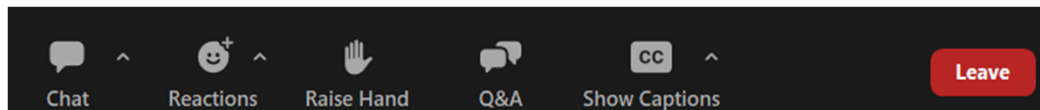


Welcome to today's webinar

Access your menu options on the bottom of the screen (desktop) or tap the screen (tablet/smartphone).

Tip: If you don't see the menu, move your cursor (desktop) or tap the screen (tablet/smartphone).



- **Chat:** Watch for information and resources from the event hosts. Chat for technical support.
- **Reactions:** Click the button to react to the presentation. Click the arrow to change reaction intensity or hide reactions shared by others.
- **Show Captions:** Show or hide subtitles or view a transcript in a separate Zoom window.
- **Q&A:** Send all questions about Medicare Plan Finder to Q&A.



1

Sue

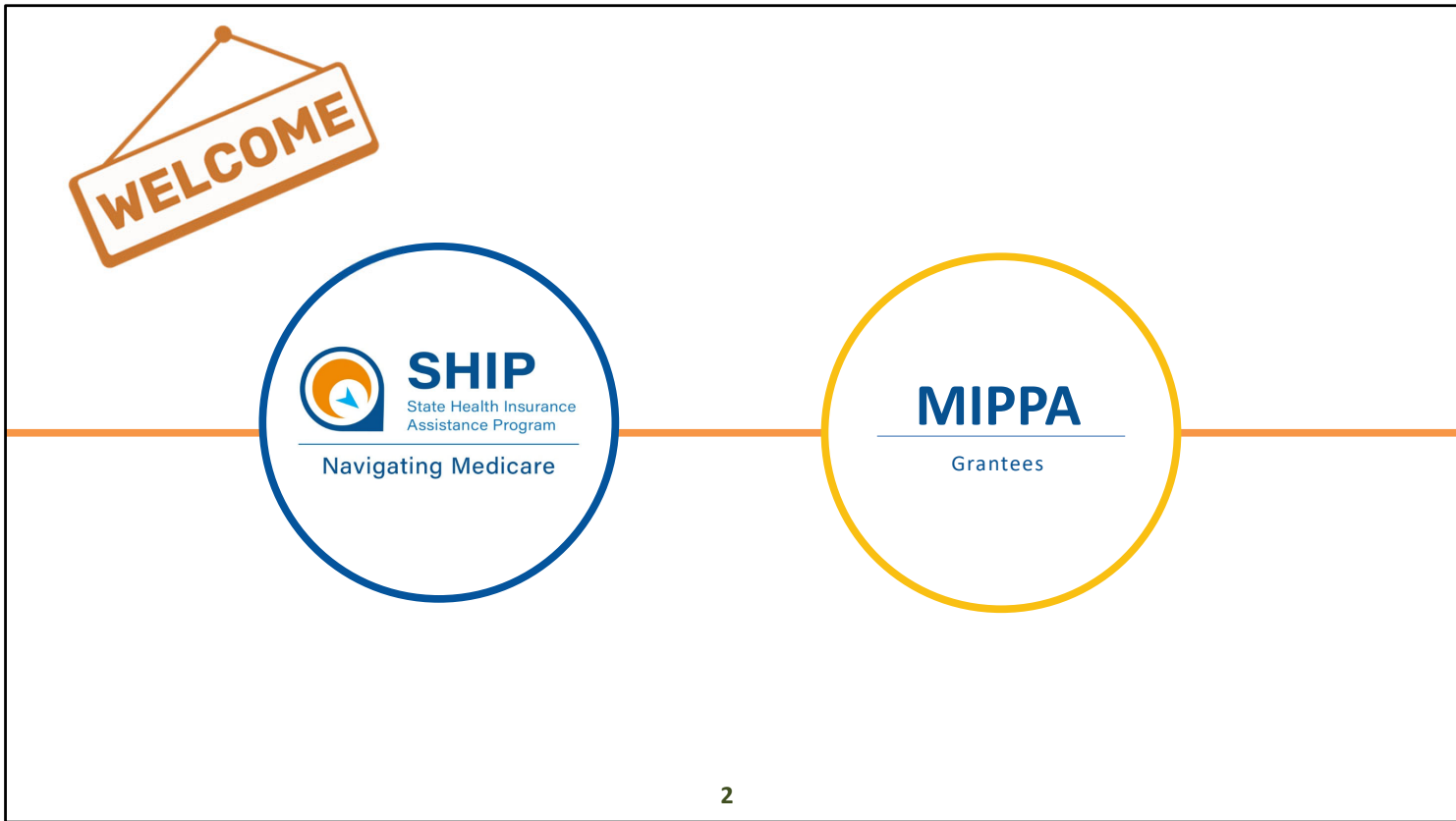
Welcome, to *Getting Ready for Medicare OEP: Common Questions*

Before we get started, let's review a few highlights of what you need to know about Zoom to interact with us on today's event.

