

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

September Update

Table of contents

Fall Open Enrollment Period.....	2
OEP timeline	4
Plan Finder instructions	6
Your SHIBA Medicare action plan.....	8
Medicare Part D worksheet.....	10
Medicare Part D reply letter.....	12
OEP questions	14
 Evaluation:	
Evaluation form	16

Fall Open Enrollment Period – What’s happening in Tumwater!

SHIBA staff in Tumwater are working hard to get ready to support our SHIBA network during the fall Open Enrollment Period. We will hire temporary Customer Service staff to assist with the call volume as we have in past years. Plans include:

- Hiring up to four full-time and two part-time temporary Customer Service Representatives.
 - Anticipated start date is mid-September.
 - After training, they should begin to be available to answer calls around the first of October.
- Replacing our current underperforming online SHIBA calendar with a better, more user-friendly product.
 - This should be launched by around the third week in August.
 - We are encouraging all Sponsors to send in information about their events and counseling sites.
 - The public and our temporary Customer Service Staff will be able to access the calendar to find out about local opportunities for SHIBA assistance.
- Updating and sharing the new Part D and Medicare Advantage plan lists.
 - We usually get this information around the first or second week in September, and then have to format it into usable documents to share with clients. Please know **we make every effort to get them out to you as soon as possible**. We know how much you need them!

Reminder:

If you need to reactivate your Medicare Unique ID, please contact our SHIBA Administrative Assistant, Jill Root at JillR@oic.wa.gov.

Please allow additional time for this to take place, as you’ll be notified by Jill that you are reinstated.

2016-17 Medicare Open Enrollment timeline

2016	
Through September	<ul style="list-style-type: none"> • Social Security checks if some Extra Help (Low-Income Subsidy) recipients still qualify. • CMS sends Loss of Deemed Status Notice (grey letter), letting some people know they no longer automatically qualify for LIS, but may apply to SSA for it.
Late September	CMS mails the <i>Medicare & You</i> handbook.
Late September	<ul style="list-style-type: none"> • Plans must provide the CY (Calendar Year) 2017 standardized, combined Annual Notice of Change (ANOC)/Evidence of Coverage (EOC) to current members of all Medicare Advantage (MA) plans, MA-prescription drug (PD) plans, prescription drug plans (PDPs) and cost-based plans offering Medicare Part D. Plans have the option to include pharmacy/provider directories in this mailing. • Employer/union plans and retiree plans must send Medicare-eligible enrollees a Notice of Creditable Coverage, saying whether their drug coverage is creditable to (as good as or better than) Part D.
Early October	<ul style="list-style-type: none"> • Organizations may start marketing CY 2017 plans (starting October 1). • TENTATIVE timeframe for Medicare to post 2017 plan and drug benefit data on the Medicare Plan Finder.
October 15	<ul style="list-style-type: none"> • 2016 Annual Open Enrollment Period starts.
Mid October	<ul style="list-style-type: none"> • TENTATIVE timeframe for SHIBA to publish paper copies of 2017 Part D plan lists and post online MA plan lists for sale in Washington state.
December 7	<ul style="list-style-type: none"> • 2016 Annual Open Enrollment Period ends.
2017	
January 1	<ul style="list-style-type: none"> • Changes made during OEP take effect.
January 1 – February 14	<ul style="list-style-type: none"> • MA Annual Disenrollment Period (ADP).

Medicare.gov Plan Finder instructions

STEP 1: Find Part D and/or Medicare Advantage plans

- Allow 30 minutes to answer the questions and enter information.
- Have your prescription bottles or a list of your medications, including strength and daily dosage.
- Have your red, white and blue Medicare card nearby.
- Go to the www.medicare.gov website.
- Click on **Find Health & Drug Plans**.
- On the **Medicare Plan Finder** page, enter your zip code or scroll down to “Personal Search” and enter your information. ***You will need your red, white and blue Medicare card!***
- If asked, enter information about your current Medicare coverage.
- Click ***Continue to Plan Results***.

