

WELCOME !

October 17, 2022



The ALS Association

National Office-Care Services

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Enrolling in Medicare, Medicaid, and Other Insurance

Guest Speaker:

Courtney Jones

Senior Director

Patient Advocate Foundation



Eligibility and Enrollment : Medicare, Medicaid and Other Insurance

Courtney Jones
Senior Case Management Director
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Our Mission

Patient Advocate Foundation (PAF) is a national 501(c)3 non-profit organization which provides case management services and financial aid to Americans with chronic, life-threatening and debilitating illnesses.

Our History

PAF was founded in 1996 by Nancy Davenport-Ennis and John H. (Jack) Ennis to help address the issues faced by patients like their friend Cheryl Grimmel who had to battle not only her breast cancer but for access to affordable treatments. In PAF's first year Nancy and a part-time volunteer staff of 2 provided case management assistance to 157 patients with access barriers to prescribed care. Fast-forward to 2019, we've helped a cumulative total of more than 1.3 million patients nationwide with support provided by more than 200 staff.

Agenda

General Health Insurance Options

Medicare

Medicaid

Long Term Care

Marketplace Plans

HEALTH INSURANCE DEFINED

Health insurance is an agreement made with an insurance company to jointly cover the costs of your healthcare.



WHAT IS IT?



- Covers medical expenses for illnesses, injuries, and health conditions
- A way of paying for medical bills and health care costs
- Unlike other types of insurance, your policy won't be terminated based on the number of claims you file or how frequently you use your insurance

HEALTH INSURANCE OPTIONS

From your state or the federal government:

Medicare

Medicaid (called something different in each state e.g., MediCal and MaineCare)

Your employer:

Group coverage plan at your job or your spouse or partner's job

Through your parent's plan if under age 26

From the individual market:

ACA Health Insurance Marketplace or Health Insurance exchange for your state

Directly from a private insurance company, insurance broker or agent

Online insurance seller

Military or Veteran Administration (VA) benefits for military personnel

Buying through an association or membership organization

Continuing employer coverage from your former employer under COBRA

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MEDICARE

What is it and How to Enroll



WHAT IS MEDICARE?



Federal Health Insurance

Medicare is a federal health insurance program that began in 1965 and is overseen by CMS, Centers for Medicare and Medicaid Services, a department of Health and Human Services(HHS). Medicare is intended for people aged 65 or older, people younger than 65 that have been deemed disabled, people with End-Stage-Renal Disease that require dialysis or transplant and people with ALS that have been deemed disabled.



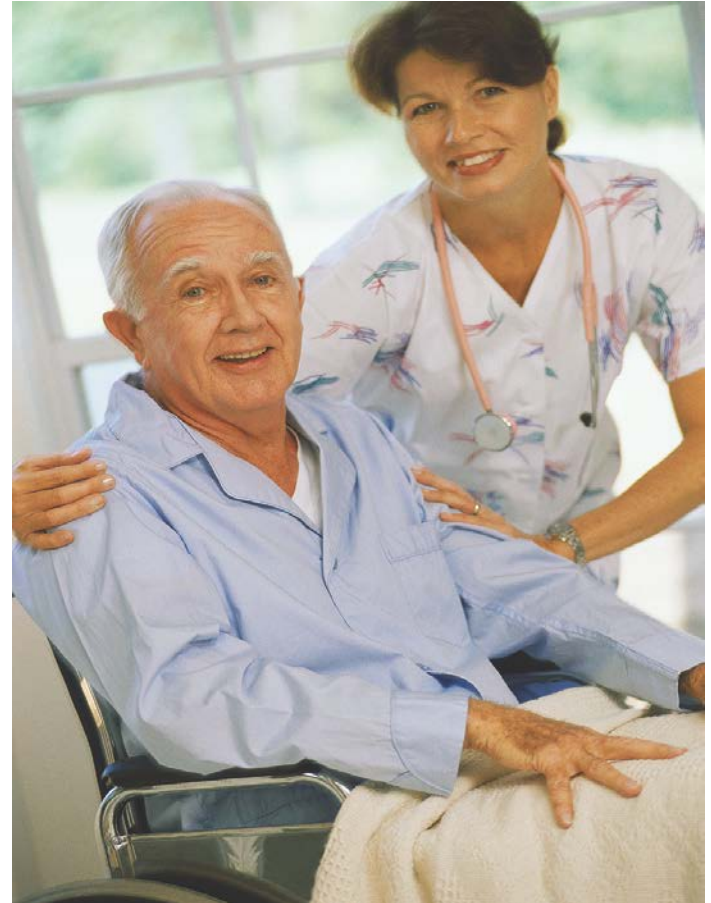
MEDICARE PART A & B

Part A - Hospital Insurance

Medicare Part A is Hospital insurance, which is included in original Medicare. It covers hospital stays, skilled nursing facility care, hospice, and some home health care. Part A can be premium-free if you or your spouse paid Medicare taxes for a certain amount of time while working.

