

SHIBA Gearing up for Open Enrollment II workbook

October 2025

Statewide Health Insurance Benefits Advisors
(SHIBA)

Senior Medicare patrol (SMP)

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Brief content summary

Gearing up for Open Enrollment Period

Explains how counselors can help beneficiaries feel supported during the annual enrollment process. Key strategies include breaking complex information into simple steps, listening carefully to concerns, and encouraging beneficiaries to explore Medicare resources to build confidence and independence.

Important Mailings and Deadlines for 2026

Summarizes important documents beneficiaries receive each fall. This includes the Medicare & You handbook, the Annual Notice of Change (ANOC), Evidence of Coverage (EOC), and notices about Extra Help and the Income-Related Monthly Adjustment Amount (IRMAA). Counselors are guided on how to help beneficiaries review these documents to avoid surprises and make informed plan decisions.

Changes in 2026

Highlights what will be different in the coming year. The Medicare Savings Program (MSP) and Low-Income Subsidy (LIS or “Extra Help”) rules remain mostly unchanged. The Value-Based Insurance Design (VBID) demonstration program is ending, which means Dual Special Needs Plans (D-SNPs) will shift to offering extra non-medical benefits through the Special Supplemental Benefits for the Chronically Ill (SSBCI).

Dual Special Needs Plan Extra Non-Medical Benefits

Explains that certain benefits such as food credits, help with utilities, and in-home services will only be available if a beneficiary has a qualifying chronic condition (such as diabetes, high blood pressure, or heart disease). Counselors should be prepared to explain how eligibility will now be determined.

Medicare Part D and Extra Help

Describes how prescription drug coverage is changing in 2026. Although Extra Help will still lower costs for people with limited income, some drug savings

programs offered under VBD will end. Beneficiaries will need to review their Part D plan details carefully.

Medicare Part D New Savings

Provides information on the first round of drug price negotiations conducted by the Centers for Medicare & Medicaid Services (CMS). Ten widely used, high-cost drugs that treat conditions like diabetes, heart disease, arthritis, and cancer will have lower prices beginning in 2026.

Medicare Plan Finder 2026 Updates

Outlines upcoming improvements to the online Medicare Plan Finder tool. These include adding provider directories, displaying more details about supplemental benefits, launching an artificial intelligence-powered drug search, and offering personalized cost comparisons for beneficiaries who log into their accounts. Counselors are encouraged to assess each beneficiary's comfort level with technology before using these tools.

Temporary Special Election Period for Incorrect Medicare Plan Finder Medicare Advantage (MA) Provider Directory Information

Outlines who qualifies (beneficiaries who enrolled in an MA plan through Medicare Plan Finder and later discover within three months their provider is not in network), what changes are allowed, how to use it, and the timeframe when it applies.

Medicare Plan Star Ratings

Provides details about the 1- to 5-star quality rating system used by CMS. Ratings are based on clinical outcomes, surveys of member experiences, customer service, and drug safety measures. These ratings are designed to help beneficiaries compare plans and encourage insurers to improve services.

Appendix A: Medicare Costs Updates for 2026

Provides a space to record final Medicare Part A, Part B, and Part D premium and deductible amounts as they are released.

Appendix B: Quick Guide to Identifying Medicare Coverage

Gives volunteers practical questions to ask beneficiaries who are unsure of their coverage. These questions help distinguish between Original Medicare, Medicare Advantage, and Part D prescription drug plans.

Appendix C: SHIBA Senior Medicare Patrol Counseling Script

Provides a short, ready-to-use script for ending counseling sessions with fraud prevention education. It covers protecting personal information, recognizing scam warning signs, reviewing statements, spotting suspicious patterns, and knowing where to report fraud or errors.

Message from SHIBA CTC

Dear Volunteers,

As the curriculum & training coordinator (CTC), I deeply value your input in shaping effective training materials. Your feedback is crucial as we strive to refine and enhance resources to better support you in your role as Medicare counselors.

