

MICHIGAN DRUG ASSISTANCE PROGRAM AND PREMIUM ASSISTANCE PROGRAM

OPEN ENROLLMENT 2018

Shelli Doll, MA, CHES, MIDAP Coordinator

Tony Atangana, BS, Premium Assistance Representative

Tamiko Harrell-Sims, MA, Recertification Coordinator

Paul Pirrotta, BS, Eligibility Representative

Nick Schembri, BS, MIDAP Data Coordinator

Overview of Presentation

- Program Overview
- Open Enrollment 2018
- Understanding Medicare—Parts A, B, C & D
 - Extra Help/Low Income Subsidy
- Health Insurance Marketplace
- COBRA
- Q & A

	Michigan Drug Assistance Program (MIDAP)	Premium Assistance Program (PA)	Insurance Assistance Program (IAP)
HIV Status Eligibility Requirements	HIV Proof of Status is required one time at MIDAP initial enrollment	HIV Proof of Status is established during initial MIDAP enrollment	Applicant must be HIV positive and be currently too ill to work in their current job or too ill to work within the next 3 months as verified by applicant's physician or nurse practitioner.
Income Eligibility	Applicants' gross income must fall between 138%-500% of the Federal Poverty Level (FPL).	Applicants' gross income must fall between 138%-500% of the Federal Poverty Level (FPL).	Monthly gross income must be less than or equal to 200% of the Federal Poverty Level (FPL).
Cash Asset Limits	Does not apply	Does not apply	Cash asset limit is less than \$10,000 (Does not include home or car) Proof of assets is required
Medicaid	Applicant must not be eligible for Medicaid. (However, CAN be on spend-down or emergency services only-ESO) MIDAP is the Payer of Last Resort	Applicant must not be eligible for Medicaid. (However, CAN be on spend-down or emergency services only-ESO) MIDAP is the Payer of Last Resort	Applicants may be eligible or be receiving Medicaid <u>and/or</u> Medicare
Insurance Status	Clients on MIDAP can have VA, employer-sponsored insurance, private insurance and Medicare	Clients on PA are eligible for COBRA, Medicare Part D and ACA	Clients with Medicare Part D or a Medigap Policy may be eligible for IAP. You must not be eligible for any employer-sponsored insurance
Prescription Coverage	Clients on MIDAP can have full prescription coverage or copay assistance	Clients on Premium Assistance can have COBRA, ACA or Medicare Part-D. In order to have Premium Assistance, you must be active on MIDAP	Does not apply

Michigan Drug Assistance Program Overview

The Michigan Drug Assistance Program (MIDAP) is a federally funded program that provides HIV-related (and other related medications) to eligible applicants who have limited or no access to insurance coverage.

In order to be eligible for MIDAP, applicants must meet the following criteria:

- ▶ Provide proof of HIV Status
- ▶ Be a resident of the State of Michigan
- ▶ Have a gross income between 138%-500% of the Federal Poverty Level (FPL)
- ▶ Cannot be eligible for any other program. **MIDAP is the payer of last resort**

How do Members apply for MIDAP?

- ▶ There are two ways to apply for MIDAP
 1. MIDAP Online Application (Online is preferred- faster!)
 - For technical issues related to the online application contact Nick Schembri at (517) 335-5061
 - For MILogin assistance contact the client service center at 517-241-9700 or at 1-800-968-2644
 2. Paper Application
- ▶ **Reminder:** In order to apply for Premium Assistance, you must be active with MIDAP
- ▶ The Premium Assistance Application will be online in 2018

WHAT DOES MIDAP COVER?

