Hemophilia Council of California
Advocacy & Policy Webinar

Navigating Your Care and Treatment- a Medicare Example

Moderated by
Lynne Kinst, HCC Executive Director

and guest speakers
Marla Feinstein,
Senior Policy & Healthcare Analyst, National Hemophilia Foundation
and
Randall Curtis, MBA

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Today's Speakers:

Marla Feinstein,

Senior Policy & Healthcare Analyst
National Hemophilia Foundation

- Graduate of Boston University and a trustee scholar.
- Graduate work in physiology and molecular biophysics at the University of Washington in Seattle.
- Awarded a National Institute of Health pre-doctoral training fellowship.
- MPH in health policy from Columbia University Mailman School of Public Health.
- Former consultant for the NYS Governor's office and Department of Health.
- Senior Policy and Healthcare Analyst for the National Hemophilia Foundation. As an analyst, Marla has been instrumental in advocating for the bleeding disorders community at the national and state level.

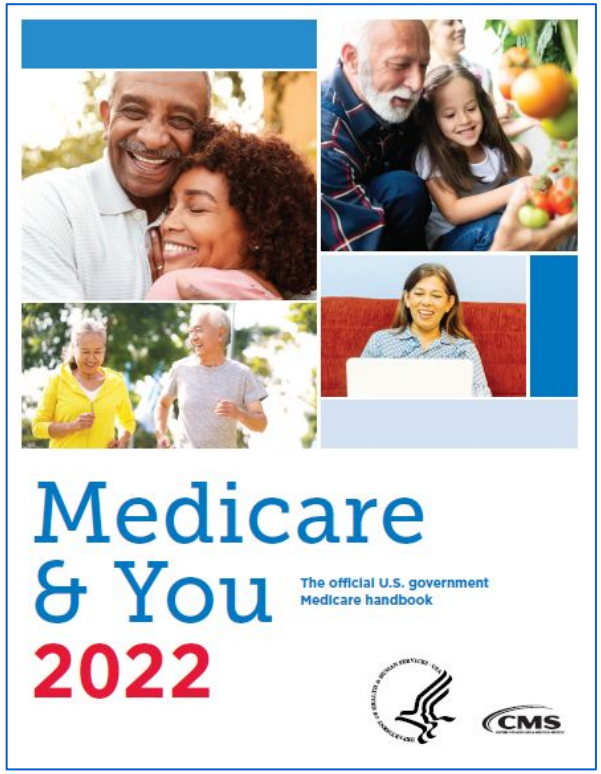
HEMOPHILIA COUNCIL OF CALIFORNIA

Today's Speakers:

Randall Curtis, MBA

- Bachelor of Science in Genetics and an MBA in Computer Information Systems.
- Serves on several non-profit boards of directors, including the Center for Inherited Bleeding Disorders.
- Past president of the Hemophilia Council of California.
- His policy work includes the American Thrombosis & Hemostasis Network (ATHN), the National Hemophilia Foundation MASAC Pain Group and the Pacific Sickle Cell Regional Collaborative Policy Working Group.

Navigating Your Care and Treatment—a Medicare Example



Marla Feinstein
Senior Policy & Healthcare Analyst

NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

OUR MISSION

The mission of the National Hemophilia Foundation is dedicated to finding cures for inheritable blood disorders and to addressing and preventing the complications of these disorders through research, education, and advocacy, enabling people and families to thrive.

National Hemophilia Foundation
for all bleeding disorders

Medicare is a Federal Program

Health insurance for:

- 65 and older
- < 65 with certain disabilities
  - ALS (Lou Gehrig's disease) without a waiting period
- Any age with End-Stage Renal Disease (ESRD)

Social Security enrolls most people in Medicare

CMS administers the Medicare Program

NOTE: To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S for 5 continuous years

Parts of Medicare

Part A (Hospital Insurance)

- ***Inpatient*** hospital fees
- Inpatient factor coverage
- Patient responsible for inpatient deductible ($1,484 for each benefit period in 2021)

Part B (Medical Insurance)

