

NAVIGATING MEDICARE COVERAGE CHOICES IN CALIFORNIA, INCLUDING MEDICARE ADVANTAGE SUPPLEMENTAL BENEFITS WEBINAR TRANSCRIPT

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MEDICARE ADVANTAGE SUPPLEMENTAL BENEFITS)

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>> Hello everyone and welcome to the webinar. This is a webinar for everyone to learn more about Medicare coverage choices in California. And to hear more about the report that we have. This webinar is presented jointly by the California Department of health care services and the California Department of aging. Next slide. So, my name is Anastasia Dodson and I work at the California Department of healthcare services. Which is the state agency that administers Medi-Cal. DHCS is pleased to cosponsor this event with

the California Department of aging. My colleague Denise Likar is here from the Department of aging, hello Denise.

>> DENISE LIKAR: Hello everybody and welcome. California Department of Aging is very pleased to be able to work with our partner at DHCS today as well as our health insurance counseling and advice advocacy program partners to bring this webinar two. My name is Denise Likar and I am the Deputy Director of home and community living for the California Department of Aging which oversees a myriad of programs that are across the state to help our older adults and their caregivers remain in the community of their choice and part of the choice is information and knowledge. In today's webinar we will hopefully bring information and knowledge to all of you to really be able to understand what can be a very difficult topic at times, especially now during open enrollment and with so much noise in the air with commercials and advertising around Medicare and your choices. So, welcome everybody and let's go ahead and move on and start the show.

>> ANASTASIA DODSON: Thank you so much, Denise. Next slide. Before we dig into the meat of the webinar we need to start with some housekeeping. All attendees are muted upon entry. All of you who joined, you are muted but there is an option if you need to speak. We will get to that in a second. The webinar is being recorded and will be posted on the DHCS website. To access the chat, which is the main way to ask questions, you need to click on the chat button on the lower right corner of the screen. And you see on the screen now, there are three boxes with some icons at the very top, that is the chat button. And you can see the chat button on your screen down below on the lower right. And click on that and you can see the chat. Another important piece is if you need live captioning for today's webinar, there is a link that has been posted in the chat. When you click on that link, that will give you a way to get accurate captioning via something called "StreamText." You can listen and watch the webinar and also use that StreamText to get

live captioning. There is also the regular closed captioning button on this WebEx webinar. But, we think that StreamText is a little better. And so, when the icons are there on the lower left you can see the closed captioning CC button. Okay, we are taking questions via chat for this webinar so we can keep track of this little bit better. But in case we need more clarification from someone asking a question, we can take you off mute if you raise your hand. And the button to raise your hand is also at the bottom right corner of the screen next to the emoji icon. The agenda is posted on the DHCS website and the slides we are sharing will also be posted shortly on the DHCS website. But again, we expect to have a lot of questions in the chat and we will be live answering in the chat. I do see some folks in the chat saying that they cannot hear. But, we have our technical experts online. So, hopefully they are making sure that works and if there is anyone who can't hear or needs technical assistance, you can put it in the chat. And we will make sure that our technical folks assist you with that. Okay, next slide. So, this is kind of a very high-level agenda of what we will be covering today. We are going to have two parts of the webinar. First is going to be an overview of Medicare and Medicare choices. And then we will have time for Q&A. And again you can put your questions in the chat. And then the second half will be an analysis of supplemental benefits in Medicare advantage plans in California for 2023. And, you know, we have put two distinct topics in this agenda. The first one is really for anybody who has Medicare and has questions about Medicare. And the second is more of a technical discussion, but it may be interesting to you as well. And again, we will have Q&A separately for each of these two sections. All right. Next slide. So, I will hand it back to Denise Dirk.

>> DENISE LIKAR: Thank you Anastasia. In order to bring the most relevant and current information to you is partnership across all of these organizations. The Department of healthcare services and the California Department of aging as well as the center of health care

right in our partners, ATI advisory. We are working together to make sure we are bringing the most current relevant best information and presenting it to you in a way that you are able to really see what kind of choices you have and to be able to think through your options moving forward. So, thank you to all of our partner organizations. And now, I will hand it off to -- for the Department of aging for the next slide.

>> HICAP is the health insurance counseling and advocacy program and is a verbal statewide a few ways that you can find your local HICAP office is assistance with your Medicare and Medicare benefits through a toll-free line 434-0222 or you may also find the contact information in your local HICAP California Department of aging website link here under the services. Assistance to individuals and their families on Medicare long-term care insurance, and it's also another health insurance related issues, HICAP assistance or legal related issues, nationally HICAP in California as part of the national state health insurance assistance program or -- if you need assistance with Medicare benefits in another state, you can also find a copy information on your CDA website. And of course, there's also additional resources available for that Medicare beneficiaries, also 1-800-633-4227. Next slide. In addition to Medicare, questions about Medi-Cal can be found here with information regarding Medicare Medi-Cal eligibility at the Medi-Cal County offices hyperlinked here. Questions about managed care plan enrollment healthcare options is a resource that can also be accessed at 1800304263 or the hyperlink below. Please contact your Medi-Cal contact using the number on your card or the hyperlink information here. Next slide. Next we would like to introduce our local HICAP for the county and city of Los Angeles. At the center for healthcare lights, Stephanie Fajuri. Stephanie, you may take it away.

