

Medicare Minute Teaching Materials — September 2022 Medicare's Open Enrollment Period

1. What is Medicare's Open Enrollment Period? What changes can I make during this time?

Medicare's Open Enrollment Period, also known as the Annual Election Period or Fall Medicare Open Enrollment, runs from October 15 through December 7 each year. During this time, you can make certain changes to your health insurance coverage, including adding, dropping, or changing your Medicare Advantage and Part D coverage. Even if you are happy with your current health and drug coverage, Medicare's Open Enrollment Period is a good time to review what you have, compare it with other options, and make sure that your current coverage still meets your needs for the coming year.

You can make as many changes as you need to your Medicare coverage during Medicare Open Enrollment. The changes you can make include:

1. Joining a new Medicare Advantage Plan
2. Joining a new Part D prescription drug plan
3. Switching from Original Medicare to a Medicare Advantage Plan
4. Switching from a Medicare Advantage Plan to Original Medicare (with or without a Part D plan)
 - a. Note that if you switch to Original Medicare and you want to purchase a Medigap policy to supplement coverage, your Medigap options may be limited (see question 9).

Depending on where you live, you may be able to buy a Medigap policy, which helps pay Original Medicare costs. Limitations apply as to who can buy a Medigap and when. Call your State Health Insurance Assistance Program (SHIP) or State Department of Insurance to ask about state specific Medigap rights. Contact information for your SHIP is on the last page of this document.

The last change you make will take effect on January 1, 2023. To avoid enrollment problems, it is best to call 1-800-MEDICARE (1-800-633-4227) when making any changes to your health and/or drug coverage.

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

Regardless of how you receive your Medicare coverage, you should consider:

- Your access to health care providers you want to see
- Your access to preferred pharmacies
- Your access to benefits and services you need
- The total costs for insurance premiums, deductibles, and cost-sharing amounts
- The quality of the customer service you receive

If you have Original Medicare, visit [Medicare.gov](https://www.Medicare.gov) or read the 2023 *Medicare & You* handbook to learn about Medicare's benefits for the upcoming year. You should review any increases to Medicare premiums, deductibles, and coinsurance charges. The *Medicare & You* handbook is mailed to all Medicare households each September. If you don't receive your *Medicare & You* handbook, you can call 1-800-MEDICARE and request that a copy with information for your area be sent to you. If you would like to receive

your handbook electronically, you can log into (or create) your Medicare account to sign up for electronic handbooks. You can also download a general version of the handbook at Medicare.gov.

If you have a Medicare Advantage Plan or a stand-alone Part D plan, read your plan's Annual Notice of Change (ANOC) and/or Evidence of Coverage (EOC). Review these notices for any changes in a) the plan's costs, b) the plan's benefits and coverage rules, or c) the plan's formulary (list of drugs your plan covers). Make sure that your drugs will still be covered next year and that your providers and pharmacies are still in the plan's network. If you are unhappy with any of your plan's changes or your plan's performance, you can enroll in a new plan. If you want assistance reviewing your options, contact your State Health Insurance Assistance Program (SHIP) for unbiased counseling. Contact information for your SHIP is on the final page of this document.

Even if you are happy with your current Medicare coverage, consider other Medicare health and drug plan options in your area. For example, even if you do not plan to change your Medicare Advantage or Part D plan, 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 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.

3. 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 take?
- Does the plan have restrictions on my drugs (i.e., prior authorization, step therapy, or quantity limits)?
 - **Prior authorization** means that you must get approval from your Part D plan before the plan will pay for the drug.
 - **Step therapy** means that your plan requires you to try a cheaper version of your drug before it will cover the more expensive one.
 - **Quantity limits** restrict the quantity of a drug you can get per prescription fill, such as 30 pills of Drug X per month.
- 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 used preferred network pharmacies.
- Can I fill my prescriptions by mail order?
- What is the plan's star rating?
- If I have retiree coverage, will the Medicare drug plan work with this coverage?

