LMH Health
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Conversations and Comparisons
Medicare and Medicare Advantage

My name is Mimi Meredith and I am proud to be associated with LMH Health and so glad to see you all here tonight. It's a great showing of our community. It's been fun to see so many people, run into old friends here, so I'd say we should do this more often but it will be under different circumstances.

We have a great panel this evening and some other experts here to help you as well including our own wonderful CFO Rob Chestnut, and I'll introduce him to open us up with some welcoming remarks.

Thanks, Mimi. I hope we do… we're able to get together under different circumstances but thank you for coming. This has been a big transition for us. I think one of the things first saying this is an incredibly confusing topic for everyone, not only providers but obviously for all of our patients and especially for Aetna and Humana Medicare Advantage patients and we know that we've now contributed to that confusion.

So our goal here is to basically figure out how to transition your care so that you can continue to be LMH Health patients and I think that what you'll find is that for as many Medicare Advantage members there are out there, there are that many plans and that is really how confusing it is. Because the permutations on just Aetna and Humana are in in the dozens. You know whether you've obtained it from a retirement through your former employer or signed up as you know, there are a number of plans out there. So again you know I think that we know that open enrollment comes up on October 15th. One of the things that's really important to remember is we're here to try to help this transition as much as we can. The brochures that we passed out and I'm sure there'll be a number at there some at some time we'll display that, but one of the things we do have what I would say is a Medicare Advantage hotline that we have. What we've done is do I need to advance this? Okay, I-what we've done is really Mary Goodlett is becoming our expert on this. We've now fielded over 650 calls with just different individuals talking about, "What's your plan? What is your in or out of network benefit?"

In some cases that that is a good alternative. So there's a lot of things to think about here and again you know this was a difficult decision for us to make because we recognize how much transition it's created for people. But regardless of that I think one of the things is we've gathered a group of panelists here to talk about this and I think what this is just a start for us, which is how do we get as much education out there as possible. There'll be other opportunities to interface with other brokers in town that can help navigate that because it is an individual decision and an individual evaluation. Out of the number of folks that we have which is roughly around 4,000 that have are affected in some in some way or fashion, there are 4,000 different scenarios and that's really what makes this super challenging. So again thank you all for coming and obviously this is a very very important topic for us, and I'll turn it back over to Mimi to introduce our panelists.

Thank you so much. Thank you, Rob. So there's Mary's number and take a screenshot with your phone or write that number down. We're going to introduce the panelists and Shannan if you want to pick up the mic and hit the red button on the bottom - red button on the bottom and then do you want to test it to see if it's on? Shannan we're going to start with you, if you want to just introduce yourself and tell us a little bit about you, that'll be great.

Okay, my name is Shannan Flach. I work for the Kansas Hospital Association. I spent before that about 15 years in hospitals. I have a finance background but really what the Hospital Association does is as far as Medicare goes is we have the direct contact with CMS Medicare and our Kansas congressmen in DC where we're trying to help them set policies and understand and what the regulations need to be around the Medicare and Medicare Advantage program. So on top of that, we try to educate our community and our congressmen about the struggles that Medicare and Medicare Advantage make for our hospitals and I'll explain a little bit about that when we talk about

knowing your facts around your choice of Medicare versus Medicare Advantage and we'll talk more about that here in a second.

Hi, I'm Mary Lawson. I am the billing supervisor for Medicare also for follow up and I've been here (at LMH Health) for about 20 years. I'm not fully in the Medicare business but I've been here 20 years and have a great group of staff that is working diligently with you, you know to try to get information out to you guys regarding this.

Hello, everyone. My name is Pat Brown. I'm actually a local financial adviser here in town and I have an expertise in Medicare planning. I've been doing that for about 10 years. I got into it because my mom was going through the process and I just became so angry what this you know information that was out there, so that's what kind of got me involved and just really trying to understand as much as I possibly can. I'm also on the board as a trustee.

Hi, I'm Lori Phillips. I work for the Senior Resource Center. I'm the Health Resources coordinator there and I'm also in charge of the Senior Health Insurance Counselors for Kansas program for Douglas County. I recognize some people here who have used us or at least come to the Senior Resource Center. If you don't know us, you need to know us because we can help you with your insurance free of charge. We don't get any commission, we don't get any kickback. We are underpaid but we can help you get what's best for you and I'll talk to you more.

Hi, my name is Shari M. Quick. I'm a physician here at LMH. I've been in practice here at LMH for 21 years and I was in Topeka for three years prior to that. I also serve on the Board of Trustees with Pat. So I'm here to let you know how Medicare Advantage plans have affected my patients in both our clinic setting, I have a partner that does outpatient work, and then in the hospital center.

Thank you so much our panelists. So we're going to pass the mic back down to Shannan. We'll start with Shannan who's going to give us an overview from the Kansas Hospital Association and then I'm going to ask the initial questions of our panelists, and this is Cindy who's going to run the show for her. Nice and if they if those questions don't cover what you want to know then we'll have an open time for questions and answers and that will include our friends who are listening and watching from the overflow rooms. We'll have runners to bring your questions into our panelists as well so let's get started with Shannan.

Thank you. So I think we're going to spend about 10 minutes here just going through the basics of Medicare. Let's do that first. Let's set the stage and that will help you with the asking questions and you know what your concern is right now. So real quick, the difference between what we call original Medicare and Medicare Advantage. Original Medicare is your Part A and Part B and most of the time most people will have a Part D part of that which is the prescription drug and then may also have a Medigap plan which is a supplemental plan that supplements some of those co-pays, deductibles that you have in part A and Part B. You will to have the all inclusive you're going to have to have all four parts.

Medicare Advantage is a private insurance. It's not the federal program, it's a private insurance that the federal government is paying such as United Health Care or an Aetna or any of those others to run on their behalf but because of that they are private insurance. They are able to set a lot of times their own policies and regulations around the care. Okay, so that's called part C. That is going to replace your A, B and D and a lot of times your Medigap plan as well.

