Nebraska Department of Insurance Roadshow 2024

NEBRASKA

TODAY'S PRESENTATION

- The Nebraska Department of Insurance Can Help
- ACA Open Enrollment
- Important Health Insurance Information
- Appealing a Denied Health Claim
- Health Insurance Updates
- Emerging Issues in Health Insurance
- Medicare Advice from the Expert
- Other Insurance Advice from DOI Experts

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DEPARTMENT OF INSURANCE FUNCTIONS

- General supervision, control, and regulation of insurance in Nebraska § 44-101.01

INSURANCE IS IMPORTANT IN NEBRASKA

- Nebraska's Domestic Insurance Market:
  - **1 in Surplus ($417,441,748,665)**
  - **3 in Assets ($1,039,659,567,608)**
  - **7 in Premiums ($41,919,302,158)**
- In Nebraska, we have **2nd highest** insurance job concentration for any state and one of the most renowned actuarial programs in the country.

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HEALTH INSURANCE: ACA MARKETS AND 2025 OPEN ENROLLMENT

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NEBRASKA HEALTH INSURANCE MARKET DISTRIBUTION 2017 to 2022

	2017	2018	2019	2021	2022
Direct-purchase (individual)	7.9%	7.3%	6.9%	6.7%	7.4%
Employment-based	55.6%	55.2%	56.8%	55.3%	53.9%
Medicaid/CHIP	12.5%	13.3%	12.6%	14.9%	15.7%
Medicare	13.4%	14.0%	14.2%	14.2%	14.5%
Military health care	2.0%	1.8%	1.6%	1.8%	1.8%
Uninsured	8.6%	8.5%	7.9%	7.0%	6.8%

***2022 is the most recent year available for state-specific market percentages in this table and there is no data available for 2020.**

- 65.9% of employment-based plan enrollees are in a self-insured plan in 2022.
- The Nebraska DOI has limited jurisdiction for self-insured/self-funded plans.
- See plan documents or contact HR for information on if your group health plan is self-funded.

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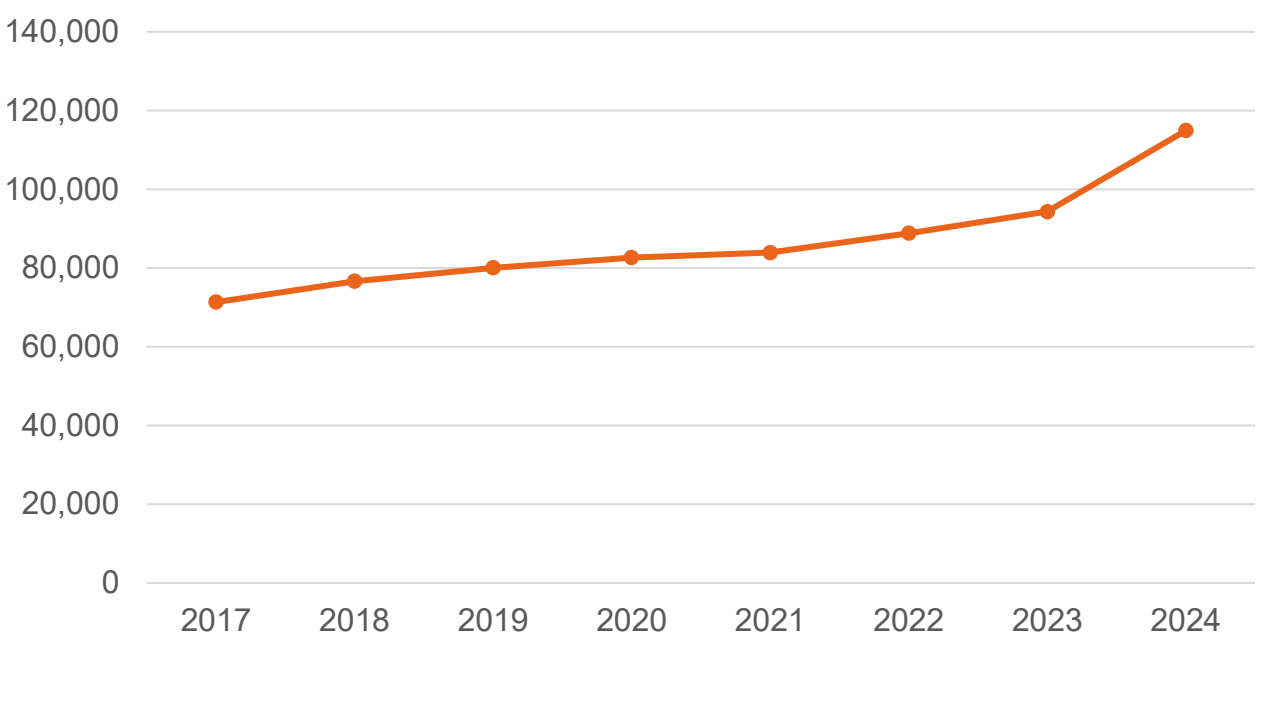
Source: KFF

ACA Individual Market



Nebraska Individual Marketplace Effectuated Enrollment								
Timeframe: 2017 - 2024								
Year	2017	2018	2019	2020	2021	2022	2023	2024
Enrollment	71,357	76,665	80,080	82,649	83,918	88,875	94,340	114,932

ACA Individual Market

ACA Individual Market		
Coverage for 2024 & 2025		
	Membership	
Carrier	Current 2024	Projected 2025
Nebraska Total Care/Ambetter	64,917	62,773
BlueCross BlueShield	16,808	21,951
Medica	34,121	35,056
Oscar	887	2,309
UnitedHealthare *(new in '24)*	0	5,204
Total	**116,733**	**127,293**

