

Leslie Kernisan: [00:00](#)

Hello, everyone. Welcome to Better Health While Aging, a podcast that gives you strategies and information about improving the health and well-being of older adults. We discuss common health problems that affect people over age 60, the best ways to prevent and manage those problems. And we also often address common concerns and dilemmas that come up with aging parents and other older loved ones, like what to do if you're worried about falls, or safety, or memory, or even the quality of an older person's healthcare. I'm your host, Dr. Leslie Kernisan. I'm a practicing geriatrician. So that means I'm a medical doctor, specialized in geriatrics, which is the art and science of modifying healthcare so that it works better for older people and for their families.

Leslie Kernisan: [00:45](#)

In today's episode, we're going to talk about a topic that is actually very important and also very timely at this time of year. We're recording in early October. And that is Medicare Open Enrollment. My guest today is Michelle Allen. She's an experienced geriatric social worker based in Atlanta, Georgia, who has worked as a hospice social worker and as a geriatric care coordinator for an elder law firm. She is also one of our wonderful geriatric care managers, who has been providing regular guidance and support to people in our [Helping Older Parents Membership Community](#). Several weeks ago when I asked her what kinds of topics she wanted to help our members with, one of the things she brought up was that she really wanted to help people understand Medicare open enrollment and how to help their aging parents with their Medicare coverage.

Leslie Kernisan: [01:36](#) It occurred to me that not only was this a great topic to help our members with, but that it was actually really relevant to our larger Better Health While Aging audience because, of course, Medicare is the health insurance coverage for most older adults, people over age 65, in our country, whether or not they have family members helping them out. We do have Medicare open enrollment season starting very soon. So I'm delighted that Michelle was able to join me today on the podcast, so that we can all learn more about what older adults and families should know about this topic. Michelle, welcome back to the show.

Michelle Allen: [02:09](#) Thank you so much for having me. I'm looking forward to this.

Leslie Kernisan: [02:12](#) Yes. Well, I know. This seems to be a special passion of yours, so I'm so excited that we can discuss it.

Michelle Allen: [02:17](#) It truly is, yes.

Leslie Kernisan: [02:18](#) Yes. Okay, well, in a moment you're going to tell us why. But first, we had you on the podcast a while back, talking about hiring in-home care. That was in episode 93. At that time, you shared a little bit more about just what is a geriatric social worker, and what is a geriatric care manager. So I'll refer the audience to that, but really briefly, just tell us a little bit about yourself and the work that you're doing right now with older adults and families.

Michelle Allen: [02:44](#) Yes. I am a licensed clinical social worker. I'm working for an agency providing in-home psychotherapy services to older adults. As a LCSW,

I'm able to bill Medicare for those services. It's just providing in-home, one-on-one talk therapy to older adults. In addition to that, I'm also working as a geriatric care manager, so that families can hire me to get that individualized care that they might need in managing whatever it is that might be coming up as they're navigating through this long term care and all their healthcare needs.

Leslie Kernisan: [03:17](#) Yes, through this journey.

Michelle Allen: [03:19](#) Yes.

Leslie Kernisan: [03:19](#) Really briefly, maybe we can recap the kinds of things that geriatric care managers help families with.

Michelle Allen: [03:25](#) Okay. Yes, that would be great. Geriatric care managers can usually do as little or as much as a family or an individual needs. For some families, we can just offer an assessment, referrals, connection with resources that they might need in their community that they had no idea that was even there. It can be just a one time quick intervention just to help get families pointed in the right direction, or it can be full on case management services where you're actually taking the older adult to their doctor's appointments, helping to make sure they're getting all the medications coordinated in the right way, from the pharmacy to actually being in their pill box. That they're getting in-home caregivers, that they're looking at assisted living communities or being connected with adult day centers. The geriatric care manager, in addition to just creating that plan of care, is actually following through and fulfilling the plan of care requirements. So doing

all the work on behalf of the older adult and the family.

Leslie Kernisan: [04:23](#)

Yes. And then both as a geriatric care manager, but also just more generally as a social worker specializing in older adults and families, you also have a lot of experience helping people figure out what kind of services might be available and how they can be paid for, right?

Michelle Allen: [04:40](#)

Oh, yes, absolutely. Going over what are the resources in the community that we haven't tapped into yet? What are some of the ways that we can pay for long term care? So have you looked at VA benefits, could you be eligible for Medicaid? Are there any extra help programs that we could use to supplement the Medicare costs? Making sure that we've accessed every available resource.

Leslie Kernisan: [05:01](#)

Mm-hmm , yes. Now let's talk about this topic of understanding your Medicare coverage and taking advantage of Medicare open enrollment. What led this to become such a topic of interest and importance to you?

Michelle Allen: [05:16](#)

Part of my role working with the group psychotherapy practice where I'm providing in-home therapy to older adults, part of my role historically has also been to do a large number of their intakes. So I'd be fielding some of those incoming phone calls, either from older adults themselves, or from the adult children or concerned family members who want to get their loved one connected with services. We are able to bill Medicare for that service, but we have to verify their insurance. I was constantly shocked by

how many people had no idea what kind of coverage their loved one had.

Michelle Allen: [05:52](#)

They would make this assumption that they just had original Medicare when, actually, they had a Medicare Advantage plan. And how many families were shocked by that, "Oh, wait, I thought she just had Medicare Part A and B." It's like no, actually, she has United Healthcare, which has replaced her Medicare coverage. Families just don't know that. They don't even know what they don't know. They didn't even know to ask about that. It wasn't a small percentage of families that I come in contact with who don't understand. I would say it's probably closer to 80% of the families who were calling and inquiring about services, didn't know what kind of health insurance their parent had.

Leslie Kernisan: [06:32](#)

What about when older adults themselves would call in? Did they have a better understanding of the insurance they had?

Michelle Allen: [06:39](#)

Some did. Some do and some don't. I would say it's probably closer to about 50% do understand what insurance they have, and about 50% don't. But for this to be such a major issue, I feel like consumers really should have a good understanding of what their coverage is. And then what their rights are to getting different types of coverage, if that might be a better situation them.

