

Open Enrollment Basics



**Open Enrollment Bootcamp
October 6, 2018**

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Goals

- Understand Open Enrollment period for Covered California and Medicare
- Review related benefits
- Describe penalties for missing Open Enrollment



Who Cares about Open Enrollment?

We do!

- Open Enrollment is the *only* period during the year when individuals can enroll in a health plan without a Qualifying Life Event
- This is to ensure that people aren't signing up only when they get sick
- Medicare, Covered CA, private insurance, and employers all have Open Enrollment periods
- Missing Open Enrollment can mean Medicare penalties or reduced coverage



Covered California

Covered California Open Enrollment

October 15, 2018 to January 15, 2019

During open enrollment you can:

- Enroll in a health plan for the first time
- Renew your health plan
- Change your health plan

If you sign up October 15 through December 15,
coverage will be effective **January 1, 2019**

If you sign up December 16 through January 15,
coverage will be effective **February 1, 2019**

Covered California Eligibility

- US Citizens, Qualified Immigrants, and applicants for certain legal statuses
- NOT eligible for MAGI Medi-Cal
- NOT enrolled in Medicare
- To be eligible for tax credits, must NOT have an offer of affordable group insurance through and employer



Medi-Cal vs. Covered California

- One streamlined application through the Covered California website
- Medi-Cal enrollment is year-round with no Open Enrollment period
- MAGI Medi-Cal and Covered CA use *Modified Adjusted Gross Income* to determine eligibility
 - <138% FPL (<\$1396/month for an individual): eligible for MAGI Medi-Cal
 - 138-250% (up to \$2529/mo): eligible for Covered CA with APTC and CSR
 - 250-400% (up to \$4046/mo): eligible for Covered CA with APTC

Picking a Covered California Plan

- Best Practice: call doctor's billing office and ask which Covered CA plans they accept, including metal tier
- Use the "Shop and Compare" tool to compare plans
- Considerations:
 - Doctor and hospital choice
 - Pharmacy
 - Drug formulary
 - Anticipated health services and associated costs
 - Premiums and co-pays
 - Out of pocket maximums





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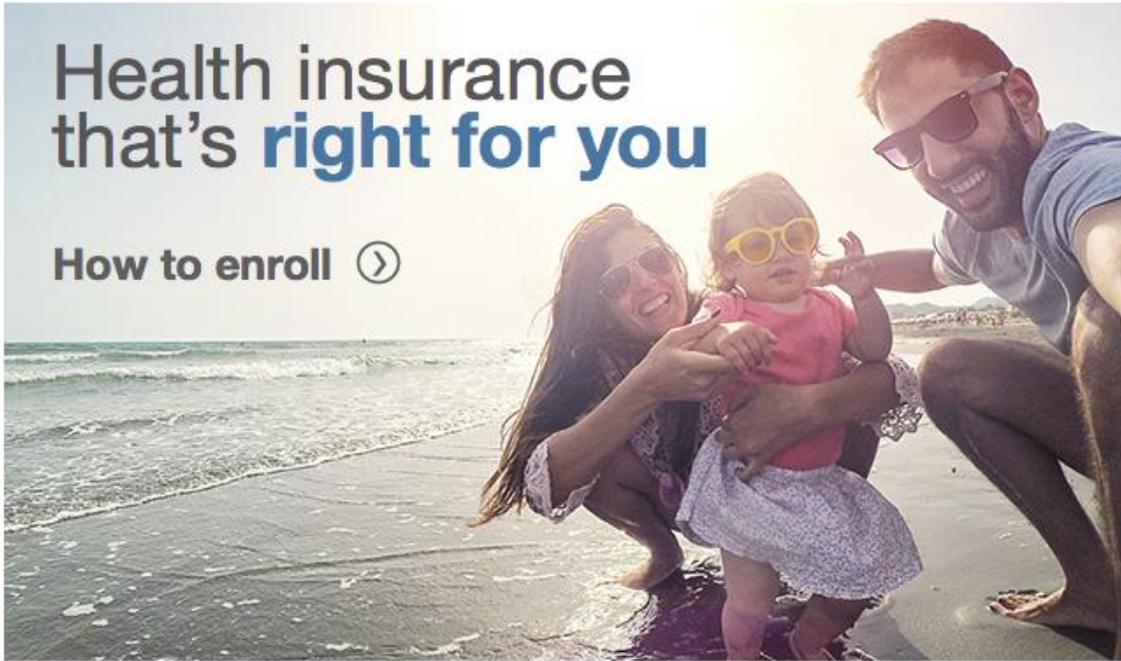
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Members ▾

Find Help ▾

Health insurance that's **right for you**

How to enroll 



See If You Qualify for
Financial Help



Shop and Compare



Apply for Special
Enrollment



Medi-Cal Information



Enrolling in Covered California

- Online at www.coveredca.com or by phone at 1-800-300-1506
- You don't have to be an agent to help your client enroll
- Individual Mandate eliminated for 2019
- Covered CA vs. private individual plans: Covered CA has appeal rights, APTC, CSR, no restrictions based on pre-existing conditions. Private plans still have open enrollment periods.



