

TRANSCRIPT - Navigating Medicare Open Enrollment: Insights for Patients & Caregivers (10-01-2025)

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00:00:03.340 --> 00:00:08.859

Matt Shepard (CMA): All right, good afternoon, and welcome, everyone, as you pop in from the waiting room here.

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00:00:09.490 --> 00:00:25.499

Matt Shepard (CMA): Welcome to this presentation on insights for Patients and Caregivers for Navigating Medicare Open Enrollment. My name is Matt Shepard, I'll be moderating this session today, and we are very pleased to be presenting this in partnership with the Cures Collective today.

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00:00:25.560 --> 00:00:36.860

Matt Shepard (CMA): Our various presenters from CMA and CURES are going to be the Center for Medicare Advocacy Co-Director David Lipschitz, Managing Policy Attorney Kata Cortez, and Supervising Attorney Eric Kripa.

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00:00:37.030 --> 00:00:52.080

Matt Shepard (CMA): They will be joined by IMALS Vice President of Community Support, Adity Naryan Binkoff, CURE MAPTFTD co-founder Lindy Jacobs, and IMALS Manager of Community Organizing, Julie Balisal.

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00:00:52.080 --> 00:00:58.289

Matt Shepard (CMA): All from the Cures Collective, and they will be engaging in a panel discussion a little bit later on in our presentation.

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00:00:59.060 --> 00:01:06.690

Matt Shepard (CMA): Before we move on to our fantastic presenters, a little bit of housekeeping. As with any online presentation today.

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00:01:06.690 --> 00:01:25.000

Matt Shepard (CMA): Your audio and video connectivity are going to be at the whim of the internet. If you do have audio trouble, note in the audio section of the control panel, and also on the confirmation email you got, there should be a way to switch in to dial-in by phone.

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00:01:25.010 --> 00:01:29.230

Matt Shepard (CMA): So, we do have that option. Video? Well, video's down to the internet.

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00:01:30.470 --> 00:01:40.490

Matt Shepard (CMA): Should anyone have trouble watching and or listening, though, note that all registrants will receive a link to the recorded presentation once it processes after we close out today.

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00:01:41.280 --> 00:01:53.480

Matt Shepard (CMA): Another control of interest, too many here, I am assuming, captions can be turned on by pressing the CC button at the bottom of your screen, should you want captions for the day.

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00:01:53.860 --> 00:01:56.409

Matt Shepard (CMA): Very easy. Thank you, Zoom.

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00:01:56.890 --> 00:02:10.429

Matt Shepard (CMA): Also, for today's presentation, we're going to keep this massive group of attendees. We had, almost 3,000 registrants from every state in the country. Amazing turnout. Thank you very much for that.

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00:02:10.430 --> 00:02:27.620

Matt Shepard (CMA): We're gonna keep folks muted, obviously, that's a lot of voices. And also, because of that turnout, we probably aren't gonna get to every question, when we have time for discussion and Q&A, but please do note that there is a questions button at the bottom of that control panel. You can hit that, and it opens up,

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00:02:27.690 --> 00:02:33.280

Matt Shepard (CMA): Little field into which you can type your questions, and we will look at those.

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00:02:33.290 --> 00:02:49.130

Matt Shepard (CMA): We also have the traditional chat. I see several people already in the chat letting us know who they are and where they're from, and that's fantastic. Love that. Please feel free to engage in that throughout the presentation. For those questions, though, we'll be looking at that questions panel.

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00:02:49.240 --> 00:03:02.670

Matt Shepard (CMA): And in addition to any questions that our live attendees have, we received hundreds of questions and comments during the registration process, and I know that we're going to be trying to address some of the common themes from those as well.

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00:03:03.370 --> 00:03:08.369

Matt Shepard (CMA): A little bit about the Center for Medicare Advocacy. I'm sure some of you have been reading ahead up on the screen there.

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00:03:08.370 --> 00:03:24.470

Matt Shepard (CMA): Before we bring up Adity to discuss the Cures Collective. The Center is a national nonprofit law organization that works to advance access to comprehensive Medicare coverage, health

equity, and quality healthcare for older people and people with disabilities by providing exceptional legal analysis, education, and advocacy.

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00:03:24.470 --> 00:03:28.650

Matt Shepard (CMA): All based on the experiences of the real people who contact the center every day.

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00:03:29.290 --> 00:03:40.150

Matt Shepard (CMA): And now, with much gratitude to all of our participating Cures Collective partners, an amazing group of organizations, let's bring up Adity Minkov to tell us more.

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00:03:40.320 --> 00:03:41.210

Matt Shepard (CMA): Not a tea.

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00:03:42.730 --> 00:04:00.690

Aditi Narayan Minkoff: Thank you so much, Matt, and good afternoon, everyone. My name is Adatina Ryan Minkoff, and as Matt mentioned earlier, I'm the Vice President of Community Support at IMALS, and I also lead the CURES Collective, along with other members of our incredible steering committee.

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00:04:00.740 --> 00:04:08.670

Aditi Narayan Minkoff: Many of you may know that neurodegenerative diseases are on the rise, and 1 in 4 people will be diagnosed with them.

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00:04:08.790 --> 00:04:19.279

Aditi Narayan Minkoff: The World Health Organization estimates that they will be... become the second leading cause of death worldwide in developed countries by 2040, overtaking cancer.

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00:04:19.360 --> 00:04:38.050

Aditi Narayan Minkoff: Yet, not enough Americans know about neurodegenerative diseases like ELS, Parkinson's, MS, Alzheimer's, frontotemporal dementia, Huntington's, and others. And in addition to low awareness, there are also many barriers within the research ecosystem that are hindering our progress.

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00:04:38.420 --> 00:04:56.900

Aditi Narayan Minkoff: The Cures Collective was launched in April of 2024 and is a coalition of multidisciplinary stakeholders united across the entire neurodegenerative landscape to amplify public awareness and accelerate scientific progress to unlock cures for all.

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00:04:56.900 --> 00:05:08.420

Aditi Narayan Minkoff: We have almost 60 member advocates and organizations, and they are focused on increasing public awareness, on solving for the systemic barriers within the research ecosystem.

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00:05:08.420 --> 00:05:17.309

Aditi Narayan Minkoff: Streamlining community-based care and support for people impacted by these diseases, and mobilizing around protecting federal funding for research.

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00:05:17.510 --> 00:05:33.110

Aditi Narayan Minkoff: If you or someone you know is interested in joining this work, please email me, and I'll pop my email in chat so everyone has that, along with a link to the Cures Collective's current webpage, which also has a link to sign up for our newsletters if you are interested.

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00:05:33.180 --> 00:05:41.670

Aditi Narayan Minkoff: And with that, I will turn it back to Matt with sincere gratitude to the Center for Medicare Advocacy for partnering with us in this initiative.

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00:05:41.870 --> 00:05:48.430

Matt Shepard (CMA): Thank you, Adity, and to everybody in the Cures Collective. Needed more than ever right now.

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00:05:48.660 --> 00:05:57.070

Matt Shepard (CMA): And I will hand things over to CMA Co-Director David Lipschitz, who will go over our agenda and get us started in earnest. David?

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00:05:57.700 --> 00:06:02.660

David Lipschutz: Thank you, Matt. Thank you, Adity, and thanks to all of you for joining us today.

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00:06:02.840 --> 00:06:04.110

David Lipschutz: Here's an agenda.

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00:06:04.370 --> 00:06:21.120

David Lipschutz: For the next hour and a half that we plan to spend together, I'm gonna kick us off with a quick review of Medicare and the upcoming annual election period. I'm then gonna move on to discussing various trade-offs between the two major coverage types in Medicare, Medicare Advantage and Traditional Medicare.

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00:06:21.120 --> 00:06:34.059

David Lipschutz: Then Kata will step in and provide some additional information about Medigap plans, and we'll begin our discussion of 2026 updates by outlining some of the Medicare-specific impacts of HR1, the reconciliation bill.

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00:06:34.420 --> 00:06:41.389

David Lipschutz: I'll then step back in and talk a little bit more about some of the updates for next year, including the Part D out-of-pocket cap.

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00:06:41.430 --> 00:06:54.600

David Lipschutz: Eric will then provide some practical advice concerning choosing coverage options and navigating the Medicare maze, and he'll then cover some various types of assistance that might be available for beneficiaries.

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00:06:54.810 --> 00:06:57.179

David Lipschutz: Then Adity will lead a discussion.

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00:06:57.310 --> 00:07:15.069

David Lipschutz: to talk a little bit more about important considerations for people with neurodegenerative disorders and other chronic conditions, and then we'll turn to Q&A in the remaining time. Note that we have included far more information in the slides than we will have time to give complete attention to.

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00:07:15.190 --> 00:07:21.559

David Lipschutz: We will touch on the main points, but we'll leave the rest for your reference, which includes some links to

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00:07:21.890 --> 00:07:24.879

David Lipschutz: Further information about what we're gonna discuss.

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00:07:25.080 --> 00:07:43.490

David Lipschutz: We will repeat some things, we will say some of the same things in different ways, and we will be unable to get to other things. As Matt noted, we appreciate all of your feedback and questions submitted during the registration process, and we'll do our best to address many of them during the course of this presentation.

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00:07:43.820 --> 00:07:44.829

David Lipschutz: Here we go.

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00:07:44.960 --> 00:07:46.689

David Lipschutz: Next slide, please.

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00:07:48.300 --> 00:07:51.610

David Lipschutz: We're going to start with an overview of Medicare in the annual enrollment period.

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00:07:51.870 --> 00:08:07.330

David Lipschutz: There are four parts to Medicare. We begin with a quick overview of the Medicare program, which covers over 68 million older adults and individuals with disabilities. Medicare is divided into four parts, parts A, B, C, and D.

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00:08:07.450 --> 00:08:23.740

David Lipschutz: Parts A and B together form the core of the Medicare program, and together comprise what is known as Original Medicare, Traditional Medicare, also known as fee-for-service Medicare. We're going to refer to it as Traditional Medicare for the bulk of the rest of the presentation.

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00:08:23.950 --> 00:08:36.509

David Lipschutz: Traditional Medicare is really the default, and as we'll discuss more in the next slide, most people have Medicare plus something else. Something else which supplements Medicare, in the case of Medicare Advantage, replaces it.

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00:08:36.710 --> 00:08:51.760

David Lipschutz: Part C is the Medicare Advantage program. It's the private plan option in Medicare, through which people get their Medicare coverage. It's grown rapidly in the last couple decades, and now has more than half of all Medicare enrollees.

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00:08:51.760 --> 00:09:08.120

David Lipschutz: Part D is the prescription drug benefit that started in 2006. It's available only through private plans, either a standalone prescription drug plan, known as a PDP, or from Medicare Advantage prescription drug plans.

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00:09:08.360 --> 00:09:09.949

David Lipschutz: Medicare's not free.

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00:09:10.260 --> 00:09:20.130

David Lipschutz: Nor is it comprehensive. Most people don't pay a premium for Part A, but most people do pay a premium for Part B, which is about \$185 a month this year.

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00:09:20.390 --> 00:09:30.680

David Lipschutz: While lower-income individuals can have assistance paying for this, as Eric will discuss later, higher-income individuals pay more for Part B and Part D.

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00:09:30.990 --> 00:09:38.020

David Lipschutz: Medicare Advantage premiums vary. Many, plans are offered for zero premiums. Part D premiums vary as well.

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00:09:38.180 --> 00:09:50.509

David Lipschutz: And note that, as we will touch on later, we do not yet have the 2026 figures for Parts A and B premiums and cost sharing. They just have not been released to the public yet.

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00:09:51.110 --> 00:09:52.319

David Lipschutz: Next slide, please.

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00:09:53.520 --> 00:10:06.820

David Lipschutz: Our nation has a Disjointed, patchwork health insurance system that, unfortunately, is overly complex, confusing, convoluted, and complicated.

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00:10:07.150 --> 00:10:11.849

David Lipschutz: Many of us, here on this call and joining this webinar are working to change that.

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00:10:12.050 --> 00:10:24.299

David Lipschutz: But this is the system we have today, and the rules that we currently have to operate under. This slide alone can take a full hour to go over, but we will dispatch it with it rather quickly.

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00:10:24.440 --> 00:10:26.990

David Lipschutz: Most people with Medicare, Parts A and B,

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00:10:27.130 --> 00:10:36.430

David Lipschutz: also have something else. Nearly 90% have some other type of coverage, which coordinates with, or somehow fills in the gaps of Medicare coverage.

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00:10:36.640 --> 00:10:38.949

David Lipschutz: Roughly 10% don't.

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00:10:40.580 --> 00:10:53.249

David Lipschutz: Different types of insurance have different rules for how it interacts with Medicare coverage, if at all. Different rules as far as when you can pick it up or drop it. The general rule is that Medicare is primary to other insurance.

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00:10:53.380 --> 00:11:05.630

David Lipschutz: With respect to employer-based coverage, there are specific rules whether or not Medicare or an employer plan is primary. That depends on the size of the employer, the age of the beneficiary.

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00:11:05.660 --> 00:11:14.330

David Lipschutz: And whether or not someone has that insurance based on their or a spouse's, or in some cases, a family member's current active employment.

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00:11:14.510 --> 00:11:29.209

David Lipschutz: When someone no longer has coverage through current active employment, through COBRA, for example, or retiree coverage, everything changes in the eyes of Medicare, and it's a huge pitfall and trips a lot of people up. People really need to pay attention when it comes to their employer-based coverage in Medicare.

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00:11:29.720 --> 00:11:40.460

David Lipschutz: Medicare Supplemental Insurance Policies, also known as Medigaps, are a way to supplement coverage for people in traditional Medicare, about which Kato will talk more a little later.

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00:11:40.860 --> 00:11:45.989

David Lipschutz: There is certain types of coverage available through the military, the Veterans Administration, or VA,

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00:11:46.260 --> 00:11:53.710

David Lipschutz: Medicare and VA coverage work independently of each other. TRICARE generally serves as secondary to Medicare.

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00:11:53.880 --> 00:12:04.780

David Lipschutz: There is the Medicaid program, called Different Things in Different States. It's a blend of a state and federal program for people who meet certain eligibility criteria.

