

WHAT'S NEW TO MEDICARE 2023

MICHIGAN
MEDICARE
MEDICAID
ASSISTANCE
PROGRAM
(MMAP)

AREA AGENCY
ON AGING I-B

WHAT WE WILL COVER

Medicare

- What it is
- What's new to Medicare for 2022
- Why you should review your plan each year
- What to look for when choosing a plan

MMAP

- Who we are
- How MMAP can help you understand plan choices and potentially save money

WHAT IS MEDICARE?

Part A: Hospital Insurance

- Inpatient Care in Hospital
- Skilled Nursing Facility Care
- Hospice Care
- Home Health Care

Part B: Medical Insurance

- Services from Doctors
- Outpatient Care
- Home Health Care
- DME
- Preventative Services

Part D: Prescription Drug

- Prescription Drug Coverage
 - Prescription Medications
 - Some Vaccinations

Part C: Medicare Advantage

- Includes Parts A, B and D in one plan
- HMO and PPO Plan Options
- May Offer Extra Benefits

YOUR MEDICARE COVERAGE CHOICES

1 ORIGINAL MEDICARE

THIS INCLUDES PART A & PART B



PART A

Hospital Insurance

+



PART B

Medical Insurance

YOU CAN ADD



PART D

Medicare Prescription Drug Coverage

YOU CAN ALSO ADD



MEDIGAP

Medicare Supplement Insurance

(Medigap policies help pay your out-of-pocket costs in original Medicare)

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Medicare Advantage (Part C)

THESE PLANS ARE LIKE HMO'S OR PPO'S AND TYPICALLY INCLUDE PART A, B & D



PART A

Hospital Insurance

+



PART B

Medical Insurance

+



PART D

Medicare Prescription Drug Coverage

(Most plans cover prescription drug plans)

ORIGINAL MEDICARE UPDATES

PARTS A & B

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ORIGINAL MEDICARE – 2023 INFO

Part A

Benefit Period Deductible: \$1,600

Hospital copay:
\$400 (Days 61-90)
\$800 (Days 91-150)

SNF copay: \$200 /day

Monthly Premium: Up to \$506

Part B

Monthly Premium: \$164.90

Annual Deductible: \$226

Coverage	Unlimited Medical Auto PiP	Medicare
Emergency Room	Yes -100%	Yes- You pay 20%
Hospitalization	Yes-100%	First 60 days-You pay \$1408 (Part A Deductible) Days 61-90- You pay \$352/day Days 91-150- You pay \$704/day
SNF/ Rehab Facility	Yes-100% as long as needed	Limited to 100 days Days 1-20 –No Deductible Days 21-100- You pay \$176/day
LTC/Custodial Care	Yes-24/7 if needed	Not Covered
Attendant Care (Home Health Services)	Yes	Limited- Home health aide 2-3 x a week for 4 hours during recovery when receiving skilled services

UNLIMITED MEDICAL AUTO COVERAGE VS. MEDICARE COVERAGE ONLY

Coverage	Unlimited Medical Auto PiP	Medicare
Guardianship/Conservator	Yes	Not Covered
Transportation Services (medical non-emergency)	Yes	Not Covered
PT/ Speech OT	Yes	Limited-You pay 20%
Occupational Therapy	Yes	Limited-You pay 20%
Durable Medical Equipment (DME)	Yes	Limited Coverage-You Pay 20%
Massage Therapy	Yes	Not Covered
Home Modifications for Accessibility	Yes	Limited
Vehicle Modification	Yes	Not Covered
Alternative Pain Management	Yes	Not Covered
Specialty Assistive Devices	Yes	Limited
Wage Losses (if still working)	Yes-Up to 3 Years	Not Covered

UNLIMITED MEDICAL AUTO COVERAGE VS. MEDICARE COVERAGE ONLY CONT'D

HSA TO MEDICARE

- If you delay enrollment into Medicare Part A
 - Coverage is retroactive 6 months to your Medicare eligibility
- Must stop contributions to HSA 6 months prior to Medicare enrollment
- Tax Implications

MEDICARE AND EMPLOYEE COVERAGE

- Speak with your HR benefits coordinator for answers on:
 - Delaying enrollment into Medicare Part B
 - Is the employer plan considered creditable coverage?
 - Is the employer plan primary or secondary to Medicare?

