



BOARD ON

AGING &
LONG TERM CARE

Medicare Advantage & Medicare Supplement Updates

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SHIP

State Health Insurance
Assistance Program

[Open Enrollment Toolkit \(gwaar.org\)](http://gwaar.org)

Medicare Advantage Plans

- A Medicare Advantage plan coverage includes Medicare Part A (in-patient and hospitalization coverage), Medicare Part B (out-patient and physician coverage) and may include prescription drug coverage (MAPD) or can be offered without drug coverage (MA).
- Private Fee for Services (PFFS) or Medicare Savings Accounts (MSA) Advantage plans without a Part D component are the only plan can have a stand alone PDP.
- These plans may include supplemental healthcare benefits such as vision, dental, or fitness coverage and non-health related benefits such as meals.

Wisconsin Medicare Advantage Plans in 2024 = 147 plans

- **HMO's** (Health Maintenance Organizations) Total 41 plans.
- **PPO's** (Preferred Provider Organizations) now have the majority of plans up to 53 plans.
- Wisconsin only has 1 **PFFS** (Private Fee for Service) which does include Part D.
- Medicare Savings Accounts (**MSA's**) offered are 1, with a \$5100 deductible with \$1500 deposited in the MSA account.
- **SNP's** (Special Needs Plans) including: Dual-Eligible (D-SNP's) – 21 plans; Institutional (I-SNP's) – 3 plans; Chronic (C-SNP's) – 2 plans; and 2 PACE plans.
- **Cost Plans** in Wisconsin is 15 plans (2 are frozen from new members).

Changing Medicare Advantage Plans

Plans ending: Aspirus Elite RX PPO H6874-002
Dean Advantage SSM Presence HMO-POS H9096-012
Dean Prevea360 Essential HMO-POS H9096-006
Dean Prevea360 FlexSpend HMO-POS H9096-013
Dean prevea360 Harmony HMO-POS H9096-011
Humana Choice (PPO) H5216-167
Humana Gold Plus (HMO) H6622-034

Name Changes: 23 plans changing names: UHC (23), Humana (4), Anthem (1), Network Health (1)

Added Advantage Plans

New Plans:

- Aetna Medicare Premier HMO-POS H1206-001
- Aetna Medicare Premier HMO-POS H1206-002
- Aetna Medicare Premier PPO H5521-413
- Aetna Medicare Premier PPO H5521-403
- Aetna Medicare Value PPO H5521-410
- Aetna Medicare Value PPO H5521-412
- Aetna Medicare Value Plus PPO H5521-400
- Aetna Medicare Value Plus PPO H5521-411
- Dean Advantage Assurance H9096-013
- Humana Choice PPO H5216-397

Costs of an Advantage Plan

- Premium costs range from \$0 - \$266.50
 - \$0 premium plans – 52 *(not including SNP's)*
 - \$1-\$50 premium plans – 30
 - \$51-\$100 premium plans – 19
 - > \$100 premium plans – 17
- Payments to Advantage plans in Wisconsin range from \$958.40 with no quality bonus to \$1,223.94 with a 5% quality Bonus and which County they served. (\$8,452.94 per ESRD beneficiary)
- Maximum Out-of-Pocket costs range from in-network **\$1400 to \$8,300 to \$13,300** for out-of-network costs.
(Does NOT include Part D out-of-pocket costs)
- Total Max Out of Pocket can't exceed **\$13,300** (in & out of network)

Final Rule Provisions

- Final rule clarifies guidelines to ensure beneficiaries with Medicare Advantage plans receive access to the same medically necessary care they would receive in Traditional Medicare.
 - Requires MA plans to comply with national and local coverage determinations. If coverage criteria is not fully established then may create internal coverage criteria based on current evidence in widely used treatment guidelines and made publicly available to CMS, enrollees, and providers.
 - Streamlines prior authorization requirements, including continuity of care and reducing disruptions for beneficiaries.
 - Requires a 90-day transition when enrollee undergoing treatment switches to a new MA plan.

Final Rule Provisions

Marketing Requirements:

- Prohibit television ads not mentioning a specific plan, ads using words and imagery confusing beneficiaries, language or Medicare logos that can mislead, confuse, or misrepresent the plan.
- Reinstate protections to prevent predatory behavior; Strengthen a plan's role to monitor agent and broker activity; Finalize requirements to ensuring accurate information about Medicare coverage.
- Explain the effect of an enrollee's choice on their current coverage whenever the enrollee makes an enrollment decision.

New Pre-Enrollment Checklist (PECL)

Final Rule Provisions

Marketing Requirements (cont.):

- Permit agents to have Business Reply Cards “available” at educational events.
- Require Agent to explain how many plans are from organization whom the agent sells.
- Extend re-contact time for agents to reach out to beneficiaries to 12 months.
- Allow agent to meet with beneficiary without 48-hour cooling off period if timeframe for enrollment period won't allow, transportation/access issues; or beneficiary walks into the office.

