

A TRAINING FOR SOCIAL SERVICES STAFF, ADVOCATES AND
COMMUNITY BASED ORGANIZATIONS

What You Need To Know Now: Options for Seniors & People with Disabilities

Troubleshooting Changes for 2015
Coverage Options for Duals & SPDs
Medicare Transitions & Appeals Rights

2015 Updates for Alameda County Duals & Medi-Cal Only Beneficiaries

Wednesday, January 14th, 2015



TODAY'S PRESENTERS

- Introductions

- Elizabeth Edwards, Alameda Alliance for Health
- Shelly Grimaldi & Katharine Hsiao, Harbage Consulting
- Janet VanDeusen, Alameda County HICAP
- Wendy Peterson, Senior Services Coalition of Alameda County



OVERVIEW OF TODAY'S TRAINING

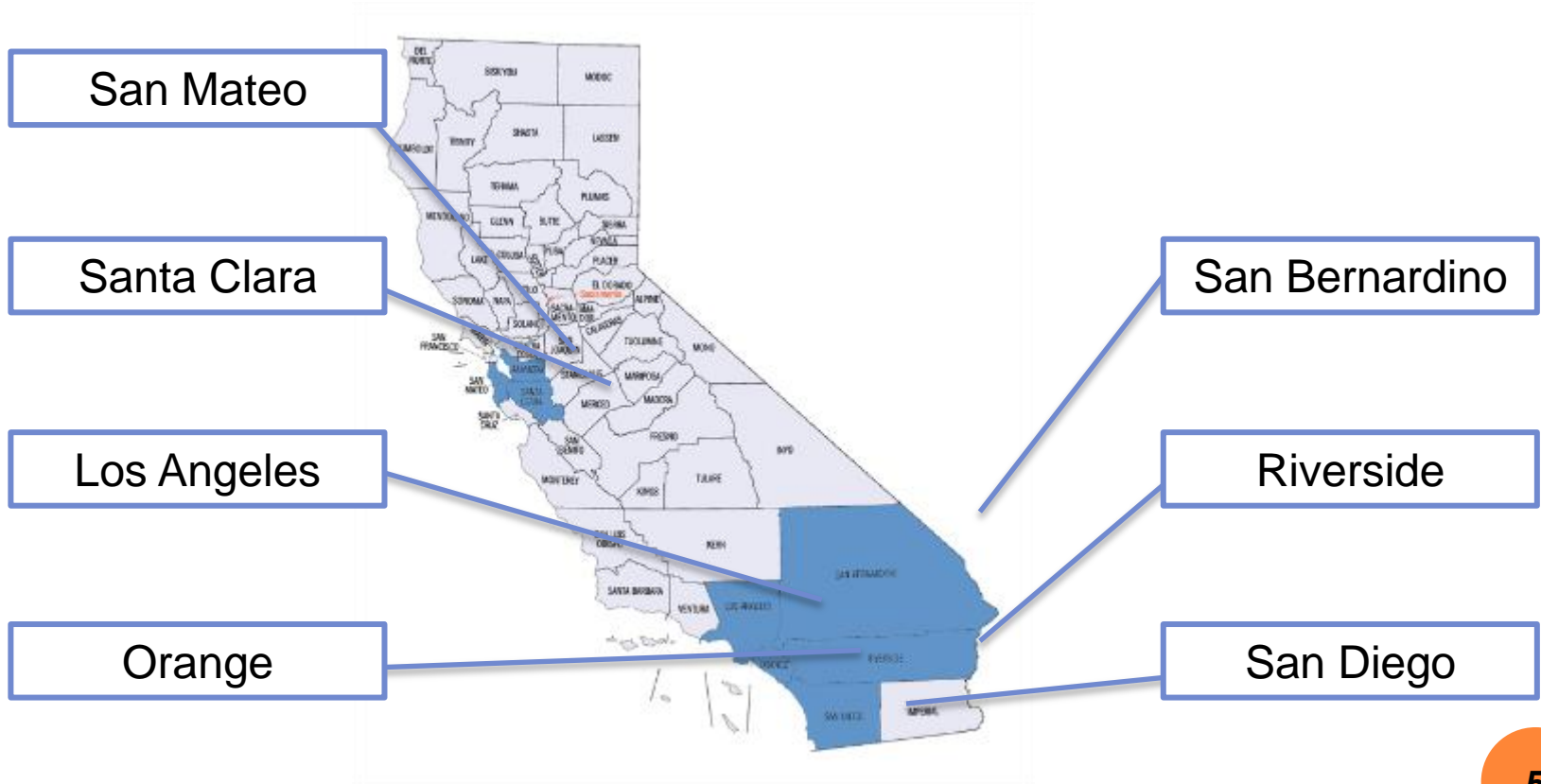
- Changes for 2015
- Coverage Options for Dual Eligibles (Medicare/Medi-Cal)
- Medicare Enrollment/Disenrollment & Transitions/Appeals Rights
- Coverage Options for SPDs (Medi-Cal only)
- Resources
- Question and Answers