If the employer plan is secondary to Medicare

And you delay enrollment into Medicare Part B

You will end up with a Medicare Part B Late Enrollment Penalty (LEP)

INFLATION REDUCTION ACT OF 2022

Signed into law on August 16, 2022, and includes several provisions:

- Creation of a 15% corporate minimum tax rate
- IRS tax enforcement
- Energy security and climate change investments
- Affordable Care Act subsidy extension
- **Medicare prescription drug price reform**

10/13/2022

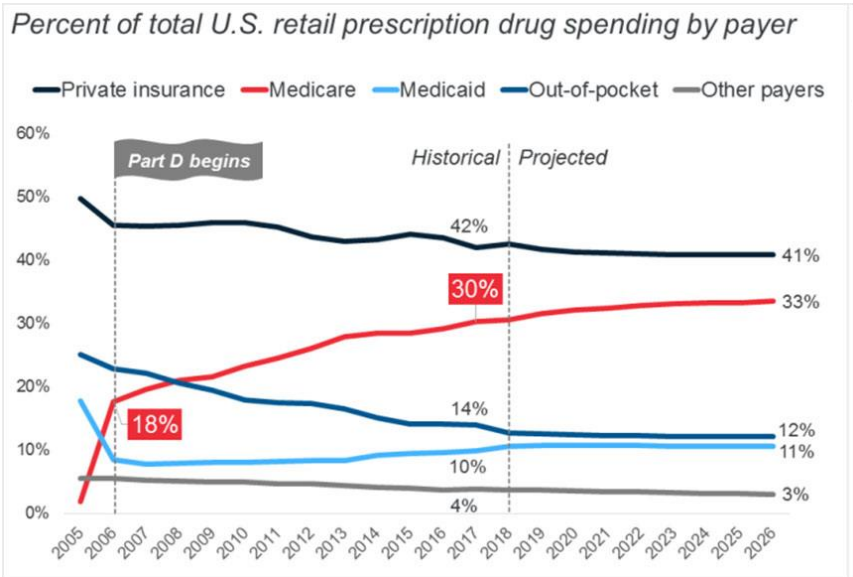
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MEDICARE PRESCRIPTION DRUG COVERAGE

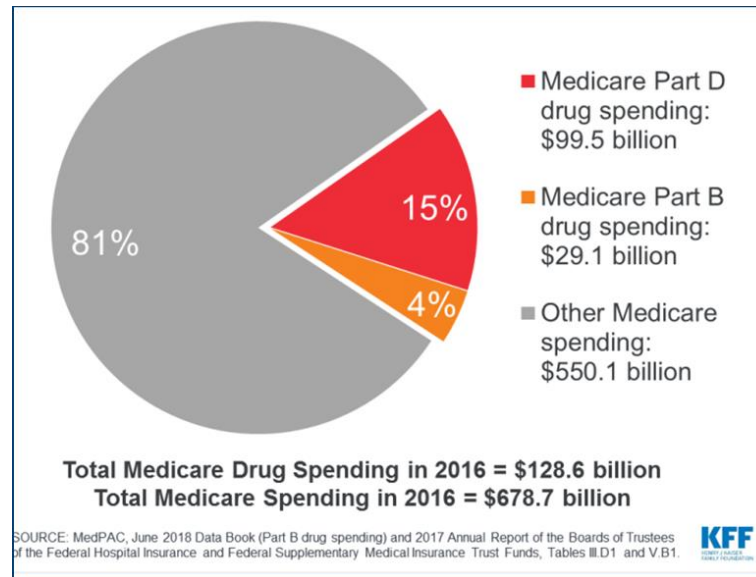
WHAT ARE THE ISSUES?

