Goals

• Understand Open Enrollment period and timeline for Covered California and Medicare
  – What you can do, what to remember, and important deadlines

• Review wrap-around benefits and practice tips to ensure seamless enrollment
  – ADAP, OA-HIPP, and MDPP eligibility

• Describe what happens when a client misses Open Enrollment
  – Tax penalties, Special Enrollment Period, Medi-Cal
Open Enrollment
Open Enrollment

• Who cares about Open Enrollment?
  – We do!

• Why do we care?
  – Open enrollment is the *only period* during the year when individuals can enroll in a health plan without a Qualifying Life event
  – Medicare, Covered California, private insurance, and employers all have Open Enrollment periods
## Important Dates

<table>
<thead>
<tr>
<th>Medicare Advantage &amp; Part D</th>
<th>Sign up Dates</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>October 15, 2019 – December 7, 2019</td>
<td>January 1, 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered California</th>
<th>Sign up Dates</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>October 15, 2019 – December 15, 2019</td>
<td>January 1, 2020</td>
</tr>
<tr>
<td></td>
<td>December 16, 2019 - January 15, 2020</td>
<td>February 1, 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare Parts A &amp; B</th>
<th>Sign up Dates</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>January 1, 2020 – March 31, 2020</td>
<td>July 1, 2020</td>
</tr>
</tbody>
</table>
Open Enrollment is from October 15, 2019 – January 15, 2020

- During Open Enrollment, you can:
  - Renew your health plan
  - Enroll in a plan for the first time
  - Change your health plan

- The date you enroll or make changes determines the date the new plan goes into effect:

<table>
<thead>
<tr>
<th>Enroll Between . . .</th>
<th>Coverage Starts . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 16, 2019 – Jan 15, 2020</td>
<td>February 1, 2020</td>
</tr>
</tbody>
</table>
Covered California vs. Medi-Cal Eligibility

- MAGI Medi-Cal and Covered California use Modified Adjusted Gross Income to determine eligibility

- If **monthly** income is . . .
  - $0 - $1,436 eligible for MAGI Medi-Cal
    - Up to 138% FPL
  - $1,437 – $2,602 eligible for Covered California with premium assistance (APTC) and cost-sharing reductions (CSRs)
    - Between 139% FPL and 250% FPL
  - $2,602 - $6,070 eligible for Covered California with premium assistance only
    - Between 251% FPL and 600% FPL
Who can enroll in Covered California?

• US citizens, Qualified Immigrants, and applicants for certain legal statuses
• Individuals **not** eligible for MAGI Medi-Cal
• Individuals **not** eligible for Medicare with free Part A
• Individuals who don’t have employer based coverage
  – Limited exceptions apply to this rule
How to Enroll

• Before you meet with your client . . .
  – Ask your client to bring income, immigration, and family information
  – Ask your client who their doctor is and to bring a medication list

• **Best Practice:** call doctor’s office billing department and ask which Covered California plans they accept, including the metal tier

  – Ask your client if they anticipate needing specific procedures or services in the next year
How to Enroll

• Enroll online, by phone, or in person
  – CoveredCA.com or (800) 300-1506 or storefronts.coveredca.com
  – “No Wrong Door” – Can enroll in Covered California or Medi-Cal through Covered California’s website

• When working with a client
  – Remind your client that there are many affordable options
  – Practice Tip: you don’t have to be an agent to help your client enroll
  – Call Covered California with your client
    • Request a delegation code – helpful for ADAP EW completing OA-HIPP enrollment
    • Practice Tip: enter incorrect client information to speak to a Covered California agent more quickly
Health insurance that’s right for you

Are you new and applying for special enrollment?
Have a certified enroller call you.

Has your income changed? Moved recently? Tell us about these and other life changes.
Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:
2019

What is your Zip Code?  
Ex: 90210

What is your total household income per year?  

How many people are in your household?
1

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household:

☐ Needs Coverage?

☐ Pregnant?

☐ Blind or Disabled?
Online Enrollment Tip

• If your client’s income is above 138% FPL and they are not enrolled in Medicare . . .
  – **DO NOT** answer “yes” to this question about disability
  – A “yes” response will stop the Covered California application and direct you to apply for Medi-Cal

• If your client is not eligible for Medicare and their income is above 138% FPL, they are eligible for Covered California regardless of a disability
Time to Enroll!

• Decide which plan level is best for your client
  – Metal tiers refer to cost-sharing levels
  – Bronze, silver, gold, platinum

• Review plan formularies and doctor networks
  – Formularies on insurance company website
  – “Find a Provider” tool on insurance company website

• Add plan to your cart and proceed with enrollment

• Application takes 20-30 minutes to complete online
After Enrollment

• **Summary ➔ Current Enrollment**
  – Includes information about the enrollment, including the initial payment due date
  – **Print this page for OA-HIPP enrollment**
  – From this page you will be directed to the insurance carrier website to make the initial payment aka binder payment

• **Binder payment must be received by the insurance carrier before the plan goes into effect**
What about ADAP & OA-HIPP?

