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Medicare Benefits 2024: 5 Positive Changes for Seniors

More than 65 million seniors across the country benefit from Medicare, a government health insurance program.

When Does Medicare Start?

At age 65, you become eligible for Medicare if you are a U.S. citizen. You do not have to wait until you retire to apply for the program.

You can enroll in Medicare beginning three months prior to your 65th birthday. You can also do so during the month of your 65th birthday or during the three months that follow. (If it's your first time enrolling in Medicare, learn more about rules that are making it easier to sign up.)

Can I Get Medicare at Age 62?

Certain individuals may be able to secure Medicare coverage earlier than age 65. For

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instance, if you have end-stage renal disease, ALS, or a disability, it's possible you could qualify.

What Are the Different Parts of Medicare?

Medicare's four main parts cover different aspects of health care:

- Part A covers institutional care in hospitals and skilled nursing facilities. Part B pays for doctor visits and preventative care. This includes routine lab tests and certain outpatient treatments**.** Parts A and B serve as the so-called "traditional" parts of Medicare.
- You can choose to enroll in the alternative to traditional Medicare, Medicare Part C, or Medicare Advantage. Part C plans bundle Parts A and B (and sometimes Part D) with other benefits, such as dental or vision care.
- Medicare Part D coverage, which is often optional, covers many of your prescription medications.

Medicare Updates for 2024

Although 2024 Medicare premiums are seeing an increase, there are nevertheless a few bright spots.

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Starting on January 1, 2024, Medicare enrollees may be pleased to hear about several positive changes taking place. These include the following five updates:

1. MEDICARE'S MENTAL HEALTH COVERAGE IS EXPANDING.

- If you need a licensed mental health provider, you will be more likely to able to find a professional near you who accepts Medicare. About 400,000 more of these providers added nationwide by Medicare will include marriage and family therapists as well as mental health counselors.
- Medicare can now help if you require treatment for alcohol abuse or substance use disorder. Older Americans are currently suffering from a substance abuse epidemic. In 2022, roughly 4 million seniors aged 65 and older were living with an addiction. Covered treatments will now include such services as psychotherapy, prescription drugs, and screenings.
- Medicare will now cover up to 19 hours per week for intensive outpatient mental health care for qualifying patients. This includes enrollees who are struggling with serious mental health illnesses or substance abuse.

2. UP TO 3 MILLION MORE PEOPLE COULD QUALIFY FOR EXTRA HELP PAYING THEIR MEDICARE PART D PREMIUMS.

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As of the start of 2024, the Medicare Extra Help Program will strive to boost its number of enrollees through various outreach efforts. Extra Help assists low-income seniors and people with disabilities. However, many who are eligible do not currently participate in the program, sometimes because they remain unaware of its existence.

In addition, another 300,000 individuals who already are part of the program will see their benefits expand further. They'll see their out-of-pocket costs for their prescription medications drop by an average of $300 a year. These enrollees also will not have to pay a premium or deductible.

3. IF YOUR SPECIALTY MEDICATIONS ARE PARTICULARLY PRICEY, YOU WILL SEE CONSIDERABLE SAVINGS IN 2024.

Many people rely on certain expensive medications to treat such serious health conditions as cancer. Even with Medicare Part D, they may have no choice but to pay tens of thousands of dollars out of pocket each year for them.

If your prescription drugs covered by Medicare cost you more than $8,000 out of pocket, you will not be responsible for any other co-pays or coinsurance for the remainder of the calendar year. This is because Medicare Part D enrollees, as of 2024,

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will no longer have to pay a 5 percent co-pay for catastrophic coverage.

Note that if you rely solely on brand-name prescription medications, you will end up spending roughly $3,300 out of pocket to avoid the 5 percent co-pay. (Even better, come 2025, Part D enrollees will not pay more than $2,000 out of pocket for their prescription drugs in any given year.)

4. YOU'LL PAY NO MORE THAN $35 A MONTH FOR INSULIN SUPPLIES COVERED BY MEDICARE PART D.

As part of the Inflation Reduction Act, price cuts on insulin became effective on January 1, 2024. Medicare Part D plans therefore cannot charge enrollees more than $35 per month for insulin included in their plan. Part D deductibles for insulin supplies will no longer apply, either.

The cost of this medication has tripled over the past decade or so. Even for people who require insulin daily, many are still unable to afford it. In 2022, more than a million individuals with diabetes chose to ration their insulin supply because of the cost, according to one report.

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5. IF YOU SUFFER FROM CHRONIC PAIN, MEDICARE WILL NOW COVER YOUR MONTHLY SERVICES.