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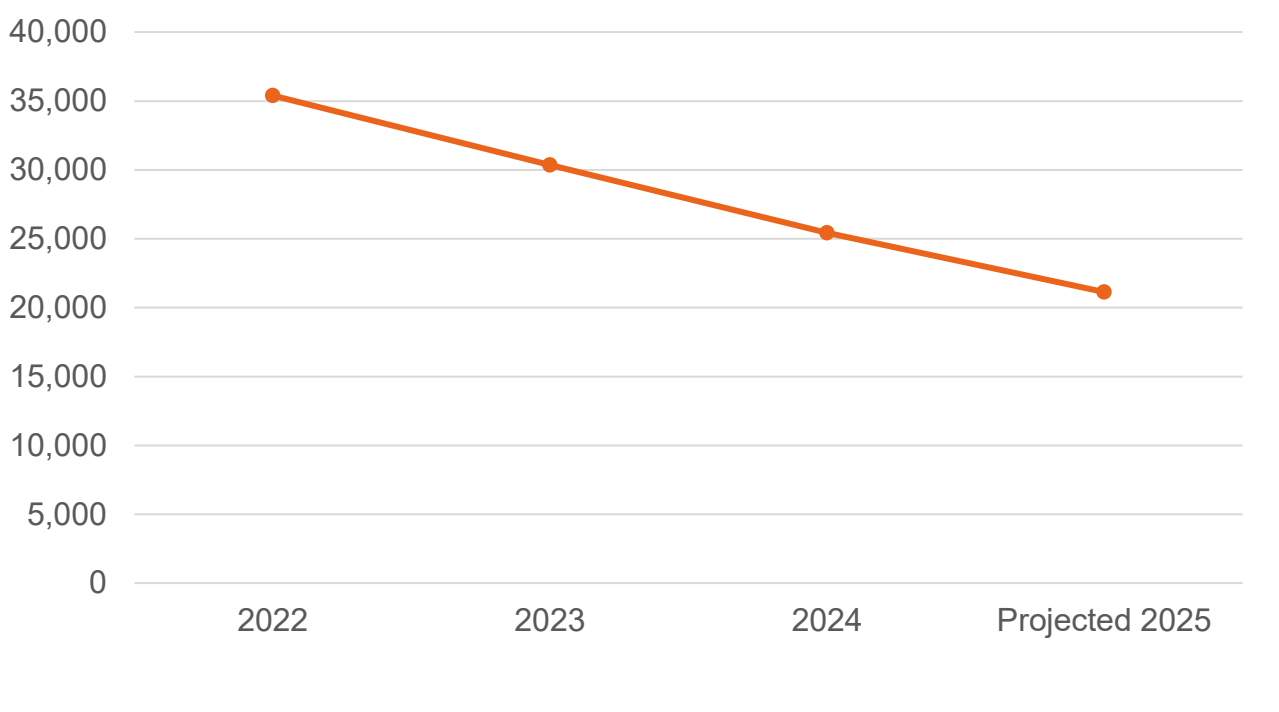
ACA Small Group Market



Nebraska Small Group Enrollment

Timeframe: 2022 - 2025

Year	2022	2023	2024	Projected 2025
Enrollment	35,406	30,357	25,445	21,148

ACA Small Group Market

ACA Small Group Market		
Coverage for 2023 & 2024		
	Membership	
Carrier	Current 2024	Projected 2025
BlueCross BlueShield	11,758	7,448
Medica	6,288	6,301
UnitedHealthCare – Midlands	117	117
UnitedHealthCare	7,282	7,282
Total	**25,445**	**21,148**

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ACA Enrollment

- **Open Enrollment begins Nov 1 till January 15**
  - To have coverage on January 1, you need to enroll by December 15
  - To have coverage on February 1, you need to enroll by January 15
- **PLEASE ONLY USE HEALTHCARE.GOV**
  - Work with a local agent to understand all your options and pick the best plan for you and or your family members

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SHOPPING FOR INDIVIDUAL HEALTH INSURANCE: ACA AND OTHER OPTIONS

- Compare the costs, including:
  - Premiums
  - Copays
  - Deductibles
  - Maximum out-of-pocket
  - Annual or lifetime limits (if non-ACA plan)

- Identify your current health care needs and keep these in mind as you compare health insurance policies.
  - Doctors
  - Services
  - Prescription drugs
  - Excluded services or waiting periods for pre-existing conditions (if non-ACA plan)

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Comparing Health Plan Metal Levels

How you and your insurance plan pay for your care	Bronze	Silver	Gold	Platinum
Deductible is generally	High	Moderate	Low	Low
Plan pays	60%	70%	80%	90%
You pay	40%	30%	20%	10%

NOTE: If you qualify for cost-sharing reductions, you **must** pick a Silver plan to get the extra savings.

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Health Insurance Marketplace Subsidies

- **Advance Premium Tax Credit (APTC)** – Works to reduce Policyholder's monthly payments (or premiums) for insurance coverage.
  - Only available for people who earn between 138%-500+% FPL

- **Cost Sharing Reduction (CSR)** – Designed to minimize Policyholder's out-of-pocket costs when they go to the doctor or have a hospital stay.
  - Only available for people who earn between 138%-250% FPL purchasing a Silver Plan
  - Out-of-pocket costs include: Copays, Deductibles, Coinsurance, Out of Pocket Max

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AMERICAN RESCUE PLAN ACT AND INFLATION REDUCTION ACT CHANGES TO APTC

- Beginning April 1, 2021 and continuing for all of 2022, the American Rescue Plan Act (ARPA) gave people increased APTC.
  - As a result of the federal government paying more of the premium and the insured paying less, over a third of the people with individual market coverage paid $10 or less per month for most of 2021 and all of 2022.
  - People earning more than 400% FPL no longer faced the “subsidy cliff.”
    - Instead, anyone who would have to pay more than 8.5% of their income for health insurance could qualify for subsidies, no matter what percentage of FPL.
- In 2022, the Inflation Reduction Act extended the ARPA changes to APTC for another three years.
  - For 2023 through 2025, the new APTC numbers will be in effect.
  - Need congressional reauthorization for expanded subsidies.