(Review slide.)

If any of these features are not working for you, you need to download the most up-to-date Zoom software. To download the current version of Zoom, click here: <https://zoom.us/download>

Heather SEND THE PDF HANDOUT IN ZOOM CHAT



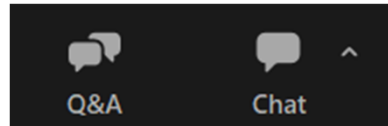
SUE

We'd like to welcome the SHIP, and MIPPA networks. Both programs are grantees of ACL, the Administration for Community Living, within ACL's Office of Healthcare Information and Counseling, or OHIC.

This webinar is being recorded, and the recording will be available in both the SMP and SHIP Resource Libraries by the end of the day tomorrow. A PDF handout of the PowerPoint for today's webinar is already available in both libraries. Resources will also be emailed to the MIPPA listserv. I'll also make a handout of today's presentation available for download at the end of the webinar.

3

Questions?



Use **Q&A** for subject-matter questions.

Use **CHAT** for technical support or resource questions.

SUE

4

Today's presenter

Melissa Simpson

Assistant Director, Office of Healthcare
Information and Counseling (OHIC)
Administration for Community Living (ACL)

SUE

Medicare Open Enrollment: Medicare Plan Finder (MPF) Training Series

Melissa Simpson, Assistant Director
Office of Healthcare Information and Counseling
Administration for Community Living

October 12, 2023



Melissa

Agenda

- 9/26/23 Common Medicare Policy Follow Up
- Medicare Plan Finder (MPF) Comparison Sessions
- Medicare Plan Finder (MPF) Videos
- PDEO Reporting Reminders
- Stump the Chump aka Q&A

ICYM: 9/26/23 Common Medicare Policy

- Special Enrollment Periods & Conditions
- Low Income Subsidy
- Plan Sanctions & Suppressions
- Medicare Advantage Supplemental Benefits
- Inflation Reduction Act
- Unwinding – Medicaid Renewal
- Other Reminders and Resources

**RECORDING and
RESOURCE LINK
SHIP Library**

<https://portal.shiptacenter.org/Portal/Resource/Resource-Detail.aspx?ResourceGUID=90020DEC-5B3E-44CA-8A5A-302DAF7AE832>

COMMON MEDICARE POLICY FOLLOW UP

Unwinding Medicare SEP

- Anyone that delayed enrolling in Medicare during the PHE due to Medicaid continuous enrollment may be eligible for a SEP for Original Medicare.
- SEP
 - Available to those that lost Medicaid coverage on or after 1/1/2023
 - Starts the day the individuals is notified that Medicaid coverage is ending
 - Ends 6 months after Medicaid ends
- Coverage begins the month after sign up or the date Medicaid coverage ends (start date up to beneficiary)

<https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

Medicaid to Medicare Special Enrollment Period

Losing Medicaid?

Medicare coverage could be an option



If you recently lost (or will soon lose) Medicaid, you may be able to sign up for Medicare or change your current Medicare coverage. **Don't wait.** If you qualify, you'll have a limited time to sign up or make changes.

If you now qualify for Medicare but didn't sign up for it when you first became eligible:

- You can sign up for Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), or both without paying a late enrollment penalty.
- You have 6 months after your Medicaid coverage ends to sign up.
- You can sign up by filling out a CMS-10797 form and mailing or faxing it to your local Social Security office. You can also call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.

Remember: Your Medicare coverage will start the month after you sign up, or the date your Medicaid coverage ends, whichever you choose.

If you have Medicare and Medicaid, and you lose Medicaid, you can:

- Join a Medicare Advantage Plan with drug coverage or Medicare drug plan, if you don't already have one.
- Change your current Medicare Advantage Plan or Medicare drug plan.
- Join a plan or make coverage changes for 3 months from the date your state notifies you that your Medicaid coverage is ending, or the date your Medicaid coverage ends, whichever's later.