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00:12:04.910 --> 00:12:11.100

David Lipschutz: People can have full Medicaid, either with traditional Medicare, also with the Medicare Advantage plan.

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00:12:11.390 --> 00:12:15.589

David Lipschutz: Also, there's a program through Medicaid called the Medicare Savings Programs.

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00:12:15.640 --> 00:12:25.750

David Lipschutz: About which Eric will talk more later, that can help people who qualify pay for some of their Medicare premiums and potentially cost sharing. Medicare Advantage

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00:12:25.750 --> 00:12:36.340

David Lipschutz: is a way that more than half of the Medicare population supplements their Medicare. It really replaces traditional Medicare, as long as the individual is enrolled in a Medicare Advantage plan.

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00:12:36.400 --> 00:12:47.300

David Lipschutz: Then, of course, Part D provides prescription drug coverage, and for those who, qualify for certain criteria, there is a program called the Low Income Subsidy or Extra Help.

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00:12:47.550 --> 00:12:50.440

David Lipschutz: About which Eric will discuss more later.

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00:12:50.670 --> 00:12:51.919

David Lipschutz: Next slide, please.

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00:12:52.600 --> 00:13:07.949

David Lipschutz: So, if all of that is not confusing enough, there are different enrollment periods for different parts of Medicare, times during which people can enroll or make changes to their Medicare coverage. First, we're going to talk about Parts A and B, and then the next slide, we'll talk about Parts C and D.

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00:13:08.170 --> 00:13:21.700

David Lipschutz: There is an initial enrollment period for Parts A and B when someone is first eligible. Usually, people will get Part A automatically unless they defer their Social Security retirement benefits.

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00:13:21.710 --> 00:13:40.880

David Lipschutz: The general enrollment period is a period of time for folks if they miss that initial opportunity, and they aren't entitled to a special enrollment period. There are special enrollment periods, most commonly when people have employer-based coverage due to their current active employee, or that of a spouse, and sometimes a family member.

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00:13:41.210 --> 00:13:53.389

David Lipschutz: And these special enrollment period, or SEP, rights, have been expanded in recent years. The takeaway message from this slide is really, when approaching Medicare eligibility, do your homework.

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00:13:53.680 --> 00:13:56.099

David Lipschutz: Take stock of what you already have.

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00:13:56.240 --> 00:14:09.599

David Lipschutz: what you might be entitled to, and don't put off important decisions. You can delay enrollment in Part B without a penalty only in certain circumstances, when employer coverage is primary to Medicare.

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00:14:09.910 --> 00:14:11.149

David Lipschutz: Next slide, please.

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00:14:11.670 --> 00:14:19.349

David Lipschutz: Now turning to C and D enrollment periods. There are also enrollment periods that are applicable to Medicare Advantage and Part D plans.

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00:14:19.570 --> 00:14:31.980

David Lipschutz: Both when initially eligible for Medicare. To get Part D, you need either Part A or Part B in order for you to get Part D. For Medicare Advantage, you need both Parts A and B.

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00:14:32.460 --> 00:14:44.270

David Lipschutz: Highlighted in red is the reason that we're all gathered here today. The annual enrollment period that starts two weeks from today, on October 15th, which we'll talk more about in the next slide.

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00:14:44.310 --> 00:14:53.109

David Lipschutz: We're also going to touch on a more limited enrollment period that begins in January that is only available to people who start the year in a Medicare Advantage plan.

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00:14:53.450 --> 00:15:07.570

David Lipschutz: Note that there are also special enrollment periods available when certain things happen, when certain triggering events occur. Someone moves, they're duly eligible for Medicare and Medicaid, they experience some type of marketing misconduct to their detriment.

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00:15:07.640 --> 00:15:14.250

David Lipschutz: The full list of those special enrollment period opportunities are available in that linked document.

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00:15:14.900 --> 00:15:24.489

David Lipschutz: Note that the advice provided in this webinar regarding coverage choices generally applies to people who are first eligible for Medicare and trying to decide what coverage they want.

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00:15:24.660 --> 00:15:33.510

David Lipschutz: And is also... can be helpful for this annual exercise determining, whether or not people want to make changes to their Medicare Advantage or Part D.

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00:15:33.620 --> 00:15:34.760

David Lipschutz: coverage.

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00:15:34.990 --> 00:15:36.259

David Lipschutz: Next slide, please.

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00:15:36.540 --> 00:15:40.119

David Lipschutz: So, turning specifically to this annual enrollment period.

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00:15:40.390 --> 00:15:59.249

David Lipschutz: Also known as open enrollment or fall enrollment. As we enter the fall, we are now facing the annual rite of passage, during which we will all be overwhelmed with incessant Medicare commercials, sales pitches, stacks of mail regarding plan options and Medicare choices.

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00:15:59.450 --> 00:16:12.490

David Lipschutz: During this time period, which runs starting 2 weeks from today, October 15th through December 7th, people can make changes to their Medicare Advantage and their Part D coverage.

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00:16:12.650 --> 00:16:17.139

David Lipschutz: They generally cannot make changes to Parts A or B coverage.

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00:16:17.440 --> 00:16:33.840

David Lipschutz: Other insurance, such as employer-based coverage, usually operates on a different time frame, and as we'll discuss further, there generally is no right to pick up a Medigap policy during this time. This period is really geared towards Medicare Advantage in Part D.

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00:16:34.250 --> 00:16:46.140

David Lipschutz: If you're in a Medicare Advantage plan, or Part D plan, and do nothing during this time period, you will generally automatically roll over into that same plan if it is offered next year.

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00:16:46.400 --> 00:16:47.629

David Lipschutz: Next slide, please.

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00:16:48.210 --> 00:16:52.420

David Lipschutz: So, we just want to flag here, it's worth noting that

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00:16:52.860 --> 00:17:11.160

David Lipschutz: Some people will get another bite at the apple. If you begin the year enrolled in a Medicare Advantage plan, you have an extra opportunity to make a switch in coverage with respect to your Medicare Advantage plan. You can switch MA plans, you can go back to traditional Medicare and pick up a Part D plans, but note.

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00:17:11.319 --> 00:17:23.549

David Lipschutz: There is not a similar opportunity for people who are on traditional Medicare and have a Part D plan. In other words, you can't switch from a standalone Part D plan to another standalone Part D plan during this time period.

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00:17:24.030 --> 00:17:25.230

David Lipschutz: Next slide, please.

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00:17:26.400 --> 00:17:27.119

David Lipschutz: it...

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00:17:27.220 --> 00:17:40.769

David Lipschutz: must be said that there is not free movement between the different types of coverage options in Medicare. They are not equally available, namely between Medicare Advantage and traditional Medicare.

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00:17:41.080 --> 00:17:47.499

David Lipschutz: Now, there are many factors that push people towards enrollment in Medicare Advantage.

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00:17:47.590 --> 00:18:05.369

David Lipschutz: Including the fact that many offer attractive extra benefits that they are able to provide with extra money that they get from the federal government. There are massive advertising budgets and agent and broker commissions that pay a lot more for Medicare Advantage enrollments than Part D or Medigap enrollments.

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00:18:05.670 --> 00:18:21.219

David Lipschutz: An insurance broker from Arizona who's joining us today, wrote in that agents are paid way more for Medicare Advantage plans, and there should be level commissions no matter what product a recipient chooses. I couldn't agree more. I wish those were the rules. Thank you for the comment.

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00:18:21.620 --> 00:18:39.329

David Lipschutz: In many ways, it's a one-way street. Once you're enrolled into Medicare Advantage plans, you can change to other Medicare Advantage plans, and while you can return to traditional Medicare on an annual basis, most people will not be able to pick up later down the road a Medigap plan, as Kata will discuss more.

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00:18:39.410 --> 00:18:56.279

David Lipschutz: Some people's choice is already made for them. For example, many retiree union coverage is available exclusively through a Medicare Advantage plan. People with Medicare and Medicaid also either face incentives, pressure, or requirements to enroll in managed care plans.

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00:18:56.510 --> 00:18:57.800

David Lipschutz: Next slide, please.

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00:18:58.450 --> 00:19:03.269

David Lipschutz: Not only are there unequal choices, but the entire Medicare Advantage and Part D system

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00:19:03.480 --> 00:19:11.999

David Lipschutz: It's set up with the assumption that people act in their own best interest, do extensive research about their options, and choose accordingly, but this just doesn't happen.

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00:19:12.230 --> 00:19:21.789

David Lipschutz: Every year, Medicare Advantage plans can change their premium cost sharing coverage and coverage rules. Art D plans can also make a number of changes.

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00:19:23.260 --> 00:19:32.790

David Lipschutz: And in addition, the plans could decide whether or not they're going to continue for the next following year, about which we will discuss more later. This entire system

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00:19:33.020 --> 00:19:48.909

David Lipschutz: Based on private Medicare Advantage and Part D plans in Medicare, assumes that everyone will actively compare plan choices and make optimal decisions for themselves, but most Medicare beneficiaries do not undergo such comparisons, and do not even use

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00:19:48.970 --> 00:20:08.440

David Lipschutz: Medicare's official resources, like 1-800-Medicare, the Medicare.gov website, or the Medicare New Handbook. Most people, if they go through this exercise at all, say, that's it, I'm done, I'm not doing it again, and they'll... they just let themselves roll over into whatever plan might be available. This is understandable.

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00:20:08.590 --> 00:20:10.199

David Lipschutz: But not advisable.

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00:20:10.510 --> 00:20:17.360

David Lipschutz: So now, next slide, please. We're going to talk a little bit more about the trade-offs between Medicare Advantage and Part D.

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00:20:17.450 --> 00:20:28.380

David Lipschutz: And we're gonna focus on, next slide, please. We're gonna focus on the disadvantages of Medicare Advantage enrollment. And we do this because you are far more likely to hear about all the advantages

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00:20:28.430 --> 00:20:40.119

David Lipschutz: In all of the Medicare Advantage plan advertising, through TV, radio, print, promotional events, agent-broker sales pitches, in which the disadvantages are either downplayed.

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00:20:40.120 --> 00:20:51.990

David Lipschutz: are omitted entirely. It's not a matter, or might not matter, for Medicare Advantage enrollees who don't need to use health services, but for individuals with chronic conditions, these factors are critical to consider.

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00:20:52.430 --> 00:21:09.340

David Lipschutz: Neil from Rhode Island expressed concerns in registering for this webinar about older adults confused by ads touting Medicare Advantage plans. People rarely have all the information needed to make informed choices. Neil, I agree with you, and wish it were different.

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00:21:09.640 --> 00:21:14.580

David Lipschutz: Note the concept of choice, promoted and celebrated when searching for an MA plan.

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00:21:14.680 --> 00:21:32.739

David Lipschutz: is promoted. But when someone's actually in a plan, people's choice about who they can get coverage from and what coverage they get faces far more restrictions. So looking at some of the advantages of enrolling in Medicare Advantage, it's the path of least resistance. You don't need to pick up a separate Part D plan or a Medigap.

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00:21:32.770 --> 00:21:41.069

David Lipschutz: They generally offer lower premiums, which they're able to do due to the excessive payment they get from the federal government.

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00:21:41.240 --> 00:21:49.040

David Lipschutz: They often or always offer extra supplemental benefits, which is a huge draw for people, often dental, vision, and hearing benefits.

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00:21:49.210 --> 00:21:59.059

David Lipschutz: But they are not standardized, these supplemental benefits, and vary considerably. And unlike traditional Medicare, there is a requirement that Medicare Advantage plans have an out-of-pocket cap.

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00:21:59.470 --> 00:22:05.319

David Lipschutz: That, that, all plans have to offer their enrollees.

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00:22:05.440 --> 00:22:11.299

David Lipschutz: The disadvantage is we're going to talk a little bit more about the first and third bullets, provider networks and prior authorization.

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00:22:11.580 --> 00:22:30.369

David Lipschutz: In addition, some costs can be higher in Medicare Advantage than they are in traditional Medicare, and when it comes to Part D coverage, it's take it or leave it. There's no cafeteria option to pick and choose which Part D plan coverage you want with a particular Medicare Advantage plan. And as Kata will discuss momentarily, there are concerns about

135

00:22:30.370 --> 00:22:38.520

David Lipschutz: the ability to later pick up a Medigap. So, last couple points on comparing these two provider networks and prior authorization. Next slide, please.

136

00:22:39.060 --> 00:22:46.509

David Lipschutz: In traditional Medicare, One can see any provider you want in the country that is willing to take you.

137

00:22:46.710 --> 00:22:52.459

David Lipschutz: Medicare Advantage plans, however, as a cost-saving measure, can generally limit who you see.

138

00:22:54.400 --> 00:23:04.100

David Lipschutz: Some plans, have more open networks and allow you to see providers in other areas, but this can vary considerably. For individuals with chronic conditions.

139

00:23:04.330 --> 00:23:24.260

David Lipschutz: Seeing the right providers, including specialists, is often critical for treating your condition, including maintaining or slowing deterioration. More and more providers, health systems, are walking away from Medicare Advantage plans because of frustrations with wasted time and denied care due to prior authorization and lower reimbursement rates.

140

00:23:24.380 --> 00:23:32.960

David Lipschutz: Just because your key provider or providers currently contract with your Medicare Advantage plan is no guarantee that it will continue to be so.

141

00:23:33.120 --> 00:23:41.090

David Lipschutz: Just because you're in a PPO that allows you to see folks out of network is no guarantee that the provider will actually see you.

142

00:23:41.440 --> 00:23:44.950

David Lipschutz: An occupational therapist from Florida

143

00:23:45.250 --> 00:23:58.459

David Lipschutz: who is joining us today, states, I feel most people do not understand the difference between regular Medicare and Medicare Advantage plans, especially if they are in need of care, such as therapy and other ancillary services. Absolutely correct.

144

00:23:59.090 --> 00:24:09.860

David Lipschutz: There are even problems, when people do do their due diligence and try to see if providers are part of their networks. Beware of ghost networks, and what I mean by this is, oftentimes.

145

00:24:10.080 --> 00:24:19.820

David Lipschutz: Providers are listed in a plan provider directory who don't actually contract with the plan or aren't taking new patients, and this is particularly the case

146

00:24:19.820 --> 00:24:30.209

David Lipschutz: When it comes to accessing mental health services. Eric's going to talk a little later about plan fighter developments regarding provider networks. And then finally, next slide, please.