Final Rule Provisions

Advancing Health Equity:

- Clarifying rules and expanding list of populations MA plans must provide services in a culturally competent manner ie: limited English proficiency; ethnic, cultural, racial, or religious minorities; with disabilities; LGBTQ or other diverse sexual orientations; rural areas or those with high levels deprivation; persistent poverty or inequality.

Final Rule Provisions

Improving Access to Behavioral Health:

- Add clinical Psychologists and Licensed clinical social Workers and make these persons eligible for telehealth credits.
- Amend standards for appointment wait times for primary care and behavioral health services.
- Eliminate prior authorization for emergency behavioral health services.
- Establish Care Coordination of community, social, and behavioral health services to advance whole-person care.

SNP Final Rule Provisions (reminder)

- MA organization offering Dual-SNP establish enrollee advisory committees in each state to solicit direct input on enrollee experiences (beneficiary protections).
- Requires SNP's to conduct initial/annual assessments of physical, psychosocial, and functional needs. (homelessness, food insecurity, transportation access – able to better meet the needs of members).
- Maximum out-of-pocket limits will now include all cost-sharing in plan benefit regardless if paid by beneficiary, Medicaid, or other secondary insurance or remains unpaid.

Complaint Tracking Module

- 2023 CTM's from BOALTC thus far: Filed: 26 / Successful: 16
 - CTM processes have been changed because CMS has implemented a uniform process using “access to care” as the gold standard. Marketing is not having as big an impact as was prior.
 - Use of “exceptional circumstances” to rectify the beneficiary’s situation.
 - In 2022, CTM’s filed with Marketing issues were successful, however, this past year due to the process change, 10 cases were not successful.

Advantage Plan Issues

- Reduction of approved Skilled Nursing Home stays from Advantage plans vs Original Medicare. Medicare decides based on medical professional within facility where Advantage plans base decisions on their medical professional. [Nursing Home Surprise: Advantage Plans May Shorten Stays to Less Time Than Medicare Covers | Kaiser Health News \(khn.org\)](#)
- New analysis suggests that MA plans might be overpaid by between \$810 billion and \$1.6 trillion over the next decade. [New Evidence Suggests Even Larger Medicare Advantage Overpayments.](#)



(Basics) Medicare's Enrollment Period

Medicare Advantage Plans and Medicare Drug Plans:

IEP: Initial Enrollment Period: 3 months before Medicare Starts, the month Medicare starts and up to 3 months after.

(Basics) Medicare's General Enrollment Period (GEP)

January 1 to March 31: Medicare Part B starts the month after enrollment.

Medicare Supplements (Medigap) Policies: companies must make coverage available to you, regardless of your age, for six months beginning with the date your Part B begins. This is called an Open Enrollment Period (OEP).

(Basics) Medicare Advantage Initial Coverage Election period (ICEP):

ICEP is when an individual newly eligible for MA may make an initial enrollment request to enroll in an MA plan. It begins three months immediately before the individual's first entitlement to both Medicare Part A and Part B and ends:

- 1. The last day of the month preceding entitlement to both Part A and Part B.
- 2. The last day of the individual's Part B initial enrollment period.

(Basics) Medicare's General Enrollment Period and Medicare Advantage Enrollments:

Using ICEP rules, the beneficiary needs to sign up for the MA plan the month before Part B begins, unless they happen to also have a Special Election Period due to loss of Medicaid, loss of Group health coverage, LIS eligibility... to name a few.

Medicare Part B Special Enrollment Periods (New)

- Government declared emergency or disaster (6 mo)
- Health plan or employer misrepresentation
- Formerly incarcerated individuals (12 mo)
- Termination of Medicaid (6 mo)
- Other: Exceptional Circumstances (case by case)

Medicare Part B Special Enrollment Periods (Cont.)

New SEP's must have occurred on or after January 1, 2023.

Starting Medicare B for the first time with these SEP's, companies selling Medicare Supplement policies must make coverage available, regardless of age, for six months beginning with the month Medicare Part B begins.

Medicare Advantage SEP

Significant changes in provider network

CMS will establish a SEP on a case-by case basis when CMS determines that the changes to an MA network are significant.

- * Can only be used once per significant change in provider network

- * Begins the month enrollees are notified of eligibility for the SEP and ends after 2 calendar months.

Medicare Advantage SEPS Non-Renewals/Terminations

Non-Renewals: SEP begins Dec 8th and ends the last day of Feb the following year.

PDP Sponsor Termination: SEP Begins 2 months before the proposed termination effective date and ends 1 month after the month of termination.

CMS Termination: SEP Begins 1 month before termination effective date and ends 3 months after.

Immediate Terminations by CMS: CMS will establish the SEP.

Plan Consolidations

Plan Consolidations occur when plan sponsors merge two or more plans offered in the current contract year into a single plan for the following contract year.

These are not enrollment changes:

Plan consolidations are neither terminations nor non-renewals. Individuals are not eligible for a SEP.

