The SMP New Jersey ADVOCATE

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IT'S THAT TIME OF THE YEAR--MEDICARE OPEN ENROLLMENT

By Charles Clarkson, Esq.
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Every year between October 15 and December 7, a period known as "Open Enrollment," Medicare beneficiaries can make changes in their Medicare coverage. The Senior Medicare Patrol of New Jersey (SMP), a federally funded program of the U.S. Administration for Community Living, believes that if you know your options you can avoid being scammed and make the right choices —giving you the best coverage at the least cost.

Why make a change? Whether you have Original Medicare (Part A and/or B), Part D (prescription drug plan), or a Part C (Medicare Advantage) Plan, your plan can change. Premiums, deductibles, and coverages can all change. Even if they remain the same, your health or finances may have changed. SMP encourages all beneficiaries to re-visit their coverage and decide whether or not to change during Open Enrollment.

Beneficiaries have these choices:

1. If you are enrolled in Original Medicare, you can change to a Medicare Advantage plan with or without drug coverage. These plans are from private companies approved by Medicare and give you the services of Original Medicare. If you join a Medicare Advantage plan, you do not need (and are not permitted) to have a Medicare supplement insurance plan (also known as a Medigap policy), and if your Medicare Advantage plan has drug coverage, you will not need a Part D plan.

2. If you are in a Medicare Advantage Plan, you can switch to another Medicare Advantage plan or drop your Medicare Advantage plan. If you decide to drop a plan and not switch to another plan, you will be enrolled in Original Medicare. You should then consider enrolling in a Medicare

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supplement insurance plan (Medigap) to cover the costs that Original Medicare does not pay for and enroll in a Part D plan for drug coverage.

3. If you are in Original Medicare with a Part D plan, you can stay in Original Medicare and switch your Part D plan. Medicare has a Plan Finder on Medicare.gov that allows beneficiaries to compare plans for next year. The new Part D plans should be announced in late September or early October.

4. If you are in Original Medicare and do not have a Part D plan, you can enroll in a Part D plan. If you join a Part D plan because you did not do so when you were first eligible for Part D and you did not have other coverage that was, on average, at least as good as standard Medicare drug coverage (known as creditable coverage), your premium cost will be penalized 1% for every month that you did not enroll in Part D. You will have to pay this penalty for as long as you have a drug plan. The penalty is based on the national average of monthly premiums multiplied by the number of months you are without coverage, and this amount can increase every year. If you qualify for extra help (a low income subsidy), you won't be charged a penalty.

Why change Part D plans?

Beneficiaries may want to change Part D prescription drug plans (PDPs) for a number of reasons: (i) the PDP has notified the beneficiary that it plans to drop one or more of the beneficiary's drugs from its formulary (list of available medications); (ii) the beneficiary is reaching the coverage gap (donut hole) sooner than anticipated and may want to purchase a PDP with coverage through the coverage gap, if one is available; (iii) the PDP has notified the beneficiary that it will no longer participate in the Medicare Part D program; (iv) the PDP will increase its premium or co-pays to higher than the beneficiary wants to pay, and a less expensive plan may be available; and (v) the beneficiary is not happy with the PDP's quality of service, or the plan has received low rankings for a number of years. For 2019 beneficiaries in New Jersey can expect to choose from a number of PDPs.

Compare plans each year.

Beneficiaries should remember that PDPs change every year and beneficiaries should compare plans to ensure that they are in the plan that best suits their needs. When comparing plans, keep in mind to look at the "estimated annual drug costs," i.e., what it will cost you out of pocket for the entire year, from January 1 through December 31, of each year. Plans can be compared at the Medicare web site: www.medicare.gov.

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If you do not have access to a computer, call Medicare at 1-800-Medicare for assistance in researching and enrolling in a new plan. Medicare can enroll a beneficiary over the telephone. When you call, make sure you have a list of all your medications, including dosages. Another resource for Medicare beneficiaries is the State Health Insurance Assistance Program (known as SHIP), telephone 1-800-792-8820. SHIP is federally funded and can provide beneficiaries with unbiased advice. Call SHIP to make an appointment with a counselor. You do not need to use a broker or agent, who may not be looking out for your best interest. Brokers and agents are usually being paid to enroll you in certain plans. Beneficiaries can also call the Senior Medicare Patrol of New Jersey at 732-777-1940.

Medicare Open Enrollment can also be a time of fraudulent schemes that can cost you money. The SMP wants you to be on the alert for scams. A word of advice: When you realize that a scammer is calling. **Just hang up.** Do not be polite; **just hang up.** Also, let your answering machine do all the work. Never answer any call if you don't recognize the number. If no message is left, you know the call is probably a scam or an unwanted solicitation. For any questions about Medicare and to report any Medicare scams, call the Senior Medicare Patrol of New Jersey at 732-777-1940.

