



**CMS 2010 BI-REGIONAL MEDICARE HEALTH PLAN COMPLIANCE
CONFERENCE**

Boston & New York – Serving Our Beneficiaries Together

Verbatim Transcript

Partnership with the State Health Insurance Assistance Program (SHIP)

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>> OUR NEXT TOPIC IS PARTNERSHIP WITH THE STATE HEALTH INSURANCE ASSISTANCE PROGRAMS, AND WE'VE SHORTEN THAT TO BE THE SHIPS. SO WHEN WE TALK ABOUT SHIPS, THEY'RE REPRESENTED BY PATRICK AND LINDA, WITH US TODAY. AND I WILL INTRODUCE THEM AS THEY COME ON TO THE STAGE. PATRICK ADAMS IS THE MANAGER OF COMMUNITY PROGRAMS IN THE OFFICE OF ELDER SERVICES IN MAINE, THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES. AS THE MANAGER OF COMMUNITY PROGRAMS, PATRICK IS RESPONSIBLE FOR PROVIDING OVERSIGHT AND GUIDANCE TO THE STATE SHIP, THE ELDER NUTRITION PROGRAMS, AND A VARIETY OF OTHER COLLABORATIVE RELATIONSHIPS AND PROGRAMS ACROSS THE STATE OF MAINE. TO BETTER ADDRESS TRAINING AND COMMUNICATION CHALLENGES ACROSS THIS VERY RURAL STATE, HE IS WORKING TO EXPAND THE UTILIZATION OF

TECHNOLOGY. HE'S ALSO DEVELOPING AN INTEGRATION STRATEGY TO BETTER RECRUIT, TRAIN, RECOGNIZE, AND RETAIN VOLUNTEERS THROUGHOUT MAINE'S ELDER NETWORK. PATRICK HAS A LONG HISTORY OF WORKING IN SOCIAL SCIENCES. HE WAS ACTIVE IN EARLY CHILDHOOD EDUCATION AND ADVOCACY FOR OVER 15 YEARS, AND HE HAS WORKED WITH THE AMERICAN RED CROSS FOR OVER 23 YEARS, MOST RECENTLY AS AN INTERIM EXECUTIVE DIRECTOR AND AS A REGIONAL MANAGER. PATRICK LIVES IN CENTRAL MAINE. IN HIS SPARE TIME, HE LIKES TO READ, HIKE, AND EDUCATE OTHERS ON A VARIETY OF TOPICS. LINDA HAS JOINED US AS WELL. LINDA PETROSINO IS THE SHIP DIRECTOR IN NEW YORK AT THE NEW YORK STATE OFFICE FOR AGING. SHE HAS BEEN THE SHIP DIRECTOR SINCE JUNE OF 2006. PRIOR TO HER CURRENT ROLE, SHE WORKED AS AN AGING SERVICES REPRESENTATIVE WITH THE NEW YORK STATE OFFICE FOR AGING. PREVIOUSLY, LINDA WORKED WITH THE NEW YORK STATE CHILD HEALTH PLUS, WHICH IS THE SCHIP PROGRAM AND SERVED FOR NINE YEARS AS THE DEPUTY DIRECTOR OF THE AMSTERDAM HOUSING AUTHORITY IN AMSTERDAM, NEW YORK. ALTOGETHER, SHE HAS OVER 15 YEARS OF GOVERNMENT PROGRAM EXPERIENCE WHICH SHE BRINGS TO NEW YORK'S HEALTH INSURANCE INFORMATION AND COUNSELING PROGRAM, WHICH IS THE NEW YORK VERSION OF SHIP. SHIP IS THE GENERIC NAME THAT WE USE IN CMS, AND THE STATES HAVE, IN MANY STATES, CUSTOMIZED THE NAME OF THEIR SHIP; AND IN NEW YORK, IT'S HIICAP. MS. PETROSINO ALSO HOLDS A BACHELOR'S DEGREE IN POLITICAL SCIENCE AND HAS COMPLETED COURSE WORK FOR HER MASTERS IN PUBLIC AFFAIRS AND

POLICY. PLEASE WELCOME LINDA, PATRICK, AND DAYLE AGAIN.

>> THANKS, MARVA. I JUST--I AM THE CMS REGION II SHIP LIAISON. AND FOR THOSE OF YOU WHO ARE NEW HERE WHO DON'T KNOW WHAT THE SHIP PROGRAM IS, IT IS A NATIONAL PROGRAM THAT OFFERS ONE-ON-ONE COUNSELING AND ASSISTANCE TO PEOPLE WITH MEDICARE AND THEIR FAMILIES. AND THROUGH FEDERAL GRANTS DIRECTED TO THE STATES, THE SHIPS PROVIDE FREE COUNSELING AND ASSISTANCE THROUGH TELEPHONE AND FACE-TO-FACE INTERACTIONS, PUBLIC EDUCATION PRESENTATIONS AND PROGRAMS, AND MEDIA ACTIVITIES. THERE ARE SHIPS IN EVERY STATE AS WELL AS THE TERRITORIES. SO THE SHIPS ARE REALLY OUR EYES AND EARS. THE SHIPS ARE THE ONES THAT ARE ON THE FRONTLINES. THIS IS HOW WE GET THE HEADS-UP ON OUR ISSUES. THIS IS HOW WE SEE PATTERNS-- PATTERNS OF PRACTICES FROM WHAT THE SHIPS TELL US. THIS IS HOW WE GET ALERTS ON ACTIVITIES THAT DON'T SEEM QUITE KOSHER. SO WE REALLY RELY VERY HEAVILY ON THE SHIPS TO GIVE US INFORMATION. SO WE THOUGHT IT WAS VERY IMPORTANT FOR YOU TO HEAR DIRECTLY FROM THE SHIPS WHAT THEY NEED FROM YOU, WHAT SOME OF THE ISSUES ARE THAT THEY'RE DEALING WITH, AND HOW YOU CAN WORK TOGETHER TO MAKE THIS ALL WORK FOR BENEFICIARIES. NOW, I HAVE HAD THE PRIVILEGE OF WORKING VERY CLOSELY WITH LINDA PETROSINO. I'VE ALSO WORKED WITH PATRICK AND I AM ALWAYS IMPRESSED BY THEIR DEDICATION AND THEIR CARING AND I'M REALLY PLEASED TO HEAR FROM THEM TODAY. I THINK THAT WE HAVE A LOT TO LEARN FROM EACH OTHER AND THIS IS A REALLY IMPORTANT

