

SHIBA Gearing up for Open Enrollment I workbook

September, 2024

Statewide Health Insurance Benefits Advisors
(SHIBA)

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Message from the SHIBA program team

Dear Volunteers,

As we continue our journey in making a positive Medicare counseling impact, it is essential to equip ourselves with the necessary knowledge and skills. The case scenario and activities included in this workbook aim to enhance your effectiveness as Medicare counselors.

Please take the time to engage with the content, reflect on the case, and make notes on the slide discussions. We encourage you to discuss your thoughts with fellow volunteers during our upcoming sessions.

Thank you for your commitment to making a positive impact, and we hope you find this workbook beneficial in your journey of continuous learning.

Your dedication and efforts contribute significantly to our mission. Thank you for being an essential part of our team.

Best regards,

SHIBA team

Open Enrollment

Activity 1: Medicare Open Enrollment Experience

Objective: To help you reflect on your past experiences with Medicare Open Enrollment and identify strategies to address common challenges.

Instructions:

1. **Think:** Reflect on a time when you assisted a beneficiary during the Medicare Open Enrollment period.

What challenges did you face?	How did you overcome them?

What worked well?	Why do you think it worked so well?

2. **Pair:** Share your thoughts with other volunteers. Discuss the strategies you used to address these challenges.

What challenges did others face?	How did they overcome them?

What worked well?	What did not work well?

3. **Share:** After discussion with other volunteers, write down two or three key strategies that you found most effective in overcoming the challenges you faced.

Challenges	Effective strategies

Annual Notice of Coverage

An Annual Notice of Coverage (ANOC) is sent out by your Medicare Advantage Plan or Part D plan and provides information about changes to coverage in the upcoming year.

It's usually sent out around September, since it can help beneficiaries decide if they want to make changes to their coverage during Medicare's Fall Open Enrollment period, which runs from October 15th to December 7th.

Three kinds of changes to look for in an ANOC:

- Changes to a plan's costs like premiums, deductibles, and copays.
- Changes to a plan's network that might affect coverage for a beneficiary's current providers and pharmacies
- Changes to a plan's formulary that might affect coverage of a beneficiary's current drugs or their prices.

Counselor corner: ANOC

Tip: Advise beneficiaries to review the changes to their coverage and decide whether their current plan still meets their needs or if they want to make changes during Open Enrollment.

Part D

Activity 2: Part D Prescription Drug Coverage

Activity Outcome: Documented list of options, challenges, and success strategies that you can reference during future counseling sessions.

Instructions:

1. **Discussion:** Write down the different options you typically discuss with beneficiaries regarding prescription drug coverage, including both Medicare and non-Medicare options.

Options	Resources

2. **Challenge:** Reflect on a challenging question you've received about Medicare Part D. Write down your responses.

What made it challenging?	How did you address it?

3. **Success:** Recall a time when you successfully helped a beneficiary with Medicare Part D. What approach did you take?

What worked well?	What approach did you take?

2025 Part D structure (phases)¹

In CY 2025, the structure of Part D benefit includes the following three phases:

- Annual deductible.
 - The enrollee pays 100 percent of their Gross Covered Prescription Drug Costs (GCPDC) until the deductible is met.
- Initial coverage:
 - The enrollee pays 25 percent coinsurance for covered Part D drugs.
 - The sponsor typically pays 65 percent of the costs of applicable drugs and 75 percent of the costs of all other covered Part D drugs.
 - The manufacturer, through the Discount Program, typically covers 10 percent of the costs of applicable drugs.
 - This phase ends when the enrollee has reached the annual OOP spending threshold of \$2,000.

¹ P.34 <https://www.cms.gov/files/document/final-cy-2025-part-d-redesign-program-instructions.pdf>
Also see Appendix A

- Catastrophic coverage.
 - The enrollee pays no cost sharing for Part D drugs.
 - Sponsors typically pay 60 percent of the costs of all covered Part D drugs.
 - The manufacturer pays a discount, typically equal to 20 percent, for applicable drugs.
 - CMS pays a reinsurance subsidy equal to 20 percent of the costs of applicable drugs, and equivalent to 40 percent of the costs of all other covered Part D drugs that are not applicable drugs.

