

# **2022 Medicare Update**

**Eric Hausman**  
**October 2021**

# MAGI Medicaid Transition to Medicare

- Medicaid through the Marketplace (MAGI Medicaid)
  - Higher Income Limit; No Resource Test
- Medicaid for People with Medicare
  - Lower Income Limit; Resource Test
- Many people qualify for Medicaid pre-Medicare but no longer qualify for Medicaid post Medicare
- Pre-PHE: People with Medicaid become 65 and their case is referred to LDSS who screens them for Medicaid/MSP
  - Entitled to reimbursement of Part B premium during those few months of transition to Medicare

# MAGI Medicaid Transition to Medicare

- During PHE, people with MAGI Medicaid remaining at New York State
  - Not being referred to LDSS (HRA in NYC)
- What should they do?
  - Enroll in Part A and Part B
    - Cannot delay enrollment in Part B without penalty
  - Actively choose a Part D (or Medicare Advantage plan with Part D)
    - Will receive Full Extra Help/LIS
      - Because they have Medicaid
- Will continue to receive MIPP (Medicare Insurance Premium Payment) Part B premium reimbursement



## MEDICARE HEALTH INSURANCE

Name/Nombre

**JOHN L SMITH**

Medicare Number/Número de Medicare

**1EG4-TE5-MK72**

Entitled to/Con derecho a

**HOSPITAL (PART A)**

**MEDICAL (PART B)**

Coverage starts/Cobertura empieza

**03-01-2016**

**03-01-2016**

# Medicare Savings Programs

- **NO resource limit for NYS residents**
- **Qualified Medicare Beneficiary (QMB)**
  - \$1,094/month individual - \$1,472/month couple
  - Covers premiums, deductibles and coinsurance
- **Specified Low Income Beneficiary (SLMB)**
  - \$1,308/month individual - \$1,762/month couple
  - Covers Part B premium ONLY
- **Qualified Individual 1 (QI-1)**
  - \$1,469/month individual - \$1,980/month couple
  - Covers Part B premium ONLY
- **Automatically qualify for Part D Full Extra Help**

# Original Medicare

# **Medicare Cost-sharing**

- **Part B**

- **Deductible (\$203)**

- 20% coinsurance (for most services)

- **Part A**

- **Inpatient deductible**

- (Days 1-60) \$1,484 per benefit period

- **Coinsurance days**

- (Days 61-90) \$371 per day

- **Lifetime reserve days**

- (60 Days) \$742 per day

- **Skilled nursing facility**

- (Days 21-100) \$185.50 per day

# DME Competitive Bidding

- January 1, 2021 – December 31, 2023
- BUT Only for Two DME Product Categories:
  - Off-The-Shelf (OTS) Back Braces; OTS Knee Braces
- For beneficiaries residing in (or visiting) Competitive Bidding Areas
  - [Albany-Schenectady-Troy, NY](#); [Bronx-Manhattan, NY](#); [Buffalo-Cheektowaga-Niagara Falls, NY](#); [Nassau, Kings, Queens & Richmond Counties, NY](#); [Port Chester-White Plains-Yonkers, NY](#) (only knee brace); [Poughkeepsie-Newburgh-Middletown, NY](#); [Rochester, NY](#); [Suffolk County, NY](#) (only knee brace); [Syracuse, NY](#)
- Must use Contracted Supplier
  - Mandated to Accept Assignment on claims
- Non-Contracted Supplier must notify beneficiary
  - Using Advance Beneficiary Notice (ABN)
- Reference: Your Guide to Medicare DME Competitive Bidding:  
<https://www.medicare.gov/media/9216>



# QMB and Balance Billing

- Providers not allowed to bill beneficiary for Medicare Part B cost-sharing
  - Regardless of whether in Original Medicare or Medicare Advantage
  - Regardless of whether provider accepts Medicaid
  - Regardless of whether provider receives any payment from Medicaid
- QMB protections also apply for services received outside of NYS
  - Beneficiary may not choose to waive QMB protections
- Beneficiary MSN (Medicare Summary Notice) and Provider RA (Remittance Advice) indicates QMB status
  - And MSN indicates \$0 cost-sharing for beneficiary responsibility
- Reference:
  - 3 tips for people in the Qualified Medicare Beneficiary (QMB) Program
    - <https://www.medicare.gov/media/10101>

Medigap

## BENEFITS INCLUDED IN THE TEN STANDARD MEDICARE SUPPLEMENT PLANS

**Basic Benefit:** Included in all plans

•**Hospitalization:** Part A copayment, coverage for 365 additional days after Medicare benefits end, and coverage for 60 lifetime reserve days copayment.

•**Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses).

•**Blood:** First 3 pints of blood each year.

•**Hospice:** Part A cost sharing.