This workbook is designed to build your skills and knowledge. You are welcome to focus on the sections most relevant to your experience and expertise—there's no need to study all the material. Please take time to engage with the parts that interest you, jot down your insights, and share your thoughts during our sessions.

Your dedication to learning makes a meaningful difference in the lives of beneficiaries. Thank you for your commitment and for being an integral part of our team. I look forward to hearing your feedback and suggestions!

Elena Garrison

SHIBA Curriculum & Training Coordinator

Elena.Garrison@oic.wa.gov

Gearing up for OEP

Change can feel overwhelming for anyone, and Medicare beneficiaries are no exception. Listening carefully, acknowledging concerns, and breaking information into clear, manageable steps can make a big difference in how supported they feel—and you already know how to do that!

Answering questions is an important start, but showing beneficiaries where to find reliable information—and how to use it—empowers them well beyond a single counseling session. When possible, encourage them to compare options on their own. This not only builds confidence but also helps them recognize what truly meets their needs and strengthens their ability to advocate for themselves in the future.

It's also important to continue emphasizing the value of reviewing Medicare-related documents regularly. Familiarity with these materials helps them ask better questions, avoid surprises, and make more informed choices.

Important Mailings and Deadlines for 2026¹

In late 2025, Medicare beneficiaries will receive key mailings for 2026, including the "Medicare & You" handbook (late September/early October) detailing benefits and plans, and Annual Notice of Change (ANOC)/Evidence of Coverage (EOC) documents (by September 30) from individual Medicare Advantage and Part D plans, outlining premium, benefit, and formulary changes. Social Security beneficiaries will get their Part B/Part D Income-Related Adjustment Amount (IRMAA) notice in November. People with Extra Help (LIS) will also get a notice from their plan.

Late September:

Medicare & You Handbook: A comprehensive guide from CMS outlining Medicare benefits, rights, and protections, and providing information on available health and drug plans.

¹ For a more comprehensive list please see <https://www.cms.gov/medicare/prescription-drug-coverage/limitedincomeandresources/downloads/consumer-mailings.pdf>

- **Advise beneficiaries:** *Keep it as a reference and use it to learn more about Medicare and your options. You can download a copy of the "Medicare & You" handbook from [Medicare.gov](https://www.medicare.gov).*

Annual Notice of Change (ANOC): A notice detailing changes to current plan's premium, benefits, and drug formulary for the following year.

- **Advise beneficiaries:** *Read these carefully to understand how your costs and coverage might change and to decide if you need to switch plans.*

Evidence of Coverage (EOC): An EOC provides details about what the current plan covers, how much they pay, and other important information.

- **Advise beneficiaries:** *Review any changes to decide whether the plan will continue to meet your needs in the next year. If you don't get this important document, contact your plan.*

Low Income Subsidy (LIS) Rider: If a person qualifies for Extra Help, their plan will send an LIS rider. The LIS rider explains how much assistance they will receive the following year for their drug plan premium, deductible, and copayments.

- **Advise beneficiaries:** *LIS Rider helps you understand the savings you are receiving on your drug plan expenses through the program. You can use it to verify the correct costs for your medications and to ensure your plan is applying the correct Extra Help amounts. Keep this with your plan's "[Evidence of Coverage](#)" (EOC), so you can refer to it if you have questions about your costs.*

Loss of Deemed Status Notice (GREY notice)²: this notice informs some people with Medicare that they no longer automatically qualify for Extra Help for the following year, and encourage them to apply for Extra Help to see if they'll continue to qualify. An application for Extra Help is included with the notice. People should fill it out and mail it to Social Security.

² Introduction to the Loss of Deemed Low Income Subsidy (Extra Help) Status Notice (CMS Product No. 11198):
<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/downloads/11198.pdf>
<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/11198-S.pdf>

- **Note:** When assisting beneficiaries with limited income, start with the Medicare Savings Program (MSP) screening. MSP approval is typically faster, does not consider resource limits, and automatically qualifies the beneficiary for Extra Help, simplifying the process. By applying for MSP, beneficiaries gain additional support, such as coverage for their Medicare Part B premium, while also reducing their prescription costs through Extra Help. This approach ensures quicker access to comprehensive benefits with minimal paperwork.

