This issue of The Medicare Counselor features a frequently asked question from the Medicare Rights Center Consumer Helpline, information on the Fall Open Enrollment Period, and a Dear Emily article on plan terminations for people with Extra Help.

Hot Topic from the Helpline

I enrolled into a Medicare Advantage Plan last year but I was not aware that this plan did not cover one of my prescribed drugs. I had to gain access to my drug after a long appeals process. How can I change my plan and ensure that the plan I pick covers the drugs I am currently on?

-Helpline caller

Fall is an important season for Medicare beneficiaries as it ushers in the Annual Coordinated Election Period (ACEP) for Medicare Advantage and Medicare Part D prescription drug plans. The ACEP, or the Fall Open Enrollment Period as it is also known, begins on October 15 and ends December 7. During this period you are allowed to explore options regarding your Medicare coverage and make changes that fit your needs. For example you can change your Medicare Advantage Plan and/or Part D coverage, and/or return to Original Medicare. Any plan changes that are made during open enrollment become effective January 1 of the following year. Every year, private health plans can add or drop benefits, change their drug formularies, or alter member cost-sharing responsibilities. Therefore, it is important for you to evaluate whether your current plan remains the best selection for your healthcare needs.

Medicare requires that all Medicare private plans (Medicare Advantage and Part D plans) provide

Medicare Resources

- Medicare Interactive: http://www.medicareinteractive.org
- Medicare Rights Center: http://www.medicarerights.org
- Medicare: http://www.medicare.gov
timely notification of any plan changes it has decided to implement in the next year at least 15 days before Fall Open Enrollment begins. This notification is referred to as the Annual Notice of Change (ANOC). You should receive your ANOC in the mail by no later than September 30. You should take time to closely review your ANOC to take note of any cost and coverage changes that your plan will adopt in the next calendar year. This is a very important step to take because a drug that is currently on your plan’s formulary may not necessarily be on your plan’s formulary next year. Drugs that are not on your plan’s formulary will not be covered by your plan; therefore you will likely have to pay the full cost of such a drug out of your own pocket.

Other changes that will be covered in the ANOC are any increase or decrease in your plan’s monthly premium price or the additions of any restrictions on the drugs that you are currently taking. Restrictions can take the form of quantity limits, step therapy or prior authorization. After taking these changes into consideration you will need to decide whether you want to stick with your current plan or switch to another plan. As mentioned above, you have until December 7 to make changes to your coverage. While Medicare does not require plan sponsors to provide an online version of their ANOC, several plans do make this available for their members. If you prefer to access your ANOC online, you should contact your plan to verify if they have an online version.

Individuals currently enrolled in Original Medicare should take a look at next year’s Medicare & You handbook to learn about their Medicare costs and benefits for the upcoming year. If unsatisfied with their Original Medicare coverage, they can decide whether or not they would like to enroll into a new plan.

Of course, even those satisfied with their current Medicare coverage should take action and look at other Medicare options in their area that may better suit their needs in the upcoming year. Beneficiaries should use the Plan Finder tool available at www.medicare.gov to search for Part D plans in their area that may better suit their needs. They can call 1-800-MEDICARE to learn about Medicare Advantage Plans in their area, and should check out those plan’s websites for more information.

Once a beneficiary is ready to enroll in a new plan, they should call 1-800-MEDICARE. Enrolling in a new plan directly through Medicare is the best way for beneficiaries to protect themselves if there are problems with enrollment. They should write down everything about the conversation when enrolling through Medicare, including the date of the conversation, the name of the person they spoke with, and any information they were given during the call. Additionally, before enrolling in a plan, beneficiaries should confirm all of the details about their new plan with the plan itself.

Finally, beneficiaries who are dissatisfied with their new Medicare Advantage Plan after Fall Open Enrollment can disenroll from that plan and join Original Medicare during the Medicare Advantage Disenrollment Period (MADP).
MADP is every year from January 1 to February 14. Beneficiaries who are eligible for programs like Extra Help have a monthly Special Enrollment Period (SEP) to switch Part D coverage. There are several other SEPs for Part D and Medicare Advantage, accessible: after a beneficiary disenrolls from their first Medicare Advantage Plan; if the plan violates a material provision of their contract; the plan is consistently low-performing; and in several other situations. Beneficiaries should always check with their State Health Insurance Assistance Program (SHIP) to see if they face circumstances that warrant an SEP.

Dear Emily

Dear Emily,

I just found out a popular plan in my county is terminating at the end of the year. The plan serves a lot of individuals with low incomes who have Medicaid and/or the Medicare Savings Program. What options does a person with Extra Help have if their plan is ending?

