# Medicare Advocacy for the Non-Medicare Expert

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## The MedPAC Report
## Complexity of Medicare Decisions

- Enrollment periods occur at different time, different requirements
- Health needs (now, future), access to care, financial issues, benefits are all issues to consider
- Being able to make optimal decisions with so many choices available
- Concerns about sufficient availability of objective, accurate resources

*www.medpac.gov/wp-content/uploads/2026/06/Jun26_Ch2_MedPAC_Report_To_Congress_SEC.pdf*

## The MedPAC Report
## Sources for Information, Advice

- Report identified three sources:
  - CMS tools – (800) Medicare, medicare.gov, Medicare Plan Finder
  - State Health Insurance Assistance Program (SHIP)
  - Insurance agents
- Healthcare advocates also have opportunities to provide guidance

## Healthcare Advocates

- Advocate's role:
  - Provide medical guidance, insurance assistance, legal advocacy, or specialized care for older adults
  - Serve as a go-between for patients and healthcare representatives
  - Educate clients and patients
- As a trusted source, need to provide guidance often goes beyond specialty

## Medicare Advocacy

- Advocates don't have to be Medicare experts if they have a basic understanding of the most risky Medicare issues
- What an advocate can do:
  - Provide answers to some of the most pressing questions
  - Point out the benefits and risks
  - Help avoid some of the most common mistakes

## Medicare Enrollment

## Before Medicare Enrollment Is on Anyone's Radar

- Encourage those over the age of 18 to establish a *my* Social Security account:
  - Go to *www.ssa.gov/myaccount*
  - Incorporate *Login.gov* (preferred option) or *ID.me*
  - Update information (phone number, name, address)
  - Log in regularly to verify access, accuracy of information
- The number one tip for avoiding enrollment snafus

As Medicare Draws Near

## Health Savings Account

- Medicare enrollee is no longer eligible to contribute:
  - Social Security before age 65
  - Otherwise, no requirement to enroll in Medicare
- Enrolling at age 65: Prorate contributions
- Enrolling after age 65:
  - Social Security policy on retroactivity
  - Contributions six months **prior** to enrolling can be considered excess, subject to excise tax

As Medicare Draws Near

## Income-related Monthly Adjustment Amount

- IRMAA means higher-income beneficiaries pay more
- Adjusted gross and tax-exempt interest income two years before enrollment determine the monthly Part B and Part D premiums
- Retirement is a life-changing event:
  - Ask for a new initial determination
  - Rate based on current income



As Medicare Draws Near

## Creditable Prescription Drug Coverage

- Issue for those who work past age 65
- If coverage is not considered creditable (pays as much as Part D plan), late enrollment penalty applies
- Every October, watch for notices from the plan's sponsor:
  - If coverage is creditable, save the notices
  - If not, consider enrolling in Part A and a Part D drug plan



**Important Notice from [Insert Name of Entity] About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Name of Entity] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **[Insert Name of Entity] has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**



Concrete Tips

## Medicare Enrollment

- Establish and keep up-to-date a *my* Social Security account
- Figure out what to do with an HSA at least six months before age 65 and/or retirement
- Determine whether IRMAA is a concern and if there is any way to reduce income
- Pay attention to prescription drug coverage

## On Medicare's Doorstep

- Age for Medicare eligibility is 65
- Medicare before age 65:
  - Those on SSDI can qualify early
  - Know that receiving Social Security retirement benefits before age 65 means automatic Medicare enrollment
  - Otherwise, Medicare is not an option for those under 65 to fill the gap when losing a job



Enrollment Periods

## Know When to Sign Up for Medicare

- Only two specific times (without penalties attached):
  - Initial Enrollment Period (IEP): Approaching age 65
  - Special Enrollment Period (SEP): Working past age 65
- General Enrollment Period (GEP):
  - Missed the enrollment window
  - Penalties, delayed coverage can apply



