

talkingMEDICARE with Mangus

News to Use for Agents in the Senior Market

A Publication of Senior Marketing Specialists

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Social Security Lump-Sum Death Payment

A surviving spouse or child may receive a one-time special lump-sum death payment of \$255 if they meet certain requirements.

Find out more here: <https://www.ssa.gov/planners/survivors/ifyou7.html>

Pamphlet – 2017 Survivors Benefits: <https://www.ssa.gov/pubs/EN-05-10084.pdf>

Why is this important? According to LIMRA “A large portion of people procrastinate when it comes to shopping for life insurance – not knowing what kind of life insurance they should buy or how much coverage they need. Only about one third of adults have someone they consider their agent or financial advisor, who could help them determine what they need. Research shows an advisor’s ability to educate, listen and develop trust are the qualities most desired by consumers.”

ACA - 2018 Annual Open Enrollment Period

The final rule adjusts the annual Open Enrollment period for 2018 to more closely align with Medicare and the private market. The next Open Enrollment period will start on November 1, 2017 and run through December 15, 2017, encouraging individuals to enroll in coverage prior to the beginning of the year. The final rule can be found, here: https://www.federalregister.gov/documents/2017/04/18/2017-07712/patient-protection-and-affordable-care-act-market-stabilization?utm_campaign=hcgov_ab&utm_content=english&utm_medium=email&utm_source=govdelivery

Why is this important? AEP time management is a key to a successful enrollment period. This change can add additional time constraints on an already busy schedule.

What's an ACO?

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. A primary care physician coordinates all levels of care of an individual including seeing specialist, receiving ongoing care or going into the hospital. Beneficiaries do not enroll they are assigned through participation of their physician. The physician is required to notify the Medicare beneficiary that they are participating in an ACO. The goal is to increase quality of care and reduce unnecessary cost by documenting and coordinating care for quality and efficiency and taking advantage of any preventive care possible. This provider payment model is in lieu of the traditional fee for service model. Only people with Original Medicare can be assigned to an ACO. You can't be assigned to an ACO if you have a Medicare Advantage Plan (Part C), like an HMO or a PPO.

When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.

<https://www.medicare.gov/manage-your-health/coordinating-your-care/accountable-care-organizations.html>

ACO Video: <https://youtu.be/MZaa1QROQAU>

CMS Alternative Payment Models - The Medicare Shared Savings Program (Shared Savings Program), Next Generation Accountable Care Organization (ACO) Model, Comprehensive End-Stage Renal Disease (ESRD) Care Model (CEC) and Comprehensive Primary Care Plus (CPC+) Model all apply the concept of paying for quality and effectiveness of care given to patients in different health care settings.

ACOs in Your State: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/ACOs-in-Your-State.html>

Why is this important? Over 359,000 clinicians are participating in Alternative Payment Models and More than 12.3 million Medicare and/or Medicaid beneficiaries are served by them.

The Talking Medicare Book is now available!

This is a compilation of posts from 2016, all in one place for your convenience.

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