“FPL Cut-Off” 2024 Benchmark

- The highest income where an individual would still receive an APTC
- Anyone earning more would not receive assistance

	Age 25 Income Cut-Off	Age 45 Income Cut-Off	Age 64 Income Cut-Off
Rating Area 1	$62, 294.12	$89,593.41	$186,135.53
Rating Area 2	$64,992.00	$93,474.35	$194,196.71
Rating Area 3	$68,205.18	$98,095.06	$203,796.71
Rating Area 4	$78,152.47	$112,401.88	$233,521.41

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PREVENTIVE SERVICES AT NO COST

- The ACA preventive services mandate for individual, small group, and large group coverage requires certain preventive services be covered in-network without cost-sharing for plan participants.

- Preventive service benefits include: chronic diseases management such as diabetes screening, blood pressure screening, immunizations, mammography and colorectal cancer screening, annual physicals/exams, well-baby/child care, counseling and education and other health screenings.

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APPEALS AND EXTERNAL REVIEW

Everyone needs to know about this!

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Patients Have Notice of Their Rights

- Coverage documents carefully spell out the process for internal appeals and external appeals.
- EOBs also include appeal information.
- If you have a denied claim by law, the claim denials must provide:
  - **The reason for the denial**
  - **The process to appeal**
  - **Expedited review as an option if conditions are met (for both internal appeal and external review)**
- If the insurer continues to deny the claim after an internal appeal, notice is required. By law, that notice must include:
  - **The right to request more explanation**
  - **The right to an independent review**
  - **The right to expedited review if conditions are met**
  - **The deadline to request an external review**
  - **External review request forms and where to submit them**
- Public information is also available on the NDOI website

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Appealing a Denied Health Claim

- STEP ONE: Internal appeal with the health insurance company.
  - Insurer has 15 working days to complete (Insured or Provider on behalf of the insured has 180 days to submit appeal after denial)
  - 72 hours if expedited
- STEP TWO: External Review
  - Initial paperwork (Insured or Provider if assigned as authorized representative must submit within 4 months after final adverse determination)
  - Eligibility determination (Insurer has 5 days to determine eligibility)
  - Independent Review Organization assigned
  - IRO Decision (within 45 days, 72 hours if expedited)

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External Review Basics

- External review is only available after an internal appeal to give the insurer a chance to correct a mistake or change its mind.
- An Independent Review Organization is a third-party medical review resource which provides objective, unbiased medical determinations that support effective decision making, based only on medical evidence by a specialist in the area of the denied service or claim.
- **Patient can appoint your doctor as an authorized representative to help advocate about details of the medical service or treatment**
- External Review Denial reasons include:
  - **The requested service or treatment is "not medically necessary"**
  - **The requested service or treatment is an "experimental" or "investigative" treatment**
- ***This process is paid for by patient's Insurer.**

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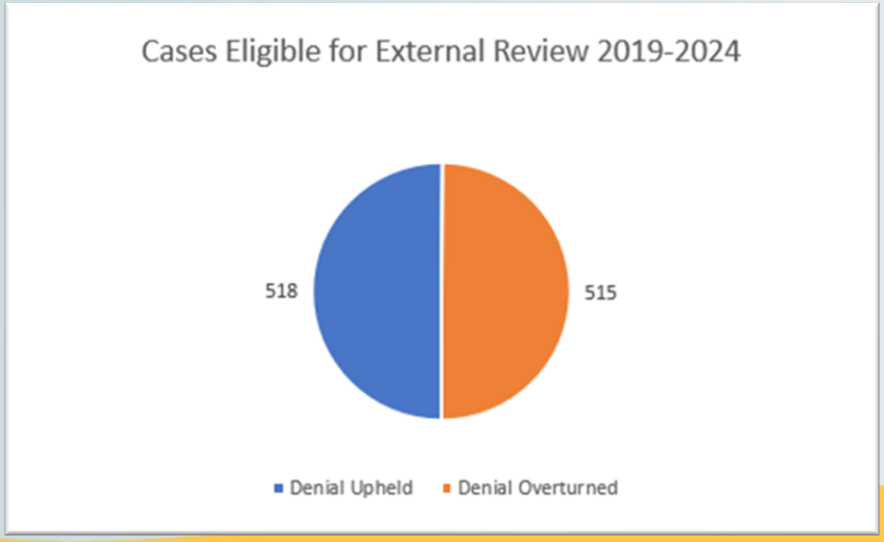
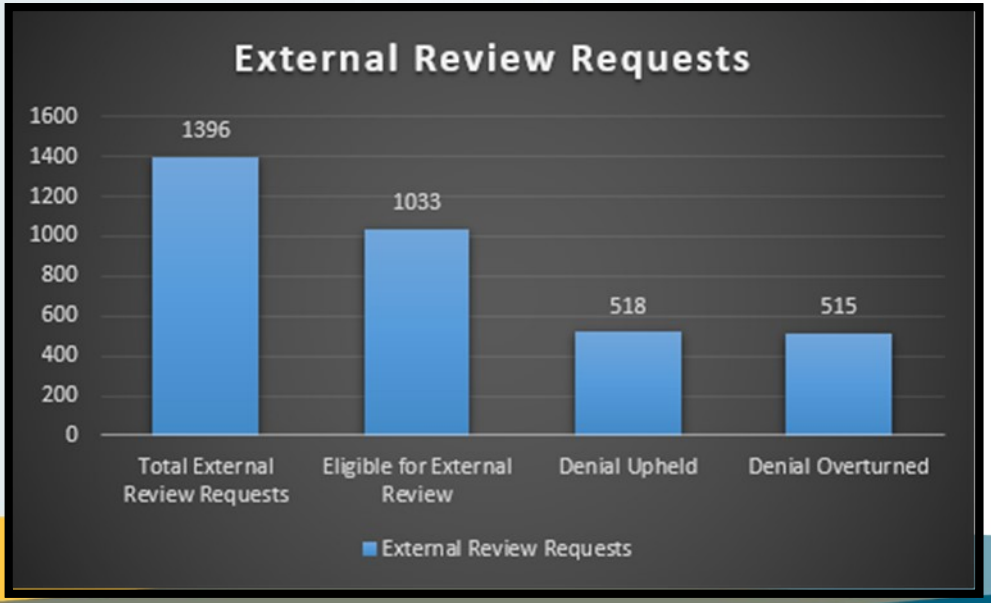
Balanced Program

