



Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Shefy Alexander: Hi. Thanks for -- am I on? Thanks so much for joining us again. As Stacey mentioned, my name is Shefy Alexander, and I'll be moderating today's panel. Today we hope you'll leave with, one, a better understanding of how to help prevent consumers from being enrolled in duplicative Marketplace and Medicare coverage, and how to help consumers who are duly enrolled resolve these issues.

Okay, so before we start, just a few housekeeping items. When you sat down you should have found a job aid on your chairs. If you don't have a job aid, go ahead and move closer to a chair that has a job aid. For those of you listening at home, the handout is called the "Medicare Periodic Data Matching," and you can find it with the other summit session materials online. We'll save some time at the end for Q&A, so if you have any questions throughout our conversation, please hold them until the end, as we'll try to address as many as we can.

Okay, now just to warm us up, I just wanted to get a sense of who we have in the room and what your experience is with Medicare. This is going to be interactive, so if you guys could stand up if you've ever helped a consumer with Medicare-related issues. Okay, a good majority of the

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

room. Now remain standing -- sorry. Remain standing if the consumer you helped was duly enrolled in Medicare and Marketplace coverage. Okay, great. Now remain standing if the consumer you helped received a periodic data matching notice from the Marketplace letting them know that they were duly enrolled in duplicative coverage. Okay, still a few.

Now stand back up if you said that you help a consumer with a Medicare-related issue, or remain standing if you already are. We're going to do a little activity. We're going to have you turn to your neighbor, your nearest neighbor, if they're not right next to you, and just share a success story that you've had working with a consumer on a Medicare-related issue. We'll give you a few minutes and then we'll call on some volunteers to share some stories. Sound okay?

Okay, we'll give you just a minute to wrap up and we'll call on some volunteers. Take a seat when you're ready. Okay. Do we have any volunteers in the audience? Raise your hand if you'd like to share your story or you're volunteering your neighbor to share their story. We'll get a mic to you shortly. All right, I think we have somebody in the front.

Makeda London: Good afternoon. My name is Makeda London, and I'm a Navigator and program manager from Chicago, Illinois, and we're funded by United Way. And the story that I wanted to share -- is that what I'm doing?

Shefy Alexander: Yes.

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Makeda London: Was a consumer that presented about a year ago, and he had both Medicare and a Marketplace plan, and we discussed him -- why he had those two different insurance coverages. He was the type of consumer that paid forward, and it took a couple of months, like my friend here said, she had a similar situation because Medicare and the Marketplace were not communicating with each other. It was clearly he had the card, but finally we did, and now he's one of my very consistent consumers. I'll put it that way.

Shefy Alexander: Thank you, Makeda. Do we have anybody else that would like to share a story? Say your name.

Sara Khan: Okay. Hi. My name is Sara. I am from Penn Asian Senior Services in Pennsylvania. So, my story is a little different. I had a couple, and they both had Marketplace application. They didn't have dual eligibility or dual enrollment. They were transitioning into Medicare. One of them was transitioning first, and the other one had to transition afterwards. They just didn't know what timeline. They wanted to do it together, but obviously I had to explain to them that could not happen. Obviously, if one is getting Medicare immediately, then they have to enroll in Medicare, and the other person has to stay with the Marketplace.

So, I think the trickiest part was taking one person out of the Marketplace application and letting the other person transition into Medicare. And then I think it took, like, about six months afterwards, again, the spouse had to go into Medicare, so they transitioned into Medicare. But then in both cases we had to actively contact the Marketplace and tell that they were enrolling in Medicare and their Marketplace account had to stop or had to be terminated. So we had to call the Marketplace and the insurance plan that they had to terminate all coverage when they're Medicare. And, of course, they required documented proof that this was going on so they're not, you know, in a gap period. That was about it.

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Shefy Alexander: Okay. Thanks, Sara. So, kudos to all of you for sharing. Oh, is there one more person that wants to share? Okay. Everett, we have one more person that would like to share.