CHANGES FOR 2015: CCI

- **The Coordinated Care Initiative is**
 - For individuals on Medicare and Medi-Cal (duals)
 - For individuals on Medi-Cal only (seniors and persons with disabilities).
 - A pilot project in certain counties, to better coordinate care
- **In November, the State decided not to launch the CCI in Alameda County**
 - This allows the Alameda Alliance to continue to focus resources on strengthening its services to current beneficiaries.
- **In Alameda County, the Alameda Alliance & Anthem Blue Cross will continue to provide Medi-Cal managed care to duals, SPDs and other Medi-Cal beneficiaries.**

REMAINING CCI COUNTIES



CHANGES FOR 2015: ALAMEDA ALLIANCE COMPLETECARE

The Alameda Alliance Complete Care (D-SNP) plan ended December 31, 2014

- 6,400 Dual Eligibles affected

If members did nothing, Medicare assigned them a stand-alone Part D plan for 2015 (blue letter)

- They reverted to fee-for-service Medicare/Medi-Cal in 2015

Duals have options, and can change plans at any time, effective the first of the next month

CHANGES FOR 2015: ALAMEDA ALLIANCE COMPLETECARE

Alliance Member Services/Care Advisor Unit will operate through March 2, 2015.

Former ACC members and family may call for help and referrals.

Medi-Cal coverage stays with the Alliance unless member makes a choice to disenroll.

Complete Care Members have the same choices as any dually eligible individual

CHANGES FOR 2015: ALAMEDA ALLIANCE COMPLETECARE

For help:

HICAP: 1-800-434-0222

1-800-MEDICARE or www.medicare.gov

Alliance Care Advisor Unit: 1-877-585-7526

Alliance Member Services Dept:
510-747-4567 or 1-877-932-2738

Medicare: Issues for 2015

1. About HICAP
2. Issues Affecting Dual Eligibles: Options
3. Issues Affecting ALL Medicare Beneficiaries:
 - Medicare Enrollment Periods
 - Appeals Process
 - Part D Issues:
 - Coverage Determinations
 - Exceptions
 - LINET
 - Best Available Evidence

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)



HICAP provides assistance with Medicare and related health insurance by offering objective information to consumers about their benefits and options.

- HICAP offers counseling appointments throughout Alameda County
- HICAP is a program of Legal Assistance for Seniors
- Difficult cases can be referred to the legal department at LAS.
- Services are free of charge



OPTIONS FOR DUAL ELIGIBLES: OPTION #1

Medicare and Medi-Cal Fee For Service plus a Medicare Part D plan

A stand alone Part D Prescription Drug Plan is assigned (or chosen) and can be changed

- There are 31 Part D plans for 2015
- Of these, 6 are zero premium “Benchmark” plans:
 - Aetna Medicare Rx Saver
 - Envision Rx Plus Silver
 - Humana Preferred Rx Plan
 - Silverscript Choice
 - Symphonix Health Rite Aid Value Rx
 - United Health Care (AARP) Medicare Rx Saver Plus

OPTIONS FOR DUAL ELIGIBLES: OPTION #2

Medicare FFS plus enroll into a Medi-Cal Managed Care plan plus a Part D plan

Medi-Cal Managed Care Plans in Alameda County:

- Alameda Alliance for Health
- Anthem Blue Cross

Medi-Cal Managed Care Plans pay the Medi-Cal reimbursement and may provide additional coverage, such as CBAS (Adult Day Health Services)

Enroll in a stand alone Medicare Part D (Benchmark) Plan

OPTIONS FOR DUAL ELIGIBLES: OPTION #3

Enroll in a Duals Special Needs Plan (DSNP)

Two choices in Alameda County in 2015:

- Care 1st Total Dual Plan (northern Alameda County only)
- Kaiser Senior Advantage Medicare/Medi-Cal plan (countywide)

Prescription drug coverage (Part D) is included

OPTIONS FOR DUAL ELIGIBLES: OPTION #4

Enroll in a Medicare Advantage plan
(may be subject to cost-sharing)

12 Medicare Advantage Plans in 2015

- Prescription drug coverage (Part D) included in 11 of 12

2 of the 12 will waive premiums and cost-sharing for duals:

- Care 1st Coordinated Choice Plan (northern Alameda County only)
- Easy Choice Plus Plan (county-wide)

OPTIONS FOR DUAL ELIGIBLES: OPTION #5

Enroll in a PACE plan (Program of All-Inclusive Care for the Elderly)

