



What's New In Medicare In 2025

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Divisional Director

Medicare Assistance Program

- Funded through grants from the Administration for Community Living
- Providing education and assistance on Medicare-related issues
- Partner with agencies around the state to provide services across Oklahoma



Navigating Medicare



Preventing Medicare Fraud

Changes to the Medicare Part D Coverage Phases



Phases of Part D coverage before 2025

- Deductible period
- Initial coverage period
- Coverage gap (or donut hole)
- Catastrophic coverage



Part D Coverage Phases in 2025

- Coverage gap (donut hole) phase no longer exists
- Standard Part D coverage now has three phases

Deductible phase

Beneficiary pays out-of-pocket for drugs until they meet plan's deductible (if it has one)

Initial coverage period

Beneficiary pays cost-sharing amount set in plan design for covered prescription drugs until they reach \$2,000 cap

Catastrophic coverage

Beneficiary pays \$0 for covered prescription drugs

\$2,000 Cap

- Beginning in 2025, annual out-of-pocket Part D costs are capped at \$2,000
- Includes what beneficiary pays during deductible phase and in copays/coinsurance
- After meeting out-of-pocket limit, beneficiary pays \$0 for covered drugs for rest of the year
- Beginning in 2026, the annual out-of-pocket Part D costs will be capped at **\$2,100.00**



True Out-of-Pocket (TrOOP) Costs

- Spending on covered Part D drugs by beneficiary or on their behalf by certain third parties
- Determine when a beneficiary reaches annual out-of-pocket threshold and enters catastrophic coverage phase
- Include payments from:
 - Extra Help cost-sharing support
 - Qualified State Pharmaceutical Assistance Programs
 - Indian Health Service and certain other Native American organizations
 - AIDS Drug Assistance Programs



Medicare Prescription Payment Plan

MEDICARE ASSISTANCE PROGRAM



Medicare Prescription Payment Plan (M3P)



- Beginning in 2025, beneficiaries have the option to sign up for a payment plan for Part D out-of-pocket costs
 - Allows beneficiary to spread drug costs out throughout the year
 - Helps manage monthly expenses **but does not lower total drug costs**
 - No cost to participate in program

M3P- Opting In

- Individuals can opt in at any time during the year, but it is more beneficial to sign up earlier in the year
- Payment for incurred costs are spread throughout the year
 - Opting into the program does not change how a person moves through Part D benefit or what counts toward their deductible or \$2,000 out-of-pocket cap
- If an individual changes plans mid year, their participation in the payment plan ends and they must opt in with their new plan



M3P- Payment Plan Billing

- When someone opts into the payment plan, their plan will communicate that choice to their pharmacy as part of the payment transaction
- Beneficiary pays \$0 at the pharmacy for covered Part D drugs
- Plan will pay cost-sharing at point of sale and send monthly bill to beneficiary for cost-sharing amounts
- Beneficiary does not pay fees or interest, even if payment is late



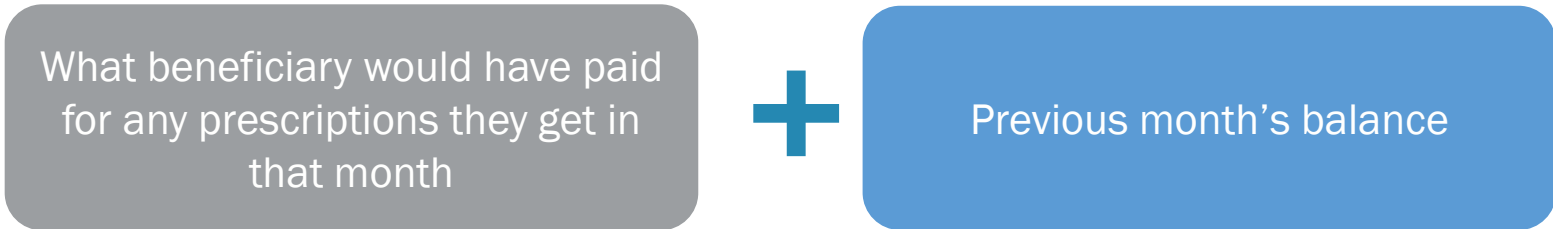
M3P- Past Due Payments

- Individual receives reminder if they miss a payment
- If they do not pay by the date listed in reminder, they are removed from payment plan
 - They are not removed from their Part D plan and can still access their prescription drugs, but they must pay any copay due at the point of sale
- They must pay the amount they owe, but will not have to pay any interest or fees, even for late payments
- Individual can file grievance with plan if they think the plan made a mistake



M3P- Payment Plan Billing

The monthly bill is based on:



If beneficiary starts taking a new drug partway through the year, cost-sharing for that drug is added into the monthly payment

