

## Medicare & You 2011 Big Review 3/18/10-3/29/10

Name	Component	Page #	Location	Comment
Medicare Rights Center; Scott Thomas sthomas@medi carerights.org, Kim Glaun kglaun@medica rerights.org, Ilene Stein istein@medicar erights.org	How To Use this Handbook		How to Use This Handbook and throughout	Use of contractions throughout is obviously purposeful, but it may read more accurately without them. Meaning, that while the contractions might increase readability, they lose the emphasis on the word "not." For example, compare: "Medicare & You isn't a legal document" to "Medicare & You is not a legal document." Or, "You generally don't need to file your own Medicare claims" to "You generally do not need to file your own Medicare claims." In both cases, while the first may be more readable, the second is less likely to be misunderstood or misremembered.
	How To Use this Handbook	4		Include information for non-English speakers about how to obtain information in other languages in the introduction to this section. It is important to include this information as early as possible in the handbook and then again throughout. Also, place this information on the front or back cover.
	Index	7,8,9,10		Add Medicare coordination of benefits, Medicare Secondary Payer, QMB, SLMB, QI, QSDI, Medicare Savings Programs to the index and define these terms.
	What's New & Important	11		In the What is New section, incorporate information on changes in the law as a result of recently passed legislation, specifically the Patient Protection and Affordable Care Act and the related reconciliation bill, which includes changes that go into affect in 2011.

Medicare Basics	12	What is Medicare	Change the second bullet to state "Certain people under 65 with disabilities,"
	13	Medicare Basics	Format not clear. Maybe a line down the middle and two arrows from Step 1 pointing to Original and Advantage
Medicare Basics	14	Where to get your Medicare questions answered	Include information for non-English speakers about how to obtain information in other languages. Also, consider adding a help-line phone number for those suffering from depression or anxiety.
Section 1 Medicare Part A and Part B	16	Signing Up For Medicare Part A and Part B	Should include a sentence that you need both A and B if you want to enroll in Part C.
Section 1 Medicare Part A and Part B	16	Many People Get Part A and Part B Automatically/ Some People Need to Sign Up for Part A and Part B	Because many people are not eligible for full Social Security Benefits until age 67, an increasing number of people do not sign up for Social Security upon turning 65. Change the term Many in the title to "Many People Get Part A and Part B Automatically" to Some. Also, change the first sentence in the following section to say " . . . (for instance, because you have chosen to wait to get Social Security Benefits until after age 65 or you're still working.)"
Section 1 Medicare Part A and Part B	16	Some People Need to Sign Up	Add that you need to get Part B if you have to pay for Part A.
Section 1 Medicare Part A and Part B	17-19	When Can you Sign up for Part B: General Comment	Medicare Rights is receiving an increasing number of calls and cases regarding problems related to delayed Part B enrollment. This section should include more detailed information on both when people are required to take Part B and how Part B works with current employer insurance (for example when it is primary vs. secondary), COBRA, and retiree coverage. This section should also make clear the risks of not enrolling Part B at the proper time, including information about penalties, potential gaps in coverage, and that employer insurance may revoke payments made if an individual should have taken but did not take Medicare in certain cases.
Section 1 Medicare Part A and Part B	17	When Can you Sign up for Part B: General Enrollment	Add people with Medicaid or a Medicare Savings Program [both identified as definitions] can sign up at any time without paying a higher premium. See pg. xx for more information on Medicare Savings Programs.

Section 1 Medicare Part A and Part B	17	When Can you Sign up for Part B?: General Enrollment Period	The second sentence should state, "Your coverage will begin July 1 of the same year you enroll through the General Enrollment Period"
Section 1 Medicare Part A and Part B	18	When Can you Sign up for Part B?: Special Enrollment Period	Define both the terms "current employment" and "group health plan." Also, include a clarifying sentence stating "If you have COBRA coverage or a retiree health plan, you do not have coverage based on current employment." It is important this point is reiterated through out this entire section because it is a common point of confusion that has serious implications for consumers.
Section 1 Medicare Part A and Part B	19	Should you get Part B?: Employer or Union Coverage	The first paragraph tells individuals to talk to their employer or union benefit administrator. It should also tell them to contact Social Security and Medicare. If an individual receives misinformation from an employer that causes him or her to delay Medicare enrollment, they are not eligible for equitable relief, which may grant a retroactive Medicare start date. This is only available based upon misinformation from the government. Therefore, consumers should always verify information they receive from their employer with Social Security or Medicare. In addition, it is important that consumers reach out to Social Security or Medicare to learn about the potential repercussions of making a mistake.
Section 1 Medicare Part A and Part B	19	Should you get Part B?: Employer or Union Coverage	Part 2 is confusing and should be broken into 4 points: "1. You have 8 months to sign up for Part B without a penalty. See page xx. 2. If you enroll in Part B after the 8 months, you may need to wait to enroll in Medicare until the next General Enrollment Period and be subject to a penalty. This may result in a gap in coverage. See page xx. 3. In most cases, even if you have retiree health coverage you will need to sign up for Part B during this period to avoid a late enrollment penalty and gaps in coverage. Your retiree insurance may not pay for items and services that are covered under Part B. 4. If you elect COBRA, in most cases you will need to sign up for Part B in order to avoid a late enrollment penalty or gaps in coverage. COBRA coverage may not pay for items and services that are covered under Part B. You will not receive additional time to enroll in Part B when COBRA ends and may need to wait until the next general enrollment period."

