

Medicare & Advantage Plan Updates for 2012

- For professionals who assist Medicare beneficiaries in Wisconsin -- A Training in Three Parts
- Developed and presented by Peg Nugent, Ph.D., Medicare Trainer and Counselor for the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR)
- Final section on Medicare Supplements by Vicki Buchholz, Lead Counselor of the Medigap Helpline, Wisconsin Board on Aging and Long Term Care

Medicare Costs for 2011

- Part A \$1,132 deductible per benefit period
 - Copayment \$283/day for hospital days 61-90
 - Copayment \$566/day for hospital days 91-150
 - Copayment \$141/day for SNF days 21-100
- Part B
 - Multiple premium rates because of no Social Security COLA as well as higher income premiums
 - Many still have 2009 premium of \$96.40
 - Others may be \$110.50 (2010) or \$115.50 (2011)
- Part C (Advantage Plans) or Part D (Drugs only)
 - Vary with the plan and can change each year
 - More increases seen in PDPs only than in MAPDs for 2012

Medicare Costs in 2012

- May be small Cost of Living Increase for Social Security -- but Part B Premium may increase to absorb it all for those whose premiums have held constant in recent years.
- Any changes in deductibles for Part A and Part B not yet announced.
- Individuals with incomes over \$85,000 pay higher premiums for Part B and Part D
- Premium changes not yet announced for 2011 for those who will get an increase.

From the HIGHS . . .

Based on Yearly individual Modified Adjusted Gross Income from two years prior. These thresholds are frozen until 2020	2010-2011 Part B premiums were "held harmless" for most. Higher incomes, folks still not taking SS retirement, or if premium is paid by Medicaid paid higher amount
\$85,000 or lower per person (i.e. \$170,000 for a couple)	\$96.40 if on Medicare before 2010 \$110.50 if joined Medicare in 2010 \$115.50 if joined Medicare in 2011
\$85,001-\$107,000	\$154.70 in 2010
\$107,001-\$160,000	\$221.00 in 2010
\$160,001-\$214,000	\$287.30 in 2010
Above \$214,000	\$353.60 in 2010

Part D premiums will also be a percentage of the national base premium higher for those at these income levels – the same dollar amount regardless of the actual premium for their Part D source.

Remember that you can appeal to remove this premium increase if there has been a significant reduction in income since the year on which SSA bases its calculations.

Those With Higher Incomes also pay more for Part D

- The extra charge is paid to Social Security, not to the Part D Plan
- Note that if you are on Medicare because over age 65 but not yet claiming Social Security Retirement, you also have to pay Social Security directly for your Part B Premium if you enrolled in it.

To the LOWS. . .

- Medicare Savings Programs (MSPs) can pay Part B costs for those with limited incomes and assets.
- Can also help folks get on to Part B without a penalty if they have dropped or never took Part B when they could.
- Even helpful for permanent residents over 65 who have had legal status for 5 years to allow them to receive premium free Medicare if they qualify for the MSP.

Medicare Savings Programs

- These programs pay the Medicare Part B premium and automatically qualify you for “Extra Help” for Medicare Part D
- Those with very low incomes may have deductibles and copays virtually covered for them
- An individual must have income below \$1,225.13 per month and liquid assets below \$6,680.00
- A couple must have income below \$1,654.88 and liquid assets below \$10,020.00

Many Entitled Have Never Applied

- QMB (Qualified Medicare Beneficiary)
 - Payment of Medicare Part A monthly premiums (when applicable).
 - Payment of Medicare Part B monthly premiums and annual deductible.
 - Payment of coinsurance and deductible amounts for services under both Medicare parts A and B.
- SLMB (Specified Low-Income Medicare Beneficiary)
 - Payment of the Medicare Part B premium only.
- SLMB+ / QI (Qualified Individual Program)
 - Payment of the Medicare Part B premium only.

