OFFICE of the INSURANCE COMMISSIONER
SHIBA WASHINGTON STATE

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

Planning & Goals

January 2017 training

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Review 2016 Open Enrollment Period (OEP)

Happy New Year!

Looking back in 2016 your accomplishments are outstanding. Here are some milestones that reflect your achievements during this year's Medicare OEP. We have exceeded last year's numbers in the following areas.

Between October 15 and December 7, 2016, we accomplished:

- **16,755** – The number of CCRs listed may be skewed due to deferred entries of CCRs
- **508 PMAs**

With these outstanding accomplishments, we would like to collect input from SHIBA volunteers, staff and anyone involved in helping Medicare clients. This will help us challenge ourselves to the next level for 2017. Please provide your input in the following questions:

What worked?

What didn't work?

What can the OIC improve on for next year?

What can your SHIBA sponsor site improve on for next year?

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SHIBA ranks among top 15 in the nation

The U.S. Administration for Community Living (ACL) announced in late November that SHIBA ranked among the top 15 nationally in performance for helping people with their Medicare coverage. We jumped from the 34th spot to #13! So congratulations to all of you for your hard work!

Specifically, here's where the increases in all your efforts paid off:

- Client contacts – 42% increase
- Consumers reached through exhibits, health fairs and enrollment events – 31% increase
- Client counseling contacts – 47% increase
- Contacts with Medicare beneficiaries who are disabled – 47% increase
- Contacts with low-income Medicare beneficiaries – 30% increase
- Clients enrolled in a Medicare program – 47% increase
- Clients assisted with a Medicare prescription program – 63% increase
- Total counseling hours – 35% increase

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2017 SHIP performance measures (PM) & goals

SHIP mission: Our mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.

SHIP vision: We're the known and trusted community resource for Medicare information.

2017 SHIP PMs to take effect April 1, 2017

- **PM1: Client contacts –** Percentage of total client contacts (in-person office, in-person home, telephone (all durations), and contacts by email, postal or fax) per Medicare beneficiaries in our state.

- **PM2: Outreach contacts –** Percentage of people reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in our state.

- **PM3: Medicare beneficiaries under 65 –** Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries in our state.

- **PM4: Hard-to-reach contacts –** Percentage of low-income, rural and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in our state. Each section of this PM will be calculated by taking the total client contacts reached in the hard-to-reach category and dividing by the total beneficiary population in that category.

- Example:

Population	Total Beneficiaries in State	Total Contacted by SHIP	Score
Low-income	150,000	12,000	8%
Rural	70,000	9,000	13%
Non-native English speakers	30,000	3,000	10%
Total*	**250,000**	**24,000**	**9.6%**
***Some beneficiaries could fall into multiple categories and thus be counted multiple times in the numerator and denominator**			

- **PM5: Enrollment contacts –** Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per Medicare beneficiaries in our state.

Moving to a different rating format – example

In 2017, we will no longer get a ranking like we have in the past. Instead, they will compare us with other states in a percentage rating:

State	PM1	PM2	PM3	PM4	PM5
A	Excellent	Fair	Excellent	Good	Average
B	Low	Average	Low	Average	Low
C	Average	Average	Low	Average	Average
D	Excellent	Fair	Average	Average	Excellent
E	Average	Fair	Average	Excellent	Fair
F	Average	Low	Good	Excellent	Average
G	Fair	Low	Low	Average	Low
H	Fair	Fair	Good	Average	Fair

Score Key

Score Location	Rating
Top 10% (5 States)	Excellent
Next 20% (11 States)	Good
Middle 40% (22 States)	Average
Next 20% (11 States)	Fair
Bottom 10% (5 States)	Low

State performance reports

- Reports will include both ratings and numerical data on each measure (similar to what SHIPs currently receive).
- Reports will provide data on both the statewide and local levels:
  - Rating for each PM
  - Numerical data for each PM and each county

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Clients MA/MAPD plan ended and who failed to pick a new one

- **Clients may join a stand-alone Part D plan or a different Medicare Advantage (MA) plan (MA Non-Renewal Special Enrollment Period)**
  - Special Enrollment occurs January 1 – February 28, 2017.
- **Clients have a guaranteed issue to buy a Medigap with no health screening**
  - Clients have up to 63 days after old plan ends.
  - If clients join a Medigap and they want Rx coverage, they should sign up for a Part D plan.
  - Share with the client the *MA Enrollment Timelines,* Publication #SHP 811 **(top of page 3).**