Activity 3: Understanding the \$2000 Out-of-Pocket Maximum

Objective: To help you become familiar with the new \$2000 out-of-pocket maximum for Medicare Part D plans in 2025 and how to explain it to clients.

Instructions:

1. **Poll Reflection:** Reflect on your familiarity with the \$2000 out-of-pocket maximum. Based on the poll results, how confident do you feel about explaining this change to beneficiaries?

A:

2. **Explanation Practice:** Write a brief explanation that you would give to a beneficiary about the new \$2000 out-of-pocket maximum. Include key points like when it takes effect and what it means for their coverage.

A:

3. **Discussion:** Discuss potential challenges in explaining this change to clients. What strategies could you use to make the information more accessible?

Challenging topic	How would you address it?

Activity 4: Independent exploration of Part D topics

Objective: To provide you with an opportunity to independently explore and deepen your understanding of Part D

1. **Read and Research:**

- Review the brief descriptions provided below for each Part D topic. Then, use Medicare.gov or other trusted sources to research more detailed information about each topic. Take notes on any new or significant points you discover.

A:

2. Topics to Explore:

- **Benchmark Plans:** Research what Benchmark Plans are and why they are important for determining the cost of Part D coverage. Look into the latest updates for Washington.
- **Base Premiums:** Understand how Base Premiums are calculated and their role in determining costs and penalties. Check for any changes or trends in premium amounts.
- **Late Enrollment Penalty:** Review the rules surrounding the Late Enrollment Penalty, including how it is calculated and when it applies. Consider the impact this can have on clients.
- **Creditable Coverage:** Learn about what constitutes Creditable Coverage and why it's important for clients to know whether their coverage qualifies.

3. Reflection questions:

After your research, answer the following questions in your workbook:

Benchmark Plans:

- How do Benchmark Plans affect the choices clients make when selecting a Part D plan?

A:

- What advice would you give a client who is unsure about whether their current plan is a Benchmark Plan?

A:

Base Premiums:

- How might rising Base Premiums influence a client’s decision to enroll in or stay with a particular plan?

A:

- What factors should you discuss with clients regarding premium costs?

A:

Late Enrollment Penalty:

- Describe a scenario where a client might face the Late Enrollment Penalty.

A:

- How would you explain the importance of timely enrollment to prevent this penalty?

A:

Creditable Coverage:

- What are some common misconceptions clients might have about Creditable Coverage?

A:

- How would you clarify these points to ensure they understand their rights?

A:

Medicare Prescription Payment Plan (PPP)²

For the first time, beginning in 2025, the prescription drug law, known as the Inflation Reduction Act, requires all Medicare prescription drug plans (Medicare Part D plans) — including both standalone Medicare prescription drug plans and Medicare Advantage plans with prescription drug coverage, as well as Employer Group Waiver Plans (EGWPs) — to offer enrollees the option to pay out-of-pocket prescription drug costs in the form of capped monthly payments instead of all at once at the pharmacy.

Program participants will pay \$0 to the pharmacy for covered Part D drugs, and Part D plan sponsors will then bill program participants monthly for any cost sharing they incur while in the program. Pharmacies will be paid in full by the Part D sponsor in accordance with Part D prompt payment requirements³.

PPP opt-in basis

Any Part D enrollee may opt into the program prior to the beginning of a plan year or in any month during a plan year. Part D enrollees or their legal representative will be able to opt in directly with their Part D plan sponsor via several different mechanisms. When Part D sponsors receive a request to opt into the program before the plan year begins, they must process the request within 10 calendar days of receipt. When a request is received during the plan year, they must process it within 24 hours of receipt.

