Medicare 2023
What is the Future?
October 28, 2022

Presented by: Tatiana Fassieux
Education & Training Specialist
Who are we?

www.cahealthadvocates.org

**Policy** – Conduct public policy research to support recommendations for improving rights and protections for Medicare beneficiaries and their families

**Training** – Provide timely and high-quality information on Medicare through our website, fact sheets, policy briefs and educational workshops

**Advocacy** – Bring the experiences of Medicare beneficiaries to the public, and especially legislators and their staff at federal and state levels, through media and educational campaigns
Our Projects

- **Senior Medicare Patrol**
  1-855-613-7080
  - *Empowering Seniors to Prevent Fraud*

- **Counseling Tools**
  - *Fact Sheets and Comparison Charts* (To be updated with 2023 information)

- **Medicare Education for Professionals, including Tribal Organizations**
  - Customized training modules
Objectives

- List basic changes in Medicare in 2023, including changes introduced by the Inflation Reduction Act of 2022 (IRA)
- Review Medicare 2023 Costs & Enrollment Periods
- List options available to plans that are changing
- Learn basic information about the 2023 plan landscape
- Identify situations that allow a Special Election Period (SEP) for Part D and Medigap guaranteed issue rights
- Review changes and limitations for Duals/LIS/MSP
- CalAIM related changes in 2023
- Review Open Enrollment fraud alerts & scams
List basic changes in the Medicare program in 2023
Beneficiary Enrollment Simplification

Implementation of certain provisions of the BENES* act, mandates that Part B insurance begin the first of the month following enrollment during IEP an GEP

Effective January 1, 2023:

➢ *Initial Enrollment Period (IEP)*: Enrollment done in any of the 3 months following 65th birthday month, effective date will be the 1st of the following month.

➢ *General Enrollment Period (GEP) – January to March 31*: Enrollment in any month will be effective the 1st of the following month.

* BENES = Beneficiary Enrollment Notification and Eligibility Simplification
New Special Enrollment Periods (SEPs) Effective January 1, 2023

➢ For individuals impacted by an emergency or disaster
➢ For Health Plan or Employer Error that constitutes “material misrepresentation” of information related to a timely enrolling in Medicare
➢ For formerly incarcerated individuals
➢ To coordinate with the termination of Medi-Cal eligibility
➢ On a case-by-case basis for other exceptional conditions

More Benefits for Adults

• The new regulations created a category of hearing aids that supersede state-level regulations. The devices are available for individuals 18 and older with mild to moderate hearing loss at pharmacies, stores and online.
  • Reference: https://www.whitehouse.gov/briefing-room/statements-releases/2022/10/17/fact-sheet-cheaper-hearing-aids-now-in-stores-thanks-to-biden-harris-administration-competition-agenda/

• Under the proposal, CMS would clarify the exception to Medicare’s statutory dental exclusion
  • Payment may be made for certain dental services that are “inextricably linked to, and substantially related and integral to, the clinical success of other covered medical services.”
  • As a specific example, dental examinations and necessary treatment to eradicate dental infections prior to organ transplant surgery, cardiac valve replacement or valvuloplasty procedures.
Enhanced Preventive Benefits

Colonoscopy or Flexible Sigmoidoscopies

• If doctor finds and removes a polyp or other tissue one pays 15% of the Medicare-approved amount for doctors’ services. In a hospital outpatient setting, one also pays the hospital a 15% coinsurance. The Part B deductible doesn’t apply. The cost sharing was 20%.

Lung Cancer Screenings

• Medicare covers lung cancer screenings with low dose computed tomography once per year if you meet these updated conditions:
  • You’re 50–77.
  • You don’t have signs or symptoms of lung cancer (you’re asymptomatic).
  • You’re either a current smoker or you quit smoking within the last 15 years.
  • You have a tobacco smoking history of at least 20 “pack years” (an average of one pack—20 cigarettes—per day for 20 years). Changed from 30 “pack years”
  • You get an order from your doctor. You pay nothing for this service if your doctor accepts assignment.

