers with one full-time coordinator**
- **Funded by the City of Alexandria and The Administration for Community Living (ACL) to provide free, independent, and unbiased Medicare counseling**

What is Medicare?

Federal Government Medical Insurance Program for:

- **Adults 65 and Older**
- **Adults on SSDI for 2 years**
- **People with ESRD (End-Stage Renal Disease) and ALS (Amyotrophic Lateral Sclerosis)**

- **Administration**
  - **Centers for Medicare & Medicaid Services (CMS)**

- **Enrollment**
  - **Social Security Administration for most**
  - **Railroad Retirement Board (RRB)**

The Four Parts of Medicare

Part A
Hospital Insurance

Part B
Medical Insurance

Part C
Medicare Advantage (like HMOs and PPOs)

Part D
Medicare Prescription Drug Coverage

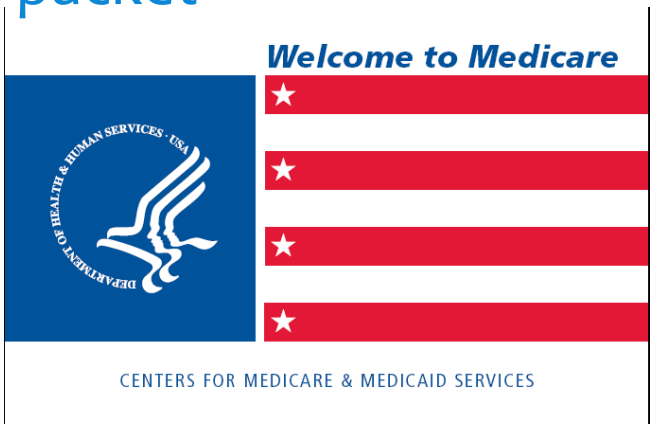
*** AB = Original Medicare**

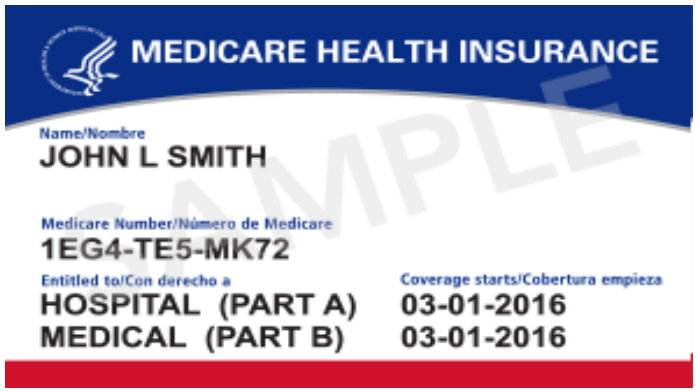
Medicare History

- Started in 1965 with Part A and B
- Now called Original Medicare
- Part C -Medicare Advantage or Medicare Managed Care stated in 1980s.
- Part D- prescription drug coverage started in 2006

Automatic Enrollment

- It's automatic if you already get Social Security
  - 3 months before age 65, or
  - 3 months before your 25th month of disability benefits
- You will Receive Enrollment Package in mail
  - Includes your Medicare card
  - If you don't want Part B, follow directions in IEP packet