WHERE THE ISSUES ARE:

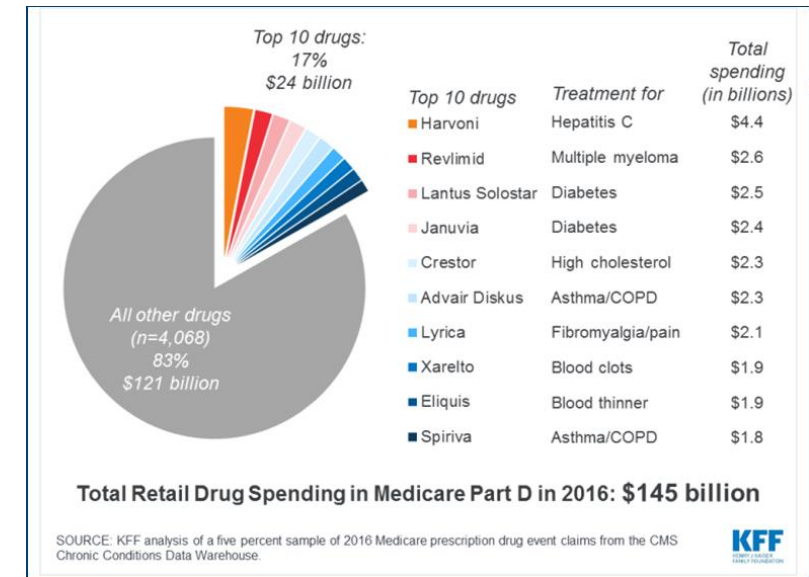
Percent of total US Retail Rx Spending by Payor