Leslie Kernisan: [07:01](#)

Right. Because there you were, offering ... what was the organization through which you were offering these individualized psychotherapy services in the home? I think so many people must be like, "Wow, that exists? Medicare can cover that?"

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- Michelle Allen: [07:14](#) I know, right?
- Leslie Kernisan: [07:16](#) Because I feel like that's not that common, you know? I don't know of a lot of it being offered here in the Bay Area. What was the organization you were working with?
- Michelle Allen: [07:25](#) It's a local organization to Atlanta called Mindful Transitions. It was started by a social worker named Laura Jalbert, who wanted to start ... she had an inpatient, I'm sorry, she had an in-office psychotherapy practice focusing exclusively on older adults. She kept losing clients because they would lose the ability to drive, they would have transportation issues. They would have just mobility, and then it would continue to get weaker, and not be able to actually come into her office. So she had clients who were still engaged in therapy and benefitting from therapy, but could no longer get to a weekly office appointment. So she decided to make her visits to them.
- Michelle Allen: [08:09](#) She created this practice all by herself at first. And now she's got 17 clinicians working in her organization, and growing. Currently, Mindful Transitions is receiving almost more referrals than what they can actually meet the need for. And there is definitely a need for it. I am hoping that more and more communities ... and more and more innovative social workers or other providers start offering this service in-home. Because it's fantastic to be able to go into somebody's home and actually be able to assess their level of functioning, instead of having to rely on their self report when they come into the office.
- Leslie Kernisan: [08:43](#) Oh, yes. For sure.

- Michelle Allen: [08:45](#) Mm-hmm . So we can actually see how their depression and anxiety is impacting their day to day functioning.
- Leslie Kernisan: [08:51](#) Right, right. I think this is getting on something really important, which is that Medicare may cover, technically cover lots of different services. And to be able to access them as an individual or as a family, there has to be somebody offering it in your area. And you have to have the right kind of Medicare coverage, it sounds like you're saying, for it to be covered.
- Michelle Allen: [09:19](#) Right. Medicare does pay for individualized psychotherapy services. A lot of the Medicare Advantage plans also pay for individual psychotherapy services. However, Medicare Advantage plans restrict a lot of their provider networks, they deal with a smaller number of providers. And they also have more difficult reimbursement hoops that you have to jump through in order to get reimbursed. So the company that I'm working for has decided to go out of network with all the Medicare Advantage plans because it was just so difficult to get the prior authorizations, to jump through all the hoops in order to get reimbursed. And it just didn't make a lot of financial sense to have to try to jump through those hoops in order to provide behavioral health services.
- Leslie Kernisan: [10:07](#) Right, right.
- Michelle Allen: [10:07](#) Medicare, however, does not put up a lot of those same barriers. Although on paper, the benefits are there, how the individualized, or the private market insurance companies are treating their providers really is a determinant of care.

Leslie Kernisan: [10:23](#) So providers often have to make a decision about ... it sounds like providers have to decide whether they're going to work with certain Medicare Advantage plans to offer their service. That's partly a question of what kinds of hoops, in a way. That is how that feels, for sure, from the provider perspective, you have to go through to get the plan to pay for your service.

Michelle Allen: [10:45](#) That's right.

Leslie Kernisan: [10:46](#) Right. Well, before we get into open enrollment itself, maybe we can just make sure that we've clarified for all our listeners what a Medicare Advantage plan is, how it compares to other variations of Medicare, and just a quick review of what we mean when we talk about Medicare coverage.

Michelle Allen: [11:05](#) Okay. There's four parts of Medicare, Parts A, B, C and D. Usually when we're thinking about Medicare, we're thinking about Parts A and Part B, right? Original Medicare Part A pays for the hospitals and the acute care services. Original Medicare Part B pays for more of the doctor visits and more routine medical services.

Leslie Kernisan: [11:29](#) Part B is outpatient care, right?

Michelle Allen: [11:31](#) That's right, yes. Yes. So you can think of Part A as being inpatient, Part B being the outpatient services.

Leslie Kernisan: [11:38](#) Yes, okay. Keep going.

Michelle Allen: [11:40](#) Part C is what we call the Medicare Advantage Plans. I'll come back to that. And then Part D is our prescription drug plans. So when somebody is enrolling in Medicare or looking at their Medicare

benefits, there's a couple of different ways that you can have your Medicare benefits. You can have just original Medicare, so Medicare Part A and B with a Part D plan. That gives you your Part A, Part B, and a prescription drug plan. You could have it without a Part D plan. So you don't have to take a prescription drug plan, although you'll be penalized later if you get a Part D plan later. So you could have original Medicare with or without a prescription plan.

Michelle Allen: [12:20](#)

You could also have original Medicare with or without a Medicare supplement plan, also known as a Medigap plan or Medicare secondary plan. In addition to having just original Medicare, you can have a secondary coverage to help fill in the gap of what Medicare doesn't pay. Because generally speaking, Medicare pays for everything at 80%. And then that Medigap coverage would come in and pick up that 20% that Medicare does not pay for. Traditionally speaking, that's how most folks have gotten their Medicare is, they've got original Medicare with a Medigap, or with some sort of secondary plan. Your secondary plan could even be Medicaid. So if you're a low income older adult, you might have Medicaid benefits that will work as the secondary to Medicare.

Leslie Kernisan: [13:10](#)

Okay. And then really briefly before you go further, I know some people, as they retire, they continue to get some kind of health insurance from their employer as a retirement benefit. How does that usually fit in with these, the Medicare A and B, Medigap?

Michelle Allen: [13:30](#)

Every employer has decided to do this differently. Some still offer a private market insurance plan, and that might end up being the secondary to

your Medicare benefits. Some offer a straight up Medigap plan that is definitely a secondary to your original Medicare benefits. Currently, more and more employers are offering Medicare Advantage plans as part of their retirement package. When you look at all of the people enrolled in Medicare Advantage plans, one out of every five of those Medicare Advantage plan enrollees are receiving that benefit through their employer retirement package. So that 20% of folks right now who are on Medicare Advantage plans are on those because their, a part of their employer retirement package.

