

MI Options

Medicare and Long-Term Services and Supports



Agenda

Topics of discussion for this meeting

- What is MI Options?
- Plans for 2026.
- Resources.

MI Options Program Overview

What is MI Options?

A No Wrong Door System

- Medicare Counseling:
 - State Health Insurance Assistance Program (SHIP).
 - Medicare Improvements for Patients and Providers Act (MIPPA).
- Long-Term Services and Supports (LTSS):
 - Person-Centered Options Counseling (PCOC).
- Statewide toll-free number: 1-800-803-7174.

What is SHIP?

- **SHIP Mission:** to empower, educate and assist Medicare-eligible individuals through objective outreach, counseling and training.
- Provides a personalized and local service for Medicare beneficiaries to seek help for their Medicare questions.
- Primary target populations: Medicare recipients, their families and caregivers.

SHIP History



- The SHIP program began in 1990 as part of the Omnibus Reconciliation Act (OBRA) to provide unbiased health insurance counseling to Medicare beneficiaries.
- Nationally, there are 54 SHIP programs (each state and a few U.S. territories).
- This is a federal grant program administered by the Administration for Community Living (ACL) and at some points, has also been managed by Centers for Medicare & Medicaid Services (CMS).
- The Michigan Medicare/Medicaid Assistance Program (MMAP, Inc.) held the SHIP grant for many years until recent grant changes and the creation of the MI Options program. Many counselors and clients may still use or recognize MMAP, Inc.
- Prior to our start with the statewide call center, MMAP, Inc. had been utilizing the same 1-800 number that now routes to the call center. Previously, callers would enter a zip code and be routed to the agency servicing that zip code.

What is MIPPA?

- Helps Medicare beneficiaries with limited income and assets learn about programs that may help save them money on their Medicare costs.
- Focus areas:
 - Medicare Part D Low-Income Subsidy (LIS) also known as Extra Help.
 - Assists with prescription drug costs.
 - Medicare Savings Programs.
 - Assists with Medicare costs including Part B premiums.
 - Medicare Preventive Services.
 - Provides education on preventive benefits like annual wellness visits, immunizations and screenings.

Common Counseling Topics

- Medicare enrollment.
- Medicare and Medicaid coordination.
- Help with costs.
- Prescription drug coverage.
- Plan changes.
- Billing errors.
- Benefits explanation.
- And many more.

How do people connect?

- Statewide 1-800 number.
- Local contacts.
- Referrals from national SHIP center.
- Events.
- Presentations.
- Referrals from local partners.
- Mailings with SHIP contact information.

What is PCOC?

- PCOC = Person-Centered Options Counseling.
- Focus on providing information and guidance on programs to support individuals' long-term care needs to remain in their care setting of choice.
 - Example: A caller may have a desire to stay in their own home as long as possible.
- Potential Indicators:
 - Recent changes in health (hospital stay, new diagnosis, etc.).
 - Needing extra support with activities of daily living (“I’m having trouble with ____”).
 - Recent life changes (i.e., death of a spouse or caregiver).
 - Cognitive declines.

LTSS and HCBS in Michigan



- Long-Term Services and Supports (LTSS).
 - Provides older adults and people with disabilities with assistance and support to perform everyday activities of living, helping them remain as independent as possible.
- Home and Community-Based Services (HCBS).
 - Allows people with physical and cognitive limitations to live in their home or home-like setting and remain integrated with the community.
- Medicare, Medicaid and the Older Americans Act (OAA).
 - Medicare is the national health insurance program for people age 65 or older and people under 65 with certain long-term disabilities.
 - Medicaid is the national public health insurance program that provides coverage for individuals and families with low income and resources.
 - OAA provides community social services and funds some HCBS.

PCOC Process Summarized



MI Options Program Agencies



- AgeWays
- Detroit Area Agency on Aging
- The Senior Alliance
- Mid-Michigan Industries
- AAA Health Solutions
- Tri-County Office on Aging
- Elder Law
- Genesee Health Plan
- MiGen
- Northeast Michigan Community Service Agency
- WellWise
- Regions 3A, 3B, and 3C Area Agencies on Aging
- Region 7 Area Agency on Aging
- Upper Peninsula Commission for Area Progress
- The Information Center

MI Options Call Center



- Toll-Free Number: 1-800-803-7174.
- Now with more options to choose from, callers will speak with a live representative and are given three options:
 - Schedule an appointment with a counselor.
 - Send over an electronic referral with no appointment scheduled for the agency to reach out directly to the caller.
 - Provide agency contact information for caller to contact agency themselves.

