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SMP Senior Medicare Patrol
Preventing Medicare Fraud

What Is the Medicare Annual Open Enrollment Period, And Why Is It So Important?

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Medicare's Open Enrollment Period is fast approaching. It is the time of year when Medicare beneficiaries can make changes to their Medicare coverage. It runs from October 15 through December 7th of each year. Any changes that a beneficiary makes will take effect on January 1 of the following year.

What Changes Can a Beneficiary Make?

During Open Enrollment, a beneficiary can make certain changes to his/her health coverage. This includes adding, dropping, or changing beneficiary Medicare Advantage and Part D plans. A beneficiary can make as many changes as a beneficiary wants during this period. Only the beneficiary's last choice will take effect on January 1st. During this time, a beneficiary might switch to a new Medicare Advantage plan. Or a beneficiary may switch from Medicare Advantage back to Original Medicare. A beneficiary might also shop around for a different Part D drug plan, to make sure that there is not a better plan for the beneficiary. If the beneficiary decides to switch to Original Medicare, the beneficiary should make sure he/she can buy a Medigap policy because the beneficiary may no longer have a guaranteed right to buy a Medigap policy and a Medigap provider is not required to sell the beneficiary a Medigap plan.

Every Medicare beneficiary should compare the Medicare health and drug plan options in the beneficiary's area. The beneficiary may be able to get the same or better coverage at a more affordable price. For example, even if the beneficiary is happy with the current Medicare Advantage or Part D plan, the beneficiary should check to see whether there is another plan in the beneficiary's area that offers the same health or drug coverage at a better price.

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What to Watch Out For

During this open enrollment period, the beneficiary will probably get a lot of mail touting Medicare Advantage and Part D plans. I always recommend that a beneficiary throw these mailings in the garbage and rely on an unbiased source for recommendations and advice. In New Jersey. a beneficiary has access to the state's SHIP (State Health Insurance and Assistance Program), a federally fund program that provides SHIP counselors who are trained to assist beneficiaries during open enrollment. A beneficiary can also use an agent or broker, but remember that agents and brokers are paid commissions, so they might not choose the best plan for a beneficiary.

No matter how the beneficiary gets Medicare, the beneficiary should consider:

• Access to health care providers and pharmacies the beneficiary wants to use

• Access to benefits and services the beneficiary needs

• The total costs for premiums, deductibles, and cost-sharing amounts.

If the beneficiary has Original Medicare, visit Medicare.gov, or read the 2026 Medicare & You handbook to learn about Original Medicare benefits. If the beneficiary has a Medicare Advantage plan or a stand-alone Part D plan, read the plan's Annual Notice of Change, or ANOC, and Evidence of Coverage, or EOC. These notices list any changes for the beneficiary's plan in 2026. Pay attention to any changes in the plan's costs, benefits and coverage rules, and formulary. The formulary is the list of drugs the beneficiary's plan covers. Make sure that the drugs will still be covered next year. Also ensure that the providers and pharmacies are still in the plan's network. If beneficiary is unhappy with any of plan's changes, the beneficiary can change plans.

How to Make Changes

There are a number of ways a beneficiary can make changes:

- Call 1-800-MEDICARE to make changes by phone.
- The beneficiary can also visit Medicare.gov, click on Find Health and Drug Plans to compare options, and enroll in plans online. This is the Medicare Plan Finder tool. If a beneficiary is unable to use the Plan Finder, call the SHIP program for assistance.

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- The beneficiary can also contact the plan directly to enroll. Confirm the plan's coverage before making a final decision and get everything in writing. Before joining, call the doctors who are being used to confirm that they are in the provider network for the plan.

- Protection from marketing violations. Medicare has rules about how Medicare Advantage and Part D plans can contact potential beneficiaries and market their services. Knowing some of these rules can help the potential or existing beneficiary be protected from aggressive or misleading agents.

Here are a few important rules to keep in mind during Open Enrollment:

- Plans can send the beneficiary postal mail. However, if the beneficiary is not currently enrolled in the company's plan, they cannot call, email, visit the beneficiary's home, or approach the beneficiary in public to market their plan without the beneficiary's permission.

- Plans are never allowed to suggest they represent or are endorsed by Medicare or any other government agency. They cannot use the Medicare name or logo on their marketing materials.

- If the beneficiary is interested in enrolling in a plan, an agent must give the beneficiary a scope of appointment (SOA) form. This is how the beneficiary agrees on what kinds of products will be discussed during the beneficiary's appointment, so that the beneficiary is not sold things beneficiary doesn't want. The appointment must be at least 48 hours after the agreement on the SOA.

- Before enrolling the beneficiary in a plan, the representative must explain the plan's effect on the beneficiary's current coverage. He or she must also go through a checklist, in which both representative and beneficiary make sure the plan is a good fit for beneficiary based on the beneficiary's providers, medications, and their costs.

<u>How to Take Action:</u>

- Contact the SHIP for help reviewing the beneficiary's coverage options and making changes to the beneficiary's Medicare coverage.
- Contact the Senior Medicare Patrol (SMP) in the beneficiary's state to report potential marketing violations. SMPs can help the beneficiary prevent, detect, and report potential Medicare fraud, errors, or abuse. In NJ call 732-777-1940.
- Call 1-800-MEDICARE (633-4227) to change the beneficiary's Medicare coverage or to request a new <u>Medicare & You</u> handbook, which can be helpful.