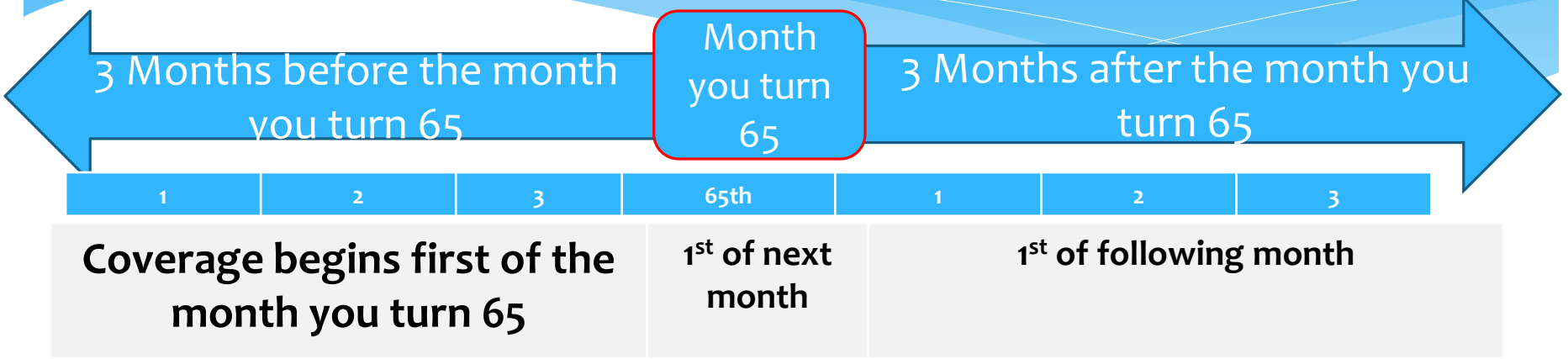
You Must Take Action to Enroll in Medicare When It's Not Automatic

- If you're not currently receiving Social Security or Railroad Retirement benefits you WILL NOT be automatically enrolled in Medicare
- To enroll
  - Visit socialsecurity.gov, or
  - Call 1-800-772-1213
  - TTY: 1-800-325-0778, or
  - Make an appointment to visit your local office

****If retired from Railroad, you must enroll with the RRB

When to Enroll in Medicare

- During your 7 Month Initial Enrollment Period (IEP)

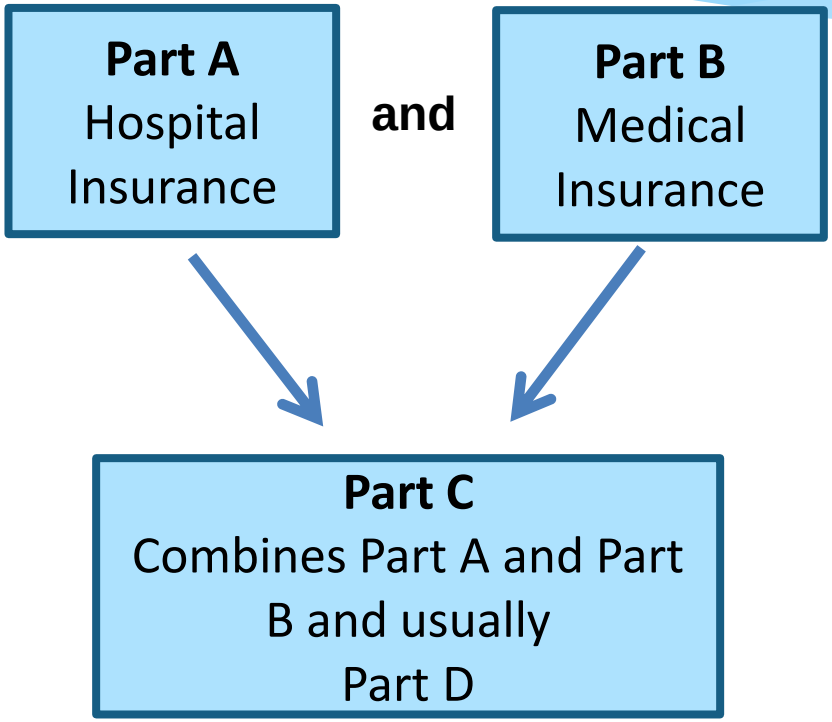


- Can enroll in premium-free Part A anytime after IEP begins
- Can only enroll in Part B (and premium Part A) during IEP and other limited times
- May have a lifetime penalty if you don't enroll during IEP

When will my coverage start?

If you sign up for Part A (if you have to pay for it) and/or Part B in this month:	Your coverage starts:
Before your turn 65	Your birthday month
The month you turn 65	1 month after you sign up
1 month after you turn 65	1 months after you sign up
2 months after you turn 65	1 months after you sign up
3 months after you turn 65	1 months after you sign up
During the January 1–March 31 General Enrollment Period	1 month after you sign up

Medicare Advantage



If you join a Medicare Advantage Plan, a Medigap cannot be purchased or added at the same time.

