



CMS
NTP
NATIONAL
TRAINING PROGRAM
MODULE **11**

Medicare Advantage and Other Medicare Health Plans

WA SHIBA Version - Updated November 2018



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This version has been updated for WA SHIBA.



Session Objectives

- This session should help you
 - Define Medicare Advantage (MA) Plans
 - Describe how MA Plans work
 - Explain eligibility requirements and enrollment
 - Recognize types of MA Plans
 - Identify other Medicare health plans
 - Explain rights, protections, and appeals
 - Summarize the Medicare Marketing Guidelines—know the rules for gifts, rewards and incentives, educational and promotional activities, and agents and brokers



Lesson 1—Medicare Advantage (MA) Plan Overview

- What's a Medicare Advantage (MA) Plan?
- What are the types of MA Plans?
- How do MA Plans work?
- When can you join or switch plans?

What are Medicare Advantage (MA) Plans?

Medicare Advantage

includes



Part A

Hospital Insurance



Part B

Medical Insurance



Most include Part D

Medicare prescription drug coverage

- Offered by Medicare–approved private companies
 - Must follow Medicare rules
 - Another way to get Medicare coverage
 - Your Part A and Part B coverage is from the MA Plan
- In most cases you have to use healthcare providers in the plan’s network
 - Some plans offer out-of-network coverage
- You can’t enroll in (and don’t need) a Medicare Supplement Insurance (Medigap) policy while you’re in an MA Plan



Medicare Health Maintenance Organization (HMO) Plan

Can you get your health care from any doctor or hospital?

No. You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis). In some plans, you may be able to go out-of-network for certain services, usually for a higher cost. This is called an HMO with a point-of-service option in certain geographic areas.

Are prescription drugs covered?

In most cases, yes. Ask the plan. If you want Medicare drug coverage, you must join an HMO plan that offers prescription drug coverage.

Do you need to choose a primary care doctor?

In most cases, yes.

Do you need a referral to see a specialist?

In most cases, yes. Certain services, like yearly screening mammograms, don't require a referral.

What else do you need to know about this type of plan?

- If your doctor or other health care provider leaves the plan, your plan will notify you and you can choose another plan doctor.
- If you get health care outside the plan's network, you may have to pay the full cost.
- It's important that you follow the plan rules. For example, the plan may require prior approval for certain services.

Medicare Preferred Provider Organization (PPO) Plan

Can you get your health care from any doctor or hospital?

In most cases, yes. PPOs have network doctors, other health care providers, and hospitals, but you can also use out-of-network providers for covered services, usually for a higher cost.

Are prescription drugs covered?

In most cases, yes. If you want Medicare drug coverage, you must join a PPO plan that offers prescription drug coverage. You may contact individual plans to find out if they offer prescription drug coverage.

Do you need to choose a primary care doctor?

No.

Do you need a referral to see a specialist?

In most cases, no.

What else do you need to know about this type of plan?

- PPO Plans aren't the same as Original Medicare or Medigap.
- Medicare PPO Plans usually offer extra benefits (like dental or vision services) than Original Medicare, but you may have to pay more for these benefits.

Medicare Special Needs Plans (SNPs)

Can you get your health care from any doctor or hospital?

You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis).

Are prescription drugs covered?

Yes. All SNPs must provide Medicare prescription drug coverage (Part D).

Do you need to choose a primary care doctor?

Generally, yes.

Do you need a referral to see a specialist?

In most cases, yes. Certain services, like yearly screening mammograms, don't require a referral.

Medicare Special Needs Plans (SNPs) (continued)

What else do you need to know about this type of plan?

- SNPs must limit plan membership to people in one of the following groups:
 1. Institutional SNP (I-SNP): Those living in certain institutions (like a nursing home), or who require nursing facility-level of care at home
 2. Dual Eligible SNP (D-SNP): Those eligible for both Medicare and Medicaid
 3. Chronic Condition SNP (C-SNP): Those with specific chronic or disabling conditions
- Plans may further limit enrollment based on rules for the specific type of SNP
- Plans should coordinate your needed services and providers
- Plans should make sure that providers you use accept Medicaid if you have Medicare and Medicaid
- Plans should make sure that the plan's providers serve people where you live, if you live in an institution



How do Medicare Advantage (MA) Plans work?