Senior Medicare Patrol

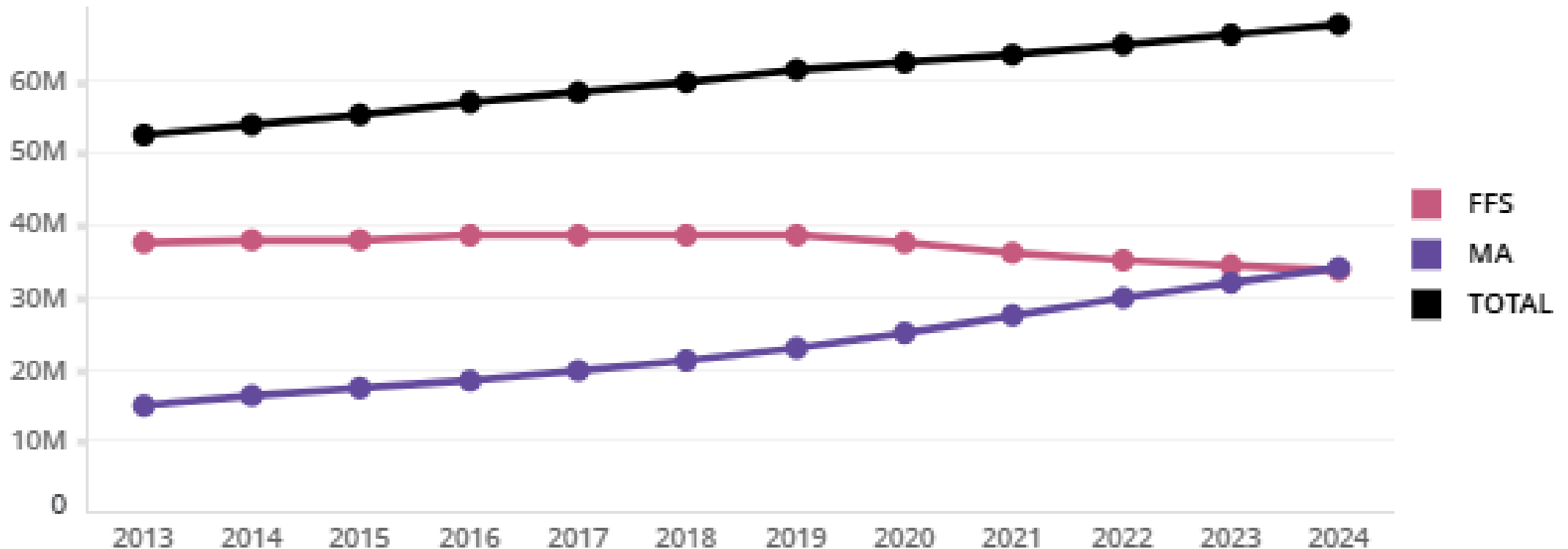


- SMP = Senior Medicare Patrol.
 - Program focus is on prevention, detection and reporting Medicare fraud and abuse.
- Another federal grant program administered by ACL.
- MDHHS is the grantee for this program, but it is not part of MI Options.
- MDHHS has staff answering the toll-free hotline and will work with individuals to address their Medicare fraud questions or concerns.
- Program staff can report concerns for the Office of Inspector General (OIG) to investigate.
- Where to direct callers:
 - Toll-Free Number: 1-844-677-6424 (1-844-MPP-MICH).
 - Email: MDHHS-SMP@Michigan.gov.
 - Website: [Senior Medicare Patrol Program](#).
- Potential Indicators:
 - Billing errors.
 - Questions about items on Medicare Summary Notice or Explanation of Benefits.
 - Concerns about a phone call they received about their Medicare.
 - Compromised Medicare number or lost cards.
 - Received medical equipment or tests not agreed to.

Plans for 2026

Medicare Enrollment Trends (May 2025)

Enrollment Count Yearly Trend: All Areas



Original Medicare Cost Changes



- Projections show there is likely going to be an increase in costs for 2026.
- CMS has not yet released numbers for 2026.
- When released, we will send out communication and update related job aids with new numbers.
- Typically, those numbers are released mid to late October.
- **Tip:** If someone expresses concern about the rising costs, take an opportunity to screen for Medicare Savings Program to see if they may qualify for help.

Standard Part D Benefits

- Annual Deductible: \$615.
- Initial Coverage Limit: 25% of costs.
- Out-of-Pocket Threshold: \$2,100.
 - Increase of \$100 from 2025.
- Catastrophic coverage cost sharing: \$0.
- Part D Base Premium: \$38.99.
 - Amount used to calculate Part D late enrollment penalty.
- **Note:** Enhanced drug plans can reduce or eliminate the deductible and/or cost-sharing for Part D covered drugs.

