



ODI

Ohio Department
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

Ohio Senior Health Insurance Information Program- OSHIIP



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December 2014/2015 Updates

Ohio Senior Health Insurance
Information Program

2014 AEP

- Plan finder issues
- Calls to OSHIIP Hotline
- Dollars Saved
- Report!
- Next year



Medicare 2015

- The Exchange **won't** have any effect on Medicare coverage. Medicare benefits aren't changing.
- It's against the law for someone who knows that one has Medicare to sell them an Exchange plan.
- Continue to warn Medicare patients to NOT share their Medicare number or other personal information with uninvited individuals or groups.
- Recent legislation enhanced Medicare preventive benefits and increases discounts during the Part D coverage gap.



Medicare 2015

Federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for those who are:

1. 65 and older
2. any age and Disabled
3. diagnosed with End Stage Renal Disease (ESRD)

Option 1

Original Medicare

Part A and Part B

+

Secondary Insurance

GHI, MedSup, or Medicaid

+

Rx Coverage

Part D or GHI

OR

Option 2

Medicare Advantage (Part C)

1. Hospitalization,
2. Medical
3. Rx (MA-PD)



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2015 Part A Amounts

- For inpatient hospital stays in 2015
 - Each benefit period you pay
 - \$1,260 total deductible for days 1 – 60
 - \$315 co-payment per day for days 61 – 90
 - \$630 co-payment per day for days 91 – 150 (60 lifetime reserve days)
 - All costs for each day beyond 150 days
- For Skilled Nursing Facility Care
 - \$157.50 per day for days 21 - 100



2015 Part B Amounts

- Part B Monthly Premium- \$104.90
- Part B Annual Deductible - \$147
- Part B Coinsurance- Generally 20%

If your yearly income in 2013 was:

File individual tax return	File joint tax return	You pay
\$85,000 or less	\$170,000 or less	\$104.90
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	\$146.90
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	\$209.80
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	\$272.70
above \$214,000	above \$428,000	\$335.70



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Inpatient vs. Outpatient

Situation	Inpatient or Outpatient	Part A Pays	Part B Pays
In the ER & then formally admitted to hospital with Doctor's order.	Inpatient	Hospital stay	Doctor Services
You visit the ER for a broken arm, get x-rays, a splint and go home	Outpatient	Nothing	Dr. services, ER visit, x-rays & splint
In the ER with chest pain & hospital keeps you in observation for 2 nights	Outpatient	Nothing	Dr. services, ER visit, observation services, lab, tests, EKG, etc.
In hospital for outpatient surgery but they keep you overnight for high blood pressure. Doctor does not write an admittance letter and you go home the next day	Outpatient	Nothing	Dr services, surgery, lap test, IV meds, etc
Dr. writes an order for you to be admitted as an inpatient and the hospital later tells you they're changing your hospital status to outpatient. Your doctor must agree, and the hospital must tell you in writing –while you're still a hospital patient – that your hospital status changed.	Outpatient	Nothing	Dr. services and hospital outpatient services

Medicare Preventive Benefits

- “Welcome To Medicare” physical exam
- Bone mass measurement
- Annual Wellness Exam
- Cardiovascular screening
- Colorectal cancer screening
- Diabetes screening, services and supplies
- Obesity Screening
- Depression Screening
- Vaccinations
 - Flu, Pneumococcal & Hepatitis B
- Glaucoma screening
- Pap test and pelvic exam with clinical breast exam
- Prostate cancer screening
- Screening mammogram
- Smoking cessation counseling
- Alcohol Misuse Screening

Part B Deductible and Coinsurance is waived for most preventive care services.

Standard Part D Benefit Parameters

Benefit Parameters	2014	2015
Deductible	\$310	\$320
Initial Coverage Limit	\$2,850	\$2,960
Out-of-Pocket Threshold	\$4,550	\$4,700
Total Covered Drug Spending at OOP Threshold	\$6,455	\$6,680
Minimum Cost-Sharing in Catastrophic Coverage	\$2.55/\$6.35	\$2.65/\$6.60
Extra Help Copayments	2014	2015
Institutionalized	\$0	\$0
Receiving Home and Community-Based Services	\$0	\$0
Up to or at 100% Federal Poverty Level (FPL)	\$1.20/\$3.60	\$1.20/\$3.60
Full Extra Help	\$2.55/\$6.35	\$2.65/\$6.60
Partial Extra Help (Deductible/Cost-Sharing)	\$63/15%	\$66/15%



Closing the Coverage Gap

Year	What You Pay for Brand-Name Drugs in the Coverage Gap	What You Pay for Generic Drugs in the Coverage Gap
2014	47.5%	72%
2015	45%	65%
2016	45%	58%
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%