>> STEPHANIE FAJURI: Yes I am the HICAP manager and staff attorney at Center for healthcare rates in Los Angeles. My name is Stephanie Fajuri and I will give a little bit of an overview on

Medicare. And some of the things to consider when comparing various coverage options, especially as we are about to go into this year's annual open enrollment period. Next slide, please. So, Center for healthcare rights is an independent nonprofit organization, but we do run the HICAP program for the city and County of Los Angeles, as Gilbert mentioned. I will redirect the HICAP statewide number here 1-800-434-0222. That number should direct you to the HICAP program in your county. If you do live in Los Angeles County and have questions. You are welcome to call the number and you will r Or you are also welcome to visit our website healthcarerights.org. Here is a quick overview of what I am going to discuss today. I will talk a little bit about Medicare eligibility. I saw there was a question in the chat about Medicare versus Medi-Cal. I will certainly touch on the differences briefly. And also talk about Medicare benefits. And then the book of my presentation will be a discussion of comparing original Medicare to Medicare advantage and how to look through those coverage options and how HICAP might be able to help you. What is Medicare? What are we talking about today? Medicare is a federal health insurance program that provides health benefits to people who are 65 or older, for the most part, or for people who are under 65 and have a minute disability. Now, for Medicare eligibility it is not based on your income or your resources. Unlike Medi-Cal. Right? I will talk about Medi-Cal for a moment. But, eligibility for Medicare is again not based on your income or resources. It is typically based on your age or disability status. I am going to make a couple of differences brought the presentation to this red white and blue Medicare card. If you are wondering " oh do I even have Medicare? " One question that we typically ask folks is: do you have the red white blue card? That is something that will often trigger oh yes I do have Medicare! If I mentioned the red white and blue card, I have the image of that on this slide. And I might mention it a bit here and there throughout the presentation. Next slide, please. In contrast, what is Medi-Cal? Medi-Cal is a state program. Medicare is a federal program, which

means it is available in every single state throughout the country. Medi-Cal is the name of California's Medicaid program. Sometimes we hear from folks who say " all have Medi-Cal but I think I also need to sign up for Medicaid. " No, it is the same thing. Medi-Cal is California's Medicaid program. It is public health insurance that provides healthcare services for low income individuals of all ages. So again, I mentioned Medicare has some age requirements. Medi-Cal is available for low income individuals of all ages. Now, we talk to a lot of people throughout the state who have both Medicare and Medi-Cal together. You can have both. In LA County I think probably at least 60% of our HICAP clients are what is referred to as " dual eligibles " or " many maybes " so that is where you would have Medicare and Medi-Cal together and I will share a little bit more in the presentation about how they work. Next slide. So, returning to eligibility for Medicare, I mentioned that typically people become eligible for Medicare at age 65, as long as they are a US citizen or a legal permanent resident with at least five years of continuous residency in the US. Folks that are under 65, there are only a couple of ways to become eligible for Medicare. Either receiving Social Security disability insurance, SSDI for at least 24 months. Or individuals who have ALS also known as Lou Gehrig's disease, or end-stage renal disease. Sometimes we hear from folks who are on SSI and there on, you know, 62, unfortunately SSI is not something that will qualify you for medically early folks on SSI typically have to wait until they turn 65 to be eligible for Medicare. Now I am going to talk a little bit about the various parts of the Medicare and what they cover. So first we have Medicare part A. Part A covers hospital services. Typically, we think of part a discovering inpatient hospital care, that is, you are actually admitted to the hospital and staying overnight for several days. So that is hospital services. It also covers home healthcare in some circumstances, depending on certain qualifications. Skilled nursing care and skilled nursing facility. Typically that has to be after qualifying hospital stay. And it also covers hospice care, which is

palliative care at the end of someone's life when they have a terminal illness. I am also going to mention the cost associated with these various parts of Medicare. Most people get part A hospital coverage for free. This is because when you pay into the Social Security system or pay that FICA payroll tax and have a certain number of work credits with Social Security, which is 40 work credits or about 10 years work of pay. Into that system you automatically will get that part coverage at no monthly cost to you. However, we know that there are a lot of folks out there that don't have those work credits with Social Security for one reason or another. We talk to a lot of individuals who have very low income and don't qualify for part A, for free. You can purchase part A coverage, but it is very expensive. So, for folks under a certain limit, you can actually qualify for a program called QMB or qualified Medicare beneficiary. A program where that state will actually pay for you to have that part coverage. If you don't have part A because you don't have enough work credits and you're curious if you are eligible for the state to pay those premiums for you, contact your local HICAP agency or contact your local county office to see whether or not you may be eligible for the QMB program. Also, the reason I am mentioning this is because we are going to be talking about Medicare advantage plans during this presentation for individuals who do not have part coverage or typically not allowed or not able to sign up for a Medicare advantage. You have to have part coverage to be eligible for some of these coverage options we are going to talk about. Having part of a coverage can be pretty important. Next slide, please. Now, Medicare part B as a "Boy" services going to the doctor, and blend services, labs, x-rays, diagnostic tests, verbal medical equipment like a wheelchair or CPAP machine or hospital bed. Medicare part B also covers a lot of preventive services. Your COVID boosters, mammograms, colonoscopies, other cancer screenings, other outpatient therapies and mental health services. Now, part B is typically not free on a monthly basis. For that part B coverage is \$164.90 per month. That

information should be released very soon. But if you turn over a certain threshold, you may be paying more for your coverage. If you have a lower income or are on Medi-Cal savings program like QMB that I just mentioned, then the state pays that part B premium for when you are talking about high earners for part B. It is called ERMA income-related monthly adjustment amount this year. That threshold if I were a member of top of my head, it is \$97,000 per year for an individual 190,000 per married couple. And they do look at your ADJ G. Income for your tax return from two years ago. So, I'm not going to go into too much more detail about the hermit here, but it is a great question to pose to your local HICAP if you have additional questions on the next slide please. So, Medicare also has prescription drug coverage part D, D stands for prescription, "Drugs" run by private insurance companies. So, when someone is signing up for Medicare parts A and B that is done through the Social Security administration for these private plans through part D then we will talk about in a moment Medicare advantage those are run through private insurance companies. So, the part D plans vary in PRI. Plan to plan. There might be a plan that is \$11 a month and there might be a plant that is \$175 a month. It just really depends on what plan you are looking at. It really just depends. We will talk about more comparing the options. If you have what is called extra help program when you have Medi-Cal, you automatically get this program called " extra help " you can qualify for the part D plan that has zero dollar per month premium. It also gets you lower prescription drug copays. So, even if you are not eligible for Medicare because maybe your income is a little too much, it is a good idea to talk to your local HICAP about whether or not you might be eligible for extra help. In case you are having difficulty affording your prescription drug copays reported D plan premiums. Next slide. Okay so now the reason a lot of you are joining us today is to learn about Medicare advantage plans and those supplement benefits. So, Medicare has another option or another choice. I like to think of part C as "C" for "choice". This is