So if you sign up for a part C and this sometimes is mistaken-people don't understand this-you're giving up you're A & B. You're giving up your federal government program and you're signing up with the private insurance company, so that is just a definition. Moving on, so again we're here we're talking a little bit more and - will they get these slides or not? Okay, so I won't go into much detail but this is just giving you some again explanation about the

A, B, C, D and the Medigap but the one thing I want to make sure you understand, you sign up for part C, you have just given up A & B.

Okay so just a quick question - go on to the next Slide. So Part C - again this is a Medicare-approved plan from a private insurance company that offers an alternative to original Medicare. The plans vary and I'm sure you know - you're getting those phone calls, you're getting those mail, mailers. One thing as to why the federal government put in Part C is they thought that there are some gaps in original Medicare. A lot of times it doesn't pay for eye care, it doesn't pay for dental care, and they so they thought well maybe if we turned it over to private insurance they can start adding those but at a reduced cost. And sometimes you've got to remember that they're doing it at a reduced cost. So we'll talk a little bit more about knowing your facts about what you're getting if you're signing up for a Part C plan.

So moving on-so go ahead. So what are the five main differences? And this is where, again we just want to make you- it is your choice what you sign up for you know. We KHA is not going to say don't sign up for this or don't sign up for - it is your choice but know your facts. If you sign up, the five main differences is one going to the doctor. One thing you should know, original Medicare contracts with 99% of the Physicians. In other words, you probably are going to be able to go to anybody you want physician not going to have a problem. Medicare Advantage has narrow networks. They do this again because they're-- they're trying to direct you to certain people, certain providers and because of that it doesn't mean you're always going to have a choice between every physician. They are going to pick most of the time the cardiologist you're going to go to, the cancer doctor you're going to so again know your facts, still your choice.

Number two-covered care. Original Medicare there quite it is pretty straightforward what they're going to cover and what they're not. You know there's a few things that are going to be out an ever like they said they don't do dental, they don't do vision, they don't do hearing. You may get that with Medicare Advantage but what we've seen with Medicare Advantage on those extras is you got to have approval from them to go see. It doesn't always mean that they again they're able to set their own policies and regulations so even though they advertise that you are going you get dental, you get - your dentist is going to have to approve for that care. It's going to have to approve by the insurance company and the insurance company says okay you know we'll let them come get their cavity filled, for example.

Okay so again, something to know is network. Well actually, we've already talked about this, is that most of the time they're based on limited networks so a lot of times you may have to travel longer distances to find that specialist that's in there.

Cost - I know they advertise a lot about free. Sometimes you get what you pay for and there's sometimes it's going to be a surprise. We've seen lots of examples where either you're going out of network or you're in the hospital and those undisclosed things are going to cost you and there's a lot of facts out there that show there's been lots of examples where you've actually paid more out of pocket even though it's considered free. Okay, so completely your choice just know what you're getting into. Read the detail in those contracts, know what it says, and know what has to be authorized before you are approved for it.

There's lots of denials going on in hospitals and I'm sure they're going to talk about that a lot where the patient needed an MRI and they've again had to have it approved for Medicare Advantage where with original Medicare they don't have those prior auth regulations like they may in a Medicare Advantage plan.

So and then lastly, again we just talked about approvals and authorizations-most services with original Medicare do not require prior authorization. An approval from Medicare doesn't mean that there aren't a few, there are a few that yes, the doctor has to have approved. Medicare Advantage almost all plans have a list of everything that has to be authorized and it gets overwhelming for the physicians and hospitals constantly on the phone trying to fight

for those patients to get approval to have those services is done and they can tell more of the stories but there's been lots of stories about patients that needed services and they're not getting them sometimes with Medicare Advantage because they can't get it authorized and approved. So know what you're getting into that's all we're going to really say, know what you're getting into. Read the fine facts. There are some difficulties that hospitals are seeing more with Medicare Advantage versus original Medicare and it comes back to caring for the patient and again to support a little bit about what LMH is, I know they made some tough decisions here but just keep in mind they're making them because they feel the patients are not being taken care of right and that's concerning them.

So with that, what else do I have - you know I can go into through a little bit of the statistics that were shown. 99% of Medicare Advantage plans have prior approvals I apologize I did not bring my glasses and I can't read through them all but you can read through all of those there are clear statistics out there showing the concern that LMH has right now with Medicare Advantage that's making it difficult and they're seeing their patients being harmed. I'm going to read those go for it because I'm not sure that the other rooms can see this clearly, so the statistics are 99% of Medicare Advantage plans require approvals and authorizations before care can be given. 53% of the time, physician judgment is overruled by the Medicare Advantage plan. Dr. Quick, I know you can speak to that. 94% of Physicians polled said authorizations delayed medical care. I'm going to read that one again. 94% of Physicians polled said those authorizations delayed medical care. Roughly one in five who left their Medicare Advantage plan in 2021 cited problems getting the plan to cover medical services and 3.4 million Medicare Advantage requested authorizations were denied in 2022.

Shannan, I want to thank you and Cindy so much for driving over to be with us this evening. We value the Kansas Hospital Association and everything you do for our state and to add on for hospitals, but mostly for the people of Kansas who deserve great healthcare so thank you. I know that's okay again more information they will get on some know your facts infographics that they will be telling out about again those questions you need to be asking if you're thinking about signing up for Medicare Advantage. There are certain questions you need to be asking the insurance company, you need to be asking your physician. Yes, thoughts and so and we have that we repurposed your flyer on all of that and if you did not get a flyer tonight we will attach that to an email. If you email us, we will email that flyer back to you so that you have all those questions at your disposal. Perfect. Thank you again so much.

So on to one of the Marys who might be able to answer your questions. I don't know if at LMH Health we decided everyone who takes Medicare questions has to be named Mary, but it's a coincidence for sure, so Mary when you're fielding those calls, what are some of the top questions and concerns that you think folks here might share tonight. Well I haven't been taking the calls, Mary Goodlett has, so I appreciate that Mary. I'm on the billing side.