147

00:24:30.310 --> 00:24:32.490

David Lipschutz: Medicare Advantage prior authorization.

148

00:24:32.870 --> 00:24:48.900

David Lipschutz: This is a process that plans use to try to make sure that the care that is provided through a plan is medically necessary, not unnecessary or wasteful. It's meant to weed out unneeded care. The flip side is that it also weeds out necessary care.

149

00:24:48.950 --> 00:25:01.460

David Lipschutz: And while traditional Medicare has very limited prior authorization, which we will touch on later, nearly all Medicare Advantage plans use it extensively, particularly for higher-cost items and services.

150

00:25:01.650 --> 00:25:12.060

David Lipschutz: A recent KFF study here quantifies how often it is used, and an Office Inspector General study cited here tried to quantify how often it is used inappropriately.

151

00:25:12.450 --> 00:25:29.739

David Lipschutz: Now, this whole phenomenon of prior authorization appears to have gotten worse in the last few years, despite the Medicare program's efforts to try to manage this a little bit more. In short, prior authorization can be a major barrier to care, particularly for those with chronic conditions.

152

00:25:29.870 --> 00:25:34.560

David Lipschutz: One takeaway is that if you are in a Medicare Advantage plan.

153

00:25:34.750 --> 00:25:37.990

David Lipschutz: And have care denied that you believe should be covered.

154

00:25:38.320 --> 00:25:45.759

David Lipschutz: We suggest that you fight it and appeal. And while few people appeal, when they do, many are successful.

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00:25:46.100 --> 00:25:54.099

David Lipschutz: At this point, I'll turn it over to Kata, who's going to focus a bit on Medigaps, and then start our discussion of 2026 updates.

156

00:25:54.790 --> 00:26:11.879

Kata Kertesz: Thank you, David, and hi, everyone. As David mentioned, I'm Kata Curtis, and I'll be talking about Medigap plans. But first, I would like to just give a snapshot of the financial background of most Medicare beneficiaries, as it puts the discussion of the need for supplemental insurance into context.

157

00:26:11.960 --> 00:26:21.920

Kata Kertesz: In 2019, half of all Medicare beneficiaries had incomes below about \$30,000 per person. A quarter had incomes below about \$17,000 per person.

158

00:26:21.920 --> 00:26:32.739

Kata Kertesz: Half of all Medicare beneficiaries had less than about \$74,000 in savings per person, a quarter had below \$8,500, while 12% had zero savings or were in debt.

159

00:26:32.740 --> 00:26:45.079

Kata Kertesz: And in 2016, the average Medicare beneficiary spent over \$5,000 in out-of-pocket costs for healthcare. That's including premiums, cost sharing, and expenses for services not covered by Medicare.

160

00:26:45.080 --> 00:26:54.620

Kata Kertesz: Beneficiaries without supplemental coverage were more likely to have lower incomes and be 85 or older, and had out-of-pocket costs over \$7,000.

161

00:26:54.620 --> 00:27:05.839

Kata Kertesz: It's also important to note that income, assets, and costs are also varied based on age, sex, race, and also for Medicare beneficiaries under the age of 65 with permanent disabilities.

162

00:27:05.840 --> 00:27:06.940

Kata Kertesz: Next slide, please.

163

00:27:08.330 --> 00:27:25.549

Kata Kertesz: So, Medicare Supplement Insurance, commonly known as Medigap, is an optional form of supplemental insurance. It's offered by private insurers to help pay for the out-of-pocket costs that beneficiaries face. These can include deductibles, co-payments, and other out-of-pocket costs.

164

00:27:25.720 --> 00:27:37.119

Kata Kertesz: Medigap insurance typically only covers services that Medicare has already approved for payment, and generally does not pay for excluded or omitted items and services in traditional Medicare.

165

00:27:37.200 --> 00:27:55.459

Kata Kertesz: Private insurers selling Medigap plans in most states may only sell consumers standardized policies identified by letters A through N, and there's more information on the plan types and which one might be the best fit for certain types of beneficiaries in a later slide where we have additional resources.

166

00:27:55.820 --> 00:28:06.350

Kata Kertesz: Medigap policies help protect beneficiaries from unexpected high healthcare expenses. It also provides beneficiaries the ability to more precisely budget for their healthcare costs.

167

00:28:06.550 --> 00:28:13.040

Kata Kertesz: The rights to purchase plans, as David alluded to, is really limited, and I will get into more detail on that in a moment.

168

00:28:13.340 --> 00:28:21.309

Kata Kertesz: Premiums can vary. Pricing can be community rated, issue age rated, or attained age rated. Next slide, please.

169

00:28:22.440 --> 00:28:38.170

Kata Kertesz: So what are these rating systems? Community rating means that insurers must charge all policyholders within a given plan type the same premium without regard to age, and this is only for those age 65 and older, without regard to age or health status.

170

00:28:38.290 --> 00:28:50.009

Kata Kertesz: Issue age rating is when insurers may vary premiums based on the age of the policyholder at the time of purchase, but cannot increase the premium automatically in later years based on age.

171

00:28:50.140 --> 00:29:07.059

Kata Kertesz: While attained age rating is where insurers may vary premiums based on the age of the policyholder at the time of purchase, and can also increase premiums for policyholders as they age. For all different types, insurers can still adjust premiums based on other factors, like smoking status.

172

00:29:07.200 --> 00:29:16.419

Kata Kertesz: Because community rating does not allow premiums to be based on the applicant or policyholder's age or health status, it provides the strongest consumer protection.

173

00:29:16.420 --> 00:29:27.589

Kata Kertesz: Attained age rating, on the other hand, allows premiums to increase as beneficiaries age, so these are often set at really attractive lower rates, and then can increase quite dramatically.

174

00:29:27.590 --> 00:29:28.680

Kata Kertesz: Next slide, please.

175

00:29:29.960 --> 00:29:45.990

Kata Kertesz: So, as David mentioned, we got a lot of questions, in the registration form, and we thank you for all of those. We got a lot about Medigap, specifically. Maria from California, to Gloria in Pennsylvania, and Robert in Michigan, and a lot of other folks.

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00:29:45.990 --> 00:29:53.100

Kata Kertesz: asked about Medigap access, and so I will walk through the consumer protections that exist, and what is lacking.

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00:29:53.330 --> 00:30:09.379

Kata Kertesz: So for those over 65 is where we'll start. Medigap insurance is generally regulated at the state level, but federal law does require insurance companies that sell Medigap policies to abide by certain minimum consumer protection requirements for those over age 65.

178

00:30:10.140 --> 00:30:23.500

Kata Kertesz: Insurers are required by statute to provide a one-time, 6-month open enrollment period for Medigap policies that begins on the first month that a beneficiary is 65 or older and elects Part B coverage.

179

00:30:23.500 --> 00:30:32.019

Kata Kertesz: During this period, these beneficiaries must be guaranteed issue of Medigap plans, regardless of their age, sex, or health status.

180

00:30:32.020 --> 00:30:40.129

Kata Kertesz: Medigap companies must sell an individual policy at the best available rate, regardless of health status, and they cannot deny coverage.

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00:30:40.150 --> 00:30:55.410

Kata Kertesz: If you're enrolled in a private Medicare Advantage plan for the first time, then individuals can only have access to Medigap plan if they switch to traditional Medicare during their first year in the Medicare Advantage plan. This is called the 12-month trial period.

182

00:30:55.450 --> 00:31:04.050

Kata Kertesz: A few states, Connecticut, Massachusetts, Maine, and New York, have expanded access to Medigap beyond the federal requirements.

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00:31:04.160 --> 00:31:22.210

Kata Kertesz: Outside of these states and beyond the limited qualifying events, such as an MA plan terminating, most Medicare beneficiaries are required to purchase Medigap when they're first Medicare eligible, or during this 12-month trial period, or they may forego Medigap protections altogether.

184

00:31:22.540 --> 00:31:36.529

Kata Kertesz: The reasoning for this on the market side is that it keeps the Medigap risk pool more balanced with both healthier and sicker individuals. There has been research that has shown that beneficiaries who are enrolled in Medicare Advantage and then become sick

185

00:31:36.530 --> 00:31:42.859

Kata Kertesz: do exit traditional Medicare at a higher rate when they have Medigap beneficiary protections available to them.

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00:31:42.900 --> 00:31:58.869

Kata Kertesz: However, this market stability that's created by limiting enrollment comes at the cost that when beneficiaries become sick, and they most need the comprehensive coverage, they may be priced out of Medigap or just denied coverage altogether. Next slide, please.

187

00:32:01.120 --> 00:32:18.350

Kata Kertesz: So even these very limited federal consumer protections for Medigap policies for those over 65 do not apply to those under 65. In fact, individuals under 65 who become eligible for Medicare due to permanent long-term disabilities have even fewer protections.

188

00:32:18.350 --> 00:32:34.289

Kata Kertesz: Insurance companies may deny coverage for this population completely for Medigap plans. Insurance companies are not required to guarantee issuance of policies to these beneficiaries, and they can freely deny coverage due to age, sex, and health status.

189

00:32:34.970 --> 00:32:41.640

Kata Kertesz: Many states have, though, elected to voluntarily extend protections to their under 65 population.

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00:32:41.820 --> 00:32:50.760

Kata Kertesz: So currently, 34 states grant some degree of protection to those with disabilities and end-stage renal disease in their Medicare population.

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00:32:51.350 --> 00:32:56.619

Kata Kertesz: Insurers can often charge much higher premiums, though, based on health status.

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00:32:56.880 --> 00:33:09.290

Kata Kertesz: There's a historical context for this exclusion. When the exclusion in Medigap protections for beneficiaries under 65 with disabilities was created, many Medigap policies covered some prescription drug costs.

193

00:33:09.300 --> 00:33:21.599

Kata Kertesz: Insurers were concerned that higher drug spending among Medicare beneficiaries under 65, when compared to the over-65 population, would really drive up insurance costs, and that would result in higher premiums for everyone.

194

00:33:21.630 --> 00:33:38.589

Kata Kertesz: But now this is moot, because Medigap policies sold today are prohibited from covering prescription drug costs, since Medicare Part D, established in 2006, that David just talked about, provides prescription drug coverage. And Medicare per capita costs, excluding Part D spending.

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00:33:38.590 --> 00:33:48.340

Kata Kertesz: is pretty much the same for younger beneficiaries with disabilities and those over 65. So the whole reason for the exclusion really doesn't hold true anymore.

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00:33:48.640 --> 00:33:49.869

Kata Kertesz: Next slide, please.

197

00:33:50.760 --> 00:33:54.359

Kata Kertesz: So now I'll address some of the necessary Medigap reforms.

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00:33:54.550 --> 00:34:09.500

Kata Kertesz: Consumer protections that would promote health equity include making Medigap available to all individuals in traditional Medicare, regardless of pre-existing condition or age, and setting premiums at the same rate for all beneficiaries, including those under 65.

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00:34:09.500 --> 00:34:16.929

Kata Kertesz: Expanded enrollment opportunities, like an annual enrollment period, similar to the one in Medicare Advantage, or continuous enrollment.

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00:34:16.929 --> 00:34:19.260

Kata Kertesz: Should also be explored at the federal level.

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00:34:19.290 --> 00:34:37.380

Kata Kertesz: States have taken up this issue, and some have expanded access in varying degrees. Legislation has been introduced in Congress in the past, though it has been unsuccessful, but it aimed to address many of these shortcomings in consumer protections at the federal level, so it would apply to all states. A few of them are listed here.

202

00:34:37.719 --> 00:34:56.110

Kata Kertesz: Of course, we at CMA, in conjunction with our advocacy on Medigap, have also advocated for a maximum out-of-pocket cap in traditional Medicare. If that maximum was a reasonable amount, that would go a long way toward increasing flexibility for beneficiaries to switch from Medicare Advantage to traditional Medicare when they needed to.

203

00:34:56.110 --> 00:35:09.780

Kata Kertesz: Some proposals in the past have included a \$6,000 out-of-pocket cap, and again, looking back at the financial background of most beneficiaries, that's really just too high to make it possible for people to switch, so it really needs to be a much more reasonable cap.

204

00:35:10.070 --> 00:35:22.790

Kata Kertesz: And the key to, generally, policy solutions in this space is finding the balance between the access to care, but also maintaining market viability, because we don't want to have dramatic increases in premiums for all enrollees in Medigap plans.

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00:35:23.270 --> 00:35:24.550

Kata Kertesz: Next slide, please.

206

00:35:24.960 --> 00:35:38.029

Kata Kertesz: Here we just have a lot of additional resources on Medigap, including, the last one is the one that I had mentioned earlier that includes specific plans in the A through N, and which one might best serve your needs. Next slide, please.

207

00:35:39.180 --> 00:35:47.369

Kata Kertesz: Now we'll turn to our 2026 updates, and I will mention our recent health legislation before turning it over to David. Next slide, please.

208

00:35:47.810 --> 00:36:03.590

Kata Kertesz: So, as most of you probably heard, on July 4th, President Trump signed the Congressional Republican Budget Reconciliation Bill into law. It's also known as the One Big Beautiful Bill Act, or OBBA, or H.R. 1. We refer to it as H.R. 1.

209

00:36:03.590 --> 00:36:08.429

Kata Kertesz: It had projections of cutting Medicaid and ACA by a trillion dollars.

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00:36:08.430 --> 00:36:14.059

Kata Kertesz: Cutting healthcare for about 15 million people, and raising costs for millions of people.

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00:36:14.160 --> 00:36:29.530

Kata Kertesz: Of course, this legislation will have huge impacts on Medicaid, but it also had impacts on Medicare. Though Medicare was not the primary target of the legislation, its cuts will still be felt by Medicare beneficiaries. And I will just highlight two of these quickly. Next slide, please.

212

00:36:30.690 --> 00:36:39.750

Kata Kertesz: The legislation, included blocking a final rule that would have required states to improve enrollment and access to the Medicare savings programs.

