

Centers for Medicare & Medicaid Services
Employers
Open Door Forum
Moderator: Jill Darling
Tuesday, January 9, 2018
2:00 p.m. ET

Operator: Good afternoon. My name is (Heidi) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Employers Open Door Forum.

All lines had been place on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key.

Thank you. Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Heidi). Happy New Year everyone. Good morning and good afternoon and welcome to the first Employers' Open Door Forum of 2018. One brief announcement from me before we get into today's agenda and then our Chair, Felicia, has some remarks.

This Open Door Forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact us at press@cms.hhs.gov.

And now, I'll turn it out to our Chair, Felicia Verrett.

Felicia Verrett: Good morning and good afternoon, everyone. Thank you for attending. My name is Felicia Verrett. I am the Chair of the Employer Open Door Forum. Our presenters today are Karie Watson from the CMS Division of Training

and Ms. Cindy Falconi from the Office of the Administrator Center for Medicare.

We're going to begin our 2018 topics with an overview of Medicare and delve into the topic's specific information as we progress throughout the year. Ms. Watson will be presenting on Medicare with an opportunity for everyone to ask questions and Ms. Falconi will be presenting – will present and provide resources pertaining to Medicare for employers.

We hope that you enjoy both presentation and with that we'll have Ms. Karie Watson.

Karie Watson: Great. Thank you so much and I'm very happy to be here today. I'm also joined in the room with colleagues, (Melissa Moreno) and Marc Wernick who will probably be assisting with some questions following the presentation. And again the topic of today's presentation is Medicare and Employer Group Health Plan coverage.

During this presentation, I'm going to review some basic Medicare information, discuss the decisions and timing to be aware of for Medicare enrollment and talk a little bit about coordination of benefits. So let's jump right in, talk about Medicare.

So, there are four parts to Medicare in case you haven't heard about that yet. Part A, hospital insurance; Part B, medical insurance which is things like doctor's visit, lab work, x-rays. And together, Part A and B, we often refer to that as original Medicare.

Next we have Part C which may also be called Medicare Advantage and it's another way to get your Medicare benefits. It combines basically Part A and Part B services and usually Part D which is prescription drug coverage. MA plans are managed by private insurance companies that are approved by Medicare.

And these plans have to cover all the Part A and Part B medically necessary services and supplies. Part D as I just mentioned is Medicare prescription

drug coverage and it helps pay for those outpatient prescription drug. So that in a nutshell covers the parts of Medicare but now I'm going to go over the two main coverage decisions that are a person has.

We have two main choices for Medicare coverage and they can decide what's best for them. Option one is to get that original Medicare as I just described, the Part A, hospital and Part B, medical insurance.

Once they have that, they can choose to buy a Part D plan, the prescription drug coverage and add a Medigap policy which is also referred to sometimes as Medicare supplement insurance. And those plans help cover some of the costs not covered by original Medicare.

Option two is to get a Medicare Advantage plan or I may refer to that as MA or Part C. Those plans maybe a health maintenance organization or a preferred provider organization and again they cover those Part A and B services and supplies, and typically cover that prescription drug coverage. And I want to point out that Medigap policies, the supplement plan, do not work with Part C plans to cover the out-of-pocket cost that you may have if you have an MA plan.

So now that I've talked about the parts and the coverage choices, let's talk about how and when a person can enroll. The Medicare enrollment rules and decisions vary, depending upon whether you're getting Social Security or Railroad Retirement benefits. And it also depends on a person's age, other coverage like from an employer or if a person has end-stage renal disease which has a different set of rules.

So, let's start talking about the different enrollment periods. The first one being the Medicare initial enrollment period or IEP as we sometimes refer to it. And this is the first opportunity the person has to enroll in Medicare. It lasts for seven months which includes three months before a 65th birthday, the 65th birthday month and the three-month after the 65th birthday.

During that timeframe, there's a lot that can be done. A person can enroll in Part A, Part B, Part C if they have Part A and B, Part D if they have Part A

and/or B and they can get a Medigap policy. In fact, the Medigap open enrollment period starts once a person has Part B, is effective with Part B and it lasts for six months.

