

MEDICARE BENEFITS WORKSHOP

**SPONSORED BY JP@HOME
OCTOBER 22, 2015**

PRESENTED BY
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ETHOS

ABOUT THE WORKSHOP SPONSOR



- JP@Home (JP at Home) is a program for Jamaica Plain residents who wish to age in place with social, educational and in-home service supports
- It is a member-driven initiative of Ethos, a local non-profit with over 40 years of experience in serving the community.
- For an annual fee, membership is open to all adults residing in Jamaica Plain.

WHAT DOES JP@HOME DO?

SPECIAL EVENTS AND ACTIVITIES

- Support Groups
- Healthy Aging Classes
- Community Building
- Dining Out
- Educational Seminars

HOME CARE REFERRALS AND SERVICES

- Long-Term Care Options Counseling
- Home Safety Inspection
- In Home Needs Assessment
- Homemaking
- Case Management
- Personal Care Assistants
- Grocery Shopping and Delivery
- Meal Preparation
- Meals on Wheels

HOME MAINTENANCE

- Major and Minor Home Modifications
- Snow Removal and Landscaping
- Handyman Services
- Cleaning Services



CLICK TO WATCH THE VIDEO

**VISIT WWW.ETHOCARE.ORG
FOR MORE INFORMATION**

MEDICARE BENEFITS FOR 2016

WHAT IS THE SHINE PROGRAM?

Serving the **H**ealth **I**nsurance **N**eeds of **E**veryone...on Medicare

- Part of a National Program called **SHIP** funded in part by the **Centers for Medicare & Medicaid Services (CMS)**
- Provides free, and unbiased health insurance counseling to Medicare beneficiaries of all ages and their caregivers
- You can schedule a private appointment with a SHINE counselor at many local community centers

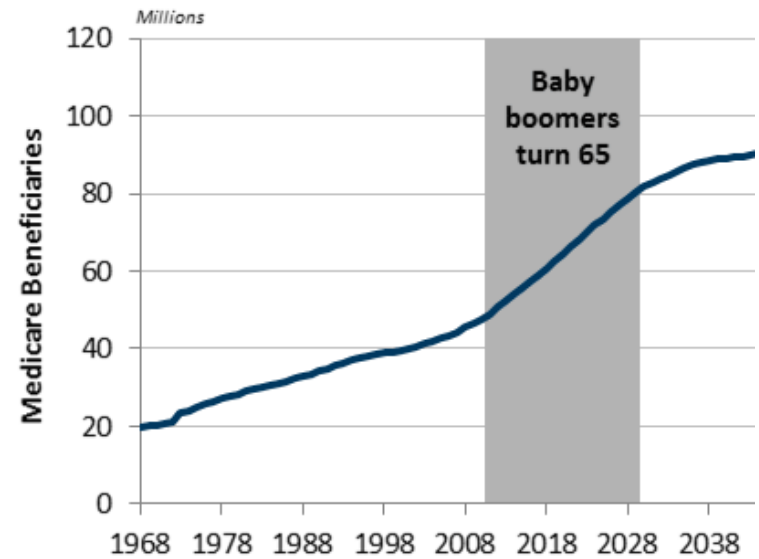
WHO ARE SHINE COUNSELORS?



- **VOLUNTEER SHINE COUNSELORS**
- **Over 600 trained counselors in Massachusetts**
- **In 2014, met with over 73,000 contacts**
- **Saved Massachusetts residents over \$3Million in 2014**

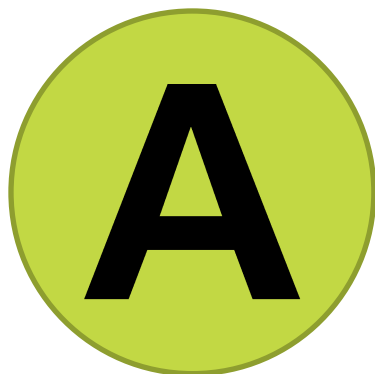
MEDICARE HISTORY

1965	Medicare & Medicaid enacted as Title XVII and Title XIX of the Social Security Act
1966	19M Enrolled
70s	Medicare extended to individuals under 65 with long term disabilities and ESRD The HMO Act
80s	Medicare coverage broadened Medicare supplemental insurance "Medigap" was brought under federal oversight
2006	Medicare prescription drug plans (Part D) began
2010	Patient Protection and Affordable Care Act signed into law



PARTS OF MEDICARE:

INPATIENT HOSPITAL



- Inpatient hospital and skilled nursing care
- Premium Free for those who have worked 40 quarters and paid the Medicare tax or have had a spouse or ex-spouse who has

Inpatient hospital deductible	\$1,260 per benefit period (2015)
Inpatient hospital copays	Day 61-150 \$304-\$608/day
Skilled nursing facility care	Days 21-100 \$157.50/day

PARTS OF MEDICARE: MEDICAL



- Outpatient doctor visits and other services
- Monthly premium \$104.90/month (2015)
- Premium projected to increase by 52% to \$159.30 (2016)
- Income related premiums for individuals with incomes above \$85,000 (\$170,000 couples)

