

Medicare Minute Teaching Materials — August 2024

Common Open Enrollment Notices

1. What is Medicare's Open Enrollment?

Medicare's Open Enrollment occurs each year from October 15 through December 7. During Open Enrollment, you can make changes to your Medicare coverage. In most cases, this period is the only time you can pick a new Medicare Advantage or Part D plan. Even if you are satisfied with your current health and drug coverage, Open Enrollment is the time to review what you have and compare it with other options in your area to make sure that your current coverage is still best for you in the coming year. In September, you will start to receive notices with information about any changes to your current plan in the coming year. It is important to read these notices so that you can decide if your coverage will continue to meet your needs, or if you should change it. It is a good idea to review the options available in your area to see if there is alternative health and/or drug coverage that meets your needs at a more affordable price.

If you decide to change your coverage, you can call 1-800-MEDICARE (1-800-633-4227) to do so. Your State Health Insurance Assistance Program (SHIP) can also help you. SHIP contact information is on the last page of this document. Any changes you make will take effect January 1 of next year.

2. What is the *Medicare & You* handbook?

The *Medicare & You* handbook is mailed to all Medicare households each September. The handbook includes information on Medicare benefits, frequently asked Medicare questions, and any changes to Medicare coverage. It also includes a list of Medicare Advantage Plans and stand-alone Part D prescription drug plans available in your area. These plans must cover the same benefits that Original Medicare covers, but their costs and coverage rules will vary. If you don't receive your *Medicare & You* handbook, you can call 1-800-MEDICARE and request that a copy with information for your area be sent to you. If you would like to receive your handbook electronically, you can log into (or create) [your Medicare account](#) to sign up for electronic handbooks. You can also download a general version of the handbook at [Medicare.gov](#).

3. Why are my ANOC and EOC important?

The Annual Notice of Change (ANOC) is the notice you receive from your Medicare Advantage or Part D plan in late September. This notice gives a summary of any changes in the plan's cost and coverage that will take effect January 1 of the next year. The ANOC is typically mailed with the plan's Evidence of Coverage (EOC), which is a booklet that details the plan's cost and benefits for the upcoming year. If you have a Medicare Advantage Plan or Part D plan and do not receive these notices, you should contact your plan. Review these notices to see if your plan will continue to meet your health care needs in the following year. If you are dissatisfied with any upcoming changes, you can make changes to your coverage during Medicare's Open Enrollment. Here are three types of changes to look for:

- **Find out what you can expect to pay for services in 2025.** Costs such as deductibles and copayments can change each year. For example, your plan may not have a deductible in 2024, but it could have one in 2025. A deductible is the amount of money you owe out-of-pocket before your plan begins to cover your care. Another example is that your plan may increase the copayments you owe for visits to your primary care provider or specialists.

- **Check to see if your doctors, hospitals, and other health care providers and pharmacies will still be in network for 2025.** Plan networks can change each year, which means your doctor may not be in your plan's network for 2025. You have the lowest out-of-pocket costs if you go to providers and pharmacies that are in your plan's network. If you see an out-of-network provider, your plan may not cover any of the cost of your care, leaving you to pay the cost out-of-pocket.
- **Look through the plan's formulary.** The formulary is the list of drugs the plan covers. If the formulary was not sent to you in the mail, it may have been sent electronically. You can additionally visit the plan's website to see its formulary or call the plan directly. Formulary changes can happen from year to year, meaning your drug may not be covered in 2025 even though it was covered in 2024. Make sure your drugs will still be covered next year. If they are not, then you may want to select a different drug plan that covers all of your drugs. If the formulary is incomplete, or you do not see your drug(s) on the list, contact the plan directly to learn more.

4. How do I know if I am enrolled in a plan with a low rating?

In late October, you will receive a Consistent Poor Performance Notice if you are enrolled in a plan that has received a low rating for three or more years in a row. A low rating is three stars or fewer out of five. Plans are rated on their quality and performance, such as how well they handle appeals. This notice encourages you to look at other plan options in your area. If you want to change your plan, you can do so during Medicare's Open Enrollment. If you are enrolled in a plan with a low rating, you can also change your plan at any time during the year.

5. How do I know if my plan will be offered next year?

In October, plans leaving the Medicare program in the coming year send out a Plan Non-Renewal Notice to people enrolled in the plan. If you receive this notice, you should make sure you are covered in 2025. You can choose to enroll in a new Medicare Advantage Plan or Part D prescription drug plan during Medicare's Open Enrollment. After Open Enrollment, you can enroll in a new plan up until the last day in February of the following year.

If you do not pick a new Medicare Advantage Plan by January 1, you will be disenrolled from the Medicare Advantage Plan and enrolled in Original Medicare without any drug coverage. You will have until the end of February to enroll in a new Medicare Advantage Plan or Part D plan.

If you do not pick a new stand-alone Part D plan by January 1, you will be disenrolled from the plan and will not have drug coverage. You will have until the end of February to enroll in a new Part D plan or Medicare Advantage Plan.

