



Medicare and Medicare Advantage

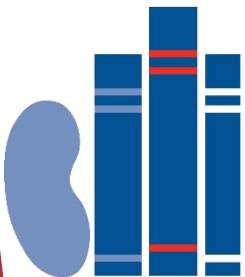
This webinar will start shortly. The slides and the webinar recording will be available at www.dpcedcenter.org

Next webinar: November 19, 2020

Open Enrollment for 2021 Medicare Advantage Plans is from October 15 until December 7, 2020. Check out www.DialysisPlanChoice.org to learn more about your options. This resource was created by Consumers' Checkbook in collaboration with Dialysis Patient Citizens and will be available next week.

David Lipschutz

- ▶ Attorney licensed in California and Connecticut
- ▶ In June 2010, he joined the Center for Medicare Advocacy and is its Associate Director
- ▶ Engages in public policy issues surrounding Medicare and related coverage that impacts Medicare beneficiaries



**Practical Tips to Assist Beneficiaries in
Determining How to Choose Between
Traditional Medicare and
Medicare Advantage**

October 22, 2020

Dialysis Patient Citizens

David A. Lipschutz

**Associate Director/Senior Policy Attorney, Center for
Medicare Advocacy**

MedicareAdvocacy.org

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The Center for Medicare Advocacy is a national, non-profit law organization founded in 1986 that works to advance access to comprehensive Medicare and quality health care. Based in Washington, DC and CT, with additional attorneys in CA, MA, NJ.

- Staffed by attorneys, advocates, communication and technical experts
- Education, legal analysis, writing, assistance, and advocacy
- Systemic change – Policy and Litigation
 - Based on our experience with the problems of real people
- Medicare coverage and appeals expertise
- Medicare/Medicaid Third Party Liability Projects

AGENDA

- Introduction
- Overview of Medicare Program and Coverage Options
- Medicare Advantage v. Medigap Overview
- Considerations in Choosing Trad. Medicare v. Medicare Advantage
- Considerations for Individuals with ESRD

INTRO/OVERVIEW

- Section 17006 of the 21st Century Cures Act (Pub. L. No. 114-255), signed into law on December 13, 2016, removed the barrier for people with End Stage Renal Disease (ESRD) to enroll in Medicare Advantage (MA) plans beginning in 2021
- There are pros and cons re: enrollment in MA plans that should be carefully weighed before making a decision about whether to remain in traditional (aka Original, fee-for-service) Medicare or enrolling in an MA plan
- Some people don't have a choice (e.g., some retiree plans only offer MA enrollment)

THE MEDICARE PROGRAM

Four Parts

1. Part A (Traditional Medicare)
2. Part B (Traditional Medicare)
3. Part C (Private Medicare - known as Medicare Advantage, or MA)
4. Part D (Prescription Drug Coverage)

PARTS A & B AND OTHER INSURANCE

- Employer based coverage
 - Through current work
 - COBRA
 - Retiree coverage
- Medicare Supplemental Insurance Policies (Medigaps)
- Military coverage
 - Veterans Administration, TriCare
- Medicaid
 - Medicare Savings Programs (MSPs)
- Medicare Advantage (MA) plans
- Medicare Part D prescription drug benefit

PART C – MEDICARE ADVANTAGE (MA)

- Private insurance plans that contract with Centers for Medicare & Medicaid Services (CMS) to provide Medicare coverage
- MA plans combine Part A and Part B, and sometimes Part D (prescription drug coverage)
- Most MA plans have limited provider networks
- Plans can terminate provider contracts / reduce providers in network

MA OVERVIEW

- MA plans must provide at least as much coverage as traditional Medicare, and may provide additional coverage
- MA plans are not “in addition to”/ “on top of” traditional Medicare
- Deductibles, copayments or coinsurance are generally paid out-of-pocket or included as an “extra benefit” by the MA plan

MEDIGAP PLANS

- Medigap insurance is meant to work in tandem with the original Medicare program by paying for beneficiary cost-sharing and some other services not usually covered by Medicare
- Must have Parts A and B to buy a Medigap plan
- Beneficiary pays monthly premiums
- Federal law provides rights to purchase policies at certain times, state law can expand such rights
 - Default rule: Companies don't have to sell /can medically underwrite applicants