Early October

Notice of Creditable coverage³: an annual notification from an employer, union, or other group health plan that informs a beneficiary (Medicare-eligible active employee or retiree) whether their prescription drug coverage is "creditable," meaning it's as good as or better than Medicare Part D coverage.

- **Advise beneficiaries:** *The notice serves as proof of your drug coverage history if you need to join Medicare Part D later. You may receive a **Notice of Non-Creditable Coverage** and should then shop for a Medicare Part D plan to avoid a late-enrollment penalty. Contact your employer's human resources department, your drug plan, or your benefits manager, if you haven't received a notice.*

November:

Social Security Part B & Part D Income-Related Monthly Adjustment

Amount (IRMAA) Notice⁴: A notice informing a Medicare beneficiary about the income-related adjustment amount they will pay for Medicare Parts B and D, which is an extra charge based on their income. It also informs them of their appeal right.

- **Advise beneficiaries:** *Note the amount for the upcoming year; if your income changes, you may qualify for a reduction in your IRMAA.*

³ Sample notices: <https://www.cms.gov/medicare/employers-plan-sponsors/creditable-coverage/model-notice-letters>

⁴ Sample [Initial IRMAA Determination Notice](https://secure.ssa.gov/poms.nsf/lnx/0601101035) <https://secure.ssa.gov/poms.nsf/lnx/0601101035>

LIS Choosers Notice (TAN Notice)⁵: A notice sent by CMS to people who receive Extra Help and choose their own Medicare drug plan, informing them of potential changes to their plan's premium and their options to switch to a low, or zero, premium plan for the next year.

- **Advise beneficiaries:** *Review this notice and consider looking for a new plan with a premium below the regional benchmark to lower your costs.*

⁵ Sample Product No.11267 **LIS Choosers Notice** <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/downloads/11267.pdf>
Introduction to the Chooser Notice: <https://www.cms.gov/medicare/prescription-drug-coverage/limitedincomeandresources/downloads/11267.pdf>

Changes in 2026

MSP & LIS in 2026

As of today, there are no changes to MSP that will directly affect eligible beneficiaries in 2026. Still, it's a good idea to remind beneficiaries to take a few simple steps to protect their status:

- *Check your current income against the latest MSP limits.*
- *Open Enrollment is a good time to review your plan options and confirm that your costs will remain affordable.*

D-SNP extra non-medical benefits

In 2026, the Centers for Medicare and Medicaid Services (CMS) is ending a program called the Value-Based Insurance Design (VBID) model. This program helped health plans give extra non-medical benefits, like credits for healthy food and utilities. Since the program is ending, plans will now use the Special Supplemental Benefits for the Chronically Ill (SSBCI) program through Medicare to continue to offer these benefits. Eligibility for non-medical supplemental benefits, such as credit for healthy food and home utilities, will be based on verification of a qualifying chronic condition.

To qualify for certain extra benefits—such as credits for healthy food and home utilities—beneficiaries will need to verify the presence of a qualifying chronic condition, such as hypertension, diabetes, cardiovascular disease, and others.

Some common health conditions that may qualify individuals include:

- Chronic high blood pressure
- Diabetes
- Cardiovascular disease
- Chronic high cholesterol
- Chronic heart failure

These are just a few examples. Qualifying conditions may vary by carrier.

Part D & Extra Help

Additionally, with VBID no longer being offered, many Part D plans will no longer be able to offer all covered drugs at \$0. Some insurers may still offer savings on prescription drugs through different programs, and members won't pay more than the copayments (copays) aligned to their level of Extra Help.

While the Extra Help program will continue to reduce prescription costs, access to additional savings will vary by plan and may depend on other available programs.

Counselor corner: Dual Special Needs Plan (D-SNP)

Before the Annual Enrollment Period (October 15–December 7), insurers will send beneficiaries an Annual Notice of Change (ANOC), which will outline any updates to their D-SNP plan benefits.