And if a person is eligible for the premium-free Part A because they met their working requirements, they can then enroll starting – during their IEP, during that initial enrollment period and any month after that. If they're not eligible and they need to buy Part A, they can only enroll during that initial enrollment period or some other limited time that I'll be talking more about.

And coverage starts based on when a person enrolls. So if the person enrolls during the first three months before they're 65, the coverage will begin the month they turn 65. So it's, you know, if they want their coverage to start at that time, during that 65th month – birth day month, then it's really good to start that enrollment process.

If they enrolled during the month of their 65th birthday, the coverage starts the next month, the first day. And if they wait and enroll in those last three months, their coverage will start either two to three months later.

So if a person doesn't sign up for Part B or premium Part A during that initial enrollment period, they can enroll during the general enrollment period or GEP as we called that. And for most people who don't enroll during their initial enrollment period, the general enrollment period is their only chance to enroll.

And it occurs every year from January 1st to March 31st. If you enroll during that timeframe, the coverage will begin on July 1st. So, it's important for people to be aware of that because they would have a little gap in coverage until that starts in July.

If a person enrolls in premium Part A and Part B during that general enrollment period, they can also enroll in a Part C Medicare Advantage or Part D prescription drug plan from April 1st to June 30th and don't forget I mention that Medigap supplement insurance. That six months open enrollment period would start as soon as they are effective with Part B.

A couple other things I want to mention. If more than 12 month had passed since the person's 65th birthday, they may have to pay a penalty that is added to their monthly Part B premium if they wait to enroll. So in most cases, a person would have to pay the penalty for as long as they have Part B.

So, it's really important to pay attention to these various enrollment periods and timeframes. If you aren't eligible for premium-free Part A and don't buy it when you're first eligible, that monthly Part A premium could go up 10 percent, so that's pretty big. And you'll have to pay the higher premium for twice the number of years you could have Part A but didn't sign up.

This means that monthly premiums will be higher than if you sign up during your initial enrollment period, the period we talked about first. And then the longer you go without coverage, the higher the penalty. So you know, it's just really great if a person can get sign up during that initial enrollment period.

Next, I'm going to go over the Medicare special enrollment period and this is an eight-month period that starts the month after employment ends, if a person is working, or their employer group health plan coverage ends, whichever happens first. During the special enrollment period, a person can enroll in Part A if they have to buy it. So if they didn't work enough years, they can enroll in Part B, Part C, Part D and during – they can enroll in Part D during two months from losing their creditable coverage. And I'm going to talk more about creditable coverage just – in just a minute but I just wanted to mention that real quick right now.

And then again that Medigap open enrollment period would begin whenever they're effective with Part B. And the person, if they're eligible for this special enrollment period, it means they wouldn't have to wait for the general enrollment period and they would be less likely to have that gap in coverage.

And if they're eligible for the special enrollment period, another thing to mention is that they wouldn't have to pay a penalty. So what makes a person eligible for SEP, special enrollment period? You must have group health plan

coverage based on active current employment for all the months you were eligible to enroll in Part B but didn't.

So if you're older than – if you're 65 or older, you have to get this employer sponsor coverage based on your or your spouse's employment, current employment. And one thing I want to point out is that COBRA, retiree coverage, long-term worker's compensation or VA coverage is not considered active current employment.

Also if you don't enroll within those eight months, then you will have to wait until that next general enrollment period that I mentioned before, January 1st through March 31st. And then that gap in coverage until the effective date in July and possibly pay a penalty.

So, I want to talk a little bit more about Medicare Part C or Medicare Advantage which is one of those coverage options a person has. You can join MA plan when you first become eligible for Medicare during that initial enrollment period or during an open enrollment period which is usually typically in the fall and in special situations.

If you have Part A and enrolled in Part B during the general enrollment period, you can join an MA plan until June 30th. So, there are lots of timeframes to be aware of with regards to joining a Medicare Advantage plan. You just have to be aware of when you can enroll and when you maybe can't enroll.

