

Medicare Minute Teaching Materials – October 2020 Medicare’s Open Enrollment Period

1. What is Medicare’s Open Enrollment Period? What changes can I make during this time?

Medicare’s Open Enrollment Period runs from October 15 through December 7 each year. During this time, you can make changes to your health insurance coverage, including adding, dropping, or changing your Medicare coverage. Even if you are happy with your current health and drug coverage, Open Enrollment is the time to review what you have, compare it with other options, and make sure that your current coverage still meets your needs for the coming year.

You can make as many changes as you need to your Medicare coverage during Open Enrollment. The changes you can make include:

1. Joining a new Medicare Advantage Plan
2. Joining a new Part D prescription drug plan
3. Switching from Original Medicare to a Medicare Advantage Plan
4. Switching from a Medicare Advantage Plan to Original Medicare (with or without a Part D plan)

The last change you make will take effect on January 1.

2. How should I review my current Medicare health and drug coverage?

Regardless of how you receive your Medicare coverage, you should consider:

- Your access to health care providers you want to see including your regular physician and preferred specialists and hospital
- Your access to preferred pharmacies
- Your access to benefits and services you need or may need in the near future
- The total costs for insurance premiums, deductibles, and cost-sharing amounts

If you have Original Medicare, visit www.medicare.gov or read the most recent *Medicare & You* handbook (mailed to you before open enrollment) to learn about Medicare’s benefits for the upcoming year. You can also review any increases to Original Medicare premiums, deductibles, and coinsurance charges on www.medicare.gov or contact your State Health Insurance Assistance Program (SHIP) for help reviewing price increases. (See the last page for contact information.)

If you have a Medicare Advantage Plan or a stand-alone Part D plan, read your plan’s Annual Notice of Change (ANOC) and/or Evidence of Coverage (EOC). Review these notices for any changes in a) the plan’s costs, b) the plan’s benefits and coverage rules, or c) the plan’s formulary (list of drugs your plan covers). Make sure that your drugs will still be covered next year and that your pharmacies are still in the plan’s network. Contact your providers to make sure they will still be in-network for your plan in the coming year. If you are unhappy with any of your plan’s changes, you can enroll in a new plan. If you want individualized, unbiased assistance reviewing your options, your SHIP.

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Even if you are happy with your current Medicare coverage, consider other Medicare health and drug plan options in your area. For example, even if you are satisfied with your Medicare Advantage or Part D plan, you should check to see if there is another plan in your area that will offer you better health and/or drug coverage at a more affordable price. Research shows that people with Medicare prescription drug coverage could lower their costs by shopping among plans each year; there could be another Part D plan in your area that covers the same drugs you take with fewer restrictions and/or lower prices.

3. What are some things I should consider when choosing a Part D prescription drug plan?

Ask yourself the following questions before choosing a Part D drug plan:

- Does the plan cover all the medications I take?
- Does the plan have restrictions on my drugs (i.e. prior authorization, step therapy, or quantity limits)? Will my prescribing physician be willing to help me navigate these restrictions?
 - **Prior authorization** means that you must get approval from your Part D plan before the plan will pay for the drug.
 - **Step therapy** means that your plan requires you to try a cheaper version of your drug before it will cover the more expensive one.
 - **Quantity limits** restrict the quantity of a drug you can get per prescription fill, such as 30 pills of Drug X per month.
- How much will I pay for monthly premiums and the annual deductible?
- How much will I pay at the pharmacy (copay/coinsurance) for each drug I take?
- Is my pharmacy in the plan's preferred network? You pay the least if you used preferred network pharmacies.
- Can I fill my prescriptions by mail order?
- If I have retiree coverage, will the Medicare drug plan work with this coverage?
- What is the plan's star rating?

You may find it helpful to use Medicare's Plan Finder tool (see number 6), which gives you a list of Medicare Advantage and Part D plans, the drugs they cover, and their estimated costs for the year. You can access Plan Finder by going online at www.medicare.gov/plan-compare or calling 1-800-MEDICARE.

