

## Medicare Minute Teaching Materials — June 2024

### New to Medicare

#### 1. What is Medicare?

Medicare is the federal government program that provides health care coverage, or health insurance. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs Medicare. The program is funded in part by Social Security and Medicare taxes you pay on your income, in part through premiums that people with Medicare pay, and in part by the federal budget. Some people are eligible for Medicare due to their age, while others are eligible due to having a disability or chronic condition (see question 2).

#### 2. Who is eligible for Medicare?

When you turn 65, you become eligible for Medicare if you:

- Either receive or qualify for Social Security retirement cash benefits
- Or, currently reside in the United States and are either:
  - A U.S. citizen
  - Or, a permanent U.S. resident who has lived in the U.S. continuously for five years prior to applying

When you are under 65, you become eligible for Medicare if:

- You have received Social Security Disability Insurance (SSDI) checks for at least 24 months\*
- Or, you have been diagnosed with End-Stage Renal Disease (ESRD)\*\*

\*If you receive SSDI because you have Amyotrophic Lateral Sclerosis (ALS), Medicare automatically begins the first month that your SSDI benefits start. You do not have the two-year waiting period.

\*\*You may qualify for Medicare if you have been diagnosed with kidney failure, are getting dialysis treatments or have had a kidney transplant, and:

- You are eligible to receive SSDI
- You are eligible to receive Railroad Retirement benefits
- Or, you, a spouse, or a parent have paid Medicare taxes for a sufficient amount of time as specific by the Social Security Administration (SSA)

#### 3. What does Medicare cover?

Medicare covers medically necessary care and items. Generally, the different parts of Medicare help cover specific services:

- Part A covers inpatient/hospital coverage
  - Examples: inpatient hospital care, skilled nursing facility (SNF) care, home health care, and hospice care
- Part B covers outpatient/medical coverage
  - Examples: provider services, durable medical equipment (DME), home health services, ambulance services, preventive services, therapy services, mental health services, x-ray and lab tests, and select prescription drugs
- Part D provides prescription drug coverage

Some people get their Medicare through Original Medicare (which is Parts A and B directly from the federal government) and a private stand-alone Part D plan. Others get their Medicare through a Medicare Advantage Plan (typically includes Parts A, B, and D coverage in one private plan). For more on Original Medicare and Medicare Advantage, go to question 4.

Medicare does not cover all health care services. Services excluded from Medicare coverage include but are not limited to:

- Most dental care
- Most vision care
- Hearing aids, including examinations for prescribing or fitting hearing aids
- Personal care, including help with bathing dressing, and eating, when it is the only care you need
- Custodial care (homemaker services) included light housekeeping, laundry, and meal preparation, when it is the only care you need
- Nursing home care (long-term care), including medical care, therapy, 24-hour care, and personal care, except during a Medicare-covered skilled nursing facility (SNF) stay
- Cosmetic care, unless needed to improve the function of a malformed part of the body
- Most non-emergency transportation
- Most care received outside of the United States
- Certain preventive services, including routine foot care

#### **4. When can I enroll in Medicare Parts A and B?**

The first opportunity you have to enroll in Medicare Parts A and B is called your Initial Enrollment Period (IEP). The steps you should take to enroll depend on how you became eligible for Medicare and if you are already collecting Social Security retirement benefits or Railroad Retirement benefits.

**If you are under 65 and have a disability:** If you become eligible for Medicare because of a disability and have been receiving Social Security Disability Insurance (SSDI) or railroad disability annuity checks for 24 months, you should automatically be enrolled in both Medicare Parts A and B at the start of your 25th month. You should not have to contact anyone. You should receive a package in the mail three months before your coverage starts with your new Medicare card. There will also be a letter explaining how Medicare works and that you were automatically enrolled in both Parts A and B. If you get Social Security retirement benefits, your package and card will come from the Social Security Administration (SSA). If you get railroad disability annuity checks, your package and card will come from the Railroad Retirement Board. If you have been diagnosed with ALS, you are eligible for automatic enrollment into Medicare the first month you receive SSDI or a railroad disability annuity check.

