

WELCOME!

October 30, 2023



Open Enrollment and Insurance Options for People Living With ALS

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OPEN ENROLLMENT AND INSURANCE OPTIONS FOR PEOPLE DIAGNOSED WITH ALS



Emily Brown, BSW
Patient Education Content &
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OUR MISSION

Patient Advocate Foundation (PAF) is a national 501(c)3 non-profit organization which provides case management services and financial aid to Americans with chronic, life-threatening and debilitating illnesses.

OUR HISTORY

PAF was founded in 1996 by Nancy Davenport-Ennis and co-founded by John H. (Jack) Ennis to help address the issues faced by patients like their friend Cheryl Grimmel, who had to battle not only her breast cancer but for access to affordable treatments. In PAF's first year, Nancy and a part-time volunteer staff of 2 provided case management assistance to 157 patients who faced barriers to prescribed care. Fast forward to 2021, and we've helped a cumulative total of more than 1.8 million patients nationwide with support provided by more than 200 staff.

Patient Advocate Foundation Engagement Areas



Case Management



Co-Pay Relief Program



Financial Assistance
Funds



Patient Education
& Communications



Health Equity &
Community Engagement



Patient Impact



Special Events



Health Services,
Research, Patient
Experience & Evaluation

AGENDA

- What is open enrollment?
- Marketplace basics and Important Dates to Know
- Medicare Basics
 - Original Medicare
 - Medicare Supplement
 - Medicare Advantage
- Medicaid Basics
- How to Choose a Plan
- Tips and Special Considerations for ALS Patients



HEALTH INSURANCE BASICS

- Covers medical expenses for illnesses, injuries, and health conditions
 - Most plans cover part or all of charges
- A way of paying for medical bills and health care costs
- Think of it like a contract
- Unlike other types of insurance, your policy won't be terminated based on the number of claims you file or how frequently you use your insurance
- Public vs. private plans