4. What are some things I should consider when choosing a Medicare Advantage Plan?

Ask yourself the following questions before choosing a Medicare Advantage Plan:

- How much are the premium, deductible, and coinsurance/copay amounts? Verify the cost-sharing amounts for the services you are most likely to use.
- What is the annual maximum out-of-pocket cost for the plan? This amount may be high but can help protect you if you have very expensive health care costs.
- What service area does the plan cover?
- Are my doctors and hospitals in the plan's provider network?
- What are the rules I must follow to access health care services and my drugs?
- Does the plan cover additional health care benefits that are not covered by Original Medicare (see number 7)?

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- How will this plan affect any additional coverage I may have? For example, if I have retiree drug coverage or supplemental coverage, how will this plan affect my ability to use it?
- What is the plan's star rating?

Medicare Advantage Plans usually include prescription drug coverage. You should also consider the questions listed in number 3 when choosing a Medicare Advantage Plan to make sure that the prescription drug coverage that the plan offers meets your needs.

5. What are star ratings?

Star ratings are quality ratings that provide a measure of a plan's performance as compared to other Medicare Advantage and Part D plans. Medicare scores Medicare Advantage Plans and Part D plans in several categories, including quality of care and customer service. Ratings range from one to five stars, with five being the highest. Medicare assigns plans an overall star rating to summarize the plan's performance as a whole. Plans also receive separate star ratings in each individual category reviewed. The overall star rating provides a way to compare performance among several plans. To learn more about differences among plans, look at plans' ratings in each category. Plan ratings change from one year to the next. Medicare reviews plan performances each year and releases new star ratings each October.

Keep in mind that a plan's star rating is only one factor to review when comparing plans in your area. Even though a plan has a high star rating, it may not be right for you. It is important to see whether the plan covers the health services and drugs you need and works with the pharmacies you use before considering its star rating. Also note that the star ratings in the *Medicare & You* handbook are not necessarily the most recent. For the most up-to-date, comprehensive star ratings, you should call 1-800-MEDICARE or use the online Plan Finder tool at www.medicare.gov/plan-compare.

6. What is the Medicare Plan Finder?

The Medicare Plan Finder is an online tool that helps you look up and compare plans in your area. To access the Medicare Plan Finder, visit www.medicare.gov/plan-compare. Plan Finder gives you the option to do either a personalized search or basic search.

- The personalized search requires you to log in to your MyMedicare account or make an account if you do not have one. Once you are logged in, Plan Finder will save your search results and you can access them later.
- The basic search requires some personal information like your zip code and date of birth. Your search results will not be saved or accessible once you close the page.

Once you input your information, you will be able to compare a list of plans available in your area. Before using Plan Finder, create a list of health care professionals you see, drugs you take, and pharmacies where you get your drugs. This will allow you to compare your options. Additionally, when you decide on a plan, you should call 1-800-MEDICARE or use www.medicare.gov/plan-compare to enroll in that plan. It is helpful for Medicare to have the official enrollment record in case there are any problems. You can also call your SHIP for help using Plan Finder. Contact information for your SHIP is on the last page of this document.

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7. What kind of supplemental benefits do Medicare Advantage Plans offer?

Some Medicare Advantage Plans cover services that are not covered by Original Medicare. Common supplemental benefits include:

- Dental care
- Vision care
- Hearing aides

Starting in 2019, Medicare Advantage Plans were granted more flexibility in the supplemental benefits they are allowed to offer to their members. This includes the ability to offer benefits that are not directly considered medical care. These benefits might include nutrition services, in-home supports, and home modifications. Starting in 2020, plans were allowed to begin offering even more services to certain members with chronic conditions.

