

Module 5: Enrollment Guidance Medicare Advantage and Part D Plans

Slide 42: Beneficiary Pre-enrollment Information – New for Enrollments Effective in 2024

Plan Sponsors must ensure that, prior to enrollment, CMS' required questions and topics regarding beneficiary needs in a health plan choice are fully discussed by agents with the beneficiary or their authorized representatives. The agent must ask:

- what kind of health plan the beneficiary wishes to enroll in (such as low premium and higher copay (or vice versa)).
- Does the beneficiary require hearing, dental, and/or vision coverage?
- Does the beneficiary have any other health care needs, such as needing durable medical equipment or physical therapy?
- Does the beneficiary have any other specific health care needs?

Slide 43: Beneficiary Pre-enrollment Information – Network Providers and Out of Network Coverage

Prior to enrollment the agent must also:

- check to see if the beneficiary's PCP and Specialists are in network. If not, the agent must explain that the beneficiary will need to choose new ones or pay out of pocket.
- check to see if the beneficiary's preferred hospital is in-network. If not, the agent must explain that the beneficiary will need to choose a new one.
- check to see if there are other facilities the beneficiary prefers that need to be in the plan's network.
- review coverage for out-of-network providers and services (e.g., except in emergency or urgent situations, the plan does not cover services by out-of-network providers (i.e., doctors who are not listed in the provider directory)).
- review PPO or PFFS out-of-network coverage.

Slide 44: Beneficiary Pre-enrollment Information – Drugs

The agent must discuss prescription drug coverage and costs with the beneficiary prior to enrollment if the beneficiary wishes to obtain Part D coverage. Specifically, the agent must:

- check to see if the beneficiary's prescriptions are on the formulary. If not, the agent must explain that the beneficiary may have to pay the full price of the prescription.
- check to see if the beneficiary's pharmacy is in network. If not, the agent must explain that the beneficiary will need to choose a new pharmacy.

Slide 45: Beneficiary Pre-enrollment Information – Other Benefit Information

The agent must discuss a variety of other information about plan benefits with the enrollee prior to enrollment. The agent must:

- review coverage for services furnished by providers outside of the United States.
- explain the potential effect that enrolling in the plan will have on other, current coverage, which may in some cases mean that the beneficiary is disenrolled from their current health coverage (for example, another MA plan, Medigap).
- explain that the plan is not a hearing/dental/vision “rider” but a full health plan covering all Medicare benefits.
- explain that plan operates on a calendar year basis, so benefits may change on January 1 of the following year.
- explain that Evidence of Coverage provides all of the costs, benefits, and rules for the plan.

Slide 46: Beneficiary Pre-enrollment Information – Cost

Agents must also discuss costs with beneficiaries or their authorized representatives prior to enrollment. The agent must:

- go over plan premiums (if the plan has one) and the Part B premium.
- if applicable, review the current plan premium vs. another plan premium.
- go over cost-sharing such as deductibles, copayments, and coinsurances including PCP copay, specialist copay, inpatient hospital copay, and any other copays for services/items beneficiary needs.
- discuss the costs/limitations on dental, vision, and hearing.

Slide 47: Beneficiary Pre-enrollment Information – Complaints, Cancellation, and Items Applicable to Only Certain Types of Plans

- Prior to enrollment agents must review with beneficiaries how they can file a complaint.
- They must also explain the right to cancel the enrollment and provide the date through which cancellation can occur.
- If a beneficiary is interested in/eligible for enrollment in an MSA, the agent must review with the beneficiary the need to maintain a trust/custodial account to remain enrolled in the MSA.
- If a beneficiary is interested in/eligible for enrollment in a special needs plan, the agent must discuss the following with the beneficiary as applicable:
 - The need to qualify for chronic/disabling condition requirement for C-SNPs
 - The need to have Medicaid to qualify for D-SNP.
 - The need to remain in an institutional skilled nursing facility to qualify for I-SNP.