

## Medicare & You 2009 External/Internal Review 4/2 - 4/8/2008

Commentor	Organization	Page #	Location	Comment	DCD Action
Kelly Brantley	Health Assistance Partnership	Overall Comment		The booklet does not contain sufficient information on the definition of Medicare Savings Programs and their value to beneficiaries with limited incomes as a way to reduce Part B costs.	
		Overall Comment		Change all contractions, such as "doesn't" "aren't" and "can't," to full words-- "do not," "are not," "cannot," etc.	
		Overall Comment		Change "(like an HMO or PPO)" to "(HMO, PPO, PFFS, PSO, POS, MSA)" listing out each kind of abbreviation. HAP finds that to limit the list of MA plans as done in the draft is confusing to beneficiaries.	
		Cover	Starred bullets	Redundant use of "Health and prescription drug plans and Health Plans (MAPDs)" while professionals understand use of this phrasing, it is confusing for people with Medicare - instead include the commonly used phrasing such as "Medicare Advantage Health Plans with prescription drug coverage" and "Stand-Alone Prescription Drug Plans," and "Medicare Supplemental Plans" and "Other Health Coverage." Add a star for "Original Medicare."	
			2 Par 3.	After first sentence add, "Please keep this booklet for future reference."	
			2 Par 3.	HAP requests that you refer beneficiaries to SHIPs in order to receive unbiased, one-on-one assistance about anything in this handbook.	
			2	HAP encourages you to add the following text to this page, "Throughout this text, key words and phrases that appear in blue indicate that the word or phrase is defined in the 'Definitions' section, which begins on page 103."	
			4	Add heading for "Medicare Savings Programs.....77"	
			5 Sub-title	No page numbers are shown in blue, as addressed in the subtitle.	
			9 Second bullet	Change "(like an HMO or PPO)" to "(HMO, PPO, PFFS, PSO, POS, MSA)" listing out each kind of abbreviation and expound by stating, "You can find out what kind of Medicare Advantage Plan you have by looking for these letters on your Health Plan Member Card or contacting the plan directly."	

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		9	Bullets	Add another bullet under "What's New in 2009" for the DME competitive bidding proposal – remind beneficiaries to check whether there are now limits on the DME suppliers they can use	
		9	"October 2008: Prepare and Compare"	In the second sentence, replace "your" with "that" and "one" with "other coverage."	
		9		Add "Note: You may be eligible for a Special Enrollment Period (SEP) outside of these calendar dates. Call your SHIP to find out more..."	
		10	Par 2.	In the first sentence, after "Medicare covers" add "and the different ways to receive it." Delete second sentence altogether.	
		11	Orig. Medicare box	Add "Health plan run" and remove "managed"	
		11		HAP encourages you to replace the two separate boxes with Original Medicare and Medicare Prescription Drug Coverage into one box. It is important that beneficiaries understand that Part D is a part of Original Medicare.	
		11	MA Box	Add "May have increased costs for services received outside of the plan's network"	
		11	Medicare Prescription Drug Coverage Box	The last bullet is not accurate. Most people cannot join a PDP if they are in an MA-only plan. The bullet should say, "If you join a Medicare Advantage Plan that does not offer drug coverage, most of the time you will not be able to join a Medicare Prescription Drug plan. Contact your SHIP for more information."	
		11	Medicare Prescription Drug Coverage Box	HAP encourages you to add a bullet that states, "You need to choose Part D coverage that works with your health coverage. For example, if you have Original Medicare, in order to receive drug coverage, you must enroll in a free-standing PDP plan for your prescription coverage."	
		12	"To Do" List	In the first bullet, add the word "health" in between "other" and "insurance."	
		12	"To Do" List	In the second bullet, change all steps to state the following: "Choose how you would like to receive your Medicare benefit, a) Original Medicare with Medigap and Stand Alone Prescription Drug Plan, b) Medicare Advantage Health Plan with Part D included c) Original Medicare with Employer or Union coverage" listing out all combinations.	
		12	"To Do" List	Rearrange the order of bullets: Make bullets 6 ("Pay attention to enrollment...") and 7 ("Call your State...") the first and second bullets.	

