

Get the Facts on Medicare Cancer Coverage

A common concern arising in at least 65% of my meetings with Medicare members/clients is trepidation about a potential cancer diagnosis: How it would be covered by Medicare and the long-term financial implications for the individual and his or her family. That is a very legitimate concern, especially when you look at the U. S. statistics.

According to the American Journal of Preventative Medicine:

- The lifetime risk of ever being diagnosed with cancer is approximately 41%.
- Slightly more than half of all cancers occur in adults age 65 and older.
- It is projected that by 2030, 70% of all cancers will occur among adults age 65 and older.
- The average cost for cancer treatment of an individual is somewhere around \$150,000.
- The total annual medical costs for cancer across all U.S. patients is \$80 billion.



Original Medicare certainly helps cover medically necessary cancer costs. To some extent, Medicare covers:

- Inpatient hospital care.
- Visits to oncologists and other physicians.
- Chemotherapy.
- Medications for chemotherapy.
- Participation in clinical trials.
- Home health services.
- Physical therapy.
- Hospice care.
- Surgeries related to cancer.
- Second opinion consultations.
- Radiation.
- Medications to ease treatment side effects.
- Skilled nursing for cancer recovery.
- Durable medical equipment.
- Short-term nursing home care.

Determining whether a cancer medication is covered by Part B or Part D can be confusing. Here is a general rule: If you receive cancer medications that are infused in a doctor's office or a clinical setting, they normally will be covered under Part B. Oral medications are typically covered under Part D. However, when a doctor has a choice to give you a medication by IV or mouth, the oral medication should be covered by Part B, provided that it is administered to you within 48 hours of your cancer treatment.

If you have Original Medicare, you can seek treatment for these services at any healthcare provider who accepts Medicare. If you are enrolled in a Medicare Advantage plan you should obtain treatment within the plan's network to keep the costs that you will be personally responsible for as low as they can be relative to your plan's Maximum Out-of-Pocket amount.

Medicare Update

Medicare and No Fault Auto Insurance Changes Are Coming

According to the Michigan Department of Insurance and Financial Services (DIFS), after July 1, 2020, Michigan Medicare beneficiaries who renew or purchase a new no-fault automobile insurance policy can “opt-out” of Personal Protection Insurance (PIP) medical benefits if they wish. The beneficiary must demonstrate that they are enrolled in Medicare Parts A & B and that their spouse or any relative who resides with them in the same household has either qualified health coverage or auto insurance that includes PIP medical benefits.



Medicare will pay for Medicare-covered services for beneficiaries who opt out of PIP medical benefits and are injured in an automobile accident and have no other available coverage. **The beneficiary will remain financially responsible for coinsurance, copayments, deductibles and any other services that Medicare does not cover.**

The new law also allows Medicare beneficiaries to purchase lower than unlimited levels of PIP medical coverage--\$500,000 or \$250,000 per person per accident. If a beneficiary is injured in an accident and exhausts his or her PIP medical limits, and has no other available coverage, Medicare will pay for “Medicare-covered” services.

Before opting-out or choosing a lower PIP medical benefits we strongly encourage you to consult with your auto insurance agent or a financial advisor so that you are completely aware of what these changes in the law mean from a practical, monetary and risk standpoint.

If you can afford the unlimited PIP coverage, we encourage you to keep it. We also encourage you to talk with your home and auto agent regarding securing an umbrella policy to protect your assets. Changes in the Michigan No-Fault law will mean that if a driver who has opted to have less than unlimited PIP coverage (in order to save money on their auto insurance premiums) is injured in an auto accident involving you, they will be able to sue you to cover their medical expenses that go beyond the limits of their own PIP coverage. We anticipate the number of lawsuits will increase dramatically as a result of this loophole in the law. Your life’s savings, including your retirement accounts, can be at risk. Umbrella insurance provides another layer of protection.

