

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

Open Enrollment Timeline & Plan Finder

September 2017 volunteer training

Table of contents

| | |
|---|----|
| Learning objectives..... | 1 |
| 2017-2018 Medicare Open Enrollment Timeline | 2 |
| Consumer mailings..... | 4 |
| Medicare Plan Finder presentation | 4 |
| Plan Finder worksheets and training scenarios..... | 5 |
| Plan Finder Frequently Asked Questions..... | 5 |
| Print a customized Plan Finder drug report..... | 9 |
| Tools SHIBA office can use with clients..... | 12 |
| What clients can do if they get notice their MA plan is leaving | 13 |
| Evaluation | 14 |

Handouts:

- Guide to consumer mailings from CMS, Social Security & plans in 2017/2018
- Plan Finder practice worksheets and training scenarios

Learning objectives

Volunteers will learn and be able to:

- Explain key dates for the upcoming Open Enrollment Period (OEP)
- Explain the mailings consumers will receive around OEP
- Use the Plan Finder on Medicare.gov
- Print a customized Plan Finder report
- Explain what affected beneficiaries can do if their Medicare Advantage plan leaves

2017 -2018 Medicare Open Enrollment Timeline

| 2017 | |
|--------------------------|---|
| Early September | <ul style="list-style-type: none"> • Social Security checks if some Extra Help (Low-Income Subsidy) clients still qualify. They must reply or they'll lose their coverage at the end of 2017. |
| September 16 - 30 | <ul style="list-style-type: none"> • CMS mails the Medicare & You handbook. |
| September 30 | <ul style="list-style-type: none"> • Current plan members must receive: <ul style="list-style-type: none"> ○ Annual Notice of Change (ANOC) ○ Evidence of Coverage (Benefits Book) ○ Provider/Pharmacy directories and formularies as applicable |
| October 1 | <ul style="list-style-type: none"> • Organizations may start marketing plans for 2018. • TENTATIVE date Medicare posts 2018 plan and drug benefit data on the Medicare Plan Finder. |
| October 2 | <ul style="list-style-type: none"> • People whose 2017 plan is leaving the Medicare program in 2018 must get notices from plans. |
| Early October | <ul style="list-style-type: none"> • TENTATIVE timeframe for SHIBA to publish paper copies of 2017 Part D plan lists and post online Medicare Advantage plan lists for sale in Washington state by county. • October 10: Medicare displays updated star ratings on Medicare Plan Finder. • By October 15: Employer/union and other group health plans must tell all Medicare-eligible enrollees whether or not their drug coverage is creditable. |
| October 15 | 2017 Annual Open Enrollment Period starts. |

| | |
|--------------------------------|--|
| December 7 | 2017 Annual Open Enrollment Period ends. |
| December | Social Security Benefit Rate Change Notice – Tells people about benefit changes and Medicare premiums due to cost of living increases, etc. |
| 2018 | |
| January 1 | Changes made during OEP take effect. |
| January 1 – February 14 | Medicare Advantage Annual Disenrollment Period |

Consumer mailings

Review the following materials:

- Handout: *Guide to consumer mailings from CMS, Social Security & plans in 2017/2018*
- Binder for SHIBA offices with printed samples of colored letters

Medicare Plan Finder presentation

Medicare Plan Finder 101: Tips & Tricks for Navigating the Plan Finder presentation

Note: This presentation is not included in the packet, but is posted on My SHIBA in the Volunteer Training section.



**Medicare Plan
Finder 101:
Tips and Tricks for
Navigating the Plan
Finder**

Adapted from ACL Presentation
to SHIPS dated 10/6/2016

Plan Finder practice worksheets and training scenarios

These are separate handouts - each group can decide if they will use them during the meeting, or use them at a different time to practice using the Plan Finder.

- Medicare Part D Rx Plan Finder worksheets (samples 1-4)
- Plan Finder training scenarios

Plan Finder Frequently Asked Questions

You can also find this FAQ online at: www.medicare.gov/find-a-plan/staticpages/faq/planfinder-faq.aspx

1. Why can't I add an existing drug? Why isn't my drug listed?

Plan Finder doesn't include every drug that Medicare covers. The Plan Finder drug list is updated on a regular basis. If you can't find your drug, contact your plan to find out if it is covered. Remember that Medicare drug plans may choose to cover some or all of the drugs that Medicare covers. Plans may also cover drugs that aren't listed.

Plan Finder doesn't show pricing for over-the-counter drugs or diabetic supplies (e.g. test strips, lancets, needles), so these items can't be added to your drug list.