MEDIGAP RIGHTS

- For Medicare beneficiaries under 65, there are no federal rights to purchase a Medigap plan; look to rights individual states may have added to state law (may carve-out people with ESRD)
- Summary – there are still unequal rights to different types of coverage in Medicare

TRAD. MEDICARE V. MA - OVERVIEW

Choosing Between Traditional Medicare and an MA Plan is an important decision and requires consideration of:

- Need for an open network /choice of providers;
- Need for access to care outside one's own geographic area;
- Individual's financial circumstances;
- Could you switch back to traditional Medicare if MA does not serve you well?
 - Could you wait for the next enrollment period?
 - Could you get a Medigap plan?
 - Differs from state to state

Considerations in Choosing Between Traditional Medicare and Medicare Advantage

NARROWING THE OPTIONS

1. Which providers/facilities do you use?

- How important is it to you to continue with them?
- Do they accept Medicare?
- Which Medicare Advantage Plan networks do they participate in?

2. What medications do you take?

- What MA plan formularies are your medications on?
- Can you take generics?

NARROWING THE OPTIONS

3. Do you want your care choices directed?

- By going through a primary care physician?
- By obtaining referrals to see specialists?
- By having to get prior authorization for some services?

4. Do you travel outside your general home area?

- How often?
- How do you feel about having care access limited to emergency coverage and urgent care (in many plans) if you are outside your general home area?

NARROWING THE OPTIONS

-
5. How important is a cap on out-of-pocket costs for Part A and B services (known as annual maximum out-of-pocket [MOOP] amount)?
- Mandatory MOOP in 2021 - \$7,550;
 - In-network and out-of-network combined MOOP is \$11,300
6. What value are other possible benefits to you?
(Examples: some dental, hearing, vision, health clubs, grab bars, transportation – check the details)
7. How do you weigh the convenience of “one-stop shopping” up-front vs. continual annual checking to make sure providers and coverage requirements are not changing?

NARROWING THE OPTIONS

8. How do you feel about a Medical Director of a health plan potentially having the ability to challenge your doctor's determination that your care is reasonable and necessary?

9. Will you be more likely to seek needed care if it is:

- Convenient (larger number of providers/suppliers)?
- Lower Cost?
- Simpler to access? (Example: referral not required)

NARROWING THE OPTIONS

10. Do you qualify for payment assistance or have access to other coverage?

- Medicaid
 - Including Medicare Savings Program (MSP)
- Part D Low Income Subsidy (LIS or Extra Help)
- Medigap
- Employer/Military/Other Insurance
- Other assistance?

OTHER CONSIDERATIONS

- Flexibility in Trad. Medicare
 - Provider/ facility/ supplier networks are vast
 - Coverage is available throughout U.S. and territories
- Medigap Plan questions to ask:
 - Are there guaranteed issue rights in your state?
 - What are the pre-existing condition limitations?
 - Are the premiums prohibitively high?
 - Do you have other options for cost-sharing?
 - Are you willing/able to go without a supplement?

OTHER CONSIDERATIONS

- Medigap policies can't be sold to MA enrollees
- Coordination with other types of coverage can be complicated
 - May have to pay some/all cost-sharing out of pocket

OTHER CONSIDERATIONS

- MA plan networks may not always have adequate specialists or other providers to serve patient needs.
 - Online provider/hospital/supplier network directories are not always updated, often inaccurate
- Network providers may choose to join or leave a network at any time; plan can also terminate providers at any time, whereas most enrollees are locked in for year (after March 31 of the year)
 - Limited SEP for network terminations
- There are additional SEPs for people who are dually eligible, MSP, and LIS

OTHER CONSIDERATIONS

- HMOs usually have no out-of-network coverage (except for point-of-service plans)
- PPOs usually have out-of-network coverage at a higher cost to the beneficiary
 - MA plans have discretion to charge cost-sharing above traditional Medicare (except chemotherapy, renal dialysis, SNF services)
 - MOOPs only apply to Part A and B services, not to Part D and not “extra” services