So what our top concerns that LMH is seeing are authorizations and denials. Traditional Medicare versus Medicare Advantage. Traditional Medicare has only 55 services that require authorization and only four of those are medications. Now Medicare Advantage has a significant amount of services that require authorizations including numerous medications and I'm talking oncology medications, the expensive medications. These are situations where we obtain an authorization and bill appropriately however when Medicare Advantage plans review, they want to do a level of care revision causing a lower reimbursement rate.

Our billing department has been overwhelmed with the volume of claims that require follow up due to payments, delays and disputes and with the increase in denials, this has led to an increased staffing need just to manage these issues. Unfortunately the time and resources spent on these challenges detract from our ability to focus on patient care and support. Those would be the two top ones is just those denials and I'm not just talking about inpatient denials, I'm talking about you know MRIs. We may have to tell a patient they have to come back because we couldn't get that Authorization.

Thank you so much, Mary. Thanks for all of you all that you do. And I know that Pat, you mentioned that you were initially not thrilled with what your parents were finding out when they were going through this maze and so that led you to this calling to dig in and find out more.

I want to ask how many of you are Humana or Aetna customers here tonight? Who had your…? Okay, so my guess is you all are here to find help finding something that could be comparable, so Pat could you tell these folks what is some guidance you would give them for things that they should look for?

Well I think ultimately you want to you know side by side see what you currently have, see what the coverages are, see what the costs are with the Medicare Advantage plans they're essentially out cart so basically it's going to be a cost for everything as you kind of go down the line.

One thing I will say kind of up front, definitely look at either finding you an agent or a broker to kind of help you through this process or use this. Well the only reason I mentioned it as far as a broker, someone that will actually educate you through this whole process are some people just like any service industry that are going to be kind of unscrupulous and I'll tell you as an agent, agents do get compensated more on these Medicare Advantage plans and so a lot of the commercials, a lot of agents may push these plans versus educating you on a Supplement Plan and the benefits of a supplement over Medicare Advantage. So I would advocate for that just to find someone that will really sit down with you and literally go side by side okay with Aetna, Humana, it cost this much for you know to go to the hospital, it cost this much for you know to see your doctor, etc. etc. But I would definitely say look at the cost comparison and kind of make a decision from that point. There's so much I can get into of the Medicare Advantage on enough we have that much time but so that's what I would say just to kind of do a side by-side comparison.

Okay, thank you so much. And Lori, I can just tell you are so eager. So I'm sorry, I'm going to take this over, I'm afraid. That's- that's alright we are so grateful to have the Senior Resource Center in our community and I just wanted to say there might be some advantages that are available through Medicare without Medicare Advantage that many folks here aren't familiar with because maybe Medicare doesn't have Joe Namath as a spokesperson. Just a thought. So could you speak to some of that for us?

Well sure, you know Joe Namath got paid big time for that and all of those people do for those commercials. I work at the Senior Resource Center. We see people and explain Medicare on a daily basis, how it works and why there are certain ways to go that might be best for you. You make the decision, but as I suspected, most of you are in Medicare Advantage plans now and there's a little bit of panic about it.

We have open enrollment during, between October 15th and December 7th for drug plans and Medicare Advantage plans, and we also have Medicare Advantage open enrollment between January 1st and March 31st. You will, you would call us, you leave your information –

Mary, I'm so sorry. I just want to do a quick fact check because for the folks here that have Humana and Aetna, if they waited until January, they don't have to – right, we just don't want anybody to think oh wait I have Medicare Advantage, I'll wait until January because their coverage wouldn't be accepted at LMH Health. That's right, that's right.

So what would be best for those people who do have Humana and Aetna is to go ahead and make an appointment for open enrollment at the Senior Resource Center. We don't charge you anything, we don't get any money for it. Brokers sometimes get up to $600 per person for signing you up for a Medicare Advantage plan so they have a reason to do that. We can help you find a different Medicare Advantage plan free of charge from us or we can maybe possibly help you go back to original Medicare.

You might think, “Well I didn't want original Medicare to begin with.” Well original Medicare you can take anywhere in the country and if you have a supplement it will follow you where you go. Sometimes it's a little tricky getting a supplement after you've had Medicare Advantage for a while but if you're leaving an employer insurance, if you're leaving retiree insurance, you can have a guaranteed issue right to get a Supplement Plan within 60 days of ending that insurance. And usually going back on original Medicare, you're already paying for Part B, it's already coming out of your Social Security. And then getting a Supplement Plan and a drug plan, usually that is cheaper and covers much more than a Medicare Advantage plan. You might have to get a separate drug, excuse me a separate vision plan or dental plan, but if you have a dental plan now you can sometimes go on to Delta Dental or Blue Cross Blue Shield or one of those other plans on a standalone plan. I don't want you to panic. We can help you and that's what we're, that's what we do.

And Lori, before you pass the mic to Dr. Quick, I just want to drill down a little bit farther in that. So all of that as you were listing off all those things, it sounded great but to me I heard a little cash register sound going off in my mind thinking oh but I'm going to be paying for each one of those things. Can you speak to the difference once a person is hospitalized, say hospitalized for more than three days of what the Medicare coverage is versus Medicare Advantage?

Well if you have Medicare and a Medicare Supplement, Medicare supplements pay the deductible which is about $1600 to be in the hospital to be an inpatient which is three days. Inpatient your supplemental plan would pay that, you wouldn't have a co-pay. Many of you would have Plan F, maybe high deductible, you wouldn't pay anything out of pocket other than your premium every month.

And some people say well yeah but that's a premium paying $200 a month for 12 months is $2400 right? When you're in a Medicare Advantage plan typically your out of pocket is anywhere between $3,000 and $8,000, so you don't have this this wonder of how much this is going to cost and you don't have the additional middleman Medicare Advantage plan making decisions for you. Your doctor says you need this MRI, you can get it. With a Medicare Advantage plan, they make you jump through hoops and I'm going to say this in in Kansas, in the state of Kansas, there are hospitals going out of business because of Medicare Advantage plans not paying them enough. So LMH is doing the right thing they have to, so that they'll be open for us in the future.