You can only join an MA plan one at a time and enrollment is generally for a calendar year. So you can switch to another MA plan or back to original Medicare during the annual open enrollment period in that fall timeframe that I mentioned, October 15th through December 7th each year.

If you belong to an MA plan, you can disenroll, so you can switch back to original Medicare between January 1st and February 14th every year. And if you do make that change to go back to original Medicare, you can also join a prescription drug plan, a Part D plan at that time to add coverage.

So if a person wants to find out what MA plans are available in their area, they can check on medicare.gov and look at find the plan, and they can also call 1-800-Medicare. I mentioned many times already about that Medigap open enrollment period and I just want to reiterate a few things that, you know, the best time for a person to buy a Medigap policy is during their Medigap open enrollment period.

And again, this is that time that lasts six months from the first day of the month in which they're about 65 or older and enrolled in Medicare Part B. And if you apply during your Medigap open enrollment period, you can buy a Medigap policy, any policy that a company will sell to you, even if you have health problems for the same price as people with good health.

So if you don't purchase the plan during that six months open enrollment period, insurance companies could deny coverage based on your health conditions or they can make you wait for coverage related to a preexisting condition that you may have. So remember Medicare coverage services – original Medicare will still cover the condition, even if a Medigap policy won't cover those additional out-of-pocket expenses.

And another thing is that depending on the state that you're in, it may be good to check with your state insurance administration because some states do have additional Medigap open enrollment period and plans that are available for people under 65.

OK, so I just covered a lot of information, so let me just take a minute to review a couple of key points. If you aren't getting benefits from Social Security or the Railroad Retirement Board at least four months before you turn 65, you need to act. You must sign up for Social Security to get Medicare Part A and/or B.

If you're over 65 but you're still working and depending on the size of the employer, you don't have to do anything related to Medicare until you or your spouse retire and/or lose the employer coverage. And you will not have to pay a penalty if you enroll during that special enrollment period that I talked about.

OK, so moving on, I want to talk a little bit more about employer group health plan coverage and Medicare. And employer group health plan coverage is the coverage that's offered by the employers and unions for current employees and/or retirees. You may also get group health coverage through a spouse or other family members' employer.

And these plans, they can be fee-for-service plans or they can be a managed care plan like an HMO. And if you had Medicare already and are offered coverage under an employer plan, usually you can choose whether you want to accept or reject that plan.

So let's review some considerations from Medicare because there's a lot going on. So you have to decide, make some decisions, you know, and if you have coverage through active employment, you may want to delay Part B. There's no penalty if you wait to enroll while you have that current coverage through your employer, and then, you can wait until that special enrollment period that I talked about earlier.

You can delay Part A if you have a Health Savings Account and want to keep contributing or the other thing that's important here to note is that you would want to stop contributions to an HSA six months before enrolling in Medicare Part A. If you don't have coverage from active employment, delaying Part B could mean a few things.

It could mean paying higher premiums, paying for healthcare out-of-pocket possibly and waiting until the next general enrollment period to enroll which could mean a gap in coverage. And so it's always a good idea for people to talk with their employer or union benefits administrator to find out how much (worth) works with Medicare and if it would be to their advantage to delay Part B enrollment.

So, we just talked about the point that if you have active employment, you may want to delay Part B but the size of the employer determines whether the employer could require you to enroll in Medicare. If the employer has 20 or more employees, you can delay Part A if you have to pay for it and Part B as

long as you continue to have active employment. So again, that would make you eligible for that special enrollment period.

But if your employer has less than 20 employees, you should sign up for Part A if you have to pay for it and Part B when you're first eligible during that initial enrollment period which are those seven months around your 65th birthday. But as always, employee should check with their benefits administrator just to make sure, you know, what their coverage entails.

OK, so as soon as you lose your job or retire or when your employer coverage ends, you should sign up for Part B and D. And you know again we talked quite a bit about that special enrollment period that lasts for eight months but that would be the time when, you know, you would want to pay attention to the times.