INSURANCE	INCOME	WHAT MIDAP COVERS
DHS Pending	0-138%	Full cost of medications for 60 days while pending Medicaid
ACA Qualified Health Plans	139%-500% FPL	Premiums, <u>Medication-related</u> Deductibles, Co-insurances, Co-pays
Medicare Part C & D	139%-500%	Premiums, <u>Medication-related</u> Deductibles, Co-insurances, Co-pays
COBRA	<500% FPL	Premiums, <u>Medication-related</u> Deductibles, Co-insurances, Co-pays
Private Insurance-Individual	139%-500% FPL	Medication related co-pays
Private Insurance-Employer-Sponsored	139%-500% FPL	<u>Medication related</u> co-pays
Full Coverage	139%-500% FPL	<u>Full cost of</u> medications and Labs
Veteran's Benefits	139%-500% FPL	Full cost of medications
Medigap Plan	NA-MIDAP does not cover	MIDAP does not cover

Medicare Open Enrollment

Medicare Basics

Open Enrollment: Sunday, October 15, 2017 - Thursday, December 7, 2017

Plan Start Date: Monday, January 1, 2018

Eligibility Requirements

An individual is eligible for Medicare if:

- ▶ They or their spouse worked for at least 10 years in Medicare-covered employment
- ▶ Are 65 years or older
- ▶ Are a citizen or permanent resident of the United States

If an individual is not yet 65, they might also qualify for coverage if they have a disability or they have End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant)

Medicare Coverage Types

Medicare Part A (Hospital Insurance)

- Federally funded
- Covers inpatient care in hospitals
- Critical access hospitals
- Inpatient rehabilitation facilities
- Long-term care hospitals
- Inpatient care in a Religious Non-Medical Health Care Institution
- Hospice care services
- Home health care services

Medicare Part B (Medical Insurance)

- Federally funded
- Covers doctor visits and outpatient care
- Surgical services and supplies
- Durable medical equipment
- Outpatient medical services and supplies
- Outpatient mental health care
- Outpatient physical therapy
- Occupational therapy
- Speech-language therapy
- Home health services
- Some preventive services

Medicare Part C (Medicare Advantage Plans)

- Plans are offered through private health plans
- Includes Medicare Part A, B & D and usually additional services may be included depending on the plan that is chosen (vision, hearing, dental)
- Most plans also provide prescription drug coverage
- Coverage may be limited to a network of providers

Medicare Part D (Prescription Drug Coverage)

- Helps cover the cost of prescription drugs
- Each Medicare drug plan has its own list of covered drugs
- Many Medicare drug plans place drugs into different “tiers”
- Drugs in each tier have a different cost
 - Lower tier = Lower cost; Higher tier = Higher cost

What MIDAP Covers

Medicare Part C

(Medicare Advantage Plan)

- ▶ Helps cover the cost of medication related copays, deductibles, co-insurance and insurance premiums
- ▶ Plans are offered through private health plans
- ▶ Includes Medicare Part A, B & D and usually additional services may be included depending on the plan that is chosen (vision, hearing, dental)
- ▶ Most plans also provide prescription drug coverage
- ▶ Coverage may be limited to a network of providers

Medicare Part D

(Medicare Drug Coverage)

- ▶ Helps cover the cost of medication related copays, deductibles, co-insurance and insurance premiums
- ▶ Each Medicare drug plan has its own list of covered drugs
- ▶ Many Medicare drug plans place drugs into different “tiers”
- ▶ Drugs in each tier have a different cost
 - Lower tier = Lower cost; Higher tier = Higher cost

How to apply for Medicare

An individual can apply for Medicare in the following ways:

- ▶ Enroll on the Medicare Plan Finder or on the plan's website:
<https://www.medicare.gov/find-a-plan/questions/home.aspx>
- ▶ By phone (Call 1-800-MEDICARE or 1-800-633-4227)

You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

General Search

A general plan search only requires your zip code.

ZIP Code:

By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

Find Plans 


Personalized Search

A personalized plan search requires your zip code and complete Medicare information. This page is secured to protect your personal information. If you don't want to enter your Medicare information, you may use the general search option above.

ZIP Code:

Medicare Number:

Example: 123456789A

Where can I find my Medicare Number?


