



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Minute Teaching Materials – October 2015 Open Enrollment Period

1. What is the Open Enrollment Period?

The Open Enrollment Period occurs each year from October 15 to December 7. During Open Enrollment, you can change the way your Medicare health coverage is delivered (through Original Medicare versus a Medicare Advantage Plan), and add, drop or change Medicare drug coverage (Part D). You can join a new Medicare Advantage Plan or Part D plan and also return to Original Medicare with or without a stand-alone Part D plan. Even if you are happy with your current health and drug coverage, the 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. You can make as many changes as you need to your Medicare coverage during the Open Enrollment Period. Keep in mind that the last change you make will take effect on January 1, 2016. To avoid enrollment problems, it is best to make changes during the early part of the Open Enrollment Period. Review the facts before you make changes.

For unbiased information about your plan options, go to the Medicare Plan Finder at www.medicare.gov, call 1-800-Medicare (1-800-633-4227), or contact your State Health Insurance Assistance Program, also commonly referred to nationally as SHIP. Keep in mind that some SHIPs are known at the state-level by state-specific names and acronyms. Information about how to contact your state SHIP is on the last page of this document.

2. How will I know if there will be any changes made to my health or drug coverage?

Every fall, you should receive documents explaining how your health and/or drug coverage will change for the coming year. Before switching your current coverage assess your current needs and any upcoming changes. There may be more appropriate health and drug coverage options out there for you. For example, another plan may offer the same level coverage as your current plan but at a lower cost. Once you know how your current coverage is changing in the coming year, you can make smart choices about whether to stay with your current plan or switch.

- **Original Medicare:** If you have Medicare, you should receive the *Medicare & You* handbook, which includes a summary of Original Medicare benefits and lists available health and drug plans. Anyone with Medicare should receive the following year's *Medicare & You* handbook in the mail in mid- to late September. If you do not receive the *Medicare & You* handbook, you can call 1-800-Medicare and request a copy be mailed to you, or download it at www.medicare.gov.
- **Medicare Advantage or Part D plan:** If you have a Medicare Advantage Plan or Part D plan, you should, in addition to the *Medicare & You* handbook, receive a notice in the mail called an Annual Notice of Change (ANOC) or Evidence of Coverage (EOC). Plans are required to send these notices to plan members by September 30th of every year. The ANOC lists any upcoming changes in your plan, including costs for health and drug benefits. The plan should also send you a list of drugs it will cover in 2016 (formulary). If your doctor had to make a special request so that your plan would cover your drugs for the current year (such as a prior

authorization or exception request), call your plan to find out how to ensure that your plan continues to cover your drug in the coming year. Your doctor may have to make a new request, and he or she may be able to do so before the end of this year so that your drug will still be covered in 2016. In addition, find out if your Part D plan is adding new coverage restrictions for the medications you take.

Coverage restrictions include:

- Prior Authorization: A requirement for you to receive approval from the plan before it will cover your drug
- Step Therapy: A requirement for you to try other drugs that treat your condition before the plan will cover more expensive drugs
- Quantity Limits: A restriction limiting drug coverage to a specific amount of drugs over a certain period of time

Finally, review the updated provider and pharmacy network list for next year that comes with your ANOC/EOC to make sure that your providers/pharmacies remain in your plan's network. You will typically pay the least for prescriptions if your pharmacies are in the plan's preferred network of pharmacies. Plans have two choices for mailing the new provider/pharmacy directory information to enrollees. Plans can either mail a hard copy of the directory or mail a notice that indicates how to access the online version of the directory or includes a toll-free number to request a hard copy. Note that MA-PD plans can have combined provider/pharmacy directories or separate ones. Also, if Part D plans have limited access to preferred pharmacies in certain areas, they must include a disclaimer that indicates the network has limited access to pharmacies with preferred cost-sharing and that the lower costs advertised in plan materials for these pharmacies may not be available in these regions

3. What are the main differences between Original Medicare and Medicare Advantage Plans?

There are two different ways to receive your Medicare health benefits:

