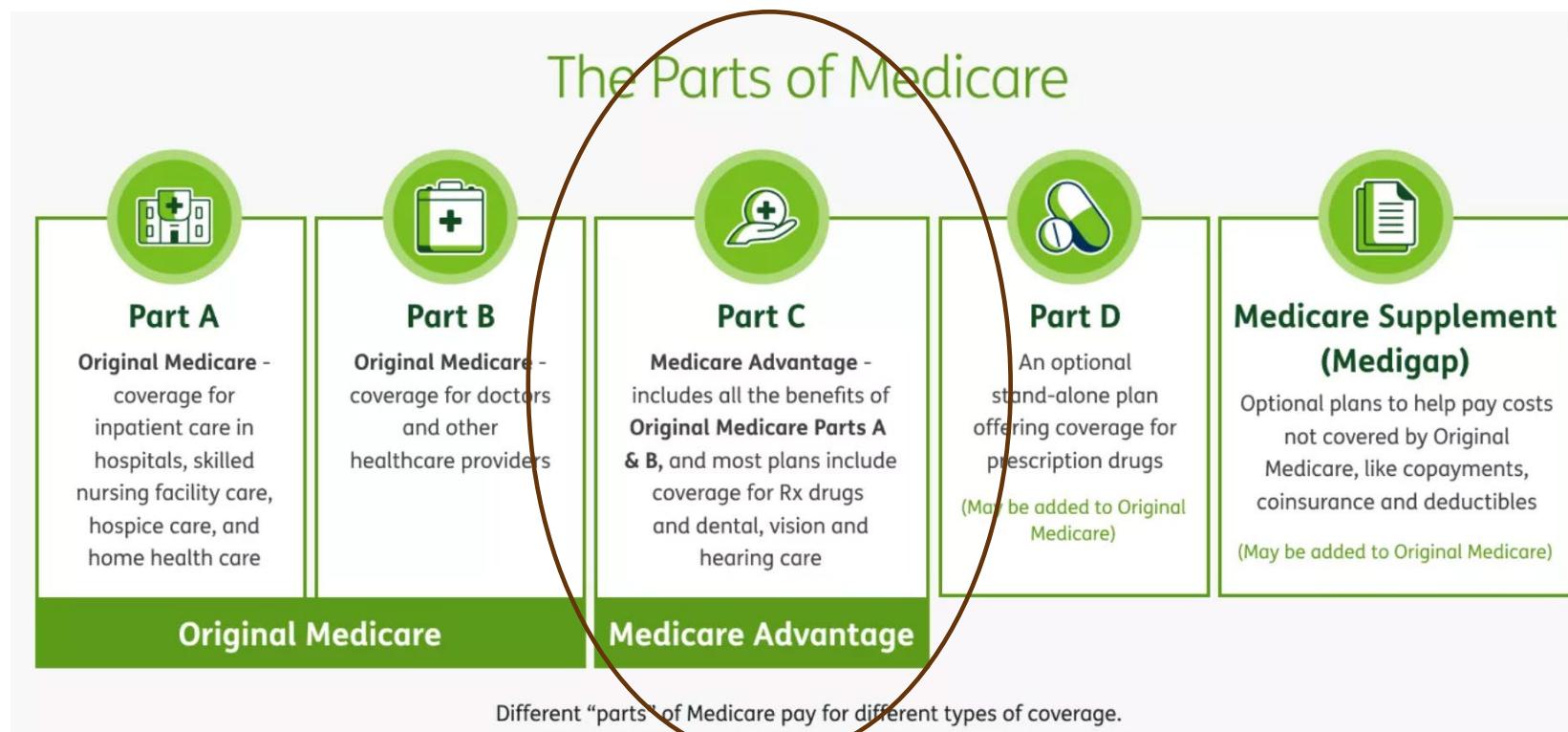


MEDICARE ADVANTAGE A SOCIAL WORKER'S PERSPECTIVE FROM THE FIELD



What Are the *Parts of Medicare (A,B,C,D)*, 2025.
Humana.com



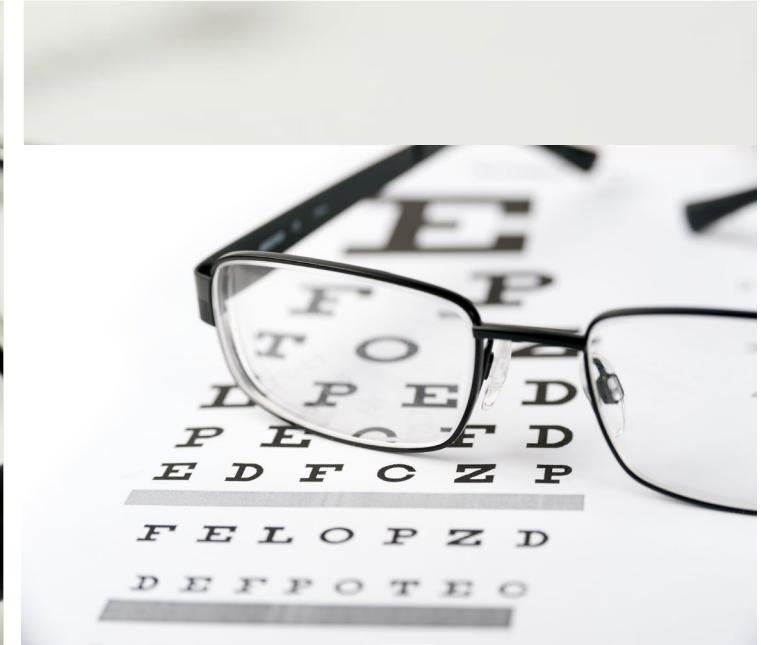
DISCLAIMER:

- I'm not an expert in Medicare Advantage (MA) Plans, the information shared is based on knowledge obtained from working with patients who have had several types of Medicare Advantage Plans.
- Items described during this session come from 'real life events' that I have encountered while working with patients with serious illness over the years.
- Lastly, Every MA plan is not created equally!

Kesha Wall Graham, LISW-CP,APHSW-C,ACM-SW
Clinical Social Worker/Adult Palliative Care-Outpatient

MEDICARE ADVANTAGE

- Medicare A&B includes Drug Coverage
- Lower Premium Costs/ Out of Pocket Caps
- Dental Coverage
- Vision /Hearing Coverage
- Wellness Visits



MEDICARE ADVANTAGE PERKS:

****Perks are specific to the MA Plan!!**

- Gym Memberships
- Meal Cards for groceries
(ave. \$80/mo)
- Transportation included in some plans
- Post-hospitalization meal delivery



Recently a patient with serious illness commented: “yes, I receive a meal card, but \$85.00 is like \$45.00 these days....”

Another patient living with serious illness: “I use my card to purchase my Ensure because my daughter says it’s so expensive...”



MEDICARE ADVANTAGE DIS-ADVANTAGES

SUB ACUTE REHAB

- MEDICAL NECESSITY APPROVALS
- IN NETWORK RESTRICTIONS
- DISENROLLMENT

HOME HEALTH

- PREAUTHORIZATIONS
- IN NETWORK /CO-PAYS

HOSPICE

- REVERT TO TRADITIONAL MEDICARE



MEDICARE ADVANTAGE DIS-ADVANTAGES

DEMENTIA CARE-

Guiding an Improved Dementia Experience (GUIDE) Model

Aims to support people with dementia and their unpaid caregivers.