More information available in the Medicare & You 2023 handbook
End Stage Renal Disease (ESRD) Improved Benefits

Beginning January 1, 2023, Medicare will offer a new benefit that helps continue to pay for immunosuppressive drugs beyond 36 months, if one doesn’t have other health coverage.

• This new benefit only covers immunosuppressive drugs and no other items or services. It isn’t a substitute for full health coverage.
• Sign up for this new benefit started October 1, 2022. If one signs up by December 31, coverage starts on January 1, 2023.
• To sign up, call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0788.
• Part B premium: From $97.10 to $485.50, depending on income
  • Will be subject to IRMAA (Income Related Medicare Adjustment Amount)
  • Cannot have Part A

In 2023:

- Elimination of cost sharing and deductibles for all recommended vaccines covered under Part B and Part D, e.g. Shingles shot, TDAP, etc.
- Insulin cost sharing under Part D plans’ formularies will be capped at $35/month for each type of insulin – effective January 1
  - It also includes insulin that is used with an insulin pump – effective July 1 and not subject to Part B deductible
- Phased in negotiation of drug prices
- Prescription drug manufacturers will be required to pay rebates to the government, under certain conditions, starting in 2023

Chart on next slide shows a timeline of changes through 2029
## IRA Implementation Timeline of the Part D Drug Provisions

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>Requires drug companies to pay rebates if drug prices rise faster than inflation. Limits insulin copays to $35/month in Part D. Reduces costs and improves coverage for adult vaccines in Medicare Part D, Medicaid &amp; CHIP.</td>
</tr>
<tr>
<td>2024</td>
<td>Eliminates 5% coinsurance for Part D catastrophic coverage.</td>
</tr>
<tr>
<td>2025</td>
<td>Adds $2,000 out-of-pocket cap in Part D and other drug benefit changes. Implements negotiated prices for certain high-cost drugs: • 10 Medicare Part D drugs.</td>
</tr>
<tr>
<td>2026</td>
<td>Expands eligibility for Part D Low-Income Subsidy full benefits up to 150% FPL. Further delays implementation of the Trump Administration’s drug rebate rule to 2032.</td>
</tr>
<tr>
<td>2027</td>
<td></td>
</tr>
<tr>
<td>2028</td>
<td></td>
</tr>
<tr>
<td>2029</td>
<td></td>
</tr>
</tbody>
</table>

- 2024-2030: Limits Medicare Part D premium growth to no more than 6% per year.

**Source:** [https://www.kff.org/slideshow/what-are-the-prescription-drug-provisions-in-the-inflation-reduction-act/?emci=fd890789-4830-ed11-ae83-281878b83d8a&emdi=47d7db8a-5230-ed11-ae83-281878b83d8a&ceid=4143391](https://www.kff.org/slideshow/what-are-the-prescription-drug-provisions-in-the-inflation-reduction-act/?emci=fd890789-4830-ed11-ae83-281878b83d8a&emdi=47d7db8a-5230-ed11-ae83-281878b83d8a&ceid=4143391)

California Health Advocates (c) 2022
Review Medicare Open Enrollment periods & 2023 Medicare costs
Annual Election Period (AEP)

Technical term “Annual Coordinated Election Period,” commonly called “Open Enrollment”

- Medicare Advantage (MA or Part C) and Part D plans only
  - Oct 15 – Dec 7 – Enrollment effective January 1
  - Must have Part A or B to enroll in Part D
  - Must have Parts A and B to enroll in Part C (MA)
  - Plans are required to provide the 2023 Evidence of Coverage (EOC) by October 15, either electronically or mailed to enrollee
  - For personalized enrollment information call your local HICAP
Medicare Advantage Open Enrollment Period (MA OEP)

