

Medicare Minute Teaching Materials – September 2016 Medicare’s Open Enrollment Period

1. When is and what is Medicare’s Open Enrollment Period?

The Open Enrollment Period (OEP) for Medicare runs October 15 through December 7 every fall. During this time, you can make changes to your health insurance coverage, including adding, dropping, or changing how you receive your Medicare benefits. Even if you are happy with your current health and drug coverage, Medicare’s Open Enrollment Period is the time to review your current coverage, compare it with other available options, and weigh whether it will remain the best choice for you in the coming year. You can make changes as many times as you want to during this Open Enrollment Period, but keep in mind that the last change you make will determine your coverage for the coming year, which will take effect on January 1st. To enroll in a new plan, you can call 1-800-MEDICARE, use the Plan Finder tool on www.medicare.gov, call the plan directly, or get objective, one-on-one assistance from a State Health Insurance Assistance Program (SHIP) counselor. The national SHIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits. See the last page of this document for information on how to contact your SHIP.

2. How do the Marketplaces (also known as Exchanges) affect my Medicare?

Marketplaces provide a way for people who lack health insurance to get coverage. If you enrolled in a Marketplace plan prior to becoming eligible for Medicare, there are some issues to keep in mind when you *do* become eligible for Medicare. These issues depend upon the kind of Marketplace plan you have:

- A. If you are enrolled in an Individual Marketplace plan—called a Qualified Health Plan (QHP)—and then become eligible for Medicare, there are steps you should take to enroll in a Medicare plan to avoid gaps in coverage or penalties:
1. You need to enroll in Medicare Part B as soon as you are eligible.
 2. You should drop your QHP coverage.
 - If you get your coverage through the *federal* Marketplace, disenroll one of two ways:
 - a.) Call the Marketplace Call Center at 1-800-319-2596 (TTY: 1-855-889-4325), or
 - b.) Go online to www.healthcare.gov at least 14 days before you want coverage to end (<https://www.healthcare.gov/reporting-changes/cancel-plan/#everyone>).
 - If you get your coverage through your *state’s* Marketplace, contact your plan or the state-based Marketplace to find out how to disenroll.
 3. After you enroll in Medicare, consider how you want to get your Medicare coverage – through Original Medicare or through a Medicare Advantage Plan.
- B. The Small Business Health Options Program (SHOP) allows small businesses to help their employees get health insurance. If you have a SHOP plan through a current employer, you will still need to enroll in Medicare; however, the timing of your enrollment and whether Medicare will pay first or second depends on the size of your employer and whether you qualify for Medicare based on age or disability. If you have a SHOP plan, talk with your employer about how your coverage works with Medicare.

Above, we discussed transitions *from* the Marketplace *into* Medicare. The Marketplace was not created for people with Medicare and is not a replacement for Medicare. If you are eligible for Medicare, you should usually **not** use the Marketplace to get health and drug coverage. A limited exception is if an individual does not qualify for premium-free Part A or qualifies for Medicare based on having ESRD only. A Marketplace plan might be an option for him or her. Otherwise, it is illegal for Marketplace plans to be sold knowingly to Medicare beneficiaries.

If you are like the majority of Medicare beneficiaries and the limited exception described above does not apply to you, an insurance plan or agent should not try to sell you a Marketplace plan knowing you are a Medicare-eligible individual. If this happens, report the activity to your local Senior Medicare Patrol (SMP). The mission of the SMP program is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling and education. See the last page of this document for information on how to contact your SMP.

Even though the Marketplace enrollment period overlaps with Medicare's Open Enrollment, it is important to emphasize that plans offered through the Marketplace are not the same as Medicare. The Marketplace does not offer Medigap policies, Medicare health plans, or Medicare drug plans. **You should use the Medicare Open Enrollment Period – October 15 through December 7 --** to review and make changes to your Medicare health and drug plan coverage. You should **not** use the Marketplace enrollment period, which runs from November 1 through January 31.

3. How should I review my current Medicare health and drug coverage?

If you have Original Medicare, you can learn your Medicare costs and benefits for the upcoming year by visiting Medicare.gov or calling 1-800-MEDICARE. If you are dissatisfied with your Original Medicare coverage, you can make changes to your coverage during Medicare's Open Enrollment. Changes made to your coverage will take effect January 1 of the next year.

If you have a Medicare Advantage Plan or a stand-alone Part D plan, you should receive an Annual Notice of Change (ANOC) and/or Evidence of Coverage (EOC) from your plan. Review these notices for any changes in the plan's costs, benefits, and/or rules for the upcoming year. If you are dissatisfied with your plan or any upcoming changes, you can make changes to your Medicare coverage during Open Enrollment. Changes made to your coverage will take effect January 1 of the next year.

