



NASW Practice Alert

Helping Your Clients Navigate Medicare Open Enrollment

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The Medicare open enrollment period (OEP) began October 15 and ends December 7. During this period beneficiaries can review, compare, and switch their prescription drug (Part D) and health coverage.¹

Social workers play an integral role in helping beneficiaries to understand and navigate Medicare options. This Practice Alert provides basic information on that process, a brief introduction to the new Medicare Plan Finder (MPF), and a summary of NASW's perspective on Medicare privatization.

Original Medicare

Original Medicare—also known as traditional Medicare or Medicare fee-for-service—can include Part A (commonly known as hospital or inpatient insurance) and Part B (commonly known as medical or outpatient insurance). Links to information about services generally covered by Part A and Part B follow.²

- Part A
 - Centers for Medicare & Medicaid Services (CMS): <https://www.medicare.gov/what-medicare-covers/what-part-a-covers>
 - Medicare Rights Center (MRC): <https://www.medicareinteractive.org/get-answers/medicare-covered-services/medicare-coverage-overview/summary-of-part-a-covered-services>

¹ This Practice Alert does not address Health Insurance Marketplace Open Enrollment, which occurs November 1 through December 15. Please visit <https://www.socialworkers.org/LinkClick.aspx?fileticket=xhIK0h33ha8%3d&portalid=0> for an NASW Practice Alert on that topic.

² Publication titles are included only to differentiate multiple publications per organization per topic or to denote distinctive aspects of a topic.

- Part B
 - CMS: <https://www.medicare.gov/what-medicare-covers/what-part-b-covers>
 - MRC: <https://www.medicareinteractive.org/get-answers/medicare-covered-services/medicare-coverage-overview/summary-of-part-b-covered-services>

Many beneficiaries who choose original Medicare also enroll in a Medicare Supplement Insurance plan, commonly known as Medigap. Beneficiaries may change Medigap plans during the OEP. Check the following links for detailed information about Medigap:

- Center for Medicare Advocacy (CMA): <https://www.medicareadvocacy.org/medicare-info/medigap/>
- CMS: <https://www.medicare.gov/supplements-other-insurance/whats-medicare-supplement-insurance-medigap>
- Henry J. Kaiser Family Foundation: <https://www.kff.org/medicare/issue-brief/medigap-enrollment-and-consumer-protections-vary-across-states/>
- MRC: <https://www.medicareinteractive.org/get-answers/medicare-health-coverage-options/supplemental-insurance-for-original-medicare-medigaps>

Beneficiaries who choose original Medicare can obtain prescription drug coverage through Medicare Part D. Beneficiaries may change Part D plans during the OEP. The following sources provide additional information about Medicare Part D.

- CMA: <https://www.medicareadvocacy.org/medicare-info/medicare-part-d/>
- CMS: <https://www.medicare.gov/drug-coverage-part-d>
- MRC: <https://www.medicareinteractive.org/get-answers/medicare-prescription-drug-coverage-part-d>
- National Council on Aging (NCOA)
 - *Part D Open Enrollment: Considering the 4 Cs:*
<https://www.ncoa.org/resources/part-d-open-enrollment-considering-the-4-cs/>
 - *Medicare Part D Cost-Sharing Chart:*
<https://www.ncoa.org/resources/medicare-part-d-cost-sharing-chart/>
 - *Donut Hole: The Medicare Part D Coverage Gap Illustrated:*
<https://www.ncoa.org/resources/donut-hole-part-d/>

Medicare Advantage

Also known as a Medicare health plan or Part C, Medicare Advantage plans are offered by private companies that contract with CMS to provide benefits covered by Part A and Part B. Given variations in plan costs (both short-term and long-term), services, quality, and provider networks, selection of a Medicare Advantage plan requires particularly careful consideration.

