

Medicare 101

**Presented by TEAM MMAP
– Region I-A**

**Detroit Area Agency on
Aging**



What is MMAP?

- **Michigan Medicare Medicaid Assistance Program**
- **One of 54 State Health Insurance Assistance Programs (SHIP)**
- **Free counseling services**
- **Assistance with Medicare and Medicaid for Medicare beneficiaries**
- **1-800-803-7174**



What is Medicare?

Federal Health Insurance for:

- **People 65 years of age or older**
- **Some persons with disabilities, after a 24-month waiting period**
- **People with End-Stage Renal Disease**
- **People with Amyotrophic Lateral Sclerosis (ALS)**



Medicare Plan Choices

Original Medicare

- **Part A- Hospital Insurance**
- **Part B- Medical Insurance**
- **Part D- optional Prescription Insurance**

Medicare Advantage

- **Health Plan (HMO, PPO, PFFS) offered by private health plans**

Original Medicare

Part A - Hospital Insurance

- **Covers**
 - **Hospital stays**
 - **Skilled nursing facility care**
 - **Hospice care**

Costs

- **\$1,600 deductible a hospital stay of 1-60 days**
- **\$400 per day for days 61-90**

Original Medicare - Part A Continued

- Also covers skilled nursing facility after a 3-day hospital stay for care relating to hospital treatment
- Covered in full for first 20 days

Original Medicare

- **Part B - Medical Insurance Covers**
- **Outpatient services, such as doctor's visits, ambulance, lab, x-rays, medical equipment, wellness exams, test, screening, and newly added shingles vaccine**
- ***COVID-19 testing is covered**
- **Costs**
- **Monthly premium of \$164.90 as of 2023**
- **Annual deductible of \$226.00**
- **20% co-pay for most services**

2023 MEDICARE PART A (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2023" PAGES 25 & 25 - 29

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
HOSPITAL CARE (INPATIENT CARE)			
Semi-private room and board, general nursing, and other hospital services and supplies	First 60 days	All but \$1,600	\$1,600 - deductible
	61 st to 90 th day	All but \$400 per day	\$400 per day co-insurance
	91 st to 150 th day	All but \$800 per day	\$800 per day co-insurance
	Beyond 150 days	Nothing	All Costs
SKILLED NURSING FACILITY CARE			
Semi-private room and board, skilled nursing and rehabilitative services, and other services and supplies are covered following a 3-day hospital stay as long as you meet Medicare conditions	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$200 per day	\$200 per day co-insurance
	Beyond 100 days	Nothing	All costs
HOME HEALTH SERVICES			
Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Up to 100 visits following a 3-day hospital stay as long as you meet Medicare conditions	100% of approved amount	Nothing for services
		80% of approved amount for durable medical equipment	20% of approved amount for durable medical equipment
HOSPICE CARE			
Pain relief, symptom management and support services for the terminally ill	For as long as doctor certifies need	All but limited costs and for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
BLOOD			
When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	Costs after the 4 th unit per calendar year	For the first 3 units for each calendar year

**To Purchase Part A: \$506/month for persons with 30 or less credits of MC covered employment
\$278/month for persons with between 30-39 credits of MC covered employment**

2023 MEDICARE PART B (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2023" PAGES 25 & 29 - 55

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
DOCTOR AND HEALTH CARE PROVIDER SERVICES			
Covers medically necessary doctor and other specified health care provider services including outpatient mental health services	Unlimited if medically necessary	80% of approved amount (after \$226 deductible)	\$226 annual deductible and 20% of billed amount
LABORATORY SERVICES			
Blood tests, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amounts	Nothing for services
HOME HEALTH SERVICES			
Part-time or intermittent skilled care, home health aide services	Unlimited as long as you meet Medicare conditions	100% of approved amount	Nothing for services
Durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	80% of approved amount for durable medical equipment	\$226 annual deductible and 20% of billed amount
OUTPATIENT HOSPITAL SERVICES			
Services for the diagnosis or treatment of illness or injury provided in a participating hospital outpatient setting	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	\$226 annual deductible, 20% of billed amount. Note: health care provider services and hospital may be billed separately
BLOOD			
When furnished in a participating outpatient setting	Unlimited if medically necessary	80% of costs after \$226 deductible and starting with the 4th unit	For the first 3 units for each calendar year

Medicare Part B Premium in 2023: The standard Part B premium in 2023 will be \$164.90