For the first time, people receiving Medicare who have persistent or recurring pain lasting longer than three months now can have such services has medication management and pain assessment covered by their plan. (You will still need to pay for your Medicare Part B deductible and coinsurance.)

Work With a Professional

If you need assistance navigating Medicare, reach out to a qualified elder law attorney in your area. They can help you understand how to apply for or qualify for Medicare benefits.

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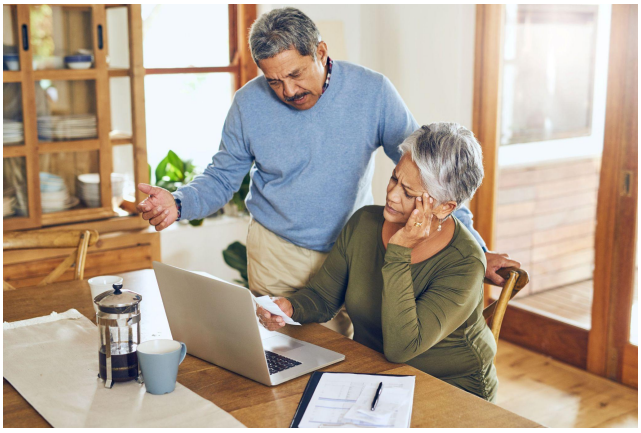
Medicaid Redetermination: In One State, Many Didn't Renew



Results of a recent survey led by the Department of Health and Human Services in Utah reveal that more than half of the state's residents who lost their coverage during Medicaid's "unwinding" process in 2023 did not attempt to resecure their benefits.

What Is Medicaid?

Medicaid is a federal program that serves Americans with limited income, providing health insurance for seniors, people with disabilities, and other populations. To be eligible for Medicaid benefits, you generally must have no more than $2,000 in cash assets. Each state runs its own Medicaid program, so many of the other rules and benefits of the program tend to vary widely depending on where you live.

Medicaid Redetermination and the COVID-19 Public Health Emergency

Traditionally, Medicaid agencies in each state review their list of current enrollees on a

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periodic basis to determine who no longer qualified for benefits. These agencies may disenroll people if, for example, their income has exceeded the asset limit. Prior to the COVID-19 pandemic, the expectation under this re-evaluation process was that enrollees would report any changes to their income or other relevant circumstances that could affect their ability to qualify for Medicaid.

When the pandemic struck, the federal government put a pause on this so-called Medicaid redetermination process. This prevented states from removing any Medicaid recipients from their books. As a result, more than 20 million people were able to receive Medicaid benefits on a continuous basis during the pandemic.

Many who received Medicaid during this time did not realize that, once the COVID-19 Public Health Emergency expired in the spring of 2023, Medicaid agencies would return to their customary practice of reassessing enrollees to determine who was still eligible for Medicaid coverage.

(Check to see whether your state's Medicaid agency has completed its Medicaid redetermination process.) Many Medicaid recipients also were not aware that they may have had to apply to renew their coverage.

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Confusing Processes May Deter Renewals

According to survey participants, state agencies most commonly have disenrolled them from Medicaid because their income had become too high to qualify for the program. Yet, as the findings suggest, Medicaid recipients consider the processes to apply and to renew confusing. In fact, more than half – 57 percent – reported that they had not tried to renew their Medicaid coverage. Fifty percent of survey participants said this was because they found the renewal process difficult, while 44 percent found it difficult to review and fill out the Medicaid forms.

Nearly one-third of respondents said they ended up without any insurance coverage after they lost Medicaid. More than half reported they had minor children living in their home who had been receiving these benefits. As Kaiser Family Foundation (KFF) reports, experts are concerned about individuals who may have lost access to care or seen their medical bills pile up.

In Utah, this is of particular concern because data shows that Utah is among the top three states in the country where people had lost their Medicaid coverage because of procedural reasons. Disenrollment for procedural reasons can happen when a state has out-of-date information on its enrollees or took too long to process a recipient's

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renewal paperwork.

Of those who did attempt to reapply, almost three-quarters of them discovered they were no longer eligible, according to their state agency.

More than 1,000 residents of the Beehive State who were former Medicaid recipients took part in the survey.

Renew Medicaid: Consult an Elder Law Attorney

The steps you need to take to qualify or apply for Medicaid can be daunting. If you have lost your Medicaid coverage or don't feel comfortable navigating the application or renewal process, reach out to a qualified elder law attorney near you today. They will have the necessary expertise on the Medicaid rules specific to the state in which you live. You also can contact your state's Medicaid agency or your local State Health Insurance Program (SHIP) for guidance.