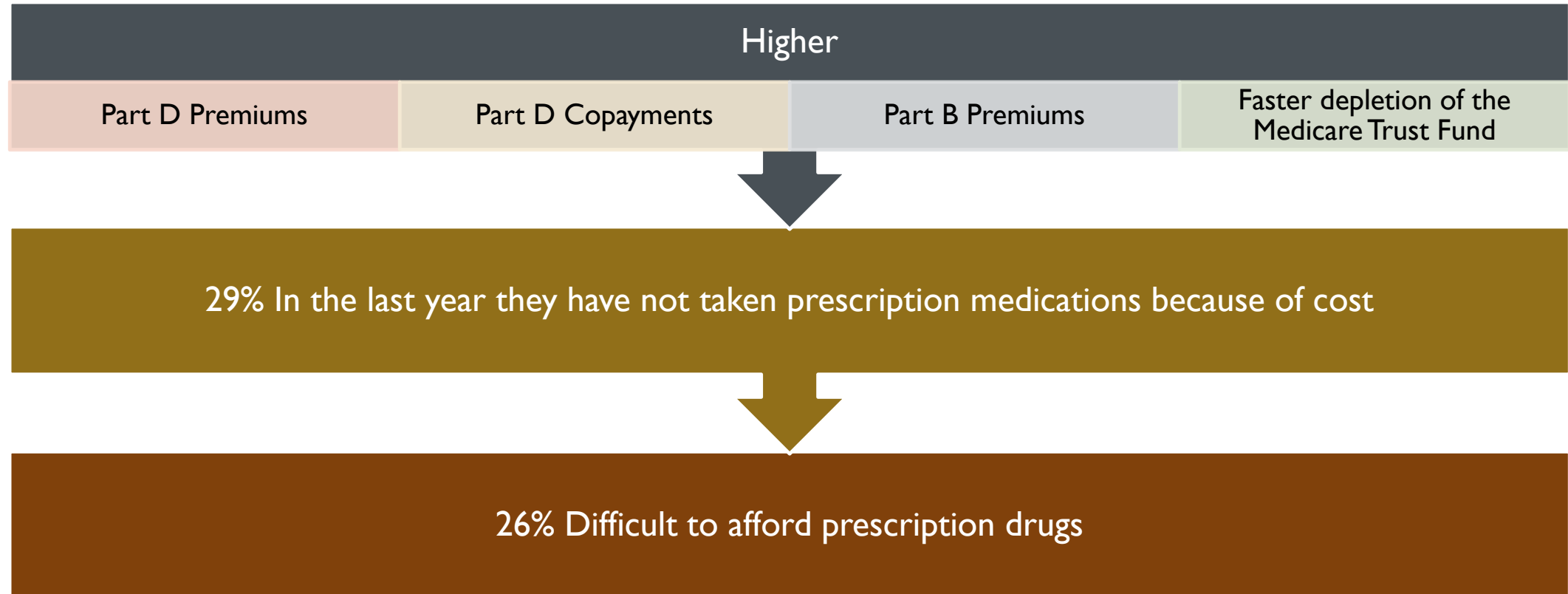
Total Medicare Rx Spending



Total Retail Rx Spending in Medicare Part D



THE IMPACT



10/13/2022

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INFLATION REDUCTION ACT OF 2022

MEDICARE PRESCRIPTION DRUG PROVISIONS

IRA: MEDICARE PRESCRIPTION DRUG PROVISIONS

Requires the federal government to negotiate prices for some of the most popular medications under Medicare

Requires drug companies to pay rebates if prices rise faster than inflation for drugs used by Medicare beneficiaries

Eliminates 5% coinsurance for catastrophic coverage in Part D

Adds a \$2,000 cap on Part D out-of-pocket spending

Limits annual increases in Part D premiums for a limited time

Limits monthly cost sharing for insulin to \$35

Expands eligibility for Extra Help/ Low-Income Subsidy (LIS)

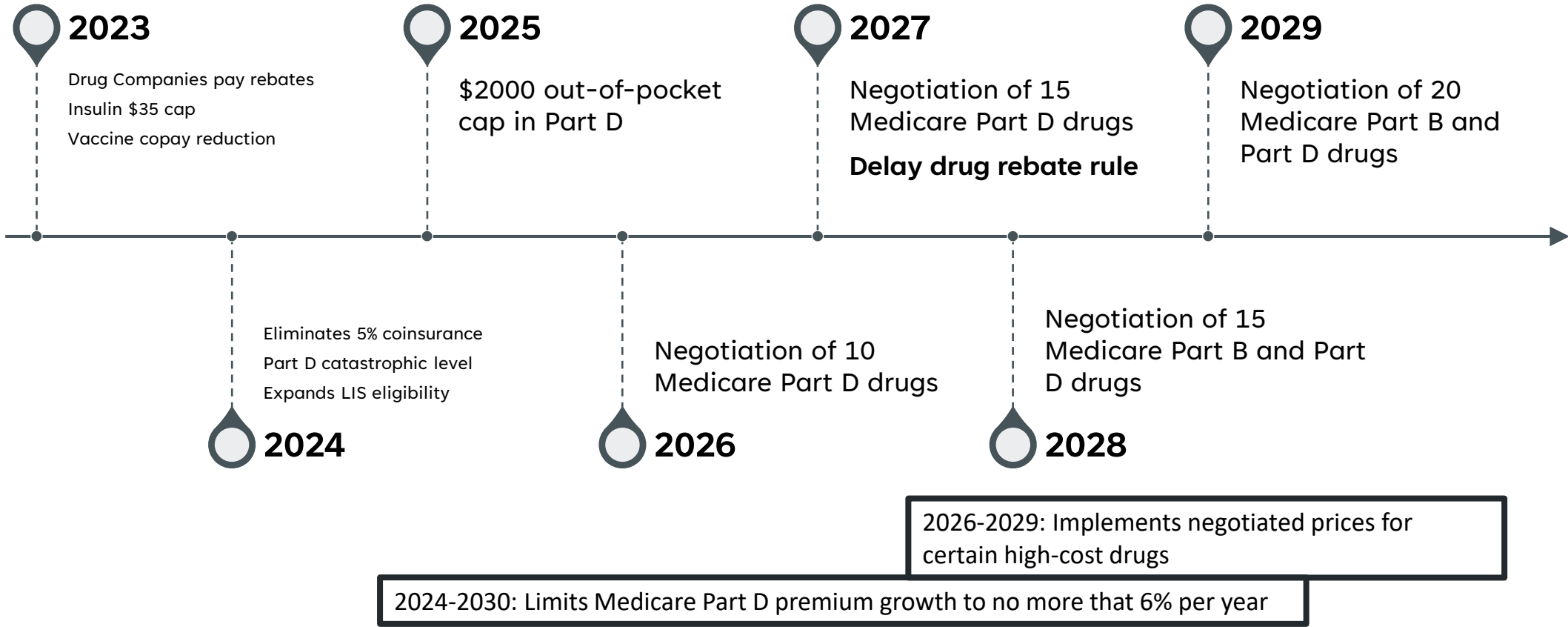
Eliminates cost sharing for adult vaccines under Part D