an optional way to receive Medicare coverage. So if you're wondering why I had gone to A, B and D and I skipped C. That is because Medicare part C is typically an optional choice for receiving that coverage. Medicare advantage plans also known as part typically combine part hospital coverage, B outpatient services and D prescription drug coverage altogether in one plan. So, these plans are ran through private insurance companies. They have more flexibility about adding supplemental benefits that are not covered by original Medicare. When I say " original Medicare " I am talking about that red white and blue Medicare card. The supplemental benefits vary from plan to plan and we will be talking a lot about that later. And as I mentioned before you do have to have Medicare parts A and B to get into the Medicare advantage plan, now in terms of cost, Medicare advantage plans also vary in price. Many of them do not charge you anything additional to your plan. You are already paying your part B premium, but many of them do not charge extra. So you can think of that as getting your drug coverage, I do want to say " for free " because you are still paying your co-pays and that type of thing, but they may not have an additional monthly premium. But they do charge an additional monthly premium so that varies from plan to plan. Next slide, please. So again, comparing Medicare drug plan of choices. There are two options. The first, as I mentioned before, is a standalone part D drug plan where you continue to use your red white and blue Medicare card or original Medicare for your A and B services. And your drug plan is just covering your prescriptions. The other option, as we mentioned, Medicare advantage also called " part C " is where you assign your benefits to your private plan run by a private insurance company. Medicare pays that private plan to cover you on a monthly basis whether or not you are accessing any services. Medicare is paying the plan to cover you. You typically have to get all of your MPD medical care from a network of providers that is specific to that Medicare advantage plan, and again the plan premiums of either option does vary pretty substantially. Next slide. Okay so now that

we have a basic understanding of the various parts of the Medicare that you may be possibly expected to pay for some of these options. I want to talk about more about how you can compare about those options as we are rolling into the open enrollment period.

Enrollment period also known as the " annual election period " takes place every year from October 15 through December 7. During this period every year you can make a change to your drug coverage through Medicare. So that might mean signing up for Medicare drug plan for the first time. That might mean switching from one plan to another. It might mean switching from a part D plan to Medicare advantage or vice versa. But, this period is really specifically for looking at how you are receiving your drug coverage and looking at the upcoming calendar year. Any change you make during open enrollment becomes effective January 1st. Next slide, please. So here are a couple of things to consider before or during open enrollment this is a little bit of a preparation checklist. So the first question: what kind of coverage do you currently have? Are you enrolled in Medicare yet? Sometimes we get calls from folks "oh it is opened enrollment. I need to sign up for Medicare for the first time." If you do not have part A and B yet, we may need to talk to about different enrollment periods for those two parts of Medicare. The open enrollment period is really for comparing part D or Medicare advantage is, assuming you are already enrolled in Medicare. Are you happy with your current coverage? If you're perfectly happy with the plan you have now, nothing is really changing for you for next year. You don't have to change your coverage, but we know that plans change pretty substantially from year-to-year. That might mean that they are changing the drugs they cover. That might mean that they are changing the monthly premium amount, right? These are some of the things to consider when you are thinking about open enrollment. Now, I think the most important question and I am probably going to say this a couple of times today. Which doctors and hospitals do you want to continue to use and see? And if you have specific doctors and hospitals that you would like to

continue using, which plans do they even take? Because we are going to be talking about supplemental benefits and things that can be really attractive to some circumstances it is somewhat of a marketing tool, right? In other circumstances they provide benefits that are so helpful and important. But, is his gym membership going to be helpful for you if you continue to see your primary care physician that you had a relationship with for 25 years? Right? These are the things that you will need to consider. So, the first question I always encourage clients to ask is to their doctor or to their hospital work if they want to be able to access services: "which plans do you accept?" Because there are a lot of doctors that do not accept any Medicare advantage plans and there are hospitals they contract with specific plans, not with all of them. So, another thing you know to consider is how much are you currently paying for your coverage? Are the cost changing? Do you need to save money for next year as compared to this year? Because of life events, these are a few things to consider. Next slide, please. So, we will talk a little bit more and go into a little bit more detail trying to compare these Medicare coverage options, because I know it can be really overwhelming and confusing to try to navigate this whole system on your own. Again, this is part of why the HICAP program exists. We are here to help you navigate these various coverage options and choices. Because there, as Denise mentioned earlier, there is so much noise out there. So first, you wanted to decide how to get your coverage. This might be an ongoing question, right? You might have not made a final decision about Medicare advantage versus original Medicare advantage. But, we are going to keep drilling down into some of these things to consider, because every presentation and every training that I do talking about comparing your options is that there is no one-size-fits-all Medicare coverage option. Period. I have talked to spouses that live in the same household. And it does not even make sense for them to be on the same plan, depending on what doctors they want to see. What their prescription drugs are, etc. I hear a neighbor says oh, I should

really join this plan she really likes it. Well, that is great with the neighbor, but they might have very different medical needs or prescription drug needs or a different financial situation from the person in front of me, right? I just want to make it clear, sometimes we get asked " what, what is the best plan? " I cannot answer that. First of all, HICAP is neutral and unbiased. That's one of the benefits of working with HICAP counselors, it is that we don't sell insurance. We are not going to convince you to go one direction or another. It is very important to think about your specific situation. It is not the best plan for everyone. There might be a best plan for you, which may be different from the best plan from your neighbor or brother or parent or, you know, sibling. So, these two options we got original Medicare where you have that red white and blue Medicare card. That is what you are showing at the hospital to your doctor. For your part A and B services. That is where you enroll for a separate stand-alone prescription drug plan that only covers your prescriptions. And you can go see any doctor in the country that accepts Medicare. Now, that sounds great, right? Oh, the flexibility is wonderful! The major downside of original Medicare is how expensive it can be. Because Medicare typically covers 80% of your healthcare costs. So that is why I have this on the slide, that supplemental secondary coverage is strongly recommended. Strongly strongly recommended. I will talk about that in a moment. Again, alternative option, Medicare advantage where you enroll into a managed care plan, private plan that administers your Medicare benefits A, B and D. They are either HMOs or PPOs. HMO typically has a pretty limited plant network. PPO might have a broader network but you might have higher out-of-pocket cost, if you go out of network. And then you know, typically the out-of-pocket cost of Medicare advantage are much more lower because you are maybe not paying additional premiums. You have set co-pay amounts, instead of a percentage of some unknown number for your healthcare costs. And then of course, as we mentioned, many of these Medicare advantage plans do add supplement benefits. Like,

dental, vision, and other things we will talk about that are not covered by original Medicare. Next slide, please.