- External Review Statistics
  - Since 2014: 896 cases have been overturned
  - In the past 5 years:
- Number of external review remain consistent (136% increase from 2022 to 2023, 362 in 2023 and 265 in 2022)
  - Nebraska averages over 270 cases every year





More Information Online and External Review Portal

- Nebraska Department of Insurance web page for health insurance appeals and external reviews: https://doi.Nebraska.gov/appealing-denied-health-claims
  - Includes explanations of each step of an appeal and resources
- Secure portal for online external reviews is linked on this page
- Portal features:
  - All users have verified credentials to keep information safe
  - External review paperwork is all completed online
  - Healthcare providers can complete paperwork and contribute additional information through the portal
  - Insurers provide information on the internal appeal in the portal
  - Independent Review Organizations issue their decisions through the portal to all participants' email

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HEALTH INSURANCE UPDATES

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MENTAL HEALTH PARITY COMPLIANCE REQUIREMENTS

- **Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).**
- MHPAEA requires that health insurers provide mental health and substance abuse disorder benefits at parity with medical and surgical benefits.
- The Consolidated Appropriations Act of 2021 includes Title II, Section 203 (referred to as “Section 203”), which aims to improve compliance with MHPAEA.
- Under Section 203, health insurers must perform and document comparative analyses of how every plan design they offer applies non-quantitative treatment limitations for mental health and substance use disorders, and make this analysis available to the federal HHS and DOL upon request.
  - States also have authority to request this documentation.
  - MHPAEA new final rules dropping soon.

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SURPRISE BALANCE BILLS

- Balance bills sometimes occur.
  - 1 in 5 emergency claims.
  - 1 in 6 in-network hospitalizations.
- Insured patients are left to pay hundreds or thousands of dollars for care at an in-network facility because an out-of-network provider was involved in the episode of care.
- In the past few years, state and federal laws have been passed to address surprise balance bills.
- **Insureds can file a complaint with the Nebraska Department of Insurance, and we can open an investigation into the issue.**

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NO SURPRISES ACT – WHAT PATIENTS NEED TO KNOW

- The law applies to individual and group major medical insurance, and also applies to self-insured employer plans.
- For emergency services, surprise bills are banned, even if you go to an out-of-network facility.
  - For emergency services, all you will be charged is your plan's in-network cost sharing (copay, coinsurance, deductible) even if you go to an out-of-network facility.
- For non-emergency services at an in-network facility, surprise bills are banned for certain additional services.
  - Examples: anesthesiology, radiology, and labs.
- Healthcare providers are required to give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections.
- Non-emergency services at an out-of-network facility can still be balance billed.

NO SURPRISES ACT

- **Federal No Surprises Act (signed in the closing days of 2020)**
  - https://www.cms.gov/nosurprises
  - Allows state balance billing laws to remain in place but fills in gaps where the federal law goes further.
  - Emergency is defined to last longer into a hospital stay past stabilization.
  - Reimbursement amounts are negotiated using informal dispute resolution (IDR), each party submits a best final offer, the IDR determines which is most reasonable.
    - The plan's median in-network rate can be considered, but the billed charge and Medicare rates cannot be considered.
  - Non-emergency services provided by an out-of-network provider at an in-network facility are covered, but a patient can waive protection and agree to balance billing if they wish to use a particular provider.
  - Enforcement will be a joint effort between the state and federal governments.

EMERGING ISSUES IN HEALTH

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Types of Health Insurance

- **Major Medical –** coverage is ACA complaint
- **Short-term Medical –** referred to as STLDI or “mini-med.”
- **Supplemental insurance –** under the “health” umbrella includes hospital indemnity, limited benefit, specified disease, or disability insurance.
- **Discount Medical Plans** (just a discount, not insurance) and **Healthcare Sharing Ministries** (NOT INSURANCE) also fall under this umbrella
- **Medicare Advantage –** covers Medicare Parts A & B through private market insurers
- **Medicare Supplement –** also called “medigap,” for people who are not enrolled in Medicare Advantage plans

HEALTH CARE SHARING MINISTRIES

Disclaimer required for all applications and guideline materials distributed by or on behalf of a Health Care Sharing Ministry, per Neb. Rev. Stat. § 44-311:

IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

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Telemarketers and Internet Advertising

- Internet misrepresentations usually start with a customer searching for health insurance online.
  - Pop-up internet ads or posts on social media are two common methods used to reach people.
- Once the customer contact has been established, internet chats or phone calls are where the misrepresentations get made.
- Sometimes just the fact that a person searched for ACA individual market plans and this website came up as a result can be misleading.
  - Example: “healthcare.com” instead of “healthcare.gov”
- Lead generators may collect information about people looking to purchase health insurance, then sell those contacts to agents.
- ***BE CAUTIOUS WITH YOUR PERSONAL INFORMATION**