Delays implementation of the Trump Administration drug rebate rule

10/13/2022

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TIMELINE



INFLATION REDUCTION ACT EFFECTIVE 2023

MEDICARE PRESCRIPTION DRUG PROVISIONS

REQUIRES DRUG MANUFACTURERS TO PAY REBATES FOR DRUG PRICE INCREASES ABOVE INFLATION

Requires drug manufacturers to pay a rebate if drug prices increase faster than the rate of inflation (CPI-U) for:

- Single-source drugs and biologicals covered under Medicare Part B
- All covered drugs under Medicare Part D except those where average annual cost is <\$100
- 2021 is the base year for measuring cumulative price changes relative to inflation
- The rebate amount is based on units sold in Medicare multiplied by the amount that a drug's price in a given year exceeds the inflation-adjusted price
- Price changes are measured based on the average sales price (for Part B drugs) or the average manufacturer price (for Part D); these measures include prices charged in the commercial market
- Rebates paid by manufacturers would be deposited in the Medicare Supplementary Medical Insurance (SMI) trust fund
- Manufacturers that do not pay the required rebate would face a penalty of at least 125% of the original rebate amount

INFLATION REDUCTION ACT EFFECTIVE 2022-2023

Limit Monthly Cost Sharing for Insulin

- Takes effect 2023
- Limits monthly cost sharing on covered insulin: \$35
- Includes insulin covered under:
 - Part D- Effective January 1, 2023
 - Part B- Effective July 2023
- No deductible will apply
- Will lower the cost for insulin users in Medicare Part D without LIS-Extra Help

INFLATION REDUCTION ACT EFFECTIVE 2022-2023

Eliminate costs to adult vaccines under Medicare Part D

- Takes effect 2023
- Required adult vaccines covered by Medicare Part D be covered at no cost.
- Eliminates cost-sharing for adult vaccines under Part D

MEDIGAP UPDATE

MEDICARE SUPPLEMENTAL INSURANCE

MEDIGAP PLANS- EXTRA BENEFITS

- Extra Benefits:

- Dental
- Vision
- Hearing
- Gym Membership

- Companies Offering Extra Benefits

- AARP/UHC
- BCBS
- HAP
- Humana
- Perkin Life Insurance Company
- Priority Health
- Wisconsin Physicians Service Insurance Corporation

MEDICARE PRESCRIPTION DRUG BENEFIT UPDATES

MEDICARE PART D &
MEDICARE ADVANTAGE

LATE ENROLLMENT PENALTY

If you :

Do not have creditable coverage AND

Do not enroll in Part D THEN

You must pay a Late Enrollment Penalty



Penalty is added onto the monthly premium



Will continue for the entire time you have Part D coverage

LATE ENROLLMENT PENALTY CALCULATION

- Part D late enrollment penalty is calculated as
 - 1% of the **Part D base beneficiary premium** (\$32.74 in 2023)
 - For each month, a beneficiary does not have creditable coverage and is not enrolled in Part D
- The penalty amount changes each year as the Part D base beneficiary premium changes

- Part D Premiums are subject to income adjustments
- Beneficiaries with significant income will pay a sliding scale higher Part D premiums **(based on IRS tax returns from 2 years prior)**
 - There are 6 income categories
 - Each category has a set dollar amount associated with it

For more information on Part D IRMAA call MMAP

PART D INCOME RELATED MEDICARE ADJUSTMENT AMOUNT (IRMAA)

