





Medicare Minute Teaching Materials — April 2021 Medicare and Changes in Residence

1. How will moving to a new residence within the U.S. affect my Medicare coverage?

If you have Original Medicare, you will not have to make changes to your Original Medicare when moving out of state or within your own state. Original Medicare does not have provider networks, so you can visit any doctor or facility in the country that accepts Medicare. Although you do not need to make changes to your Original Medicare coverage, you should still contact Social Security to update your information to ensure that you receive important communications.

Medicare Advantage Plans and Part D plans, on the other hand, have coverage areas, so you may need to switch plans if you are moving outside of the area served by your current plan. You will have a Special Enrollment Period (SEP) if you move out of your Medicare Advantage Plan's or Part D plan's service area **or** if you move to an area covered by your plan but more plans are available to you in your new coverage area. Note that if you have a Medicare Advantage Plan, you can use this SEP to switch from one Medicare Advantage Plan to another or to return to Original Medicare and select a stand-alone Part D plan.

Whether you have Original Medicare or Medicare Advantage, you should contact the Social Security Administration to update your information and ensure that you receive important communications. You can visit https://www.ssa.gov/myaccount/change-of-address.html or call 800-772-1213 to update your permanent address.

2. How long does the SEP due to moving last?

The length of the SEP depends on when you notify your plan of the move. If you notify your Medicare Advantage Plan or Part D plan of a permanent move **in advance**, you have an SEP to switch to another Medicare Advantage or Part D plan beginning as early as the month before your move and lasting up to two months after the move. If you notify your Medicare Advantage or Part D plan of a permanent move **after you move**, you have an SEP to switch to another private health or drug plan, beginning the month you tell your plan, plus two more full months thereafter. To notify your plan, you can call your plan directly or update your account online (if this is available and you are registered).

If you did **not** notify your private health or drug plan about a move:

- And your Medicare Part D plan learns from the Centers for Medicare & Medicaid Services (CMS) or the post office that you moved over twelve months ago, the plan should disenroll you twelve months after your move. Your SEP to switch to another Part D plan begins at the beginning of the twelfth month and continues through the end of the fourteenth month after your move.
- And your Medicare Advantage Plan learns from CMS or the post office that you moved over six months
 ago, the plan should disenroll you twelve months after your move. Your SEP to switch to another
 Medicare Advantage Plan begins at the beginning of the sixth month and continues through the end of
 the eighth month after your move.

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3. When does my coverage begin after using the SEP due to moving?

You may choose to begin coverage any time between the first day of the month you moved (as long as you have submitted a completed application), and up to three months after your Medicare Advantage Plan or Part D plan receives the completed enrollment application.

4. How will moving to a new residence within the U.S. affect my Medigap?

Medigaps are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). If you have a Medigap and are moving, you do not need to change your Medigap plan. Contact your Medigap plan to see if the cost of your Medigap will change. If you are moving to a different state, it is important to know that some states may have different enrollment rules, which may impact your ability to change your Medigap plan after you move. To learn about Medigaps in a certain state, contact that state's State Health Insurance Assistance Program (SHIP). SHIP contact information is on the last page of this document.

5. How will moving to a new residence affect my cost assistance programs?

If you are moving to a new residence within the same state, cost assistance programs like the Medicare Savings Program (MSP) and Extra Help will not be affected. Medicare Savings Programs help pay Medicare costs if you have limited income and assets. There are three main programs that, at a minimum, pay for your Part B premium. Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage.

However, because MSP eligibility requirements are state-specific and MSP applications are processed at the state level, your MSP will not follow you if you move to another state. You will need to disenroll from your MSP and see if you are eligible for an MSP in the state to which you are moving. To ask about cost assistance programs in another state, call that state's SHIP. SHIP contact information is on the last page of this document.

Even when moving to a new state, your Extra Help benefits will not be affected, as eligibility requirements do not differ by state. It is important to note, however, that if you were automatically enrolled in Extra Help because you had Medicaid or an MSP, but then lose Medicaid coverage or the MSP because of your move to a different state, you will need to actively enroll in Extra Help to keep those benefits into the future.

6. How does Medicare enrollment and coverage work if I move or retire abroad?

Decisions about Medicare enrollment can be complicated if you live outside the United States. Living outside the U.S. means you do not live in the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Northern Mariana Islands. Although Medicare does not typically cover medical costs you receive when you live abroad, you still need to choose whether to enroll (or maintain your enrollment) in Medicare. This requires considering:

- Whether you plan to return to the U.S. (see question 8)
- Whether you are working or volunteering outside the U.S. (see question 8)
- The potential costs of delayed enrollment (see below)
- The cost of health care services and insurance in another country (see question 9)

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If you are 65 or older and qualify for Medicare, you can enroll in Medicare Parts A and B, also known as Original Medicare, either before or after you leave the U.S. Remember, though, that Medicare will typically not cover medical care you receive outside the U.S. Since most people pay no premium for Part A coverage, it is usually best to keep Part A, even if you are moving abroad, because it is free. If you do not qualify for premium-free Part A, you may only be able to enroll in Medicare if you live in the U.S. To have Part B coverage, you must pay the monthly Part B premium.