• If client’s monthly income is less than $5,205, they are eligible for ADAP & OA-HIPP

• If not already on ADAP, will need to enroll in ADAP first
  – ID, proof of California residency, proof of income, labs, & letter of diagnosis required

• Print Current Enrollment page
  – Will need the premium amount, APTC, and name of the plan

• **Submit insurance information ASAP to request binder payment**
  – OA-HIPP says that binder payments can be made if they are requested within 48 hours of enrollment in a plan
  – If request submitted after that time, safest to have client pay premium and wait for reimbursement from insurance company
Like Your Plan? Keep Your Plan!

• Renewal occurs automatically for most plans
  – However, it is important to still meet with your client!
• Make sure Covered California has updated information, provide:
  – Address change
  – Income change
• Make sure to note any premium increases
• **Practice Tip:** Enrollment Worker has to submit renewal information and new premium amount to OA-HIPP
• Fax or upload updated premium and verification of plan name, plan carrier, and APTC
Hate Your Plan? Change Your Plan!

• Why might a client change their plan?
  – Their doctor left the network
  – Their plan’s formulary changed
  – They want to attend a different hospital network
  – They were defaulted into a plan they don’t like

• If your client wants to change their plan, follow the same steps . . .
  – Review provider network and formulary
  – Complete application online, on the phone, or in person

• Remember to follow up with ADAP & OA-HIPP
  – Provide new plan and premium information ASAP
What if I miss Covered California Open Enrollment?
Can I still get insurance?

- Special Enrollment Period (SEP) required to enroll in Covered California outside of Open Enrollment
- Qualifying Life Event (QLE) triggers SEP
  - Losing other health insurance
  - Permanently more to or within California
  - Having a baby, adopting a child, or getting married
  - Returning from active military duty
  - Gaining citizenship/lawful presence
- SEP is 60 days
What if I don’t enroll?

• Tax Penalty
  – California state income tax penalty
  – Penalty is the greater of $695 per adult or 2.5% of household income
  – Limited exceptions

• Healthy San Francisco
  – Must be uninsured for 3 months before applying
  – Not minimum essential coverage

• Medi-Cal enrollment year around
  – Contact PRC to see if your client qualifies
Medicare
Medicare

• Medicare has different parts
  – Part A = hospital insurance
  – Part B = medical/outpatient insurance
  – Part C = Medicare Advantage Plan
  – Part D = prescription drug coverage

• “Original Medicare” refers to enrollment in Parts A, B, and D

• Can enroll in either Original Medicare or Medicare Advantage plan
Medicare Open Enrollment

Open Enrollment is from October 15, 2019 – December 15, 2019
• During the Open Enrollment period, you can:
  – Switch from Original Medicare to Medicare Advantage
  – Switch Medicare Advantage plans
  – Enroll in a Part D plan
  – Change Part D plans
• Changes or new enrollment effective January 1, 2020

Open Enrollment for Medicare Parts A & B
• January 1, 2020 – March 31, 2020
• For more information about enrolling in Parts A & B, contact HICAP at (415) 677-7520
What is Part C?

- Part C plans are also called Medicare Advantage Plans
- Coverage provided by private insurance companies approved by Medicare
- In California, Advantage plans include Parts A, B, & D
- There is a monthly premium in addition to the Part B premium
- Potential cost savings
- Many offer supplemental benefits such as dental, vision, health, and wellness
- Must be enrolled in Parts A & B to enroll in a Medicare Advantage
Part D Plans

• Considerations when choosing a Part D plan
  – Check formularies for client’s prescription medication
  – Check any restrictions on the medication, i.e., prior authorizations or step-therapy
  – Review the premium price and cost-sharing associated with each plan

• ADAP can help with Part D plans too!
  – ADAP will pay for co-pays for prescriptions on ADAP’s formulary
  – Can also enroll in CDPH’s Medicare Part D Premium Payment (MDPP) program

• To maximize benefits, enroll in a Benchmark plan
Plan Finder Tool

• Go to Medicare.gov/find-a-plan to review coverage options for clients!

• Search using your client’s information, or no information, to review coverage options

• Enter prescription information to compare formularies
How do you get your Medicare coverage?

- Original Medicare
- Medicare Health Plan (Such as an HMO, PPO, or Private-Fee-for-service plan)
- I don't have any Medicare coverage yet
- I don't know what coverage I have

Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

- I get help from Medicaid
- I get supplemental security income
- I belong to a Medicare Savings Program (MSP)
- I applied for and got extra help through social security
- I don't get any extra help
- I don't know

Would you like to add drugs?