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		12	Whole page	Move this checklist to the front before Part A and B descriptions, and change heading to "Yearly Checklist for All People With Medicare" because plans change, medicare.gov changes, employer coverage changes, etc. this is not just for new people.	
		13	SHIP definition	HAP encourages you to explain better the concept of SHIP. Please incorporate the word "unbiased" or "independent." Also, it is important for beneficiaries to understand that SHIP is only for people on Medicare and their caregivers.	
		15	Par 1.	HAP urges you to add a sentence that explains how Part D fits into Original Medicare. For example, "Drug coverage is offered through private plans. You must choose and enroll in one of these plans in order to receive prescription coverage from Medicare. More information is available about Part D on page 55.	
		15	Par 2.	Add as a third statement, "Medicare also offers outpatient prescription drug coverage under Part D if you join a private plan. See page 55."	
		15	"What is Part A?"	Revise the second bullet to say: "Short inpatient stays in a skilled nursing facility." The phrase "not custodial or long-term care" is confusing.	
		16	The second "Note" after the picture of the sample card	Eliminate the first sentence and start with "Keep this card safe." In the fourth sentence that begins, "If you join a Medicare Advantage...", change "will" to "must" and "a" to "the."	
		17	Par 3.	Explain the entire enrollment period – 3 months before you turn age 65, the month of your birthday, 3 months afterwards	
		17		Move the box about ESRD above "Some People Need to Sign Up for Part A" and add the period for enrolling.	
		18	"Home Health Services"	HAP encourages CMS to include in the language that the person must be homebound, and define homebound.	
		18	"Hospital Stays"	Include in the language information about the benefit period and lifetime reserve days.	
		19	Par 3.	Add "If you are receiving Social Security benefits when you become eligible for Medicare, the Part B premium will be deducted automatically from your monthly Social Security check. Please contact Social Security if you wish to change this."	
		19	Par 5.	Change "the cost for" to "your monthly premium for Part B may go up 10% per month for each full 12-month period..."	

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		19	Par 5.	HAP requests that you add a referral to MSPs in this paragraph. The late enrollment penalty for Part B may be waived for MSP.	
		20	Par 2.	Explain the entire enrollment period – 3 months before you turn age 65, the month of your birthday, 3 months afterwards	
		20	Section re: Special Enrollment Period	The first sentence is an incomplete concept - change it to, "If you wait to sign up for Part B due to any of the following circumstances: 1) you or your spouse are working and have group coverage or 2) you are disabled and...work; you can sign up for Part B at any time."	
		20		Move the note about ESRD up in the page so that it is the second paragraph, immediately following the paragraph about ALS.	
		22		Eliminate the 'Apple' icon and all iterations of it as well as the accompanying explanatory text ("You...services."). This symbol is not understood by all cultures (i.e., the subtext of 'an apple a day...').	
		22	Note	After first sentence add, "You should contact the plans or companies for more information about the different costs."	
		22	Note	Omit last sentence ("See...Part B.").	
		22		Add a concluding paragraph with an explanation about Medicare Savings Programs, how they can pay for Part B premiums, and how some programs pay cost sharing. Add a definition of MSP.	
		26	"Flu Shots"	Put "assignment" in quotes and add a parenthetical directing the reader to pg. 39	
		26	"Home Health Services"	Remove the sentence "You pay 20% of the Medicare-approved amount, and the Part B deductible." They do not apply to home health. See the Medicare Claims Processing Manual, Chapter 10, § 40.4. Add that you must be homebound.	
		27	"Mammograms"	Replace the word "feel" with "detect."	
		28	"Pneumococcal Shot"	Same as "Flu Shots" on pg. 26	

