



Center for
Health Care Rights

MEDICARE UPDATES FOR 2022

Huntington Hospital Senior Care Network
Tele-Noon Hour Program

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SHIP

State Health Insurance
Assistance Program

Navigating Medicare

Center for Health Care Rights (CHCR)

- A non-profit organization providing free Medicare and health insurance counseling and advocacy services to Los Angeles County residents.
- CHCR's services are funded by the California Department of Aging Health Insurance Counseling and Advocacy Program (HICAP).

Call Us: 1-800-824-0780

Visit our website: www.healthcarerights.org

Today's presentation

- Medicare Benefits, Eligibility and enrollment periods
- Medicare Parts A and B Costs for 2022
- Medicare Part D enrollment periods/costs
- Ways to supplement Medicare

Medicare Benefits

Part A



- Hospital Services
- Home Health Care
- Skilled Nursing Care in a Skilled Nursing Facility
- Hospice Care

Part D

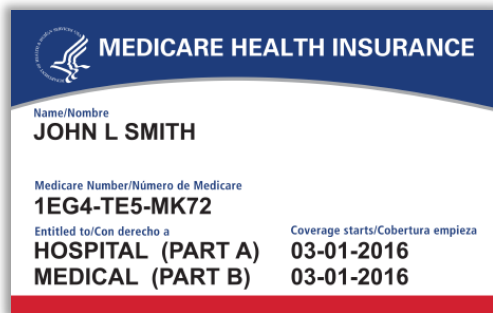


- Prescription Drugs

Part B



- Doctor Services
- Ambulance Services
- Labs, X-Rays, Diagnostic Tests
- Durable Medical Equipment
- Preventive Care
- Outpatient Therapy
- Mental Health Services



Who is Eligible for Medicare?

People age 65 or older who are entitled to:

- Social Security Retirement Benefits (SSRB); or
- Are the spouse or former spouse of an individual entitled to Social Security Retirement Benefits (SSRB).

People under the age of 65 with a permanent disability who have:

- Received Social Security Disability Insurance (SSDI) benefits for 24 consecutive months.
- Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's Disease, or End Stage Renal Disease (ESRD).

Medicare Enrollment Periods



Initial Enrollment Period

- Begins 3 months before the month of a person's 65th birthday and ends 3 months after (7 months total).

General Enrollment Period

- From January through March each year, with benefits starting July 1st.

Special Enrollment Period

- Eight month period that begins on the first day of the month the person is no longer covered by an employer group health plan.

2022 Medicare Part A Premium

	Automatic Enrollee	Voluntary Enrollee
Part A (Hospital)	No premium	\$499/month if less than 30 work quarters
		\$274/month if 30-39 work quarters

2022 Medicare Part B Premium

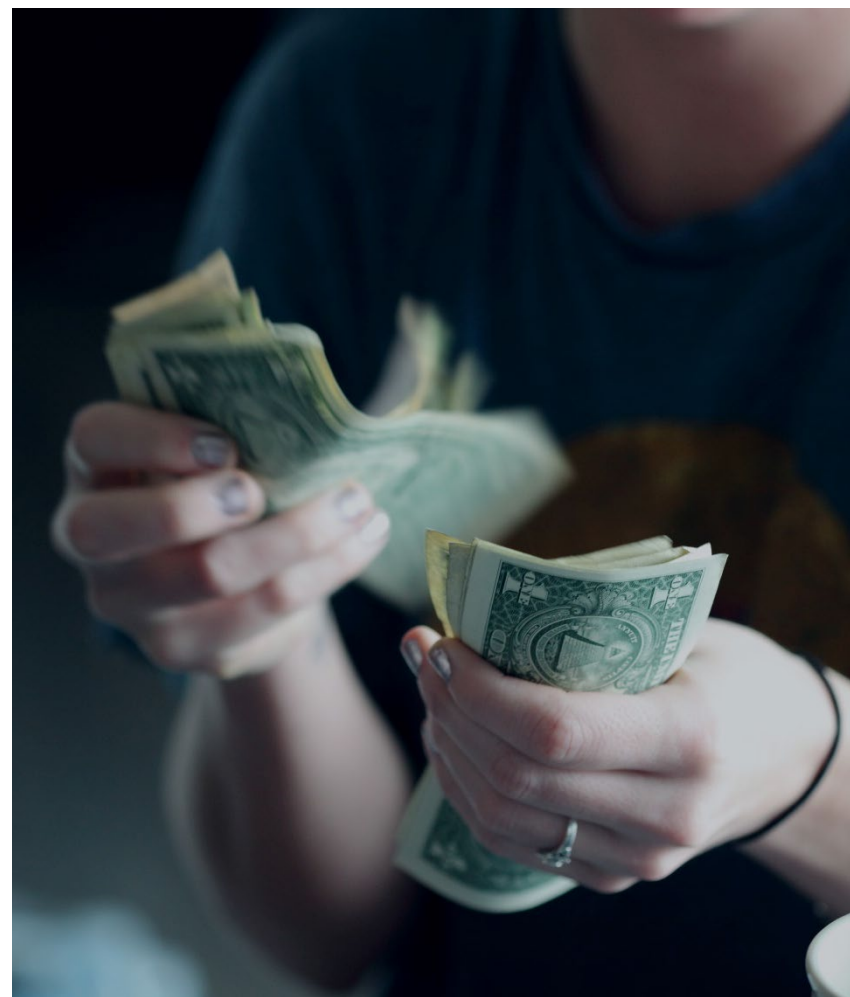
- Standard monthly premium is **\$170.10**
- High-income earners pay an additional amount based on income:
 - Single Filing Person:
\$91,000/annual
 - Jointly Filing Married Couple:
\$182,000/annual