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00:36:39.750 --> 00:36:52.810

Kata Kertesz: Eric will outline what these programs are in a moment, but I will just flag that these programs are an essential lifeline for dual beneficiaries struggling to afford out-of-pocket costs in Medicare, so it is for the lowest-income Medicare beneficiaries.

214

00:36:52.940 --> 00:37:04.269

Kata Kertesz: The final rule was designed to increase enrollment in these plans for eligible beneficiaries, with CMS projecting that it would increase enrollment by nearly a million people.

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00:37:04.300 --> 00:37:20.660

Kata Kertesz: The Congressional Budget Office estimated that blocking the rule in H.R. 1 will save over \$66 billion over 10 years, and the reason it saves money is that it prevents eligible beneficiaries from accessing programs that are designed to make Medicare more affordable.

216

00:37:20.950 --> 00:37:35.839

Kata Kertesz: Because the legislation only blocked implementation of federal requirements for states to implement the changes, states can still move forward with the changes in the rule. So this is a really great opportunity for state advocacy to encourage enrollment in the Medicare savings programs.

217

00:37:36.000 --> 00:37:37.240

Kata Kertesz: Next slide, please.

218

00:37:39.360 --> 00:37:57.010

Kata Kertesz: So HR1 also included immigration provisions directly impacting Medicare beneficiaries. This is the first time in the program's history that Medicare coverage has been stripped away from an entire category of eligible individuals, and the first time Social Security eligibility has been decoupled from Medicare.

219

00:37:57.010 --> 00:38:16.379

Kata Kertesz: This slide and the next one provide more details on exactly which immigrants are affected. This is an issue we're monitoring closely, and we've written about this on our website and provide updates pretty regularly on our CMA alerts, so please continue to follow those if you are looking for more information on this topic. And with that, I'll turn it back over to David.

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00:38:18.950 --> 00:38:20.080

David Lipschutz: Thanks, Kata.

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00:38:20.240 --> 00:38:21.700

David Lipschutz: Next slide, please.

222

00:38:22.240 --> 00:38:22.910

David Lipschutz: So...

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00:38:23.320 --> 00:38:39.980

David Lipschutz: Kata just talked about the impacts of a major bill that passed this year. I'd like to turn to a bill that was passed a few years ago, the source of the biggest changes to prescription drug coverage in Medicare since Part D was created, the landmark Inflation Reduction Act.

224

00:38:40.040 --> 00:38:50.879

David Lipschutz: of 2022, or the IRA. It made a number of changes, including granting the Secretary of Health and Human Services the right to negotiate the prices of certain prescription drugs. Now note.

225

00:38:51.220 --> 00:39:03.280

David Lipschutz: The HR1 bill that Kata just discussed did add additional hindrances to drug price negotiation, but overall, the program is continuing. The HR1 limits

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00:39:03.570 --> 00:39:09.940

David Lipschutz: further limits, rather, the ability of the Secretary to negotiate the costs for certain orphan drugs.

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00:39:10.510 --> 00:39:29.329

David Lipschutz: So the IRA also imposed a number of other changes, including the out-of-pocket cap, which we'll talk about on the next slide. But right now, I want to flag for you the thing that's highlighted here, the link for the Medicare Prescription Payment Program. A lot more information about that is available through this link, but the bottom line is that

228

00:39:29.890 --> 00:39:32.000

David Lipschutz: This provision allows

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00:39:32.220 --> 00:39:48.379

David Lipschutz: individuals to spread the costs of their drug over the course of a calendar year. It's a voluntary program, and it might not be the best option for everyone, though. It tends to work better for people who have high drug costs early in the year.

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00:39:48.380 --> 00:39:58.880

David Lipschutz: suggest you explore the trade-offs. It's probably much better if you end up qualifying for the Part D Low Income Assistance Program, or LIS. Next slide, please.

231

00:39:59.300 --> 00:40:00.110

David Lipschutz: So...

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00:40:00.530 --> 00:40:16.569

David Lipschutz: As a result of the IRA, this is what the standard Part D benefit looks like. These are the 2026 figures. Among other things, it streamlined the program. There's no longer a confusing donut hole or gap in coverage that was closed by the Affordable Care Act.

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00:40:16.570 --> 00:40:25.540

David Lipschutz: or a remaining period of coverage where it was confusing as far as who was paying what in cost sharing. Now, this is the benefit. It's much more straightforward.

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00:40:25.630 --> 00:40:29.660

David Lipschutz: There is a deductible next year will be \$615.

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00:40:30.060 --> 00:40:31.380

David Lipschutz: Once that's met.

236

00:40:31.960 --> 00:40:51.340

David Lipschutz: Coverage kicks in, beneficiaries are responsible generally for 25% of the costs of coverage, up until the out-of-pocket cap is reached. For this year, 2025, that out-of-pocket cap is \$2,000. Next year, in 2026, it's going up \$100, so it'll be \$2,100.

237

00:40:51.520 --> 00:40:59.170

David Lipschutz: This out-of-pocket cap is hugely impactful for people with high drug costs, and it brings Part D in line with most other insurance.

238

00:40:59.380 --> 00:41:13.730

David Lipschutz: What counts towards the cap? It does include that \$615 deductible. It does not include Part D premiums, and does not include drugs that are not covered by your Part D plan.

239

00:41:14.080 --> 00:41:17.249

David Lipschutz: Now, this is the basic benefit. Most plans...

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00:41:17.270 --> 00:41:34.239

David Lipschutz: are alternative plans or enhanced plans, meaning they have to provide something at least as good as this, but they have the flexibility to do more, and, for example, lower the deductible or lower the amount of cost sharing, and can sometimes cover drugs that are not covered under Part D.

241

00:41:34.240 --> 00:41:39.610

David Lipschutz: Part of the reason why nuance matters, and it's important to look at the individual,

242

00:41:39.770 --> 00:41:57.550

David Lipschutz: plan available... plans available in your area. Next slide, please. And finally, I'm going to end my part by doing a very quick run-through of some other changes that are taking place, or in the near future. As mentioned earlier, we do not yet have information about Part A and B premiums

243

00:41:57.680 --> 00:42:08.539

David Lipschutz: or cost-sharing amounts. A ship manager from Colorado, I know specifically, signed up for this webinar, hoping to have that. I looked back at when this information became available in the last 3 years.

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00:42:08.590 --> 00:42:11.810

David Lipschutz: For 2023, it was available by September 27th.

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00:42:11.830 --> 00:42:27.380

David Lipschutz: for 2020, in 2023, it became available on October 12th, and last year it didn't become available until November 8th. So, we have no idea. That's kind of a wide range of time within which CMS can,

246

00:42:27.380 --> 00:42:41.409

David Lipschutz: you know, put this information out, but it would make the most sense to have it before people make enrollment decisions, clearly. What we do have information about, effective today, are the plan offerings for 2026. Medicare Advantage and Part D plans.

247

00:42:41.410 --> 00:42:57.430

David Lipschutz: Information became live and is now available on the Medicare Plan Finder. While we have not had time to really analyze it yet, we are aware of some general trends, including that some of the bigger Medicare Advantage carriers are pulling out of certain areas.

248

00:42:57.530 --> 00:43:04.469

David Lipschutz: UnitedHealthcare, Humana, CVS, are pulling out of certain regions, certain counties.

249

00:43:04.540 --> 00:43:20.149

David Lipschutz: Plans are obligated to inform their members by tomorrow, October 7th, about these changes. Some plans will be terminating, many of those affected might be shifted over into other plans offered by the same plan sponsor if they do not choose another plan on their own.

250

00:43:20.280 --> 00:43:23.890

David Lipschutz: Pay very close attention to any notices.

251

00:43:24.080 --> 00:43:43.659

David Lipschutz: that are coming out from plans that are cutting back, because these terminations or cutbacks very often yield Medigap guarantee issue rights. In other words, certain rights to purchase a Medigap plan are usually triggered when plans pull out of certain areas, so pay attention to that.

252

00:43:43.810 --> 00:43:46.930

David Lipschutz: Couple other notes, Medicare Supplemental Benefits.

253

00:43:47.170 --> 00:43:52.330

David Lipschutz: It's a huge draw for people, as noted earlier, to enroll in Medicare Advantage plans.

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00:43:54.180 --> 00:44:02.150

David Lipschutz: But a lot of, information that we have suggests that a lot of people aren't really using a lot of these extra benefits, so...

255

00:44:02.240 --> 00:44:18.500

David Lipschutz: The Medicare program issued a rule that was to be effective next year that would require Medicare Advantage plans to notify their enrollees about what unused benefits people had. We learned just a few weeks ago that this rule is being suspended indefinitely.

256

00:44:18.520 --> 00:44:26.649

David Lipschutz: There's another rule that limits the scope of supplemental benefits, basically for things that are not good for you, which makes common sense.

257

00:44:26.900 --> 00:44:30.619

David Lipschutz: We got a lot of questions about the WISER model.

258

00:44:31.100 --> 00:44:35.489

David Lipschutz: This is a demonstration in traditional Medicare

259

00:44:35.670 --> 00:44:55.400

David Lipschutz: That employs prior authorization for a certain number of services. Six... I meant to mention six states here on this slide. I inadvertently omitted the state of Ohio. So, the states are New Jersey, Ohio, Oklahoma, Texas, Arizona, and Washington.

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00:44:56.040 --> 00:45:11.659

David Lipschutz: There's limited prior authorization in traditional Medicare right now, usually for some outpatient services and certain, you know, non-emergency ambulance services and certain, durable medical equipment. There's a demonstration that's rolling out next year in these six states

261

00:45:11.660 --> 00:45:21.450

David Lipschutz: That expands the lists of services that are going to be subject to prior authorization. If you follow that link, you'll find out exactly what services those are.

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00:45:21.630 --> 00:45:23.400

David Lipschutz: Part of the concern is that

263

00:45:23.940 --> 00:45:33.370

David Lipschutz: firms that employ algorithms or AI that have a financial incentive on the outcome of whether or not things are covered

264

00:45:33.510 --> 00:45:48.720

David Lipschutz: are suddenly being injected into the system, and we know from our experiences in Medicare Advantage that this does not often bode well for beneficiaries. Note that this list of states can expand along with the list of services that are subject to it. It's something definitely

265

00:45:48.720 --> 00:45:56.000

David Lipschutz: to watch for. More information is available through these links, and a number of advocates are trying to address this.

266

00:45:56.170 --> 00:45:59.450

David Lipschutz: Finally, Medicare.gov

267

00:45:59.550 --> 00:46:10.150

David Lipschutz: accounts as of last month, in September. Now, in order to sign up for a new account, people have to provide email addresses. We know not everyone has an email account.

268

00:46:10.460 --> 00:46:20.940

David Lipschutz: The... check out the CMS tip sheet linked here for setting up these new accounts. Also know that SHIP programs, State Health Insurance Assistance Programs, have received guidance

269

00:46:20.970 --> 00:46:30.669

David Lipschutz: about how to help people in this situation. Something else of concern to folks is that, yesterday was the last day that Social Security sent out paper checks.

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00:46:30.750 --> 00:46:42.530

David Lipschutz: According to Social Security, about 1% of the population, still receives paper checks. They have certain, suggestions in their, in this guidance, linked here.

271

00:46:42.770 --> 00:47:01.309

David Lipschutz: about what to do if you're in that situation. In the interest of time, I'm going to pass it on to Eric next, but when we get time for Q&A and discussion, I think the fact that our government is shut down is worth mentioning, so we'll circle back to that. I'll pass it now on to Eric for some practical tips.

272

00:47:02.020 --> 00:47:19.390

Eric Krupa: All right. Thank you, David. Good afternoon, everyone. It's good to be here with you all, and I do want to thank our friends at the Cures Collective for co-presenting with us today. They are going to be hopping on here just after my section, so in about 15 minutes or so. Looking forward to hearing all that they have to say.

273  
00:47:19.780 --> 00:47:29.029  
Eric Krupa: But for this section, Practical Tips, I'm just gonna go through, really some tools you can use in making individual choices about enrollment.

274  
00:47:29.190 --> 00:47:45.799  
Eric Krupa: So there's no one-size-fits-all advice that I can give everybody that will get everybody enrolled in the same plan, that's the best plan. It obviously depends on your situation and the medical costs that you're, that you're going to be incurring in any given year, or your anticipated costs.

275  
00:47:46.090 --> 00:47:51.839  
Eric Krupa: So I think with that, it makes sense to start with the Annual Notice of Change, or the ANOC.

276  
00:47:52.350 --> 00:47:59.799  
Eric Krupa: You may be going into this enrollment period feeling relatively satisfied, with your current Medicare setup.

277  
00:47:59.850 --> 00:48:14.209  
Eric Krupa: But know that it's not guaranteed to stay that way, as David mentioned earlier. Medicare Advantage Part D plans may change for the upcoming 2026 year. How will you know this? The Annual Notice of Change, or ANOC.

278  
00:48:14.270 --> 00:48:21.249  
Eric Krupa: So you should have received this notice already. It's due to be received by September 30th, or yesterday.

279  
00:48:21.330 --> 00:48:28.029  
Eric Krupa: So you should have received it either via mail or email, depending on how you've elected to receive information from your plan.

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00:48:28.120 --> 00:48:33.360  
Eric Krupa: If you didn't receive it, probably time to reach out to your plan and ask for a copy of the information.

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00:48:33.870 --> 00:48:49.390

Eric Krupa: And what information does it provide? It specifies exactly what's changing about your current plan, your Medicare Advantage, your Part D plan, for the 2026 year, including any network changes, premium changes, benefit changes, drug formulary changes.

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00:48:49.630 --> 00:49:06.099

Eric Krupa: And then it's also going to tell you where to find some additional information online. So you shouldn't expect, for example, to receive a full drug formulary for 2026. Rather, it will specify what changes are being made, and then give view links to receive full plan information online.

283

00:49:06.530 --> 00:49:19.919

Eric Krupa: If you don't make a new election during the AEP, the annual enrollment period, you're automatically going to be renewed in your current plan, as stated with the changes on the ANOC, if that plan is still being offered, right?

284

00:49:20.060 --> 00:49:31.849

Eric Krupa: So, if your plan is not renewing, as David just mentioned, there are some significant changes expected as far as availability of coverage from certain plans in certain parts of the country.