Steve Goldman: I'm Steve Goldman from the Oklahoma Primary Care Association, and we're starting to get some savvy senior consumers who want to know how long they can stay on their Marketplace plan before having to go to Medicare, especially late in the year. If their deductible has been paid on their Marketplace plan, then they feel it's going backwards to go on Medicare. So some more clarification on how long can somebody, after age 65, stay on Marketplace with their tax credits and then transition to Medicare in the month they want using that full Medicare initial enrollment period? That would be helpful. Thanks.

Shefy Alexander: Thank you. And just before we get started with our conversation, to address that specific question. I just have a few more questions to test your Medicare knowledge, and these questions, I mean, feel free to raise your hand and, again, we'll get a mic to you. Can anyone tell me what the four parts of Medicare are? Everett has somebody in back; okay.

Erin Garrison: Hi. My name is Erin with the Ohio Association of Food Banks. So, Part A, which is hospitalization, Part B, which is doctor visits; part D is prescriptions, and then Part C is Medicare Advantage plan, so it's a combination of A, B, and D.

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Shefy Alexander: Yep. Okay, you got them all, Erin, thanks. So, as you all know since the passage of the Patient Protection and Affordable Care Act, Parts A and C count as health plans that meet the individual shared responsibility provisions requirement to have a health plan that meets minimum essential coverage or MEC for short. The Marketplaces or Exchanges were created to enable individuals to sign up for coverage to meet this requirement if they did not have a health plan that met MEC. So, in general, if you enroll in traditional Medicare, Part A, or Advantaged plan, Part C, you do not need to enroll in a Marketplace plan. But we'll get into the weeds with that later on.

The next question to you is, how does a consumer qualify for Medicare, and who qualifies? I think we have somebody in the front.

Katherlyn Geter: Hello. Katherlyn Geter. I'm from Chattanooga, Tennessee with Family & Children Service. I'm the lead Navigator. A person can qualify for Medicare both age and disability. So, if they're aging in at 65, they qualify. If they're under 65 and they have been approved for disability through social security, they can get Medicare under 65. And then also folks that have the Lou Gehrig's disease, and possibly folks that have kidney failure, do dialysis.

Shefy Alexander: Great. Thank you. Definitely. For those that are under 65, they should be receiving SSDI, disability for at least 24 months but, yes, that's exactly how people get and qualify for Medicare. Thank you. That answer was perfect. Okay.

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Now I'll get started with a few questions on Medicare transitions for our panelists. So with us today is Patrick Flaherty from our Enrollment Division, Jessica Veffer from our Marketplace Eligibility Enrollment Group, and Major Bullock from the Center for Medicare here in Baltimore. Okay.

And so we have some questions for our panelists that are more general and others that are a little bit more deep dive, since we have varying levels of expertise amidst us in the audience. To begin, my first question to you all is, if a consumer has MEC Medicare, so Part A or C, can they enroll in a Marketplace plan and receive APTCs and CSRs?

Jessica Veffer: Yes, they can enroll in a plan. They do have to determine if they're eligible for a premium or premium-free Medicare Part A. Once they have that determination, then they can determine how they can also fit in a Marketplace plan. Generally, individuals are not eligible for APTC if they're already enrolled in Medicare, but they can determine what best meets their circumstances and figure out how to approach it with your help. We can also forward them to the Marketplace call center. Their local SHIP or -- the local SHIP or Marketplace call center or the Medicare and HealthCare.gov website for more information.

Shefy Alexander: Okay. Are there any Medicare eligible consumers who can decide not to enroll in Medicare and select a Marketplace plan instead? So that is kind of one of the audience question.

Major Bullock: So, yes, individuals who are not eligible for free Part A; meaning they have to pay a premium for Part A, they can actually not enroll in Part A, or if they have enrolled, they can terminate such enrollment. And individuals

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

who have end-stage renal disease, they have the option to choose whether or not they want to enroll in A and B or the Marketplace.

Jessica Veffer: Yeah, that's why they need to know what kind of Medicare Part A they're eligible for to begin with, and that kind of helps us and helps you dictate what to point them towards.