Medicare Premium Penalties

Part A (Hospital)	10% of premium for twice the number of years late.
Part B (Medical)	10% for every year late, in effect for life.

Medicare Savings Program Benefits

- Under all 3 programs, the state pays the Part B premium for people who are eligible.
- People who enroll into an MSP are automatically enrolled into the Medicare Part D Low Income Subsidy (Extra Help).



2021 Medicare Savings Programs

	Monthly Income**	Resource Limit*	Benefits
Qualified Medicare Beneficiary (QMB) 100% FPL	\$1,074 – single person \$1,437 – married couple	\$7,970 – single person \$11,960 – married couple	<ul style="list-style-type: none"> ➤ State pays Medicare Part A and B premiums ➤ State pays Medicare deductibles and coinsurance
Specified Low Income Medicare Beneficiary (SLMB) 120% FPL	\$1,288 – single person \$1,742 – married couple	\$7,970 – single person \$11,960 – married couple	<ul style="list-style-type: none"> ➤ State pays Medicare Part B premium
Qualified Individual (QI) 135% FPL	\$1,449 – single person \$1,960 – married couple	\$7,970 – single person \$11,960 – married couple	<ul style="list-style-type: none"> ➤ State pays Medicare Part B premium

*Resource limits do not include \$1,500 burial allowances for a single person and \$3,000 for a married couple. Countable resources include: cash, money in bank accounts, stocks and bonds.

**Income limits do not include a \$20 standard deduction

2022 Medicare Part A Copayments

Coverage Per Benefit Period*

Hospital	Days 1 - 60	\$1,556 first day deductible
	Days 61 - 90	\$389/day
	Days 91 – 150 (Lifetime reserve days)	\$778/day
Skilled Nursing Facility	Days 1 - 20	Covered in full
	Days 21 - 100	\$194.50/day

2022 Medicare Part B Copayments

Service	Beneficiary Cost
Outpatient Medical Care	\$233 annual deductible
	20% of Medicare-approved charges
	15% excess charges for most unassigned claims

Medicare Part D Drug Plan Choices

Prescription drug plan (PDP)

- Obtain Medicare Part D drug coverage by enrolling into a PDP plan
- Continue to use original Medicare for Part A and B services.

Medicare Advantage drug plan (MAPD – also called Part C)

- Enroll into a MAPD plan to assign Medicare A, B and D benefits to the plan
- Must obtain all medical care from plan providers



Part D Enrollment Periods

- **Initial Enrollment Period**

- New Medicare beneficiaries have a **7 month** enrollment period. It starts 3 months before the month of eligibility and ends 3 months later.

- **Open Enrollment Period**

- October 15th through December 7th

- ***Medicare Advantage* Open Enrollment Period**

- From January 1 - March 31 Medicare Advantage plan members can change their part D plan once
- Switch to a different MAPD plan, or switch to Original Medicare with or without a prescription drug plan



Part D *Special* Enrollment Periods

- Patients can change their Part D drug plan outside of an enrollment period in certain situations.
 - ✓ Lose employer based drug coverage
 - ✓ Move out of their Part D service area
 - ✓ Enter or leave a nursing home
- **Special Enrollment Period for “Extra Help”**
 - ✓ Patients who qualify for the Part D Low Income Subsidy “Extra Help” program can change their Part D plan once a quarter during the first 9 months of the year.

Enrollment in a Part D Plan

- Enrollment is voluntary.
- **Patients that have drug coverage that is equal to or better than the standard Medicare drug benefit do not have to enroll into a Medicare drug plan.**
- Patients that have no drug coverage, may be charged a penalty for late enrollment into Part D.
- The penalty is 1% of the base premium for each uncovered month.

The 2022 national base premium is \$33.37.

2022 Medicare Part D Drug Coverage

Part D Annual Deductible: \$0 - \$480

Initial Coverage Period

After the deductible, patients pay **25%** of the total retail cost of their prescription drugs until the total cost reaches \$4,430.

Coverage Gap

When their total drug costs reach \$4,430 for the year, patients pay **25%** of the total cost for brand name and generic drugs.