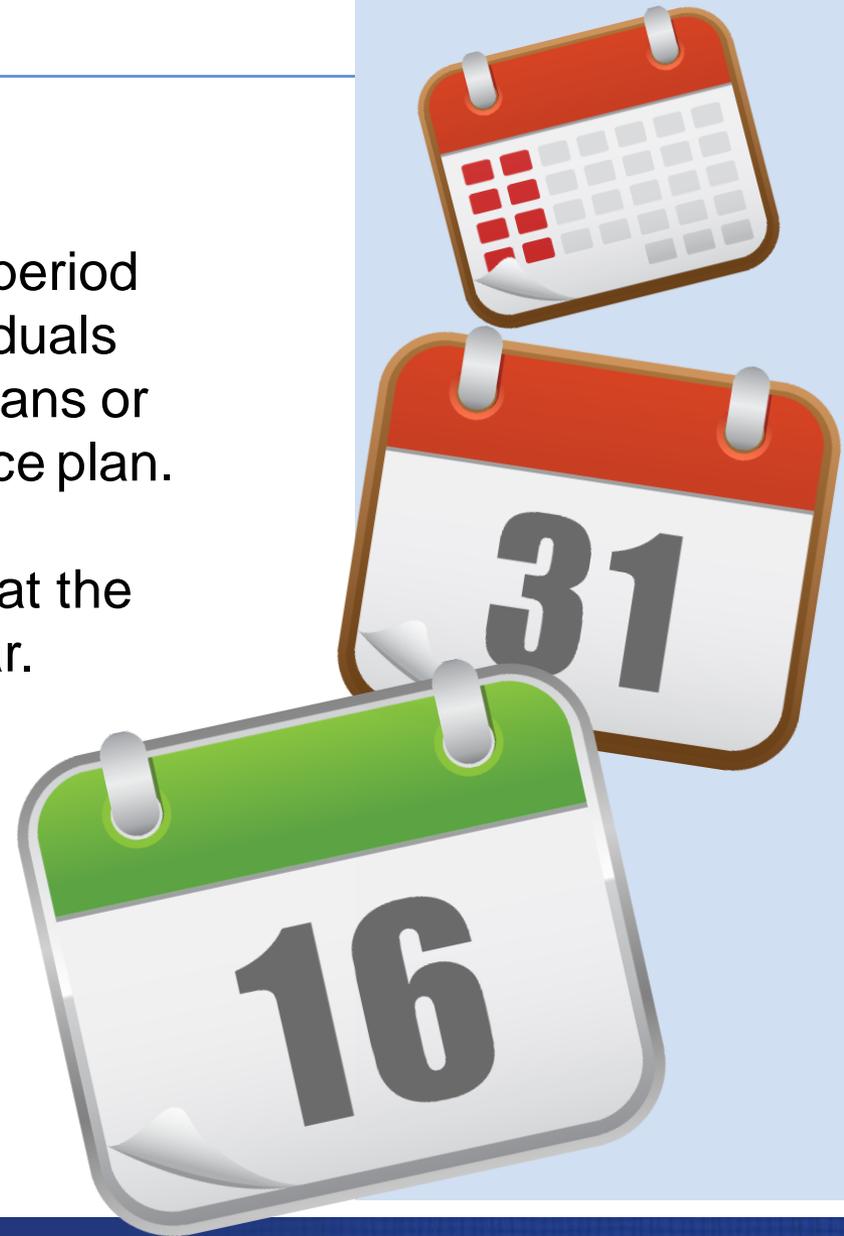


patientadvocate.org

WHAT IS OPEN ENROLLMENT?

Open enrollment is a defined period each year, during which individuals and employees can change plans or enroll in a new health insurance plan.

Any change will go into effect at the beginning of the next plan year.



WHY IS IT IMPORTANT?



- Decisions made during open enrollment impact the next 12 months of coverage
- Choices made during this time directly impact the cost of your healthcare
- Be *thoughtful* and *intentional* in decisions made during open enrollment

OPTIONS FOR GETTING HEALTH CARE COVERAGE

There are different options for obtaining insurance including:

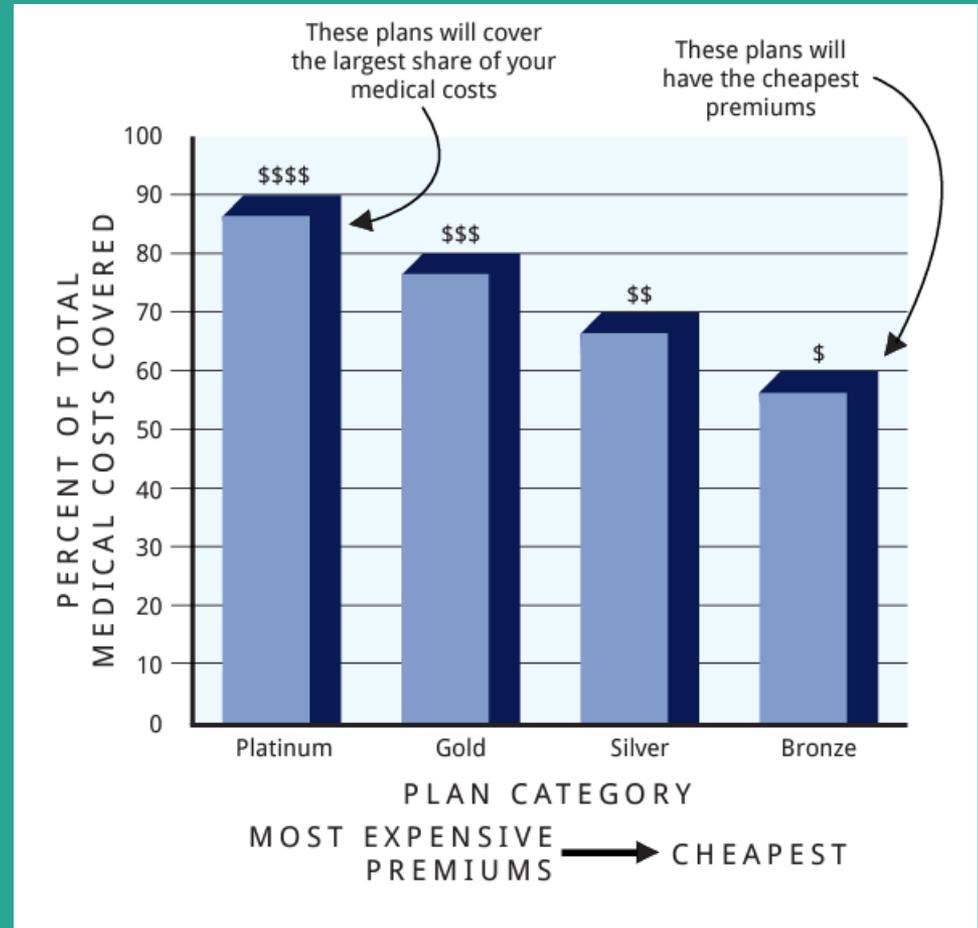
- Health Insurance Marketplace
- Your employer
- Through a spouse or domestic partner's plan
- Connected to parent's plan if under age 26
- Government-sponsored plan - Medicare or Medicaid
- Military (TRICARE) or Veteran's Administration (VA) Benefits
- Purchasing through an individual health insurance broker