Last Name:

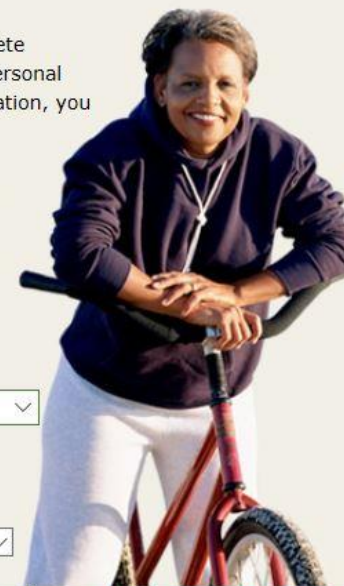
Effective Date for Part A: Month Year

Not Part A? Select here.

Date of Birth: Month Day Year

By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

Find Plans 



Low Income Subsidy (LIS)/Extra Help Program

Applicants are required to apply for the Low Income Subsidy (LIS)/Extra Help Program.

This program is available to assist eligible Medicare recipients with the out-of-pocket expenses associated with Medicare Part D Prescription Plan. Applicants can apply in any of the following ways:

- ▶ Online at: www.socialsecurity.gov/extrahelp
- ▶ Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or to request an application; or
- ▶ Apply at their local Social Security office

Applicants that have previously applied for the LIS/Extra Help program must reapply when they submit their Recertification Application to determine their ongoing eligibility for assistance with their out-of-pocket Medicare Part D expenses.

Low Income Subsidy (LIS)/Extra Help Program

Once the applicant receives notification whether they are approved (for either full, or partial subsidy) or denied for LIS/Extra Help, a copy of this letter must be sent to MIDAP. If the applicant is:

- ▶ Approved for full subsidy LIS/Extra Help: The applicant may have no costs for their out of pocket expenses such as reduced premiums, deductibles, and coinsurance. An applicant who receives a 100% premium subsidy is not necessarily “full subsidy eligible.” A person who fails to meet the lower resource standards may receive a 100% premium subsidy but may pay an annual deductible and higher copayments than a “full subsidy eligible” individual.
- ▶ Approved for partial subsidy LIS/Extra Help: The applicant will have reduced out-of-pocket expenses. MIDAP will assist with the remaining out-of-pocket expenses (reduced premiums, deductibles, and coinsurance could be up to 25%, 50% or 75%).
- ▶ Denied for LIS/Extra Help: The applicant will have no costs for their out of pocket expenses. MIDAP will be assisting with all remaining out-of-pocket expenses (reduced premiums, deductibles, and coinsurance).

Health Insurance Marketplace Open Enrollment

Health Insurance Marketplace Open Enrollment

- ▶ Open Enrollment 2018 is from **November 1, 2017 to December 15, 2017**. Coverage begin on **January 1, 2018**
- ▶ If your client has a 2017 Health Insurance Marketplace plan, they can renew, change or update their plan.
- ▶ What happens if my client does not renew, change or update their plan?
 - If the client chooses not to renew, update or enroll in a different plan by the deadline, the Marketplace may auto-enroll them in their same plan OR in a similar plan.
- ▶ Auto-enrollment may sound like a great idea, however it is highly recommended that your client update their marketplace application with their most recent 2017 income and household size in order to receive the best benefits and savings.
- ▶ Depending on the insurance company, this may or may not be the same plan your client was enrolled in during 2017.

Marketplace Enrollment continued

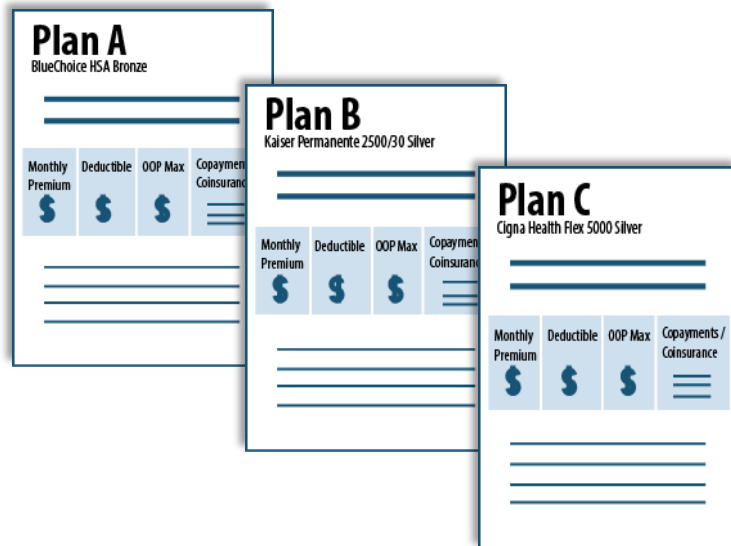
- ▶ Clients can change plans until January 31, 2018.
- ▶ After January 31, 2018, plans cannot be changed until the next Open Enrollment Period unless the client qualifies for a Special Enrollment Period
- ▶ What is the Special Enrollment Period (SEP)?
 - This is a time outside of the yearly Open Enrollment Period when an individual can sign up for health insurance if they've had certain life events, including:
 - losing health coverage
 - moving
 - getting married
 - having a baby or adopting a child

