

Medicare Advantage Plans and Other Medicare Plans

Sage PLUS Training 9/24/07

Medicare Plan Choices

- Original Medicare Plan
- Medicare Advantage Plans
- Other Medicare plans
- Medicare drug plans
 - Medicare Prescription Drug Plans
 - Medicare Advantage Plans and other Medicare plans with prescription drug coverage

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Medicare Advantage Plans

- What are Medicare Advantage Plans
- Who can join and when
- How Medicare Advantage Plans work
- Types of Medicare Advantage Plans
- Rights and protections
 - Including appeals and marketing guidelines

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What Are Medicare Advantage (MA) Plans?

- Health plan options approved by Medicare
- Run by private companies
 - **Sold by insurance agents in some cases**
- Part of the Medicare program
 - Sometimes called “Part C”

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Who Can Join?

- Eligibility requirements
 - Live in plan's service area
 - Entitled to Medicare Part A
 - Enrolled in Medicare Part B
 - Not have ESRD at time of enrollment
 - Some exceptions

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When Can People Join?

- A person can join a Medicare Advantage Plan or other Medicare plan
 - When first eligible for Medicare
 - During specific enrollment periods
 - Annual Election Period
 - Medicare Advantage Open Enrollment Period
 - Special Enrollment Periods

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When Can People Switch?

- Annual Election Period
- MA Open Enrollment Period
- Special Enrollment Periods
 - Move out of the plan's service area and can't stay in the plan
 - Plan leaves Medicare program
 - Other special situations

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Annual Election Period

- November 15 – December 31
 - Can choose new plan
 - Medicare Advantage Plan
 - Medicare prescription drug plan
 - Original Medicare Plan
 - New plan starts January 1

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MA Open Enrollment Period

- January 1 – March 31, 2007
- Same period each year
- Change effective first day of following month
- Cannot be used to start or stop Medicare drug coverage

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How Do MA Plans Work?

- Generally get all Medicare-covered services through the plan
- Can include prescription drug coverage
- May have to see certain doctors or go to certain hospitals to get care
 - Emergency care covered anywhere in the U.S.
- Benefits and cost-sharing may be different from Original Medicare Plan

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Out-of-Pocket Costs

- Generally must still pay Part B premium
 - Some plans may pay all or part
- May pay additional monthly premium
- Will have to pay other out-of-pocket costs

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People In Medicare Advantage

- Still in Medicare program
- Still have Medicare rights and protections
- Still get all regular Medicare-covered services
- May get extra benefits
 - Such as vision, hearing, dental care
- May be able to get prescription drug coverage

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Medicare Advantage Plans

- Medicare Health Maintenance Organization (HMO)
- Medicare Preferred Provider Organization (PPO)
- Medicare Private Fee-for-Service (PFFS)
- Medicare Special Needs Plans (SNPs)
- Medicare Medical Savings Account (MSA)

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Other Medicare Plans

- Medicare Cost Plans
- Programs of All-inclusive Care for the Elderly (PACE)

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Medicare HMO Plans

- Hawaii plans are Kaiser Sr. Advantage and AlohaCare Advantage
- Copayment amounts set by plan
- Generally must get care and services from plan's network
 - Use doctors and hospitals that belong to the plan
 - May have to pay in full for care outside plan's network
 - Covered if emergency or urgently needed care
 - Point-of-Service option allows visits to “out-of-network” providers

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Medicare HMO Plans (*cont'd*)

- May need to choose primary care doctor
 - Usually need a referral to see a specialist
 - Doctors can join or leave
- May include prescription drug coverage

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Medicare PPO Plans

- Can see any doctor or provider that accepts Medicare
 - Don't need referral to see specialist
 - Don't need referral to see out-of-network provider
 - Copayment amounts set by plan
 - Will usually pay more for out-of-network care
- May get Medicare prescription drug coverage
- Hawaii plans include; Secure Horizons (MedicareComplete),

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Medicare PPO Plans (cont'd)

- Regional PPOs
 - Available in most areas of the country
 - May have annual limit on out-of-pocket costs
 - Varies by plan
 - May have higher deductible and/or premium than other PPOs
 - Hawaii plans include; SecureHorizons (MedicareComplete Choice Plan 3)

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Medicare PFFS Plans

- **Can see any Medicare-approved doctor or hospital that accepts payment from the plan**
 - Can get services outside service area
 - Don't need referral to see a specialist
 - Plan sets copayment amounts
 - No provider list – up to each provider to decide if they will take plan's payment
- **If offered, can get Medicare prescription drug coverage**
 - If not offered, can join a Medicare Prescription Drug Plan
- **Hawaii plans include; Humana, Security Choice, Concert, Health Net, Sterling, Duet, SecureHorizons, Summit,**

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Special Needs Plans (SNPs)

- **Designed to provide**
 - Focused care management
 - Special expertise of plan's providers
 - Benefits tailored to enrollee conditions
 - Option for those with Medicare and Medicaid
 - due to the provider network
- **Must include prescription drug coverage**

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Special Needs Plans, cont.

