

SENIOR ISSUES (B) TASK FORCE

Senior Issues (B) Task Force Aug. 13, 2024, Minutes

Senior Issues (B) Task Force July 18, 2024, Minutes (Attachment One)

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Senior Issues (B) Task Force
Chicago, Illinois
August 13, 2024

The Senior Issues (B) Task Force met in Chicago, IL, Aug. 13, 2024. The following Task Force members participated: Scott Kipper, Chair (NV); Peni “Ben” Itula Sapini Teo, Vice Chair (AS); Lori K. Wing-Heier represented by Sarah Bailey (AK); Mark Fowler represented by John Buono (AL); Ricardo Lara represented by

matter, and it is fortunate that Louisiana is a partnership state, so its Medicaid program does help provide some services that help those individuals make the determination between keeping their high-premium policy with a reduction in benefits or dropping the policy so they can afford other life necessities. She said this particular individual retired from a chemical plant so they had the financial backing to keep the policy, but they reduced some of the benefits.

Dufrene said she started her job when she was 34 years old, and after the first week, she went home and told her husband they needed long-term care insurance (LTCI). She said she comes from a family where both sets of grandparents had some form of dementia or Alzheimer's disease. She said that as she looked at the policy and began to understand it, she knew in the years to come, she was not going to be able to afford this policy or the benefits. She believes LTCI is a good policy, but it has priced itself out for the average citizen, which is sad because folks will have to rely on their state Medicaid programs, which do not have the funding or the facilities to house people who truly need LTC. She said nursing homes are not prepared for these people, and they will go into a lockdown unit, and that's where they stay while their family hopes their loved one is receiving some type of care. She said there is nothing set in place for those individuals to get better care for their loved ones or go into

federal government in the meeting that could provide more information but also said she presumed the Medicare plan finder topic came up during the SHIP/SMP conference in New Orleans.

Swanson said there are retirees with limited incomes who were placed on this plan based upon what their employer did, such as Union Pacific in North Platte, NE, which is a huge employer. He said it is unknown what will happen next. He said the offices of Rep. Adrian Smith (R-NE) and Sen. Deb Fisher (R-NE) have made inquiries, and there are many concerned people in Nebraska who need answers. Swanson suggested the Task Force write a letter to CMS asking what this process is, how these things are determined, and when it will make a final determination.

Henderson echoed Swanson's comments and has been seeing the same thing happen in Louisiana. He said a couple of the main plans are terminating contracts with rural health hospitals, which will cause a large problem going forward. He asked how the beneficiaries will be serviced in their communities when there is no hospital contracted with Medicare Advantage plans that they signed up with years ago.

Seip asked if any additional detail can be given as to why representation from MDHPCAG is not here and what is the delay in hearing from them. She asked if they are working on a response, or if they are just not being responsive. She said it would be helpful to know so the next steps can be planned.

Commissioner Kipper said it was his understanding MDHPCAG simply backed out of sending any representation. He said he did not know if this was for budgetary reasons or if it was simply deliberate. He said he will ask Derrick Claggett (CMS) if he has any further information, but he does not want to unnecessarily castigate them but said it is interesting that they are not in attendance when they knew that this was going to be a bone of contention for the Task Force. He asked Torian if he had any additional information.

Torian said he did not have any additional information, but Claggett is in attendance, and he might be able to provide some insight. He said this is not his area and does not know why MDHPCAG backed out. Commissioner Kipper said Claggett has been a great mentor to the NAIC and, in his opinion, an honest broker, and the Task Force appreciates everything he has done for and with this Task Force and the NAIC. He said he knows this is not an easy couple of questions coming up, but he appreciates his attempt to answer them.

Claggett said he is a senior advisor for Medicare and CMS, and his group is responsible for all aspects of enrollment for Parts A, B, C, and D. He said his group manages the enrollment provisions that allow consumers to migrate in and out of Medicare. He said that his colleagues from MDHPCAG were originally scheduled to be here, but he found out a couple of days ago that they were not going to be able to attend, and he apologized for their absence. He said he understands the significance of the issue, the passion behind it, and the individuals who are affected and impacted in a very negative way.

Claggett said he can offer a peripheral answer as to how a significant provider network change occurs. He said his enrollment group is responsible for establishing special enrollment periods that allow people to migrate in and out of Medicare Advantage plans. However, this particular policy is linked to MDHPCAG's determination that a significant provider network change has occurred. Once that determination is made by MDHPCAG, a special

are developing a comprehensive response. Some states have contacted their congressional representatives, and he has forwarded all that information to MDHPCAG. He said he does not know any further information about what is happening at MDHPCAG or why they have not responded.

CMS also has another SEP, where the secretary of the Department of Health and Human Services (HHS) has the

Torian read a question from the WebEx chat from Arizona asking if there is a specific division that a beneficiary should contact to request this SEP. Claggett said beneficiaries can contact 1-800-Medicare, and they will route their call to the appropriate representative.

Dufrene responded to Bartuska's comments that the carriers do not have to send a letter to the beneficiaries that are going to be affected by the termination, and that it is incumbent upon the facility. She said in their annual notice of change letters that will be coming out in late September or early October, that information should be outlined; however, most consumers do not go through every single piece of mail. It is going to be incumbent upon SHIPs to work with the providers that they know are being terminated to get that information out to beneficiaries to let them know what their options are moving forward.

Bill Schiffbauer (Schiffbauer Law Firm) said there are a couple of things to consider when thinking about a letter. The number of solutions that have been discussed is dependent on individual case-by-case issues, which means

to figure out how it will be applied and the role of state laws. Webb said this is not just a Medigap issue,

consumers then were not allowed to go into other plans as result of qualifying for a GI open enrollment scenario when a carrier pulls out of certain county. She said the issue of when an insurer has to discontinue a certain product because they're too populated in a certain area under federal guidelines should fall on the Feds to determine if these scenarios qualify for not only an open enrollment situation but more importantly a GI situation.

Rhoads asked Swanson if he could explain again what CMS explained. Swanson said the process is that the hospital notified CMS, as did the carrier. He said CMS gave the proper email box for the information from the hospital to go to but the hospital has not heard back yet on resolution. He said the CMS representative for the area and for the company is aware of it as well and is working with the folks back in DC about whether or not an SEP under the new guidance is warranted to get these enrollees back into original Medicare.

Bartuska said they reached out to their CMS contact and he told them to email them every time this situation or scenario arises because then they will have to look into the whole network adequacy and, if these hospitals aren't taking this insurance, then there's a whole network issue. She said their State Health Insurance Assistance Program (SHIP) department is in the DOI and some people have to be veered away from some carriers because that consumer will not be in the network and have to make clear to SHIP clients to carefully look at the network before a plan purchase. She said the intent is not to necessarily c=veer people into insurance but people do need doctors. Swanson said their SHIP is not in the DOI and they cannot give them any advice as they do not

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terminating certain providers, particularly in rural areas. She said she has a real concern about the marketing that will happen, especially because of the legal freeze on HHS' efforts to control agent commissions. She said there needs to be much more discussion about this.

Having no further business, the Senior Issues (B) Task Force adjourned.

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