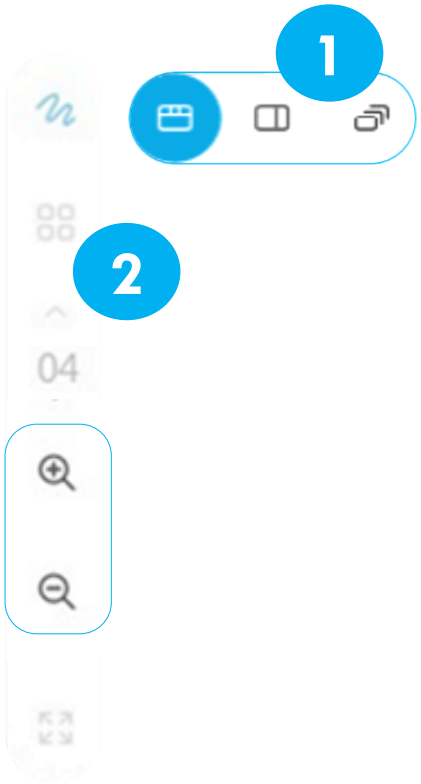
WHAT'S NEW IN 2021

January 2021

The SHIP National Technical Assistance Center

ship state health insurance assistance programs NATIONAL NETWORK

WEBEX TOOLBARS, MENUS, AND PANELS



1. The **view icon** in the upper right corner changes your WebEx view.

2. The **toolbar** on the left allows you to zoom in and out.

3. The **panels** on the right show participants, chat, and polling. Click the **>** or **x** to open and close panels.

4. The **menu** at the bottom allows you to mute, open participant and chat panels, and leave the event.

Tip: To raise your hand, open the participant panel, then click the hand icon in the lower right corner.

Welcome!

SMPs	SHIPs	MIPPAs
• Senior Medicare Patrol	• State Health Insurance Assistance Program	• Medicare Improvements for Patients and Providers Act

SMP NATIONAL RESOURCE CENTER

The SHIP National Technical Assistance Center

ship state health insurance assistance programs NATIONAL NETWORK

ncoa National Council on Aging

Today's presenter

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Medicare Rights Center/SHIPTA Center

Learning objectives

- Identify Medicare costs for 2021
- Explain changes to Medicare Advantage (MA) Plan eligibility for people with End-Stage Renal Disease (ESRD)
- Review Medicare coverage updates
- Know when beneficiaries have the opportunity to change coverage in 2021

Medicare costs in 2021

Part A costs

Part A	
Part A premium	$0/month for those with 10+ years (40 quarters) of work history $259/month for those with 7.5-10 years (30-39 quarters) of work history $471/month for those with fewer than 7.45 years (30 quarters) of work history
Hospital deductible	$1,484 each benefit period
Hospital coinsurance	$371/day for days 61-90 each benefit period $742/day for days 91-150 (non-renewable lifetime reserve days)
Skilled nursing facility (SNF) coinsurance	$185.50/day for days 21-100 each benefit period

Part B and Part D costs

Part B	
Annual deductible	$203
Standard monthly premium	$148.50

Part D	
Base premium	$33.06
Maximum deductible	$445
Initial coverage limit	$4,130
Donut hole	25% cost of generic and brand-name drugs
Catastrophic coverage	$6,550

Part B income-related monthly adjustment amounts (IRMAA)

Annual income		Monthly premium in 2021
Individual	Couple	
$88,001 -$111,000	$176,001 – $222,000	$207.90
$111,001 – $138,000	$222,001 – $276,000	$297.00
$138,001 – $165,000	$276,001 – $330,000	$386.10
$165,001 – $499,999	$330,001 – $749,999	$475.20
$500,000 and above	$750,000 and above	$504.90
88,001 -$111,000	$176,001 – $222,000	$207.90

Part D IRMAA

Annual income		Amount paid in addition to regular Part D premium
Individual	Couple	
Equal to or below $87,000	Equal to or below $174,000	$0
$88,001 -$111,000	$176,001 – $222,000	$12.30
$111,001 – $138,000	$222,001 – $276,000	$31.80
$138,001 – $165,000	$276,001 – $330,000	$51.20
$165,001 – $499,999	$330,001 – $749,999	$70.70
$500,000 and above	$750,000 and above	$77.10