Note: If you drop a Medicare Advantage Plan, you have the option to return to Original Medicare.

CMS Product No. 12177
February 2023
This product was produced at U.S. taxpayer expense.

PUBLICATION LINK

https://www.medicare.gov/media/document/12177-2023-02-508.pdf?linkit_matcher=1

Want to learn more about Medicare coverage?

Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Call your State Health Insurance Assistance Program (SHIP) for free, personalized health insurance counseling. Visit shiphelp.org, or call 1-800-MEDICARE to get the phone number.



IRA 2024 Cost Sharing and Premium Limits

- Catastrophic Phase cost sharing is eliminated (\$0 cost)
- Base beneficiary premium 6% cap year to year
 - Plan premiums may have higher or lower percentage changes
 - Four key parts to Part D premiums:
 1. Base beneficiary premium (limited to 6% by IRA), as of 7/31/23 Fact Sheet
 - In 2024, a 14% increase would have occurred with dollar amount \$39.35
 - With the 6% cap, the base bene premium is \$34.90
 - Total reduction of about 7% or \$4.65
 2. Average basic Part D premium
 3. Average supplemental Part D premium
 4. Average total Part D premium

[7/31/23 FACT SHEET LINK
CMS Releases 2024 Projected
Medicare Part D Premium and
Bid Information](#)

11

The national base beneficiary premium is the starting point for calculating a plan-specific basic Part D premium.

This value is calculated per a statutory formula, using a percentage of bids and estimates of reinsurance costs submitted by certain Part D plans for the statutory minimum level of coverage Part D plans are required to provide (known as the “basic” benefit). Beginning in 2024, the annual increase in the base beneficiary premium is capped by the prescription drug law’s premium stabilization provision, not to exceed 6% per year.

In 2024, the premium stabilization provision reduced the increase in the base beneficiary premium by 14 percentage points; the base beneficiary premium will increase by 6% in 2024 to \$34.70.

Without premium stabilization, the 2024 base beneficiary premium would have been \$39.35, or \$4.65 higher.

President Biden's lower cost prescription drug law is bringing relief to people with Medicare.

Some benefits that people with Medicare can expect include:



\$35 per month (or less) for each Medicare-covered insulin product—whether covered under Part D prescription drug coverage or used with a pump and covered under Part B or Medicare Advantage



Free recommended preventive vaccines if you have Medicare Part D prescription drug coverage—includes shingles & Tdap vaccines



\$2,000 out-of-pocket cap in 2025 for your Medicare prescription drug coverage



Lower prices starting in 2026 for selected drugs through Medicare negotiations with drug companies



More help affording premiums and out-of-pocket costs for enrollees who qualify

Resources

- CMS NTP will create 2024 MPF videos
- IRA related
 - outreach materials are available on [SHIP TA Center](#).
 - Materials available in English and Spanish
 - CMS webpage on IRA: [Resources | CMS](#)
 - Includes FAQs, drop-in articles, postcards, and other outreach materials

SHIP TA Center Link: <https://portal.shiptacenter.org/Portal/Resource/Resource-Detail.aspx?ResourceGUID=BAE2BD22-EFA9-4168-8B0B-136EB171FE98>

CMS Link: <https://www.cms.gov/inflation-reduction-act-and-medicare/resources-0>

MEDICARE PLAN FINDER COMPARISON

What is the Medicare Plan Finder?

- An online searchable tool on the official government [Medicare.gov](https://www.Medicare.gov) website
- Available for users logged in to their Medicare Account (best experience) and for guest users
- Allows users to compare Medicare health and drug plan options
 - Medicare Advantage Plans
 - Medicare drug plans
- Provides detailed information on coverage, costs, and benefits of different plan options in your area based on your prescriptions
- Visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) to find plans in your area

Each plan can vary in cost and specific drugs covered. Visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) to find and compare plans in your area.

Preparing for MPF Comparison Session #1

- Set an appointment date and time, if possible
- Set expectation appointment may be 60 minutes or longer
- Medicare.gov accounts
 - ACL guidance on creating and using Medicare.gov accounts
 - Log out of medicare.gov after each session
 - Simultaneous MPF log in no longer available
- Forms needed
 - Beneficiary Contact Form/Beneficiary Additional Session Form
 - Pre-enrollment from in the SHIP TA website and Library

Many are able to set appointments, some are walk-ins, and some mixture.