Section 1 Medicare Part A and Part B	20	Part A Late Enrollment Penalty	Add sentence at the bottom of last paragraph, "If you have limited income, your state Medicaid program may help you buy Part A. See page xx"
Section 1 Medicare Part A and Part B	21	Part B Late Enrollment Penalty	Add the following to the last sentence, "If you are eligible for help paying your Part B premium, you will not be subject to a Part B late enrollment penalty."
Section 1 Medicare Part A and Part B	23	Part A Covered Services, Hospice	Add a statement about how often in a year you can get respite care.
Section 1 Medicare Part A and Part B	24 , see also page 70	Part A Covered Services, Hospital Stays (Inpatient)	This section needs clarification. Even when consumers ask if they are an outpatient, often times the staff do not know, and they are given incorrect information that is not up to date and status can be changed at discharge (and it often is changed from inpatient to an observation status). This issue needs both policy and procedural review. Consumer education alone won't help hospitalized beneficiaries avoid unexpected adverse consequences of the distinction between inpatient and observation status. Please include information on observation services and a definition of the term (it is also referenced in the prescription drug section [pg 70].) State that you should not be in observation status for more than 24 hours or, in exceptional situations, 48 hours. In addition please clarify the coverage implications of being an outpatient and "under observation." In addition, please fix the third to last sentence to state, "An inpatient hospital stay begins . . ." (see SNF section below.)
Section 1 Medicare Part A and Part B	25-31	Part B Covered Services, General Comment	Edit this section to reflect changes in coverage and new benefit additions including but not limited to annual wellness visits and the elimination of co-insurance and deductibles for preventative services that will go into affect in 2011 as a result of the Patient Protection and Affordable Care Act.
Section 1 Medicare Part A and Part B	35	Part B Covered Services, Physical therapy	Add at the end: Services may be available to maintain or slow loss of functioning.
Section 1 Medicare Part A and Part B	41	What's NOT Covered by Part A and Part B	Add information on Medicare policy and limitations for coverage of eyeglasses.

Section 2 Your Medicare Choices	43, 102	General	Page 43 and page 102 are the only references to the ability to get help in non-English languages from 1-800-Medicare. The availability of this help needs to be highlighted prominently on the front or back of the book. We suggest CMS make this statement in in several languages as Medicare Advantage and Part D plans will be required to do by the 2011 Call Letter.
Section 2 Your Medicare Choices	45	How Does It Work: What else do I need to know about Medicare 2d bullet	MSP should be identified as a definition, sentence should say: "See pg xx for more information about Medicare Savings Programs that pay the Part B premium for qualifying individuals."
Section 2 Your Medicare Choices	47	Keeping Your Costs Down with Assignment	The note is confusing since providers are required to submit claims. Also, the note implies that you only need to pay the full costs upfront if you are submitting a claim yourself. Maybe the note should indicate that if providers fail to follow the rules, you may need to submit claim as a last resort.
Section 2 Your Medicare Choices	49	Adding Medicare Drug Coverage	Include a brief example of creditable coverage here, as on pg.68
Section 2 Your Medicare Choices	49	Extra Help Paying for Coverage	The language incorrectly implies that you won't pay a premium only if you qualify for Extra Help automatically. Also, the language fails to mention that Extra Help provides co-payment assistance. Lastly, include more detailed information on how to apply for Extra-Help, for example, individuals may do so by contacting Social Security, Medicare, Medicaid offices, SHIPs and on-line.
Section 2 Your Medicare Choices	51	If you want to Buy a Medigap Policy	First bullet should also mention that, even if you can buy a Medigap outside of your open enrollment period, the cost will likely be higher.
Section 2 Your Medicare Choices	52	Medicare Advantage Plans C, first paragraph	Indicate that original Medicare "usually" covers hospice since Medicare Advantage plans have the option to provide hospice.
Section 2 Your Medicare Choices	56	If You Have Limited Income and Resources	In the second bullet, include more information about Medicare Savings Programs, what Medicare Savings Programs help pay for, and how to obtain a Medicare Savings Program - for example, by contacting Social Security, Medicare, Medicaid offices, and SHIPs.