Thanks,
Matthew

Hi Matthew,

Thanks for your question. If you are assisting a person enrolled in either a Medicare Advantage plan or a Part D plan that is terminating at the end of the year, then it is important for them to understand what is changing next year and what they should do to ensure that they have the best coverage for them going forward.

Extra Help is a federal program that helps pay Medicare prescription drug premiums, deductibles, and copays. Individuals can get Extra Help by either applying directly through Social Security, or by being automatically enrolled, commonly referred to as deeming. A person is automatically deemed into Extra Help if they receive Medicaid, the Medicare Savings Program (MSP), and/or Supplemental Security Income (SSI). Once a person is approved for Extra Help, they will be automatically enrolled in a benchmark Part D plan if they do not already have a Medicare drug plan.

If your client has Extra Help and their Medicare Advantage Plan or Part D plan is ending on December 31, 2016, they should receive a letter from their plan by October 2, 2016 to tell them that their plan will no longer be available next year. Though their Medicare Advantage Plan or Part D plan may be ending, this should not change or disrupt their Medicaid, Medicare Savings Program or Extra Help benefits.

If your client has a Medicare Advantage Plan, it is important they understand that most Medicare Advantage Plans include both Medicare health and drug coverage. For that reason, the end of Medicare Advantage Plan means that both their Medicare drug and health coverage will change next year. If a person with Extra Help's Medicare Advantage plan is ending, they can either join another Medicare Advantage Plan to get their health and drug coverage, or, they can enroll in Original Medicare for their Medicare health coverage, along with a stand-alone Medicare Part D plan for their Medicare prescription drug coverage.

People with Extra Help who do not affirmatively choose a Medicare Advantage Plan with drug coverage or a Medicare drug plan will be automatically enrolled in Original Medicare and a benchmark drug plan effective January 1, 2017. Individuals with Extra Help have a Special Enrollment Period which allows them to switch their coverage up to once a month. Therefore, individuals can choose to change their coverage at any time, with their new coverage effective the first of the following month.

Individuals with Extra Help will receive a blue notice reassignment notice from the Centers for Medicare and Medicaid Services (CMS) during the month of October. The notice indicates that they have been reassigned to a new plan. These individuals will get a second blue notice from CMS in mid-December that tells them which of their formulary drugs are covered by the drug plan Medicare has selected. This second notice

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outlines their rights around drug appeals and coverage denials.
Individuals who Extra Help will receive reassignment notices if their Medicare drug or health plan is leaving the Medicare Program as of December 31, 2016. Individuals will be reassigned into a new Medicare standalone drug plan regardless of whether they joined their current plan on their own, or Medicare enrolled them in a plan.

Individuals with Extra Help may also be reassigned if they are enrolled in plans that plan to increase their premium in 2017. If an individual qualifies for the full Extra Help, Medicare enrolled them in their current Medicare drug plan, and their plan’s premium will be above the regional low-income premium subsidy benchmark for 2017, then they will be reassigned to a new Medicare plan. This allows those with Extra Help to avoid paying a monthly premium for their drug plans.

However, not everyone in this situation would be reassigned. Medicare will not reassign individuals who qualify for the partial Extra Help (unless their plan is leaving the Medicare Program), and they will also not reassign a person who qualifies for the full premium subsidy yet actively joined their current plan. These individuals may find that they have to pay a monthly premium for their plan in 2017. Individuals who chose their Part D plan and their plan’s premium is increasing above the Part D benchmark amount will receive a notice from CMS that includes their new Part D premium in 2017, how much they would have to pay out-of-pocket, and a list of the benchmark plans in their state.

Thanks again for your question. If you have additional questions, feel free to reach out to the HIICAP helpline (hiicap@medicarerights.org / 800-480-2060).

Best,
Emily
Medicare Crossword Puzzle

ACROSS
7. Enrollment period, January 1 - February 14
10. Also known as Extra Help
12. Amount of money Extra Help will pay for the Part D premium
13. General or personalized plan search

DOWN
1. Sent by Part D plan, explaining any changes in costs or coverage for the coming year
2. Medicare's home health benefit typically does not cover

3. Process that automatically enrolls beneficiary into Extra Help
4. Comprehensive care for the terminally ill covered by Original Medicare
5. Formal request for review of a plan's decision regarding coverage of a health service or drug
6. Enrollment period, October 15 - December 7
8. Player of last resort
9. Resources such as savings and checking accounts, stocks, bonds, etc.
11. List of covered prescription drugs
14. One of the services Medicare does not cover.