

TIP SHEET: PLAN FINDER ISSUES from Open Enrollment 2014-2015

The Issue: SHINE staff and counselors reported multiple errors when using the Medicare.gov Plan Finder during Open Enrollment. Errors reported included incorrect plan pricing information, incorrect pharmacy information, medications not showing up on the Plan Finder or showing incorrectly, identical searches resulting in different result, among others. Due to these reports, it is believed that beneficiaries may run into problems in January when using their new plan.

What SHINE Is Doing: SHINE has contacted CMS about these errors and CMS has requested that SHINE help assess which beneficiaries may require assistance with a Special Enrollment Period to change plans due to having received incorrect information from the Medicare Plan Finder during Open Enrollment.

This tip sheet is intended to guide you through the process of educating consumers who received assistance from SHINE or used the Plan Finder independently, and after enrollment closed, learned that the selected plan information did not match the one found during the plan search.

How To Determine Who May Qualify For Assistance: CMS assistance is only for those beneficiaries whom need to change plans due to receiving incorrect information from the Medicare.gov Plan Finder during Open Enrollment. Below are questions to ask beneficiaries who call reporting a problem with their new plan:

- Did they use the Medicare.gov Plan Finder to select a plan during Open Enrollment?
→ Did they print anything out from the Plan Finder, or record their Drug List Number (this would be helpful but is NOT necessary)
- Did they see a SHINE counselor who helped them find a plan during Open Enrollment?
→ Did the SHINE counselor provide them a printed report from the Plan Finder (this would be helpful but is NOT necessary)

Information Required By CMS To Make A Determination: If you speak with a beneficiary who appears to meet the above criteria, below is the information that you will need to collect to provide to CMS for them to make a determination.

1. Explanation of issue or Plan Finder error
2. Beneficiary name
3. Social Security Number OR date of birth and zip code
4. Effective date of enrollment request
5. Number associated with Part D plan (Sxxxx-xxx) or Medicare Advantage plan (Hxxxx-xxx)

Process: Send any requests that meet the above criteria, and include the 5 pieces of information required by CMS to your Regional Director who will then forward it to CMS to determine if the beneficiary is eligible for a Special Enrollment Period.

IMPORTANT NOTE: Transition Supply: if a person finds within **90 days** of purchasing a new plan that his or her medications are not covered on the plan, the beneficiary is **entitled to a 30 day supply** of the previous medications. This gives the beneficiary time to apply for a SEP, or speak to the physician about filing an exception or changing medications.

