

Counseling Tools — Medicare Advantage Guide

Q&A: Nick Trede and Jim Bendorf of Nebraska

The story is astonishing and yet familiar to many SHIPs across the network: In just one year, the number of Medicare Advantage (MA) plans in Nebraska grew by 100, with private fee-for-service plans representing the largest increase.

Nick Trede is a Training Specialist for the Nebraska Senior Health Insurance Information Program ([SHIIP](#)). He joined the program in May 2005 when SHIPs began gearing up their education efforts around Part D. Jim Bendorf is a Training Coordinator who started his SHIP career over six years ago as a volunteer. He now uses that experience to manage and expand Nebraska's SHIP volunteer program.

In this Q&A, Nick and Jim talked with HAP about creating an MA guide to provide counselors and beneficiaries with a tangible tool to compare the MA plans available in Nebraska. If you have additional questions about creating an MA guide, please contact Nebraska's Program Coordinator, Kendra Rathjen at Kendra.Rathjen@doi.state.ne.us.

Why create this type of Medicare Advantage (MA) guide?

Prior to 2006, Nebraska only had a handful of MA plans, available mostly in urban areas. We knew the type of questions beneficiaries had about MA plans—What do I have to pay at doctors' offices? What about at hospitals?—and we knew that those answers varied greatly from plan to plan.

We wanted to provide a tool for counselors and beneficiaries that contained basic information about each MA plan available, so we researched the plans and created a brochure. The original brochure had a few panels, described the coverage offered by MA plans, and provided a basic explanation of the differences between types of MA plans.

With the implementation of the Medicare Modernization Act in 2006, the number of MA plans in Nebraska grew, and a short brochure did not provide the room to adequately encapsulate the different plans, so the brochure morphed into a 16-page booklet.

The booklet was relatively manageable for the first two years, until, in 2008, the number of MA plans increased by more than 100. There was a lot of confusion, so our team built upon the framework we had in place, researched all 140 plans, and reconfigured the formatting of the booklet (four plans per page, rather than two). Our goal was to put all the options in one place, using simple language that's easy to understand, so counselors and beneficiaries could compare the choices in their area.

How many hours were dedicated to compiling this guide?

It is hard to say exactly. After the annual enrollment period ended, Nick worked hard on this research, which took about two to two and a half weeks, while working on other projects.

We believe that proofreading is paramount, so after Nick assembled all the data, the team worked together to ensure the guide was very user-friendly and accurate. That way, we could confidently disseminate it knowing users were getting good information.

How was the MA plan information researched?

Nick went to Medicare.gov and printed all 140 MA plans. Then he went to each plan Web site and printed their summary of benefits to verify the data. In all cases, the Medicare.gov Web site was on target.

How is the guide being distributed?

We do not have the resources to print many copies, especially now that it is over 40 pages. People have come to expect the guide, so we direct them to our Web site, which is an easy, cheap, and convenient way for people to download the tool when they need it. We still send hard copies for folks that do not have easy access to the internet.

In addition, our team sent an email to all our volunteers telling them that the guide was ready for their use and for beneficiaries to download as well. We also made sure that our six Regional Representatives in the AAA sites, and one non-profit volunteer agency, have copies to pass out to providers, beneficiaries, and other community partners.

What advice do you have for SHIPs considering this type of project?

People have come to expect this resource from us because they like having so much objective plan information right at their fingertips. For each plan, we list the counties in which it is available so users can weed out the plans that aren't in their region. Instead of a beneficiary being overwhelmed by 140 plan choices, the counselor can give information on the few plans available in their area.

When you get started, try not to be overwhelmed by all of the paper that comes from printing out all of the plans in your state. Once you work out a system of collection, it goes very smoothly. Even though our plans increased for 2008, we created a system that works well for us, so it does not take that long.

We invite you to use our guide as a model for your state, and we are happy to answer any questions you might have. While this project takes some time up front, it is well worth the investment in the long run.

HAP's [Medicare Advantage](#) Resource Center has new counseling tools to help beneficiaries ask make informed enrollment decisions.