Health Insurance Marketplaces

THE HEALTH INSURANCE MARKETPLACE

- Online hub available in every state that allows only “Qualified” health plans
- Allows consumers to research and compare plans directly
- One-stop shopping for those looking to enroll in plans or those that may be eligible for Medicaid or CHIP
- Plans are grouped by category to help sort options
 - Platinum, Silver, Gold, Bronze, Catastrophic



MARKETPLACE PLAN ELIGIBILITY

Enrollment Requirements:

- Must live in the United States
- Must be a U.S. citizen or be lawfully present
- You are **NOT** eligible to enroll if you have coverage through:
 - Medicare
 - TRICARE



MARKETPLACE OPEN ENROLLMENT FOR 2024 PLAN YEAR

NOVEMBER 2023

SUN	MON	TUE	WED	THU	FRI	SAT
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

DECEMBER 2023

SUN	MON	TUE	WED	THU	FRI	SAT
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

JANUARY 2024

SUN	MON	TUE	WED	THU	FRI	SAT
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Key Dates

November 1, 2023: Open Enrollment starts for 2024

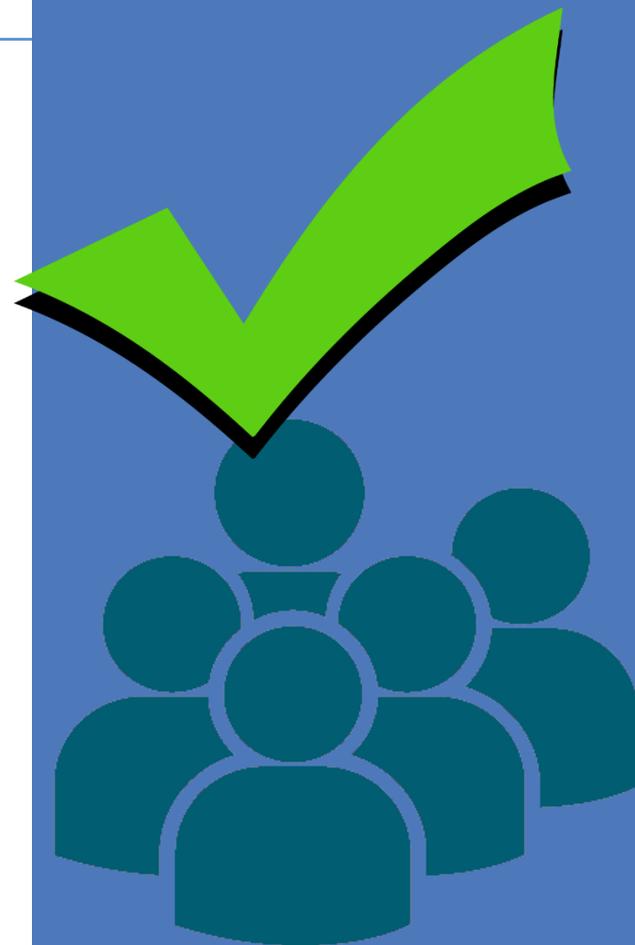
January 15, 2024: Open Enrollment ends

December 31, 2023: Coverage ends for **2023** Marketplace plans

January 1, 2024: New coverage begins

ENROLLING IN A PLAN

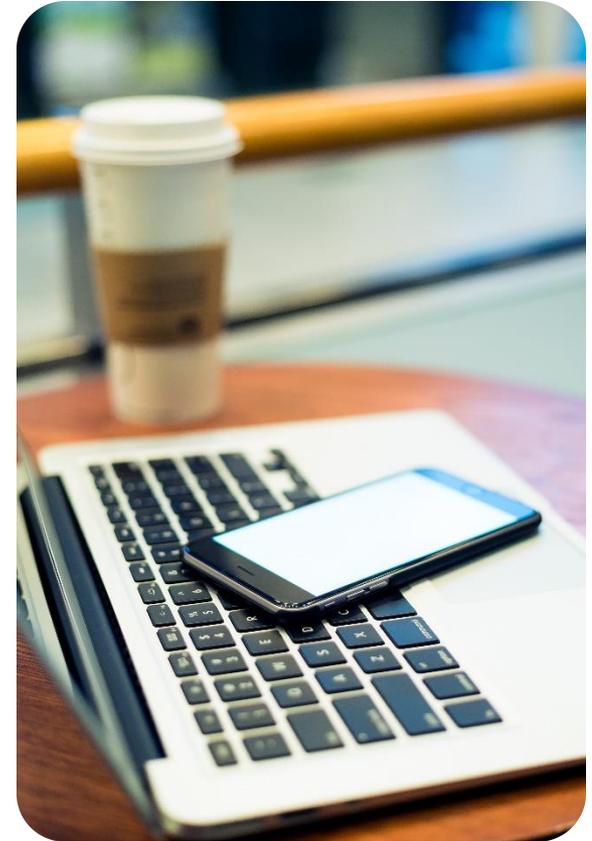
- Names of household members, both those who will be and those who will not be applying for coverage
- Age, date of birth, and a mailing address for each person
- Social security numbers for each person (even if not applying for coverage)
- Household income (when enrolling a child parent's income is required)