In addition, you may find reading the following articles on Medicaid renewals insightful:

- What to Do If You Lose Your Medicaid Coverage
- Medicaid Renewals Resuming: The Information Gap

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Few Medicare Enrollees Receive Meds for Opioid Use Disorder

In the United States, 2.1 million people suffer from opioid use disorder, which is the chronic overuse of opioids leading to significant distress or impairment, per the National Library of Medicine. The opioid epidemic claimed 83,827 lives in the United States in 2022.

While substance abuse has been escalating among older Americans, it's an issue that has largely fallen under the radar. Yet, as chronic conditions increase and worsen with age, opioid use disorder disproportionately affects older adults because treatment for chronic pain can involve potentially addictive medications. According to the National Institute on Drug Abuse, pain affects as many as 80 percent of older cancer patients and 77 percent of seniors with heart disease. Forty percent of outpatients 65 and older report pain.

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As opioid misuse affects older adults and people with disabilities, Medicare covers treatment for opioid use disorder. Opioid use disorder impacts 1.1 million Medicare recipients, and in 2022, 52,000 Medicare enrollees experienced an opioid overdose, a recent report from the United States Department of Health and Human Services (DHHS) reveals. The DHHS suggests that the accurate number of overdoses were likely higher because recipients could have received care not billed to Medicare.

What Medicare Covers

Medicare supports services and prescription medications to treat opioid use disorder.

- Part B covers services in opioid treatment programs. Treatment programs enrolled in Medicare provide care without a copayment, but copayments may apply for supplies and medications.
- Part D covers prescription drugs, including buprenorphine and methadone.
- When an enrollee receives treatment in a hospital, Part A covers methadone.

Services Medicare covers also include substance use counseling, individual and group therapy, and periodic assessments in person and online. The program also pays for drug testing and overdose education.

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Lack of Access to Medication

While Medicare covers prescription medications for opioid use, few enrollees receive them. The DHHS report found that only 18 percent of Medicare enrollees struggling with opioid dependence received medication such as naloxone, buprenorphine, and methadone.

In some states, the percentage of people receiving medication was lower. In Florida, Texas, Kansas, and Nevada, fewer than 10 percent received medication to treat their opioid use disorder. Florida – the state with the highest number of enrollees suffering from opioid abuse – had the lowest rate of 6 percent.

Older adults also received less medication compared to younger Medicare recipients. Only 11 percent of older people struggling with opioid dependence received medication in 2022, compared to 29 percent of recipients under 65 who qualified based on disability.

This treatment disparity contrasts with the prevalence of opioid use disorder among older adults. Enrollees who qualified because of age account for 60 percent of the cases of opioid use disorder.

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Changes in Naloxone Access

When an opioid overdose causes breathing to stop, the generic drug naloxone and its brand name equivalent, Narcan, work by restoring breathing, preventing suffocation.

Although the percentage of Medicare recipients who got medication for treatment for opioid use disorder was low, the number who used the overdose reversal medicine naloxone reached a record high. Upwards of 600,000 individuals on Medicare got naloxone through Part D in 2022. This marked a 36 percent increase from 2021.

In September 2023, Narcan became available over-the-counter (OTC), resulting in generic brands also becoming OTC. The change to OTC could improve access for some people, as they do not have to go through providers to obtain the overdose reversal drug.

However, this also poses a problem for Medicare recipients. Because Part D only covers prescription drugs, it will no longer cover naloxone. For some, the price of the drug may be cost-prohibitive. Narcan's suggested over-the-counter price is $44.99.

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Other options for Medicare enrollees to receive the life-saving drug include the following:

- Some Medicare Advantage Plans cover OTC naloxone.
- Depending on the state, dual enrollees in Medicare and Medicaid may get coverage through Medicaid.
- Recently approved by the Food and Drug Administration, nalmefene nasal spray is a prescription drug that Part D covers. Similar to naloxone, this medication stops an overdose.

Seeking Professional Help

If you or an older loved one struggles with opioid use disorder, be sure to support them in getting the help they need. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a free and confidential national helpline at 1-800-662-HELP. You can call this hotline any time of day, any day of the week to receive treatment referrals and other information in both English and Spanish.

In addition, an attorney can help you determine what treatment options Medicare may cover for your loved one. They may also be able to assist with obtaining covered

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treatment services. Find a qualified elder law attorney near you for guidance.

Access the full report in PDF format for further insights.

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