Because the sooner you enroll in Part B in that eight months, the sooner your coverage will start which is always a good thing. And you only had two months to enroll in a Part D plan to avoid a late enrollment penalty with Part D. When you enroll in Part B, it also triggers that six months Medigap open enrollment period, so that's another thing to keep in mind always.

OK. And next I'm going to talk about some things people may need to be aware of also. Remember earlier I mentioned about creditable drug coverage and I just want to kind of review what that means. People will need to know whether they have creditable drug – prescription drug coverage and that is drug coverage that pays on average as much as Medicare standard drug coverage.

And it could include drug coverage from a former employer or union, TRICARE, the VA, the federal employee health benefits program or the Indian Health Service. So if you have other prescription drug coverage, you need information each year from the plan that tells you – it tells you if the plan is expected to pay on average at least as much as Medicare standard coverage as I was just describing.

But your plan usually would send this information out in a letter, post it on a website or put it in their newsletter but it's good to keep that information because you may need that later if you want to join a Medicare Part D prescription drug plan.

And if you have creditable coverage and you are keeping that creditable coverage and become eligible for Medicare, you can, you know, you can do that. And you won't have to pay a penalty if you decide to enroll in Medicare Part D plan later as long as you join within two months after your drug coverage ends.

Let's see, in addition to knowing about creditable drug coverage, when your employment ends and you aren't enrolled in Part B, certain things can happen. You may get a chance to elect COBRA coverage which continues your health coverage through the employer's plan usually for about 18 months and probably at a higher cost.

Also, you may get that eight months special enrollment period that allows you to sign up for Part B without penalty and that period runs whether or not you take COBRA or not. So if you do elect COBRA, don't wait until COBRA ends to enroll in Part B.

You would want to enroll in Part B during that initial period of the eight months but if you wait and don't, you would have to pay a late enrollment penalty and have to wait until the general enrollment period which is that January through March 31st. COBRA is a credible coverage for Medicare Part B as we were just reviewing creditable coverage.

OK. There are some things I want to mention about Medicare and retiree coverage. As I talked previously, people with Medicare who had employer or union retirement plan that cover prescription drugs may – or must rather carefully consider their options. A person's health and financial needs might vary from year to year and options that are offered by the employer or union retirement plans can also vary. So, it's always good to check on those.

Also, retiree plans must let members know how it works with Medicare prescription drug coverage and whether it's credible. Retiree plans may require you to enroll in Part A and B since Medicare pay first and your retiree plan pays second, kind about that coordination of benefits piece but I'll talk about that in a second.

So again, it's important an employee talk to their benefits administrator, get the information down and know where they – where they are and try to avoid any kind of late enrollment penalties if possible. In addition, most employer or union retirement plans offer – do offer prescription drug coverage that's comparable to Medicare drug coverage, and often generous hospitalization and medical insurance for the entire family. So, that could be really important, especially if you have someone in the family that's chronically ill or needs to, you know, go to the hospital frequently. And if a person with Medicare loses creditable drug coverage, the person has 63 days to enroll in that part B plan without getting that late enrollment penalty.

Another really important point to mention is that if you drop retiree group health coverage, you might not be able to get it back. If you drop the drug coverage, you might also lose doctor or hospital coverage and family members that are covered on that policy might also be affected.

So any decision about drug coverage should really consider the entire family health status and coverage needs. Because if coverage is dropped for a family member, they might not be able to get it back, so it could really have some consequences.

Quickly on coordination of benefits, so we talked about, you know, sometimes people may have more than one kind of health insurance plan through their employer, through Medicare or some others that I'm about to discuss. Coordination of benefits is way to figure out who pays first when a person has two or more health insurance plans that's responsible for paying the medical claims.

And if you have Medicare and other health or drug coverage, each type of coverage is called a payer. So when there's more than one, there are

coordination of benefits rules that decide which payer pays first. The primary payer pays what it owes on the bill first and then the provider sends the rest to the secondary payer.