Option available to those determined eligible if they are:

- Are 55 or older and can live safely in the community
- Need a high level of care for a disability or chronic condition
- Live in a ZIP code served by a PACE health plan
- Prescription drug coverage (Part D) included

2 plans in Alameda County:

- Center for Elders Independence (Northern and Central Alameda County)
- On Lok (Southern Alameda County)

ISSUES AFFECTING ALL MEDICARE BENEFICIARIES

Medicare Enrollment/Disenrollment Periods

Medicare Beneficiary Rights

Part D Issues:

- Coverage Determinations
- Exceptions
- LINET
- Best Available Evidence

MEDICARE ENROLLMENT PERIODS

Enrollment into Medicare: General Enrollment Period January 1 – March 31

Can enroll in Parts A &/or B if didn't during initial opportunity

- **Effective July 1**

QMB can pay Part A if eligible

- important for immigrants without the 40 quarters – need green card/permanent residence or citizenship)
 - Income = \$973/month (individual) and \$1,311 (couple)
 - Assets = \$7,160 (individual) and \$10,750 (couple)

MEDICARE ENROLLMENT PERIODS: PART C&D PLANS

Enrollment into Part C & D Plans: Special Enrollment Periods (SEPs)

- Those who lose insurance (e.g., group insurance, full Medi-Cal coverage) can enroll 2-3 months after event
- Exceptional Circumstances: CMS grants SEPs on a case by case decision
 - Ex: Aetna Part D Plan misstated pharmacy network on Medicare.gov
- Those with LIS/Extra Help (including all duals) can change plans monthly

MEDICARE ENROLLMENT PERIOD: 5 STAR PLANS

Special Enrollment Periods (SEPs) for 5 Star Plans

December 8 – November 30

- Can enroll in a plan rated with “Five Stars” once during this period
- Kaiser Senior Advantage is the only 5 Star plan in Alameda County for 2015
- For more on SEPs, see:
<http://www.cahealthadvocates.org/basics/index.html>
or
http://www.medicareinteractive.org/uploadedDocuments/mi_extra/SEP-Chart.pdf or
<http://www.medicare.gov/Pubs/pdf/11219.pdf>

MEDICARE DISENROLLMENT PERIOD: MA PLANS

Medicare Advantage Disenrollment Period January 1 – February 14

- Can disenroll from an MA plan and return to Fee For Service Medicare with a stand-alone Part D Plan, effective the first of the following month
- Cannot change from one MA plan to another
- Dual Eligibles and those on LIS do not need this disenrollment period; they can change any time.

MEDICARE BENEFICIARY RIGHTS

These rights apply to Dual Eligibles and
ALL Medicare beneficiaries:

- Medicare Appeals (Parts A/B/C/D)
- Medicare Part D Transition Rights: help to get prescription drug coverage after plan changes
- Medicare Part D Appeals: Coverage Determinations and Exceptions

MEDICARE APPEALS

- Individuals who are denied treatment, service, or a drug, Medicare Parts A, B, C (MA) and D (Rx) decisions can appeal. There are different processes and timeframes depending on the Part of Medicare.
- If Medicare does not pay for an item or service, or you do not receive an item or service you think you should, you can appeal.
- Resources:

Legal Assistance for Seniors/HICAP: 510-839-0393

<http://www.cahealthadvocates.org/appeals/>

MEDICARE PART D RX TRANSITION RIGHTS

- Individuals who need drug coverage when a plan changes:
 - Entitled to a one time 30 day supply of an ongoing medication during the first 90 days in plan
 - Applies to Part D stand alone plans AND Medicare Advantage plans with Part D
 - Applies to members new to a plan and to continuing members when the formulary has changed
 - Plan must supply written notice of these rights (mailed within 3 days of a temporary fill)
 - Fact sheet at www.nscl.org (search “transition drug refills”)

MEDICARE PART D APPEALS

File a Coverage Determination for an Rx when:

- A drug is subject to prior authorization, step therapy, quantity limits and is denied
 - A drug is not on the formulary (not covered)
 - Requesting reimbursement for out of pocket payment
-
- Pharmacy must provide written notice explaining how to contact plan; translation or interpretation should be available for limited English proficient persons
 - Normal timeframe is 72 hrs for a reply; can expedite determination if the doctor makes request (& plan must respond within 24 hours).
 - If denied, there are five levels of appeals. See: <http://www.cahealthadvocates.org/appeals/d-denied.html>

MEDICARE PART D APPEALS

- Request an Exception for an Rx when
 - a needed drug is not on the formulary, or
 - a drug is covered, but at a higher copay or tier
- Doctor must write a supporting statement
 - If granted, exception remains in effect for calendar year
 - If denied, 5 additional levels of appeal are available
- Resource:
<http://www.cahealthadvocates.org/appeals/d-denied.html>

MEDICARE PART D: LINET

Because of timing issues, some Medicare beneficiaries who receive “Extra Help” (aka the “Low Income Subsidy”) are not yet enrolled in a Part D plan.