Set the expectation that the initial appointment may take 60 minutes or longer. Can be challenging from some benes to sit or wait through the comparison. Any prework in gathering medication lists or information can decrease the in-person time. May have to schedule follow up visits to talk through information more than once.

Medicare.gov accounts

ACL guidance on creating and using Medicare.gov accounts

Log out of medicare.gov after each session

Simultaneous MPF log in no longer available - **explicit Medicare beneficiary permission and only when necessary**

Remember to have the reporting forms handy - Beneficiary Contact Form/Beneficiary Additional Session – or the forms your agency uses to collect the data ACL requires in reporting

The Pre-enrollment from in the SHIP Library Preparing for a remote Medicare OEP Managing through COVID-19 Toolkit

Other examples of things you do to prepare for a MPF counseling session: take a deep breath, find your patience pants

Preparing for MPF Comparison Session #2

- Beneficiary information needed*

*See [pre-enrollment form at SHIP TA website](#) for comprehensive list

- Medicare.gov Username and password
- Insurance information: Medicare number and effective dates, other health insurance
- Last name
- Date of Birth
- Drug list: drug name, dosage (strength), daily dosage, drug fill frequency
- Email address (if applicable) to share plan comparisons
- Pharmacy
- Address of record with Medicare (zip code at minimum)

Pre-Enrollment Form

MEDICARE OPEN ENROLLMENT October 15th to December 7th
Once Completed, Return This Form To: [Insert agency name and address; Replace national logos with your state logo, if desired]

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ County: _____ Year-Round Resident? Yes No
Email Address: _____

How did you hear about us: _____ Primary Language? _____
I am interested in reviewing my Part D Drug Plan? Yes No Advantage Plan? Yes No
Do you have a Supplement? Yes No Are you happy with your supplement? Yes No
Do you currently have other insurance coverage? Yes No If yes, Which? _____
I need help for: Open Enrollment Initial Enrollment Special Enrollment Other _____

Medicare Card Information	MyMedicare.gov Account Info
Name: _____	<input type="checkbox"/> I Prefer NOT to share this information
Number: _____	Username: _____
Part A effective Date: _____	Password: _____
Part B effective Date: _____	Security Question: _____
I need a new Medicare Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Answer: _____

Income/Subsidy Information	Pharmacy Information
Do your monthly income fall below \$1,561 for Single or \$2,114 for Married couple? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your Preferred Pharmacy? _____
Do your Resources/Assets fall below \$12,890 Single or \$25,720 Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternative Pharmacy? _____
Are you currently receiving? <input type="checkbox"/> Extra Help	Do you use Mail Order? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medicaid <input type="checkbox"/> MGB Medicare Savings Plan	Are there any Medications that are not covered by your current plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
	List: _____

List of information needed at minimum, see the previously mentioned counseling pre-enrollment form for comprehensive list.

Other examples of things you do to prepare for a MPF counseling session: take a deep breath, find your patience pants

After You Enroll

- New plan will start January 1 if enrolling during the OEP
- No need to take action to disenroll from prior Part D or Medicare Advantage Plan

SHIP Counselors: Remember to complete “Beneficiary Contact Form” in STARS and check both “plans compare” and “enrollment” under Topics Discussed!

Your new plan’s coverage starts on January 1. Plans will mail out membership materials. The act of enrolling in a new plan automatically disenrolls you from any prior plans.

However, the first time you use your new Medicare plan, you should come to the pharmacy/provider with as much information as possible, especially if you need to use your new coverage before you get a plan membership card. Here’s what you need to bring to the pharmacy:

- Your red, white, and blue Medicare card
- A photo ID
- You can bring an acknowledgement or confirmation letter from the plan if you have one, or an enrollment confirmation number from the plan

NOTE: Only confirmation numbers from the plan will work, not those from Medicare’s Online Enrollment Center at [Medicare.gov](https://www.medicare.gov). If you haven’t gotten a plan membership card or any plan enrollment materials, let the provider/pharmacist know the name of the Medicare health or drug plan you joined. If you qualify, bring your Medicaid card (if you have one), or a letter from your state Medicaid Program, or Social Security that shows you’re eligible for Extra Help (a Medicare Program to help people with limited income and resources pay Medicare drug costs).

If you’re a SHIP counselor assisting a person with Medicare who just enrolled, be sure to complete the Beneficiary Contact Form in STARS.