So, sometimes they might even be a third payer but Medicare maybe the primary payer if you don't have other insurance or if Medicare is primary to your other insurance. For example if you have a Medigap policy or Medicaid and Medicare coverage, retiree coverage, Indian Health service, TRICARE, COBRA, Medicare also pay first for people with employer group health plans under certain conditions.

So if they're 65 or older and have that retiree coverage, 65 or older and have employer group health plan coverage through a current employer, you know, theirs or their spouses and employer has less than 20 employees, if they're under 65, have a disability and are covered under an employer group health plan through current employment that has less than 100 employees.

And again, all of this information and it's a lot of information I realized but you will be getting these slides. So you will have all this information and be able to look through it and digest it a little bit more but I just wanted to at least review that – some of the key highlight points.

And moving on with what I was saying, for certain individuals who are eligible for Medicare because of end-stage renal disease and have employer group health plan coverage. So, they have some other rules that apply that would be a whole another presentation I think.

So, that's really a quick, quick overview of coordination of benefits and there's definitely more information available if you're interested. And with that, it leads me to talking very briefly about the many Medicaid resources that are – Medicare resources that are available to you.

The slides are going to have all these when you receive them but I just wanted to mention some things, so that you can kind of be aware and be looking for it when you get these or if you remember and want to start looking ahead of time. You can always do that.

So cms.gov, if you haven't been there, is the website for partners and medicare.gov is for people who get Medicare but it's also still really great resource for you. I go there all the time too. And from cms.gov, you can get to the national training program homepage and that's where you can find a whole slew of information up on every aspect of Medicare by clicking on outreach and education and then there's a link that says get training.

And again, this will make sense when you get these slides because it really walks you through how to find information I'm talking about. The CMS National Training Program is like – were key in providing support to partners and stakeholders. So, we have resources such as classroom modules. These are PowerPoint presentations that basically cover every piece of Medicare and I mean they drill down.

So, coordination of benefits has its own module. Medicare Part D has its own module and you get the idea. These PowerPoints can be customized through your audience. They include speaker's notes, so they're really – I would suggest checking those out. Training program resources like job aids and they're like quick reference kind of guide that you may be interested in.

Web event, it lists – we have monthly webinars that are for partners, learning series webinars, go over our key topic each month. We have a partner update webinar each month and that is usually on some sort of policy that CMS has that's maybe new or change or current issues that's going on. We have other links to various tools, videos, webinars, webcast.

You can also sign up for the Listserv and I would highly suggest this too. You can do that from the site I'm telling you about and it's in the presentation slides you'll get but it also tells you about, you know, any other kind of monthly updates and those webinars that I was just mentioning.

Another resource on cms.gov is the Medicare Learning Network and they're primarily responsible for provider training, but they do have a catalog of products that contains free interactive documents and an order – product ordering page where you can order hard copies.

And with that, I think that brings me to the end of the presentation. I really appreciate you listening. I know that it's a lot of information and a little bit of time, but we're happy to take some questions or even following the presentation if you have things you think of once you get the slides.

We have a training mailbox, it's training@cms.hhs.gov and that's within the slide deck as well, but feel free to e-mail us and with that, I will turn it back over.

Jill Darling: All right. Thanks so much, Karie. Great information and to those who have the agenda today, there is a link under Medicare 101 where you can get today's presentation.

Next and finally, we have Cindy Falconi who will go over some web resources and fact sheets for employees that are nearing retirements. Cindy?

Cindy Falconi: Thanks, Jill. Hi everyone. Today, I'm going to review one of our important online Medicare resources.

We recognize that there were some gaps in communication about Medicare enrollment for some newly eligible folks especially regarding Part B enrollment and we also recognize that employers are key Medicare messengers.

So a few years ago, CMS created a web page on cms.gov for employers to share with their employees or retirees who are eligible to enroll in Medicare. Even if they're still working, they need to decide if they should get Medicare Part B coverage.

The web page outlines how and when to enroll as well as the consequences of not enrolling. The Publications and Resources Section on the web page includes more information on Medicare enrollment, how health care benefits are coordinated, the health insurance marketplace and special enrollment period eligibility.