285

00:49:31.960 --> 00:49:48.160

Eric Krupa: If your plan is terminating, not renewing, consolidating, you're going to receive a notice from the plan about how this is going to affect your enrollment. It's not the same effect in every situation. In some situations, you're automatically going to be switched to a different plan that's offered.

286

00:49:48.260 --> 00:50:01.859

Eric Krupa: In another situation, say you're in a Medicare Advantage plan in 2025 that's not renewing, and the plan carrier doesn't have a plan it can move you to, you're gonna be, switched back to Original Medicare for January 1st.

287

00:50:02.010 --> 00:50:17.610

Eric Krupa: And that's important, because if you're switched back to Medicare, original Medicare January 1st, and you haven't made any other changes, you're gonna be without drug coverage, and you're gonna be facing higher out-of-pocket costs without a Medigap plan.

288

00:50:17.610 --> 00:50:24.389

Eric Krupa: So it's really important to be proactive if there is that termination or non-renewal of your current plan.

289

00:50:24.740 --> 00:50:38.160

Eric Krupa: And then the last bullet point on this slide here is just a link to information that you should be receiving from your plan on a yearly basis. It has the notices you'll be receiving from your plan each year, and when you should expect to receive them by.

290

00:50:38.350 --> 00:50:39.690

Eric Krupa: Next slide, please.

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00:50:41.780 --> 00:50:47.520

Eric Krupa: Alright, so if you're considering making a change, how do you sort through the options that you have?

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00:50:47.800 --> 00:51:01.460

Eric Krupa: The place to start is the Plan Finder, Medicare.gov's Plan Finder. It's essentially a search engine that helps you compare information on Medicare Advantage and Part D plans available in your zip code.

293

00:51:02.060 --> 00:51:06.700

Eric Krupa: So we had a question that was, from Debbie in Pennsylvania.

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00:51:06.800 --> 00:51:20.219

Eric Krupa: Asking, how do I know the cost of my prescription drugs for the upcoming 2026 year? A great place to start is the plan finder, because you can have your list of prescription drugs, your preferred pharmacy.

295

00:51:20.230 --> 00:51:28.679

Eric Krupa: put that information into the plan finder, and it will spit back at you the cost for you of available Part D plans.

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00:51:28.740 --> 00:51:43.900

Eric Krupa: So that's a good tool to be aware of that the plan finder offers. But in addition, it offers information on premiums, coverage, cost sharing, supplemental benefits, really everything you need to compare, different plans and choose an option for the 2026 year.

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00:51:45.370 --> 00:51:51.640

Eric Krupa: But, admittedly, there can be a lot of information, it can be hard to navigate, it can be hard to know what's important.

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00:51:51.770 --> 00:52:02.879

Eric Krupa: So, if you're having trouble with the plan finder, if you want to talk to somebody about your options, we are always referring people to their State Health Insurance Assistance Program, or SHIP,

299

00:52:03.050 --> 00:52:20.129

Eric Krupa: for a local expert, unbiased advice and assistance. So SHIP counselors, they're trained, they don't receive commission, and it's really unbiased, individualized advice that's gonna help you make the best decision possible for you. We have a link here, use this link.

300

00:52:20.250 --> 00:52:36.959

Eric Krupa: You'll be able to find your local ship, call them, call them early, because they do reach capacity. They're understandably very busy at this time of year, and they are relatively limited in the resources that they have, unfortunately. But they do make,

301

00:52:36.980 --> 00:52:40.280

Eric Krupa: They do do a lot with the limited resources that they have.

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00:52:42.370 --> 00:52:55.100

Eric Krupa: As a secondary option, 1-800-Medicare is always available, too, for questions on differences between plans, and like SHIPS, they can actually make the switch for you, enroll you in a different plan for the upcoming year.

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00:52:55.490 --> 00:53:02.669

Eric Krupa: And then I'll mention this a couple times throughout the presentation, but it's important to reiterate, never shop by premium alone.

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00:53:02.790 --> 00:53:11.110

Eric Krupa: The cost you're going to have for the full year is not just your premium, right? There's a lot of other costs to consider.

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00:53:11.110 --> 00:53:25.300

Eric Krupa: your deductibles, your coinsurance, your co-payments, all of those things are going to equal total out-of-pocket costs for you throughout the year, so it doesn't just come down to the premium when comparing plans. Next slide, please.

306

00:53:28.760 --> 00:53:38.480

Eric Krupa: Alright, and as David mentioned, there are some changes to the plan finder, so as you're going through this, if you've used it in years past, you may see some additional information.

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00:53:38.790 --> 00:53:49.269

Eric Krupa: In August of this year, CMS released a memo on enhancements to the plan finder that includes an extended display of supplemental benefits, a special needs plan filter.

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00:53:49.280 --> 00:53:58.940

Eric Krupa: And maybe most interesting, as David mentioned, an MA provider directory. So information on what providers are in-network for each individual MA plan.

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00:53:59.580 --> 00:54:11.739

Eric Krupa: Hopefully these changes are going to be helpful for beneficiaries, but know that there is some anticipated challenge, in making sure that all of the information is accurate, with it being rolled out relatively quickly.

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00:54:11.740 --> 00:54:22.030

Eric Krupa: So there is going to be a special enrollment period for beneficiaries who receive bad information through the plan finder when it comes to that directory information.

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00:54:22.080 --> 00:54:37.229

Eric Krupa: So this is a temporary special enrollment period for 2026 calendar year. If you, use the plan finder, you end up in a plan that you thought had different, network than it does, call 1-800-Medicare and ask for a special enrollment period.

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00:54:37.740 --> 00:54:39.140

Eric Krupa: Next slide, please.

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00:54:42.630 --> 00:54:57.579

Eric Krupa: All right, and one thing to mention, important thing to mention when it comes to the supplemental benefits, are flex cards. This is in particular, an issue when it comes to DSNPs, because they're offered in a majority of DSNPs.

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00:54:57.750 --> 00:55:06.890

Eric Krupa: But, in addition to other supplemental benefits, like, dental coverage,

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00:55:07.160 --> 00:55:17.029

Eric Krupa: vision coverage. Plans may be offering flex cards, which is essentially a preloaded debit card for beneficiaries to use on various expenses.

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00:55:17.240 --> 00:55:37.090

Eric Krupa: And the data does suggest, as it's said here in the slide, that it is particularly enticing for beneficiaries. People tend to cite it as a reason that they choose one Medicare Advantage plan over another, the availability of a flex card. Obviously, it's a good thing to have, additional money in your pocket's never a bad thing.

317

00:55:37.110 --> 00:55:49.820

Eric Krupa: But it may not be as good as it seems, in that, if it's used for certain expenses, it could lead to you incurring more expenses. Specifically, if you're using that flex card for rent or utilities.

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00:55:49.900 --> 00:55:54.890

Eric Krupa: your rent will be increased, if you're receiving HUD rental assistance.

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00:55:55.040 --> 00:56:07.600

Eric Krupa: Unfortunately, we've also heard from multiple beneficiaries who use the card properly, not for those expenses, but face a rental increase illegally anyway, and then have to deal with their landlord

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00:56:07.600 --> 00:56:25.460

Eric Krupa: And try to get that, rental rate adjusted per the HUD guidance that we cite here. But if you do use it for rent or utilities, and you receive HUD rental assistance, you should expect an increase in rent when using that flex card.

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00:56:25.550 --> 00:56:26.899

Eric Krupa: Next slide, please.

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00:56:29.010 --> 00:56:36.359

Eric Krupa: Alright, and this isn't so much an enrollment slide as something to consider when choosing between Part D or prescription drug plans.

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00:56:38.460 --> 00:56:45.840

Eric Krupa: As mentioned earlier, different Part D plans do have different formularies, right? So not all plans offer the same drugs.

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00:56:46.120 --> 00:56:56.289

Eric Krupa: If a beneficiary finds themselves in 2026 in a plan that doesn't cover a medication that's medically necessary for them, there's the possibility of an exception request.

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00:56:56.550 --> 00:57:02.490

Eric Krupa: So for example, if you have a drug that you need to take that's not on your plan's formulary.

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00:57:02.540 --> 00:57:21.370

Eric Krupa: You can call your plan and ask how to make an exception request, and if you have a written statement of support from a physician saying that no other drug is medically sufficient, it may be possible to get that drug added to the formulary, though it might be at the highest cost of all drugs on the formulary.

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00:57:21.370 --> 00:57:31.830

Eric Krupa: So I just want to mention that as a... if you find yourself in 2026, with insufficient Part D coverage, you may have options to try to, get lower-cost drugs.

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00:57:32.330 --> 00:57:33.679

Eric Krupa: Next slide, please.

329

00:57:35.290 --> 00:57:52.920

Eric Krupa: All right, and with these next three, I'm just going to breeze through these three. Really, it's information that you can refer back to as you're sorting through your options. The first slide here, factors you should consider when making a change. Really summarized again, it's not all about the premium, deductibles, what drugs are covered.

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00:57:52.920 --> 00:57:59.409

Eric Krupa: Are you going to be able to receive all the services that you anticipate needing throughout the year?

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00:57:59.580 --> 00:58:07.779

Eric Krupa: What is the provider network? All of those things need to be considered when you're enrolling, in a plan for any given year. Next slide, please.

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00:58:09.110 --> 00:58:15.590

Eric Krupa: So this slide, a reminder of what David said earlier, if you have coverage other than Medicare.

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00:58:15.630 --> 00:58:25.440

Eric Krupa: There are complicated rules on, which of those coverages is going to be primary. Enrolling in Medicare when you already have coverage

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00:58:25.480 --> 00:58:35.720

Eric Krupa: could affect that other coverage. So if you have preferable coverage through a retiree health plan, VA, TRICARE, COBRA, federal employee, health coverage.

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00:58:35.810 --> 00:58:45.669

Eric Krupa: What we advise doing is calling the benefits administrator and asking to have a conversation on, if I enroll in Medicare, what happens? Next slide, please.

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00:58:49.180 --> 00:59:02.689

Eric Krupa: All right, and this one is just a list of questions to ask yourself as you're going through making a decision. The only one in particular I want to highlight is number 7. What is the value of extra benefits like vision, dental, and hearing?

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00:59:02.800 --> 00:59:15.500

Eric Krupa: And remember, just because you have dental coverage, just because dental coverage is offered through a Medicare Advantage plan, or vision coverage, that doesn't mean it's good coverage. It's important to read the fine details.

338

00:59:15.500 --> 00:59:29.030

Eric Krupa: Is this just gonna pay for a couple of cleanings a year? What's the deductible? All of those questions need to be asked when you're looking at that supplemental benefit of vision or dental coverage. Next slide, please.

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00:59:31.900 --> 00:59:38.969

Eric Krupa: All right, Medicare Advantage, agent, broker, do's and don'ts. So here, we have linked...

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00:59:39.160 --> 00:59:45.599

Eric Krupa: Hopefully this link works here. If it doesn't, I can put something in the chat later.

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00:59:45.880 --> 00:59:52.550

Eric Krupa: Many people work with a broker when they're sorting through their options, and that's perfectly fine.

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00:59:52.560 --> 01:00:12.550

Eric Krupa: But in many situations, it's not appropriate for a broker to be soliciting you as a new client. It's really up to you whether you want to reach out to a broker for more information. So this document that we've linked here provides some information on when a broker should and shouldn't be contacting you.

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01:00:12.550 --> 01:00:19.579

Eric Krupa: And if you're experiencing any issues, we have a number you can call in the next couple of slides here.

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01:00:19.630 --> 01:00:21.900

Eric Krupa: But the other thing I want to mention

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01:00:22.290 --> 01:00:26.380

Eric Krupa: And we did get a topical question from Krista in Colorado asking this.

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01:00:26.450 --> 01:00:44.539

Eric Krupa: there's been a lot of news recently about changing broker incentives, so how are those changing broker incentives gonna affect how a broker is advising me, for this upcoming year? So in Connecticut, for example, we're hearing from a number of beneficiaries

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01:00:44.640 --> 01:00:53.870

Eric Krupa: Who have been told by brokers that certain plans are leaving the state, when in fact, those plans are just eliminating commissions for brokers.

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01:00:54.080 --> 01:01:03.330

Eric Krupa: So that's, the major change that we're seeing, is certain plans, don't have, the commission associated.

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01:01:03.330 --> 01:01:15.120

Eric Krupa: making certain brokers more reluctant to sell those plans. So what we recommend doing, you may have seen this news in your area, is just having that conversation with your broker, right?

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01:01:15.120 --> 01:01:34.869

Eric Krupa: Is there a change for certain plans with your payment or your commission? Are you still willing to sell me those plans? Depending on that conversation, you may wish to turn to somebody else, or you may feel comfortable continuing to have that relationship, continuing to work with that person.

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01:01:35.190 --> 01:01:36.599

Eric Krupa: Next slide, please.

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01:01:38.300 --> 01:01:56.169

Eric Krupa: All right, and this is just a summary of what I've discussed so far. Compare your options, get the assistance of a trusted professional, ship counselor, a trusted broker, a family friend who's familiar with this, who's sorting through their own options. Always talk to somebody when comparing your options.

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01:01:56.370 --> 01:02:14.940

Eric Krupa: And then be mindful that the main reason for health insurance is access to quality healthcare when you need it, right? So you can't anticipate all of your needs for 2026, but what are your anticipated needs? And then if something were to happen, what plan is going to give me the best coverage in a time of need?

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01:02:15.310 --> 01:02:31.459

Eric Krupa: And then take advantage of reviewing, the annual, or ANOC annual notice of change, and really take this opportunity in the annual enrollment period to compare your options, and make a decision that's going to be best for you for 2026.

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01:02:31.530 --> 01:02:49.100

Eric Krupa: And then, as mentioned, if you're feeling pressured in making a decision, we recommend contacting the Senior Medical Patrol, which is a program that you can report suspected fraud, waste, and abuse to, unfair marketing practices. We have a link here to their website.

356

01:02:49.200 --> 01:03:01.889

Eric Krupa: You can be connected with a local person or a number to call, who can also connect you to somebody who can help you sort through that if you're feeling like you're being pressured in any way.

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01:03:02.280 --> 01:03:03.689

Eric Krupa: Next slide, please.