CMS PROPOSES CHANGING PHYSICIAN OFFICE VISIT PAYMENTS

By Ed Campell
SMP of New Jersey Coordinator of Complex Interactions

Any discussion of Medicare physician fees can quickly become very technical, easily putting an insomniac into a coma. With a little luck, we will avoid that fate.
Medicare has used the Physician Fee Schedule (PFS) since January 1, 1992, to pay claims for office visits. Office visits account for the greatest number of claims submitted to Medicare. Prior to the PFS, each physician had a personal profile showing his/her usual and customary (U&C) charges. This resulted in the Centers for Medicare and Medicaid Services (CMS) paying differing amounts to different providers for the same services. These amounts were solely based on what the physician usually charged. It wasn't hard to see that the U&C system was not based on the quality of care delivered to the beneficiary.

The PFS was created to improve care by relating payments made to the quality of care provided. It divided office visits into five categories that increased in level of complexity from 1 to 5. The method that a physician used to determine the level of complexity for billing took into account the degree of difficulty the visit presented and the seriousness of the problem the patient was experiencing. Clinical information used to determine this code had to be included in the patient record. The idea was that this system would provide better quality care for the money Medicare paid.

CMS has proposed a change in the way that the PFS pays for office visits. The change is referred to as "*Patients Over Paperwork*." The number of types of office visits would be reduced from 5 to 2, and the difference in payment would be based on whether the patient is new or established. The requirement for documentation is being changed either to allow the use of time alone or to show the medical necessity of the visit. Physicians rarely bill a level I office visit, resulting in only a level II visit that will

differ in payment determined on whether the patient is new or established. CMS believes that reducing documentation requirements will allow the doctor to spend more time solving their patients' problems rather than on paperwork.

The comment period on the PFS proposed changes ended September 10, 2018. Over 15,000 comments were received. This is an unusually high response with both pro and con comments. One of the cons is that a doctor would receive the same payment for a simple problem or a complicated one. One of the pros is that the documentation requirements have been reduced to save the doctor's time spent on paperwork. As beneficiary advocates, we are concerned about both cost and quality of care. The CMS response to the comments should be interesting and will tell us if the proposed rule becomes effective.

SCAM ALERT

The Centers for Medicare and Medicaid Services (CMS) has completed the mailing of the new Medicare card to beneficiaries in New Jersey. BE AWARE of the newest scam the Senior Medicare Patrol of New Jersey has been made aware of. Beneficiaries are receiving calls advising them that they need to activate the card by paying a fee. The fee can be paid by giving them your checking account information so that it can be withdrawn directly from the checking account. Remember, the new Medicare card is free and requires no action on your part. Now that you have the new Medicare card, take it with you when you visit your provider. Otherwise, leave it at home in a safe place. If you have not received your new card, call Social Security. Your address may not be up to date, or there may be other issues.

ASK CHARLES

Are there any changes to Medicare's enrollment periods for 2019?

Medicare is dropping its Medicare Advantage Disenrollment Period. This disenrollment period permitted a beneficiary to drop a Medicare Advantage plan and enroll in Original Medicare (Part A and Part B.) It also allowed a beneficiary to enroll in a Part D prescription drug plan. In 2019, a new Medicare Advantage Open Enrollment Period will run from January 1 through March 31 of every year. If you are already enrolled in a Medicare Advantage plan, you'll have a one-time opportunity to:

- Switch to a different Medicare Advantage plan;
- Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B;
- Sign up for a stand-alone Medicare Part D Prescription Drug Plan (if you return to Original Medicare). Most Medicare Advantage plans include prescription drug coverage already. Usually you

can't enroll in a stand-alone Medicare Prescription Drug plan if you already have a Medicare Advantage plan;

- Drop your stand-alone Medicare Part D Prescription Drug Plan

Why switch Medicare Advantage plans?

Remember, Medicare Advantage plans can change every year. Mostly, there can be changes to premiums, deductibles, and doctor networks. If your doctor decides to drop out of your plan and you still want to receive medical services from that provider, you will need to change plans or be prepared to pay the full cost of his/her services. Also, if your Medicare Advantage plan no longer covers all your drugs on its formulary (list of drugs), you might wish to switch to another Medicare Advantage plan. If you want the most flexibility, you might want to switch to Original Medicare and be able to see any doctor who accepts Medicare. If you decide to switch back to Original Medicare, you should seriously consider enrolling in a Medicare Supplement Plan that will pick up the cost of what Original Medicare does not cover.

Every fall, your Medicare Advantage plan will send you an Annual Notice of Change. Pay attention to this, because it lists any changes to your benefits or plan rules and you can then make an educated decision.

STAY CONNECTED

The Senior Medicare Patrol of New Jersey has a website. You can reach our site at:

http://seniormedicarepatrolnj.org/

Forward this to a friend

Friend us on Facebook

Follow us on Twitter

Check our YouTube channel

Serve your community; learn about Medicare by volunteering for the New Jersey Senior Medicare Patrol

SMP of New Jersey is currently recruiting Volunteer Community Liaisons to speak to small groups of their peers and help provide Medicare education at community events.

The role of the Community Liaison is to share information that can help others PREVENT, DETECT, and REPORT Medicare fraud, waste, and abuse.

Free Training Available

For more information please contact Michelle Beley-Bianco,
SMP Coordinator of Volunteers, 732-777-1940 or michelleb@jfsmiddlesex.org

SMP - Empowering Seniors to Prevent Medicare Fraud

Senior Medicare Patrol of New Jersey

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