The SMP New Jersey ADVOCATE

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THE NEW MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD

By Charles Clarkson, Project Director, Senior Medicare Patrol of New Jersey

The Senior Medicare Patrol of New Jersey (SMP) is a federally funded program of the Administration for Community Living. The grant for this program has been awarded to the Jewish Family Services of Middlesex County, 32 Ford Avenue, Milltown, New Jersey 08850, telephone number 732-777-1940. Its mission is to assist Medicare beneficiaries in fighting health care fraud, waste and abuse. SMP also seeks to educate Medicare beneficiaries about Medicare so they will not become victims of fraud, waste and abuse.

Medicare Advantage Disenrollment Period Ending

Beneficiaries in a Medicare Advantage plan previously had a Disenrollment Period from January 1 to February 14 every year. This disenrollment period ended on December 31, 2018. It has been replaced with a new Medicare Advantage Open Enrollment Period. This new period was effective starting January 1, 2019.

The old Medicare Advantage Disenrollment Period had permitted beneficiaries to drop their Medicare Advantage plans and return to Original Medicare (Part A and Part B). It also allowed a beneficiary to sign up for a stand-alone Medicare Part D Prescription Drug plan.

Medicare Advantage Open Enrollment Period

Starting January 1, 2019, a new Medicare Advantage Open Enrollment Period will run from January 1 – March 31 every year. If you are already enrolled in a Medicare Advantage plan, you will have a one-time opportunity to:

- Switch to a different Medicare Advantage plan.

(continued)

- Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B.

- Sign up for a stand-alone Medicare Part D Prescription Drug plan (if you return to Original Medicare). Most Medicare Advantage plans include prescription drug coverage already. Usually you cannot enroll in a stand-alone Medicare Prescription Drug plan if you already have a Medicare Advantage plan.

Medicare Advantage Open Enrollment: Why would I want to switch to a different Medicare Advantage plan?

- Medicare Advantage plans can change every year. Premiums, co-pays and deductibles may change, and a beneficiary may find and switch to a plan more suited to his/her needs.

- If a beneficiary is not happy with the Medicare Advantage plan's network (doctors and hospitals who participate in the plan) or a beneficiary discovers that his/her doctor has dropped out of the plan's network and no longer accepts the plan, he/she may want to switch to a plan that their doctor participates in.

- Medicare Advantage plans are required to provide beneficiaries with similar coverage as Original Medicare. Many of them also include coverage beyond Original Medicare (Part A and Part B). For example, most plans include prescription drug coverage, and some include routine vision services, some dental and hearing services or other benefits such as the Silver Sneakers program. With new changes in Medicare, Medicare Advantage plans may now offer other services such as adult day care services, home and bathroom safety devices, transportation, and home meals. Of course a beneficiary should review the plan documents carefully to understand these services and their limitations.

- These extra benefits (beyond Part A and Part B) can change year to year. For example, suppose you take certain medications and you have a Medicare Advantage Prescription Drug plan. Your plan might cover your prescriptions. But sometimes a plan changes its formulary (list of covered medications). If your drugs are no longer being covered, you should seriously consider changing Medicare Advantage plans.

- Medicare Advantage plans may change premiums, deductibles and co-pays every year. You might even be able to find a Medicare Advantage plan with a zero premium that was not available in 2018.

- Some Medicare Advantage plans can provide better service than others and can be rated higher or lower than other plans. Medicare has a star rating system that rates Medicare Advantage plans from 1 to 5 stars. Many beneficiaries may feel uncomfortable staying in a lower-rated plan.

Every fall, your plan will send you an Annual Notice of Change. Pay attention to this, because it lists any changes to your benefits or plan rules. A plan formulary may change at any time. You will receive notice from your plan when necessary.

SCAM ALERT

Durable Medical Equipment has been an area ripe with fraud for many years. The Senior Medicare Patrol of New Jersey (SMP) is seeing many cases where Medicare beneficiaries are receiving braces (ankle, back, knee and neck) from out of area providers and ordered by doctors or other providers that the beneficiary has neither heard of nor ever seen. If you are a victim of this fraud, please take the following steps:

1. Report any unordered DME items as FRAUD to 1-800-MEDICARE as soon as possible.
2. Contact the supplier about return. Return should be at no cost to the beneficiary.
3. If you return the item, be sure to get a receipt for the return.
4. Check your Medicare Summary Notice (MSN) to see the name of the ordering provider and be sure to tell 1-800-MEDICARE if you have never seen this person.
5. Three to four weeks after you report the fraud to 1-800-MEDICARE, you should receive an adjusted MSN showing that Medicare has approved a $0.00 amount for the claim. (This means that Medicare has recouped or will recoup the payment.)
6. Report the possible fraud to the SMP of NJ. We will need to open a file and will ask for your personal Medicare information.