**High Deductible Plan F and Plan G – Deductible \$2,370 (2021) \$2,490 (2022);  
Plan K and Plan L OOP Limit \$6,620/\$3,310 (2022)**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F*</b>	<b>G*</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit**	Basic Benefit**	Basic Benefit	Basic Benefit**
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance (50%)	Skilled Nursing Coinsurance (75%)	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible (50%)	Part A Deductible (75%)	Part A Deductible (50%)	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess	Part B Excess				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out of Pocket limit \$6,220	Out of Pocket limit \$3,110		

# MEDICARE SUPPLEMENT INSURANCE POLICIES

Please call the individual companies directly for their most current monthly rates as they are subject to change. Updated rate charts are available at the NYS Department of Financial Services website: [https://www.dfs.ny.gov/consumers/health\\_insurance/supplement\\_plans\\_rates](https://www.dfs.ny.gov/consumers/health_insurance/supplement_plans_rates)

\*Globe Life Insurance (formerly First United American) premiums differ by zip code. Use above link to find rates where you live.

\*\* Only individuals who were Medicare eligible prior to January 1, 2020 are able to purchase Medigap Plans C, F and F+.

<b>PLAN</b>	<b><u>Aetna</u></b> 800-345-6022	<b><u>Bankers Conesco</u></b> 800-845-5512	<b><u>Empire Blue Cross Blue Shield</u></b> 855-306-9355	<b><u>Globe Life Insurance*</u></b> 800-331-2512	<b><u>Emblem/GHI</u></b> 800-444-2333	<b><u>Humana</u></b> 800-486-2620	<b><u>Mutual of Omaha</u></b> 800-228-9999	<b><u>Transamerica Financial</u></b> 800-752-9797	<b><u>United Health (AARP)</u></b> Must be an AARP member to enroll (age 50+) 800-523-5800
<b>A</b>	\$318.21	\$367.70	\$179	\$240/268	\$194.87	\$321.19	\$351.72	\$195	\$188.50
<b>B</b>	\$362.44	\$480.69	\$241.11	\$330/370	\$253.28	\$362.61	\$512.25	\$257	\$270.50
<b>C**</b>				\$397/444	\$300.87	\$439.46	\$512.82	\$304	\$332.25
<b>D</b>				\$391/438			\$503.90	\$280	
<b>F**</b>	\$422.90	\$648.95	\$307.40	\$374/419	\$530.29	\$448.38	\$516.15	\$306	\$320.00
<b>F+**</b>		\$75.69		\$69/77	\$74	\$93.09			
<b>G</b>	\$406.26	\$597.30	\$270.14	\$348/390	\$302	\$400.38	\$478.04	\$281	\$280.25
<b>G+</b>		\$75.69		\$69/77	\$67.69	\$92.97			
<b>K</b>		\$99.74		\$137/154		\$209.34		\$140	\$88.00
<b>L</b>		\$286.73		\$206/231		\$298.98		\$208	\$182.75
<b>M</b>		\$397.13					\$526.10	\$256	
<b>N</b>		\$390.82	\$192.22	\$259/290	\$220	\$284.05		\$241	\$211.25

# Medicare Part C (Medicare Advantage)

# Medicare Advantage

- Eligibility
  - Must have BOTH Part A and Part B
  - Must live in service area of plan
- NEW for 2021
  - Beneficiaries with ESRD have option to enroll in MA plan
    - Caution: MA plan may have up to 20% cost-sharing for dialysis
- Benefits/Costs
  - Covers at least what Medicare does
    - Plus additional benefits (Hearing Aids/Dental/Vision)
  - Fixed co-payments (or coinsurance) for most services
    - Up to Maximum Out of Pocket (MOOP) \$7,550/\$11,300 (2021/2022)

# Annual Election Period and Open Enrollment Period

- Annual Coordinated Election Period (AEP)
  - October 15 – December 7
  - Enroll, disenroll, or switch
    - Medicare Health Plan choice and/or Part D
- Open Enrollment Period (January – March)
  - Medicare Advantage (MA) plan change
  - Change from MA plan to MA plan or to Original Medicare
    - With or without Part D
  - One change effective 1<sup>st</sup> of following month
- New Medicare beneficiaries who enrolled in MA plan during ICEP
  - MA OEP starts month of entitlement to Part A and Part B and ends the last day of the 3<sup>rd</sup> month of entitlement

# Medicare Part D (And EPIC)



# Part D Plan Changes

- Fewer Part D Plans
  - 28 in 2021; 19 in 2022
    - Express Scripts members being moved to CIGNA
      - [https://www.cigna.com/medicare/part-d/cigna-express-scripts?PID=dm\\_01\\_16641](https://www.cigna.com/medicare/part-d/cigna-express-scripts?PID=dm_01_16641)
    - EmblemHealth VIP Rx and VIP Rx Plus plans terminating
- Fewer Benchmark Plans
  - 7 in 2021; 4 in 2022
    - Elixir RxSecure (No Longer Benchmark)
- Elixir RxPlus Premium Increase \$15.60 to \$51.50