Annual Deductible	\$147 (2015) \$223 (Projected 2016)
Medicare pays 80%	Beneficiary pays 20% coinsurance
Preventive Services	Many Provided at No Cost Some are subject to the deductible and/or 20% coinsurance

ENROLLING INTO MEDICARE A & B

Initial Enrollment Period Part A & B	7 months; beginning 3 months before and ending 3 months after month of 65th birthday
General Enrollment Period	January 1 – March 31
* Special Enrollment Period Part B	1st day a beneficiary is no longer covered under their own (or spouse's) active employment and ends on the last day of the 8th consecutive month

You may be able to enroll online at Medicare.gov Call the Social Security Office at (800) 772- 1213 Or visit your local Social Security Office

*** If you do not enroll during the Initial Enrollment Period, you may be subject to a penalty * Do not rely on COBRA coverage to avoid the Part B penalty**

PARTS OF MEDICARE: MEDICARE ADVANTAGE



- Optional “replacement” plan to Original Medicare
- Bundles Part A & B along with prescription coverage (Part D) and adds additional benefits
- Premiums range from \$0/month - \$235.50/month in 2016 (members continue to pay Part B premium)
- Offered by private insurance companies who contract with CMS

Inpatient hospital	No deductible Copay schedule set by plan
Medical	No deductible Copay schedule set by plan
Preventative services	No deductible; possible copay

* Plans set an annual maximum out of pocket limit

PARTS OF MEDICARE: PRESCRIPTION COVERAGE



- Outpatient prescription drug coverage
 - Premiums range from \$18.40 - \$127.60/month for 2016
 - Offered by private insurance companies who contract with CMS
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- Anyone with Medicare A and/or Medicare B is eligible for Medicare D
 - If you are eligible, don't have creditable coverage, and don't enroll, you could face a premium penalty in the future
 - You either get prescription drug coverage with other "credible" drug coverage, Medicare Part D plan, or Medicare Part C plan.

CANNOT HAVE BOTH PART C AND PART D

CREDIBLE COVERAGE

- Coverage that's as good as or better than the Medicare standard benefit
- Examples:
 - VA coverage
 - Employer or Retirement Coverage
 - Benefits administrators are required to send annual notification as to whether their Rx coverage is creditable to Medicare Part D
 - COBRA

ENROLLING INTO MEDICARE C & D

Initial Enrollment Period	7 months; beginning 3 months before and ending 3 months after month of 65 th birthday
Open Enrollment Period (OEP)	October 15 – December 7 th
* Special Enrollment Period	There are many reasons one may be eligible to join or change plans outside of OEP including loss of credible drug coverage, qualifying for certain assistance programs, or a joining a 5 star plan

Enroll on the [Medicare Plan Finder](#) at Medicare.gov or on the plan's website. Call the plan directly Call Medicare 1-800-633-4227

PART D LATE ENROLLMENT PENALTY

- 1% of the national average premium for every month you were eligible but did not enroll or have creditable coverage
- If you failed to enroll during your Initial Enrollment Period, you must wait for the Open Enrollment Period to choose a Part D plan
- Unless you qualify for a special enrollment period

MEDICARE PART D COVERAGE AND COSTS

- Coverage and costs of medications varies by plan based on their formulary list
- Chose the plan that best covers **your** current medications and financial needs
- Review related costs vary by plan:
 - Monthly premium
 - Annual Deductible
 - Co-payments and co-insurances costs at the pharmacy or mail order
 - Which pharmacies are “preferred”

PART D 2016 STANDARD BENEFIT

**Deductible
Phase**
\$0 - \$360

**Initial
Coverage
Phase**
**Plan pays
75%**
You pay 25%

**Coverage Gap
"Donut Hole"**
Retail drug costs
reach \$3,310
You pay 45% of
the retail cost of
brand Rx
58% retail cost of
generic

**Catastrophic
Phase**
Out of pocket
reach \$4,850
You pay 5% of
the retail cost of
the prescription
or small
copayments

HELP PAYING FOR PART D

Low Income Subsidy (LIS) or “Extra Help” is a federal subsidy through the Social Security Administration

- Apply Online URL: <https://secure.ssa.gov/i1020/start>
- Call Social Security to request an application 1-800-772-1213

Prescription Advantage

- Apply Online URL:
<https://www.prescriptionadvantagemma.org/>
- Call Prescription Advantage 1-800-243-4636 Option 2

65 AND STILL WORKING?

- May choose to delay enrollment in Medicare Part B without penalty
 - You are covered under a group health insurance plan through either you or a spouse's **active employment**
- If your employer has more than 20 employees (100 if disabled), it will be your primary insurance while you're still actively working
 - Once your **active** employment ends, Medicare will become your primary insurance
- See how your insurance works with Medicare
 - Contact your employer/union benefits administrator

PART B LATE ENROLLMENT PENALTY

- Penalty for not signing up when first eligible
 - 10% more for each full 12-month period
 - May have penalty as long as you have Part B
- Sign up during a Special Enrollment Period
 - Usually no penalty

SUPPLEMENTING MEDICARE

- Retiree health plans (group plans)
 - Each retiree plan is different
 - Request an outline of benefits from benefit administrator
- MassHealth/Medicaid (for low-income)
 - Pays deductibles and copays in full if seeing MassHealth providers
 - Can pay second to Medicare
 - May pay primary for services not covered by Medicare
- Veterans health care
 - Used only at VA Hospitals, VA Health Clinic, VA Pharmacy
 - When seeing VA physician unless prior approval is given

SUPPLEMENTING MEDICARE

Required to have Medicare Part A & Part B

Medigap Policy

Optional “add-on”

(Picks up where Original Medicare leaves off)

+

Medicare Part D Plan

Stand Alone Plan

OR...