There's also a Frequently Asked Questions document on the relationship between Medicare and the health insurance marketplace. Topics in this section include general enrollment, end-stage renal disease and coordination of benefits.

So I'm going to delve a little deeper into the contents of the web page. The web page is designed for employers to share with people who are still working or have retiree, COBRA or other types of coverage. These folks have important decisions to make about their health coverage when they become eligible for Medicare.

The rules about how other insurance works with Medicare and considerations that people should weigh when deciding whether to enroll on Medicare when they become eligible vary based on how they became eligible for Medicare if they or a spouse or a family member is disabled are still working and if they have employer-sponsored group health plan coverage based on that active employment.

Enrolling in Medicare late can increase the premium cost for your employees for as long as they have Medicare and well after they retire from your company and can result in gaps in coverage.

We ask that you and your benefits administrators become familiar with this information and direct your employees and retirees to the information on these web pages to help them make informed decisions about their health coverage.

So Medicare Part A like you just heard from Karie's presentation helps cover inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care and it's free for most people.

However, Medicare Part B, which covers certain doctors, services, outpatient care, medical supplies and preventive services requires the payment of a monthly premium.

Medicare is health insurance for people 65 or older, people under 65 with certain disabilities and people of any age with end-stage renal disease, which is permanent kidney failure requiring dialysis or a kidney transplant.

If a person who is eligible for a premium free Part A doesn't take Medicare Part B when they are first eligible, they can enroll later, but only during the general enrollment period, which occurs January 1st through March 31st of every year unless in some cases, they qualify for special enrollment period and they're going to have to pay a late enrollment penalty for as long as they have Part B if they didn't enroll when they first became eligible.

So people age 65 or older who don't enroll in Medicare Part B when they're first eligible can sometimes enroll later during the special enrollment period. If they or their spouse is currently working and have coverage by an employer or union group health plan based on that employment.

Those who have Medicare based on disability can enroll if they, their spouse or their family member is working and have coverage by an employer or union group health plan with at least 100 employees also known as a large group health plan based on that employment.

If they're eligible for a special enrollment period, a person can sign up for Part B without incurring a penalty. Any time while this person is covered by the employer or union group health plan based on current employment or for up to eight months after the group health plan coverage or the employment ends, whichever happens first.

There are some important things to know about what is can – is and isn't considered group health plan coverage. COBRA coverage and retiree health plans are considered coverage based on current employment. Individuals who have COBRA and retiree coverage aren't eligible for a special enrollment period when this coverage ends.

Plans that are unavailable to employees like a plan that only covers self-employed individuals aren't considered group health plans. Individuals with this type of coverage are not eligible for a special enrollment period.

Paying a stipend for someone to join the marketplace or other private insurance isn't considered group health plan coverage. So people with this type of coverage aren't eligible for a special enrollment period either.

The Small Business Health Options Program also known as SHOP in the marketplace is a group health plan coverage so people covered by a SHOP plan because of their, their spouse's current work will have access to a special enrollment period.

And all of these rules are different for people with end-stage renal disease.

In addition to considering whether your employees and retirees will be able to enroll in Part B later through enrollment during a special enrollment period, it's critical that they consider whether Medicare or their employer-based insurance will pay first or second when deciding whether to enroll in Part B.

If Medicare is primary to other insurance and a person isn't enrolled in Part B, the other insurance may not pay all the uncovered cost. If a person is eligible for Medicare due to age, insurance from current work is primary to Medicare if the employer has more than 20 employees. If a person is eligible for Medicare due to disability, insurance from current work is primary to Medicare if the employer has more than 100 employees. If a person is eligible for Medicare due to end-stage renal disease, other insurance from work or from other sources is primary to Medicare for the first 30 months starting the first month the person is eligible for Medicare whether or not an application has been filed.

So the web page also outlines the top five things that you need to know about Medicare enrollment. Determining whether a person qualifies for a special enrollment period is the first important factor to consider when making a decision about Part B enrollment.