- Three types of SNPs
 - May limit all or most of membership to people
 1. With certain chronic or disabling conditions
 2. Eligible for Medicare and Medicaid
 3. In certain institutions
- Available in some areas
 - Hawaii plans include; AlohaCare Advantage Plus and Evercare
 - Call 1-800-Medicare

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Medicare MSA Plans

- Offered beginning in 2007
- Similar to Health Savings Account plans
- Hawaii plan is Save Well
- Have two parts
 1. Medicare Advantage Plan with high deductible
 - Pays covered costs after annual deductible is met
 - Deductible varies by plan
 2. Medical Savings Account
 - Medicare deposits money the person may use
 - To pay health care costs

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Medicare Cost Plans

- HMSA 65C Plus is a cost plan
- Similar to Medicare HMO Plans
 - Except out-of-network services covered under Original Medicare Plan
- Can join any time plan accepts new members
- Can leave at any time
- Prescription drug coverage may be offered
 - Can choose to join a stand-alone Medicare Prescription Drug Plan

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Comparing Plans

- Are prescription drugs covered?
- Do I need to choose a primary care doctor?
- Can I get my health care from any doctor or hospital?
- Do I have to see a primary care doctor to get a referral to see a specialist?
- What else do I need to know about this type of plan?
- Use www.medicare.gov “Compare Health Plans”

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Rights in All Medicare Plans

- People with Medicare have certain guaranteed rights
 - To get the health care services they need
 - To receive easy-to-understand information
 - To have their personal medical information kept private

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Rights in MA Plans

- Additional rights and protections
 - Access to health care providers
 - Know how doctors are paid
 - Fair, efficient, and timely appeals process
 - Fast appeals in certain health care settings

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Appeals in Medicare Advantage

- Plan must say in writing how to appeal if
 - Will not pay for a service
 - Does not allow a service
 - Stops or reduces a course of treatment
- Can ask for fast (expedited) decision
 - Plan must decide within 72 hours
- See plan's membership materials
 - Include instructions on how to file an appeal or grievance

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Required Notices

- After every
 - Adverse determination
 - Adverse appeal
- Include
 - Detailed explanation of why services denied
 - Information on next appeal level
 - Specific instructions

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Appeal Levels

- Plan Reconsideration
- Independent Review Entity (IRE)
- Administrative Law Judge (ALJ)
- Medicare Appeals Council (MAC)
- Judicial Review

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Fast-Track Appeals

- When services are ending too soon
 - Skilled nursing facility
 - Home health agency
 - Comprehensive outpatient rehabilitation facility
- Will get *Notice of Medicare Non-coverage*
 - At least 2 days before services end
 - If appealed, will get *Detailed Explanation of Non-coverage*
- Decision from Quality Improvement Organization (QIO) within 2 days

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Inpatient Hospital Appeals

- When services are ending too soon
- Provider/plan must give *Notice of Discharge and Medicare Appeal Rights*
 - At least the day before services end if
 - The enrollee disagrees with the discharge decision, or
 - The provider/plan is lowering the level of the enrollee's care within the same facility
- Decision from QIO usually within 2 days
- QIO for Hawaii is Mountain Pacific Quality Health Foundation at 1-800-524-6550

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Disclosure of Protected Health Information (PHI)

- Plan may disclose relevant PHI
 - To those identified by the member as involved in his/her care or payment, such as
 - Family member or other relative
 - Close personal friend
 - CMS staff or Congressional office staff
 - When member agrees/does not object
 - If member not present or incapacitated, if disclosure is in member's best interests

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When Plan May Disclose PHI

- Examples
 - Daughter resolving monthly premium costs of hospitalized mother
 - Human resources representative
 - If person is on the line or gives permission by phone
 - Congressional office
 - That has faxed person's request for Congressional assistance
 - CMS
 - If information satisfies plan that the person requested CMS assistance

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Plan Marketing Guidelines

- Began marketing October 1, 2007
- May send information
- May call people with Medicare
- Medicare Advantage Plans **with prescription drug coverage** may
 - Use the Medicare Rx seal

MedicareRx
Prescription Drug Coverage

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Plan Marketing Guidelines

- Medicare Advantage Plans must
 - Use marketing materials that have been
 - Submitted to CMS and
 - Reviewed according to guidelines
 - Comply with the “Do not call registry”
 - Provide information in a professional manner
 - Use state-licensed, certified, or registered individuals to market plans
 - If state requires it

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Plan Marketing Guidelines

- Medicare Advantage Plans may not
 - Solicit Medicare beneficiaries door-to-door
 - Unless invited
 - Send unsolicited email
 - Enroll people by phone
 - Unless the person calls them
 - Offer cash payment as an inducement to enroll
 - Misrepresent or use high pressure sales tactics

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Resources

- Medicare publications
 - *Medicare & You* handbook
 - *Understanding the Choices You Have in How You Get Your Medicare Health Care Coverage* (Pub. 11225)
- Sage PLUS 1-888-875-9229
- www.medicare.gov
 - Medicare Options Compare tool
 - Medicare publications
- www.cms.hhs.gov
- 1-800-MEDICARE (1-800-633-4227)
 - TTY/TDD 1-877-486-2048

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Mahalo!

Questions?

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