These changes over the past two years mean that there may be more factors to consider when comparing Medicare Advantage Plan options during Medicare's Open Enrollment Period. Carefully review your Medicare Advantage Plan's Evidence of Coverage (EOC) and any other materials from your plan. There may be a separate section about supplemental benefits, or the supplemental benefits may just be a part of the overall descriptions of what the plan covers. If you are considering a new plan that offers its members additional supplemental benefits, make sure to find out about the costs and coverage restrictions associated with those benefits. If you need help understanding your plan's benefits or reviewing your coverage options, call your SHIP for assistance. Contact information for your SHIP is on the last page of this document.

8. How can I protect myself from plan marketing violations and fraud?

During Medicare's Open Enrollment Period, there is a higher risk than usual for fraudulent activities. Medicare has rules about how plans can and cannot communicate with you during Medicare's Open Enrollment Period to market their insurance products. Knowing how to protect yourself from, detect, and report marketing violations and enrollment fraud will help save both you and Medicare money. Plans are allowed to send you emails and/or direct mailings, but are not allowed to call or visit you in person to market their products without your permission. Plans who send emails must provide an opt-out option for people who no longer wish to receive them. Watch out for people who:

- Pressure you to join their plan
- Tell you they represent Medicare and want to offer you a service for free
- Call you or visit your house without your permission to offer services or equipment
- Offer free consultations only to people with Medicare and ask for your Medicare number
- Inform you that you will lose your Medicare benefits unless you sign up for a certain plan
- Require you to provide contact information as a prerequisite for attending a marketing event

SMP team members can reference the [Medicare Communications and Marketing Guidelines \(MCMG\)](#) for specific information about these rules. There is also an [August 2019 memo outlining updates](#) to the MCMG applicable to all CY2020 marketing and communication materials and activities.

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Before you enroll in a plan, make sure you understand what the plan covers, how it affects your Medicare benefits and other health benefits (like Medicaid or your retiree/union coverage), and whether it covers the drugs you need. Contact a plan directly to confirm if it will cover certain services for you, and make sure that you get everything in writing. An agent or broker should never pressure you to join a plan. If you feel an insurance agent has violated Medicare’s marketing rules, you should save all documents (such as an agent's business card or marketing materials) or other suspicious information, such as recorded messages, and contact your local Senior Medicare Patrol (SMP). Your SMP can help you identify and report marketing violations, as well as other forms of Medicare fraud, errors, and abuse. Contact information for your SMP is on the last page of this document.

9. If I switch to Original Medicare during Medicare’s Open Enrollment Period, can I purchase a Medigap policy to help with cost-sharing gaps?

Medicare supplement insurance policies, commonly called Medigaps, are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain cost-sharing “gaps” that remain after Original Medicare pays first. Depending on where you live and when you became eligible for Medicare, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N (policies in Wisconsin, Massachusetts, and Minnesota have different names). Each policy offers a different set of standardized benefits that ranges from basic to more comprehensive. Standardization means that policies with the same letter name offer the same benefits regardless of the company selling them.

According to federal law, you can only purchase a Medigap policy without restriction if:

- **You are in your Medigap open enrollment period.** Your Medigap open enrollment period is a six-month timeframe to purchase a Medigap beginning when you are both 65+ and enrolled in Medicare Part B.
- **You have a guaranteed issue right.** If you are age 65 or older, you have a guaranteed issue right within 63 days of when you lose or end certain kinds of health coverage. Visit <https://www.medicare.gov/supplements-other-insurance/when-can-i-buy-medigap/guaranteed-issue-rights> for more information about guaranteed issue rights.

You may run into problems if you try to buy a Medigap outside a protected Medigap enrollment period. For instance, companies can refuse to sell you one or impose certain medical requirements. If a company does agree to sell you a policy, you may need to pay a higher monthly premium and be subject to a six-month waiting period before the Medigap will cover pre-existing conditions. This could be a problem, for example, if you disenroll from Original Medicare and your Medigap in order to enroll in a Medicare Advantage Plan. You may not be able to purchase a Medigap plan again in the future. Be sure to contact Medigap insurers in your state to learn if they will sell you a Medigap policy outside protected enrollment periods.