- List of current treatments and medications for each person enrolling
- Provider, facility, or pharmacy preferences



WAYS TO ENROLL IN A MARKETPLACE PLAN

You can apply in **5** different ways:

- **Online** – Visit www.healthcare.gov to apply and enroll
- **Over the phone:** Marketplace Call Center – 1-800-318-2596
- **In-person help:** Visit LocalHelp.HealthCare.gov
- Through an individual insurance **agent or broker**
- With a **paper application** available on www.healthcare.gov/apply-and-enroll/



COST-SAVING OPPORTUNITIES

- Only place for financial assistance to help pay for insurance
 - Premium subsidies (Tax credits) for 100%-400% FPL
 - Cost-Sharing Assistance for 100%-250% FPL
 - Must be enrolled in Silver or higher-level plan
 - May have to repay if the financial situation improves without adjustment to the credit amount
- If your family is enrolling in a marketplace plan- everyone does not have to enroll in the same plan. Can be individually based



Medicare



WHAT IS MEDICARE?

Medicare is a federal health insurance program that began in 1965 and is overseen by CMS, Centers for Medicare and Medicaid Services, a department of Health and Human Services (HHS).

Medicare insures:

- people aged 65 or older,
 - people younger than 65 that have been deemed disabled,
 - people with End-Stage-Renal Disease that require dialysis or transplant
 - people with ALS that have been deemed disabled
- Medicare is broken into different areas of coverage called **parts**



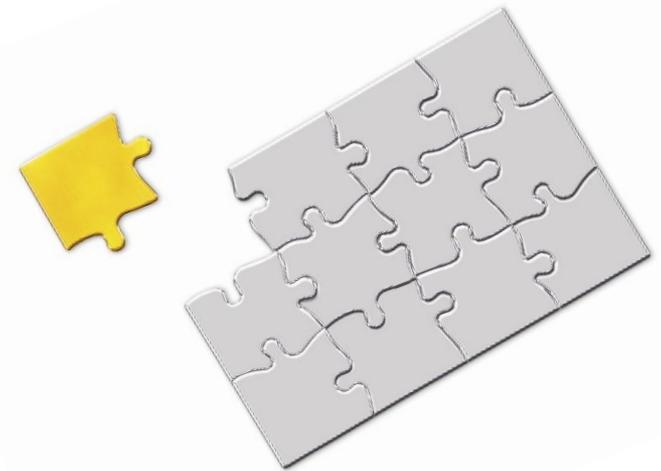
ORIGINAL MEDICARE & MEDICARE ADVANTAGE PLANS