Concrete Tips for Medicare Enrollment

## Turning 65: Automatic Enrollment

- There is no requirement to enroll
- Those who are receiving Social Security benefits (retiree or disability) prior to age 65:
  - Medicare card arrives in the mail
  - Must decide what to do about Part B
- Individual circumstances determine timing for everyone else



Concrete Tips for Medicare Enrollment

## Turning 65: Who Should Enroll

- Anyone with non-EGHP coverage (retiree, individual, COBRA) should enroll:
  - Medicare becomes the primary payer
  - Miss IEP and repercussions (penalty, delayed start)
- Exception – Federal Employee Health Benefits (FEHB):
  - Plan continues to be the primary payer
  - However, delay can mean repercussions

Concrete Tips for Medicare Enrollment

## Turning 65: Who Can but Should Not Delay

- Those with an employer group health plan sponsored by company with fewer than 20 people
- By law, this becomes the secondary payer after age 65
- Sponsor can opt not to pay major medical expenses because they should have enrolled in Medicare



Concrete Tips for Medicare Enrollment

## Turning 65: Who Can Delay (without repercussions)

- Anyone (not on Social Security) with an employer group health plan:
  - Sponsored by company with 20 or more employees
  - Based on current employment (self or spouse)
- Part A enrollment is suggested; however, those contributing to HSA should not enroll
- Part B enrollment is a definite “no:”
  - Pay for coverage that adds little
  - Can jeopardize future choices



## Initial Enrollment Period

- Start research, preparation about six months before birthday
- The IEP:
  - Seven-month period surrounding 65th birthday
  - Those not born on first day of the month and enroll during the three months before to three months after birth month
  - If born on the first of month, IEP begins four months before to two months after

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Concrete Tips for Medicare Enrollment

## Those with Retiree or COBRA Coverage

- Many think this coverage is an employer plan:
  - Sponsored by an employer
  - Identical or similar to previous EGHP
- However, by law, it becomes the secondary payer to Medicare after age 65
- Enroll as soon as this is an option (turning 65 or as soon as it enters the picture after 65)

## Special Enrollment Period

- Can enroll in Medicare:
  - At any time during employment with EGHP, three months in advance of retirement
  - Or, during eight-month period beginning with end of current employment or EGHP, whichever comes first
- COBRA does not qualify for an SEP because it is based on past, not current, employment



Concrete Tips for Medicare Enrollment

## Important Tips

- Have an up-to-date *my* Social Security account
- Pay attention during IEP, no matter the situation
- Start early and allow plenty of time



## Those Who Missed Their Chance

- They must wait until the General Enrollment Period:
  - January 1-March 31, coverage begins next month
  - Subject to late enrollment penalties
- Part B: 10% of standard premium ($20.29) for every full year enrollment delayed
- Part D: 1% of base beneficiary premium ($0.413) for every month without creditable drug coverage



## Late Enrollment Penalties FYI

- Penalties follow for life, amount changes every year
- Part D penalty in 2027 will add $4.95/year if no creditable coverage for just one month
- Part B penalty:
  - $20.29/month in 2026
  - An increase of $5.44/month since 2021

# The Medicare Path Decision

## The Road to Medicare

- Enrollment in Original Medicare (just Part A and Part B) is the end result of an IEP or SEP:
  - One must choose to enroll in additional coverage
  - Necessary because of unlimited costs
- The two most common options:
  - Original Medicare path (Part A, Part B, a Medigap policy (Medicare Supplement), Part D drug plan
  - Medicare Advantage


- Administered by the U.S. Government
- See any provider who accepts Medicare assignment (Physician Compare database):
  - No networks
  - No referrals
  - No prior authorization


- Starts with Part A, Part B
- No limit on out-of-pocket costs
- For comprehensive coverage, add:
  - Part D drug plan
  - Medigap policy

## Medigap Policy

- Medicare Supplement Insurance
- Medicare coverage administered by private insurance companies
- Helps pay some costs that Parts A and B do not cover
- Does not work with Medicare Advantage plans
- "Pay now" approach to Medicare



