Medicare & Health Care Updates

Including Hearing Coverage

California Health Advocates Webinar

January 27, 2022

Sandy Morales, California Health Advocates
David Lipschutz, Center for Medicare Advocacy
Kata Kertesz, Center for Medicare Advocacy
Dr. Frank Lin, Johns Hopkins University
The Center for Medicare Advocacy is a national, non-profit law organization founded in 1986 that works to advance access to comprehensive Medicare and quality health care. Based in Washington, DC and CT, with additional attorneys in CA, MA, NJ.

- Staffed by attorneys, advocates, communication and technical experts
- Education, legal analysis, writing, assistance, and advocacy
- Systemic change – Policy and Litigation
  - Based on our experience with the problems of real people
- Medicare coverage and appeals expertise
- Medicare/Medicaid Third Party Liability Projects
OUTLINE

I. SMP Update: Current Fraud Trends - Sandy Morales, California Health Advocates
II. Overview – Medicare Landscape in 2022
III. Medicare & Legislation
IV. Administrative Action/Other Issues to Watch
V. Medicare & Hearing Care: Dr. Frank Lin
VI. Q&A
I. SENIOR MEDICARE PATROL (SMP) UPDATE: SANDY MORALES
The mission of the SMP program is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse through outreach, counseling, and education.

Located in all 50 states plus:
- District of Columbia
- Guam
- Puerto Rico
- U.S. Virgin Islands

To Find your state SMP:

**Toll Free:**
877-808-2468

**Visit:**
www.smpresource.org

This project was supported, in part by a grant from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.
Three Roles of SMP

• Provide Medicare fraud prevention education via health fairs, presentations, etc.
• Address complaints reported via our SMP State-wide fraud hotline 1-855-613-7080.
• Refer potential Medicare fraud cases to appropriate investigative entities.
Providing quality Medicare and related healthcare coverage information, education and policy advocacy.

- **Advocacy & Policy** – Improving rights and protections for Medicare beneficiaries and their families
- **Education** – Website, fact sheets and educational workshops
- **Senior Medicare Patrol** – Fraud prevention education
HOSPICE FRAUD ALERT!

Beware!
You may have been tricked into signing up for a program that is medically unnecessary for you.

Hospice is a benefit, covered by Medicare and it is meant for Medicare beneficiaries with a terminal illness.

Some hospice agencies may approach you outside of supermarkets or may show up to your home unannounced and recruit non-terminally ill Medicare beneficiaries by offering you free items or services and calling themselves a "program that helps seniors."

If you or someone you know signed up for free services but now face issues accessing medical care, please contact the Senior Medicare Patrol immediately at:

855-613-7080

For additional information on healthcare fraud, visit cahealthadvocates.org

ALERTA DE FRAUDE DE HOSPICIO

¡CUIDADO!
Es posible que lo hayan engañado para que se inscriba en un programa que es médicamente innecesario para usted.

El hospicio es un beneficio, cubierto por Medicare y está destinado a los beneficiarios de Medicare con una enfermedad terminal.

Algunas agencias de hospicio pueden acercarse a usted fuera de los supermercados o pueden presentarse en su casa sin previo aviso y reclutar beneficiarios de Medicare sin enfermedad terminal ofreciéndole artículos o servicios gratuitos y llamándose a sí mismos un "programa que ayuda a las personas mayores."

Si usted o alguien que conoce se inscribió en servicios gratuitos pero ahora enfrenta problemas para acceder a la atención médica, comuníquese con la Patrulla de Medicare para Personas Mayores de inmediato:

855-613-7080

Para obtener información adicional sobre el fraude de casos de salud, visite cahealthadvocates.org
Scammers are offering Medicare beneficiaries cardiac genetic testing to obtain their Medicare information for fraudulent billing purposes or possibly medical identity theft.

- Only give your Medicare number to trusted providers
- Do not accept a genetic test kit from cold call or robo-call

REPORT THIS SCAM TO THE SMP AT 1-855-613-7080

This project was supported, in part, by grant 90MPPG0019-04-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.
Cold calls and TV ads that offer:
- attractive benefits
- may misinform the beneficiary about keeping their current providers and specialists

Mail about Medicare that:
- looks official, but has a small disclaimer saying they are not affiliated with CMS
- indicates a response is needed, urgent request

Call the local Health Insurance Counseling and Advocacy Program (HICAP) for free, unbiased Medicare info: 1-800-434-0222
• Cold calls offering braces covered by Medicare that can help alleviate pain, in exchange for a beneficiary’s Medicare number.