Section 2 Your Medicare Choices	59	Join, Switch, or Drop A Medicare Plan	Explain that persons can also use the OEP to switch back to original Medicare with or without a Medicare drug plan (depending on their circumstances). Also, add dual eligibles to the list of SEP examples. Additionally, add to the warning at the bottom of the page a sentence that notifies people of their right to an SEP if they believe a plan provided misinformation or misled them in order to elicit enrollment and to contact Medicare and the local SHIP for more information.
Section 2 Your Medicare Choices	67	What you Pay, Note	The note should also explain that people with Extra Help have low co-pays before they reach catastrophic coverage.
Section 2 Your Medicare Choices	73	How Other Insurance Works with Medicare	Since this is such an area of confusion for consumers, it may be useful to specifically indicate that Medicare is primary when the group health plan coverage comes from a small employer (under 20 for people over 65 and under 100 for people under 65).
Section 3 Programs for People with Limited Income and Resources	75	Extra Help Paying for Medicare Prescription Drug Coverage	The first sentence does not seem to fit with the tone of the rest of the document.
Section 3 Programs for People with Limited Income and Resources	76	Note	To better reflect the difference in benefits for people eligible for full versus partial subsidy, change the note sentence to state, "If you qualify for full Extra Help, your drug costs in 2011 will be no more than \$x.xx for each generic drug and \$x.xx for each brand-name drug. Look on the Extra Help letters you get, or contact your plan to find out your exact costs."
Section 3 Programs for People with Limited Income and Resources	77	Paying the Right Amount	Change second to last sentence before the box to "Your plan must accept these documents and update your file to show that you receive Extra Help."
Section 3 Programs for People with Limited Income and Resources	78	Paying the Right Amount	Change the parenthetical from NET to LI NET

Section 3 Programs for People with Limited Income and Resources	78	Medicaid	Please clarify the text in the next to last bullet. This bullet should explain in simple, clear language how to obtain conditional Medicare enrollment through SSA, combined with an MSP application to the state's Medicare agency.
Section 3 Programs for People with Limited Income and Resources	79	Medicare Savings programs	*Change first sentence to "States have programs that pay Medicare premiums and, for some people, pay Part A and Part B deductibles and coinsurance." Delete reference to having Part A. After the Note language, add a new paragraph saying "Having Part A is a requirement for Medicare Savings Programs. If you otherwise qualify but are not entitled to Part A without paying a premium, your state will pay the premium for you. For help, contact your State Health Insurance Assistance Program. See back cover for the telephone number." * The note makes it sound like some states don't have income limits when this is not the case. Rather some states do not have asset limits. Instead just say, "States figure your income and resources differently, so you may qualify in your state even if your income or resources are higher than these limits."
Section 4 Protecting Yourself and Medicare	82-83	Your Rights if your plan stops participating in Medicare	The section should mention that if you have Extra Help, you will be automatically assigned to a new plan with coverage effective January 1 unless you choose another plan.
Section 4 Protecting Yourself and Medicare	84-87	Appeals Discussions, General	The handbook should include more detailed information about appeal rights and the appeal process. For example, the document should include information that clearly explains the different appeal levels and timeframes for decisions in all parts of Medicare. Consider using charts and language already developed by CMS to provide simple explanations. For example, CMS has very good charts that describe the processes and time-lines. The Office of Medicare Hearings and Appeals has simple language on its web site.
Section 4 Protecting Yourself and Medicare	84-87	Appeals Discussions, Grievances	The Handbook fails to include any information about filing for a grievance with a Part C or a Part D plan. The grievance process should be included, along with an example of issues that are subject to a grievance (ex., denial of a request for expedited review).

Section 4 Protecting Yourself and Medicare	84-87	Appeals Discussion, General	While there is reference to filing a complaint with 1-800-Medicare, there is no detailed explanation of how to register and make a complaint in the complaint tracking module. Consumers do not know the process for registering official complaints and are sometimes turned away by 1-800-Medicare because they do not use the proper terminology for doing so. As CMS uses the complaint tracking module to conduct oversight, it is important that consumers know of its existence and how to access it.
Section 4 Protecting Yourself and Medicare	86-87	Section 4, Appealing your Medicare Dug plan's Decisions	The language about exceptions is confusing in part because it is broken into three separate bullets. It may be better to have a general statement about the right to file an exception to plan rules or restrictions and then to list the three instances when you can ask for one.