>> ANASTASIA DODSON: Stephanie we have a number of questions in the chat. But I know you have some important contacts to cover.

>> STEPHANIE FAJURI: Yes, I will try to cover it fast, thank you anesthesia. Again, this is the stuff that I mentioned. We have a stand-alone prescription drug plan you are using original Medicare for your benefits. You will need to think about how to supplement Medicare. One of those options is Medi-Cal, it is a great secondary coverage option. For folks that have higher incomes and maybe not eligible for Medi-Cal, any of those folks will purchase what is called a " Medicare supplemental plan or Medigap. " But one thing to keep in mind is that Medigap they don't have the same open enrollment rules as Medicare does. So, those are private insurances. It's not even health insurance, so I don't have time to talk about Medigap in much more detail today. But, it is a great opportunity for you to reach out to your local HICAP for more information. If you are thinking about how to supplement your coverage and you don't qualify for Medicare. So advantages is that when you are assigning your benefits, your Medicare benefits to a private plan, your typically working with the primary care provider to get referrals to specialists you're often needing to go through prior authorization from a medical group in order to get access to certain services. And typically you can only use it out of network or out of plan providers, if it is an emergency or urgent care. Next slide. Now, there are certain types of Medicare advantage plans for people who have special needs, these are called " special needs plans " there is chronic care plans or C-snips for people with certain chronic illnesses. Like diabetes or dementia, there's institutional plans or I-snips, and D snips which is a dual special needs plan for people have Medicare and Medi-Cal coverage together. Again, before making any sort of change 1 of these plans, I always strongly

recommend to check with your doctor to confirm if there is a doctor you want to keep seeing. Confirm whether or not they actually accept one of these plans, because if you have diabetes and you have an endocrinologist -- typically a Medicare advantage plan is going to have lower out-of-pocket costs as compared to the original Medicare, it is certainly often cheaper than buying Medicare supplement plan or Medigap. This can be quite expensive and they also do include supplement benefits often including things like over-the-counter drug benefits, dental transportation, vision, hearing coverage, Jeanette memberships, but keep in mind that if you have Medi-Cal you may already have access to some of these things that are considered supplement benefits for Medicare advantage, right? Like medical dental, dental provides a transportation benefit to medical appointments. So, you just keep it in mind if you have medical getting these supplements benefits through a medical advantage plan. So, next slide. So again, which plans contracts hospitals and doctors you want to see. What are the supplemental benefits that are offered? These are the important things to keep in mind when you are trying to compare Medicare advantage plans. Next slide, please. So, when you have Medicare and Medi-Cal together, Medicare is the primary insurance. So, even if you have Medi-Cal and you are assigned a Medi-Cal managed care plan. Most people with Medi-Cal in the state have a managed care plan for their Medi-Cal. That is very different from what we are talking about today. We are talking about your Medicare coverage, which is the primary coverage. Now both Medicare and Medi-Cal do cover doctor visits, hospital stays, labs, etc. When you have Medicare and Medi-Cal together, your care is the primary insurance. And Medi-Cal pays the co-pays, you don't pay deductibles. Medi-Cal covers your part B premiums. You can get access to in-home support services. And like I said before, you get lower prescription drug costs through your Medicare coverage. Next slide, please. So, do you need to change your Medicare plan each year? Not necessarily. But I think it is a good idea to compare your options because of how much things

change year to year. The cost of change. The doctors change which plans they accept. Hospital plans change which plans they accept. I just heard that San Diego County, a very large Medi-Cal provider has stopped accepting any Medicare advantage plans. That might mean if you want to keep seeing that provider, you might have to change your coverage. But, some people take a plan and they stick with it forever and they are very happy. So, I encourage you to compare your options. But it is not mandatory. Next slide, please. I am almost done. I promise. So, when we are talking about how to compare or how to select the plan, Medicare.gov has a very helpful plan finder search tool. And that is the tool that the HICAP programs use to help compare your options. If you are comfortable going on there, yourself and want to set up Medicare.gov account yourself. You can save a list of your prescriptions and that makes it easy for you to compare your plans from year-to-year. Each plan has its own list of covered drugs and the copayments might vary. So, this is one of the ways that we help folks compare their options. Next slide, please. So, one last thing I want to mention really quickly is that I know that the T.V. commercials can be confusing or overwhelming. The amount of mail you are getting at this time of the year is overwhelming. Please be very cautious when it comes to Medicare marketing. Unfortunately, the HICAP programs certainly at least our program in LA County, we frequently hear typically in January or February, that folks were provided inaccurate or misleading information about plans that they signed up to. Later find out that their doctors never accepted that plan. That is why I always tell folks to talk to your doctor or hospital directly. You know what the plan is that they can accept. I personally don't trust lists on websites. I know there is a lot of great agents and brokers out there, but they may not have access to the most updated information. So, just be. Cautious about providing your Medicare number to anyone that you don't know or trust and be very cautious about changing your coverage if you have not confirmed whether or not your doctor actually accept that you plan. So weird to get

information on Medicare plans? Medicare.gov is a great source. The Medicare telephone hotline that Gilbert shared, 1-800-633-4227. You can always call the plans directly. And you can always call HICAP. I am sorry I went over my time a little bit but I am happy to answer any questions that there may be.