Helpful tip #1

On the right-hand side of the **Medicare Plan Finder** page, note the ***Plan Finder Multi-Media*** information. You can view short videos with step-by-step instructions.

Helpful tip #2

Wherever you see a [?], you can click on it to get more information.

STEP 2: Enter your drugs

- If you don't take any drugs, click on ***I don't take any drugs***, and skip to **Step 4**.
- Click on ***I don't want to add drugs now*** if you don't want to ADD drugs and skip to **Step 4**.
- If you do take drugs, add your prescription drugs by entering each drug:
 - Type the name of your drug in the box, or browse and choose the drug name using the A-Z buttons. Then click ***Find My Drug***.
 - If you get ***Search Results*** with more than one drug listed, select the one you take. *[Note: Medicare does not cover over-the-counter (OTC) drugs].*
 - Enter your ***Dosage, Quantity, and Frequency***. Click ***Add Drug & Dosage***.
 - A pop-up box will appear if a lower-cost generic version is available and you can then choose the generic version.
 - Enter all your prescription medications and click ***My Drug List is Complete***.

Helpful tip #3

After you enter the first drug, look at the ***Retrieve My Saved Drug List*** in the top right of your screen.

Write down the Drug List ID, Password, Date, and Zip Code from that box.

Save this information as it will allow you return to your list of drugs in the future without having to re-enter them.

STEP 3: Select pharmacies

- To find a specific pharmacy, search the list of “*Available Pharmacies*” (pharmacies listed here are within a short distance of your zip code).
- Click **Add Pharmacy** to add it to the search (**Note:** you can add two pharmacies to the search).
- Click **Continue to Plan Results**.

STEP 4: Refine your plan results

- Under **Summary of your Search Results**, click in the box to the left if you want to see:
 - Prescription drug plans with Original Medicare
 - Medicare Health (Advantage) plans with drug coverage
 - Medicare Health (Advantage) plans without drug coverage

Click on **Continue to Plan Results**.

- Select up to **three plans** based on your needs and/or personal preferences.
- Click in the box to the left to select the plan.
- Click **Compare Plans** and **Your Plan Comparison** will appear.
- Click on the tabs at the top of page for **Overview, Health Plan Benefits, Drug Costs & Coverage, and Star Ratings**.
- Click on each company name for more details, a breakdown of costs, and a graph showing monthly spending.
- Explore other ways to save money, such as **Lower Your Drug Costs**, and adding or removing any pharmacies.
- Click on **Return to Previous Page**.
- Repeat the **Refine your plan** results steps above for all plans you want to compare.

STEP 5: Enroll in a plan

- Call or contact the plan(s) you’re interested in to ask any questions and confirm information.
- Enroll in a plan by clicking on the **Enroll** button from the Plan Finder and follow the instructions.
- You can also join by calling 1-800-MEDICARE (1-800-633-4227).

Need help?

Call our Statewide Health Insurance Benefits Advisors (SHIBA), a free, unbiased service of the Washington State Office of the Insurance Commissioner at **1-800-562-6900** (ask to speak with a SHIBA advisor in your local area).

Revised 8/2016

Your SHIBA Medicare action plan

Name: _____ Date: _____

Thank you for attending a SHIBA (Statewide Health Insurance Benefits Advisor) appointment. We offer free, confidential and unbiased help to understand and navigate health care coverage and Medicare. Please keep this action plan for your records.

The notes that are marked are for you:

- This is the information needed to retrieve my Plan Finder results:
 - Zip Code: _____
 - Drug List ID #: _____
 - Date: _____

- I need more information about my plan choices before I enroll. I will call and ask about: _____

- I have chosen to enroll in the following plan: _____

- I will enroll by:
 - Calling 1-800-MEDICARE _____
 - Calling the plan directly at: _____
 - Other: _____

- Date enrollment was completed: _____

- Other action(s) I will take: _____

Notes:

If you enroll by December 7, your new plan will take effect January 1.

