

# MEDICARE ADVANTAGE

## UPGRADING STATE RETIREE HEALTH CARE WHILE LOWERING STATE COSTS

*The state is preparing to launch a new approach to state retiree health care that will not only retain current benefits, but expand wellness programs for retirees even as the state cuts annual costs by approximately \$130 million.*

The state can actually **expand care** – while simultaneously **saving more than a hundred million dollars annually** – simply by investing in preventive care and maximizing federal reimbursements to Connecticut

The target date for this new approach, now in the planning stages, is **January 2018**. The new plan will be finalized only after it's approved by the state Health Care Cost Containment Committee (a body made up of both state labor leaders and state management).

Here is what you need to know about Medicare Advantage for state retirees and the State of Connecticut:

### **1** *Will my health care benefits change or be reduced?*

This new approach will NOT alter or reduce benefits to state retirees. Period. In fact, there will be expanded clinical care coordination at all points of service, including physicians, facilities and in patient's homes. These programs include wellness, prevention and management programs for acute illnesses, chronic conditions and advanced illnesses as well as the potential for additional services. Except for these improvements, all health benefits otherwise remain entirely the same.

### **2** *Will I still be able to see my doctor?*

You will be able to see any doctor that accepts Medicare, which is almost all providers. That means that many doctors who are currently out of network will be treated as in network. Certain services that are not covered by Medicare, like Naturopaths will still be covered by the plan even though such providers cannot accept Medicare.

### **3** *How will this impact my health care coverage?*

Except for improved wellness programs and expanded care coordination virtually all changes will be strictly administrative.

### **4** *Why is the state moving to a group Medicare Advantage plan for retirees?*

Group Medicare Advantage is an opportunity to provide enhanced care coordination and chronic disease management for state retirees while at the same time reducing overall state costs. With the move to a group Medicare Advantage program the state will save approximately \$130 million annually, avoiding the need for damaging cuts to important government programs and/or tax and fee increases.

**5** *Some question whether the insurance company(s) chosen to manage this plan will deny care in order to increase their own bottom line. Should I be worried?*

The answer is absolutely not. The federal government rates companies based on an extensive list of quality measures and customer satisfaction. In order to maximize their own federal reimbursements, and their own bottom line, insurance companies administering group Medicare Advantage plans must meet these standards by ensuring every participant gets the care they need when they need it.

**6** *Is this the same as individual Medicare Advantage plans that some seniors choose instead of enrolling in traditional Medicare?*

No, commercial individual Medicare Advantage plans are designed by the insurance company to meet their own objectives. They sometimes have limited benefits and limited networks of physicians. The state is contracting for a group Medicare Advantage plan to deliver the state plan through a different administrative vehicle. The plan design remains dictated by the state and the network is as large as possible, including all physicians that accept Medicare, which is almost all. The plan is designed to improve member health by investing in preventive care and improving care coordination for members. Additional savings are achieved by the state by maximizing federal reimbursements for the health care coverage the state provides to its Medicare eligible retirees.

**7** *Am I required to join the new group Medicare Advantage plan?*

In order to maintain state retiree health care coverage all Medicare eligible members will have to join the group Medicare Advantage plan.

**8** *Is the group Medicare Advantage plan available nationwide?*

Yes, no matter where you live in the country you will be covered under the new group Medicare Advantage plan and have access to all physicians in your area and nationwide that accept Medicare.

**9** *Can I appeal if my claim is denied under the group Medicare Advantage plan?*

Yes. The appeal process for denied coverage will remain the same as it is now with the final appeal reviewed and adjudicated by the Department of Insurance.

**10** *Will there be a dedicated customer service line to help with any issues that I have with the new group Medicare Advantage plan?*

Yes, there will be a dedicated customer service line for members to ensure that all questions are handled quickly and efficiently.

**11** *What happens to my under 65 spouse's coverage?*

Your spouse's coverage will not change.