>> ANASTASIA DODSON: Thank you so much, Stephanie. That was wonderful. Yes, we do have a little bit of time for questions. And so, we have been monitoring the chat. And there are some questions in the chat that I would say are "more advanced." We will look at this if we have more time. First we will start with questions that are more fundamental to make sure that everyone has the same understanding. So, a question in the chat: Is there an open enrollment period for part A and B too? Or can you enroll anytime?

>> STEPHANIE FAJURI: Great question everyone who becomes eligible for Medicare has what is called "initial enrollment period" which is typically seven months around when you turn 65 or the seven months surrounding your 25th month on SSDI. If you don't sign up for Medicare during that initial enrollment period, you may qualify for a special enrollment period to sign up later. Typically, you can sign up for part A at any time after you turn 65. If you get it for free, otherwise we do have what is called "general enrollment period" which goes from January 1st to March 31st. Each year where you could sign up for part A and or B if you don't qualify to sign up at another time of the year, but it would be unclear because -- periods are super confusing please call your local HICAP.

>> ANASTASIA DODSON: Great, Stephanie. Next question: can you please describe the process of switching from Medicare advantage plan back to traditional Medicare?

>> STEPHANIE FAJURI: Yes, so if you are trying to make that change during the open enrollment period, you typically don't have to cancel the previous plan that you were in. The way to make that

change would be to submit your application to enroll in any new plan, once you have picked that new part D plan. Because you can only have D or drug coverage through Medicare in one plan. If you sign up for a new plan, it automatically cancels out the previous plan. You don't have to do one and then the next. The one word of caution that I have about switching from Medicare advantage to a standalone part D plan to switch back to the original Medicare is to make sure that you know that you will be able to get a Medicare supplement plan or have Medi-Cal. Because the last thing you want is to start your new plan in January with original Medicare and realize " oh no now I have a 20% coinsurance for every single medical service I get " if you have Medi-Cal this is not a big of an issue. But, if you need to purchase a Medigap plan, you may or may not be able to do that during that open period because of all their convoluted rules. So again, feel free to check out with HICAP. I know that there is at least one insurance company that is doing what is called " Medi-Cal underwriting holiday. " This opener only period which means you would be able to sign up for our Medigap plan.

>> ANASTASIA DODSON: Wonderful. That does answer another question in the chat about Medigap and Medicare advantage timelines. There are a couple of questions about the people who are duly illegible and may be eligible for Medicare Medi-Cal plan that combine both Medi-Cal and Medicare. Can you answer that?

>> STEPHANIE FAJURI: Yes, I believe they are not yet available in every county in California, but there were previously had court needed care initiative with Cal Medi connect, which was bridging the gaps sort of between those Medicare that Medicare coverage and Medi-Cal coverage. So, Medicare Medi-Cal plans are type of SNIP D a dual specialized Medco plan on both run through the same insurance company. So, there should be a heightened level of correlation between benefits of Medi-Cal there may be additional benefits available. I know that enhanced care management and

some of those other services that are to be honest still a little bit of a gray area for me, because I know some vary from plan to plan. But it is another coverage option. Dual eligibles who need may be additional case management or care coordination. But again, just like any other Medicare advantage plan, if there is a doctor that you want to make sure you are able to continue to see. My first question or my first suggestion if you are a HICAP client would be to confirm that your doctor can actually accept that plan.

>> ANASTASIA DODSON: And I will just echo that those plans are available in some counties, Los Angeles and Bernardino Riverside San Diego orange Senate, Claire Santa. As you say, the first thing is first. Collier Hospital, doctor. If you have questions, call HICAP.

>> STEPHANIE FAJURI: For sure.

>> ANASTASIA DODSON: We do have time for a couple more questions. This one is more of a technical side. We can see if you can work through this one. So, some people ask: "Why they have to pay for prescription drugs when they get Medicare, when they are used to not paying for any medications when they have just Medi-Cal. And how can we talk through that?" They are very small but you know, copayments do exist for people with both Medicare and Medi-Cal.

>> STEPHANIE FAJURI: Yeah, we get a lot of calls about that, especially from folks on SSI who are on a very limited income. We know that Medi-Cal has zero copays for prescriptions. Once someone becomes eligible for Medicare, Medi-Cal becomes what is often referred to as "payer of last resort." If there is any other insurance that will cover hospital medical or prescriptions, then Medi-Cal is the last payer. So when someone has both Medicare and Medi-Cal, they are required to have drug coverage through Medicare advantage plan or standalone part D plan. You do automatically get that extra help program with the lowest co-pays. This year's

co-pays were \$1.45 for generics, and I think \$4.30 for brand-name drugs. But we know that a lot of folks take a lot of medications, right? And God forbid, you are taking five brand drugs and your monthly income is \$1100 per month. That is a significant percentage of your monthly income. If I was making the rules, I would not have a copay for dual eligibles. But, unfortunately I am not in charge. Those are the rules coming down from the federal government. Maybe at some point that will change. And I know that there are certain ways to get 0 co-pays, if you are living in a nursing facility or have certain home and community-based services. You should have 0 co-pays for your prescriptions through part D. But, for most of our dual eligible clients, they are paying that local co-pay due to that extra help coverage.

>> ANASTASIA DODSON: Thank you for clarifying that. I think one more topic that we can handle in the next couple of minutes is the difference between Medigap or supplement policies, and that is not the same when someone has some kind of employer sponsor or other coverage, other health care coverage.

>> ANASTASIA DODSON: Yeah. We talk to a lot of folks who get offered retiree coverage through their former employer. Sometimes that retiree coverage is actually a Medicare advantage plan. Sometimes it operates as secondary coverage. But, it is still through a private insurance. It is administered through the former employer when we are talking about Medigap sort Medicare supplement plan, that is a private insurance plan that almost operates like a disability insurance policy. It is not health insurance. It is not dictate which doctors or networks you can go to. They are private insurance policies that are administered through the California Department of insurance. And they have because they are private insurance policies that are not health insurance, they do have rules about possibly charging more or turning it down for pre-existing conditions, if you try to sign up outside of what is called "guaranteed issue period" or sort of your open enrollment period for

Medi-Cal. So, there are a lot of different rules. A lot of different ways that you can qualify for one of those guaranteed issue periods to purchase Medigap. I definitely don't have time to go through all of this today. But, on healthcarerights.org, we have a Medigap or Medicare supplement fact sheet or brochure that actually goes through both the federal rules and California specific rules that allow you to sign up outside of the first six months that you have A and B, together. Feel free to check in with your local HICAP if you have questions about Medigap.

