

Medicare Open Enrollment

Medicare Open Enrollment is earlier this year; it starts on October 15 and ends on December 7

The Medicare Open Enrollment Period – which begins this year on Saturday, October 15 – has been expanded to last seven weeks and will end on December 7. This will give seniors and people with disabilities more time to compare and find the best Medicare health or prescription drug plan that meets their unique needs.

The Centers for Medicare & Medicaid Services (CMS) is encouraging Medicare beneficiaries and their families to review their drug and health plan coverage options for 2012. People's health needs and preferences change over time. And, health plans may change the benefits and costs each year too. Accordingly, it is important that beneficiaries reassess their Medicare health and prescription drug plans to determine if they meet their price, needs, and preferences.

During Medicare's Open Enrollment Period, beneficiaries may:

- Change from Original Medicare (Parts A and B) to a Medicare Advantage Plan (Part C);
- Change from a Medicare Advantage Plan back to Original Medicare;
- Switch from one Medicare Advantage Plan to another Medicare Advantage Plan;
- Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage;
- Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage;
- Join a Medicare Prescription Drug Plan;
- Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan; and
- Drop your Medicare prescription drug coverage completely.

If a Medicare beneficiary changes his or her coverage during the Open Enrollment period, the new coverage will begin on January 1, as long as the plan receives the request by December 7.

In previous years, Medicare beneficiaries chose to remain in their current plan during Medicare's Open Enrollment period. According to studies of past consumer choices, sticking with existing coverage plans was a comfortable choice. However, with a reeling economy and changes to health plans, beneficiaries will be pressured to reassess and possibly change their Medicare health and prescription drug plans.

Making changes to your coverage after December 7

During January 1 - February 14, 2012, a Medicare beneficiary can leave his or her Medicare Advantage Plan and switch to Original Medicare. If the Medicare beneficiary switches to Original Medicare during this period, he or she will have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage; the new coverage will begin the first day of the month after the plan gets your enrollment form.

During January 1 - February 14, 2012, a Medicare beneficiary cannot do the following:

- Switch from Original Medicare to a Medicare Advantage Plan;
- Switch from one Medicare Advantage Plan to another;
- Switch from one Medicare Prescription Drug Plan to another; and
- Join, switch, or drop a Medicare Medical Savings Account Plan.

5-Star Special Enrollment Period

Starting December 8, 2011, Medicare beneficiaries can switch to a 5-star Medicare Advantage Plan at any time during the year. Medicare beneficiaries can only join a 5-star Medicare Advantage Plan if one is available in their area, and a beneficiary can only use this special enrollment period one time each year. Also, if a Medicare beneficiary was to move from a Medicare Advantage Plan that has drug coverage to a Medicare Advantage Plan that does not, he or she may lose his or her prescription drug coverage; the beneficiary will have to wait until the next Medicare Open Enrollment period to get drug coverage, and may have to pay a late enrollment penalty.

Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to health and drug plans. Using Medicare's Plan Finder – available at www.medicare.gov/find-a-plan – CMS is highlighting plans that have achieved an overall quality rating of 5 stars with a high performer or “gold star”. Also, Plan Finder users will see an icon showing which plans received a low overall quality rating for the past three years. These ratings may help beneficiaries compare plans based on quality and performance. Nine Medicare Advantage plans received top quality ratings for 2012 from CMS, three times as many as in 2011, according to data released on CMS's website. The nine in 2012, all health maintenance organizations, have a wide range of enrollment – from 797,669 for the Kaiser plan in California to 5,349 for Baystate Health.

The Medicare Advantage Plans that received an “overall” score of five stars for “excellent performance” are:

- Baystate Health Inc.'s Health New England, Massachusetts;
- Group Health Cooperative, Washington state;
- Gundersen Lutheran Health System Inc., Wisconsin;
- Marshfield Clinic's Advocare, Wisconsin;
- Martin's Point Health Care Inc.'s Generations Advantage, Maine; and
- Four Kaiser Foundation Health Plans, marketed as Kaiser Permanente Senior Advantage, and available in California, Hawaii, Colorado, and Oregon/Washington.

RESOURCES FOR MEDICARE BENEFICIARIES

People with Medicare, their families and other trusted representatives can review and compare current plan coverage with new plan offerings, using many proven resources, including:

- Visiting www.medicare.gov, where they can get a personalized comparison of costs and coverage of the plans available in their area. The popular Medicare Plan Finder tool has been enhanced for an efficient review of plan choices. Spanish Open Enrollment information is available.
- Calling 1-800-MEDICARE (1-800-633-4227) for around-the-clock assistance to find out more about coverage options. TTY users should call 1-877-486-2048. Multilingual counseling is available.
- Reviewing the 2012 *Medicare & You* handbook. It is also accessible online at: <http://www.medicare.gov/publications/pubs/pdf/10050.pdf> -- and it has been mailed to the homes of people with Medicare.
- Getting one-on-one counseling assistance from the local State Health Insurance Assistance Program (SHIP). Local SHIP contact information can be found:
 - At <http://www.medicare.gov/contacts/organization-search-criteria.aspx> or
 - On the back of the 2012 *Medicare & You* handbook or;
 - By calling Medicare (contact information above).
 - Through a listing of national stand-alone prescription drug plans and State specific fact sheets can be found at: <http://www.cms.hhs.gov/center/openenrollment.asp>
- National Center for Benefits Outreach and Enrollment: The Center conducts outreach and provides one-on-one enrollment assistance to older adults and younger adults with disabilities. In addition the Center provides funding for benefit enrollment centers through AoA funding to support local outreach and enrollment in federal and state benefits. Check out their website at: <http://www.centerforbenefits.org/>

Qualifying for Extra Help

People with Medicare who have limited incomes and resources may qualify for Extra Help, which helps pay for prescription drug costs. There is no cost to apply for Extra Help, also called the low-income subsidy. Medicare beneficiaries, family members, trusted counselors or caregivers can apply online at www.socialsecurity.gov/prescriptionhelp or call Social Security at 1-800-772-1213 (TTY users should call 1-800-325-0778) to find out more.

Protecting Against Fraud and Identity Theft

During this Open Enrollment Period, Medicare recommends that people treat their Medicare number as they do their social security number and credit card information. Beneficiaries who believe they are a victim of fraud or identity theft should contact Medicare (contact information above). More information is available at www.stopmedicarefraud.gov.