- ***Outpatient*** services (doctors, clinics, labs)
- Factor therapy (home use, facility, doctors office)
- Monthly premium for most ($148.50 in 2021); co-pays (20%); deductible ($203 in 2021)

Part C (Advantage; optional)

- Private plan includes A, B, & usually D
- Typically, HMO or PPO; cost varies

Part D (Drug coverage)

- Private plans contract with Medicare, incl. stand-alone prescription drug plans (PDPs) and Advantage drug plans (MA-PD plans)
- Benefit helps pay for enrollees' drug costs after deductible is met ($445 in 2021)
- Monthly premiums & cost sharing for Rx, costs vary by plan

Options

Original Medicare

- ☑ Part A 
- ☑ Part B 

You can add:

- ☐ Part D 

You can also add:

- ☐ Supplemental coverage 

  This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

Medicare Advantage (Part C)

- ☑ Part A 
- ☑ Part B 

Most plans include:

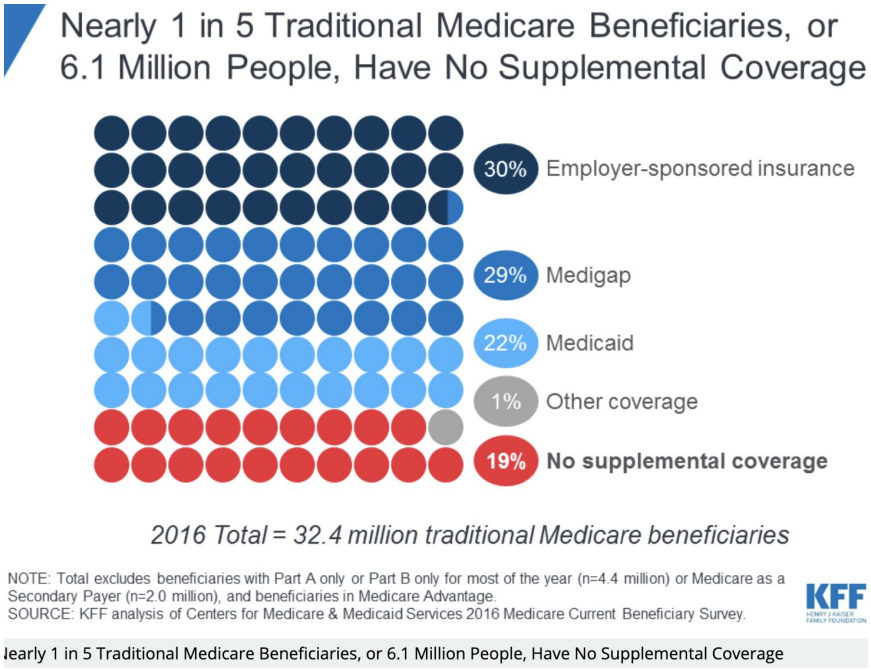
- ☑ Part D 
- ☑ Some extra benefits

Some plans also include:

- ☐ Lower out-of-pocket costs

NOTE: Medicare Supplement Insurance (Medigap) policies only work with Original Medicare.

Benefit Gaps



Protection against costs of many services, but traditional Medicare has:

- High deductibles and cost-sharing, and no limit on OOP for services under A & B
- Does ***not*** pay for some services, including long-term services and supports, dental, vision, and hearing aids

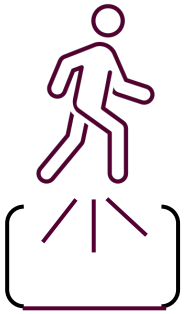
Part D coverage costs vary

- Doughnut hole
- Beneficiaries will pay 25% of cost of drugs in gap
- Expenses not capped

Medigap Plans

- Guaranteed access for 6 mo. post-part B enrollment
- Only acts to *supplement* original Medicare benefits
- Sold by private insurance companies
- Fills gaps in traditional Medicare coverage; pays costs Medicare doesn't
  - Deductibles, coinsurance, copayments
- Pay premium for Medigap policy + monthly Part B premium
- Each standardized Medigap policy under the same plan letter:
  - Must offer the same basic benefits, no matter who sells it
  - May vary in costs
- Policies sold after 1/1/06, do not have Rx coverage; for Rx you need Part D
- Doesn't include additional services (vision, dental, etc.)