Catastrophic Coverage

When total drug costs reach \$10,690.20 for the year, patients pay:

- **\$3.95** / generic drugs
- **\$9.85** / brand name drugs
- or **5%**, whichever is higher for each drug

Options for Supplementing Your Medicare

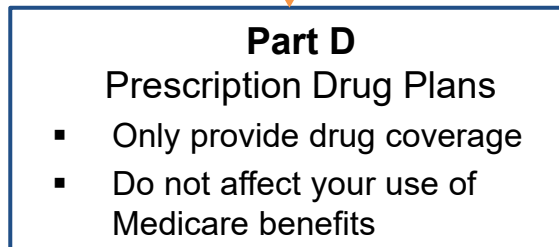
Step 1: Decide how you want to get your coverage

You want Original Medicare so that you can see any Medicare provider.

or

You want a Medicare Advantage plan to reduce your medical costs and get added benefits like dental and vision services.

Step 2: Enroll in a Part D plan if you want prescription drug coverage



Step 3: Get insurance that will cover your Part A and B copayments

Medi-Cal

Health insurance for low income Californians that provides: dental, vision, long-term nursing home services.

Medicare Supplement Insurance

- Buy a Medigap insurance policy
- These policies help pay Part A and B copayments.

Medicare Advantage Plans (HMO or PPO)

- These plans provide Medicare Part A, B and D benefits.
- **Medicare Advantage HMOs**—Your Medicare benefits are assigned to the plan and you must use plan providers.
- **Medicare Advantage PPOs**—You can see out of network medical providers but your medical costs will be higher.

Medicare Supplement Insurance “Medigap”

- Private insurance policies that cover some or all of Original Medicare’s co-payments and deductibles.
- Must meet specific state and federal requirements and are standardized. Each policy must contain a package of benefits that match one of 10 plans, labeled A through N.
- Some Medigaps have a foreign travel benefit that covers medical care received outside the U.S.
- In California Medigap Insurance is regulated by Calif. Dept. of Insurance (CDI) www.insurance.ca.gov

When Can I Enroll in a Medigap plan?

- Generally you have a **6 month** open-enrollment period when you first get Medicare Parts A and B.
- During the Medigap open enrollment period, you have a **guaranteed issue right** to Medigap coverage and cannot be denied due to a pre-existing medical condition.
- Medigap policies can require a 6-month waiting period for pre-existing health conditions.
- Federal and California laws provide additional guaranteed access rights based on specific qualifying events.



Medi-Cal Eligibility for Adults who are Elderly or Disabled

- People who receive SSI automatically qualify for Medi-Cal.
- People who do not receive SSI can receive Medi-Cal if they meet the income and resource guidelines below.

2021 Aged, Blind and Disabled Federal Poverty Level Program		
	Income	Resources
Single	\$1,482	\$2,000
Married	\$2,004	\$3,000

*These income limits will be updated again in April 2022

Upcoming Medi-Cal Changes!



Senate Bill (SB) 133, enacted June 30, 2021, will increase and then eliminate the asset limits for most Non-MAGI programs in two phases.

Effective July 1, 2022, the asset limits will go up to \$130,000 per individual, and \$65,000 for each additional household member (up to 10).

Effective January 1, 2024, the asset limits will be eliminated.

The changes apply to most Non-MAGI programs, including Long-term Care, Medicare Savings Programs, Medi-Cal with Share of Cost, and the 250% Working Disabled Program

Medi-Cal Older Adult Expansion



- AB 133 signed into law in July 2021 will expand eligibility for full scope Medi-Cal to individuals who are 50 years of age or older, and who do not have satisfactory immigration status or are unable to establish satisfactory immigration status.
- This new coverage is referred to as the Older Adult Expansion and has an implementation date of May 1, 2022.
- It will grant full scope Medi-Cal those who previously would have been granted restricted scope Medi-Cal.

How Medicare and Medi-Cal Work Together

- Medicare is the primary insurance and Medi-Cal is the secondary insurance.
- If a person has full Medi-Cal with no Share of Cost, Medi-Cal pays the Medicare Part B premium (\$170.10 in 2022)
- A person with Medicare and full Medi-Cal, cannot be billed for their Part A and B copayments or deductibles.
 - Federal and state laws prohibit a Medicare provider from billing a person with Medicare and full Medi-Cal. This is called balance billing.

Medi-Cal Plans Provide Medi-Cal Benefits



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How Medicare Part D Drug Coverage Works with Medi-Cal



- Must enroll in a Medicare Part D drug plan.
- Receive the maximum financial assistance:
 - \$1.35/generic drugs
 - \$4.00/brand name drugs
- Can change the Part D plan once every 3 months.

How Medicare Advantage Plans Work with Medi-Cal

- If a person is enrolled in a Medicare Advantage Plan and has full Medi-Cal, they receive the same financial assistance with their Part D drug costs.
 - \$1.35 for generics of \$4.00 for brand name drugs
- After the Medicare Advantage Plan pays for Part A and B services, the provider or facility must bill Medi-Cal for any Medicare copayments and/or deductibles.

Medicare Marketing Violations and Enrollment Fraud

- If you have been misled into joining a plan, please call our office.
- You can also call the California Senior Medicare Patrol at (855) 613-7080.
- CHCR is working in partnership with SMP to educate the public about how to protect their Medicare information and identify and report Medicare fraud.



NEED HELP UNDERSTANDING MEDICARE OR MEDI-CAL?

**Call Center for Health Care Rights
We are here to help you!**

1-800-824-0780