



Learn About Medicare Open Enrollment

Welcome

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Summary



Acentra Health provides services for people who have Medicare.

- Hospital discharge appeals
- Skilled service termination appeals
- Beneficiary complaints (quality of care)
- Immediate Advocacy
- Immediate Advocacy Hospital Discharge Assistance

More information can be found on Acentra Health's BFCC-QIO website: www.acentragio.com.







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Medicare Open Enrollment and Inflation Reduction Act
November 12, 2024
Presented by:
Desmica Head





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Agenda

- Medicare Open Enrollment
- Medicare Advantage and Part D Considerations
- Inflation Reduction Act
- Resources and Questions





2025 Medicare Open Enrollment

October 15 – December 7

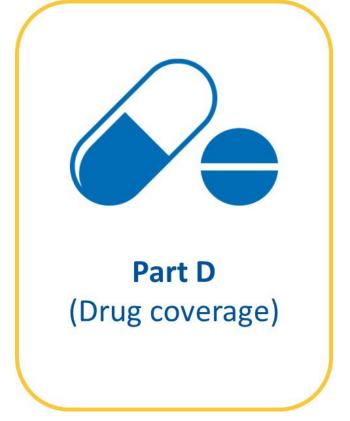


What Are the Parts of Medicare?



Part A (Hospital Insurance)





Parts of Medicare



Part A (Hospital Insurance) helps cover



- Part D (Drug Coverage)
- Helps cover the cost of prescription drugs
- Private insurance companies offer plans approved by Medicare

- Inpatient care in hospitals
- Skilled nursing facility (SNF) care
- Hospice care
- Home health care
- Blood



Part B (Medical Insurance) helps cover

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (DME) (like wheelchairs, walkers, hospital beds, and other equipment and supplies)
- Many preventive services (like screenings, shots, and yearly wellness visits)



Medicare Options

Original Medicare





☑ Part B



You can add:

☐ Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

Medicare Advantage (Part C)

☑ Part A



☑ Part B



Most plans include:

☑ Part D



Some plans also include:

□ Lower out-ofpocket costs

Yearly OEP for People with Medicare



October 1, 2023	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, 2023	Change your Medicare health or drug coverage for 2024, if you decide to. You can join, switch or drop a Medicare Advantage Plan or Medicare drug plan, or switch to Original Medicare during this Open Enrollment Period each year.
January 1, 2024	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, 2024	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 day of the month after the plan gets your request. Go to page 63.

Comparing Plans

- Each year
 - Medicare plans can change costs and coverage
 - Plans mail or provide electronically
 - Annual Notice of Change (ANOC) explains changes from last years' coverage, (electronically—if enrollee has opted into receiving electronic version)
 - Explanation of Coverage (EOC) explains coverage and costs for following year's coverage
- Some plans may choose to leave Medicare

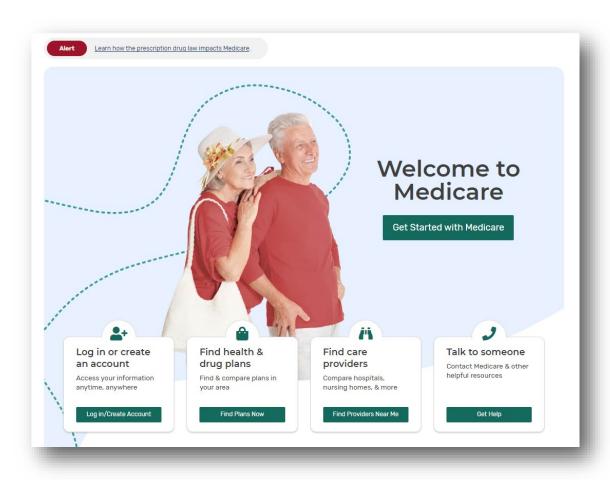


Things to Consider

- There are important differences between coverage options.Before making any changes to your coverage, consider things like:
 - Cost
 - Coverage
 - Supplemental coverage
 - Prescription drugs
 - Doctor and hospital choice
 - Quality of care
 - Travel



Research, Compare, & Choose



- 2025 "Medicare & You" Handbook
- Plan's Annual Notice of Change (ANOC) and Evidence of Coverage (EOC)
- State Health Insurance Assistance Program (SHIP)
- 1-800-MEDICARE (1-800-633-4227);
 TTY: 1-877-486-2048
- Medicare.gov/plan-compare
- Health and drug plans websites

How to Join a New Plan

- May be able to enroll in a Medicare health or drug plan by
 - Calling the plan
 - Enrolling on the plan's website or on <u>Medicare.gov/plan-compare</u>
 - Call 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048
 - Paper application
- Enrolling in a new plan will disenroll you from your previous plan

Medigap Policies

- Are sold by private insurance companies
- Fill gaps in Original Medicare coverage, like copayments, coinsurance, and deductibles
- Each standardized Medigap policy under the same plan letter:
 - Must offer the same basic benefits, no matter who sells it
 - May vary in costs

Decision: Do I Need a Medigap Policy?

It only works with Original Medicare, right?

What if I have other supplemental coverage, like from an employer?

Can I afford Medicare deductibles and copayments?

What does the monthly Medigap premium costs.

It can vary.