Requirements:
- Requires A and B
- Must ***not*** have Advantage plan



Note: it may be difficult to enroll in a Medigap plan if you originally choose an Advantage plan

Medigap Plans

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	**A**	**B**	**C**	**D**	**F***	**G***	**K**	**L**	**M**	**N**
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2021**			
							$6,220	$3,110		

Plans F and G cover 100% of the Part B excess charges.

Medicare Advantage (Part C)

Costs

- Out-of-pocket costs vary
- Pay the monthly Part B premium and may also have to pay the plan's premium. Plans may have a $0 premium and may help pay all or part of your Part B premium. Most plans include Medicare drug coverage (Part D).
- Plans have a yearly limit on what you pay out-of-pocket for services Medicare Part A and Part B covers. Once you reach your plan's limit, you'll pay nothing for services Part A and Part B covers for the rest of the year.
- You can't buy and don't need Medigap.

Coverage

- Plans must cover medically necessary services that Original Medicare covers. Most plans offer some extra benefits (i.e., some routine exams, vision, hearing, and dental)
- Part D is included in most plans; you can't join a separate Medicare drug plan
- Some services require prior approval

Provider services

- In many cases, need to use in network providers (for non-emergency care). Some plans offer non-emergency coverage out-of-network, but typically at a higher cost.
- May need referral to see a specialist

Medigap	Advantage
Medigap insurers can reject applicants or charge a higher premium if they have a preexisting condition	Advantage plans accept all applicants and charge the same premium regardless of health status
Traditional Medicare(without Medigap) has no cap on OOP; can be tens of thousands of dollars a year	Advantage plans cap OOP at $7,550 for in-network care, excluding Rx (part D)
Some Medigap plans when purchased with traditional Medicare cover vast majority of expenses that otherwise would be OOP	

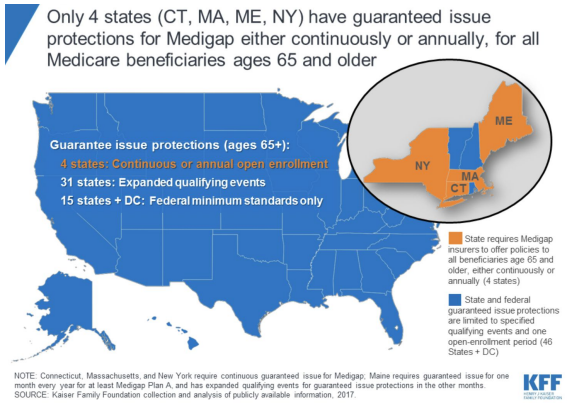
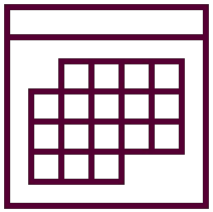


Table 3: Medigap Guaranteed Issue Requirements for Medicare Beneficiaries Ages 65+, by State, 2017

	Federal Minimum Standards Only	Guaranteed Issue Rights (continuous or annual)	Qualifying Events For Guaranteed Issue Rights Beyond Minimum Federal Standards		
			Upon Retiree Benefit Changes	Upon Loss of Medicaid Eligibility	Other*
California	No	No	Yes	Yes	Yes

*other qualifying events: beneficiary's plan changes benefits, participating hospital leaves the network of plan

Annual Open Enrollment



October 1, 2021	**Start comparing your current coverage with other options.** You may be able to save money or get extra benefits. Visit Medicare.gov/plan-compare.
October 15 to December 7, 2021	**Change your Medicare health or drug coverage for 2022, if you decide to.** You can join, switch or leave a Medicare Advantage Plan or a Medicare drug plan during this Open Enrollment Period each year.
January 1, 2022	**New coverage begins if you made a change.** If you kept your existing coverage and your plan's costs or benefits changed, those changes also start on this date.
January 1 to March 31, 2022	**If you're in a Medicare Advantage Plan**, you can change to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. Any changes you make will be effective the first of the month after the plan gets your request. See page 63.