You may find it helpful to use Medicare's Plan Finder tool (see number 6), which gives you a 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/plan-compare or calling 1-800-MEDICARE.

4. 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 service area does the plan cover?
- Are my doctors and hospitals in the plan's network?
- 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 (see number 7)?
- If the plan covers additional health care benefits that are not covered by Original Medicare, am I eligible for them or are they only available to certain members?
- What is the plan's star rating?
- Will this plan affect any additional coverage I may have?

Medicare Advantage Plans usually include prescription drug coverage. You should also consider the questions listed in number 3 when choosing a Medicare Advantage Plan to make sure that the prescription drug coverage that the plan offers meets your needs.

Finally, remember that those with Medicare Advantage Plans cannot have a Medigap (see question 9). If you have Original Medicare and a Medigap and are considering switching to a Medicare Advantage Plan, know that you will lose your Medigap as well. If you choose to switch back to Original Medicare at a later time, you may face limitations with Medigap enrollment depending on the state in which you live. However, regardless of the state in which you live, you would have a Special Enrollment Period to re-enroll in a Medigap policy if you dropped your Medigap to enroll in a Medicare Advantage Plan for the first time and switch back to Original Medicare and a Medigap within 12 months of enrolling in the Medicare Advantage Plan. For more information on Medigap enrollment rules in your state, contact your SHIP. The contact information for your SHIP is on the last page of this document.

5. 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 one to five stars, with five being the highest. Medicare assigns plans an overall star rating to summarize the plan's performance. 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. 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* handbook 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/plan-compare.

6. What is the Medicare Plan Finder?

The Medicare Plan Finder is an online tool that helps you look up and compare plans in your area. To access the Medicare Plan Finder, visit www.medicare.gov/plan-compare. Plan Finder gives you the option to search using your account or to continue a search without logging in.

- The personalized search (on the left side of the screen) requires you to log in to your Medicare account or make an account if you do not have one. Once you are logged in, Plan Finder will save your search results and you can access them later.
- The basic search (on the right side of the screen) requires your zip code and the type of plans you want to compare. Your search results will not be saved or accessible once you close the page.

Once you enter your information, you will be able to compare a list of plans available in your area. Before using Plan Finder, create 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. Additionally, when you decide on a plan, you should call 1-800-MEDICARE or use Medicare.gov to enroll in that plan. It is helpful for Medicare to have the official enrollment record in case there are any problems. You can also call your SHIP for help using Plan Finder. Contact information for your SHIP is on the final page of this document.

7. What kind of supplemental benefits do Medicare Advantage Plans offer?

A supplemental benefit is an item or service covered by a Medicare Advantage Plan that is not covered by Original Medicare. These benefits do not need to be provided by Medicare providers or at Medicare-certified facilities. Instead, to receive these items or services, you need to follow your plan's rules. Some commonly offered supplemental benefits are dental care, vision care, hearing aids, and gym memberships.

Most supplemental benefits must be primarily health related. These benefits can either be:

- Optional, meaning that they are offered to everyone who is enrolled in a plan, and you can choose to purchase the benefits if you want to, or
- Mandatory, meaning that they are covered for everyone enrolled in a plan and you cannot decline the coverage (even if you do not need to use the service).

Medicare Advantage Plans can also cover Special Supplemental Benefits for the Chronically Ill (SSBCI) that are not primarily health-related for beneficiaries who have chronic illnesses. These benefits should address social determinants of health. A social determinant of health is part of your life that can affect your health in some way, such as not having access to transportation. Plans can offer benefits that are not primarily health-related like meal delivery, transportation for non-medical needs, and home air cleaners. In order to be eligible for these benefits, you must be chronically ill.

Since Medicare Advantage Plans will be able to create sets of supplemental benefits for people with specific chronic illnesses, not every member of a Medicare Advantage Plan will have access to the same set of benefits. For example, a plan might cover services like home air cleaning and carpet shampooing for members with severe asthma. A member of that plan who has severe asthma will be able to get those services covered, while a member who does not have asthma, or whose asthma is mild, will not.