Plan Consolidations - Details

- Sponsors may not divide the plan enrollees among more than one consolidated plan
- Sponsors may consolidate:
 - Basic benefit design plan to another basic benefit plan
 - Enhanced alternative benefit design to a basic benefit design
 - Or to another enhanced alternative design plan.
- Changes will be noted via the ANOC (annual notice of change)

MA Contractors Helping with LIS/MSP

- CMS encourages Plans to assist enrollees gain access to benefits (LIS, MSP, Va, SNAP, Etc.)
- Plans have contracted with 3rd party experts to manage these caseloads (ie. Benelink and Change HealthCare)
- Contractors do not do enrollments to MA or PDP's
- Plans provide contractors with lists to call

MA Supplemental Benefits

MA plans may choose to offer benefits not covered by Original Medicare.

Most supplemental benefits must be primarily health related and can either be:

- **Optional:** offered to everyone who is enrolled in a plan and enrollees can choose to purchase the additional benefits or
- **Mandatory:** All enrollees have access to covered supplemental benefits and there is no option to decline the coverage.

Special Supplemental Benefits for Chronically Ill (SSBCI)

SSBCI = Expands the types of Supplemental benefits that MA plans can offer.

A member eligible for these extra benefits may be eligible on a case by case basis due to being chronically ill.

2023: 2,207 MA plans offered some SSB's for qualifying members.



Wisconsin Medicare Supplement Riders (Review)

- **Part A Deductible:**
- **Part B Deductible: Medicare eligible prior to 1/1/2020 (If offered by plan)**
- **Part B Excess Charges:**
- **Additional Home Health Care:**
- **Foreign Travel Rider**
- **May Reduce the Monthly Premium:**
 - **50% Part A deductible Rider**
 - **Part B copayment/coinsurance rider**
 - **50% or 70% Cost Sharing**
 - **High Deductible Medicare Supplement**

Medigap Plan Finder Tool (review)

Medicare's Plan Finder for Wisconsin Medigap Policies:

- Medigap 25% Cost sharing (includes SNF, Part A Deductible)
- Medigap 50% Cost Sharing (includes SNF, Part A Deductible)
- Medigap Basic Plan (includes SNF only, no riders)
- Medigap High Deductible Plan (includes SNF, Part A and B Deductible Part B excess charges and Foreign Travel)

Medicare Plan Finder:

Zip code, Age, Sex, Tobacco use

Ship Counselor's access to **SHIP TA Plan Finder**:

Zip code, Age, Gender, Tobacco use, and riders

Medicare Supplement - WI Basic Benefit Pricing

as of 10/9/23 65 year old male Dane CO zip code

Medicare Plan Finder

- Allstate \$106
- Anthem \$108
- WellCare \$110
- SBLI USA \$110
- Cigna \$111

SHIP TA Center Medigap Plan Finder

- Allstate Health \$105.71
- BCBS of WI 108.18
- WellCare \$109.68
- SBLI Life \$110.19
- Cigna \$111.22

Pricing without additional options/riders.

Medigap Policy Rates - Included on Policy Details Page

Step 2: Pick your policy

Supplement Insurance (Medigap) Basic Plan policies

Get a more accurate price

AGE

SEX

Male
 Female

DO YOU USE TOBACCO?

Yes
 No

Update Prices

Clear

Prices vary based on your age, sex, and health status.

There are 43 Medigap policies offered in your state

SORT BY

Monthly premium: low to high

Allstate Health Solutions (Wearable)

MONTHLY COST

\$106

Costs are estimates and may change. Contact the company for an official quote.

CONTACT COMPANY

Address

P.O. Box 2070 Milwaukee, WI 53201-2070

Phone number:

844.574.2054

ATTAINED AGE PRICING

Premiums are low for younger buyers, but go up as you get older and can eventually become the most expensive.

[Learn about costs](#)

Agent Complaints to OCI

Filing Complaints with the Office of the Commissioner of Insurance (OCI)

Agent Behavior: *(10 complaints for 2023 ytd.)*

- Use of an incorrect SEP. (SHIP Certified Counselors may speak with a Medicare SHIP CSR to get information on the actual SEP used).
- Use of Low Income Subsidy SEP when already been utilized. (LIS Quarterly LIS)
- Beneficiary had a permanent change in residence. (Moved 7 months ago)
- Providing Inaccurate information:
 - “Yes, providers are in network” but they are not
 - Do not verify medications with formulary.
 - Assuming Medicaid would cover drugs.
- Stressing the “benefits” like Over The Counter benefits, rides, and meals even denied that this was a MAPD “only the extra benefits”
- Became eligible for Medicaid needed a PDP and was sold a MAPD with a premium, not a \$0 premium PDP. (Agent paid restitution regarding this premium!)

Report these agents to OCI so these agents can be educated.



Medicare Advantage & Medicare Supplement Updates



Board on Aging and Long Term Care

A Wisconsin SHIP Program

(State Health Insurance & Assistance Program)

Medigap Helpline
1-800-242-1060

Prescription Drug Helpline
1-855-677-2783

BOALTCMedigap@Wisconsin.gov
BOALTCRXHelpline@Wisconsin.gov



Updated: 10/2023