It's critical that employees and their dependents consider whether Part B is right for them when they're first eligible for Medicare. Decisions about Part

B enrollment for people with employer-based insurance first depend on whether a person has insurance based on current employment.

Generally if an individual or their spouse is still working and has employer-sponsored group health plan coverage based on that employment, they can delay enrollment in Part B and can enroll later during a special enrollment period.

But there are special rules that they need to know. For example, employer coverage for retirees or through COBRA doesn't count as current enrollment – employment so these individuals don't qualify for a special enrollment period to enroll in Medicare later.

A different set of rules apply if the person has Medicare based on disability or end-stage renal disease.

The next important thing of the five is knowing who pays first to consider when making a decision about Part B enrollment. When Medicare and another health insurance plan are responsible for paying for the same medical claim, coordination of benefits will determine how Medicare flows, works with other health coverage.

When someone is considering delaying or declining Part B, it's important for the beneficiary to know whether their employer-sponsored group health plan coverage will pay primary or secondary and if it pays secondary to Medicare, whether and how it will pay if they don't enroll in a Part A or Part B.

Another important thing to know is that people are eligible for Medicare for different reasons. Some are eligible when they turn 65. People under 65 are eligible if they receive Social Security Disability Insurance or certain Railroad Retirement Board Disability Benefits for at least 24 months.

If they have amyotrophic lateral sclerosis, ALS, there is no waiting period for Medicare. Some people with end-stage renal disease may be eligible for Medicare.

It's important to know the different ways that people qualify for Medicare so you can help current and former employees and their dependents anticipate their eligibility for Medicare so they can make timely and appropriate decisions about their enrollment.

Some people get Medicare Part A and Part B automatically and some people need to sign up for them, people living in the United States and U.S. territories except for Puerto Rico that has special rules.

These people who are already collecting Social Security either disability or retirement are automatically enrolled in the Part A and Part B when they first become – when they're first eligible.

These people will get a packet of information a few months before they turn 65 or receive their 25th month of Social Security Disability or Railroad Retirement Board Benefits. At this time, they can choose to keep or decline Part B, but can't decline Part A unless they withdraw their original application for Social Security and payback all Social Security Cash Benefits.

People who aren't collecting Social Security or aren't eligible for Social Security Retirement are not automatically enrolled into Medicare. They have to sign up by contacting Social Security and a lot of times employees or recent retirees will be in this group especially if they're working past their 65th birthday.

A lot of times people will put off receiving Social Security Benefits and will therefore not receive this initial enrollment period package that they would have been getting if they were in – so were getting Social Security Benefits.

This package sent from us and may may not know about the importance of enrolling in Medicare timely and this is where the importance of employer communication and employers as messengers comes in.

People living in Puerto Rico or foreign countries who already have Part A need to take an action to sign up for Part B. These people aren't automatically

enrolled in B like the people that I talked about previously that are in the United States.

They have to complete an application for enrollment in Part B. It's called the CMS-40B and this form can be accessed online. It's also available in Spanish since the majority of people using it are in Puerto Rico.

And lastly the fifth important thing for people to know about enrolling in Medicare is that timing is important. Enrolling in Medicare can only happen at certain times. If someone is eligible for free Part A due to age here, she can enroll in Part A any time after they're first eligible for Medicare during the initial enrollment period.

A person may be eligible for premium free Part A if they are – their spouse Medicare taxes while working. If eligible for free Part A, coverage for Part A begins six months back from the date they apply, but no earlier than the first months of being eligible for Medicare.

However, the (inaudible) allows for enrollment in Medicare Part B and premium Part A at limited times. One of the times, the initial enrollment period, the seven-month period when someone is first eligible for Medicare.

For those eligible due to age, this period begins three months before the month they turn 65, includes the month that they turn 65 and ends three months after they turn 65 adding up to the seven-month period.

For those eligible due to disability, this period begins three months before their 25th month of disability payments. It includes the 25th month and ends three months after. By law, coverage start dates vary depending on which month the person enrolls and can be delayed up to three months.