January and Beyond #1

- Transitional Fills = New PDP/MA-PD plan must fill prescription drugs within 90 days of enrollment for non-formulary drugs and drugs with utilization management requirements. [NCOA Tip Sheet](#)
- Plan Nonrenewal SEP = can switch from 12/8 to the last day in February
- Medicare Advantage Open Enrollment Period
 - 1/1-3/31 or withing first 3 months of joining Medicare
 - Switch to another MA, go back to Original Medicare

January and Beyond #2

- NEW SEP Effective 1/1/2024
 - SEP will be available to those not entitled to premium-free Part A and enroll in Part B during the Part B General Enrollment Period (Jan-March).
 - SEP begins when the bene submits their Part B application and lasts through the first two months of Part B enrollment.
 - Part D coverage starts the first of the month following plan enrollment request.
 - Can be used for PDP or MA-PD (if also enrolled in Part A) enrollment.

PART D ENROLLMENT OUTCOMES REPORTING

Part D Enrollment Outcome (PDEO) Reporting

- Applies if your SHIP participates in PDEO Reporting
- Enter Costs in Special Use Fields (SUFs) 1 and 2
- Upload in STARS or save (paper or electronic) verification documents for audit

Switching Plans Verification Docs

1. MPF Plan Details Page views:
 - original plan
 - new plan
2. Enrollment verification for new plan

New to Medicare Verification Docs

1. Plan Details Page view: new plan only
 - Follow STARS Chapter 7 guidance to calculate Original Cost for SUF 1
2. Enrollment verification for new plan

- No calculations needed for insulin

Plan Compare vs. Plan Detail Page

Plan **COMPARISON** Page

- Up to three plans at a time
- View includes
 - number of drugs covered,
 - star ratings,
 - estimated cost per pharmacy, and
 - pharmacy type (standard, preferred, out-of-network, mail order)

Plan **DETAILS** Page

- One plan at a time
- View includes
 - Costs: annual and monthly drug and premium
 - Drug costs during coverage phases by pharmacy (click + next to pharmacy name). Pharmacy impacts cost, select up to 5 pharmacies at a time.
 - Coverage: tiers, utilization management (quantity limits, step therapy, prior auth)
- Required verification for PDEO
 - Ensures detail need to quality assurance is available

Enrollment Request Notification

Notification

Marilou Messages Chat Log out

UNREAD 2 [Mark all as read](#)

- June 23rd, 2022
You chose a new plan
- March 28th, 2022
Welcome to your Medicare account!

READ

You have no previously read messages

[View all messages](#)

Message Center

You chose a new plan ✕

Sent: June 23rd, 2022

Print

Marilou,
You requested to join:

Plan name: Humana Basic Rx Plan (PDP)
Plan ID: S5884-138-0

What happens next:

- The plan will notify you after they verify your information and confirm your enrollment.
- Your new plan will show in your account within 10 days.

If you have any questions, you can call the plan directly at **1-800-706-6872**. It may be helpful to give them your confirmation number: **6d570c480249**.

[View all messages](#) Previous Next

Email (Spanish Example)

Medicare.gov

Marilou,

Hemos recibido su solicitud para inscribirse en **Humana Basic Rx Plan (PDP)**. El ID del plan es **S5884-138-0**.

Esto es lo que puede esperar ahora:

- El plan le avisará después de verificar su información y confirmar su inscripción.
- Su nuevo plan aparecerá en su cuenta dentro de 10 días.

Tiene un nuevo mensaje disponible en su cuenta de Medicare que incluye su número de confirmación y más información.

[Ver Su Mensaje](#)

Atentamente,
El Equipo de Medicare
Nota: Si recibió este correo electrónico por error, llame al 1-800-MEDICARE.

CMS NTP 9/28/22 Bootcamp Webinar Slide

- Can be accessed if forget to save or print the enrollment confirmation page when conducting enrollment assistance.

VIDEOS: MEDICARE PLAN FINDER AND
MISCELLANEOUS OEP

MPF Part D Plan (PDP) Compare Videos

- Anonymous search while awaiting Medicare card
 - New to Medicare in November 2023, needs plan 11/1/2023-12/31/2023
 - 2024 plan choices
- Anonymous search for beneficiary with Extra Help
 1. Part 1 demonstrates a comparison of plans with Extra Help pricing for a November 2023 start date.
 2. Part 2 demonstrates a comparison of plan choices for 2024 with Extra Help pricing.