• Medicare Summary Notice shows claims for braces that the beneficiary did not order.
cahealthadvocates.org
Scroll down on CHA’s homepage:
SMP Materials Order Form

When you need SMP materials, be sure to complete the SMP Materials Order Form and submit it to Cassandra Ng at cng@cahealthadvocates.org

Be sure to let her know where you would like the supplies mailed to.
Medicare Fraud Alert
Beware of Scams

1. Do not respond to offers for free medical equipment or services.

2. Check your medical statements routinely for services not provided.

3. Share your Medicare number only with your trusted providers.

4. Report Medicare Fraud to California Senior Medicare Patrol
   855-613-7080

Call us for a FREE fraud prevention presentation or for guidance if you suspect you may be the victim of fraud.

This project was supported in part by grant number 90MPPG0019-02-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.
Vaccine Card Holders

Remind! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!

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<tr>
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<tr>
<td>COVID-19 vaccine</td>
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<tr>
<td>Vacuna contra el COVID-19</td>
<td>mm/dd/yy</td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Otra</td>
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</tbody>
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Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.


You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Guard Your Card
Report Medicare Fraud
855-613-7080

California
Senior Medicare Patrol
Empowering Seniors To Prevent Healthcare Fraud
Health Care Trackers w/pages for appt. details, notes & important phone numbers (2 sizes to choose from and available in English and Spanish)
II. OVERVIEW – MEDICARE LANDSCAPE in 2022
MEDICARE LANDSCAPE 2022

- Ongoing Public Health Emergency (PHE)
  - Expiration of waivers – what might remain?
    - Telehealth (see pending CMA report)
  - Lessons learned – including re: nursing facilities
  - Medicaid eligibility issues (continuous coverage requirement)
    - Implications for those who become Medicare eligible during PHE
  - Coverage of at-home COVID testing – not currently covered in trad. Medicare, at discretion of MA plans
MEDICARE LANDSCAPE 2022

- Growing privatization of program
  - Imbalance between Medicare Advantage (MA) and traditional Medicare
    - Payment – average 104% of spending in trad. Medicare (MedPAC, March 2021) including risk-adjusted payments, quality bonus program
      - Per enrollee spending growing more rapidly in MA (KFF)
    - Scope of covered benefits – supplemental benefits not available in trad. Medicare (including those targeted to certain plan enrollees)
    - Enrollment opportunities – annual, including MA-OEP, compare to more limited Medigap guarantee issue rights in most states
MEDICARE LANDSCAPE 2022

- Legislation v. Administrative Changes
  - How many more legislative opportunities this year?
- Mid-term elections in 2022
- Part A Trust Fund – projected insolvency date 2026
  - Beware of false claims of “bankruptcy” and misunderstanding of Medicare costs
  - See CMA report by M. Moon “Ensuring Medicare’s Financial Health” (May 2021)
**HEALTH EQUITY**

- **Mission Statement:**
The Center for Medicare Advocacy’s mission is to advance access to comprehensive Medicare coverage, health equity, and quality health care for older people and people with disabilities by providing exceptional legal analysis, education, and advocacy.
BACKGROUND

Income (2019):

- Half of all Medicare beneficiaries lived on incomes below $29,650 per person
- One in four had incomes below $17,000 per person
- Median per capita income was substantially higher for beneficiaries who were White ($33,700) than for those who were Black ($23,050) or Hispanic ($15,600).