MA enrollee can exercise a one-time-change from January 1 to March 31

• Change will usually be effective the month following

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA-PD</td>
<td>MA-PD, MA Only, Original Medicare w/wo PDP</td>
</tr>
<tr>
<td>MA Only</td>
<td>MA Only, MA-PD*, or Original Medicare w/wo PDP*</td>
</tr>
<tr>
<td></td>
<td>*Late Enrollment Penalty (LEP) may apply</td>
</tr>
</tbody>
</table>

*Late Enrollment Penalty (LEP) may apply
Other Special Election Periods (SEP)- Reminders

There are various circumstances that allow a change in coverage:

- Change where one lives
- Loss of current coverage
- Have a chance to get other coverage
- Plan changes its contract with Medicare
- Various other special situations

For a complete list go to: [https://www.medicare.gov/sign-up-change-plans/joining-a-health-or-drug-plan/special-circumstances-special-enrollment-periods](https://www.medicare.gov/sign-up-change-plans/joining-a-health-or-drug-plan/special-circumstances-special-enrollment-periods)
Other “Open Enrollment” aka Guarantee Issue Reminders

• Guarantee Issue = can’t deny due to pre-existing conditions
  • 6 months starting with effective date of Part B
  • “Birthday Rule” – 60 days following birthday can change to a different company and keep same lettered plan, or a lettered plan with fewer benefits
• If MA plan increases premium, cost-sharing, reduces benefits, or terminates relationship with provider treating member
• Other CA open enrollment rights, call HICAP

Medigap (Medicare Supplemental Plans)
# 2023 Medicare Premiums & Deductibles

## Part A
- **Premium Free for most**
- **Premiums for people with less than 40 qtrs:**
  - 30-39 Qtrs: $278
  - Less than 30 Qtrs: $506
- **Deductible:** $1,600 per 3-day in-patient stay
- **Co-pays:**
  - Day 61-90: $400/day
  - Day 90-150: $800/each lifetime reserve day
- **Skilled nursing facility:**
  - Day 21-100: $200/day

## Part B
- **Premium:** $164.90/month for most
- **Incomes above $97K (single) and $194K (couple) will pay more – from $230.80 to $560.50 (if filing jointly)**
- **Couples filing separately with incomes between $97K and $403K will pay $527.50 each. Greater than $403K will pay $560.50 each**
- **Called Income Related Medicare Adjustment Amount (IRMAA)**
- **Deductible:** $226/year
### Part B Income Related Medicare Adjustment Amount – IRMAA

<table>
<thead>
<tr>
<th>Individual 2021 tax return with income:</th>
<th>Couples 2021 joint tax return with income:</th>
<th>2023 Total monthly premium amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to $97,000</td>
<td>Less than or equal to $194,000</td>
<td>$164.90</td>
</tr>
<tr>
<td>Between $97,000 and $123,000</td>
<td>Between $194,000 and $246,000</td>
<td>$230.80</td>
</tr>
<tr>
<td>Between $123,000 and $153,000</td>
<td>Between $246,000 and $306,000</td>
<td>$329.70</td>
</tr>
<tr>
<td>Between $153,000 and $183,000</td>
<td>Between $306,000 and $366,000</td>
<td>$428.60</td>
</tr>
<tr>
<td>Between $183,000 and $500,000</td>
<td>Between $366,000 and $750,000</td>
<td>$527.50</td>
</tr>
<tr>
<td>Greater than $500,000</td>
<td>Greater than $750,000</td>
<td>$560.50</td>
</tr>
</tbody>
</table>

Note: Couples filing separate tax returns: between $97K & $403K pay $527.50 each. Greater than $403K pay $560.50 each.
List options available to beneficiaries in plans that are changing
Non-Renewing Plans – Part D or MA Plans

Notice to members about non-renewal

- Plan must send by September 30

Beneficiaries can make change during AEP or a Special Election Period (SEP)

- AEP dates: Oct 15 – Dec 7
  - Change made during AEP will be effective Jan 1
- SEP dates: Dec 8 – last day of February
  - Change made during SEP is effective 1st day of following month
Passive Enrollment