After you complete your enrollment, the plan should send you an enrollment confirmation in about two weeks. Call your plan if you have any questions. Write down your plan's customer service phone number here: _____

If you have any other questions, call SHIBA at 1-800-562-6900 or locally at: _____

SHP855-SHIBA-Medicare-action-plan-Rev. 8-16

Medicare Part D Rx Plan Finder worksheet

A free, unbiased service of the Washington State Office of the Insurance Commissioner, the Statewide Health Insurance Benefits Advisors (SHIBA) provides consumers with information about their Medicare Part D prescription drug options.

The following worksheet provides us with the necessary information we need to create a report for you. Once you complete the worksheet, please take it to a SHIBA Medicare Part D counseling clinic in your local county, or mail it to:

ENTER YOUR SHIBA SPONSOR MAILING INFO LABEL HERE

Name: _____ Date of Birth: _____
(Please provide your name as it appears on your Medicare card.)

Address: _____
(Please provide the address and zip code you have on file with Medicare.)

City: _____ State: _____ Zip: _____

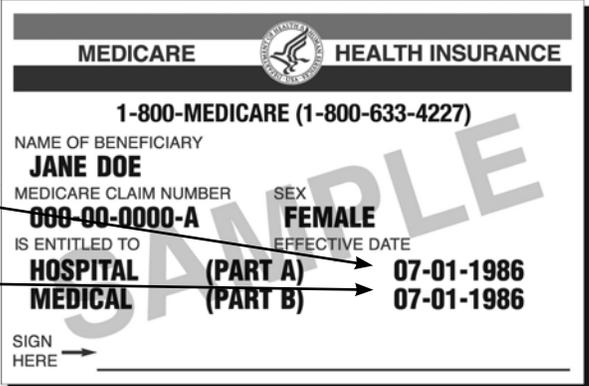
Phone: (____) _____ County: _____ Email: _____

Do you live in Washington state year round?
 Yes No

What is YOUR Medicare claim number?

What is YOUR effective date for Part A?

What is YOUR effective date for Part B?



Do you currently have insurance coverage for prescriptions? Check all that apply:

<input type="checkbox"/> Federal	<input type="checkbox"/> State of WA employee health plan
<input type="checkbox"/> Employer's health plan	<input type="checkbox"/> Retiree coverage
<input type="checkbox"/> Dept. of Veterans Affairs	<input type="checkbox"/> Other (please name): _____
<input type="checkbox"/> TRICARE for Life	

Please send my prescription drug report to the following address:

Name: _____

Mailing address: _____

Check if you're interested in either of following Medicare prescription drug coverage plans:

- Medicare Stand-Alone Prescription plans
- Medicare Advantage (MA) plans (Part C)

NOTE: If you're interested in an MA plan, include the current name(s) of your doctor(s) and/or clinic(s):

If you have limited income, "Extra Help" is available with prescription drug benefit costs (approximate monthly income less than \$1,500/single person and \$2,200/couple). It could save you a lot of money each year on your prescription drugs. Would you like more information about this? Yes No

Please provide us with information about your prescriptions and pharmacy. NOTE: Your pharmacy might print you a **COMPUTERIZED LISTING TO ATTACH**. If you're unable to provide a computerized list, please print clearly using the table below:

Name of drug	Strength	Daily dosage
<i>Example: Lipitor</i>	<i>Example: 10 mg</i>	<i>Example: Twice daily</i>

I prefer to have my prescriptions filled at this pharmacy(s): _____

Please check all that apply:

- I'm willing to use a different pharmacy.
- I prefer to use a mail-order pharmacy.
- I live in a long-term care facility.

FOR OFFICE USE ONLY

Drug List Password ID# _____

Password Date _____ Zip code _____

Medicare Part D Plan Finder reply

Date :

Dear :

Recently you asked us for help to narrow down your options for prescription drug coverage. You sent us a Medicare D Prescription Plan Finder Tool Questionnaire, which we used to prepare the results.