Clients who want to leave their MA plan

- **Clients may leave their plan during the Medicare Advantage (MA) Disenrollment Period that occurs January 1 – February 14**
  - Share with the client the *MA Enrollment Timelines,* Publication # SHP 811 **(bottom of page 2).**
  - Clients **must** go to Original Medicare.
  - Clients may not get a different MA plan.
  - Clients may get a stand-alone Part D plan (we can help them find one that meets their needs).
- **After February 14:**
  - Clients may leave if they have a Special Enrollment Period.
    - See *Understanding Medicare Part C & D Enrollment Periods*, CMS Publication # 11219 www.medicare.gov/Pubs/pdf/11219-Understanding-Medicare-Part-C-D.pdf

    - The client or you (the volunteer) may call Medicare for details.
  - Clients may have to wait until the Medicare Open Enrollment Period (October 15 – December 7 2017) to switch for 2018.

Clients who missed their Medicare Initial Enrollment period

- **Clients who missed their Medicare Initial Enrollment Period and are NOT eligible for a Special Enrollment Period (SEP) may join Original Medicare Parts A and B from January 1 – March 31. This is called the General Enrollment Period.**
  - Coverage starts July 1, and these clients likely will have a late-enrollment penalty.
    - Clients may also have a lapse in health coverage.
  - Clients will have a SEP to join Part D or a Medicare Advantage plan April 1 through June 30.
    - See *Understanding Medicare Part C & D Enrollment Periods*, CMS Publication # 11219 (**bottom of pages 3 & 11**) www.medicare.gov/Pubs/pdf/11219-Understanding-Medicare-Part-C-D.pdf

5-Star Special Enrollment period

- In area where there are 5-star Medicare Advantage or Medicare Prescription Drug Plans, clients are allowed one time to join the 5-star plan between December 8 and November 30.

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Changes related to MA plans' provider network

Beginning in 2017:

- **Notice from MA plan to the Centers for Medicare & Medicaid Services (CMS)**
  - Plans must notify CMS at least 90-days prior to significant provider network changes.
    - Affected enrollees may be eligible for an SEP.
- **Notice to MA plan enrollees**
  - Plans must provide enrollees at least 30 days advance notice of significant network changes.
  - Plans must include new language in Annual Notice of Change/Evidence of Coverage to explain enrollee rights about provider network changes each September.

What to do when a drug is NOT covered in 2017

- **Clients should work with their plan, their health care provider, or their pharmacy if for some reason their drug is no longer covered in 2017.**
  - They can ask the plan for a "**transitional supply**" of their current drug.
    - This is a temporary supply – up to 30-days to allow time to sort out the problem.
  - They can check if there is a different drug they can take that is on their plan's formulary.
  - They can request an exception.
    - An exception is coverage of a drug that is not on the plan's formulary, such as the brand-name version of a generic drug.
  - Clients should contact their plan or their pharmacy for assistance.

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Extra Help/Medicaid clients who can't get their prescriptions filled

- **If clients have Extra Help (also called LIS or Low Income Subsidy), they may need to bring certain things to their pharmacy:**
  - Medicare number
  - LIS letters from Social Security
  - Medicaid ("ProviderOne") card or award letter
  - Other documentation showing LIS eligibility
- **If client is new to LIS, they may need to ask their pharmacy to call LINET at 1-800-783-1307 or they may go online to:** www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNET.html
  - If the pharmacy will not allow this, the client may need to go to a different pharmacy.
  - Client may also contact SHIBA for assistance and we can help them find and join a Part D plan that meets their needs.
- **If client recently switched Part D plans, they may need to bring to the pharmacy any information about the new plan, such as:**
  - Paperwork **OR**
  - Electronic confirmation from medicare.gov
- **If client has less than a three-day supply of drugs, consult with your Volunteer Coordinator, Regional Training Consultant, or fully complete Section 5 of the CCR (complaint section) and close the CCR.**
- **If client is determined ineligible by SSA, he/she may be responsible for the cost of the claims – unless they can provide proof of eligibility for LIS.**

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Scenarios:

1. Bob has been visiting his daughter overseas for the last six months. While he was gone, he received a letter stating his MA plan was ending. When Bob returned home and found the letter, he learned that his MA plan ended and he no longer has coverage.

What can you tell Bob?