Beneficiaries may change Medicare Advantage plans during the OEP. Beneficiaries may also switch from original Medicare to Medicare Advantage or vice versa. However, beneficiaries switching from Medicare Advantage to original Medicare could face difficulty in obtaining a Medigap plan, pay higher rates for a Medigap plan, or face limitations on coverage for

preexisting conditions. These barriers exist because, in most states, beneficiaries have a *guaranteed issue right*—that is, the right to buy a Medigap plan at the best available rate, regardless of health status, without limitations on or denial of coverage for preexisting conditions—only during certain protected enrollment periods. Please refer to the preceding links on Medigap for additional information about protected enrollment periods and guaranteed issue.

Some Medicare Advantage plans offer prescription drug coverage; others do not. Consequently, a Medicare Advantage enrollee may keep the same health plan while enrolling in a different prescription drug plan.

Beginning in January 2020, some Medicare Advantage plans will offer additional “supplemental benefits,” such as nonmedical transportation and family caregiver supports, that are not covered by original Medicare. These benefits have generated a great deal of public attention. However, social workers should help beneficiaries understand that eligibility for such supplemental benefits is determined on a person-by-person basis.

Links to detailed information about Medicare Advantage follow.

- CMA: <https://www.medicareadvocacy.org/medicare-info/medicare-advantage/>
- CMS: <https://www.medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/medicare-advantage-plans>
- MRC
 - *Types of Medicare Advantage Coverage:*
<https://www.medicareinteractive.org/get-answers/types-of-medicare-advantage-coverage>
 - *How to Compare Plans Using the Medicare Star Rating System:*
<https://www.medicareinteractive.org/get-answers/medicare-health-coverage-options/changing-medicare-coverage/how-to-compare-plans-using-the-medicare-star-rating-system>
- NCOA—*Medicare Advantage Enrollment and Disenrollment Rules:*
<https://www.ncoa.org/resources/medicare-advantage-enrollment-and-disenrollment-rules/>

Financial Assistance for Medicare Beneficiaries

Beneficiaries who have difficulty paying for out-of-pocket health care costs may be eligible for one of four Medicare Savings Programs (MSPs): Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualifying Individual, or Qualified Disabled and Working Individuals. Please refer to the following resources for additional information about MSPs:

- CMS: <https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs>
- MRC: <https://www.medicareinteractive.org/get-answers/cost-saving-programs-for-people-with-medicare/medicare-savings-programs-qmb-slmb-qi>

Beneficiaries who are enrolled in an MSP automatically qualify for the Medicare Part D Low-Income Subsidy (LIS) program, also known as “Extra Help.” However, enrollment in or qualification for an MSP is not a prerequisite for LIS eligibility. LIS applications are handled by the Social Security Administration (SSA) and are processed separately from Part D enrollment. State Pharmaceutical Assistance Programs (SPAPs) are also available in some states. Check the following links for details:

- Part D LIS
 - MRC: <https://www.medicareinteractive.org/get-answers/cost-saving-programs-for-people-with-medicare/the-extra-help-low-income-subsidy-lis-program>
 - SSA: <https://secure.ssa.gov/i1020/start>
- SPAP information from MRC: <https://www.medicareinteractive.org/get-answers/cost-saving-programs-for-people-with-medicare/state-pharmaceutical-assistance-programs-spaps>

Medicare Beneficiaries Who Have Additional Health Coverage

Some beneficiaries are enrolled not only in Medicare, but also in another type of plan. In such situations, particular scrutiny is required to prevent costly enrollment errors.

- Beneficiaries eligible for both Medicare and Medicaid (dually eligible beneficiaries)
 - CMS: <https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicaid>
 - MRC: <https://www.medicareinteractive.org/get-answers/cost-saving-programs-for-people-with-medicare/medicare-and-medicaid>
- CMS information about Medicare and the Health Insurance Marketplace—includes information about enrollment and coordination of benefits, along with a new fact sheet for people providing enrollment assistance: <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Overview1.html>
- MRC information about coordinating Medicare with other types of health coverage—Health Insurance Marketplace qualified health plans (including Small Business Health Options Program plans), retiree insurance (federal, military, and other), Consolidated Omnibus Budget Reconciliation Act coverage (generally known as COBRA), Veterans Affairs benefits, and employer-based insurance: <https://www.medicareinteractive.org/get-answers/coordinating-medicare-with-other-types-of-insurance>

New MPF

The MPF (<https://www.medicare.gov/plan-compare>) is a CMS tool to help beneficiaries to compare Medigap plans, Medicare Part D plans, or Medicare Advantage plans. Users can also use the site to enroll in Medicare Part D or Medicare Advantage plans; for Medigap, the MPF refers users to individual plan sites for enrollment.