Leslie Kernisan: [14:11](#) Mm-hmm , okay. Yes. Now let's get into Medicare Advantage.

Michelle Allen: [14:26](#) A Medicare Advantage plan could also be considered a Medicare replacement plan because what you're doing is that, instead of using original Medicare, you're using a private insurance plan that's replacing what you were getting through Medicare. So it's this private, public partnership that a lot of folks just don't understand. They think, I still have Medicare and I also have Blue Cross Blue Shield, or and I also have Humana, or United Healthcare or whoever the private insurance company is.

Michelle Allen: [14:53](#) In reality, what they have is private insurance. It happens to be a Medicare Advantage plan, they're still paying part of their premium to Medicare. But the card that they're presenting to their healthcare providers is actually their private insurance card, no longer that red, white and blue Medicare card. On some level, yes, you do have Medicare, but you also now have a replacement plan that's actually your insurance provider.

Leslie Kernisan: [15:20](#) This is great for me to review because this is something that I've ... in my routine work, I don't have to sort this out for patients usually. But it sounds like original Medicare, we also sometimes refer to it as fee for service, right? Most providers accept Medicare fee for service. And then I guess people may have this insurance company involved ... the major ones are Humana, United Healthcare, Aetna, Anthem. And that insurance company might be involved as a supplemental provider, providing extra coverage. Maybe you got some of that from your retirement benefit or not, or they actually could be your Medicare Advantage plan where it has replaced Medicare fee for service. So you're not a Medicare fee for service beneficiary anymore. It sounds like it's easy for people to be a little unclear as to whether that brand name insurance company that's involved is the supplemental, extra insurance, versus the whole package.

Michelle Allen: [16:28](#) That's right. That's exactly what happens. When I meet with folks, they're like, "Yes, I have Medicare plus I also have this Blue Cross Blue Shield card that I use. And I use them both." I say, "Are you sure you use them both?" They're like, "Yes, absolutely, I have them both." Then when I actually go to verify their insurance, they have a replacement plan. They're not using them both, they're only using the Blue Cross Blue Shield card.

Leslie Kernisan: [16:49](#) So what's the Medicare card they have? It's just no longer valid because they've signed up for an Advantage plan?

Michelle Allen: [16:56](#) Right. So you still get a Medicare card, and you still get some communication from Medicare, from CMS, but you don't get ... your benefits are

not being provided through Medicare anymore, they're being provided through the private insurance company.

Leslie Kernisan: [17:10](#)

Okay. And then I just want to understand where the Medigap falls in, because you mentioned both Medigap plans, and supplemental plans and secondary plans. So is Medigap a certain type? Well, first of all, is there a difference between supplemental and secondary plans?

Michelle Allen: [17:29](#)

A Medigap plan is a regulated insurance offering that ... insurance companies can offer these very specific packages to Medicare beneficiaries that you pay a premium for. That's when you say, when you hear people say, "Oh, I've got a plan F through United Healthcare," or, "I've got a plan N," or, "I've got a plan P," or whatever it is. Those are regulated Medigap plans that insurance companies are able to offer to Medicare beneficiaries to help them cover what Medicare doesn't cover. But not everybody who's got a secondary has a Medigap plan.

Michelle Allen: [18:04](#)

Some people that have a secondary insurance, it's an employer based plan. Or maybe it's Tricare, or maybe it's Medicaid. So some people with secondary could be something other than a Medigap plan. Medigap is always a secondary plan, but a secondary plan is not always a Medigap plan, if that just keeps making it more confusing.

Leslie Kernisan: [18:24](#)

Yes. And a supplemental plan is really like a secondary plan, it sounds like-

Michelle Allen: [18:29](#)

That's right, yes.

Leslie Kernisan: [18:29](#)

Okay.

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- Michelle Allen: [18:30](#) So supplemental and secondary are interchangeable terms.
- Leslie Kernisan: [18:32](#) Mm-hmm , okay. So Medigap is a very specific kind of extra plan, but those are offered by some of these private companies?
- Michelle Allen: [18:41](#) That's right, that's right.
- Leslie Kernisan: [18:42](#) But they get letters.
- Michelle Allen: [18:43](#) That's right. So if you say, "What kind of plan is it? Is it a plan F, a plan L, a plan O," or whatever it might be. If somebody says, "Oh, yes, her card says it's a plan L," well, then you know that it's a Medigap plan.
- Leslie Kernisan: [18:58](#) So if there's a letter, it's Medigap?
- Michelle Allen: [19:00](#) That's right.
- Leslie Kernisan: [19:00](#) Okay, all right. So given all this, is there a place where ... where do you go look up people's coverage to sort it out? Is that something that older adults and families can go and look for themselves? Is there a place online where you can be like, wait, let me see what I have?
- Michelle Allen: [19:25](#) As a Medicare provider, I have access to one of the online portals to be able to verify somebody's insurance through Medicare. So any of your Medicare providers that you're working with can go on and verify your insurance for you. When people don't know what insurance they have, and they haven't created any online portals for themselves through Medicare.gov, what I do is just encourage them to call their primary care physician's office and ask them who they have listed as their primary insurance. That's a really

good place to start because the primary care physician's going to have on file which primary insurance that they've been filing the claims for.

Leslie Kernisan: [20:03](#) Right, but people need to know their primary insurance and their secondary.

Michelle Allen: [20:07](#) That's right. And they'll have that listed as well.

Leslie Kernisan: [20:08](#) Okay, all right.

Michelle Allen: [20:10](#) And the secondary insurance actually coordinates pretty seamlessly with Medicare. They file with each other very seamlessly. But they do need to know if they have a second. Sometimes what I've had people do is to pull up their bank records and see what premiums are being automatically drafted out of their accounts.

Leslie Kernisan: [20:32](#) Okay.

Michelle Allen: [20:33](#) I mean, it's shocking how little people sometimes understand about what benefits they're paying for on a monthly basis. I even had to ask them, are you paying \$20 a month or \$400 a month? And that'll help me figure out what kind of insurance that they have.

