

Frequently Asked Questions About the Proposed Medicare Advantage (MA) Plan

What follows are questions sent to the Welfare Fund by participants in the recent PSC Retirees' Chapter meeting. The answers given by Welfare Fund Executive Director Donna Costa reflect what is presently known. More details will be available when the bidder/vendor of the MA plan is selected.

Q: Will all doctors accept the new Medicare Advantage Plan?

A: All physicians who accept Medicare must continue to accept Medicare B coverage under the MA plan.

Q: Will the coverage be equivalent to GHI SeniorCare?

A: The table below details the current GHI SeniorCare coverage, deductibles and limits. All of the prospective vendors contractually agreed to offer the same or better coverage.

Provision	Senior Care
Annual Deductible	\$248
Out-of-Pocket Max	Unlimited
OOPM Combined in and out of network	NA
Physician Services Office Visit	
Primary Care Physician (PCP)	\$15*
Specialist Office Visit	\$15*
Inpatient Services	
Hospital Stay - including Psychiatric Hospital and Substance Abuse Rehab	\$300 copay per stay, \$750 max per calendar year - Days 1-60 only, 50% coverage days 91-201
Skilled Nursing Facility Care	\$0 copay for days 1-100
Home Health Care	\$0
Outpatient Services	
Hospital Services	\$0
Surgery	\$0
Rehabilitation Therapy	\$15*
Diagnostic Tests (x-ray, radiology, and lab tests)	\$15*
Ambulance / Emergency Room / Urgent Care	
Ambulance Services	\$25 deductible
Emergency Care	\$50
Urgent Care	\$15*
Other Services	
Preventive Services	No Cost Sharing
DME, Prosthetic devices and related supplies	\$25 deductible
Medicare Part B Drugs	\$0 copay for Medicare-covered Part B drugs
Eye Exams	\$15*
Hearing Exams	\$15*

Q: Will the other Medicare Advantage plans that are currently in force remain or will they be replaced by the new Medicare Advantage plan?

A: The City has not yet determined whether it will offer the Medicare Advantage as the only plan option or offer both a Medicare Advantage and the option to purchase GHI SeniorCare.

Q: Will there be two MA plan options?

A: The possibility of two plan options is slim because all of the vendors have said they cannot guarantee the savings if members are allowed to pick from a variety of health care plans.

Q: What is the cost to the City for the current health insurance program for retirees?

A: The approximate current medical and hospital projected savings for all New York City 's retired Medicare eligible participants and their spouses is approximately \$500 to \$600 million. We assume a Medicare Advantage plan will reduce the City's spend materially through efficiencies and moving to a single program.

Q: Will the new MA plan be accepted anywhere in the US?

A: Yes, you are covered anywhere in the US or US territories as long as the urgent care physician and/or hospital accepts Medicare.

Q: I have GHI Emblem health for myself and my husband. My monthly cost is \$2.00 for me and \$2.25 for my husband. What will the monthly cost for the new MA plan be for me and for my husband?

A: The monthly cost you are referring to is the cost of the optional 365-day hospital rider. There is no cost for current GHI SeniorCare coverage. There will be no cost for any MA plan currently being considered. All plans will include the 365-day hospital coverage at no additional charge.

Q: My primary care physician does not accept Medicare. I am currently reimbursed according to Medicare rates but pay extra to see him. Will this remain the same or will I not be reimbursed according to the Medicare schedule?

A: If your primary care provider accepts Medicare but does not accept Medicare Assignment of Benefits (in which Medicare pays physicians directly), you will still be able to see the physician under the MA plans.

Q: Will the \$50 deductible, no-copay feature still be available under the Medicare Advantage plan?

A: All of the plans being considered must meet the same coverage as the GHI SeniorCare Plan now offered. GHI SeniorCare currently has an annual deductible of \$248 per participant, plus a \$25 deductible for ambulance, durable medical equipment, and private duty nursing after the Medicare Part B deductible has been reached.

Q: My wife is under 65, is on the Affordable Care Act, and has supplemental coverage under my Empire Blue Cross plan. Will I know for sure whether she will be covered as well under the Medicare Advantage plan being proposed before I have to decide whether to join city's Medicare Advantage plan?

A: Spouses over 65 are eligible for coverage under the proposed MA plans. Spouses and/or dependents under 65 will also be covered, but details are pending the selection of the vendor.

Q: If I choose to remain with traditional Medicare, do you have a ballpark figure on how much I would have to pay for me and my wife if I wanted to retain the supplemental plan I have now?

A: The option of purchasing the current GHI SeniorCare program has not yet been decided and will depend on which vendor is selected.

Q: What will the timing be for the transition from traditional Medicare to Medicare Advantage?

A: No vendor has been selected yet so the timing of the transition is still being decided.

Q: Can such a large-scale conversion occur by July 1?

A: At this point none of the bidders can meet a July 1, 2021, implementation.