- Beneficiaries with Extra Help (LIS) who were auto-enrolled in a Part D plan by Medicare
- CMS can authorize an MA plan to change member’s enrollment into a new plan under special circumstances

- If plan does not renew or no longer a Benchmark plan, Medicare will enroll them in a new Part D plan if one is not selected by the beneficiary
- If a Special Needs Plan for Dual-Eligibles (D-SNP) doesn’t renew, beneficiary will be assigned to a new D-SNP, if available

- Call HICAP if you have questions
  - 800-434-0222 or
  - Medicare 800-633-4227

NOTE: CalMediConnect plans are discontinued a/o 12/31/2022. Information on CalAIM related changes in 2023 to be addressed later in this presentation
Consolidated plans

Some companies moved enrollees from one plan to another

Non-renewal letter by Oct 2 not necessary

• Special notice with Annual Notice of Change (ANoC)

No Special Election Period to change plans

• Can only change during October 15 to December 7

Can use MA OEP to select new MA plan

No guaranteed issue right to buy Medigap (Will be subject to health screening)
BASIC INFORMATION ABOUT 2023 PLAN LANDSCAPE
Medicare Advantage – MA – Plan Landscape

Source: CMS 2023 plan landscape

57 Counties have at least 1 MA plan

- 1040 plans (with or w/o Rx coverage)
  - 881 HMOs
  - 159 Local PPOs
  - 511 SNPs – including C-SNPs, D-SNPs & I-SNPs

1 County w/o MA plans: Trinity

22 PACE programs in 21 counties

PACE = Program of All-Inclusive Care for the Elderly
Medicare Advantage Plans

HMO: Health Maintenance Organization
- Must use network providers
- Prior authorization required for certain services
- If use non network providers, plan doesn’t pay

PPO: Preferred Provider Organization
- Lower co-pay for network providers
- Higher co-pay if out-of-network

Plans have maximum annual out-of-pocket limits
- Once you reach out-of-pocket limit, cost sharing is usually eliminated
- From $3,650 to $12,450 depending on plan

Provider networks are limited in rural areas
### Part D Standard Benefit

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$505</td>
</tr>
<tr>
<td><strong>Initial Coverage Limit</strong></td>
<td>$4,660</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Threshold</strong></td>
<td>$7,400</td>
</tr>
<tr>
<td><strong>Total covered spending at Out-of-Pocket Threshold</strong></td>
<td>$11,206.28</td>
</tr>
<tr>
<td><strong>Cost-Sharing in Catastrophic Phase</strong></td>
<td>$4.15 generic/$10.35 brand</td>
</tr>
</tbody>
</table>
26 stand-alone Medicare prescription drug plans are available (from 25)

- Including 4 Benchmark plans (from 5)
- 2 new plans
- 1 plan didn’t renew: Cigna Essential Rx

$4.50 is the lowest monthly premium and $172.50 for the highest premium for a stand-alone Medicare prescription drug plan

Sources: More details in the Medicare & You 2023 Handbook
## Part D Plans – 26 Plans
### List of Changes

<table>
<thead>
<tr>
<th>Sponsoring Organizations</th>
<th>Plan Names</th>
<th>Renewed, New, Changed Names, Crosswalked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna</td>
<td>Saver Rx</td>
<td>New</td>
</tr>
<tr>
<td>Cigna</td>
<td>Essential Rx (Didn’t renew)</td>
<td>Crosswalked to Cigna Extra Rx</td>
</tr>
<tr>
<td>Mutual of Omaha</td>
<td>Rx Essential</td>
<td>New</td>
</tr>
<tr>
<td>Benchmark Plans*</td>
<td>SilverScript Choice</td>
<td>Same in 2022</td>
</tr>
<tr>
<td>Aetna Medicare</td>
<td>Cigna Secure Rx</td>
<td>New</td>
</tr>
<tr>
<td>Cigna</td>
<td>Clear Spring Value Rx</td>
<td>Same in 2022</td>
</tr>
<tr>
<td>Clear Spring Health</td>
<td>Wellcare Classic</td>
<td>Same in 2022</td>
</tr>
<tr>
<td>Wellcare</td>
<td>Elixir Rx Secure</td>
<td>No longer Benchmark</td>
</tr>
<tr>
<td>Elixir Insurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Plans that offer $0 premium and deductibles for people with Medi-Cal, Extra Help or Medicare Savings program*
# Part D and IRMAA