6. What notices will I receive if I am enrolled in Extra Help?

Extra Help is a federal program that helps pay your prescription drug costs if you have limited income and assets. There are many notices people with Extra Help may receive starting in September, depending on the situation.

In September you may receive a grey Loss of Deemed Status Notice if you will no longer have Extra Help as of January 1, 2025. If you think this is a mistake (for example, if your income has not changed), you can re-apply for Extra Help through the Social Security Administration (800-772-1213). Your State Health Insurance

Assistance Program (SHIP) can also help you understand Extra Help and how to apply or re-apply. Contact information for your SHIP is on the last page of this document.

You may receive an orange Change in Extra Help Copayments Notice. This notice tells you if the Extra Help copays you pay for covered drugs will change starting January 1, 2025. You should get this notice in October. Extra Help copays usually change a small amount each year.

You may receive a blue Reassignment Notice in October if your Medicare Advantage Plan or stand-alone Part D plan is leaving the Medicare program. This notice lets you know that you will be reassigned to a new plan. If you want to enroll in a plan of your choice, you must actively choose a new plan by December 31, 2024. If you do not take action, you will be assigned to a plan, which may or may not meet your needs.

You may receive a different blue Reassignment Notice in October if the premium for your plan's drug coverage is going up above the amount that Extra Help covers. This is called the benchmark amount. If your plan's drug coverage premium is going to be above the benchmark in 2025, you will be reassigned a plan unless you actively enroll in the plan of your choice by December 31, 2024.

If you actively chose your current drug plan and are enrolled in Extra Help, you may receive the Low-Income Subsidy Choosers Notice in November. This tan notice lets you know that your plan premium is increasing above the Extra Help benchmark amount (the maximum premium amount that Extra Help covers). If you do not actively change your plan to one with a lower premium, you will pay a portion of the premium in 2025.

7. What is a notice of creditable coverage?

If you are enrolled in a prescription drug plan through your or your spouse's current or former employer, you should receive a notice from your employer or plan around September of each year, informing you if your drug coverage is creditable. Creditable means that the coverage is as good as or better than the standard Medicare prescription drug benefit. This notice is important because maintaining enrollment in creditable drug coverage means you will not incur a late enrollment penalty (LEP) for delaying Part D enrollment. Additionally, having creditable coverage means that if you learn that you will lose such coverage and you want Part D coverage, you will have a two-month Special Enrollment Period (SEP) to enroll in a Part D plan. Keep these notices of creditable coverage each year. If you decide to enroll in a Part D plan in the future, you may need these notices as proof that you had creditable coverage and should not have a late enrollment penalty.

8. Will I receive mailed materials from Medicare Advantage Plans and Part D plans in which I am not enrolled?

Yes. As Medicare's Open Enrollment begins, you will receive calls and mail from different insurance companies about the plans that they offer. You can use this marketing information to compare your options. If you have questions about any of the benefits that a plan offers, it is best to contact the plan directly. If you are thinking about changing your plan, you do not have to make the decision right away. You can take time to go over your choices and make an informed decision. You can also consult with a representative from your State Health Insurance Assistance Program (SHIP) for individualized counseling around these decisions. Contact information for your local SHIP is on the last page of this document. You may also call 1-800-MEDICARE to compare Medicare Advantage or Part D plans offered in your area.

Note that a plan must follow certain rules when marketing their plans. These guidelines are in place to protect beneficiaries from manipulative sales and enrollment tactics. For example, a plan cannot:

- Use language that suggests their plan is preferred by Medicare
- Call or email you if you did not ask them to do so
- Leave information (such as leaflets, flyers, door hangers, etc.) on your car or at your home if they come from a company that did not have an appointment with you

If you think you have experienced marketing violations, you should report it. Keep any documented proof, such as an agent's business card, marketing materials, emails, or phone call records. You can report marketing violations to 1-800-MEDICARE or your local Senior Medicare Patrol (SMP) or State Health Insurance Assistance Program (SHIP). Your local SMP or SHIP can explain the government's marketing rules, help you review the incident, and report it to the correct authorities, if needed. Contact information for your SHIP and SMP is on the final page of this document.

9. Why is it important to review my Medicare statements?

Yes, it is very important to read your Medicare statements, especially during Open Enrollment since you may be switching plans. If you have Original Medicare, you should receive Medicare Summary Notices (MSNs, note that you can also see your MSNs on your online Medicare.gov account). If you have a Medicare Advantage Plan or Part D plan, you should receive Explanation of Benefits (EOBs). Your Medicare statements provide a summary of the services and items you have received and how much you may be billed for them. Remember that MSNs and EOBs are not bills.