Shefy Alexander: Okay. So it sounds like consumers should not be enrolled in both Medicare and Marketplace coverage though, at the same time.

Jessica Veffer: Yes. In general, one coverage duplicates the other.

Shefy Alexander: Okay. Thank you. Jess, can you talk about what the Marketplace is doing to let consumers know that if they are dually enrolled what are we doing in terms of notifying consumers?

Jessica Veffer: Sure. So, regulations dictate that all Exchanges must perform some kind of periodic matching to see if there are any enrollees in both QHP coverage with financial assistance and other forms of public coverage that will qualify as minimum essential coverage, as Shefy explained earlier. And so periodically the federal Exchange goes into our data stores and looks at all enrollees that have active Marketplace coverage and then reconciles our data with the Medicare data to determine if anyone is duly eligible in both an active QHP plan and also Medicare parts A or C, which are considered essential coverage, and then we take those individuals that are identified in that process and we send them a notice in either English or Spanish that gives them instructions to help

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

them decide what next steps they might be eligible for based on their circumstances.

Shefy Alexander: Okay. So, if assisters wanted to find out more detail about CMS's actions, where could they go?

Jessica Veffer: Sure. So, in the job aid that's associated with the session, there's really detailed instructions about what a consumer can do based on the circumstances they present with. But, in general, the instructions are kind of broken down by what kind of premium or premium-free Medicare a consumer might be eligible for, whether they're already enrolled in Medicare Part B, and also their reason for entitlement to Medicare.

Shefy Alexander: Okay, thanks Jess. Now we know how Medicare PDM works and what the Marketplace is doing to help duly enrolled individuals.

Now, in a show of hands, who has ever received a question from a consumer who is enrolled in Medicare Part A and has Marketplace coverage but isn't enrolled in Medicare Part B? A few. So, again a consumer is enrolled in Part A, and a Marketplace plan but not in Part B? Okay, a few people in the back. So we're actually going to talk about the policy associated with that situation. It's something that's called "equitable relief."

Major, can you explain the equitable relief policy and say more about how assisters can help consumers end their Marketplace coverage when they don't have Medicare Part B and are paying for a Part B penalty.

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Major Bullock: Sure. So, what we found was that many individuals became dually enrolled in Medicare Part A and a Marketplace plan, and they didn't enroll in Part B, most folks thinking that it was more affordable not to enroll in Part B but take their Marketplace coverage with their APTC, and found out later that that was not too good of a decision to make, and that wasn't the correct decision to make.

We developed equitable relief, and under the equitable relief policy, we were allowing those dually enrolled individuals who during the initial enrollment period decided not enroll in Part B and then picked, rather, the Marketplace plan, the opportunity to enroll without penalty, and that enrollment period is going to be ending the end of September.

Shefy Alexander: Okay.

Major Bullock: And for individuals who is did enroll and they are currently paying Part B penalty, under the equitable relief, they do have the chance to contact Social Security Administration and let them know that they do qualify for it and they can have the Part B penalty removed.

Shefy Alexander: Okay. I heard you say a deadline date. What was the date for people that are --

Major Bullock: The end of September.

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Shefy Alexander: The end of September.

Shefy Alexander: Okay.

Major Bullock: All requests must be made by the end of September.

Shefy Alexander: Okay. All right. Thank you. That's something for us all to note down. So, let's now move on to issuers and their role. Patrick, can you tell us if issuers can sell consumers plans if they know the consumer is enrolled in MEC Medicare.

Patrick Flaherty: Generally, no. The anti-duplication provision prohibits an issuer from selling or issuing individual coverage when they know the consumer is a Medicare enrollee. This is a long-time provision. It predates the Affordable Care Act, and it was meant to protect Medicare beneficiaries from buying duplicative coverage. It applies to all individual coverage that duplicates Medicare, so that includes Marketplace plans, as well as plans bought off the Marketplace, individual coverage bought off the Marketplace. However, it doesn't apply to SHOP and it doesn't apply to just the employer market in general. The anti-duplication provision would not prevent someone from being dually enrolled, for example, in a Marketplace plan and an employer plan. Of course they would have an APTC issue. They wouldn't be eligible for APTC if that plan was minimal essential coverage.