Medicare Part C Plans
"Advantage (MA) Plans"

- You get Medicare-covered services through the plan
  - All Part A and Part B covered services
  - Some plans may provide additional benefits

- Run by private companies but part of Medicare
- You must pay your Part B premium, and most plans charge you a monthly premium
- Most plans charge a co-payment and may have deductibles
- Most plans include prescription drug coverage
- May have to go to network healthcare providers

Joining or Switching Medicare Advantage plans

Initial Enrollment Period (IEP)	▪ 7 months period ▪ Starts 3 months before month of eligibility ▪ End 3 months after you turn 65
Annual Election Period (Open Enrollment)	October 15 – December 7 Coverage begins the 1st of the following year
Medicare Advantage Open Enrollment	▪ January 1 to March 31st ▪ If you're in a MA Plan, you may switch to another MA plan (with or without drugs) ▪ Disenroll from a MA plan, return to Original Medicare. If you do, you can join a drug plan
Special Enrollment Periods (SEP)	▪ You permanently move and cannot stay in the plan ▪ You lose current employer coverage ▪ Other special circumstances or life events

While enrolled in Medicare "Advantage (MA) Plans"

- You are still in the Medicare program
- You still have Medicare rights and protections
- You still get regular Medicare-covered services
- You may get extra benefits such as: vision, hearing, or dental care
- Plans have ratings - up to 5 stars
- Benefits and cost-sharing may be different than in Original Medicare

Medicare Advantage (MA) Open Enrollment Period

- MA Open enrollment period - January 1 to March 31st
- Coverage begins the 1st of the following month.
- You **MUST** be in a Medicare Advantage (MA) plan on January 1st

You can:

- Switch Medicare Advantage plans
- Leave Medicare Advantage to join Original Medicare
- Add Part D, if you return to Original Medicare

You cannot:

- Switch from Original Medicare to a Medicare Advantage Plan
- Change a Part D plan to another

Types of "Advantage (MA) Plans" cont'd

- Health Maintenance Organization (HMO)
  Preferred Provider Organization (PPO)
- Special Needs Plan (SNP)
- You must live in plan's service area
- You must have Medicare Part A **and** Part B

Medicare types

	HMO	PPO
Does the beneficiary need a referral before they can see an in-network specialist?	Yes, usually	No
Will the plan pay for care from a doctor or hospital that is not in the plan's network?	No, unless they need urgent or emergency care or if they have a Point of Service (POS) option that allows them to use out-of-network providers	Yes, but the beneficiary will pay more, unless it is an emergency

Note: This chart does not include Special Needs Plans (SNPs) or Medicare Medical Savings Account (MSA) plans. A SNP is managed care plan that serves people with certain needs. In an MSA plan, a beneficiary can go to any doctor or hospital willing to accept the plan's fees. If a beneficiary is considering joining a SNP or an MSA, they should ask about that specific plan's network rules.

Medicare Advantage Coverage

- Medicare Advantage Plans must cover all the services that Original Medicare covers. However, if you're in a Medicare Advantage Plan, Original Medicare will still cover the cost for hospice care, some new Medicare benefits, and some costs for clinical research studies.
- In all types of Medicare Advantage Plans, you're always covered for emergency and urgently needed care.
- The plan can choose not to cover the costs of services that aren't medically necessary under Medicare. If you're not sure whether a service is covered, check with your provider before you get the service.

Medicare Advantage Coverage
cont'd

- Most Medicare Advantage Plans offer extra coverage, like vision, hearing, dental, and/or health and wellness programs.
- Most include Medicare prescription drug coverage (Part D). In addition to your Part B premium, you usually pay a monthly premium for the Medicare Advantage Plan. In 2023, the standard Part B premium amount is $164.90 (or higher depending on your income).

