Medicare Changes in 2019

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Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.
Diversity, Equity, and Inclusion

To achieve Justice in Aging, we must:

• Acknowledge systemic racism and discrimination

• Address the enduring negative effects of racism and differential treatment

• Promote access and equity in economic security, health care, and the courts for our nation’s low-income older adults

• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class
Today’s discussion

- Enrollment period changes
- MA plan update and changes
- Opioid Policy
- Language access improvements
- QMB improvements update
Enrollment Periods

• **Initial Enrollment Period (IEP)** — initial 7-month period to enroll 3 months before and 3 months after birth month.

• **Annual Enrollment Period (AEP)** — October 15 – December 7 annually to enroll and disenroll from MA and PDPs.

• **Medicare Advantage Open Enrollment Period (MA OEP)** - New enrollment period for those individuals already enrolled in an MA plan to enroll and disenroll January 1 to March 31 each year.

• **Special Enrollment Periods (SEP)** — period to change coverage outside of the general enrollment periods cited above, when certain “life-events” occur (e.g., they move from a plan’s coverage area), or when beneficiaries have certain characteristics (e.g. LIS status).
LIS SEP change

- Previously, dual eligibles or LIS recipients could change plans at any time throughout the year
- New rule narrows the SEP
- Now: only enroll/disenroll/switch once during a quarter for first three quarters (effective date 1\textsuperscript{st} date of next month)
  - Used date = date of application; March 5\textsuperscript{th} application date/effective date = April 1. Counts towards Q1 SEP.
- Use AEP for fourth quarter
  - Effective date is January 1
Special Cal MediConnect SEP

• Unique to California
• Continuous SEP to enroll or disenroll from Cal MediConnect (CMC) plans only
• Can move out of a CMC plan to another CMC plan, to a different MA plan, or to Original Medicare with a PDP
• Can move into CMC from any other plan or from Original Medicare.
# Other SEPs & Hierarchy

<table>
<thead>
<tr>
<th>5-Star Plan</th>
<th>Retroactive Medicare Entitlement</th>
<th>Other Creditable Drug Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Contract Violation</td>
<td>Coordinate Part D Enrollment into MA-PD</td>
<td>Becoming Lawfully Present</td>
</tr>
<tr>
<td>Plan Non-renewal or Termination</td>
<td>Loss of SNP Eligibility</td>
<td>Provider Network Changes</td>
</tr>
<tr>
<td>Loss of Employer/Union Health Plan</td>
<td>State Pharmaceutical Assistance Program (SPAP)</td>
<td>&quot;Exceptional Conditions&quot;</td>
</tr>
<tr>
<td>Medigap Policy Trial Period</td>
<td>Chronic Care SNP</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Election period</th>
<th>Available</th>
<th>Considered &quot;Used&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part D IEP</td>
<td>Based on when first eligible for Part D</td>
<td>Upon effective date.</td>
</tr>
<tr>
<td>MA OEP (must meet OEP requirements)</td>
<td>Annually</td>
<td>Upon application date.</td>
</tr>
<tr>
<td>SEP—5-Star plans</td>
<td>Ongoing</td>
<td>Available as long as election is in 5-Star plan; upon application date for election subsequent to PACE disenrollment.</td>
</tr>
<tr>
<td>SEP—PACE</td>
<td>Ongoing for enrollment into PACE; two month window after disenrollment from PACE.</td>
<td></td>
</tr>
<tr>
<td>SEP—Institutionalized</td>
<td>Ongoing if moving into/residing in facility; two month window after moving out of facility.</td>
<td>Available while in facility; upon application date for election subsequent to moving out of facility.</td>
</tr>
<tr>
<td>SEP—CMS/State Assignment</td>
<td>Within 3 months * of assignment or notification of assignment, whichever is later.</td>
<td>Upon application date.</td>
</tr>
<tr>
<td>SEP—Change in Dual/LIS Status</td>
<td>Within 3 months * of status change or notification of change, whichever is later.</td>
<td>Upon application date.</td>
</tr>
<tr>
<td>Dual SEP</td>
<td>Ongoing—One use per calendar quarter during the first nine months of the year.</td>
<td>Upon application date.</td>
</tr>
<tr>
<td>AEP</td>
<td>Annually</td>
<td>Multiple elections can be submitted during AEP, last rec’d will be considered the choice.</td>
</tr>
</tbody>
</table>