OTHER CONSIDERATIONS

- MA plans must offer benefits that are at least equal to traditional Medicare and cover everything traditional Medicare covers
- May offer coverage for additional services
- MA plans can waive certain restrictions on coverage (Example: 95% of MA plans don't require 3-day prior hospital stay for SNF coverage)

OTHER CONSIDERATIONS

- Plan benefits and cost-sharing can change every year – enrollees should review annually
- Cost-sharing may be more than in trad. Medicare (Example: HH co-pay, none in trad.)
- MA plans do not provide Hospice Services
 - Except certain plans starting in 2021 (VBID)
- MA plans do not provide for services related to people in clinical trials

SUMMARY

- Enrolling in Medicare and continuing to obtain coverage, whether through trad. Medicare or an MA plan, is a personal choice and requires each individual to consider the following:
 - Need/desire for flexibility in obtaining health care
 - Health, medical history
 - Overall life circumstances
 - Budget
 - Tolerance for financial risk

QUALITY & ACCESS TO CARE ISSUES

- If considering enrolling in an MA plan, individuals with ESRD should consider several factors, including:
 - Quality outcomes in MA plans are mixed; people with greater health needs more likely to return to trad. Medicare
 - 99% of MA plans use some type of prior authorization for 1 or more services
 - HHS OIG (2018) found “widespread and persistent problems related to denials of care and payment in Medicare Advantage plans”

SPECIAL ESRD CONSIDERATIONS

- Dialysis under Part B – 20% coinsurance
 - MA plans are limited to charging no more than this, but most appear to charge the full 20% in 2021
- Network adequacy – dialysis providers removed from more strict standards (time, distance from % of plan enrollees)
 - Critical to check if desired providers, including nephrologists, are part of plan's network

Medicare Advantage Plan Comparison Tool for ESRD Patients



Dialysis Plan Choice


Find a Medicare plan for End Stage Renal Disease

In 2021, ESRD patients are able to choose between Original Medicare and Medicare Advantage plans. This tool helps you compare Medicare Advantage plans, and understand how your healthcare costs might be different under different plans. It can also help you compare to your existing Original Medicare and Medigap coverage. Enter your information below to begin your search...

Let's Begin - Tell Us About Yourself


Zip Code 

Choose your county

Select a county 

Age 

Annual Income 

 Your information is kept anonymous and never shared.

Search for Plans

Do you have a Medigap policy? [?](#)

☒ Yes ☐ No

What type of Medigap policy do you have?

Type D



How much do you pay each month for Medigap coverage? [?](#)

Ex. \$300

Do you get assistance from any of these programs? [?](#)

- ☐ Medicaid
- ☐ Supplemental Security Income
- ☐ Medicare Savings Program
- ☐ Extra Help from Social Security
- ☐ I don't get help / I'm not sure

How much do you pay each month for prescription drug coverage? [?](#)

Ex. \$300

How much does the dialysis center collect from you each visit? [?](#)

☐ \$0 ☐ \$10-\$20 ☐ \$20-\$40 ☐ \$40 or more ☐ I don't know

Check if your prescription drug(s) are covered ?

Ex. Lipitor

Selected Prescription Drugs ?

Rx

Lanthanum carbonate
(Chewable)
1,000 mg Chewable Tablet

x

Check if your Nephrologist(s) are in-network ?

huston



HUNTER HUSTON
Monroeville, PA

+

Select the facilities where you receive Dialysis ?



DAVITA
TOTAL RENAL CARE INC
930 Madison Ave
Pittsburgh



FRESENIUS MEDICAL CARE
FRESENIUS KIDNEY CARE PITTSBURGH, LLC
1401 Forbes Ave Ste 250
Pittsburgh



DIALYSIS CLINIC, INC.
DCI RENAL SERVICES OF PITTSBURGH, LLC
3260 5th Ave
Pittsburgh



UPMC HEALTH SYSTEM
UPMC PRESBYTERIAN SHADYSIDE
200 Lothrop St Ste F1141.2
Pittsburgh



DIALYSIS CLINIC, INC.
DCI RENAL SERVICES OF PITTSBURGH, LLC
2727 Banksville Rd
Pittsburgh



AMERICAN RENAL ASSOCIATES
ARA DIALYSIS UNIT AT OHIO VALLEY HOSPITAL LLC
27 Heckel Rd Ste 113
Mc Kees Rocks

Check if your prescription drug(s) are covered ?