Access to Preferred Cost Sharing

- Over 70% of standalone Part D plans offer preferred (lower) cost sharing
 - Must use a subset of pharmacies in a plan's network to get lower costs
 - Concern that beneficiaries may not have meaningful or convenient access to preferred pharmacies
- CMS is studying beneficiary access to preferred cost sharing
 - Based on the results, CMS may set standards for network adequacy



2014 Low Income Subsidy (Extra Help)

Anyone with Medicare can join a Part D plan but some may qualify for Extra Help to pay the out of pocket costs

- Reduced or NO Premium
- Reduced or NO Deductible
- No more than 15% copays

NO DOUGHNUT HOLE

Income:

single- \$1,458

married \$1,966

Resources:

single- \$13,440

married-\$26,860



Medicare Advantage Plan Provider Networks

- MA Plans choose their provider networks and may make network changes at any time
- If making changes, MA Plans must continue to
 - Provide all Medicare-covered services
 - Meet access, availability and timely notice standards
 - Ensure continuity of care for enrollees
- Recent significant mid-year changes caused problems for beneficiaries and prompted CMS to reexamine current guidance



Mid-Year Provider Network Changes

- Beginning in CY 2015
 - Plans must notify CMS at least 90-days prior to significant provider network changes for no cause
 - Affected enrollees may be eligible for an SEP
- Notice to beneficiaries
 - Plans must provide enrollees at least 30 days advance notice of significant network changes
 - New language in ANOC/EOC will explain enrollee rights related to mid-year provider network changes



Low-Performing Plan (LPP) Termination

- CMS will terminate consistently low-performing plans (LPPs) effective December 31, 2014
 - If plan receives Part C **or** Part D summary score of less than 3 stars for three consecutive years
- Plans will be identified when plan ratings data is released in early October 2014
 - LPPs shown with icon on Medicare Plan Finder 



2014 Calendar Highlights – Medicare Part C and Part D Plans

May	Medicare marketing guidelines are released
June 2	Plans submit Calendar Year (CY) 2015 plan bids to CMS
September 16	CMS Mails 2015 Medicare & You handbook
September 30	Plan members must receive Annual Notice of Change (ANOC)/Evidence of Coverage (EOC)
October 1	Plans may begin marketing CY 2015 plan options
October 1 (est.)	2015 plan data displayed on Medicare Plan Finder
October 2	Beneficiaries notified of plan non-renewals by CMS
October 10 (est.)	Updated star ratings displayed on Medicare Plan Finder
October 15	Medicare Open Enrollment Period begins
December 7	Medicare Open Enrollment Period ends
January 1, 2015	CY 2015 plan benefit period begins
January 1 – February 14	Annual Medicare Advantage Disenrollment Period (MADP)

2015 Medicare Savings Programs

Qualified Medicare Beneficiary (QMB)

The QMB program acts like a free Medicare supplement policy. QMB pays: part B premium, all deductibles and coinsurance that Medicare does not pay

QMB Eligibility	Single	Married
Monthly income:	\$ 993	\$1,331
Total resources:	\$ 7,260	\$10,930

Specified Low Income Medicare Beneficiary (SLMB)

SLMB pays the Medicare Part B premium

SLMB Eligibility	Single	Married
Monthly income:	\$ 1,187	\$ 1,593
Total resources:	\$ 7,260	\$10,930

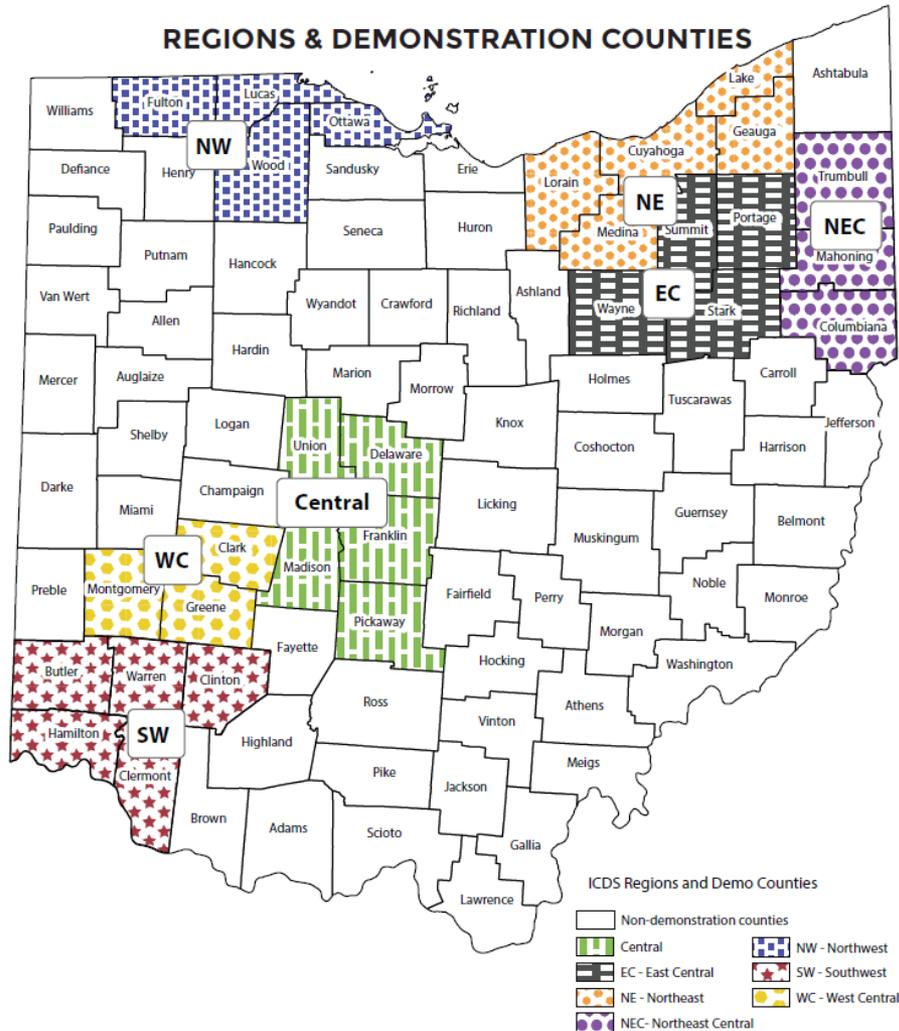
Qualified Individual (QI) - QI pays the Medicare Part B premium