Leslie Kernisan: [20:48](#) Right, right. Okay. So you can ask a Medicare provider, ideally your primary care provider, to verify your insurance and let you know. And then is there a spot where people can look it up themselves? I think you said something about setting up a Medicare account?

Michelle Allen: [21:03](#) You can create a MyMedicare.gov account to log in and manage your Medicare benefits that way. I haven't seen what it looks like on the consumer side, so I don't know how detailed it is. If you opt

out of original Medicare and get a Medicare Advantage plan, I don't know if that shows up in the portal or not. I'm hoping that it does.

Leslie Kernisan: [21:24](#) We need to get our parents to sign up for this and take a look.

Michelle Allen: [21:26](#) That's right. That's a really good plan.

Leslie Kernisan: [21:28](#) Yes, I'm going to do that. Let's both do it. And then we'll confer and get back to the audience if learn something really important about that. Now that we've reviewed, people, I guess, to summarize, people can have original Medicare fee for service. And then may have an extra plan, but they may not, to cover, I guess, the copays and the parts that Medicare doesn't ... the 20% that fee for service doesn't cover. Or they might have a Medicare Advantage plan with or without ... either way, you may be with or without a Part D plan.

Leslie Kernisan: [22:07](#) So to come back to the original thing that made you feel so strongly about this, is that you realized that people were often not able to get services that they wanted because their Medicare coverage didn't cover it.

Michelle Allen: [22:22](#) Right. That to me is a really big deal. If you don't understand what coverage you have, then you don't understand what your eligibility rights are. Likewise, you also don't understand how to appeal and how to get ... and how to become a very good advocate for the care that you need, right? Because Medicare Advantage plans have a different appeal process than Medicare does. Also, where Medicare has very standard and very highly regulated ways that providers have to offer

services, Medicare Advantage plan has very loose roles.

Michelle Allen: [22:55](#)

Medicare Advantage plans have to offer similar type services as Medicare, but they can offer it in whatever way they want to, right? So even though they have to offer skilled nursing care, just like the way that original Medicare does, Medicare Advantage plans can offer that skilled nursing services for only up to 10 days paid at 100%, as opposed to up to 20 days paid at 100%. Or they could also waive the requirement that you have an inpatient hospital stay before you get those skilled nursing home services. So we don't ever know, when you try to ask for what your rights are and what you're entitled to, if you have a Medicare Advantage plan, it's all dependent upon how that plan is written. And that can be really hard for advocates to help give the families advice about what they can and can't get.

Leslie Kernisan: [23:46](#)

Mm-hmm , okay. It also sounds like you want to know what you're entitled to because even though we wish the healthcare system were perfect, it's not. And sometimes people don't get the services they're entitled to, or are denied it until they insist.

Michelle Allen: [24:02](#)

That's right, that's right. Just recently, I had a client who was in a skilled rehab facility getting services. He was only there for seven days. And his Medicare Advantage plan said that he was ... they weren't going to approve anymore days. When I talked to the family about what was going on, we went through the traditional appeal process through our quality improvement organization. But I also encouraged him, since he has a Medicare Advantage plan, to call their plan

and talk to whatever case manager might be assigned to the program. So a lot of insurance companies who try to keep costs down also have case managers working on the insurance side to try to make sure the client is getting access to all the appropriate levels of care and services, so that they can reduce the hospitalizations, and reduce the big bills that might come in.

Michelle Allen: [24:51](#) I said, "Get ahold of that case manager and let them know that you still need more rehab. And if you go back home, you're likely to keep falling and end up right back in the hospital." And they don't want that. So you can reach out to them and coordinate with them.

Leslie Kernisan: [25:05](#) So what happened when he reached out?

Michelle Allen: [25:08](#) Well, he did win the appeal and his rehab days were extended.

Leslie Kernisan: [25:13](#) Oh, good.

Michelle Allen: [25:13](#) Yes.

Leslie Kernisan: [25:13](#) Okay. All right. Okay, it sounds like step one is that it's really important to understand what kind of coverage you have, and also be aware of what you're paying for, it sounds like, in terms of your premiums, and get that straight. And then now let's talk about open enrollment. Tell us, what is it? What does open enrollment mean and what happens during open enrollment?

Michelle Allen: [25:37](#) Every fall, Medicare has their enrollment period. It goes from October 15th to December 7th. And whatever changes you make within that time period will go into effect on January 1st. During this time period, you can switch from

traditional Medicare to a Medicare Advantage plan. You can change your Part D plans, or you can switch between Medicare Advantage plans. So if you're with Aetna, but United Healthcare has a better deal for you, or you want to get on board with Kaiser, October 15th through December 7th is a good time to make that change to a different Medicare Advantage plan. Or if your medications have recently changed, and you're paying more at the pharmacy than you should be paying, it's a good time to shop for a new prescription drug plan, one that actually has your medications on their formulary. That could save you a lot of money.

Michelle Allen: [26:30](#)

You can also switch during this time from a Medicare Advantage plan back to traditional Medicare. The one downside to going back to traditional Medicare from a Medicare Advantage plan is that you may not be eligible anymore for a Medigap plan. That sometimes is a really big shocker for families, and for Medicare beneficiaries themselves, because they didn't know when they switched from traditional Medicare with a Medigap to a Medicare Advantage plan ... because if you have a Medicare Advantage plan, you cannot also have a Medigap plan. The insurance companies are not allowed to sell you a Medigap plan if you have a Medicare Advantage plan. If you decided to try Medicare Advantage, you decided you didn't like it. You want to go back to traditional Medicare with a Medigap plan, you now have to go through medical underwriting. You may or may not be approved for those benefits, or you might have to pay a higher premium than what was originally quoted to you in your initial enrollment period.

Leslie Kernisan: [27:38](#) Mm-hmm , okay. So to clarify, it sounds like once people are in a plan, you actually can't change it during the year. You're in it for the whole year, but in the fall there's this open enrollment period where you can choose a different option, which will go into effect for the following calendar year?

Michelle Allen: [28:01](#) That's right, that's right.

Leslie Kernisan: [28:02](#) I'm guessing there must be a few exceptions that allow you to change during the year.

