

Medicare Annual Open Enrollment



Medicare Advantage (Part C)

**Illinois Department on Aging
Senior Health Insurance Program (SHIP)**

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May 2016



LOCAL HELP FOR PEOPLE WITH MEDICARE

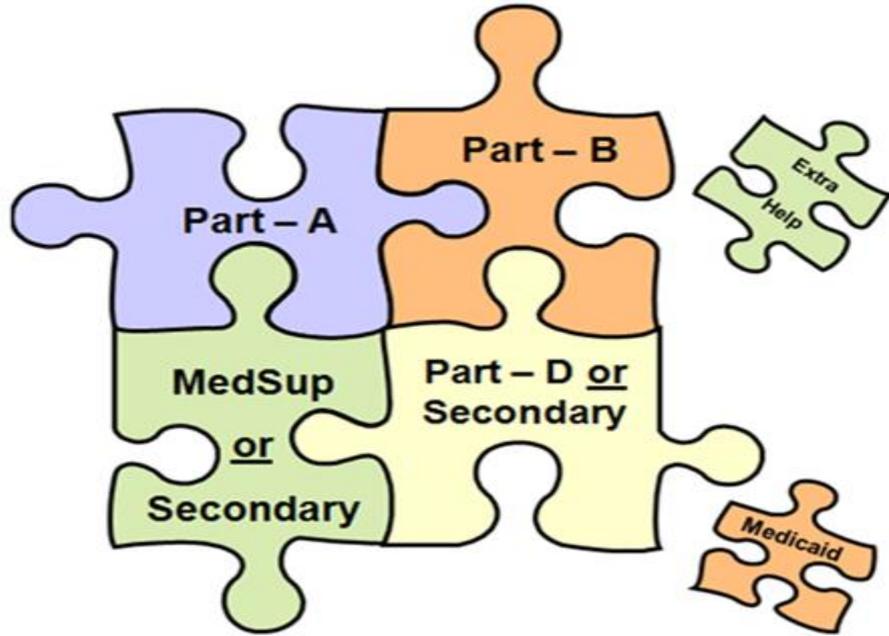
Medicare Advantage and Other Medicare Health Plans

Session Objectives

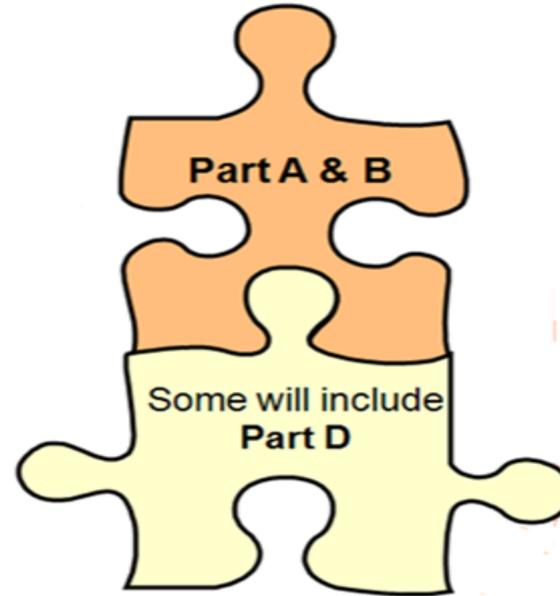
- This session should help you
 - Define Medicare Advantage (MA) Plans
 - Describe how MA Plans work
 - Explain eligibility requirements and enrollment
 - Describe the types of MA Plans
 - Identify other Medicare health plans
 - Recall rights, protections, and appeals
 - Summarize the Medicare Marketing Guidelines

Medicare Advantage (Part C) An Alternate Way To Receive Medicare

Original Medicare



Medicare Advantage



HMO & PPO must get prescription drugs via the MA plan, if no other creditable coverage

Different Format
Different Cost Structure

Medicare Advantage (MA) Plans

Managed care insurance plans approved by Medicare

- Differ in delivery format and cost structure compared to Original Medicare
- Offered through HMO, PPO, PFFS, and SNP
- Must offer all services covered under Medicare Part A and Part B
 - May offer extra services (i.e. Vision, Dental, Hearing, etc.)
- You may have to use network doctors/ hospitals
- Most include Drug Coverage (MA-PD)
- Medicare Supplement plans (Medigap) do not work with Part C