QI Eligibility	Single	Married
Monthly income:	\$ 1,333	\$ 1,790
Total resources:	\$ 7,260	\$10,930



MyCare Ohio

REGIONS & DEMONSTRATION COUNTIES



- Individuals will have the ability to enroll by phone, online, or by mail.

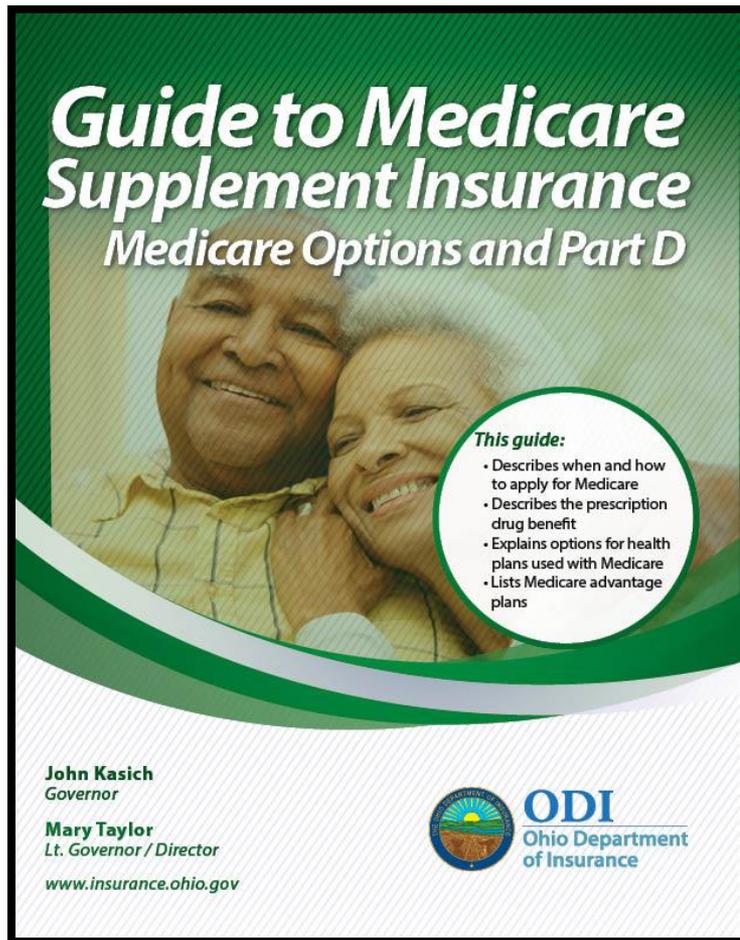
DEMONSTRATION REGION & POPULATION	MANAGED CARE PLANS AVAILABLE
Northwest: 9,884 Fulton, Lucas, Ottawa, Wood	- Aetna - Buckeye
Southwest: 19,456 Butler, Clermont, Clinton, Hamilton, Warren	- Aetna - Molina
West Central: 12,381 Clark, Greene, Montgomery	- Buckeye - Molina
Central: 16,029 Delaware, Franklin, Madison, Pickaway, Union	- Aetna - Molina
East Central: 16,225 Portage, Stark, Summit, Wayne	- CareSource - United
Northeast Central: 9,284 Columbiana, Mahoning, Trumbull	- CareSource - United
Northeast: 31,712 Cuyahoga, Geauga, Lake, Lorain, Medina	- Buckeye - Caresource - United

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Thank you for your time and attention.



Questions?



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