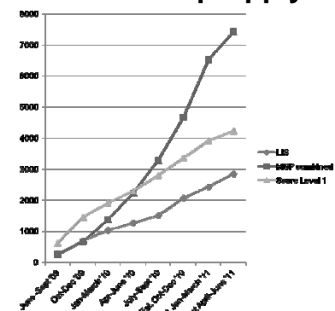
Only about 40% of those who are eligible are receiving this important support

2011 Medicare Savings Program Eligibility Limits

	QMB	SLMB	SLMB+	With Countable Assets below
Single net monthly income	< \$907.50	\$907.50 to \$1,089	\$1,089 to \$1,225.13	\$6,680
Married	<\$1,225.83	\$1, 225.83 to \$1,471	\$1,471 to \$1,654.88	\$10,020

If in Doubt – Refer or Help Apply

- The higher asset limits have helped thousands more Wisconsinites to benefit from the MSPs



If in Doubt – Refer or Help Apply

- The first \$20 of unearned income each month does not count
- Disregards for earned income are even greater -- \$65 and then half of the remaining earnings each month
- If in doubt, apply – but try to assure that the needed assistance is given to complete the full Medicaid application with needed documentation
- Also remind them about annual recertification

Affordable Care Act Changes to Medicare

- ✓ Open Enrollment Period Oct. 15th – Dec. 7th
- ✓ Annual Disenrollment Period - Jan 1st- Feb 14th
- ✓ End overpayments to Advantage Plans but pay more for improved quality
- ✓ Open Enrollment Period Oct. 15th – Dec. 7th (So important it bears repeating!)

Efforts to Improve Quality

- Bonus payment for quality -- If an overall 4 or 5 Medicare Advantage – % more per member
- 5 Star Special Enrollment Period created (more in next section of training) % weighted by enrollment

2011 Quality Rating	All MAPDs in Nation	All PDPs in Nation
5 stars	1%	6.4%
4 stars	23.2%	9.3%
3 stars	60.4%	6.4%

Plans rating lower than 3 for three consecutive years will receive a "poor performance" rating and symbol on Plan Finder.

How IS Quality Measured?

Criteria for Health Plan ratings include

- Managing chronic conditions effectively
- Responsiveness and care of providers
- Complaints and Appeals
- Provision of preventive services and focus on health maintenance
- Customer satisfaction with call center.

More Changes to Advantage Plans from Health Care Reform

- ✓ Uniform exceptions and appeals process for all drug plans (PDP & MA-PD)
 - ✓ Cannot charge more than Original Medicare for Chemo, Dialysis, SNF, and some other services
 - ✓ Cannot have copays for preventive services with no charge under Original Medicare
 - ✓ Must have Maximum Out of Pocket cost (at least for in-network)
- Overpayments ending – bonuses for quality

Making the Most of Preventive Health Benefits!

- ✓ Welcome to Medicare Exam
- ✓ Annual Wellness Visit
- ✓ Various screenings and preventive services
- ✓ Almost all with no Part B deductible or co-insurance because of ACA
- ✓ Know what to ask for and how to benefit most



Welcome to Medicare Exam

- Available to Medicare beneficiaries within the first 12 months of enrolling in Medicare Part B.
- Affordable Care Act eliminated any costs for beneficiaries after January 1, 2011.
- Evaluate your vision, blood pressure, body mass index, health history, plan for preventive screenings, and provide referrals if needed

Welcome to Medicare Exam

- Must be scheduled within first 12 months of effective date of Part B.
- NOT a routine physical/checkup (G0402)
- Does not include any lab tests -- although if Cardiovascular screening is ordered as Medicare preventive service, covered every 5 years
- Exam must contain 7 Medicare-specific components to be covered.
- Beneficiary must specifically call and schedule it by name (Medicare does not cover physicals).

What is the Wellness Visit?

- Basic measurements of height, weight, blood pressure
- Review of medications being taken
- Record of various medical providers involved
- Review of family medical history and risk factors
- Basic cognitive assessment
- Development of preventive screenings plan
- Must be coded properly by provider *G0438 initial visit and G0439 for subsequent AWVs*

When Might You Get a Bill?

