

2022 Medicare Update

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October 2021

Medicare Part B Enrollment

Initial Enrollment Period (IEP)
Special Enrollment Period (SEP)
General Enrollment Period (GEP)

Reference: Enrolling in Medicare Part A & Part B

<https://www.medicare.gov/media/4516>

Medicare Enrollment

- Initial Enrollment Period
 - 7 months surrounding month of eligibility
 - Enroll in last 3 months
 - Part B will be delayed
- Special Enrollment Period
 - Covered under active/current employment
 - Starting first month eligible for Medicare
 - Can delay enrollment in Part B without penalty
- General Enrollment Period
 - January – March (Part B effective July 1)
 - Subject to late enrollment penalty
 - 10% for every full 12 months delayed

Delaying Part B - CAUTION

– COBRA

- Cannot delay because not coverage through current employment
- COBRA insurer may not pay as primary in absence of Medicare

– FEHB (Federal Employees Health Benefits)

- Coverage can work without Medicare
- Can also suspend FEHB to enroll in Medicare Advantage plan

– Living Outside of USA/Prison

- Still eligible for Part B and cannot delay without penalty

– Domestic Partner

- Does not count for people eligible due to age 65

– VA (Veterans Administration)

- Does not allow you to delay enrollment without penalty

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**



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

Part B Premium for Higher Income Beneficiaries

- Income-Related Monthly Adjustment Amount (IRMAA)
- Income above \$88,000 Single/\$176,000 Couple (2021)
- Modified Adjusted Gross Income (MAGI)
 - Adjusted Gross Income + tax-exempt interest income
- Based on tax return from two years prior
 - 2022 Part B Premium will be based on 2020 tax return
- May be able to appeal with Life Changing Event
 - Change in marital status
 - Change in work status
 - Settlement from employer/former employer
 - Due to closure, bankruptcy, or reorganization

Original Medicare

Advance Beneficiary Notice (ABN)

- Medical necessity denials
 - Beneficiary not liable UNLESS signed valid Advance Beneficiary Notice (ABN)
- Must be service/date specific
- Must use standard CMS ABN form (CMS-R-131 (Exp. 6/30/2023))
 - Renewed ABN form mandatory for use as of January 1, 2021
- Beneficiary liable for up to provider charge
 - But still retains appeal rights
- Always liable for non-covered (excluded) services
- Did You Know? ABN also required for preventive services usually covered by Medicare but when frequency limitations exceeded

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

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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>

Sequestration

- Medicare sequester imposes a 2% “across-the-board” cut to provider reimbursements
 - Does NOT affect Medicare allowance, deductible or coinsurance
 - Does NOT affect Medigap payments
- 2% reduction in Medicare payment amount
 - If paid to provider, provider cannot bill 2% reduction to beneficiary
 - If paid to beneficiary, 2% reduction is from beneficiary payment
- Sequestration reduces payments by 2 percent from April 1, 2013 through March 31, 2027
 - And by 4 percent from April 1, 2027 through September 30, 2027
- Update: Temporarily suspended 2% payment adjustment for claims with dates of service from May 1, 2020 through December 31, 2021

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)**

A	B	C	D	F*	G*	K	L	M	N
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		

Medigap Plan C and Plan F

- People newly eligible for Medicare in 2020 or later cannot purchase Medigap plan that covers Part B deductible (Plan C and Plan F)
 - Does not apply if getting Medicare retroactively with start date before 2020
- Beneficiaries with Plan C or Plan F (or High Deductible F) before 2020 can keep same plans in 2020 and beyond
 - Medigap plans are Guaranteed Renewable
- People eligible for Medicare prior to 2020, have right to purchase Plan C or Plan F
 - Even if not enrolled in Medicare prior to 2020

Classic Medicare - Part B Deductible

- Annual Part B Deductible (\$203 in 2021)
- Applied to first claim(s) that Medicare receives and processes
 - Not necessarily to first services that beneficiary receives each year
- Medicare allowed amount applied to deductible
 - Deductible may be met through more than one claim
- Provider allowed to collect deductible up front up to Medicare allowed amount
- Beneficiary may have to ask for refund if paid one provider but deductible applied to another provider's claim
 - Check [mymedicare.gov](https://www.mymedicare.gov) or call 1-800-MEDICARE to confirm how deductible was applied

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
 - All beneficiaries with ESRD will have option to enroll in Medicare Advantage plan
 - Caution: MA plan may have up to 20% cost-sharing for dialysis (up to MOOP)

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 1st 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 3rd month of entitlement

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
 - <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

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
- Fewer Benchmark Plans
 - 7 in 2021; 4 in 2022
 - Elixir RxSecure (No Longer Benchmark)
 - Elixir RxPlus \$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
 - Effective 1st of following month

Special Enrollment Periods

- SEP for Institutionalized Individuals
 - Moves into, resides in or moves out of...
 - Facility list includes Skilled Nursing Facility
 - Up to two months after month of discharge
- SEP for 5-Star MA plans and PDPs
 - MA and MA-PD and Stand-Alone PDP Plans with overall 5-star quality ratings
 - Beneficiaries can enroll in 5-star plan from December 8 – November 30
 - Can be used one time per plan year
 - 5-Star Medicare Advantage plans in some parts of NYS (2022)
- 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

Specialty Tier/Tiering Exceptions

- Part D Specialty Tier (2022)
 - Specialty Tier for expensive medications
 - \$830 or above (2022); \$670 (2021)
 - May have coinsurance up to 33%
 - Starting in 2022, plans may have 2nd Specialty Tier
 - Preferred Specialty Tier
 - With lower cost-sharing
- Can request for Tiering Exception for Non-Preferred Brand to be covered at Preferred Brand cost-sharing
 - Or for NEW Non-Preferred Specialty Tier at Preferred Specialty Tier
 - CANNOT request Specialty Drug tier to be covered at lower tier
 - Or for Brand to be covered at Generic tier cost-sharing

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

2023

Coming in 2023 – Changes to Part B Enrollment

- 2023
- Initial Enrollment Period
 - Part B effective 1st of following month
- General Enrollment Period
 - Part B effective 1st of following month
- Special Enrollment Periods
 - CMS will have authority to expand Special Enrollment Periods
 - As they currently do for Part C/Part D Special Enrollment Periods

Colorectal Cancer Screening

- Medicare covers screening colonoscopy (or sigmoidoscopy) at 100%
 - But if remove polyp or other tissue, that is surgery
 - Surgery covered by Medicare at 80%
- NEW – Starting in 2023
 - Medicare reducing cost-sharing for colorectal cancer screening tests that remove a polyp or other tissue
- Medicare to pay 100% starting in 2030
 - 80% for 2022
 - 85% for 2023–2026
 - 90% for 2027–2029

New Part B Coverage for Immunosuppressive Drugs

- People eligible for Medicare due to ESRD
 - Medicare coverage ends 36 months following kidney transplant
- Immunosuppressive Drugs covered under Part B
 - Following Part A covered kidney transplant hospital stay
 - Otherwise, immunosuppressive drugs covered under Part D
- Beginning in 2023
 - Extended Part B coverage solely for immunosuppressive drugs
 - For those not eligible for other health insurance coverage
 - Would NOT cover any other Part B services
- Reduced Part B premium
 - 15% (instead of 25% used to determine standard Part B premium)