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SOCIAL SECURITY & MEDICARE

2013 Parts A & B Cost-sharing Amounts Released

Effective January 1, 2013, the Medicare Parts A & B cost-sharing amounts will change to the following:

Part A

Premiums	\$441/month (for fewer than 30 quarters) \$243/month (for 30-39 quarters)	
Deductible	\$1,184/benefit period	
Hospital Copay	\$296/day for days 61-90	
	\$592/day for days 91-150	
Skilled Nursing Facility Copay	\$148/day for days 21-100	

Part B

Premium	\$104.90/month (for those with incomes below \$85,000 if single, \$170,000 if married)	
Deductible	\$147/year	
Outpatient Mental Health	20% (initial visit/review medications)	
Services Coinsurance	35% (treatment)	

Medicare Supplement Rates for 2013

Many Medicare supplement carriers have announced their rates for 2013. Following a recent trend, several plans are including additional benefits with their policies—such as vision, dental, hearing, or fitness. For full details regarding these additional benefits, beneficiaries should refer to the plans' Outline of Coverage. However, the medical benefits still follow the standard design required by the Massachusetts Division of Insurance. The attached 2013 Medicare Supplement Chart provides updated details for supplement plans in Massachusetts.

Extra Help Resource Limits Increasing for 2013

Effective January 1, 2013, the resource (asset) limits for Extra Help will increase to the following:

	Individual	Couple
Full Extra Help	\$8,580	\$13,620
Partial Extra Help	\$13,300	\$26,580

Keep in mind that unlike many assistance programs, Social Security does not count any life insurance policies towards the resource limit. Applicants' primary residence and vehicles are also non-countable.

Medicare Part D Coverage for Benzodiazepines and Barbiturates in 2013

As a result of the Medicare Improvements for Patients and Providers Act (MIPPA), Medicare Part D plans will no longer exclude coverage for benzodiazepines and (under some conditions) barbiturates. Part D will only cover barbiturates for the FDA approved treatment of epilepsy, cancer, and chronic mental health conditions. Coverage among plans will vary, and plans may not cover all drugs within these classes. There may also be restrictions on coverage—such as prior authorizations, step therapy, and quantity limits.

Beginning in January 2013, if a PDP's formulary does not include a benzodiazepine or barbiturate that a beneficiary takes, the beneficiary will be able to utilize the Part D Transition Policy. Ordinarily, the transition policy only applies to new members of a plan. However, under these select circumstances, new members and existing members will fall under the Part D Transition policy if their benzodiazepine or barbiturate is not covered. This means that within the first 90 days of the plan year, the plan will provide

the member with a free 30-day supply of the medication, unless the prescription is written for fewer days. This applies to drugs that are not on the formulary and drugs that have restrictions (prior authorization, step therapy, quantity limits). This transitional supply gives the beneficiary time to discuss alternative medications with his/her prescriber or to request an exception, if necessary. If a beneficiary is denied a transitional supply at the point-of-sale, he/she should contact the plan for assistance. If the plan will not agree to a transitional supply, speak with your Regional Director, as CMS should be notified.

Enrollment Extension for those Affected by Hurricane Sandy

CMS encourages all Medicare beneficiaries to make enrollment changes prior to the end of Open Enrollment on December 7. However, if a beneficiary is unable to do so due to the effects of Hurricane Sandy, he/she may contact Medicare at 1-800-MEDICARE (1-800-633-4227) after December 7 and request to make an enrollment change. A memo from CMS regarding this is attached.

New Medicare Part D Appeals Website

MAXIMUS, the Part D Qualified Independent Contractor (QIC), has launched a new website at http://www.medicarepartdappeals.com. The website has many new features that will allow enrollees and enrollee representatives, plan sponsors, and physicians or other prescribers to obtain information regarding the Medicare Part D reconsideration process. For enrollees and enrollee representatives, MAXIMUS' new website provides:

- Information about the Medicare Part D appeal process.
- Answers to frequently asked questions.
- Information and forms for Part D enrollees and representatives to complete when filing an appeal with MAXIMUS.
- The ability to search for the status of their appeal by the Medicare appeal number that is provided in any correspondence mailed to the enrollee or representative.
- The process for requesting a case file.

Social Security Offices Reduce Hours

Effective November 19, 2012, all Social Security offices are open to the public Monday through Friday from 9:00 a.m. to 3:00 p.m. – a reduction of 30 minutes each weekday. In addition, beginning January 2, 2013, the offices will close to the public at noon every Wednesday.

MASSHEALTH

Department of Revenue Job Update Forms

MassHealth will be reinstituting the Department of Revenue (DOR) Job Update Forms. These forms help to ensure program integrity and are sent to MassHealth, Commonwealth Care, or Health Safety Net members when there is a discrepancy

between income amounts on file with DOR and MassHealth. If the DOR information is correct, the member does not need to do anything, and an automatic eligibility determination will be made given the new information obtained by the DOR match. If the information is incorrect, the member should complete the form and return in within the 30 day deadline. Members that have questions about these forms should contact MassHealth at 1-800-841-2900.

PRESCRIPTION ADVANTAGE

Final Deadline for Redetermination was November 25th

The final deadline for Prescription Advantage members to submit their redetermination forms passed on November 25. Members who were selected for redetermination and did not return their forms by that date will have their benefits terminated on November 30. Terminated members should contact Prescription Advantage in order to request reconsideration.

SHINE EVENTS

SHINE Regional Directors' Meeting

Friday, December 14, 11:30am

OUTSIDE EVENTS

U.S. Department of Health and Human Services Center for Faith-Based and Neighborhood Partnerships Webinars

The HHS Partnership Center hosts a series of webinars for faith and community leaders. All webinars are open to the public and include a question and answer session where you can ask HHS staff any questions you may have. We also encourage you to submit questions you would like to have answered on the webinars to ACA101@hhs.gov. The Health Care Law 101 (in Spanish)

November 27th at 2:00 p.m. ET

A presentation on the main provisions in the Affordable Care Act and how to access care in your community.

Introduction to the HHS Office for Civil Rights

November 28th at 11:00 a.m. ET

An introduction to the HHS Office of Civil Rights. The Office of Civil Rights will share information about what their office does, how they can help faith and community leaders and will answer questions.

Tour of www.HealthCare.gov

November 29th at 12:30 p.m. ET

A tour of the <u>www.HealthCare.gov</u> website, including how to access private and public insurance in your community; when parts of the law are going into effect; and how to access care if you don't have insurance.

ATTACHMENTS

- 2013 Medicare Supplement Chart
- Hurricane Sandy Enrollment Extension

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