

Medicare in 2009

Current Topics

Legislative Updates

CHIPRA of 2009

Children's Health Insurance Program Reauthorization Act

CHIPRA of 2009

- Reauthorized SCHIP
 - Health insurance for children
 - Now called CHIP
- Federal/State partnership
- States set own guidelines within Federal rules
- States can establish
 - Medicaid Expansion program
 - Separate CHIP program
 - Combination of the two

MIPPA of 2008

Medicare Improvements for Patients and
Providers Act of 2008 (MIPPA) PL-110-275

Coverage of Preventive Services

- Changes to Welcome to Medicare Exam
 1. Adds body mass index measurement
 2. Adds end-of-life planning
 3. Deletes EKG as required service
 4. Waives Part B deductible
 5. Extends eligibility period from 6 months to 1 year
- Effective on or after January 1, 2009

Reduce Coinsurance for Outpatient Psychiatric Services

- Beginning 2010
- Certain Part B outpatient mental health services copayment phased down
 - From 50% to 20% over 5-year period (2010-2014)
 - Copayment 20% beginning 2014

Improvement to the Medigap Program

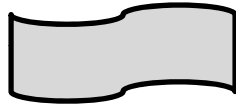
- Requires NAIC Medigap Model modernization
- Medigap carriers offering more than Plan A must offer **either** Medigap Plan C or F
- Clarifies MA supplement insurance must meet Medigap standards

MIPPA Medigap Changes

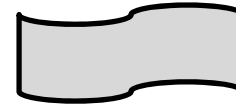
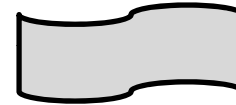
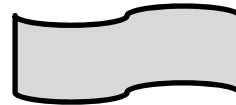
- Effective June 1, 2010
- Adds hospice coverage
 - Basic benefit to all plans
- Deletes preventive services
- Deletes at-home recovery
- Creates new Plans D & G, and M & N
- Eliminates E, H, I, and J Plans

Medigap – June 1, 2010

- Plan A
- Plan B
- Plan C
- Plan D
- Plan F



- Plan G
- Plan K
- Plan L
- Plan M
- Plan N



2010 MIPPA Medigap Changes

(* denotes new plans and benefits)

Basic Benefits	Deleted Coverage	Deleted Plans	Plan D	Plan G	Plan M *	Plan N *
<p>Add Hospice Coverage- Part A coinsurance*</p> <p>(Part A coinsurance + 365 days; Part B coinsurance or copayments for outpatient; blood, first 3 pints per year)</p>	<p>Preventive Services; No In-Home Recovery</p>	<p>E, H, I, J</p>	<p>Basic, including 100% Part B coinsurance</p> <p>Skilled Nursing Facility coinsurance</p> <p>Part A deductible</p> <p>Foreign Travel Emergency</p> <p>(In-Home recovery deleted)</p>	<p>Basic, including 100% Part B coinsurance</p> <p>Skilled Nursing Facility coinsurance</p> <p>Part A Deductible</p> <p>100% Part B Excess *</p> <p>Foreign Travel Emergency</p> <p>(In-Home Recovery deleted)</p>	<p>Basic, including 100% Part B coinsurance</p> <p>Skilled Nursing Facility coinsurance</p> <p>50% Part A Deductible</p> <p>Foreign Travel Emergency</p>	<p>Basic, including 100% Part B coinsurance (except up to \$20 office visit copayment; up to \$50/ER)</p> <p>Skilled Nursing Facility coinsurance</p> <p>Part A deductible</p> <p>Foreign Travel Emergency</p>

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2010 Carryover Medigap Plans

Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L
<p>Basic, including 100% Part B coinsurance</p> <p>(Basic= Part A coinsurance + 365 days; Part B coinsurance or copayments for outpatient; blood, first 3 pints per year; hospice [Part A coinsurance])</p>	<p>Basic, including 100% Part B coinsurance</p> <p>Part A deductible</p>	<p>Basic, including 100% Part B coinsurance</p> <p>Part A deductible</p> <p>Skilled Nursing Facility (SNF) coinsurance</p> <p>Part B deductible</p> <p>Foreign Travel Emergency</p>	<p>Basic, including 100% Part B coinsurance</p> <p>Part A deductible</p> <p>Skilled Nursing Facility (SNF) coinsurance</p> <p>Foreign Travel Emergency</p>	<p>Basic, including 100% Part B coinsurance</p> <p>Part A deductible</p> <p>Skilled Nursing Facility (SNF) coinsurance</p> <p>Part B deductible</p> <p>100% Part B Excess</p> <p>Foreign Travel Emergency</p> <p>* Also a high deductible option of \$2,000</p>	<p>Basic, including 100% Part B coinsurance</p> <p>Part A deductible</p> <p>Skilled Nursing Facility (SNF) coinsurance</p> <p>100% Part B Excess</p> <p>Foreign Travel Emergency</p>	<p>Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%</p> <p>50% Skilled Nursing Facility (SNF) coinsurance</p> <p>50% Part A deductible</p> <p>Out-of-pocket limit (\$4,620); paid @ 100% after limit reached</p>	<p>Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%</p> <p>75% Skilled Nursing Facility (SNF) coinsurance</p> <p>75% Part A deductible</p> <p>Out-of-pocket limit (\$2,310); paid @ 100% after limit reached</p>

Full LIS Subsidy Assets Test Under MSP

- Increases amount of resources applicants are allowed to have
- Resource limit will be the same as resource limit for full extra help
- Effective January₁ , 2010

Eliminating Enrollment Barriers

- New requirements for SSA
 - Increased outreach
 - Enrollment support for extra help/LIS applications
 - Train SSA personnel in processes
- SSA required to
 - Transmit application data directly to states
 - Coordinate outreach with states
 - Consider date of application for LIS the date of application for MSP beginning January 1, 2010

Eliminating Application of Estate Recovery

- Medicare cost-sharing benefits paid under the MSP exempt from estate recovery
 - QMB
 - SLMB
 - QI
 - QDWI
- Effective January 1, 2010

Income and Resources Exclusions

- Eligibility for extra help exclusions
 - Life insurance policies from countable resources
 - In-kind support and maintenance from countable income
- Effective January 1, 2010

Extension of Exception Process for Therapy Caps

- Mandated by Balanced Budget Act of 1997
- Due to expire on December 13, 2007
- MIPPA extended through December 31, 2009
- Limits for 2009
 - \$1,840 for physical therapy and speech-language pathology services combined
 - \$1,840 for occupational therapy services
 - Outpatient therapy services excepted from caps

DMEPOS Supplier Accreditation & Surety Bond Requirements

- **DEMPOS Suppliers Must**
 - Be accredited by October 1, 2009
 - Have a surety bond in place by October 2, 2009
- **Non-Accredited suppliers can't bill Medicare**
- **Beneficiary must use accredited supplier or may have to pay out-of-pocket**

DMEPOS Supplier Accreditation & Surety Bond Requirements

- Supplier should arrange removal after replacement equipment/supplies are received
- Call 1-800-MEDICARE to report problems
- To find an accredited supplier
 - Old supplier may refer to accredited supplier
 - Visit www.medicare.gov and select “Find Suppliers of Medical Equipment in Your Area”
 - Call 1-800-MEDICARE (1-800-633-4227)

DMEPOS Supplier Accreditation & Surety Bond Requirements

■ Educational Efforts

- Suppliers notify affected beneficiaries
- CMS letter to affected beneficiaries
- Educational materials
- Educate national and local partner/provider network and stakeholders (listserv messages and reminders during training sessions, ODFs, etc)

**American Recovery and
Reinvestment Act of 2009**
(Recovery Act)
(Public Law 111-5)

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Medicare Current Topics

Recovery Act

- 1. Qualified Individual Program**
- 2. Community Health Centers**
- 3. Disproportionate Share Hospitals**
- 4. Federal Medical Assistance Percentage**
- 5. Electronic Health Records**
- 6. COBRA**

1. Extension of Qualified Individual (QI) Program

■ QI Program

- Helps people with limited income and resources
 - At least 120% and less than 135% of FPL
- Pays Part B premium