Shefy Alexander: Okay. Now, does that count for reenrollments too?

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Patrick Flaherty: It may. So if you're a QHP enrollee and you've become enrolled in Medicare during the plan year, your issuer will renew you if the renewal plan isn't a change of policy or contract. But what the change of policy or contract is a matter of state law, and of course what the reenrollment plan available to you, as issuers adjust their products every plan year. So we've actually had many QHP issuers tell us that all their reenrollment plans are a change in policy or contract and they duplicate Medicare, so they're going to be nonrenewing their QHP enrollees.

And I think there's a special note to make about how this works. It's way out in the Marketplace, because the change in policy or contract is a matter of state law. The Marketplace is still going to send those renewal transactions for people who have become Medicare enrolled, and it will be on the issuer to not renew the policy. And if there's a mixed eligibility family, meaning for example a husband and wife, where the husband has become dually enrolled in Medicare, but the wife still needs her Marketplace coverage, the issuer will have to cancel the entire 2018 QHP policy, so for both husband and wife, and it will be incumbent on the family to return to the Marketplace so that the wife can reapply for her QHP coverage.

Shefy Alexander: Okay. All right. Thanks, Patrick. So if a consumer has a QHP, a qualified health plan, and receives an APTC or CSRs and becomes eligible for Medicare, what can an assister do to advise these consumers?

Jessica Veffer: Sure. So I think we rely on our Marketplace.cms.gov and Medicare.gov information. But I think that assisters can assist the consumer that might become eligible for APTC by first helping them identify what they're enrolled in and whether they're enrolled in Medicare premium-free or

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Medicare associated with premium, and also whether they're already enrolled in Part B or not yet. So if they're dually enrolled in Marketplace coverage and premium-free Medicare part A but not Part B, they can take advantage, as we mentioned, of this equitable relief opportunity, as Major suggested, before the end of September and enroll in Medicare Part B without a penalty or reduced penalty associated with it.

I think that they also need to make sure that there's not a gap in coverage. You want to make sure they have confirmation of their enrollment in Medicare Part B before they go in, and either call the Marketplace center or find a way to change out of their Marketplace coverage so they can rely on their Medicare coverage.

Shefy Alexander: Okay. So when an individual who has QHP coverage through the Marketplace and is also the primary filer on a family application transitions onto Medicare through a disability and is under age 65, how should they update their Marketplace application?

Patrick Flaherty: I'll take this. So it kind of makes a difference if they're the only applicants, so they're both the primary but there's also no other people on the application, they could likely help themselves or sit down with an assister and do it through their Marketplace account and just take advantage of their ability to set a termination day in the future. We want to be careful that people don't have a gap in coverage, and, of course, there's the risk of having the overlap in coverage because there may be a responsibility to repay APTC and CSR.

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

In general, I think we advise mixed eligibility families, so some are Medicare beneficiaries but some still need their Marketplace coverage because that's all they have, to call the call center, because the call center can work with you to make sure the person who is aging into Medicare comes off at the right date. Sometimes when you do that, just from your Marketplace account, you get an unexpected termination date. So it's better to do that from the call center.

Shefy Alexander: Okay. So, for the upcoming enrollment period, if you're helping a consumer who knows they are going to be retiring, should you encourage consumers to fill out a Marketplace application if you know the consumer will become Medicare eligible sometime in 2018?

Jessica Veffer: Yeah, I think that is definitely the case. I think we want to maintain coverage in whatever form you're most eligible for that best meets your needs. So if, initially, in the beginning of a coverage year you're eligible for Marketplace plan, even though you're going to become Medicare eligible, we would encourage that consumer to enroll in a Marketplace plan and with financial assistance if they're otherwise eligible, and then once they know that they are confirmed enrolled in both Medicare Part A and B, or Medicare Part C, they can come and call the call center or find a resource to end their Marketplace coverage if they so choose.