**(Income Related Medicare Adjustment Amount)**

2023 National Base Beneficiary Premium to calculate IRMAA is $32.74

<table>
<thead>
<tr>
<th>Individual 2021 tax return with income:</th>
<th>Couples 2021 joint tax return with income:</th>
<th>2023 Total monthly premium amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to $97,000</td>
<td>Less than or equal to $194,000</td>
<td>0</td>
</tr>
<tr>
<td>Between $97,000 and $123,000</td>
<td>Between $194,000 and $246,000</td>
<td>$12.20</td>
</tr>
<tr>
<td>Between $123,000 and $153,000</td>
<td>Between $246,000 and $306,000</td>
<td>$31.50</td>
</tr>
<tr>
<td>Between $153,000 and $183,000</td>
<td>Between $306,000 and $366,000</td>
<td>$50.70</td>
</tr>
<tr>
<td>Between $183,000 and $500,000</td>
<td>Between $366,000 and $750,000</td>
<td>$70.00</td>
</tr>
<tr>
<td>Greater than $500,00</td>
<td>Greater than $750,000</td>
<td>$76.40</td>
</tr>
</tbody>
</table>

NOTE: Couples filing separate tax returns: $97K-$403K pay $70 each
If income is greater than $403K pay $76.40
Part D Late Enrollment Penalty (LEP)

Applicable if has Part A or B and was eligible to enroll

- At age 65, or
- Receiving SSDI
- And didn’t have creditable Rx coverage, e.g. employer, retiree plan, American Indian Health, or getting Rx through the VA

1% per month of 2023 national average bid amount is $32.74 per month that delayed enrollment
Identify situations that allow a Special Election Period - SEP and/or guaranteed issue period
Guaranteed issue right to buy Medigap?

Yes b/c the MA plan terminated contract with medical provider who is treating beneficiary.

If SEP granted, enrollee may disenroll from MA plan.

One option: return to Original Medicare and buy guaranteed issued Medigap.
## Situations

Is there SEP or guaranteed issue?

<table>
<thead>
<tr>
<th>Situation</th>
<th>SEP?</th>
<th>Guaranteed issue?*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium increase</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Cost-sharing increase</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Benefits reduced</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>MA plan terminates provider contract</td>
<td>Maybe</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Review Your Rights to Purchase a Medigap Policy, CHA fact sheet B-005, event 3 on p.4

Local HICAPs develop own lists of available MA plans in their service area
If MA plan terminates contract with provider, does enrollee get SEP?

- Yes, if CMS determines
- No, if:
  - Changes to network are effective Jan 1
  - Enrollees notified prior to start of AEP

CMS = Centers for Medicare & Medicaid Services
Sanctioned MA Plans Cannot Enroll New Members

CMS is providing weekly announcements on Sanctioned plans to the HICAPs

CMS sanctions plans due to various reasons, e.g. contract violations, poor customer service, etc.
Significant plan changes - options

Provider Network

Cost increases

Plan moves enrollees to another plan offered by same company

May be entitled to make coverage changes before or after December 7

Call your local HICAP for help 800-434-0222
Those who stay in plan

Find new network provider – get plan’s help

Request continuity of care

Right to appeal
  • New provider not qualified
  • Plan not managing enrollee’s care
5-Star Overall Plan Rating

5★ SEP - Dec 8, 2022 to Nov 30, 2023

Applies only when a plan has 5-star overall rating

• One change only during period
• Part D coordinating SEP
• 5★ plan to 5★ plan allowed

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Medicare, Original Medicare + PDP, MA-PD, MA-only</td>
<td>5★ MA-PD, MA-only or PDP</td>
</tr>
</tbody>
</table>