You may want to keep Part B if you plan to move back to the U.S. at any point in the future or visit frequently, as you generally will not have a SEP to sign up for Part B when you return. You would likely have to use the General Enrollment Period (GEP) to sign up for Part B. The GEP runs January 1 through March 31 of each year, but coverage does not start until July 1. You may also have a Part B late enrollment penalty of 10% of the Part B premium (\$148.50 in 2021) for each year you were eligible for Part B but did not enroll or have certain other types of coverage.

7. How do I enroll in Medicare if I become eligible while living abroad?

If you live in a foreign country when you turn 65 and first qualify for Medicare, you can sign up by requesting enrollment forms from the United States Embassy or Consulate in the country where you currently live. The Social Security Administration (SSA) should also send you a letter explaining that you have entered your Initial Enrollment Period (IEP), along with a form to request an enrollment packet. Your IEP is the three months before, the month of, and three months after your 65th birthday. Be sure to keep copies of any forms that you complete. If possible, it is best to send paperwork via certified mail to ensure their delivery.

If you are collecting benefits from SSA or from the Railroad Retirement Board (RRB) while abroad, you may be automatically enrolled in Part A when you become Medicare-eligible. Follow the steps above to ensure that you are enrolled in Part B if you plan to pay the premium abroad to maintain your Medicare coverage. If you do not enroll in Medicare during your IEP, you may have to wait until the GEP, which runs January 1 through March 31 each year, with coverage starting July 1. Make sure you are aware of the consequences of choosing not to enroll during your IEP (see question 6).

Note: If you do not qualify for premium-free Part A, you may only be able to enroll in Medicare if you live in the U.S.

8. Should I enroll in or keep Medicare Part B if I am moving abroad but may move back to the U.S. or visit often?

If you plan to move back to the U.S. or travel back frequently, you may want to enroll in or keep Part B to ensure you have medical coverage during your stays, and to avoid potential gaps in coverage or late enrollment penalties. Be sure to do your research before deciding to drop Part B when you leave the United States. If you do not enroll in Medicare during your IEP or do not elect to keep Part B if you were already







enrolled, you may have to wait until the GEP to sign up for Part B coverage. Make sure you are aware of the consequences of choosing not to enroll during your IEP if you live abroad (see question 6).

If you plan to move back to the U.S. or travel back frequently, you might consider delaying or dropping Part B if:

- You or your spouse currently work outside the U.S. for a company that provides you with health insurance, or you or your spouse work in a country with a national health system. You will qualify for a SEP to enroll in Part B without penalty. This SEP begins at any time while you (or your spouse) are still working and for up to eight months after you lose your health coverage or stop working.
- You volunteer internationally for at least 12 months for a tax-exempt non-profit organization and have health insurance during that time. You will have a six-month SEP to enroll in Medicare without gaps or penalties. This SEP begins once your volunteer work stops or your health insurance outside of the U.S. ends, whichever is earlier.

9. Should I enroll in or keep Medicare Part B if I am moving abroad permanently?

Remember that you can have Medicare while you live abroad, but it will not cover the care you receive. Keeping Part B may not be worth the cost if you live abroad permanently and do not take frequent trips to the U.S. To stay enrolled in Part B, you must continue to pay monthly Part B premiums even though Medicare will not cover your care. Before you move abroad, make sure to explore your options for health coverage in whichever country you may reside. Once you are a resident of certain foreign countries, you may qualify for national health insurance, or you may be able to buy private health insurance. Get specifics about this coverage to ensure that coverage will be adequate and affordable now and in the future.

10. How do Medicare Advantage Plans and Part D plans work while living abroad?

When you move abroad, you should disenroll from and stop paying premiums for your Medicare Advantage Plan or stand-alone prescription drug plan (Part D). You are not eligible for these plans when you live outside their service area, and your coverage must end if you live outside of the United States. It is your responsibility to notify your plan that you are moving.

If you enroll in Medicare for the first time when abroad, you will enroll in Original Medicare Parts A and B, as Medicare Advantage Plans and Part D plans require you to live within the plan service area to join. If you move back to the U.S., you will have a SEP to join an MA Plan or Part D plan. Your SEP begins the month before your move and lasts up to two months after the month you move. For example, if you move back to the U.S. in April your SEP is March through June.