Because I think we want to make sure there's no gaps in coverage, and, also, we want to minimize the number of months that a customer might have to pay back APTC, as Patrick alluded to, consumers that are enrolled in both a Marketplace plan and eligible for premium-free Medicare Part A will have to pay back some or all of the APTC paid on their behalf during those months of overlapping coverage. We want to be

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

as consumer friendly as possible and get them in the right coverage and make sure they're not having to pay anything extra.

Shefy Alexander: Okay. So back to financial assistance. Will APTC or CSRs be removed off an application when one of the joint filers receives Medicare? So there's a family and one of them is receiving Medicare.

Jessica Veffer: So currently our PDM process is still manual. We're identifying these individuals. We're noticing them. We're encouraging them to determine what coverage is best fit for their situation and circumstances, but we will not end APTC on their behalf. It's encouraged that they return to the Marketplace and end their coverage if they choose so, or end their financial assistance and then determine their path in terms of whether they take out Medicare or if they decide to go about --

Shefy Alexander: How does the filer on that application without Medicare pay for those premiums?

Jessica Veffer: Sorry, repeat.

Shefy Alexander: How does a filer without Medicare pay for their premiums?

Jessica Veffer: So, as Patrick alluded to, if there was a mixed household and one person left, they would either be on the application and still receiving APTC, they would need to come back and recomplete a new application, get a new eligibility determination; correct?

Overlapping Coverage: Medicare Transitions

Shely Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Patrick Flaherty: Right.

Shely Alexander: Okay.

Jessica Veffer: There are programs. Also, Medicare has some programs that help others pay for their Medicare if they have difficulty paying for their Medicare premiums as well; right, Major?

Major Bullock: Exactly.

Jessica Veffer: And all of that is available on both HealthCare.gov -- a lot of the provisions on HealthCare.gov and the Medicare.gov website.

Shely Alexander: Okay.

Patrick Flaherty: And this may be on the job resource, but just to plug a web resource, if you go to HealthCare.gov/medicare, changing from Marketplace to Medicare, a lot of these questions are also answered there if you want to follow up later.

Shely Alexander: Okay. So now a question for the audience. Who would you advise consumers to contact if they have specific questions about transitioning on to Medicare while having a Marketplace plan with their family? Raise

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

your hand if you know the answer. Is there somebody over here that could get a mic up here?

Katherlyn Geter: [Inaudible] just like Navigators are and CACs, so every state has a state health insurance program. So I would highly encourage everybody in the room that does not have a partnership with their SHIP office to do so, because they are local, and if it's a consumer that is transitioning from Marketplace to Medicare, if there are issues on the Marketplace end, you can be the one to work on that, as well as the SHIP coordinators can help with the transition to Medicare.

Jessica Veffer: Okay. Thanks. It's also in the notice that we have links to the local SHIP on the local websites, so thanks for reminding us Katherine.

Shefy Alexander: Is there anybody else.

Makeda London: If at all possible at your particular agency, what we have been able to do, all of the Navigators and the CACs are also certified SHIP counselors, so we do all things insurance, but it depends on your funding and the direction of your agency.

Shefy Alexander: Okay. Now, just to recap, another question for the audience, who can tell me what the best time is for consumers to inform the Marketplace that they have Medicare coverage? Raise your hands again and we'll get a mic to you. So, again, the question is, tell me what the best time, if there is a best time, a consumer can inform the Marketplace that they have Medicare coverage?

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Katherlyn Geter: It really greatly depends -- oh, stand up. Okay. Sorry. Again, Katherlyn Geter Chattanooga, Tennessee. And the only reason I know, because I was a SHIP coordinator for X number of years, so Medicare is my baby. But it depends on the household. It depends on the situation how many people are on the Marketplace account. So if it's just -- if everybody is transitioning off, I think you can do it 14 days prior to them needing the Medicare coverage. And then if it's something that's not, that's having to stay on the Marketplace, then you have to do it kind of close to when that Medicare is going to start, which would be the 1st of the month.

