



ODI

Ohio Department
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

OSHIIP Medicare Advantage Update Webinar

Session Topics

- This session will help you to
 - Define Medicare Advantage (MA) Plans
 - Explain eligibility requirements/enrollment
 - Define how MA Plans work
 - Identify types of MA Plans
 - Identify Marketing guidelines
 - Review Reporting procedures

What is a Medicare Advantage Plan?

- Health plan options
 - Approved by Medicare
 - Run by private companies
- Part of the Medicare program
- Sometimes called “Part C”
- Available across the country
- Provide Medicare-covered benefits
 - May cover extra benefits

Original
Medicare

+

Secondary
Insurance

+

RX
Coverage

OR

Medicare
Advantage
(Part C)
Hospital,
Medical, RX

Who Can Join?

- Eligibility requirements
 - Live in plan service area
 - Entitled to Medicare Part A (Hospital Insurance)
 - Enrolled in Medicare Part B (Medical Insurance)
 - No End-Stage Renal Disease (ESRD) at enrollment
 - Some exceptions
- To join a person must also
 - Provide necessary information to the plan
 - Follow the plan rules
 - Belong to one plan at a time

When You Can Join or Switch MA Plans*

Initial Enrollment Period	<ul style="list-style-type: none">▪ 7 month period begins 3 months before the month you turn 65<ul style="list-style-type: none">–Includes the month you turn 65–Ends 3 months after the month you turn 65
Annual Enrollment Period "Open Enrollment"	<ul style="list-style-type: none">▪ October 15 – December 7▪ Coverage begins January 1

*Plan must be allowing new members to join

When you can Join or Switch MA Plans*

Special Enrollment Period

- Move from plan service area
 - And cannot stay in the plan
- Plan leaves Medicare program
- Other special situations
- If a plan has a five star rating, can enroll throughout the year (Ohio currently does not have any five star plans)

*Plan must be allowing new members to join

When you can Join or Switch MA Plans*

Annual Disenrollment Period

- Between January 1–February 14
- Can leave MA plan
- Switch to Original Medicare
- Coverage begins first day of month after switch
- May join Part D Plan
 - Drug coverage begins first day of month after plan gets enrollment
 - May not join another MA plan during this period

*Plan must be allowing new members to join

Special Enrollment Period Trial Rights

- People who join MA Plan for first time
 - When first eligible at 65 or
 - Leave Original Medicare and drop Medigap
- Can disenroll during first 12 months
 - Enroll in Original Medicare
 - Have guaranteed issue for Medigap

How MA Plans Work

- Receive services through the plan
 - All Part A and Part B covered services
 - Some plans may provide additional benefits
- Most plans include prescription drug coverage
 - If the plan includes part D drug coverage, that is the drug coverage you must use
- You may have to visit network doctors/hospitals
- May be different than Original Medicare
 - Benefits
 - Cost-sharing

How MA Plans Work

- You are still in Medicare program
- You still have Medicare rights and protections
- If the plan leaves Medicare
 - You can join another MA Plan
 - You can return to Original Medicare

MA Costs

- Must still pay Part B premium
- May pay additional monthly premium
- You pay deductibles, coinsurance and copayments
 - Different from Original Medicare
 - Varies from plan to plan
 - Costs may be higher if out-of-network

MA Details

- Plans can't charge more than Original Medicare
 - Chemotherapy
 - Dialysis
 - Skilled nursing facility care
 - Certain other services
- Plans must limit out-of-pocket costs
- Participants in approved clinical research study
 - Costs may be lower
 - Plan may cover some costs

Medicare Advantage

- Payments Frozen in 2011
- Benchmarks vary
- Phased in over 3, 5, or 7 years depending on level of payment reductions
- Medicare Advantage benchmarks reduced in 2012
- By 2014, 85% of funds plans receive must go to health care

Types of MA Plans

- Health Maintenance Organization (HMO)/(HMO-POS)
- Preferred Provider Organization (PPO)
- Private Fee-for-Service (PFFS)
- Special Needs Plan (SNP)

Medicare HMO Plan

<p>Can you get your health care from any doctor or hospital?</p>	<p>No. You generally must get your care and services from network providers. Some plans are HMO with POS (point of service) – you can get some services outside of network</p>
<p>Are drugs covered?</p>	<p>Yes, in most cases.</p>
<p>Do you need to choose a primary care doctor?</p>	<p>Yes, in most cases.</p>
<p>Do you need a referral to see a specialist?</p>	<p>Yes, in most cases.</p>
<p>What else do you need to know about this type of plan?</p>	<p>What to do about:</p> <ul style="list-style-type: none"> ▪ Your doctor leaving the plan ▪ Getting health care outside the plan network ▪ Following plan rules

PPO Plan

Can you get your health care from any doctor or hospital?	Yes. PPOs have networks, but you can use out-of-network providers, usually for a higher cost.
Are prescription drugs covered?	Yes, in most cases.
Do you need to choose a primary care doctor?	No
Do you need a referral to see a specialist?	No
What else do you need to know about this type of plan?	<ul style="list-style-type: none">▪ There are two types of PPOs— Regional PPOs and local PPOs.

Medicare PFFS Plan

Can you get your health care from any doctor or hospital?

You can go to any Medicare-approved provider that accepts the plan payment terms and agrees to treat you. Not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members.

Are prescription drugs covered?