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		30	Section re: Transplants	The statement “If you join a Medicare Advantage Plan, check with the plan for information on transplant coverage” does not convey the important message. MA plans must cover medically necessary transplants that are covered under Medicare. The issue here is that people who are on waiting lists for transplants may lose their spot if the hospital and doctors with which they are affiliated aren’t in the plan network or do not take the plan. It’s too late once the person has joined a plan. A better statement might be, “If you are on a transplant waiting list or believe you may need a transplant, check with the Medicare Advantage plan and your doctors <b>before you join a Medicare Advantage Plan.</b> ”	
		31		Make this a tear-out page at the end of the Handbook so that people can take the list to their doctor without losing the information on the other side. Also, if this page is intended to be a tool, we encourage you to leave more space for the Notes column. Other sections can be made narrower to accomodate this request.	
		32	Whole page	With a few exception, this information doesn’t have page number references. Should explain where to get more detailed information	
		34	Par. 1	The bold sentence should be made into 2 separate sentences to improve clarity. Also, in the final sentence of the paragraph, replace "most" with "some."	
		34	#4	Delete the first sentence. “Medicare partner in your local community” is not defined. Readers might think this refers to a friend or family member with whom they discuss Medicare issues.	
		35	Whole page	Remove the down arrows. This tool is not an electronic tool with drop-down menus. This arrows clutter the page and increase confusion.	
		35	Top-left box about "Original Medicare"	HAP encourages you to add a bullet that explains that you can go to almost any doctor and hospital in the country, and that you do not need a referral. Add a box about Medicare Savings Programs as a way to get assistance with Part B premiums and, in some cases, Part B cost-sharing.	
		35	Under Prescription Drug Coverage on the left side	HAP urges CMS to add information about creditable coverage and the penalty premium in this section. Also, add a sentence that explains how costs and coverage under Part D vary by plan.	

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		35	Under Prescription Drug Coverage on the right side	The second bullet is misleading. Change that bullet to say: In most cases you must get your prescription drug coverage through your Medicare Advantage Plan. Add a third bullet that says: If you join a Medicare Advantage plan without prescription drug coverage, in most cases you will not be able to join a Medicare Prescription Drug Plan. Also, add a sentence that explains how costs and coverage under Part D vary by plan.	
		35	Supplemental Coverage	Add a sentence that explains how coverage in Medigap is standardized. While costs vary by policy and company. Coverage is the same for all policies of the same type.	
		36	Bullets	Should be in the following order: Your other coverage, Cost, Doctor and hospital choice, Coverage, Prescription drugs, Pharmacy choice, Convenience, Travel, Quality of care.	
		37	Par 2.	This paragraph is confusing and does not explain what beneficiaries need to know to understand how Original Medicare works. Replace with, "Under Original Medicare you can go to almost any doctor and any hospital in the United States. You do not need a referral. You pay a standard amount for each service, regardless of where you live."	
		37	Order of chart	Should be in the following order: Can I get my health care..., Do I need to choose a primary..., Do I have to see a primary..., Are prescription drugs..., Do I need a supplemental..., What else... Also, some prescription drugs are covered by Original Medicare and that section of the chart should reflect this accurately.	
		37	Answer box for "Do I need a supplemental policy?"	Add "You may be able to get assistance paying for your Part B premium or some of your cost sharing through the Medicare Savings Programs. See page 77."	
		38	Par 1.	In the second sentence, replace "that were billed to Medicare" with "you received."	
		40	Par 1.	Before the last sentence, add a sentence: "You do not have to sign a private contract with a doctor. You can go to another doctor who will provide services through Medicare." That sentence should be in bold.	