- **Original Medicare** – benefits directly from the federal government
 - **Part A** – covers inpatient hospital or skilled nursing home care
 - **Part B** – covers outpatient expenses e.g. doctor visits, lab tests
 - No networks, you can go to any healthcare provider who accepts Medicare
- **Part D drug plan** – benefits offered by private insurance companies must provide minimum benefits required by Medicare
- **Medicare Advantage Plans (Medicare Part C)** – benefits through private insurance companies
 - Government sets the rules and guidelines, but private insurance companies sell and administer the plans
 - To be eligible to enroll in Medicare Advantage Plan you:
 - Must be enrolled in Medicare Part A and B
 - Must live in the plan's service area



MEDIGAP PLANS

- Medicare supplemental insurance “fills the gaps,” also known as Medigap plans
- Not the same as a Medicare Advantage plan
- Helps cover remaining health care costs after Original Medicare such as co-payments, co-insurance, and deductibles
- You must have Medicare Part A and B to enroll in a Medigap plan
- Premiums vary by plan
- Some Medigap policies also cover services that Original Medicare doesn't cover
- May not be eligible to purchase a plan



INITIAL ENROLLMENT

- 7-month Initial Enrollment Period to sign up for Part A and/or Part B
 - Begins 3 months before you turn 65 and ends 3 months after you turn 65
 - You have the option to enroll in Original Medicare with or without Part D or a Medicare Advantage plan
- If you are under the age of 65 and newly eligible for Medicare because you have a disability, you have a 7-month Initial Enrollment Period when you can choose your Medicare coverage
- Begins 3 months before the 25th month of receiving Social Security benefits and ends 3 months after your 25th month of receiving benefits
 - With ALS- you're eligible for Medicare as soon as your SSDI benefits begin (and there's no longer a waiting period for SSDI as of 2021).



MEDICARE OPEN ENROLLMENT

Medicare's yearly Open Enrollment period runs from October 15th to December 7th

This enrollment period allows you to make changes to your existing Medicare Coverage. Any changes you make to your Medicare coverage during this enrollment period will take effect on January 1st of the following year.

During this enrollment period, you can:

- Change from Original Medicare to an Advantage Plan
- Change back to Original Medicare from an Advantage Plan
- Change your Medicare Advantage Plan to a different Advantage Plan
- Join or change a Medicare Drug Plan (Part D)
- Drop your Medicare drug coverage



Key Dates

October 15, 2023: Open Enrollment starts for 2024

December 7, 2023: Open Enrollment ends

December 31, 2023: Coverage ends for **2023** plans

January 1, 2024: New coverage begins

MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD

Between January 1 and March 31 each year you can:

- Leave Medicare Advantage Plan and return to Original Medicare and enroll in a Part D Prescription Drug Plan
- Switch to a different Medicare Advantage Plan with or without drug coverage
- If you signed up for Medicare Advantage during open enrollment but decide you don't like the plan can make a switch during this time

NOTE: Only one plan switch is allowed during this time frame

Key Dates

January 1, 2024: Open Enrollment starts for 2024

March 31, 2024: Open Enrollment ends

New coverage begins the first of the month following the month you submit an enrollment request to the new plan

JANUARY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

MARCH						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

GENERAL ENROLLMENT

- Medicare's yearly General Enrollment Period is January 1st to March 31st. If you did not enroll into a Medicare plan during your Initial Enrollment Period, you can choose to enroll in coverage during this time
- If you are currently enrolled into a Medicare Advantage Plan or in a Medicare Drug Plan you can also change your current plan
- Your new coverage will begin the month following the month of your enrollment