BACKGROUND

- Savings (2019)
  - Half of all Medicare beneficiaries had less than $73,800 in savings per person in 2019
  - One quarter of all beneficiaries had savings below $8,500 per person
  - Twelve percent of Medicare beneficiaries had no savings at all or were in debt
  - One in four Black (25%) and Hispanic (27%) Medicare beneficiaries had no savings in 2019, compared to nearly one in ten (8%) white Medicare beneficiaries

III. MEDICARE & LEGISLATION
MEDICARE & LEGISLATION

- Ongoing gaps in Medicare:
  - Long term care
  - Out of pocket cap
  - Limited access to Medigap plans
  - Dental, vision and hearing
  - CMA Medicare Platform:
MEDICARE & LEGISLATION

- Build Back Better:
  - Negotiations have been going on since middle of 2021
  - Early discussions indicated a Medicare oral health benefit, hearing benefit could be included
  - Smaller version passed House November 2021 (H.R. 5376)
  - Senate negotiations stalled in December 2021
  - Discussions of a scaled-back version in January 2022
MEDICARE & LEGISLATION

- Build Back Better (Continued):
  - Medicare Prescription Drug Negotiation:
  - Oral health:
    - CMA advocacy: [https://medicareadvocacy.org/cma-statement-on-bbb-framework/](https://medicareadvocacy.org/cma-statement-on-bbb-framework/)
  - Audiology (Dr. Lin)
IV. ADMINISTRATIVE ACTION/OTHER ISSUES TO WATCH
PROPOSED C & D RULE


- Comments are due March 7, 2022

- CMA Alert: https://medicareadvocacy.org/cms-releases-proposed-2023-rule-for-medicare-advantage-and-part-d-plans/
  - D-SNP/Dual provisions
  - MA oversight
  - Other provisions
**PROPOSED C&D RULE**

- D-SNP provisions include:
  - D-SNP Enrollee advisory committees: direct input on enrollee experiences, such as coordination of services, and health equity for underserved populations
  - Changes to definitions for fully integrated dual eligible special needs plan (FIDE SNP) and highly integrated dual eligible special needs plan (HIDE SNP)
  - Health Risk Assessments to include one or more standardized questions on the topics of housing stability, food security, and access to transportation
PROPOSED C&D RULE

- MA Oversight
  - Overall, welcome return to oversight of private plans
  - Marketing & Communications
    - New rules for third-party marketing organizations (TPMOs), including making issuers responsible for conduct, new disclaimers re: limitations on information about plans; reinstate inclusion of multi-language inserts
PROPOSED C&D RULE

- Other MA proposals include:
  - MA network adequacy requirements for new or expanding plans
  - Past plan performance included in determination re: approval of market entry or expansion
  - Greater transparency of MA medical loss ratio (MLR)
- Part D price concessions at the point of sale
- BUT there are things missing
OTHER MA OVERSIGHT

- CMS Steering since 2017 ACEP
  - Outreach, education materials (including Medicare & You revised, resulting in, among other things, omitting or limiting reference to traditional Medicare, and encouraging MA enrollment (over trad. Medicare); also targeted email campaigns promoting MA enrollment
  - Improvements in Medicare & You 2022 Handbook (see CMA Special Report, Sept. 2021)

- MA Payment
  - Pending rule – what will CMS do within their discretion?
ONGOING ISSUES

- Beneficiaries with longer-term and chronic conditions – such as diabetes, stroke, paralysis, multiple sclerosis, Parkinson’s, ALS, heart disease, pulmonary disorders and more – are too often denied ongoing care for which they legally qualify.
JIMMO & THE MYTH OF IMPROVEMENT

- Pervasive belief among health care professionals, providers, Medicare reviewers, and contractors that Medicare pays for skilled nursing or therapy in certain settings only if beneficiary is expected to improve
- Not true and never has been true
- See:
  - CMS MLN Connects Newsletter (Dec. 2021) [reminder](https://www.medicareadvocacy.org/medicare-info/improvement-standard/)
  - See, generally, CMA website at: [https://www.medicareadvocacy.org/medicare-info/improvement-standard/](https://www.medicareadvocacy.org/medicare-info/improvement-standard/)
HH BENEFIT

- Growing disconnect between coverage available under the law and what is actually provided
  - Law says, e.g., no duration limitation; up to 28 to 35 hours a week of home health aide (personal hands-on care) and nursing services combined
  - In practice, diminishing access to home health aides, and most coverage short-term

- See
  - CMA Survey Report (Dec 2021)
  - CMA Issue Brief (April 2021)
  - CMA Medicare & Family Caregivers paper (June 2020)
OBSERVATION STATUS UPDATE

