

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 125
(A-22)

Introduced by: Senior Physicians Section

Subject: Education, Forewarning and Disclosure regarding Consequences of
Changing Medicare Plans

Referred to: Reference Committee A

1 Whereas, 1 in 4 senior physicians with regular Medicare insurance already have a Medicare
2 Supplement Insurance or "Medigap," policy¹; and
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4 Whereas, Some Seniors who enroll in Medicare Advantage plans are not able to use Medigap
5 insurance for their cost sharing and therefore stop paying their Medigap premiums; and
6

7 Whereas, If seniors decide to disenroll from Medicare Advantage and return to regular
8 Medicare, they may: (1) have difficulty getting a Medigap plan and may have to provide medical
9 information to qualify to purchase it; (2) may not be able to get the same Medigap plan they had
10 before; and/or (3) need to pay a higher premium for their new Medigap policy; and
11

12 Whereas, Most seniors with Medicare have an overwhelming number of plans from which to
13 choose from when turning 65 years of age: Medicare vs. Medicare Advantage, Medicare
14 supplemental policies, and Medicare Part D policies and without guidance to help them
15 understand the intricacies of transitioning from one plan to another, seniors can find themselves
16 with less robust coverage than they need; and
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18 Whereas, It may not be widely appreciated that Medicare switching costs increase if you take
19 Medicare Advantage and then decide to go back to Medicare; and
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21 Whereas, Under current programs being investigated by CMS' Center for Medicare and
22 Medicaid Innovation, beneficiaries may be funneled involuntarily into accountable care
23 organizations without warning or instructions on how they might opt out; therefore be it

1 RESOLVED, That our American Medical Association amend policy H-330.870, "Transparency
2 of Costs to Patients for Their Prescription Medications Under Medicare Part D and Medicare
3 Advantage Plans," by addition and deletion to read as follows:

4
5 Our AMA will: (1) advocate for provision of transparent print and audio/video patient educational
6 resources to patients and families in multiple languages from health care systems and from
7 Medicare - directly accessible - by consumers and families, explaining clearly the different
8 benefits, as well as the varied, programmatic and other out-of-pocket costs for their medications
9 under Medicare, Medicare Supplemental and Medicare Advantage plans on their personal costs
10 for their medications under Medicare and Medicare Advantage plans both printed and online
11 video which health care systems could provide to patients and which consumers could access
12 directly; and

13
14 (2) advocate for printed and audio/video patient educational resources regarding personal costs,
15 changes in benefits and provider panels that may be incurred when switching (voluntarily or
16 otherwise) between Medicare, Medical Supplemental and Medicare Advantage or other plans,
17 including additional information regarding federal and state health insurance assistance
18 programs that patients and consumers could access directly; and

19
20 (23) support advocate for increased funding for federal and state health insurance assistance
21 programs and educate physicians, hospitals, and patients about the availability of and access to
22 these such programs. (Modify Current HOD Policy)

Fiscal Note: Minimal - less than \$1,000

Received: 05/03/22

REFERENCE

(1) Boccuti, C., Jacobson, G., Orgera, K., & Neuman, T. (2018). Medigap enrollment and consumer protections vary across states. Kaiser Family Foundation.

RELEVANT AMA POLICY

Medicare Advantage Policies H-285.913

Our AMA will:

1. pursue legislation requiring that any Medicare Advantage policy sold to a Medicare patient must include a seven-day waiting period that allows for cancellation without penalty;
2. pursue legislation to require that Medicare Advantage policies carry a separate distinct page, which the patient must sign, including the statement, "THIS COVERAGE IS NOT TRADITIONAL MEDICARE. YOU HAVE CHOSEN TO CANCEL YOUR TRADITIONAL MEDICARE COVERAGE; NOT ALL PHYSICIANS, HOSPITALS AND LABORATORIES ACCEPT THIS NEW MEDICARE ADVANTAGE POLICY AND YOU MAY PERMANENTLY LOSE THE ABILITY TO PURCHASE MEDIGAP SECONDARY INSURANCE" (or equivalent statement) and specifying the time period before they can resume their traditional Medicare coverage; and
3. petition the Centers for Medicare and Medicaid Services to implement the patient's signature page in a Medicare Advantage policy.

Citation: Res. 907, I-07; Reaffirmation A-08; Reaffirmed: CMS Rep. 01, A-18; Reaffirmation: I-18

Deemed Participation and Misleading Marketing by Medicare Advantage Private Fee for Service Plans D-330.930

Our AMA will continue its efforts to educate physicians and the general public on the implications of participating in programs offered under Medicare Advantage and educate

physicians and the public about the lack of secondary coverage (Medigap policies) with Medicare Advantage plans and how this may affect enrollees.

Citation: BOT Action in response to referred for decision Res. 711, I-06; Reaffirmation A-08; Modified: CMS Rep. 01, A-19

Legislation for Assuring Equitable Participation of Physicians in Medicare Advantage H-330.916

Our AMA seeks to have the CMS, while contracting with Medicare Advantage organizations for Medicare services, require the following guarantees to assure quality patient care to medical beneficiaries: (1) a Medicare Advantage patient shall have the right to see a duly licensed physician of the appropriate training and specialty; (2) if CMS decertifies a Medicare Advantage plan, enrollees in that plan who are undergoing a course of treatment by a physician at the time of such termination shall continue to receive care from their treating physician until an appropriate transfer is accomplished; and (3) any Medicare Advantage plan deselection of participating physicians may occur only after the physician has been given the opportunity to appeal the deselection decision to an Independent Review Body.

Citation: Res. 707, I-98; Reaffirmed: BOT Rep. 23, A-09; Modified: CMS Rep. 01, A-19

Transparency of Costs to Patients for Their Prescription Medications Under Medicare Part D and Medicare Advantage Plans H-330.870

Our AMA will: (1) advocate for transparent patient educational resources on their personal costs for their medications under Medicare and Medicare Advantage plans--both printed and online video--which health care systems could provide to patients and which consumers could access directly; and (2) support increased funding for federal and state health insurance assistance programs and educate physicians, hospitals, and patients about the availability of these programs.

Citation: Res. 817, I-19

Medicare Advantage Opt Out Rules H-330.913

Our AMA: (1) opposes managed care "bait and switch" practices, whereby a plan entices patients to enroll by advertising large physician panels and/or generous patient benefits, then reduces physician reimbursement and/or patient benefits, so that physicians leave the plan, but patients who can't must choose new doctors; (2) supports current proposals to extend the 30 day waiting period that limits when Medicare recipients may opt out of managed care plans, if such proposals can be amended to create an exemption to protect patients whenever a plan alters benefits or whenever a patient's physician leaves the plan; and (3) supports changes in CMS regulations which would require Medicare Advantage plans to immediately notify patients, whenever such a plan alters benefits or whenever a patient's physician leaves the plan, and to give affected patients a reasonable opportunity to switch plans.

Citation: Res. 707, A-99; Reaffirmed: CMS Rep. 5, A-09; Modified: CMS Rep. 01, A-19

Support for Seamless Physician Continuity of Care H-390.836

Our AMA encourages physicians who encounter contractual difficulties with Medicare Advantage (MA) plans to contact their Centers for Medicare & Medicaid Services (CMS) Regional office.

Citation: BOT Action in response to referred for decision Res. 816, I-16