- **Original Medicare** is the traditional fee-for-service Medicare coverage you get through the federal government. Original Medicare consists of Part A (hospital insurance) and Part B (medical insurance). Most people who have Original Medicare need to sign up for a stand-alone Part D plan to receive prescription drug coverage. Listed below are some important things to know about Original Medicare:
 - Lets you see any doctor in the country who accepts Medicare
 - Doesn't require you to get a referral before seeing other doctors or specialists
 - Pays 80 percent of an approved amount for most medical services, and you pay the remaining 20 percent coinsurance
 - If you purchase a Medigap supplemental policy, it will help with some or all of your remaining costs after Medicare pays, depending on the policy
 - Doesn't cover services such as routine vision, dental, and hearing care

- **Medicare Advantage Plans** offer Medicare benefits and are sold by private insurance companies under contract with Medicare. Most Medicare Advantage Plans include health and drug coverage. These plans must offer at least the same benefits as Original Medicare, but each plan has different costs and restrictions. Listed below are some important things to know about Medicare Advantage Plans:
 - The most common types are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and Private Fee-For-Service (PFFS) plans
 - You may also see Medicare Advantage plans called Special Needs Plans (SNP), Provider Sponsored Organizations (PSO) and Medicare Medical Savings Accounts (MSAs)
 - You typically pay the least if you go to a health care provider that is in the plan's network
 - May require you to get a referral from your primary care doctor before seeing other doctors or specialists
 - Coinsurance/copay amounts vary, depending on the plan
 - Network and coverage restrictions vary, depending on the plan
 - May cover health care services that Original Medicare does not cover, such as dental, hearing, or vision services
 - Must have a maximum limit on out-of-pocket costs (after you spend a certain amount, your care will be free or very low-cost)
 - Contact your SHIP for assistance with reviewing the Medicare Advantage Plans serving your area

Keep in mind that you cannot have both Original Medicare and a Medicare Advantage Plan. Additionally, you cannot have a Medigap if you have a Medicare Advantage Plan.

4. What is a Medigap?

A Medigap is a supplemental insurance policy designed to fill gaps in Original Medicare. Remember, you can only have a Medigap if you have Original Medicare, not if you have a Medicare Advantage Plan. Medigaps help pay for your Part A and Part B deductibles, coinsurances, and other services, depending on the policy. All policies offer the same basic benefits but some offer additional benefits, so you can choose which one meets your needs. Note that in Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way. If you leave a Medicare Advantage Plan for Original Medicare during the Open Enrollment Period, you should contact your SHIP for assistance with discussing your Medigap options.

If you don't have any other supplemental coverage, such as retiree insurance, you might want to consider buying a Medigap. Under federal law, you only have the right to buy a Medigap policy at certain times, though your state may have more generous rules. Keep in mind that you may not be able to buy a Medigap during the Open Enrollment Period, depending on your circumstances and the state you live in. Additionally, federal law only requires that Medigaps be sold to people 65 and older, although some states extend that right to people who are under age 65. For specific Medigap rules and

protections in your state, contact your State Health Insurance Information and Assistance Program (SHIP) or Department of Insurance.

5. What are some things I should consider before making changes to my health and drug coverage?

After you've carefully reviewed your current health and drug coverage and any upcoming changes, think about your health care needs. Ask yourself a few questions:

- What are my current health and drug costs?
- How often do I see my doctors and/or specialists?
- Are there insurance plans that my doctors and other providers do not accept?
- What health care services do I need, and am likely to need in the coming year?
- What are the prescription drugs I take?
- Which pharmacies do I regularly go to for my medications?
- Do I travel often?

6. What are some things I should consider before leaving Original Medicare for Medicare Advantage or changing my Medicare Advantage Plan?

If you are considering a Medicare Advantage Plan for the first time or want to change from one Medicare Advantage Plan to another, ask:

- How much are the premium, deductible, and 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 service area does the plan cover?
- Are my doctors and hospitals in the plan's network? Do they plan to stay in the network in the upcoming year?
- 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?
- How will this plan affect any additional coverage I may have?
- What is the plan's star rating? (See question 8)
- Am I satisfied with my access and proximity to providers?
- Do you travel with in the United States often? Do you spend portions of your time in other states or regions of the US?