Medicare Advantage changes

Medicare Advantage Plans and ESRD

- **2021:** Beneficiaries with End-Stage Renal Disease (ESRD) can enroll in any MA Plan
  - Before 2021, people with ESRD were limited to enrolling only in certain MA Plans
- MA Plans must cover everything Original Medicare does, but can do so with different costs and restrictions
- **Exception:** Plans cannot set cost-sharing for either outpatient dialysis or immunosuppressant drugs higher than would be the beneficiary responsibility under Original Medicare

Enrollment considerations

- **Provider networks**
  - Beneficiary should make sure providers, such as doctors and dialysis facility, are in plan's network
  - Costs are generally higher for beneficiaries who receive out-of-network services
- **Costs**
  - Consider whether beneficiary will meet maximum out-of-pocket limit (MOOP): $7,550 in 2021
    - After meeting limit, beneficiary pays nothing for covered Part A and Part B services for rest of year
    - MOOP can help protect beneficiaries with high health care costs

Enrollment considerations (continued)

- **Medigap availability**
  - People over 65 with ESRD can purchase Medigap
  - Some states have expanded Medigap enrollment rights to beneficiaries under 65 who have ESRD
  - If beneficiary can purchase Medigap, consider whether Original Medicare + Medigap or MA Plan works better for their specific situation

Expansion of supplemental benefits

- Supplemental benefits generally have to be primarily health-related
- **2019:** Definition of primarily health-related was expanded; MA Plans can cover more supplemental benefits (for example, nutrition services, in-home support)
- **2020:** Supplemental benefits for plan enrollees with certain chronic conditions do not have to be primarily health-related
  - Known as Special Supplemental Benefits for the Chronically Ill (SSBCIs)
- **2021:** Plans can offer SSBCIs to target any chronic condition
  - Previously, plans were limited to specific set of conditions

Chronic conditions

- Individual is considered chronically ill if they:
  - Have at least one medically complex chronic condition that is life-threatening or significantly limits health or function
  - Have a high risk of hospitalization or other negative health outcomes
  - Require intensive care coordination

SSBCI examples

- Meal delivery, food, and produce
- Transportation for non-medical needs
- Pest control
- Equipment to improve indoor air quality, such as air conditioner, dehumidifiers, and carpet cleaning
- Social needs benefits, such as park passes and family counseling
- Home modifications, such as wider doorways or easy-to-use doorknobs
- Services to support health care management, such as financial literacy classes and assistance establishing power of attorney

Part D changes

Insulin savings model

- New program called the Part D Senior Savings Model begins in 2021
- Under this program, beneficiaries can enroll in Part D plan that charges no more than a $35 copayment per insulin prescription each month
  - Drug plans are not required to participate in this program
- Use Medicare Plan Finder or contact a drug plan directly to learn if it is participating in this program

Reminder: Closure of donut hole

- **Donut hole (coverage gap):** Phase of Part D coverage during which beneficiary pays more for cost of prescription drugs
- Donut hole closed in 2020
- Donut hole closing means that beneficiary pays 25% of cost of covered generic and brand-name drugs
- Plans are required to set copays and coinsurance so that, on average, across all enrollees and prescriptions, beneficiaries pay about 25% of costs
  - Percentages may be different for any particular beneficiary or drug
  - Beneficiaries may still see cost differences between initial coverage period and donut hole

Coverage reminders & other updates

COVID-19 testing

- Covered under Part B as clinical laboratory test
- As of April 1, 2020, doctor can bill for testing provided after February 4, 2020
- No cost-sharing (deductible, coinsurance, or copayment) for test and associated visits
  - Applies to Original Medicare and MA Plans
- MA Plans cannot require prior authorization for testing provided after March 17, 2020

Physician's order requirement

- After beneficiary's first COVID-19 test, Medicare requires an order from their provider for any further COVID-19 tests they receive
  - Provider can be physician or other medical professional who can order tests
  - Medical professional must confirm that any further tests are reasonable and medically necessary

COVID-19 vaccine

- COVID-19 vaccine has been authorized for limited emergency use
  - Emergency use authorization means that vaccine is only available for certain groups of people
- Vaccine is not yet approved for or available to everyone
- Original Medicare Part B covers vaccine
  - Beneficiary owes no cost-sharing (deductibles, copayments, or coinsurance)
- Beneficiary should speak with doctor to learn more about eligibility to receive vaccine and its availability in their state
  - They can also contact local or state health agency for more information