Enrollment Steps

- Decide which tier and plan is best for you
- Add the plan to your cart and proceed with enrollment.
Requires:
 - Income information
 - ID
 - Proof of citizenship etc
 - SSN
 - Zip code
- Enrollment Summary will direct you to insurance carrier website, where you can make binder payments
- Make the binder payment to the insurance company
 - BINDER PAYMENT MUST BE RECEIVED BY HEALTH PLAN BEFORE COVERAGE GOES INTO EFFECT



Enrollment Practice Tips

- During Open Enrollment have the client make you a delegate so you can get information on their behalf in the future
 - For ADAP EWs: this comes in handy when completing OA-HIPP enrollment
- If your client's income is above 138% FPL and they are not enrolled in Medicare...DO NOT answer "yes" to question about disability
 - If you answer yes, your client will be directed to apply for Medi-Cal
 - You won't be able to move forward with Covered CA application online, and will need to call the hotline
 - If they do not have Medicare, and are between 138%-400% FPL, they are still eligible for Covered CA regardless of disability
- If the client is eligible for OA-HIPP, be sure to print plan information including the premium amount and amount of any APTC and submit to OA-HIPP **ASAP**
 - If they are not yet enrolled in ADAP they can do that after the Covered CA enrollment but be sure they have all of the ADAP enrollment information ready to go



Special Enrollment

What if you don't sign up during Open Enrollment and then your situation changes?

- If you have a Qualifying Life Event you will have a Special Enrollment Period. QLEs include:
 - Loss of coverage
 - Moved to or within California
 - Marriage or Domestic Partnership
 - Having a baby
 - Gaining citizenship/lawful permanent residency
- Must report changes and select a plan within 60 days of the QLE



Like Your Plan? Keep Your Plan!

- Renewal occurs automatically for most health plans
 - However, it is still important to meet with your client!
- When renewing a plan, it is important to update Covered CA regarding:
 - Address change
 - Income change
- Make sure to note any premium increases in the plan
- If the client is enrolled in OA-HIPP, the enrollment worker will need to submit renewal verification and new premium information
 - Do the same if the client is enrolled in dental insurance!



Hate Your Plan? Change Your Plan!

- Why might a client change their plan?
 - Their doctor left the network
 - The plan's formulary changed
 - They want to see a different doctor or attend a different hospital network
 - They were defaulted into a plan they don't like
- If your client wants to change their plan, the steps are the same
 - Review plan's provider network and formulary
 - Complete application online or over the phone
 - Submit new plan and premium information to ADAP/OA-HIPP ASAP if client has ADAP/OA-HIPP coverage





Medicare

Medicare Parts

- Part A = inpatient hospital insurance, SNF, hospice
- Part B = outpatient care, durable medical equipment
- Part D= prescription drug coverage
- Part C (Medicare Advantage) = a way to bundle all three and have it managed by a private company
- “Original Medicare” or “Traditional Medicare” refer to Parts A, B, and D
- You can enroll in *either* Original Medicare *or* a Medicare Advantage Plan



What is Part C?

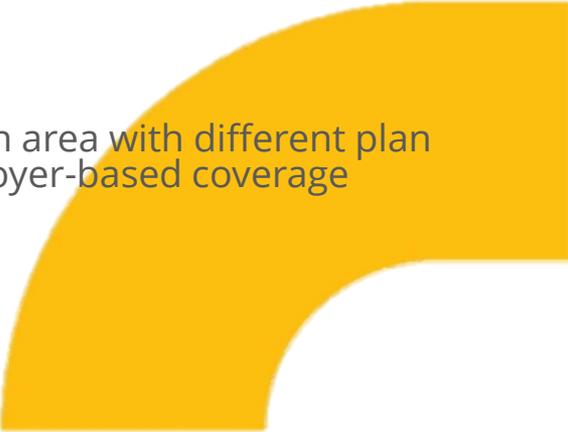
- Part C plans are also called Medicare Advantage Plans
- Coverage is provided by private insurance companies approved by Medicare
- They include Parts A & B. All California plans include prescription drug coverage also
- There is often a monthly premium in addition to the Part B premium
- May have cost savings
- Many offer supplemental benefits such as dental, vision, health and wellness

You MUST be enrolled in Parts A and B to enroll in Part C



Medicare Enrollment Periods

October 15 to December 7— Parts C and D Open Enrollment

- Three types of enrollment periods:
 - Initial Enrollment Period
 - Open Enrollment
 - Special Enrollment Period
 - Initial Enrollment Period
 - For all parts— A, B, C, D
 - A 7-month period that starts three months before the eligibility month, includes the eligibility month, and ends three months after the eligibility month
 - The eligibility month is the month of your 65th birthday. Or, if you are disabled, it is the 24th month after you are first eligible for SSDI benefits
 - ***There can be permanent premium penalties for Original Medicare if you don't enroll when you are first eligible***
 - Open Enrollment
 - October 15 to December 7 for Parts C and D
 - Special Enrollment Period
 - Triggered by certain life events, like if you move to an area with different plan coverage, lose other coverage like Medi-Cal or employer-based coverage
- 

What Can I Do During Open Enrollment?