- In an MA Plan you
 - Are still in Medicare with all rights and protections
 - Still get those services covered by Part A and Part B but the MA Plan covers those services
 - May choose a plan that includes prescription drug coverage
 - Can be charged different out-of-pocket costs
 - Can't be charged more than Original Medicare for certain services, like chemotherapy, dialysis, and skilled nursing facility care
 - May choose a plan with extra benefits like vision, dental or fitness and wellness benefits
 - Have a yearly limit on your out-of-pocket costs



Medicare Advantage (MA) Plan Costs

- You still pay the standard Part B premium
 - A few plans may pay all or part for you
 - State assistance is available for some
- You may pay an additional monthly premium to the plan
- Plan deductibles, coinsurance, and copayments
 - Different from Original Medicare
 - Vary from plan to plan
 - May be higher if out-of-network



Who Can Join a Medicare Advantage Plan?

- To be eligible, you must
 - Be enrolled in Medicare Part A (Hospital Insurance)
 - Be enrolled in Medicare Part B (Medical Insurance)
 - Live in the plan's service area
 - Be a United States (U.S.) citizen or lawfully present in the U.S.
 - Not be incarcerated
- To join you must also
 - Provide necessary information to the plan
 - Follow the plan's rules
 - Only belong to one plan at a time



Medicare Advantage (MA) Plans and End-Stage Renal Disease (ESRD)

- Usually you can't enroll if you have ESRD
- There are limited exceptions
 - Transition from one plan to another within the same parent organization
 - No break between coverage
 - Must meet all other enrollment requirements
 - If you joined the plan without ESRD, but developed ESRD while in the plan, you may stay in the plan
- If you've had a successful kidney transplant or no longer require a regular course of dialysis
 - You aren't considered to have ESRD for MA eligibility purposes



When You Can Join Medicare Advantage (MA) Plans

- Generally during your Initial Enrollment Period (IEP)
 - If so, can change to another MA Plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first 3 months you have Medicare
- Medicare due to a disability
 - 7-month period begins 3 months before the 25th month of disability benefits
 - Ends 3 months after the 25th month of disability benefits

NOTE: If you drop a Medigap policy to join an MA Plan, you might not be able to get it back. Check with your state.

NEW Medicare Advantage Open Enrollment Period (MA OEP)

Starts
Jan 1

Continues
Feb

Ends
Mar 31

Coverage
Begins first of
month after
you enroll

- 3-Month period each year during which you can
 - ✓ Switch MA Plans (MA-PD to MA, or MA to MA-PD)
 - ✓ Drop MA Plan and return to Original Medicare
 - If you do, you can enroll in a Part D plan
 - You won't have a Guaranteed Issue Right for a Medigap policy
- You must already be in an MA Plan on January 1 to use this enrollment period.
- Doesn't apply to MSA or Cost Plans.



When You Can Join or Switch Medicare Advantage (MA) Plans (continued)

- If you have Part A and enroll in Medicare Part B during a General Enrollment Period (GEP), you can enroll in an MA Plan April 1–June 30 with coverage starting July 1
- During Special Enrollment Period (SEP) in certain circumstances
 - Examples include:
 - You move out of your plan’s service area
 - You have or lose Medicaid or Extra Help
 - You live in an institution (like a nursing home)
- 5-star Special Enrollment Period – None in Washington
 - Can switch to an MA Plan or Medicare Cost Plan that has 5 stars for its overall star rating
 - Once from December 8, 2018 – November 30, 2019

Low Performing Drug Plan

- Low performing star rating status
 - You may have a one-time option to switch to another Medicare drug plan with a rating of 3, 4, or 5 stars if your plan's summary rating was less than 3 stars for 3 years
 - Low Performance Icon appears on Plan Finder
 - Plans can't attempt to discredit their low performing status by showcasing a separate higher rating
 - None in Washington





Medicare Advantage (MA) Trial Rights and Medigap

- Special Medigap rights for people who join an MA Plan for the first time
 - When first eligible at 65, or
 - Drop a Medigap policy
- Can disenroll during the first 12 months
 - Return to Original Medicare
 - Have guaranteed issue rights for Medigap



Medicare Advantage (MA) Plan Network Changes

- Many types of MA Plans have provider networks
- Plans may change networks at any time
 - Must protect you from interruptions in medical care
 - Must maintain adequate access to services
 - Must notify enrollees who see affected providers
 - At least 30 days prior to the provider's contract termination
- In most cases, network changes aren't a basis for an SEP
 - CMS determines eligibility on a case-by-case basis



Check Your Knowledge—Question 1

Medicare Advantage
(MA) Plans are
sometimes called

- a. Part A
- b. Part B
- c. Part C
- d. Part D



Check Your Knowledge—Question 2

Most people enrolled in a Medicare Advantage (MA) Plan will continue to pay a monthly Medicare Part B premium.