Telehealth

- Telehealth services are provided during full visit with provider using telephone or video technology that allows for both audio and video communication
- Medicare generally only covers telehealth in limited situations for certain beneficiaries, but it has expanded coverage and access during the public health emergency (PHE)
- During PHE, telehealth services are covered under Part B for all beneficiaries throughout the country in health care settings and at home

Covered telehealth services

- Examples of covered visits include:
  - Hospital and doctors' office visits
  - Behavioral health counseling
  - Preventive health screenings
  - Face-to-face visits required for Medicare coverage of hospice care

Telehealth providers and costs

- Health care providers who can offer telehealth services include:
  - Doctors, nurse practitioners
  - Clinical psychologists, licensed clinical social workers
  - Physical therapists, occupational therapists, speech language pathologists
- Standard cost-sharing may apply, but provider can choose not to charge the beneficiary for the cost-sharing charges
  - Providers usually cannot routinely waive cost-sharing but may during PHE
- Beneficiary with MA Plan should contact their plan to learn about its costs and coverage rules

Acupuncture

- Part B covers up to 12 acupuncture visits in 90 days for chronic low back pain
- Chronic low back pain:
  - Lasts 12 weeks or longer
  - Has no known cause
  - Is not associated with surgery or pregnancy
- Medicare covers an additional 8 sessions if beneficiary shows improvement
  - Medicare does not cover more than 20 acupuncture visits per year

Coverage for opioid treatment programs (OTPs)

- Effective 1/1/20, Medicare Part B covers opioid use disorder treatment at opioid treatment programs (OTPs), also known as methadone clinics
  - OTPs are certified by Substance Abuse and Mental Health Services Administration (SAMHSA) to provide methadone as part of medication-assisted treatment (MAT)
  - OTPs are only place where individual can receive methadone to treat opioid use disorder
- Before 2020, Medicare did not cover OTPs, including methadone treatment

Medicare-covered OTP services

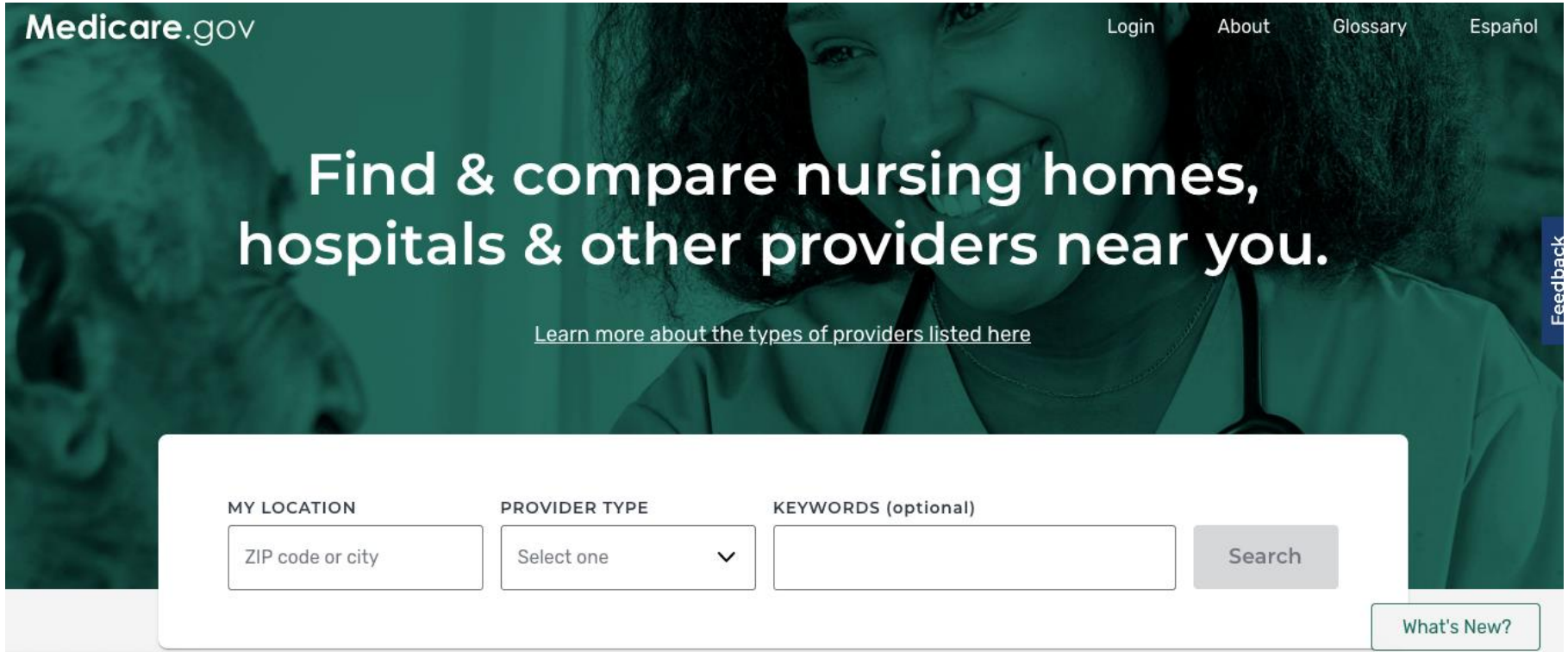
- FDA-approved opioid agonist and antagonist treatment medications
  - There are currently three FDA-approved medications: methadone, buprenorphine, and naltrexone
- Dispensing and administering of such medication (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Accessing Medicare-covered OTP

