# SHIP Training

## *Medicare Advantage*

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# Grant Disclaimer

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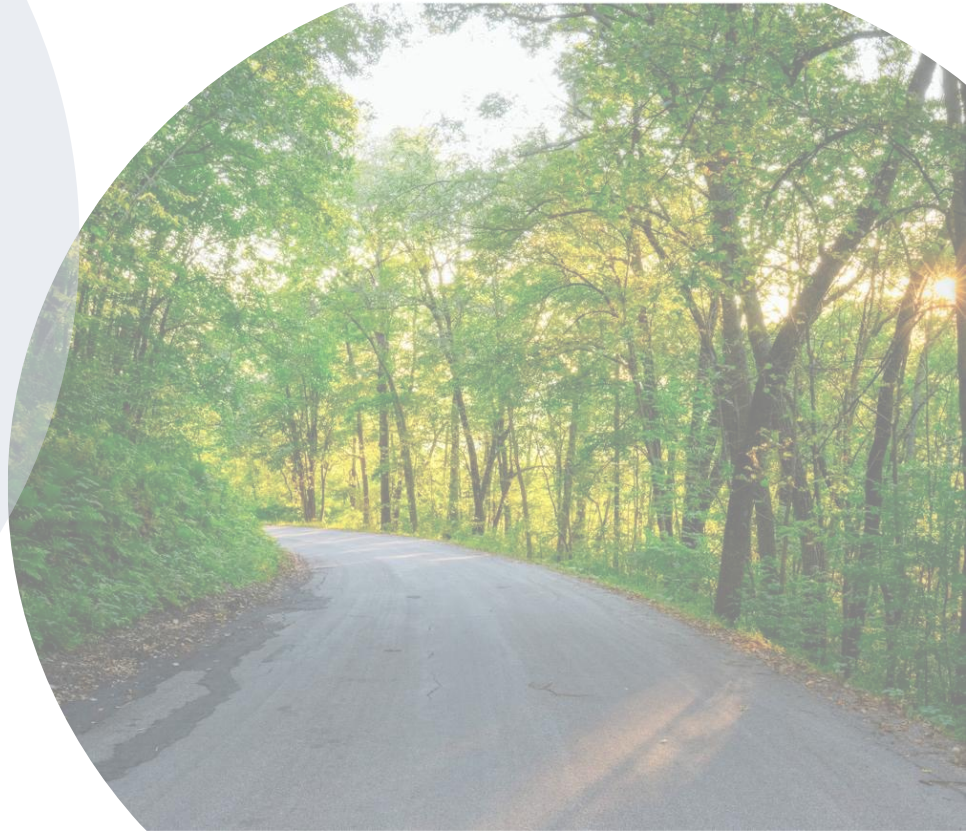
SHIP

State Health Insurance Assistance Program

Navigating Medicare

# Agenda

- Medicare Advantage overview
- Coverage
- Appeals
- Costs
- Plan types
- Eligibility
- Enrollment



# Today's Goal

The goal of SHIP training is to learn where to find answers and information—not to memorize Medicare. That's not possible! Focus on learning themes, and you can look up details when you need them.

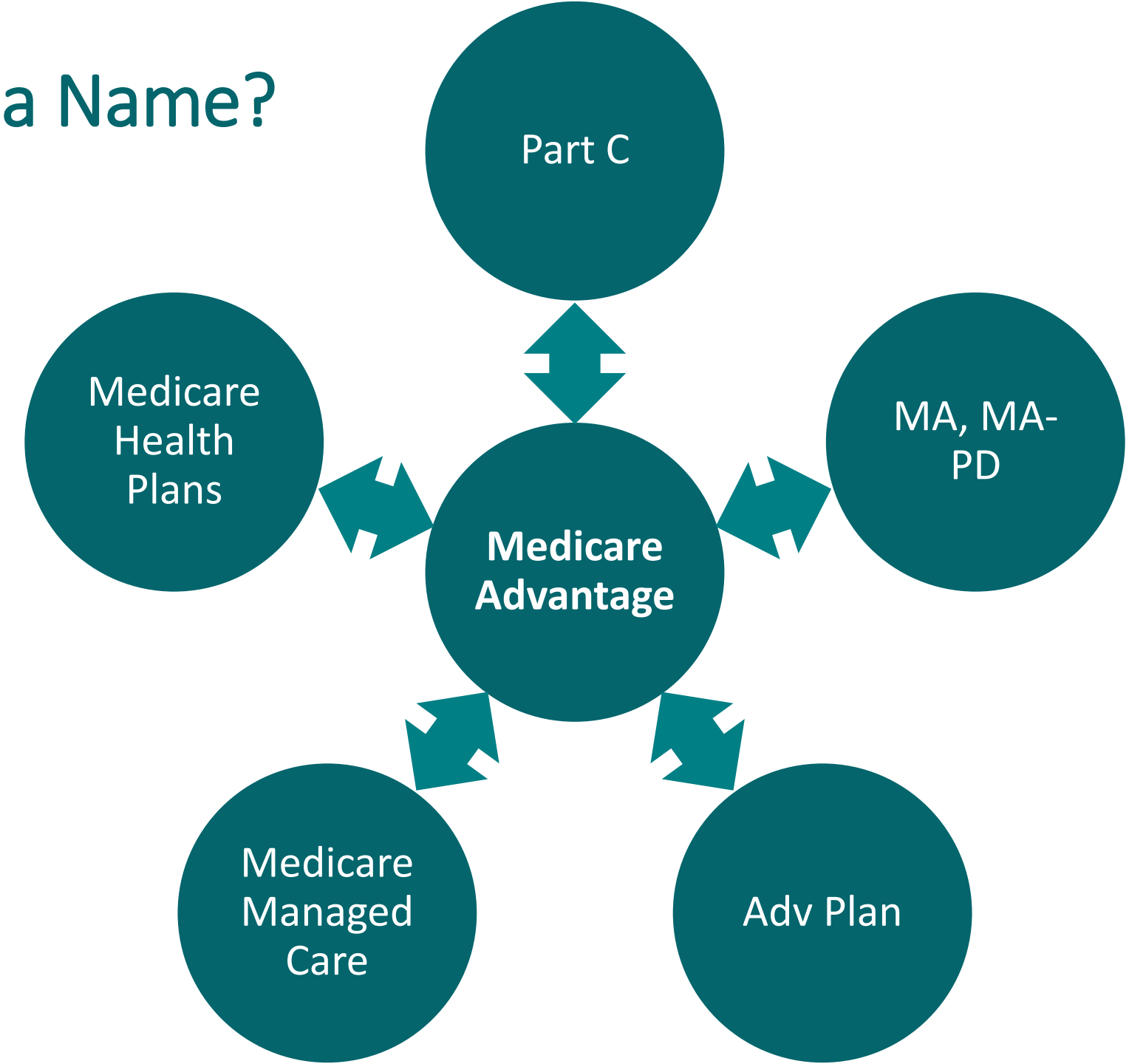
# What is Medicare Advantage?

