

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015 (MACRA)

FREQUENTLY ASKED QUESTIONS

WHAT IS THE MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015 (MACRA)?

MACRA has many components, one of which is a limit on first dollar coverage in certain Medicare Supplement insurance plans for individuals considered "newly eligible", and a transition away from using Social Security numbers as identifiers.

It also includes a change to the way Medicare pays healthcare professionals. Currently, healthcare professionals are paid based on the number of services they perform. MACRA allows for healthcare professionals to be compensated on quality of care, as opposed to the number of services they perform.

WHO IS CONSIDERED NEWLY ELIGIBLE?

"Newly eligible" is defined as anyone who is turning 65 on or after January 1, 2020, or anyone who is eligible for Medicare benefits due to age or disability, (as defined by the Centers for Medicare and Medicaid Services- CMS), on or after January 1, 2020.

WHAT DOES MACRA REQUIRE?

As of January 1, 2020, MACRA does the following:

- Prohibits first dollar Part B deductible coverage on Medicare Supplement, so Plans C and F cannot be sold to those "newly eligible" for Medicare.
- Makes Plans D and G the new guaranteed issue plans for those who are "newly eligible" within the guaranteed acceptance rules for Medicare Supplement plans.
- Mandates that a Social Security Number can no longer be used as an identifier.

HOW ARE ENROLLEES IN CURRENT PLANS C AND F AFFECTED?

No change. Plans C and F can still be sold after January 1, 2020 BUT only to Medicare beneficiaries who were age 65 PRIOR to 1/1/2020, or first became eligible for Medicare PRIOR to 1/1/2020, regardless of what plan they had previously.

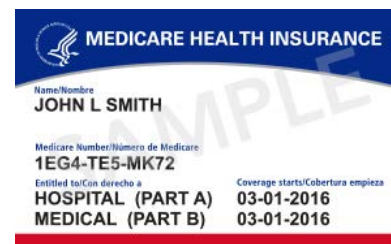
Plans C and F are NOT going away. Current policyholders can continue with their Plan C or Plan F beyond January 1, 2020. Example: A customer who bought Plan F, (or any other plan,) in 2018 can purchase any plan, including C and F, prior to January 1, 2020 or thereafter.

WHAT WILL THE NEW MEDICARE CARD DESIGN BE?

MACRA mandates the removal of Social Security Number (SSN), and based Health Insurance Claim Number (HICN), from Medicare Cards to address the risk of beneficiary medical identity theft and fraud.

- New numbers are unique and randomly assigned.
- The new number will be referred to as the Medicare Beneficiary Identifier Number (MBI).
- Beginning April 2018, new cards will be issued and will continue through April 2019.
- Review the new [Medicare Card design](#) and [press release](#) to learn more.

CARD EXAMPLE:



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FREQUENTLY ASKED QUESTIONS (CONT.)

WHAT DO YOU NEED TO DO NEXT?

Brokers and agents do not have to do anything at this time, except be aware of the new rules. If your customer gets a new card and number, you do not have to call the carriers. The customer should give the new card to his or her healthcare provider on their next visit, after receipt of the card.

STAY INFORMED!

Be on the lookout for upcoming webinars during and after the upcoming Annual Enrollment Period (AEP).

Pinnacle Financial Services will continue to provide more updates as they become available. If you would like more information, please visit the [NAIC website](#).

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