**If you are turning 65 and you are already receiving Social Security retirement benefits or Railroad Retirement Benefits:** If you are receiving Social Security retirement benefits or Railroad Retirement benefits, you should be automatically enrolled in both Medicare Part A and Part B. If you are eligible for automatic enrollment, you should receive a package in the mail with your new Medicare card about three months before your coverage starts. There will also be a letter explaining how Medicare works and that you were automatically enrolled in both Parts A and B. Your Medicare coverage will begin the first day of your 65<sup>th</sup> birthday month.

**If you are turning 65 and you are not currently receiving Social Security retirement or Railroad**

**Retirement Benefits:** You can enroll in Medicare at any time during your seven-month IEP, which includes the three months before, the month of, and the three months following your 65<sup>th</sup> birthday month. If you enroll during the first three months of your IEP, coverage begins the month in which you first become eligible for Medicare. If you enroll during the fourth through seventh months of your IEP, coverage begins the month following the month of enrollment. For example, let's say that you turn 65 in June. Use the following chart to determine when you can enroll in Medicare and when your coverage would start.

<b>If you enroll any time in:</b>	<b>Your coverage starts:</b>
March	June 1
April	June 1
May	June 1
June	July 1
July	August 1
August	September 1
September	October 1

It is important to note that if your birthday falls on the first of the month, your IEP is the seven months surrounding the month prior to the month of your birth. For example, if you turn 65 on June 1, your IEP runs from February 1 to August 31.

To actively enroll in Medicare Parts A and B, you should contact the Social Security Administration (SSA). You can enroll online at [www.sssa.gov](http://www.sssa.gov), you can call SSA at 800-772-1213, or you can contact your local SSA office. If you or your spouse worked for a railroad, call the Railroad Retirement Board at 877-772-5772.

**5. Should I enroll in Medicare if I'm still working?**

If you or your spouse (or sometimes a family member) are still working and you are covered by the employer's health insurance, you may be able to delay enrolling in Medicare. It's important to know whether your employer coverage pays primary or secondary to Medicare. If your employer pays primary, you can delay enrolling in Medicare. If your employer pays secondary to Medicare, you should enroll in Medicare when you are first eligible.

**If you are 65 or older:**

- Your job-based insurance is primary if it's from an employer with 20+ employees. Medicare is secondary in this case, and some people choose not to enroll in Part B because of the additional premium. Many still enroll in Part A, since it is often premium-free.
- Your job-based insurance is secondary if it's from employer with fewer than 20 employees. Medicare is primary in this case, and if you delay Medicare enrollment, your job-based insurance may provide little or no coverage. You should enroll in Medicare to avoid high costs for your care.

**If you are under 65:**

- Job-based insurance is primary if it is from an employer with 100+ employees. Medicare is secondary in this case, and some people choose not to enroll in Part B because of the additional monthly premium.

- Job-based insurance is secondary if it is from an employer with fewer than 100 employees. Medicare is primary in this case, and if you delay Medicare enrollment, your job-based insurance may provide little or no coverage. You should enroll in Part B to avoid incurring high costs for your care.
  - If you have job-based insurance from a family member and Medicare is primary, you do not have a Special Enrollment Period (SEP) to enroll in Part B later without penalty. You should enroll in Medicare as soon as you are eligible to avoid penalties and gaps in coverage.
- Note: There are different rules if you are Medicare-eligible because you have ESRD. Contact your State Health Insurance Assistance Program (SHIP) to learn more. Contact information for your local SHIP is on the last page of this document.

If you delay Medicare enrollment because of your job-based insurance, you may be eligible for a Part B Special Enrollment Period (SEP). The Part B SEP starts when you have coverage from current work, and you are in your first month of eligibility for Part B. It ends eight months after you lose coverage from current employment because the employment or insurance ends. Using the Part B SEP also means you will not have to pay a Part B late enrollment penalty (LEP).

To use the Part B SEP, you must meet two criteria:

1. You must have insurance from current work (from your job, your spouse's job, or sometimes a family member's job) or have had such insurance within the past eight months
2. And, you must have been continuously covered by job-based insurance or Medicare Part B since becoming eligible for Medicare, including the first month you became eligible for Medicare
  - Note: You can have no more than eight consecutive months without coverage from either Medicare or insurance from current work. You are ineligible for the Part B SEP after going for more than eight months without Part B or job-based insurance.