# How Does Medicare Advantage Work?

- Medicare Advantage is an alternate way to get your Medicare. Medicare Advantage bundles the parts of Medicare into one plan, provided by a private company.
- Medicare Advantage plans provide as many or more benefits than Original Medicare but with different pricing, provider networks, and more red tape.
- You still have Medicare and all its rights and protections.

| | Original Medicare | | Medicare Advantage |
|---|---|---|---|
| Choose how you want your coverage. | **Part A** Hospital | **Part B** Medical | **Medicare Advantage plans bundle hospital and medical insurance.** |
| Add drug coverage. | **Part D** Prescription drug coverage | | **Most plans cover prescription drugs.** |
| Decide if you want supplemental coverage. | **Medicare Supplement (Medigap)** Covers out-of-pocket costs | | ⊗ You can't have and don't need a Medigap. |
| Get help with costs. | Medicaid, the Medicare Savings Program, Extra Help, and SeniorCare work with both Original Medicare and Medicare | | |

# What's in a Name?



# Questions?

# What does Medicare Advantage Cover?

# Medicare Advantage Coverage

- Must provide all Medicare Part A- and Part B-covered services
- May cover:
  - Drugs (Medicare Part D)
  - Extra benefits, such as dental, vision, hearing, meals, transportation, and “flex spending” debit cards

# Extra Benefits

- Extra (or “supplemental”) benefits can have their own eligibility requirements and costs. Just because you have the plan doesn’t mean you’ll get all the extra benefits.
- Debit card and/or cash benefits:
  - *Do not* count as income for Medicaid (MEH 15.3.31).
  - *May* count as income for federal housing assistance programs if spent on rent or utilities (HUD FAQ 2025).

# Red Tape

| Referrals | Prior Authorizations | Networks |
| --- | --- | --- |
| A primary care provider must refer you to a specialist. | The plan must review and approve a procedure before you can get it. | Plan members might be limited to in-network providers. |

# Plan Networks

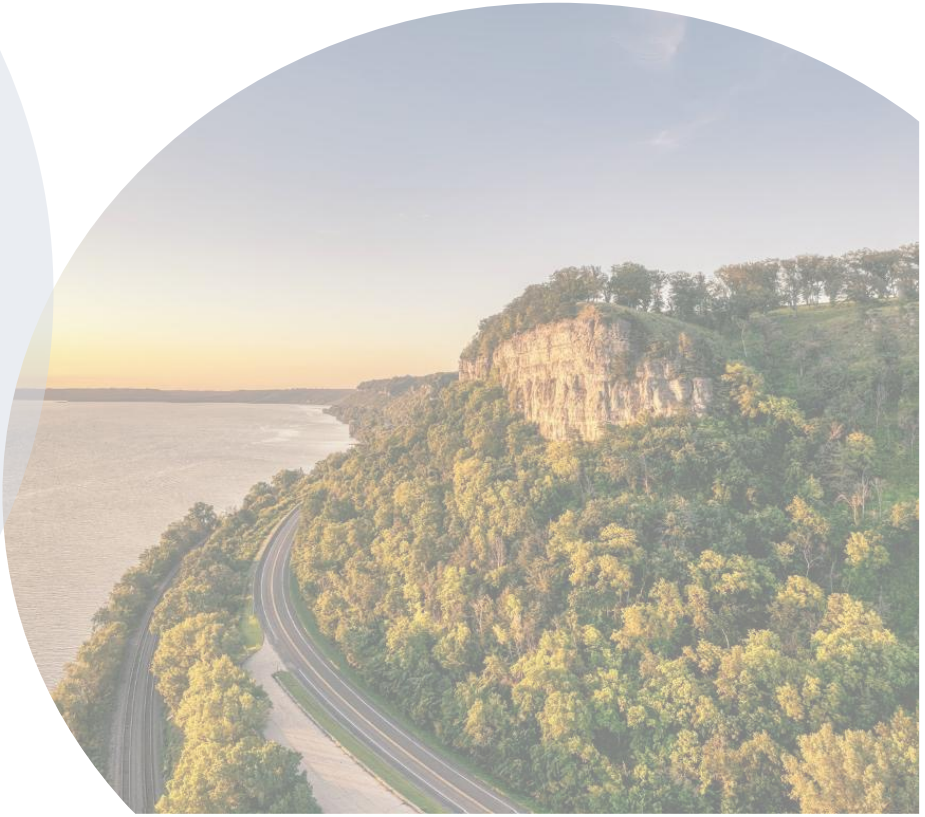
- One of the key differences between Original Medicare and Medicare Advantage is that Medicare Advantage plans have provider networks.
- Most providers accept Original Medicare.
- But Medicare Advantage members typically need to see providers who accept their specific plan (are “in network”) to have their services covered. Whether a Medicare Advantage plan covers out-of-network services depends on the type of plan.

# How would you explain Medicare Advantage?

"You have the option to get your Medicare through a Medicare Advantage plan. This would bundle your health and drug coverage into one plan provided by a private company. You may get extra benefits, like dental or vision. Costs vary, and your doctors would have to be in the plan's network."

# Questions?

# Appeals



# Refer Appeals to Benefit Specialists

Appeals are complex casework. This training will just provide an overview of appeal types and first steps.

Refer appeals to a benefit specialist.