Thank you so much, Lori. And speaking of doctors, I'd like to ask Dr. Quick. Thank you so much for being here this evening and I know that you're in private practice, which means you don't have Mary necessarily and her team making those calls for you. You have to make the calls to challenge anything that comes up that might not be to the benefit of a patient so and if you can tell us about how the insurance coverage for your patients 65 and over because we could go on about insurance in general I'm sure but for those patients how does that impact your practice and what are some of the things you've seen?

Well I'd like to start by saying that this is a little something for you to remember as I as I go on. Delay care, deny care, defend payment. That is what I - that's my mantra every day. Okay, that is what I live by to try and take care of patients here in the hospital. As Mimi said, I'm in private practice but I contract with the hospital and I am the medical director of the fourth floor which is our rehab and skilled nursing unit, so that's where I'm primarily working to get patients.

So the delays in care, I - I will get a referral on a patient to bring them to rehab. I will go down and see the patient and they've had a stroke. They need rehab, there's no doubt about it and I say yes, yes absolutely let's get this patient up. Oh they have a Medicare Advantage plan, so I have to start the authorization with the insurance company. And we start the authorization and we wait and we wait because now we go into the second part of my day which is delay of care.

We wait and we wait, wait and we wait and sometimes we wait up to 10 days to get an answer if that patient is going to be allowed to come to the rehab unit. Typically it's three or 4 days - business days - so add in a weekend where the patient waits and sits down on the floor and waits, and nobody's getting good care. I mean they're getting great hospital care, but not the care that they need at the time they need to be on a rehab unit getting intensive rehab so that they can rehab from their stroke and get back home.

So while we wait, then they deny okay. So now I've got a denial, which I knew was going to come because it's a Medicare Advantage plan, so they offer me what's called a peer-to peer. What's a peer-to-peer? It sounds like it should be a physician that's in my area of specialty that I talk to and make a case to bring this patient to the rehab unit. No, I get to defend my case sometimes to an obstetrician, I would say probably not needed by any of your patient 65 old - not typically. I would never attempt to tell an obstetrician what is appropriate care for his or her patients but that's what I'm being told. They don't need this level of rehab, they can go to a nursing home and get it. All the studies show that people who go to acute rehab that can tolerate the intensity of it are going to get home faster and have a better outcome overall.

So I can quote all the studies but it doesn't matter. So I may - I may actually get to bring that patient to rehab but when I'm told I get to bring that patient I'm told authorization of care does not guarantee payment. Again what - what do I do with that? Well I bring the patient and I hope that the hospital and I get paid so that I can keep doing this every day.

So then I may be denied though, so the peer-to peer has denied, the patient either then has to go to that nursing home level of care for rehab or the family can appeal it. Now often times that appeal takes up to a couple of weeks and so either the patient most normally just goes to the nursing home and just doesn't appeal it because it'--it's not worth it at that point to them if they don't think it's worth the fight or they'll go to the nursing home while they appeal that decision and then we may get an approval and we bring them back to start the rehab process. But usually the patients end up at that nursing home level of care are there longer than they need to and while our nursing homes and our skilled facilities provide great care we have a skilled facility on fourth floor. We do a great job but there are certain types of patients that don't need to be there. They need to be on acute rehab.

So then it goes to the next part of my day, which is defend the payment. So on the back end when I get calls from my office manager saying well they decided that you didn't do you didn't do enough work to get paid this amount, they're going to downgrade you to this but if we just change some wording they'll go ahead and pay you at that higher level. Well I'm going to put in my chart what I did and I meet the criteria to bill a certain amount. That's what we expect to get we expect to get paid for the work we do. I'm not going to fabricate work. I'm not going - I'm not asking them to pay me more than what I need to be paid and it's the same thing for the hospital. They – we're often are having to defend these cases months and sometimes years down the road while they withhold payment for us. So how do you continue in a business where you have no guarantee of payment or you never know how much you're actually going to be paid and sometimes they pay you and then they realize that oh maybe we shouldn't have paid them that and they'll go pull it from another patient from another payment that they're coming so we'll get a payment for x amount of money but they've deducted this because they thought actually it should be down coded?

So this is what we deal with on a daily basis and all of it comes around affecting patient care. It affects patient care. I just want to walk in the room to traditional Medicare patients say you need rehab, let's get you up there tomorrow. We get you up, we get you going, we get you home. Thank you so much and thank you for all you do for our community, Dr. Quick. We appreciate you and your calling. So I want to open it up for questions and here's how this is going to work.

Since we're recording this for everybody to see later, I'm going to try very hard to hear your question and then I'm going to repeat it into the microphone, not only so that everyone can hear it but so that everybody who's getting the recording of this can hear it as well. So who would like to get us started tonight?

Yes sir. Yeah I'd like to ask Dr. Quick what you just said - does that apply to all Advantage or is a PPO treated differently? So the question is does the story that Dr. Quick just told about the day in the life of Dr. Quick, does that apply to only Medicare Advantage or is PPO different? Traditional Medicare or Medicare Advantage? Oh yes, then yes, it applies to all Medicare Advantage plans I but I will say that in terms of denials of care I see it much more with Aetna, Humana and United.

So I've got a - so I'm Mary. Mary Lawson, do you have anything you want to add to that question? Is that a retire plan - yeah that it's going to be the same thing. It, it would depend on if you had out of network benefits but you know you still have the same issues.

Yes ma'am. What about a PPO? Okay the question is what about a PPO? Lori or Mary? It's the same thing, it's -it's a - it's an advantage plan and you still have to get those authorizations. They're still going to be treated the same way. Yes ma'am?

Andely and they said because of that to be eligible to get a Medigap plan and I'm thinking back... Oh I'm sorry to hear that and if I understood correctly, tell me again the name of the plan that you're that's being discontinued? And a smart bit or fit Advantage plan being discontinued and you're wondering should she go back to traditional Medicare? Not only I got a saying that she can go back, that is true.