11. Do I keep my Medicare coverage while I am incarcerated?

Incarceration can affect your Medicare coverage (you are incarcerated if you are in prison, jail, or otherwise in the custody of penal authorities). If you had Medicare before your arrest, you will remain eligible for the program while you are incarcerated. However, Medicare generally will not pay for your medical care. Instead your correctional facility will provide and pay for your care. Once you are released, Medicare will resume coverage if you remained enrolled.

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If you are incarcerated for 30 days or more and are convicted of a crime, any Social Security retirement benefits or Social Security Disability Insurance (SSDI) you receive will stop. Your benefits can be reinstated after your release. Note that if you are under 65 and qualify for Medicare due to disability, you must reinstate your SSDI in order to resume Medicare coverage. To learn about the requirements for reinstating your benefits, contact the SSA.

It is usually best to keep Medicare Part A and Part B coverage while you are incarcerated. Although Medicare will not cover your care, keeping it will ensure that you avoid late enrollment penalties and gaps in coverage when you are released. Most people pay no premium for Part A but do pay a monthly premium for Part B. To keep Part B benefits while incarcerated, you will need to keep paying your Part B premiums. For those who are not incarcerated, these premiums are often deducted from Social Security benefits each month. Since incarcerated individuals have their Social Security benefits suspended, you would need to pay the Part B premium by setting up direct payment with Medicare. You can do this by calling 1-800-MEDICARE within 30 days of your conviction.

12. What if I cannot afford to continue paying for Part B premiums while incarcerated?

If you cannot afford to continue paying the Part B premium during your incarceration:

- 1. You should actively withdraw from Part B instead of being disenrolled to avoid owing premiums to SSA. If you do nothing, SSA will continue to bill you for Part Band disenroll you after you fail to pay your premiums. When you try to re-enroll in Part B upon release, SSA will deduct any unpaid premiums from your Social Security benefits.
- 2. See whether you will qualify for a Medicare Savings Program. MSPs pay your Part B premiums, help you enroll in Medicare outside typical enrollment periods, and waive premium penalties. In some states, you may be able to apply for an MSP while you are incarcerated. If you do qualify for an MSP, aim to enroll into the MSP in the two months before your release. Typically, you should receive a decision within 45 days of filing an application. If your state does not allow you to apply for an MSP while you are incarcerated, apply as soon as you are released. Be sure to apply for an MSP in the state you will reside in after release. If you had an MSP before your incarceration, it will typically stop once you are taken into custody. You will likely need to re-apply for benefits to start upon your release.

For more information regarding eligibility and application requirements for an MSP in your state, contact your local Medicaid office or your SHIP. SHIP contact information is on the last page of this document.

13. What should I do if I become eligible for Medicare while I am incarcerated?

If you turn 65 and qualify for Medicare while incarcerated, you should actively enroll in Medicare Parts A and B during your Initial Enrollment Period. You will not be eligible for automatic enrollment while you are incarcerated. If you enroll during your IEP, you can avoid late enrollment penalties and gaps in coverage when your incarceration ends. If you fail to enroll into Medicare while incarcerated, you may go months without health coverage upon your release. You may have to wait until the GEP (January 1 through March 31 of each

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year) to enroll, meaning your Medicare coverage won't start until July 1. Also, delaying enrollment means that you may incur a Part B premium penalty, which will make your Medicare coverage more expensive.

Note that if you are under 65, qualify for Social Security Disability Insurance and are within your two-year waiting period for Medicare before incarceration, the time you spend incarcerated will not count toward your two-year waiting period. Once your SSDI benefits are reinstated after your release, time spent toward your two-year waiting period will resume.

14. How do I enroll in Medicare while I am incarcerated?

To enroll in Part A and Part B, send a signed and dated letter to the SSA that includes your name, Social Security number, clear statement that you want to enroll, and the date coverage should be effective. Be sure to keep a copy of the letter that you send. If possible, it is best to send paperwork via certified mail to ensure their delivery. Your application must contain your signature in order to be valid.

15. If I am incarcerated, should I stay enrolled in my Medicare Advantage Plan or Part D plan?

When you are incarcerated, you should disenroll from your stand-alone prescription drug plan (Part D) or Medicare Advantage Plan. This is because you are ineligible for these plans for the duration of your time in jail, prison, or otherwise in the custody of penal authorities. When you are released, you have a SEP to join a Part D plan or a Medicare Advantage Plan. Your SEP begins as early as the month before your release and lasts up to two months after you are released. For example, if you are scheduled for release April 1, your SEP is March 1 through May 31. You should choose a plan that works best for your drug and health care needs. You must inform the plan you choose of your address so they can confirm you are in their coverage area and eligible to enroll in that plan. If you need help finding Medicare Advantage or Part D plans, use Medicare's Plan Finder tool.