Medicare Advantage (MA) Plans

- You're still in the Medicare program
- You still have all your same Medicare rights and protections
- If the plan leaves Medicare you can
 - Join another MA Plan, or
 - Return to Original Medicare
- All MA organizations must accept enrollment into their plans during the specified enrollment period, unless CMS capacity limits are exceeded.
 - No screening, pre-existing condition, etc.
 - Same coverage as Original Medicare

Medicare Advantage Costs

- You still pay the monthly Part B premium
 - You may pay an additional monthly premium to the individual plan
- Plan deductibles, coinsurance, and copayments
 - Different from Original Medicare
 - Vary from plan to plan
 - May be higher if out of network

Medicare Advantage Plan Eligibility

- **Eligibility requirements—You must**
 - Be enrolled in Medicare Part A and Part B
 - Continue to pay your Part B premium
 - Live in the plan’s service area
 - Not have End-Stage Renal Disease (ESRD) at time of enrollment
 - Some exceptions
 - Not be incarcerated

- **To join you must also**
 - Provide necessary information to the plan
 - Follow the plan’s rules
 - Can only belong to one plan at a time

Medicare Advantage (MA) and End-Stage Renal Disease (ESRD)

- Usually, a person can't enroll in a MA Plan if you have ESRD
- There are limited exceptions
 - There may be a Special Needs Plan available for ESRD

Enrolling in a Medicare Advantage (MA) Plan

Initial Enrollment Period

Turning Age 65

- 7-month period begins 3 months before the month you turn 65
- Includes the month you turn 65
- Ends 3 months after the month you turn 65

Receiving SSDI Social Security disability

- 7-month period begins 3 months before the 25th month of disability.
- Includes the 25th month
- Ends 3 months after the 25th month of disability.

Join or Switch Medicare Advantage Plans

Medicare Annual Open Enrollment Period

- October 15—December 7
- Coverage begins January 1

- Beneficiaries not enrolled, may join a plan;
- Current enrollees can switch plans or disenroll
- Plan will be effective January 1 of the following year

Join or Switch Medicare Advantage Plans

Special Enrollment Periods (SEP)

- Move out of your plan's service area
- You have Medicaid
- Plan leaves Medicare program or reduces its service area
- Leaving or losing employer or union coverage
- You enter, live at, or leave a long-term care facility (like a nursing home)
- You have a continuous SEP if you qualify for Extra Help
- Losing your Extra Help status
- You join or switch to a plan that has a 5-star rating
- Retroactive notice of Medicare entitlement
- Other exceptional circumstances

Join or Switch Medicare Advantage Plans

5-Star Special Enrollment Period (SEP)

- Can enroll in 5-star Medicare Advantage (MA), Prescription Drug Plan (PDP), MA Plan with prescription drug coverage (MA-PD), or Cost Plan
- Enroll once per year from December 8, 2015–November 30, 2016
- Star ratings given once per year
 - Ratings available October 12th
 - Use Medicare Plan Finder to see star ratings
 - Look at Overall Plan Rating to find eligible plans

Medicare Advantage Disenrollment Period

Medicare Advantage Disenrollment Period

**January 1–
February 14**

- You can leave a Medicare Advantage (MA) Plan
- Switch to Original Medicare
 - Coverage begins first day of month after switch
 - May join Part D Plan
 - Drug coverage begins first day of month after plan gets enrollment
- May not join another MA Plan during this period
- May be able to buy a Medicare Supplement Insurance (Medigap) policy

Low Performing Plans

- Low performing star rating status
 - You may have a one-time option to switch to another Medicare Advantage or Medicare drug plan with a rating of 3, 4, or 5 stars if your plan's summary rating was less than 3 stars for 3 years
 - Low Performance Icon (LPI) appears on Plan Finder



Medicare Advantage Trial Rights and Medigap Guarantees

- There are special **trial rights** available for people who have joined a Medicare Advantage plan when they first qualify for Medicare Part B at or after age 65.
 - They can drop their MA plan and enroll in Original Medicare anytime within the first 12 months of coverage.
 - They are guaranteed **any** Medigap plan from **any** company

Medicare Advantage Trial Rights and Medigap Guarantees

- Medicare Supplement plans **A, B, C, F, K & L** are **guaranteed issue**, without pre-existing conditions, in the following situations:
 - A person enrolled in an MA plan or a Medicare Select plan:
 - moves out of the plan's service area, or
 - If the insurer:
 - goes out of business,
 - withdraws from the market,
 - has its Medicare contract terminated, or
 - the plan violates its contract provisions or is misrepresented in its marketing.

