



BOARD ON

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LONG TERM CARE

Fall Medicare Training for Professionals

Medicare Advantage Updates

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Wisconsin Medigap Helpline

- The Wisconsin Medigap Helpline is a part of the Wisconsin State Health Insurance Assistance Program or SHIP.
- Free statewide confidential Medicare-related insurance counseling for individuals (**Professionals and Beneficiaries**) in Wisconsin.
- Our phone number is located on the back of the *Medicare and You Book*.
- **Medigap Helpline Contact Information: 1-800-242-1060 & BOALTCMedigap@wisconsin.gov**
 - Webpage: <https://longtermcare.wi.gov/Pages/Medigap/Medigap.aspx>

Presentation Overview

- Medicare Advantage Overview
- 2025 Advantage Plan Changes
 - Annual Notice of Change
 - Supplemental Benefits Mid-Year Notification
 - Expanding Behavior Health Care Services for Medicare Advantage Plans
 - Medicare Advantage Prescription Coverage Related Changes
- “Hot” Call Topic Reminder
 - Chiropractic Coverage Reminder – Medicare Advantage

Medicare Advantage Overview



Medicare Advantage Plan Eligibility

To enroll in a Medicare Advantage Plan a beneficiary must:

- Be enrolled in Medicare Parts A and B.
- Permanently reside within the corresponding plan's service area.
 - Service areas in Wisconsin are county by county.
- Be a U.S. citizen or lawfully present in the United States.
- Have a valid enrollment period.
- Complete an enrollment request.
- Meet other qualifications for the plan if applicable.

Medicare Advantage Plans

- Private health insurance plans that replace original Medicare.
- Medicare Advantage Plans have:
 - Provider network requirements
 - Out-of-pocket costs
 - Co-Pays and Coinsurance
 - Non-Medicare covered supplemental benefits
 - May include Medicare drug coverage

Medicare Advantage Enrollment Periods

Medicare Annual Open Enrollment Period

- October 15th – December 7th. Join, switch, or drop Medicare Advantage Plan effective January 1st.

Medicare Advantage Open Enrollment Period

- January 1st – March 31st. Switch or drop Medicare Advantage Plans effective the 1st of the following month.
- A beneficiary can only make one change during the Medicare Advantage Open Enrollment Period.

Medicare Advantage Enrollment Periods

Initial Enrollment Period

- Seven-month period, including the three months before, the month of, and the three months after the month you first become eligible for Medicare.
 - Typically, the month of your 65th birthday or 25th month you have collected disability benefits.

Special Enrollment Periods

- There are other Special Enrollment Periods to enroll and disenroll from Medicare Advantage.
 - Link: [CY2024 MA Enrollment and Disenrollment Guidance \(cms.gov\)](#)

Medicare Advantage Annual Notice of Change



Annual Notice of Change (ANOC)

- Sent to beneficiaries enrolled in Medicare Advantage or Part D Plans.
- Beneficiaries should receive the annual notice of change from their plan each September.
- The annual notice of change includes any changes in coverage, costs, and more that will be effective January 1st of the following year.

Note: If a beneficiary does not receive their annual notice of change, they should contact their Medicare Advantage Plan.

Annual Considerations for Beneficiaries

Beneficiaries should review their annual notice of change for the following changes:

- Plan Premium
- Out-of-Pocket Costs
 - Maximum out-of-pocket, Co-pays & Coinsurance
- Network Changes – Check Providers
- Prescription Drug Formulary (*If Applicable*)
- Changes in Supplemental Benefits
- Other Coverage & Benefit Changes

Example of Plan Year 2024 Annual Notice of Change

Link: [Annual Notice of Changes \(uhc.com\)](https://www.uhc.com)

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Annual Notice of Change

2025 Considerations for Beneficiaries

Changes to Medicare Advantage in 2025 may influence whether a beneficiary's current Medicare Advantage plan is still their best coverage option.

These changes include:

- Medicare prescription drug coverage changes.
 - New out-of-pocket limit.
 - New Medicare Prescription Payment Plan.

Please add questions in the Zoom chat

QUESTIONS?



Medicare Advantage Supplemental Benefits Changes



What are Medicare Advantage Supplemental Benefits?

- An item or service covered by a Medicare Advantage Plan that is not covered by original Medicare. Examples:
 - Dental care
 - Vision care
 - Hearing aids
 - Gym membership
- These Benefits can be:
 - **Optional** – offered to everyone enrolled, can choose to purchase the benefit.
 - **Mandatory** – offered to everyone, cannot be declined, and does not need to be purchased.

Medicare Advantage Supplemental Benefits

- Medicare will spend an estimated **\$67 billion in 2024** on Medicare Advantage Plan rebates used for Supplemental benefits and MA advertising.
- In 2022, over 99% of Medicare Advantage plans offered at least one supplemental benefit.
- The median number of supplemental benefits offered by Medicare Advantage Plans was 23 in 2022.

Source: [Contract Year 2025 Medicare Advantage and Part D Final Rule \(CMS-4205-F\) | CMS](#)

Medicare Advantage Supplemental Benefit Notice PY2025 Mid-Year Reminder

CMS is requiring Medicare Advantage plans to issue a “Mid-Year Enrollee Notification of Unused Supplemental Benefits” annually, between **June 30 and July 31** of the plan year, that is **personalized to each enrollee**, and that includes a list of any supplemental benefits not accessed by the individual during the first six months of the year.