A July 2019 report by the U.S. Government Accountability Office underscored significant shortcomings of the MPF (<https://www.gao.gov/products/GAO-19-627>). In August CMS released a new version of the MPF and began to conduct national training on the tool.

- CMS National Training Program resources (including infographics, videos, Webinar recordings, slides, and answers to frequently asked questions) on MPF: <https://cmsnationaltrainingprogram.cms.gov/node/197>
- MRC blog summarizing differences between the legacy and new versions of the MPF and providing navigation tips for users: <https://blog.medicarerights.org/getting-started-with-the-new-medicare-plan-finder/>

NASW appreciates CMS’s efforts to improve the MPF. The new MPF is more appealing visually than the “legacy” MPF. The first search page includes an option to learn more about Medicare before considering specific types of plans. Clicking on that link directs the user to information about original Medicare and Medicare Advantage. The tool also includes links to information about original Medicare coverage and about sanctioned Part D and Medicare Advantage plans, although the links appear only at the bottom of the search results page.

CMS’s educational efforts notwithstanding, however, the August 2019 introduction of the new MPF allowed little time for various third-party assisters, including social workers, to familiarize themselves with the new tool before Medicare open enrollment began in mid-October. Moreover, with the legacy version of the MPF discontinued, no backup exists when the new tool malfunctions. These concerns, and others, were expressed in a letter to CMS by four national organizations that advocate on behalf of Medicare beneficiaries, and with which NASW collaborates closely in coalitions: CMA, Justice in Aging (JIA), MRC, and NCOA (<https://www.medicareadvocacy.org/joint-letter-concerning-medicare-plan-finder-and-marketing-materials/>). Although NASW was not a signatory to this letter, the association shares the concerns expressed by the authors. NASW encourages social workers, Medicare beneficiaries, and others who have concerns about MPF content or functionality to submit this feedback to both CMS and MRC using the following channels:

- CMS: Click the green “feedback” tab on the right side of the MPF home page: <https://www.medicare.gov/plan-compare>)
- MRC: Send an e-mail to info@medicarerights.org

Marketing of Medicare Advantage and Part D Plans

The aforementioned joint letter also addressed CMS’s 2020 Medicare Communications and Marketing Guidelines (MCMG), which govern the promotion and sale of both Medicare Advantage and Medicare Part D plans. In the letter, the four beneficiary advocacy organizations delineated multiple process and content issues that favor companies providing Medicare private plans at the expense of beneficiaries. NASW concurs with several of these advocates’ concerns about MCMG, such as (a) weakened distinction between marketing and educational events for Medicare Advantage and Part D plans, (b) removal of language addressing the availability of non-English translations, and (c) lack of information regarding the availability of supplemental benefits within Medicare Advantage.

NASW's Position on Medicare Privatization

NASW members have recently raised questions about the association's position on Medicare Advantage. Two NASW policy statements, "Long-Term Services and Supports" (LTSS) and "Aging and Wellness," support preservation and strengthening of Medicare.³ The association has historically interpreted—and continues to interpret—this language to refer to original Medicare. Similar language, including discouraging diminishment or dismantling of Medicare benefits, was included in NASW's comments to 2015 White House Conference on Aging (WHCOA):

- Comments addressing the 2015 WHCOA theme of healthy aging:
https://www.socialworkers.org/LinkClick.aspx?fileticket=jVk7TGpA_aU%3d&portalid=0
- Comments addressing the 2015 WHCOA theme of LTSS:
https://www.socialworkers.org/LinkClick.aspx?fileticket=uxP-E_GLq9M%3d&portalid=0

NASW has also worked in partnership with coalitions—most notably, the Leadership Council of Aging Organizations (LCAO)—to preserve and strengthen original Medicare. Examples of NASW-supported LCAO documents on this topic are listed below.