2. Why are the drug prices I'm paying higher at my pharmacy than what Plan Finder indicates?

A number of factors affect drug prices: drug dosage and quantity selected, pharmacy selection, the subsidy level of the beneficiary, as well as the actual timing for drug purchases. Plan Finder provides estimated pricing for what you will pay at your pharmacy. If the dosages and frequencies you use on Plan Finder are different than what you've been prescribed, you may go into a coverage phase that may have an effect on the cost share you pay.

3. Why are some mail order pharmacies higher in cost than some retail pharmacies?

Generally, plans are able to negotiate more competitive pricing from mail order pharmacies, but this may not always be the case. In order to find the most cost-effective way to buy your drugs, refer to the Drug Benefit Summary popup you'll find on the Plan Comparison and Details pages, or you can contact the plan.

4. Why is my plan charging extra for a certain drug?

Plans can have preferred dosages that are provided to beneficiaries at a discounted price. For example, a preferred generic version of a drug may cost the beneficiary less than the brand name drug.

5. When are drug prices updated on Plan Finder?

Plan Finder drug prices are updated regularly from October through August. Pricing for the current year is frozen in September in preparation for the new plan year's display.

6. Why can't I find my pharmacy on the list?

A certain radius is selected to display pharmacies in your area. In order to find more or other pharmacies, you can increase the search radius or use the "Search by Pharmacy Name or Address" feature.

7. What is a network pharmacy, and what is a preferred network pharmacy?

A network pharmacy is a pharmacy that a plan contracts with to offer drugs at a certain price. Some plans distinguish network pharmacies as preferred over other pharmacies, because they can offer better drug prices or better benefits.

8. Why do I have to select a pharmacy to see drug pricing?

In order to provide the most accurate estimated total cost of drugs, Plan Finder needs drug dosage and quantity information as well as the plan information and pharmacy so that the appropriate pharmacy costs can be included.

9. How can I be sure that my enrollment went through?

If the 'Confirmation' page displays with a 14-digit confirmation number, your enrollment has been saved. You should write down the confirmation number or print the confirmation page so that you can refer to it later, or when you want to call the plan or 1-800-MEDICARE.

10. If I'm a Medicare beneficiary, what information do I need to have to search for plans?

You can always perform a General Search using only your zip code. You will then be asked to enter other information for a more accurate search, such as the list of your drugs and your favorite pharmacies.

For a more Personalized Search, at a minimum, you will need to have a:

- Zip Code
- Medicare Number
- Last Name
- Effective Date for your plan
- Date of Birth

11. What if I'm receiving Medicaid?

In Step 1 of 4 of the search, an option appears under this question: "Do you get help from Medicare or your state to pay your Medicare prescription drug costs?" This allows you to indicate that they are receiving help from Medicaid.

In Step 4 of 4 (Refine Your Plan Results) of the search, expand the "Select Special Needs Plans" option on the left side of the screen. Check "plans for people who are eligible for both Medicare and Medicaid" and update the Refine Your Plan Results page. As you proceed to the Plan Results page, you will see some plans titled "Medicare-Medicaid Plan" as well as other plans you may want to look at, including special needs plans.

12. What if I don't want to add drugs at the moment?

In Step 2 of 4 (Enter Your Drugs) of the search, select the button "I don't want to add drugs now" and when the pop-up appears, select "Skip Drug Entry."

13. How do I find the pharmacies I go to?

After selecting drugs, Step 3 of 4 (Select Your Pharmacies) show the list of pharmacies within 1 mile of your zip code. You may choose to widen the search parameter by selecting up to 6 mile radius from your zip code.

If the pharmacy is not in your zip code, you may type a new address by selecting "Search New Location or by Pharmacy Name."

14. I have some special needs. How do I find plans reflecting my conditions?

In Step 4 of 4 (Refine Your Plan Results) of the search, expand the "Select Special Needs Plans" option on the left side of the screen. The various special needs plan options will be listed on the next page of the search, the Plan Results page.

15. Why can't I compare some plans?

When viewing the search results, some plans will show a blue information button indicating that comparison is suppressed. Some of these plans may be categorized as Medicare-Medicaid Plans. These plans can't be compared with other Prescription Drug Plans.

16. Why can't I enroll in some plans?

There may be several reasons why Plan Finder doesn't offer an enrollment option for some plans. For example, some plans opt not to offer an online enrollment option. And, some low performing plans are restricted from offering online enrollment.

17. Sometimes when I do a plan search with drugs, I can't use the enrollment button; Plan Finder tells me to contact the plan to enroll. However, when I do a search without adding drugs or look the plan up directly, I can use the enrollment button. What does this mean?

If you can't use the enrollment button, it may be because the plan is "Part D Suppressed". With Part D Suppression, there has been an inaccuracy in a plan's drug pricing submission. The enrollment button will be disabled ONLY if you do a search with drugs. If you do a search without drugs, the enrollment button can be used. Plan Finder discourages enrollment into plans that have submitted inaccurate drug prices.