# Appeals Overview

- Beneficiaries have the right to appeal a denied service.
- You can escalate an appeal up to five times.
- The five appeal level steps vary based on the part of Medicare and whether the denial was made before or after the service was provided.
- If waiting for the standard appeal deadline could seriously harm a beneficiary’s health, life, or ability to regain maximum function, they may get a fast, or "expedited," decision.

# Appeal Statistics

- 11.5% of Medicare Advantage prior authorization denials were appealed in 2024
- 80.7% of those appeals were partially or fully successful
- Source: KFF

# Medicare Advantage Pre-Appeal Steps

- For appeals before receiving the service (prior authorization), the beneficiary requests coverage from the plan.
- The plan has 14 days to process a standard request or 72 hours for an expedited request.
- If the plan denies coverage, they send a Notice of Denial of Medical Coverage.

# Medicare Advantage Appeal Steps

| Level | How to file the appeal | Appeal deadline | Decision timeline | |
|---|---|---|---|---|
| | | | **Standard** | **Expedited** |
| **1** | File appeal with plan | 60 days | 30 days | 72 hours |
| **2** | Send supporting documents to independent review entity | 10 days | 30 days | 72 hours |
| **3** | Request hearing with administrative law judge | 60 days | Typically within 90 days (but timeline may be extended) | |

# Questions?

# Costs

# Medicare Advantage Costs: Overview

- Out-of-pocket costs vary by plan.
- Plans cannot charge more than Original Medicare for certain services, such as chemotherapy, dialysis, and skilled nursing facility care.
- Plans have a yearly limit on out-of-pocket costs: Maximum Out Of Pocket (MOOP).

# Types of Expenses

## Monthly Premiums

- Part B premium
- Medicare Advantage plan premium*
- Extra benefits premium*

## Out-of-Pocket Costs

- Copays or coinsurance for services
- Health and/or drug deductible*
- Cost-sharing for extra benefits*

*Varies by plan

# Premium Details

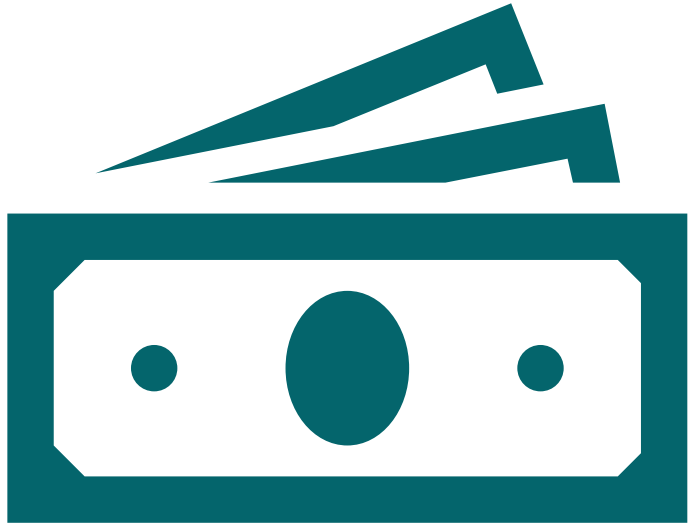
- People with Medicare Advantage continue to pay the Original Medicare Part B premium.
- There may be an additional premium for the Medicare Advantage plan.
- You can pay the Medicare Advantage premium via:
  - An automatic bank transaction.
  - An automatic deduction from Social Security.
  - Monthly statements through the mail.

# Cost-Sharing Details

- You can owe a deductible and copays (set dollar amount owed) and/or coinsurance (set percentage owed) for hospital and medical services like:
  - Doctor visits
  - Hospitalization
  - Specialists
  - Emergency room visits
  - Diagnostic testing
  - Prescriptions

# Maximum Out-of-Pocket

- Once your out-of-pocket costs meet the Maximum Out-of-Pocket (MOOP) limit, you don't pay anything for covered services.
- Prescription costs and premiums don't count towards MOOP.



# Cost Considerations

## Pros

- Medicare Advantage can cost less up front than Original Medicare (lower premium costs).
- MOOP provides protection.

## Cons

- Cost-sharing for services varies by plan and may be as much or more than Original Medicare.
- Costs are harder to predict.

# Check Your Understanding: Costs

1. I enrolled in a Medicare Advantage plan, so I don't have to pay Original Medicare premiums.

A. True

B. False

2. Will Medicare Advantage save me money?

A. Yes, you'll pay less on your monthly premiums.

B. It depends on the plan and what health care services you get.

# Questions?

# Types of Medicare Advantage Plans

# Overview: Plan Networks

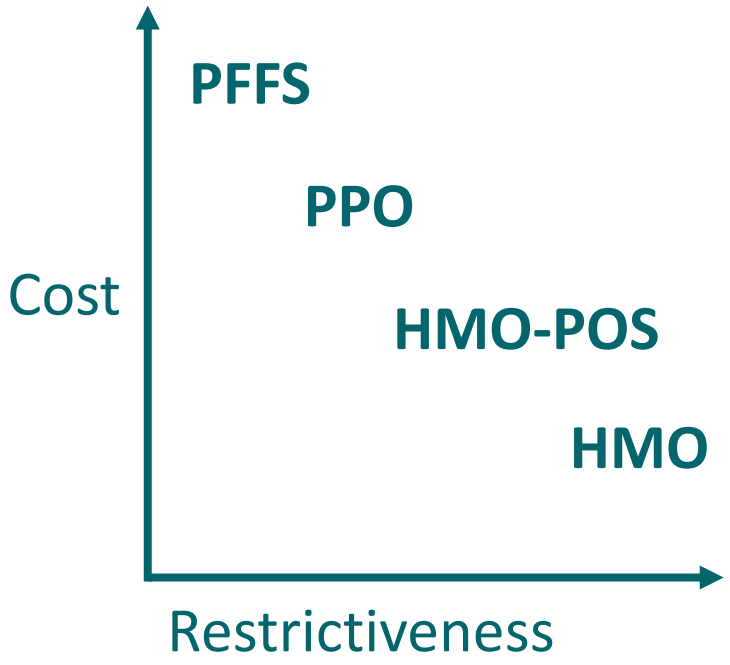
- One of the key differences between Original Medicare and Medicare Advantage is that Medicare Advantage plans have provider networks.
- Most providers accept Original Medicare.
- But Medicare Advantage members need to see providers who accept their specific plan (are “in network”) to have their services covered. Whether a Medicare Advantage plan covers out-of-network services depends on the type of plan.