>> ANASTASIA DODSON: Wonderful, thank you so much, Stephanie. What a great presentation and great questions from the audience. We are going to transition out to our next presentation. Thank you again, Stephanie. So, next slide. So now we are going to transition to a related topic now that we have that great grounding from Stephanie and information about Medicare including Medicare advantage plans. And those, Nils Franco from each advisor is going to be presenting highlights from a report that ATI published on the DHCS website. Recently about the different TY people supplemental benefits and looking from a bird's eye perspective. How many plans offer which types of supplement benefits to see what trends and patterns. The full report is posted on the DHCS website.

>> NILS FRANCO: Welcome everyone. I am honored to present to you this session where you will learn about supplemental benefits that are offered by Medicare advantage plans in California in 2023. So, Stephanie just talked about some of the items and services that Medicare advantage plans can offer that are not available under original Medicare. Now, this presentation will dive into those benefits. Those Medicare advantage supplement benefits. The important thing or take away is that no supplement benefit is offered by every Medicare advantage plan or MA plan. Additionally, some benefits are Especially uncommon. So if you're a Medicare beneficiary and you're looking at MA plans, you or a HICAP -- specifically that offer benefits that are important to you either way.

Some of the topics will be covered today. First, I will share information about Medicare and Medicare advantage. And about dual eligibility in California, which Stephanie just discussed, meaning both having Medicare and Medi-Cal. Then, I will share some data about which supplement benefits are commonly offered in California. And which ones are less commonly offered. You will learn how many MA plans statewide cover supplement benefits. Which can range from dental checkups to non- medical benefits. And you will also learn about dual eligible plans, those dual eligible special needs or D snips and how they differ from other and a plans and offering supplement benefits. This specialized plan type is only verbal to certain Medicare beneficiaries. Next slide, please. Medicare is that federal program that provides health insurance to 7 million Californians, mostly covering those who are aged 65 or older. Those who are younger, but have a disabling condition. Within Medicare program, what I will be talking about during this session, Medicare advantage that an APD or heart C for choice section of Medicare beneficiaries have plans. Medicare advantage enrollment has gone faster than an overall Medicare population growth. Use both nation one and California, specifically Medicare advantage plans are operated by private insurers and so, plans vary by county and each plan has its own benefit package and has its own approach to managing care. Note that other programs are also viable to certain Medicare beneficiaries, like the pace program, which are neither original Medicare or Medicare advantage. Additionally, as mentioned by Medigap plans provide financial coverage beyond what is offered by traditional Medicare. And again -- stressed your local HICAP -- between these Medicare programs. We'll talk about the dual eligible beneficiaries as we have discussed our individuals with both Medicare and Medi-Cal coverage. One point, 5 million Californians are dual eligible beneficiaries, meaning they have both Medicare and Medi-Cal eligible benefits may have benefits that are covered by both programs, which include the nonmedical services -- meeting they cover the maximum Medicare cover amount of the benefit is

offered both by Medicare and Medi-Cal, before Medi-Cal covers and kicks in with its coverage. So, Stephanie mentioned special needs plans and as these are specialized plans that serve specific subpopulations, the technical discussion today is dual eligible special needs plans or D snaps. Serve only those dual eligible beneficiaries and they must coordinate care for members between both the Medicare and Medi-Cal coverage in ways that the state government determines. So, on the next slide will quickly give a snapshot of the size of the population and individuals in California who are different program combinations. So, you saw the number of California Medicare beneficiaries is 7 million. And I mentioned there are 1.5 million dual eligible beneficiaries. Now, that is on the right side of this slide. And on the left-hand side you can see 3 million Californians enrolled in Medicare advantage plans. So, Medicare advantage makes up just under half of California Medicare beneficiaries in the middle, we have the overlap to represent California enrolled in both medical and Medicare -- so just under half of Californians dual eligible beneficiaries have Medicare ADV. Which is 700,000 Californians. It can be specifically important to understand the benefits offered through Medicare advantage and through Medi-Cal for those 700,000 Californians who are covered by both programs. Both programs are increasing flexible plans to offer benefits beyond traditional medical services. So long as they are medically appropriate and cost-effective. So now that we have done this table setting I will start showing the supplement benefits data. The bulk of this data will focus on supplement benefits offered by MA plans overall, not just dual eligible beneficiaries and dual eligible special needs plans. On the next slide we will look at an overview of the first set of three types of supplemental benefits. This is a set of numbers that I will cover on upcoming slides. As a review we will discuss dental, hearing, vision, over-the-counter and certain technology enabled benefits. Many of these benefits were offered by more than 80% of MA plans in California in 2023. These primarily health supplemental benefits called PHRB are medical in nature, but

are not covered by original Medicare. So, MA plans choose which of these supplement benefits to co- offer if any, that is the question that we are asking what percent Medicare advantage plans they offer in California this past year in 2023. So, I will describe the plan benefit packages. So these are what Medicare advantage plans submitted to CMS saying that they will offer in the next year. This is 2023 data and it is statewide. It may not reflect the benefits that are offered in 2024 or in a specific county. All the analysis I will show you are focused on plans that serve California and also excluded plan types that don't reports upper middle benefits in the standard way. So, those include employer group plans and medical saving accounts, those are not included in today's presentation. So, with that aside let's dive into the detail. Next slide, please. Under Medicare advantage supplemental benefits, dental, vision, hearing can be covered and dental benefits can include both preventive benefits like annual checkup and comprehensive benefit like a filling or a root canal. 89% of Californians MA plans offered some sort of dental benefit in 2023, hearing benefits include both hearing exams and hearing aids. 94% of MA -- for example a plan may offer hearing aids but not offer hearing exam benefits. And we would count them as having some sort of hearing benefits in this 94%. I mentioned these steps earlier: D snips smaller percent of D snip offer. Hearing through Medicare, but as we discussed all these net members are due eligible beneficiaries and have Medi-Cal, which offer some dental hearing and vision benefits. MA plans Can cover members purchase of over the counter items that are primarily health related and plans can also set maximum dollar amount covered. Most due examples of these items are bandages, allergy, medicines, knee support and denture adhesive. And 93% of Californians Medicare coverage plans. That is that on the left-hand side bar 83% of California MA plans -- offered between \$200 and \$500 of annual value of over-the-counter coverage, the quarter of -- over-the-counter items may be reimbursed when purchased from a designated vendor, like a specific pharmacy chain or may be made

