

Medicare, Enrollment, and Related Issues

Connecticut Complex Care Committee

Judy Stein, Executive Director/Attorney

Kathy Holt, Associate Director/Attorney

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The Center for Medicare Advocacy, founded in CT in 1986, is a non-profit, non-partisan law organization that works to advance access to comprehensive Medicare, health equity, and quality health care.

Based in Connecticut and DC, with additional attorneys in CA and MA

- Staffed by attorneys, advocates, communication and technical experts, nurse consultant
- Medicare-related education, legal analysis, writing, assistance, and advocacy
 - **Free for Connecticut residents**
- Expertise in Medicare coverage and appeals, and nursing home resident rights
- Systemic change – Policy/Litigation
 - Based on our experience with the problems of real people

Services Available for Connecticut Residents

- Medicare-related case evaluations, legal assistance, and advocacy
- Medicare and related education and advocacy
- Skilled nursing resident rights education and advocacy
- CT section and resources and on our website, MedicareAdvocacy.org

<https://MedicareAdvocacy.org/medicare-info/connecticut-consumers-guide/>

(860)456-7790 / (800)262-4414

Overview of Medicare

- National health insurance enacted in 1965.
- People usually qualify based on age and paying into Social Security, not based on (low) income.
 - Unlike Medicaid/Title 19, which is based on income.
- Medicare covers people ≥ 65 , and certain people with disabilities or ESRD.
- Medicare covers hospital, nursing home, home health, doctors, durable medical equipment, prosthetics, orthotics, hospice, prescription medicine, some preventive services, some vaccines.
- Medicare available through the original/traditional program or private “Medicare Advantage” (MA) plans.
- MA should cover at least as much as “original” Medicare and follow the same coverage rules.

What Does Medicare Cover?

Insurance Model:

Covers Some of the Cost of Some Health Care

- When it is Reasonable and Necessary
- For an Illness or Injury
- Diagnosis, Treatment, or Rehabilitation
- For Improvement OR Maintenance
- Some Preventive Coverage

Cost-Sharing Applies: Premiums, Deductibles, Co-Pays

Medicare Components and Coverage

Four “Parts” of Medicare:

- **Part A** – Hospital Insurance 7
Traditional or Original Medicare (Administered by CMS)
- **Part B** – Medical Insurance 1
+ Medigap Insurance/Other Supplemental Coverage (Employer Retirement, Medicare Savings Programs, Title 19/Medicaid)
- **Part C** – Medicare Advantage program – Private Insurance Companies
 - MA – Medicare Advantage Plan without Part D drug coverage
 - MA-PDs – Medicare Advantage with Part D drug coverage
- **Part D** – Prescription Drug Program – Private Insurance Companies
 - PDP – Stand-Alone Prescription Drug Plans

Note: CMS = Centers for Medicare & Medicaid Services

Medicare Advantage (Part C)

- Under the law – must provide at least the same coverage as traditional Medicare.
- But – in practice – often more restrictive:
 - Prior Authorizations
 - Ongoing repeated denials

Improvement Is Not Required To Obtain Medicare Coverage

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- Coverage turns on whether skilled care is required, not improvement (This is key to *Jimmo*)
 - Restoration potential is not the deciding factor
 - Medicare should not be denied because the beneficiary has a chronic condition or needs services to maintain his/her condition
 - An “Individualized Assessment” of each claim is required
 - Rules of thumb should not be used

**Per CMS: “This is long-standing criteria,
consistent with regulations”**

Search: *Jimmo, Important Message about Jimmo at CMS.gov*

Improvement is Not Required

“Restoration potential is not the deciding factor in determining whether skilled care is required. Even if full recovery or medical improvement is not possible, **a patient may need skilled services to prevent further deterioration or preserve current capabilities.**”

42 C.F.R. § 409.32(c); *Jimmo v. Sebelius* (D. VT. 2013, 2017)

It's the law!

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When Medicare Coverage For Maintenance Or Preventing Decline Works...

“This is a patient that was severely declining when we met him. Take a look at his progress since starting in our program. Not only are we keeping him in the community and healthy, but he continues to make significant gains. ...

His progress would not have been possible without Jimmo. Your work has made this possible....