- Some higher-income beneficiaries will pay more than the standard Part B premium in 2023. This adjustment to the Part B premium is called the income-related monthly adjustment amount (IRMAA). Only 7% of beneficiaries are in the IRMAA group. <https://www.cms.gov/newsroom/fact-sheets/2023-medicare-parts-b-premiums-and-deductibles-2023-medicare-part-d-income-related-monthly>
- Beginning in 2023, certain Medicare beneficiaries who are 36 months post kidney transplant can elect to continue Part B coverage of immunosuppressive drugs by paying a premium of \$97.10

When to Enroll in Part A & B

New to Medicare

- **7 Month period**

General Enrollment Period

- **January 1st – March 31st**
- **Coverage will start the 1st of the following month (example enrollment, January coverage starts February)**

Special Enrollment Period

- **8-month window begins once you lose creditable coverage or stop working (i. e. coverage from an employer)**

Medicare Savings Program

- Offers coverage for the Part B premium costs (\$164.90, 2023)
- Single \$1,660.25 income/ \$9,090 assets
- Married \$2,238.50 income/\$13,630 assets
- Apply through MDHHS*

***Michigan Department of Health & Human Services**

**2023 MEDICAID IN THE COMMUNITY CHART
(PURPLE PAPER) MEDICARE SAVINGS PROGRAM (MSP)
CATEGORY DESCRIPTIONS**

BRIDGES ELIGIBILITY MANUAL (BEM) REFERENCE #	PROGRAM OR CATEGORY NAME	DESCRIPTION	MONTHLY INCOME	ASSETS
BEM 163	Aged and Disabled Care (AD-Care)	AD-Care Full Medicaid Coverage - Medicaid only persons (non-duals) will have prescription coverage with very low co-pays. People without Medicare must join a managed care plan.	Single = \$1,235* or less	= or < 2,000**
			Married = \$1,663.50* or less	= or < \$3,000**
MEDICARE SAVINGS PROGRAM (MSP) CATEGORIES				
BEM 165	Qualified Medicare Beneficiary (QMB)	QMB (100% FPL) This MSP pays for: ✓ Medicare Part B premium, and ✓ Medicare Part A and B deductibles, and ✓ Medicare co-payments <i>☞ A Medicaid card is issued by MDHHS</i>	Single = \$1,235 or less	= or < \$9,090
			Married = \$1,663.50 or less	= or < \$13,630
	Specified Limited Medicare Beneficiary (SLMB)	SLMB (120% FPL) This MSP pays for: ✓ Medicare Part B premium only <i>☞ A Medicaid card is issued by MDHHS once the deductible is met.</i>	Single > \$ 1,235.01* - \$1,478* Medicaid Deductible	= or < \$9,090 = or < \$2,000**
			Married > \$1,663.51* - \$1,992* Medicaid Deductible	= or < \$13,630 = or < \$3,000**
	Additional Low-Income Medicare Beneficiary (ALMB) also known as Qualified Individual (QI)	ALMB or QI (135% FPL) This MSP pays for: ✓ Medicare Part B premiums when funds available. <i>☞ This is not an entitlement as are other Medicare Savings Programs (MSP). First come, first served until funding exhausted.</i> <i>☞ A Medicaid card is issued by MDHHS once the deductible is met.</i>	Single > \$1,478.01* - \$1,660.25 Medicaid Deductible	= or < \$9,090 = or < \$2,000**
			Married > \$1,992.01- \$2,238.50* Medicaid Deductible	= or < \$13,630 = or < \$3,000**

*Monthly income amounts are the **GROSS** income **BEFORE** the \$20.00 disregard is deducted. **DO NOT** double the disregard for married couples**
Asset limits do **not** include the \$1,500 per person burial expense exclusion. Per the Bridges Eligibility Manual (BEM) 400, page 50.
Income limits are Effective April 1, 2023-March 31, 2024.

Reminder: The Social Security cost-of-living (COLA) increase received annually is disregarded in January, February and March. Cases should not close solely because of the COLA increase received in these months. (**BEM 503**)

Part D- Prescription Coverage

- **Medicare Prescription Drug Coverage is part of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA)**
- **First time Medicare provided prescription coverage for outpatient prescription drugs**

Who is Eligible for Part D?

- **Anyone who has Medicare Part A and/or Part B**
- **Enrollment is voluntary**
- **In most cases, beneficiary must choose and join a Medicare drug plan to get to coverage**

When to Enroll in Part D

New to Medicare

- **7 Month period**

Annual Open Enrollment Period

- **October 15th –
December 7th**

Special Enrollment Period

- **Low income, involuntary
loss of
credible coverage,
moved outside of plan's
service area, etc.**

Creditable Coverage

- People who have other drug coverage that is at least as good as Medicare's drug coverage may keep their coverage and incur no penalty
- If someone involuntarily loses creditable coverage, there is a 63-day Special Enrollment Period for Part D.