2023 PART D IRMAA

Individual tax filers with income:	Joint tax filers with income:	IRMAA for Part D
< \$97,000	< \$194,000	\$0
\$97,001 to \$123,000	\$194,001 to \$246,000	\$12.20 + PP
\$123,001 to \$153,000	\$246,001 to \$306,000	\$31.50 + PP
\$153,001 to \$183,000	\$306,001 to \$366,000	\$50.70 + PP
\$183,001 to \$500,000	\$366,001 to \$750,000	\$70.00 + PP
Above \$500,000	Above \$750,000	\$76.40 + PP

2023 STANDARD MEDICARE PART D BASIC BENEFIT STRUCTURE

Deductible Phase

- You pay full negotiated costs for your drugs up to \$505.

Entering Initial Coverage Phase

- Once the deductible is met, you will pay your set copays or coinsurance for your drugs.

Initial Coverage Phase

- You pay your negotiated copays or coinsurance for your drugs until you have paid \$4,660 in total drug costs.

Coverage Gap

- Once you've paid \$4,660 in total drug cost you enter the Coverage Gap where you pay 25% of the cost of your drugs until you've paid \$7,400 TrOOP or billed the insurance \$11,206 in retail cost.

Catastrophic Phase

- Once you have paid \$7,400 in out-of-pocket cost or billed the insurance \$11,206 in full retail cost you will enter the Catastrophic Phase. In the Catastrophic Phase you are responsible for 5% of the cost of your drugs.

COVERAGE GAP

- 2023: Beneficiaries who reach the coverage gap will pay a maximum of:
 - 25% for their generic medications
 - 25% for brand name medications

EXTRA HELP BENEFIT

- Subsidy provided by Social Security Administration
- Helps with the cost of Part D Prescription Drug Coverage:
 - Premiums, Deductibles, Co-pays
- Income and asset guidelines will change again early 2023.

Contact MMAP for assistance

ENROLLMENT PERIODS

Initial
Enrollment
Period (IEP)

Open
Enrollment
Period (OEP)

Special
Enrollment
Periods
(SEPs)

SPECIAL ENROLLMENT PERIODS (SEP)

SEPs enable beneficiaries to make Part D plan changes in special situations, including:

- Involuntary loss of creditable coverage
- Moving
- Other exceptional circumstances

Medicaid or LIS beneficiaries have an SEP.

- Join, or switch plans once per calendar quarter

COBRA

- Not considered creditable coverage for Medicare Part B
- Drug coverage may qualify as an SEP into Part D enrollment

OPEN ENROLLMENT PERIOD (OEP)



- October 15th through December 7th
- Coverage effective January 1st

MEDICARE PLAN FINDER

Create a Log-In

- Provides Personalized Search
- Saves your med list

Able to compare Part D and Medicare Advantage plans

- Cost of medications
- Deductible pricing
- Monthly premium pricing

Anonymous Searches Available

- Will not save your med list

MEDICARE PLAN FINDER STAR RATING SYSTEM

Part D plan rating categories:

- Drug plan customer service
- Member complaints, problems getting services, and choosing to leave the plan
- Member experience with the drug plan
- Drug pricing and patient safety

Medicare Advantage Plans rating categories:

- Staying healthy: screenings, tests, and vaccines
- Managing chronic (long-term) conditions
- Plan responsiveness and care
- Member complaints, problems getting services, and choosing to leave the plan
- Health plan customer service

FALL TIMELINE

■ October 1

- 2023 Part D and Medicare Advantage Plan Information available on [medicare.gov](https://www.medicare.gov)
- Plans can begin marketing- check your mailbox!
- Annual Notice of Change will be sent by your current plan
- Medicare & You 2023 books will begin to be sent

■ October 10

- Star Quality Ratings released on [medicare.gov](https://www.medicare.gov) Plan Finder

■ October 15- December 7

- Enrollment Period

■ January 1

- Plan Period Begins

ANNUAL PLAN CHANGES

- Plan Annual Notice of Change (ANOC)
- Part D and Medicare Advantage Plans can change their benefits and costs annually
- Be sure to check
 - Premium, deductible, co-payment changes
 - Are your drugs still covered?
 - Are your drugs still covered at the same tier?
 - Are there restrictions to your drugs?
 - Is there another Plan that offers better coverage?