MPF Medicare Advantage (MA) Plan Compare Video

Medicare.gov account log in comparison

- Parts 1 & 2 discuss logging into a beneficiary's Medicare.gov account and considerations of the beneficiary's needs.
- Part 3 demonstrates the MA plan comparison as a logged in beneficiary.
- Part 4 demonstrates performing a provider search on a plan's website, identifying dental, vision, and other additional benefits, and comparing these MA options.

Miscellaneous Videos


- Part 1: Medicare Part C & D Landscape - Discusses how to filter the landscape files to create a list of plans available in your state or area.
- Part 2: Inquiries and Issue Reporting - Covers how to report MPF concerns.
- Part 3: CMS Unique ID Complaint Form - Describes how to complete the form.
- Part 4: Estimating Drug Prices - Demonstrates using MPF to display formulary and non-formulary drug estimates.
- Part 5: Common Drug Entry Concerns - Discusses recurring issues about specific medications plus a demonstration on MPF on correctly entering medications available in multiple forms.

RESOURCES



Melissa last slide

Webinar Resources in the Libraries

1. Login at www.shiphelp.org
(click the orange SHIP Login padlock)  SHIP Login
2. Go to the Resource Library.
 - Search for keyword “Plan Finder”

SHIPs



- Resources will be emailed to the MIPPA listserv.

**MIPPA
Grantees**



info@shiptacenter.org

29

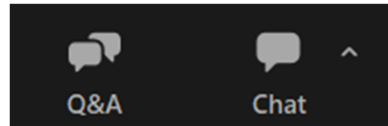
SUE

The PowerPoint and other webinar resources for today's event are already available in the SHIP Resource Library.

The recording will be available in the library by the end of the day tomorrow.

The PowerPoint and recording will also be emailed to the MIPPA listserv.

ADD PPT TO CHAT



Use **Q&A** for subject-matter questions.

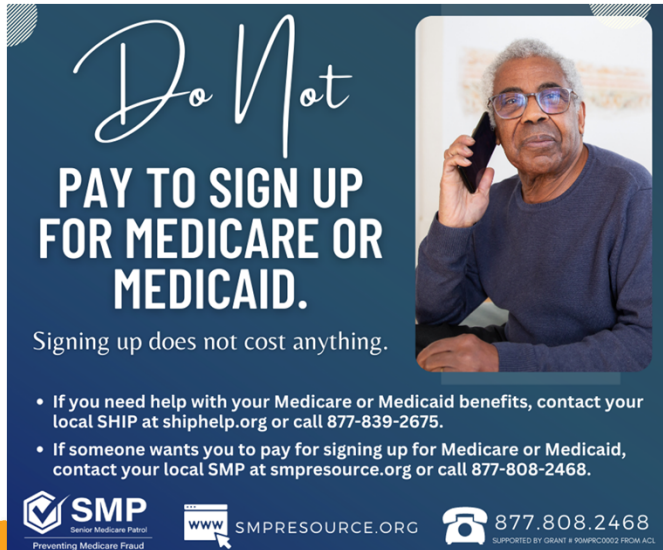
Use **CHAT** for technical support or resource questions.

Resources

- Centers for Medicare and Medicaid Services
 - [2023/2024 Consumer Guide to Mailings from CMS, SSA and Plans](#)
 - National Training Program <https://cmsnationaltrainingprogram.cms.gov/>
 - Recorded Train-the-trainer sessions and many Medicare topic PowerPoints and trainings
 - Upcoming webinars email updates: Scroll to “Outreach and Education”, select “CMS NTP”
- SHIP Technical Assistance Resource Center
 - Virtual OEP Toolkit <https://www.shiphelp.org/ship-resources/covid-19/toolkit>
- National Council on Aging
 - Part D Standard Cost Sharing details [Medicare Part D Cost Sharing Chart \(ncoa.org\)](#)
 - Transitional Fill <https://www.ncoa.org/article/medicare-part-d-transition-policy>

Appendix and review slides from 9.26.23 Getting Ready for Medicare Open Enrollment 2023: Common Medicare Policy Questions webinar


Unwinding Fraud





Do Not
**PAY TO SIGN UP
FOR MEDICARE OR
MEDICAID.**

Signing up does not cost anything.

