Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.
Housekeeping

• All on mute. Use Questions function for substantive questions and for technical concerns.

• Problems with getting on to the webinar? Send an e-mail to trainings@justiceinaging.org.

• Find materials for this training and past trainings by searching the Resource Library, justiceinaging.org/resource-library. A recording will be posted to Justice in Aging's Vimeo page at the conclusion of the presentation, vimeo.com/justiceinaging.
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Open a text and text the message “4justice” to the number 51555.
To achieve Justice in Aging, we must:

• Acknowledge systemic racism and discrimination
• Address the enduring negative effects of racism and differential treatment
• Promote access and equity in economic security, health care, and the courts for our nation’s low-income older adults
• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class
Today’s Agenda

• Overview of Legislation & Regulatory Changes
• Enrolling in Medicare, Medicare Savings Programs, Part D Low-Income Subsidy
• Changes to Medicare Coverage & Services
Legislation

• Congress has passed 3 COVID-19 response bills:
  • Coronavirus Preparedness and Response Supplemental Appropriations Act, H.R. 6074 (C1) 3/6/20
  • Families First Coronavirus Response Act, H.R. 6201 (C2)
  • Coronavirus Aid, Relief, and Economic Security (CARES) Act, H.R. 748 (C3)

• Medicare provisions in first 3 bills focused on testing, vaccines, & telehealth

• Fourth bill is being negotiated now (C4)
Administrative Action

Centers for Medicare & Medicaid Services (CMS)

- Interim Final Rule (IRF) – On March 30, 2020, CMS issued an IFR, published in the Federal Register on April 6, 2020
  - Telehealth, home health, ambulance, at-home COVID-19 testing
- Existing flexibilities triggered by emergency declarations
  - Waiver of rules, including expansion of permissible telehealth visits to substitute for in-person visits, scope of practice expansions
  - Flexibilities to hospitals, SNFs, other facilities, including where services can be provided, waiver of certain notices
- Additional sub-regulatory guidance
  - Expanded recruitment of providers including allowing licensed providers to practice outside their state of enrollment
- Also suspension of many reporting requirements, oversight activities
Enrollment
Medicare Enrollment

• Happens through local Social Security Field offices
  • Offices are closed for in-person assistance so must complete applications online (Part A & LIS) or by mail (Part B)
  • Medicare applications taking months to process
• Limited enrollment periods
  • Consequences of missteps include lifetime late enrollment penalties
  • Coverage may not start right away
  • 2-year waiting period for people who qualify based on disability
• Other COVID-specific issues
  • Layoffs, furloughs
  • Difficulties getting proof of job-based insurance
Medicare Savings Programs

• Critical assistance with Medicare premiums & cost sharing
  • Qualified Medicare Beneficiary (QMB) pays Part A & B premiums and cost sharing
  • Specified Low Income Medicare Beneficiary (SLMB) & Qualified Individual (QI) pay Part B premiums

• Many who are eligible are not enrolled & many more may be eligible now due to lost income from COVID

• MSPs are Medicaid programs—beneficiaries apply through state Medicaid agency
  • Eligibility & enrollment flexibilities: States can use Hospital Presumptive Eligibility, expand income limits & waive asset tests
  • Stimulus payments do not count as income for purposes of Medicaid, including MSPs
Part D Low-Income Subsidy

- Lowers Prescription Drug Plan Premiums & Cost-Sharing
- Must apply through Social Security
  - Auto-enrollment for people enrolled in Medicare Savings Programs
- Includes income & asset limits
  - But more generous than most states’ MSPs, so if an individual is not eligible for MSP, may be eligible for LIS
  - Asset tests are especially a barrier now when collecting information & documents is even more difficult
Medicare Coverage of COVID-19 Testing & Treatment

• Part B covers:
  • Coronavirus testing and the associated provider visit
    • No beneficiary cost-sharing
  • Eventual vaccine & administration
    • No beneficiary cost sharing

• Part A covers:
  • COVID related hospitalizations
    • Standard coverage rules and cost-sharing apply
  • COVID related stays at SNF
    • Coverage expanded; standard cost-sharing applies
Part A
Skilled Nursing Facilities (SNF)

• Waiver of 3-day inpatient hospital stay requirement for Part A SNF coverage
• Authorization of extension of SNF benefits for residents who have exhausted Part A benefits
• Note residents are being moved in some states (“cohorting”)

Home Health

• Homebound requirement not waived
• But definition of “confined to home” expanded to include when leaving home is “medically contraindicated” due to:
  • A confirmed or suspected diagnosis of COVID-19, or
  • Having a condition that may make the patient more susceptible to contracting COVID-19
Part B
Expansion of Telehealth

• Covers range of providers, including doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers

• Covers routine visits, mental health counseling, preventive health screenings for cancer and other illnesses

• Most telehealth services require audio and video chat/function at home or any health care facility
  • Audio-only telehealth more limited for now

• Cost-sharing can be charged, but providers will not be subject to sanctions for reducing or waiving cost-sharing
Part C
Medicare Advantage (MA)

During a disaster or emergency related to Medicare, Federal Rules state MA plans must:

• Cover benefits at non-contracted facilities so long as those facilities have participation agreements with Medicare.
• Waive gate-keeper referral requirements.
• Provide same cost-sharing for in- and out-of-network.
• Make changes immediately without 30-day notification, e.g., reductions in cost sharing, waiver of prior-authorization.
Part C
Medicare Advantage Waivers

• MA Plan are allowed (but not required) to:
  • Remove prior-authorization requirements
  • Waive cost-sharing for COVID-19 treatments
  • Waive prescription refill limits; relax restrictions on home delivery
  • Expand access to telehealth
  • Loosen provider-enrollment requirements
  • Suspend nursing home pre-admission reviews
  • Reimburse providers for care delivered in alternate settings
Other Medicare Part A, B, & C Changes

• Ambulance—relaxed rules, including limited, nonemergency transport if physician writes an order stating medically necessary

• Durable Medicare Equipment (DME)—if DME, prosthetics, orthotics or supplier are lost, destroyed, irreparably damaged or otherwise unusable or unavailable, contractors can waive certain requirements

• Appeals—certain flexibilities allowed (not required)
  • Including allowing appeals entities “to utilize all flexibilities available in the appeal process as if good cause requirements are satisfied.”

• Language Access
  • MA plans & most providers required under civil rights laws to provide qualified interpreters
  • Even more important with expanded telehealth
Part D
Prescription Drug Coverage

- Prescription Drug Plans (PDPs) and MA-PD plans **required** to:
  - Provide 90-day refills when upon enrollee request (exception for safety edits)
  - Ensure enrollees have access to covered drugs at out-of-network pharmacies when enrollees cannot reasonably be expected to use in-network pharmacies
- PDPs & MA-PDs **allowed** to waive
  - Mail & home delivery limitations
  - Prior authorization for Part D Rx to treat or prevent COVID-19
- Other COVID-specific Issues
  - Getting prescriptions due to provider office closures
  - Difficulty contacting Prescription Drug Plan or MA-PD plan
  - Challenges picking up medications or having them delivered
Additional Resources

- Justice in Aging COVID-19
  - CMS Guidance/Waivers to Nursing Facilities During COVID-19 Outbreak
  - CARES Act: What's In It & What's Missing?
  - Justice in Aging COVID-19 Appendix K Table
- Center for Medicare Advocacy COVID-19 Webpage
- Medicare Rights Center & Medicare Interactive

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