Beneficiaries are encouraged to review their plan details carefully to confirm that the coverage meets their health and financial needs.

Medicare Part D new savings⁶

The Centers for Medicare & Medicaid Services (CMS) has finished its first round of drug price negotiations. Ten high-cost widely used Medicare Part D drugs now have new, lower prices that will take effect in 2026. These drugs treat serious conditions like heart disease, diabetes, arthritis, and cancer.

Drug Name	Participating Drug Company	Commonly Treated Conditions	Agreed to Negotiated Price for 30-day Supply for CY 2026	List Price for 30-day Supply, CY 2023	Discount of Negotiated Price from 2023 List Price
Januvia	Merck Sharp Dohme	Diabetes	\$113.00	\$527.00	79%
Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill	Novo Nordisk Inc	Diabetes	\$119.00	\$495.00	76%
Farxiga	AstraZeneca AB	Diabetes; Heart failure; Chronic kidney disease	\$178.50	\$556.00	68%
Enbrel	Immunex Corporation	Rheumatoid arthritis; Psoriasis; Psoriatic arthritis	\$2,355.00	\$7,106.00	67%
Jardiance	Boehringer Ingelheim	Diabetes; Heart failure; Chronic kidney disease	\$197.00	\$573.00	66%
Stelara	Janssen Biotech, Inc.	Psoriasis; Psoriatic arthritis; Crohn's disease; Ulcerative colitis	\$4,695.00	\$13,836.00	66%
Xarelto	Janssen Pharms	Prevention and treatment of blood clots; Reduction of risk for patients with coronary or peripheral artery disease	\$197.00	\$517.00	62%
Eliquis	Bristol Myers Squibb	Prevention and treatment of blood clots	\$231.00	\$521.00	56%
Entresto	Novartis Pharms Corp	Heart failure	\$295.00	\$628.00	53%
Imbruvica	Pharmacyclics LLC	Blood cancers	\$9,319.00	\$14,934.00	38%

⁶ CMS <https://www.cms.gov/files/document/fact-sheet-negotiated-prices-initial-price-applicability-year-2026.pdf>

Medicare Plan Finder 2026 updates⁷

The Centers for Medicare & Medicaid Services (CMS) will implement the following enhancements to the Contract Year (CY) 2026 Medicare Plan Finder (MPF) and Medicare.gov website:

- Inclusion of Medicare Advantage (MA) provider directory information
- An expanded display of MA supplemental benefits
- A new Medicare AI-powered drug search tool

Integrated Provider Directories

The MPF will incorporate MA provider directory information, allowing beneficiaries to check if their preferred doctors and hospitals are in a plan's network directly within the Plan Finder.

- **Note:** If a plan's provider data is not available through the new system, the MPF will link to the plan's own directory.

Special Election Period for Incorrect Medicare Plan Finder Medicare Advantage (MA) Provider Directory Information

Since this is the first year of implementation, some provider information in MPF may be incorrect. To protect beneficiaries, CMS has created a Special Election Period (SEP) for 2026.

- **Who qualifies:** Beneficiaries who enrolled in an MA plan through MPF in 2026 and later find out (within 3 months of their plan's start date) that their preferred provider is not actually in the plan's network.
- **Eligible beneficiaries can:**

⁷ CMS <https://www.cms.gov/files/document/cy2026mpfenhancements08252025final.pdf>

Our apologies, but at the time this material went into publication, the Medicare Plan Finder had not yet been updated to reflect the recent changes. As a result, we are unable to provide screenshots to visually present these updates in this publication. However, we will demonstrate some of these changes during the October CE counseling session, which will be published at a later date to insure the information reflects the most current updates.

- Switch to a different MA or MA-PD plan
- Disenroll and return to Original Medicare and join a Part D plan
- **How to use it:** Call 1-800-MEDICARE. A representative will confirm the enrollment was made through MPF and process the change.
- **This SEP is temporary:** It only applies to MA enrollments with effective dates between **January 1, 2026, and December 1, 2026**

Expanded Supplemental Benefits Display

Starting October 1, 2025, the tool will feature a more detailed display for supplemental benefits, showing specific in-network and out-of-network cost sharing and information on authorization requirements and plan limits.