Types of Medicare Advantage Plans

- Health Maintenance Organization (HMO)
 - HMO Point-of-Service
- Preferred Provider Organization (PPO)
- Private Fee-for-Service (PFFS)
- Special Needs Plan (SNP)

Medicare

Health Maintenance Organization (HMO)

Can you get your health care from any doctor or hospital?

No. You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis). In some plans, you may be able to go out of network for certain services, usually for a higher cost. This is called an HMO with a point-of-service option.

Are prescription drugs covered?

In most cases, yes. Ask the plan. If you want Medicare drug coverage, you must join an HMO Plan that offers prescription drug coverage.

Do you need to choose a primary care doctor?

In most cases, yes.

Do you need a referral to see a specialist?

In most cases, yes. Certain services, like yearly screening mammograms, don't require a referral.

What else do you need to know about this type of plan?

- If your doctor or other health care provider leaves the plan, your plan will notify you and you can choose another plan doctor.
- If you get health care outside the plan's network, you may have to pay the full cost.
- It's important that you follow the plan rules. For example, the plan may require prior approval for certain services.

Medicare

Preferred Provider Organization (PPO)

Can you get your health care from any doctor or hospital?

In most cases, yes. PPOs have network doctors, other health care providers, and hospitals, but you can also use out-of-network providers for covered services, usually for a higher cost.

Are prescription drugs covered?

In most cases, yes. If you want Medicare drug coverage, you must join a PPO Plan that offers prescription drug coverage. You may contact individual plans to find out if they offer prescription drug coverage.

Do you need to choose a primary care doctor?

No.

Do you need a referral to see a specialist?

In most cases, no.

What else do you need to know about this type of plan?

- PPO Plans aren't the same as Original Medicare or Medigap.
- Medicare PPO Plans usually offer extra benefits than Original Medicare, but you may have to pay extra for these benefits.

Medicare Special Needs Plans (SNPs)

Can you get your health care from any doctor or hospital?

You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis).

Are prescription drugs covered?

Yes. All SNPs must provide Medicare prescription drug coverage (Part D).

Do you need to choose a primary care doctor?

Generally, yes.

Do you need a referral to see a specialist?

In most cases, yes. Certain services, like yearly screening mammograms, don't require a referral.

Medicare Special Needs Plans (SNPs)

Continued

What else do you need to know about this type of plan?

- SNPs must limit plan membership to people in one of the following groups:
 1. Those living in certain institutions (like a nursing home), or who require nursing care at home
 2. Those eligible for both Medicare and Medicaid
 3. Those with specific chronic or disabling conditions
- Plans may further limit membership
- Plans should coordinate your needed services and providers
- Plan should make sure providers that you use accept Medicaid if you have Medicare and Medicaid
- Plan should make sure that plan's providers serve people where you live, if you live in an institution

Medicare Private Fee-for-Service (PFFS) Plans

(You basically build your own network)

Can you get your health care from any doctor or hospital?

Yes. You can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat you. Not all providers will. If you join a PFFS plan that has a network, you can also see any of the network providers who've agreed to always treat plan members. You can choose an out-of-network doctor, hospital, or other provider who accepts the plan's terms, but you may pay more. Check with the plan for more information.

Medicare Private Fee-for-Service (PFFS) Plan Access Requirements

- Private Fee-For-Service Plans must provide a network of providers if:
 - There are 2 or more network-based Medicare Advantage Plan options in the area of service
- Medicare Private Fee-for-Service (PFFS) Plans have been slowly diminishing
 - *For 2017*, Humana is the only plan in Illinois offering PFFS

Other Medicare Health Plans

- Employer sponsored Medicare Advantage plans that provide health care
 - Provide Part A and/or Part B coverage
 - Most provide Medicare prescription drug coverage

Example:

- State of Illinois Employee Retirement System
 - Total Retiree Advantage Illinois (TRAIL) Program is a employer sponsored Medicare Advantage program for State of Illinois retirees and survivors who have both Medicare A & B.
 - Coverage choices of HMOs and PPOs