Michelle Allen: [28:07](#) There are. Not to make it way over confusing for folks, but there are special enrollment periods and there are special exceptions. But during the year, you could make changes to your Medicare benefits. Let's say that your plan stops covering your area, and they get out of covering anybody in your area. At that point, you're in a special enrollment period and can shop for a new plan. If you become institutionalized, you're permanently in the special enrollment period. If you move from home into a nursing home, Medicare looks at it as if now you are indefinitely in a special enrollment period, and you can make switches to your Medicare plan.

Leslie Kernisan: [28:47](#) Oh, wow.

Michelle Allen: [28:48](#) Yes.

Leslie Kernisan: [28:48](#) Well, that could be helpful potentially.

Michelle Allen: [28:50](#) Mm-hmm .

Leslie Kernisan: [28:51](#) So a small upside to being in a nursing home.

Michelle Allen: [28:55](#) Yes, you could shop for a new Medicare plan.

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- Leslie Kernisan: [28:58](#) You can spend all year shopping and switching.
- Michelle Allen: [29:00](#) You could change it every month if you wanted to.
- Leslie Kernisan: [29:02](#) Or, I guess, your family. You may or not be able to do that if you're the one in the nursing home. Okay. This sounds very complicated, right? I mean, in general, the few times I've looked into health insurance, so many choices and your head starts spinning. I'm assuming it must be somewhere similar for older adults and families looking at their options for Medicare coverage, that there are lots of different options, and figuring out which one is the best fit must be ... must take a lot of effort, unless you can get someone who is really knowledgeable and experienced to walk you through it.
- Michelle Allen: [29:45](#) Yes. I think most people don't do it. They either don't know that they should do it, or they think about doing it, and they don't feel like they have enough knowledge and skills to be able to make a good choice. Therefore, they just don't even try at all. Have you ever followed The New Old Age that was put out by the New York Times?
- Leslie Kernisan: [30:04](#) Yes, mm-hmm .
- Michelle Allen: [30:04](#) I remember, it was either Jane Gross or Paula Span, a couple years back wrote an article about shopping for a new Medicare Advantage plan for her mom. She's like, "I do this every day, investigating this part of life, and writing about it and knowing all about it. And sitting down to shop for my own mom's Part D plan was incredibly overwhelming." It was such an enlightening piece where you're like, yes, it's really difficult.
- Leslie Kernisan: [30:32](#) Right.

Michelle Allen: [30:33](#) This year, Medicare has made changes to their online system for shopping for a new plan. They're trying to make it a little bit more consumer friendly and a little bit easier to navigate through. There's been some feedback about whether or not it is actually more consumer friendly, but it's a very difficult process.

Leslie Kernisan: [30:55](#) At least they're working on it. Given that it can be a, require some time and energy, what do you recommend to people in terms of ... I guess my thought if I were thinking about my family is, how do I know when it's worth putting in the time and effort to review everything during open enrollments, and consider a switch?

Michelle Allen: [31:18](#) The first thing is to just find out exactly what benefits you have, or what benefits your parents have. So having a clear understanding of what they have. If they have Medicare with Tricare, that's like the gold standard, right? You don't need anything else ever again. If they have Medicare with a supplement that's provided through their employer, also, you're not changing that because that's an employer based benefit that they're not buying on the private market. That's probably about as good as it gets. Also, if they're one of the 20% of Medicare Advantage beneficiaries who's receiving that as part of their employer retirement benefit, also unlikely that you're going to get a better deal than that. You're probably just going to leave it with that ... just leave it as is.

Michelle Allen: [32:03](#) But if your parent is somebody who has a Medicare Advantage plan, or has traditional Medicare with a Part D plan that they've bought on their own, it might be a good time just to ask questions. Like, how's this going? How much

premium are we paying? Have we received any notices from the insurance company that they're making any major changes, or that they're no longer going to be a network with any of the major providers? I know some of the hospital systems here in Georgia have been going in and out of network with some of our major insurance providers. So if you're with one main hospital or medical system, and they all of a sudden have gotten into a contract dispute with your insurance company, well, maybe this is a good time to switch to somebody else that they're not having a contract dispute with so that your access to your providers can continue.

Leslie Kernisan: [32:54](#)

Right. One of the things I like about in listening to you is, it sounds like it might be worthwhile, just during the year and in general, to have notebook or something. A place where every time something comes up about your insurance coverage, you make a note of it. So that as open enrollment comes up, you can look and be like, "Oh, there was that time when we tried to sign up for that psychotherapy, but our insurance didn't cover it." Or, "We got that notice that the hospital was going to be out of network." And maybe people can use that, those notes to help them determine whether there have been a lot of issues with their current coverage. And also, to help them see what they might want to be looking for in a replacement plan.

Michelle Allen: [33:41](#)

Absolutely. I think that's a really good idea, just to have a place to start gathering up some of that information. And then shopping around for what's available for the new open enrollment period. And think about some of the HMO plans, and whether or not those are good resources in your

community. We have a large number of Medicare Advantage plan beneficiaries who are enrolled in Kaiser, and are receiving all their benefits through that HMO system. A lot of them love the services that they're getting. So have you considered an HMO, and would that be a good thing for you or not?

Leslie Kernisan: [34:18](#) Right. Yes, because most of them do offer a lot of, quote, unquote, extra benefits that may not be covered, or that are not really covered by fee for service Medicare, right?

Michelle Allen: [34:28](#) That's right. That's right, so that's a really good point. I have not had a clear standing on if I think Medicare Advantage plans are better or worse than traditional Medicare. I don't know. And I think that it really depends on the person and what their needs are because ... Medicare Advantage plans do often have extra perks, like gym membership benefits, dental benefits, vision benefits-

Leslie Kernisan: [34:52](#) Well, dental especially, I think, can be really important because that comes up for all of people, right?

Michelle Allen: [34:59](#) Mm-hmm , yes.

Leslie Kernisan: [34:59](#) That dental care is not covered by Medicare. And it's pretty hard for Medicare fee for service to make ... I don't think they make changes very often to what they cover.

Michelle Allen: [35:09](#) Right, exactly.

Leslie Kernisan: [35:10](#) It's a whole legislative process for them to do that.