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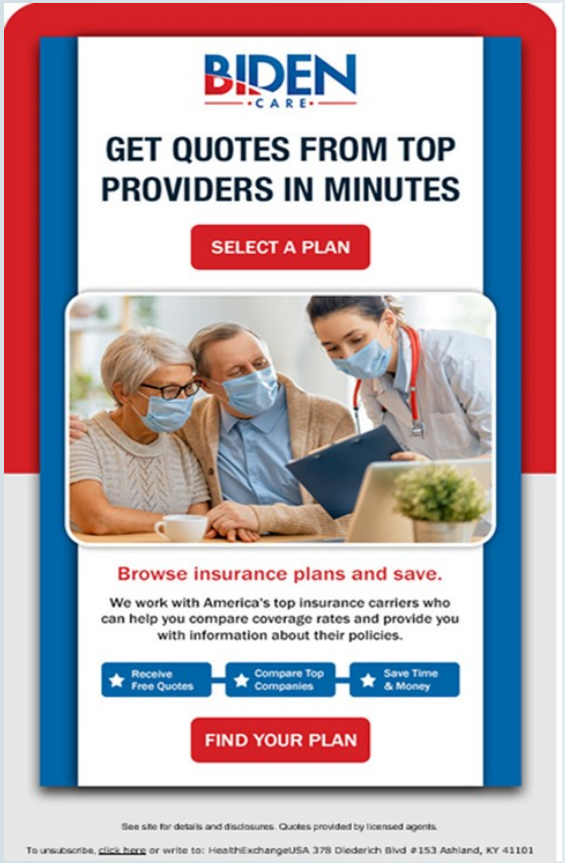
Examples



Martin,

View updated Health Insurance plans available in NE.

Compare Trumpcare plans from the top insurance companies. Huge savings on healthcare costs may be available.

View Plans →

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Examples (more)

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Improper Marketing of Health Insurance

- Model law changes/updates on marketing
- Agent/Plan Switching
- Federal government involvement

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Snapshot of 2023 Insurance Fraud in Nebraska

- Types of Insurance Fraud
  - Property/Casualty Ins. = 788 cases and $8,830,265.38 reported losses
  - Life/Health Ins. = 153 cases and $5,100, 225.66 reported losses
  - Agent or Internal Fraud = 33 cases and $29,436.55 reported losses
  - Other Fraud = 6 cases and $4,000.00 reported losses
  - In total = 980 cases = **$13,963,927.59**
- Counties
  - Cases were found in 57 out of 93 Nebraska Counties
  - **759 (77%) were in Douglas, Lancaster, and Sarpy Counties**
- The aftermath
  - Prosecution = **20 cases (16 suspects)**
  - Convictions = **44 cases (34 suspects)**
  - Restitution = **17 cases and $106, 920.55**

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Medicare Emerging Issues

- 1557 Final Rule and Impact to Medicare Supplement
- Medicare Advantage Provider Withdrawals
  - The state does not have control over MA plans other than financial status and agent marketing
  - NAIC comment letters

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MEDICARE

SHIP | SMP

Local help for Nebraskans with Medicare

Preventing Medicare Fraud

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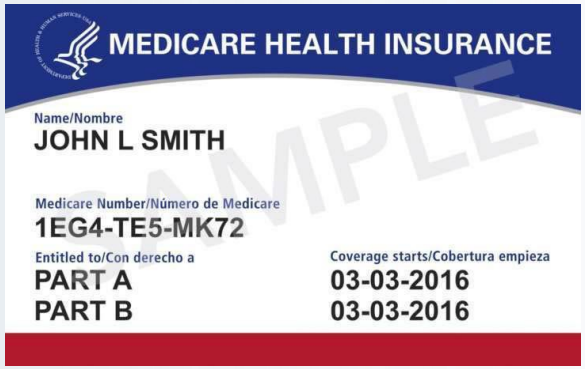
What is Medicare?

- Federal Health Insurance created in 1965
- Must meet one to qualify:
  - 65 or Over
  - Qualifying Disability
  - End-Stage Renal Disease (ESRD)



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What is Medicare?

Original Medicare

Part A (Hospital) — Part B (Medical)

Medi GAP — Part D (Drugs)

Supplement

OR

Medicare Advantage

Part C
(Hospital, Medical, and Drugs)

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Part A – Hospital Insurance

- Pays for:
  - Inpatient Hospital Care
  - Skilled Nursing Facility Care
  - Home Healthcare
  - Hospice
- Premium free for most
- Inpatient Hospital Stay in 2024
  - $1,632. deductible per inpatient hospitalization
    - Pays for first 60 days
  - Daily copay for days:
    - 61 – 90 - $408./day
    - 91 – 150 - $816./day
- Skilled Nursing Facility Stay
  - Medicare Part A covers first 20 days at 100%
  - Daily copay of $204. for days 21 - 100

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Part B – Medical Insurance

- Pays for medically necessary outpatient services:
  - Medical Expenses
  - Lab and Diagnostic Testing
  - Outpatient Hospital Treatment
  - Durable Medical Equipment
- $174.70 monthly standard premium in 2024
  - Higher wage earners pay more
    - IRMAA
    - Based on tax return from two years prior
    - Imposed on modified adjusted gross income greater than:
      - $103,000/individual
      - $206,000/couple

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Part B – Medical Insurance

- Committee Statement (Corrected): LB852: Summary of purpose and/or changes:
  - "Medigap insurers are being presented with "excess charges" claims for expensive motorized "scooters" that are submitted as Medicare covered durable medical equipment ("DME"). These claims are submitted by nonparticipating suppliers to Medicare for payment, and beneficiaries are then "balance billed" an enormous amount. Medigap insurers have been paying these "excess charges" claims in full to satisfy policyholders and to avoid complaints. These "excess charge" claims are becoming more frequent and more expensive. Insurers and state regulators are concerned about the appropriateness of these claims by nonparticipating DME suppliers and the resulting impact on Medigap premiums."

Part B – Medical Insurance

- LB852
  - Prevents a supplier that is not participating in the Medicare program and who does not accept Medicare assignment from charging a Nebraska Medicare beneficiary an amount more than 15% over the Medicare approved amount.