* As discussed below, the finalized SEPs will allow for a 3-month opportunity to change plans, not the 2-month window noted in the proposed rule.
Peter belongs to Amazing PDP. In February 2019 his doctor prescribed a new drug that Amazing doesn’t cover. He wants to change to Bountiful PDP. He applies for Bountiful on February 20 using his LIS SEP. His enrollment will begin March 1.

- Peter’s friend, Paul, tells him on February 21 that Capable PDP is a really great plan. Peter changes his mind and would rather join Capable. Can he?
  - No. Peter has already used up his first quarter Special Enrollment Period. He can’t change again until April 1 when his next quarterly LIS SEP begins.

- In March, Peter’s other friend, Mary, tells him about a Cal MediConnect plan that she has found helpful in coordinating her benefits. Can Peter join the Cal MediConnect plan?
  - Yes. Even though he used up his LIS SEP to join Bountiful, he can join a Cal MediConnect plan at any time. If he enrolls in March, his membership will start April 1.
Maria has been a member of Delightful MA plan for several years. In the fall AEP she didn’t review Delightful’s provider directory. So she didn’t realize until her February appointment that her rheumatologist is no longer in Delightful’s plan network. She wants to drop Delightful and go to Original Medicare with a PDP.

- Maria uses the **MA OEP** to move to original Medicare and join Abundant PDP. Her membership in Abundant starts March 1.

In March, Maria discovers that Abundant doesn’t cover two of her drugs. Can she move to Bountiful PDP which covers them?

- Yes. She can use her **LIS SEP** to make the change, which will be effective April 1.
Managed Care & Duals
Issue: Future of Cal MediConnect

- DHCS has sent extension request to CMS. Likely to continue.
- Aggressive expansion not proposed
- Evaluations coming in.
Issue: D-SNP look-alikes

• Designed to only appeal to duals
• Not subject to D-SNP rules
• Significant enrollment
## D-SNP Look-alikes

California’s demonstration has led to a proliferation of “look-alike” MA plans that enroll dual-eligible beneficiaries

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
<td><strong>MMPs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of plans</td>
<td>0</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Enrollees</td>
<td>0</td>
<td>59,757</td>
<td>117,413</td>
<td>113,673</td>
<td>116,190</td>
</tr>
<tr>
<td>Share that are dual eligibles</td>
<td>99%</td>
<td>99%</td>
<td>98%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>D-SNPs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of plans</td>
<td>32</td>
<td>25</td>
<td>21</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Enrollees</td>
<td>155,725</td>
<td>186,779</td>
<td>104,566</td>
<td>80,724</td>
<td>72,696</td>
</tr>
<tr>
<td>Share that are dual eligibles</td>
<td>97%</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>“Look-alike” MA plans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of plans</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Enrollees</td>
<td>5,032</td>
<td>11,640</td>
<td>61,752</td>
<td>82,186</td>
<td>95,047</td>
</tr>
<tr>
<td>Share that are dual eligibles</td>
<td>91%</td>
<td>96%</td>
<td>97%</td>
<td>95%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Other MA plans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of plans</td>
<td>119</td>
<td>109</td>
<td>121</td>
<td>123</td>
<td>120</td>
</tr>
<tr>
<td>Enrollees</td>
<td>905,196</td>
<td>960,069</td>
<td>1,013,621</td>
<td>1,041,715</td>
<td>1,103,697</td>
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<tr>
<td>Share that are dual eligibles</td>
<td>7%</td>
<td>8%</td>
<td>9%</td>
<td>10%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Note:** MA (Medicare Advantage), MMP (Medicare–Medicaid Plan), N/A (not available), D-SNP (dual-eligible special needs plan). These figures are for the seven counties in the Cal MediConnect financial alignment demonstration (Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara) and do not include plans or enrollees in the rest of the state. We counted MMPs using contract numbers and all types of MA plans using the combination of contract number and plan number. Enrollment figures are for December of each year. None of the plans shown in this table serve every demonstration county. The figures for other MA plans do not include employer-sponsored plans or Program of All-Inclusive Care for the Elderly plans.