PRESENTATION. SO, TAKE IT AWAY.
>> GOOD MORNING, EVERYONE. I'D LIKE TO THANK CMS AND ALL OF YOU FOR GIVING US TIME ON THE AGENDA TO TALK BRIEFLY ABOUT WHAT IT IS THAT THE STATE SHIP PROGRAMS DO AND HOW IMPORTANT IT IS TO THE NEW YORK 2.9 MILLION MEDICARE BENEFICIARIES ESPECIALLY THAT WE SERVE. I KNOW YOUR AGENDA IS VERY BUSY, SO I APPRECIATE YOUR TIME. THE NEW YORK STATE PROGRAM IS CALLED THE HIICAP, WHICH IS H-I-I-C-A-P. YOU'VE PROBABLY SEEN SOME OF OUR LOGOS AND MATERIALS IF YOU'RE FROM NEW YORK STATE, THE HEALTH INFORMATION INSURANCE COUNSELING AND ASSISTANCE PROGRAM. WE'RE HOUSED IN THE NEW YORK STATE OFFICE FOR AGING IN ALBANY. AND WE OPERATE OUR PROGRAM THROUGH THE 59 LOCAL OFFICES FOR AGING THROUGHOUT NEW YORK STATE. SO WE HAVE A WIDE VARIETY OF VERY URBAN AREAS, VERY RURAL AREAS, AND WE HAVE OVER 500--ACCESS TO OVER 500 TRAINED COUNSELORS. WE WORK AT OVER 400 SENIOR SITES AND DIFFERENT DOCTORS' OFFICES AND DIFFERENT COMMUNITY HEALTH CENTERS. EVERY YEAR, WE CONDUCT OVER 4,000 COMMUNITY EVENTS, SO WE'RE OUT THERE OUTREACHING TO SENIORS. WE DO THOSE MEDICARE 101 SEMINARS. WE DO WELCOME TO MEDICARE SEMINARS. WE ALSO--LAST YEAR, OUR GROUP OF COUNSELORS SINGLE-HANDEDLY ASSISTED 117,000 NEW YORKERS MAKING THOSE MEDICARE DECISIONS THAT WE ALL KNOW ARE SO IMPORTANT FOR THEIR HEALTHCARE. THE HIICAP PROGRAM IN NEW YORK STATE IS GROWING BY LEAPS AND BOUNDS, WHICH THE QUICK REVIEW OF OUR TELEPHONE TOLL-FREE NUMBER SHOWS THAT IN THE LAST TWO YEARS, OUR NUMBER HAS BEEN UTILIZED MORE THAN--ALMOST

40,000 TIMES, WHICH IS A 33% INCREASE OVER THE LAST TWO YEARS ALONE. SO PEOPLE ARE FINDING THE STATE SHIPS, THEY ARE FINDING US AS A VALUABLE SOURCE OF INFORMATION ON WHAT TO DO WITH THEIR HEALTH INSURANCE QUESTIONS, HOW TO SOLVE A PROBLEM, AND HOW TO NAVIGATE THE VERY COMPLEX HEALTHCARE SYSTEM. THE PLAN SHOULD PROBABLY BE AWARE OF THE FOLLOWING; THE STATE SHIP PROGRAMS ARE FUNDED TO PROVIDE SERVICES TO MEDICARE BENEFICIARIES TO HELP THEM MAKE THEIR CHOICES, TO BE INDEPENDENT, YOU KNOW, UNBIASED BROKERS OF INFORMATION TO SENIORS. WE'RE NOT THE PLAN'S CUSTOMER SERVICE. SO IF YOU SEND OUT A LETTER THAT SAYS "MRS. JONES, YOU DIDN'T PAY YOUR BILL," DON'T PUT OUR NUMBER ON IT BECAUSE WE CAN'T HELP MRS. JONES PAY HER BILL. AND I SAY THAT BECAUSE A LETTER DID GO OUT FROM A HEALTH PLAN THAT HAD OUR NUMBER VERY PROMINENTLY ON THE FRONT PAGE. THEY DIDN'T EVEN GET THE NUMBER RIGHT. BUT--AND WHEN I COMPLAINED TO THE PLAN, THEY SAID, "WELL, CMS APPROVED THIS LETTER." CMS DID NOT APPROVE THAT LETTER. CMS WOULD KNOW MY NUMBER. PLAN CHANGES, PLAN TERMINATIONS, PLAN SANCTIONS, THEY HURT ALL OF US. THEY'RE BAD FOR YOU; THEY'RE BAD FOR US. WHEN THE FOX INSURANCE PROGRAM WAS DISCONTINUED IN NEW YORK STATE, IT AFFECTED 10,000 SENIORS. WHEN A PLAN GETS SANCTIONED OR A PLAN CAN'T MARKET, THE CALLS TO OUR OFFICE INCREASE EXPONENTIALLY. OUR LOCAL COUNSELORS HAVE TO DEAL WITH THE REPERCUSSIONS OF PEOPLE THAT NEED TO CHANGE PLANS. IF A PLAN, YOU KNOW, HAS A SUBSTANTIAL PRICE INCREASE, FOR