Print a customized Plan Finder drug report

To print a customized Plan Finder drug report, go to the “Your Plan Comparison Page” on the Medicare Plan Finder:

Your Plan Comparison


[Return to previous page](#)

Select the tabs below for more detailed information about the plan health benefits, drug costs and coverage and star ratings.

Zip Code: 98133
Current Coverage: Original Medicare
Current Subsidy: No Extra Help [?]
Drug List ID: 3607812224
Password Date: 09/10/2015
[Important Coverage Information](#)

Symbols


- N Nationwide Coverage
- * Estimated



Overview **Health Plan Benefits** **Drug Costs & Coverage** **Star Ratings** **Manage Drugs**

Scroll down the page to this area and click on the “Print Comparison Report” button:

| | |
|--|--|
| <p>All of your drugs are covered on the plan’s formulary. [?]</p> <p>Lacrisert MIS 5MG OP</p> <p>No restrictions</p> <p>Tier 3: Preferred Brand</p> <p><input type="button" value="Print My Drug List"/> <input type="button" value="Print Comparison Report"/></p> | <p>All of your drugs are covered on the plan’s formulary. [?]</p> <p>Lacrisert MIS 5MG OP</p> <p>No restrictions</p> <p>Tier 3: Preferred Brand</p> |
|--|--|



A new window will open. You can check, or un-check boxes to select the amount of information that you want the document to display. This example has the suggested boxes to check. To get the formatted report to pop open, click on the Print button at the bottom of the page:

Customize Your Printable Report

Customize the report by selecting from the options below. Once you have made the selections for what you want to print, click 'Print'. The default report options have been preselected for you.

- Fixed Costs
- Drug List
- Drug Coverage Information
- Estimated Drug Costs - Bartell Drugs #62
 - Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs at Bartell Drugs #62
 - Estimated Drug Cost Details at Bartell Drugs #62
 - Estimated Monthly Cost Comparison Bar Chart - Bartell Drugs #62
 - Estimated Monthly Drug Costs at Bartell Drugs #62
- Estimated Drug Costs - Mail Order
 - Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs at Mail Order Pharmacy
 - Estimated Drug Cost Details at Mail Order Pharmacy
 - Estimated Monthly Cost Comparison Bar Chart - Mail Order Pharmacy
 - Estimated Monthly Drug Costs at Mail Order Pharmacy
- Pharmacy Network Information
- Definitions



Print 

The formatted report will look something like this next example. You can easily print it to give to a client, or you can copy it and paste it onto a Word document, which will be properly formatted and you can then attach it to an email to send to a client.

Note: The drug costs displayed are only estimates and actual costs may vary based on the specific quantity, strength and/or dosage of the drug, the order in which you buy your prescriptions, and the pharmacy you use.

Your Search Details
 Zipcode: **98133**
 Current Plan: **Original Medicare**
 Current Subsidy: **No Extra Help**
 Drug List ID: **3607812224**
 Password Date: **9/10/2015**

| Your Drug Information | | | | |
|-----------------------|-----------------------|---------------|-----------------|---------------------|
| Drug Name | Quantity | Frequency | Brand / Generic | Original Drug Entry |
| Lacrisert MIS 5MG OP | 1 X Box of 60 inserts | Every 1 Month | Brand | Lacrisert |

| | Cigna-HealthSpring Rx Secure-Xtra (PDP) | Transamerica MedicareRx Choice (PDP) |
|--|--|--|
| | \$5617-275 | \$9579-062 |
| | Members: 1-800-222-6700 711 (TTY/TDD) | Members: 1-888-672-7206 711 (TTY/TDD) |
| | Non-Members: 1-800-735-1459 711 (TTY/TDD) | Non-Members: 1-877-527-1958 711 (TTY/TDD) |
| | Plan Website: www.cignahealthspring.com | Plan Website: www.transamericamedicareRx.com |

| Drug Coverage Information | | |
|---------------------------|--|--|
| Lacrisert MIS 5MG OP | Tier 3: Preferred Brand No restrictions | Tier 3: Preferred Brand No restrictions |

Here's an example of what it looks like pasted into a Word document:

Note: The drug costs displayed are only estimates and actual costs may vary based on the specific quantity, strength and/or dosage of the drug, the order in which you buy your prescriptions, and the pharmacy you use.