According to the Prescription Drug Plan Finder at www.medicare.gov, the enclosed printout shows plans that are your least expensive options based on **your total annual cost** (this includes monthly premiums, any annual deductibles and co-payments for the drugs you currently take).

Suggested next steps:

1. We recommend you call one or all three of the insurance companies to get more detailed information to compare your options. We've included contact information for the companies on the printout.
2. If you choose to enroll in a prescription drug plan, contact Medicare (1-800-MEDICARE or 1-800-633-4227) **or** the insurance company directly to do so. *Note: The worksheet you sent us was NOT an application for insurance, and we do not sell insurance plans.*
3. If you have additional questions, please contact SHIBA for free, unbiased and confidential consultation:

ENTER YOUR AGENCY
INFORMATION/LABEL HERE

See the back of this letter for special notes for you.

Notes just for you...

The notes marked below apply to your situation.

- According to the Medicare Part D Prescription Drug Plan Finder, you're already enrolled in a prescription insurance plan. We included that in your results, so you may compare your current coverage with two plans that are your least expensive options.
- You may qualify for "Extra Help" from Social Security to help pay for your Medicare Part D prescription drug plan. To apply for this program, call the Social Security Administration at 1-800-772-1213, go online to: www.socialsecurity.gov, or visit any Social Security office. This program helps pay for Medicare Part D, but even if you qualify, you must still choose a Medicare Part D prescription drug plan.
- You have a Medicare Advantage/Health Plan (also called Medicare Part C), which may limit your Medicare Part D choices. Before you enroll in a Medicare Part D prescription drug plan, check with your Medicare Advantage/Health Plan about their rules.

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- The SHIBA program, its sponsors, counselors and community partners do not endorse or sell the prescription insurance plans we send you. However, we do provide this free, unbiased and confidential community service to help Medicare clients narrow down their choices. The SHIBA program, its sponsors, volunteers and community partners are held harmless for any liability arising from this service. Any information we sent you was to the best of our knowledge as provided by Medicare at the time we processed your worksheet.
 - The Centers for Medicare and Medicaid Services are the final authority on matters regarding Medicare Part D prescription drug coverage. You may call them at 1-800-MEDICARE (1-800-633-4227).

SHIBA (Statewide Health Insurance Benefits Advisors)

Check your OEP knowledge

1. When does the Open Enrollment Period (OEP) start?
2. Where can you order publications?
3. When does OEP end?
4. Extra Help is also called what?
5. Who is the point of contact for complaints at the OIC?
6. How long is an Initial Open Enrollment Period?
7. Where do clients apply for Low Income Subsidy (LIS)?
8. Clients should do what each year?
9. Who is the point of contact at the OIC to reactivate your Unique ID?
10. Clients sign the back of what card to refuse Medicare Part B?
11. Who is the point of contact at the OIC if you need help ordering SHIBA publications?
12. A legal permanent resident has to reside in the U.S. for how many years to receive Medicare?
13. If a client is NOT receiving Social Security Administration (SSA) retirement - who do they need to call to sign up for Medicare?
14. What percent does Medicare Part B cover for “Medically Necessary” services?
15. Medigap plans are identified how?
16. When is the Medicare Advantage (MA) Annual Disenrollment period?
17. For Medicare Part B in 2016, most people will pay a monthly standard premium of what?
18. What website can you find the Plan Finder on?
19. What does Medicare Part A stand for?
20. SHIBA is a free and _____ (fill in the blank) service.
21. Medicare Part C is also known as what?
22. What does Medicare Part B stand for?
23. Changes made during OEP take effect when?
24. Medicare Part A is _____ (fill in the blank) for most.
25. What does Medicare Part D stand for?

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.				

1. What did you like most about the training?
2. What aspects of training could be improved?
3. What additional trainings would you like to see in the future?
4. Please share other comments here:

Please tear evaluation off and hand it to your trainer.