- a. True
- b. False



Program of All-inclusive Care for the Elderly (PACE) Plans

- Is a Medicare and Medicaid Program
- Combines services for frail, elderly people
 - Medical, social, and long-term care services
 - Includes prescription drug coverage
- Alternative to nursing home care
- Only in states that offer it under Medicaid
- Qualifications vary from state to state
 - Contact state Medical Assistance (Medicaid) office for information
- PACE in King county only



Lesson 3—Rights, Protections, and Appeals

- Guaranteed rights and protections
- Appeals
- Required notices
- Medicare Advantage (MA) Plan marketing reminders
- Plan rewards and incentive programs



Guaranteed Rights

- Get needed health care services
- Get easy-to-understand information
- Have personal medical information kept private



Rights in Medicare Health Plans

- Choice of health care providers within the plan
- Access to health care providers (treatment plan)
- Know how your doctors are paid
- Fair, efficient, and timely appeals process
- Grievance process
- Coverage/payment information before service
- Privacy of personal health information

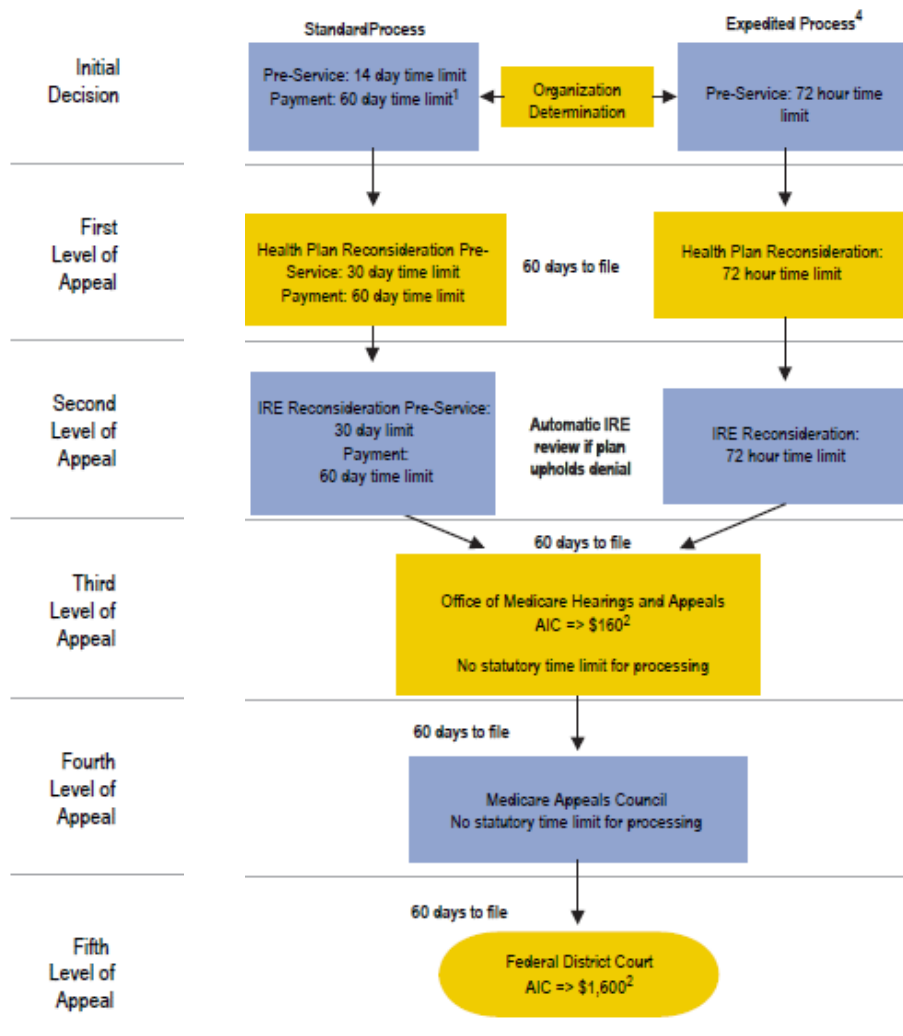


Appeals in Medicare Advantage (MA) and Other Health Plans

- Plan must tell you in writing how you can appeal if it
 - Won't pay for a service
 - Doesn't allow a service
 - Stops or reduces course of treatment
- You and your doctor can file an appeal
- Can ask for expedited (fast) decision
 - Plan must decide within 72 hours
- See plan membership materials
 - Instructions on how to file an appeal or grievance

