

## 2023 Medicare Changes Summary

### Public Health Emergency

Due to the COVID-19 public health emergency (PHE), certain flexibilities have been in place and some restrictions lifted since 2020, including expanded coverage of telehealth services and coverage for 90-day supplies of prescription drugs when requested. In January 2023, the Biden Administration announced that it will end the COVID-19 PHE on May 11, 2023. Refer to the [Centers for Medicare & Medicaid \(CMS\) newsroom](#) and [Current Emergencies page](#) for updates about how the PHE unwinding will impact Medicare coverage and waivers.

### MSP and Medicaid Expansion in New York State

The New York fiscal year 2022-2023 budget expands eligibility for the Medicare Savings Program (MSP) and Medicaid starting January 2023. The MSP income limits are higher, and instead of three MSPs there are two: Qualifying Individual (QI) and Qualified Medicare Beneficiary (QMB).

Program	2023 New York gross monthly income limits		2023 New York asset limits	
	Individuals	Couples	Individuals	Couples
QI	\$2,280	\$3,077	No limit	No limit
QMB	\$1,697	\$2,288	No limit	No limit
Medicaid	\$1,697	\$2,288	\$30,182	\$40,821

These limits include a standard \$20 disregard. For more information, see the Medicare Rights Center flier for [Medicare Savings Program and Medicaid Expansion in New York State](#).

### 2023 Medicare Costs

<p><b>Part A</b></p> <p>Hospital deductible: \$1,600 each benefit period</p> <p>Inpatient hospital coinsurance:</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$0/day</li> <li>• Days 61-90: \$400/day</li> <li>• Lifetime reserve days: \$800/day</li> </ul> <p>Skilled nursing facility coinsurance:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$0/day</li> <li>• Days 21-100: \$200/day</li> </ul>	<p><b>Part B</b></p> <ul style="list-style-type: none"> <li>• Premium: \$164.90/month</li> <li>• Deductible: \$226</li> </ul> <p><b>Part D</b></p> <ul style="list-style-type: none"> <li>• Base premium: \$32.74/month</li> <li>• Maximum deductible: \$505</li> </ul>
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### Enrollment Period Changes

Starting in 2023, there are changes to Medicare enrollment periods that will help people enroll with fewer gaps in coverage and in some instances enroll without penalty.

#### General Enrollment Period (GEP)

The General Enrollment Period runs from January 1 through March 31 of each year. Previously, coverage for individuals who enrolled in Medicare using the GEP would not begin until July 1. Starting in 2023, people who enroll in Medicare during the GEP will have their coverage begin the first of the month following the month they enroll. For example, if someone enrolls in Medicare in January, their coverage will begin February 1.

#### Initial Enrollment Period (IEP)

The Initial Enrollment Period is the seven-month period that includes the three months before, the month of, and the three months after someone's 65th birthday. Before 2023, people who enrolled in Medicare during the last three months of their IEP had to wait up to three months before their coverage would begin. Starting in 2023, that gap in coverage is eliminated.

Coverage is now effective the first of the month after the month of enrollment for those who enroll in the last three months of their IEP. For example, someone who turns 65 in May 2023 has an IEP that begins in February 2023 and ends in August 2023.

- If the person enrolls in Medicare in February, March, or April: Medicare coverage begins May 1.
- If the person enrolls in Medicare in May: Coverage begins June 1.
- Enroll in June: Coverage begins July 1.
- Enroll in July: Coverage begins August 1.
- Enroll in August: Coverage begins September 1.

#### Special Enrollment Periods (SEPs) for Exceptional Circumstances

The Centers for Medicare & Medicaid Services (CMS) has established new Special Enrollment Periods for Part B and premium Part A for those who experience an exceptional circumstance. These flexibilities expand Medicare enrollment opportunities, reduce gaps in coverage, and prevent late enrollment penalties. [Visit Medicare Interactive](#) or refer to Module 2, HIICAP Notebook; *Medicare Eligibility and Enrollment* for more information about these SEPs.

#### **SEP for Individuals Impacted by an Emergency or Disaster**

This SEP is for people who missed an enrollment opportunity because they or someone who makes health care decisions on their behalf lives in an area where the federal, state, or local government declared an emergency. An example is someone who could not enroll in Medicare because their Social Security office was closed to the public.

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### **SEP for Health Plan or Employer Misrepresentation or Incorrect Information**

An individual can use this SEP if their employer, employer group health plan, or someone acting on behalf of their employer gave them incorrect information that caused them to miss a Medicare enrollment period. Only individuals who received misinformation on or after January 1, 2023 can use this SEP. Also, this SEP does not apply to someone who did not receive any Medicare enrollment information from their employer.

### **SEP for Formerly Incarcerated Individuals**

This SEP is for individuals who are released from incarceration on or after January 1, 2023.

### **SEP to Coordinate with Termination of Medicaid Coverage**

This SEP is for individuals who lose Medicaid eligibility on or after January 1, 2023.

### **SEP for Other Exceptional Circumstances**

Social Security can grant an SEP on a case-by-case basis. An individual can request to enroll through this SEP if they missed other enrollment periods because of situations they could not control. Social Security decides if the individual's situation is exceptional, meaning very unusual or not typical. Someone forgetting to enroll or not knowing that they were supposed to enroll do not count as exceptional circumstances.

## **Prescription Drug Cost Savings**

### **Insulin Cost-sharing**

Beginning January 1, 2023, beneficiaries pay no more than \$35 for each one-month supply of an insulin medication covered by their Medicare Part D plan. If the plan has a deductible, it does not apply to insulin. Note that this change only applies to insulin that is on a Part D plan's formulary, or list of covered drugs.

Beginning July 1, 2023, this change is also effective for Part B-covered insulin. Beneficiaries will pay no more than \$35 for insulin used with durable medical equipment, like an insulin pump.

### **Vaccine Cost-sharing**

Beginning January 1, 2023, there is \$0 cost-sharing and no deductibles for Part D-covered vaccines. This applies to vaccines, including the shingles vaccine, recommended by the [Advisory Committee on Immunization Practices \(ACIP\)](#) for adults.



## 2023 Medicare Changes Summary

### Part B Coverage of Immunosuppressants

Starting in 2023, there is a new, limited Medicare benefit called the immunosuppressive drug benefit, or the [Part B-ID benefit](#). The Part B-ID benefit provides Part B coverage of immunosuppressant drugs for people whose End-Stage Renal Disease (ESRD) Medicare benefits have ended 36 months after their transplant and who do not have other health insurance that covers immunosuppressant medications.

To get coverage, the person must:

- Qualify for Part B coverage of immunosuppressants prior to losing Medicare Part B
  - Someone qualifies for Part B coverage of immunosuppressants if they had Part A at the time of their kidney transplant.
- Not have Medicaid or other public or private health insurance that covers immunosuppressants

Beneficiaries whose ESRD Medicare eligibility expired before January 1, 2023, can still enroll in Part B-ID. Those who qualify should contact Social Security at 877-465-0355 to enroll.

Part B-ID has a monthly premium of \$97.10 in 2023. Individuals enrolled in Part B-ID can apply for the Medicare Savings Program (MSP) for help with premium costs and, if eligible for the Qualified Medicare Beneficiary MSP, cost-sharing assistance.

Part B-ID coverage may not be the best choice if someone has or has access to any other insurance. This is because Part B-ID only covers immunosuppressant drugs, does not include coverage for any other benefits or services, and does not allow a person to access Part A.