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		41	Par 1.	Add a sentence that explains how you must choose prescription coverage that goes with your health coverage. For example, "You must choose prescription coverage that works with your health coverage. If you have Original Medicare and would like prescription coverage, you must join a PDP. Most people who have a Medicare Advantage plan must get prescription drugs from that plan."	
		41	Par 2.	In the first sentence, add "the" before "extra help" and "program" after "extra help."	
		42	Par 2.	Remove the first sentence of the paragraph. It is not relevant and confusing. The second sentence does not make sense; it says that the networks see if you belong to the plan.	
		43	Par 1.	Delete the last sentence and replace with, "It is important to understand what a plan's costs are for ALL services. Be careful if you go to sales presentations offered by plans. Do not enroll in a plan if you do not understand all of the rules."	
		44		Add a bullet – "If you have drug cover through an employer plan and join an MA-PD, you might lose all of your employer coverage, for health care and prescriptions."	
		45-47	Notes under charts	All notes under the charts should be placed above the charts. Important information is included in these notes and attention should be drawn to these notes.	
		46	In the column for PFFS plans	Add a bullet in the last box that you must follow plan rules, like getting prior approval/authorization for certain services like nursing home care, non-emergency hospital care.	
		47	First box under SNPs	Take out the sentence, "Formularies may be designed to cover the drugs members need most." That may only be true of SNPs for chronic conditions, and even then it does not guarantee that the drugs an individual beneficiary needs will be covered. Please add a sentence that encourages beneficiaries to check the formulary of SNPs to make sure their drugs are on the formulary before enrolling.	
		47	Fifth box under SNPs	Eliminate the third bullet about managing the services and providers. There is no legal requirement that plans do this. Management of Medicare and Medicaid services is not happening for many duals in SNPs.	
		47	Fifth box under SNPs	Add a bullet – "Make sure that all plan doctors or other health care providers serve people where you live."	

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		48	First set of bullets	Add a bullet – "Whether the plan will approve the service as medically necessary for you."	
		50	Last para	Add that you can call 1-800-Medicare to get a copy of the booklet.	
		51	Bullets	The SEP for extra help should be explained in its own bullet.	
		55	Par 3.	In the first sentence, add "the" before "extra help" and "program" after "extra help."	
		55	Par 2.	HAP strongly urges CMS to explain creditable coverage more clearly. Add a sentence such as, "If you do have creditable coverage, you do not need to join a Part D plan. You will not have a penalty if you later enroll in Part D, as long as you do not go without creditable coverage for more than 63 days."	
		56	Par 1.	In the second sentence, please replace "may" with "will" and "if any" with "that."	
		56		After the second paragraph, add the box from pg 67 about calling your benefits administrators before you make any changes or before you sign up for any other coverage. Many people lose all of their retiree health benefits because they enroll in a PDP.	
		57	Section re: Cost	Modify the next to last sentence to read: "You may be able to pick a plan with or without a monthly premium or deductible, or with some coverage in the coverage gap."	
		57	Last para	Delete the word "Personalized."	
		58	Section re: Coverage Gap	Define 'coverage gap' and 'catastrophic coverage,' both on this page and in the definitions section. Explain that the amount paid for premiums does not count towards the coverage gap. Also, delete the words "(varies by plan)." This concept, while permitted, is not utilized by any Part D plans of which we are aware and these words serve only to confuse.	
		59		Eliminate this page. The example is too simplified to be of use.	
		60	Par 2.	Add the examples of Special Enrollment Periods on www.medicare.gov. At a minimum, include the SEP for people with Medicare and Medicaid and who qualify for the Extra Help program.	
		60	Last para	add to the bolded sentence, " <b>and do not call your old Medicare drug plan to disenroll.</b> "	
		61	Par 1.	Divide this paragraph in two, with the second paragraph called "What is Creditable Coverage?" and define 'creditable coverage.'	