- Litigation – now called *Barrows v. Becerra*
  - 2nd Circuit decision issued Jan. 25, 2022 upheld right to appeal for certain Medicare patients on observation status
    - Beneficiaries who are reclassified from inpatients to “outpatients” receiving “observation services”
    - See https://medicareadvocacy.org/observation-appeal-rights-upheld/ and FAQs
PART B PREMIUM

- Increased Part B premium for 2022
  - Increased $21.60/mo to $170.10
  - Half of increase due to building reserves for potential Medicare coverage of Aduhelm
    - January 11, 2022 CMS proposed that Medicare will cover drug only for beneficiaries enrolled in an approved clinical trial (final decision announced by April 11)
    - See Commonwealth Fund blog (Jan 19, 2022)
DEMONSTRATIONS

- Medicare demonstration programs administered by Centers for Medicare & Medicaid Innovation (CMMI)
  - Direct Contracting (DC) demos
    - Geographic (Geo) model suspended
    - Global and Professional (GloPro) continuing
AI-POWERED TOOLS

- Increasing use of artificial intelligence powered decision-making tools in Medicare
  - E.g., to determine coverage for SNF, HH
- Little info, considered proprietary
- [Center for Medicare Advocacy Special Report | The Role of AI-Powered Decision-Making Technology in Medicare Coverage Determinations](January 19, 2022)
DENTAL/ORAL HEALTH

- Continuing effort to push for Medicare coverage of medically necessary oral health care
- See: https://medicareadvocacy.org/medicare-info/dental-coverage-under-medicare/
PART A & B ENROLLMENT CHANGES EFFECTIVE IN 2023

- Consolidated Appropriations Act (H.R. 133), signed into law December 2020 – included:
  - BENES Act Provisions
    - For Part A and B enrollments during General Enrollment Period (GEP) or in the later months of their Initial Enrollment Period (IEP), coverage will begin the month after enrollment
    - Expand Medicare’s authority to grant Part A and B Special Enrollment Periods for “exceptional circumstances”
V. MEDICARE & HEARING CARE: DR. FRANK LIN
Medicare Hearing Care Policy

Frank Lin, MD PhD
Professor, Depts of Otolaryngology-HNS, Medicine, Mental Health & Epidemiology
Director, Johns Hopkins Cochlear Center for Hearing & Public Health
Johns Hopkins University
Hearing Loss & Hearing Aid Use Prevalence Among Older Adults in the U.S.

39.4 million Medicare beneficiaries have a clinically-significant hearing loss that can impair daily communication.

Goman & Lin, AJPH, 2016
Hearing Loss in Older Adults

Critical Policy & Public Health Questions

• What are the consequences of HL for older adults?
  - Epidemiology; Health economics

• What is the impact of treating HL on older adults?
  - Clinical trials

• How can HL be effectively addressed in society?
  - Evidence-based policies & regulations
Consequences of Hearing Loss for Healthy Aging

Healthy Aging

- Cognitive Vitality & Avoiding Dementia
- Avoiding Injury
- Maintaining Physical Mobility & Activity
- Social Engagement & Mental Health
- Health Resource Utilization

Hearing Loss
Hearing Loss & Dementia

Common Cause or Modifiable Risk Factor

- Hearing Loss
- Brain structure/function
- Social Isolation
- Cognitive Load
- Cognitive Impairment & Dementia

Common Cause (e.g., aging)

F. Lin & M. Albert, Aging & Mental Health, 2014
Hearing loss identified as the single largest potentially modifiable risk factor for dementia

G. Livingston et al., Lancet 2020
(NEW) Action 6.B.2: Increase access to hearing aids for individuals with hearing loss

**Lead Agency:** FDA

Hearing loss has been identified as a risk factor for AD/ADR, and recent research has demonstrated that hearing aid use is associated with reduced dementia risk. Hearing aids are often expensive, making them inaccessible to many individuals who could benefit.
HEALTHCARE UTILIZATION AMONG PERSONS WITH & WITHOUT HEARING LOSS