# List of Plan Types

Medicare Advantage plans come in many forms:

- Health Maintenance Organizations (HMO)
- Preferred Provider Organizations (PPO)
- Private Fee-for-Service plans (PFFS)
- Special Needs Plans (SNP)
- Medicare Medical Savings Accounts (MSAs)
- Medicare Cost Plans

# Comparison of Plan Types




**Other types of plans:**

**SNPs** are tailored for specific populations.

**Cost Plans** and **MSAs** are uniquely structured.

Medicare.gov plan comparison chart

# Most Common Plan Types

## HMOs

- Provider network
- Referrals required from primary care physician for specialists
- No coverage for out-of-network care (except emergencies)

## PPOs

- Provider network
- Out-of-network providers covered at a higher cost
- In- and out-of-network MOOPs

# Less Common Plan Types

## HMO-POS

- Coverage same as HMO plus additional limited out-of-network coverage
- May offer additional benefits

## PFFS

- Coverage from any Medicare provider who agrees to the PFFS terms
- No coverage for out-of-network care

# Uniquely Structured Plan Types

## Cost Plans

- Hybrid of Medicare Advantage and Original Medicare
  - See in-network providers for lowest cost
  - See out-of-network providers for Original Medicare costs

## Medicare MSA Plans

- High-deductible policy with Medicare Savings Account, which is like a Health Savings Account (HSA)
- No provider network

# Employer-Based Plan Types

## Employer-Sponsored

- Companies can offer customized Adv plans to former employees
- Usually you can't get back a dropped employer plan

## Public Retirees

- Government retirees get custom Adv plans
- See the SHIP Manual for details

Retiree plans are structured like one of the above types (for example, HMO or PPO).

# Check Your Understanding: Plan Types

Louis has a Medicare Advantage plan. You check his insurance card (or Medicare.gov) and see that it's labeled as an HMO.

Lucius needs to see a podiatrist. How can he make sure his visit is covered?

A. All visits are covered by HMOs.

B. He should ask his primary care physician for a referral

# Check Your Understanding: Providers

Mary is new to Medicare. Mary tells you that it's important to her to see any doctor she wants, especially because she is a "snowbird" who often travels throughout the states.

Select the options that cover visits to any Medicare provider.

A. HMO
B. PPO
C. HMO-POS
D. PFFS
E. Cost Plan
F. Original Medicare
G. Medicare MSA

# Questions?

# Special Needs Plans

# Special Needs Plans Overview

- Special Needs Plans (SNPs) are a type of Medicare Advantage plan designed to provide focused care management, special expertise of the plan's providers, and benefits tailored to the enrollees' condition(s).
- There are three types of SNPs:
  - Institutional Special Needs Plans (I-SNPs)
  - Chronic Condition Special Needs Plans (C-SNPs)
  - Dual Eligible Special Needs Plans (D-SNPs)

# Institutional Special Needs Plans (I-SNPs)

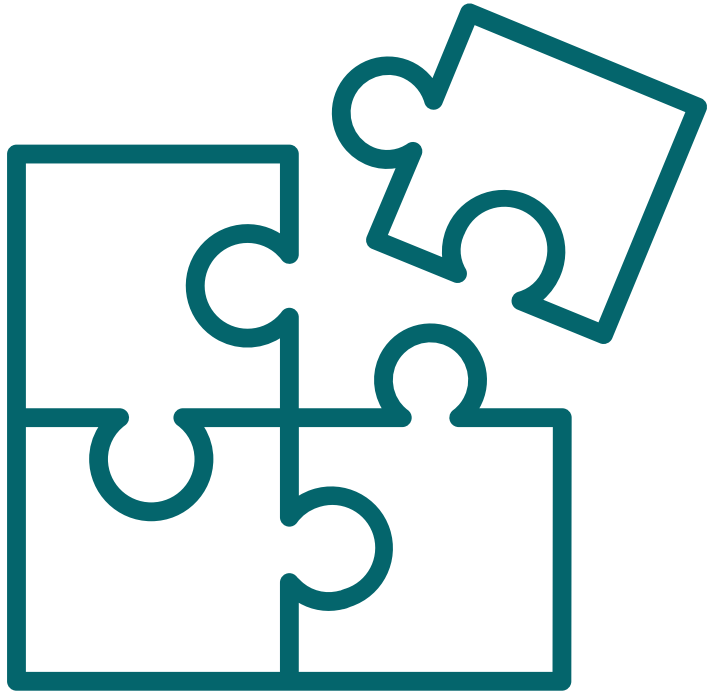
- Institutional SNPs serve the medical needs of people in residential facilities and may also choose to serve people living at home who meet residential setting level of care criteria.
- I-SNPs must use a state assessment tool to determine the need for an institutional level of care.

# Chronic Condition Special Needs Plans (C-SNPs)

- Chronic Condition SNPs limit membership to people with specified serious chronic conditions.
- In general, C-SNPs may only enroll people with one or more medically complex chronic conditions that:
  - Are substantially disabling or life threatening.
  - Pose a high risk of hospitalization or other significant adverse health outcomes.
  - Require specialized delivery systems across domains of care.

# Dual Eligible Special Needs Plans (D-SNPs)

- Dual Eligible Special Needs Plans are designed for individuals who have both Medicare and Medicaid ("dually eligible" members).
- D-SNPs must coordinate with Medicaid. Coordination works best if the member gets Medicaid managed care from the same company that provides the D-SNP. This is called "aligned" coverage.



# D-SNP Eligibility

- There are many different Medicaid programs. D-SNPs vary in which Medicaid programs they accept. Check the D-SNP eligibility spreadsheet for details.
- Some provide “full” health coverage and others provide “partial” benefits. A person’s costs with a D-SNP depend on whether they have partial or full Medicaid.