Medicare Savings Program

- Lower income earners can receive assistance paying for Part B premiums
  - Single
    - Income < $1,715/monthly
    - *Assets < $9,430
  - Married
    - Income < $2,320/monthly
    - *Assets < $14,130
- Apply at ACCESS Nebraska
  - 1-855-632-7633
  - www.ACCESSNebraska.ne.gov

* Assets do not include car or home

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Medicare Supplements

- Optional extra insurance
  - Purchased from private insurance company
  - Standard plans
  - Guaranteed renewable
- Pays for Part A & Part B
  - Deductible
  - Copays
  - Coinsurance
  - $35 - $640 per month
- One-time Guarantee Issue or “Medigap Open Enrollment” period
  - Six-month window
  - At age 65 or over
  - When Part B begins for the first time
- After Guarantee Issue underwriting will determine
  - Offer or refusal of policy
  - Premium

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Medicare Supplements

- Committee Statement (Corrected): LB852: Summary of purpose and/or changes:
  - “LB852 is a bill that was introduced by Senator Jacobson. It would add two new sections to the Medicare Supplement Insurance Minimum Standards Act (Act) (currently found at Neb. Rev. Stat. § 44-3601 to 443610) and would amend two other statutes within the Act. The Act was originally passed in 1980 and was intended to prevent fraud and abuse of the elderly when purchasing Medicare supplemental insurance (commonly referred to as Medigap).”
- LB32 (as amended by AM2252)
- LB32 adds a new section to the Act. The new section would require issuers of Medicare supplement policies or certificates in Nebraska to issue such policies to state residents under 65 who are eligible for Medicare by reason of disability or end-stage renal disease.

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Medicare Supplements

- AM2252 removed those individuals who are under 65 with end-stage renal disease from qualifying for Medicare supplement policies or certificates under LB32
- AM2252 also removes the weighted average formula for calculating premiums rates of those under 65 and adds new language allowing insurance companies to charge different premium rates for those under 65 than they do for those 65 or older, however, any differences in those premium amounts must not be excessive, inadequate, or unfairly discriminatory and must be based on sound actuarial principles and be reasonable in relation to the benefits provided. The premium for those under 65 may not exceed 150% of the premium for a similarly situated individual who is 65.

Medicare Supplements

- Finally, AM2252 adds new language stating that an individual who is under 65 and is eligible for a Medicare supplement policy or certificate by reason of disability shall be subject to the same open enrollment rules applicable to an individual who is 65 and eligible for a Medicare supplement policy or certificate beginning on the first day of the first month that the individual turns 65.

Part D – Drug Insurance

- Coverage for brand name & generic prescriptions
- 22 plans in Nebraska in 2024
- Monthly Premium
  - $0.50 - $123.50
  - IRMAA on higher wage earners
- Deductible
  - $0 - $545.
- Copay/Coinsurance
  - $0 - 50%

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Part D – Drug Insurance

- Plan Formulary (drug list) - Federal law requires coverage of at least two drugs from each class of drug category
  - HIV/AIDS treatments
  - Antidepressants
  - Antipsychotics
  - Anticonvulsive treatments for seizure disorders
  - Immunosuppressant medications
  - Anticancer drugs
- Drugs assigned by Tier Level

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Part D – Drug Insurance

- Restrictions
  - Prior Authorization
  - Doctor must show medical necessity
  - Ensures drugs are used correctly/safely
- Step Therapy
  - Must try less expensive drug first
  - Identifies cost-effective drugs
- Quantity Limits
  - Limits quantity of certain drugs within a period
  - Ensures safety and cost control
- You may request an exception to these restrictions; the plan reserves the right to honor the request.

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Part D – Drug Insurance

- Actual drug plan costs will vary depending on:
  - The drugs used
  - The plan chosen
  - Whether drugs are on the plan's formulary
  - Which tier the drug is assigned to
  - The pharmacy chosen
    - Preferred
    - In-Network
    - Out-of-Network

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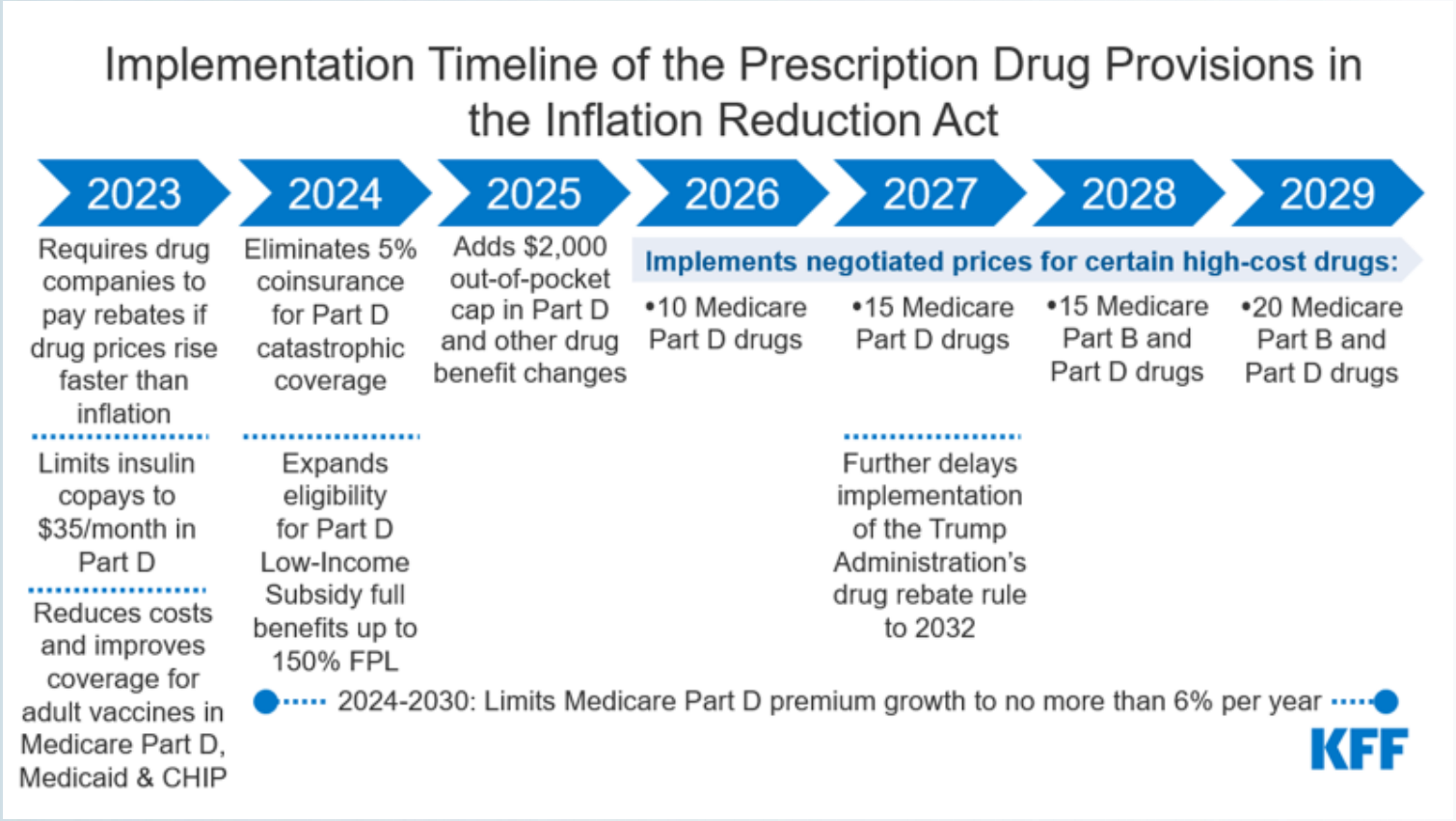
Part D – Drug Insurance