- If you need a service that the plan says isn't medically necessary, you may have to pay all the costs of the service. However, you have the right to appeal the decision.

Medicare Advantage Supplemental Benefits

MA plans may offer supplemental benefits if “primarily health related” and are to:

- Diagnose, prevent, or treat an illness or injury
- Compensate for a physical impairment, or act to ameliorate the functional or psychological impact of injuries
- Reduce emergency and health care utilization

Supplemental benefits must be medically appropriate and recommended by a licensed provider as part of a larger care plan.

Not everyone will be eligible for all benefits advertised

Prescription Drug Formulary

- Medicare Advantages (with drug coverage) and drug plans have a list of covered drugs, called a formulary. Plans include both brand-name and generic prescription drugs. The formulary includes at least 2 drugs commonly prescribed in each category and class. This ensures beneficiaries with different medical conditions can get the prescription drugs they need.

- The formulary might not include your specific drug. However, in most cases, a similar drug may be available. If you or your prescriber believes none of the drugs on your plan's formulary will work for your condition, you can ask for an exception.

- A Medicare drug plan can make some changes to its drug list during the year if it follows guidelines set by Medicare. Your plan may change its drug list during the year because drug therapies change, new drugs are released, or new medical information becomes available.

Organization Determination or Prior Authorization

- You (or a provider acting on your behalf) can request to see if an item or service will be covered by the plan. Sometimes you must do this in advance to ensure your service will be covered. This is called an “organization determination.” If your plan denies coverage, the plan must tell you in writing.

- You don’t have to pay more than the plan’s usual cost-sharing for a service or supply if a network provider didn’t get an organization determination and either of these is true:

1. The provider gave you or referred you for services or supplies that you reasonably thought would be covered.
2. The provider referred you to an out-of-network provider for plan-covered services.
3. Contact your plan for more information. Get your plan's contact information from a Personalized Search (under General Search), or search by plan name.

Appeal Process

- **What if I disagree with the organization determination?**
- If you disagree with your plan's initial decision, you can file an appeal. The appeals process has 5 levels. If you disagree with the decision made at any level of the process, you can generally go to the next level. At each level, you'll get instructions in the decision letter on how to move to the next level of appeal.
- Level 1: Reconsideration from your plan
- Level 2: Review by an Independent Review Entity (IRE)
- Level 3: Hearing before an Administrative Law Judge (ALJ)
- Level 4: Review by the Medicare Appeals Council (Appeals Council)
- Level 5: Judicial review by a federal district court

	Before receiving service	After receiving service
 **Before filing appeal**	Beneficiary contacts plan to see if it will cover service Plan decides not to cover service and sends beneficiary a Notice of Denial of Medical Coverage	Beneficiary receives Explanation of Benefits (EOB) indicating service was denied
 **First level of appeal**	Beneficiary starts appeal → **Deadline to file: 60 days** Plan reviews appeal → **Deadline for decision: 30 days**	Beneficiary starts appeal → **Deadline to file: 60 days** Plan reviews appeal → **Deadline for decision: 60 days**
 **Second level of appeal**	Plan auto-forwards appeal to Independent Review Entity (IRE) IRE reviews appeal → **Deadline for decision: 30 days**	Plan auto-forwards appeal to Independent Review Entity (IRE) IRE reviews appeal → **Deadline for decision: 60 days**
 **Third level of appeal**	Beneficiary requests hearing with Administrative Law Judge (ALJ) → **Deadline to request hearing: 60 days** ALJ makes decision → **Deadline for decision: 90 days** 2019 amount in controversy: $160	
 **Fourth level of appeal**	Beneficiary requests Medicare Appeals Council (Council) review → **Deadline to request review: 60 days** Council makes decision → **Deadline for decision: 90 days**	
 **Fifth level of appeal**	Beneficiary requests judicial review → **Deadline to request review: 60 days** Federal District Court makes decision → **No deadline for decision** 2019 amount in controversy: $1,630	

Medicare Savings Programs (MSP)

Help from Medicaid paying Medicare premiums, deductibles, and/or coinsurance

- For people with limited income and resources
- Programs include
  - Qualified Medicare Beneficiary (QMB)
  - Specified Low-income Medicare Beneficiary (SLMB)
  - Qualifying Individual (QI)

Dual Eligible and Limited Income Advantages

- Limited Income Subsidy (LIS) and Medicare Savings Program (MSP) recipients may make changes to their prescription drug plans once every quarter.