Ex. Lipitor

Selected Prescription Drugs ?



Sevelamer (Oral Pill)
800 mg Oral Tablet



Lanthanum carbonate (Oral Powder)
750 mg Oral Powder



Check if your Nephrologist(s) are in-network ?

Last Name, First Name

Selected Nephrologist(s) ?



Hunter Huston
Pittsburgh, PA



TINA KO
Coraopolis, PA



Select the facilities where you receive Dialysis ?



DAVITA
TOTAL RENAL CARE INC
930 Madison Ave
Pittsburgh



FRESENIUS MEDICAL CARE
FRESENIUS KIDNEY CARE PITTSBURGH, LLC
1401 Forbes Ave Ste 250
Pittsburgh



DIALYSIS CLINIC, INC.
DCI RENAL SERVICES OF PITTSBURGH, LLC
3260 5th Ave
Pittsburgh



UPMC HEALTH SYSTEM
UPMC PRESBYTERIAN SHADYSIDE
200 Lothrop St Ste F1141.2
Pittsburgh

Browse Medicare Plans:

8 plans in 15233 (Allegheny County)

Sort By

Max Out of Pocket
The most you could spend

Estimated Annual Cost
Based on your profile

Filters

8 / 45 plans shown

Plan Type ⓘ

- ☐ HMO ⓘ
- ☐ PPO ⓘ
- ☐ MSA ⓘ

My Doctors ⓘ

- ☐ Hunter Huston
- ☐ TINA KO

My Facilities ⓘ

- ☐ FRESENIUS MEDICAL CARE
- ☐ DIALYSIS CLINIC, INC.
- ☐ DAVITA

My Prescriptions ⓘ

- ☐ Sevelamer (Oral Pill)
- ☐ Lanthanum carbonate (Oral Powder)



UPMC for Life HMO Premier Rx (HMO)

Rating by Members: ★★★★★

HMO

☐ Compare

Monthly Premium: ⓘ
\$0.00

Annual Deductible: ⓘ
\$0 medical
\$0 drug



\$3,550
Est. Annual Cost



\$7,550
Est. Cost in Bad Year

- ✓ Dental
- ✗ Transportation
- ✓ Prescription Drugs

More Details

Enroll Now

Specialist:
\$40 copay per visit

Network Size:
4501-5000 physicians and providers.

My Prescriptions ⓘ

- ✓ **Sevelamer (Oral Pill)**
800 mg Oral Tablet
- ✗ **Lanthanum carbonate (Oral Powder)**
750 mg Oral Powder

My Nephrologists ⓘ

- ✗ **Hunter Huston**
Pittsburgh, PA
- ✓ **TINA KO**
Coraopolis, PA

My Facilities ⓘ

- ✗ **DAVITA**
930 Madison Ave, Pittsburgh
- ✓ **FRESENIUS MEDICAL CARE**
1401 Forbes Ave Ste 250, Pittsburgh
- ✗ **DIALYSIS CLINIC, INC.**
3260 5th Ave, Pittsburgh



UPMC for Life HMO Premier Rx (HMO) \$0.00/month

HMO

Enroll at Medicare.gov

Plan Summary

Monthly Premium

Deductible & Out of Pocket

Annual Cost Forecast

Kidney Care

Doctor Visits

Hospital

Emergency Care

Dialysis ?

20% coinsurance
Subject to Deductible: No

Diabetes supplies ?

20% coinsurance per item

Transportation (requires approval - call the insurance company for details) ?

Not covered

Wellness programs (e.g., fitness, nursing hotline) ?

Covered



Doctor Visits



Primary ?

\$0 copay

Specialist ?

\$40 copay per visit

Foot exams and treatment (podiatry services) ?

\$40 copay

Routine foot care (podiatry services) ?

Not covered



Hospital



Inpatient hospital coverage ?

\$160 per day for days 1 through 5

Q&A

For further information, to receive the Center's free weekly electronic newsletter, ***CMA Alert***, update emails and webinar announcements, contact:

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Or visit

MedicareAdvocacy.org

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Check out the Medicare Plan Choice Comparison tool at www.dialysisplanchoice.org

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