- These are not the same as routine check-ups and have special codes that must be used.
- Lab work, EKGs etc. that MD may order as a result of these visits may have copays, coinsurance, and deductibles.
- If you bring up specific medical complaints, you may be billed for a separate "Evaluation and Management" office visit.

Then Why Use These Services?

- If you have some of the screenings, like a colonoscopy, and they biopsy a suspicious polyp, you will pay 20%.
- Early detection from such screenings may save your life.
- Early detection may mean easier or better treatment options and so lower costs in the long run.

Resources to Understand Better

- <http://www.medicare.gov/share-the-health/>
- National Center for Benefits Outreach & Enrollment
Quick Reference: Medicare's Preventive Benefits
- <http://www.centerforbenefits.org> under Core Benefits
 - Original Medicare
- <http://www.medicareinteractive.org/> and type Preventive Services in the search box
- Medicare Learning Network provider manual www.cms.gov/MLNProducts/downloads/PSGUID.pdf

Covered Screening & Preventive Services

- Abdominal aortic aneurysm screening*
- Bone mass measurement
- Cardiovascular disease screenings
- Colorectal cancer screenings
- Diabetes screenings
- EKG Screening*
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- HIV Screening
- Mammograms (screening)
- Pap test/pelvic exam/clinical breast exam
- Prostate cancer screening
- Pneumococcal shots
- Smoking cessation

*When referred during Welcome to Medicare physical exam.
Medicare Advantage plans must cover in network w/out copays if Original Medicare does.

A Few Special Considerations on Some Screenings

- Abdominal aortic aneurysms ultrasound screening -- only if referred at IPPE

The following are covered periodically if risk factors exist

- Bone Mass Measurement
- Diabetes Screening
- Glaucoma Screening

There may be copayments for the facility, especially in an outpatient setting

Colorectal Cancer Screening		
Test and Requirements	Covered Once Every...	You Pay
Fecal Occult Blood Test Age 50 or older	12 months	No cost for the test. No deductible or copayment
Flexible Sigmoidoscopy Age 50 or older	48 months or 120 months after a previous screening colonoscopy for those not at high risk	Doctor's service – No deductible or copayment – Deductible still waived even if becomes diagnostic and surgical services are performed same day as test.
Colonoscopy No minimum age	120 months (generally) (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy	No deductible or copayment
Barium Enema Age 50 or older	48 months (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy	You pay 20% of the Medicare-approved amount for the doctor's services. In a hospital outpatient setting, you pay a copayment .

Pap Test and Pelvic Exam with Clinical Breast Exam

- Covered for all women with Medicare
 - Once every 24 months
 - Once every 12 months if
 - At high risk for cervical or vaginal cancer
 - Childbearing age and abnormal Pap test in the past 36 mo.
- In Original Medicare you pay
 - Nothing for Pap lab test
 - No Part B deductible
 - No copayment

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Cervical & Vaginal Cancer Screen

- Denial Reasons:
 - Beneficiary not at high risk received test within past 2 years.
 - Beneficiary who is high risk received screening Pap during past year.
 - High risk pap must be coded differently than low risk person.

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Prostate Cancer Screening

- Covered
 - For all men with Medicare
 - Beginning the day after 50th birthday
- Tests include
 - Digital rectal exam
 - PSA blood test
 - Prostate-specific antigen
- In Original Medicare you pay
 - Nothing for the PSA blood (lab) test
 - 20% after Part B deductible for digital rectal exam

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Screening Mammogram

- Covered for all women with Medicare
 - One baseline mammogram age 35 to 39
 - Once a year starting at age 40
- In Original Medicare you pay
 - No deductible or copayment if doctor accepts assignment
 - If in Advantage Plan, you may be charged if you go outside the network (same as with other preventive services)

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Diagnostic Mammogram

- Used when there are clinical findings
 - On physical exam
 - lump or other symptom found
 - Abnormal screening mammogram
- Medicare covers as many as needed
 - Requires referral by MD to be covered
 - **Also covered for men**
- Deductible and coinsurance/ copayments will apply

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Influenza (“Flu”) Shot

- Flu viruses are always changing
 - Shot updated for most current flu viruses
- Flu shot covered for all people with Medicare
- Once each flu season protects for about a year
- Covered under Part B
- Generally no deductible or copayment
 - Advantage Plans may charge office visit copay
- Watch for those on Medicare Advantage Plans if offering a “clinic” – can you bill them?