These supplemental benefits mean that there may be more factors to consider when comparing Medicare Advantage Plan options during Medicare's Open Enrollment. Carefully review your Medicare Advantage

Plan's Evidence of Coverage and any other materials from your plan. If you are considering a new plan that offers its members additional supplemental benefits, make sure to find out about the costs and coverage restrictions associated with those benefits. If you need help understanding your plan's benefits or reviewing your coverage options, call your SHIP for assistance. Contact information for your SHIP is on the final page of this document.

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

During Medicare Open Enrollment, there is a higher risk than usual for fraudulent activities. Medicare has rules about how plans can and cannot communicate with you during Medicare's Open Enrollment Period to market their insurance products. Knowing how to protect yourself from, detect, and report marketing violations and enrollment fraud will help save both you and Medicare money. Plans are allowed to send you emails and/or direct mailings, but they are not allowed to call you or visit you in person to market their products without your permission. Plans who send emails must provide an opt-out option for people who no longer wish to receive them. Watch out for people who:

- Pressure you to join their plan
- Tell you they represent or are calling on behalf of Medicare
- Call claiming you are missing out on entitled plan benefits Offer health screenings or other activities that may be perceived as, or used for, "cherry-picking" Medicare beneficiaries only
- Inform you that you will lose your Medicare benefits unless you sign up for a certain plan
- Require you to provide contact information at an event for a plan (Note that contact information provided for raffles or drawings may only be used for that purpose.)

Before you enroll in a plan, make sure you understand what the plan covers, how it affects your Medicare benefits and other health benefits (like Medicaid or your retiree/union coverage), and whether it covers the drugs you need. Contact a plan directly to confirm if it will cover certain services for you, and make sure that you get everything in writing. An agent or broker should never pressure or mislead you into joining a specific plan. If you feel an insurance agent has violated Medicare's marketing rules, you should save all documents (such as an agent's business card or marketing materials) or other suspicious information, such as recorded messages. Your SHIP program can help you change your coverage if you make an enrollment decision based on misleading marketing. You can also contact your local Senior Medicare Patrol (SMP). Your SMP can help you prevent, identify, and report marketing violations or enrollment fraud, as well as other related potential forms of Medicare fraud and abuse. Contact information for your SMP is on the final page of this document.

9. If I switch to Original Medicare during Medicare's Open Enrollment, can I purchase a Medigap policy to help with cost-sharing gaps?

Medicare supplement insurance policies, commonly called Medigaps, are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain cost-sharing "gaps" that remain after Original Medicare pays first. Depending on where you live and when you became eligible for Medicare, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N (policies in Wisconsin, Massachusetts, and Minnesota have different names). Each policy offers a different set of standardized benefits that ranges from basic to more comprehensive. Standardization means that policies with the same letter name offer the same benefits. Limits apply as to who can buy a Medigap and when. Usually, you

will make your decision about whether to purchase a Medigap plan during your Initial Enrollment Period, not Medicare's Open Enrollment Period.

Depending on where you live, you may be able to purchase a Medigap policy during Medicare's Open Enrollment, but certain limitations apply as to who can buy a Medigap and when. There are federal protections for people over 65 to purchase a Medigap in certain situations, and some states offer additional enrollment protections.

You may run into problems if you try to buy a Medigap outside of your protected Medigap enrollment period. For instance, companies can refuse to sell you one or impose certain medical requirements. If a company does agree to sell you a policy, you may need to pay a higher monthly premium and be subject to a six-month waiting period before the Medigap will cover pre-existing conditions. Be sure to contact Medigap insurers in your state to learn if they will sell you a Medigap policy outside protected enrollment periods.

Also note that in some states if you currently have Original Medicare and a Medigap, you may not be able to purchase a Medigap again in the future if you drop Original Medicare to enroll in a Medicare Advantage Plan. However, regardless of the state in which you live, you would have a Special Enrollment Period to re-enroll in a Medigap policy if you dropped your Medigap to enroll in a Medicare Advantage Plan for the first time and switch back to Original Medicare and a Medigap within 12 months of enrolling in the Medicare Advantage Plan.