States may offer additional enrollment protections that allow you to enroll in Medigaps outside of the federally protected times. These state-specific enrollment rights may affect your decision to enroll in or

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disenroll from Original Medicare and a Medigap. Contact your SHIP to learn about Medigap enrollment rights in your state. Contact information for your SHIP is on the last page of this document.

10. Am I eligible to purchase Medigap Plan C or Plan F?

As a result of federal legislation, there have been some changes to the Medigap plans certain individuals can purchase. You cannot purchase Plan C or Plan F (including the Plan F high deductible option) if you:

- Turned 65 on or after January 1, 2020
- Are eligible for Medicare due to disability or End-Stage Renal Disease (ESRD) on or after January 1, 2020

This is because after January 1, 2020, this law prevents individuals new to Medicare from purchasing Medigaps that pay for the Part B deductible. Both Plan C and Plan F cover the Part B deductible.

This law also applies to the three states (Massachusetts, Minnesota, and Wisconsin) that operate their own Medigap systems. If you turned 65 or became eligible for Medicare due to disability or ESRD in those states on or after January 1, 2020, you are not allowed to purchase Medigaps that pay for the Part B deductible.

Eligible for Medicare before January 1, 2020

These Medigap changes only affect individuals who are newly eligible for Medicare in 2020 and after.

If you were eligible for Medicare before January 1, 2020, you can still purchase Plan C or Plan F. If you were eligible for Medicare before this time but you did not enroll, you will be able to purchase Plan C or Plan F as long as you are within your Medigap open enrollment period or have a guaranteed issue right once you enroll in Original Medicare (see question 9). (Remember that only those with Original Medicare can purchase a Medigap. Medigaps do not work with Medicare Advantage.)

If you currently have Medigap Plan C or Plan F, you can continue to renew it from insurers in your state. As always, premiums for Medigaps can change from year to year, and Medigap issuers may choose to discontinue plan offerings. Your right to switch plans if your premiums increase depends on your state's laws. If your Medigap is terminated, you will have a guaranteed issue period.

11. How do the Health Insurance Marketplaces (also known as Exchanges) affect my Medicare?

The Marketplaces **do not affect your Medicare**. Medicare Advantage Plans, Part D plans, and Medigap policies are not sold through the Marketplace. If you are eligible for Medicare, you should **not** use the Marketplace to get health and drug coverage, with two exceptions. If you are eligible for Medicare because you have End-Stage Renal Disease (kidney disease that requires dialysis or transplant) or you have to pay a premium for Medicare Part A (hospital insurance), you can choose to enroll in a Qualified Health Plan (QHP) through the Marketplace instead of Medicare. Note that you should consider all consequences carefully before deciding to take a Marketplace plan instead of Medicare. You cannot have any part of Medicare when purchasing a Marketplace plan. If you decide to enroll in Medicare later, you may have to wait for the General Enrollment Period (GEP) to sign up. Using the GEP to enroll means you may experience gaps in coverage and incur late enrollment penalties.

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If you enroll in a Marketplace plan **before** you qualify for Medicare, make sure to disenroll from the Marketplace plan and enroll in Medicare when you first qualify to avoid gaps in coverage or late enrollment penalties. Note that if you are enrolled in a Marketplace plan, you may receive a notice from Medicare that informs you that you should enroll in Medicare when you turn 65.

The Small Business Health Options Program (SHOP) allows small businesses to help their employees get health insurance. If you have a SHOP plan through a current employer, it works with Medicare in the same way as any other current employer insurance.

It is important to remember that plans offered through the Marketplace are not the same as Medicare, even though the Marketplace enrollment period overlaps with Medicare's Open Enrollment. You should use Medicare's Open Enrollment Period to review and make changes to your Medicare health and drug coverage. You should not use the Marketplace open enrollment period.