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Pneumococcal Pneumonia Shot

- Pneumonia is inflammation in the lungs
 - Caused by bacteria (streptococcus pneumoniae)
- One shot could be all you ever need
- All people with Medicare are eligible
- Covered by Part B so not an issue in doctor's office
- You pay no deductible or copayment

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Hepatitis B Shots

- Serious disease (virus attacks the liver)
 - Can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, or death
- Covered for medium to high risk
 - End-stage renal disease and hemophilia
 - Condition that lowers resistance to infection
- Part B covers – series of 3
 - No deductible or copayment



06/08/2010

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Shingles Vaccine

- Herpes Zoster vaccine IS covered by Medicare -
 - but through Part D coverage for administration and drug
- Must obtain vaccine from a pharmacy in your Part D network for greatest savings.
- Some pharmacies will actually administer vaccines.
- If received in MD office – you may be charged much more than the Part D Plan will reimburse.
 - You CAN submit your MD bill to the Part D Plan.

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A Few More Changes of Note

- Affordable Care Act also increased authority of Secretary of HHS over Medicare Advantage Plans
 - Can deny bids with significant increases in cost sharing
 - Or significant decreases in benefits
- Careful attention to Medicare Complaint System
- Pilots to reduce costs -- Bundled Payments
- Coordination of care to Duals –
 - **Medicare-Medicaid Coordination Office**
 - Wisconsin received a grant for a project

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Mental Health Benefits: Moving Toward Parity

- Authorized by MIPPA legislation in 2008
- Continuing toward parity in Part B coinsurance for outpatient Mental health treatment (you pay 45% in 2010 & 2011, 40% in 2012, 35% in 2013, and 20% in 2014)
- Benzodiazepines and barbiturates can be covered by all Part D Plans in 2013. (It's getting closer!)

Durable Medical Equipment -- DMEPOS

- In many sections of the country where Snowbirds fly, now required to use providers registered as DMEPOS with CMS
- Requires competitive bidding to help reduce costs – and fraud
- Starting Jan. 1, 2012 expanded to most Milwaukee and Waukesha zip codes
- For oxygen supplies, mail order diabetes supplies, power wheelchairs and scooters, hospital beds, CPAP, walkers, and enteral nutrition needs.



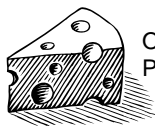
Or Break Time



Part II: Medicare Health Plans

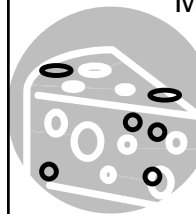
- Medicare Advantage Plans & how they work
- Medicare Cost Plans -- in select areas
- Important changes for 2012
- Marketing considerations
- Medicare Resources for Professionals

Your Medicare Coverage Options: A Review in Cheese



Original Medicare has holes like Swiss
Part A - Hospital deductible
per benefit period and co-
insurance for longer hospital stays
Part B - Deductible + 20%
coinsurance on most services
No out of pocket maximum.
Need a separate source of Rx coverage

Medicare Advantage Plans are NOT Supplements



- Advantage Plan Medicare has smaller holes -- but more of them (Swiss Lace)
- Holes are coinsurance or copays.
- Sometimes have a premium in addition to the Part B premium.
- Provide a Maximum Out of Pocket for Medicare A & B covered services.
- Often include Rx coverage.
- May require you to use network doctors
- Can change or cancel every year.

Traditional Medicare Supplements

- Original Medicare with a traditional Medicare Supplement (Medigap) is like brick cheese.
- Once Medicare has paid its part, the Medigap pays your coinsurance.
- Premium increases with age but the coverage is guaranteed to stay the same.
- More costly, but leaves you with less risk of unplanned costs.



What Are Medicare Advantage Plans?