To enroll using this Part B SEP, you will need the following forms from SSA:

- CMS 40B (Application for enrollment in Medicare)
- CMS L564 (Request for employment information)

You should fill out and sign CMS 40B. Ask your employer to complete CMS L564. These forms show SSA that you have been continuously covered by job-based insurance. Be aware that if you have had job-based insurance from multiple employers since you became eligible for Medicare, you should obtain additional copies of CMS L564 from SSA and ask each employer to complete the form. If a previous employer has gone out of business or you are otherwise unable to get them to fill out this form, you can use other forms of proof of enrollment in job-based insurance like:

- Documents that show health insurance premiums paid, like W-2s, pay stubs, tax returns, or receipts
- Health insurance cards with the appropriate effective date

In most cases, you should enroll in Medicare before losing job-based insurance to avoid gaps in coverage. Remember, even if you use the SEP to avoid a late enrollment penalty, you may still be responsible for any health care costs you incur in the months after losing job-based coverage before your Medicare coverage takes effect. For help timing your Medicare enrollment to ensure it starts immediately after you no longer have job-based insurance, reach out to your human resources department one to two months in advance.

## **6. When do I enroll in Medicare if I missed my IEP and don't have job-based insurance?**

It is usually best to enroll in Medicare when you are first eligible (see question 4) or after losing insurance based on current work (see question 5). But you may accidentally miss these periods or not realize you needed to enroll.

If you miss a first-time enrollment period, there are certain times when you might qualify for an exceptional circumstances Special Enrollment Period (SEP). An exceptional circumstance is a situation that is unusual or not typical. You may qualify for an exceptional circumstance SEP if:

- You were impacted by an emergency or disaster
- You got certain types of misinformation from your employer
- You were released from incarceration
- Your Medicaid coverage is ending
- You experience other exceptional circumstances

You will likely need to submit documentation or a written statement as proof of your exceptional circumstance. [You can learn more about the details of each exceptional circumstance here.](#) To use these SEPs submit form [CMS-10797](#) to the Social Security Administration.

If you cannot enroll using your IEP or any of these SEPs, you may have to enroll using the General Enrollment Period (GEP). The GEP takes place January 1 through March 31 of each year. During this period you can enroll in Medicare Part B or Premium Part A. When you enroll during the GEP, coverage begins the first of the month after you enroll. Enrolling in Medicare during the GEP means you may have to pay a Part B premium penalty.

## **7. What strategies can help me avoid enrolling during the GEP and paying a late enrollment penalty?**

We'll cover two main strategies for avoiding GEP enrollment and late enrollment penalties:

- The Medicare Savings Program
- Equitable Relief

**Medicare Savings Programs (MSPs)** help pay your Medicare costs if you have limited income and assets. Additional benefits of enrolling in an MSP include allowing you to enroll in Medicare Part B outside of the usual enrollment periods, and eliminating your Part B late enrollment penalty, if you have one.

- Contact your State Health Insurance Assistance Program (SHIP) to see if you are eligible for an MSP in your state and for assistance applying. Contact information for your local SHIP is on the last page of this document.

**Equitable relief** is a process that allows you to request from the Social Security Administration your immediate or retroactive Medicare enrollment, and elimination of the Medicare Part B late enrollment penalty. To request equitable relief, you must have failed to enroll in Medicare due to the error, misrepresentation, or inaction of a federal employee, such as a Social Security or 1-800-MEDICARE representative. Equitable relief does not apply if you were misinformed about your Medicare rights and options by non-federal employees, such as an employer.

- To request equitable relief, you or your representative should write a letter to your local Social Security office explaining that you received misinformation that caused you to delay enrollment. You can find the address of your local office by calling 800-772-1213 or visiting [www.ssa.gov/locator](http://www.ssa.gov/locator).
- Be as specific as possible in your letter, and include the name of the representative you spoke to, date and time of the conversation, outcome of the conversation, and any additional notes.
- You should also indicate whether you want coverage going forward, retroactive coverage, and/or elimination of your Part B LEP. **Keep in mind that if you request retroactive coverage, you will have to pay premiums back to the time your coverage begins.**
- Social Security is not required to respond to equitable relief requests within any set timeframe. They also do not have to send you a formal decision letter in response to your request.