- Yes
- I don't want to add drugs now
- I don't take any drugs
Plan Finder Tool

**Type the name of your drug:**

[Text field] Find My Drug

Or Browse A-Z:

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

Help with common drug abbreviations
Hints on how to enter drug information
Why can’t I find my drug?

**Retrieve My Saved Drug List:**

Your personal information cannot be accessed using your drug ID list. Medicare doesn’t share the drug information you enter.

**Drug List ID:** What is this?

[Text field]

**Password Date:** What is this?

[Select options]

Retrieve My Drug List

**My Drug List (Maximum 25 Drugs)**

Total Drugs in My Drug List: 0

Print My Drug List

<table>
<thead>
<tr>
<th>MEDICINE NAME</th>
<th>QUANTITY</th>
<th>FREQUENCY &amp; PHARMACY</th>
<th>GENERIC OPTIONS</th>
<th>ACTION</th>
</tr>
</thead>
</table>

You haven’t added any drugs to your list. Search for drugs above or retrieve your previously saved drug list.

My Drug List is Complete
Plan Finder Tool

<table>
<thead>
<tr>
<th>Refine Your Search</th>
<th>Summary of Your Search Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Plan Results</td>
<td>There are a total of 45 plans available in your area including Original Medicare. You may also use the filters on the left to narrow your search results. Please select one or more plan types to continue.</td>
</tr>
<tr>
<td>Limit Your Monthly Plan Premium</td>
<td><strong>Available Plans Based On Your Filters</strong></td>
</tr>
<tr>
<td>Limit Your Annual Drug Deductible</td>
<td><strong>Prescription Drug Plans (with Original Medicare)</strong></td>
</tr>
<tr>
<td>Select Drug Options</td>
<td>30 plan(s) available</td>
</tr>
<tr>
<td>Select Star Ratings</td>
<td><strong>Medicare Health Plans with drug coverage</strong></td>
</tr>
<tr>
<td>Select Coverage Options</td>
<td>Include the following types of plans:</td>
</tr>
<tr>
<td>Change Health Status</td>
<td>- plans for people who are eligible for both Medicare and Medicaid</td>
</tr>
<tr>
<td>Select Plans By Company</td>
<td>- plans for people with certain chronic or disabling conditions</td>
</tr>
<tr>
<td>Update Plan Results</td>
<td>- plans for people in certain long-term care facilities</td>
</tr>
<tr>
<td>Continue To Plan Results</td>
<td><strong>Medicare Health Plans without drug coverage</strong></td>
</tr>
<tr>
<td></td>
<td>0 plan(s) available</td>
</tr>
</tbody>
</table>
Helping Clients During Open Enrollment

• No action needed if client does not wish to change or enroll in Advantage or Part D plans

• However, **best practice** is to review current coverage!
  – Check for changes to formulary or provider network
  – Check for changes in premium amount
  – Use the Plan Finder Tool!

• Medicare is required to send clients notices of changes, or cancellations of coverage
  – Remind clients to check their mail!

• If client wants to enroll in or switch their Advantage or Part D plan, they will do this using the Plan Finder Tool
What if I miss Open Enrollment for Medicare Advantage & Part D?
Special Enrollment

• If you miss Open Enrollment, you can enroll in or switch Advantage or Part D plans when you have Qualifying Life Event (QLE)

• Qualifying Life Event includes:
  – Moving
  – Becoming eligible for Medi-Cal
  – Qualifying for Extra Help
  – Losing other coverage such as Medi-Cal or Cobra
  – Losing employer or union coverage
  – Health plan changes its Medicare contract
What if I don’t enroll in Medicare?

It’s very important to elect Medicare Part D when you become eligible!

• If you don’t choose a Part D plan during initial enrollment and later enroll, there is a penalty that *remains with you throughout your enrollment*

• Part D Penalty
  – 1% of the national base beneficiary premium times the number of months the individuals lacked coverage
  – Added to *monthly premium*

• Exceptions
  – Have prescription drug coverage through another plan
  – If you lose employer or other drug coverage, you have 63 days to sign up for a Part D plan without facing a penalty
What if I have Medicare and Medi-Cal?

Clients who are Medi-Medi have additional protections

• If they have full-scope Medi-Cal (no Share of Cost), they are automatically enrolled in Extra Help and will receive the Medi-Cal State Buy-In
  – Medi-Cal pays for Parts A, B, & D premiums
  – Clients qualify for low or no co-pays/cost-sharing for prescription drugs
  – Clients qualify for LINET program to provide prescription coverage during transition periods

• Medi-Medi clients can
  – Change plans at any time
  – Enroll in Special Needs Plans
  – Enroll in ADAP
Thank you!

• Questions?
  – Call PRC’s EAHP
    • (415) 777-0333
    • www.prcsf.org
  – Call HICAP
    • (800) 434-0222

• Reminder
  – Enroll at CoveredCA.com
  – Covered California hotline: (800) 300-1506
  – Enroll at Medicare.gov/find-a-plan