Instead of using "some coverage" or "no coverage," the display will show:

- In-network and out-of-network cost-sharing.
- Authorization requirements.
- Plan limits.

This is similar to how hearing, preventive and comprehensive dental, and vision benefits are presently displayed.

Six new supplemental benefits

In addition to the more detailed display, six new benefits are being added to the list, including:

- Wigs for Hair Loss Related to Chemotherapy
- Weight management programs
- Home-based palliative care
- Re-Admission Prevention
- Post Discharge In-Home Medication Reconciliation
- Adult day health services

AI-Powered Drug Search

A new Medicare AI-powered drug search tool will be added to the Plan Finder and [Medicare.gov](https://www.medicare.gov) website, providing improved drug search functionality.

Separate tool for authenticated users: The Centers for Medicare & Medicaid Services (CMS) is launching an AI-powered drug search tool on Medicare.gov, distinct from the Plan Finder workflow.

Authenticated user experience improvements

- Personalized cost comparisons: Users who log into their Medicare.gov accounts will receive personalized cost information based on their data from CMS.
- Find the lowest cost: The tool will help users compare personalized drug costs across different pharmacies in their area to find the lowest price.

Other changes

Online enrollment form changes: As of January 1, 2026, the online enrollment form will remove questions about race and ethnicity, and new enrollee assistance fields will be added.

Counselor corner: Medicare.gov

Since many resources are online, it's useful to get a sense of each person's comfort with technology. The following questions can be used to assess whether a beneficiary needs more hands-on guidance, printed resources, or a demonstration of online tools.

- *"Do you feel comfortable using a computer, tablet, or smartphone?"*
- *"Have you used the internet before to look up health or Medicare information?"*
- *"Have you ever used Medicare's Plan Finder tool online?"*
- *"Would you like me to show you how to use it, or would you rather I walk you through the results?"*

Meeting beneficiaries where they are with technology ensures they still feel empowered and supported—no matter their comfort level.

While there are new improvements to the Plan Finder, it often takes some time for the system to run smoothly and for all the intended upgrades to be fully

integrated. We'll need to see how well the changes work in practice, and in the meantime, it's helpful to stay patient, double-check results, and be ready to guide beneficiaries through any bumps in the process. If a plan's provider data is not available through the new system, the Plan Finder will link to the plan's own directory. Still, the most reliable way to confirm that providers are in-network is to call the provider's billing department directly.

Medicare Advantage star ratings⁸

Medicare Star Ratings: What They Mean

Star Ratings indicate the quality of Medicare Advantage (Part C) and Prescription Drug Plans (Part D). Data is collected from plan reports, Medicare surveys, and healthcare providers. Ratings are based on a broad set of performance measures, including:

- Clinical outcomes (e.g., managing chronic conditions)
- Members experience surveys
- Customer service
- Drug safety and pricing accuracy

Star ratings are published annually by the Centers for Medicare & Medicaid Services (CMS).

Common Misconception:

Star Ratings are not just based on a few reviews—they reflect comprehensive data across thousands of enrollees and providers.

Purpose:

- Help consumers compare plan quality, not just cost or benefits
- Support informed decisions by showing how well plans perform in key areas
- Encourage plans to improve services and outcomes

Counselor corner: Star rating

The star rating system is implemented to promote continual quality improvement to help ensure that Medicare enrollees receive high quality care and to incentivize plans to continue to strive for higher quality.

⁸ Applies to Part D plans as well

Counselors can remind beneficiaries that when comparing plans with similar costs and coverage, the star rating can help break the tie. A higher star rating generally means better overall quality.

It's a useful measure—just one of several—to help identify the stronger option when other factors are equal.

However, sometimes a plan with a lower star rating may be a better match for someone's specific health needs, prescriptions, doctors, or budget.