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 7 when considering the drug portion of the plan's coverage. Call your plan to verify any changes you make.

7. 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 have restrictions on my drugs (i.e. prior authorization, step therapy, or quantity limits—see question 2)?

- 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?
 - It is recommended that people with retiree insurance be particularly careful. SHIPs are an excellent resource for beneficiaries with retiree insurance.
- What is the plan's star rating? (See question 8)

Your SHIP can assist offer assistance with comparing Medicare Advantage and Part D plans using Medicare's Plan Finder tool. Also, remember to call your plan to verify any changes you make.

8. What are star ratings?

Star ratings are quality ratings that provide a measure of a plan's performance. Medicare scores Medicare Advantage Plans 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 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. 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 and 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 should call 1-800-Medicare or use the online Plan Finder tool at www.medicare.gov.

9. Aside from the Open Enrollment Period, are there any other times during the year in which I can make changes to my health and drug coverage?

You may make changes during the Medicare Advantage Disenrollment Period (MADP) and Special Enrollment Periods (SEPs).

- The **Medicare Advantage Disenrollment Period (MADP)** spans from January 1 through February 14 of each year. During this time, you may switch from a Medicare Advantage Plan to Original Medicare and a stand-alone Part D plan. Changes you make during this time will become effective the first of the following month. Remember, you can only make a change during this time if you have a Medicare Advantage Plan and want to switch back to Original Medicare. Please refer to question 4 for to learn more about filling gaps in Original Medicare through Medigaps.
- **Special Enrollment Periods (SEPs)** are special times outside of the Open Enrollment Period that you can switch your Medicare coverage if you meet certain conditions.

Examples of these conditions include permanently moving outside of a plan's service area, retiring, or receiving certain Medicare cost assistance programs like Extra Help. With an SEP, your new coverage will become effective the first of the following month. For more information on whether you qualify for an SEP, you may contact your State Health Insurance Information and Assistance Program (SHIP) or 1-800-Medicare.

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

As mentioned, you can contact your local State Health Insurance Assistance Program (SHIP) if you need help comparing plan options. SHIPs provide unbiased, individualized, one-on-one counseling and assistance, as needed (contact information is on the last page of this document). You can also call 1-800-Medicare, whose counselors are able to help you compare plans. You can also visit www.medicare.gov and click on "find health and drug plans." This takes you to the Medicare Plan Finder tool, and once you input your information, you will be able to compare a list of plans available in your area. Before using any of these options, you should compile a list of health care professionals you see, drugs you take, and pharmacies where you get your drugs. This will allow you to compare your options most effectively. Additionally, when you decide on a plan, you should call 1-800-Medicare or use www.medicare.gov to enroll in that plan. It is helpful for Medicare to have the official enrollment record in case any issues arise.

11. How does the Marketplace (also known as the Exchange) affect my Medicare?

The Marketplace will not affect your Medicare and it does not change your Medicare benefits or how you access them. If you have Medicare, you should **not** use the Marketplace to get health and drug coverage. Individual Marketplaces provide a way for people who lack health insurance to get coverage. Individual Marketplace policies are not meant for people who qualify for Medicare. If you enroll in an Individual Marketplace plan—called a Qualified Health Plan (QHP)—before you qualify for Medicare, make sure to enroll in a Medicare plan when you first qualify to avoid gaps in coverage or penalties. 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, it works with Medicare in the same way as any other current employer insurance.

It is important to remember that plans offered through the Marketplace are not the same as Medicare, even though the Marketplace enrollment period overlaps with the Open Enrollment Period. You should use the Open Enrollment Period to review and make changes to your Medicare health and drug coverage. You should not use the Marketplace enrollment period.

Note: The advisability of Individual Marketplace plans may be different for people who qualify for Medicare based on having ESRD only (are under 65 but not otherwise disabled) or for those few who would need to pay a premium for Medicare Part A.