Penalty

- If a beneficiary does not enroll in Medicare Part D when they are first eligible and does not have creditable coverage, he/she is subject to a penalty
- Penalty is in the form of higher premiums should he or she elect to join a Medicare Part D plan later
- 1% of the National Base Premium (\$32.74 in 2023) applied monthly times the number of months without Part D

Medicare Part D Costs

- For coverage in 2023, beneficiaries will generally pay...
- A monthly premium
- \$505 deductible
- You pay 25% of drug costs brand name drugs & 25% for your generic drugs .

Types of Part D Plans

- Offered by private companies
- Approved by Medicare

Two Types:

- Prescription Drug Plans
- Medicare Advantage

Stand Alone Prescription Drug Plans

- Adds drug coverage to Original Medicare
- Formulary- list of drugs a plan will cover
- Vary from Plan to Plan

Extra Help with Part D for Low- Income Beneficiaries

- People with lowest income/assets can get help in paying for Part D
- **2023 Rates**
Single \$21,870 income/ \$16,660 assets
Married \$29,580 income/\$33,240 assets
- Apply through Social Security Administration
- * Effective January 17, 2023

**2023 EXTRA HELP ELIGIBILITY (YELLOW PAPER)
AKA LOW-INCOME SUBSIDY (LIS) LEVELS AND COPAYMENT STRUCTURE**

		MEDICAID ELIGIBLE		LTC/WAIVER/PACE	FULL SUBSIDY		PARTIAL SUBSIDY
		100% FPL	135% FPL	300% FBR**	135% FPL	135% FPL	150% FPL
Income	Individual	**\$1,215/month \$14,580/yr	**\$1,640/month \$19,683/yr	\$2,742/month \$32,904/yr	**\$1,640/month \$19,683/yr	**\$1,640/month \$19,683/yr	**\$1,823/month \$21,870/yr
	Couple	**\$1,643/month \$19,720/yr	**\$2,219/month \$26,622/yr	N/A	**\$2,219/month \$26,622/yr	**\$2,219/month \$26,622/yr	**\$2,465/month \$29,580/yr
Assets	Individual	\$2,000	\$10,590*	\$2,000	\$10,590 or Less*	\$10,590* and \$16,660*	\$16,660*
	Couple	\$3,000	\$16,630*	N/A	\$16,630 or Less*	\$16,630* and \$33,240*	\$33,240*
Monthly Premium Subsidy Percentage		100% Subsidy (\$0 Premium)	100% Subsidy (\$0 Premium)	100% Subsidy (\$0 Premium)	100% Subsidy (\$0 Premium)	100% Subsidy (\$0 Premium)	>135% - 140% FPL = 75% Subsidy • Individual \$1,640-\$1,701 • Couple \$2,219- \$2,301 >140% - 145% FPL = 50% Subsidy • Individual \$1,701- \$1,762 • Couple \$2,301 - \$2,383 >145% - 150% FPL = 25% Subsidy • Individual \$1,762- \$1,823 • Couple \$2,383 - \$2,465
Annual Deductible		\$0	\$0	\$0	\$0	\$104	\$104
Prescription Copayments		\$1.45/Generics \$4.30/Brand Catastrophic After TrOOP \$0 Generic - \$0 Brand *	\$4.15/Generics \$10.35/Brand Catastrophic After TrOOP \$0 Generic - \$0 Brand *	\$0	\$4.15/Generics \$10.35/Brand Catastrophic After TrOOP \$0 Generic - \$0 Brand *	15% Coinsurance on all medications Catastrophic After TrOOP \$4.15-\$10.35 *	15% Coinsurance on all medications Catastrophic After TrOOP \$4.15-\$10.35 *

Income limits effective as soon as new FPL limits are updated by SSA sometime in January or February (Effective January 17, 2023)

*These resource limits include \$1,500 per person for burial expenses (Effective 10/25/2022)

Monthly income amounts are **GROSS income **BEFORE** the \$20 disregard is deducted. (Do not double the disregard for couples)

***Federal Benefit Rate=Monthly SSI Benefit Payment

* Out-of-Pocket Threshold (TrOOP) for 2023 = \$7,400

Reference: 2023 Resource and Cost-Sharing Limits for Low-Income Subsidy (LIS) 10/25/2022 and 2023 ASPE Poverty Guidelines 01/17/2023

Medicare Advantage



Medicare Advantage

- Offers comprehensive coverage for medical care, prescription drug coverage, and additional benefits
- Dental, Vision, Hearing, etc.
- Replaces Original Medicare with a managed care plan
- Prescription Drug coverage structured the same as Part D

Medicare Advantage Cont.