358

01:03:04.840 --> 01:03:23.920

Eric Krupa: And so finally, we are running a little low on time here, so I'll go through these slides quicker than I would like to, but I want to talk about some ways to make Medicare more affordable. Next slide. So the Medicare Savings Program, this is going to help with Part A and B costs, things like premiums, deductibles, co-payments.

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01:03:24.130 --> 01:03:28.530

Eric Krupa: What it comes down to is, looking at these numbers here.

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01:03:28.570 --> 01:03:41.559

Eric Krupa: \$1,781 for a single person monthly income, \$2,400 for a couple. If you're below that income limit, or if you're near that income limit for the upcoming year.

361

01:03:41.560 --> 01:03:50.469

Eric Krupa: You're going to want to call your SHIP and ask to be screened for the Medicare Savings Program, because it could lead to very significant out-of-pocket cost savings for you.

362

01:03:50.600 --> 01:03:51.980

Eric Krupa: Next slide, please

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01:03:53.610 --> 01:04:11.630

Eric Krupa: And so that was, A and B. As far as savings for, prescription coverage, or Part D, that's the Extra Help program, primarily. If you're enrolled in the Medicare Savings Program, you're going to be automatically enrolled in the Extra Health Help program.

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01:04:11.760 --> 01:04:15.940

Eric Krupa: That's also referred to sometimes as the Low Income Subsidy Program.

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01:04:16.200 --> 01:04:26.460

Eric Krupa: And like the Medicare Savings Program, it's gonna help you with out-of-pocket costs. So we always recommend getting screened for the Medicare Savings Program first.

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01:04:26.570 --> 01:04:38.210

Eric Krupa: Because it's more accessible generally than extra help. But you should also be asking to be screened for extra help if you're around that income threshold mentioned on the previous slide.

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01:04:38.680 --> 01:04:52.209

Eric Krupa: And then there are state pharmaceutical assistance programs available, SPAPs. We have a link here. You go to this link, put the state you're in, and it will tell you whether or not there is an SPAP that's available for you.

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01:04:52.210 --> 01:05:00.309

Eric Krupa: That's wraparound coverage for Part D, which is essentially, helping you with, costs not covered by Part D.

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01:05:00.680 --> 01:05:13.199

Eric Krupa: And then finally, the PAN Foundation has this excellent resource, the Fund Finder, which helps you find, financial assistance programs or options for out-of-pocket prescription costs.

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01:05:13.300 --> 01:05:19.339

Eric Krupa: From a wide array of, charitable foundations. Next slide, please.

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01:05:20.430 --> 01:05:36.709

Eric Krupa: All right, and finally, a lot of people talk about GoodRx, Cost Plus Drugs, those types of cost assistance programs. Those can be helpful. You may find that even with coverage, cost through those programs is less than it would be.

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01:05:36.710 --> 01:05:52.430

Eric Krupa: But know that it can't be used in combination with your Part D coverage. If you do elect to use one of those programs, then you're, you're going to be paying the cost under that program, and what you pay isn't going to count towards your yearly out-of-pocket threshold.

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01:05:52.470 --> 01:05:54.139

Eric Krupa: So that's worth noting.

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01:05:54.480 --> 01:06:01.659

Eric Krupa: And with that, I think I'm all set, and I'm gonna be happy to turn it over here to the Cures Collective. Thank you, everyone.

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01:06:02.960 --> 01:06:04.510

Matt Shepard (CMA): Thanks, Eric.

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01:06:04.830 --> 01:06:12.799

Matt Shepard (CMA): So welcome back, Adity, and... our, panelists from Cures, Julie Balisow.

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01:06:12.800 --> 01:06:14.350

Aditi Narayan Minkoff: Thank you so much, Matt.

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01:06:14.350 --> 01:06:17.259

Matt Shepard (CMA): And have we lost one of our panelists here?

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01:06:17.260 --> 01:06:41.660

Aditi Narayan Minkoff: Unfortunately, yes, she did have to step away for personal reasons, but this is going to be a fireside chat instead of a panel today, and thank you all so, so very much. That was just an excellent presentation, by David, Kata, and Eric. Thank you for simplifying as much as possible, the very complex Medicare system.

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01:06:41.660 --> 01:06:43.350

Aditi Narayan Minkoff: For all of us.

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01:06:43.460 --> 01:06:54.649

Aditi Narayan Minkoff: And with that, I'd love to start, Julie, with a question just around what challenges have you in your own personal experiences,

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01:06:54.870 --> 01:07:04.779

Aditi Narayan Minkoff: faced or experienced as you were comparing Medicare plans, including Medicare Advantage and Traditional Medicare during open enrollment?

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01:07:05.170 --> 01:07:12.190

Julie Balasalle: Awesome. Thanks, Aditi. Hi, everybody. My name is Julie Balisal. I work with Aditi at IMALS.

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01:07:12.190 --> 01:07:25.200

Julie Balasalle: But I'm also a volunteer for CUREPSP, which is an organization that supports people living with progressive supranuclear palsy, cortical basal degeneration, and multiple system atrophy.

385  
01:07:25.200 --> 01:07:34.380  
Julie Balasalle: And my mother, received a probable diagnosis of, cortical basal degeneration in March of 2022.

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01:07:34.380 --> 01:07:48.489  
Julie Balasalle: And that is not during the open enrollment period. And so, we had no way of anticipating that she would have a fast-progressing neurodegenerative 100% fatal disease.

387  
01:07:48.510 --> 01:07:57.829  
Julie Balasalle: So, that is probably... was probably the biggest challenge, just even within... within her... her disease, progression is...

388  
01:07:57.970 --> 01:08:01.010  
Julie Balasalle: Does not look the same, depending on,

389  
01:08:01.190 --> 01:08:14.770  
Julie Balasalle: each patient, which I know is not, you know, specific to CBD, but something that was really difficult for us when, you know, she passed away in January of 2023, so when we were reassessing our options.

390  
01:08:14.770 --> 01:08:21.210  
Julie Balasalle: It was really difficult for us to know what the rate of her progression, would be, and...

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01:08:21.450 --> 01:08:43.380  
Julie Balasalle: Also, there are so many specialists that are... that were involved in her care that it was really difficult to match them with all the different plans and the options, and some... some where she had already established care, didn't take, certain plans that we were looking at, and it was... it was so overwhelming

392  
01:08:43.380 --> 01:08:48.969  
Julie Balasalle: to... Manage her diagnosis, as well as try and plan

393  
01:08:49.010 --> 01:09:05.979  
Julie Balasalle: her care options when, you know, I don't think I need to tell anybody on this call, no one tells you how to do this. It's not something that's, like, inherently known. So, you know, I'm a trained social worker, and I was completely lost, and so I think...

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01:09:06.130 --> 01:09:16.870

Julie Balasalle: Specifically, you know, for neurodegenerative diseases or other, you know, diseases where progression is, you know, cannot be sort of predicted in a, in a

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01:09:17.430 --> 01:09:23.700

Julie Balasalle: time, you know, way, that was really difficult for our family, and so I think...

396

01:09:23.960 --> 01:09:30.410

Julie Balasalle: what I took away from that was just the importance of making connections as much as possible with people like

397

01:09:30.740 --> 01:09:48.690

Julie Balasalle: a Center for Medicare Advocacy or other advocacy organizations, you know, to try and find resources, because for us, it was... it was extremely challenging to try and explain to people who didn't understand about our diseases,

398

01:09:48.689 --> 01:09:56.679

Julie Balasalle: You know, our... my mom's, you know, situation, and it didn't fall in the timeline of when we needed to change plans, which...

399

01:09:57.030 --> 01:10:04.920

Julie Balasalle: I could have a whole webinar just on the ridiculousness of that, but, you know, just the acknowledgement that, you know.

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01:10:05.160 --> 01:10:15.609

Julie Balasalle: People's health don't lie in this, you know, this neat box of timelines, and as a caregiver, it's really difficult, to... to be able to

401

01:10:15.750 --> 01:10:25.189

Julie Balasalle: do all of these things, and, you know, our family, you know, we love my mom, and, you know, we really wanted to do the best we could, but it's... it was so overwhelming.

402

01:10:25.190 --> 01:10:44.770

Julie Balasalle: That my best advice to people who are navigating this, you know, is to not give up. Because it was... and you are not alone, in trying to figure out what works best for you and your loved ones, who are... who are going through this process. So, I don't know if that answered your question, Adithi, but,

403

01:10:45.240 --> 01:10:58.469

Julie Balasalle: it was not an easy time, and for such a fast-progressing disease that my mom had, not everyone progressed as fast as she does. She was diagnosed in 2022, and she passed away in January of 2023.

404

01:10:58.470 --> 01:11:14.619

Julie Balasalle: So, we made all of this, you know, all of these decisions, trying to figure out, you know, what her rate of progression was going to be, and what services we were going to need, and what service... what specialists, and things like that. And it was time, you know, that we didn't have, so...

405

01:11:16.540 --> 01:11:27.549

Aditi Narayan Minkoff: Thank you for sharing, Julie, and I think I echo all of the sentiments we're getting in chat, too, when I say I'm truly sorry for this experience and for your loss.

406

01:11:27.750 --> 01:11:36.240

Aditi Narayan Minkoff: It is intense to lose a parent, to say the least, and to throw in the complications of

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01:11:36.290 --> 01:11:49.150

Aditi Narayan Minkoff: navigating Medicare. On top of that, it makes it even more intense and feels like it's, in some ways, robbing you of the time that you would like to spend with your loved one.

408

01:11:49.540 --> 01:12:08.390

Aditi Narayan Minkoff: when you were going through that experience of trying to figure out, well, how do I choose this plan, and what are the anticipated needs, and, you know, anticipated progression, what kind of support did you have around you, whether that was from the medical community or other organizations in the community?

409

01:12:08.990 --> 01:12:13.250

Julie Balasalle: Yeah, I... we... we were lucky in that,

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01:12:13.440 --> 01:12:36.150

Julie Balasalle: you know, we had a really... a great provider. Her primary care provider was really helpful, who specialized in... her primary care provider was a... who specialized in geriat... geriatric populations, so she was very familiar with Medicare, which was helpful. We did talk to some brokers, we did, you know, sort of...

411

01:12:36.150 --> 01:12:38.010

Julie Balasalle: assess,

412

01:12:38.590 --> 01:12:49.760

Julie Balasalle: through CUREPSB, just, like, what different options were, and I spent a lot of time on the CMA website as well, to just try and find out more information. We also...

413

01:12:49.800 --> 01:13:06.730

Julie Balasalle: it was during COVID, we moved my parents from Massachusetts to Colorado, so there was, like, the added complication of finding all new providers. And so it was, I think, probably a mismatch of a lot of Google searching, a lot of, reaching out to

414

01:13:06.730 --> 01:13:24.279

Julie Balasalle: people that I knew in the social work world who did care navigation, which was super helpful. So if you work with an organization who does that, the SHIP... I wish I had known about SHIP, you know, those also seem like really wonderful resources, but if... but if there's an organization that you,

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01:13:24.280 --> 01:13:41.190

Julie Balasalle: are knowledgeable of, that, you know, if you have a specific, you know, disease space that you are involved with, they might have some resources as well. It really was sort of like a patchwork of trying to find different pieces to come together. Everything is so siloed.

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01:13:41.800 --> 01:13:50.499

Julie Balasalle: you know, trying to talk to different specialists and trying to figure out which drug, and her prescriptions were changing so rapidly, that was another...

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01:13:50.660 --> 01:13:53.990

Julie Balasalle: That was another huge, sort of...

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01:13:54.220 --> 01:14:11.710

Julie Balasalle: challenge for us, because we didn't know what she was gonna need when, and things were changing so quickly that they were like, well, just send us her list. And I was like, the list I sent you yesterday was... is now different. And so that is, like, a whole, a whole piece that it was... it was like a... it was like a job. It was... it was... it was...

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01:14:11.710 --> 01:14:27.419

Julie Balasalle: it was a lot. But I think there are resources there to help, and you are not alone. There are people who are in this with you, whether this is your first time or you're trying to navigate all of these changes now. As you can see in the chat and in all of the questions, there's, you know.

420

01:14:27.430 --> 01:14:39.519

Julie Balasalle: so many... so many people who are in this boat, and so I think resources that, like, CMA have, or, if there's more local resources, I... I highly recommend,

421

01:14:39.520 --> 01:15:00.470

Julie Balasalle: taking a deep breath. This is what I had to do a lot myself, taking a deep breath and trying to know that you're not alone, and that there are people who are doing this alongside you, even if you don't know them, who have... I saw in the chat somebody who had a very similar experience, with a rehab hospital who was on Medicare Advantage. This happened with my dad, actually, not my mom.

422

01:15:00.470 --> 01:15:01.160

Julie Balasalle: But...

423

01:15:01.160 --> 01:15:09.680

Julie Balasalle: he's in an assisted living facility, they wanted to send him directly to a rehab hospital, and they didn't feel, and his

424

01:15:09.680 --> 01:15:28.620

Julie Balasalle: primary care doctor felt like he didn't need to be in a hospital, but that he did need rehab, and they would not accept him. But if he had had straight Medicare and not Medicare Advantage, then that would not have been an issue, so they wanted to send him to the hospital for 5 days, and then send him to the rehab.

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01:15:28.620 --> 01:15:35.250

Julie Balasalle: Even though all of his care providers said that that was not what they wanted, and so...

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01:15:35.250 --> 01:15:49.590

Julie Balasalle: there was a third party involved in this, so now I sort of have all this other stuff, with Medicare Advantage in my head about just the prior authorizations, like... like David and Eric were talking about, and now that knowledge of, you know.

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01:15:49.590 --> 01:15:58.610

Julie Balasalle: That's a huge issue, and, you know, not something that we knew the first time around when we... when we did this, when we chose that plan for him, so something...

428

01:15:59.170 --> 01:16:05.349

Julie Balasalle: That we'll continually think about as we launch into, the next enrollment period.

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01:16:06.380 --> 01:16:20.510

Aditi Narayan Minkoff: Yeah, and it can feel so frustrating to be like, okay, I went through this process, I know so much more, and next year will be easier, and then you get to next year, and there's so many changes that you feel almost like a novice going through it again.