- Extra Help and Medicare Savings Program (MSP) recipients may also make changes to their plans :
- During annual Open Enrollment –Oct. 15-December 7
- Move out of a service area
- No longer receiving the LIS or MSP Benefit

How to apply for Medicare Savings Program and Limited Income Subsidy

- If you think you might qualify for MSP or Medicaid Expansion:
  1. Review guidelines
  2. Collect your financial documents
  3. Get more information and to apply:
     - Call Human Services Office: 855-635-4370
     - Go to https://commonhelp.virginia.gov/access/
     - Call your local VICAP: 703-746-5999

Fraud Prevention: Senior Medicare Patrol

- **Read Your Medicare Advantage Explanation of Benefits**

- Report and prevent health care fraud and abuse.
- If you suspect fraud, contact the medical provider to make sure
- Report suspected abuse 1-800-938-8885

VIRGINIA SMP
Empowering Seniors To Prevent Healthcare Fraud

- **Other web sites**

  Virginia Bureau of Insurance:
  877-310-6560 www.scc.virginia.gov/boi

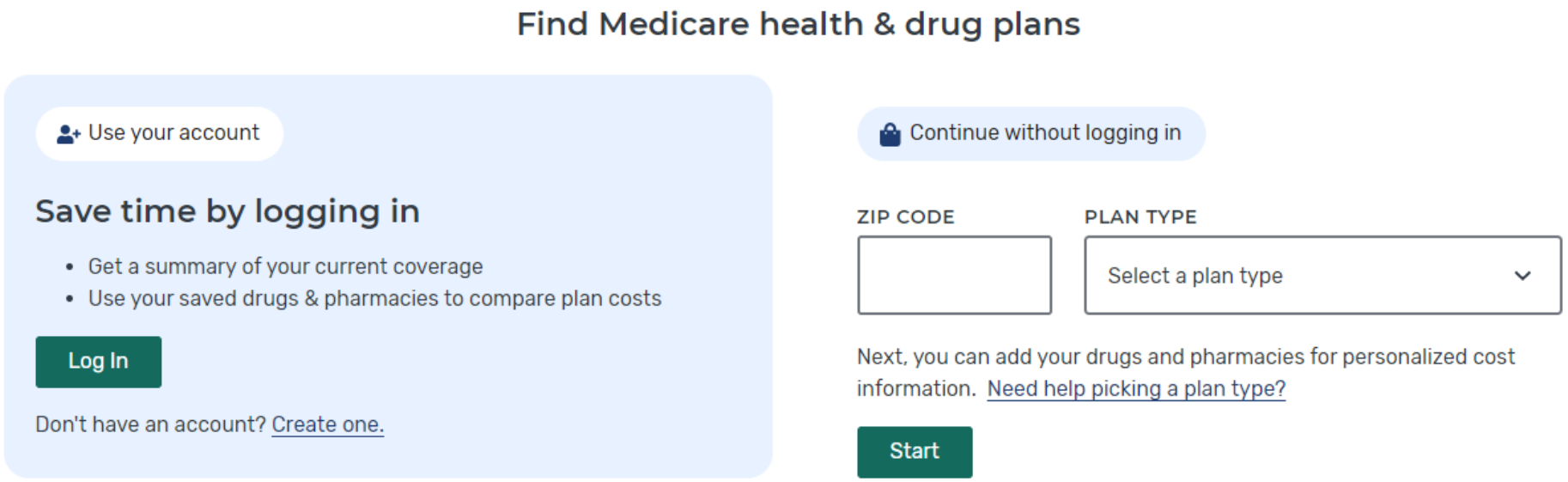
  Stop Medicare Fraud:
  www.stopmedicarefraud.gov