- The notification must also include the following:
 - Scope of the benefit
 - Cost-sharing if applicable
 - Instructions on how to access the benefit and any network information

What should beneficiaries know about the Medicare Advantage supplemental benefits notice?

- What is included in the Medicare Advantage Supplemental Benefits Notice?
- **Included:**
 - Personalized list of unused benefits.
 - Scope and how to access the benefit, including network requirements.
 - Applicable cost-sharing requirements.
- **Not Included:**
 - Other information about your Medicare Advantage Plan already provided in your evidence of coverage or summary of benefits.

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Medicare Advantage Expanding Behavioral Health Care Services



CMS Goal - Improving Access to Behavioral Health Care Providers

CMS Mission – Behavior Health Strategy

- To ensure that high-quality behavioral health services and supports are accessible to CMS beneficiaries and consumers.

Three Key Areas of Focus

- Substance use disorders prevention, treatment, and recovery services
- Ensuring effective pain treatment and management
- Improving mental health care and services

Medicare Advantage Implementation

- In 2023 CMS established a new statutory Medicare benefit category for services furnished by marriage and family therapists (MFTs) and mental health counselors (MHCs). This was further implemented in 2024 rule-making.
- To help ensure that people with a Medicare Advantage plan have access to behavioral health providers, including these newly enrolled providers, CMS is adding network adequacy evaluation standards for a new facility-specialty provider category, called **“Outpatient Behavioral Health,”** that will include a range of behavioral health providers under one category.

Outpatient Behavioral Health Provider Examples

- Specialists in this new facility-specialty category include:
 - Marriage and family therapists (MFTs)
 - Mental health counselors (MHCs)
 - Opioid Treatment Program providers
 - Community Mental Health Centers
 - Addiction medicine physicians, and other providers, like nurse practitioners (NPs), physician assistants (PAs), and Clinical Nurse Specialists (CNSs), who regularly furnish addiction medicine and behavioral health counseling, or therapy services covered by Medicare.

Medicare Advantage Evaluation Standards

- Medicare Advantage plans must independently verify that the provider they are adding to their network can provide the following outpatient behavioral health services to count towards their evaluation.
 - Services to at least 20 patients within a 12-month period
- Additionally, the Medicare Advantage organization's contracted network of providers must include **one or more telehealth providers** of the specialty type who provide additional telehealth benefits for **covered outpatient behavioral health services**.

What Does this Strategy Mean for Beneficiaries?

CMS' Behavioral Health Strategy is intended to increase access to behavioral health services for beneficiaries including those in advantage plans. This is an ongoing initiative from CMS.

Potential changes for Medicare Advantage enrollees:

- An increase in in-network behavioral health providers.
- An increase in available behavioral telehealth providers.

As always, ensure beneficiaries are reviewing their specific Advantage plan documents to determine in-network providers available in their area.

Source: [CMS Behavioral Health Strategy | CMS](#)

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QUESTIONS?



Medicare Advantage Prescription Drug Coverage Changes



Medicare Prescription Drug Out of Pocket Cap

Beneficiaries enrolled in Medicare Advantage Plans have the following changes to their prescription coverage (if applicable) in 2025:

- A \$2,000 Out of Pocket Cap
 - Advantage plan premium payments do not apply to this cap.
- Elimination of the Coverage Gap or Doughnut Hole

For additional information attend the upcoming Medicare Part D fall training.

Medicare Prescription Payment Plan

Beneficiaries enrolled in Medicare Advantage Plans have the following changes to their prescription coverage (if applicable) in 2025:

- Medicare prescription payment plan
 - Spreads out-of-pocket drug costs across the remainder of the plan year.
 - Any beneficiary with Medicare prescription drug coverage, including Advantage plans with prescription coverage can enroll in the Medicare prescription payment plan.

For additional information attend the upcoming Medicare Part D fall training.

Medicare Advantage Chiropractic Care Coverage Reminder



Original Medicare Covered Chiropractic Services

Medicare Part B (Medical Insurance) covers manual manipulation of the spine by a chiropractor to correct a vertebral subluxation (when the spinal joints fail to move properly, but the contact between the joints remains intact).

Original Medicare **does not** cover other services or tests a chiropractor orders, including X-rays, massage therapy, and acupuncture.

Medicare Advantage Chiropractic Coverage Supplemental Benefits

Many Medicare Advantage Plans offer additional non-Medicare-covered chiropractic benefits as supplemental benefits. These chiropractic benefits may be subject to:

- Network restrictions
- Prior authorization
- Restricted covered services (not covering all chiropractic services).

Chiropractic Coverage Benefits Medicare Advantage vs Supplement

Beneficiaries may think their Advantage plan should follow the Wisconsin Chiropractic Mandate. However, this mandate does not apply to Medicare Advantage plans.

Wisconsin Chiropractic Mandate

Medicare supplement and Medicare select policies cover the usual and customary expense for services provided by a chiropractor under the scope of the chiropractor's license. (*s. 632.87(3), Wis. Adm. Code & s. Ins 3.39 (5t) (d) 9, Wis. Adm. Code*)

- This benefit is available even if Medicare does not cover the claim.
- The care must also meet the insurance company's standards as medically necessary.

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QUESTIONS?



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