

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

October Update

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Short items:

Customer Service Support (CSS) staff in Tumwater during Medicare Open Enrollment

SHIBA hired temporary staff to start in mid-September. Their role is to provide back up for the large increase in call volumes that occur during Open Enrollment. Tumwater SHIBA staff will train the CSS staff to offer assistance to SHIBA callers with Medicare questions. SHIBA staff will also work with Sponsors to determine if their call volume doesn't permit volunteers to get back to clients in a reasonable time. Staff can adjust instructions to the OIC Hotline staff on a daily basis to send callers from overloaded counties to the CSS staff. SHIBA Programs Supervisor, Liz Mercer will work together with the OIC Hotline staff and Sponsors to manage the day-to-day routing of calls. We'll all need to keep in close communication about how the system is working and any areas of need. If you have questions, please contact your Volunteer Coordinator or Liz Mercer at LizM@oic.wa.gov.

SHIBA will train CSS staff to:

- Answer general Medicare Open Enrollment Questions.
- Inform callers about enrollment events that are scheduled in their communities.
- Mail or email information to callers, such as current Medigap, Medicare Advantage or Part D plan lists.
- Run the Plan Finder for callers and mail or email the results to callers.
- Screen callers for Extra Help or MSP and direct them where to apply.
- With more complicated cases or questions, interview clients to get needed information and details about their questions, then refer to experienced staff in Tumwater, volunteer coordinators, or volunteers in their community for follow-up.
- Enter a CCR for each client contact, and assign the contact to the Sponsor office in the county where the client lives, so Sponsors will get credit for the contacts.

Reminder: Be aware that Medigaps A-N rates can change once per year, but each plan can make the change at different times. It's important to have the client compare Medigap plans before choosing or switching to a different plan. They should contact the plans they're interested in to confirm rates.

Note: The October Medigap chart is posted online on My SHIBA and will be available in print for ordering at the end of September through Fulfillment. (It takes the print shop about two weeks to complete a print order.) We will include the October Medigap chart in the November Update.

Scenarios:

2016-2017 Mailings

1. Bonnie received a "Deemed Status Notice" informing her that she'll automatically receive Extra Help. She is confused and doesn't understand what this means. What do you tell Bonnie? What does she need to do with the notice?

2. Tom called SHIBA and said he received an "orange" letter and wants to know if this is a bill. What do you tell Tom? What actions should he take?

3. Billy received a "grey" letter in September that informed him he will no longer automatically qualify for Extra Help as of January 1, 2017. What are Billy's next steps?

Medicare clients: Switching Medicare Supplement (Medigap) plans

1. Candice is 65, has a Medigap plan A and is wanting to switch to a different plan. What advice can you give Candice?

2. Bob is in his first 12 months of his Medicare Advantage coverage and has decided that this coverage is not for him and wants to return to a Medigap. What advice can you give Bob?

3. Lilly just received a letter notifying her that her Medicare Advantage plan is no longer serving her area. She is worried and doesn't know what to do. What can you tell Lilly?

Comparing Medicare Supplement (Medigap) and Medicare Advantage (MA) plans

1. Wanda spends a lot of time visiting in California and wants to know if an MA or Medigap plan would be better. What advice would you give her?

2. Sally is 54 years old and just started on Medicare due to disability. Her mother has a Medigap plan and tells her it's great. What can you tell Sally about getting a Medigap?



Guide to consumer mailings from CMS, Social Security, & plans in 2016/2017

(All notices available online are hyperlinked, but note that current year versions for many notices aren't posted until fall.)