Medicare Advantage (Part C) Appeals Process

- **AIC** = Amount in Controversy
- **IRE** = Independent Review Entity
- **MA-PD** = Medicare Advantage



- 1: Plans must process 95% of all clean claims from out-of-network providers within 30 days. All other claims must be processed within 60 days.
- 2: The AIC requirement for all appeals at the Office of Medicare Hearings and Appeals and Federal District Court is adjusted annually in accordance with the medical care component of the Consumer Price Index. The chart reflects the CY 2018 AIC amounts.
- 4: Payment requests cannot be expedited.



Rights If You File an Appeal With Your Medicare Health Plan

- Right to get a copy of your files from the plan
 - Call or write your plan
 - Plan may charge a fee for a copy of your file




Lesson 4—Medicare Marketing Guidelines

- Marketing and disclosure
- Gifts
- Promotional educational activities
- Agents/brokers
- Rewards and incentives

Marketing Materials

- The Centers for Medicare and Medicaid Services (CMS) requires review and approval of certain materials
 - Exceptions are listed in Section 20 of the Medicare Marketing Guidelines.
 - For more information visit [CMS.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY-2018-Medicare-Marketing-Guidelines_Final072017.pdf](https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY-2018-Medicare-Marketing-Guidelines_Final072017.pdf)
 - Plans must maintain materials and make them available at CMS's request
- CMS creates standardized and model marketing materials

Marketing Reminders

- Marketing for upcoming plan year
 - May not occur before October 1
- Marketing star ratings in materials must get equal or greater prominence
 - Individual measures may be marketed/communicated with overall performance rating
 - Low-performing star rating status
 - Low Performance Icon 
 - Plans may not try to discredit their low performing status by showcasing a separate higher rating

Disclosure of Plan Information for New and Renewing Members

- MA and PDPs must disclose plan information
 - At time of enrollment and at least annually
 - Required ANOC/EOC (*new requirements appear on next slide*)
 - Low Income Subsidy (LIS) rider
 - Comprehensive or abridged formulary
 - Member ID card at the time of enrollment/as needed
- Must provide the hard copy pharmacy and provider directories or a notice describing where they can be found online together with how to request a hardcopy
- Documents for new enrollees must be provided no later than 10 calendar days or the last day of the month before the effective date, whichever is later

Nominal Gift Reminders

- Organizations can offer gifts to potential enrollees
 - Must be of nominal value
 - Defined in Medicare Marketing Guidelines
 - Currently \$15 or less per individual gift based on retail value
 - There's a maximum aggregate of all gifts of \$75 per person, per year
- Given regardless of beneficiary enrollment and without discrimination
- May not be in the form of cash or other monetary rebates, even if worth is \$15 or less



Unsolicited Beneficiary Contact

- Prohibited unsolicited marketing activities
 - Electronic communications
 - Unless express permission is given
 - Door-to-door solicitation
 - Calls/visits after attending sales event
 - Unless permission is given
 - Common areas (e.g., parking lots, hallways, sidewalks, etc.)

NOTE: Prohibited activities don't include conventional mail or other print media



Cross-Selling Prohibition

- Prohibited during any MA or Part D sales activity or presentation
- Can't market non-health related products
 - Annuities
 - Life insurance
 - Other products
- Allowed on inbound calls per the request of the person with Medicare



Scope of Appointment Reminders

- Must specify product type
 - MA, Medicare Prescription Drug, and Cost Plans
- 48 hours before personal/individual marketing and/or in-home appointment
- Additional products can only be discussed
 - With person with Medicare's request
 - At separate appointment



Marketing in Health Care Settings

- Marketing allowed in health care common areas
 - Hospital or nursing home cafeterias
 - Community or recreational rooms
 - Conference rooms
- No marketing in health care settings where patients get care
 - Waiting rooms
 - Exam rooms and hospital patient rooms
 - Dialysis centers and pharmacy counter areas



Promotional Activity Reminders

- Prospective enrollees may not
 - Be provided meals
 - Have meals subsidized
- At any event or meeting where
 - Plan benefits are being discussed, or
 - Plan materials are being distributed



