



Medicare Open Enrollment



SHINE Overview

- **SHINE**= **S**erving the **H**ealth **I**nsurance **N**eeds of **E**veryone...*on Medicare*
- Mission: To provide free and unbiased health insurance Information, counseling and assistance to Massachusetts residents with Medicare and their caregivers
- 14 Regional Offices cover entire state
 - Over 600 SHINE counselors available in the community to help

1-800-243-4636

SHINE@state.ma.us

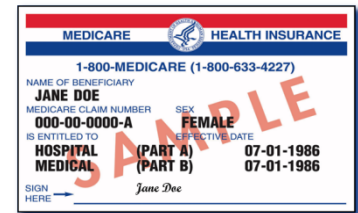


What SHINE Does

- Assist people in understanding their Medicare and MassHealth rights and benefits
- Educate people about all of their health insurance options
- Assist with applications
- Resolve problems
- Screen for public benefits (State and Federal)
- Counsel over the phone or in person

Medicare 101

- Federal health insurance program for:
 - Individuals age 65 and over
 - Individuals under age 65 with a disability
- NOT a comprehensive health insurance program
 - Gaps in Medicare coverage mean beneficiary must pay a portion of medical expenses
- 4 parts of Medicare:
 - Part A (Hospital Insurance)
 - Part B (Medical Insurance)
 - Part C (Medicare Advantage)
 - Part D (Prescription Drug Coverage)





Enrolling In Medicare

- Social Security processes Medicare applications
- Common myth that Medicare will know when a person turns 65. This is **NOT TRUE** unless the person is already receiving Social Security benefits
- A person must notify Social Security of their intent to enroll in Medicare
 - Medicare and Social Security are two entirely separate entitlement programs



Initial Medicare Enrollment

- 7 month window around the month in which a person becomes entitled to Medicare
 - **If 65+:** One's Initial Enrollment Period (IEP) is the 7 month window around the month she/he turns 65
 - **If under 65:** One's IEP is the 7 month window around the 25th month of SSDI entitlement
- The month in which one enrolls determines the coverage start date
- Potential penalties for late enrollment

What is Medicare Open Enrollment?

- Medicare Open Enrollment is the **ONE TIME OF YEAR** when all people with Medicare can review, compare, enroll or dis-enroll in:
 - Part C (Medicare Advantage)
 - Part D (Prescription Drug Plans)
- Medicare Open Enrollment dates:
 - **October 15th 2015:** Open Enrollment begins
 - **December 7th 2015:** Open Enrollment ends
 - **January 1st 2016:** Health/drug coverage begins

Why Is Open Enrollment Important?

- This is the annual opportunity to review health and drug plans. *This is important because:*
 - Health needs may change year to year
 - Health or drug plan may change the costs, benefits, and drug coverage they offer every year
- By reviewing plans costs and benefits and comparing them with other options available for the upcoming year, there is the potential to save money and ensure appropriate health care benefits and drug coverage

2016 Drug Plan Changes

- 4 plans discontinued, 3 new plans offered
- Average premium rising from \$29.60 in 2015 to \$32.50 in 2016
- Transamerica Medicare Rx Classic premium change
 - 2015 premium: \$34.70
 - 2016 premium: \$118.80
 - 242% premium increase!



What To Do During Open Enrollment

1. Review Medicare supplemental and drug coverage options and decide which option will be best for next year
2. Compare plan prices, coverage (provider networks, preferred pharmacies) and benefits
3. Decide whether to stay in current plan or enroll in a new plan
4. Enroll in a new plan by the December 7th deadline



Public Benefits

- MassHealth, Extra Help (LIS) & Medicare Savings Program beneficiaries should:
 - Make sure meds are on the new formulary
 - Make sure their plan is still a benchmark plan so there's no premium cost
 - Make sure there are not preferred pharmacy changes



Public Benefits continued

- MassHealth, Extra Help (LIS) and Medicare Savings Program consumers can:
 - **Change their plans *ANYTIME*, so the deadline of December 7th is not as critical**



Supplementing Medicare

Beneficiaries may obtain additional coverage in a number of ways, including:

- Medigap plans
 - Medicare Advantage Plans
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- Retiree plans
 - Veteran or military benefits

Medicare Supplement Coverage Options

Step 1: Decide how you want to get your coverage

ORIGINAL MEDICARE

PART A
Hospital
Insurance

&

PART B
Medical
Insurance

OR

MEDICARE ADVANTAGE PLAN

PART C
Combines Part A, Part B
and *usually* Part D

Step 2: Decide if you need a Prescription Drug Plan

PART D
Stand Alone PDP

Prescription Coverage
Included in Part C

Step 3: Decide if you need to add supplemental medical coverage

MEDIGAP
Supplement Core plan *OR*
Supplement 1 plan

END
If you join a Medicare Advantage Plan
with drug coverage (MA-PD), you
cannot join another drug plan and
you don't need and cannot be sold a
Medigap policy

Medicare Advantage Plans (Part C)

- Medicare Advantage plans (HMO's, PPO's)
 - Coverage provided through private plans within networks
 - Referrals may be needed
 - May have co-pays and deductibles
 - Prescription drug coverage usually included
- Medicare Advantage plans tend to attract people who are not high utilizers of medical services who want a lower premium plan

Medicare Supplement Plans (Medigaps)

- Medigaps
 - Sold by private insurance companies
 - No network restrictions or referrals needed
 - Low to no co-pays or deductibles
 - Prescription drug coverage is **NOT** included
- Medigap plans tend to be bought by people with a high utilization of medical services such as doctors and hospital services
 - They are also popular amongst individuals who travel in foreign countries and who like to be able to choose which doctor they see without a referral