Contact your SHIP to learn about Medigap enrollment rights in your state. Contact information for your local SHIP is on the final page of this document.

10. Will I have opportunities to change my coverage in the coming year?

You should make any necessary changes to your Medicare coverage by December 7, 2022, in order for the changes to take effect January 1, 2023. If you need to change your Medicare coverage in 2023, you may have the opportunity to make changes if:

- **You have a Medicare Advantage Plan.** You will be able to make one change to your coverage between January 1 and March 31. This enrollment period is called the Medicare Advantage Open Enrollment Period. During this time, you can switch from one Medicare Advantage Plan to another or switch from a Medicare Advantage Plan to Original Medicare, with or without a Part D prescription drug plan. This enrollment period is only for people who are enrolled in a Medicare Advantage Plan. If you are enrolled in Original Medicare, you will not be able to make changes during this time.
- **You have Extra Help.** If you have Extra Help, the federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage, you will have a Special Enrollment Period (SEP) to enroll in or switch Part D plans once per quarter in the first three quarters of the year (January through March, April through June, and July through September). If you make a change to your coverage using this SEP, the change will become effective the first of the month following the month that you make the change. During the fourth quarter of the year, you will not be able to use this SEP, and should instead use Medicare's Open Enrollment to make prescription drug coverage changes.

There are other circumstances when you can be eligible for a Special Enrollment Period to change your Medicare health or drug coverage. For example, if your Medicare Advantage Plan leaves your service area, or if

you want to change into a plan with a five-star rating in your service area, you may be able to access an SEP to make changes outside of normal enrollment periods.

11. Who can I contact if I have questions?

State Health Insurance Assistance Program (SHIP): Contact your SHIP if you have questions about your coverage options. SHIP counselors can help you use Medicare’s Plan Finder, or they will use the Plan Finder on your behalf as a tool to review your costs and options. SHIP counselors are unbiased and will not recommend any specific plan or plans. However, they can help you navigate and understand your costs and options so that you can pick a plan that best meets your current needs. Contact information for your SHIP is on the final page of this document.

Senior Medicare Patrol (SMP): Contact your SMP if you believe you may be experiencing Medicare fraud, errors, or abuse. SMP representatives can teach you how to spot and protect yourself from potential Medicare fraud. Contact information for your SMP is on the final page of this document.

1-800-MEDICARE: You can call Medicare if you want to change your coverage during Medicare’s Open Enrollment Period. You can also call Medicare for help finding plans in your area. Medicare will send you a new *Medicare & You* handbook in the mail each fall, containing information specific to your region. If you do not receive your copy, contact Medicare to request another one.

Medicare Advantage Plan/Part D plan: Contact a plan directly if you have questions about its benefits, coverage, or costs. If you do not receive your ANOC or EOC from your current plan, contact your plan to request copies.

SHIP case study

Larry is 68 years old and enrolled in a Medicare Advantage Plan. He recently received an Annual Notice of Change (ANOC) from his plan, which indicated that his primary care physician, who is the only doctor he regularly sees, will no longer be in his plan’s network next year, and that the blood pressure medication that he takes will no longer be on his plan’s formulary. Larry wants to change plans but is not sure how to choose a new plan.

What should Larry do?

- Larry should contact his State Health Insurance Assistance Program (SHIP).
 - If he does not know how to find his SHIP, he can go to www.shiphelp.org or call 877-839-2675 (and say “Medicare” when prompted) for assistance.
- A SHIP counselor can help Larry understand the plan selection process and find Medicare coverage that works for him.
 - Larry should speak to his primary care provider about what kinds of insurance they accept. Larry should ask the SHIP counselor to help him review the costs and coverage of the health care services in the plans accepted by his primary care provider.
 - This includes reviewing the plan premiums, deductibles, copays or coinsurances for health care services, and out-of-pocket limits.
 - The SHIP counselor can help Larry review the plan’s network of providers, service area, and rules regarding referrals and prior authorization for health care services.