Michelle Allen: [35:13](#) Mm-hmm . Last year, or maybe it was two years ago now, Congress loosened up some of the rules around Medicare Advantage plans and what they can and can't provide as medical insurance providers. So I'm sure everybody's heard in the news about Medicare Advantage plans now being able to provide transportation services, in-home meals, some in-home caregiver services that's paid for by-

Leslie Kernisan: [35:34](#) Yes, some long term care and supports. Howard Gluckman, who follows the long term care policy landscape, was talking about that in episode 96. And yes, it sounded really exciting to me, and I'm sure to you too, because we see how older adults need ... original Medicare was really about very narrowly defined medical services. And that older adults, often to live their best life and have maximum independence, need good healthcare. But also, as you were saying, the transportation, or some other kind of social services that Medicare doesn't cover. But now there have been some changes, legal changes made that will allow Medicare Advantage plans to offer that.

Michelle Allen: [36:17](#) It'll probably be a while before you and I ever meet somebody who's benefitting from some of these services, but it is setting the stage for how Medicare might be one of the answers to our long term care problem, right?

Leslie Kernisan: [36:31](#) Yes.

Michelle Allen: [36:31](#) This is at least a little bit of a closer step towards us giving more wraparound services for older adults.

Leslie Kernisan: [36:37](#) Right, and it's the obvious path to modernizing Medicare, is that it's going to start, I guess, on the advantage side rather than the fee for service side.

Michelle Allen: [36:46](#) Yes. This year, 34% of all Medicare beneficiaries are enrolled in Medicare Advantage plans. We project that by 2029, about 47% of all Medicare beneficiaries will be enrolled in a Medicare Advantage plan. So we're moving towards more and more people enrolling in these Medicare Advantage plans, primarily because the premiums are cheaper than having a Medigap plan. They have those extra perks and benefits, and they also have out-of-pocket maxes. A Medicare Advantage plan will say once you've spent X amount of dollars, we then pickup your healthcare at 100%. Whereas traditional Medicare, you could just keep paying, and paying, and paying, and paying and paying, and there's no out-of-pocket max.

Leslie Kernisan: [37:33](#) Right.

Michelle Allen: [37:33](#) So a lot of people are enticed to going into these Medicare Advantage plans, but we know that the network of providers could be more limited. Or that the hoops that your providers have to jump through in order to give you the care that they say that they're going to give you, or the benefits that they say your entitled to, that the providers have to jump through a lot of hoops in order to be able to provide that care. And then if somebody is needing a lot of nursing home care, a lot of home health, and even how Medicare Advantage plan coordinates with hospices can be ... I think once somebody's further along on the continuum, Medicare Advantage plans might not be the best for them.

- Michelle Allen: [38:17](#) The younger and healthier you are, it feels like Medicare Advantage plans are a good cost savings. But especially in our area, there's not a lot ... well, we know that all the nursing homes accept original Medicare. And only some of the nursing homes accept some of the Medicare Advantage plans. So if you have a Medicare Advantage plan, you may or may not have access to the top pick of your skilled nursing facilities that you would want. You might have to go with somebody else who's in network, which may not be your top pick of a nursing home.
- Leslie Kernisan: [38:48](#) Right. And there, since we're talking about Medicare, we're really talking about it for skilled nursing for rehabilitation, not for long term care.
- Michelle Allen: [38:57](#) Right.
- Leslie Kernisan: [38:57](#) Not for long term, staying there long term.
- Michelle Allen: [39:01](#) Right.
- Leslie Kernisan: [39:01](#) Right, right.
- Michelle Allen: [39:02](#) That's right, mm-hmm .
- Leslie Kernisan: [39:03](#) Especially with open enrollment about to start soon, I feel like in listening to you, I feel like, well, if I were shopping for ... trying to figure out what to do about my Medicare coverage or my mom's Medicare coverage, how do I sit down with somebody like you, or someone like you in my local area who knows about the local facilities, and the local plans and what's been coming up? How do people find someone to walk them through or provide them with some guidance on this?

Michelle Allen: [39:35](#) The first thing you might want to do is just start with a do it yourself approach. Start with understanding what your benefits are, understanding who your healthcare providers are and what systems they work in, and understand what medications you're on. And then go onto Medicare.gov and go to their plan finder. Just start typing in your information and seeing what pops up. And then just take a glance at the landscape and see how complicated it is. Not every single area has a lot of complex options. Some have only very few providers, or few insurance companies offering plans in their area. So it might not be that big of a deal. So log onto the plan finder through Medicare, type in your information, just take a look at what's being offered and what pops out first.

Michelle Allen: [40:26](#) The next step is to know that every single state is required to have a SHIP. The SHIP is the State Health Insurance program. And the SHIP is there to help Medicare beneficiaries of each state understand the plans that are offered in their area, and help them navigate through what might be a best choice for them. Each state and each region's SHIP program is a little bit different in how robust and how effective their counseling. That's-

Leslie Kernisan: [40:54](#) And how helpful they are.

Michelle Allen: [40:56](#) And how helpful they are. So you can reach out to your local ship and see if it's ... if you can get the answers that you need from them. And then if you can't get it there, then you're going to look at community providers. One thing that's really interesting in the Atlanta area is that one of our major healthcare systems is Piedmont Health

Systems. Within the Piedmont system, their hospitals have the 60+ program. The 60+ program has a SHIP trained Medicare specialist onsite.

Michelle Allen: [41:32](#)

This woman is just phenomenal. I mean, her knowledge base and her ability to help you navigate through what all your options are is just outstanding. She gains nothing from it. She gets paid a salary from the health system. She's there to help navigate through, she's not being paid a commission. So she's just giving you advice on what she sees as what your options could be, and what direction she thinks would probably work best for you. Looking around in your community, do I have access to somebody like that? You could try calling your Triple A's or your county's aging services to see if they know of any resources to help you shop and navigate through the Medicare options.

Leslie Kernisan: [42:12](#)

And Triple A is Area Agency on Aging, just to remind everyone.

