AvMed Medicare Advantage

Welcome to this course brought to you by Talent Development!
Introduction

At AvMed, we take pride in the better Member Health Experience we deliver to each one of our 275,000 Members. Our Medicare Advantage plans are no exception, tailored specifically to the needs of the seniors we serve in the Miami-Dade and Broward Counties.

As a part of AvMed, it's imperative to be accurate and confident when speaking about our organization and plan offerings to a potential member. This course is designed to get you up-to-speed on the Plan-Year 2021 Medicare Advantage plans offered by AvMed, in

Miami-Dade County:
- AvMed Medicare Choice, Circle, and Access

Broward County:
- AvMed Medicare Choice, Circle, Access and Premium Saver
Module 2: Overview of Medicare
What is Medicare?

Medicare is the Federal health insurance program for qualified people ages 65 and over, people with certain disabilities, or people of any age with End-Stage Renal Disease. Medicare has two parts:

1. Medicare Part A (hospital coverage)
2. Medicare Part B (medical coverage)

Generally, there is no premium for Part A. There is a monthly premium for Part B.

Medicare Part A covers hospital insurance and Part B covers medical insurance such as doctors services and outpatient care. There are two main ways to get Medicare coverage: "Original Medicare" or a Medicare Advantage Plan.
What is "Original" Medicare?

Original Medicare is the traditional fee-for-service program offered directly through the federal government.

Under Original Medicare, the government pays directly for the health care services you receive. Original Medicare is sometimes called "traditional" Medicare.

Unless the Medicare beneficiary makes another choice, he or she will have Original Medicare.
Original Medicare Quick Facts

In Original Medicare:

- The Medicare beneficiary can go to any doctor or hospital that's enrolled in Medicare and is accepting new Medicare patients. They do not need to get an authorization first.
- The Medicare beneficiary will need to pay a co-insurance for each service received ("fee-for-service").
- There are limits on how much doctors and hospitals can charge a Medicare beneficiary.
- Original Medicare includes:
  - Part A (Inpatient coverage)
  - Part B (Outpatient coverage)
Medicare Part A

Medicare Part A is hospital insurance that helps pay for:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice

In 2020, the Part A Hospital deductible was $1,408.
Medicare Part B

- **Covered Services:** Part B helps cover services like doctors’ visits, outpatient care, home health services, and other medical services. Part B also covers some preventive services.
- **Costs:** In 2020, the standard Part B premium amount is $144.60.

Some beneficiaries will pay more based on the modified adjusted gross income reported on their IRS tax return from 2 years ago.
Medicare Part C: Medicare Advantage Plans

Medicare Advantage Plans, like HMOs and PPOs, are private insurance companies approved by and contracted with Medicare. They cover all the services covered by Original Medicare (Parts A and B) except hospice care, which Original Medicare continues to cover for the beneficiary.

In addition to emergency and urgent care coverage in the US, some of these plans also provide emergency coverage worldwide. Many of them also offer additional benefits, such as vision, hearing, dental, and health and wellness programs. Some also include Medicare prescription drug coverage.

When a beneficiary joins one of these plans, they are still in Medicare and must continue to pay their Part B premium.

But some of the plans, like AvMed, do not charge any additional premium, meaning the Members will pay a $0 monthly premium to those plans directly.

In many Medicare Advantage plans, Members must use plan doctors and hospitals.

Important Medicare Part C Facts!
Medicare Part D: Prescription Drug Plans

Medicare prescription drug coverage (Part D) is available to everyone with Medicare. To get Medicare drug coverage, the beneficiary must join a Medicare drug plan. Plans vary in cost and drugs covered.

Learn about the two types of plans that offer Medicare prescription drug coverage by reviewing the details to the right.

Medicare Prescription Drug Plans

These plans (sometimes called "PDPs") add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and Medicare Medical Savings Account (MSA) Plans.

Medicare Advantage Plans

Many Medicare Advantage Plans include prescription drug coverage.