# Default Enrollment into D-SNPs

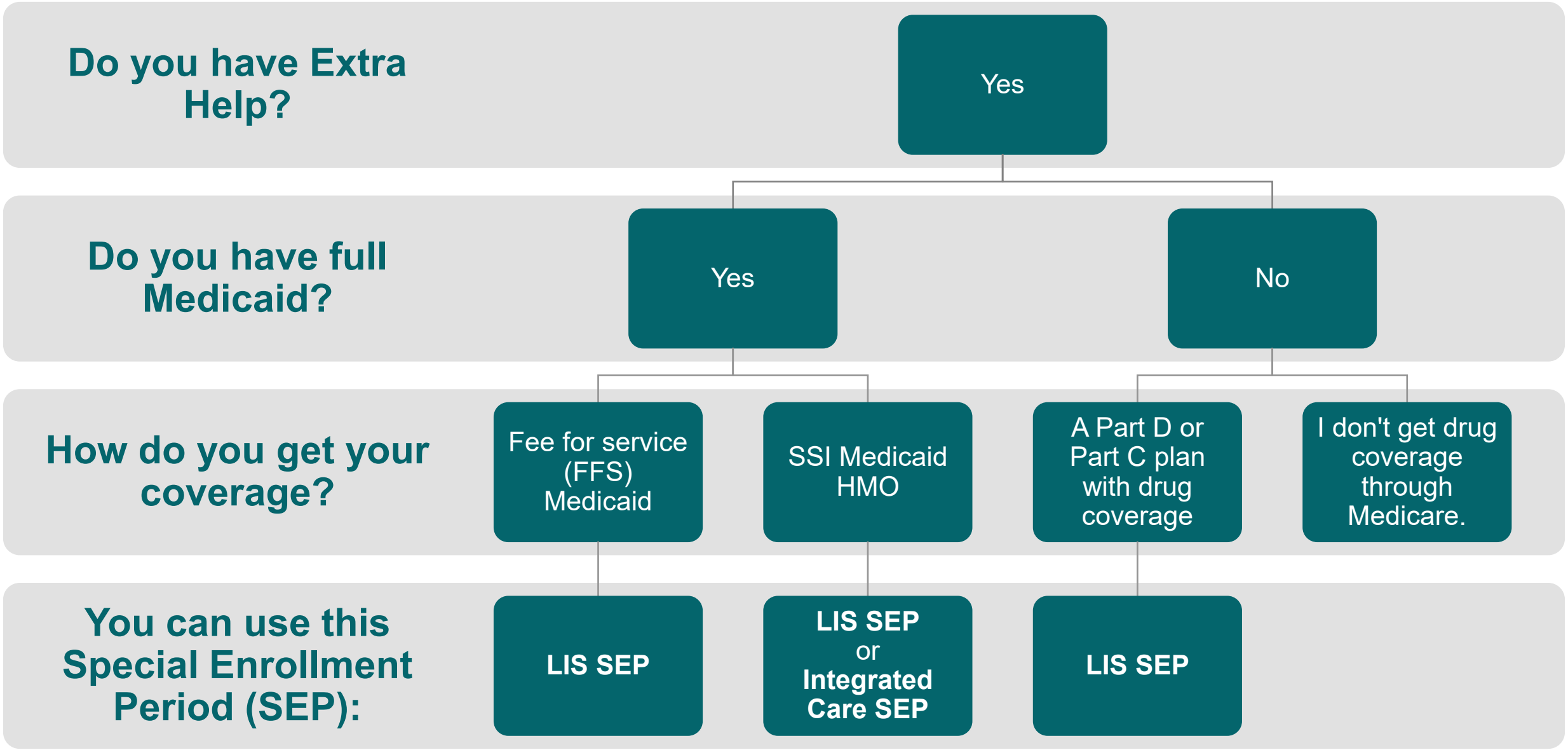
- Generally, everyone who enrolls in Medicare starts off with Original Medicare.
- The exception: A small number of Elder, Blind, or Disabled Medicaid HMO members may be "default enrolled" into an aligned D-SNP when they join Medicare. They can opt out.
- Sample notices are on the Department of Health Services D-SNP webpage.

# Special Enrollment Period for Duals

People who have Extra Help and/or Medicaid have ongoing, monthly Special Enrollment Periods (SEPs).

- The Integrated Care SEP allows a dually eligible beneficiary with an SSI Medicaid HMO to enroll in a Dual Eligible Special Needs Plan offered by the same company as their HMO.
- The Low Income Subsidy SEP allows the person to join a standalone Part D drug plan.

# Ongoing Special Enrollment Period Flowchart



# Refer SNP Members to Benefit Specialists

- Special Needs Plans are complex. This training only provides an overview of SNPs so that you recognize them.
- You should refer people who have or want Special Needs Plans to benefit specialists.

# D-SNP Resources

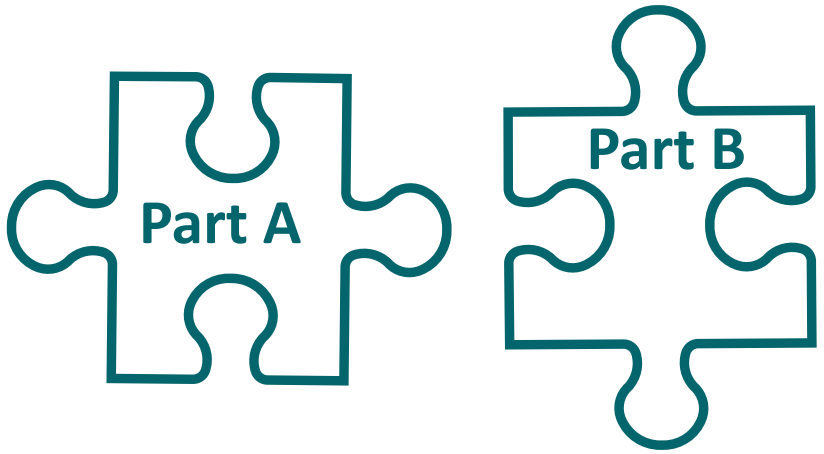
- Department of Health Services D-SNP webpage and member FAQ
- D-SNP and Default Enrollment SHIP FAQ (P-03265)
- SHIP Manual