She could, she has a guaranteed issue right 60 within 63 days of that plan ending of getting a Medigap or in Kansas they're called supplemental plans, I don't know why but they are, and now if she's on hospice - well no it hospice helps if she's on hospice, that will still, we can - we can talk about it.

I'd say make an appointment at the Senior Resource Center we can help you look at supplements. She would need a drug plan as well but if she's on Medicaid for anyone, that's on Medicaid okay, and medic--okay so yeah we could we could look at a Medigap plan and would be good to do so because she might not stay in hospice.

My yes that is correct - correct but if she goes off hospice and that plan's not going to be available she'll go back to original Medicare anyway, but it would be good for her to have a supplement. Does that make sense?

Can I make one point here? And I - it's a great example one of the other things in this consideration. Realize that Medicare Advantage is relatively new, right in probably the last 10 years. And one of the things also that's a risk here is not a provider, hospital deciding we are not going to contract but the insurance company itself deciding this plan doesn't work for us, therefore we are simply going to cancel it. And I talked to a lot of my colleagues in the Kansas City area which has the same plethora, more plethora plans and they have more displacement of Medicare Advantage, not from provider hospital saying we aren't contracting but simply from the insurance company saying we are no longer going to support this plan and you've got to you know select another one. So that's the other disruption.

Yeah I was going to say if I can piggyback on that? So if Medicare Advantage - if you have a Medicare Advantage plan that is leaving the area, that means that you can go back if you want to, you can go back to original Medicare and the supplement without going through underwriting and so that's any Medicare Advantage plan. The actual insurance carrier has to be leaving that area not like for example the hospital say that you no longer can get that or have or accept that, but if the actual company is leaving that means you can go back without underwriting and get a Medicare Supplement Plan.

So I'm going to just - hold on, Pat - because one of the questions from our overflow room was similar to that. She's had Medicare Advantage for many years and wondering is there a penalty payment for going back, back to trad-- to traditional Medicare? No? No. Okay and sir, I know you've been waiting for me so go ahead.

Right if we've had a good experience with our Medicare Advantage plan are there surrounding hospitals or that are still going to accept Humana and Aetna? Sure. Lori, it looks like you can answer that one. Probably but they wouldn't be here. Your doctor who is affiliated with LMH won't be taking it. Your hospital care won't be at LMH. You know if there's an emergency, I mean a true emergency, life and death emergency, you'd probably be taken here and then transferred to a different hospital and then you'd probably be liable for the ambulance bill, but you know it's-- it's a risk you're taking. And you know a lot of times people feel some kind of loyalty to their insurance plan you know they're paid, they-- they are paid and they're using your money you know so I'm pretty sure that even if you like your plan we could probably find a plan that you would like just as much.

Okay, thank you and I'll take another question from this room and then I have—what? Yes sir? Ma'am sorry. My name is Cheryl and I work in Kansas City at an acute rehabilitation hospital. Everything that they are saying is the truth. Thank you. So Cheryl from Kansas City, backing up our panel honest with you. Lawrence Memorial and I man I started digging into it and they're 100% true my residents forever here and I want to know how can we switch them back from Aetna, Humana or whichever one they are the Advantage back to traditional Medicare. Right, well it sounds like you can visit with Lori or you can call Mary and she can help you find a way. They are telling you the truth. Yes thank you for that.

I'd like to ask the very least question I think sure how do I know sure whether I've got a Medicare Supplement Plan or a Medicare Advantage plan? So that's a great question and similar to one that we also had from the overflow room. The question is how can you tell if you have a Medicare Advantage plan or a Medicare Supplement Plan? Lori?

Well if you have your card I'll take a look at it and tell you. Okay perfect so and here's another question. Talk about IRMA based on taxes. Does one of you know how to interpret that? Pat? So that's ARMA - it's adjusted income related monthly. Yeah basically the government penalizing you for going well income-wise so there's going to be a bracket that's going to show how much you can make as far as individual make as a and based off that there's going to be a service charge on your part B and Part D premium. There is a way to get away from that or I'm blank on the word there's a form that you have to actually fill out if that is the case and you're paying a lot more for Your Part B premium and your part D premium, you can fill out a form that allows you to appeal that and get that back down.

Can I say something yes? (Garbled) which you know most of us don't have to worry about income rated monthly adjustment amounts they aren't penalties basically the government subsidizes each of you, gives Medicare $1,100 a month roughly $1,100 a month to cover you okay. When you are doing well and making more money, which most of us don't have to worry about, then they just subsidize you less. Okay so it's not a penalty also that $1,100 a month that the federal government gives Medicare when you're at a Medicare Advantage plan they give that to the Medicare Advantage plan instead and that's why they want to hold on to it right? Hence the triple D so I want to just --

Before we go on to other questions because two more of the questions were again - Will there be a penalty if I switch back to traditional Medicare? I hope everybody in the other room can see I'm sorry I just blocked the camera with my glasses that wasn't very helpful. I apologize for that when you all rewatch this at home.

So the fact is go ahead and say it again, Lori. Well let me tell you there won't be a penalty but some people think that there's a penalty because it is hard to get a Medicare supplement or Medigap plan when you were older. The time to get into a Medigap plan is usually the first six months you have Medicare. So sometimes it is harder because they do medical underwriting but you can always have original Medicare again without any kind of penalty and there are options with supplemental plans like high deductible supplemental plans that are kind of a safety net.

Good so less-- less fear there than I think I know. There are so many concerns and so much anxiety but that's one less thing to worry about. Yes ma'am?

I wonder if there are 4,000 of us and we have until yes December 7 yes you're a doctor you mean you're going to see or a consultant?

My guess is that tonight that - well it has been, we've taken I think now we're up to 600 calls, I saw 650 calls made calls here and to Senior Center and it was wait until this thing happened. Okay well so now I wonder if I can get an appointment? So the question is how will we take care of 4,000 people needing help and between the senior center and LMH we hope that—sorry, we certainly hope that this event tonight clears up some of that so you at least know where to go for more assistance and if we find – Rob, if we find that there's a need for another event like this we'll absolutely have one. If we find that there's a need to host a Senior Center event here as well as at the Senior Center maybe we can work something like that out. We-- we aren't going to let you struggle through this alone. So another question?