### 8. How is premium-free Part A enrollment different from Part B enrollment?

If you are eligible for premium-free Part A, you can sign up for it any time. In other words, if you don't enroll during your IEP, you don't need to wait for another enrollment period. Your Part A coverage starts 6 months back from when you sign up or when you apply for benefits from Social Security (or the Railroad Retirement Board), but cannot start earlier than the month of your eligibility. In contrast, after your IEP ends, you can only sign up for Part B or Premium Part A during an SEP or the GEP (see questions 5 and 6).

Note that you qualify for premium-free Part A based on your or your spouse's work history. Most people qualify for premium-free Part A.

### 9. How should I choose between Original Medicare and Medicare Advantage?

People with Medicare can get their health coverage through either Original Medicare or a Medicare Advantage Plan (also known as a Medicare private health plan or Part C). Consider the following key differences between these two options when deciding how you want to receive your Medicare benefits.

	Original Medicare	Medicare Advantage
<b>Costs</b>	You will be charged for standardized Part A and Part B costs, including monthly Part B premium. Responsible for paying a 20% coinsurance for Medicare-covered services if you see a participating provider and after meeting your deductible.	Your cost-sharing varies depending on the plan. Usually pay a copayment for in-network care. Plans may charge a monthly premium in addition to Part B premium.
<b>Supplemental insurance</b>	Have the choice to pay an additional premium for a Medigap policy to cover Medicare cost-sharing.	Cannot purchase a Medigap policy.
<b>Provider access</b>	Can see any provider and use any facility that accepts Medicare (participating and non-participating).	Typically can only see in-network providers. Some plans allow you to see out-of-network providers at a higher cost.
<b>Referrals</b>	Do not need referrals for specialists.	Typically need referrals for specialists.

<b>Drug coverage</b>	Must sign up for a stand-alone prescription drug plan.	In most cases, plan provides prescription drug coverage (you may be required to pay a higher premium).
<b>Other benefits</b>	Does not cover vision, hearing, or dental services.	May cover additional services, including vision, hearing, and/or dental (additional benefits may increase your premium and/or other out-of-pocket costs).
<b>Out-of-pocket limit</b>	No out-of-pocket limit.	Annual out-of-pocket limit. Plan pays the full cost of your care after you reach the limit.

If you sign up for Original Medicare and later decide you would like to try a Medicare Advantage Plan—or vice versa—be aware that there are only certain enrollment periods when you are allowed to make changes. You can call your State Health Insurance Assistance Program (SHIP) to speak with a counselor about your different coverage options. Contact information for your local SHIP is on the last page of this document.

#### 10. When should I enroll in Medicare Part D?

If you need to enroll in Medicare Part D for the first time, typically you will do so either during your Initial Enrollment Period (IEP), the Fall Open Enrollment Period, or if you qualify for a Special Enrollment Period (SEP). Additionally, you must:

- Have Part A and/or Part B
- And, live in the Part D plan's service area

Your Part D IEP is usually the same as your Medicare IEP: the seven-month period that includes the three months before, the month of, and the three months following your 65th birthday. Not everyone is eligible for Part D during their IEP, though. For example, if you delay Medicare enrollment and have neither Part A **or** Part B, you cannot use your Medicare IEP to enroll in Part D. In this case, your Part D IEP is the seven-month period surrounding your month of eligibility for Part D (the three months before becoming eligible for Part D, the month of eligibility, and the three months following eligibility for Part D). Remember that you only need Part A **or** Part B to be eligible for Part D.

You should enroll in Part D as soon as you are eligible to avoid a potential late enrollment penalty (LEP) and gaps in coverage. If you do not enroll in Part D during your IEP, you can also enroll in or make changes to Part D coverage during the Fall Open Enrollment Period—but you may have a late enrollment penalty if you are using Fall Open Enrollment to enroll in Part D for the first time.