# Questions?

# Eligibility

# Who Can Join a Medicare Advantage Plan

✓Enrolled in Part A *and* Part B



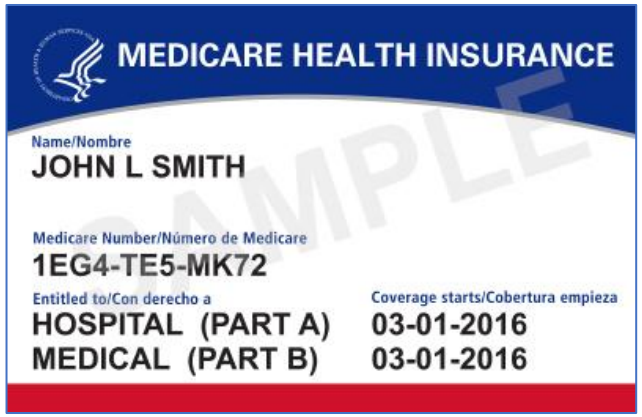

✓Lives in the plan's service area

# Questions?

# Enrollment

# How to Enroll

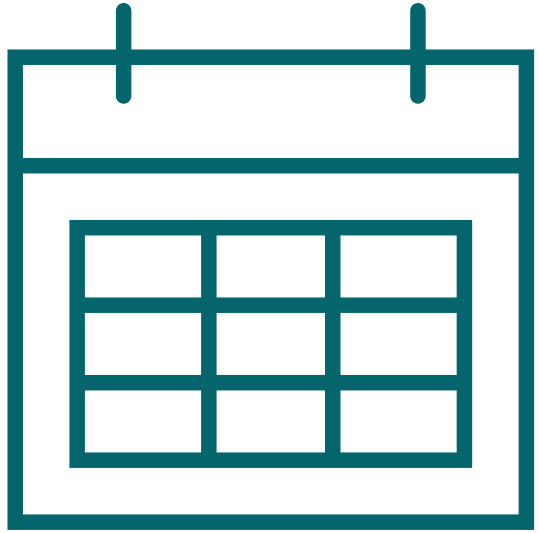
A. Use the www.Medicare.gov Plan Finder tool.
B. Call the plan.
C. Call 1-800-MEDICARE.




You need your red, white, and blue Original Medicare card to enroll.

# When to Enroll

- Enrollment and disenrollment are limited to specific periods of time. The enrollment period will determine the effective date of coverage.
- Like Original Medicare, Medicare Advantage plans cannot deny an enrollment request due to a person's health status.



# Initial Enrollment Opportunities

Initial Enrollment Period (IEP)

Special Enrollment Period (SEP)

General Enrollment Period (GEP)

# Initial Coverage Election Period

- You can join a Medicare Advantage plan when you first get Part A *and* Part B.
- The Initial Coverage Election Period (ICEP) is the period in which a person who is newly eligible for Medicare Advantage may enroll in a Medicare Advantage plan.

# Initial Coverage Election Period Timeline

You can enroll in the plan:

- Starting three months before entitlement to both A and B.
- Until the later of:
  - The last day of the Initial Enrollment Period (new to Medicare).
  - Two months after you have both Part A and Part B for the first time (Part A already started, new to Part B).

# Example: Initial Enrollment Period

Example: Enroll in Medicare at 65

Jim turns 65 in June. Three months before, in March, Jim calls Social Security and enrolls in Medicare.

Jim gets their Medicare card in the mail in April.

In July, Jim enrolls in a Medicare Advantage plan through the Medicare.gov Plan Finder.

The plan becomes effective in August.

# Example: Special Enrollment Period

Example: Enroll in Part B at retirement

Ed kept working past age 65. He enrolled in Part A when he turned 65.

Ed plans to retire at age 68. Three months before losing his employer insurance, Ed uses a Special Enrollment Period to enroll in Part B.

The month before Part B becomes effective, Ed enrolls in a Medicare Advantage plan.

# Example: General Enrollment Period

Annie missed her Medicare Initial Enrollment Period.

In January, she enrolls in Medicare Parts A and B using the annual General Enrollment Period.

She also enrolls in a Medicare Advantage plan in January.

Coverage is effective February 1.

# Ongoing Enrollment Opportunities

Open Enrollment Period (OEP)

Medicare Advantage OEP (MA-OEP)

Special Enrollment Period (SEP)

# Annual Open Enrollment Periods

| | Open Enrollment Period | Medicare Advantage Open Enrollment Period |
|---|---|---|
| **Date range** | Oct. 15–Dec. 7 | Jan. 1–March 31 |
| **Conditions to use** | None | Must already have a Medicare Advantage plan |
| **Allowable changes** | Join, change, or drop Part D and Medicare Advantage plans | One change: Switch or drop Medicare Advantage plan (return to Original Medicare* with Part D) |
| **Effective date** | January 1 | The first day of the following month |

GWAAR Greater Wisconsin Agency on Aging Resources, Inc.

*If returning to Original Medicare, you do *not* get guaranteed issue rights for Medigap.

# Annual Notice of Change

- Plans send an Annual Notice of Change (ANOC) by September 30 that explains changes coming to the next calendar year.
- The plan name, costs, drug formulary, and coverage rules can change.
- Tip: Even if someone is happy with their current plan, they should run a plan comparison during OEP.

# Special Enrollment Periods

- Certain events trigger an opportunity to change coverage.
- Examples of common Special Enrollment Periods:
  - Move
  - Join a five-star Medicare Advantage plan
  - Get or lose full Medicaid or Extra Help
  - Got Medicare due to disability and now turning 65

# Marketing Guidelines

- Agents and brokers must follow Centers for Medicare and Medicaid Services (CMS) marketing guidelines.
- The Agent's Dos and Don'ts handout is a helpful quick-glance reference.

# Voluntary Disenrollment

- Changing Medicare plans automatically disenrolls a person from their current plan (on the effective date).
- If a person feels the plan was misrepresented to them or they didn't consent to joining the plan, refer them to a benefit specialist or the Medigap Helpline. They will see if they can request retroactive disenrollment.

# Medicare Advantage Trial Rights

- There are special trial rights for people who join a Medicare Advantage plan when they first qualify for Part B by turning 65 years old. They can drop their Medicare Advantage plan in favor of Original Medicare anytime within the first 12 months of their plan coverage.