# Reassignment

- Reassignment Due to Premium Change - PDP
- FULL Extra Help auto or facilitated enrolled
  - NOT in a MA-PD and did NOT elect a Part D plan
- If Part D plan premium is above LIS subsidy (\$42.43 in 2022)...
  - Will be assigned to another benchmark plan if offered by same sponsor or
  - Will be reassigned to random benchmark plan
- Plans may waive the monthly beneficiary premium for subsidy eligible individual if de minimis (within \$2 (2022))
  - If premium is waived, will not be reassigned
- Reassignment Due to Plan (PDP or MA-PD) Termination
- ALL Extra Help recipients will be reassigned
  - Whether CMS or beneficiary chose plan
- Will be assigned to benchmark Part D plan offered by same sponsor or
  - Will be reassigned to random benchmark plan

# Special Enrollment Periods

- Extra Help/LIS Special Enrollment Period (SEP)
  - Available for all beneficiaries with Extra Help
    - One change per calendar quarter (During first 9 months of year)
- Disenrollment from Part D to Maintain Other Creditable Coverage
  - Including VA and Tricare
    - Part D SEP to disenroll from Part D plan (NOT enroll or switch plans)
      - Including Medicare Advantage plan with Part D
- Special Enrollment Period for beneficiaries whose plan is terminating
  - December 8 – End of February
- Reference: Understanding Medicare Advantage & Medicare Drug Plan Enrollment Periods <https://www.medicare.gov/media/4696>

# Part D Beneficiary Protections

- Best Available Evidence (BAE)
  - Requires Part D plans to provide covered drugs at lower cost-sharing when shown proof of Extra Help/LIS
    - Including Medicaid card or SSA award letter
  - Provides immediate access to drug with LIS co-pays
  - Reference: If You Get Extra Help, Make Sure You're Paying the Right Amount
    - <https://www.medicare.gov/media/10616>
- Transition
  - Provides temporary supply of drug when previously covered by Part D but new (or same) plan no longer covers in new year
    - Or covers drug with restrictions
  - One time 30-day supply
- Exception/Appeal

# EPIC Update

- Fee Plan and Deductible Plan
- EPIC either pays Part D Premium or Reduces EPIC Deductible
  - EPIC pays up to \$42.43 benchmark Part D premium in 2022 OR
  - EPIC Deductible Reduced by \$510 in 2022
- NEW EPIC Application
  - <https://www.health.ny.gov/forms/doh-5080-fillin.pdf>
    - Asks for current income and resources so that EPIC can apply for LIS
      - Can submit application without completing lines 4-23
        - » Can also still use old EPIC application
- During PHE, not cancelling Fee Plan members for non-payment
  - Adding unpaid Fee balances to next bill

# NYC Medicare Advantage Plus Plan

# NYC Medicare Advantage Plus Plan

- NYC retirees automatically switch to new NYC MA Plus Plan
  - Can opt-out to retain their current plan
    - Must do so by October 31 (**NEW: Opt-Out Extension**)
  - <https://www1.nyc.gov/assets/olr/downloads/pdf/health/5325101-511301MUSENMUB-001-CTYONY-GRS-PY-2021-City-of-New-York-Opt-Out-Form.pdf>
- Currently, many NYC retirees have Senior Care plan
  - Works as supplement to Original Medicare
    - Does not cover Part B deductible plus has additional \$50 deductible
  - Senior Care is \$0 premium
- In 2022, NYC Medicare Advantage Plus will be \$0 premium option
  - Senior Care will be \$191.57 per month plus \$2.83 for 365 Hospital Rider
    - And new additional cost-sharing to match NYC MA Plus plan
- Some retirees in HIP VIP plan
  - Continues to be \$0 premium in 2022 BUT must opt-out to remain in plan

# NYC Medicare Advantage Plus Plan

- Highlights of NYC Medicare Advantage Plus Plan
  - Preferred Provider Organization (PPO) Plan
    - Can use any Medicare provider throughout the United States
    - Plan pays Medicare rates for out-of-network providers
- Same cost-sharing in and out of network
  - \$253 Deductible; \$15 Co-Pays for Specialist and Other Service
  - \$300 Inpatient Hospital Stay
    - Same as Senior Care (in 2022)
- \$1,470 Maximum out of Pocket (MOOP)
  - Combined In and Out-of-Network Part A and Part B Services
- Additional Benefits
  - Including Transportation; Silver Sneakers



# NYC Medicare Advantage Plus Plan

- Drug Coverage
  - Union/Welfare Fund
    - Can continue without change
  - Prescription Drug Rider
    - \$125/Month with NYC Medicare Advantage Plus plan
      - Same as Senior Care prescription drug rider
  - Stand-Alone Part D Plan
    - CANNOT have with NYC Medicare Advantage Plus plan
- NEW: Annual Transfer Period
  - Previously every other year
    - Can switch back to previous health plan you had in 2021
- Still entitled to Part B premium (including IRMAA) reimbursement
  - With any NYC retiree plan choice