Shefy Alexander: Okay, thank you. Last question back to the panelists. Do you have any words of advice for the assisters for this upcoming enrollment period?

Major Bullock: Well, we developed a factsheet for assisters and folks in the SHIP to help assist in the transition from Marketplace to Medicare. It outlines who is eligible, why they're eligible, when they can enroll, how they can enroll, and it's really a good thing to follow, so it's good document.

Shefy Alexander: Okay.

Jessica Veffer: Sure, I can say a couple of things. This is highlights of what we talked about today.

We talked about the job aid that's in your handout. Both Medicare.gov and HealthCare.gov have a lot of resources. The PDM notice that we sent out in this round is also posted on HealthCare.gov notices, and I think also just keep in mind that we want to make sure there's as little or no

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

gaps in coverage as possible and that consumers are not having to pay back more of the APTC than is necessary if they are dually enrolled for any period of time. So, you know, as much as we can help the consumer, we want to try.

Patrick Flaherty: And actually, if I could just follow onto that point, just to make a real minor point. On the Medicaid panel earlier, late this morning, there was some talk about APTC and Medicaid enrollment. With Medicare there's a higher risk, if you have overlapping Medicare and QHP coverage, of having to repay that premium tax credit when your consumer files taxes. So just remembering to stay on top and both avoid the gap but also avoid long overlaps.

Shefy Alexander: Okay. Great, thanks so much. Now we'll take some time for the Q&A. If you guys have questions, or more specific questions, feel free to raise your hand and, again, we'll get mics to you so that the panelists can answer.

Staci Sheeder: Hello. I'm Staci from Pinellas County's Navigator program in Florida, and my question is, if a consumer doesn't qualify for the Medicare because of a gap in their work history, once they've reached the requirement for that work history, is it their responsibility to contact Medicare or is Medicare going to contact them or the Social Security office, because I cannot get an answer to that question?

Shefy Alexander: Can you repeat the end part of that question so --

Overlapping Coverage: Medicare Transitions

Shelly Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Staci Shedder: Who is going to contact whom once they've reached that work requirement? Is it the consumer who is in the work requirement gap or will it be Social Security or Medicare that says, okay, you're finally eligible now so that you can participate in Medicare?

Jessica Veffer: It sounds like they didn't meet their quarters of coverage requirements upon turning 65 or becoming otherwise eligible for Medicare.

[Inaudible].

And when they do become eligible who contacts them? Do you have more information on that, Major?

Major Bullock: When they do become eligible, it would be dependent upon the individual to contact Social Security and inform them.

[Inaudible].

Jessica Veffer: Maybe they look at their SHIPs, they look at the Medicare.gov website.

[Inaudible].

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Shefy Alexander: Thank you. Are there any other questions? Okay, go ahead. Say your name.

Larry Payne: [Inaudible]. Hello. My name is Larry Payne. I'm from Arkansas. My title is Outreach Enrollment Assistant. And, of course, from a previous question, about as far as overlapping coverage for Medicare, we have been told from state to state it might be different. For us it's at least three months before you do turn 65. And also, possibly DHS or Medicare Department might send you a letter in the mail, but that's not for certain. But they did state to us that you might get a letter in the mail of what's coming up. But at least three months before you do turn 65 you should notify them that's what's coming up. And that's just for Arkansas, so I'm just specifying. Probably each state might be different.

Major Bullock: Every individual has an initial enrollment that begins three months before they turn age 65. And I'm pretty sure that's what you're talking about here. And, yes, it is very important for an individual to enroll three months before they turn age 65 if they want to have Part A coverage to begin the month that they turn 65, and Part B as well to start the month they turn 65. Individuals who wait until after they turn 65 and enroll in any of the three months after they turn 65 will have a delay in Part B coverage.

Shefy Alexander: Okay.

Audience member: So, to follow up on that, if somebody properly takes their delayed enrollment are they will be able to keep tax credits on their Marketplace plan during their initial enrollment period?