EXAMPLE, THE CALLS THAT COME IN TO ONE OF OUR COUNSELING CENTERS ARE JUST REALLY, REALLY INTENSIVE BECAUSE SENIORS ARE VERY CONCERNED NOW ABOUT THE COST OF PLANS, THE COST OF HEALTH INSURANCE IN GENERAL. PLAN CORRESPONDENCE TO THE ELDERLY IS VERY CONFUSING, IS VERY DIFFICULT TO UNDERSTAND, SO AS SIMPLE AS WE CAN MAKE THIS PROGRAM AND SIMPLE AS WE CAN GIVE SENIORS THE INFORMATION THAT THEY NEED, THE BETTER OFF WE ALL ARE. AN EXAMPLE IS A PLAN LETTER THAT WENT OUT AND WAS ADVISING PEOPLE THAT THEY MAY BE ELIGIBLE--AND THIS IS FOR NEW YORK STATE--THEY MAY BE ELIGIBLE FOR A SPECIAL ONE-TIME OPPORTUNITY TO PURCHASE A MEDIGAP. NEW YORK STATE HAS OPEN--WE HAVE AN OPEN SYSTEM FOR PURCHASING MEDIGAP. YOU CAN PURCHASE THEM AT ANY TIME. SO THERE WAS SOMETHING IN THAT LETTER THAT ACTUALLY DIDN'T EVEN RELATE TO THE STATE. SO RESEARCH THE LETTER. MAKE SURE WHAT YOU'RE SENDING OUT IS CORRECT. I KNOW A LOT OF PLANS WORK IN MULTI-STATES. BUT THAT KIND OF--IT CREATES EXTRA WORK FOR EVERYONE. THE THING THAT THE STATE SHIPS DO--PROGRAMS DO THAT WE DO BEST IS WE COUNSEL PEOPLE. RIGHT NOW, UNFORTUNATELY, A LOT OF OUR TIME IS TAKEN UP BY PROBLEM RESOLUTION AND COMPLAINTS AND WE ARE ALSO ONE OF THE ORIGINAL PILOT STATES FOR THE COMPLAINTS TRACKING MODULE, THE CTM SYSTEM THAT YOU'RE SO FAMILIAR WITH. AND I'LL TELL YOU THAT THE PLANS REALLY DO RESPOND TO THOSE CTMS. WE HAVE GOOD RESPONSE FROM ALL OF YOU THAT WE'RE PRETTY PLEASED THAT YOU RESPOND TO THE COMPLAINTS AND TRY TO ACT

ACCORDINGLY AND WORK THINGS OUT
OR IF THERE IS A PROBLEM THAT
WE'RE NOT AWARE OF, GET BACK TO
US. THE PROBLEM IS IS THAT BY
ENTERING ALL THOSE COMPLAINTS,
IT'S BAD FOR YOUR PLANS ALSO.
SO IF THERE'S A WAY THAT WE CAN
WORK THROUGH A COMPLAINT BEFORE
IT GETS TO THE CTM, I MEAN,
WE'RE VERY HAPPY TO DO THAT TOO.
I AM BRINGING ON AN EXTRA GROUP
OF ANOTHER 12 COUNSELORS WHO ARE
GOING TO BE TRAINED IN THE CTM.
SO THE NEW YORK STATE CTM
ENTRIES ARE GOING TO BE
INCREASING. SO I'LL LET YOU
GUYS KNOW THAT. THE--BUT THE
THING WE DO BEST IS COUNSELING.
THE THING WE DO BEST IS,
"WELCOME TO MEDICARE. YOU'RE
TURNING 65, WHAT DO I DO WITH
THIS RED, WHITE, AND BLUE CARD?"
OUR LOCAL OFFICES FOR THE AGING
DO THAT. SO IF WE CAN DO LESS
CASEWORK AND LESS PROBLEM
RESOLUTION, WE CAN GET ON TO THE
BUSINESS OF HELPING PEOPLE
UNDERSTAND THAT THERE'S A LOT OF
ADVANTAGE PLANS, THAT THERE'S,
YOU KNOW, 59 MEDICARE PART D
PLANS, AND THERE'S A LOT CHOICES
IN NEW YORK STATE AND WE CAN
HELP THEM SO THAT WHEN THEY SEE
YOUR ADVERTISING, THEY
UNDERSTAND WHAT IT'S ABOUT AND
THEY UNDERSTAND THAT THEY MIGHT
ACTUALLY BE INTERESTED IN IT,
THAT IT PRESENTS A VERY GOOD
OPTION. A REVIEW OF SOME OF THE
COMPLAINTS THAT WE'VE ENTERED
RECENTLY HAVE TO DO WITH
PREMIUMS AND REBATES AND CLIENTS
THAT CLAIM THEY'VE CALLED THE
PLAN THREE TIMES BUT THE PLAN
DIDN'T RESPOND, PEOPLE THAT HAVE
FAX RECEIPTS THAT SHOW THAT THEY
FAXED YOU THE INFORMATION THAT
ISN'T BEING RECORDED. SO IF
THERE'S A WAY OF, YOU KNOW,
STREAMLINING THOSE FUNCTIONS AT