available through a catalog. 96% a much higher percent, 96% of California D snaps offer over the counter coverage through Medicare. That is a higher share plans than 83% that you can see over for MA plans all. Here we have the percent of California MA plans that offer three benefits that are technology enabled. So, these are services that may support greater access to care and emergency services during urgent health situations. So, most plans 84% on the left offer remote services that produce technological barriers to using TA health. In the middle just under half of plans offer personal emergency response system, which are devices that can alert first responders after detecting an emergency such as the fall. Almost no plans 5% on the right offer telemonitoring services. These are equipment like telecommunication services. These are equipped for managing specific health conditions like blood pressure monitoring for hypertension. So those are all primary health related benefits that have been around in Medicare advantage for a while. The next couple of slides are on a type of supplement benefits that are not medical are relatively new and that plans must make available to all members uniformly. Medicare advantage plans to choose whether and how to offer these expanded primarily health benefits which are called EPH RB understanding, which plans offer these benefits would be important for understanding how to obtain coverage for health related, but nonmedical services about a quarter of California MA plans offered some HR be in 2023 and about one half more when half of California D snaps offer some EPHRB, the most common EHR be is in home support services program, which helps Medi-Cal fisheries to pay for home-based services including personal care. So just to be clear, the Medicare advantage in-home support services benefit that will show on the next couple of slides is limited and importantly, it is not related to California in-home support services program. Next slide, please so here is the data. We have 27% of plans that offer one or more EPHRB and you can see five of them on the right-hand side. The most common one is in-home support services. Which 23% of

California MA plans offered. Much lower percent of plans offer each of the other benefits which are supports for caregivers -- health services, therapeutic massage and home-based bullet data of care. Here we are going to look at the same graph, but comparing D snips to the other MA plans. These snips offered each EPHRB more than that other MA plans -- compared to other Medicare advantage plans D snips less often offered supports a caregiver or adult day health services benefits under Medicare. Now one note there is to some of the benefits are similar to medical benefits and when a dual eligible beneficiary has through both Medicare and Medi-Cal, Medicare covers the benefit of to the maximum covered amount before the medical coverage begins to cover the benefit. Dual coverage sources here may impact benefit offerings because all D snips members have both Medicare and Medi-Cal. Like the last section about nonmedical benefits that must be available to all numbers of the plan. This section the next couple of slides are a type of nonmedical benefits that can be offered for members with specific conditions, functional limitations or income levels. For example, these benefits can be targeted to plan members who have diabetes diagnosis or who had a recent stroke. Or it could be targeted to plan members who also receive low income cost-sharing subsidies for Medicare prescription drugs. Medicare authorizes MA plans to offer these benefits where there is a reasonable expectation of improving or maintaining the health or overall function of member understanding how these benefits are targeted would be important for a prospective member looking to access benefit by enrolling in a plan. About one third Californian MA plans after non- -- into thirds of California D snips offer non-PHR P the most common of these benefits is food and produce, which is the benefit that they may support the nutritional -- here we are diving into the data again, and we can see that these targeted nonmedical benefits, non-PHR be are slightly more popular than the uniformly available once that I showed in the last section. Meaning that they are offered by a higher percent MA plans in California. The most common were

food and produce which is offered by 20% of plans. And then the remainder were offered by less than 10% of plans. And those are nonmedical transportation, general support, meals to be unlimited bases, and social needs benefits. Next slide, please. Now we are going to look at the same graph again, but we are going to compare D snips to other MA plans. Here we see that D snips offer non-PHR be more often than other MA plans, which is consistent with what we saw in the previous section about nonmedical benefits. Two thirds of D snips offered any of the ten non-PHR be, one half offered food and produce and going down the list. We see that these steps offer the most common three, non- PHR be, more often than other MA plans. Next slide. I have now quickly gone through the dental, vision, and hearing benefits over-the-counter, some technology enabled benefits. And two types of benefits that are non medical in nature. Some which must be made available to plan members who qualify, generally. And some which must be targeted based on the condition and income levels of plan members. So, in sum, we learned that California MA plans offered a variety of supplemental benefits in 2023. These included nonmedical benefit plans -- nine in ten plans offer dental and hearing benefits and almost all plans. 99% offered vision, benefits 8 in ten offered remote access technology benefits which are designed to produce telehealth barriers. Half of plans offered personal emergency response systems. And we saw a variety of nonmedical benefits, but the EPHRB and non-PHR be, the minority plans offered both types of nonmedical benefits. Most D snips in fact offered both types of nonmedical benefits. So, note that Californians with Medicare can enroll in other programs other than Medicare advantage, which may offer different benefits, limitations and protections, and options -- you or your HICAP need to look at plans that specifically offer a benefit that is most important to you. Thank you. It has been a pleasure to present today and also work with the California Department of Health care services. Next slide for the questions?