Key Dates –

January 1, 2024:
General Enrollment begins

March 31, 2024:
General Enrollment ends

The Month After you Enroll: New coverage begins

SPECIAL ENROLLMENT PERIOD



- There are special circumstances that will allow you to enroll under a Special Enrollment Period (SEP)
- To be granted a special enrollment period you must meet certain guidelines
 - If you did not join Medicare Part A and/or B during your initial enrollment due to having employer-based coverage through yourself or your spouse's employer, you will qualify for a SEP, when you decide to enroll in a Part A and/or Part B plan
 - You may be eligible for a SEP for other reasons, such as a recent move, and will be able to switch to a new Medicare Advantage Plan or Prescription Drug Plan

LATE PENALTIES

Part A

If you must buy Medicare Part A and did not do so during your Initial Enrollment Period, your monthly premium may go up 10% for double the number of years you didn't have Part A

Part B

If you did not enroll into Medicare Part B during your Initial Enrollment Period, your penalty will increase by 10% each full year you continue to go without Part B coverage. This penalty will last for as long as you have Medicare Part B

Part D

If there is a period of 63 days or more after your Initial Enrollment Period that you do not have Part D or creditable drug coverage you will be penalized for late enrollment. The cost of the Late Enrollment Penalty will depend on how long you go without coverage

SHOULD YOU ENROLL IN A MEDICARE ADVANTAGE PLAN?

Original Medicare	Medicare Advantage
No out-of-pocket Maximum	Out of Pocket Maximum protects your wallet
Must purchase a drug plan separately	Usually includes prescription coverage without a separate premium or deductible
Can go anywhere to get care as long as they accept Medicare	Could have a smaller network of providers which means you pay more if you go out of network
No coverage for hearing, dental, or vision services	May include hearing, dental and vision coverage
Consistent coverage for health services	Can change coverage from year to year

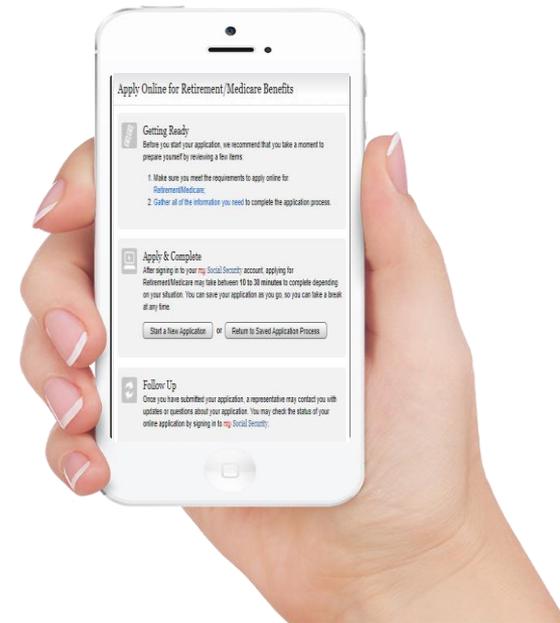
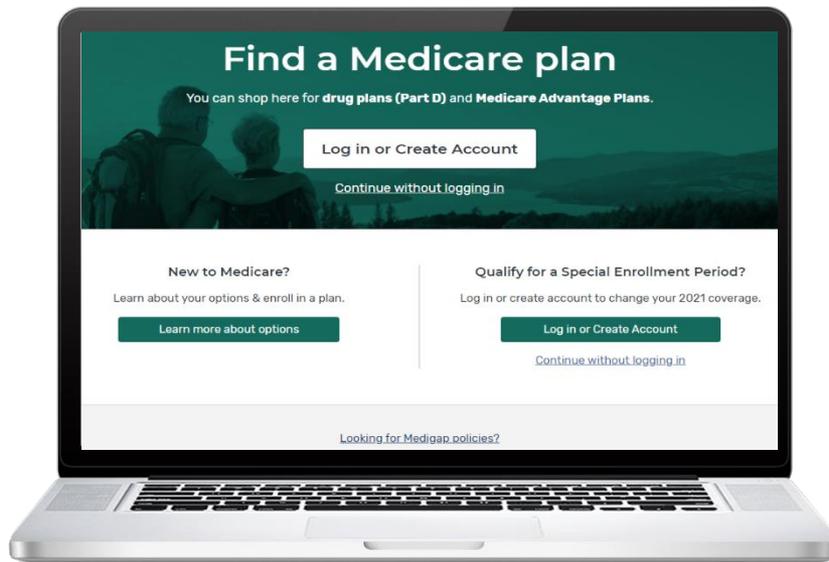
HELPFUL TIPS FOR OPEN ENROLLMENT