Under certain circumstances, you may have an SEP to enroll in a Part D plan, including if you:

- Had creditable drug coverage
- Have job-based drug coverage through your or your spouse's employment
- Are eligible for Extra Help, the federal cost assistance program

Note: If you are enrolled in Medicare because of a disability and currently pay a premium penalty, once you turn 65 you will no longer have to pay the penalty. This is because you will qualify for a new Part D IEP when you turn 65.

## 11. When should I enroll in a Medicare Advantage Plan?

There are certain times each year when you can enroll in a Medicare Advantage Plan. It is usually best to enroll in a plan by calling 1-800-MEDICARE, rather than by calling the new plan. To join an MA Plan, you must be enrolled in Medicare Parts A and B. You can typically enroll in Medicare Advantage during the following periods:

- **Initial Coverage Election Period (ICEP):** You can enroll in a Medicare Advantage Plan for the first time during this period. The ICEP begins three months before you are enrolled in both Parts A and B and ends either the last day of the month before you are enrolled in both Parts A and B or the last day of your Part B Initial Enrollment Period, whichever is later. For many people, the IEP and the ICEP are the same time period, but if you delay enrollment and enroll in Medicare during an SEP or the GEP, they can be different.
- **Part B Special Enrollment Period (SEP) for losing job-based insurance:** SEPs are periods of time outside normal enrollment periods to enroll in health insurance. This Part B SEP lets you delay enrollment in Part B without penalty if you are covered by job-based insurance when you first become eligible for Medicare. You can enroll in Medicare without penalty for up to eight months after you lose job-based coverage. Your ICEP begins three months before you have both Part A and Part B, and ends the last day of the month before you are enrolled in Part A and Part B. You may also have an SEP to enroll in a Medicare Advantage Plan that ends two months after the month in which your employer or union coverage ends.
- **Part B SEPs for exceptional circumstances:** There are SEPs for less common situations, such as if you live in an area impacted by a natural disaster or emergency situation. Your ICEP begins three months before you are enrolled in Part A and Part B and ends the last day of the month before you are enrolled in Part A and Part B. You also have an SEP to enroll in a Medicare Advantage Plan that ends two months after you are enrolled in Part A and Part B.
- **General Enrollment Period (GEP):** The January 1 through March 31 period each year when you can sign up for Medicare if you did not sign up for it when you originally became eligible. Your ICEP begins three months before you are enrolled in Part A and Part B, and ends the last day of the month before you are enrolled in Part A and Part B. You should sign up for a plan during the same month that you sign up for Parts A and B. Your MA Plan coverage begins the first of the month after the month you enroll.
- **Fall Open Enrollment Period:** The October 15 through December 7 period each year when you can change your Medicare coverage. You can pick a new Medicare Advantage Plan, or switch between Original Medicare and Medicare Advantage.
- **Medicare Advantage Open Enrollment Period (MA OEP):** The January 1 through March 31 period each year when you can switch from your Medicare Advantage Plan (excluding Medical Savings Accounts, cost plans, and PACE) to another Medicare Advantage Plan, or to Original Medicare with or without a Part D plan (see question 12 for more on enrolling in a Medigap if you are switching to Original Medicare). You can only use this enrollment period if you have a Medicare Advantage Plan.
- Other SEPs may apply based on your specific circumstances. For a full list of SEPs and requirements, please see the [Special Enrollment Period \(SEP\) Chart](#).

## 12. What are Medigaps and when should I enroll in one?

Medigaps are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first. Medigaps may cover outstanding deductibles, coinsurance, and copayments. Medigaps may also cover emergency care when travelling abroad. Remember, Medigaps only work with Original Medicare. If you have a Medicare Advantage Plan, you cannot buy a Medigap.

It is important to know about protected times to buy a Medigap so you can time your enrollment wisely. Here we talk about federally protected times to purchase a Medigap. **Be aware that this information only pertains to protections that apply nationwide.** Some states have other protections that give their residents additional opportunities to enroll in a Medigap. Be sure to call your State Health Insurance Assistance Program (SHIP) or State Department of Insurance to ask about state-specific Medigap rights. Contact information for your local SHIP is on the last page of this document.