Medicare Advantage in Michigan



- Average plan premium: \$16.56.
 - Increased from \$15.88 in 2025.
- Medicare Advantage plans available 2026 - 192
 - Decrease from 201 in 2025.
- All Michigan Medicare beneficiaries have access to a Medicare Advantage plan.
- All Michigan Medicare beneficiaries have access to a \$0 premium plan.

Medicare Part D in Michigan



- There are 12 stand-alone Part D plans available for 2026.
- People with stand-alone Part D coverage who have access to plans with lower premiums than 2025 – 93.41%.
- People with stand-alone Part D coverage getting Extra Help - 20.92%.

Plan Non-Renewals

- Beneficiaries have started receiving notice of their plans' non-renewals.
- These beneficiaries will need to choose a new plan during Open Enrollment.
- What happens if they don't?
 - Starting January 1, they will only be covered by Original Medicare.
 - They will have an additional opportunity to enroll in coverage until February 28, 2026. However, their new coverage would not begin until the month following enrollment, which could result in a lapse of coverage.

Non-Renewal, Termination, Consolidation

	Non-Renewals	Sponsor Termination	CMS Termination	Plan Consolidation
Defined	Plan no longer available effective Jan.1	MAO or PDP terminates contract	CMS terminates contract	Plan merges two or more benefit packages into one plan
SEP Begins	December 8	Two months before termination effective date	One month before termination effective date	SEP not applicable
SEP Ends	Last day of February the following year	One month after termination effective date	Two months after termination effective date	SEP not applicable
New Plan Effective Date	Enroll Dec. = 1/1 Enroll Jan. = 2/1 Enroll Feb. = 3/1	First day of month following enrollment	First day of month following enrollment	Changes listed in Annual Notice of Change (ANOC), can change during OEP

Insulin Cost Changes

For 2026 and each subsequent year, covered insulin product covered under a prescription drug plan (PDP) or a Medicare Advantage (MA) prescription drug (MA-PD) plan prior to an enrollee reaching the annual out-of-pocket threshold, the “covered insulin product applicable cost-sharing amount” is the lesser of:

- \$35.
- An amount equal to 25% of the maximum fair price established for the covered insulin product.
- An amount equal to 25% of the negotiated price.

Note: There may be some instances where we see insulin costs less than \$35 based on the 25% calculations.

Inflation Reduction Act: Drug Price Negotiations

- 2026 begins the negotiated prices for the first 10 drugs.
- These medications were chosen because they are expensive brand-name medications with no competition.
- Drugs with negotiated prices starting January 1, 2026:
 - Eliquis: \$231.00 (56% discount)
 - Jardiance: \$197.00 (66% discount)
 - Xarelto: \$197.00 (62% discount)
 - Januvia: \$113.00 (79% discount)
 - Farxiga: \$178.50 (68% discount)
 - Entresto: \$295.00 (53% discount)
 - Enbrel: \$2,355.00 (67% discount)
 - Imbruvica \$9,319.00 (38% discount)
 - Stelara \$4,695.00 (66% discount)
 - Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill
\$119.00 (76% discount)