Marketplace Metal Levels Covered by Premium Assistance

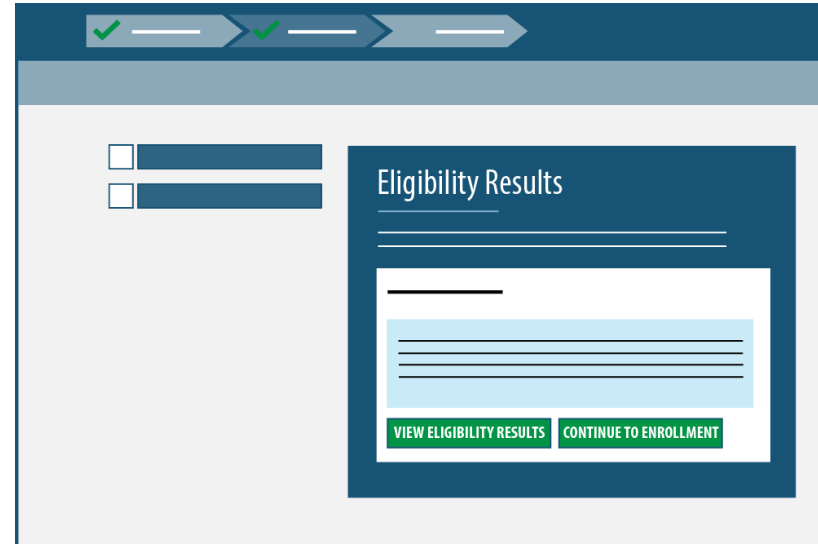
- ▶ MIDAP will continue to cover Silver and Gold Plans
- ▶ Application: Fill out all sections of the application completely and make sure it is signed and dated
- ▶ Marketplace Eligibility Determination Letter: The first two (2) pages of the letter from healthcare.gov is needed. An exception can be made for the initial payment if it is not available. A written statement on the client's behalf stating who is on the policy, the amount of the APTC he/she was eligible for and that 100% of the APTC was accepted and applied to the monthly insurance premium
- ▶ **Reminder**: If your client would like to change their health insurance plan, they must to submit a copy (front and back) of their new insurance card as soon as they receive it.
- ▶ In Summary, it is VERY IMPORTANT to review the plans and coverage details with your clients to ensure services are still covered and that they have not been reduced or eliminated

Two Reasons to Return to the Marketplace for 2018 Coverage

1. Review health plan options for 2018 and decide whether to stay in current plan or select a new plan.



2. Update information and renew eligibility for advance premium tax credits and cost-sharing reductions.



Maintaining Access to Health Insurance

- ▶ Marketplace plans must accept:
 - Paper check
 - Electronic funds transfer
 - Cashiers check
 - Money order
 - Pre-paid debit card
- ▶ Insurers set the deadline for payment of the first premium
- ▶ Health Insurance may be cancelled for failure to pay the first premium by the specified deadline set by the plan
- ▶ **NOTE:** The premium payment is due 30 days from the time of enrollment
- ▶ Plans renewals do NOT trigger the initial payment rule; premium payments should proceed as they normally do throughout the year

COBRA

COBRA

- ▶ Prior to electing COBRA coverage there are a few things to remember:
 - MIDAP is the “Payer of Last Resort”—This means that if a client is eligible for Medicaid (they have zero income), they need to apply for Medicaid.
 - If a client would like COBRA assistance, they cannot have zero income. If a client has zero income, MIDAP staff will instruct clients to apply for Medicaid.
 - Once the client elects COBRA coverage, please instruct the client to send MIDAP the first two payment invoices to ensure accuracy.