- The counselor can also help Larry review any additional benefits that the plans cover, like dental care, vision care, or gym memberships.
- The counselor can also help Larry determine which plans in his area cover the drugs that he needs. Larry should make a list of the drugs that he takes, including the dosages of each drug.
 - The SHIP counselor can use the Medicare Plan Finder tool to look up plans in Larry’s area that cover his drugs, including his blood pressure medication. If there are any restrictions on the drugs, the SHIP counselor will explain what the restrictions mean and how they affect Larry’s access to his medications.
 - ◆ For example, if there is a prior authorization restriction on one of Larry’s drugs, the SHIP counselor will explain that his doctor should send a prior authorization request to the plan before Larry picks up the prescription at the pharmacy.
- The SHIP counselor can also use the Medicare Plan Finder to see which pharmacies near Larry are in-network and preferred by the different plans. Larry’s drug will be cheapest if he uses a pharmacy that is a preferred, in-network pharmacy.
- If Larry is interested in getting his drugs by mail order, the SHIP counselor can let him know which plans offer that option.
- Larry or a family member can also use the Medicare Plan Finder at home by visiting www.medicare.gov/plan-compare.
- The SHIP counselor will help Larry narrow down his options based on his individual needs but will leave the final plan selection decision to Larry. Once he has selected a new plan, he can enroll through Medicare online or by calling 1-800-MEDICARE. He can also call the plan to enroll. He should choose his new plan before December 7, the last day of Medicare’s Open Enrollment. His new coverage will begin on January 1, 2023.

SMP case study

Liliana has Original Medicare and a Part D prescription drug plan. In late October, she received a call from someone claiming to be a Medicare Advantage Plan representative wanting to help her save money on her coverage. The caller asked for Liliana’s Medicare number, and at first, she refused because she had not decided to enroll in an MA plan yet. She felt pressured and rushed by the caller, so she eventually provided her Medicare number. After the call ended, Liliana knew she didn’t want to enroll in the plan but wondered if the representative could enroll her anyway using her Medicare number.

What should Liliana do?

- Liliana should call her Senior Medicare Patrol (SMP) to report the call. MA plan representatives are not allowed to make unsolicited phone calls to beneficiaries. This person could also have been posing as a plan representative in attempt to steal Liliana’s medical identity and falsely bill Medicare.
 - If Liliana doesn’t know how to contact her local SMP, she can call 877-808-2468 or visit www.smpresource.org.
- The SMP will assist Liliana in contacting 1-800-MEDICARE to report her Medicare number as compromised. The SMP will empower Liliana to review her Medicare statements like a Medicare Summary Notice (MSN) or an Explanation of Benefits (EOB) to monitor whether there are charges for services she did not receive.
- The SMP may also make additional referrals if applicable.

- The SMP will refer Liliana to her local SHIP for help reviewing her coverage for 2023 through 1-800-Medicare or the Medicare Plan Finder. If it appears she had been enrolled in a new plan for 2023 without her knowledge, the SHIP will enter the situation into the CMS Complaint Tracking Module (CTM) and will help her understand how to legitimately return to her current Part D plan for 2023 or select a new Part D plan for 2023 that might better meet her needs.

Local SHIP Contact Information	Local SMP Contact Information
<p>SHIP toll-free: SHIP email: SHIP website:</p> <p>To find a SHIP in another state: Call 877-839-2675 and say “Medicare” when prompted or visit www.shiphelp.org.</p>	<p>SMP toll-free: SMP email: SMP website:</p> <p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.</p>
<p><i>This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.</i></p> <p>SHIP National Technical Assistance Center: 877-839-2675 www.shiptacenter.org info@shiptacenter.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org</p> <p>© 2022 Medicare Rights Center www.medicareinteractive.org <i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center.</i></p>	