Sometimes. If your PFFS plan doesn't offer drug coverage, you can join a Medicare prescription drug plan.

Do you need to choose a primary care doctor?

No

Do you need a referral to see a specialist?

No



Medicare SNPs

What do you need to know about this type of plan?

- A plan must limit plan membership to people in one of the following groups:
 - Those living in certain institutions
 - Those eligible for both Medicare and Medicaid
 - Those with one or more specific chronic or disabling conditions
- Plan may further limit membership
- Plan should coordinate your needed services and providers
- Plan should make sure plan providers you use accept Medicaid if you have Medicare and Medicaid
- Plan should make sure plan providers serve people where you live if you live in an institution

Marketing Guidelines

Nominal Gifts

- Organizations can offer gifts to potential enrollees
 - No more than \$15

Unsolicited Contacts

- Extends existing door-to-door solicitation prohibition

Prohibition of Meals

- Prospective enrollees may not
 - Be provided meals
 - Have meals subsidized

Marketing Guidelines

Cross Selling

- Prohibited during any MA or Part D sales activity/presentation
- Cannot market non-health related products
 - i.e. annuities, life insurance
- Allowed on inbound calls per request

Scope of Appointments

- Must specify product type
 - Prior to marketing and/or in-home appointment
 - i.e. Medigap, MA or PDP

Marketing Guidelines

Health Care Settings

- Marketing allowed in common areas
 - Hospital or nursing home cafeterias, conference rooms
 - Community or recreational rooms
- No marketing in health care setting
 - Waiting rooms, exam rooms, patient rooms
 - Dialysis centers and pharmacy counter areas

Educational Events

- No marketing activities at educational events
 - Health information fairs
 - Conference expositions
 - State- or community-sponsored events
- Plans may distribute
 - Medicare and/or health educational materials
 - Agent/broker business cards
 - Containing no marketing information



Reporting Procedures

- Fill out a Client Contact form or Public and Media Activity for every client or event
- The shipnpr.shiptalk.org website is the best place to fill out forms – try to fill out on a monthly basis
 - OSHIIP also has paper forms
- Counseling sessions:
 - Can be as short as five minutes
 - Can be on the phone, do not have to be in person
 - Every follow up contact can be submitted as a form
- Public and Media Forms
 - Can be filled out for any activity that is not client counseling - presentations, health fairs, flyers, newsletters, electronic media, radio, TV

EZ Client Contact Form

EZ CCF

Name: Joe Volunteer

County: Franklin

Zip Code: 43215

Date Range: 1/1/12 – 1/31/12

(ex. 1/1/12 – 1/31/12)

25 TOTAL NUMBER OF CLIENTS

How many of your total clients were: (please enter a number for each)

1. 25 Beneficiaries Couple Caregivers Agency
2. 10 By Phone 15 At a Site At Home E-mail or Mail
3. 3 Under 65 10 65-74 10 75-84 2 85 or Older
4. 10 African Amer. 15 White Hispanic Other:
5. 20 Income/Assets ABOVE LIS 5 Income/Assets BELOW LIS
6. 2 Dual eligible (any Medicaid and Medicare) with mental difficulties

I discussed: (Check all that apply)

- Medicare Part A and Part B
- Medicare Supplemental Insurance
- Medicare Part D
- Extra Help or LIS
- Medicare Advantage Plans
- Employer Group Coverage
- Medicaid
- Medicare Savings Programs (MSP)
- Appeals
- Long-Term Care
- Other

I enrolled: (Enter # only if applicable)

- 7 Medicare Part D
- Medicare Advantage
- 3 Extra Help or LIS
- 2 MSP
- Medicare A &/or B

Average time spent with each client: 2330 minutes



ODI
Ohio Department
of Insurance

EZ PAM form

EZ PAM

Name: Joe Volunteer

County: Franklin Zip Code: 43215

Address of Activity: 50 W. Town St., Columbus, OH 43215

Date of Activity: 01/17/2012

TOTAL NUMBER OF Persons Reached 30

TYPE of ACTIVITY: (circle one)

1. Presentation

2. Booth/Exhibit

3. Radio show

4. TV Show

5. Electronic Activity (PSA, electronic ad or crawl, Facebook, Twitter, Website)

6. Print Activity (newsletter, pamphlet, flier, poster, targeted mailing, newspaper)

TOPICS discussed: (Check all that apply)

- Medicare Part A and Part B
- Medicare Supplemental Insurance
- Medicare Part D
- Extra Help or LIS
- Medicare Advantage Plans
- Employer Group Coverage
- Medicaid
- Medicare Savings Programs (MSP)
- Appeals
- Long-Term Care
- OSHIP
- Volunteer Recruitment
- Partnership Recruitment
- Other

Target Audience:(Check all that apply)

- Medicare Pre-Enrollees
- Medicare Beneficiaries
- Family Members/Caregivers
- Low-Income
- Hispanic, Latino or Spanish Origin
- White, Non-Hispanic
- Black, African American
- Asian
- Some Other Race-Ethnicity
- Disabled
- Rural
- Professionals
- Partnership Outreach
- Presentations to Groups in Languages other than English



Questions

- Please contact OSHIP if you have additional questions
- Volunteer hotline – 1-888-686-VOLS (8657)
- Consumer Hotline – 1-800-686-1578
- A recording of this webinar will be on our website: www.insurance.ohio.gov