MEDICARE ADVANTAGE AND PART D PLANS, MEDICARE MARKETING RULES, AND THE SENIOR MEDICARE PATROL

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- The Senior Medicare Patrol (SMP)
- Medicare Parts A, B, C & D
- Medicare Advantage and Part D Marketing
- □ How can the SMP help?

The Senior Medicare Patrol (SMP)

The SMP Mission

Empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse through outreach, counseling, and education



SMP Purpose and Structure

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- Provides grants to 54 grantees (all states, Puerto Rico, Guam, DC, and U.S. Virgin Islands)
- Recruit and train volunteers to conduct outreach and education to seniors and caregivers
 - Network of more than 5,000 volunteers
- Provides a direct link between Medicare beneficiaries and fraud investigators



Role of SMP Program in Fraud Prevention

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- Educate beneficiaries to prevent, identify and report potential fraud.
- Assist beneficiaries with complaints of potential fraud, error or abuse
- Make referrals of beneficiary complaints directly to CMS and OIG for further investigation.



Medicare – Parts A, B, C & D

What is the difference?

- Part A Hospital Insurance
 - Inpatient hospital services
 - Skilled nursing facility
 - Home health care
 - Hospice



- Part A Hospital Insurance
- Part B Medical Insurance
 - Physician Visits
 - Durable Medical Equipment
 - Home Health Care
 - Preventative Services
 - Ambulance Services
 - Outpatient Therapy

= ORIGINAL MEDICARE



- Part A Hospital Insurance
- Part B Medical Insurance

= ORIGINAL MEDICARE

- Part D Prescription Drug Coverage
 - Outpatient Prescription Drug Coverage
 - Provided by Private Insurance Companies
 - Plans are all different and vary by region



- Medicare Advantage (Part C)
 - Replaces Original Medicare (A & B)
 - Must cover all of the things A & B do
 - Offered by Private Insurance Companies
 - Often are Managed Care Plans (HMOs, PPOs, etc.)
 - Limits on which doctors/hospitals members can go to
 - Most also cover Part D benefits



Enrolling in Medicare Advantage and Part D

Many Plans = Many Options

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- Choice is good but it often leads to confusion
- These are administered by private insurance companies, so:
 - In most cases beneficiaries must enroll themselves into a plan in order to have coverage
 - Plans are marketed by the company selling them
 - Are often sold by private insurance agents



Medicare Advantage and Part D Marketing

What can insurance agents do? What can't they do?

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Insurance agents that sell Medicare Part D and Medicare Advantage Plans must abide by Medicare's rules for the marketing and selling of these plans.



- CMS Definitions
 - Education informing a beneficiary in an unbiased way about Medicare, Medicare Advantage, and Part D plans and products.
 - Marketing promoting, steering, or attempting to steer, a potential enrollee towards a plan or limited number of plans
- Plans cannot conduct Marketing at an Educational Event



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 - Plans and Insurance Agents MAY NOT:
 - Market plans in health care settings (waiting rooms, exam rooms, pharmacy counters, etc.)
 - Approach beneficiaries in a parking lot or hallway to try to sell a plan



Insurance Agents MAY:

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- Provide light snacks and/or beverages
- Give out gifts worth less than \$15 (but must provide gifts to anyone – not only in exchange for plan enrollment!)

Insurance Agents MAY NOT:

- Provide or pay for meals
- Offer money or gift cards in any amount or
- Offer gifts worth more than \$15



Insurance Agents MAY:

- Contact the following people by phone:
 - People currently enrolled in a plan with their company
 - People who have given the company "permission" to contact them
 - People formerly enrolled in their plan to conduct a disenrollment survey
 - Market plans through direct mail



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- Insurance Agents **MUST** make an appointment with before visiting someone in their home
- Scope of Sales Appointment Confirmation Form
 - Documentation showing scope of the appointment
 - Plan representatives <u>cannot</u> market health care products beyond what beneficiary agrees to discuss
- Insurance Agents MAY NOT:
 - Market or sell non-health care related products (annuities, investments) during an appointment



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- Insurance Agents and plans MAY NOT:
 - "Cold" Call, use door-to-door marketing, or market plans using any other unsolicited contact
 - Enroll a person in a plan without his/her permission
 - Lie to get a beneficiary to enroll in a plan
 - Sign someone up for a plan over the phone unless that person called them



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- Plans are responsible for agent and broker conduct
- State insurance departments also regulate agents and brokers
- □ No "cherry-picking" allowed
- Insurance Agents MUST:
 - They must be licensed, certified, or registered under state law
 - They must follow appointment rules
 - They must be properly trained and pass a test



Common Violations

Mass enrollment at events

- Last fall we have an agent set up in a WY casino enrolling people without their knowledge.
- Providing misleading or incorrect information
 - Making false claims about benefits or the plan's network of providers
- Senior Housing complexes
 - Agents going into housing complexes without appointments and going door-to-door





SMPs Provide:

- Community Education
 - Senior Centers
 - Large or small group settings
- Media Outreach
 - Newspaper articles
 - Fact sheets
- One-on-one Assistance



Assisting with Marketing Issues

- SMPs can use their connection to CMS to report issues
- Marketing violations will be sent to:

 - State Department of Insurance
- Individual Enrollment Issues sent to CMS
 - Many times these can be fixed if sent to the correct place quickly



Finding an SMP

- There is an SMP in every state, DC, Guam, Puerto Rico and the U.S. Virgin Islands
 - All provide statewide coverage.
- □ To find your local SMP go to:

www.smpresource.org



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