>> ANASTASIA DODSON: I want to sort of state on the last slide. On what we learn point. And to remind the audience that the benefits offered by Medicare advantage plans in 2024 may not be exactly the same as 2023. Do your homework if you're considering changing plans or you want to know what benefits your plan will have. Two more things that really struck me. One is when people think they have both Medicare and Medi-Cal. And as you say, dental, vision and hearing there is some coverage already in Medi-Cal. So, how do those two coverage pieces work together, that can be complicated. We just published a fact sheet on dental benefits across Medicare and Medi-Cal and how they can work together. That is on the DHCS website. I think your analysis knows it is really important to see how common dental coverage is through MA and why that is an important topic to keep lifting up. And the final point I want to make is when we think about people who may have needs for some of these supplemental benefits, but their income is not low enough to qualify for Medi-Cal. Then, these benefits can really fill a gap that they may have. Some of those folks in their income levels known as "near duals." And we had a great discussion in your webinar about what ways people who are near Medi-Cal, but do not have the qualifying income level for Medi-Cal, near duals. What their characteristics are. They are somewhat similar to folks with Medi-Cal. And again, these supplement benefits can be very helpful for people who are not eligible for Medi-Cal. So, thanks [indiscernible] let's go to the next slide and look at questions in the chat. And once again the chat is where we preferred the questions. It is easier for us to manage. So I see a point from someone in the chat asking for DHCS and CD8 to consider summarizing the 2024 Medicare advantage supplemental benefits. Perhaps in the first-quarter in 2024. We will look into the fact that it is really interesting that sometimes there are local HICAP. So, doing the statewide look is quite an effort and again, congratulations to Nils Franco for his work and his ATI teams work on that. I see another question. Will that FPL qualification change

for near duals in 2024? So, every year the federal poverty level, specific dollar amounts are updated. And so, I am not sure the timing whether it is October, November, December. But, those the Medi-Cal eligibility criteria is based on a certain percent of the federal poverty level and income that is at or below that level. So, there is an annual change each year for that. Okay. And I do see a question about a list of approved DME. We do have a fact sheet about how DMV can work together for people that have Medicare and Medi-Cal. Nils, can you talk a little bit more and if you know top of your head, hearing benefits and maybe go back to that slide about hearing, dental and vision? And maybe we can talk a few minutes about those core benefits and how they work? Great. Keep going back. Great.

>> NILS FRANCO: Yeah so I can speak to what the Medicare advantage plans file in their supplemental benefit packages. And so, again, each of these benefits that you see on this particular slide is a summary of the plan offering a sort of benefit that is related to dental, hearing, or vision. And so, within hearing there are routine hearing exams and then there is hearing aid coverage. So, plan by plan, several things will change in terms of what the Medicare advantage plan to cover. And so, this will include the role of coinsurance and cost-sharing. So, that cost to the member has to pay -- hearing aid that gets covered by the Medicare advantage plan. Is it going to be a certain percent or a certain dollar? Amount that the beneficiary member has to pay out-of-pocket associated with that. There's also an amount of coverage, so if they offer hearing aids, they may be able to set a limit for how many hearing aids they will pay on an annual basis or once every three years. And this is the same for hearing exams, where a Medicare advantage plan can say will cover a hearing exam routine hearing exam once every three months or they would say covered once a year. And they would have the ability to go through different coverage options. And those aren't the only time frames or periods where a

Medicare advantage plan can choose to offer a benefit on a limited basis. But, those are some of those ranging anywhere from monthly to annually how many they offer a year for example they vary. And also as mentioned they can change what percent or what dollar amount the beneficiary or member has to pay out-of-pocket. So, there are a lot of different options available to the plans. Which means a lot of options or choices that have to be parsed by people who are looking for a Medicare advantage plan that works well for them. And so, I think that goes back to the point about going back to discussing the importance of HICAP. Interested members of the public through the options for Medicare advantage plans in that area.

>> ANASTASIA DODSON: Thank you so much, Nils Franco. I do see a couple of more questions in the chat about durable medical equipment. And Stephanie may want to chime in here a little bit. But, to see the list of what is covered by Medicare. Durable medical equipment. You can go to the Medicare website. And that will show what is covered by original or regular Medicare for durable medical equipment. And then that will be covered through a Medicare advantage plan. And probably best to call that Medicare advantage plan to find out if they have particular restrictions. Sometimes they will have information on their webpages. But, the link that we have and Christopher, thank you for putting the Medicare link in the chat. And for people who have Medicare and Medi-Cal, the Medi-Cal coverage for durable medical equipment is really complementary to the Medicare piece. And so, there is good coverage here, but it is sometimes challenging to navigate across both sets of coverage. And that I believe was one of the earlier links in the chat about navigating DME for people of Medicare and Medi-Cal. So, we are just about at time. Nils Franco is there anything else you would like to add around the work that you have done and what you are seeing and the work you may be doing in the future at ATI?

>> NILS FRANCO: We had some opportunity to look at some of the year's data. And this would be for nationwide. And we had seen an increase in the offering for that not PHRB benefit group. So, those are the ones that have like food and produce, nonmedical transportation. We are seeing those at a higher number of plants in this upcoming 2024 plan year. We are seeing some changes in that. So, some awareness that there are some changes in the offerings being made by the Medicare advantage plans between 2023, and then this upcoming plan year that the enrollment plan period is opening 4.

>> ANASTASIA DODSON: Very interesting. Thank you so much, Nils. Okay we will proceed through these slides. Wonderful slides and a wonderful presentation here is where we are doing a wrap up. Just a reminder again HICAP is a wonderful resource throughout the state. You can call or find your local office by calling the 1800 number on the screen. There is also a web link. To find the services they are available in your county. You can go to the web link. The slides from today will be posted on the DHCS website, shortly. Which will have all of these contact information and links. The 1800 number for Medicare 1-800-633-4227 is a great resource. There is a Medicare plan finder. Many resources online. And the supply metal benefits analysis that ATI prepared is on the DHCS website. You can link on that and there is much more information. ATI did a wonderful job on that chart book. There are other trade books there as well about Medicare in California, the characteristics of beneficiaries. So, with that DHCS I will say thank you. And I believe Denise Likar is still on, if she wants to say thank you from the Department of aging.

>> DENISE LIKAR: Thank you for everyone for this wonderful information today. Thank you for everyone who attended and stayed all the way until the end. I know it is a lot of information with the resources that we are sending out. Thank you everybody, we really appreciate it.

>> ANASTASIA DODSON: Thank you everyone. And this is the end of the webinar.