**Open enrollment period:** Generally, the best time to enroll in a Medigap policy is during your open enrollment period. Under federal law, you have a six-month open enrollment period that begins the month you are 65 or older and enrolled in Medicare Part B.

During your open enrollment period, Medigap companies must sell you a policy at the best available rate regardless of your health status, and they cannot deny you coverage. The best available rate may depend on a number of factors, including your age, gender, whether you smoke, your marital status, and where you live. If you purchase a Medigap during your open enrollment period, policies are limited in their ability to exclude coverage for pre-existing conditions, meaning conditions you had before you enrolled.

**Guaranteed issue right:** If you miss your open enrollment period, you can also buy a Medigap when you have a guaranteed issue right. If you are age 65 or older, you have a guaranteed issue right within 63 days of when you lose or end certain kinds of health coverage.

When you have a guaranteed issue right, companies must sell you a Medigap policy at the best available rate, regardless of your health status, and cannot deny you coverage. A guaranteed issue right also prevents companies from imposing a waiting period for coverage of pre-existing conditions. You may have a guaranteed issue right if:

- You, through no fault of your own, lost a group health plan (GHP) that covered your Medicare cost-sharing (meaning it paid secondary to Medicare)
- You joined a Medicare Advantage Plan when you first became eligible for Medicare and disenrolled within 12 months
- Or, your previous Medigap policy, Medicare Advantage Plan, or PACE program ends its coverage or commits fraud

Note: If you have a Medicare Advantage Plan, Medicare SELECT policy, or PACE program and you move out of the plan's service area, you also have the right to buy a Medigap policy.

**Buying a Medigap outside protected enrollment periods:** You may run into problems if you try to buy a Medigap policy outside a protected enrollment period. For instance, companies can refuse to sell you one or

impose certain medical requirements. If a company does agree to sell you a policy, you may need to pay a higher monthly premium and be subject to a six-month waiting period before the Medigap will cover pre-existing conditions. Be sure to contact Medigap insurers in your state to learn if they will sell you a Medigap policy outside protected enrollment periods.

### **13. What tools can help prevent, detect, and report suspected Medicare fraud, errors, and abuse?**

Use a My Health Care Tracker. They are fraud-fighting tools and are free through the Senior Medicare Patrol (SMP) program. My Health Care Trackers include:

- Space to take notes on your medical appointment, including the date, your provider's name, the reason for your visit, length of appointment, and care received.
- Instructions on how you can compare your notes to what was billed on your Medicare statements.
- Contact information for relevant agencies, such as Medicare, the Social Security Administration (SSA), the Senior Medicare Patrol (SMP) and the State Health Insurance Assistance Program (SHIP).

Using a My Health Care Tracker and comparing your notes with your Medicare statements is a great way to find potential billing errors, as well as Medicare fraud, abuse, or a stolen medical identity. Ultimately, it can help you reduce your health care costs and protect yourself against potential Medicare fraud, errors, and abuse. Contact your local Senior Medicare Patrol (SMP) to receive a My Health Care Tracker or need assistance with reading your Medicare statements. Contact information for your local SMP is on the final page of this document.

### **14. Who can I contact for more information?**

**Social Security Administration (SSA):** To actively enroll in Medicare Parts A and B, you should contact SSA. You can enroll online at [www.sssa.gov](http://www.sssa.gov), you can call SSA at 800-772-1213, or you can contact your local SSA office. If you or your spouse worked for a railroad, call the Railroad Retirement Board at 877-772-5772.

**Medicare:** To enroll in a Medicare Advantage or Part D plan, call 1-800-MEDICARE (633-4227). You may also be able to enroll in a plan online at [www.medicare.gov](http://www.medicare.gov). You can also enroll in private plans by calling the plan company directly.

**State Health Insurance Assistance Program (SHIP):** Contact your local SHIP for one-on-one Medicare counseling. For example, SHIP counselors can help you discuss enrollment periods, coverage options, and cost saving programs. Contact information for your local SHIP is on the last page of this document.

**Senior Medicare Patrol (SMP):** Contact your SMP to receive a My Health Care Tracker, or to report potential Medicare fraud, errors, or abuse. Contact information for your local SMP is on the last page of this document.