M3P- Targeted Outreach

- Before the plan year, Part D plans are required to identify and reach out to enrollees who had \$2,000+ in out-of-pocket costs between January and September of the previous year
 - Impacted beneficiaries will be receiving notices this fall
- During plan year, Part D plans must reach out to enrollees likely to benefit from program
- If enrollee has cost-sharing of \$600+ for a single drug, Part D plan must alert pharmacist to let enrollee know about program
 - Medicare Prescription Payment Plan Likely to Benefit Notice



Extra Help and Changes to Special Enrollment Periods



Changes to the Special Enrollment Periods (SEPs)

- Those with Extra Help, a Medicare Savings Program, or Medicaid have SEP to change coverage
- 2024: Once per quarter for the first three quarters of the year
 - Beneficiary can enroll in stand-alone Part D plan or Medicare Advantage Plan with drug coverage
- 2025: Two new SEPs
 - Beneficiary can enroll in stand-alone Part D plan
 - Beneficiary with Medicaid or certain Medicare Savings Programs can enroll in an integrated D-SNP



Dual/Low-Income Subsidy SEP

- For beneficiaries who have Medicaid, a Medicare Savings Program (MSP), or Extra Help
- Allows for once-per-month change:
 - Medicare Advantage Plan to Original Medicare with a stand-alone Part D plan
 - From one stand-alone Part D plan to another stand-alone Part D plan
- Cannot be used to enroll in a new Medicare Advantage Plan with prescription drug coverage



Integrated Care SEP

- For beneficiaries who have both Medicare and Medicaid
- Allows once-per-month change into certain Special Needs Plans that meet federal requirements for integration and that offer a Medicaid plan in your state
- Can only be used to enroll in both the Medicare and Medicaid portions of a plan
 - Also known as “aligning enrollment” with an integrated Dual Special Needs Plan (D-SNP) or Applicable Integrated Plan (AIP) and a Medicaid Managed Care Organization (MCO)



Integrated D-SNPs

- Types of D-SNPs paid to furnish both Medicare and Medicaid benefits
 - Different from other D-SNPs and MA Plans because they also manage and pay for some Medicaid benefits and are required to provide some care coordination benefits
- Designed to provide a more coordinated experience for dually eligible individuals than other MA Plans or Original Medicare
- FIDE (Fully Integrated Dual Eligible) SNPs typically cover a more comprehensive set of Medicaid services than HIDE (Highly Integrated Dual Eligible) SNPs



Full Extra Help Eligibility in 2025

	Single	Couple
Income limits	\$1,903/month	\$2,575/month
Asset limits	\$17,600	\$35,130

Extra Help costs in 2025

- \$0 premium in benchmark plans (four in Oklahoma)
- \$0 deductible
- Copayments: \$4.90 for generics and \$12.15 for brand names
 - For those with Medicaid and income below 100% FPL per month, copays are \$1.60 and \$4.80
 - Those who are institutionalized and/or who receive home and community-based services do not have prescription drug copays
- No copay after reaching \$2,000 in out-of-pocket drug costs



Drug Price Negotiations



- From 2026 onward, the federal government will be required to negotiate prices for certain high-cost drugs
 - 2026: 10 Part D drugs
 - 2027: 15 Part D drugs
 - 2028: 15 Part B & Part D drugs
 - 2029: 20 Part B & Part D drugs



Drugs for 2026

- In 2023, CMS announced the first 10 Medicare Part D drugs that will be subject to negotiation under the IRA
- Final prices take effect in 2026



Drug Name	Commonly Treated Conditions
Eliquis	Prevention and treatment of blood clots
Jardiance	Diabetes; Heart failure
Xarelto	Prevention and treatment of blood clots; Reduction of risk for patients with coronary or peripheral artery disease
Januvia	Diabetes
Farxiga	Diabetes; Heart failure; Chronic kidney disease
Entresto	Heart failure
Enbrel	Rheumatoid arthritis; Psoriasis; Psoriatic arthritis
Imbruvica	Blood cancers
Stelara	Psoriasis; Psoriatic arthritis; Crohn's disease; Ulcerative colitis
Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill	Diabetes

Telehealth



Before COVID-19 Public Health Emergency (PHE)

- Medicare telehealth coverage was very limited
- Telehealth services were:
 - Generally only covered in rural areas, and you would still have to go to a specific “originating site” (often a different medical office or clinic) to receive the telehealth
 - Generally only covered if provided via interactive, two-way audio and video technology
 - Limited to certain providers, such as physicians and nurse practitioners



During PHE

- Telehealth coverage was temporarily expanded to include more flexibilities and allow more people to receive care from their homes
- During PHE and through September 30, 2025, telehealth services are:
 - Covered for all beneficiaries in any geographic area, at home in addition to health care settings
 - Sometimes delivered using audio only
 - Provided by any health care professional that was eligible to bill Medicare

