MAC
MICHIGAN ASSOCIATION OF CHIROPRACTORS

Medicare Managed Care: What *YOU* Need to Know

Upcoming Medicare Enrollment Period Could Affect *YOUR* Chiropractic Coverage!

Each year, Medicare plans change what they cost and what they will cover. The OEP – also known as Medicare's annual election period – runs from October 15th through December 7th each year. During the OEP, you may:

- Switch from Original Medicare (Medicare Parts A and B) to Medicare Advantage (Medicare Part C)
- Switch from a Medicare Advantage plan back to Original Medicare
- Switch from one Medicare Advantage plan to another. This might involve switching from a plan without Medicare Part D prescription drug coverage to one that has it, or vice versa.
- Make changes to your Medicare Part D prescription drug plan, like joining a Part D plan, switching from one Part D plan to another, or dropping a Part D plan altogether

Why is this important? Just one example occurred in 2024, when some Medicare Advantage plans imposed prior authorization requirements on chiropractic care. Prior authorization – a health insurance process that requires a health plan's approval before a patient receives care – delays treatment and can drastically affect patient care. Restrictions like this are why it is critical to thoroughly evaluate any plan you may be considering *before* changing during the upcoming Medicare Open Enrollment Period (OEP).

Enrollment changes take effect on January 1st. The Open Enrollment Period is important because once it closes, you cannot make any changes to your plan until the following year.

Please Note: You do not have to change enrollment each year. If the Medicare coverage you currently have is working for you, and your plan is offered for 2027, you can keep your coverage as is. However, because this time only comes once a year, it's a good idea to evaluate your coverage during the Open Enrollment Period every year so that you will know if you have the best coverage options available, or if you need to make some changes.

Many Seniors Face Difficult Decisions

Medicare managed care plans have been given wide latitude regarding the benefits they can offer, as long as benefits currently available under Medicare Parts A & B are included. Financial incentives in the form of lower premiums, expanded benefits such as pharmaceutical coverage, and lower deductibles and co-pays will be powerful inducements for many seniors struggling to make ends meet. To make a sound business decision regarding participation in any of these managed care plans, however, some hard questions must be asked. You'll want to be sure you keep your current coverage of chiropractic services!

Medicare Patients need to know:

1. **What are my new co-pays?** Some plans have a co-pay for chiropractic that may be higher than the charge for the service itself. These excessive co-pays effectively eliminate the chiropractic benefit.
2. **What limits are there on access to care?** Managed care plans attempt to lower costs by limiting access and fees paid to providers. Will you be able to continue to seek care from your current chiropractic physician when you feel you need to? Will you need a referral? Can you go to an out-of-network provider, and, if so, at what cost?
3. **Are there added costs?** While the marketers of these new plans will emphasize areas where you can save, there may be hidden costs. The plan could include higher deductibles and/or co-pays for "specialty" services, out-of-network providers, non-covered diagnostic tests, second opinions, etc. And, if you go outside the managed care network, you may find that you are responsible for all costs.
4. **What are the plan's special rules? Is there an appeal process?** All plans will have rules and procedures that must be followed. You need to understand these rules and learn how potential coverage and payment disputes will be handled.
5. **Will you have control over your own care?** You need to know if needed care is limited, if referrals are required, or if there are any other restrictions that will affect you.

It is very important that you educate yourself about new Medicare managed care options. Once you select a plan, you are committed to that plan for one year. You are only able to change plans (or return to Medicare Part A & B) during Medicare's yearly enrollment periods.

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