Even if you are satisfied with your current Medicare coverage, look at other Medicare options in your area that may better suit your individual needs in the upcoming year. For example, 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. Research shows that people with Medicare prescription drug coverage (Part D) could lower their costs by shopping among plans each year; there could be another Part D plan in your area that covers the drugs you take with fewer restrictions and/or lower prices.

4. What are some things I should consider when choosing a Part D prescription drug plan?

Ask yourself the following questions before choosing a Part D drug plan:

- Does the plan cover all the medications I'm taking?
- Does the plan restrict my access to drugs (i.e. prior authorization, step therapy, or quantity limits)?

- How much will I pay for monthly premiums and the annual deductible?
- How much will I pay at the pharmacy (copay/coinsurance) for each drug I take?
- Is my pharmacy in the plan's preferred network? (You pay the least if you use preferred network pharmacies.)
- Can I fill my prescriptions by mail order?
- If I have retiree coverage, will the Medicare drug plan work with this coverage?
- What is the plan's star rating?

You may find it helpful to use Medicare's Plan Finder tool, which can give you a comprehensive list of Medicare Advantage and Part D plans, the drugs they cover, and their estimated costs for the year. You can access Plan Finder by going online at www.medicare.gov. You can also call 1-800-MEDICARE for information about plans and prices. Finally, you can receive objective, one-on-one assistance from a State Health Insurance Assistance Program (SHIP) counselor. SHIPs offer in-person and telephone counseling. See the last page of this document for information on how to contact your SHIP.

5. What are some things I should consider when choosing a Medicare Advantage Plan?

Ask yourself the following questions before choosing a Medicare Advantage Plan:

- How much are the premium, deductible, and coinsurance/copay amounts?
- What is the annual maximum out-of-pocket cost for the plan? This amount may be high, but can help protect you if you have expensive health care costs.
- What happens if I travel or live outside the plan's service area for part of the year?
- Are the services I need conveniently located? (This includes doctors and hospitals in the plan's network as well as diagnostic centers, physical therapy centers, and other health care facilities.)
- What are the rules I have to follow to access health care services and my drugs?
- Does the plan cover additional health care benefits that are not covered by Original Medicare, such as dental, hearing, and vision care?
- How will this plan affect any additional coverage I may have?
- What is the plan's star rating?

Remember, when choosing a Medicare Advantage Plan, you are also typically choosing the drug component of the plan. You should also ask yourself the questions listed in question 4 when considering the drug portion of the plan's coverage.

For conducting plan comparisons on your own, access the Medicare Plan Finder by going online at www.medicare.gov. You can also contact individual plans and inquire about their coverage. Also, you can receive objective, one-on-one assistance from a State Health Insurance Assistance Program (SHIP) counselor. SHIPs offer in-person and telephone counseling. See the last page of this document for information on how to contact your SHIP.

6. What are star ratings?

Star ratings provide a measure of a plan's performance. Medicare scores Medicare Advantage Plans (Part C) and Part D plans in several categories, including quality of care and customer service. Ratings range from 1

to 5 stars, with five being the highest and one being the lowest score. Medicare assigns plans an overall star rating to summarize the plan's performance as a whole. Plans also receive separate star ratings in each individual category reviewed. The overall star rating provides a way to compare performance among several plans. To learn more about differences among plans, look at plans' ratings in each category. Plan ratings change from one year to the next. Medicare reviews plan performances each year and releases new star ratings each October.

Keep in mind that a plan's star rating is only one factor to review when comparing plans in your area and that even though a plan has a high star rating, it may not be right for you. It is important to see whether the plan covers the health services and drugs you need, the doctors you see are in the plan's network, and the plan works with the pharmacies you use before considering its star rating. Also note that the star ratings in the *Medicare & You* mailed to you are not necessarily the most recent. For the most up-to-date, comprehensive star ratings, you can call 1-800-MEDICARE, use the online Plan Finder tool at www.medicare.gov, or contact your state SHIP.

7. Where can I go for help in comparing my plan options?

If you need one-on-one assistance comparing your plan options, you can call your local State Health Insurance Assistance Program (SHIP). SHIPs provide trained counselors who can help you review your options and select a plan that best meets your needs. See the last page of this document for SHIP contact information. You can also visit www.medicare.gov and click on "find health and drug plans." This takes you to the Plan Finder tool. You will need to enter information online to receive a list of plans and compare the options available in your area. In preparation for comparing your options, you should compile a list of health care professionals you see, drugs you take, and pharmacies where you get your drugs. Additionally, if or when you decide on a plan, you can call 1-800-Medicare, use www.medicare.gov, or call the plan directly to enroll.