16. When changing plans due to a move, what manipulative sales and enrollment tactics should I beware of?

Medicare Advantage Plans and Part D plans are administered, marketed, and sold by private companies. Plan representatives, agents, and brokers must follow federal guidelines when marketing to you. These guidelines protect you from manipulative and deceptive sales and enrollment tactics. If you are comparing or enrolling in plans, here are some red flags to look out for:

- You signed up for a plan after being told by a company that certain services or prescriptions are covered, but after enrolling, you discover they were not covered by the plan.
- A company represents itself as coming from Medicare, Social Security, or Medicaid.
- You receive an unsolicited phone call or text from a plan with which you have no prior relationship or have asked not to contact you.
- A plan agent returns uninvited to your residence after missing an earlier appointment.
- An agent discusses other insurance products, such as life insurance, during a visit or meeting that was scheduled to only discuss a Part D or Medicare Advantage product.







17. What should I do if I think I have experienced marketing violations or enrollment fraud?

You should contact your Senior Medicare Patrol if you have concerns about marketing violations or enrollment fraud and errors. SMP counselors can help you report fraud to the appropriate agency. Contact information for your SMP is on the last page of this document. If you enrolled in a plan because of misleading information, you may be able to change your plan.

SHIP Case Study

Darlin is over 65 and has Original Medicare Parts A and B, as well as a Part D plan. He is enrolled in both an MSP and Extra Help. He is planning to move from California to Arizona this summer and is wondering if he will have to make changes to his Medicare.

What should Darlin do?

- Darlin should contact the Social Security Administration. Although he does not need to make changes to
 his Original Medicare, he should still contact SSA to update his information and ensure that he receives
 important communications.
 - He can visit <u>www.ssa.gov</u>, call 800-772-1213, or visit a local Social Security office to update his permanent address. Note that during the Coronavirus pandemic, Social Security Offices may be closed.
- Darlin should call the Arizona SHIP to learn about MSP eligibility in Arizona. SHIP contact information is on the last page of this document.
 - The SHIP counselor will be able to explain eligibility for these programs in Arizona and assist Darlin in enrolling if he is eligible.
 - o If Darlin does not know the contact information for the Arizona SHIP, he can go to www.shiptacenter.org or call 877-839-2675 and say "Medicare" when prompted.
- Whether or not Darlin's Extra Help is affected by his move depends on how he was initially enrolled.
 - o If he was automatically enrolled in Extra Help when he enrolled in his MSP, then he will either have to actively enroll when he moves to Arizona or be automatically enrolled again if he is eligible for an MSP in Arizona.
 - o If he had not been automatically enrolled in Extra Help while in California, but instead actively enrolled, then it should not be affected by his move to another state.
- Darlin should contact his Part D plan to see if his plan covers the area where he is moving to.
 - o If not, Darlin will have a Special Enrollment Period during which to change Part D plans. He can use his SEP by calling 1-800-MEDICARE.
 - o Darlin can use Medicare's Plan Finder tool to compare Part D plans.

SMP Case Study

Robbie is moving from Minnesota to Florida, which will be outside of her current Medicare Advantage Plan's coverage area. She called an insurance broker to discuss Medicare Advantage Plans available in her new service area. The insurance broker helped her identify one that has all of her prescription drugs on the formulary, and so Robbie enrolled in the plan when she moved to Florida. After her first trip to the pharmacy, however, she







realized one of her prescriptions is actually not covered, even though the insurance broker had told her otherwise.

What should Robbie do?

- Robbie should contact her Senior Medicare Patrol to report the potential misleading marketing.
 - o If Robbie does not know how to contact the SMP, she can visit <u>www.smpresource.org</u> or call 877-808-2468.
 - The SMP counselor can help Robbie determine if misleading marketing occurred, and if necessary, report this incident to the correct authorities.
- Because Robbie was enrolled in a Medicare Advantage Plan due to misleading information, she can also call 1-800-MEDICARE and request a SEP to change to another plan.
 - O Robbie can use Medicare's Plan Finder tool to compare Medicare Advantage Plans, but before enrolling in a new plan she should contact a plan directly to confirm anything she reads online. In the future, after speaking with an insurance broker, Robbie should call a plan to confirm her coverage and ask for any details in writing.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free:	SMP toll-free:
SHIP email:	SMP email:
SHIP website:	SMP website:
To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org .	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

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