Your Search Details
 Zipcode: **98133**
 Current Plan: **Original Medicare**
 Current Subsidy: **No Extra Help**
 Drug List ID: **3607812224**
 Password Date: **9/10/2015**

| Your Drug Information | | | | |
|--------------------------------------|-----------------------|---------------|-----------------|---------------------------|
| Drug Name | Quantity | Frequency | Brand / Generic | Original Drug Entry |
| Lacrisert MIS 5MG OP | 1 X Box of 60 inserts | Every 1 Month | Brand | Lacrisert |

| | Cigna-HealthSpring Rx Secure-Xtra (PDP) | Transamerica MedicareRx Choice (PDP) |
|--|---|--|
| | \$5617-275 | \$9579-062 |

Tools SHIBA offices can use with clients

Sponsor offices can order:

- Plan Finder worksheet (SHP 771) – Order through DES Fulfillment
- Plan Finder reply letter – Print from My SHIBA in the Counseling Medicare clients section at: www.insurance.wa.gov/counseling-medicare-clients



Medicare Part D Rx Plan Finder worksheet

A free, unbiased service of the Washington State Office of the Insurance Commissioner, the Statewide Health Insurance Benefits Advisors (SHIBA) provides consumers with information about their Medicare Part D prescription drug options.

The following worksheet provides us with the necessary information we need to create a report for you. Once you complete the worksheet, please take it to a SHIBA Medicare Part D counseling clinic in your local county, or mail it to:

ENTER YOUR SHIBA SPONSOR
MAILING INFO LABEL HERE

Name: _____ Date of Birth: _____
(Please provide your name as it appears on your Medicare card.)

Address: _____
(Please provide the address and zip code you have on file with Medicare.)

City: _____ State: _____ Zip: _____

Phone: () _____ County: _____ Email: _____

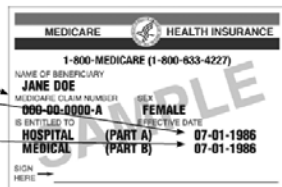
Do you live in Washington state year round?

Yes No

What is YOUR Medicare claim number?

What is YOUR effective date for Part A?

What is YOUR effective date for Part B?



Medicare Part D Plan Finder reply

Date:

Dear:

Recently you asked us for help to narrow down your options for prescription drug coverage. You sent us the Medicare Part D Rx Plan Finder worksheet, which we used to prepare the results.

According to the Prescription Drug Plan Finder at www.medicare.gov, the enclosed printout shows plans that are your least expensive options based on **your total annual cost** (this includes monthly premiums, any annual deductibles and co-payments for the drugs you currently take). Please note this is an estimate, based upon current prices the plan submitted to Medicare, and these prices can change during the year.

Suggested next steps:

1. We recommend you call one or all of the insurance companies to get more detailed information to compare your options. We've included contact information for the companies on the printout.
2. If you choose to enroll in a prescription drug plan, contact Medicare (1-800-MEDICARE or 1-800-633-4227) **or** the insurance company directly to do so. *Note: The worksheet you sent us was NOT an application for insurance, and we do not sell insurance plans.*
3. If you have additional questions, please contact SHIBA for free, unbiased and confidential consultation:

1-800-562-6900
Office of the Insurance Commissioner, SHIBA
PO Box 40255
Olympia, WA 98504-0255

See the back of this letter for special notes for you.

What clients can do if they get notice that their MA plan is leaving

Every year, some Medicare Advantage plans may leave the Medicare program by December 31. Beneficiaries must choose a new plan for the next year, or they will be returned to Original Medicare. If their MA plan includes drug coverage, and they do nothing, they will be without drug coverage effective January 1.

SHIBA will not get any advance notice of plans leaving. The only way we find out is when CMS posts the plan lists, probably around mid-to late September 2017.

Affected beneficiaries should receive a Plan Non-Renewal Notice letter from their plan by October 2, 2017 that explains their options.

When can affected beneficiaries join a new plan?

- They can join a new Medicare Part D stand-alone plan or a Medicare Advantage plan (if one is available in their county) anytime from October 15, 2017 through February, 28, 2018.
- If they enroll by December 31, their new plan will start on January 1.
- If they enroll January 1 through February 28, their new plan starts the first day of the month after they switch.

To avoid a coverage gap, they should sign up with a new plan before December 31, 2017.

They also may join a Medigap (Medicare Supplement) plan within 63 days after their Medicare Advantage plan ends. The company offering the Medigap plan must take these new enrollees if they choose an A, B, C, D, F, K or L plan. They don't have to take a written health screen.

Note: Beneficiaries under age 65 on Medicare due to disability will probably be unable to get a Medigap.

Training Course Evaluation

Date of Training: _____

Training Location: _____

How can SHIBA improve the monthly trainings?

What additional trainings within our SHIBA scope would you like to see?

What SHIBA training materials (including QRCs) would you like to see added to My SHIBA?

Other: _____

If you prefer to give electronic feedback about curriculum, please contact:

Liz Mercer: lizm@oic.wa.gov or Judith Bendersky: judithb@oic.wa.gov