- **Changes the structure of Medicare benefits**
- **Plan is primary**
- **Subject to co-pays**
- **Plans can be HMO, PPO, PFFS**
- **Medicare Advantage wraps Medicare, supplement and prescription drugs into one policy**

Medicare Advantage Costs

- **Still Pay Part B premium**
- **Pay Medicare Advantage Premium**
- **Pay associated co-pays for medical care**



Enrollment Period

New to Medicare

- **7-month window**

Annual Open Enrollment Period

- **October 15th to December 7th**

Medicare Advantage Enrollment Period

- **January 1st – March 31st (If you have an MA Plan, you can switch to another MA or back to PDP)**



INFLATION REDUCTION ACT



VACCINE COST SHARING

Eliminates cost sharing for adult vaccines covered under Medicare Part D that are recommended by the Advisory Committee on Immunization Practices (ACIP), such as for shingles.



INSULIN COVERAGE

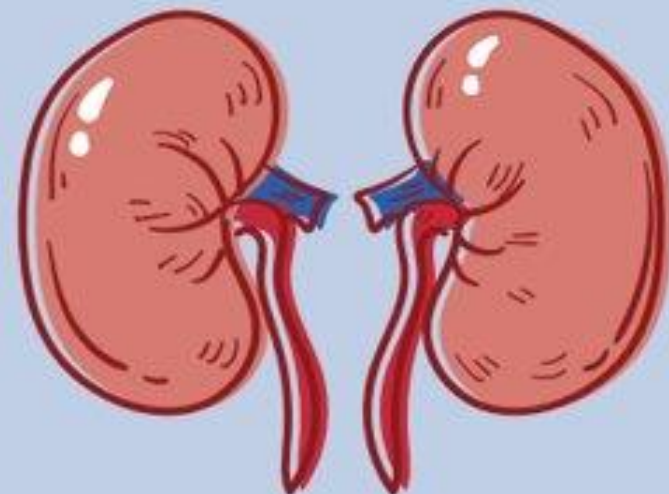
Under a prescription drug plan, if an insulin is a covered insulin product, the \$35 cap for a month's supply for each insulin applies.

Check your plan's formulary to make sure your insulin is covered.

MEDICARE PART B IMMUNOSUPPRESSIVE DRUG BENEFIT

Patients with Medicare because of ESRD currently lose coverage 36 months after a kidney transplant unless otherwise eligible for Medicare.

Beginning in 2023, patients who meet certain criteria can qualify for continuous Medicare-covered immunosuppressive drugs. It only covers immunosuppressive drugs - not other items or services.



ELIGIBILITY

- At some point, been on Medicare because of ESRD
- Cannot have other health coverage

ENROLLMENT

- Enrollment starts 10/01/22
Effective 01/01/23
- No late enrollment penalty
- Premium \$97.10 per month

Medigap



Medigap

- Sold by private insurance companies
- Fills the gaps of Original Medicare
- Currently 11 standard plans “A, B,C,D, F, F (high deductible), G,K, L, M & N.”
- Set core benefits for each standard plan
- Costs vary
- Medigap plans C & F, are not offered to anyone that is new to Medicare after January 1, 2020

Benefits	Medigap plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2022**			
							\$6,620	\$3,310		

Medigap

- **Helps pay the costs with Original Medicare**
- **Don't need Medigap if you are**
- **In a Medicare Advantage plan**
- **Have retiree coverage**
- **Have Medicaid**

What Medigap Pays

- **Co-insurance amounts for Part B (20%)**
- **Some policies cover deductibles for Part A and/or Part B**
- **Some policies offer additional benefits, like Foreign Travel Emergency**

Senior Medicare Patrol (SMP)

- Educates, empowers and assists Medicare beneficiaries, their caregivers and families to prevent, detect and report health care fraud.

Senior Medicare Patrol (SMP)

- **Protect- Don't share your Medicare information**
- **Detect- Read your Medicare Summary Notice (MSN)**
- **Report**
Contact local SMP or Medicare
1-800-803-7174

MMAP Contact Information:

- **Medicare/Medicaid Assistance Program**
- **800-803-7174**
- **Provides individual insurance counseling for people with Medicare**
- **We're here to help!**

Q&A

Contact MMAP 1-800-803-7174





2023 Medicaid Updates

**Presented by TEAM MMAP – Region
I-A**

Detroit Area Agency on Aging





MMAP

MICHIGAN MEDICARE/MEDICAID
ASSISTANCE PROGRAM

Michigan Medicaid Renewals

Renewals will begin **June 2023**.
Beneficiaries may start seeing
letters, in **March 2023**.