Plan Star Rating methodology changed for 2023. Plan Finder will be updated to reflect star rating
MA Trial Periods - Reminder

Trial Period #1

• Age 65 enrolls in MA plan
  • Can disenroll within first 12 months and purchase a Guarantee Issue Medigap

Trial Period #2

• Disenrolls from Medigap to enroll in an MA plan for first time
• Can return to Medigap within 12 months of enrollment
Review changes and limitations for Duals/LIS/MSP programs
### Part D Costs for people with Extra Help (Low Income Subsidy - LIS)*

<table>
<thead>
<tr>
<th>Income</th>
<th>≤100% (1 &amp; 3) Up to $1583 (s) $2126 (c)</th>
<th>≤ 100% (2 &amp; 3)</th>
<th>≤135% (3) QMB, SLMB, QI up to $1550 (s) $2081 (c)</th>
<th>&lt;150% Up to $1719 (s) $2309 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium</strong></td>
<td>$0*</td>
<td>$0*</td>
<td>$0*</td>
<td>Discounted</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$0*</td>
<td>$0*</td>
<td>$0*</td>
<td>≤$104</td>
</tr>
<tr>
<td><strong>Copayment</strong></td>
<td>$1.45 (G) $4.30 (BN)</td>
<td>$0*</td>
<td>$4.15 (G) $10.35 (BN)</td>
<td>15% or lower copayment</td>
</tr>
<tr>
<td><strong>Copayment during catastrophic coverage</strong></td>
<td>$0</td>
<td>$0*</td>
<td>$0</td>
<td>$4.15 (G) $10.35 (BN)</td>
</tr>
</tbody>
</table>

* If enrolled in a benchmark plan.

(1) Applicable to people with Medi-Cal w/o Share of Cost
(2) Applicable to people with Medi-Cal w/o Share of Cost AND institutionalized or receiving Home and Community-Based Services
(3) Asset limits $130K for one person, $65,000 for each additional household member
LIS Beneficiaries in Non-Benchmark Plans

LIS-eligible beneficiaries may enroll in non-benchmark plans. What premium, deductible and cost-sharing do they pay? Depends…

- Full or partial LIS
- Basic vs. enhanced
- Part D subsidy amount is $38.86 for Benchmark plans
LIS beneficiaries in Non-Benchmark Plans – Contd.

Premium payment = difference between premium for basic coverage and the LIS benchmark amount. CMS uses a formula

Medicare Plan Finder calculates this amount for LIS-eligible beneficiaries
CalAIM Related Changes

California Advancing and Innovating Medi-Cal
The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system.

- Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or the aid code for which the beneficiary is determined to qualify.

CalAIM: By January 2023: select aid code groups and populations will transition into Medi-Cal managed care enrollment or FFS enrollment.

Medi-Cal managed care will not impact a beneficiary’s choice of Original Medicare, or their Medicare Advantage plan.

Medi-Cal Managed Care plan options for all counties will remain the same through the end of 2023. Dual Eligible beneficiaries are receiving materials starting this fall. For 2023 Medi-Cal plans go to: https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx

- Check with your local county Medi-Cal office or Health Care Options or call 800-430-4263.
Medi-Cal Managed Care Benefits for Dual-Eligible Beneficiaries

- Community Based Adult Services (CBAS)
- Long Term Care (LTC: skilled nursing facility care)
- Transportation to medical appointments
- CalAIM Community Supports, such as home modifications, medically tailored meals, etc
- CalAIM Enhanced Care Management (ECM)
2023 CalMediConnect (CMC) Transition*

On January 1, 2023, beneficiaries in CMC plans will be **automatically** transitioned into D-SNPs and Medi-Cal Managed Care plans (MCPs) operated by the same parent company as the CMC plan.

- **New term:** MMP = Medicare Medi-Cal Plans = D-SNPs that are Exclusively Aligned Plans with Medi-Cal Managed Care Plans
- There will be no gap in coverage.
- Provider networks should be substantially similar.
- Continuity of care provisions.