Part B - Medical Insurance

Medicare Part B provides coverage for outpatient care, certain doctor services and tests, home health services, durable medical equipment and supplies, preventive services, and certain outpatient prescription drugs under limited conditions. Your monthly Part B premium will be based off your MAGI. Usually, most people will pay the standard monthly Part B premium.





Prescription Drug Coverage

Medicare Part D provides coverage for prescription drugs. There are specific Medicare approved plans that you can choose to enroll in for prescription coverage. Each plan varies in the drugs that are covered and the cost.



OTHER MEDICARE OPTIONS

Medicare Advantage Plans: Part C

Medicare Advantage Plans are considered an “All in One” or “Bundled” plan. This can be an alternative to Original Medicare. The Advantage Plans include Part A, Part B, and usually Part D into one plan. These plans must still follow Medicare's coverage rules.

Medigap Plans: Also known as Medicare Supplemental Plans

Medicare supplemental insurance also known as Medigap plans, help cover remaining health care costs you have after Original Medicare such as co-payments, co-insurance, and deductibles.

WHO IS ELIGIBLE FOR MEDICARE?



If you're 65 or older.

You qualify for full Medicare benefits if:

- **You are a U.S. citizen** or a permanent legal resident living in the US for at least 5 years
- **You are receiving Social Security or railroad retirement benefits** or have worked long enough to be eligible for those benefits but are not yet collecting them
- **You or your spouse is a government employee** or retiree who has not paid into Social Security but has paid Medicare payroll taxes while working

YOUNGER THAN 65?

You have been entitled to Social Security disability benefits for at least 24 months

You receive a disability pension from the Railroad Retirement Board and meet certain conditions; or

You have Lou Gehrig's disease, also known as amyotrophic lateral sclerosis (ALS), **which qualifies you immediately**; or

You have permanent kidney failure (ESRD) requiring regular dialysis or a kidney transplant, **which qualifies you immediately**

MEDICARE PREMIUMS

Paying premiums for Part A, the hospital insurance. If you continue working until you gain 40 credits, you will no longer pay these premiums.

You pay the maximum premium, up to \$506 in 2023.

Annual deductible: \$1600 Coverage: Coinsurance for each benefit period

Paying the same monthly premiums for Part B, which covers doctor visits and other outpatient services, as other enrollees pay. In 2023, the amount will be \$164.90 for individuals. Rates are higher for people with higher incomes.

Annual deductible: \$226 Coverage: 80% Medicare 20% Itemized charges
(20% coinsurance is *unlimited*)

Paying the same monthly premium for Part D prescription drug coverage as others enrolled in the drug plan you chose.



MEDICARE ENROLLMENT PERIODS

	INITIAL ENROLLMENT PERIOD (IEP)	GENERAL ENROLLMENT PERIOD (GEP)	SPECIAL ENROLLMENT PERIOD (SEP)	ANNUAL ENROLLMENT PERIOD (AEP)	OPEN ENROLLMENT PERIOD (OEP)
WHO NEEDS	Turning 65	Missed IEP	Previous Employer-based coverage	Medicare Plan Enrollees	Medicare Advantage (MA) Enrollees
PURPOSE	Enroll in Original Medicare	Enroll in Medicare Part A or Part B	Enroll in Medicare Part A or Part B	Reevaluate coverage & Make Changes	One-time change to MA Plan
WHEN	3 months before 65th birthday through 3 months after	January 1 - March 31	8 months from termination of employer coverage	October 15 - December 7	January 1 - March 31

LATE ENROLLMENT PENALTY

If you decide not to enroll into Medicare during your Initial Enrollment Period (IEP) and do not meet any of the certain conditions for a Special Enrollment Period (SEP), you may accrue a Late Enrollment Penalty.