Yes sir? Rob, do you want to take that one? The question is do we plan to allow or to disallow in other words do we plan to cancel all the Medicare Advantage plans?

No right now in our market, we have four insurance companies providing Aetna, Humana, United Healthcare and Blue Cross Blue Shield of Kansas. We are contracting -- continued contract with United Healthcare and Blue Cross Blue Shield of Kansas, which is a pretty small plan right now. As far as enrolling these in this market but those two and you know I do want to say one thing that's really important in this whole discussion.

One, we'll dedicate the resources to do whatever we need to do to make it happen and you know that's easy for me to say but I have a great direct senior director as well as many in our revenue cycle. We'll put whatever resources we need to put to make this happen. Secondly, I think-- I hope in this discussion you understand if I will say this and obviously I was part of the decision-- if this was just about managing denials, we would not do this. This is about patient care. This is about the ability to get the care to our citizens that we need to get and you know Dr. Quick has obviously a number of stories and it is permeates our medical staff which is to say they feel bad when they're trying to work through these things and they know that because one of the things I've learned not being a clinician is time is everything. If you-- if you have a hospitalization event, whatever it is, getting you to the right care and the right time is absolutely critical for your recovery and we simply can't do that with these plans.

So no, we're not. United Healthcare will remain as well as Blue Cross and I can't even remember what they've labeled it but Blue Cross and that's why we'll have you know our counselors there but we'll put the resources there to make it happen. Thanks.

Next question? Yes ma'am. Why are you keeping Blue Cross Blue Shield?

That's a great question. It really is based on our although not great, better with denials and working through them and I would say it you know it's not like this and this, but I think we also recognize there are some hospital systems in the country that have kicked out all Medicare Advantage. We felt like that was not the right choice for our community and also we do have a fairly sizable population with United Healthcare as far as commercially underwritten like employer plans too, so we have a more a little bit more ability to be able to negotiate and to work. Because I understand it's not like the insurance company we don't talk to them, they don't talk to us. We're having conversations with them all the time and that was kind of the the-- the subject. We just felt like these were two plans that we just felt like we couldn't make much progress with as far as figuring out the denials and all that.

I'm going to say this one more time. I'm going to stand closer to this microphone, I'm so sorry overflow room visitors--I hope this is better for you. This is another question asking the same thing, give an example of why

Medicare might deny someone to switch back from MA plans to Medicare. There and the fact is there is no reason, there is no reason because it does not happen. Yes ma'am?

So my understanding is you have-- I have a Medicare Advantage so does my husband. He has a-- he has an autoimmune disease. We've had no issues so far but I live in Kansas City so he's going to KU Med but how long my understanding is if I switch him they're going to underwrite him? How long can you be on that plan? As my understanding for a year.

So you're under-- so can you be on Medicare for a year before they underwrite you if you switch back from a Medicare Advantage plan is the question? I haven't heard of that rule.

My understanding from when I made my phone calls was that if we, okay, so for us it will be 18 months this year that you've both been on Medicare?

Yeah that we've both been on Medicare Advantage so… so far everything he's needed has been covered, but if I want to switch him because I'm a fearful for the future my understanding was if he was on it for a year-- one year-- they would not underwrite him. You had one year to Medicare Advantage? He's on Medicare Advantage for a year, yes, they can't, they won't underwrite him.

No, they will underwrite him which means okay--Medicare let's-- the terminology is a little different, okay? So Medicare won't-- okay Medicare won't but a Medicare supplement if you have been on a Medicare Advantage plan for a year or more then you Medigap for a Medigap, that is medical underwriting, and that can lead to denial of having a Medigap plan or maybe paying more or you could get a plan that is a high deductible plan which means Medicare would pay 80% and then the 20% that Medicare doesn't pay you would cover up until $2,800 and then everything would be paid for, so those are options for people, yeah so those are those are options there.

There are a lot of different options. I know especially with an autoimmune disease it it's scary and but I say "Never Say Never" when it comes to getting a Medigap plan, okay? We can, we can help. Thank you. Yes sir?

I just mention I think things that that is important about Advantage Plans that has not been discussed, something important on Medicare Advantage plans that has not yet been discussed they literally change every year, sometimes more than once during a year that they change literally every year sometimes more than once in a year and-- and give an example of what you-- let me give you an example. I have United which I've been pretty happy with sorry--

That's fine we're so glad you're happy—

I went to my dentist as a part of the dental program. I had a filling done and I got a note back saying that they had denied the anesthesia for the filling. Well you don't need anesthesia for a filling, so I called them up and they said well it, we are-- we've changed we don't permit the local anesthetic or we don't permit that anesthetic to be used anymore. I said well it was a local it's a local anesthetic, what would be acceptable? And he-- you hear the papers rustling because as you know Dr. Quick, it's some high school kid I think looking at OBGYN I don't know, you know and now I'm going to be in all kinds of trouble with my OBGYN but the point being that he said well we would approve nitrous oxide or so what you're saying is that it's it might be? I'm sorry. I'm a pharmacist you're not going to fill a cavity me getting nitrous oxide or propofol is going to happen. And by the way, if there's a dentist in town that does that you're probably not going to want to go to them.

Yeah so, so your coverage remained the same, it was the drug that…?

My point there's my example you know I've had previous work done, had no problems. This year a little bit of work done all of a sudden stuff's not covered.

So I hope that that came across from the mic, because that was a great story in so many ways but just the fact that there are so many different nuances to what they can change their mind about that impacts healthcare and having to bite a bullet. I guess you can't bite a bullet while you're getting--

Can I add something yes? You're talking about being reviewed by a peer. Keep in mind also that AI is reviewing things as it goes through. People aren't even looking at this. Sometimes it's just artificial intelligence that's reviewing these initial things that are coming through and deny it because nothing's really being read by a human being.