### 2026 Original Medicare Costs and Medigap Benefits

| | Benefits | Original Medicare Costs | Medicare Supplement Insurance (Medigap) Plans | | | | | | | | Not Available to New Enrollees | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A | B | D | G[1] | K | L | M | N | C[2] | F[5,6] |
| Part A | Part A hospital deductible | $1,736 per benefit period | | 100% | 100% | 100% | 50% | 75% | 50% | 100% | 50% | 100% |
| Part A | Medicare Part A copayment and hospital costs (up to an additional 365 days after Medicare benefits are used) | Days 61-90: $434 per day<br>Days 91-150: $868 per day | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Part A | Part A skilled nursing facility copayment | Days 21-100: $217 a day per benefit period | | | 100% | 100% | 50% | 75% | 100% | 100% | 100% | 100% |
| Part A | Part A hospice care coinsurance | Inpatient respite stay or hospice-related drugs 5% | 100% | 100% | 100% | 100% | 50% | 75% | 100% | 100% | 100% | 100% |
| Part B | Medicare Part B deductible | $283 | | | | | | | | | 100% | 100% |
| Part B | Medicare Part B coinsurance | 20% after deductible | 100% | 100% | 100% | 100% | 50% | 75% | 100% | 100%[3] | 100% | 100% |
| Part B | Medicare Part B excess charges | Physicians who do not accept assignment can charge up to 15% more than Medicare covers. | | | | 100% | | | | | | 100% |
| Other | Blood (Part A or Part B) | Provider cost for first 3 pints | 100% | 100% | 100% | 100% | 50% | 75% | 100% | 100% | 100% | 100% |
| Other | Foreign travel emergency (up to plan limits) | Up to 80% for certain medically necessary emergency care outside the U.S. during first 60 days of a trip. Deductible of up to $250 and lifetime limit $50,000. | | | 100% | 100% | | | 100% | 100% | 100% | 100% |
| | | | | | | | Out-of-pocket limit[4] | | | | | |
| | | | | | | | $8,000 | $4,000 | | | | |

## Consider Plan G or Plan N

| | Benefits | Original Medicare Costs | G[1] | N |
|---|---|---|---|---|
| Part A | Part A hospital deductible | $1,736 per benefit period | 100% | 100% |
| Part A | Medicare Part A copayment and hospital costs (up to an additional 365 days after Medicare benefits are used) | Days 61-90: $434 per day<br>Days 91-150: $868 per day | 100% | 100% |
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| Part B | Medicare Part B coinsurance | 20% after deductible | 100% | 100%[3] |
| Part B | Medicare Part B excess charges | Physicians who do not accept assignment can charge up to 15% more than Medicare covers. | 100% | |
| Other | Blood (Part A or Part B) | Provider cost for first 3 pints | 100% | 100% |
| Other | Foreign travel emergency (up to plan limits) | Up to 80% for certain medically necessary emergency care outside the U.S. during first 60 days of a trip. Deductible of up to $250 and lifetime limit $50,000. | 100% | 100% |


- Pay a monthly premium for Part B, Medigap and the Part D drug plan
- Then have little to no out-of-pocket costs for healthcare services
- **A predictable approach to receiving healthcare services and budgeting expenses**

- Medicare administered by a private insurance company:
  - Functions like an employer plan
  - Insurer in charge
- Plans utilize networks
- Referrals, prior authorization likely necessary




- Medicare Advantage:
  - Must provide hospital and medical services
  - Can include drug coverage
  - Very low or no premiums
  - Can add vision, hearing, dental coverage
- Labeled Part C but a repackaging of Parts A, B, and D




- Lower premiums
- Pay out-of-pocket for most services
- Pay no more than the maximum out-of-pocket limit:
  - $9,250 in-network
  - $13,900 in-and out-of-network