Medicare Part D and Medicare Advantage 2025 Program Considerations



Part D Considerations

- Look at the estimated total costs to you, including premium, deductible, and cost sharing
- Review the formulary to see if it covers your drugs
- Check to see if the plan has restrictions like prior authorization, step therapy, quantity limits
- See if your pharmacy is in the plan's preferred network or if mail order is available
- Check star ratings to see how the plan is rated
- Understand how the plan works with other coverage you may have
- The 2025 Part D base beneficiary premium is \$36.78

Medicare Advantage Considerations

- Review a plan's estimated total costs to you, including premium, deductible, and other out-of-pocket costs
- Check if Medicare Advantage plans offer extra benefits, like vision, hearing, or dental coverage
- See if your health care providers are in a plan's network
- Check star ratings to see how Medicare and other people with Medicare rated the plan's care and services
- Understand how the plan works with other coverage you may have



Inflation Reduction Act (IRA)



Inflation Reduction Act (IRA) CMS Provisions

- Places a \$35 monthly out-of-pocket cap on Medicare-covered insulins
- Makes ACIP-recommended vaccines free under Medicare Part D prescription drug coverage
- Temporarily increases Medicare payment for qualifying biosimilars to encourage use
- Requires manufacturers to pay rebates to Medicare if their price increases for certain drugs exceed inflation
- Makes Medicare Part D prescription drug coverage more affordable

Inflation Reduction Act CMS Provisions (continued)

- 2024: People with very high prescription drug costs will no longer pay once they reach the "catastrophic phase"
- 2024: Full low-income subsidy expanded for people with low incomes, lowering premiums and out-of-pocket costs for their prescription drug coverage
- 2025: All people with Medicare Part D will have a \$2,000 annual out-of-pocket cap on their drug costs
- Allows Medicare to negotiate the price of certain high-cost, brand name prescription drugs

The Medicare Drug Price Negotiation Program

- CMS selected up to 10 high expenditure, single source drugs for negotiation
- For the drug companies of selected drugs that elect to participate in the Negotiation Program, the maximum fair prices that were negotiated will apply beginning in 2026
- CMS will select up to an additional 15 drugs for negotiation for 2027, up to an additional 15 drugs (including drugs covered under Part B) for 2028, and up to an additional 20 drugs for 2029 and subsequent years

Medicare Prescription Payment Plan in 2025

The Inflation Reduction Act (IRA) requires all Medicare drug plans to offer the option to pay out-of-pocket drug costs in monthly payments instead of all at once to the pharmacy.

- Program participants will pay \$0 to the pharmacy for covered Part D drugs.
- Part D plan sponsors will then bill participants monthly for any cost sharing they incur while in the program.
- Pharmacies will be paid in full by the Part D sponsor in accordance with Part D prompt payment requirements.
- Enrollees with high cost sharing earlier in the calendar year are more likely to benefit from the program.
- For people with Medicare drug coverage eligible for Extra Help (also known as LIS), enrollment in Extra Help is more advantageous than the Medicare Prescription Payment Plan.

Medicare Prescription Payment Plan Resources

- Fact sheet
- https://www.cms.gov/files/document/medicare-prescription-payment-plan-fact-sheet.pdf
- "Medicare & You" handbook
- Medicare.gov
 - Basic information about the program
 - Wizard to help people determine if the Medicare Prescription Payment Plan may be right for their situation
- Medicare Plan Finder cost preview feature allowing people to compare monthly costs with and without the Medicare Prescription Payment Plan







Expansion of Extra Help (1 of 2)

- The drug law expanded eligibility for the full low-income subsidy (LIS) benefit (also known as "Extra Help") to individuals with limited resources and incomes up to 150% of the federal poverty level.
- In the beginning of 2024 nearly 300,000 low-income people with Medicare already enrolled in the Extra Help program became newly eligible for expanded benefits including no deductible, no premiums and fixed, lowered copayments for certain medications.
- An additional 3 million people could benefit from the Extra Help program now but aren't currently enrolled.

Expansion of Extra Help (2 of 2)

- In 2025, most people who qualify for Extra Help pay:
 - \$0 for Medicare drug plan premium
 - \$0 for plan deductible
 - Up to \$4.50 for each generic drug
 - Up to \$11.20 for each brand-name drug

Contact Social Security: 1-800-772-1213 to sign up for Medicare or apply for Extra Help

Helpful Resources

- 1-800 Medicare /1-800-633-4227
- Medicare.gov
- Cms.gov
- Medicare & You Handbook
- The SHIP the State Health Insurance Assistance Program

Helpful Resources (Continued)

Region IV State Health Insurance Assistance Programs (SHIPs)

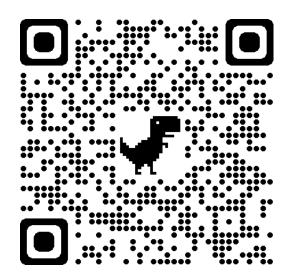
- AL SHIP 1-800-243-5463
- FL SHIP 1-800-963-5337
- GA SHIP 1-866-552-4464
- KY SHIP 1-877-293-7447
- MS SHIP 1-844-822-4622
- NC SHIP 1-855-408-1212
- SC SHIP 1-800-868-9095
- TN SHIP 1-877-801-0044

Contact and Evaluation

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Activity Name and link:

- Region 4 OEP & IRA Briefing
- https://cmsgov.force.com/act/Evaluation



Questions

