

# MEDICARE TRENDS AND RECOMMENDATIONS

## ANALYSIS OF 2012 HELPLINE DATA

### Trend – Appealing Denials of Coverage

Enrolling in Medicare is only the first step to accessing and affording health care. Many times, beneficiaries have not received sufficient education about how their benefits work and are subsequently confused when coverage for health services or medicines is denied. And Medicare Advantage and Part D drug plans can make changes to their formularies and related rules each year, necessitating that individuals review changes on an annual basis and switch plans if needed. Even beneficiaries who know their coverage rules and have worked with their health care providers and insurers to research options can find that the treatments their doctors have prescribed are not covered.

### Policy Recommendations

#### 1. Reform Medicare Part D appeals by:

- ✓ Requiring that clearer information be provided at the pharmacy counter
- ✓ Streamlining the steps in the appeals process
- ✓ Mandating that plan-level data on appeals is publicly available

2. **Improve the Medicare Advantage appeals process.** Improve the delivery of good information to beneficiaries about their appeal rights, and offer timely resolution of appeals requests. In addition, information on plan denial rates and the frequency of decision reversals should be made public.

### 2012 HELPLINE HIGHLIGHTS

**33%** of all questions—the largest single category of problems handled by the Medicare Rights Center helpline in 2012—involved insurance denials and appeals

The majority of appeals calls related to Medicare Advantage and Part D denials

When denied service or medication, a beneficiary's first resort can be to skip a needed appointment or drug, sometimes with serious health consequences. In other instances they pay out of pocket, even if it means forgoing other necessities such as heat and food.

### CASE STORY

Mrs. J is a Florida woman who had extensive surgery on her jaw to repair damage resulting from osteoporosis and subsequently required significant dental work. Her Medicare Advantage plan denied the claim in 2009, and the appeals process was still in process and held up by plan questions at the time her husband contacted Medicare Rights. Mr. J says he has given up on recouping dental costs and is now only seeking compensation for the jaw surgery.



Getting Medicare right