2023 MEDICARE & YOU BOOK: WHAT'S NEW

- **COVID-19 updates:** Medicare continues to cover coronavirus disease 2019 (COVID-19) vaccines, tests, and booster shots, if a person is eligible. See page 37 for details.
- **New start dates for your Medicare coverage** : Beginning January 1, 2023, when a person signs up for Medicare the month, they turn 65 or during the last 3 months of their Initial Enrollment Period, or during the General Enrollment Period, coverage starts the first day of the month after you sign up. See pages 17–18.
- **Kidney transplants & immunosuppressive drug coverage** : Medicare will offer a new benefit that helps continue to pay for immunosuppressive drugs beyond 36 months after a kidney transplant (if there is no other health coverage). See page 52.
- **Help paying Medicare health and drug costs** : If a person has limited income, help may be available from the state to pay Medicare costs through resources like Extra Help or a Medicare Savings Program. See pages 91–96.
- **Help in a crisis** : Mental health and wellness are a high priority. Help is available in a crisis – anyone can call or text 988, or chat through 988lifeline.org. Share this info with beneficiaries, family and friends.

PART D PLAN ENROLLMENT THINGS TO CONSIDER

Cost

- Premium, Deductible, Co-pays
- Senior Savings Model

Coverage

- Are my drugs covered?
- Tiers
- Prior Authorization, Quantity Limits, Step Therapy?
- Nationwide coverage for travelers

Pharmacy

- Network, Preferred
- Mail order

	2023
Total PDP's	24
# of \$0 Deductible Plans	4
Lowest Premium \$0 Deduct. WellCare Medicare Rx Value Plus	\$71.30
# Plans Premium < \$25	5
Lowest PDP Premium SilverScript SmartSaver	\$3.20
Highest PDP Premium Prescription Blue Premium	\$112.00
# PDPs w/ Gap Coverage	4
Lowest Cost Plan w/ Gap Coverage Cigna Extra Rx	\$51.90

2023 MEDICARE PART D PLAN STATISTICS

LOW PERFORMING PLANS & MEDICARE WEBSITE

Plans who received less than 3-star quality rating for 3 consecutive years

Beneficiaries will not be able to enroll on Medicare's website

Can enroll directly through the plan or by calling 1-800-MEDICARE

Warning will appear on Medicare's website

MEDICARE ADVANTAGE PLAN ENROLLMENT THINGS TO CONSIDER

Cost

- Premium, Deductible, Co-pays
- Senior Savings Model

Coverage

- Are my drugs covered?
- What tier are they?
- Prior Authorization, Quantity Limits, Step Therapy?

Pharmacy

- In-Network, Preferred, Mail Order

Primary Care Physician/ Specialists

- Are they in or out of network?
- Do I need a new one that is in-network

Extra Benefits

- Dental, Vision, Hearing Benefits
 - Generally separate insurance rider
- Fitness Benefits
- Transportation
- Telehealth and more

MEDICARE ADVANTAGE PLANS 2023

Lowest Premium

- \$0.00

Highest Premium

- \$283.00
- Medicare Plus Blue PPO Assure

Number of MA plans

- Livingston 65
- Macomb 65
- Monroe 55
- Oakland 76
- St Clair 60
- Washtenaw 65