### **SHIP case study**

Dale is turning 65 in a few months, and he intends to enroll in Medicare. He is already collecting Social Security retirement benefits. He wants to know what steps he will need to take now that he will be enrolling in Medicare.

### What should Dale do?

- Dale should call his State Health Insurance Assistance Program (SHIP) for assistance.
  - If Dale doesn't know how to reach his SHIP, he can call 877-839-2675 or visit [www.shiphelp.org](http://www.shiphelp.org) to find his local SHIP.
- A SHIP counselor will let Dale know that because he is already collecting Social Security retirements, he should automatically be enrolled in Medicare Parts A and B. He should receive a Medicare card in the mail along with more information about his enrollment.
- The counselor will tell Dale that he can choose to get his Medicare benefits through Original Medicare or a Medicare Advantage Plan.
  - If Dale chooses Original Medicare, he may also want to consider enrolling in a standalone Part D plan and a Medigap plan.
    - If he does not have creditable drug coverage (for example, through a retiree plan or VA benefits), he should enroll in a Part D plan. The SHIP counselor should be able to help him compare plans and direct him on how to call 1-800-MEDICARE to enroll in Part D.
    - Dale should also consider purchasing a Medigap to cover some of his secondary costs. Depending on where he lives, Dale may have a limited amount of time in which his right to purchase a Medigap is protected. The SHIP counselor can let him know about these rules and, if he is interested in purchasing a Medigap policy, can help him compare his options.
  - If Dale wants to enroll in a Medicare Advantage Plan, the SHIP counselor can help him compare his options on [medicare.gov](http://medicare.gov) and direct him to call 1-800-MEDICARE to enroll during his ICEP.

### SMP case study

Marco enrolled in Medicare within the last year and got a My Health Care Tracker from his local SMP. He brings it to each of his medical appointments so he can take notes and stay organized. Today he received his Medicare Summary Notice (MSN) in the mail, which showed he had four physical therapy appointments last month. He could have sworn he only went twice.

### What should Marco do?

- Marco should check his My Health Care Tracker records with his MSN to see if his notes match the statement.
- If he sees that he did only have two physical therapy appointments last month and not four, he should first contact his physical therapy office to point out the mistake.
  - The physical therapy billing office should correct the error and resubmit the claims to Medicare.
  - If the physical therapy office disagrees and will not correct the error, Marco could be experiencing potential Medicare fraud, errors, or abuse. He should contact his local Senior Medicare Patrol. If he doesn't know their contact information, he can visit [www.smpresource.org](http://www.smpresource.org) or call 877-808-2468.
- The SMP can listen to Marco's situation and also help compare his My Health Care Tracker to his MSN. If the SMP confirms that he may be experiencing potential fraud, errors, or abuse, they can help Marco report this to CMS and the appropriate authorities.
- Marco should continue taking notes in his My Health Care Tracker to ensure his costs are accurate and that he can prevent fraud, errors, or abuse.

Local SHIP Contact Information	Local SMP Contact Information
<b>SHIP toll-free:</b> <b>SHIP email:</b> <b>SHIP website:</b>  <b>To find a SHIP in another state:</b> Call 877-839-2675 and say “Medicare” when prompted or visit <a href="http://www.shiphelp.org">www.shiphelp.org</a> .	<b>SMP toll-free:</b> <b>SMP email:</b> <b>SMP website:</b>  <b>To find an SMP in another state:</b> Call 877-808-2468 or visit <a href="http://www.smpresource.org">www.smpresource.org</a> .
<p><i>This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.</i></p> <p>SHIP Technical Assistance Center: 877-839-2675   <a href="http://www.shiptacenter.org">www.shiptacenter.org</a>   <a href="mailto:info@shiptacenter.org">info@shiptacenter.org</a>  SMP Resource Center: 877-808-2468   <a href="http://www.smpresource.org">www.smpresource.org</a>   <a href="mailto:info@smpresource.org">info@smpresource.org</a>  © 2024 Medicare Rights Center   <a href="http://www.medicareinteractive.org">www.medicareinteractive.org</a>  </p> <p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center.</i></p>	