For More Information

- Your local VICAP: 703-746-5999
- 1-800-MEDICARE (1-800-633-4227)
  - TTY users should call 1-877-486-2048
- *Medicare & You* handbook, CMS Pub. #10050
  - Other Medicare publications on www.medicare.gov
- www.medicare.gov
- www.cms.gov

Plan Finder

- Medicare Advantage Plan comparisons can be done online: www.medicare.gov
- For personalized information, please create an account
- Find Health and Drug Plans

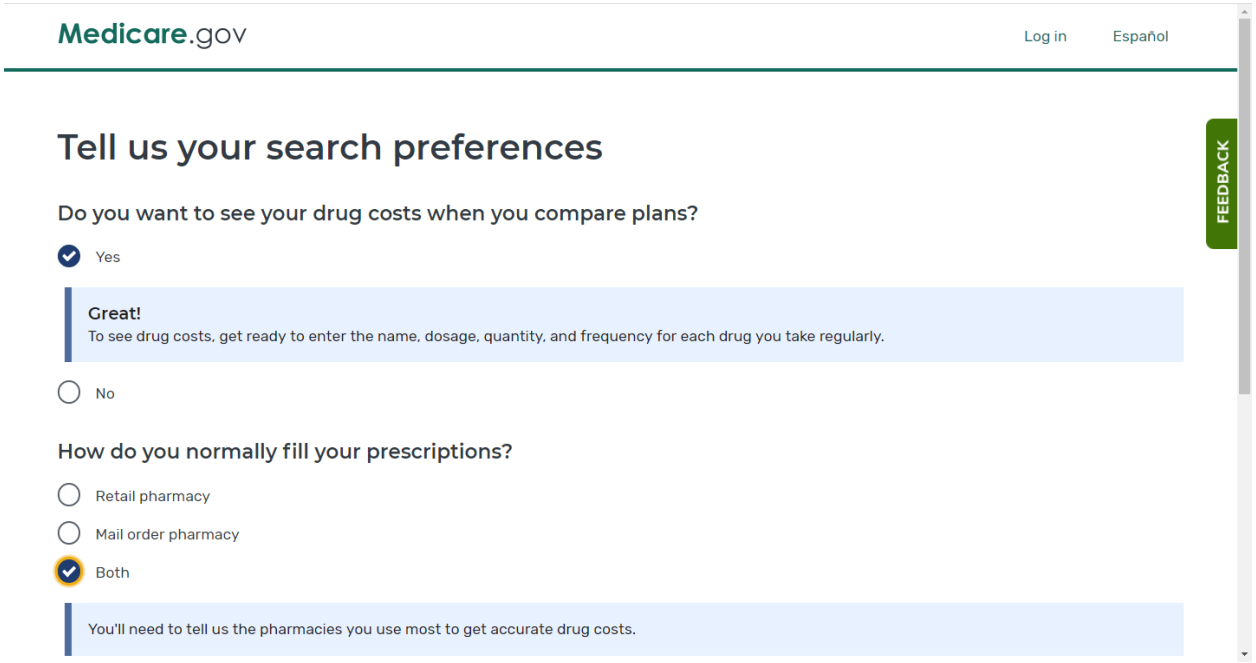


Plan Finder cont'd

What type of coverage are you looking for?

You must have Medicare before you can enroll in a Medicare Advantage Plan or Drug plan (Part D). Outside Open Enrollment (October 15 - December 7) you can enroll only during specific times, like your Initial Enrollment Period or a Special Enrollment Period. Learn more about when you can enroll.

- ○ I want to learn more about Medicare options before I see plans
- ○ Medicare Advantage Plan
- ○ Drug plan (Part D)
- ○ Drug plan (Part D) + Medigap policy
- ○ Medigap policy only



QUESTIONS?

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Division of Aging and Alexandria

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HELPING YOU NAVIGATE MEDICARE