



CMS Final Rule: CY2023 Medicare Advantage Plans' Maximum Out-of-Pocket (MOOP) Limits

Effective 1/1/2023, the maximum out-of-pocket (MOOP) limit for a Medicare Advantage (MA) plan (after which the plan pays 100% of MA costs) will be calculated based on the accrual of all Medicare-covered cost sharing, not the supplemental benefits, in the plan benefit. This accrual includes Medicare cost sharing when the beneficiary, Medicaid, or secondary insurance pays for it, or when it remains unpaid.

Reimbursement to providers will shift from Medicaid/secondary payors to the Medicare plan after the member reaches the MOOP limit.

Impacted Healthfirst Medicare Advantage plans:

- 65 Plus Plan (HMO)
- Increased Benefits Plan (HMO)
- Signature (HMO)
- Signature (PPO)
- Life Improvement Plan (HMO D-SNP)
- Connection Plan (HMO D-SNP)

Please note, the CMS Final Rule does NOT impact Healthfirst CompleteCare (HMO D-SNP).

Provider Alert

Plan	CY2023 Maximum Out-of-Pocket (MOOP) Limit
Life Improvement Plan (HMO D-SNP)	\$8,300 includes all Medicare-covered services, but not supplemental benefits*
Connection Plan (HMO D-SNP)	\$8,300 includes all Medicare-covered services, but not supplemental benefits*
Increased Benefits Plan (HMO)	\$8,300 includes all Medicare-covered services, but not supplemental benefits
65 Plus Plan (HMO)	\$8,300 includes all Medicare-covered services, but not supplemental benefits
Signature (HMO)	\$6,700 includes all Medicare-covered services, but not supplemental benefits
Signature (PPO)	\$7,000 INN/\$11,000 Combined INN & OON includes all Medicare-covered services, but not supplemental benefits

Please reach out to your Healthfirst Network Representative with any questions.

*When dually eligible (Medicare/Medicaid) members meet their MOOP, providers no longer need to bill Medicaid fee-for-service (FFS) for the cost share.

NOTE: The Healthfirst Life Improvement Plan Explanation of Benefits (EOB) statement - "BILL FFS MEDICAID COST SHARE, IF APPLICABLE" does not apply if the fields for the Deduct. Amount/Co-Pay/Co-Ins equal \$0.00. Providers should not bill FFS Medicaid for the cost share.

Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. ("Healthfirst"). Healthfirst Medicare Plan has HMO and PPO plans with a Medicare contract. Our SNPs also have contracts with the NY State Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal. Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Plans contain exclusions and limitations.