Resources

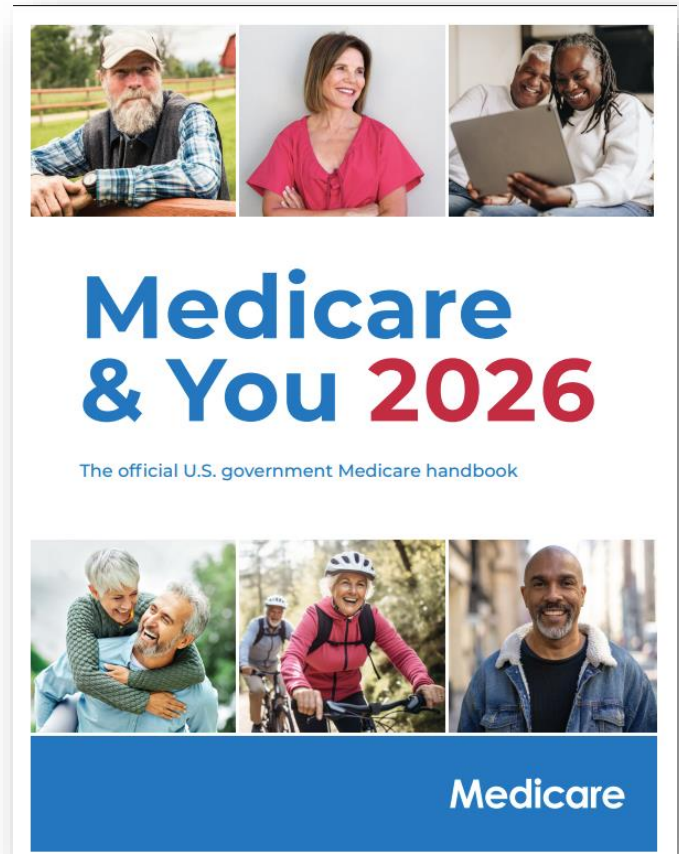
Medicare Plan Finder, Medicare.gov



- Medicare Plan Finder.
 - Compare MA, PDP plans.
- Medicare.gov.
 - Review all things Medicare.
 - Medicare beneficiaries can create an account to view their benefits and compare coverage.
 - Please note, to create a login users will need to provide an email address.
- 1-800-MEDICARE.
 - Enroll or receive additional help.

Medicare & You 2026

- [Found here.](#)
- Important updates for 2026 found on page 2.
 - Drug price cap for 2026 - \$2,100.
 - Negotiated drug pricing starts January 1, 2026, for 10 initial drugs.
 - Advanced Primary Care Management coverage.
- Mailed to beneficiaries or some may opt for digital version.




LIS/Extra Help Outreach



- Goal is to increase Extra Help/LIS enrollment.
- In early September, CMS mailed to 4.9 million **likely** eligible.
- Early October, CMS will mail again to subset, about 1.9 million, of the original 4.9 million as a reminder.
- Highlights SHIP information.

Remember: Even if someone receives this letter they still need to apply and be determined eligible for Extra Help.



Medicare

Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

[first_name] [last_name]
[mailing_address_1]
[mailing_address_2]
[mailing_address_3]
[mailing_address_4]
[mailing_address_5]
[mailing_city], [mailing_state] [mailing_zip]

Important Message from Medicare

[first_name] [last_name],

You may be able to save money on drug costs through Medicare's Extra Help program, including \$0 drug plan premiums, \$0 deductibles, and lower out-of-pocket costs.

It could pay to apply even if you don't think you qualify or if you were denied before.

Apply for Extra Help if:

You have income and resources **below** these limits:

	2025 Income Limit	2025 Resource* Limit
Individual	\$23,475	\$17,600
Married Couple	\$31,725	\$35,130

*Resources include money in your checking, savings or retirement accounts, stocks, and bonds. DON'T count your home, vehicles, personal possessions, or life insurance.

How to apply:

Visit go.medicare.gov/ExtraHelp

Need help applying?

Visit [SHIP URL] or call [SHIP Phone Number] for free, personalized, local help from your State Health Insurance Assistance Program (SHIP).

Medicare Prescription Payment Plan

- The Prescription Payment Plan introduced last year is still an available option for beneficiaries.
- This is not a cost reduction, just a way to spread cost out over the year.
- Enrollment is completed through the Part D plan.
- Even if someone defaults on their payment plan, they can continue their drug coverage so long as they continue to pay their monthly premiums.
- Beneficiaries are not required to participate; it may not be helpful to everyone.
- Most beneficial to those who have high drug costs early in the year to spread payments out over the remainder of the year rather than paying up front at the pharmacy counter.
- [What's the Medicare Prescription Payment Plan?](#)

Marketing Rules

- Medicare has rules to help protect beneficiaries from predatory marketing and sales tactics.
- Open Enrollment is the time of the year we see the most marketing for Medicare plans.
- Don't forget SMP can help report marketing issues.
 - Toll-Free Number: 1-844-677-6424 (1-844-MPP-MICH).
- [Medicare Marketing Rules.](#)

Important Dates

- October 15 - Open Enrollment begins.
- December 7 - Open Enrollment ends.
- January 1 - Changes made during Open Enrollment go into effect.
- January 1-March 31 - Medicare Advantage Open Enrollment Period.
- January 1-March 31 - Original Medicare Annual Enrollment for those not enrolled in Medicare during initial enrollment period and do not qualify for special enrollment periods.

Resources and Links

- [2026 Medicare Part D Bid Information and Part D Premium Stabilization Demonstration Parameters.](#)
- [Final Rule and New Special Enrollment Period Will Aid Those Misled by Provider Directories.](#)
- [What's the Medicare Prescription Payment Plan?](#)
- [www.medicare.gov.](#)
- [https://www.medicareinteractive.org.](#)
- [Medicare Marketing Rules.](#)
- [Federal Register :: Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly.](#)
- [Medicare Care Management Information.](#)
- [Medicare Drug Price Negotiation Program: Negotiated Prices for Initial Price Applicability Year 2026.](#)

Thank You!

This program is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,566,634 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.



Questions?