LIFETIME PIP COVERAGE VS. MEDICARE

COVERAGE	AUTO UNLIMITED PIP	MEDICARE
Post-acute care	Yes, 100% as long as needed	100 days 80%
Long-term care	Yes, 24/7 if needed	Not Covered
Residential treatment programs	Yes	Not Covered
Attendant care	Yes (Home Health Aide services 2-3 times weekly for 4 hrs. during acute recovery)	Limited
Transportation services	Yes	Not Covered
Replacement services	Yes (Homemaker services, personal care, meal assistance)	Not Covered
Massage therapy	Yes	Not Covered
Vehicle modifications	Yes (Accommodate wheelchairs, hand controls, etc.)	Not Covered
Wage loss (if senior is still working)	Yes – up to 3 years	Not Covered

Medicare Update

Medicare Numbers of Note for 2020

Each year, Medicare adjusts some or all of its deductibles, copays, coinsurance, Part D Cost Sharing amounts, Part B premiums and IRMAA charges. Here are the pertinent numbers for 2020:

Medicare Part A – Hospital

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| • Benefit Period Deductible | \$1,408 |
| • Days 61-90 copay | \$352 |
| • Days 91-150 copay | \$704 |
| • Skilled Nursing Facility daily copay (days 21-100) | \$176 |

Medicare Part B – Physicians

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| • Annual deductible | \$198 |
| • Base monthly premium paid to Medicare | \$144.60 |

Part D Cost Sharing Structure – Prescriptions

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| • Part D deductible maximum | \$ 435 |
| • Initial Coverage Stage cap | \$4,020 |
| • TrOOP (to exit the Donut Hole) | \$6,350 |

New Medicare Part B Benefit

The Centers for Medicare and Medicaid Services announced in late January that “people enrolled in Medicare will be able to receive up to 12 acupuncture treatments during a 90-day period if they have non-specific lower back pain that lasts 12 weeks or more, but not if it is associated with surgery or pregnancy. Beneficiaries will be eligible for eight more sessions if their symptoms improve, but Medicare will not cover more than 20 total sessions each year.”

Health and Human Services Secretary Alex Azar stated during the announcement that, “expanding options for pain treatment is a key piece of the Trump administration’s strategy for defeating our country’s opioid crisis.”



Medicare Update

CMS to Launch a Simplified Comparison Tool



CMS is planning to launch a simplified comparison tool to help Medicare beneficiaries find care. Currently, there are eight available comparison tools and they use several different interfaces and function independently from one another. “Hospital or Nursing Home Compare” are examples of the current tools. CMS is working on combining and standardizing the eight existing tools so users can access the information through a single portal with simpler navigation. The current tools compare quality and patient measures through star ratings. CMS will call the new version “**Medicare Care Compare.**” A spring 2020 launch is targeted.

Take the Time to Set up Your Account on MyMedicare.gov

If you have not yet taken the time or had the opportunity to set up a **MyMedicare** account, we encourage you to do so at your earliest convenience. **MyMedicare.gov** is Medicare’s free, secure, online service for managing personal information regarding Original Medicare benefits and services. The information is private and only accessible to you.

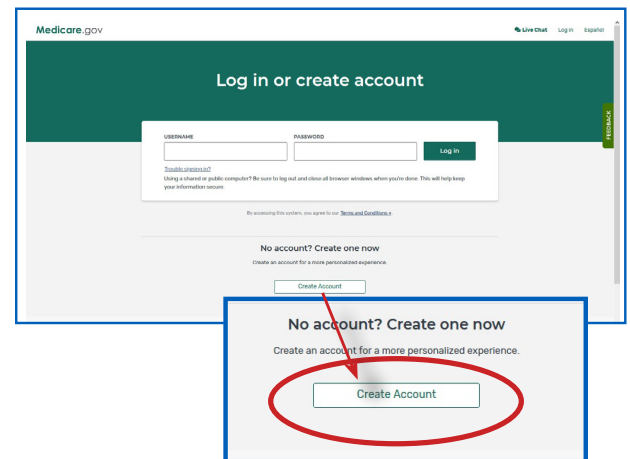
To set up your account for the first time go to www.medicare.gov.

Click on the box, “Log In/Create Account.” You will need the following information:

- Medicare number.
- Email and ZIP code.
- Date of birth.
- Part A or B coverage start date (as applicable).

Once the account is created you will be able to:

- Check the status of claims, and review your personal health records, prescriptions, and preventative services.
- Look up information on your Medicare costs, eligibility, and enrollment, and find out if a test, item, or service is covered.
- Pay your Medicare premium or change your premium payment options.
- Print an “on the go report” to provide a medical summary for your doctors.
- View messages and print a replacement Medicare card.



3657 Okemos Road, Suite 100

Okemos, MI 48864-3927

877-906-9924 • Fax: 517-484-5460 or 517-999-4447

Rick Seely
Account Executive
Ext. 411
rseely@mdaifg.com

Lisa Sillman
Health & Life Representative
Ext. 450
lsillman@mdaifg.com

Tina Voss
Director, Health & Life Operations
Ext. 479
tvoss@mdaifg.com

Visit us online at mdaprograms.com.