

Medicare Minute Teaching Materials — August 2021 Common Open Enrollment Notices

1. What is Medicare's Open Enrollment Period?

Medicare's Open Enrollment Period occurs each year from October 15 through December 7. During Medicare's Open Enrollment Period, you can make changes to your Medicare coverage. In most cases, this period is the only time you can pick a new Medicare Advantage or Part D plan. Even if you are satisfied with your current health and drug coverage, Medicare's Open Enrollment Period is the time to review what you have and compare it with other options in your area to make sure that your current coverage is still best for you in the coming year. In September, you will start to receive notices with information about any changes to your coverage for the coming year. It is important to read these notices so that you can decide if your coverage will continue to meet your needs, or if you should change it. Even if you are happy with your current Medicare Advantage or Part D plan, you should check to see if there is another plan in your area that will offer you better health and/or drug coverage at a more affordable price. You can visit www.medicare.gov to review your plan options online. If you decide to change your coverage, you can call 1-800-MEDICARE (1-800-633-4227) to do so. Any changes you make will take effect January 1 of the next year. Your State Health Insurance Assistance Program (SHIP) can also provide unbiased help with comparing your health and/or drug coverage options or changing coverage.

2. What is the *Medicare & You* handbook?

The *Medicare & You* handbook is mailed to all Medicare households each September. The handbook includes information on Medicare benefits, frequently asked Medicare questions, and any changes to Medicare coverage. It also includes a list of Medicare Advantage Plans and stand-alone Part D prescription drug plans available in your area. These plans must cover the same benefits listed in *Medicare & You*, but their costs and coverage will vary. If you don't receive your *Medicare & You* handbook, you can call 1-800-MEDICARE and request that a copy with information for your area be sent to you. If you would like to receive your handbook electronically, you can log into (or create) [your Medicare account](#) to sign up for electronic handbooks. You can also download a general version of the handbook at Medicare.gov.

3. Why are my ANOC and EOC important?

The Annual Notice of Change (ANOC) is the notice you receive from your Medicare Advantage or Part D plan in late September. This notice gives a summary of any changes in the plan's cost and coverage that will take effect January 1 of the next year. The ANOC is typically mailed with the plan's Evidence of Coverage (EOC), which is a booklet that details the plan's cost and benefits for the upcoming year. If you have a Medicare Advantage Plan or Part D plan and do not receive these notices, you should contact your plan. Review these notices to see if your plan will continue to meet your health care needs in the following year. If you are dissatisfied with any upcoming changes, you can make changes to your coverage during Medicare's Open Enrollment Period. Here are three types of changes to look for:

- **Find out what you can expect to pay for services in 2022.** Costs such as deductibles and copayments can change each year. For example, your plan may not have had a deductible in 2021, but it could have one in 2022. A deductible is the amount of money you owe out-of-pocket before your plan begins to cover your care. Another example is that your plan may increase the copayments you owe for visits to your primary care provider or specialists.
- **Check to see if your doctors, hospitals, and other health care providers and pharmacies will still be in network for 2022.** Plan provider networks can change each year, which means your doctor may not be in your plan's network for 2022. You have the lowest out-of-pocket costs if you go to providers

and pharmacies that are in your plan's network. If you see an out-of-network provider, your plan may not cover your care, leaving you to pay the cost out-of-pocket.

- **Look through the plan's formulary.** The formulary is the list of drugs the plan covers. If the formulary was not sent to you in the mail, it may have been sent electronically. You can additionally visit the plan's website to see its formulary or call your plan directly. Formulary changes can happen from year to year, meaning your drug may not be covered in 2022 even though it was covered in 2021. Make sure your drugs will still be covered next year. If they are not, then you may want to select a different drug plan that covers all of your drugs. If the formulary is incomplete, or you do not see your drug(s) on the list, contact the plan directly to learn more.

4. How do I know if I am enrolled in a plan with a low rating?

In late October, you will receive a Consistent Poor Performance Notice if you are enrolled in a plan that has received a low rating for three or more years in a row. A low rating is three stars or fewer out of five. Plans are rated on their quality and performance, such as how well they handle appeals. This notice encourages you to look at other plan options in your area. If you want to change your plan, you can do so during Medicare's Open Enrollment Period. If you are enrolled in a plan with a low rating, you can also change your plan at any time during the year.

5. How do I know if my plan will be offered next year?

In October, plans leaving the Medicare program in the coming year send out a Plan Non-Renewal Notice to people enrolled in the plan. If you receive this notice, you should take action to make sure you are covered in 2022. You can choose to enroll in a new Medicare Advantage Plan or Part D prescription drug plan during Medicare's Open Enrollment Period. After Medicare's Open Enrollment Period, you can enroll in a new plan up until the last day in February of the following year.

