

MAKING MEDICARE MAKE SENSE

Answers To Some of The Most Commonly Asked Medicare Questions

Q: Can you tell me about Medicare's Fall Open Enrollment that begins November 15 and tell me about some of the changes to Medicare's Health and Prescription Drug Plans for 2010?

A: Medicare's Annual Election Period or what is also known as Fall Open Enrollment begins November 15, and runs through December 31. This is the time of year, every year, where you can change from your current health and prescription drug plan to a different plan for the upcoming year, or enroll in either for the first time. The Centers for Medicare & Medicaid Services, (CMS) wants beneficiaries to know that the Medicare program is strong and, in 2010, they will have a broad array of health care choices — choices that are better and stronger than ever.

The Medicare agency has made it simpler for beneficiaries to choose a new health or drug plan by reducing the number of duplicative plans. These were plans offered by the same sponsor with similar benefits; plans that made it hard for beneficiaries to distinguish differences between the plan offerings. We've also reduced the number of plans that had low enrollment. As well, we have worked with the Medicare Advantage (MA) plans to reduce cost sharing on important benefits like inpatient hospitalization and home health services.

But, even with the MA plans that are not renewing their contracts with Medicare, more than 99% of affected beneficiaries will have other MA plan choices available in their area.

As well, beneficiaries will continue to have broad access to Part D Prescription Drug plan choices in 2010. The average number of Part D plans in each region is 46—about 23 basic and 23 enhanced— and no region will have fewer than 41 plan offerings.

And, all beneficiaries affected by being in a current MA or a Part D Prescription Drug plan that is not being offered in 2010 will receive information directly from both their current plan *and* from the Medicare agency, CMS, letting the beneficiary know *they need to make a choice for coverage in 2010*. CMS will also be targeting outreach efforts in geographic areas where a significant number of beneficiaries are impacted.

It is important for Medicare beneficiaries to know that they are still covered by Original Medicare for their Part B physician services, and Part A hospital services, even if their current health or prescription drug plan is not being offered next year.

For many beneficiaries, health plan coverage under the Original Medicare fee-for-service program may be their best choice. Other beneficiaries will decide that coverage under a MA plan (like HMOs or PPOs) will best meet their needs for 2010. Beneficiaries should consider all of their choices—even deciding if their current prescription drug plan is the best one for them for the coming year, using the resources we have available – to make the best selection to meet their health care needs.

We know that Part D beneficiaries, or those with a Medicare Prescription Drug plan, should see only slight changes in their Part D premiums and benefits in 2010. Part D premiums will be lower than we previously estimated in this summer's Mid-Session review estimate. The

estimated average Part D premium for standard coverage is \$30, about a difference of \$2 from the current 2009 year.

And, whether you are joining for the first time or reviewing your plan options because you want to find out if there is a better plan for your health care needs, follow these three important steps:

Step 1 Prepare – Take time to gather the information

Step 2 Compare – Compare plans in your area based on cost, coverage, convenience and quality, (you can compare plans now, but not enroll until November 15)

Step 3 Decide – Decide which plan is best for you and join.

CMS has a number of tools and resources available to help beneficiaries and their family members compare health and drug options, including updated information that was available beginning October 15 at 1-800-MEDICARE and www.medicare.gov

On www.medicare.gov select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in your area.” These tools can help you find which plans in your area cover your prescriptions or the health benefits you want, and which pharmacies you can use to fill prescriptions. If you are conducting a prescription drug plan search, it is best to have your prescription drug bottles with you so that you can base the search on the prescriptions you are currently taking, if any, and the dosages, and amounts.

Also, CMS is conducting an aggressive education effort so beneficiaries know about the choices available to them and to help them select the most appropriate health care option for them. We’ve joined with thousands of individuals and organizations across the country, including local State Health Insurance Assistance Programs (SHIPs) to help beneficiaries review their health and drug plan options and enroll in a different plan if they choose. The SHIP programs offer free non-biased personalized health insurance counseling and assistance and they are a grantee program of CMS. They do not sell insurance. For your state’s SHIP program call 1-800-Medicare, 1-800-633-4227.

All Medicare beneficiaries should have received the 2010 *Medicare & You* handbook during October, where one is mailed to each beneficiary household and in which there is an overview of the plan options in their state for 2010 as well as local resource numbers.

CMS will also continue our vigorous oversight of plan marketing activities to protect beneficiaries from inaccurate or misleading information or from prohibited tactics by a small minority of unscrupulous agents or plans. Extra surveillance and outreach activities will also be focused on areas where the most Medicare beneficiaries are affected by plans not renewing their contracts with Medicare, because more plans will be marketing to these Medicare beneficiaries.

Medicare plans are on notice: CMS will immediately apply the strongest tools at its disposal to stop and sanction any plan found to be violating its rules. We will have zero tolerance for violators.

In short, for Medicare’s Fall Annual Enrollment Period there will be a wide range of health and drug plan options available across the country, including Original Medicare. Beneficiaries should take advantage of the tools and information available through CMS and its partners to identify and enroll in the coverage option that best suits their needs in 2010. Enrollment is November 15, through December 31. New plan choices will go into effect on January 1, 2010.

For more information, please call 1-800-Medicare, or 1-800-633-4227.