ORIGINAL MEDICARE

- Accept assignment
- Travels with you
- No referrals, prior auth
- Pay now (premiums)
- Predictable costs
- No “freebies”

MEDICARE ADVANTAGE

- Networks
- Consider PPO for travel
- Referrals, prior authorization
- Low premiums
- Pay later, up to limit
- Extra benefits

The Decision

## Members' Trust in Medicare Advantage Plans

- Overall satisfaction declined for second year in a row
- Members who don't understand coverage feel insurers (or somebody else) did not:
  - Anticipate their needs, introduce the unexpected
  - Communicate well
- Trust also erodes when members don't know whether plan will still cover their preferred pharmacy, specialist or supplemental benefit next year

*JD Power 2026 U.S. Medicare Advantage Study, August 18, 2026*

## Medicare Advantage Plans and Advocate's Role

- Plans scoring higher don't necessarily spend more money but do a better job of explaining
- That translates into what an advocate can do: Provide guidance on the most clear-cut reasons for issues and dissatisfaction
- Informed consent for Medicare Advantage spells out important points in four areas

What Beneficiaries Need to Know

## Medicare Advantage Costs

- Zero-premium does not mean it's free:
  - Copayments, coinsurance
  - Out-of-pocket maximums – $9,250/$13,900, averages – $5,421 and $9,825
- The freebies (supplemental benefits) are contracting, not as valuable as in past

## Informed Consent: Medicare Advantage Costs

I understand and acknowledge that:

- A Medicare Advantage plan, even one with no or a low monthly premium, can charge copayments or coinsurance for services.
- I will be responsible for costs up to my plan's out-of-pocket limit.
- The maximum limit in 2026 is $9,250 for in-network and $13,900 for in- and out-of-network combined.

What Beneficiaries Need to Know

## Medicare Advantage Networks

- Plans dropping coverage in 2027:
  - Humana plans to drop 600,000 members
  - UHC dropping plans in 32 counties in 12 states
  - One in 10 members face forced disenrollment
- Health systems cutting or narrowing contracts:
  - 32 in 2024, 40 in 2025, 26 so far this year
  - Of note, Mayo Clinic, Scripps Health, Johns Hopkins

## Informed Consent: Medicare Advantage Networks

I understand and acknowledge that:

- I may have to choose a primary care physician.
- I need to see physicians and healthcare providers in the plan's network.
- If I utilize out-of-network providers for routine care, I can be responsible for the full cost.
- Networks can change at the start of a new year or anytime during the year.
- If the network changes, I may have to find new healthcare providers.

What Beneficiaries Need to Know

## Medicare Advantage Prior Authorization

- Plans can require authorization (99+% in plans with authorization, 4.1 million denials in 2024)
- Authorization can lead to delay care, a modification of the plan, or a denial of the order
- A denial can be appealed:
  - Seven days for expedited, 30 days for standard
  - Just 11.5% appealed, 81% fully/partially overturned
- Liable for full cost if proceeding without authorization

## Informed Consent: Medicare Advantage Prior Authorization

I understand and acknowledge that:

- My plan can require prior authorization of any physician's order.
- This could mean a delay in receiving care, a modification of the physician's plan, or possibly, a denial of the order.
- If the plan denies the request, I can file appeal that may take time.
- If proceed with a service or procedure without authorization, I will likely be liable for the full cost, no matter the circumstances.

2026 Update

## WISeR – Original Medicare Prior Authorization

- Model started January 15, 2026
- 13 services, removed deep brain stimulation, percutaneous lumbar decompression
- 62% initial approval, 84% with follow-up submission (one state)
- Some technical glitches, portal and communication problems
- Nothing has crossed *65 Incorporated's* radar



## WISeR Congressional Challenges

- In May, GAO determined WISeR constitutes a rule because it prescribes new Medicare requirements:
  - A rule must be submitted to Congress before it can take effect
  - If not submitted, it can be stopped in its tracks
- In June, Democrats introduced a resolution to repeal WISeR
- Six years to get it right but it may not survive that long