If you do not pick a new Medicare Advantage Plan by January 1, you will be disenrolled from the Medicare Advantage Plan and enrolled in Original Medicare without any drug coverage. You will have until the end of February to enroll in a new Medicare Advantage Plan or Part D plan.

If you do not pick a new stand-alone Part D plan by January 1, you will be disenrolled from the plan and will not have drug coverage. You will have until the end of February to enroll in a new Part D plan or Medicare Advantage Plan.

6. What notices will I receive if I am enrolled in Extra Help?

Extra Help is a federal program that helps pay your prescription drug costs if you have limited income and assets. There are a number of notices people with Extra Help may receive starting in September, depending on the situation.

In September you may receive a grey Loss of Deemed Status Notice if you will no longer have Extra Help as of January 1, 2022. If you think this is a mistake, such as if your income has not changed, you can re-apply for Extra Help through the Social Security Administration (800-772-1213).

You may receive an orange Change in Extra Help Copayments Notice. This notice tells you if the Extra Help copays you pay for covered drugs will change starting January 1, 2022. You should get this notice in October. Extra Help copays usually change a small amount each year.

You may receive a blue Reassignment Notice in October if your Medicare Advantage Plan or stand-alone Part D plan is leaving the Medicare program. This notice lets you know that you will be reassigned to a new plan. If you want to enroll in a plan of your choice, you must actively choose a new plan by December 31, 2021. If you do not take action you will be assigned to a plan, which may or may not meet your needs.

You may receive a different blue Reassignment Notice in October if the premium for your plan's drug coverage is going up above the amount that Extra Help covers. This is called the benchmark amount. If your plan's drug coverage premium is going to be above the benchmark in 2022, you will be reassigned a plan unless you actively enroll in the plan of your choice by December 31, 2021.

If you actively chose your current drug plan and are enrolled in Extra Help, you may receive the Low-Income Subsidy Choosers Notice in November. This grey notice lets you know that your plan premium is increasing above the Extra Help benchmark amount (the maximum premium amount that Extra Help covers). If you do not actively change your plan to one with a lower premium, you will pay a portion of the premium in 2022.

7. What is a notice of creditable coverage?

If you are enrolled in a prescription drug plan through your or your spouse's current or former employer, you should receive a notice from your employer or plan around September of each year, informing you if your drug coverage is creditable. Creditable means that the coverage is as good as or better than the standard Medicare prescription drug benefit. This notice is important because maintaining enrollment in creditable drug coverage means you will not incur a late enrollment penalty (LEP) for delaying Part D enrollment. Additionally, having creditable coverage means that if you learn that you are going to lose such coverage and you want Part D coverage, you will have a two-month Special Enrollment Period (SEP) to enroll in a Part D plan. Keep these notices of creditable coverage each year. If you decide to enroll in a Part D plan in the future, you may need these notices as proof that you had creditable coverage and should not have a late enrollment penalty.

8. Will I receive mailed materials from Medicare Advantage Plans and Part D plans in which I am not enrolled?

Yes. As Medicare's Open Enrollment Period begins you will start to get mail from different insurance companies about the plans that they offer. You can use this marketing information to compare your options. If you have questions about any of the benefits that a plan offers, it is best to contact the plan directly. If you are thinking about changing your plan, you do not have to make the decision right away. You can take time to go over your choices and make an informed decision. You can also consult with a representative from your State Health Insurance Assistance Program (SHIP) for individualized counseling around these decisions. Contact information for your local SHIP is on the last page of this document. You may also consult with 1-800-MEDICARE to compare Medicare Advantage or Part D plans offered in your area.

9. Do Medicare Advantage Plans and Part D plans have to follow any rules when marketing to me?

Yes. A plan must follow certain rules when marketing their plans. These guidelines are made by the Centers for Medicare & Medicaid Services (CMS) to protect beneficiaries from manipulative sales and enrollment tactics. Most guidelines primarily focus on acts and materials related to agents, brokers, and direct plan communication, rather than television and radio commercials or advertising. A fundamental principle of these guidelines is that marketing cannot be conducted under the guise of education. Under these guidelines, a plan cannot:

- Use language that suggests their plan is preferred by Medicare
- Represent itself as coming from or sent by Medicare, Social Security, or Medicaid
- Call or text you if you did not ask them to do so

- Leave information (such as leaflets, flyers, door hangers, etc.) on your car or at your home if they come from a company that did not have an appointment with you
- Provide information that is inaccurate or misleading
- Require attendees to provide contact information as a prerequisite for attending a marketing event
- Call marketing event attendees later without permission
- Call prospective enrollees to confirm receipt of mailed information
- Approach beneficiaries in public common areas, such as parking lots, hallways, lobbies, or sidewalks

If you believe a company has violated Medicare marketing rules or is using manipulative sales tactics, you can call your Senior Medicare Patrol (SMP) to report the incident. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect and report health care fraud, errors, and abuse. Contact information for your SMP is on the last page of this document.