Michelle Allen: [42:17](#)

If you Google State Health Insurance Program, or SHIP, then you can also find the national website that will help direct you to your state's providers. They should all be, all of their contact information should be right there. And then of course, we also have insurance brokers and insurance agents. The thing to remember about insurance brokers and insurance agents is that they are working usually on a commission, so they have a vested interest in which plans that you pick. That'll determine how much they're getting a kickback. So knowing whether or not there's good insurance agents in your area that you can go to, who will offer you somewhere unbiased, but good information.

Michelle Allen: [43:00](#) I know a couple of insurance brokers in the metro Atlanta area who, I think, are very smart, very savvy, very good at what they do. And they really care about each of their client. I feel like I can refer to them and they're going to give good guidance and good care to each of their clients, whether they're going to get a commission or not. Or even if they're going to get a smaller commission than a larger commission, because they want to do what's the right thing for their clients. But not all insurance brokers are like that.

Michelle Allen: [43:27](#) I would say be wary of any of the insurance agents or brokers who say that they dabble in Medicare. If their real thing is to sell large group health insurance plan, but they dabble a little bit of Medicare, yes, stay away from them. You want somebody who specializes almost exclusively in Medicare benefits because it's not really something you can just dabble in, as evident by this whole conversation.

Leslie Kernisan: [43:50](#) Right, right. Yes. And then I guess, do people ever hire geriatric care managers to help them figure this out?

Michelle Allen: [43:58](#) You know what, I guess that you could. I've never been hired just exclusively for that, but yes, if you're working with a geriatric care manager, they likely can help you through this process. Also, if you're working with an elder law attorney or a daily money manager, those are also some resources where they might have some guidance and information to help you get pointed in the right direction. Some financial planners also are starting to offer navigating through this as part of their services.

- Leslie Kernisan: [44:26](#) Right. What about social workers, clinical social workers in general?
- Michelle Allen: [44:31](#) It depends. I think it really depends on whether or not ... A number of my colleagues are just not interested or curious. Or they also just feel flat out overwhelmed and confused by the process. They also don't feel like they've got the skills to help navigate through it.
- Leslie Kernisan: [44:51](#) Yes, I guess it's probably asking the person-
- Michelle Allen: [44:54](#) Yes, and also just the liability of it. If I help you make this choice and I'm wrong, I mean, this could cost you a lot. This could cost you access to your healthcare providers, or it could cost you a lot in terms of dollars and cents. These are big decisions to make.
- Leslie Kernisan: [45:10](#) Well, it's partly that it could be costly that it sounds like it could be worthwhile to invest the time into looking into it, and to potentially getting a few hours of help from someone. But it sounds like you've really got to find the right kind of person. And that especially if you are considering paying for help sorting this out, if you've looked into the free options available near you and none of them seem adequate, you want to make sure you get somebody who really knows it.
- Michelle Allen: [45:37](#) That's right. I just remembered, there is a company called Allsup. Take this recommendation with a grain of salt because I don't, I have not actually used them. But there is a company called Allsup, that's A-L-L-S-U-P. They started off helping families navigate through the social security disability process. But then also found once some of their clients got onto disability, they waited the

two years and became eligible for Medicare, that then they had a lot of clients coming back to them saying, "Hey, what do we do about our Medicare benefits? How should we get our benefits?"

Michelle Allen: [46:13](#)

They started a whole separate program from their social security disability program that is a Medicare advisor program. I think that you just pay them upfront to help you through the process. Like I said, I've never used them. I don't know anybody who has used them. But that could also be a potential source of support too if somebody just doesn't have any local resources, is you could tap into financial company like Allsup.

Leslie Kernisan: [46:39](#)

Right, right. And then I was thinking about how some older adults travel quite a lot, right? That some people go and live in another part of the country for a few years ... for a few months, excuse me, either to be close to family or because of the weather. I grew up in Arizona. So we were famous for having people from northern states come during the winter time. How does that work with their Medicare coverage, and is that something to think about when you're shopping? Do some plans cover you in two states, or what do people do about that? Since you were mentioning that plans are local often.

Michelle Allen: [47:15](#)

That is a really, really good point and a really good question. Original Medicare is accepted all throughout the country. If you have original Medicare, it works in Georgia the same way it works in California, works and is accepted in New York. And even some of the Medigap policies that you might have with your Medicare also offer international coverage. It's not great, it's not a lot

of it. But there is also an international component that you could tap into.

Michelle Allen: [47:40](#)

Medicare Advantage plans work with a very narrow provider network. So outside of an emergency, anybody that you use outside of your coverage area is going to be considered an out of network provider. The insurance may or may not cover it depending on what your out of network benefits are. A lot of out of network benefits cover your costs at 50%. So if you're in Georgia, if you live in Georgia, but you vacation ... I'm trying to think where we go. I don't know if we go anywhere. We go to Florida, okay. So Georgians go to Florida. Say you're in Florida, and something comes up and you go see a healthcare provider there. You might be stuck with the full 50% of the benefits, I mean, I'm sorry, the cost for seeing the healthcare provider down in Florida.

Leslie Kernisan: [48:31](#)

Yes. Or if you live in Pennsylvania, but you go to Florida for a few months every year.

Michelle Allen: [48:36](#)

Then that leaves you really in a very vulnerable position. At that point, having original Medicare is probably what makes the most sense for you because it is transportable with you.

Leslie Kernisan: [48:49](#)

Right, right. And then really briefly, I mean, we could do a whole episode on this, but Part D, medications. Are people in your experience more likely to change their Part D plans than the rest of it?

Michelle Allen: [49:01](#)

I think that the Part D plan is the most accessible and most easy to change, the easiest to change benefit that we've got. Most people just still set it and forget it, and don't go back and look at it. But

it's important to know that the Part D plans do change their drug formularies. They do change how they offer, how they do their tiering with their medications, and whether or not they require step therapy in order for you to access the full benefits. So if you're on a Part D plan that's working for you, and you don't have any medication changes, and your premium's pretty low, and your out-of-pocket cost is pretty low, then it might not be that big of a deal for you to look at. Just pay attention to whether or not your Part D plan has sent you information about making any major changes.