ASK CHARLES

During many of our presentations throughout New Jersey we are asked a lot of Medicare questions. Here are two common ones:

1. What is an Advance Beneficiary Notice?

An Advance Beneficiary Notice (ABN) of Noncoverage, also known as a waiver of liability, is a notice a provider should give you before you receive a service if, based on Medicare coverage rules, your provider has reason to believe that Medicare will not pay for the service.

The ABN allows you to decide whether to get the care in question and accept financial responsibility for the service (pay for the service out-of-pocket) if Medicare denies payment. The notice must explain why the provider believes Medicare will deny payment. For example, an ABN might say, "Medicare only pays for this test once every three years." Providers are not required to give you an ABN for services or items that are never covered by Medicare, such as a routine eye exam for glasses. Providers are not permitted to routinely give an ABN, or to have a blanket ABN policy.

If you receive an ABN you will be asked to choose whether to get the items or services listed on the ABN. If you choose to get the items or services listed on the ABN, you must agree to pay if Medicare does not. You will be asked to sign the ABN to say that you have read and understood it. Doctors, other health care providers and suppliers don't have to (but still may) give you an ABN for services that Medicare never covers, such as a routine eye exam for glasses. An ABN is not an official denial of coverage by Medicare. If Medicare denies payment, you can still file an appeal. However, you will have to pay for the items or services if Medicare decides that the items or services are not covered (and no other insurer is responsible for payment). If a beneficiary did not get an ABN and your provider was required to give you an ABN, in most cases, your provider must give you a refund for what you paid for the item or service.

2. What if my doctor refuses to bill Medicare?

If a beneficiary has <u>Original Medicare</u>, a provider may have legitimate reasons for not filing a claim, e.g., the service is never covered by Medicare. If the provider believes that Medicare will deny coverage, the provider must ask you to sign an Advance Beneficiary Notice as explained above. If you need a denial from Medicare in order for another insurance to cover your claim, you should request that your provider files the claim in order to get a denial.

Providers in Medicare can be Participating Providers or Non-participating Providers. A Participating Provider is a provider that accepts Medicare and always takes assignment, meaning that the provider accepts Medicare's approved amount for health care services as full payment. Your provider will still collect your Part B deductible and coinsurance at the time of service, but it should not ask you to pay in full. Non-participating Providers are providers that accept Medicare, but do not agree to take assignment in all cases (they may on a case-by-case basis). This means that while Non-participating Providers have signed up to accept Medicare insurance, they do not accept Medicare's approved amount for health care services as full payment and are allowed to request payment up front at the

time of service. However, your Non-participating provider must still file a claim with Medicare on your behalf so you can receive Medicare reimbursement (80% of the Medicare-approved amount).

Providers can also opt out of Medicare, meaning the provider has signed an agreement to be excluded from the Medicare program. If a provider has opted out of Medicare, the provider cannot bill Medicare for services you receive and the patient also cannot file a claim with Medicare. If a provider has opted out of Medicare, the provider cannot re-enroll in Medicare for at least two years. If you see a new provider, one of the first questions you should ask is: Are you a Medicare provider and if so are you a Participating Provider or a Non-participating Provider? All Medicare-enrolled providers (Participating or Non-Participating) are required to submit claims. A refusal to submit a claim to Medicare at your expense may be Medicare fraud or abuse and should be reported to the Senior Medicare Patrol of New Jersey at 732-777-1940 or our toll-free Hotline at 877-SMP-4359 (877-767-4359.)

STAY CONNECTED

The Senior Medicare Patrol of New Jersey has a website. You can reach our site at:

http://seniormedicarepatrolnj.org/

Forward this to a friend

Friend us on Facebook

Follow us on Twitter

Check our YouTube channel

Serve your community; learn about Medicare by volunteering for the New Jersey Senior Medicare Patrol

SMP of New Jersey is currently recruiting Volunteer Community Liaisons to speak to small groups of their peers and help provide Medicare education at community events.

The role of the Community Liaison is to share information that can help others PREVENT, DETECT, and REPORT Medicare fraud, waste, and abuse.

Free Training Available

For more information please contact Michelle Beley-Bianco,
SMP Coordinator of Volunteers, 732-777-1940 or michelleb@jfsmiddlesex.org

SMP - Empowering Seniors to Prevent Medicare Fraud

Senior Medicare Patrol of New Jersey

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877-SMP-4359 (877-767-4359)