Encourage beneficiaries to use star ratings as one factor among many. It's important to review all plan details (cost, coverage, network, etc.) carefully.


Ultimately, the best plan is the one that fits *them*.

To find a Medicare plan's star rating, use the [Medicare.gov plan finder tool](#), where you can simultaneously compare star ratings, as well as plan benefits and costs.

5-star Special Enrollment Period (SEP)⁹

If a Medicare Advantage Plan or Medicare drug plan with a 5-star rating is available in a beneficiary's area, they may qualify for a Special Enrollment Period. This allows them to switch from their current Medicare plan to a 5-star Medicare plan.

This Special Enrollment Period can be used only once between December 8 and November 30 of the following year.

5-star plans are identified with this special icon:  .

⁹ <https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan/special-enrollment-periods>

Final reflections

Learning outcomes

Do you have a clear understanding of the Medicare changes for 2026?

Do you feel better prepared to effectively counsel Medicare beneficiaries during Open Enrollment Period?

How can SHIBA staff help?

Contact your RTC:

- Brisson, Noreen (OIC) Noreen.Brisson@oic.wa.gov
 - Office 509-818-1017
 - Cell 360-349-2850
- Dieckman, Lynda (OIC) Lynda.Dieckman@oic.wa.gov
 - Office 360-725-7257
 - Cell 360-742-4949
- Lee, Rosie (OIC) Rosie.Lee@oic.wa.gov
 - Office 360-725-7253
 - Cell: 360-701-0933
- Skye-Dugovich, Shannon (OIC) Shannon.Skye-Dugovich@oic.wa.gov
 - Office 360-725-7108
 - Cell 360-250-4900
- Stones, Sam (OIC) Sam.Stones@oic.wa.gov
 - Office 206-389-2916
 - Cell 360-250-6932
- Laguna Antu, Ari (OIC) Ari.LagunaAntu@oic.wa.gov
 - Office: 509-606-3416
 - Cell: 564-250-6609

For fraud related issues:

Contact Senior Medicare Patrol Coordinator Kim McKenna
kim.mckenna@oic.wa.gov

For any curriculum & training related questions & suggestions:

Contact SHIBA Curriculum & Training Coordinator, Elena Garrison
OICMedicareTrainingFeedback@oic.wa.gov or call: **360-725-7107**

Thank you for your participation!

Appendix A: Medicare costs updates for 2026

Record the dollar amounts on this page as the information becomes available.

Part A

- Premium(s):
- Deductible: Expected to increase

Part B

- Premium(s): Projected to increase by 11.6% to \$206.50 per month
- Deductible: Expected to increase

Part D

- Maximum deductible

Appendix B

Quick guide for new counselors: Identifying the beneficiary's Medicare coverage¹⁰

Beneficiaries don't always know exactly what Medicare coverage they have. Sometimes a spouse or family member handled the details, or the paperwork feels overwhelming. Others may not realize there's a difference between Original Medicare, Medicare Advantage, Medigap, and Part D drug plans. It helps to guide them with a few key questions so you can better understand their coverage.

Ask about cards and paperwork:

- *"Do you have your red, white, and blue Medicare card?"*
- *"Do you also have a card from a private company, like UnitedHealthcare, Humana, etc.?"*
- *"What do your statements look like? Is there any Medicare logo, or company logo at the top?"* You can show them samples, if possible.

Ask about what they use:

- *"When you go to the doctor, do you show your Medicare card, or another insurance card?"*
- *"How do you pay for your prescriptions—through Medicare, or through another plan card?"*
- *"Do you have vision or dental coverage? Do you have gym coverage?"*

¹⁰ Do you have your preferred way of figuring out what beneficiary has? Please share with us (email to Elena.Garrison@oic.wa.gov), so we can make it easier for new volunteers to help beneficiaries.

Appendix C

SHIBA SMP Medicare Fraud, Errors & Abuse Prevention Counseling Script

Use this script to guide conversations with Medicare beneficiaries about protecting themselves.