Educational Event Reminders

- Educational events for prospective members
- No marketing activities at educational events
- Plans may distribute
 - Medicare and/or health educational materials
 - Agent/broker business cards
 - Distributed material must not contain marketing information



Licensure and Appointment of Agents

- MA and PDP organization agents/brokers or other marketing representatives
 - Must comply with state-licensure laws
 - Applies to all agents/brokers
 - Must be appointed by the plan, if required by the state



Agent/Broker Training and Testing

- All agents/brokers must be trained and tested annually
 - Medicare rules and regulations
 - Plan details specific to plan products sold
 - Applies to all agents/brokers
- Completed prior to marketing the product
 - Must pass test with 85%

Medicare Advantage and Other Medicare Health Plans Resource Guide

Centers for Medicare & Medicaid Services (CMS)	<ul style="list-style-type: none"> ▪ Call 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048. ▪ Medicare.gov ▪ CMS.gov
Social Security	<ul style="list-style-type: none"> ▪ Call 1-800-772-1213. TTY: 1-800-325-0778. ▪ socialsecurity.gov
Railroad Retirement Board	<ul style="list-style-type: none"> ▪ Call 1-877-772-5772. TTY: 1-312-751-4701. ▪ RRB.gov
Medicare Marketing Guidelines	<ul style="list-style-type: none"> ▪ CMS.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY-2018-Medicare-Marketing-Guidelines_Final072017.pdf
Medicare Managed Care Manual	<ul style="list-style-type: none"> ▪ CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html
State Health Insurance Assistance Programs and State Insurance Departments	<ul style="list-style-type: none"> ▪ shiptacenter.org ▪ Call 1-877-839-2675 ▪ info@shiptacenter.org <div style="text-align: right; margin-top: 10px;">   <p style="font-size: small; margin-top: 5px;">Local Help for People with Medicare.</p> </div>

Medicare Advantage and Other Medicare Health Plans Resource Guide (continued)

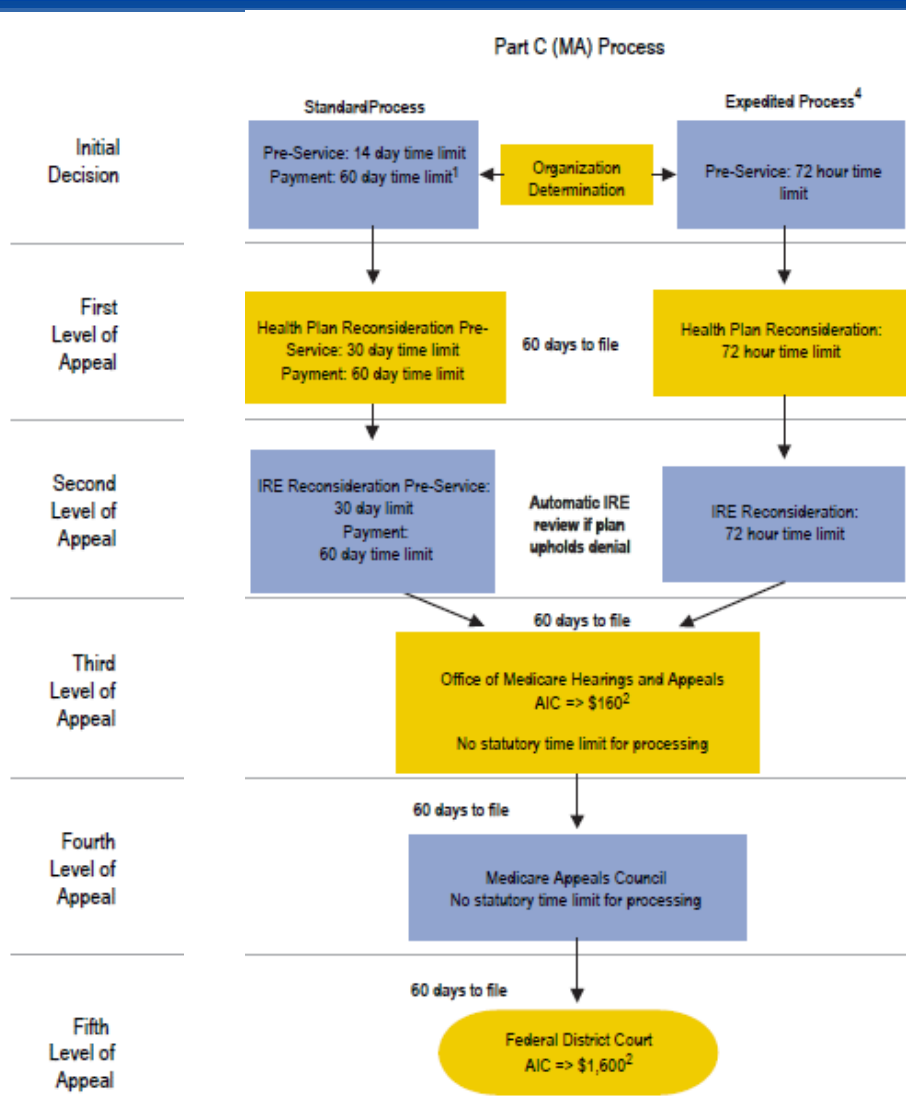
“Medicare & You Handbook”	▪ CMS Product No. 10050
“Have You Done Your Yearly Medicare Plan Review?”	▪ CMS Product No. 11220
“Understanding Medicare Part C & D Enrollment Periods”	▪ CMS Product No. 11219
“Understanding your Medicare Advantage Plan's provider network”	▪ CMS Product No. 11941
“Your Guide to Medicare Medical Savings Account Plans”	▪ CMS Product No. 11206