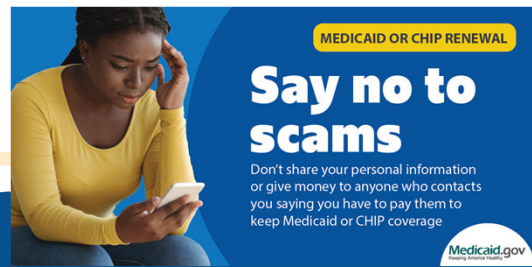
- If you need help with your Medicare or Medicaid benefits, contact your local SHIP at shiphelp.org or call 877-839-2675.
- If someone wants you to pay for signing up for Medicare or Medicaid, contact your local SMP at smpresource.org or call 877-808-2468.

 **SMP**
Senior Medicare Patrol
Preventing Medicare Fraud

 www.smpresource.org

 **877.808.2468**
SUPPORTED BY GRANT # 90MPC0002 FROM ACL


- Scammers are taking advantage of the confusion around Unwinding
 - Reports of PHI/PII fraud
 - Reports of scammers claiming benes need to pay to keep their Medicaid
- SMP Consumer Alert –
 - Targeted release within the week and found on [SMP Resource Center Consumer Alert Page](#)



MEDICAID OR CHIP RENEWAL

Say no to scams

Don't share your personal information or give money to anyone who contacts you saying you have to pay them to keep Medicaid or CHIP coverage

 Medicaid.gov
Healthy. Active. Healthy.™

MEDICARE OPEN ENROLLMENT PERIOD REMINDERS

Medicare Enrollment Periods

- CMS Bootcamp Day 1, Appendix 'C' slides 111-112 for full Enrollment Period Chart
- New Plans loaded MPF 10/1
- 10/15 – 12/7 annually Medicare Open Enrollment Period
 - aka Annual Election Period (AEP)
 - Enroll in or switch Medicare Part D (PDP) or Medicare Advantage (MA) Plans (some have PDP coverage, some do not)
 - Coverage begins January 1

Appendix C Enrollment Periods			
Election Period	Occurs From	Coverage Starts	Notes
Initial Enrollment Period (IEP)	Three months before the month you turn 65 and ends 3 months after the month you turn 65	Varies	After your Initial Enrollment Period is over, you may have a chance to sign up for Medicare during a Special Enrollment Period (SEP).
Open Enrollment Period (OEP)	Oct 15 – Dec 7	January 1	Plan marketing begins on Oct 1.
Medicare Advantage (MA) Open Enrollment Period (OEP)	Jan 1 – Mar 31, or first 3 months after initial Medicare entitlement	First day of the month after request is made	Must have MA. Can switch to any MA Plan (except MSA), or go to OM. If go to OM, have SEP to enroll in Part D. Can add or drop Part D when switching.
General Enrollment Period (GEP)	January 1–March 31	First day of the month after you sign up	If you have to pay for Part A but don't sign up for it and/or don't sign up for Part B during your IEP, and you don't qualify for an SEP, you can sign up during the GEP.
5-Star Special Enrollment Period (SEP)	For enrollments effective during the year in which that plan has the 5-star rating	First day of the month after request is made	Only enroll into a 5-Star plan. Part D coverage not guaranteed.
Other Special Enrollment Periods (SEPs)	Varies based on situation (like residence changes, Special Needs status, dual eligible/LIS eligible, etc.) and exceptional circumstances (like incarceration, losing Medicaid coverage, etc.)	Varies	Visit Other Special Enrollment Periods (SEPs) to view the full list.
Using the GEP for SEP/Part D & Medicare Advantage Enrollment	If you enroll in Part B during the GEP, you can join a Medicare Drug plan or Medicare Advantage Plan with drug coverage	First day of the month after plan receives the request	You must have to pay for Part A. The SEP lasts for 2 months after you submit the application for Part B.

Medicare.gov Accounts

- ACL Guidance in SHIP and SMP Libraries
- Obtain Medicare beneficiary consent and access only when necessary
 - Comply with your SHIP's written or verbal consent policy requirements
 - Do not store Medicare.gov account credentials in STARS or SIRS
- Create a Medicare.gov account
 - CMS Tip Sheet <https://irp-cdn.multiscreensite.com/a8a8e955/files/uploaded/Create%20Your%20Medicare%20Personal%20Account.pdf>
- Medicare.gov Username and Password Troubleshooting
 - Use Forgot username? And Forgot password? Links
 - Use Forgot username and password?
 - Contact 1-800-Medicare or CMS Unique ID Hotline

New account requires: Medicare number, Last name, Date of birth, Address, Part A and B effective dates