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01:16:20.510 --> 01:16:21.120

Julie Balasalle: Exactly. Yeah.

431

01:16:21.120 --> 01:16:35.169

Aditi Narayan Minkoff: And I am curious to hear from you what, if anything, has helped you feel more confident, in making decisions as you have navigated, Medicare multiple times?

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01:16:35.170 --> 01:16:40.040

Julie Balasalle: Yeah, I'd say, I've gotten a lot more,

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01:16:40.450 --> 01:16:55.270

Julie Balasalle: outspoken about it, and being very, clear with his providers, about, you know, what his plan is, and asking about, you know, what the impact... and I know that they don't always know, but

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01:16:55.270 --> 01:17:09.550

Julie Balasalle: you know, I didn't know about the rehab situation before, and now I know that, and so that's something that I just continually keep to learn. I also try and remind myself that this is, like, a moving target that is always,

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01:17:09.890 --> 01:17:16.589

Julie Balasalle: like, you could just see in this whole presentation that we all just heard. It's like, we're supposed to retain all of this information.

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01:17:16.590 --> 01:17:35.390

Julie Balasalle: and then adjust and go forward as if it's just as, you know, easy as checking a box, when there are real-life implications, and our... our health and our loved ones' health involved. And so, I try and, like, sort of keep that in the back of my mind, that it's not just me, and so when somebody is like, well, didn't you do your research? I just...

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01:17:35.390 --> 01:17:50.640

Julie Balasalle: take a deep breath and say, I have done hours and hours of research on this, and I feel for the people who don't have this kind of support to be able to help them through this. And so why I'm so grateful for, you know, social workers and care navigators and organizations like CMA,

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01:17:50.640 --> 01:18:01.520

Julie Balasalle: Who are really trying to make this really complicated maze better. And so, I think what's made me more confident is just, like, the...

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01:18:01.990 --> 01:18:13.059

Julie Balasalle: blatant, just, I don't care anymore, I'm gonna do the best thing I can do for my dad, I did as best as I could for my mom, and just really hope that I'm doing everything right.

440

01:18:13.060 --> 01:18:28.209

Julie Balasalle: Like I said, I am a social worker, but I feel like a complete novice, no, but there's no... there should be a class in school that's like, how do you, like, navigate this Medicare crazy system, because it is, you know, something that...

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01:18:28.440 --> 01:18:48.929

Julie Balasalle: is extreme... it is not set up for use, it's set up for people to not use it on purpose, and so part of... that's just my own personal opinion, but I think that is, you know, something that I just sort of, like, fight, and just continually want to let people know that they're not alone, and that there are many...

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01:18:48.930 --> 01:18:55.030

Julie Balasalle: Really wonderful advocates that are constantly, every day, working to make this system better.

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01:18:55.030 --> 01:19:01.310

Julie Balasalle: And, you know, just how, how grateful I am for all of that. So I, I really, I...

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01:19:01.540 --> 01:19:06.470

Julie Balasalle: Thank everybody who tries to help other people with this, and... yeah.

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01:19:06.890 --> 01:19:07.560

Julie Balasalle: That's...

446

01:19:08.160 --> 01:19:13.200

Aditi Narayan Minkoff: Thank you so much, Julie, both, for sharing about your personal experiences, and

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01:19:13.200 --> 01:19:38.140

Aditi Narayan Minkoff: how you handle this, and also just your general approach to supporting your parents through this. I think that was the perfect note on mentioning the incredible people who offer so much support to others impacted, not just by neurodegenerative diseases, but really who are looking to navigate Medicare, make sure that they are making the right decisions for them. So, on that note, I would love to

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01:19:38.140 --> 01:19:49.899

Aditi Narayan Minkoff: turn it back over to Matt and the incredible team at Center for Medicare Advocacy, to answer some of the many questions that we've gotten, throughout this session.

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01:19:49.900 --> 01:20:03.669

Matt Shepard (CMA): Alrighty, thank you very much. Let's pull our panelists back up. Thank you, Julie, for sharing your story here. I think you inspired several... several people in our chat right now to start doing some work.

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01:20:05.840 --> 01:20:23.909

Matt Shepard (CMA): All right, we have to start, David, I'm afraid, with you, because we had many, many questions about this little shutdown of our entire government, and how that might affect, you know, plan finder updates, ship access, etc. So, anything you can tell us about?

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01:20:24.010 --> 01:20:27.910

Matt Shepard (CMA): The shutdown would be welcome to many of our attendees.

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01:20:28.330 --> 01:20:38.979

David Lipschutz: Sure, happy to relay what I know. First, Julie Adity, thank you. Julie, sharing... sharing your story is so helpful for so many people, and... and...

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01:20:39.390 --> 01:20:49.740

David Lipschutz: You know, a lot of people go through this... these types of experiences personally, and if you haven't gone through that, personally, hearing someone... from someone who has helps really

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01:20:49.860 --> 01:20:53.609

David Lipschutz: illuminate everything and highlight the challenges, so thank you for that.

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01:20:54.300 --> 01:21:07.889

David Lipschutz: With respect to the federal government shutdown, as of midnight last night, our government is closed, which means that roughly... most of the federal government's non-essential functions are on hold.

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01:21:08.190 --> 01:21:20.920

David Lipschutz: The running... the basic running of the Medicare and Medicaid programs should continue, though, including the 1-800-Medicare line, which is a federal contract, but not staffed by federal employees.

457

01:21:21.080 --> 01:21:24.090

David Lipschutz: It may be difficult to...

458

01:21:24.140 --> 01:21:41.499

David Lipschutz: get help from Center for Medicare and Medicaid Services staff for troubleshooting and things that SHIP counselors and others typically rely on in order to resolve problems. Some of the updates to the Medicare Plan Finder might not be as frequent as we had hoped.

459

01:21:41.720 --> 01:21:56.690

David Lipschutz: Social Security Administration will stay open. They have pledged to get out all their payments. Mail will still be delivered, so people should be receiving their notices and the annual notices of change that Eric mentioned. And just as we've been on the call, I've started to see

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01:21:56.780 --> 01:22:05.200

David Lipschutz: the Medicare program start issuing guidance to their partners and stakeholders and their contractors about what happens.

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01:22:05.200 --> 01:22:19.079

David Lipschutz: I mean, it probably isn't a leap to say the longer the shutdown goes on, the more difficulty it's likely to cause for beneficiaries, providers, and everyone else, but just know that some of these basic functions

462

01:22:19.090 --> 01:22:22.560

David Lipschutz: In theory, are intact, and will continue to operate.

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01:22:25.090 --> 01:22:26.340

Matt Shepard (CMA): Thank you, David.

464

01:22:26.340 --> 01:22:34.680

Kata Kertesz: I just wanted to jump in and say some folks in the chat said that they called Medicare this morning, and that the line was answered right away, so that's a good sign.

465

01:22:35.410 --> 01:22:37.300

Matt Shepard (CMA): You know, positive.

466

01:22:37.300 --> 01:22:38.520

Kata Kertesz: At least for today.

467

01:22:38.520 --> 01:22:41.820

Matt Shepard (CMA): Right, right, we'll see in two weeks how that goes.

468

01:22:41.960 --> 01:22:46.100

Matt Shepard (CMA): We've got a practical tip question. This could be for...

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01:22:46.370 --> 01:22:49.729

Matt Shepard (CMA): Eric and or Julie, probably.

470  
01:22:50.000 --> 01:22:58.940  
Matt Shepard (CMA): Many people have been asking about what to do if they have trouble navigating the online resources that we've talked about, in particular, the Plan Finder.

471  
01:23:00.790 --> 01:23:19.079  
Eric Krupa: Yeah, and I should say I've been seeing a lot in the chat, too, about the new directory information that's available via the Plan Finder. That is taking people outside of the Plan Finder tool to Medicare Advantage Plan's websites, and is hard to navigate from what people are saying.

472  
01:23:19.210 --> 01:23:32.689  
Eric Krupa: So yeah, I think the answer is turn to someone you trust in sorting through your options and make a decision. If you have a Julie in your life, that is great to help you navigate all of these.

473  
01:23:32.790 --> 01:23:50.279  
Eric Krupa: difficult decisions. The ships are also available, to provide that unbiased support. And then, if nothing else, call 1-800-MEDICARE and ask for information, or who you can be referred to for more help. So, there is help out there. Please reach out.

474  
01:23:50.460 --> 01:23:54.829  
Eric Krupa: For help, rather than feeling overwhelmed. I don't know if you have anything to add, Julie?

475  
01:23:54.830 --> 01:23:57.799  
Julie Balasalle: I was just gonna add, the way that I sort of did it was...

476  
01:23:57.940 --> 01:24:11.669  
Julie Balasalle: I used a spreadsheet, and I just sort of copied and pasted a lot of information so I could just see it all together, like, back-to-back. I also had, like, a contact log of when I... who I talked to, and when, and what they said. I always asked for people's names, and...

477  
01:24:11.670 --> 01:24:22.999  
Julie Balasalle: You know, tried to build relationships with people when I could, whether it was calling Medicare or one of the private insurance plans, like UnitedHealthcare, or, like, the third-party,

478  
01:24:23.010 --> 01:24:28.429  
Julie Balasalle: plans, so that I had a record, because they would, you know, very...

479  
01:24:28.470 --> 01:24:42.840

Julie Balasalle: it was very common that no one knew who I was or what I was doing. So I'd say sort of as a very practical, you know, not like a game-changing tip, but just one to sort of keep track of the communication and the research that you do, because

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01:24:42.840 --> 01:24:52.340

Julie Balasalle: I read so much, and I couldn't retain all the information at once, so having something that was, like, that I knew my brain would be able to

481

01:24:52.340 --> 01:25:03.199

Julie Balasalle: focus on, was helpful for me, and whatever way that that would work for you is... would be a very, like I said, not life-changing tip, but something that helps to sort of control that chaos, is... is what I would say.

482

01:25:04.440 --> 01:25:08.969

Matt Shepard (CMA): Thank you so much, both of you. If... sorry, go ahead, David.

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01:25:08.970 --> 01:25:17.810

David Lipschutz: Oh, just gonna... really quickly about the... what Eric mentioned about the... the plan finder, and information about Medicare Advantage plan networks. So...

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01:25:17.820 --> 01:25:30.999

David Lipschutz: This was kind of a last-minute announcement by the Medicare program, and for this year, they are contracting with a third-party vendor that's collecting Medicare Advantage provider directory information and putting it on the plan finder, but

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01:25:31.020 --> 01:25:35.960

David Lipschutz: In announcing these changes, the Medicare program said that not all

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01:25:36.190 --> 01:25:50.310

David Lipschutz: Medicare Advantage plans have data that's shared with this vendor, so in some instances, I guess they will be referring folks back out to the... to, the individual plans. There was a rule issued by Medicare that really applies

487

01:25:50.310 --> 01:26:00.039

David Lipschutz: to Medicare Advantage plans for the 2027 plan year, where it's estimated that the data will be a little better, but I think when it comes to the provider directories, my instinct is

488

01:26:00.340 --> 01:26:10.629

David Lipschutz: check directly with the providers. Check with the offices of the providers to see what plans they contract with and what plans they will contract with, and even that's not a guarantee that you're going to end up

489

01:26:10.720 --> 01:26:20.589

David Lipschutz: You know, in a most satisfactory situation, but that's... that's the best thing to do. I would not rely solely on the information on Plan Finder.

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01:26:21.700 --> 01:26:23.649

Matt Shepard (CMA): Thanks, David.

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01:26:23.980 --> 01:26:41.689

Matt Shepard (CMA): Before I move on to the next question, a lot of people have been asking about the links in the slides. Some of our, more esoteric browsers, like DuckDuckGo and Safari, you may actually have to copy the link out, because of security settings. So, just be aware of that.

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01:26:41.730 --> 01:26:44.140

Matt Shepard (CMA): And thanks for raising it, those of you who have.

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01:26:44.310 --> 01:26:56.370

Matt Shepard (CMA): Kata, we have some confusion about MA, Medigap, and Medicare, and the relations thereof, and when you can have what. Yes, thank you, Matt.

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01:26:56.370 --> 01:27:14.889

Kata Kertesz: So yeah, I saw a few questions in the chat about whether you need a Medigap policy with Medicare Advantage. No, you do not. Medigap is just, to cover the out-of-pocket cost in traditional Medicare. You cannot have both Medigap and Medicare Advantage, so if you have a Medicare Advantage plan, you should not enroll in a Medigap plan as well.

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01:27:14.890 --> 01:27:21.380

Kata Kertesz: I also saw a couple questions about expansions in specific states, like the birthday rule.

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01:27:21.490 --> 01:27:36.009

Kata Kertesz: and others, and it's my understanding that those are just, they're wonderful consumer protections, and they're helpful, but they're just for those who already are in a Medigap plan. Those wouldn't help those folks that we were kind of focusing on in our presentation today, who are past their 12-month

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01:27:36.010 --> 01:27:56.860

Kata Kertesz: trial period in Medicare Advantage, discover that they have a health condition, or providers that they want to see, and... or Medicare Advantage is just not meeting their needs, and they want to switch to traditional Medicare. Outside of the four states, and with Maine, it's even more limited. Outside of those states, it's really not possible for those folks to get

498

01:27:56.860 --> 01:28:01.510

Kata Kertesz: pick up, a Medigap plan without underwriting.

499

01:28:01.600 --> 01:28:16.190

Kata Kertesz: even with the states that have some of these other expansions, like the birthday rule. If someone knows of an additional state and an additional new protections, please let me know, but that's... that's my current understanding of the way... way things work, that those birthday rules are really helpful for those who

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01:28:16.190 --> 01:28:21.810

Kata Kertesz: have a Medigap plan already, but not those who are in MA past the 12-month waiting period.

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01:28:22.570 --> 01:28:27.800

Matt Shepard (CMA): I hope that's helpful. I know it's a really good feedback. I think that was... I think that clarified some things.

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01:28:29.690 --> 01:28:41.969

Matt Shepard (CMA): If, I know we have about a minute left here, but if folks want to stay on, we have about 1,200 people still on for this webinar, which is pretty amazing. Thank you, folks, for the attention here.