8. How can I protect myself from plan marketing violations and enrollment fraud?

Medicare has rules about how plans can market themselves and their services during Open Enrollment. Knowing about some of these rules can help you protect yourself from dishonest agents or brokers -- or scam artists **posing** as agents and brokers. Though plans **are** allowed to send you mail, plans are **not** allowed to call, e-mail, visit your home, or approach you in public to market their plan **without your permission**. Plan agents and brokers are not allowed to give you gifts in exchange for your enrollment into a plan. Gifts must be given to everyone regardless of their enrollment, and cannot be worth more than \$15.

Verify everything a plan agent or broker tells you before making your final decision. For example, if a broker tells you that your doctor is part of the plan's network, call your doctor to double-check. Importantly, you should never feel pressured to join any plan. To ensure you are not being misled, be particularly suspicious of plan representatives or people who:

- Pressure you with time limits, seeking to enroll you in their plan, regardless of whether or not it meets your needs
- Tell you they represent Medicare and request your Medicare number, Social Security number, or bank account number, such as in exchange for a gift or service.
- Say you will lose your Medicare benefits unless you sign up for a certain plan

If you feel an insurance agent has violated Medicare's marketing guidelines, you should save all documented proof, when available (such as an agent's business card or marketing materials), and report the activity to your local Senior Medicare Patrol (SMP).

You may not always be able to detect marketing violations or persons posing as plan agents or brokers. As an added safeguard before you enroll, make sure you understand what a plan is offering you and get it in writing. How does it affect your Medicare and other health benefits (like Medicaid or your retiree/union coverage)? Does it cover the drugs you need? Review the facts before you enroll, and go to trusted and unbiased source for assistance, if needed, such as your SHIP. If you find yourself enrolled in a plan that you did not choose, you may be a victim of enrollment fraud. Contact your Senior Medicare Patrol (SMP). Their mission is to help you prevent, detect, and report health care fraud, errors, and abuse.

SHIP Case Study

Mathew is 67 years old. He has Original Medicare and a stand-alone Part D drug plan. While reviewing his Annual Notice of Change (ANOC), he learned that his Part D drug plan would be changing its formulary in the coming year and that the plan would no longer cover his blood pressure medication. He also noticed an increase in his plan's premium. Mathew's brother told him that he could switch to a new Part D plan during Medicare's Open Enrollment Period, but Mathew does not know how to select a new Part D plan.

What should Mathew do?

- Mathew should contact his SHIP for an explanation of his Medicare options during Medicare's Open Enrollment Period.
 - If Mathew doesn't know how to find his SHIP, he can go to www.shiptacenter.org or call 877-839-2675 for assistance.
- A SHIP counselor will be able to assist Mathew in identifying Part D plans that meet his health and financial needs.
 - The counselor will use Medicare's Plan Finder tool to compare Mathew's drug plan options: <https://www.medicare.gov/find-a-plan/questions/home.aspx>.

SMP Case Study

Antonia is 71 years old and has Original Medicare. During Medicare's Open Enrollment, a representative claiming to be from Medicare called to talk about plans that she can get through her state's Health Insurance Marketplace. The agent tells her that these plans offer great coverage and have low premiums. Antonia has never used the Marketplace before, and wonders why she has never heard of the Marketplaces during Medicare's Open Enrollment. She wrote down the gentleman's number and said she would call him back. She doesn't know whether this is a legitimate phone call or not, and wonders if she has missed something important about changes to the Medicare system. She gets so many calls from unknown people and organizations asking questions or making offers. It's hard to tell the good guys from the bad guys.

What should Antonia do?

- Antonia should contact the Senior Medicare Patrol at 877-808-2468 to report this occurrence.
 - If Antonia doesn't know how to find her local SMP, she can go to www.smpresource.org or call 1-877-808-2468 for assistance.



LOCAL HELP FOR PEOPLE WITH MEDICARE

- The SMP representative will collect clarifying information in order to report the suspicious activity to Medicare.
- The SMP representative will also educate Antonia about how to protect herself from marketing violations, enrollment fraud, and other types of Medicare fraud or abuse.
 - The SMP representative will also refer Antonia to her SHIP for objective, one-on-one assistance about her Medicare coverage options during the Open Enrollment Period.

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