Program participants can also opt out at any point during the plan year. After opting out, the individual will pay any new out-of-pocket costs directly to the pharmacy.⁴

² <https://www.cms.gov/inflation-reduction-act-and-medicare/part-d-improvements/medicare-prescription-payment-plan>

³ <https://www.cms.gov/files/document/fact-sheet-medicare-prescription-payment-plan-final-part-one-guidance.pdf>

⁴ <https://www.cms.gov/files/document/fact-sheet-medicare-prescription-payment-plan-final-part-one-guidance.pdf>

PPP: Who benefits the most?

While this program is available on opt-in basis to anyone with Medicare Part D, enrollees with high cost sharing earlier in the plan year are more likely to benefit from the program.

For Medicare enrollees with Part D who are eligible for the Low-Income Subsidy (LIS) (also known as Extra Help), enrollment in Extra Help is more advantageous than the Medicare Prescription Payment Plan.

Counselor corner: PPP

Tip 1: Encourage individuals to check their eligibility for Low-Income Subsidy (LIS) programs before they consider participating in the Medicare Prescription Payment Plan.

Tip 2: The threshold for identification of Part D enrollees who are likely to benefit from PPP is a \$600 pharmacy Point of Sale (POS) threshold based on a single prescription. This approach identifies Part D enrollees with a very high likelihood of benefiting from the Medicare Prescription Payment Plan program, while reducing the risk of identifying Part D enrollees for whom the program may not be as helpful.⁵

CY 2023 changes continuing in CY 2025

Adult vaccines

No deductible or cost sharing be applied with respect to adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

Insulin

Out-of-pocket (OOP) costs for insulin be capped at \$35 per month's supply of covered insulin product.

⁵ <https://www.cms.gov/files/document/fact-sheet-medicare-prescription-payment-plan-final-part-one-guidance.pdf>

Medicare Plan Finder (MPF)

Medicare Plan Finder (MPF) in 2025⁶

Part D MPF changes at a glance

- A new section titled "Other help with drug costs" which appears under the "Extra Help" section.
- Estimated total drug costs will be displayed directly on the In-Network Pharmacy Finder map at the associated pharmacy location.
- The Pharmacy Finder and Plan Details pages will display the distance between a pharmacy and the user's location.
- MPF will provide a view of the estimated monthly and annual costs for Part D drugs if a beneficiary were to enroll in the Medicare Prescription Payment Plan.
- Information on the Medicare Prescription Payment Plan in the enrollment confirmation message for beneficiaries with high estimated drug costs.
- MPF new filters for:
 - MA plans choices
 - MA plans supplemental benefits
 - D-SNPs

State Pharmaceutical Assistance Program (SPAP)

Medicare Plan Finder added a new section titled "Other help with drug costs" which appears under the "Extra Help" section. This informs users of the State Pharmaceutical (SPAP) and Pharmaceutical (PAP) savings programs available to them and help them understand their options and what actions they should take.

⁶ <https://portal.shiptacenter.org/Portal/Resource/Resource-Detail.aspx?ResourceGUID=527EB881-85E6-4BD2-8457-580EE192CCD5>

See HCA website for more information on the Washington Prescription Drug Program (WPDP) <https://www.hca.wa.gov/free-or-low-cost-health-care/get-help-paying-prescriptions>

Changes to the Pharmacy Finder and In-Network Pharmacy Finder

A series of changes are made to the Pharmacy Finder and In-Network Pharmacy Finder to help users to make the connection between pharmacy selection and drug prices clearer and easier to use

The distance between each pharmacy and the user's location is displayed below the pharmacy number.

The distance between each pharmacy and the user's location is displayed below the pharmacy name on Plan Details.

YEARLY DRUG COSTS BY PHARMACY
Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. Can my drug costs change by pharmacy?