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Major Bullock: I'm sorry, can you repeat that one.

Audience member: Yes. That as you say folks have that initial enrollment period, where they can delay the start of Medicare. During that delay period that the consumer opts for, can they keep their tax credits for their Marketplace plan?

Jessica Veffer: I can answer that independently of the question related to the IEP. So I think your question, if I can paraphrase it, just so I make sure I understand it, you're saying that if they do wait, they do not enroll in parts A or B during their IEP, and now it's three months later, you're asking if they are still eligible for Marketplace coverage and tax credits during that three-month period?

Audience member: Yes.

Jessica Veffer: So the answer to that is, I would say, generally, individuals that are eligible for premium free Part A are not eligible to receive tax credits associated with their Marketplace coverage. The equitable relief opportunity -- so this happens, and they fail to enroll in Part A and Part B, even though it might be in their best interest, they're not eligible to receive tax credits during that three-month window. And if they have delayed their enrollment in Part A and B, they might be eligible for the equitable relief under this opportunity to enroll in Part B and have their penalty for late enrollment in Part B reduced or removed; right?

Shefy Alexander: Okay.

Overlapping Coverage: Medicare Transitions

Shely Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Sarah Virginia: Hi. Sarah Virginia, Navigator. I was wondering you could touch on a little more the situation where you talked earlier where the Marketplace sends to the health plan a reenrollment, the health plan says, oh, this is a mixed eligibility family, we can't do this reenrollment. How long before during open enrollment will that consumer family be notified by the health plan that they aren't going to be automatically renewed, especially if they've already gotten a notice from the Marketplace indicating that they would be eligible for an auto renewal, and the shortened open enrollment period? I worry that it just may confuse folks.

Patrick Flaherty: Yeah. Well, the renewal notice actually is required to come from the health plan issuer, so the health plan issuer should know that they're not renewing that particular enrollment, so they shouldn't get that. They'll get a Marketplace open enrollment notice from the Marketplace, but that's just more or less a generic notice saying these are the dates of the open enrollment period, which, this year will be November 1st to December 15th. So at least the mixed message shouldn't be a problem if the issuers sending out their notices correctly.

We are advising issuers to send a termination notice to the enrollment that can't be renewed because it includes someone who has got Medicare and the reenrollment plan is a change in policy or contract and duplicates Medicare, and we're asking that that notice reach the consumer during the open enrollment period so that they'll still have time to come back and actively pull up and actively update their prepopulated application on the Marketplace, making the person who's Medicare enrolled a non-applicant.

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Shefy Alexander: Okay. Thank you.

Katheryn Geter: I have a question about seamless conversion, so if anybody on the panel could kind of address specifically what's happening in Tennessee, in Chattanooga, is on our Marketplace, the only carrier we have is Blue Cross/Blue Shield of Tennessee, and they are one of the carriers that has been approved for the seamless conversion. And I'm just kind of curious if there's anything that CMS is actively doing to work with those insurers to make sure on their end for folks that are transitioning from Marketplace onto Medicare, that the insurer is really going above and beyond to really educate and make sure that they understand the change and the transitioning that's happening. And the reason I ask is we've had a few problems locally, where individuals were transitioning from Marketplace to Medicare and they were automatically enrolled in a Medicare Advantage Plan. And if people are not familiar with Medicare Advantage plans, they're great, but they can be problematic, just depending on the situation and the consumers' understanding of those products. So I'm just curious if there's anything that the insurer is supposed to be doing, and if not, if there's anything that CMS is currently doing or could do to kind of make sure that that communication is open, the insurer is really going above and beyond to explain this is why we're doing this, this is why you automatically were enrolled. Here are your options, if they have the option to opt out, what is that timeframe, things like that?

Jessica Veffer: We might have to take that one back, Katheryn. So we'll get back to you on that. Thank you. That's a good question.

Shefy Alexander: Okay, did we have a question in back right there?