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		61	Par 4.	Change the first sentence to, "Your late enrollment penalty is calculated after..." Add the amount of the penalty for 2009. After "For example," replace the comma with a colon and delete the words "let's say." In the last sentence in that section, change "current year's" to "2009"	
		62	Par 3.	Add a statement that plans are required to accept evidence that you have Medicare and Medicaid or that you qualify for "extra help" program. Add a sentence at the end of that paragraph that people should contact their SHIP for assistance in showing that they are enrolled in a Medicare drug plan and/or that they qualify for the extra help program.	
		62	Par 3.	Put the last sentence, "If you do...money back." in <b>bold</b> .	
		63	Note	After "Formularies can change," add "but plans must have systems in place to allow you to stay on your current prescriptions, in most cases."	
		66	Section re: COBRA	Add, "Your former employer or union will send you a notice to tell you if drug coverage you have under COBRA is creditable. Keep the notice you get."	
		71	Second bolded lead-in	Between "2009," and "you will" insert "and you enroll in a plan that qualifies"	
		73	Note	HAP encourages you to put this note about the territories at the beginning of this section (page 71) in addition to this page.	
		74	Second-to-last para	Add "Call 1-800-MEDICARE to file a complaint against your plan."	
		74	Final para	Add "Or ask the pharmacies where you filled prescriptions to provide proof of how much you payed for these prescriptions."	
		75	Last para	Pgs. 72 and 74 say the automatic enrollment letter will be yellow or green, this paragraph says only green. Please clarify.	
		77	Par 3.	Make bold the text "Individual states may have higher income and/or resource limits."	
		77	Par 4.	The sentence about SHIPs should accurately reflect what SHIPs do. In this instance, the sentence should read, "You can also contact your SHIP to get free assistance to check if you are eligible for a Medicare Savings Program or other assistance."	
		79	Par 1.	Add a new first sentence "Medicare has certain procedures you can use to make sure that you are getting all of the medically necessary health care and services you require." Rephrase the current first sentence to say "Medicare also strives..."	

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		80	List of bullets	Complaints and grievances are not the same thing, right?	
		81		The appeals section needs more details, including timeframes. HAP urges CMS to add that beneficiaries who need assistance in filing grievances or appeals can get assistance with these tasks from their SHIP.	
		81	first bullet	Directing people only to www.medicare.gov for filing an MA or PDP appeal is not acceptable. From there and going to "Medicare Appeals" > "Overview" and then clicking on the only link that says anything about MA Plans takes you to a CMS page which is disorienting.	
		81	#3	Add "Make a copy of the document." after the first sentence.	
		82	Par 1.	Add timeframes.	
		82	Par 1.	What do you do if the provider does not give you such a notice?	
		83	Par 2.	What if the pharmacist does not give you a notice?	
		84	Second-to-last bullet	Add, " Even if the company says Medicare won't cover the item or service, you can still get the item or service, ask that the bill be sent to Medicare, and then appeal if the bill is denied."	
		84	Last para	Add "You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048."	
		89	Last bullet	Break into two bullets to separate an unapproved drug plan from marketing misconduct.	
		105	SHIP definition	<b>The definition included for SHIP does not begin to explain the vital services that SHIPs provide to beneficiaries. Please revise as follows, "State Health Insurance Assistance Programs (SHIPs) provide personalized counseling and assistance to Medicare beneficiaries and their caregivers who need help navigating the increasingly complex health care system, including the Medicare program. SHIPs provide accurate, understandable, and objective information, counseling, and assistance to Medicare beneficiaries on a wide range of health insurance issues, including Medicare, Medicaid, long-term care, and prescription drugs. SHIPs are located in each of the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Contact information for the SHIP in your state or territory is located on the back cover of this handbook."</b>	

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		106		This page misleads beneficiaries into thinking that they MUST choose a Medicare health plan. HAP urges that you add information about Original Medicare to the beginning of this section so that beneficiaries are not misinformed about this process.	
		108-109		The comparative information provided about Medicare Advantage plans fails to meet the requirements set forth in the Medicare statute. As a result, it does not give beneficiaries sufficient information to determine whether they want to enroll in a Medicare Advantage plan. Because Medicare Advantage plans provide all Medicare services, and not just prescription drug services, beneficiaries need to know how much it will cost to get services covered under Parts A and B, and whether different rules apply, such as prior authorization for coverage of durable medical equipment. Even the Health Plan Finder on Medicare.gov does not provide this very valuable information. Therefore, adding a reference to the Health Plan Finder is of little to no use in this section.	
		116	Para 1 & 2	Most Medicare beneficiaries still do not use the Internet to get their health information. In addition to telling beneficiaries to contact to contact www.medicare.gov or the plan's web page, beneficiaries should be instructed to call 1-800-Medicare and the plan's customer service office. They should also be instructed to compare any information they receive with written plan materials.	