Mail date	Sender	Mailing/color	Main message	Consumer action
Mid-May	Social Security	Social Security LIS and MSP Outreach Notice (SSA Pub. Forms L447 & L448)	Informs people who may be eligible for Medicare Savings Programs (MSPs) about MSPs and the Extra Help available for Medicare prescription drug coverage.	<ul style="list-style-type: none"> If you think you qualify for Extra Help, you should apply. Apply for Extra Help through Social Security.
Early September	Social Security	Social Security Notice to Review Eligibility for Extra Help (SSA Form No. 1026)	Informs people selected for review that they should see if they continue to qualify for Extra Help. Includes an "Income and Resources Summary" sheet.	If you get this notice, you must return the enclosed form in the enclosed postage-paid envelope within 30 days or your Extra Help may end.
September	Plans	Plan Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) Model ANOC	By September 30 , people will get a notice from their current plan outlining 2017 formulary, benefit design, and/or premium changes.	Review changes to decide whether the plan will continue to meet your needs in 2017.
September	Plans	Plan LIS Rider Model LIS Rider	By September 30 , all people who qualify for Extra Help will get an LIS rider from their plan telling them how much help they'll get in 2017 towards their Part D premium, deductible, and copayments.	Keep this with your plan's "Evidence of Coverage" (EOC), so you can refer to it if you have questions about your costs.
September	CMS	Loss of Deemed Status Notice (Product No. 11198) (GREY Notice)	Informs people that they no longer automatically qualify for Extra Help as of January 1, 2017.	Apply for Extra Help through Social Security (application and postage-paid envelope enclosed) or a State Medical Assistance (Medicaid) office.
Late September	CMS	"Medicare & You" 2017 Handbook	Mailed to all Medicare households each fall. Includes a summary of Medicare benefits, rights, and protections; lists of available health and drug plans; and answers to frequently asked questions about Medicare.	Keep the handbook as a reference guide. You can also download a copy online at Medicare.gov .
Early October	Employer/union plans	Notice of Creditable Coverage	By October 15 , employer/union and other group health plans must tell all Medicare-eligible enrollees whether or not their drug coverage is creditable.	Keep the notice.

Mail date	Sender	Mailing/color	Main message	Consumer action
October	Plans	Plan Marketing Materials	On October 1, plans begin sending marketing materials for 2017.	Use this information to compare options for 2017.
October	Plans	Plan Non-Renewal Notice	By October 2, people whose 2016 plan is leaving the Medicare program in 2017 will get notices from plans.	You must look for a new plan for coverage in 2017.
October	CMS	Change in Extra Help Co-payment Notice (Product No. 11199) (ORANGE Notice)	Informs people that they still automatically qualify for Extra Help, but their copayment levels will change starting January 1, 2017.	<ul style="list-style-type: none"> Keep the notice. No action, unless you believe an error has occurred.
Late October	CMS	Consistent Poor Performer Notice (Product No. 11627)	Informs people that they're enrolled in a plan that has been identified as a consistent poor performer (i.e. fewer than 3 stars for 3 or more consecutive years) and encourages them to explore other plan options in their area.	<ul style="list-style-type: none"> Visit Medicare.gov/find-a-plan find and compare plans in your area. You can change plans during the Open Enrollment Period (October 15–December 7). Call 1-800-MEDICARE (1-800-633-4227) to change plans outside of this period. TTY users should call 1-877-486-2048.
Late October	CMS	Reassignment Notice – Plan Termination (Product No. 11208) (BLUE Notice)	Informs people that their current Medicare drug plan is leaving the Medicare Program and they'll be reassigned to a new Medicare drug plan effective January 1, 2017, unless they join a new plan on their own by December 31, 2016.	<ul style="list-style-type: none"> Keep the notice. Compare plans to see which plan meets your needs. Change plans, if you choose, in early December. For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the State Health Insurance Assistance Program (SHIP) for free, personalized help.
		Reassignment Notice – Premium Increase (Product No. 11209) (BLUE Notice)	Informs auto-enrollees that because their current Medicare drug plan premium is increasing above the regional LIS premium subsidy amount, they'll be reassigned to a new Medicare drug plan effective January 1, 2017, unless they join a new plan on their own by December 31, 2016.	
Late October/ Early November	CMS	MA Reassignment Notice (Product No. 11443) (BLUE Notice)	Informs people who get Extra Help and whose current Medicare Advantage (MA) plan is leaving the Medicare Program that they'll be re-assigned to a Medicare drug plan effective January 1, 2017, if they don't join a new MA or PDP plan on their own by December 31, 2016.	<ul style="list-style-type: none"> Keep the notice. Compare plans to see which plan meets your needs. Change plans, if you choose, in early December. For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.