**In Massachusetts Medigap plans have continuous open enrollment*

Medicare Prescription Drug Coverage (Part D)



- Provides outpatient prescription drug coverage
- All Medicare beneficiaries are eligible
 - Can have Part A *and/or* Part B
- Coverage for Part D is provided by:
 - Prescription Drug plans (PDP's), also known as stand alone plans
 - Medicare Advantage Prescription Drug Plans (MAPD's)

Assistance Programs Can Help Lower Medicare Costs

■ Extra Help (Low Income Subsidy/LIS)

- Helps low-income and low-asset Medicare beneficiaries with costs related to Part D (Premium, deductibles, co-pays, donut-hole)

■ Prescription Advantage

- State-sponsored pharmacy assistance program that helps lower prescription drug costs (Co-pays, donut-hole)
- Benefits based on a sliding income scale only – no asset limit

■ MassHealth Buy-In Programs

- Pays Part B premium, possibly A & B deductibles/co-insurances
- Automatic Extra Help



2016 Part B Premium What to Expect

- No COLA anticipated in 2016
- Expected increase in Part B premiums for **new enrollees & those with higher incomes**
- Projected 2016 premium: \$159.30/month
 - \$223 to \$509.80 for higher incomes
- 52% premium increase



Medicare and the Health Connector



What is the Health Connector?

- The **Health Connector** is Massachusetts' health insurance **Marketplace**
 - Connector Open Enrollment: Nov 1st 2015 -Jan 31st 2016
- **A** Marketplace is a state price comparison website for subsidized health insurance where individuals, families, and small businesses can shop for health insurance plans
 - Designed to help people who don't have any health coverage
 - **Medicare is NOT part of the Health Insurance Marketplace**

Message to Medicare Beneficiaries Who Have Questions About How the Marketplace Affects Them

- Medicare isn't part of the Health Insurance Marketplace
- No one can sell a Medicare beneficiary a Marketplace plan
 - Even if they only have Medicare Part A or Part B
 - Except plans through an employer sold through the Small Business Health Options Program (SHOP) if they're an active worker/ dependent of an active worker
- Medicare beneficiaries **DO NOT NEED TO DO ANYTHING** about the Marketplace

Can you keep a Health Connector Plan Once Medicare Begins?

If you are:	Can you keep Marketplace Plan after enrolling in Medicare?	Are you eligible to continue receiving tax credits and reduced cost-sharing?
Currently enrolled in a Health Connector plan and become entitled to <u>Premium-free</u> Part A	Yes	No. Any tax credits the individual is receiving in the plan will be discontinued once Part A coverage begins.
Currently enrolled in a Health Connector plan and become eligible to <u>buy Premium</u> Part A & Part B	Yes	Yes, if you <i>only</i> enroll in Part B, (B doesn't constitute Minimum Essential Coverage). No, if you enroll in Premium Part A.



Consider this before renewing into an existing Health Connector plan

- If you decide to stay enrolled through the Health Connector:
 - You won't be able to get help paying for your premium or the cost of health services
 - You may miss out on the benefits and savings you could be getting through Medicare
 - You could end up paying a late enrollment penalty when you enroll in Medicare in the future

Marketplace

Drug Coverage & Dental

■ Prescription Drug Coverage:

- Prescription drug coverage in Marketplace plans is **NOT** required to be creditable
 - Need to verify creditability with plan or possibly face a Part D penalty upon enrollment

■ Dental Coverage:

- In Massachusetts everyone can purchase a dental plan through the Marketplace
 - Dental coverage is **NOT** subsidized

Where Can People Go for Help With the Marketplace?

- SHINE counselors receiving calls about the Marketplace should refer individuals to Assisters (local Certified Application Counselor (CAC) or Navigators).
- To find an Assister near you, go to the Health Connector's website. Click on **Help Center**, then **Find an Enrollment Assister**
www.MAhealthconnector.org

(877) 623-6765



One Care Updates

One Care

MassHealth+Medicare
Bringing your care together

One Care Updates

- As of September 30, 2015, Fallon Total Care is no longer a participating One Care plan
 - Most members returned to fee for service Medicare & Medicaid
- Commonwealth Care Alliance (CCA)
 - As of August 7, 2015, CCA reached capacity and is temporarily not accepting enrollment of new One Care members
 - Members who had previously been enrolled in CCA for One Care may re-enroll
 - Does not affect current One Care members or CCA's Senior Care Options (SCO) plan
- Tufts Health Plan – Network Health (Tufts)
 - Tufts accepting up to 500 new members in Worcester County through December 31, 2015
 - No impact for current Tufts' One Care members or other Tufts Medicaid products
 - No limit on Suffolk County enrollments into Tufts' One Care plan
- Visit the One Care website at www.mass.gov/masshealth/onecare, and go to “News and Community” for updates

Where to Go For Help



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- **SHINE:** 1-800-AGE-INFO (1-800-243-4636), press 3
 - English and Spanish
 - **Medicare:** 1-800-MEDICARE (1-800-633-4227)
 - **MCPHS Pharmacy Outreach Program:** 1-866-633-1617
 - Review of meds & drug coverage, refers affordable prescription drug programs
 - **Prescription Advantage:** 1-800-AGE-INFO, press 2
 - **Medicare Advocacy Project (MAP):** 1-800-323-3205
 - Advice & free legal representation to elders & people with disabilities wrongfully denied Medicare/Medicare related coverage
 - **Senior Medicare Patrol (SMP):** 1-800-892-0890
 - Works to prevent healthcare errors, fraud and abuse