Part C: Medicare Advantage Plan

Optional “Replacement”

(Provides Original Medicare benefits **plus** extra routine and preventive benefits)

HMO (Health Maint. Org.)

PPO (Pref'd Provider Org.)

Generally includes Part D drug coverage

MEDIGAP POLICIES

- ✓ Two categories of Medigap plans: Core and Supplement I
- ✓ Pay second to Medicare; beneficiary pays nothing for covered services
- ✓ Plans have continuous open enrollment in Massachusetts
- ✓ Accepted by all Medicare providers within the United States

MEDIGAP POLICIES IN MA

1. Core

- Premium start at \$93.70/month (2016)
- Covers Parts A & B co-insurance
- Some plans include foreign travel coverage

Does not cover:

- SNF days 21-100 daily copays
- Part A and B deductibles

2. Supplement I

- Premiums start at \$186.50/month (2016)
- Covers all Part A & B co-insurance and deductibles
- Provides coverage while travelling abroad
- All plans include foreign travel coverage

Blue Cross Blue Shield
introduced hybrid
plan called Medex
Choice

MEDICARE ADVANTAGE PLANS

- ✓ Two types in Suffolk County are Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs)
- ✓ Private insurance companies that contract with Medicare provide beneficiaries with all their Medicare benefits and offer additional benefits
- ✓ Open Enrollment is from October 15 – December 7 except for 5 Star plans which provide a Special Enrollment Period

Tufts Medicare Preferred has a 5 ★ plan for 2016

MEDICARE ADVANTAGE PLANS IN MA

1. Health Maintenance Organizations (HMOs)

- Premium start at \$0/month
- Replaces Original Medicare deductibles and coinsurance with a set copay schedule
- Must use network of providers
- Require a referral to see a specialist

2. Preferred Provider Organizations (PPOs)

- Premium start at \$0/month
- Replaces Original Medicare deductibles and coinsurance with a set copay schedule
- Can go out of network (sometimes at an additional cost)
- May not require a referral to see a specialist
- May need to pay an out-of-network provider directly and file for reimbursement

ASSISTANCE PROGRAMS

PROGRAM TITLE	BENEFITS
MassHealth Standard	Insurance that wraps around Medicare and more
MassHealth Commonwealth	MH Standard benefits for disabled individuals
Medicare Savings Programs	Pays Medicare premium(s)
Health Safety Net	Pays for services at Hospitals and Community Health Centers
MassHealth PCA	MH Standard benefits for those needing personal care
Frail Elder Waiver	MH Standard benefits for those needing nursing home level of assistance in the community for those 60+
PACE	MH Standard benefits for those needing nursing home level of assistance in the community for those 55+
Senior Care Options	Managed care plans combining MH Standard & Medicare with added benefits for those 65+

MEDICARE AND THE ACA

- Due to the ACA, the Part D “donut hole” is continuing to close. Saves beneficiaries more money each year until it is completely closed in 2020
- Continued access to many new preventive benefits at no cost
- Extends Medicare Trust Fund
- Reduce waste, fraud and abuse

ONE CARE: MEDICARE + MASSHEALTH

- Health insurance plan which combines Medicare and Medicaid payments and services for consumers aged 21-64
- Person-centered model providing the full range of acute, behavioral health, and long term supports and services
- Designed to coordinate care and provide higher quality, more cost-effective care with improved health outcomes

PRESSING CURRENT ISSUES

- Three day inpatient hospital stay required for Original Medicare to pay for days at a skilled nursing facility
- New payment models to encourage quality and efficiency
- Prescription drug costs
- Medicare Advantage (Part C) reimbursement rates
- Massachusetts extending the Medicare Savings Program income guidelines
- Original Medicare does not cover dental, vision, and hearing

WHERE TO GET ADDITIONAL HELP

AGENCY	DESCRIPTION	PHONE
Medicare	Administrator	(800) 633-4227
Social Security	Determine eligibility for Medicare	(800) 772-1213
MassHealth	Administrator for Medicaid	(800) 841-2900
Medicare Advocacy Project	Legal Services: Claims & Appeals	(866) 778-0939
Senior Medicare Patrol	Report fraud and abuse	(800) 892-0890
Elder Info	Boston information and referral	(617) 292-6211
Attorney General Elder Hotline	Massachusetts information, referral, and to report concerns	(888) 243-5337

QUESTIONS?

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