Account retrieval requires: Medicare number, Last name, Date of birth

MPF SHIP Inquiry Process

- Three inquiry categories
 1. General feedback: logged and shared to CMS regularly
 2. Functionality issues: logged and escalated if trending or work stoppage
 3. Medicare.gov account and LIS Functionality Inaccuracies



MPF SHIP Inquiry Process

- First step = Call 1-800-Medicare/Unique ID line to resolve beneficiary immediate need and report MPF concern
- When issue is **not unique to beneficiary**, email to local, regional or state SHIP leaders. State SHIP directors submit to ship@acl.hhs.gov
 - Include date and time that you spoke with the CSR, the CSR's name, and the phone number used to call 1-800- Medicare line or your unique ID (UID) number, if used and applicable. *UID allows CMS to locate call recordings easily.* ACL will forward issues to the CMS team for investigation.

MPF Drug Pricing Inquiry

- Email to local, regional or state SHIP leaders. State SHIP directors submit to ACL the following required for CMS investigation to ship@acl.hhs.gov
 - Drug dosage, quantity, frequency & packaging or if available the NDC# (National Drug Code)
 - Pharmacy name and full address or if available the NPI# (National Provider Identifier)
 - Plan name, Plan type (i.e. PDP or MA) and Plan ID# (i.e. S6946-031-0)
 - Zip code used to conduct the search
 - Was the search anonymous or while logged into a Medicare.gov account?

MPF LIS Status Inquiry

- When LIS status in Medicare.gov account seems wrong, email to local, regional or state SHIP leaders. State SHIP directors submit to ACL the following required for CMS investigation to ship@acl.hhs.gov
 - Medicare numbers for the individual(s) impacted. To safely email a Medicare number be sure to
 - send a password protected document containing the Medicare number(s) as an email attachment, and
 - send the password in a separate email. Steps to save Word documents with a password in are available here [Protect a document with a password \(microsoft.com\)](#)

Plans and 1-800-Medicare Unique ID

- Plans encouraged to participate, not required
- CMS requires beneficiary consent verification
 - Plan's call center confirm the following conditions are met:
 - 2a. The SHIP counselor has written or verbal authorization from a beneficiary or their representative to discuss a beneficiary's plan issues or concerns; **and**
 - 2b. The counselor is listed on the SHIP Unique ID database on HPMS.
 - If both 2a and 2b are met, the plan CSR must ask questions to verify the identity of the beneficiary (i.e., full name, date of birth, Medicare number, and one additional piece of information, such as address, phone number, or the effective date(s) of Medicare A and/or B). The CSR must also ask questions to verify the identity of the SHIP counselor (e.g., her/his full name, state program name of the SHIP, or the state from which they are calling).

- WI example of plan wanting to recognize UIDs, report these to the SHIP Director for processing
- Remind providing info for bene is same as 1-800-Medicare

UID and 1-800-Medicare Customer Service Representative (CSR) Concern

Email local, regional or state SHIP leaders the Unique ID Complaint Form. State SHIP directors submit to ohic@acl.hhs.gov

- Date and time that you spoke with the CSR, the CSR's name, and the phone number used to call 1-800- Medicare line.
- Your unique ID (UID) number, if used and applicable. *UID allows CMS to locate call recordings easily.*
- ACL will forward to the CMS team for investigation.

Potential Marketing Violation Reporting

- If no beneficiary case is involved (ex: reports of misbehavior at a health fair)
 - Contact the plan to report the misbehavior
 - Email the CMS Complaint Tracking Module (CTM) POC and cc ACL at SHIP@acl.hhs.gov
 - Include the [Global Protocol form](#) and/or Marketing Material Submission Form (if materials are being submitted)
 - If there is an agent/broker involved contact State Department of Insurance (DOI)
- If a beneficiary case is involved (ex: beneficiary is enrolled in a new plan due to agent misrepresentation)
 - Contact the plan involved
 - Submit case via CTM (or by calling 1-800-Medicare if you do not have CTM access)
 - Email ACL at SHIP@acl.hhs.gov
 - Contact State DOI if there is an agent involved

Refer to the SHIP/SMP Center Resources on the 10/11/23 "[Can They Do That](#)" webinar for instructions on reporting these cases/incidents in STARS/SIRS.

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Link to CTM Global Protocol form:

<https://portal.shiptacenter.org/Portal/Resource/Resource-Detail.aspx?ResourceGUID=0CE47A2F-4C00-4FD9-A934-DBFB793B9BB6>

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Thank you for attending!

Today's presentation is now available for download within Zoom chat.

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SUE

Amy chat PPT