Reading your MSNs and EOBs is an important strategy for detecting potential Medicare fraud, errors, or abuse. Keep the following tips in mind:

- Review your or your loved one's Medicare statements as soon as they arrive.
- Confirm that everything listed on the statement is accurate—in other words, that you actually received all listed services or items.
- Keep notes of your medical appointments and compare these to your statements to ensure that your MSN or EOB is accurate.
- Contact your health care provider or plan if you have any questions or notice any mistakes on your MSN or EOB. Your health care provider should be able to correct any billing mistakes that they made.
- Contact the SMP for a [My Health Care Tracker](#) (which helps you keep track of your appointments) or to receive assistance on how to read your Medicare statements.

If you find any mistakes on your statements and your provider will not fix them, you should contact your SMP. SMPs help Medicare beneficiaries, their families, and caregivers prevent, detect, and report potential Medicare fraud, errors, and abuse.

10. Who can I contact if I have questions?

State Health Insurance Assistance Program (SHIP): Contact your SHIP if you have questions about any notices you receive. SHIP counselors can help you understand the notices you receive in advance of the fall Open Enrollment Period. When you contact your local SHIP, a certified Medicare

counselor will give you one-on-one guidance based on your unique situation and needs. Contact information for your local SHIP is on the last page of this document.

Senior Medicare Patrol (SMP): Contact your SMP if you receive any notices or Medicare statement charges that seem suspicious. SMP representatives can teach you how to detect and protect yourself from potential Medicare fraud, errors, or abuse. Contact information for your local SMP is on the last page of this document.

1-800-MEDICARE: Contact Medicare if you did not receive your *Medicare & You* handbook and would like to request your copy. You can also contact Medicare for help finding plans in your area or if you want to change your coverage during Medicare's Open Enrollment.

Medicare Advantage Plan or Part D plan: Contact a plan directly if you have questions about its benefits, coverage, or costs. If you do not receive your ANOC or EOC, contact your current plan to request a copy.

SHIP case study

Truman knows that Open Enrollment is approaching and wants to reevaluate his coverage to see if he should make any changes. He is currently enrolled in Original Medicare and a Part D plan and is not sure if he should change his plan for next year. Truman has heard that his Annual Notice of Change (ANOC) will be helpful, but he does not know what that is.

How should Truman do?

- Truman should contact his SHIP for assistance.
 - If he does not know how to find his SHIP, he can go to www.shiphelp.org or call 877-839-2675 for assistance.
- The SHIP counselor will explain that the ANOC is a summary of changes to Truman's plan for 2025. If it is past September 30 and Truman has not received his ANOC, he should contact his plan and request a copy.
- Once Truman has his ANOC, he can review it and note any changes the following changes. The SHIP counselor may advise Truman to look for a few specific types of changes:
 - Truman should see if his deductible has changed. Truman has to pay out of pocket for his prescriptions until he has spent the deductible amount. Then his insurance company will start to cover his prescription drugs.
 - Truman should check for any changes to his copayments. The copay is the set amount he pays for certain kinds of prescriptions, once he has met his deductible.
 - Truman should see if the plan's formulary has changed and if so, if any of his medications have been removed.
 - Truman should check if the plan's network of preferred pharmacies has changed and if it still includes his pharmacy.
- The SHIP counselor can help Truman compare his Part D plan to other plans, or even compare Original Medicare to Medicare Advantage Plans. The SHIP counselor might point Truman to helpful tools like Medicare's Plan Finder, to see if any other Part D plans provide the same coverage as his current plan for a lower cost.

SMP case study

Ruby got an Explanation of Benefits (EOB) showing that a doctor submitted several claims to Medicare for services she received the previous month. She is confused because she only saw the doctor once, but her EOB lists three different dates of service. She is concerned that this is incorrect information or an error, and that it might affect services that she needs her plan to cover in the future.

What should Ruby do?

- Ruby can first call her doctor's office to point out this potential error and ask for more information.
 - If the doctor's office did make a mistake, they should be able to resubmit the correct claim to Ruby's plan.
 - If the doctor's office does not think there was a mistake, Ruby can ask them to explain the multiple dates of service and provide her with as much information as possible.
 - If Ruby's provider is unresponsive or unwilling to correct the errors, Ruby may want to report this as potential Medicare fraud or abuse and receive additional support to correct her Medicare.
- The SMP can remind Ruby to continue keeping track of her health care appointments and reviewing her Medicare statements. She can use this information with her My Health Care Tracker to make sure her appts and services are being billed to her Medicare accurately. If Ruby suspects fraud, errors, or abuse, she can call the SMP again.

Local SHIP Contact Information		Local SMP Contact Information	
SHIP toll-free: 800-247-4422		SMP toll-free: 800-247-4422	
SHIP email: idahoshiba@doi.idaho.gov		SMP email: idahoshiba@doi.idaho.gov	
SHIP website: shiba.idaho.gov		SMP website: https://aging.idaho.gov/stay-safe/senior-medicare-patrol-fraud-prevention	
To find a SHIP in another state: Call 877-839-2675 and say “Medicare” when prompted or visit www.shiphelp.org .		To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .	
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