What Beneficiaries Need to Know

## Guaranteed Issue Right

- The right to get a Medicare Supplement plan (Medigap policy) without medical underwriting
- If there's a guaranteed issue right, the insurer cannot deny or delay Medigap coverage or raise premiums because of a pre-existing condition
- Not a concern for Medicare Advantage because plans must accept any eligible applicant



What Beneficiaries Need to Know

## Guaranteed Issue Right for a Medigap Policy

- Guaranteed issue right of six months:
- Initially eligible for Medicare (turning 65)
- Giving up employer group coverage (over 65 and enrolling in Part B for first time)
- A few other times provide a SEP (with a GIR):
  - Moving out of the plan's service area
  - Moving for an Advantage plan but not a Medigap policy (Plan moves with you except for MA, MN, WI)

What Beneficiaries Need to Know

## Guaranteed Issue Right for a Medigap Policy

- A few other times provide a SEP (with a GIR):
  - Forced disenrollment because Advantage plan is leaving
  - Moving out of the plan's service area
- Moving with a Medigap policy:
  - Plan moves with you, no guaranteed right
  - Except, if moving into or out of MA, MN, WI



What Beneficiaries Need to Know

## Medicare Advantage Trial Periods

- Two 12-month trials:
  - Initially enrolled in a Medicare Advantage plan during IEP
  - Gave up a Medigap policy to try an Advantage plan
- No trial period for those who opted for Medicare Advantage when retiring after age 65



What Beneficiaries Need to Know

## Impact of Advantage, No GIR at End of Life

- Medicare Advantage associated with:
  - Less aggressive health utilization
  - But more likely to die in hospital because care was delayed, nothing else could be done
- More hospice utilization but facilities tend to be of inferior quality (network concern)
- More likely to drop Advantage for Original Medicare, even though no maximum limit on costs

*JAMA, Health Forum, Volume 5, Number 7, July 19, 2024, GAO-21-482, June 28, 2021, JAMA Open Network, Volume 7, Number 12, December 16, 2024*



## Informed Consent: Medicare Advantage and GIR

If electing Medicare Advantage, I understand and acknowledge that:

- During the first six months of Part B enrollment, I can qualify for any Medicare coverage, no matter my medical condition or health history. After that, underwriting may apply.
- Depending on the situation, I may qualify for a Medicare Advantage trial period.
- I can change Medicare Advantage plans once a year.
- However, if I change my mind in the future, I may not be able to qualify for a Medigap policy (depends on residency and health.

# *Changing Plans after Enrollment*

## Why This OEP Is So Important

- The $2,000 drug cap had repercussions:
  - Plans pick up considerably more cost
  - Expensive drugs are dropping from formularies
  - Premiums and out-of-pocket costs are increasing
- Part D drug subsidies are gone:
  - CMS expects $20 increase in premiums but…
  - Fewer Part D plans available?
  - More formulary issues?

What Beneficiaries Need to Know

## Standalone Part D Drug Plan

- Open Enrollment Period, October 15-December 7:
  - Most important, review current plan, others
  - Make changes, if necessary
  - Enroll in a plan if no Part D coverage
- If no change of plans in the last two to three years, likely a money-saving opportunity
- No second chance if missing this OEP

Concrete Tips for Open Enrollment

## Enrolling in a Part D Drug Plan

- Enroll online through a *medicare.gov* account or the Medicare Plan Finder
- Work with a licensed insurance agent
- Call the drug plan:
  - Have the complete name and plan number
  - Do not fall for Medicare Advantage bait-and-switch (would also have to give up the supplement)

What Beneficiaries Need to Know

## Medicare Advantage Open Enrollment

- Open Enrollment Period, October 15-December 7:
  - Enroll in or change plans
  - Drop plan and return to Original Medicare (Part A and Part B) add Part D, apply for Medigap policy
- Medicare Advantage Open Enrollment Period, January 1-March 31:
  - For those who already have a plan
  - Same actions as for OEP, except cannot enroll in plan