← 7 weeks

Review Early

How early?

- 3-4 months prior to your 65th birthday
- Before next open enrollment period

Which ones?

- Traditional Medicare (with or without Medigap) or Medicare Advantage?
- Is a Medigap plan, covering Parts A and B copays/deductibles, beneficial to you?

What should I consider?

- Are you providers in network for medical, pharmacy?
  - PCP, specialist, HTC, specialty pharmacy
- How do OOP costs compare?
  - Compare premiums, copays, and deductibles for each
- Are your medications on your Part D plan formulary and what “tier”?
- Ask for help from your HTC, Medicare, NHF, etc.

Coordination of Benefits

- Tell providers (medical/Rx)
- Tell insurers
- If you have ESI, tell your employer, benefits administrator
- What if I don't know who pays first (primary vs. secondary)?
  - Medicare determines who pays first
  - They will tell you

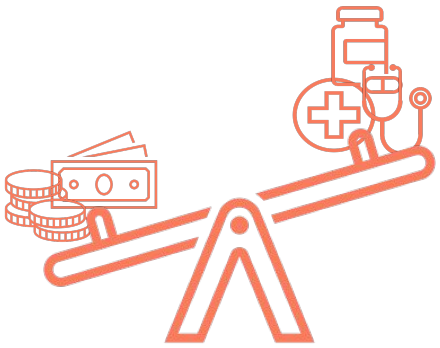
If you have other insurance or changes to your insurance, let Medicare know! Call Medicare's Benefits Coordination & Recovery Center at 1-855-798-2627.

Medicare law provides that they coordinate your benefits

Cost Concerns and Informed Decisions

Balancing affordability and access

- Affordability is usually primary concern



Don’t decline Part D

- Just because you aren’t on any medications now
- You will be penalized for each month you declined Part D or Part B (for the rest of your life) if you don’t have other creditable coverage

Find out what is and isn’t creditable coverage

- Ask an unbiased source
- Your HR dept. or Medicare

Rule of thumb: Medigap plans typically have higher premiums than Advantage plans, more expensive ones offer greater out-of-pocket cost protection.

Planning Ahead

There are costs

- Premium(s), deductible(s), copays, coinsurance
- Variable types, amounts

Limited financial assistance options

- Eligibility requirements: income and resources

Assistance Options

Medicare Savings Programs (MSP)

- Federally funded programs administered in each state
- 4 types
  1. Qualified Medicare Beneficiary (QMB)
     - A and B premiums
     - Deductibles, coinsurance, and copayments
  2. Specified Low-Income Medicare Beneficiary (SLMB)
     - B premiums
  3. Qualifying Individual (QI)
     - B premiums
  4. Qualified Disabled & Working Individuals (QDWI)
     - A premiums

Note: If you qualify for QMB, SLMB, or QI, you automatically qualify for extra help program with Rx coverage (part D)

Others

- Medicaid
- State Pharmacy Assistance Plans – 21 have assistance for those with higher income
- PACE (Program of All-inclusive Care for the Elderly)
  - Medicare/Medicaid program

Changes Happen

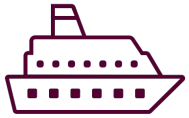
Each year

- Plans can change costs and coverage
- Some plans may choose to leave Medicare
- Plans mail or provide electronically
  - Annual Notice of Change (ANOC) explains changes from last years' coverage, (electronically—if enrollee has opted into receiving electronic version)
  - Explanation of Coverage (EOC) explains coverage and costs for following year's coverage

Review your plan before open enrollment!