Part A

If you must buy Medicare Part A and did not do so during your Initial Enrollment Period, your monthly premium may go up 10% for double the number of years you didn't have Part A

Part B

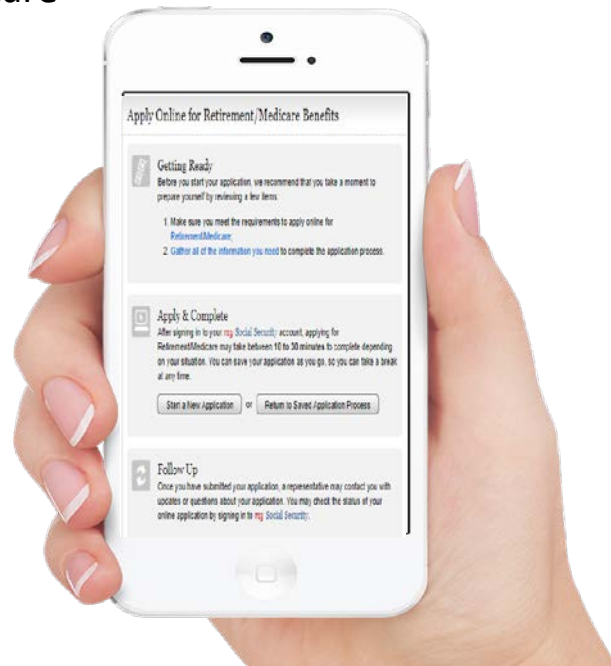
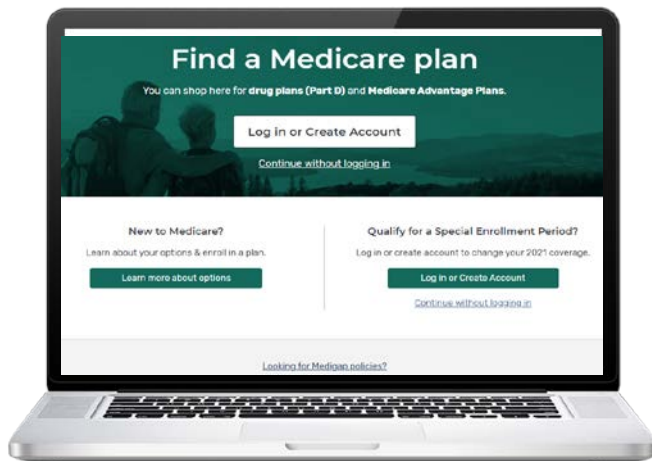
If you did not enroll into Medicare Part B during your Initial Enrollment Period, your penalty will increase by 10% each full year you continue to go without Part B coverage. This penalty will last for as long as you have Medicare Part B

Part D

If there is a period of 63 days or more after your Initial Enrollment Period that you do not have Part D or creditable drug coverage you will be penalized for late enrollment. The cost of the Late Enrollment Penalty will depend on how long you go without coverage

HOW TO APPLY

To apply for Medicare Part A and B you will enroll through the SSA.gov website. You will be enrolled into Medicare Part A and B unless you chose differently. You may choose to enroll into a Part D plan, Medigap policy or a Medicare Advantage Plan.



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MEDICAID

What is it and How to Enroll

WHAT IS MEDICAID?

Medicaid in the United States is a federal and state program that helps with medical costs for some people with limited income and resources. Eligibility rules differ between states

It is a government insurance program for persons of all ages whose income and resources are insufficient to pay for health care.

Medicaid also offers benefits not normally covered by Medicare, including nursing home care and personal care services.



In general, to qualify for Medicaid in a state, you must:

- ✓ Reside in that state
- ✓ Belong to an eligibility group specified in the federal Medicaid law or an optional group covered by that state
- ✓ Meet certain financial and resource requirements

Mandatory Coverage Groups

- ☐ Families with minor children
- ☐ Persons with disabilities

Most SSI recipients automatically eligible for Medicaid

- ☐ Older persons (age 65 or older)
- ☐ Medicare Buy-In Groups (QMB, SLMB, QI)

Optional Coverage Groups

- ☐ Medicaid Expansion (18-64)
- ☐ Medically Needy (with share of cost)

HOW AND WHERE TO APPLY

You can apply for Medicaid at any time:

- At [HealthCare.gov](https://www.healthcare.gov)
- By phone, by mail, or in person at your local agency

Date of Eligibility:

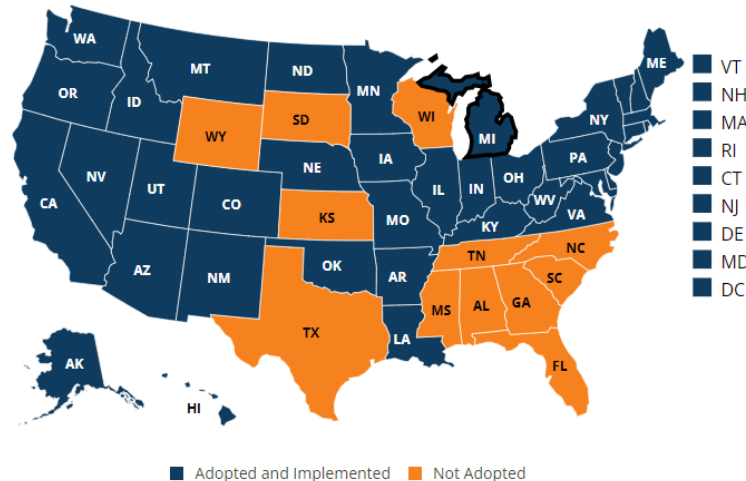
- Date of application or at state option, the first day of that month
- Retroactive eligibility up to 3 months prior if applicant met eligibility requirements and requests retro eligibility screening



MEDICAID EXPANSION

Some states have expanded their Medicaid programs to cover all people with household incomes below a certain level.

In states that have expanded Medicaid coverage: You can qualify based on your income alone. If your household income is below 133% of the federal poverty level, you qualify. (A few states use a different income limit.)



MEDICARE SAVING PROGRAM (MSP)

Medicare Saving Programs (MSP) help cover Medicare premiums and cost-sharing for those with Medicare who have limited incomes and resources and don't qualify for full Medicaid.

Benefits of enrolling in a Medicare Savings Program:

- No Part B late enrollment penalty
- Those eligible automatically get the Part D Low Income Subsidy/Extra Help.

MSPs are known by different names in some states. In your state, you may hear it referenced as:

- Medicare Buy-In Programs
- Medicaid Buy-In Programs
- Medicare Assistance Programs
- Dual Eligible

DIFFERENT TYPES OF MSP'S

QMB

- Medicaid pays for Part A (if any) and Part B premiums.
- Medicaid may pay for deductibles, coinsurance, and copayments for Medicare services furnished by Medicare providers to the extent consistent with the Medicaid State Plan

SLMB and QI

- Medicaid pays for Part B premiums.



LONG TERM CARE MEDICAID

Long Term Care is a required benefit under Medicaid. The patient must meet documented medical level of care and typically requires a separate application from general Medicaid.

May spend down income except for small monthly personal needs allowance, to qualify.

- Must spend most income on care minus a small personal needs allowance (generally \$30-\$75 monthly)
- There are many complex rules around assets and topics such as asset transfers, community spouse resources, and personal spending allowances

Long Term Services & Supports (LTSS) include:

- Skilled Nursing (Institutional or private duty)
- Help with Activities of Daily Living (ADL) (Bathing, eating, meal prep, household chores)
- Supplies (wheelchairs, adult diapers, etc.)