Mail date	Sender	Mailing/color	Main message	Consumer action
Early November	CMS	LIS Choosers Notice (Product No. 11267) (TAN Notice)	Informs people who get Extra Help and chose a Medicare dug plan on their own that their plan's premium is changing, and they'll have to pay a portion of their plan's premium in 2017 unless they join a new \$0 premium plan.	<ul style="list-style-type: none"> Keep the notice. You may want to look for a new plan for coverage for 2017 with a premium below the regional low income subsidy benchmark. (Notice includes list of local plans with no premium liability.) Change plans in early December if you choose.
November	CMS	CMS Non-Renewal Reminder Notice (Product No. 11433 & Product No. 11438)	Reminds people who don't get Extra Help and whose plan is leaving the Medicare Program that they need to choose a new plan for 2017.	You must look for a new plan for coverage in 2017.
November	Social Security	Social Security Part B & Part D Income-Related Adjustment Amount Notice	Tells higher-income consumers about income-related Part B and Part D premium adjustments. Includes the information in the December BRI notices (see below.)	Keep the notice.
November	Social Security	Social Security LIS Redetermination Decision Notice Begins	Social Security begins mailing notices letting people know whether they still qualify for Extra Help in the coming year.	<ul style="list-style-type: none"> Keep the notice If you believe the decision is incorrect, you have the right to appeal it. The notice explains how to appeal. If you have questions, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
Late November	Social Security	Social Security LIS and MSP Outreach Notice (Form SSA-L441)	Informs people who may be eligible for Qualified Disabled Working Individual (QDWI) about the Medicare Savings Programs and the Extra Help available for Medicare prescription drug coverage.	<ul style="list-style-type: none"> If you think you qualify for Extra Help, you should apply. For more information about the Extra Help or if you want to apply, call Social Security.
December	Social Security	Social Security Benefit Rate Change (BRI) Notice	Tells people about benefit payment changes for the coming year due to cost of living increases, variations in the premiums that are withheld, etc.	Keep the notice.

Mail date	Sender	Mailing/color	Main message	Consumer action
December	CMS	Reassign Formulary Notice (Product No. 11475 & Product No. 11496) (BLUE Notice)	Informs people who get Extra Help and were affected by reassignment which of the Part D drugs they took in 2016 will be covered in their new 2017 Medicare drug plan.	<ul style="list-style-type: none"> Consider whether this plan is right for you, or whether another plan might cover more of your drugs. Compare this Medicare drug plan with others in your area. For more information, call 1-800-MEDICARE (1-800-633-4227), check “Medicare & You,” visit Medicare.gov, or contact the SHIP for free, personalized help. TTY users should call 1-877-486-2048.
December – January	CMS	Minimum Essential Coverage Initial Cover Notice (Product No. 11865)	This notice accompanies IRS Form 1095-B (Health Coverage). It informs people with Medicare Part A (Hospital Coverage) that their coverage is considered minimum essential coverage, which is required by the Affordable Care Act.	Keep this form 1095-B with your important tax information.
January	CMS	CMS Non-Renewal Action Notice (Product No. 11452)	Reminds people who don’t get Extra Help and whose Medicare plan left the Medicare Program that they need to join a new Medicare drug plan if they want Medicare drug coverage for 2017.	You must join a Medicare drug plan by February 28 if you want Medicare drug coverage for 2017.
Daily - ongoing	CMS	Deemed Status Notice (Product No. 11166) (PURPLE Notice beginning in Sept/Oct)	Informs people that they’ll automatically get Extra Help, including people: <ol style="list-style-type: none"> With Medicare and Medicaid Belong to a Medicare Savings Program Who get Supplemental Security Income (SSI) benefits 	<ul style="list-style-type: none"> Keep the notice. No need to apply to get the Extra Help. Compare Medicare prescription drug plans with others to meet your needs. For more information, call 1-800-MEDICARE, check “Medicare & You,” visit Medicare.gov, or contact the SHIP for free, personalized help.
Daily - ongoing	CMS	Auto-Enrollment Notice (Product No. 11154) (YELLOW Notice)	Sent to people who automatically qualify for Extra Help because they qualify for Medicare and Medicaid and currently get their benefits through Original Medicare. These people will be automatically enrolled in a drug plan unless they decline coverage or enroll in a plan themselves.	<ul style="list-style-type: none"> Keep the notice. No need to apply to get the Extra Help. If you don’t join a plan, Medicare will enroll you in one. Compare Medicare prescription drug plans with others to meet your needs. For more information, call 1-800-MEDICARE (1-800-633-4227), check “Medicare & You,” visit Medicare.gov, or contact the SHIP for free, personalized help. TTY users should call 1-877-486-2048