- Beneficiary should go to OTP that has enrolled in Medicare program
- Once they meet deductible, beneficiary owes no coinsurance or copayment for OTP
- Dually eligible beneficiaries
  - Medicaid continues to pay primary for treatment until OTP is enrolled in Medicare

Care Compare Tool

- Separate provider search tools have been condensed into one website: www.medicare.gov/care-compare
- Choose provider type from drop-down list: hospitals, nursing homes, doctors, home health services, etc.



Opportunities to change coverage

Medicare Advantage Open Enrollment Period (MA OEP)

- January 1 through March 31 each year
- Beneficiaries enrolled in Medicare Advantage Plans may make one change:
  - Switch between MA Plans
  - Or, switch to Original Medicare with or without Part D
- Change is effective first of the following month

Extra Help Special Enrollment Period (SEP)

- Use of Extra Help SEP limited to once per calendar quarter in the first three quarters of each year
  - January through March, April through June, July through September
  - Changes are effective first of the following month
  - Extra Help beneficiaries use Fall Open Enrollment during fourth quarter, changes effective January 1
  - Beneficiaries may continue to use other SEPs and enrollment periods if applicable
- Not a new SEP

SEP for government entity-declared disaster or other emergency

- Before 2021, there was SEP for people affected by a FEMA-declared weather-related emergency to change their Medicare Advantage or Part D plan
- Beginning in 2021, SEP has been expanded to apply to any government-declared disaster or other emergency
- Expanded SEP timeframe:
  - **Begins:** Earliest date of the declaration, the incident start date, or, if different, the start date identified in the declaration
  - **Ends:** 2 full calendar months following the end date identified in the declaration, or, if different, the date the end of the incident is announced, whichever is later

SEP and COVID-19

- Based on most recent information from CMS, this SEP does not apply to the COVID-19 public health emergency because the change was effective after the emergency was declared

SEP for contract violation

- Beneficiary can use SEP to correct enrollment mistakes made as result of misleading marketing from MA Plan or plan representative
- To use SEP, beneficiary should:
  - Call 1-800-MEDICARE
  - Explain situation
  - Be prepared with name of new MA or Part D plan they want to enroll in

Questions?

- We'll follow up through email if we don't have time to answer your question during the webinar
- Contact medicarehelp@shiptacenter.org if you have questions after webinar concludes

Available resources

Today's PowerPoint

(PPT and pdf)

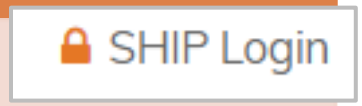
Today's recording

Within one business day

January 2021 Counseling Tips

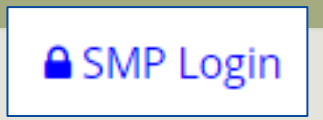
Webinar Resources in the Libraries

SHIPs



- Step 1: Login at www.shiptacenter.org (orange SHIP Login padlock)
- Step 2: Visit Resource Library
- Step 3: Search for keywords "What's New"

SMPs



- Step 1: Login at www.smpresource.org (blue SMP Login padlock)
- Step 2: Search for keywords "What's New"

MIPPA grantees: Resources will be emailed to NCOA's MIPPA listserv.

Thank you for attending!

Files are now available for download within WebEx

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