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01:28:42.300 --> 01:29:00.269

Matt Shepard (CMA): David, we had some folks in the chat, sort of asking, you know, if you had a wish list, what could you do to simplify Medicare and coordinating coverage, or improve Medicare versus MA?

504

01:29:00.270 --> 01:29:04.159

Matt Shepard (CMA): Like, what... what... what's your wish list for Medicare?

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01:29:04.330 --> 01:29:05.480

David Lipschutz: How much time do we have?

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01:29:07.990 --> 01:29:16.349

David Lipschutz: I think one of the... most important dynamics in the Medicare program right now is the unequal

507  
01:29:16.480 --> 01:29:19.740  
David Lipschutz: playing field between Medicare Advantage and traditional Medicare.

508  
01:29:19.860 --> 01:29:25.030  
David Lipschutz: Medicare's becoming more privatized as more people enroll in Medicare Advantage.

509  
01:29:25.240 --> 01:29:43.290  
David Lipschutz: I think we need to strengthen and shore up traditional Medicare. We need to add an out-of-pocket cap, we need to add dental, vision, and hearing services, we need to add some of the same things that are available in Medicare Advantage, which aren't available in traditional Medicare now, and we can pay for that if we actually use

510  
01:29:43.290 --> 01:29:47.600  
David Lipschutz: the significant overpayments that go to Medicare Advantage plans now

511  
01:29:47.600 --> 01:29:55.990  
David Lipschutz: Due to manipulation of the risk-adjusted payment system and a quality bonus payment system that doesn't really reward quality. So that... that's where I would...

512  
01:29:56.100 --> 01:30:06.459  
David Lipschutz: start in trying to strengthen the Medicare program and make things more equal. There's a lot to be done in the Medicare marketplace and the sale of these plans.

513  
01:30:06.700 --> 01:30:23.460  
David Lipschutz: There were some consumer protections that CMS rolled out a couple years ago that were meant to address some of the incentives for agents and brokers to steer people towards certain Medicare Advantage plans, but a Texas court put that on hold and got,

514  
01:30:23.660 --> 01:30:26.840  
David Lipschutz: pretty much vacated those rules. I would...

515  
01:30:27.050 --> 01:30:41.979  
David Lipschutz: significantly strengthen and fund, to a greater degree, the SHIP program, the nationwide SHIP program. We... Medicare beneficiaries clearly need a lot of help. And we mention the SHIPS a lot, and we talk about

516  
01:30:42.080 --> 01:30:57.269

David Lipschutz: you know, problems with agents and brokers, I don't want to paint all agents and brokers with the same brushstroke. There are good, honest brokers out there who do the best things for their clients, but we're in an environment where there are a lot of incentives

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01:30:57.450 --> 01:31:04.979

David Lipschutz: for people willing to follow them to push people towards certain products and away from others. Not all of them do that. I don't want to suggest that that is the case.

518

01:31:05.050 --> 01:31:18.300

David Lipschutz: But the reason that we refer people to SHIP so often is because that is really the only source of unbiased, neutral information where there is not a pecuniary interest in the outcome of your decision.

519

01:31:18.780 --> 01:31:23.840

David Lipschutz: There's a couple things I would start with. There's more, but I can save that for another time.

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01:31:24.140 --> 01:31:36.420

Matt Shepard (CMA): Thanks, David. We had, several questions in the chat, about, a plan being eliminated. Say a plan's eliminated, and the person does not select

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01:31:36.730 --> 01:31:39.370

Matt Shepard (CMA): Something new. What happens to them?

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01:31:40.830 --> 01:31:49.309

David Lipschutz: They will... I'm assuming it's a Medicare Advantage plan? Yes, sorry, yeah. They will... revert to traditional Medicare, and...

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01:31:49.640 --> 01:32:07.969

David Lipschutz: You know, they could be eligible... they won't automatically get, say, a standalone Part D plan, they'll want to enroll in one, and they... if their plan went away, they should have a special enrollment opportunity to pick one up, but it requires some type of affirmative action on the part of an individual. They have to act to do something

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01:32:08.020 --> 01:32:19.020

David Lipschutz: In order to get, you know, Part D coverage. If their plan goes away, it also very likely triggers a Medigap guarantee issue, right? If they can afford a plan, and if they want to stay in traditional Medicare.

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01:32:19.310 --> 01:32:26.670

David Lipschutz: they might be able to pick up a Medigap plan at that point, and a standalone Part D plan. If they want to enroll in another Medicare Advantage plan.

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01:32:26.810 --> 01:32:29.700

David Lipschutz: Then they'll have to pick one. They'll have to choose one.

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01:32:30.910 --> 01:32:33.350

David Lipschutz: I don't know if Kata, Eric, anything you wanted to add to that?

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01:32:33.840 --> 01:32:46.129

Eric Krupa: Yeah, you should be receiving a notice. You shouldn't be guessing what's gonna happen. The notice should tell you exactly what will happen, and if you don't get that for any reason, make a call to your plan, make a call to a ship and ask the question.

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01:32:47.680 --> 01:32:50.659

Matt Shepard (CMA): Thank you very much, both of you.

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01:32:51.430 --> 01:33:06.410

Matt Shepard (CMA): We have a question sort of specific to the bulk of our audience here. I'm not sure how detailed we can get on it right now, but someone said, my understanding is the majority of the attendees here today are through orgs supporting neurodegenerative diseases.

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01:33:06.410 --> 01:33:18.129

Matt Shepard (CMA): Can anyone speak to, what benefits a newly diagnosed patient under 65, new to Medicare, might expect to get? Someone with ALS, or MSA, or so on?

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01:33:21.570 --> 01:33:26.270

David Lipschutz: Well, you know, there's... there's a universe of services that Medicare

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01:33:26.570 --> 01:33:37.439

David Lipschutz: covers under Parts A and B, and then separately under Part D. And the general test is, whether or not something is medically reasonable and necessary.

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01:33:37.790 --> 01:33:42.940

David Lipschutz: If there are particular services that you're, you know, inquiring about or wondering about.

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01:33:43.120 --> 01:33:56.879

David Lipschutz: I suggest you go to the CMS.gov website, and there is a tool that allows you to search by particular service, whether or not something is covered, and it pulls up, if you type in a particular type of procedure, service, equipment, etc.

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01:33:56.990 --> 01:34:03.579

David Lipschutz: It'll pull up the rules that are applicable to that, whether or not there's a national coverage determination, local coverage determination.

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01:34:03.750 --> 01:34:11.739

David Lipschutz: or, you know, provision of Medicare, manuals that will outline whether or not something is covered. If you're...

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01:34:12.200 --> 01:34:29.280

David Lipschutz: you know, wondering about, in general, what services might be available to me. I think a lot of organizations that focus on particular diseases or conditions tend to provide a lot of public-facing information about what to expect. You know, not only, like, I'm newly diagnosed with something, what

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01:34:29.510 --> 01:34:34.030

David Lipschutz: what does this mean for me? But also, a lot of helpful information about

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01:34:34.180 --> 01:34:47.590

David Lipschutz: what might be available through different types of insurance products, including Medicare, or Medicaid, or what to expect if you enroll in a Medicare Advantage plan. I know that's not a... that's not a complete answer, or maybe a satisfactory answer, but...

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01:34:48.050 --> 01:34:54.600

David Lipschutz: That's what I'm able to give now. I don't know, Eric, Kata, Julie, Aditi, if you have anything else to add.

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01:34:57.560 --> 01:34:58.679

Matt Shepard (CMA): Not right here.

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01:34:58.680 --> 01:34:59.850

Kata Kertesz: You covered it, David, yeah.

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01:35:01.220 --> 01:35:09.910

Matt Shepard (CMA): Thank you for that. Oh, we probably should mention that 24-month waiting period for folks, just so that they would be aware.

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01:35:10.930 --> 01:35:25.929

Kata Kertesz: Yes, I saw that too, that some were asking about when you have a permanent disability, how long you have to wait to enroll in Medicare, and there is a 24-month waiting period, and I believe that is just a cost-saving measure. There's no

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01:35:26.230 --> 01:35:42.660

Kata Kertesz: health policy reason for that. That's something that we have advocated for eliminating, but in this current climate, don't expect that to happen anytime soon. But yeah, it's really unfortunate that people have to wait that long to get their Medicare coverage to kick in.

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01:35:43.580 --> 01:35:51.170

David Lipschutz: And just note, people with ALS specifically, can waive... have that waiting period waived. They can get Medicare

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01:35:51.310 --> 01:35:52.400

David Lipschutz: right away.

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01:35:52.520 --> 01:36:00.550

David Lipschutz: That's... that was a special carve-out that was achieved through advocates on behalf of individuals with ALS, which is great.

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01:36:01.560 --> 01:36:16.349

David Lipschutz: now we should work on the rest of everyone else eligible for Medicare based upon disability and get rid of that 24-month waiting period. As Kata said, there's no policy justification other than saving the federal government money, while people... many people go without insurance.

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01:36:16.520 --> 01:36:19.009

Kata Kertesz: Yes, and thank you for adding the ALS, of course.

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01:36:19.010 --> 01:36:23.369

Matt Shepard (CMA): And Ann mentioned ESRD as well. ESRD as well, thank you.

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01:36:24.070 --> 01:36:37.549

Matt Shepard (CMA): Thank you all for that. I'm gonna go big picture for our last one, and sorry to Kata and Eric, it's probably gonna be David again. We had several people after your wonderful list ask.

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01:36:37.850 --> 01:36:54.110

Matt Shepard (CMA): what can people do to advocate for these changes? What's the best way to actually try to make something happen? And again, we know right now, in this particular climate, that's going to be an uphill climb, to say the least, but in general, what can people do to try to make this system better?

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01:36:54.800 --> 01:36:57.970

David Lipschutz: Well, I think there are lots of ways to do that.

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01:36:58.350 --> 01:37:07.770

David Lipschutz: You, like Julie, you can tell your story. You can share your story with others, and shared experience can go a long way towards,

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01:37:07.880 --> 01:37:09.600

David Lipschutz: Changing things. I mean...

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01:37:10.250 --> 01:37:19.819

David Lipschutz: Medicare's mostly a federal program, but at the state level, as Kata mentioned, states have the authority to expand Medigap rights, work with your states to

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01:37:19.970 --> 01:37:35.079

David Lipschutz: expand the Medigap rights and add to the floor of the federal Medigap rights. Most importantly, your federal elected representatives. The members of the U.S. House, the members of the Senate.

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01:37:35.190 --> 01:37:37.620

David Lipschutz: Let them know.

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01:37:37.760 --> 01:37:45.010

David Lipschutz: What your experiences are, and how you think things should change. It's... it's...

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01:37:45.500 --> 01:37:54.150

David Lipschutz: if our elected officials don't hear from us, they don't, you know, then the void will be filled by those who have more direct access to them. So...

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01:37:54.420 --> 01:38:13.169

David Lipschutz: Make your views known, whatever they are, share them with your federal elected officials, but there's lots more you can do. And I was struck how Julie was really talking about the community that you can build by working with others and collaborating with others, so there are multiple pathways to try to change things.

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01:38:13.320 --> 01:38:17.980

David Lipschutz: And I suggest choosing whatever path makes the most sense for you.

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01:38:21.950 --> 01:38:24.410

Matt Shepard (CMA): Julie, did you have anything you wanted to add to that?

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01:38:24.410 --> 01:38:25.759

Julie Balasalle: I just wanted to...

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01:38:25.890 --> 01:38:36.610

Julie Balasalle: you know, like I said, I kind of got outspoken. I'm not usually an outspoken person, but I made a lot of phone calls, and I think, everything that David said is,

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01:38:36.610 --> 01:39:00.860

Julie Balasalle: is exactly right. There's a lot of organizations that work on lots of different kinds of healthcare access, whether it's Medicare or, you know, some other state-based programs. I know in Massachusetts there's an organization called Healthcare for All, that works on a variety of different access issues, specific to Massachusetts, and I know there's national programs that do that as well.

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01:39:00.860 --> 01:39:19.679

Julie Balasalle: I know everyone gets a lot of newsletters, but I feel like that's actually a really good way to sort of stay involved and see what actions the organizations are taking and how you can help. A lot of them will have action alerts that you can send to your federal representatives, or, you know, Hill Days, or State Hill Days.

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01:39:19.850 --> 01:39:36.560

Julie Balasalle: where you can go, and I really recommend sharing your story. That, more than anything else, is when they see the actual impact of these decisions on their constituents, is one of the best tools. It's not the only tool, but it's one of the best tools we have.

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01:39:36.560 --> 01:39:47.309

Julie Balasalle: To raising awareness about this and really talking about ways that we could make better policy, that helps people. So that would be my, that would be my...

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01:39:48.250 --> 01:39:49.150

Julie Balasalle: 2 cents.

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01:39:49.350 --> 01:40:00.710

Matt Shepard (CMA): Thank you very much. Thank you all, in fact. And thanks to the almost 900 folks who stayed on for these extra few minutes here at the end.

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01:40:01.500 --> 01:40:03.279

Matt Shepard (CMA): I want to,

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01:40:03.410 --> 01:40:18.369

Matt Shepard (CMA): very much offer my thanks to Adity and Julie from the Cures Collective, and I'm sorry that we didn't get our third panelist. I know she would have been awesome, but thank you guys for your partnership on this, and for your insight. It was...

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01:40:18.540 --> 01:40:21.499

Matt Shepard (CMA): Just amazing. Fantastic storytelling.

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01:40:21.650 --> 01:40:30.780

Matt Shepard (CMA): Thank you all for attending today. Thank you to the CMA panelists. Stay tuned to our website for information on upcoming presentations.

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01:40:30.780 --> 01:40:47.550

Matt Shepard (CMA): And everyone will receive a recording link once that recording is processed. I'll see about getting a transcript out, because I know some of the folks who use the AI recordings were trying to share, but it's a one-person situation. So, I'll see what I can do about that as well.

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01:40:48.020 --> 01:40:53.999

Matt Shepard (CMA): Thank you all. If there are no final words from anybody, I will end today's presentation.

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01:40:57.170 --> 01:40:58.250

Matt Shepard (CMA): Bye-bye.