	Giant Pharmacy 466 feet View on map Preferred	Small Pharmacy 1 mile View on map In-network	This Pharmacy 600 feet View on map Preferred	That Pharmacy 5.6 miles View on map In-network	Mail Order Pharmacy In-network
Actimmune 200000units/0.5ml solution	\$100	\$100	\$100	\$100	\$100
Losartan potassium 100mg tablet	\$100	\$100	\$100	\$100	\$100
Sertraline 50mg tablet	\$100	\$100	\$100	\$100	\$100
Total yearly drug cost	\$100	\$100	\$100	\$100	\$100

ESTIMATED TOTAL DRUG + PREMIUM COST

	Giant Pharmacy 466 feet View on map Preferred	Small Pharmacy 1 mile View on map In-network	This Pharmacy 600 feet View on map Preferred	That Pharmacy 5.6 miles View on map In-network	Mail Order Pharmacy In-network
Total drug + premium cost (for the rest of 2024)	\$100	\$100	\$100	\$100	\$100
Total drug + premium cost (for the rest of 2024)	\$100	\$100	\$100	\$100	\$100
Total drug + premium cost (for the rest of 2024)	\$100	\$100	\$100	\$100	\$100

ESTIMATED TOTAL MONTHLY DRUG COST

	Giant Pharmacy 466 feet View on map Preferred	Small Pharmacy 1 mile View on map In-network	This Pharmacy 600 feet View on map Preferred	That Pharmacy 5.6 miles View on map In-network	Mail Order Pharmacy In-network
October	\$100	\$100	\$100	\$100	\$100
November	\$100	\$100	\$100	\$100	\$100
December	\$100	\$100	\$100	\$100	\$100

MA Plans: filtering options

Medicare Plan Finder allows individuals to find available Medicare Advantage and Part D plans by zip code.

To help users understand how their choices will affect their search results, the plan quantity will be added to:

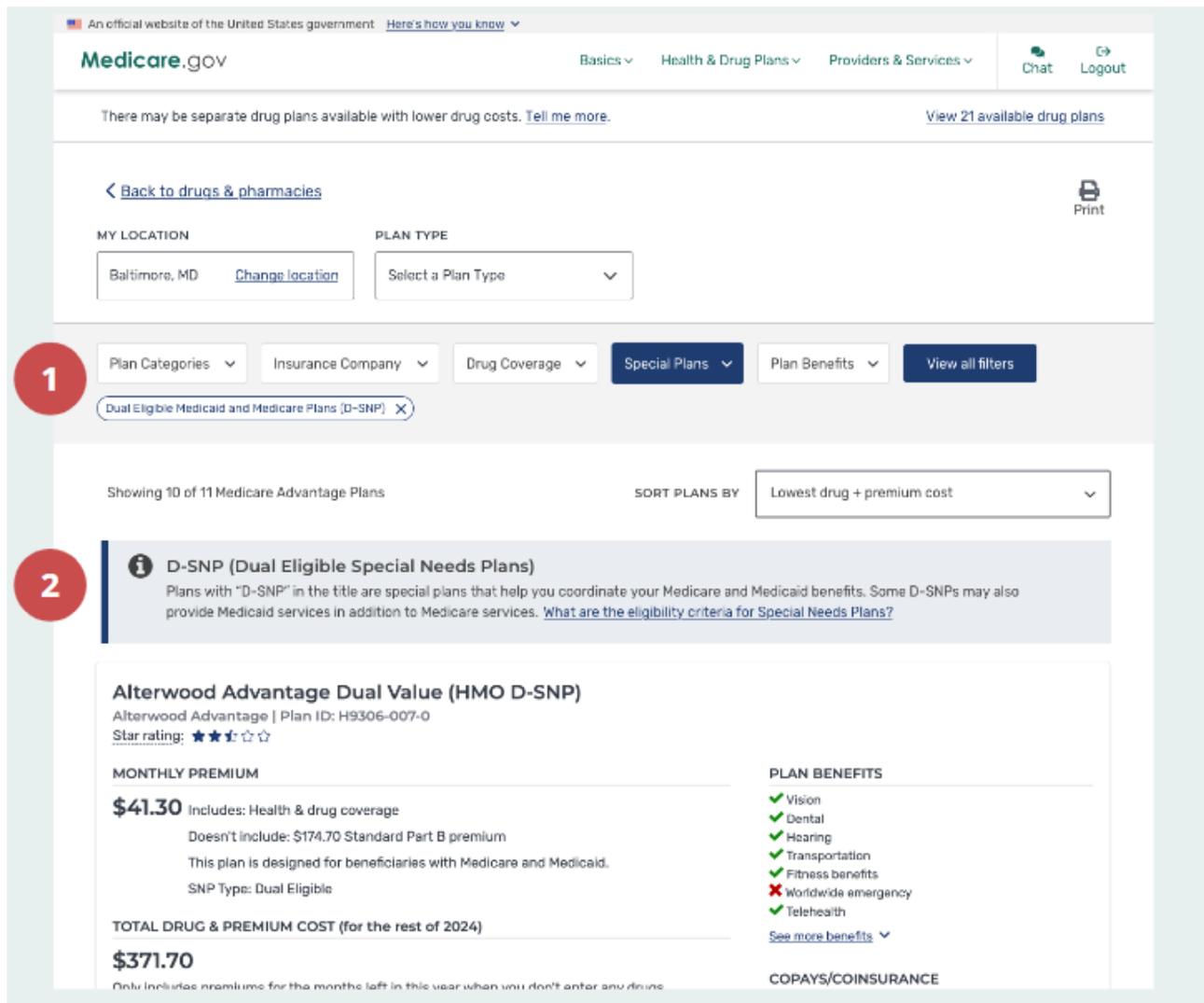
1. Filter dropdowns
2. Filter drawer

The image shows a screenshot of the Medicare.gov website with several callouts and annotations. A red circle with the number '1' points to the 'Filter by' section, which includes dropdowns for 'Plan Benefits', 'Insurance Carrier', 'Drug Coverage', and 'Star Ratings'. A red circle with the number '2' points to the 'Filter Plans' drawer, which is open and shows various filter options. A text box titled 'Research findings' states: 'Plan quantities next to filter options had no negative impact and appeared to help set user expectations.' Below the main screenshot, there are two detailed views of filter dropdowns. The first, labeled '1', shows a list of insurance carriers with their respective plan counts: Aetna Medicare (2), Alterwood Advantage (2), CareFirst BlueCross BlueShield M Advantage (1), Cigna Healthcare (2), Communicare Advantage (2), Humana (4), Johns Hopkins Advantage MD (2), Kaiser Permanente (5), and UnitedHealthcare (2). The second, labeled '2', shows a 'Drug Coverage' dropdown with two options: 'Includes drug coverage [28]' and 'Doesn't include drug coverage (6)'. A central text box reads 'FILTER DROPPDOWNS'. The 'Filter Plans' drawer shows sections for 'PLAN BENEFITS' (Vision coverage [20], Dental coverage [18], Hearing coverage [20], Transportation [12], Fitness benefits [9]), 'PLAN TYPE' (Medicare Advantage selected, HMO [15], PPO [5], Prescription Drug Plans), and 'INSURANCE CARRIER' (Select insurance carrier). Buttons for 'Apply Filters' and 'Clear all filters' are at the bottom.

Supplemental benefits

Mandatory supplemental Over-the-Counter (OTC) hearing aid benefits and the redesigned preventive and comprehensive dental benefit services are added to MPF.