YOUR END, THOSE ARE LESS PEOPLE THAT WILL COME TO US AND COMPLAIN. WHAT CAN WE--SO WHAT CAN WE DO TO WORK BETTER? FIRST THING IS RECOGNIZE THE UNIQUE ROLE THAT THE SHIPS PLAY IN THE WHOLE MEDICARE SYSTEM, THAT WE'RE THERE AS AN IMPARTIAL AND AS A PARTNER TO YOU TO HELP PEOPLE GET THE BEST MEDICAL CARE THAT THEY POSSIBLY CAN. I KNOW IN NEW YORK, I WAS GOING TO GIVE YOU AN EXAMPLE OF WE HAD A PLAN IN UPSTATE NEW YORK THAT WAS CHANGING THEIR STRUCTURE AND THE PLAN--THEIR NAME IS SENIOR WHOLE HEALTH, AND THEY WERE CHANGING THE WAY THAT THEY RAN THEIR PLAN TO NO LONGER--THEY WERE ONLY GOING TO DEVOTE THEIR SERVICES OR HAVE THEIR PLAN AVAILABLE TO SENIORS. AND BEFORE THEY MADE THIS CHANGE, THEY CALLED US, THEY TOLD US THE NUMBER OF PEOPLE IN EACH COUNTY THAT THIS WOULD BE AFFECTING, AND WE WERE PREPARED. OUR COUNSELORS UNDERSTOOD WHAT THE CHANGES MEANT AND WHAT THE OPTIONS WERE FOR THESE--FOR THE PEOPLE THAT WOULD GET THIS LETTER FROM THE PLAN. AND THAT'S A GOOD WAY OF DOING IT BECAUSE EVERYONE WAS ON BOARD. AND I DON'T THINK WE REGISTERED A SINGLE COMPLAINT IN THAT WHOLE TRANSITION PROCESS. TRAIN YOUR SALES PERSONNEL, INCLUDING AGENTS AND BROKERS AS WELL AS CUSTOMER SERVICE PEOPLE, TO RESPOND IN A TIMELY WAY OR TRY TO HELP AS MANY PEOPLE AS POSSIBLE WITH THEIR UNIQUE COMPLAINTS, THAT THERE'S REALLY NO COMPLAINT TOO SMALL BECAUSE PEOPLE WILL GO TO THE GOVERNOR, PEOPLE WILL GO TO THEIR ELECTED OFFICIALS, AND WE GET THOSE COMPLAINTS ALSO. WHENEVER POSSIBLE, GIVE US A HEADS UP. LAST YEAR, I SPOKE ON THIS

PODIUM WITH THE NEW JERSEY SHIP DIRECTOR, DEBORAH BRESLIN, AND SHE WAS SAYING THE EXACT SAME THING THAT IF THERE'S A HEADS UP THAT YOU'RE GOING TO BE SENDING OUT, YOU KNOW, 20,000 NON-PAYMENT LETTERS, THAT YOU'RE GOING TO BE CANCELING 20,000 MEMBERS OR, IN SOME CASES, IT'S HUNDREDS OF THOUSANDS, LET US KNOW OR HAVE SOMEONE GIVE US A HEADS UP OR AN EMAIL THAT SAYS, YOU KNOW, "I JUST WANT YOU TO KNOW THAT WE'RE GOING TO BE TERMINATING. IT'S THE 90-DAY POINT AND WE'RE GOING TO BE SENDING OUT THESE LETTERS THAT ARE FORCING TERMINATIONS," SO THAT, YOU KNOW, WHEN PEOPLE DO GET THE LETTERS, THEY KNOW WHO TO CALL OR THEY--THIS IS WHAT IT'S ABOUT. ALSO, DESCRIBE YOUR PLAN AS ACCURATELY AS POSSIBLE RIGHT FROM THE GET-GO SO WHEN PEOPLE SIGN UP FOR AN ADVANTAGE PLAN OR A SENIOR UNDERSTANDS THAT THEY MAY NO LONGER NEED A MEDIGAP OR THEY UNDERSTAND HOW THE ADVANTAGE PLAN WORKS IF IT'S AN HMO, THAT THEY HAVE TO STAY AT NETWORK OR WHAT THE PPO PLAN WILL PROVIDE TO THEM. WE'RE ALSO GETTING A FLOOD OF CALLS ON THE NEW HEALTH REFORM LEGISLATION. AND A LOT OF SENIORS ARE ALREADY QUESTIONING, "WHAT DO I NEED TO DO? MY NEIGHBOR SAID I NEED TO DO SOMETHING." AND PEOPLE ARE VERY CONFUSED ABOUT THIS BECAUSE THEY ARE ALL UNDER THE--THERE'S PEOPLE THAT ARE UNDER THE IMPRESSION THAT THEY NEED TO DO SOMETHING, THAT THE REFORM LEGISLATION IS MAKING DRASTIC CHANGES BECAUSE THAT'S WHAT THEY'RE HEARING FROM THEIR SENIOR CENTERS AND THEIR LOCAL OFFICES AND THEY WANT TO BE SURE. SO IF ANYTHING, I THINK