MA PLANS WITH FIVE STAR RATINGS

Medicare Advantage Plan	Contract ID	Give Back Amount
AARP Medicare Advantage Patriot (PPO)	H0294-022-0	Up to \$65 each month
Aetna Medicare Eagle (PPO)	H5521-286-0	\$45 each month
Ascension Complete Michigan Reward (HMO)	H0482-003-0	\$100 each month
Erickson Advantage Liberty w/out Drug (HMO-POS)	H5652-006-0	\$25 each month
HAP Senior Plus Medical Only (HMO)	H2354-019-0	\$50 each month = \$600 per year
Humana Choice H5216-306 (PPO)	H5216-306-0	Up to \$102 each month
Humana Honor (PPO)	H5216-190-0	\$75 each month
Humana USAA Honor with Rx (PPO)	H5216-305-0	Up to \$75 each month
Molina Medicare Choice Care Select (HMO)	H5926-007-0	Coming Soon
Priority Medicare Vital (PPO)	H4875-022-05	\$30 each month up to \$360/yr
WellCare Giveback (HMO)	H5475-031-0	\$99 each month
WellCare Patriot Giveback Open (PPO)	H2117-003-0	\$60 each month

MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD

- If you have a Medicare Advantage Plan January 1st , 2022 you have another enrollment period January 1- March 31st .
- During this time if you are unhappy with your current Medicare Advantage plan coverage, you can:
 - Change to a different MA plan
 - Change to Original Medicare with a Part D plan
- However, you **MUST** already have a Medicare Advantage plan in order to utilize the MA OEP.

MARKETING GUIDELINES

- Medicare plans cannot:
 - Market themselves as “Medicare endorsed”
 - Solicit from door-to-door
 - Call people on national and state “do not call” lists
 - Enroll people over the phone during a solicitation call
 - Offer incentives or gifts that exceed \$15 in value
 - Market outside the plan’s service area
 - Cold call
 - Conduct sales presentations or collect enrollment applications at health fairs

SCAM ALERT!

- Medicare fraud and abuse is always present, whether through phone, mail, billing, etc.
- Current scams to be aware of include:
 - COVID-19 Contact Tracing
 - COVID-19 Testing
 - COVID-19 Marketing of vaccines

Do not give your info out over the phone!

Always report incidents like this to MMAP (800) 803-7174

A MMAP COUNSELOR CAN HELP

01

Understand
Medicare health
plans

02

Compare and
enroll in Medicare
Advantage
Coverage

03

Compare or enroll
in Medicare
Prescription Drug
Coverage

04

Identify and report
Medicare and
Medicaid fraud and
scams

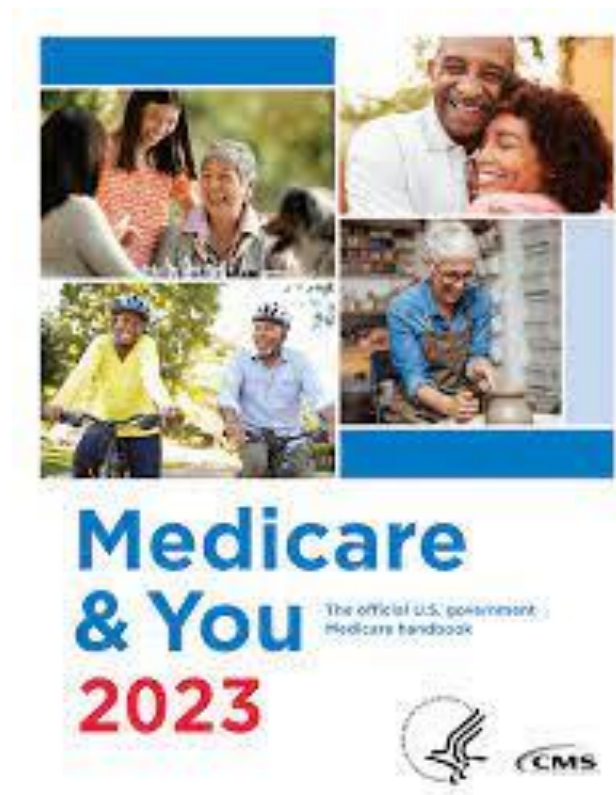
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Assist with
enrollment into
low-income
programs

MORE INFORMATION

- www.medicare.gov
- Medicare & You Handbook
- I-800-MEDICARE

- **MMAP** 800-803-7174



For a personalized MMAP
Appointment call

1-800-803-7174

Open Enrollment is Oct
15th-Dec 7th

QUESTIONS?

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