Health plans have started to communicate about these upcoming changes with beneficiaries, upon receiving approval from DHCS and CMS.

Beneficiaries began to receive notices from their CMC plan about the transition starting **October 2022**.

* Source: [https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-MLTSS-and-Duals-Integration-Workgroup-Past-Meeting-Archive.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-MLTSS-and-Duals-Integration-Workgroup-Past-Meeting-Archive.aspx)
You may have enrolled in a plan that “behaved” like a D-SNP, but it wasn’t

Read all letters you receive from your plan or from Medicare (CMS)

• You have options to change your coverage
• Call HICAP for help

• Source:  https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-MLTSS-and-Duals-Integration-Workgroup-Past-Meeting-Archive.aspx
### Combined Transition Noticing Timeline

**Source:** 10/19 Stakeholder webinar

<table>
<thead>
<tr>
<th>September 2022</th>
<th>October 2022</th>
<th>November 2022</th>
<th>December 2022</th>
</tr>
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<tbody>
<tr>
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<td><strong>CMC Transition to MMP 90 Day Notice</strong></td>
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</tr>
</tbody>
</table>

* In 12 counties beneficiaries who are already enrolled in a Medicare Advantage plan will be enrolled in the “matching” Medi-Cal plan, under the same parent organization, if there is a matching plan and will not receive the Choice Packet.
Summary of Medi-Cal Changes

Cal MediConnect (CMC) to Medicare Medi-Cal Plans (MMPs) Transition

» Seven CCI Counties: Impacts dual eligible beneficiaries in the seven Coordinated Care Initiative (CCI) counties

D-SNP Look-Alike Transition

» Statewide: Impacts beneficiaries currently in D-SNP look-alike plans

CalAIM Medi-Cal Managed Care Enrollment

» Statewide: Impacts most dual eligible beneficiaries currently in Fee-for-Service Medi-Cal

Long Term Care (LTC) Skilled Nursing Facility (SNF) Carve-In Transition

» Statewide: Impacts beneficiaries (including dual eligible beneficiaries) in LTC SNFs

More information:  https://www.dhcs.ca.gov/provgovpart/Pages/Medicare-Advantage-Information-for-Dual-Eligible-Beneficiaries.aspx
Balance billing prohibition:  https://www.dhcs.ca.gov/individuals/Pages/Balanced-Billing.aspx
CalAIM Resources

HICAP does NOT generally counsel on Medi-Cal plan changes or plan enrollment

Agencies that can help you:

• Local County Medi-Cal office
• Health Care Options:  800-430-4263
• Your Medi-Cal plan
• Local partner agencies

Stay Connected

• Please subscribe to DHCS' stakeholder email service to receive CalAIM updates and information about upcoming stakeholder meetings.
• Contact CalAIM@dhcs.ca.gov or info@calduals.org
Review Open Enrollment
Fraud Alerts & Scams
Top Complaints

1. Medicare Part C/D Communications & Marketing Violations
2. Billing Issues
3. Deceptive Hospice Enrollments
4. Medicare Card Phone Scam
5. DME Brace Scams
6. Genetic Testing Scams
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
Billing Complaints

“My provider is billing me, but my MSN shows I have a zero-patient responsibility.”

Beneficiary's son reports: “The facility where my dad resides was on COVID-lockdown on the dates of services that the provider claims she provided monthly earwax removal. There is no way he received these services.”

“I saw the neurologist twice, but my MSN shows additional visits that did not occur and added charges on the visits I did have. How can I correct this?”
Hospice agencies are NOT calling themselves a hospice agency. Instead, they call themselves a:

- government program to help seniors during COVID
- assistance program
- cooking and cleaning agency

Offer incentives in exchange for a beneficiary’s Medicare number

Medicare now covers: cooking & cleaning services

Age: You’re old enough to qualify for hospice.

$: You can earn $/month if you agree to enroll into our program. Plus money for referrals.