Medicare Advantage - Medicare Cost Plans

Medicare Cost Plans:

- Offered only in Jo Davies County in Illinois
- Must have Medicare Part B to join
- Can see a non-network provider
 - If do, services covered under Original Medicare
- Join anytime new members are being accepted
- Leave anytime and return to Original Medicare
- Get Medicare prescription drug coverage
 - From the plan (if offered), or
 - Join a separate Medicare Prescription Drug Plan

Innovation Projects and Pilot Programs

- Special projects that test improvements in
 - Medicare coverage
 - Payment
 - Quality of care
- Eligibility usually limited
 - Specific group of people or specific area of country
- Example in Illinois
 - Medicare-Medicaid Alignment Initiative (MMAI)
 - Full Dual Eligibles covered under one managed care plan

Marketing Rules for MA Plans

- Marketing for upcoming plan year
 - May not occur before October 1st
- Marketing star ratings in materials
 - Individual measures may be marketed/ communicated in conjunction with overall performance rating
 - Low-performing star rating status
 - Low Performance Icon (LPI) 
 - Plans may not attempt to discredit their LPI status by showcasing a separate higher rating

Disclosure of Plan Information for New and Renewing Members

- Medicare Advantage and Prescription Drug Plans must disclose plan information
 - At time of enrollment and at least annually
 - Required Annual Notice of Change/Evidence of Coverage
 - Low Income Subsidy (LIS) rider
 - Comprehensive or abridged formulary
 - Member ID card at the time of enrollment/as needed
- Must provide the hard copy pharmacy and provider directories or a notice describing where they can be found online together with how to request a hardcopy
- Documents for new enrollees must be provided no later than 10 calendar days or the last day of the month prior to effective date, whichever is later

Marketing in Health Care Settings

- Marketing allowed in health care common areas
 - Hospital or nursing home cafeterias
 - Community or recreational rooms
 - Conference rooms
- No marketing in health care settings where patients intend to receive care
 - Waiting rooms
 - Exam rooms and hospital patient rooms
 - Dialysis centers and pharmacy counter areas

Promotional Activity Rules

- Prospective enrollees may not
 - Be provided meals
 - Have meals subsidized
- At any event or meeting where
 - Plan benefits are being discussed, or
 - Plan materials are being distributed

Agents and Brokers

- Medicare Advantage sales agents & brokers
 - Must comply with state-licensure laws
 - CMS sets limits on how much independent agents/brokers can be paid for enrollments
- All agents/brokers must be trained and tested annually
 - Medicare rules and regulations
 - Plan details specific to plan products sold
 - Applies to all agents/brokers
- Completed prior to marketing the product
 - Must pass test with 85%

Medicare Advantage and Other Medicare Plans Resource Guide

Resources		Medicare Products
<p>Centers for Medicare & Medicaid Services (CMS) 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048. Medicare.gov</p> <p>CMS.gov</p> <p>Social Security 1-800-772-1213. TTY users should call 1-800-325-0778. socialsecurity.gov</p> <p>Railroad Retirement Board 1-877-772-5772. TTY users should call 1-312-751-4701. RRB.gov</p> <p>May 2016</p>	<p>Medicare Marketing Guidelines CMS.gov/Medicare/Health-Plans/ManagedCareMarketingGuidelines</p> <p>Medicare Managed Care Manual CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html</p> <p>State Health Insurance Assistance Programs For telephone numbers call CMS 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. shiptacenter.org</p> <p>Medicare Advantage and Other Medicare Health Plans</p>	<p>“Medicare & You Handbook” CMS Product No. 10050</p> <p>“Have You Done Your Yearly Medicare Plan Review?” CMS Product No. 11220</p> <p>“Your Guide to Medicare Private Fee-for-Service Plans” CMS Product No. 10144</p> <p>“Understanding Medicare Enrollment Periods” CMS Product No. 11219</p> <p>“Your Guide to Special Needs Plans” CMS Product No. 11302</p> <p>To access these products View and order single copies at Medicare.gov/Publications. Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization.</p> <p>59</p>

Any Questions?

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800-252-8966

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Medicare

1-800 Medicare

1-800-633-4227