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Part D – Drug Insurance

- Current Law:
  - Enrollees pay Part D Out-of-Pocket (OOP) obligations as they are incurred, at the pharmacy point-of-sale (POS)
- Inflation Reduction Act (IRA) Statute:
  - Section 11202 of the IRA, signed into law in August 2022, requires Part D sponsors, starting January 1, 2025, to provide their plan enrollees with the option to pay OOP costs under the plan in monthly amounts that are spread throughout the year.

Part D – Drug Insurance

- Calculation Overview:
  - All plans use the same calculation for program bills
  - Under the program, an enrollee will not pay more (or less) overall than they would outside of the program
  - Monthly amounts can vary throughout the year based on new OOP costs enrollee accumulates
  - Under the IRA, the OOP max for Part D is $2000 in 2025
  - Late fees, interest payments, or other fees, are not permitted under the program
  - Part D sponsors must have a financial reconciliation process in place to correct inaccuracies in billing and/or payments

Part D – Drug Insurance

- Part D Enrollees Must opt into the Program to Participate:

Program Election Before Plan Year

- Before a year begins, enrollees can opt into the program during Open Enrollment, Initial Enrollment Period, or Special Enrollment Periods
- Request must be processed by the plan within 10 calendar days
- Encourage election before the plan year so enrollees can maximize the benefits of the program, and Prevent any drug dispensing delays

Program Election After Plan Year has Begun

- After a plan year has begun, enrollees can opt in at any point during the plan year
- Request must be processed by the plan within 24 hours to reduce drug dispensing delays
    - The pharmacy does not have a role in facilitating election into the program

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Part D – Drug Insurance

- Opting Out:
  - Voluntary: Participants can opt out at any time by contacting their Part D plan
  - Involuntary: If participants fail to pay their program bill, the Part D sponsor can remove them from the program
  - Part D sponsors are not permitted to terminate enrollment in the Part D plan itself based on failure to pay program bill
  - Enrollees are still required to pay their overdue balance

Part D – Drug Insurance

- Protections for Program Participants: Because there are consequences for not paying a program bill, protections include:
  - Requirements for Part D sponsors to issue timely notices for missed payments;
  - Offer a grace period of at least two months if a program participant fails to pay a monthly billed amount;
  - Part D sponsors must provide a reinstatement process to allow individuals to resume participation in the program in the same plan year if they demonstrate good cause; and
  - Part D sponsors must provide meaningful procedures for the timely hearing and resolution of grievances – they will use the same, existing grievance process required under Part D

Part D – Drug Insurance

- Extra Help or LIS (Low Income Subsidy) helps pay Part D cost
  - Single
    - Income < $1,903/month
    - Assets* < $17,220
  - Married
    - Income < $2,575/month
    - Assets* < $34,360
- Apply at www.ssa.gov or at Nebraska SHIP & SMP

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Medicare Advantage (Part C)

- Alternative to Original Medicare
  - Purchased from private insurance companies
  - Must be enrolled in both Part A & B
- Blends Part A, Part B, and usually Part D
  - Must offer equal/better coverage than Original Medicare
  - May offer extra benefits
    - Dental
    - Vision
    - Hearing
- Availability varies by county
  - Cherry county does not have this option

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Medicare Advantage (Part C)

- HMO (Health Maintenance Organization)
  - In-network providers can offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers charge you 100% of the cost of the service
- PPO (Preferred Provider Organization)
  - In-network providers can offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers charge higher copay/coinsurance and out-of-pocket maximums
- PFFS (Private Fee-For-Service)
  - No network. Providers may decide to accept the insurance
- Cost Plans
  - In network providers can offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers, coverage is provided by Original Medicare, Part A and/or Part B

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Enrollment

- Initial Enrollment Period
  - At age 65 or
  - After 24-month qualifying period if eligible due to disability (SSDI)
- Special Enrollment Period
  - When losing coverage from active employment
- Annual Open Enrollment (Part D or Medicare Advantage)
  - October 15 – December 7
- Medicare Advantage Open Enrollment
  - January 1 – March 31 (Only available to people enrolled in an Advantage plan.)