12. Will I have opportunities to change my coverage in the coming year?

You should make any necessary changes to your Medicare coverage by December 7 for the changes to take effect January 1. If you need to change your Medicare coverage after the fall Medicare Open Enrollment Period ends, you may have the opportunity to make changes **if**:

- **You have a Medicare Advantage Plan.** You will be able to make one change to your coverage between January 1 and March 31 if you are enrolled in a Medicare Advantage Plan. During this time, you can switch from one Medicare Advantage Plan to another or switch from a Medicare Advantage Plan to Original Medicare, with or without a Part D prescription drug plan. This enrollment period is only for people who are enrolled in a Medicare Advantage Plan. If you are enrolled in Original Medicare, you will not be able to make changes during this time.
- **You have Extra Help.** If you have Extra Help, the federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage, you will have a Special Enrollment Period (SEP) to enroll in or switch Part D plans once per quarter in the first three quarters of the year (January through March, April through June, and July through September). If you make a change to your coverage using this SEP, the change will become effective the first of the month following the month that you make the change. During the fourth quarter of the year, you will not be able to use this SEP, and should instead use Medicare's Open Enrollment Period to make prescription drug coverage changes.
- **Individual circumstances make you eligible for a Special Enrollment Period (SEP).** There are other circumstances when you can be eligible for a Special Enrollment Period (SEP) to change your Medicare health or drug coverage. For example, if your Medicare Advantage Plan leaves your service area, or if you want to change into a plan with a five-star rating in your service area, you may be able to access an SEP to make changes outside of normal enrollment periods. Another example is if you were enrolled in a plan without your consent, as the result of misinformation, or because of fraud. Contact your SHIP for more information about SEPs. Contact your SMP if you think you were enrolled in a plan without your consent. (See the last page for contact information.)

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Note: Beginning on January 1, 2021, people who are eligible for Medicare because they have End-Stage Renal Disease (ESRD)—kidney failure requiring transplant or dialysis—will have more flexibility to enroll in Medicare Advantage Plans than they did in the past. If you have ESRD Medicare and are considering switching to a Medicare Advantage Plan, speak with the social services staff at your dialysis center for help comparing plans. It is important to make sure that your dialysis center and pharmacy are in-network and to learn what you will owe the plan in out-of-pocket costs for services and items such as dialysis and immunosuppressants. You can also contact your SHIP for help comparing plans.

13. Who can I contact if I have questions?

State Health Insurance Assistance Program (SHIP): Contact your SHIP if you have questions about any notices you receive. SHIP counselors can also help you use the Medicare Plan Finder to review your options and pick a plan that meets your needs. SHIPs provide individualized, unbiased Medicare counseling, information, and assistance. Contact information for your SHIP is on the last page of this document.

Senior Medicare Patrol (SMP): Contact your SMP if you receive notices or other communications and information that seem suspicious. Contact your SMP if you think you have been enrolled in a plan without your consent. SMP representatives can teach you how to identify and protect yourself from potential Medicare fraud, errors, or abuse. Contact information for your SMP is on the last page of this document.

1-800-MEDICARE: Contact Medicare if you want to change your coverage during Medicare’s Open Enrollment Period. You can also call Medicare for help finding plans in your area. Medicare will send you a new *Medicare & You* handbook in the mail (or via email if you request it) each fall, containing information specific to your region. If you do not receive your copy, contact Medicare to request another one.

Medicare Advantage Plan/Part D plan: Contact a plan directly if you have questions about its benefits, coverage, or costs. If you do not receive your ANOC or EOC, contact your plan to request copies.

SHIP Case Example

Niko turned 65 and enrolled in Medicare this summer. He currently only has Original Medicare Part A and Part B. His husband, Rick, has been enrolled in Medicare for two years and is very happy with his Medicare Advantage Plan. Niko would like to enroll in that plan, too.

What should Niko do?