Tips for Success

- ▶ **IMPORTANT**: Clients applying for Premium Assistance must be active in MIDAP.
- ▶ MIDAP does not receive any bills from the insurance companies (COBRA, Medicare Part D or the Marketplace). MIDAP is a third party payer. To ensure accuracy, instruct client to open and read their mail.
- ▶ Please have the client follow-up with their insurer prior to contacting MIDAP. MIDAP cannot speak with the insurance company without the client on the phone.
- ▶ Number of calls/voicemails increase during open enrollment. Please allow 24-48 hours for return calls.
- ▶ Check CAREWare under Case Notes to verify receipt of fax, application status and any other notes from MIDAP staff.
- ▶ Complete applications are CRUCIAL for the payment to be submitted correctly and on time.
- ▶ Allow enough time for MIDAP to process the application, send payment and for the insurer to receive it.

Tips for success continued...

- ▶ Premium Assistance Application
 - ▶ Complete ALL sections in the application
 - ▶ Make sure the client signs and dates the application

- ▶ Payment Information: The payment invoice is needed.
- ▶ What if there is no invoice for the first payment? At minimum, the following will be accepted on the application until the invoice is received:
 - insurance carrier name,
 - phone number,
 - address (including PO box),
 - account number
 - premium amount with full Advance Premium Tax Credit (APTC) applied

- ▶ When the first invoice arrives, this must be submitted to MIDAP as staff will be monitoring this and following up with case managers

Premium Assistance Adjustment Form

When to send in a Premium Adjustment Form

- ▶ When there has been a premium increase or decrease
- ▶ If the account number has changed
- ▶ Remind the client to review the invoice monthly for any potential changes
- ▶ Fill out the PA Adjustment Form and fax or mail it to MIDAP

MDHHS-MIDAP
109 W. Michigan Ave. 9th Floor
Lansing, MI 48913
Fax: (517) 335-7723
www.Michigan.gov/dap

Pop Quiz

What is a copayment?

- A. The annual amount you pay for covered health services before your health insurance starts paying
- B. The percentage amount you pay for a health service or medication after you have paid for your deductible.
- C. The monthly amount you pay to keep your health insurance
- D. The fixed dollar amount you pay for a health service or medication after you have paid your deductible.

What is a copayment?

- D.** A copayment is the fixed dollar amount you pay for a health service or medication after you have paid your deductible.

What Three Programs are Eligible for Premium Assistance?

- A. Qualified Health Plans-Marketplace, Employer-Sponsored Insurance and COBRA
- B. COBRA, Qualified Health Plans-Marketplace and Medicare Parts C&D
- C. COBRA, Medigap Plans and Qualified Health Plans-Marketplace
- D. Qualified Health Plans-Marketplace, Medigap Plans and Medicaid

B. COBRA, Qualified Health Plans- Marketplace and Medicare Parts C&D

*as a reminder, the Premium Assistance Program does not cover any Medigap Plans

What is Co-insurance?

- A. The annual amount you pay for covered health services before your health insurance starts paying
- B. The percentage amount you pay for a health service or medication after you have paid for your deductible.
- C. The monthly amount you pay to keep your health insurance
- D. The fixed dollar amount you pay for a health service or medication after you have paid your deductible.

What is a Co-insurance?

- B.** Co-insurance is the percentage amount you pay for a health service or medication after you have paid for your deductible.

Can you have MIDAP and Premium Assistance at the same time?

YES!
**You have to be on MIDAP
to have Premium
Assistance 😊**

Contact Information

Vern Westendorf, GCDF
MIDAP Manager

Phone: (517) 335-2732

Email: WestendorfV@Michigan.gov

Shelli Doll, MA, CHES
MIDAP Coordinator

Phone: (517) 241-0966

Email: Dolls@Michigan.gov