_____
_____
_____

2. Sally signed up for Humana-Walmart because all her drugs would be covered. She later finds out that two of her most expensive drugs will no longer be covered in 2017.

What can you tell Sally?

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_____

3. Alice receives LIS and needs to get a prescription filled at her local Rite Aid. The pharmacist tells her that her drugs will not be covered. Her friend Mary tells her to call SHIBA as they helped her with the same situation and she was able to get her prescription covered.

What can you tell Alice?

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_____
_____

4. Sue's prescription drug costs are different when she visits her local retail pharmacy in January. The costs do not match with the plan finder results and the pharmacy is changing.

What would you do to help her? What advice would you give?

_____
_____
_____

Beyond the AEP: Alternatives for Beneficiaries

Maureen Kerrigan

By Maureen Kerrigan

SMP National Liaison, Consortium for Medicare Health Plan Operations, Centers for Medicare & Medicaid Services

With enrollment in Medicare plans limited to certain times, are there options for a beneficiary who needs to enroll in or change plans after the Annual Election Period (AEP) ends December 7?

Non-renewing Plan

First, beneficiaries in plans that are not renewing have, in effect, an "extended" AEP. Plans that are not being renewed the next year must notify beneficiaries by September 30. Individuals have from the beginning of the AEP (October 15) until the end of February to make a new choice.

There may be options for others that begin the day after the AEP ends! This article outlines the possibilities. Please check to determine if a particular individual meets the qualifications for eligibility. It is also important to check for when the opportunity might arise and when it ends – there are different time frames for different opportunities.

Let's begin with those opportunities that arise immediately after the AEP.

Five-star SEP

Five-star plans are those CMS have found meet the highest standards. If there is a five-star plan available in the beneficiary's area, he/she has a one-time Special Enrollment Period (SEP) to switch to a five-star plan. The five-star plans will have a specific icon on the Medicare Plan Finder tool (www.medicare.gov/find-a-plan) or you can call 1-800-MEDICARE to find out if there is a five-star plan available. CMS announces five-star plans for the following year prior to the AEP. If an individual does not choose a five-star plan during the AEP, he/she has a one-time opportunity through an SEP to choose one between the end of the AEP and November 30 of the next year. For this year, that means between Dec. 8, 2016, and Nov. 30, 2017.

A plan must refer to its overall rating when promoting its ratings, so it would be a marketing violation, for example, for a plan with an overall two-star rating and a five-star rating in the category of customer service to present itself to a beneficiary as a "five-star plan."

continued

Maureen Kerrigan was a featured speaker at the SMP Resource Center's Can They Do That? Webinar on Sept. 20. The webinar reviewed existing acceptable and unacceptable Part C and Part D Plan marketing and education practices that may be seen by beneficiaries. See the recording, PowerPoint, and materials in the SMP Resource Library.

Low-performing Plan SEP

On the other hand, a beneficiary enrolled in a plan with fewer than three stars for three consecutive years can use the low-performing plan SEP to enroll in a plan rated three stars or higher or into a plan that has no rating (since there are some plans that are too new to rate). This is also a one-time SEP, to be used once during the year.

Medicare Advantage (MA) Disenrollment Period

The next option that might be available is the Medicare Advantage (MA) Disenrollment Period January 1-February 14. A beneficiary in a Medicare Advantage Plan can leave the plan and switch to Original Medicare during the Disenrollment Period and get an SEP for a Prescription Drug Plan (PDP). Keep in mind, though, that if the individual had an MA-only plan and prescription drug coverage from a standalone PDP, although he can disenroll from the MA-only plan, he must remain in the same PDP. If the individual uses the SEP to disenroll from a Medicare Advantage Plan with prescription drug coverage (MA-PD), he or she has a Part D SEP to enroll in a PDP plan to be used at the same time as when he disenrolls from the MA-PD.

A beneficiary cannot, however, use the MA Disenrollment Period to enroll in an MA plan if she is in Original Medicare or use it to switch from one MA or PDP plan to another. She also cannot use it to join, switch, or drop a Medicare Medical Savings Account Plan.

There are other flexibilities focused on ensuring the individual can have drug coverage despite plan changes:

- If an individual has drug coverage through a Medicare cost plan and leaves the plan, the individual will have an SEP to join a drug plan.
- If an individual enrolls in or drops a Program of All-inclusive Care for the Elderly (PACE) plan, the individual will have an SEP. The individual can disenroll from a PDP to enroll in PACE, including the PACE Part D benefit. And individuals who disenroll from PACE have an SEP to enroll in a PDP.