Concrete Tips for Open Enrollment

## Medicare Advantage

- Watch for and pay attention to the ANOC
- Dig into the Evidence of Coverage for details
- Take action by the deadline
- If plan is exiting the market:
  - Enroll in a new Advantage plan
  - Return to Original Medicare with guaranteed issue right to get a Medicare supplement



Concrete Tips for Open Enrollment

## Medicare Advantage

- If plan is exiting the market:
  - Enroll in a new Advantage plan
  - Return to Original Medicare with guaranteed issue right to get a Medicare supplement
- Medicare Advantage Open Enrollment Period, January 1-March 31:
  - For those who already have a plan
  - Same actions as for OEP, except cannot enroll in plan



What Beneficiaries Need to Know

## A Medigap Policy

- Open Enrollment is not for changing Medigap plans:
  - Can apply for a new plan at anytime
  - However, can only drop Medicare Advantage during designated times
  - Guaranteed issue right comes into play
- State-specific birthday rules offer guaranteed right at certain times

## Birthday Rules

- Must have an existing Medigap policy to change to a different one:
  - 15 states, a couple pending rules
  - Most connected to specific period around birthday
  - One state has an anniversary rule
- Most allow a switch to plan with same or lesser benefits

## Birthday Rules Great for Some but…

- More freedom for consumers means more restrictions placed upon insurers
- More restrictions means fewer ways to control costs
- Fewer ways to control costs means lower profits for insurers and higher premiums for consumers
- Higher premiums means fewer consumers in Medigap policies and insurers leaving the market

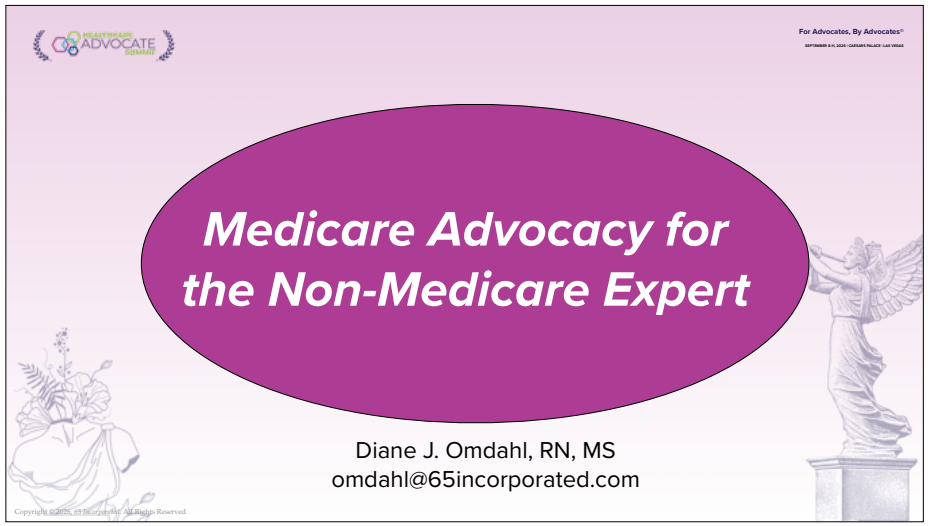
## Minnesota Continuous Open Enrollment

- Effective August 1, 2026
- One-time guaranteed right for those age 65-70 to enroll in Medigap policy with no underwriting
- Premium penalty applies:
  - 15% in 2026
  - Increases by 5% a year, maximum of 35%, in effect for life of the policy

What a Beneficiary Should Know

## Living with a Medigap Policy

- The only thing that changes is the monthly premium
- If living in a state with other guaranteed issue right periods:
  - Premiums may be more and fewer plan available
  - Know details of making change
- If an SEP with guaranteed issue right is an option:
  - Investigate all options
  - Know what to do and timeline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