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Enrollment

- Special Enrollment Periods (SEP) may be available based on an individual's situation. Examples that may provide a SEP can include:
    - You change where you live
    - You lose your current coverage
    - You have a chance to get other coverage
    - Your plan changes its contract with Medicare
    - Other special situations
        - Eligible for both Medicare and Medicaid
        - Qualifying for or losing Extra Help
        - Medicare Advantage 'Trial Right'
        - Five-Star Plan

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Protecting Yourself & Medicare

- Medicare Fraud and Abuse:
  - Costs Medicare $60 billion annually
    - Providers billing for services not received
    - Providers ordering unnecessary tests/procedures
    - Compromised Medicare Information
  - Potential results include:
    - Tax dollars lost
    - Medicare fund at risk
    - Less money for benefits
    - Higher Medicare premiums/costs
  - What about errors?
    - Human error exists
    - Most medical/health professionals are honest
    - Only review and investigations will determine truth

Fraud Activity in Nebraska

- New/Plastic Medicare Card Scams
- Genetic Testing Scams
  - Cancer
  - Pharmacogenetic
  - Heart Disease
- COVID-19 Testing Scams
- Catheter Scams
- Back Braces and Other DME Supplies Fraud Calls
- Fraudulent Calls and Text Messages

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What Can You Do?

- **Protect**
  - Social Security number/Medicare number
  - Shred letters with personal identifying information
  - Medicare does not call or visit

- **Detect**
  - Review Medicare Summary Notice (MSN)
  - Review Explanation of Benefits (EOB)
  - Keep records/Healthcare Journal

- **Report**
  - Ask questions
  - Call Nebraska SHIP & SMP – 1-800-234-7119

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Nebraska SHIP & SMP

- Medicare information by phone, in-person or via WebEx
- Cost comparisons for Part C, Part D & Supplements
- Medicare enrollment help and problem solving
- Fraud prevention education and reporting
- Extra Help application assistance
- Presentations for your group
- 1-800-234-7119
- https://doi.nebraska.gov/ship-smp

SHIP | SMP

Local help for Nebraskans with Medicare

Preventing Medicare Fraud

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ADVICE FROM THE EXPERTS

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Most Common Complaints

- Life and Health Insurance:
  - Claim denied or delayed
  - Premiums or billing
  - Misrepresentations
  - Coverage questions
  - Life:
    - Cash value of policy, surrendering policies
  - Health:
    - Out-of-network providers
- Property and Casualty Insurance:
  - Auto:
    - Liability and comparative negligence
    - Total loss settlement
  - Homeowners:
    - Roof damage vs. wear and tear
    - Siding matching
    - Ground water vs. sewer backup

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Advice From the Experts Health Edition

- Contact the Department of Insurance sooner rather than later with insurance issues.
- Consult with an agent when searching for ACA individual major medical insurance.
  - Know what companies are selling ACA-compliant health plans in Nebraska before browsing online for coverage.
- Health care providers can leave or join a network during the plan year, so verify the provider is in-network with each visit.
- Health insurance premiums should be paid in full, not partial payments.
  - This will avoid policy termination for failure to fully pay.
  - Understand that the grace period will not last forever, it is important to keep current on payments.
- Ask questions and know what you are buying.
  - Lower premiums for health insurance typically mean the plan is not as comprehensive as an ACA major medical policy.

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Advice From the Experts Auto Edition

- If your vehicle is totaled, the company does not owe you for a new car.
  - It will pay you the **actual cash value (ACV**) of your vehicle.
  - The ACV is what your vehicle was worth before it was totaled, based on third-party data.
- Nebraska law allows the use of aftermarket parts to repair vehicles.
  - The parts must be of equal kind, fit, and quality.
  - If you want the **original equipment manufacturer (OEM)** parts, you will pay the difference in cost.
- Nebraska law does **not require an insurance company to provide you with a rental car** if you are a third-party claimant in an accident.
  - The at-fault driver's insurer may provide a rental car to you as a courtesy if that insurer accepts liability for the accident.
  - The only time rental coverage is given is if you have purchased rental car coverage under your own policy.

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More Advice From the Experts

- Don’t sign anything before you read it and understand it.
- A roofer/siding salesperson may not be your best guide to Nebraska insurance law.
  - Nebraska is not a matching state for siding and/or roofing. The company owes for direct physical damage caused by a covered peril.
  - The regulation says reasonable match in the area, and the NDOI does not determine reasonable match.
- Check your life insurance beneficiary designations.
- The Department of Insurance:
  - Does not mediate claims settlements.
  - Will investigate a company’s claim handling to ensure a thorough claims investigation was done in accordance with applicable laws and regulations.

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Life Insurance Policy Locator

- The NAIC Life Policy Locator can help find life insurance policies and annuity contracts of a deceased family member or close relationship.
- The Life Insurance Policy Locator has matched more than $1 billion in life insurance benefits and annuities to beneficiaries.
- When a request is received, the NAIC will:
  - Ask participating companies to search their records to determine whether they have a life insurance policy or annuity contract in the name of the deceased you entered.
  - Ask participating companies that have policy information to respond to you, as the requestor, if you are the designated beneficiary or are authorized to receive information.
- Online at https://eapps.naic.org/life-policy-locator/#/welcome

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Questions

CONTACT INFORMATION

- Maggie.Reinert@Nebraska.gov
- Martin.Swanson@Nebraska.gov
- Jonathan.Burlison@Nebraska.gov

- Department of Insurance web site: https://doi.nebraska.gov/
- SHIP Hotline – 800-234-7119
- NDOI Office Number – 402-471-2201
- Investigation Complaint Division 402-471-0888 or (in-state only) 877-564-7323
- Online complaint form: https://doi.nebraska.gov/consumer/consumer-assistance
- External review information: https://doi.nebraska.gov/appealing-denied-health-claim

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