■ \$562.5 million in additional funds

- Extends program to December 31, 2010

2. Community Health Centers

- Provide comprehensive primary care
- Provide preventive health care services
- For people with limited or no health insurance
 - Seniors
 - People with disabilities
 - Families covered by Medicare, Medicaid, and CHIP
- \$2 billion in additional funds
 - Renovations and repairs
 - Invest in health information technology
 - Provide critically needed health care services

3. Disproportionate Share Hospitals (DSH)

- Provide critical safety net
- Serve disproportional share of patients
 - Low-income
 - Uninsured
- States receive DSH allotment from Medicaid
- \$268 million in additional funding in FY 2009
 - States can access after they use existing FY 2009 DSH allotment

4. Federal Medical Assistance Percentage (FMAP)

- FMAP formula determines Federal funds states receive for Medicaid
 - Temporary increase of \$87 billion
 - Medicare/CHIP rolls increased due to loss of job-based health insurance
 - Helps protect about 20 million people from losing eligibility due to budget shortfalls
- Creates economic activity
- Jobs
 - Wages

5. Electronic Health Records (EHRs)

- Modernize the health care system
- Catalyst for adoption of Health IT by 2014
 - Supports health sector economic growth
 - Invests in 21st Century HIT
 - Devotes new Medicare and Medicaid resources
 - Encourages hospitals and physicians' offices to connect electronically

EHRs continued

- Electronic medical history
 - Kept by provider
 - May include
 - Demographics
 - Progress notes
 - Medications
 - Lab data/radiology reports
- Automates access to information

EHRs continued

- Expand incentives to adopt EHR technology
 - Beginning in 2011
- Devote new funds to health IT
 - Support nationwide health IT information exchange
 - Expand the pool of providers adopting EHRs
 - Promote interoperability in clinical data registries

EHRs continued

■ Incentive payments available

- Beginning January 2011
- For certain eligible professionals and hospitals
- Through Medicare and Medicaid
 - To “meaningful EHR users”
- Federal matching funds to states (Medicaid)

■ Penalties for failing to use EHRs

- Beginning in 2015

6. COBRA

- Extends EGHP coverage post-employment
 - Person paid entire premium
- New COBRA Provisions under Recovery Act
 - Will help provide coverage for 7 million
 - Pay 35% of premiums if involuntarily terminated
 - Reduction
 - Coverage beginning on or after Feb 17, 2009
 - Up to 9 months
 - Reimbursed to employer through a tax credit
 - No premium reduction prior to February 17, 2009

Coverage Updates

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Part C Updates

- Review of MA plans cost-sharing
- Plans offered must significantly differ from one another

Part D-related Updates

- Enrollment updates
- Negotiated prices
- Changes to appeals procedures under the Part D drug benefit
- Utilization management criteria

2009 Standard Benefit

Benefit Parameters	2009	2010
Deductible	\$295.00	\$310.00
Initial Coverage Limit	\$2,700.00	\$2,830.00
Out-of-Pocket Threshold	\$4,350.00	\$4,550.00
Total Covered Drug Spend at OOP Threshold	\$6,153.75	\$6,440.00
Minimum Cost-Sharing in Catastrophic Coverage	\$2.40/\$6.00	\$2.50/\$6.30
LIS Copayments	2009	2010
Institutionalized	\$0	\$0
Up to or at 100% FPL	\$1.10/\$3.20	\$1.10/\$3.30
Other LIS	\$2.40/\$6.00	\$2.50/\$6.30
Partial LIS Deductible/Cost-Sharing	\$60/15%	\$62/15%

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E-handbook

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Medicare E-Handbook

- Environmentally friendly
- Saves tax dollars
- Receive link to PDF of the handbook
- Easy sign up at www.mymedicare.gov
 - Sign up by May 31 to get e-handbook in 2009



2009 Workshops

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Medicare Current Topics

Face-To-Face Workshops

- Train-the-Trainer events
- Held annually in major U.S. cities
- Reach approximately 1,200 partners
 - Over 80% of attendees train others
- Trainers and participants work together
 - Discuss current issues and policy
 - Collaborate on how to share information

Face-To-Face Workshops

- New for 2009
 - Advanced track casework
 - Generational Learning
 - Computer Lab

This training module provided by the



National Medicare
Training Program

For questions about training products, e-mail
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