THIS YEAR IS A PRETTY INTENSIVE YEAR FOR PROVIDING THE RIGHT INFORMATION. I PULLED SOME STATS FROM THE--I KNOW YOU PROBABLY HAVEN'T HEARD FROM THE NEW YORK STATE INSURANCE DEPARTMENT AND I DON'T SPEAK FOR THEM. BUT THE 2009 ANNUAL REPORT FROM THE NEW YORK STATE INSURANCE DEPARTMENT SHOWS THAT IN 2009, THE NEW YORK STATE INSURANCE DEPARTMENT IMPOSED 394 DISCIPLINARY ACTIONS AGAINST AGENTS AND BROKERS LEADING TO THE SURRENDER OF 39 LICENSES, 53 LICENSE REVOCATIONS, AND A COLLECTION OF \$1.2 MILLION IN FINES AGAINST AGENTS AND BROKERS. THEY ALSO FINED ONE PLAN \$1 MILLION FOR VIOLATING--FOR VIOLATIONS RELATED TO THE MEDICARE ADVANTAGE PLAN, THAT AN HMO FAILED TO LICENSE THEIR BROKERS. THERE'S--THE 2009 REPORT OF THE STATE INSURANCE DEPARTMENT IS ONLINE. THERE'S AMAZING INFORMATION IN THERE. BUT THE OTHER THING THAT SHIPS DO IS WE DO ENCOURAGE PEOPLE IN CERTAIN CIRCUMSTANCES TO FILE COMPLAINTS. WE HAVE VERY CLOSE RELATIONSHIPS WITH THE ATTORNEY GENERAL'S OFFICE AND THE NEW YORK STATE INSURANCE DEPARTMENT IN OUR STATE. AND IF SOMEONE HAS A LEGITIMATE COMPLAINT, WE WILL ASSIST THEM IN FILING THEIR COMPLAINT. BUT THE THING THAT DOES WORK IS A LOT OF THE PLANS HAVE GIVEN US THOSE TOLL-FREE, DIRECT PLAN SHIP-ONLY NUMBERS AND I WILL TELL YOU THAT MY COUNSELORS THINKS THOSE THINGS ARE TERRIFIC. IF YOU HAVE--WE HAVE A LIST THAT WE ACTUALLY PUT OUT EVERY MONTH AND UPDATE AND IT MUST HAVE ABOUT 15 NUMBERS ON IT NOW FOR PLANS THAT OPERATE IN NEW YORK STATE. AND WHAT THE PLANS GIVE US TO CMS IS THEY

GIVE US A TOLL-FREE NUMBER
THAT'S A DEDICATED SHIP LINE
BECAUSE THERE IS A RECOGNITION
THAT THE COUNSELORS THAT WE HAVE
HAVE A HIGHER LEVEL OF
EXPERTISE; THEY'RE NOT GOING TO
BE CALLING UNLESS IT'S A PROBLEM
THEY REALLY NEED YOUR HELP TO
FIX BECAUSE THEY'VE ALREADY
LOOKED AT OTHER AVENUES AND THEY
FEEL LIKE THIS IS A PRETTY GOOD
ISSUE. AND THOSE TOLL-FREE
NUMBERS REALLY DO WORK. SO I
ENCOURAGE ANY PLAN THAT HASN'T
GIVEN ONE OF THOSE SHIP NUMBERS
FROM ANY STATE TO CONSIDER A
TOLL-FREE NUMBER AND TO STAFF IT
WITH A PERSON THAT CAN GET ON A
FIRST-NAME BASIS WITH THE PEOPLE
THAT WILL BE CALLING THE NUMBER
AND RESOLVE WHATEVER ISSUES THAT
YOU CAN RESOLVE UPFRONT.
OTHERWISE--SO HOW DO WE GO
FORWARD FROM HERE? I'LL GIVE
PATRICK SOME TIME TO SPEAK ALSO.
THE--OUR VISION FOR THE NEXT
YEAR IS THAT THE PLANS CONTINUE
TO CHANGE, THE PLANS CONTINUE TO
EVOLVE. THIS YEAR WAS A
TRANSITION YEAR. WE SAW LIKE
SOME OF THE PLANS BEING REDUCED
TO LESS CHOICES, WHICH IS A GOOD
THING. BUT IN--I MEAN, IN NEW
YORK, WE STILL HAVE, YOU KNOW,
50 PLANS OR SO TO CHOOSE FROM SO
THERE'S AN INCREDIBLE AMOUNT OF
CHOICE OUT THERE. WE ALL WORK
TO MAKE SENIORS AND MEDICARE
BENEFICIARIES HEALTHIER AND
HAPPIER AND CONTENT WITH THEIR
HEALTH PLAN CHOICES. AND THE
ADVANTAGE PLANS AND THE MEDICARE
PART D HAS MADE THIS POSSIBLE
FOR A LOT OF PEOPLE. AND WE
KNOW THAT THIS YEAR, THERE IS
THE NEW MEDIGAP POLICIES; WE'RE
GETTING A LOT OF CALLS ON THOSE.
AND ANY WAY THAT SHIP AND THE
PLANS CAN WORK TOGETHER, YOU
KNOW, PLEASE DON'T BE AFRAID TO

PICK UP THE PHONE AND CALL US
BECAUSE WE REALLY ARE YOUR
PARTNERS AND WE SUPPORT THE WORK
THAT YOU DO ALSO OUT THERE. IF
THERE'S A WAY THAT WE CAN AVOID
FILING A, YOU KNOW, FILING A
COMPLAINT OR HELPING THE SENIOR
OR WORKING THROUGH TO RESOLVE AN
ISSUE THAT'S CLEARLY JUST A
MISUNDERSTANDING OR IT'S NO
ONE'S FAULT, WE ACTUALLY--WE
WILL DO THAT. I'M DONE. THANK
YOU VERY MUCH.