That's I just want to say one more thing. I don't want people to think that the Senior Resource Center doesn't help people get into other Medicare Advantage plans because there are other Medicare Advantage plans like he said Blue Cross and Blue Shield and United Healthcare. There are probably four to five plans each under that umbrella of Blue Cross Blue Shield Medicare Advantage and United Healthcare, so don't feel like you should only come to us to get out of or to get out of a Medicare Advantage plan and back into original Medicare. We can help with other Medicare Advantage plans because some people, they work best for some people.

I want to ask one question. I think it's important for full disclosure okay on traditional Medicare, on traditional Medicare without a supplement there is no yearly out-of-pocket maximum, correct?

There's no safety net that that is an important thing to understand is that, you know again, that's just for full disclosure an important thing for people to understand. Repeat it one more time, the little--yeah why don't you?

I'll defer to the extra--what he said was and this is a good reminder and I should have clarified it that if you have original Medicare with no supplement, no Medigap plan, there is no out of-pocket max which means if you have a bad year you could have a really bad year, okay? You're responsible for 20%, roughly 20% without a Medigap plan so there are different ways to look at this, but the main thing is don't panic. Let's just look at the options right and I think back to Pat what you said. Sometimes it's just the list it out and compare everything side by side because something that works for one of you isn't going to work for another. I'm so glad you said that about other Medicare Advantage plans because it might just be perfect for you. Yes sir?

Yeah what is your phone number and what time can we get okay that?

We'll add that too when we send everything out via email but go ahead and tell them.

I did leave some material out on the table some cards, but our Medicare helpline at the Senior Resource Center is 785-727-7872. Now I'm going to tell you, normally this time of year we have a thousand people come through to do this on a normal, you know year. We're going to be, we're going to be working as hard as we can to see as many people as we can but one thing that you might not realize is that you can always during this time between open enrollment December-- excuse me October 15th through December 7th, you can also call 1-800-Medicare and they can help you enroll. You've just got to say no Humana and no Aetna and there are great people like Pat and other folks in the community who are brokers who are not looking out for themselves first who will help you.

So I'm sorry, let me go down here. You've been waiting and waiting for me.

No not really. I just want to say that we've been on an Advantage Plan for like three years, two years? Three years and just randomly in the beginning of 2024 several of my doctors, I got letters saying that they were no longer accepting my insurance but when I agreed to do the advantage plan they were in network but then I found out oh they can pull out whenever they Want. People need to know that and I, we did not.

I'm so sorry to hear that. Yes ma'am? What's-- what are the hours at the senior center?

I'm afraid, yeah I'm afraid they're going to be 24 hours a day. We are open well for appointments we usually see people about from 9 a.m. to 4 p.m. we're open 8:30 a.m. to 4:30 p.m. Monday through Friday now. I'll tell you that phone number is the Medicare helpline. You're going to leave your name and your phone number, your contact information but it's going to take us a few days to get back to you. Do not call multiple times just don't. Yeah, yes ma'am? Please give that number again? Yeah that number is 785-727-7872 and I think I, and I work the-- I'm in charge of the Senior Health Insurance Counselors for Kansas. I have volunteer counselors, a couple of them are here. I'm not going to point them out because you're, but we-- we do our best and we do a good job and they're retired professionals mostly but we're going to do what we can there's going to be-- we probably won't be able to see everyone but we're going to do what we can and we'll do what we can to help as well. Yes ma'am? No?

WellCare that are two different things is a Medicare Advantage plan and WellCare. WellCare is a Medicare Advantage plan so there's there are three, I believe from what I've read Lawrence Memorial is going to be taking WellCare next year, can you answer that?

Yeah we, sorry we do take the WellCare. The WellCare will stay which is WellCare yeah it's I believe that is a Sunflower plan actually and not an—yes ma'am?

Right one of the things about the Advantage Plans is they offer dental, hearing and vision too right? Well let's let Pat speak to that.

I would say definitely just kind of word of mouth. If you know someone that's on a plan and maybe they had a good experience with a broker I would say that's a good way, just asking around, maybe searching on, sure yeah right well I think that you can also look for who's for example maybe start with who is a member of the Chamber of Commerce, who cares about their community enough to join the Chamber? That's a good idea, yes.

We do but we ask okay before your appointments to look at Medicare Advantage Plans. We want-- if you already have a dentist we want you to ask your dentist which insurances they take. We want you to ask your doctors which insurances they take. We want you to ask your specialists if they're not in town which insurances do you take because we're going to be getting people through as fast as we can and we can't--we can't dither.

Okay you'll need to bring your Medicare cards-- your actual Medicare cards okay not-- you can bring your Humana cards or whatever but we need your Medicare card and your list of prescriptions with the name of the drug, the milligram and the frequency and so that was—

I'm sorry, I failed to repeat the question for the folks in the other room. That was if you have a Medicare Advantage plan you know that Medicare Advantage can cover things like dental and maybe a higher degree of pharmaceuticals and vision, then how do you compare what Medicare supplemental insurance might cover?

In regard to that so that's what Lori was-- oh that's not what I thought the question was oh but I-- was how to go about find how to go about finding them—yes, I'm sorry?

How to go about finding that and I think it's very important do have some of that information online about what people need to bring before a visit because that's important to take no matter what and it may be in your guide. Well let me tell you we have it. If you go ahead and you can go online to make an appointment too you don't have to call. It's YourSRC.org and you can make an appointment that way and you'll get a reminder telling you bring your Medicare card, bring your drug list if you. If you come and you don't have your Medicare card, there's not much we can do.

Pat, you were going to say something?

Yeah I was. You mentioned that you just move on, you can actually switch and go to a Medicare supplement, a Medicare original Medicare supplement.

Okay, have you got it? Yes? Okay, yes sir?