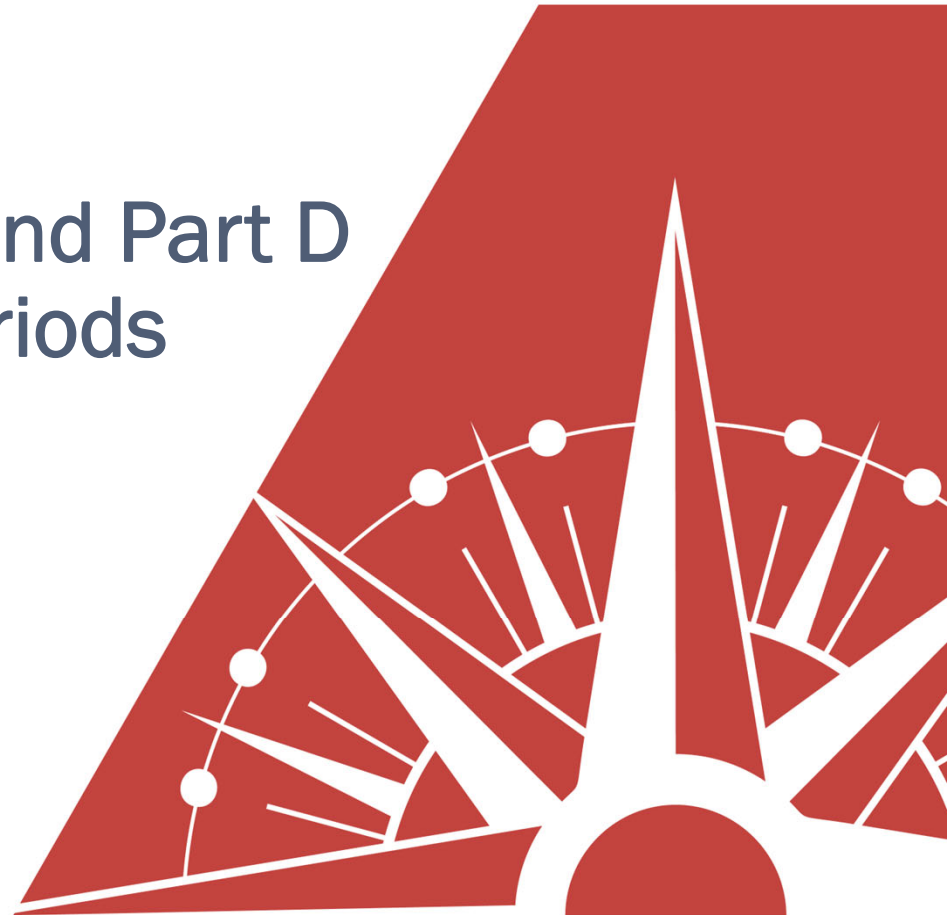


After September 30, 2025



- Most telehealth services will again be more limited
- Some PHE flexibilities have been made permanent
- After September 30, 2025, telehealth services will be:
 - Still available regardless of geographic area for certain types of care
 - Behavioral/mental health care, monthly End-Stage Renal Disease (ESRD) visits for home dialysis, diabetes self-management training, and Medicare nutrition therapy
 - Still able to be delivered using audio-only communication platforms for behavioral/mental health care
 - Subject to pre-PHE restrictions for other types of care

Medicare Advantage and Part D Special Enrollment Periods



Part D and MA Special Enrollment Periods

- CMS can grant an SEP on case-by-case basis for those who have experienced exceptional circumstances related to MA or Part D plan enrollment
- Situations may include:
 - Beneficiary's enrollment in a plan was based on misleading or incorrect information provided by plan representative or SHIP counselor
 - Beneficiary was enrolled in a plan without their knowledge or consent
- Contact 1-800-MEDICARE to use SEP
 - Beneficiary generally does not need to provide evidence beyond their own statement about what happened, but keeping track of who they spoke to and when can help



Issues with MA Enrollments

- Multiple contacts related to elder enrollments into MA plans
- The challenge is proving the beneficiary didn't know what was happening
 - Any phone contacts made by agents are required to be recorded
- In most cases, it appears the SEP the agent is using is related to government-declared disasters
 - "I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster."
- When enrollments are identified, contact MAP (SHIP, 1-800-Medicare, etc) to request disenrollment and return to original Medicare and enrollment in a Part D plan.

TOP SECRET!

(not really...but it makes it
more fun)



Rumor has it.....

(possible increases for 2026)

- Medicare Part A
 - Premiums
 - 30 to 39 quarters- \$310/month (from \$285)
 - Less than 30 quarters- \$563/month (from \$518)
 - Inpatient Deductible
 - \$1,716.00 per benefit period (from \$1,676)
 - Inpatient Copayments
 - Days 61-90, \$429/day (from \$419/day)
 - Days 91-150, \$858/day (from \$838/day)



“And then she said.....”

- Skilled Nursing Facility (still Part A)
 - SNF Days
 - 0 to 20- \$0
 - 21 to 100- \$214.50/day (from 209.50/day)

- Medicare Part B
 - Monthly Premium
 - \$206.50/month (from \$185.00)
 - Deductible
 - \$288.00 annually (from \$257.00)

- Medicare Part D
 - Deductible
 - Maximum= \$615.00 (from \$590.00)



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