>> HOW CAN I TOP THAT? GOOD
MORNING, EVERYONE. I SHOULD
STAND HERE QUIETLY IF YOU'RE
GOING TO SIT THERE QUIETLY.
GOOD MORNING, EVERYONE.

>> GOOD MORNING, PATRICK.

>> GOOD MORNING.

>> THAT'S A LITTLE BIT BETTER.

THAT'S A LITTLE BIT BETTER. I
BRING YOU GREETINGS FROM THE
GREAT STATE OF MAINE AND FROM
NEW ENGLAND. THOSE OF YOU WHO
HAVE NOT MADE IT THERE BEFORE
SIMPLY GET ON INTERSTATE 95 AND
GO NORTH. AND FROM WHERE I GREW
UP, YOU GO ON 95 NORTH UNTIL IT
STOPS, YOU TAKE A LEFT AND KEEP
GOING NORTH. PEOPLE ALWAYS LOOK
AT ME A LITTLE BIT DIFFERENTLY
BECAUSE I TALK ABOUT WHEN I WAS
GROWING UP; I GREW UP IN
NORTHERN MAINE AND LIFE WAS
ALWAYS A LITTLE BIT DIFFERENT.
AND ONE OF THE FACTORS THAT
PEOPLE ALWAYS WERE AMAZED AT IS
WHERE I GREW UP, BOSTON WAS
CONSIDERED THE DEEP SOUTH. ITS-
-IT'S A BIG DIFFERENCE BETWEEN
THERE AND HERE AND I'M VERY
GRATEFUL TO BE HERE TODAY TO
TALK TO YOU ABOUT SOME OF THE
THINGS THAT WE DO. AND ONE OF
THE THINGS, WHILE LINDA WAS
TALKING, THAT CAME TO ME THAT I
QUICKLY REALIZED IS WHAT WE'RE
SEEING IN THE MEETING TODAY IS
VERY SYMBOLIC IN MANY WAYS OF

WHAT WE'RE SEEING WITH OUR SHIP PROGRAMS. YOU SEE A COUPLE CMS FOLKS AND A COUPLE SHIP FOLKS AND THEN THERE'S THIS BIG WIDE GAP AND YOU HAVE THE PLANS. WHY IS THAT? IS THAT BY CHOICE? IS IT BY DESIRE? I REALLY DON'T KNOW. WHAT I WOULD LIKE TO KNOW FROM YOU IS AND I'D LIKE TO--I'D LIKE A SHOW OF HANDS. HOW MANY OF YOU HAVE BEEN IN THIS BUSINESS, IN YOUR CURRENT POSITION WORKING IN HEALTH CARE FOR LESS THAN A YEAR? LESS THAN FIVE YEARS? TEN YEARS? SO WE'RE GETTING SOME HANDS UP THERE. THAT TELLS ME YOU GUYS ARE OLD-TIMERS. I SAID OLD-TIMERS, NOT OLD. IT WAS A LONG TIME AGO WHEN YOU FIRST ENTERED INTO THIS--THIS FIELD. DO YOU REMEMBER WHAT THOSE FIRST FEW WEEKS WERE LIKE? DO YOU REMEMBER HOW MUCH INFORMATION THERE WAS AND HOW DIFFICULT IT WAS TO LEARN ALL THAT CONTENT? NOW, IMAGINE YOURSELF BEING IN YOUR MID-80S AND TRYING TO LEARN THAT SAME INFORMATION. IT'S NO WONDER THAT THE OLDER ADULTS THAT WE WORK WITH ARE STRUGGLING TO UNDERSTAND THE MATERIALS YOUR OFFICES AND OUR OFFICES ARE SENDING OUT. IS THERE ANYBODY HERE WHO HAS RECEIVED AN INTERNAL MEMO THAT YOU DIDN'T UNDERSTAND? NOW, IMAGINE YOUR 86 AND YOU GET THAT SAME MEMO. THAT'S WHERE THE SHIPS COME IN. OUR ROLE IS TO BE EDUCATORS, ADVOCATES, AND ALSO LIAISONS BETWEEN THIS OLDER ADULT POPULATION AND YOU, THE PLANS. OUR JOB IS TO SOMEHOW--AND I HAVEN'T FIGURE IT OUT HOW TO DO IT YET--SOMEHOW TAKE THE INFORMATION YOU PROVIDE AND PUT IT IN SIMPLE TERMS AND TRANSLATE THAT FOR THE OLDER ADULTS. THE PROBLEMS WE SEE ARE MOST OFTEN