- Health plan options approved by Medicare
- Run by private companies
- Part of the Medicare program
 - Sometimes called “Part C”
- Available in many areas of the country
- Provide Medicare-covered benefits
 - May cover extra benefits, e.g.; vision or dental

When You Can Join or Switch MA Plans*

Initial Coverage Election Period	<ul style="list-style-type: none"> ▪ 7 month period begins 3 months before the month you turn 65 <ul style="list-style-type: none"> –Includes the month you turn 65 –Ends 3 months after the month you turn 65
Annual Election Period for 2011	<ul style="list-style-type: none"> ▪ Oct. 15 – Dec. 7, 2011 ▪ Coverage begins January 1, 2012 ▪ STRESS THAT FOLKS CAN'T WAIT UNTIL THE END OF THE YEAR!

*Plan must be allowing new members to join.

When you can Join or Switch MA Plans

New in 2011 Annual Disenrollment Period	<ul style="list-style-type: none"> ▪ Can leave an MA or MAPD plan and switch to Original Medicare ▪ Between January 1–February 14 <ul style="list-style-type: none"> –Coverage begins the first of the month after you switch ▪ If you make this change you also may join a Medicare Prescription Drug Plan to add drug coverage <ul style="list-style-type: none"> –Between January 1-February 14 – Drug coverage begins the first of the month after the plan gets enrollment form
Special Election Period	<ul style="list-style-type: none"> ▪ Move from the plan service area <ul style="list-style-type: none"> –and cannot stay in the plan ▪ Plan leaves Medicare program ▪ Other special situations

Expert’s Quiz – Where can all the SEPs be found?

To Check all SEPs
Medicare Managed Care Manual
Section 30.4

<https://www.cms.gov/manuals/iom/>

Remember the 5-Star SEP?

- Won't know until Oct. 15th if we have 5-Star plans
- Not the same star rating found in Medicare & You
- Begins December 8 and can only be used one time in the next 12 months
- Can enroll in any 5-Star plan (MA, MAPD, PDP) any time – (opens the “lock”)
- New plan starts first of next month

Medicare Advantage Trial Right Special Election Period (SEP 65)

- People who join an MA plan for the **first time**
 - When first eligible for Medicare A & B at age 65 or
- Can disenroll from MA plan during first 12 months
 - Join Original Medicare
 - Have guaranteed issue for Medigap policy
 - This **does not apply to disabled people**
 - Nor to those who did not take Part B originally during their original Open Enrollment Period
 - Nor to folks who have been on Medicare awhile

The Other Federal Medicare Advantage Trial Right

- People who drop a traditional Medicare Supplement in order to try Medicare Advantage for the **FIRST TIME**.
- 12 month trial period to disenroll, return to Original Medicare, and return to old Supplement
- Sometimes other supplements will accept you
- If supp no longer being sold, you can choose another with guaranteed issue

Expert's Quiz

What is the special Medicare Advantage Trial Period only in Wisconsin – and what is it good for?

The Special Wisconsin Option Insurance Code 3.39 (34)

- Use a **Federal SEP** to leave an Employer Group Health Plan and enroll into Advantage Plan
- If **within 12 months**, they disenroll using a **Federally approved** disenrollment period, they have a WI guaranteed issue right to purchase a Medigap Supplement

How MA Plans Work

- You get Medicare-covered services through the plan and **ONLY** through that plan
 - All Part A and Part B covered services
 - Some plans may provide additional benefits
- Most plans include prescription drug coverage
 - Part D
- You may have to go to network doctors or hospitals
- MA may be different than Original Medicare
 - Benefits and cost-sharing

How Do Medicare Advantage Plans Work? (continued)

- You are still in Medicare program – but do not use your Original Medicare Card
- Only Original Medicare is nationwide – some MA plans allow for coverage if you travel outside of their service area and follow their rules.
- You still have Medicare rights and protections
- If the plan leaves Medicare
 - You can join another MA plan
 - You can return to Original Medicare