Medicare General Enrollment Period

The next option in the year is if the beneficiary enrolled in Medicare Part B during the Medicare General Enrollment Period January 1-March 31. When an individual enrolls during the General Enrollment Period, Part B coverage starts July 1. The beneficiary can sign up for a Medicare Advantage Plan or a Prescription Drug Plan April 1-June 30.

Trial Rights

What if the individual joined a Medicare Advantage Plan and wants to switch to a Medigap plan? What is called a “trial right” can be provided to an individual who joined a Medicare Advantage Plan or PACE plan when he or she was first eligible for Medicare Part A at 65. The person must be within the first year of joining the MA plan. He or she can switch to Original Medicare and enroll in any Medigap policy that is sold in that state by any insurance company.

continued

If the individual dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time and has been in the plan less than a year and wants to switch back, the individual has a right to join the Medigap policy he or she had before joining the Medicare Advantage Plan or Medicare SELECT policy if the same insurance company still sells it. If the former Medigap policy isn't available, an individual can buy a Medigap Plan A, B, C, F, K, or L that is sold in the state by any insurance company.

The trial right is not to add coverage; it is important that the individual using the trial right drop either the Medicare Advantage or Medigap plan and an agent should not try to get her to keep both. The agent cannot sell a Medicare Advantage Plan to someone with Medigap or a Medigap plan to someone with a Medicare Advantage Plan. It is duplicative coverage and the benefits won't be coordinated.

There are several other kinds of Special Enrollment Periods:

Significant Plan Changes

If the plan is sanctioned about an issue affecting the individual beneficiary, the beneficiary may be able to get an SEP to disenroll.

If the plan ends during the year, the beneficiary may get an SEP to enroll in a new plan.

Change in a Beneficiary's Living Situation

Plans provide coverage in defined areas, so what if the beneficiary moves? All of the following situations can affect the ability of an individual to have continued coverage so may allow for a Special Enrollment Period:

- A beneficiary moves to a new address that isn't in the beneficiary's plan's service area.
- The beneficiary moves to a new address that's still in the plan's service area but there are new plan options in the new location.
- The beneficiary moves back to the United States after living out of the country.
- The beneficiary is living in or moved in or out of an institution such as a skilled nursing facility.
- The beneficiary is released from jail.

Low-income Beneficiaries

The next category provides Special Enrollment Periods for flexibility for low-income individuals:

- Individuals receiving a Medicare Part D low-income subsidy (Extra Help) or with Medicaid or a Medicare Savings Program have a continuous open enrollment period; they can change plans anytime.
- The individual is no longer eligible for Medicaid.
- The individual is no longer eligible for Extra Help.
- The individual is enrolled in a State Pharmacy Assistance Program or loses eligibility for the program.

The continuous open enrollment period provides low-income beneficiaries great flexibility but plan selection should always be based on the plan that best meets their needs.

Coverage other than Medicare

Now how about the individual who has other coverage but wants or needs to make a change? There may be an SEP under these circumstances:

- The individual enrolls in an employer/union group-sponsored Part D plan, the individual wants to disenroll from a Part D plan to take employer/union-sponsored coverage of any kind, or the individual wants to disenroll from employer/union-sponsored coverage (including COBRA coverage) to enroll in a Part D plan.
- The individual involuntarily loses creditable coverage.
- The individual's coverage is no longer creditable.
- The individual has a chance to enroll in employer coverage.
- The individual has a chance to enroll in other creditable coverage.

Correcting Errors

Occasionally an individual hasn't received the proper information needed to make a plan choice. There could be an SEP to assist in these circumstances:

- The individual joined a plan or didn't join a plan because of an error by a federal employee.
- The individual wasn't told coverage was not creditable.
- The individual wasn't properly notified he was losing creditable coverage.

Medicare Special Needs Chronic Care SEP

Lastly, if an individual has a severe or disabling condition and there's a Medicare Special Needs Chronic Care plan available that serves people with that condition, the individual has an SEP to enroll in that plan.

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Training Course Evaluation

How can SHIBA improve the monthly trainings?

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What additional trainings within our SHIBA scope would you like to see?

_____

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What SHIBA training materials (including QRCs) would you like to see added to My SHIBA?

_____

_____

_____

_____

Other:_____

_____

_____

_____

If you prefer to give electronic feedback about curriculum please contact:
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