- List of current treatments and medications
- Provider, facility, or pharmacy preferences
- Utilize the Medicare website since it is the best source for Medicare plans
- Seek enrollment assistance if needed through local SHIP counselors
- If already enrolled in Medicare Advantage, review any information sent to you by your plan provider, this covers any possible changes. (Like increasing co-pays, changes to drug formularies or changes to treatment coverage)



How To Enroll

To apply for Medicare Part A and B you will enroll through the SSA.gov website. You will be enrolled in Medicare Part A and B unless you choose differently. You may choose to enroll in a Part D plan, Medigap policy or a Medicare Advantage Plan



Medicaid



MEDICAID BASICS



- Medicaid in the United States is a joint federal and state program that helps with medical costs for some people with limited income and resources
- Eligibility rules differ between states. It is a government insurance program for persons of all ages whose income and resources are insufficient to pay for health care
- Medicaid also offers benefits not normally covered by Medicare, including nursing home care and personal care services

MEDICAID

- In general, to qualify for Medicaid in a state, you must:
 - Reside in that state
 - Belong to an eligibility group specified in the federal Medicaid law or an optional group covered by that state
 - Meet certain financial and resource requirements



MEDICAID ENROLLMENT

- You can apply for Medicaid at any time:
At HealthCare.gov
- By phone, by mail, or in person at your local agency
- Date of Eligibility:
 - Date of application or at state option, the first day of that month
 - Retroactive eligibility up to 3 months prior if applicant met eligibility requirements and requests retro eligibility screening

Considerations for Choosing a Plan

LOOKING AT COSTS



Your annual total cost of care goes beyond
the monthly premium

COMPARING COSTS AND STEPS TO ENROLL

- Make a list of the recurring medical expenses
 - include medications, specialist visits, and other procedures that can be planned in advance
- Review your “Explanation of Benefits” statements and overall medical costs from your current plan and anticipate/estimate how that relates to potential costs for next year’s plan options
- Evaluate how these relate to your current insurance costs and how it will fit in your family’s budget
- Gather necessary paperwork
- Submit paperwork before the deadline



HELPFUL TIPS FOR ALS DIAGNOSED PERSONS

- Be sure to view your plan options side by side
- Decide which type of plan — HMO, PPO, EPO, or POS — is best for you and your family
- Don't just look at the premium – consider all out-of-pocket expenses involved – deductible, co-payments, and cost-shares
- Be aware of plans that exclude your preferred providers, facilities, or pharmacies from their network
- Make sure any plan you choose has coverage for your routine care, including prescriptions and/or specialists



HELPFUL TIPS FOR ALS DIAGNOSED PERSONS

- Flexibility of the plan- if you want to be free to go to any provider without having to get a referral, consider selecting a PPO vs HMO plan
- If eligible for Cost Sharing opportunities, be sure to update the marketplace with any change in your financial situation throughout the year
- Everyone in the family may enroll in different plans based on individual needs
- If circumstances change, consider all options for obtaining health insurance



MOVING FORWARD

- Your insurance will not go into effect until you have submitted both your application **and** first month's premium payment
- Once both of those occur, expect to receive your insurance card and other documentation related to your plan
- Once enrolled, it's very important that you pay each of the monthly premium payments **on time**, so you can maintain coverage





Solving insurance & healthcare access issues since 1996

Thank You!



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www.patientadvocate.org

ADDITIONAL RESOURCES

Accessible at www.patientadvocate.org/education

- Making the Most of Your Medicare Benefits: A Guide to Navigating Medicare with Confidence
- Medicare Eligibility and Enrollment Training Series
- A User's Guide to Health Insurance Marketplaces
- Finding and Selecting Insurance
- Finding a Health Plan with More Coverage
- How do I Get Insurance?
- Think Twice Before Buying a Short-Term Plan
- Step by Step Guide to Choosing a Health Plan