... this is what it looks like. I am sure this patient would be at or close to a wheelchair without this program. He is one happy guy now as he feel he has control of his disease process not the other way around.”

John Marmarou, DPT, MSCS

Medicare Enrollment

- Most people join Medicare when they turn 65 - Initial enrollment is 3 months before age 65, the birthday month, and 3 months after (if receiving SSA, may be auto enrolled).
- About 15% of Medicare beneficiaries are under age 65, qualifying because of a Social Security (SSA) defined disability.
- Medicare Part A (inpatient services) is usually “premium free”. Medicare Part B (doctors/therapist/equipment) has a premium.
- People older than 65 can delay signing up for Medicare if they are covered by active employment health insurance coverage by an employer with 20 or more employees.

Medicare Annual Enrollment Period **Oct. 15 – Dec. 7, 2023**

(To Make Changes for 2024 Coverage)

Contact CHOICES at 1-800-994-9422

For a free unbiased review of unique individual circumstances and a knowledgeable review of Medicare public and private options in Connecticut, including screening for the Medicare Savings Program (MSP)



Overview: 2024 Medicare Parts C and D Plans in CT

- **Part D – Stand alone Prescription Drug Plans / PDP – 21 Plans (+ 3 “Benchmark plans”)**
 - Aetna (3), Anthem (2), CIGNA (3), Clear Spring Health (1), Humana (3), Mutual of Omaha (3), United HealthCare (3), Wellcare (3)
- **Part C – Medicare Advantage – 59 Plans**
 - **Including Prescription Drug Coverage (MAPD) (35 Plans)**
 - Aetna (5), Anthem (4)(only 2 in New London and Tolland Counties), Carepartners (2)(not in Fairfield County), CIGNA (3)(not Tolland or Windham Counties), Connecticare (5), Humana (3)(not in Fairfield, Middlesex, New London or Windham Counties), Trinity (3)(not in Fairfield, Middlesex, New London or Windham Counties), United HealthCare (3), United HealthCare AARP (3) (one is Regional New England), Wellcare (4)
 - **Special Need Plans (19 Plans)**
 - Some accept Qualified Medicare Beneficiaries, 1 Chronic Care Plan (ESRD), 4 Institutional Plans (3 SNF, 1 Assisted Living)
 - **MA Only – 5 Plans (3 CT, 2 Hartford/Tolland/New Haven only)**

Medicare Advantage

Open Enrollment Period (MA OEP)

- Open enrollment takes place from January 1 – March 31, annually. Effective the first of the month after the change.
- Allows individuals enrolled in either an MAPD or an MA only plan, including newly MA-eligible individuals, to make a one-time election to go to another MA plan *or* to traditional Medicare.
- Individuals using the OEP to make a change may make a coordinating change to add or drop Part D and Medigap (supplement) coverage.

CT Medigap (Medicare Supplement) Plans

Connecticut Medigap Rights Are A National Model

- Can obtain Medigap coverage beyond initial enrollment
 - Therefore, more ability to switch from MA to traditional Medicare
- Plans must be available for Medicare beneficiaries with disabilities / ≤ 65

[CHOICES-MediGap-Rate-and-Benefit-Chart---61423---English.pdf \(ct.gov\)](#)

Medicare Savings Programs: Help With Medicare Cost-Sharing

If individual income is \leq \$2,989/month
(\leq \$4,042 /couple) in 2023
(New income rates in 3/2024)

Contact: CHOICES
1-800-994-9422

Counselors can review qualifications and help you apply for one of three **Medicare Savings Programs** available in CT to help pay some or all Medicare costs. (Will also help with Medicare enrollment.)

CHOICES counseling services are free



Services for Connecticut Residents

– At No Cost –

Funded by CT Department of Aging & Disability Services, the CT Legislature, grants, consulting, and contributions

- Case evaluations, legal assistance, advocacy for appropriate Medicare coverage and access to care
- Appeals of inappropriate Medicare denials

(860) 456-7790 or (800) 262-4414

For further information, to receive the Center's free weekly electronic newsletter, *CMA Alert*, update emails, and webinar announcements, contact:

Communications@MedicareAdvocacy.org

Visit

MedicareAdvocacy.org

860-456-7790

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