LINET (Limited Income NET) provides temporary “point of sale” coverage until enrolled in a Part D plan. Pharmacists submit claims.

Administered by Humana: 1-800-783-1307 or <https://www.humana.com/pharmacy/pharmacists/linet>

MEDICARE PART D: BAE

For individuals who qualify for “Extra Help” but not showing as eligible at the pharmacy:

- Instead of being charged higher amounts, beneficiary can submit evidence of eligibility to the plan directly by fax or email.
- Plan must update records and work with Medicare to correct information.
- Name, DOB, Medicare number, and documentation must be provided (e.g., proof of Medi-Cal or SSI eligibility, etc.)
- Resource: <https://www.cms.gov/outreach-and-education/outreach/partnerships/downloads/11325-P.pdf>

HEALTHPAC PART D ISSUE

- **Ended 12/31/14 for many beneficiaries.** In 2015, this Alameda County safety net plan is available only for undocumented immigrants.
- It is **not** available to those with other options (Medi-Cal, Medicare, Covered California, etc.)
- For those who lost HealthPAC 12/31 and who did not sign up for a Part D plan for 2015:
 - screen for Extra Help (ongoing SEP)
 - request “Exceptional Circumstances” SEP
 - Enroll in Kaiser Five Star plan SEP

FOR A LOCAL HICAP APPOINTMENT

- Call (800) 434-0222
- Or (510) 839-0393

Visit our website

www.lashicap.org/hicap

- to find a presentation in your area or to arrange one for your group
- To see the HMO and SNP Comparison Charts for 2015



IMPLICATIONS FOR ALAMEDA COUNTY SPDs

- Seniors and People with Disabilities who have Medi-Cal only (no Medicare)

SPDS HAVE OPTIONS

Seniors and Persons with Disabilities who have Medi-Cal-only have options:

- Plan choices:
 - Anthem Blue Cross
 - Alameda Alliance for Health
 - PACE Plans (CEI/On Lok) if have chronic care needs
- Medi-Cal Managed Care Plans provide
 - Coverage for Adult Day Health Care (CBAS)
 - Full Medi-Cal health care coverage, including prescription drugs
- PACE Plans provide a full range of health and supportive services (medical, therapy, homecare, ADHC, transportation, skilled nursing, care management, etc)

SPDs HAVE OPTIONS

- SPDs may be eligible for IHSS and CBAS/ADHC regardless of which plan they enroll in
- Skilled nursing facility coverage will continue though fee for service Medi-Cal
 - Note: Managed care plans cover the month of admission and the FULL month after. If care is needed for a longer period of time, Medi-Cal plans must disenroll the SPD to FFS Medi-Cal

SPDs HAVE RIGHTS

- SPDs can change managed care plans any time throughout the year
- SPDs can file appeals and grievances; BayLegal may be able to help
- SPDs have the right to a state fair hearing
- A comprehensive guide to SPD Medi-Cal rights is available at:
<http://www.disabilityrightsca.org/pubs/549501.pdf>

SPDS HAVE OPTIONS

To enroll or switch Medi-Cal plans:

Contact Health Care Options 1-844-580-7272

To inquire about PACE:

Center for Elders Independence 1-510-433-1150

OnLok Lifeways 1-888-886-6565

To obtain legal advice about Medi-Cal coverage:

- Contact Bay Area Legal Aid Health Consumer Center:
- 1-855-693-7285

LTSS “BUSINESS AS USUAL”

LTSS services will remain available to duals and SPDs:

- Duals and SPDs may be eligible for IHSS regardless of what plans they are in (PACE members receive services through plan)
- Medi-Cal’s CBAS coverage for Adult Day Health Care continues to be available
 - through Medi-Cal managed care plans for duals & SPDs
 - duals in a matching D-SNP or MA plan can access through the match (e.g., Kaiser uses Alameda Alliance for CBAS)
 - duals in a non-matching D-SNP or MA plan can access through FFS Medi-Cal (e.g., Care 1st)

CONTACTS

- Future trainings: Wendy Peterson,
wendy@seniorservicescoalition.org
- Medicare / CompleteCare Closure:
Alameda HICAP (510) 893-0393
- Coordinated Care Initiative Cancellation:
shelly@harbageconsulting.com
- Legal issues with Medi-Cal:
Bay Area Legal Aid (510) 663 4744



THANK YOU

THANK YOU FOR
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