BECAUSE PEOPLE DON'T UNDERSTAND THE DIFFERENCES IN PLANS, WHAT THE PLANS OFFER, SOMETIMES THEY DON'T EVEN KNOW HOW THEY GOT IN THE PLAN AND THAT'S AN UNFORTUNATE REALITY. FOR US, WE WORK WITH THOSE BENEFICIARIES WHO COME TO OUR OFFICES AND OUR ROLE IS TO HELP THEM MAKE GOOD HEALTH CARE CHOICES AND DECISIONS. FOR SOME OF THEM, HEALTH CARE IS A MINOR ISSUE. FOR OTHERS, IT'S A SIGNIFICANT ISSUE. WE SIT DOWN WITH THEM, WE TALK WITH THEM ABOUT THE BASIC. WE TALK WITH THEM ABOUT WHAT'S GOING ON IN THEIR LIVES? WHAT THEIR NEEDS MIGHT BE? WE TRIED TO BE IMPARTIONAL-- IMPARTIAL ADVOCATES FOR THE SENIORS. WE TAKE THE INFORMATION THAT THEY GIVE US. WE DON'T MAKE THE DECISIONS AS TO WHICH PLANS THEY ENROLL FOR; BUT WE HELP THEM NAVIGATE THE MAZE OF MEDICARE HEALTH AND ALSO SEEING THE PLAN OFFERINGS THAT ARE OUT THERE. HOPEFULLY, WHEN WE FINISH OUR JOB THE SENIORS ARE ABLE TO WALK AWAY FROM THE COUNSELING SESSION WITH A PLAN FOR WHAT THEY'RE GOING TO DO NEXT. HOPEFULLY, THEY'LL HAVE AN IDEA ABOUT WHICH PLAN THEY'RE INTERESTED IN AND HAVE AN IDEA ABOUT HOW MUCH THAT'S GOING TO COST. NOW, WHAT I FIND INTERESTING IS I RECEIVED A CALL FROM A PLAN LAST WEEK--WELL, TWO WEEKS AGO NOW AND THEY WERE UPSET WITH OUR COUNSELORS BECAUS--AND THE MESSAGE I WAS TOLD IS THE CONSUMER WALKED OUT OF THAT MEETING HAVING BEEN TOLD WHAT PLAN TO SIGN UP FOR AND HOW MUCH IT COST. IT SOUNDS VERY SIMILAR YET IT'S VERY DIFFERENT ALSO THAN WHAT ACTUALLY HAPPENS. THERE'S A BIG DIFFERENCE BETWEEN COMING TO A COUNSELOR AND HAVING

THEM SAY, "THIS IS THE PLAN THAT'S GOOD FOR YOU; THIS IS WHAT YOU SHOULD DO." THAT'S ENTIRELY DIFFERENT THAN THE COUNSELING SESSIONS THAT TAKE PLACE WHERE WE ACTUALLY LOOK AT THE BENEFITS AND WHAT ASPECTS OF EACH OFFER MAKE THE MOST SENSE. FOR EXAMPLE, FOR SOME PEOPLE MEDICARE ADVANTAGE PLANS ARE NOT THE APPROPRIATE CHOICE. FOR OTHER PEOPLE, IT IS THE RIGHT CHOICE, AND WE HAVE TO WORK WITH THEM TO HELP DETERMINE THAT STUFF. WHAT WE NEED--THINK ABOUT THE PLANS THAT YOUR COMPANIES OFFER. HOW MANY OTHER PLANS ARE THERE IN HERE? BECAUSE WE NEED TO UNDERSTAND WHAT YOUR PLAN DOES, THAT IT'S NOT JUST YOUR PLAN THAT'S OFFERED; THERE ARE OTHER PLANS IN OUR STATES THAT ARE BEING OFFERED AS WELL AND WE HAVE TO TRY AND UNDERSTAND THOSE AS WELL. SO FOR US, IT'S VERY IMPORTANT THAT WE RECEIVE GOOD, ACCURATE INFORMATION THAT'S TIMELY, THAT'S SIMPLIFIED. WE DON'T NEED--WE DON'T NEED THE ENCYCLOPEDIA BRITANNICA. WHAT WE NEED ARE TALKING POINTS AND KEY ELEMENTS OF YOUR PLANS, SHORT, SIMPLE, CONCISE. ONCE AGAIN, IMAGINE THOSE 80-YEAR-OLDS, WHAT WE HAVE TO DO WITH THEM IS TRY AND WORK OUR WAY THROUGH THE MYRIAD OF CHOICES THAT THEY HAVE. ONE OF THE BIGGEST PROBLEMS THAT WE SEE IS THAT THERE ARE TOO MANY CHOICES OUT THERE. YOU KNOW, RESEARCH HAS SHOWN THAT LESS CHOICES ARE ACTUALLY BETTER THAN MORE CHOICES FOR OLDER ADULTS ESPECIALLY WHEN MAYBE ONE COMPANY OFFERS 15 DIFFERENT PLANS AND THERE'S MINOR DIFFERENCES BETWEEN THEM. THE CHANGES THAT ARE COMING ALONG

WITH META DO A BIG, BIG--MAKE A BIG CHANGE IN WHAT WE'RE TRYING TO DO WITH OUR CONSUMERS. ONCE AGAIN, THE CONSUMERS DON'T UNDERSTAND WHAT THE DIFFERENCES ARE BETWEEN THE PLANS. THE VAST MAJORITY OF THEM DON'T. THERE ARE SOME WHO DO. AND WE SEE OURSELVES AS SOMEBODY WHO LOOKS AT THE INDIVIDUAL CIRCUMSTANCES FOR THE SENIOR AND TRIES TO HELP IDENTIFY WHAT THE PROBLEMS ARE, AND WHICH PLAN OR WHICH TYPE OF PLAN IS GOING TO MEET THEIR NEEDS THE BEST. AS SHIPS, WE SEE OURSELVES IN TWO ROLES-- THREE ROLES WITH YOU AS THE PLANS. THE FIRST PIECE THAT WE SEE IS WE SEE OURSELVES AS PARTNERS WITH YOU. WE SEE OURSELVES AS PARTNERS BECAUSE WE HAVE A COMMON INTEREST. AND THAT IS HEALTHCARE FOR OLDER ADULTS. WE BOTH WANT TO SEE PEOPLE MATCHED UP WITH THE RIGHT PLANS, THE RIGHT SERVICES AT THE RIGHT COST. HOWEVER, THERE ARE TIMES WHEN WE HAVE TO TAKE ON THE ROLE OF BEING AN OPPONENT BECAUSE, AS ADVOCATES, WE HAVE TO HELP THE OLDER ADULTS STAND UP, TO UNDERSTAND WHAT THEIR NEEDS ARE, AND TO UNDERSTAND WHERE PROBLEMS HAVE OCCURRED. MOST LIKELY, AND THE PREFERRED VENUE THAT I THINK WE HAVE IS THAT AS A COEQUAL, AS A PARTNER, AS A LIAISON BETWEEN THOSE OLDER ADULTS AND YOU. WE HEAR THE PROBLEMS THAT ARE OUT THERE. WE HAVE TO RESPOND TO THOSE PROBLEMS. THE COMPLIANT TRACKING MODULE, THE CTM HAS BEEN A WONDERFUL TOOL FOR US IN THAT PROCESS. MAINE ALSO WAS ONE OF THE PILOT STATES. AND WHAT WE WOULD LIKE YOU TO UNDERSTAND IS WE STILL CHERISH THAT RELATIONSHIP THAT WE HAVE WITH THE PROVIDERS. AS LINDA