Would there be any benefit in since you said the large group of people here writing to the insurance? So yeah the question the question is is there an advantage to-- oh yeah good point would there be any point to? Just a second, we'll let Shannan answer. Well just let me restate the question you guys -- I hope I can remember it. So the question is would there be any help in reaching out to the insurance company and saying hey I'm thinking about discontinuing your plan? Well but it was his question I'm just restating I have your question right?

Okay yeah thank you. That was the most profound part so actually the answer is yes and and I say that because Kansas, we're constantly trying to tell CMS Medicare the federal government what's happening with these plans, these patients that are being harmed we're finally making some progress to where they are having to have certain regulations or stuff the more they hear from patients the more it the federal government has to do something.

So I would prefer writing a letter telling him what about what about writing a letter to our Senator? Senator Moran, Senator Marshall? Yes that would help. They actually do want to hear those things.

Yeah okay and I wanted also say that we did have-- Tracy Mann came and had a great visit with Russ, our CEO and Rob and Dr. Quick all about this issue and he took copious notes and was alarmed to hear Dr. Quick's stories in particular about how it impacted Kansas, so there is hope there. Next question? Yes ma'am?

So the question is she has a friend who has Medicare and original Medicare and Medicaid, if you're not familiar with Medicaid so how does that figure in? Medicaid is a completely different plan that is based well I don't know why I'm talking because I'm not an expert...

Yeah your Medicaid is going to be based on basically your income basic disability, a disability so you would have to- we do have people here at the hospital that can probably guide you through that but yes you do have to apply for it and meet certain yeah you have to meet certain criteria. Thank you.

If you have both Medicaid and Medicare you can have what's it called a dual eligible? Yes, Medicare Advantage plan so there are some other options with regard regards to that yes. Medicaid also has some HMO plans like and Medicaid has some HMO plans available but in Kansas it's really hard to qualify for Medicaid because we don't have expansion. We don't have expansion and that's what you need to write about Medicaid expansion state. Every other state is taking it and we're just turning our nose at free money. Next question? Yes?

Question about pre-existing conditions yeah because I'm due for a $10,000 shot in February. I hope they don't offer to change it out for nitrous oxide.

Little more here so our pre-existing condition so your question is are pre-existing conditions covered? Yes. Yes, so in February you would still be able to get that $10,000 shot with a different Medicare Advantage plan possibly I guess and original Medicare, yes. Now if you are applying for a supplemental to go with the Medicare you, you might not be able to have that comfort but Medicare would cover its portion, okay? There's-- there's no pre-existing conditions with Medicare.

And we have a question over here. If you have someone who's on disability, not retirement and they have at least once been denied for supplemental insurance so your only option is to risk exorbitant out of pocket or go with what one of the few Advantage plans you still carry, are they eligible for, would they be eligible for Medicaid?

No, not Medicaid okay she said she wasn't able get she wasn't and they've applied for Medicaid have they applied for well.

Thanks. We may need to look at that one individually to try and help you. Okay, well you get a--that at 65 you would get your second that's a I hope someone can find the answer for you. Yes ma'am?

How about mental health coverage? Between Medicare Advantage and Medicare is there a difference in mental health coverage?

It--just the difference is which providers accept Medicare and/or the Medicare your advantage plan. Those are the differences so when you consider making the change, make sure that you check to see who your provider is and if that provider is part of the plan that you're considering. Is that an accurate answer, Lori?

Okay. I'm almost becoming an expert-- not at all, sorry Mary-- but my real name is Mary you don't go by it though. Why is it? No-- yes sir?

So a couple years ago I changed from a Blue Cross Blue Shield Medigap plan because LMH and Blue Cross and Blue Shield got a differences they were trying to encourage me to go to they were going to incentivize me to not use this hospital but to go to Topeka. Are those problems solved that would be if it was a Blue Cross and Blue Shield plan that did that?

That would be Blue Cross Blue Shield Select. That is a specific type of plan that only allows you to go to certain hospitals. Normal supplemental plans follow you wherever you go with Medicare it's not true Medigap, this is a different.

How come here they were incentivizing me to go Topeka like they did?

They were incentivizing you to take take their Medicare select plan I bet that's what they did.

This is a question, I think I understand the question so I'm negotiating with Blue Cross right now. I was not CFO at that time but there was quite a let's say misunderstanding between LMH and Blue Cross of Kansas which eventually got resolved. It got in the paper. You know we made some signals we may be out of network. That is not the case now. I will say our contract with Blue Cross is up at the end of the year but we are on the glide path to getting a deal done. It always takes time but we really see them as a partner in this community and our own health plan is with Blue Cross of Kansas so I think what we recognize is that they are a very large commercial payer in the state of Kansas, we need to figure out how we get along for you know, we have our economic interests are jostling with each other but still I think we all have the best interest in mind so I think that that we will not have that going forward.

There's a big difference between normal insurance, normal Blue Cross and Blue Shield insurance like I might have like you guys have and supplemental insurance. The place you go doesn't have to accept the supplemental insurance. Medicare is the one that tells the supplemental insurance to pay the 20% so you can go anywhere in the country that takes Medicare with those plans. I think it was just a bad misunderstanding with Blue Cross. So let's take one more question and then anybody else who has a question come down. I'll write them down and we'll get an answer for you because it's now 10 to six, so we've kept you all here a long time, especially those of you who got here early. Yes sir?

Got a CFO question. Okay yes has a CFO question regarding we, okay my understanding they have four different Advantage plans they have one advantage plan that for my wife and I we would pay an additional $40 a month each which appears to be the pinnacle of their plans. Are you at liberty to say is that worth paying that extra?

No. We are not-- let me, yeah, as a representative of the hospital we make, we give no advice. Okay so what we do is provide those plans, we contract with them and that's why we allow them to make those selections so I think that probably a lot of those plans just depends on your personal situation, the kinds of things that you may have to to address as far as health issues. To me, what they're trying to do is kind of fit that to your personal situation but we would not give any counsel on that. All right, well I want to thank our panel so much for all the support tonight and if you want to come up and visit with them feel free and if you want to come up and visit with me I will take your questions. Thank you.