For dually-eligible individuals⁷



The screenshot shows the Medicare.gov website interface. At the top, there are navigation links for 'Basics', 'Health & Drug Plans', and 'Providers & Services'. A search bar is present with 'Chat' and 'Logout' options. Below the navigation, there is a message about separate drug plans and a link to 'View 21 available drug plans'. The main content area includes a 'MY LOCATION' dropdown set to 'Baltimore, MD' and a 'PLAN TYPE' dropdown set to 'Select a Plan Type'. A filter bar at the bottom of the search results shows 'Dual Eligible Medicaid and Medicare Plans (D-SNP)' selected. Below the filter bar, there is a 'Showing 10 of 11 Medicare Advantage Plans' and a 'SORT PLANS BY' dropdown set to 'Lowest drug + premium cost'. A red circle with the number '1' highlights the filter bar. Below the filter bar, there is an information box for 'D-SNP (Dual Eligible Special Needs Plans)' with a red circle and the number '2'. The information box contains a description of D-SNPs and a link to 'What are the eligibility criteria for Special Needs Plans?'. Below the information box, there is a plan card for 'Alterwood Advantage Dual Value (HMO D-SNP)'. The plan card includes the following information: Plan ID: H9306-007-0, Star rating: ★★☆☆☆, Monthly Premium: \$41.30 (includes Health & drug coverage, doesn't include \$174.70 Standard Part B premium), Total Drug & Premium Cost (for the rest of 2024): \$371.70 (only includes premiums for the months left in this year when you don't enter any drugs), Plan Benefits: Vision, Dental, Hearing, Transportation, Fitness benefits, Worldwide emergency (marked with a red X), Telehealth, and Copays/Coinsurance. A red circle with the number '1' highlights the filter bar, and a red circle with the number '2' highlights the information box.

For certain D-SNPs, in 2025, Medicare plan finder will indicate both Medicaid and Medicare services as available. So that dual-eligible users can discover and

⁷ Justice in Aging July 30, 2024 Issue Brief <https://justiceinaging.org/upcoming-changes-for-dually-enrolled-individuals/?eType=EmailBlastContent&eld=ee34cb89-5014-4bf8-ad39-6f07ac133602>

identify D-SNPs that could benefit them, those who select the Medicaid checkbox on the 'Help with your costs' page will see on the Plan Results page:

1. The D-SNP filter pre-selected
2. An informational alert with content about Special Needs Plans

Activity 5: Exploring the Medicare Plan Finder Tool

Objective: To help participants become more familiar with the Medicare Plan Finder tool and how to use it effectively during counseling.

Instructions:

1. **Experience Reflection:** Based on your experience with the Medicare Plan Finder tool, what features do you find most helpful? Write down a list of these features.

A:

2. **Practice Scenario:** Imagine you are helping a client compare Medicare Part D plans using the Medicare Plan Finder tool. Outline the steps you would take to guide them through the process.

A:

Activity 6: Exploring Medicare Plan Finder new features

Objective: To help participants become more familiar with the new Medicare Plan Finder features and how to use them effectively during counseling.

Experience Reflection: What new MPF features do you find most helpful? Why? Write down a list of these features.

New feature	Helpful? Not so helpful?	Why?

Case work

Counseling session preparation

Learning objective

By preparing for the call with a beneficiary, you will be equipped to provide them with accurate information, guidance, and support regarding their options.

Case

According to the referral received, the client is curious to know about changes in Medicare Prescription Drug Benefit in 2025.

You are preparing to call client:

Question	Answer
What do you do to prepare for this session?	
What information do you need to convey?	
What would you consider to be in your scope for this session?	

Counseling session critique & coaching:

What did they do well?	What can they do better next time?
<i>Technical:</i>	
<i>Relational:</i>	

Counseling session transcript

Susanna (Client): Hello!

Randi (SHIBA Counselor): Hi, this is Randi Smith. I'm a volunteer with Washington SHIBA. We help people with Medicare. Is this Susanna?

Susanna (Client): Yes, it is.

Randi (SHIBA Counselor): Great. You called yesterday asking if we could answer questions about your Medicare. How can I help you?

Susanna (Client): Well, I have a Medicare plan, and I just got a letter from them saying there will be changes in how they pay for prescriptions next year. So I am a little worried...but not sure if I should be worried or if there is something I need to do.