- Switch from Original Medicare to a Medicare Advantage Plan (Part C)
- Switch from a Part C plan to Original Medicare
- Switch from one Part C plan to another
- Enroll in a Part D plan
- Change Part D plans
- Drop your Part D plan

Changes, or new enrollment, become effective January 1

Part D Plans

- **Remember, there may be *permanent premium penalties* if you don't enroll in Part D when first eligible**
 - Exception if you have creditable coverage when you are first eligible
- Considerations when choosing a Part D plan
 - Check the formularies for the client's prescription medications
 - Check any restrictions on the medication, such as prior authorization or step therapy
 - Check that the client's pharmacy is in-network if the client is attached to their pharmacy
 - Review the premium price and cost-sharing associated with each plan
- ADAP can help with Part D premiums too!
- Benchmark Plans
 - Plans with premiums below the CA average
 - If a client receives Extra Help (LIS), Extra Help will pay the premium and deductible for Benchmark plans



Plan Finder for Parts C and D

www.medicare.gov/find-a-plan

General Search

A general plan search only requires your zip code.

ZIP Code:

By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

Find Plans 

Personalized Search

A personalized plan search requires your zip code and complete Medicare information. This page is secured to protect your personal information. If you don't want to enter your Medicare information, you may use the general search option above.

ZIP Code:

Medicare Number: 
Where can I find my Medicare Number?


Last Name: 

Effective Date for Part A:  

Not Part A? Select here.

Date of Birth:   



By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

Find Plans 

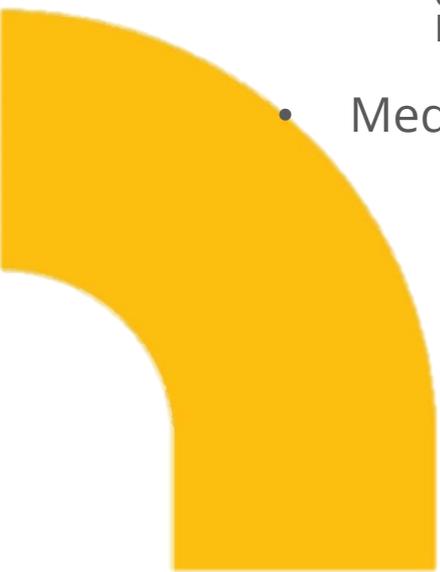
Helping Clients During Open Enrollment

- Use the Plan Finder Tool to review plans, enroll in Part C or D, or change Part C or D plans
- No action needed if client does not wish to enroll in Part C or D, or change Part C or D plans
- However...
 - Best practice is to review current coverage!
 - Check for changes to formulary or provider network
 - Check for changes in premium amount
- Medicare is required to send clients notices of changes or cancellation of coverage. Remind clients to check their mail!



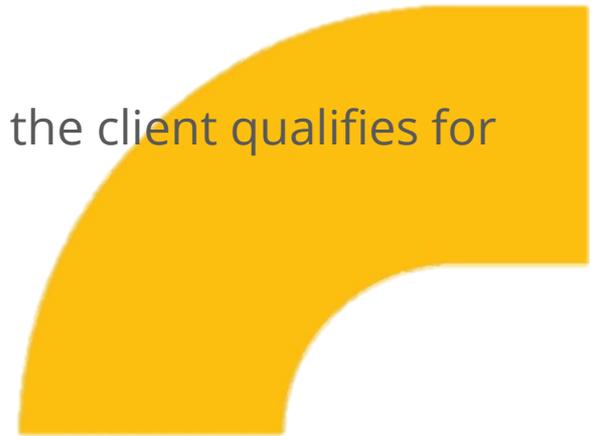
Medicare and Medi-Cal

- Clients who are Medi-Medi have additional protections
- If clients have full-scope Medi-Cal (no share of cost) they are automatically enrolled in Extra Help and will receive Medi-Cal buy in
 - Medi-Cal pays for Parts A, B, and D premiums
 - Clients qualify for low, or no, co-pays/cost-sharing for prescription drugs
- Medi-Medi clients can change plans at any time
- Medi-Medi clients can enroll in Special Needs Part C Plans
 - SNP are intended to better serve a targeted population. Medi-Medi SNP may cover care-coordination services that help members better manage their Medicare and Medi-Cal benefits.
- Medi-Medi clients can still enroll in ADAP if otherwise eligible



Plan of Action

- Identify what type of enrollment your client needs
 - Medicare? Covered CA? Something else?
- Find the relevant Open Enrollment period
- Review the different plan options and choose the one that best fits the client's needs
- Enroll in a plan
- Pay the premium
 - Or notify ADAP/OA-HIPP immediately if the client qualifies for coverage



Questions?

- Call PRC and the Equal Access to Healthcare Program (EAHP)!
 - 415.777.0333
 - prcsf.org
- Call HICAP!
 - 415.666.7520