PATIENT ELIGIBILITY:

- MUST BE ENROLLED IN MEDICARE PARTS A & B
- **MUST NOT BE**
ENROLLED IN MEDICARE ADVANTAGE,
(INCLUDING SPECIAL NEEDS PLANS).
- MUST NOT BE IN HOSPICE OR PACE
- MUST NOT BE IN SNF



MEDICARE ADVANTAGE DIS---ADVANTAGES

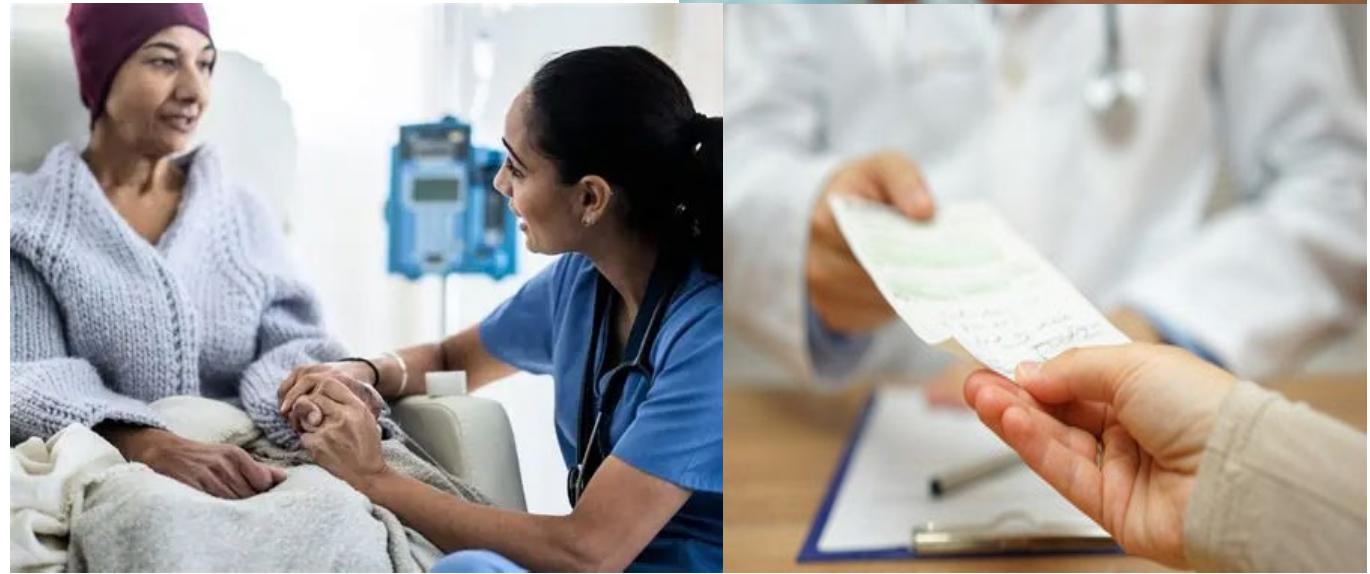
DME

- MEDICAL NECESSITY APPROVALS
- DENIALS/DELAYS



RX-COVERAGE

- SOME ONLY WANT MDS TO PRESCRIBE
- PREAUTHORIZATIONS (FRIDAY APPOINTMENT BARRIERS)
- VARIABILITY OF COVERAGE; HARD TO PREDICT AND CAN CHANGE



During a palliative care clinic visit, a recent patient who has COPD shared,

“There was a mid year formulary change that affected my inhalers....and now I can’t afford them; my primary doctor gave me some samples to keep from going to the hospital this past weekend....” affected my inhalers....and now I can’t afford them; my primary doctor gave me some samples to keep from going to the hospital this past weekend....”



IN CONCLUSION

- Medicare Advantage plans appeal to Younger, patients who have disabilities who can't obtain a Medicare Supplement (Medigap) Plan.
- Most Medicare Advantage plans require you to use doctors/hospitals in the plan's network
- Some services/tests may require prior authorization (plan must approve) which may delay care. This can be a disheartening for someone with serious illness.
- Medicare Advantage coverage is tied to the plan's service area. This makes it difficult for people who may live in different locations seasonally.
- Dual Eligible plans aren't available every where.
- MA plans have not been beneficial for individuals with frequent hospitalizations, requiring many specialists, or who need to travel for out-of-network tertiary care, and have high drug costs.