Over 10 Years, persons with hearing loss had

47% Increased Rate of HOSPITALIZATION

2.5 Days Longer During HOSPITAL STAYS

44% Increased Risk of 30 DAYS READMISSION

17% Increased Risk of EMERGENCY DEPARTMENT VISIT

DIFFERENCE IN MEAN TOTAL HEALTHCARE COST AMONG PERSONS WITH & WITHOUT HEARING LOSS

NO HEARING LOSS | HEARING LOSS

$3,852 | $18,744

$14,893 | $30,239

$41,387 | $48,198

$11,147 | $70,632

Hearing Loss in Older Adults
Critical Policy & Public Health Questions

• What are the consequences of HL for older adults?
  - Epidemiology; Health economics

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  - Clinical trials

• How can HL be effectively addressed in society?
  - Evidence-based policies & regulations
Multiple Barriers Limit Uptake of Hearing Care in Adults

Addressing these barriers requires new evidence-based policies & regulations
Regulated hearing aids can only be sold through a licensed provider → Average cost of 2 hearing aids is ~$4000

- Direct-to-consumer hearing technologies are unregulated

- 5 companies control >90-95% of world marketplace for hearing aids
National Initiatives to Change Hearing Care Policy

- National Academies of Science, Engineering & Medicine Workshop on Hearing Loss & Healthy Aging - 2014
- White House President’s Council of Advisors on Science & Technology - 2015
- National Academies Consensus Study on Accessible & Affordable Hearing Care Consensus Study - 2016

Both White House & the National Academies recommend that re-regulation of hearing aids to allow for over-the-counter sales could have the most immediate impact on lowering costs & increasing uptake.
With a separate Food & Drug Administration regulatory classification for OTC hearing aids...

- Individuals have direct access to hearing aids that will meet strict performance criteria for safety and effectiveness.
- Entry of consumer electronics manufacturers (e.g., Apple, Bose, etc.) & ability of all manufacturers to sell directly to consumers will lead to reduction in prices.
- Devices are created for end-user in mind with integration with consumer electronics, wireless connectivity, etc.
- Broader adoption of hearing technologies among even those with “normal” hearing (e.g., is that an AirPod or a hearing aid?)
Changing FDA Regulatory Policy

- Over-the-Counter Hearing Aid Bill introduced into U.S. Congress in March 2017 & signed into law in August 2017
  - Product of 3 years of effort working with the National Academies, White House, and Congress
  - Law overturns > 40 years of regulatory precedent in the U.S. & around the world

- Passage received bipartisan support
  - Senate: Warren/Grassley; House: Blackburn/Kennedy

- Draft regulations released Oct 2021, Final regulations to be released by July 2022 with OTC hearing aids expected to be on the market by end of 2022
Policy issue #2: Hearing aids & related hearing services are statutory exclusions under Medicare

- Medicare beneficiaries can see an audiologist to get their hearing tested but any hearing treatment services or hearing aids are out-of-pocket.

- Carryover effects on all other private insurance programs in the U.S.

- Case example – 70 y.o. woman can’t get unbiased professional advice to address hearing issues.
Changing Medicare Policy

- Current Build Back Better Act now includes a Medicare hearing benefit (but unfortunately not vision/dental)
- Product of 3 years of being responsive to and helping inform Congressional staff around a hearing benefit
- Benefit would cover hearing care services for all Medicare beneficiaries
- Prescription hearing aids covered for those with moderately-severe or worse hearing loss (~5.6M beneficiaries)

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<td>Child Care and Preschool</td>
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<tr>
<td>Home Care</td>
<td>750</td>
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<td>Child Tax &amp; Earned Income Tax Credits</td>
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<td>Clean Energy and Climate Investments</td>
<td>555</td>
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<td>ACA Credits, Including in Uncovered States</td>
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<tr>
<td><strong>Medicare Hearing</strong></td>
<td><strong>35</strong></td>
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<tr>
<td>Housing</td>
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<td>Higher Ed and Workforce</td>
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<td>Equity &amp; Other Investments</td>
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<td><strong>Total</strong></td>
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<td><em>Immigration</em></td>
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Thank you

flin1@jh.edu

www.jhucochlearcenter.org

@DrFrankRLin
@JHSPH_Hearing
VI. Q&A
For further information, to receive the Center’s free weekly electronic newsletter, *CMA Alert*, update emails and webinar announcements, contact: Communications@MedicareAdvocacy.org
Or visit MedicareAdvocacy.org

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