Medicare Advantage Costs

- Must still pay Part B premium
 - Some people may be eligible for state assistance
- May pay an additional monthly premium to plan
 - 52% Nationally have no premium
- May cost less than a free-standing drug plan for drug coverage.
- Note: You CAN be in SeniorCare and an Advantage Plan
- You pay deductibles, coinsurance and copayments
 - Different from Original Medicare
 - Varies from plan to plan
 - Costs may be higher if you go out of network

Types of Medicare Advantage Plans

- Medicare Health Maintenance Organization (HMO) 70% Nationally
- Medicare Preferred Provider Organization (PPO)
- Medicare Private Fee-for-Service (PFFS)
- Medicare Special Needs Plan (SNP)
- Point of Service Plan (POS)
- NOTE: There are also Employer Group Health Advantage Plans that may be same or different

Medicare Special Needs (SNP) Plan

Can you get your health care from any doctor or hospital?	You generally must get your care and services from doctors 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.
What do you need to know about this type of plan?	▪A plan must limit plan membership to : 1)People who live in certain institutions (like a nursing home) or who require nursing care at home, or 2)People who are eligible for both Medicare and Medicaid, or 3)People who have specific chronic or disabling conditions

Initiatives to Encourage More (and better) SNPs

- Seeking to improve coordination of care for Medicare and Medicaid members.
- Requiring contracts with State Medicaid Office so fewer issues with providers
- Disenrolling those who do not meet the Special Needs criteria (SEP same as for non-renewing plans – Dec. 8 – Last day of February)

Medicare Cost Plans – Who & Where?

- Different from Medicare Advantage Plans, but included in many of the same materials.
 - DeanCare Gold in Central Wisconsin
 - HealthPartners in Northwestern Wisconsin
 - Medica in Northwestern Wisconsin – larger area
 - Medicare Associates Clinic Health Plan in Southwestern WI
- *“Cost plans fill a unique niche by providing a Medicare managed care option in rural and other areas that traditionally had few or no MA plans.”*
GAO Report, December 2009 *“MEDICARE MANAGED CARE: Observations about Medicare Cost Plans”*

Medicare Cost Plans Sort of a Hybrid

- Listed in the Landscape with Medicare Advantage Plans because they have federal contract with CMS
- This year also on Plan Finder and can enroll online
- They can include Part D coverage
- If you receive services in their facilities, they must cover – but may have copays
- Can be similar to Med Supps – listed in “Yellow Book”
- Enhanced plans include Wisconsin Med Supp Mandates

Medicare Cost Plans

Sort of a Hybrid

- May have premiums similar to Med Supps – but easier to purchase without underwriting
- Not locked in like Advantage Plans
- Unlike with Advantage Plans, you still retain Original A & B coverage and can use it with providers outside of the network -- even out of the plan area
- Efforts are repeatedly made to eliminate them, but extensions keep being approved.

Changes to Medicare Advantage and Cost Plans in 2012

Trends in Wisconsin Plans

- Slightly more plans than last year.
- Still a fair number with no Rx to accommodate those who use VA, SeniorCare, or some other source for medications.
- Only 18 PFFS plans remain after last year's exodus – and 14 of these are Today's Options.
- Remember the potential risk of PFFS plans as well as fact that Universal American was under sanction and not allowed to sell most of this year.

Changes In Medicare Advantage Plans in Wisconsin

- Very few plans cancelling compared to last year
- Pay attention to quality ratings
- Read your Annual Notice of Coverage to find out about other changes
- If you are in a plan that is ending, check with your Benefit Specialist or the Medigap Helpline for important options
1(800)242-1060

Ending WI Advantage Plans

(as of Dec. 31, 2011)

- Several Anthem Smart Value (PFFS)
- Secure Horizons PFFS plans in two counties
- Universal American Corp.
 - Three Today's Health HMO plans
 - Several Today's Options PFFS in various counties
- Some plans "mapping" individuals into other plans
 - Especially Medica Cost plans
 - Also some Today's Options