Q: How can continuing participation by Medicare doctors and other providers in the new Advantage plans be demonstrated and assured?

A: The only requirement is that a doctor must be a participating Medicare provider. Currently 97% of all doctors accept Medicare patients.

Q: If I remain with regular Medicare next year, can I join the Medicare Advantage plan the following year without penalty?

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A: If you opt out of the proposed Medicare Advantage program you will have to wait until the next Medicare open enrollment period before changing again. The same goes if you take the MA plan and want to switch back.

Q: My spouse is not eligible for Medicare because he has fewer than 5 years legal residence in the US. He is a dependent on my GHI plan for medical and Empire for hospital. How would this plan affect him?

A: Since your spouse is not eligible for Medicare, he would not be eligible for the MA plan. Your spouse would be covered under a GHI type plan. Details are still pending the selection of the vendor.

Q: If my husband and I choose to stay with Traditional Medicare and purchase our own supplemental coverage, will NYC still reimburse us for our Medicare premiums?

A: I believe so but that is not yet confirmed.

Q: Is there any way that they would grandfather those already in standard Medicare since that was what we were told we would get at the time of retirement?

A: Since the new plan is offering the same or better coverage than GHI SeniorCare, I do not think NYC will be open to continue paying for the current plan.

Q: Will there be a way to pull out if they go through with this and it doesn't work well?

A: There are contractual guarantees and penalties that will come into play if the plan does not meet its obligations to provide the same or better coverage than the current plan.

Q: What kind of coverage does the MA plan provide for when we are out of the US?

A: You are covered in full from the 1st through 60th day, except for the Medicare deductible amount, and from the 61st through 90th day, except for the Medicare coinsurance amount.

Q: My husband is a dependent on my health coverage. If we are moved to an Advantage plan, what will happen to his coverage if I die before him?

A: Whether you move to the MA plan or not, your spouse's health care will cease on the last day of the month in which you die. Your death is a qualifying event and will trigger a special Medicare open enrollment period that will allow your spouse to select traditional Medicare A & B or another Medicare Advantage program.

Q: Will he have to re-register with Medicare to get the traditional Medicare restored, with the appropriate card, or would this be automatic? And will the procedures for this transition be addressed in detail?

A: When an MA vendor is selected all the procedures for the transition will be addressed in detail.

Q: How do Medicare Advantage plans make money? Here is Donna's overview:

Medicare Advantage plans act as both Medicare A & B and Medicare Supplemental insurance. Medicare pays the vendor a monthly amount to manage the Medicare A & B claims and pays them an administrative fee to do so. CMS funding to MA's is based on "Star" rating and "risk" of membership. Higher ratings equal more CMS funding. The star rating also has a direct impact on their Quality Bonus Payment (QBP). In 2018 Health plans with an Overall Star Rating of 4.0 and received up to a 5.0% QBP. Star ratings are also a tool to assist Medicare beneficiaries in selecting high quality plans. See below for a description of the five main star categories:

- **Staying Healthy:** Plans are rated on whether members had access to preventive services to keep them healthy. This includes physical examinations, vaccinations like flu shots, and preventive screenings.
- **Chronic conditions management:** Plans are rated for care coordination and how frequently members received services for long-term health conditions.
- **Member experience:** Plans are rated for overall satisfaction with the health plan.
- **Customer service:** Plans are rated for quality of call center services (including TTY and interpreter services) and processing appeals and new enrollments in a timely manner

One benefit of the MA plan is that since it is responsible for Medicare A, B and supplemental care issues, our members and/or the welfare funds have a single go-to entity to reach to for help on any issue related to Hospital, physician and/or other covered treatment.

Another way the MA program is incentivized to help members is to help them better manage their conditions by identifying these members and offering them additional help. This is in no way similar to a managed program which restricts members to certain providers. An example would be in identifying a diabetic and offering them better tools to help manage their condition (more current blood glucose monitor perhaps?). The MA provider is betting that by identifying at risk members early they can help the members to remain healthier longer which means there will be less related hospitalizations thereby recognizing a savings in claims dollars spent and an additional savings in improving the member's risk score. See the slide below for examples:

Medicare Part C – Medicare Advantage

- Medicare Advantage plans are known for additional benefits and programs that help improve the member health and experience
 - The majority of MA plans offer robust programs to help members manage their diseases, such as diabetes, COPD, obesity, depression and other programs similar to active medical plans
 - Other senior-specific programs offered by MA plans include end of life care, subsidized benefits for low income members, in-home risk assessment and health care check ins, Silver Sneakers and other exercise and mobility programs, post-hospitalization support and paid transportation
 - MA members are regularly surveyed to ensure they receive the right care and services, and that they are satisfied with the coverage
 - Group MA programs are not focused on care denial because they need to follow Medicare's rules around providing appropriate and medically-necessary services
- Why do MA carriers provide these additional benefits and programs? Because carriers can earn more CMS funding to provide a more competitive offering and attract more members (more to come)