Ask for Help

Call your HTC social worker and/or work with someone knowledgeable about Medicare in your state who can provide unbiased advice



State Health Insurance Assistance Program (SHIP)

- Free health insurance counseling program for people with Medicare and their families
- Visit shiptacenter.org
- Call 1-800-MEDICARE (1-800-633-4227)

Open Enrollment Resources

- 2022 “Medicare & You” Handbook
- Plan’s Annual Notice of Change (ANOC) and/or Evidence of Coverage (EOC)
- State Health Insurance Assistance Program (SHIP)
- 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048
- Medicare.gov/plan-compare
- Plans’ websites

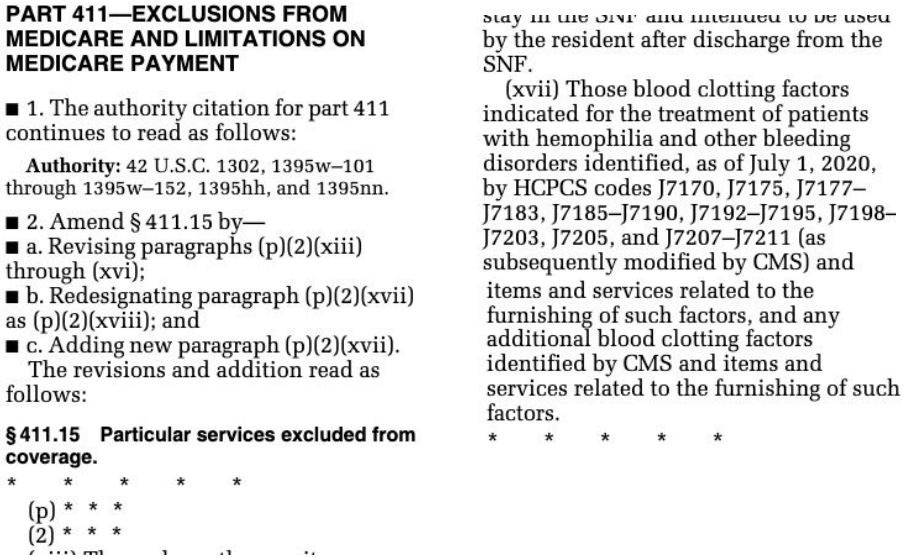
SNF Law Implementation

Included in HR 133, The Consolidated Appropriations Act, 2021

- End of year funding/COVID relief package passed by Congress on Dec. 21, 2020
- Took effect Oct. 1, 2021

Reminders:

- CMS will be issuing program guidance for the exclusions
- Education of SNFs via their association
- Providing education to HTCs and chapters about new policy
- Medicare SNF benefit covers a short-term stay (less than 100 days) following a Medicare-approved hospital admission.



PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

■ 1. The authority citation for part 411 continues to read as follows:

Authority: 42 U.S.C. 1302, 1395w–101 through 1395w–152, 1395hh, and 1395nn.

■ 2. Amend § 411.15 by—
■ a. Revising paragraphs (p)(2)(xiii) through (xvi);
■ b. Redesignating paragraph (p)(2)(xvii) as (p)(2)(xviii); and
■ c. Adding new paragraph (p)(2)(xvii).

The revisions and addition read as follows:

§ 411.15 Particular services excluded from coverage.

* * * * *

(p) * * *

(2) * * *

stay in the SNF and intended to be used by the resident after discharge from the SNF.

(xvii) Those blood clotting factors indicated for the treatment of patients with hemophilia and other bleeding disorders identified, as of July 1, 2020, by HCPCS codes J7170, J7175, J7177–J7183, J7185–J7190, J7192–J7195, J7198–J7203, J7205, and J7207–J7211 (as subsequently modified by CMS) and items and services related to the furnishing of such factors, and any additional blood clotting factors identified by CMS and items and services related to the furnishing of such factors.

* * * * *

- Initial Tx covered in final rule
- Every year the rule is released, and updates are made
- Products can be added during the comment period

Questions

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Thank you for joining us!

Reminder: this webinar is part of a series of educational webinars presented by the Hemophilia Council of California.

A recording and slides will be available soon at http://www.hemophiliaca.org/programs/webinars/

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