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MARKETPLACE PLANS

What is it and How to Enroll

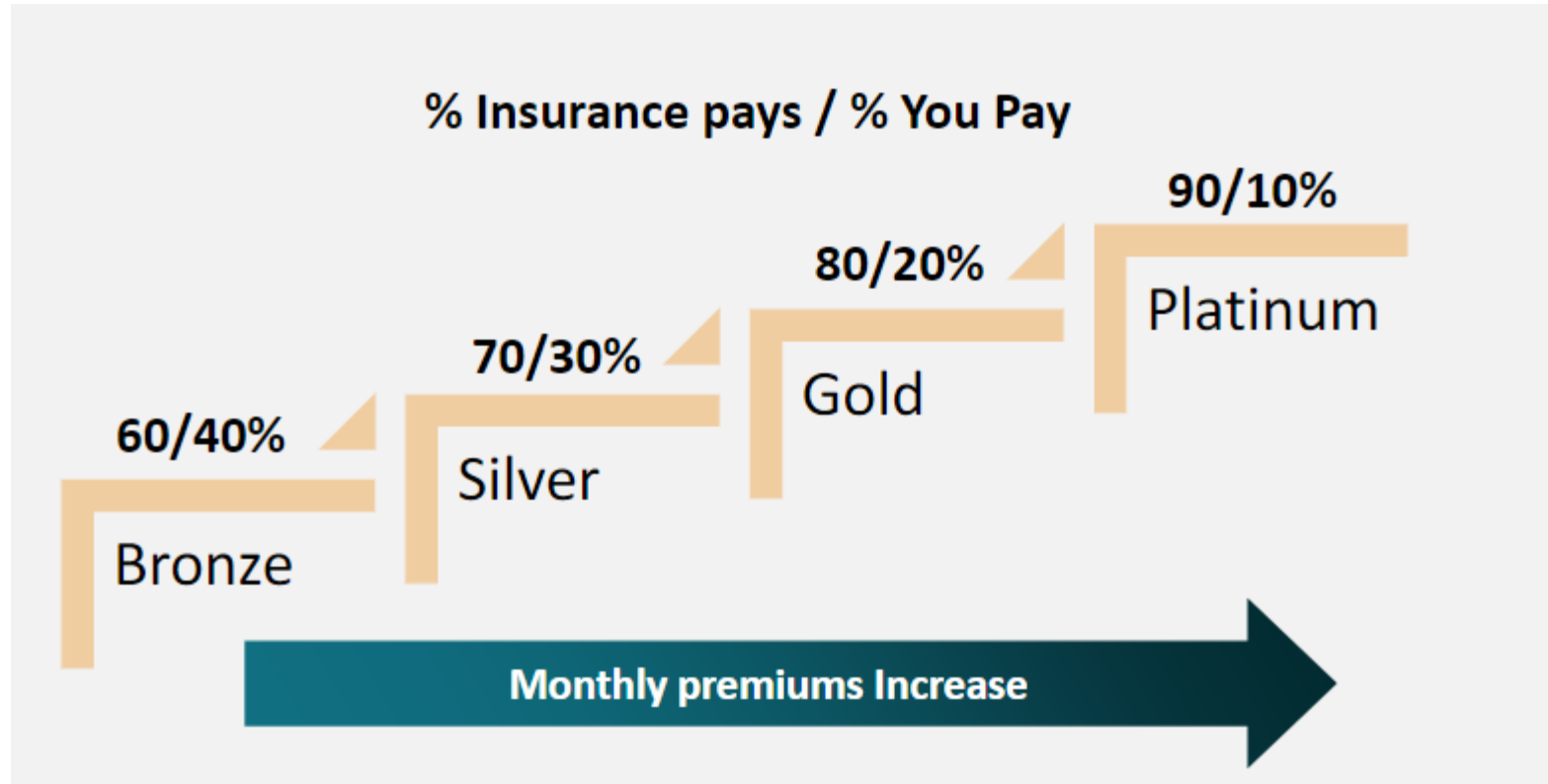
Marketplace Open Enrollment Begins Each Year On November 1st

- Deadline for enrollment is January 15th
- Coverage can start as soon as January 1st if you enroll by Dec. 15, 2022
- Open Enrollment lasts 45 days, in most states
- Your state may have extended deadlines, enter zip code in www.healthcare.gov for further details
- After January 15, you can enroll in 2023 health insurance only if you qualify for a Special Enrollment Period.

MARKETPLACE IS A GREAT OPTION FOR:

- Those who don't get insurance through employer
- Part-time workers
- Gig workers or independent contractors
- Those who turn 26 and can no longer be on their parents' insurance
- Those who don't qualify for Medicaid but need financial help to afford insurance

MARKETPLACE – WHAT DOES IT COST



MARKETPLACE – FINANCIAL ASSISTANCE

- **Premium tax credits** Can lower the amount of your monthly premiums for plans of any metal level.

Eligible if your household income (HHI) is between 100% and 400% of the federal poverty level (FPL).

- **Cost-sharing reductions** Can lower your deductible or out-of-pocket costs when you get medical services – but these only apply if you select a silver plan.

Cost Sharing Reduction (Extra Savings)

A discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance

If you qualify, you must enroll in a plan in the Silver category to get the extra savings.

- When you fill out a Marketplace application, you'll find out if you qualify for premium tax credits and extra savings. You can use a [premium tax credit](#) for a plan in any metal category. But if you qualify for extra savings too, you'll get those savings only if you pick a Silver plan.
- If you qualify for cost-sharing reductions, you also have a lower out-of-pocket maximum — the total amount you'd have to pay for covered medical services per year. When you reach your out-of-pocket maximum, your insurance plan covers 100% of all covered services.