**Reminder: MMAP assists only Medicare
AND Medicaid eligible beneficiaries.**



MEDICAID PUBLIC HEALTH EMERGENCY

STAY INFORMED



- Ensure all contact information, including mailing address, is up to date. Updates can be done through MI Bridges.
- If an eligibility renewal packet is received, complete it and send it back to MDHHS.

When the end of the Public Health Emergency has been announced, check mail or text messages for information from MDHHS.

FOR MORE INFORMATION:

Call your local MMAP office at 1-800-803-7174

RESOURCES:

www.michigan.gov/mdhhs/end-phe/status

www.cms.gov/partbid-provider

www.medicare.gov/about-us/inflation-reduction-act



MMAP

MICHIGAN MEDICARE/MEDICAID
ASSISTANCE PROGRAM

Navigating Medicare



Serving Detroit, Hamtramck, Harper Woods, Highland Park & the 5 Grosse Pointes

1333 Brewery Park Blvd. Ste. 200 | Detroit MI 48207 | 313-446-4444

www.DetroitSeniorSolution.org



John Smith
1234 Main Street
Anytown, MI 48044

<Date>

About your Medicaid renewal

Dear Beneficiary,

At the start of the COVID-19 pandemic, the federal government declared a public health emergency (PHE). We stopped the Medicaid renewal process during the PHE. We are restarting renewals. A renewal is when we check if you are still eligible for free or low-cost Medicaid coverage. To keep your coverage, you may need to fill out a renewal form. If you need a form, we will send you one in the next 3 months.

What to do now

1. Update your address, phone number, and email address now.

Update your information at michigan.gov/mibridges or contact your local MDHHS office.

2. Report any changes to your household or income now.

Report changes at michigan.gov/mibridges or contact your local MDHHS office.

3. Check your mail or text messages for a renewal packet.

Learn more about renewals and filling out the forms at michigan.gov/mibridges.

What to do if you get a renewal packet

Be sure to fill it out, sign the forms, and return them by the due date with any proof we need. If you do not complete your renewal, you may lose your Medicaid coverage.

If you are no longer eligible, you can choose to buy health insurance through [HealthCare.gov](https://www.healthcare.gov).

Questions?

Call the Beneficiary Help Line at 1-800-642-3195 (TTY: 1-866-501-5656), Monday – Friday, 8 a.m. to 7 p.m. To learn more, go to michigan.gov/2023benefitchanges.

Thank you,
Michigan Department of Health & Human Services



MMAP

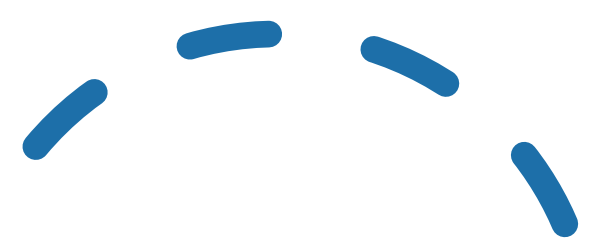
MICHIGAN MEDICARE/MEDICAID
ASSISTANCE PROGRAM

Important Information

- Renewal months can be found in the beneficiaries MI Bridges account. Renewal months may be different for each member of the household.
- Some beneficiaries may not receive a renewal packet if MDHHS has enough current information to determine eligibility.
- Beneficiaries may start seeing awareness letters three months prior to their renewal. Some as early as March 2023.
- Renewals will be for all Medicaid programs.



Individual's Renewal Month	Awareness Letter Sent	Renewal Packet Sent*	Month Renewal Packet is Processed	Last Date of Coverage (No Longer Eligible or No Packet Returned)
June 2023	March 2023	May 2023	June 2023	June 30, 2023
July 2023	April 2023	June 2023	July 2023	July 31, 2023
August 2023	May 2023	July 2023	August 2023	August 31, 2023
September 2023	June 2023	August 2023	September 2023	September 30, 2023
October 2023	July 2023	September 2023	October 2023	October 31, 2023
November 2023	August 2023	October 2023	November 2023	November 30, 2023
December 2023	September 2023	November 2023	December 2023	December 31, 2023
January 2024	October 2023	December 2023	January 2024	January 31, 2024
February 2024	November 2023	January 2024	February 2024	February 29, 2024
March 2024	December 2023	February 2024	March 2024	March 31, 2024
April 2024	January 2024	March 2024	April 2024	April 30, 2024
May 2024	February 2024	April 2024	May 2024	May 31, 2024



Q & A