The other time people can enroll is the general enrollment period, January 1st through March 31st each year with coverage starting July 1st and the last period of time is a special enrollment period, which is an opportunity to enroll in Medicare outside the initial enrollment period or general enrollment period for people who didn't enroll in Medicare when they are first eligible because

they or their spouse are still working and have an employer-sponsor group health plan coverage based on that employment.

Coverage usually starts the month after the person enrolls, but can be delayed up to three months in limited circumstances.

People who are eligible for Medicare based on disability may be eligible for a special enrollment period based on their current employment or their spouse's current employment. They may be eligible based on a spouse or family member's current employment if the employer has 100 employees or more.

I also want to point out on our web page that there's a Publication Section and some key pubs that we have on there to share with employees our – the retirement planning toolkit from the Department of Labor and there are links to all of these here.

We also have the introduction to Medicare that gives an overview of a lot of these Medicare basic stuff that we just talked about, a publication called “A Quick Look at Medicare” again with just basic information on Medicare, the “Medicare & You” handbook, which I'm thinking most people are familiar with.

“Enrolling in Medicare Part A and Part B,” it explains a little more in-depth of the intricacies of A and B. “What's a Medicare Advantage Plan?” and this gives an overview of the differences between Medicare Advantage Plans and Medigap policies.

“Medicare and the Health Insurance Marketplace,” “Medicare and Other Health Benefits: Your Guide to Who Pays First” and then a pub called “Get Your Medicare Questions Answered” that explains when to call 1-800-Medicare or other resources for answers to questions, Medicare rights and protections.

Lastly, to aid people making decisions about Medicare enrollment, there are workbooks set up with checklist for tasks to complete. They're broken down by where they are in the process.

Medicare decisions for someone nearing age 65 deciding whether to enroll in Medicare Part A or Part B when you turn 65 and deciding whether to enroll in Medicare Part A and Part B when you're over 65 and planning to retire in the next six months.

These are really handy, easy tools where people can see the things that they need to do at these different stages and kind of check them off and there's also a section with the web resources to help employees with links to helpful items for new enrollees, marketplace, coordination of benefits, health savings account, continuation of health coverage, veteran's benefits, information for caregivers and I hope you'll find this web resource useful and I welcome any questions.

Jill Darling: All right. Thank you Cindy and to Karie. So (Heidi) will open the lines for Q&A please.

Operator: Thank you. As a reminder ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad.

If you would like to withdraw your question, please press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for questions.

If you require any further follow-up, you may press star one again to rejoin the queue and we'll pause briefly to compile the Q&A roster.

Again that's star then the number one to ask a question.

And there are no questions in the queue.

One just cued up from the line of (Dan Mangus) from (McNerney) Management. Please go ahead.

(Dan Mangus): I just wanted to verify where we could locate the slides that were referred to by Felicia.

Felicia Verrett: Hi, you can – you can find the slides at the link that's on the Employer Open Door Forum Page at CMS.

Operator: And there are no further questions in the queue.

Felicia Verrett: Thank you everyone for attending our first Open Door Employer Forum for 2018. Our next forum will take place on April 3, 2018 at 2 p.m. We hope you will join us again. Our tentative topic will be the new Medicare card, which is scheduled for roll out in April 2018.

Thank you so much and again you can find all these – all the resources for the slides in the presentation that you heard today at the Employer Open Door Forum Page at cms.gov. Thank you again and enjoy the rest of your day.

Jill Darling: And hi, this is Jill. One brief announcement from me if there is a specific topic you would like to add to a future Employer's Open Door Forum, please send it to partnership@cms.hhs.gov. That e-mail is on the agenda. It's always on the agenda in case you need to reach us so we would love to hear from you. Thank you.

Operator: Thank you for participating in today's Employer's Open Door Forum Conference Call. This call will be available for replay beginning today, January 9th at 5 p.m. Eastern Standard Time until January 11th at midnight.

The conference ID number for the replay is 31040613 and the number to dial for the replay is 855-859-2056. This concludes today's conference call. You may now disconnect.

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