SAID, WE REALLY LIKE THOSE 1-800 NUMBERS, THE NUMBERS WHERE WE CAN CALL IN AND SPEAK DIRECTLY. NUMBERS THAT ARE RESERVED FOR SHIP COUNSELORS ONLY, IT EXPEDITES THE PROCESS AND HELPS FACILITATE THE RESOLUTION OF THE PROBLEMS. WITH THE COMPLAINT TRACKING MODULE, WE DO STILL HAVE TO ENTER THE DATA INTO THE SYSTEM. IT'S PART OF THE TRACKING. IT'S PART OF THE DOCUMENTATION. WE KNOW YOU DON'T LIKE IT ON YOUR END. WE UNDERSTAND THAT. BUT ULTIMATELY, OUR OBJECTIVE IS TO RESOLVE THE PROBLEMS. AND WHATEVER WE CAN DO TO HELP FACILITATE THAT IS REALLY WHAT WE'RE GOING TO DO. SO THE COMBINATION OF GETTING GOOD, ACCURATE, TIMELY INFORMATION THAT IS SUMMARIZED FOR US HAVING THE--HAVING THE 1-800 NUMBER OR TOLL-FREE NUMBER DIRECT FOR THE SHIPS IS THE OTHER COMPONENT. IN THE LONG RUN, WHAT WE SEE MOSTLY, AT LEAST MY EXPERIENCE HAS BEEN IN MAINE, IT HAS NOT BEEN AS BIG OF A PROBLEM NECESSARILY WITH PLANS. WHAT WE SEE IS PROBLEMS WITH THE AGENTS OR THE BROKERS A LOT OF TIMES. AND SOME TIMES, WHAT IT IS IS WE UNDERSTAND THAT PLANS HAVE POLICIES, PROCEDURES, METHODS OF DOING THINGS AND THERE ARE TIMES WHEN WE HAVE TO DEAL WITH THE AGENTS. AND THAT IS JUST ONE OF THE HARSH REALITIES OF WHAT'S OUT THERE. WE--AS LINDA--I THINK IT'S--YOU KNOW, DEALING WITH THE PLANS, WE--THE WAY IT WORKS OUT IS WE GET A LOT OF CALLS WHEN THERE ARE PROBLEMS. AND WHAT WE FIND IS THERE ARE SOME PLANS AND SOME BROKERS, WE NEVER HEAR BAD THINGS ABOUT; WE ALWAYS HEAR WONDERFUL INFORMATION. BUT THEN IT ALSO

SEEMS TO GO THROUGH CYCLES WHERE WE CONSTANTLY HEAR ABOUT THE SAME PLAN OVER AND OVER AND OVER AGAIN, OR SOMETIMES--AND IT'S ONE OF THOSE ISSUES WE'RE DEALING WITH NOW, THE SAME BROKER OVER AND OVER AND OVER AGAIN. CONSUMERS ARE FEELING BULLIED, THEY'RE FEELING HARASSED, THEY'RE FEELING INTIMIDATED, THEY'RE FEELING LIED TO. WE'VE HAD BROKERS GO IN, TELL THE CONSUMER THAT THEY'RE ACTUALLY PART OF THE STATE CMS PROGRAM WHICH I THOUGHT WAS KIND OF INTERESTING. AND THEY WERE SELLING PLANS AND THIS IS THE PLAN THAT THE CONSUMER NEED TO SIGN UP FOR BECAUSE THERE WERE NO OTHER PLANS AVAILABLE. AND CLEARLY, NONE OF THAT INFORMATION WAS ACCURATE. NONE OF IT WAS VALID, AND THE CONSUMER IS LEFT OUT IN THE COLD WITH A PLAN THAT'S NOT BENEFICIAL FOR THEM. OKAY, SO WHAT CAN WE DO? OPEN LINES OF COMMUNICATION, UNDERSTANDING WHERE WE COME FROM AND WHAT WE DO. I DO THINK THERE IS MORE LEARNING THAT NEEDS TO TAKE PLACE ON OUR SIDE AS WELL SO THAT WE UNDERSTAND WHAT YOU'RE DOING. THE MORE WE UNDERSTAND HOW YOUR PLANS OPERATE, THE TRAINING PROCEDURES THAT YOUR AGENTS GO THROUGH, THE INFORMATION THAT AGENTS ARE INSTRUCTED TO SHARE HOW THE PROCESS WORKS, ALL OF THAT WILL HELP US DO OUR JOB BETTER. THE MORE WE UNDERSTAND YOU, THE MORE WE UNDERSTAND YOUR PLANS, THE BETTER AND EASIER IT IS FOR US TO MATCH SENIORS UP TO THE RIGHT PLANS. THANK YOU.