Options if Your Advantage Plan is Cancelling

- Return to Original Medicare (effective January 1st, 2012) – be sure to have drug coverage if the terminating plan was a MAPD
- Select another Advantage Plan
- Have a Special Enrollment Period (SEP) to elect a new Advantage Plan or just PDP from Dec. 8 through end of February. Will take effect Jan. 1 (or first day of next month if enrolled in January or February)
- OR Guaranteed Issue right into a traditional Medicare Supplement until March 4, 2011
- NOTE: Different timetable for SEPS v. Supps

How to help folks looking at Med-Supps

- For a presentation by Vicki Buchholz, watch the final part of the Oct. 11th Webinar.
- Recording should be posted by Oct. 15th on DHS Media Site. (Search on Buchholz)
- Powerpoint will be linked to webinar.

If Your Plan is Dropping . . .

- Consider your age, health status, and economic situation as you decide what to do.
- Do you need a new source of drug coverage?
- If you have chronic or serious health problems you would normally be uninsurable by a traditional supplement --
- So this could be a chance at comprehensive coverage -- Medicare Supplement

Know Your Coverage!

- The Annual Disenrollment Period means members only have 6 weeks to try out their Advantage Plan and decide whether it will work for them.
- Make sure your clients check their cards to know what they have – and also read their plan documents!
- Remember that if people can prove that they were misled by a sales person and thought they were signing up for a PDP but got into an Advantage Plan instead, they may qualify for a Special Enrollment Period to change later.

Marketing Regulations



Disclosure of Plan Information for New and Renewing Members

- **MA and PDPs must disclose plan information**
 - **At time of enrollment and at least annually**
 - **Required Annual Notice of Change/Evidence of Coverage**
 - **Comprehensive or Abridged Formulary**
 - **Pharmacy Directory**
 - **Provider Directory**
 - **Member ID card**
 - **only at the time of enrollment and as needed**

Watch for Marketing Abuses

Unsolicited Contacts

- Extends existing prohibition on door-to-door solicitation to other instances, e.g.;
 - Outbound marketing calls
 - In common areas like parking lots, hallways, lobbies
 - Calls/visits after attendance at sales event
 - Unless **express permission** given
 - Unsolicited emails

Promotional Activity Reminders (continued)

Cross Selling

- Prohibited during any MA or Part D sales activity or presentation
- Cannot market non-health care related products
 - e.g.; annuities, life insurance
- Allowed on inbound calls when requested by beneficiary

Promotional Activity Reminders (continued)

Scope of Appointments

- Must specify types of products to be discussed
 - Prior to marketing and/or in-home appointment
 - e.g.; Medigap, MA, or PDP
- Additional products can only be discussed
 - On beneficiary request at a separate appointment

Tips for Professionals

- Ask to see ALL their cards – help them understand what kind of coverage they actually have.
- Remind them to save and READ their plan documents.
- Screen for possible benefits such as MSP, Extra Help
- Help assure that consumer protections are honored
- Watch for potential marketing abuses and REPORT

Resources for Professionals Now

- CMS FAQ question bank
<https://questions.cms.hhs.gov/app/home>
- Wisconsin BOALTC website
dhs.wisconsin.gov/aging/boaltc/medigap.htm
- GWAAR Website - Google “GWAAR Medicare”
- Office of the Commissioner of Insurance website especially consumer publications
<http://oci.wi.gov/>
- Wisconsin Administrative Code (Ins. 3.39)

Resources for Future Decisions – Focus on Quality

- Medicare has many tools to help healthcare options
 - Check www.Medicare.gov



- www.medicare.gov/caregivers
- www.hospitalcompare.hhs.gov

Medicare.gov Resource Locator



**Medicare.gov
Facilities and Doctors
even more comparisons**



**Or Manage Your Medicare
Claims @ MyMedicare.gov**



**Learn A Lot On the Internet: If you don't
use it, have a friend or relative help!**

- www.medicare.gov to compare Health and Drug Plans and for lots of other info
- http://oci.wi.gov/pub_list.htm for a range of publications for consumers. Scroll down to the section on Medicare Supplements
- www.healthcare.gov for information on all aspects of health care reform and health insurance



Or Break Time