Mail date	Sender	Mailing/color	Main message	Consumer action
Daily - ongoing	CMS	Auto-Enrollment - Retroactive Notice (Product No. 11429) (YELLOW Notice)	Sent to people who automatically qualify for Extra Help with a retroactive effective date because they either 1) qualify for Medicare & Medicaid or 2) get Supplemental Security Income (SSI). These people will be automatically enrolled in a drug plan unless they decline coverage or enroll in a plan themselves.	<ul style="list-style-type: none"> • Keep the notice. • No need to apply to get the Extra Help. • If you don't join a plan, Medicare will enroll you in one. • Compare Medicare prescription drug plans with others to meet your needs. • For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.
Daily - ongoing	CMS	Facilitated Enrollment Notice (Product No. 11186 & Product No. 11191) (GREEN Notice)	<p>Informs people that they'll be automatically enrolled in a drug plan unless they decline coverage or enroll in a plan themselves, including people who:</p> <ol style="list-style-type: none"> 1. Belong to a Medicare Savings Program 2. Get Supplemental Security Income (SSI), 3. Applied and qualified for Extra Help 	<ul style="list-style-type: none"> • Keep the notice. • If you don't join a plan, Medicare will enroll you in one. • Compare Medicare prescription drug plans with others to meet your needs. • For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.
Daily - ongoing	CMS	FBDE RDS Notice (Product No. 11334)	Informs people with Medicare and Medicaid who already have qualifying creditable drug coverage through an employer or union that they automatically qualify for Extra Help, and can join a Medicare drug plan if they want to at no cost to them.	Contact your employer or union plan to learn how joining a Medicare drug plan may affect your current coverage.
Daily - ongoing	Social Security	Initial IRMAA Determination Notice	Sent to people with Medicare Part B and/or Part D when Social Security determines whether any IRMAA amounts apply. Notice includes information about Social Security's determination and appeal rights.	Keep the notice.

Medicare clients: Switching Medicare Supplement (Medigap) plans

Clients in this situation:	May join:	Will receive guaranteed issue:	Pre-x waiting
<ul style="list-style-type: none"> Age 65+ and within first 6 months in Part B 	Any Medigap	First 6 months	Up to 90 days
<ul style="list-style-type: none"> Lose a work-based plan that supplements Medicare 	All Medigap plans except G, M and N	63 days after losing plan	No
<ul style="list-style-type: none"> Move outside a Medicare Advantage (MA) plan's service area 	All Medigap plans except G, M and N	63 days after losing plan	No
<ul style="list-style-type: none"> Had an MA plan that left the area or lost certification 	All Medigap plans except G, M and N	63 days after losing plan	No
Are in the first 12 months of MA coverage, and: <ul style="list-style-type: none"> Left a Medigap to join an MA for the first time, or Joined an MA plan when first eligible for Medicare at age 65 	The same Medigap plan if sold, OR any standardized Medigap plan (Plan A-N) from any company	63 days after losing plan	No
<ul style="list-style-type: none"> Have Medigap Plan A 	May join any other Medigap Plan A	Ongoing	No
<ul style="list-style-type: none"> Have a Medigap plan other than Plan A 	May join any other Medigap Plan B-N	Ongoing	No
<ul style="list-style-type: none"> Want to replace a more comprehensive health insurance plan with a Medigap plan 	May join any other Medigap Plan B-N	Ongoing	No