Overlapping Coverage: Medicare Transitions

Shefy Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Richard Thony: Hi, Richard Thony from West Virginia. From what I'm gathering, are you stating that the older renewal consumers will not be getting letters stating that their insurance are not renewing them again? Is that clear? Are they going to receive letters say that, okay, you will no longer be auto-enrolled? Will they?

Patrick Flaherty: So, the health plans have requirements by law and regulation to send these plans, either your coverage is being discontinued or its being renewed, and they should know not to renew a policy that they know includes a Medicare beneficiary and the reenrollment plan is a change in contract, so we can do some more education with them. We have regular calls with the Marketplace plan issuers, and we can remind them about this particular issue. I mean, we've already done some education and we can keep pushing that point.

Richard Thony: Because the concern is that consumers are used to -- for those who automatically get renewed, they're going to wait, wait, wait until they get that letter, and if there's no letter that's being sent to them, then the cut-off time being that now is short, they might be not able to come and enroll.

Patrick Flaherty: Yes.

Shefy Alexander: Okay, we have a question in the middle then.

Overlapping Coverage: Medicare Transitions

Shely Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Jan Plummer: Hi, I'm Jan from Mountain Projects, and I'm the program coordinator there. I have a question about a married couple. So the gentleman moved from Canada, and, of course, his work was in Canada. But he married a woman who, because of their marriage, he was able to get Medicare Part A, and I have questions about did he have to take that at that time? I remember it was about three years ago. It was kind of confusing because he had an option of taking a Marketplace plan and not taking the Medicare that he was eligible for because of his newly -- his marriage, but he chose Medicare because he may not have gotten it back again if he -- can you speak to that at all, that situation?

Jessica Veffer: But he was eligible by using his wife's quarters of coverage?

Major Bullock: And if he did take Part A, again, he is not eligible to have the APTC.

Jan Plummer: Correct. Correct. But at that point, I believe Social Security and Medicare, they were telling him you have a choice. You can do this or that. But you may, you know, ruin your chances of getting back on Medicare again. I do remember he did take the Medicare. He did go with the eligibility he had because of his marriage and his wife's work quarters. So is there anything you can clarify for us on that, because I know we do have situations where people from other countries marry someone who has the work quarters here?

Major Bullock: So, yes, if he was eligible based on his quarters of coverage, if he enrolled Part B and he would be eligible for premium free-part A. If he enrolled in premium free Part A and didn't enroll in Part B, and, instead,

Overlapping Coverage: Medicare Transitions

Shely Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

chose the Marketplace plan, he would be eligible for the equitable relief and can come become to us and enroll in Part B. Yes.

Jessica Veffer: And if he's ineligible for premium-free Medicare care Part A, there are more options. So if you are only eligible for premium Medicare part A or you have end-stage renal disease, you have the option of taking up whatever Medicare A and B, or C that you choose, or opting out of Medicare altogether and taking up the Marketplace plan and then determining whether you have the ability to be eligible for financial assistance too. I think if you decided to revert back, Major, and go back and enroll in Parts A or B, or C, you would be faced with that Part B penalty; right?

Major Bullock: Yes.

Jessica Veffer: The late enrollment penalty.

Shely Alexander: Okay. Do we have another question? Okay. All right. I guess thank you again for joining us today. We appreciate your time and we hope we answered the majority of your questions. Thank you.

Stacey Plizga: Okay, it is time for a break, and we will resume at 2:20. The Special Enrollment Period Overview will be in here at 2:20, Assistor Mentoring Project in C112, and Balancing the Risk Pool in C111.

Overlapping Coverage: Medicare Transitions

Shely Alexander, CMS

Patrick Flaherty, CMS

Jessica Veffer, CMS

Major Bullock, CMS

Thank you for being on time. We are going to go ahead and get started. Hello. Hello. Hello. Boy, what a chatty group today. I'm up here. All right, did I get your attention? You guys are having way too much fun. Our next speaker will provide an overview of special enrollment period from CCIO's Marketplace eligibility and enrollment group, I'd like to introduce Carolyn Kraemer.