- Niko should call his State Health Insurance Assistance Program (SHIP) for assistance.
 - If he doesn’t know how to reach his SHIP, he can call 877-839-2675 or visit www.shiptacenter.org.
- The SHIP counselor can let Niko know that although Rick’s plan might work well for Rick, that does not necessarily mean it is the best choice of plan for Niko. For example, Niko’s doctors may not be in-network for the plan that Rick has.
 - The SHIP counselor can also advise Niko to remind Rick to evaluate the Evidence of Coverage (EOC) and Annual Notice of Change (ANOC) that he received from his plan to ensure that his plan will still meet his needs in the coming year.

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- For Niko’s coverage, the SHIP counselor can provide Niko with more information about the difference between Original Medicare and Medicare Advantage and speak to Niko about the option of having a stand-alone Part D plan and Medigap with his Original Medicare coverage.
 - Since Niko just turned 65 and enrolled in Part B this summer, he is likely within his Medigap Open Enrollment period, the time in which he must be allowed to purchase a Medigap plan. The SHIP counselor can help him consider the Medigap plan options available in his state.
 - Since Niko turned 65 and became eligible for Medicare after January 1, 2020, he will not have the option of purchasing Medigap Plan C or Plan F.
- The SHIP counselor can check if Niko has creditable drug coverage. If not, they can help him use the Medicare Plan Finder tool to find a Part D or Medicare Advantage Plan that covers all of the prescription drugs Niko takes.
 - To use the Plan Finder tool, Niko should make a list of the prescription drugs he takes, along with their dose and quantity, and a list of the pharmacies that he can go to.
- If Niko is interested in enrolling in a Medicare Advantage Plan, the SHIP counselor can advise him to speak to his providers to ask them which plans they are in-network for.
- Once Niko makes a decision about how he wants to get his Medicare coverage, he has several options for enrolling. He can use the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE to enroll in a Part D or Medicare Advantage Plan. He can call the plan of his choice directly to enroll. He can make an appointment with SHIP for individualized assistance in enrolling through the Medicare Plan Finder or through 1-800-Medicare.
- If Niko wants help from SHIP, he should make an appointment as soon as possible. SHIP appointments fill fast.
- Whatever method he chooses, Niko must complete the process between October 15 and December 7 to get coverage effective January 1.

SMP Case Example

Ingrid has Original Medicare and a Part D prescription drug plan as well as Medicaid. She received an email from a man that said he was with Medicare, offering to help her save money and asking for her Medicare number. Ingrid was curious, and she replied with her Medicare number and some other personal information. Ingrid spoke with her friend about this email, and her friend said that she should not have provided personal information to this representative. Now Ingrid is worried that the representative might have enrolled her in a plan without her permission or stolen her medical identity.

What should Ingrid do?

- Ingrid should call her local Senior Medicare Patrol (SMP). If Ingrid doesn’t know how to contact her SMP, she can call 877-808-2468 or visit www.smpresource.org.
- The SMP will tell Ingrid that she was right to be suspicious. A legitimate plan representative would not have sent that kind of email.
 - The SMP can remind Ingrid that in the future, she should protect medical and personal information and that she should never need to share it with someone who emails, calls her on the phone, or asks for it at an educational event.

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- The SMP can help Ingrid find out about her Medicare enrollment status by calling 1-800-MEDICARE.
 - If Ingrid was enrolled in a plan without her permission, the SMP can help report this enrollment fraud to the proper authorities.
 - If it is still Medicare’s Open Enrollment Period, the SMP can let Ingrid know that she can change her coverage – either back to Original Medicare or to a different Medicare Advantage plan – any time before December 7.
 - If Medicare’s Open Enrollment Period is over, the SMP can let Ingrid know that she may be eligible for a Special Enrollment Period (SEP) to change out of this plan. The SMP can direct Ingrid to her local SHIP for help accessing this SEP.

Local SHIP Contact Information	Local SMP Contact Information
<p>SHIP toll-free: SHIP email: SHIP website:</p> <p>To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org.</p>	<p>SMP toll-free: SMP email: SMP website:</p> <p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.</p>
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