Randi (SHIBA Counselor): I am glad you called. The letter you received is called an Annual Notice of Change letter. It tells you if there are changes in coverage or costs for the next year. You should get one every September.

You read right - there are going to be changes to prescription coverage next year. We expect they will be good for most people – so we recommend that you plan to review your coverage for next year during Open Enrollment – between October 15th and December 7th - so you can change your plan if there is a better option for you.

Susanna (Client): Okay. Can you tell me a little bit more what to expect?

Randi (SHIBA Counselor): Sure. The changes are going to affect different people differently. Do you mind if I ask you a few questions?

Susanna (Client): Sure. Go ahead!

Randi (SHIBA Counselor): Okay, did you get the drug coverage that you have now through the benefits from a former employer, or did you get it yourself, through Medicare or an agent?

Susanna (Client): My agent helped me. I actually have Aetna with silver sneakers. Do you know that one?

Randi (SHIBA Counselor): There are a few Aetna plans. Do you have the card you use at the pharmacy handy?

Susanna (Client): Yes, I pulled it out of my wallet while we have been talking. The card, says Aetna, and it has my name and my doctor's name on it.

Randi (SHIBA Counselor): Okay. So you use the same card for your prescription drugs and your doctor's office.

Susanna (Client): Yes, I have a PPO plan.

Randi (SHIBA Counselor): Okay. Great. Do you get any help with the cost of your Medicare part B premiums from the State of Washington or for prescription drugs through Social Security Extra Help?

Susanna (Client): No, I have a pretty good monthly income, so I don't get any additional help.

Randi (SHIBA Counselor): Okay. So what we know right now about the changes happening January 1 is that your out-of-pocket cost for drugs, in other words, the total you will have to pay, at most, will be \$2,000.

And, if you have expensive medications you're going to be able to sign up for a monthly payment plan. This means you may not need to have a big bill the first time you fill your medication.

Susanna (Client): Oh, OK

Randi (SHIBA Counselor): What we don't know yet is about the specific costs for drugs that are in your plan, or what other Medicare Advantage plans, like Aetna, are offering next year.

So we are suggesting that everyone reviews their plans for next year, because there could be changes in the plans available to you, and the coverage they provide. And we're happy to help you with that during open enrollment.

Randi (SHIBA Counselor): Have you set up a Medicare.gov account or used the Medicare website?

Susanna (Client): No, I have not. But I don't mind using a computer. So it's definitely something I can do.

Randi (SHIBA Counselor): Okay. Well, you might like to try out Medicare.gov, then. You can create an account to see information on your Medicare coverage, print new cards if you lose them, and save your medication information. It can be very helpful for comparing plans during open enrollment.

During Open Enrollment for next year, you can compare the co-pays and costs for medical coverage and your prescriptions with your Aetna plan with other plans available for your area.

Susanna (Client): Oh, wonderful! I'll make sure to create an account right away.

Randi (SHIBA Counselor): Great. Do you have any other questions?

Susanna (Client): No, I think I am OK for now.

Randi (SHIBA Counselor): Okay. Be sure to give us a call help comparing plans during open enrollment.

Susanna (Client): Okay! Thanks so much. Bye.

Randi (SHIBA Counselor): Bye

Counseling session checklist

		Done ✓
1.	Introduce yourself – name, sponsor & SHIBA	
2.	Establish rapport – how to address client, etc.	
3.	Is client currently on Medicare, New to Medicare, other?	
4.	How can I help? (ANOC and September updates)	
5.	Listen to client’s questions/concerns.	
6.	Do they have retiree, VA or Tribal benefits that affect options?	
7.	Ask if they have assistance – MSP/Extra Help	
8.	Counsel for client’s situation/needs <ul style="list-style-type: none"> • Explain ANOC • Explain 2025 Part D changes <ul style="list-style-type: none"> ○ \$2000 MOOP ○ Prescription payment plan • Explain Open Enrollment for checking coverage • Explain Medicare.gov account benefits 	
9.	Review actions taken → Discuss next steps <ul style="list-style-type: none"> • Recap discussion, check for understanding • (If applicable) Schedule follow-up or explain how follow-up will occur • Remind client of importance of plan reviews during open enrollment 	
10.	Thank client & remind them to call SHIBA or sponsor if they have Medicare questions SHIBA Helpline: 1-800-562-6900 Sponsor SHIBA phone: _____	
11.	Enter Beneficiary Contact Form in STARS	