**Source:** MedPAC analysis of Medicare enrollment data and MA, SNP, and MMP landscape files.
Issue: MA supplemental benefits and Medi-Cal

- Vision, oral health, hearing, etc.
- Need to use MA benefits first
- Provider networks do not align
- Navigation nightmare
- QMB protection issues
Example: Mrs. Smith

She belongs to Super Healthy MA Plan
Super Healthy gives free cleanings and oral exam.
Mrs. Smith uses a Super Healthy dentist for cleanings
Super Healthy covers crowns with 30% co-pay and with dental benefit cap of $2000
Super Healthy dentists don’t take Medi-Cal
Medi-Cal covers crowns, must use dentist contracted with MA plan
D-SNP Changes

• Chronic Care Act makes D-SNPs permanent
• Expect significant growth
• Proposed regs were released and comment submitted the end of December.
  ▪ What should be in state contracts with D-SNPs
  ▪ What should an integrated appeals process look like
• New regs will be effective in 2021
• Plans can propose passive enrollment
Opioid Lock-in
Comprehensive Addiction and Recovery Act (CARA)

- **Who:** beneficiaries who are at-risk of misusing or abusing frequently abused drugs (FADs)

- **What:**
  - **Safety reviews:** conducted by PDP and/or pharmacist for potentially unsafe opioid amounts; new opioid use; benzodiazepine use like Xanax, Valium, and Klonopin
  - **Drug Management Programs (DMP):** beneficiary is receiving opioids from multiple prescribers and/or pharmacies; PDP can limit prescriptions or only allow prescriptions from certain providers.
    - Beneficiary will receive a letter from PDP about placement in DMP. Appeal rights available.
    - DMP can be 12 months and extended for another 12 months
  - Safety reviews and DMPs should not apply if beneficiary has cancer, gets hospice, palliative, or end-of-life care, or lives in a long-term care facility.
Opioid Prescribing Rate: Hot Spots and Outliers

This map displays county-level hot spot and outliers for the 2016 Medicare Part D opioid prescribing rate. The Part D opioid prescribing rate reflects the percentage of a prescriber’s total Part D claims that are opioid prescriptions.
*Extended-Release Opioid Prescribing Rate: Hot Spots and Outliers*

This map displays county-level hot spots and outliers for the 2016 Medicare Part D extended release opioid prescribing rate. The Part D extended release opioid prescribing rate reflects the percentage of a prescriber's Part D opioid claims that are extended release opioid prescriptions.
Comprehensive Addiction and Recovery Act (CARA)

- **What to expect:**
  - New program—hard to predict
  - Protections—notices, requirement that plans work with beneficiary on alternatives
  - Providers under pressure not to prescribe

- **What to look for:**
  - Patterns of issues
  - Areas of confusion
  - Unequal treatment of beneficiaries
Language Access
Improved Translation Requirements in Medicare

Starting in 2019

- Broader categories including appeals, disenrollment, transition fill letters must be translated
- Still almost exclusively Spanish—5% threshold
Language Access: Issues

• Educating beneficiaries to request language assistance

• Medicare & You

• MA and MCO capacity and procedures
  ▪ Identifying language needs
  ▪ Meeting those needs

• What are you seeing?
QMB improvements
QMB improper billing

• Since July 2018, Medicare Summary Notices (MSNs) show that Qualified Medicare have no liability for deductibles and co-insurance.

• Provider Remittance Advice (RA) notices also show no liability.
QMB improper billing

- What are you seeing?
- Are MSNs helping with improper billing?
- Providers refusing to serve QMBs—continuing issue
- Medicare Advantage—plans responsible to ensure providers do not bill
- Remember—QMB protections only apply to Medicare-covered services
More Resources

- **Enrollment periods regulation:** 42 CFR § 423.38
- **CMS Opioid page** [www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html)
- **CMS QMB page** [www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html)
Questions?

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