- Issue brief describing how Medicare "redesign" proposals would harm beneficiaries (2016): <https://www.lcao.org/issue-brief-medicare-redesign-proposals-hurt-many-beneficiaries/>
- Letter to Congress celebrating the 50th anniversary of Medicare and urging preservation of Medicare's structure and administration (2015): <https://www.lcao.org/letter-house-50th-anniversaries-2015/> and <https://www.lcao.org/letter-senate-50th-anniversaries-2015/>
- Issue brief opposing Medicare "premium support" proposals (2012): <https://www.lcao.org/lcao-premium-support-issue-brief-oct2012/>

It is also worth noting that both the NASW LTSS policy statement and the association's "Health Care" statement note concerns about quality and consumer protection with managed care plans, including Medicare—concerns that have been expressed by some NASW members to association staff. The following NASW-authored and NASW-supported documents illustrate some of these concerns.

- NASW comments to CMS opposing the use of step therapy (commonly known as "fail first" therapy) by Medicare Advantage plans for Part B-covered medications, such as those for cancer and end-stage renal disease (2019):
<https://www.socialworkers.org/LinkClick.aspx?fileticket=moMnjQcSEb0%3d&portalid=0>
- LCAO letter to CMS urging increased oversight of Medicare Advantage plans (2014):
<https://www.socialworkers.org/LinkClick.aspx?fileticket=moMnjQcSEb0%3d&portalid=0>

³ NASW policy statements are updated regularly and published in the volume *Social Work Speaks*. Visit <http://www.naswpress.org/publications/Profession/social-work-speaks-1.html> for more information.

- LCAO issue brief opposing copayments for the Medicare home health benefit—copayments already instituted by some Medicare Advantage plans (2012): <https://www.lcao.org/lcao-medicare-home-health-copayments-issue-brief/>

Given NASW’s history of support for original Medicare, the association has been concerned about the shift in federal communications regarding Medicare open enrollment under the Trump Administration. NASW has addressed these concerns in the following manner:

- In the fall of 2017, NASW noticed that CMS’s messaging was biased toward Medicare Advantage and, in some cases, failed to mention original Medicare. To correct this imbalance, the association’s Medicare open enrollment education to members included resources not only from CMS, but also from CMA, MRC, and NCOA.
- During that same time period, the association raised its concern about CMS’s Medicare Advantage overemphasis to fellow LCAO members, who had similar observations. The coalition wrote a letter to CMS to express these concerns, and NASW signed on to the letter (<https://www.lcao.org/open-enrollment-letter-cms/>).
- In November 2017, NASW included its concerns about the Medicare OEP in a letter to CMS regarding the Center for Medicare and Medicaid Innovation: https://www.socialworkers.org/LinkClick.aspx?fileticket=G_RioKLSuro%3d&portalid=0
- In the fall of 2018, NASW published a Practice Alert on Medicare OEP that urged careful consideration of Medicare Advantage plans and included a variety of nonprofit resources to balance CMS’s Medicare Advantage-heavy messaging: <https://www.socialworkers.org/LinkClick.aspx?fileticket=rMZMUIfS7Q4%3d&portalid=0>
- This Practice Alert signifies NASW’s most recent attempt to provide information about Medicare open enrollment not only by CMS, but also by trusted nonprofit organizations that advocate on behalf of Medicare beneficiaries.

Thus, NASW’s position on Medicare privatization can be summarized as follows:

- NASW supports preservation and strengthening of the original Medicare program.
- NASW opposes the privatization of Medicare.
- NASW supports increased scrutiny and oversight of Medicare Advantage costs (for beneficiaries and all other taxpayers), health outcomes, and marketing practices.
- NASW does not support benefit advances within Medicare Advantage that are not incorporated within original Medicare.