10. Who can I contact if I have questions?

1-800-MEDICARE: Contact Medicare if you did not receive your *Medicare & You* handbook and would like to request your copy. You can also contact Medicare for help finding plans in your area or if you want to change your coverage during Medicare’s Open Enrollment Period.

Medicare Advantage Plan or Part D plan: Contact a plan directly if you have questions about its benefits, coverage, or costs. If you do not receive your ANOC or EOC, contact your current plan to request a copy.

State Health Insurance Assistance Program (SHIP): Contact your SHIP if you have questions about any notices you receive. SHIP counselors can help you review your options and pick a plan that meets your needs. SHIP counselors specialize in trusted, unbiased, and individualized counseling. Contact information for your SHIP is on the final page of this document.

Senior Medicare Patrol (SMP): Contact your SMP if you experience marketing that feels manipulative or receive any notices that seem suspicious. SMP representatives can teach you how to spot and protect yourself from potential Medicare fraud and marketing/enrollment violations. Contact information for your SMP is on the last page of this document.

SHIP case study

Truman knows that Medicare’s Open Enrollment Period is approaching and wants to reevaluate his coverage to see if he should make any changes. He is currently enrolled in Original Medicare and a Part D plan and is not sure if he should change his plan for next year. Truman has heard that his Annual Notice of Change (ANOC) will be helpful, but he does not know what that is.

How should Truman do?

- Truman should contact his SHIP for assistance.
 - If he does not know how to find his SHIP, he can go to www.shiphelp.org or call 877-839-2675 and say “Medicare” when prompted.
- The SHIP counselor will explain that the ANOC is a summary of changes to Truman’s Part D plan for 2022. If it is past September 30 and Truman has not received his ANOC, he should contact his plan and request a copy.

- Once Truman has his ANOC, he can review it and note any changes. The SHIP counselor may advise Truman to look for a few specific types of changes:
 - Truman should see if his deductible has changed. Truman has to pay out of pocket for his prescriptions until he has spent the deductible amount. Then his insurance company will start to cover his prescription drugs.
 - Truman should check for any changes to his copayments. The copay is the set amount he pays for certain kinds of prescriptions, once he has met his deductible.
 - Truman should see if the plan's formulary has changed and if any of his medications have been removed.
 - Truman should check if the plan's network of preferred pharmacies has changed and if it still includes his pharmacy.
- The SHIP counselor can help Truman compare his Part D plan to other plans, or even compare Original Medicare to Medicare Advantage Plans. They might point Truman to helpful tools like Medicare's Plan Finder, to see if any other Part D plans provide the same coverage as his current plan for a lower cost.

SMP case study

Gretchen is 71 and has Original Medicare. She was at home when a representative from an insurance company knocked on her door. Gretchen has heard of the insurance company but never contacted it and did not request a home visit. Gretchen declined the representative's offer to come in and tell her about their Medicare Advantage Plans. The next morning when she went out for a walk, she also noticed a leaflet left on her front door, advertising that same company's Medicare Advantage Plan. Gretchen felt a bit uncomfortable that this insurance company has been visiting her home but wondered if these sales strategies may just be normal.

What should Gretchen do?

- Gretchen should call her Senior Medicare Patrol (SMP) for advice and to report any potential marketing violations. If Gretchen doesn't know how to contact her SMP, she can call 877-808-2468 or visit www.smpresource.org.
- The SMP can tell Gretchen about Medicare marketing violations.
 - It is not appropriate for a company to represent itself as coming from or sent by Medicare, Social Security, or Medicaid.
 - If Gretchen did not request an appointment or have a prior relationship with the insurance company then the unsolicited home visit is likely to be a marketing violation.
 - Leaving information, such as a leaflet, on your car or at your home is also a marketing violation if the insurance company did not have an appointment with you.
- The SMP can encourage Gretchen to continue exercising caution and declining unsolicited home visits.
- If Gretchen is interested in learning more about Medicare Advantage Plans and potentially switching from Original Medicare, she can contact her local State Health Insurance Assistance Program (SHIP) or refer to her *Medicare & You* handbook for assistance comparing her options.
 - If she does not know how to find her SHIP, she can go to www.shiphelp.org or call 877-839-2675 for assistance.

Local SHIP Contact Information	Local SMP Contact Information
<p>SHIP toll-free: SHIP email: SHIP website:</p> <p>To find a SHIP in another state: Call 877-839-2675 or visit www.shiphelp.org.</p>	<p>SMP toll-free: SMP email: SMP website:</p> <p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.</p>

SHIP National Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org
 SMP National Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org
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