Note: In all situations above, clients under age 65 may still be limited to only Medigaps sold to their age group. For details on Medigap portability, call or refer clients to an OIC **Health Compliance Analyst** at 1-800-562-6900.

Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

	Medicare Supplement (Medigap) plans (Original Medicare)	Medicare Advantage (MA) plans aka Part C (HMO,PPO or Private Fee-for-Service)
How it works	Private insurance that fills the gaps in Original Medicare Parts A and B.	Private insurance that replaces Original Medicare Parts A and B.
Who's eligible	<ul style="list-style-type: none"> You must have Medicare Parts A and B; people under age 65 have very limited options for Medigaps. You may be required to take a health screen if you enroll outside your Open Enrollment Period (OEP)*. You may also have a waiting period of up to 90 days for any pre-existing condition to be covered after the plan starts. 	<ul style="list-style-type: none"> You must have Medicare Parts A and B, regardless of your age. There's no health screen and no wait period. MA plans will reject you if you have End Stage Renal Disease (ESRD). ESRD is kidney failure requiring dialysis or a kidney transplant. You must live in the plan's service area. Be aware, not every county has a plan.
What are the benefits?	<ul style="list-style-type: none"> Covers Medicare Parts A and B copays, coinsurance and deductibles ("gaps") in Original Medicare. Plans are standardized. Plans A-N cover the same as other insurer's plans with the same letter. 	<ul style="list-style-type: none"> Plans must cover all Medicare Parts A and B covered services. Plans are not standardized; coverage varies by plan based on insurer and plan type (Health Maintenance Organization or HMO, Preferred Provider Organization or PPO, and Private-Fee-for-Service or PFFS).
Are there extra benefits?	<ul style="list-style-type: none"> There are some additional benefits, such as foreign travel emergency coverage and excess charges. 	<ul style="list-style-type: none"> Some plans offer extra coverage, such as dental, vision, alternative medicine or health club memberships. Some extras require additional premiums.
Costs associated with the plan	<ul style="list-style-type: none"> Monthly premiums vary by plan. Plans (except K and L) have no annual out-of-pocket limits. You must pay Part B premiums unless enrolled in a Medicare Savings Program. Premiums often change once a year, but plans may change rates at different times of the year. 	<ul style="list-style-type: none"> Monthly premium varies by plan (some plans have \$0 premiums). Copays or coinsurance are set by the plan. Some plans have deductibles. Plans have yearly maximum out-of-pocket limit (MOOP). You must pay Part B premiums unless you're enrolled in a Medicare Savings Program. All costs may change every Jan. 1.

*Medigap Open Enrollment Period (OEP) = This period lasts for 6 months and starts on the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.

Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

	Medicare Supplement (Medigap) plans (Original Medicare)	Medicare Advantage (MA) plans (HMO,PPO or Private Fee-for-Service)
Is the plan renewable?	<ul style="list-style-type: none"> Plans are guaranteed renewable and benefits will not change as long as you pay the premiums and your application was correct. You may switch plans at any time. 	<ul style="list-style-type: none"> It is renewable, but costs and benefits may change yearly. You remain in the plan unless you disenroll or switch during an enrollment period, or the plan leaves the area. If you're enrolled in a plan and do nothing during the Open Enrollment Period (OEP), you will remain in your current plan.
Provider choice and availability	<ul style="list-style-type: none"> Providers bill Medicare directly, and in most cases, the Medigap pays providers directly after Medicare pays its portion. You can see any provider in the U.S. who takes Medicare. Plans don't require referrals for specialty care. 	<ul style="list-style-type: none"> Providers bill the MA plan for most services, not Medicare. HMOs maintain provider network and only cover in-network providers; they must have available providers to accept new members; referrals may be required to see a specialist. PPOs maintain provider networks, but also cover out-of-network at a higher cost. PPOs may not need a referral to see a specialist; check with the plan. PFFS don't have a provider network; may be hard to find providers who accept this in some areas. Check with the provider's office for a list of MA plans they accept.
Prescription drug coverage	<ul style="list-style-type: none"> Prescription drugs are not included. For drug coverage, you may want to enroll in a Part D prescription drug plan. 	<ul style="list-style-type: none"> Often bundled with the plan's benefits and you can't usually buy a separate Part D plan. If you want coverage, you must enroll in the Part D coverage offered by your MA plan. Only PFFS plans with no prescription coverage allow you to buy a separate Part D plan.
Switching plans	<ul style="list-style-type: none"> You can switch plans at any time. You must contact the plan to enroll; if you switch you must cancel the old plan. 	<ul style="list-style-type: none"> You can only change plans during an enrollment period. Enrolling in the new plan will disenroll you from your current MA or Part D stand-alone plan.

Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

	Medicare Supplement (Medigap) plans (Original Medicare)	Medicare Advantage (MA) plans (HMO,PPO or Private Fee-for-Service)
Which plan is the best fit	<ul style="list-style-type: none"> • Coverage is unlimited in the U.S. • Some plans cover all Medicare copays and deductibles. • People under age 65 have very limited options and they can be more expensive than for people age 65+. 	<ul style="list-style-type: none"> • Network plans may be good for people who can't find a provider who accepts Original Medicare. • Might save you money unless you need frequent appointments or treatments. • A pre-packaged plan may simplify your choices. • Can be eligible at any age, if you have Medicare A&B, live in the plan service area and don't have ESRD.
Comparison shop	<ul style="list-style-type: none"> • Because Medigaps are standardized, monthly premium and customer service are the only difference. • Refer to: <ul style="list-style-type: none"> ○ 10 Standardized Medigap plan chart at www.insurance.wa.gov • Plans are regulated by the Washington State Office of the Insurance Commissioner (OIC). • Find plans and rates at: www.insurance.wa.gov or call 1-800-562-6900. 	<ul style="list-style-type: none"> • Plans are not standardized, and are approved by Medicare. • Refer to: <ul style="list-style-type: none"> ○ Medicare Plan Finder at www.medicare.gov ○ MA plan by county at www.insurance.wa.gov • When considering MA plans, you should conduct a drug cost comparison at www.medicare.gov. • Agents selling plans in Washington state are licensed by the Washington State OIC. CMS oversees MA plans' marketing activities. • Find a list of plans by county at: www.insurance.wa.gov or call 1-800-562-6900.

Questions?

If you want individual help understanding all of your options, call our Insurance Consumer Hotline and ask to speak with a SHIBA counselor in your area:

1-800-562-6900

or

visit us online at:

www.insurance.wa.gov/shiba



LOCAL HELP FOR PEOPLE WITH MEDICARE

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SHP860-SHIBA-Medigap-MA-compare 08/16



Training course evaluation

Statewide Health Insurance Benefits Advisors (SHIBA)

	Strongly Agree	Agree	Disagree	Strongly Disagree
This training was informative and useful.				
The course content held my interest.				
Participation and interaction were encouraged.				
The time allotted for the training was sufficient.				
This training experience will be useful in my work.				
The content was organized and easy to follow.				
Trainer was knowledgeable about the subject matter.				
The trainer was well prepared.				
The training objectives were met.				
The material followed a logical flow.				