STARS

Activity 7: STARS data entry

Discussion:

- During busy season what are some tips and tricks you use to stay current on STARS?

A:

- How do you prioritize data entry when you have back-to-back appointments?

A:

STARS Beneficiary Contact Form (BCF) notes

We urge you to appreciate the importance of detailed comments in your BCFs. Thorough documentation is key to maintaining the quality and continuity of the service we provide to our beneficiaries in counseling sessions.

Additionally, these comments serve as a tool for reflection, allowing us to revisit and assess the effectiveness of each session. This introspection is vital for our continuous improvement and for ensuring that we meet the evolving needs of those we serve.

Final reflections

Learning outcomes

Do you have a clear understanding of the Medicare changes for 2025?

Do you feel better prepared to effectively counsel Medicare beneficiaries during Open Enrollment Period?

How can SHIBA staff help?

Contact your RTC:

- Brisson, Noreen (OIC) Noreen.Brisson@oic.wa.gov
 - Office 509-818-1017
 - Cell 360-349-2850
- Dieckman, Lynda (OIC) Lynda.Dieckman@oic.wa.gov
 - Office 360-725-7257
 - Cell 360-742-4949
- Lee, Rosie (OIC) Rosie.Lee@oic.wa.gov
 - Office 360-725-7253
- Skye-Dugovich, Shannon (OIC) Shannon.Skye-Dugovich@oic.wa.gov
 - Office 360-725-7108
 - Cell 360-250-4900
 - Cell 360-701-0933

- Volpone, Sarah (OIC) Sarah.Volpone@oic.wa.gov
 - Office 206-389-2916
 - Cell 360-250-6932

For any curriculum & training related questions & suggestions:

Contact SHIBA Curriculum & Training Coordinator, Elena Garrison
OICMedicareTrainingFeedback@oic.wa.gov or call: **360-725-7107**

Thank you for your participation.

Appendix A

Compare Part D Benefit Parameters for Defined Standard Benefit for CY 2024 and CY 2025 for Non-LIS Beneficiaries⁸

	2024		2025 ⁵⁷	
Deductible Phase	Cost sharing: 100%		Cost sharing: 100%	
	Deductible: \$545		Deductible: \$590	
Initial Coverage Phase	Cost sharing: 25% Plan Pays: 75%		Applicable Drugs Cost sharing: 25% Plan Pays: 65% Manufacturer Discount: 10%	Non-Applicable Drugs Cost sharing: 25% Plan Pays: 75%
	Initial Coverage Limit: \$5,030		Initial Coverage Limit: Not Applicable	
Coverage Gap	Applicable Drugs Cost sharing: 25% Plan Pays: 5% Manufacturer Discount: 70%	Non-Applicable Drugs Cost sharing: 25% Plan Pays: 75%	N/A	
	Out-of-Pocket Threshold: \$8,000		Out-of-Pocket Threshold: \$2,000	
Catastrophic Phase	Plan Pays: 20% Reinsurance: 80%		Applicable Drugs Plan Pays: 60% Manufacturer Discount: 20% Reinsurance: 20%	Non-Applicable Drugs Plan Pays: 60% Reinsurance: 40%

⁸ P.68 <https://www.cms.gov/files/document/final-cy-2025-part-d-redesign-program-instructions.pdf>

References

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Fact Sheet: Medicare Prescription Payment Plan Final Part Two Guidance.

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