Helping Medicare Beneficiaries with Enrollment

When assisting beneficiaries during the OEP, social workers should help each beneficiary identify the option that is optimal for that individual’s unique circumstances. Such practice is

consistent with NASW’s *Code of Ethics*⁴ and standards of practice.⁵ Given the growing complexity of the Medicare program and the potential pitfalls of Medicare Advantage, social workers should educate beneficiaries—whether directly or through linkage with trusted resources—to promote informed decision making. Ultimately, each social worker should respect that a beneficiary’s decision regarding Medicare enrollment might not reflect the social worker’s own perspective.

NASW recognizes that the degree to which social workers can help Medicare beneficiaries with enrollment varies greatly by role and practice setting. The association encourages social workers to refer beneficiaries who need additional assistance to the State Health Insurance Assistance Program (SHIP) in their state or jurisdiction. SHIP, which is publicly funded (and, in some locations, staffed by social workers), provides unbiased information to help people with disabilities and older adults make informed choices about Medicare enrollment.⁶ Two options exist for locating the nearest SHIP site:

- Visit <https://www.shiptacenter.org/> and click on the orange “SHIP Locator” tab in the middle of the home page.
- Use the Eldercare Locator, available at <https://eldercare.acl.gov/Public/index.aspx> or 1-800-677-1116.

Other Related Resources

- CMS
 - General contact information: 1-800-MEDICARE or <https://www.medicare.gov/>
 - *Medicare & You 2020* handbook—available online in English and Spanish, including in large print for each language (CMS continues to mail a paper copy to each beneficiary unless the beneficiary opts out); audio and Braille versions available upon request: <https://www.medicare.gov/medicare-and-you>
 - *Identity theft: Protect yourself*—addresses an ongoing problem involving both Social Security–based Medicare numbers (which cannot be used after December 31, 2019) and recently issued Medicare Beneficiary Identifier numbers:⁷ <https://www.medicare.gov/forms-help-resources/identity-theft-protect-yourself>
- CMA
 - *Medicare Fully Informed Project*—A collaborative initiative of the National Committee to Preserve Social Security and Medicare (<https://www.ncpsm.org/>) and CMA, this project provides unbiased, accurate, and comprehensive information about the full range of Medicare coverage options and includes tools

⁴ The entire *Code of Ethics* is available online at <https://www.socialworkers.org/about/ethics/code-of-ethics>

⁵ Visit <https://www.socialworkers.org/Practice/Practice-Standards-Guidelines> to read all NASW practice standards, guidelines, and indicators.

⁶ In collaboration with LCAO and other partners, NASW has advocated consistently for federal funding of (a) the SHIP program and (b) outreach and enrollment for Medicare beneficiaries with low incomes.

⁷ For additional information about the new Medicare cards, please refer to a previous NASW Practice Alert (<https://www.socialworkers.org/Practice/Aging/Aging-Tools/Dissemination-of-New-Medicare-Cards-August-2018>). All new Medicare cards have been mailed to beneficiaries. Beneficiaries who have not received their new cards should contact CMS for assistance.

to assist beneficiaries in enrollment decision making, especially the choice between original Medicare and Medicare Advantage:

<http://www.medicareadvocacy.org/medicare-fully-informed-project/>

- *Support Traditional Medicare by Leveling the Playing Field with Medicare Advantage* (2019): <https://www.medicareadvocacy.org/support-traditional-medicare-by-leveling-the-playing-field-with-medicare-advantage/>

- JIA fact sheet, *Open Enrollment for 2020 Coverage through Medicare & the Marketplace*—includes information about health insurance options for older adults who are not eligible for Medicare and tips to help people enrolled in LIS avoid overpaying for Medicare coverage: <https://www.justiceinaging.org/fact-sheet-open-enrollment-for-2020-coverage-through-medicare-the-marketplace-basics-for-advocates/>

- MRC
 - *What You Need to Know About Fall Open Enrollment: Fall 2019:* <https://www.medicareinteractive.org/2017-fall-open-enrollment-guide>
 - *Medicare Coverage: Preventive Care:* <https://go.medicareinteractive.org/preventive-care-guide-2019/>