**IEP due to age 65**; enroll in Part C plan

**12 months to drop Part C plan** and return to Original Medicare (with guaranteed issue rights for Medigap)

# Involuntary Disenrollment

Medicare Advantage plans *must* disenroll members who:

- Move out of the plan's service area.
- Lose Part A and/or Part B.
- Are members of a Special Needs Plan and lose their special needs status.

# Let's Practice:  Enrollment

During the Open Enrollment Period, Mrs. Smith enrolled in a Medicare Advantage plan she saw on TV because she could get money for utilities and food.

It's January 15. Now she wants to disenroll because she found out her doctor is not in network.

Can she go back to Original Medicare and her Part D plan?

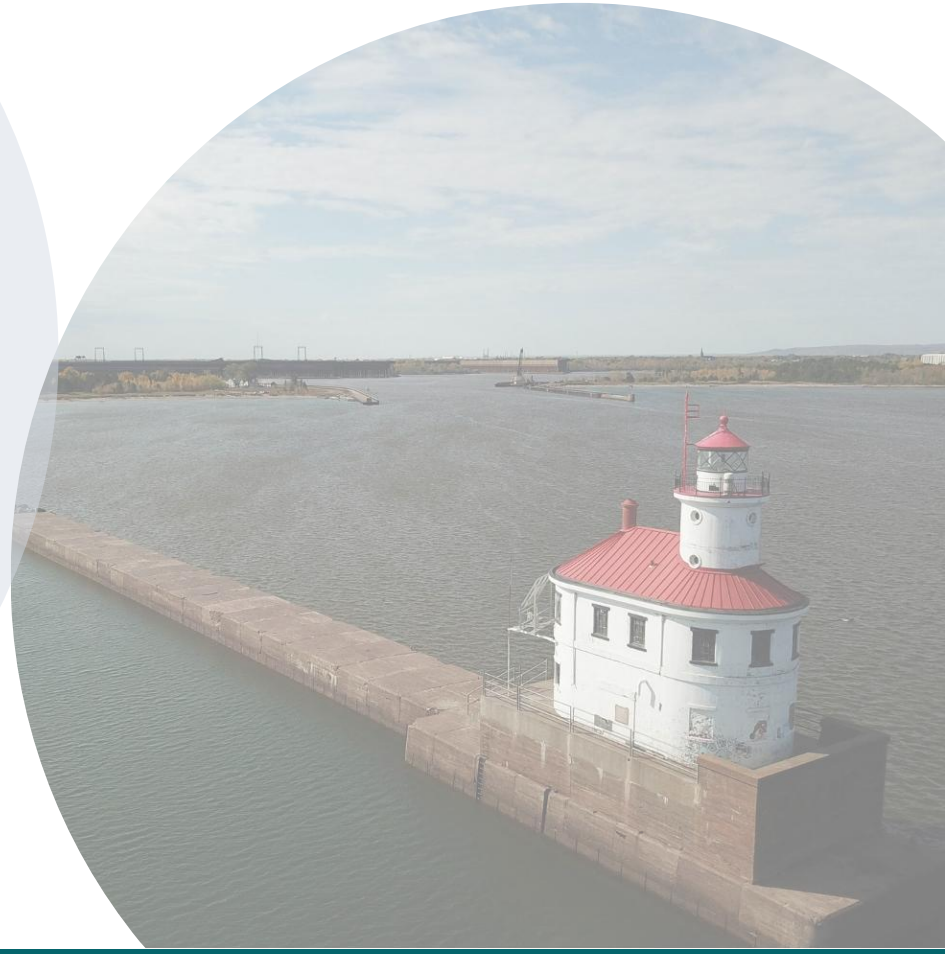
A. Yes

B. No

Use the Medicare Advantage OEP in January to return to Original Medicare and rejoin the Part D plan.

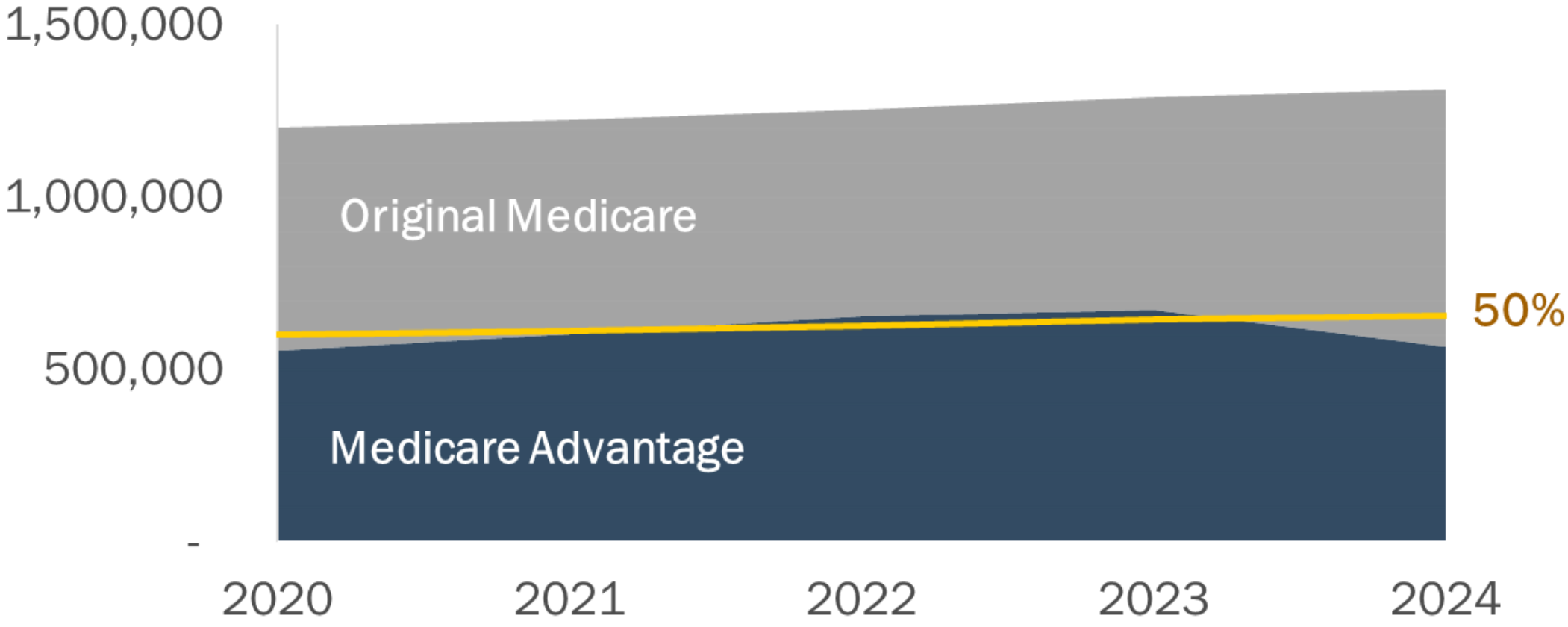
# Questions?