1. **Gather** names of doctors and medicines important to you.
2. **Identify** your plan options at [healthcare.gov](https://www.healthcare.gov)
3. **Estimate** your costs
4. **Compare** plans against your budget



IMPORTANT LINKS AND PHONE NUMBERS

**To apply and enroll, visit www.healthcare.gov
By phone: Marketplace Call Center at 1-800-318-2596**

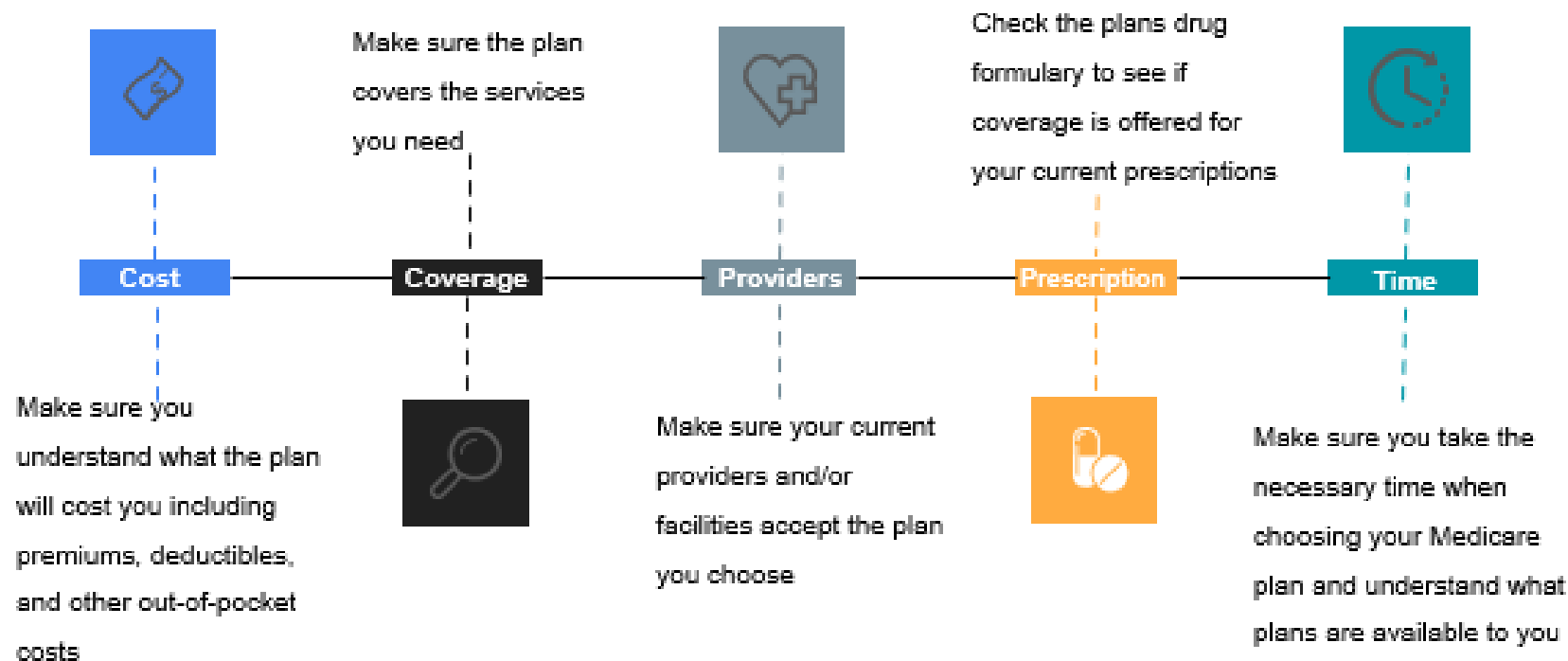
To qualify for financial assistance, you must enroll through healthcare.gov or your state's exchange. More details:

Premium tax credits: <https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/>

Cost sharing reductions: <https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>



TIPS FOR CHOOSING A PLAN





THANK YOU

Connect with a Case Manager!

Call us at 800-532-5274

We're here for you:
Monday to Friday
8:30 AM to 5:00 PM Eastern Time
We're closed for major holidays.