COVID: nurse visits at home, free hand sanitizer, gloves, and masks

Additional benefits: Shower chair, hospital bed, Ensure shakes, bus coupons and more

California – Hotbed for Hospice Fraud
Hospice Fraud Hurts Beneficiaries

- Prescriptions placed on hold
- No access to specialists
- Medical visits cancelled
- Surgeries postponed
- Medicare stops paying for claims
- Beneficiaries left with expensive medical bills
HOSPICE FRAUD ALERT!

Have you suddenly lost access to your doctor?
Are your specialists refusing to see you?
Can’t get your medications at the pharmacy?

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

California SMP
Senior Medicare Patrol

This project was supported, in part, by grant 90MPPG019-04-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.
Cold calls offering a plastic Medicare card and if the beneficiary does not verify their Medicare #...

➢ benefits will be suspended
➢ the beneficiary may face a $10,000 fine for using the old Medicare card.
Brace Complaints

“Why am I getting boxes and boxes of braces. I didn’t order these!”

“Medicare called me saying my doctor ordered a brace for me and asked for my Medicare number. Is this legitimate?”

“My MSN shows charges for braces by a company out-of-state. I don’t know the referring physician listed. I don’t need braces.”

“I called the # on the TV commercial, but now I’m getting more braces than what I wanted.”

“My father received an urgently marked postcard notifying him of pending eligibility for free Medicare-covered back and/or knee braces. Do we have to respond?”
CALIFORNIA SENIOR MEDICARE PATROL WARNING!

Beware of Offers for "Free" Braces Covered by Medicare

Individuals offering Medicare 'free or low-cost' knee, back and other orthotic braces could be using the medical equipment benefit to commit Medicare fraud and abuse.

855-613-7080

For additional information on healthcare fraud, visit cahealthadvocates.org

Find additional details on this fraud alert on the reverse side.
Scammers are calling Medicare beneficiaries and saying:

- "Your doctor ordered a cardiac genetic test for you. Other tests screen for cancer and for heart disease."
- "Medicare is issuing new Medicare cards with added benefits, such as genetic testing. Get yours today!"

All they need to send out the testing kit is...

Medicare number, DOB, and sometimes even the beneficiary’s PCP’s name.
COVID-19 Complaints

Bogus vaccine surveys sent via email or text.

Beware of fake vaccination centers that ask for $ upfront.

Beneficiaries having to pay for COVID-tests upfront and told to submit their own claims, but claim then gets denied.
Latest Scam – Social Security Cost of Living Adjustment (COLA)

Inspector General Warning: Offers to Increase Your Social Security Benefit Are from Criminals

- Criminals Continue to Impersonate Government Agencies

Tips to Protect Yourself:

- Do not take immediate action.
- Do not transfer your money!
- Be skeptical
- Be cautious
- Do not click on links or attachments
To order materials, contact Kristina Teotico at cteotico@cahealthadvocates.org

To access fraud alerts & e-newsletter, visit us online at cahealthadvocates.org/fraud-abuse

To book a presentation & report fraud, call our CA-SMP at 855-613-7080 (in CA) 877-808-2468 (outside of CA)

This project was supported, in part by 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.
Resources

- For personalized Medicare counseling call HICAP – Health Insurance Counseling & Advocacy Program
  800-434-0222


- Understanding Medicare Part C & D Enrollment Periods (CMS Prod. No. 11219)

- Guide to Consumer Mailings from CMS, Social Security, & Plans in 2022/2023

- CalAIM impact on Dual-Eligibles: https://www.dhcs.ca.gov/provgovpart/Pages/Medicare-Advantage-Information-for-Dual-Eligible-Beneficiaries.aspx

- Fact Sheets – by subscription cahealthadvocates.org
California Health Advocates

www.cahealthadvocates.org

Administrative office – 916-465-8104
5380 Elvas Avenue Suite 221
Sacramento, CA 95819

Senior Medicare Patrol – 855-613-7080