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## Medicare changes: what is new?

The Centers for Medicare and Medicaid Services (CMS) work constantly on upgrading services and information resources for Medicare beneficiaries now and to come. Until December 7, it is the annual open enrollment period when Medicare beneficiaries are invited to review their current plans and change service providers, move into or out of a Medicare Advantage plan, or change a Part D plan. This is also a good time of year to note some changes in the world of Medicare.

CMS is working on several projects that will change the landscape of Medicare. Starting April, 2018, CMS plans to issue new identification cards to the roughly 60 million Medicare beneficiaries. Traditional Medicare (the white card with the red and blue stripes) has looked the same for many years. Some time ago, an Act of Congress has ordered CMS to remove the Social Security number from Medicare cards because of the danger of identity theft. Remember that nearly everyone else is prohibited from using Social Security numbers, or at least the entire number, as identifying information. Despite that prohibition, Medicare cards traditionally display one's Social Security number in its entirety. The plan is to substitute Social Security numbers with an 11digit alpha-numeric code.

Another initiative was to update federal nursing home regulations which had not been done in some time. A portion of the regulations that is getting a lot of attention is the section regarding pre-dispute arbitration clauses especially in nursing home contracts. This refers to a clause in some nursing home contracts, whereby the individual is agreeing not to sue but to use arbitration and an arbitrator that is selected by the nursing home system. That may not sound like a problem but giving up the right to seek redress in the court system for those who are injured can be significant, both for that individual and for other similarly injured persons. *The New York Times* reported recently that the Consumer Financial Protection Bureau, the nation's consumer watchdog, is working on a draft of a rule that would prevent credit card companies and other financial firms from using arbitration clauses that would prevent consumers from banding together to bring a class action lawsuit. Read nursing home contracts and credit card contracts carefully.

CMS is slowing down the process of "seamless conversion" that allows employers to "convert" Medicare eligible employees with employee health plans into lucrative Medicare Advantage products without the full understanding and consent of the employee. The employee may opt out but may not realize that they must affirmatively do so. The employer and plan must request permission from CMS to do this, and CMS has temporarily suspended accepting new proposals.

The infamous "donut hole" in the Medicare Part D prescription drug plan is getting smaller. In 2017, if beneficiaries reach the coverage gap or donut hole, they will pay 40 percent of the plan's cost for covered brand-name drugs and 51 percent of the plan's cost for covered generic drugs until reaching the end of the gap.

Preventative care continues to be emphasized and beneficiaries are encouraged to take advantage of this option. Online tools are improving; go to [mymedicare.gov](http://mymedicare.gov) for the latest enhancements. The information on the 2017 Medicare premiums, deductibles, and co-insurance amounts are expected to be announced in November.