The Medicare eligible individual will get all of their Part A and Part B coverage and prescription drug coverage (Part D) through these plans. Medicare Advantage Plans with prescription drug coverage are also called "MA-PDs."
Prescription Drug Coverage

AvMed uses a *formulary* for the drug benefit. A formulary is a list of covered drugs selected by AvMed in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

CMS must approve AvMed’s Medicare formulary each year.

Review the coverage highlights to discover more information on prescription drug coverage.

**Coverage Highlights**

- Nationwide pharmacy access, including both national chains and local pharmacies.
- Must use network pharmacies to access prescription drugs except under non-routine circumstances.
- Drugs can be covered under Part B or Part D, but are mostly covered under Part D. A formulary list is available to check to see if the drug is on our formulary.
- Quantity limitations and restrictions may apply.
What Type of Medicare Advantage Plan is AvMed?

AvMed Medicare is a Medicare Advantage Plan and Prescription Drug Organization with a Medicare contract available to eligible Medicare beneficiaries residing in Miami-Dade and Broward Counties.

In 2021 AvMed will offer the Medicare Choice Circle, and Access in Dade County. Medicare Choice Circle, Access and Premium Saver in Broward County.

When describing an AvMed Medicare Advantage plan to a member during a group presentation, it's important to identify at the beginning of the presentation, that Avmed is an HMO.

It must be apparent that AvMed is a Health Maintenance Organization (HMO) and not a Supplement plan.

Important Note:
Annual Enrollment Period

Medicare Advantage Plans have an annual election period where Medicare beneficiaries can make an election to enroll into a health plan. This enrollment will take effect January 1 of the following year in this case, January 1, 2021.

Medicare Advantage plans can start marketing their plans beginning October 1. Plans, however, may not accept enrollments prior to October 15. Plans may continue to advertise the rest of the year, even if the enrollment period has ended.

The annual election period runs from October 15 through December 7 of each year. December 7 is the last day to make an election to be effective January 1; however, CMS will continue offering an Open Enrollment Period. Age-ins and special election periods will also continue throughout the year.
Open Enrollment Period

Medicare Advantage plan enrollees have one opportunity to switch to another MVV or MA-PD plan, or back to Original Medicare, with or without a stand-alone Part D plan.

The OEP for 2021 will be between January 1 and March 31 and is not intended as an opportunity for Plans to market their Medicare Advantage plan.
The Donut Hole: Explained

*Only Part D prescription benefit

- Members have no annual deductible under any of the Miami-Dade or Broward Choice and Circle Plans.
- Once the Member has exceeded their Initial Coverage Limit (ICL), he or she enters gap coverage, otherwise known as the donut hole.
  - ICL for Choice = $4,500
  - ICL for Circle = $6,000
  - ICL for Access = $4,500
  - ICL for Premium Saver = $4,130
- Once the Member reaches the true out of pocket (TrOOP) amount, they enter catastrophic coverage.
- Members' prescription drug cost applies towards the TrOOP.
What is the TrOOP?

True out-of-pocket (TrOOP) costs are the expenses that count toward a person's Medicare drug plan out-of-pocket threshold. TrOOP costs determine when a person's catastrophic coverage will begin. The drug plan keeps track of each Member's TrOOP costs.

Each month that a person buys prescriptions covered by his or her plan, he or she will get on explanation of benefits (EOB) in the mail showing the TrOOP costs to date. In order for payments to count towards a Member's TrOOP costs, payments must be for certain types of costs, be made by or on behalf of the person with Medicare, and not be covered by insurance.

For 2021, the TrOOP amount is $6,550.
Part B Drug Coverage

Part B covered drugs consist of diabetic supplies and O/P prescription drugs such as anti-osteoporosis, certain oral anticancer, and immunosuppressant drugs.

The initial coverage limit does not apply to Part B drug coverage. In addition, the Part B drug coverage does not apply toward the Part D deductible, though it does apply to the Member's Part C out of pocket maximum.
Limited Resources

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could pay for up to one hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance.

Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t even know it. For more information about *Extra Help*, Members may contact their local Social Security office or call 1-800-MEDICARE, 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.
Star Rating System

The Centers for Medicare and Medicaid Services (CMS) uses a quality rating system for Medicare Advantage and Part D plans.

The scoring system is based upon well-established measures of health care delivery quality, which measure a plan's quality of care, access to care, responsiveness, and beneficiary satisfaction provided by the plan.

CMS rates Medicare Advantage (MA) plans based on a scale of 1 to 5 stars, with 5 stars representing the highest quality of care.

CMS has used this information to monitor plans' quality and to assist consumers with selecting a plan.
AvMed's Star Rating

In 2020, AvMed received 4.0 stars for Medicare Part C and for Medicare Part D.

AvMed has an overall rating of 4.0 stars for plan year 2020.

Star Ratings for plan year 2021 will be issued by CMS in mid-October.
5-Star Plan Enrollment

As part of the continued efforts to incentivize Medicare Advantage (MA) Plans to achieve a 5-star quality rating, CMS has established a Special Enrollment Period (SEP) to permit enrollment into 5-star plans at any time of the year.
Module 2 Summary

In this module, you learned an overview of Medicare, including the differences between Medicare Part A, B, C, and D.

You also learned what type of Medicare Advantage Plan AvMed is and about the Medicare eligibility requirements.

Lastly, you learned about Donut Hole, TrOOP, Limited Resources, and Star Ratings.

In the next module, you will learn about the specific components and benefits in AvMed’s Medicare Advantage Choice plan.
Knowledge Check 2-1

Match the correct term on the left-hand side with the corresponding definition on the right-hand side.

<table>
<thead>
<tr>
<th>Medicare Part A</th>
<th>Prescription drug coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part B</td>
<td>Covers doctors visits and outpatient care</td>
</tr>
<tr>
<td>Medicare Part C</td>
<td>Medicare Advantage Plans</td>
</tr>
<tr>
<td>Medicare Part D</td>
<td>Covers hospital services</td>
</tr>
</tbody>
</table>
Knowledge Check 2-2

Complete this sentence by choosing the appropriate words to fill in the blanks.

AvMed Medicare HMO is a Medicare Advantage and ____________
Organization with a ______________ and is available to eligible
Medicare beneficiaries residing in _________ and ___________
Counties.

A  Vision core, Medicare contract, Miami-Dade, Broward
B  Prescription drug, Medicare contract, Palm Beach, Broward
C  Prescription drug, Medicare contract, Miami-Dade, Broward
D  Vision core, Medicare contract, Miami-Dade, Palm Beach
Knowledge Check 2-3

Match the correct term on the left-hand side with the corresponding definition on the right-hand side.

HMO
One of AvMed’s Medicare Advantage plans offered in 2021

AvMed Medicare Access
A health insurance policy to fill gaps in coverage

Supplement Plan
A list of covered prescription drugs which must be approved by CMS

Formulary
A type of managed care organization
Knowledge Check 2-4

Mary is an AvMed commercial Member residing in Gainesville, Florida. She just became eligible for Medicare Part A and B. Is Mary allowed to convert to an AvMed Medicare Choice Plan?

0  Yes
0  No
Knowledge Check 2-5

When is the annual election period for Medicare Advantage Plans?

A  October 15 to December 31
B  October 15 to December 7
C  October 1 to December 7
D  October 1 to December 15
## Knowledge Check 2-6

Match the correct term on the left-hand side with the corresponding definition on the right-hand side.

<table>
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<th>Term</th>
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<td>Plan BDrug Coverage</td>
<td>Extra Help for those with limited income to cover prescription drug costs</td>
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<tr>
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<td>Go on coverage members enter into after exceeding their Initial Coverage limit (ICL)</td>
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THANK YOU FOR YOUR TIME!