Opening (15 seconds)

"Before we end our counseling session, let me quickly share some ways to protect your Medicare benefits from fraud and errors. Medicare beneficiaries are heavily targeted by scams and fraud, but I have some tips on how to keep yourself and your Medicare safe"

KEY MESSAGE #1: PROTECT YOUR PERSONAL INFORMATION (90 seconds)

"Your Medicare number is like a credit card number - protect it! It has financial value to scammers"

Key Points:

- *Never give your Medicare number to unsolicited callers or visitors*
- *Medicare will NEVER call asking for your Medicare number*
- *If someone claims to be from Medicare, hang up and call 1-800-MEDICARE (1-800-633-4227)*

KEY MESSAGE #2: RECOGNIZE THE "BIG 3" SCAM SIGNS (90 seconds)

1. Unsolicited call – you didn't ask them to call
2. Asking for personal info - Want to "confirm" your Medicare number
3. Requesting consent – send you items, new card, new plan

Common scams: *"Free" medical equipment, genetic testing, "updated" Medicare cards*

KEY MESSAGE #3: REVIEW YOUR STATEMENTS (90 seconds)

"Check your Medicare statements monthly like bank statements to spot anything suspicious."

Look for:

1. Services you didn't receive
2. Wrong dates, duplicate charges
3. Unfamiliar providers

"Do you review your statements now? If you want some help with this, we can make an appointment to take a look together."

KEY MESSAGE #4: WATCH FOR PATTERNS (30 seconds)

"One error might be a mistake, but repeated errors from the same provider are a red flag."

KEY MESSAGE #5: KNOW HOW TO GET HELP (90 seconds)

"Help is available - you can reach out any time you need help or have questions!"

Contact for help

- SHIBA: 1-800-562-6900
- SMP fraud reporting form: <https://www.insurance.wa.gov/insurance-resources/medicare/report-medicare-fraud/report-medicare-fraud-shiba>
- Medicare: 1-800-633-4227 if you believe your Medicare ID has been used without your knowledge or for fraud.

References

Centers for Medicare & Medicaid Services

Medicare Drug Price Negotiation Program: Manufacturer Agreements for Selected Drugs for Initial Price Applicability Year 2026

<https://www.cms.gov/files/document/fact-sheet-manufacturer-agreements-selected-drugs-ipay-2026.pdf>

Guide to consumer mailings from CMS, Social Security, and plans in 2024/2025

<https://www.cms.gov/medicare/prescription-drug-coverage/limitedincomeandresources/downloads/consumer-mailings.pdf>

Marketing Models, Standard Documents, and Educational Material

<https://www.cms.gov/medicare/health-drug-plans/managed-care-marketing/models-standard-documents-educational-materials>

Medicare.gov

Saving money with the prescription drug law.

https://www.medicare.gov/about-us/prescription-drug-law?utm_campaign=20240815_vac_prv_gal_V1&utm_content=english&utm_medium=email&utm_source=govdelivery

Sample ANOC Letters

2024 Humana Group Medicare Advantage HMO Plan <https://docushare-web.apps.external.pioneer.humana.com/Marketing/docushare-app?file=5417659>

2024 Kaiser Permanente Medicare Advantage Basic Plan (HMO) Offered by Kaiser Foundation Health Plan of Washington (Basic Plan)

<https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/health-plan-documents/anoc/medicare/2024/annual-notice-of-changes-basic-wa.pdf>

<https://www.bluecrossnc.com/content/dam/bcbsnc/pdf/experience-health/annual-notice-of-changes-medicare-advantage-hmo-001-003-25.pdf>

SHIBA's collection of resources for volunteers¹¹

Volunteer-only resource materials page: <https://www.insurance.wa.gov/about-us/my-shiba/volunteer-training/shiba-training-toolbox/volunteer-only-resource-materials>

SHIBA publications¹²

SHIBA publications page: <https://www.insurance.wa.gov/about-us/myshiba-volunteer-resources/publications/shiba-publications>

¹¹ ¹¹ Please let us know if you run into any issues with our resources or publications. We're in the process of updating materials, and your feedback helps us make improvements.