12. How can beneficiaries protect themselves from marketing violations, dishonest agents or brokers, and identity theft during the Open Enrollment Period?

The Open Enrollment Period is a busy time for dishonest health plan brokers and identity thieves. Be aware that identity theft of older Americans has more than doubled in recent years. Fraudsters add a degree of complication to the annual Open Enrollment Period, so it's important for beneficiaries and

caregivers to know about some of the tactics that dishonest agents and brokers use, and tips to protect themselves from fraud. Keep in mind that the goal of dishonest brokers and agents is to enroll beneficiaries in their health plan, not necessarily the plan that is best for a beneficiary. Inappropriate tactics include:

- Calling, emailing, and approaching a beneficiary in person without getting permission in advance.
 - Medicare rules prohibit unauthorized contacts.
- Pressuring a beneficiary to act quickly.
 - Beneficiaries can make a plan selection anytime between October 15 and December 7.
 - There are no limited time offers or early bird enrollment specials with Medicare health plan enrollment.
- Enrolling a beneficiary without consent.

Some tips that can help beneficiaries protect themselves from marketing fraud and identity theft are:

- Be skeptical of brokers or agents who contact the beneficiary by phone, email, or house calls without the beneficiary saying “OK” in advance.
- Don’t give personal information on sign-up sheets at enrollment or marketing events that ask for your Medicare or Social Security numbers, health plan identification number, or bank account information.
- Protect your personal information. No one should ask you for your personal health information. Don’t be afraid to ask questions if someone asks for your personal information.
- It’s OKAY to hang up if you suspect fraud.
- Know that free services DO NOT require you to give your health plan number, Medicare number, Social Security number, or bank account information to anyone.
- Do not sign anything you don’t fully understand.
- If you feel like you gave your personal information to someone you should not have, report it! You can contact your Senior Medicare Patrol (SMP) program for help reporting suspicious behavior (contact information on the last page).

SHIP Case Study: Harriet

Harriet, 67 years old and enrolled in Original Medicare, recently learned that her stand-alone Part D drug plan would be changing its formulary in the coming year and that her blood pressure medication would no longer be covered by the plan. Harriet’s neighbor recently told her that she could switch to a new Part D plan during the Open Enrollment Period, but Harriet is not sure what the Open Enrollment Period is, and she does not know how to select a new Part D plan.

What should Harriet do?

- Harriet should contact her SHIP for an explanation of the Open Enrollment Period.
- A SHIP counselor should be able to assist Harriet in the Part D plan selection process.
- If Harriet does not know how to find her SHIP, she can go to www.shiptacenter.org or call 877-839-2675 for assistance.



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- Harriet or a family member can also use the Plan Finder tool to compare her drug plan options: <https://www.medicare.gov/find-a-plan/questions/home.aspx>.

SMP Case Study: Gary

Gary is 71 years old and enrolled in a Medicare Advantage Plan. After receiving a flier advertising a plan that was being offered in his area, he called a representative from this plan for more information. A week later, another representative from this plan visited Gary’s home and solicited several pieces of information from him, including information about his current coverage and his Medicare number. Gary told the representative that he was just interested in exploring his options and was not ready to switch plans. A few months later, Gary received a welcome packet from this plan. Gary immediately called the plan, and a representative confirmed that he had enrolled in their plan a few months earlier, around the time that the representative had visited Gary’s home. Gary never told the representative on the phone or the one who visited his home that he wanted to enroll into this new plan, and he now worries that he was the victim of fraud.

What should Gary do?

- Gary should contact the Senior Medicare Patrol to determine if fraud has occurred.
 - If Gary does not know how to find his local SMP, he should contact the SMP National Resource Center at 877-808-2468, or use the online SMP locator at www.smpresource.org.
 - If fraud has occurred, the Senior Medicare Patrol can help Gary report the plan to Medicare.
- Gary should ask a representative at the Senior Medicare Patrol to provide him with tips for identifying instances of fraud.
- Medicare will determine if fraud has occurred based on the information Gary provides and may give him a Special Enrollment Period (SEP) to switch to a different plan.

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

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