To access these products:

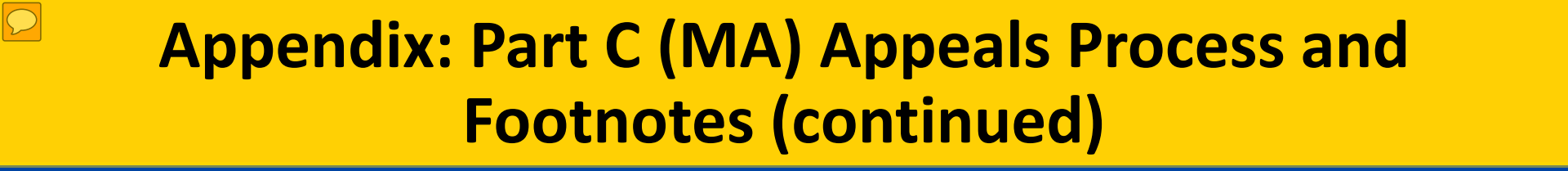
- View and order single copies at [Medicare.gov/publications](https://www.medicare.gov/publications).
- Order multiple copies (partners only) at [Productordering.cms.hhs.gov](https://productordering.cms.hhs.gov).

You must register your organization.

Appendix: Part C (MA) Appeals Process and Footnotes



This chart reflects the CY 2018 AIC amounts.



Appendix: Part C (MA) Appeals Process and Footnotes (continued)

- 1: Plans must process 95% of all clean claims from out-of-network providers within 30 days. All other claims must be processed within 60 days.
- 2: The AIC requirement for all appeals at the Office of Medicare Hearings and Appeals and Federal District Court is adjusted annually in accordance with the medical care component of the Consumer Price Index. The chart reflects the CY 2018 AIC amounts.
- 4: Payment requests cannot be expedited.

AIC = Amount in Controversy

IRE = Independent Review Entity

MA-PD = Medicare Advantage

Acronyms

- **AIC** Amount in Controversy
- **ALJ** Administrative Law Judge
- **ANOC** Plan Annual Notice of Change
- **CHIP** Children's Health Insurance Program
- **CMS** Centers for Medicare & Medicaid Services
- **EOC** Evidence of Coverage
- **ESRD** End-Stage Renal Disease
- **HIPAA** Health Insurance Portability and Accountability Act
- **HMO** Health Maintenance Organization
- **IRE** Independent Review Entity
- **LIS** Low Income Subsidy
- **MA** Medicare Advantage
- **MAC** Medicare Appeals Council
- **MA-PD** Medicare Advantage with Prescription Drug Coverage
- **MAO** Medicare Advantage Organizations
- **MMG** Medicare Marketing Guidelines
- **MSA** Medical Savings Account
- **NTP** National Training Program
- **OEP** Open Enrollment Period
- **PACE** Programs of All-Inclusive Care for the Elderly
- **PDP** Prescription Drug Plan
- **PFFS** Private Fee-for-Service
- **PPO** Preferred Provider Organization
- **SEP** Special Enrollment Period
- **SHIP** State Health Insurance Assistance Program
- **SNP** Special Needs Plan
- **TTY** Teletypewriter

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