# Wisconsin Plans



# Almost Half of Beneficiaries Have Medicare Advantage

Wisconsin Medicare enrollment



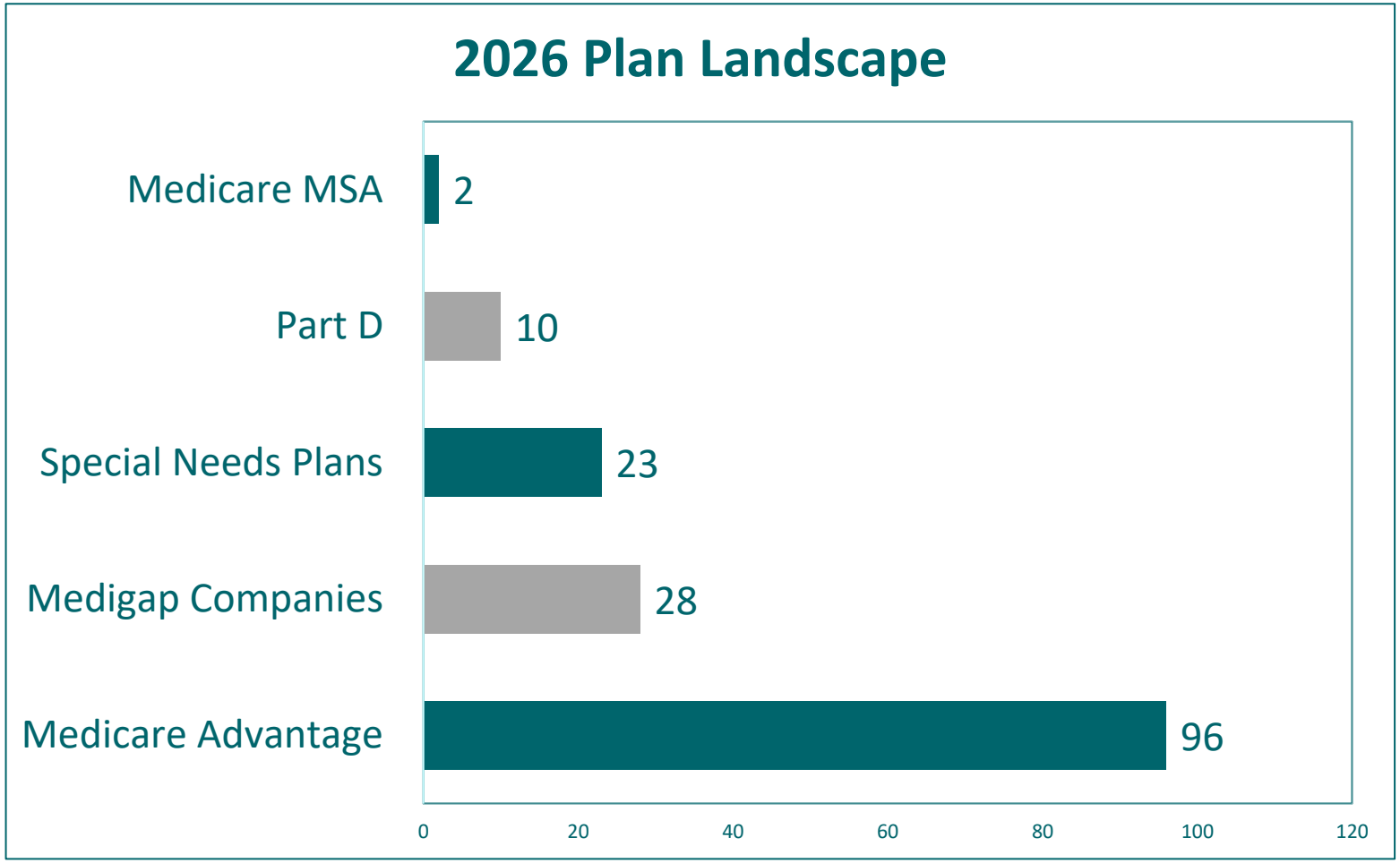
# Wisconsin Plans

- Medicare Advantage plans are available in all Wisconsin counties.
- Not all plans are in all counties.
- If a plan is available in more than one county, the plan may have a different provider network.
- Beneficiaries need to contact the plan with their new address if moving.

# Wisconsin Medicare Plans Spreadsheet

The Wisconsin Landscape of Medicare Plans spreadsheet is a sortable list of Wisconsin Medicare plans, pulled from CMS.gov.

# Wisconsin Plans



# Questions?

# Counseling Tips

# Review:  Pros and Cons

## Potential Benefits

- Extra benefits
- Lower premiums (usually)
- Out-of-pocket maximum
- Bundled coverage

## Cons and Considerations

- Provider networks
- Red tape
- Varied costs for services
- Coverage and costs change each year

# Sample Questions

- **To choose coverage type:** What matters most to you for your health care (for example, saving money or seeing any doctor)?
- **To determine current coverage:** What insurance cards do you use when you go to the doctor? Can I see them?
- **When comparing plans:** Which doctors do you want to keep? Let's start by looking at the plans they accept.

# Questions?

# Conclusion

# Resources

- Wisconsin SHIP Manual
- Wisconsin Counselor Toolkit packet (P-03179a)
- Medicare.gov plan type comparison chart

- Medicare Advantage vs. Original Medicare comparisons
  - Medicare and You Handbook
  - Medicare Rights Center
  - SHIP Technical Assistance Center

# Review Game

Play this quick matching game to check your understanding!

Draw lines between the term and its definition.