

BEWARE – Medicare Advantage Advertisements in Patient Portals

MedPage Today reported recently that some Medicare beneficiaries around the country have opened their Electronic Health Records (EHR) portal to check for reports from their doctors and found messages about enrolling in Medicare Advantage plans. EHR portals contain personal information, health information, etc.

Recipients of these messages reported initially believing that their doctors were instructing them to enroll in Medicare Advantage plans and feeling that it was inappropriate. The recipient's doctors reported having no knowledge of these messages.

It turns out the messages came from FollowMyHealth (FMH), a company that operates EHR portals for

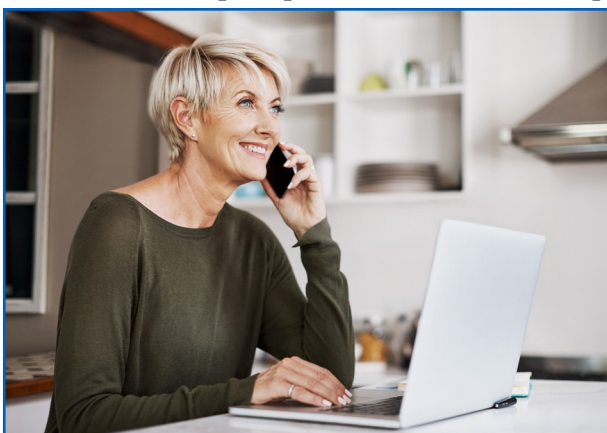
over 300 various companies around the country. The patients were instructed to click on the link to get their "personal code, powered by our partner, eHealth, a licensed independent insurance agency." The code would automatically "securely share the patient's prescriptions and doctors with our partner, eHealth" and would also allow them to see "Medicare Advantage plans that may have your doctors in their network and may cover your prescriptions at the most affordable price."

When these intrusions of patients' private information were reported to the Centers for Medicare and Medicaid Services (CMS), their official statement was, "An organization/company should not engage a patient through their health care plan patient communication portal with a purpose to market to or solicit enrollment into a

Medicare Advantage plan." The agency did not, however, report on what actions it has taken, or plans to take to prevent entities from using an EHR patient portal to recruit Medicare Advantage enrollees.

One of the dangers of this practice is that some seniors may not understand that clicking on the provided code will electronically transfer personal health information, such as prescription drugs, to an unknown insurance agent.

If you see ads such as this in your EHR portal, do not click on the link. Report the ad to your health system.



Medicare Update

You Are In Good Company

Some 17% of people living in the United States, or more than one in six, were 65 or older in 2020, according to a report released in February by the Administration on Aging. That represents 55.7 million people, an increase of 15.2 million (38%) people 65 and above since 2010, compared with just 2% growth in the under-65 population.

The report projects an increase to roughly 80.8 million residents 65 and older by 2040, more than double the number in 2000. It also predicts a doubling of the number of even older residents by 2040, with the count of those 85 and older expected to grow from 6.7 million in 2020 to 14.4 million by 2040. In 2020, there were nearly 105,000 Americans who were 100 years old or older.



Medicare's Annual Election Period (AEP) – 2023

This year's Annual Election Period will run from Oct. 15 through Dec. 7 for those members who wish to make plan changes for calendar year 2024. Watch for more information in our Fall Medicare Newsletter.

Medicare allows beneficiaries to enroll in a Five-Star Medicare Advantage plan 365 days of the year, not just during the Annual Election Period. Priority Health offers such a plan.



If you are enrolled in:

- Medicare Parts A&B, but missed enrolling or changing plans during AEP.
- A Medicare Supplement plan and can no longer afford your premiums.
- Original Medicare and are unhappy with your coverage.

Learn how you can enroll in a Five-Star Medicare Advantage plan that has a \$0 monthly premium; \$0 medical and Rx annual deductibles; and \$0 primary care physician copays.

Contact Rick Seely at rseely@mdaifg.com, or 800-878-6765 ext. 431, or contact Steve Fulger at steve@mdaifg.com, or 800-878-6765 ext. 450 to have him schedule an appointment with Rick.

Medicare Update

Your Medication May Require Prior Authorization This Time of Year

Every Part D prescription plan has a drug formulary, which is a list of covered medications. Some medications may have restrictions which could include things such as a quantity limit, step therapy, or prior authorization.

Prior authorization, usually a one-page form or a phone call to the Part D carrier, is required of the prescribing physician. The Part D plan carrier simply needs to know why the particular medication is medically necessary. Normally, prior authorization is only good for 12 months or a calendar year. So, if you go to fill a medication for the first time in a new year and the pharmacist appears to tell you that the medication is no longer covered by your plan, don't automatically assume it has been removed from the drug formulary. Ask questions. You most likely will discover that the prior authorization needs to be submitted by your physician for the new year.



If members have switched Part D plans and are on a new plan for the current year, they may think this prior authorization request is something being demanded of their new Part D plan. In many cases, the member may have simply forgotten that they had to go through this same exercise at the beginning of the previous year on their old plan.

To obtain a Prior Authorization form that you can forward to your prescribing physician, you can contact the Member Insurance Solutions office or call the customer service phone number on the back of your Part D plan or Medicare Advantage plan ID card.

Need A Refresher On Medicare Basics?

Member Insurance Solutions will be offering multiple Medicare Educational Seminars between March and August if you need a refresher; simply have questions; or have a family member, employee or friend turning 65 this year. All seminars will be held via Zoom.

Available dates are:

- March 31, 1:00–3:30 p.m.
- June 28, 9:00–11:30 a.m.
- Aug. 25, 1:00–3:30 p.m.

To register for a seminar, please contact Steve Fulger at Member Insurance Solutions by emailing him at steve@mdaifg.com or calling 800-878-6765 ext. 450.



You are invited to attend a **FREE Medicare** educational webinar

Expand your understanding of Medicare and your Supplemental Coverage Options

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Protecting tomorrows. Today.

Medicare Update

Fact Vs. Fiction

Fact: Despite wild claims by the media, neither political party is focused on getting rid of Medicare.

Fact: Among the 65 million citizens who are covered by Medicare, around 50% use Original Medicare, the other 50% use Medicare Advantage plans.

Fact: The Biden Administration proposed a 1% INCREASE in payments to Medicare Advantage companies in 2024 and recently finalized an 8.5% increase in payments to these companies for 2023 – resulting in a 10% increase in payments over the last payment notice.



Fact: In 2023 federal agencies will begin recovering improper payments made to Medicare Advantage insurance companies through audits. Four of the five largest insurance companies offering Medicare Advantage plans have faced federal lawsuits alleging fraudulent coding practices. Recovering improper payments will return money to the Medicare Trust Funds.

Fact: Changes to the “Medicare Advantage Risk Model” in 2023 (accounts for the health status and demographic characteristics of enrollees) will lower quality bonus payments to insurance companies and increase benchmarks used to set maximum payment rates to these companies; i.e. conditions that are recognized as making a senior more sick in 2023 will not be recognized in 2024. This change will get rid of codes like those used for pre-diabetes and other early-onset conditions. This will remove the incentive to identify affected seniors early and begin to address the deterioration of their health.

On the other hand, it will slow down the issue of some insurance companies collecting health information on their Medicare Advantage enrollees in order to make them appear sicker than they really are in an effort to boost the incentive payments the company receives.

Stay tuned for more Medicare debate in Washington.



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