Michelle Allen: [49:53](#)

If you're noticing that you're spending more and more at the pharmacy, or that what used to be covered almost entirely now is costing you more every time you go, there's a change your insurance company might have changed their drug formulary, which means they're not covering your medications the same way now that they used to. So would it be better for you to move into a different prescription drug plan, or different Part D plan, to save you some money? A lot of people don't ask that question, and then they end up paying more than they really need to be paying.

Leslie Kernisan: [50:25](#)

Right, right.

Michelle Allen: [50:27](#)

It'll be interesting, with the Aetna CVS merger, it'll be interesting to see for those who use CVS, but don't have an Aetna Part D plan, if they're going to see any major changes at the pharmacy.

Leslie Kernisan: [50:40](#)

Right.

Michelle Allen: [50:40](#)

I don't know what's going to happen.

- Leslie Kernisan: [50:41](#) Yes. But also, just the open enrollment. I think I haven't usually paid much attention to it, but I'm thinking about how in geriatrics, on Better Health While Aging, we're huge fans of de-prescribing, or regularly having your medications reviewed to make sure that you're not taking more than is necessary. And really, to make sure that every medication you take is likely to be benefitting you, and that you're aware of whatever the risks are. And if it does have risks or downsides, that the benefits that you're getting, or likely to get, are worth it. It's occurring to me that maybe it's good to think about doing that in the summer or early fall-
- Michelle Allen: [51:24](#) That's a good point.
- Leslie Kernisan: [51:25](#) Because you don't want to be picking a Part D plan just to accommodate all these medications that maybe you don't actually need, right?
- Michelle Allen: [51:32](#) Right.
- Leslie Kernisan: [51:33](#) And that if you were to go through, request an appointment, or a series of appointment with your health provider, or there are some pharmacists who specialize in this, to identify which ones you could maybe taper off, you'd have fewer ones. Maybe that's relevant to choosing your Part D plan.
- Michelle Allen: [51:52](#) Yes, I think that's a really good point.
- Leslie Kernisan: [51:54](#) That's interesting for me to think about. Well, Michelle, this has been so super helpful. I guess just to finish up and recap the key points that we talked about, that what people should know and do. It sounds like step one is look at your health insurance, not just look at your health insurance

cards, but make sure you understand what your coverage actually is.

Michelle Allen: [52:19](#)

That's right.

Leslie Kernisan: [52:21](#)

Right? One, whether it's Medicare, original Medicare fee for service, versus advantage. And then two, if you have fee for service, what kind of secondary, or supplemental or Medigap you have, right?

Michelle Allen: [52:34](#)

Mm-hmm .

Leslie Kernisan: [52:35](#)

And if you are someone who's been helping an aging parent or taken over the care of an older relative, make sure that you know or help them find this out. And then two, be aware that the services that you're able to get, and also the appeals process, are going to depend on what type of Medicare coverage you have. And then we also talked about trying to keep notes throughout the year of when insurance and coverage issues come up. I guess when they come up, that's an opportunity for you to check into what exactly is my coverage? But that also, you can then use those notes to help you decide whether, as open enrollment comes up, it's worth really reconsidering the coverage and looking into better options.

Michelle Allen: [53:25](#)

That's right.

Leslie Kernisan: [53:26](#)

And then actually, for family members who are helping an older parent, can they do that on their parent's behalf? Do you have to be power of attorney? How does that work?

Michelle Allen: [53:34](#)

The easiest way to access the information is through online access. If you have to call Medicare

or call one of the insurance companies, I always recommend just sitting with your parent and having them give verbal consent or authorization to allow you to speak to the representative. But going about it any other way is really cumbersome. And they're going to find every which way to tell you, no, that they won't help you, or that they have to fax over the paperwork, or that you have to mail in the original. Health insurance companies don't often ask us to mail in the originals, but they might give you some extra hoops that's just going to really delay and slow down the process. So if you can be with your parent, or with the older adult, have them just give verbal authorization, then you can usually talk to a representative on their behalf.

Leslie Kernisan: [54:22](#)

Okay. And then we talked about resources to help people. First of all, you can contact your primary care provider or Medicare provider to help verify what your insurance is. And then as you're thinking about plans or changes, we talked about the plan finder online. We'll post a link to it in the show notes. We talked about the SHHP, the State Health Insurance Program. We'll find a link for that and post it there. Every state has one. They're supposed to there to help you navigate these options, so you want to check into that. You can contact your local Area Agency on Aging to find out what other local options there might be to help you think through health coverage choices, Medicare coverage choices. You can see if any of the large providers in your area have a ... a counselor, like the one you were describing at the large health system in your area. And then you can consider insurance brokers, but bear in mind that they take commissions. So you want to get a

good reference for someone who's really ethical and does great work.

Michelle Allen: [55:31](#)

Absolutely.

Leslie Kernisan: [55:32](#)

Okay. Great. Well, Michelle, thank you so much. I learned so much by talking with you. This is honestly an example of why I feel I do my best work when I collaborate with professionals like you who have complementary expertise.

Michelle Allen: [55:49](#)

Thank you for letting me come on and share one of my passions, and encourage people to find out, and be empowered about their health insurance.

Leslie Kernisan: [55:57](#)

Yes, no, thank you so much.

Michelle Allen: [55:59](#)

If anybody's looking for resources on how to find out more information about Medicare in general, and just to find out the things that they didn't even know that they didn't know about, the Medicare Rights Center has a very robust website, and newsletter, and webinars, and all kinds of great resources for both professionals, as well as consumers, just about the basics of Medicare. That's the Medicare Rights Center. And we can post that in the link notes.

Leslie Kernisan: [56:27](#)

Okay. We'll post a link to that in the show notes too. Well, Michelle, always a pleasure to have you on the show, and of course, to be working with you within our membership community too-

Michelle Allen: [56:39](#)

Well, thank you so much.

Leslie Kernisan: [56:39](#)

Where I love how you're able to bring a lot of this expertise to our members who are helping aging parents. So we'll have to have you back another time because I know there are so many more

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topics that are coming up for our members, that our entire podcast audience can benefit from as well.

Michelle Allen: [56:54](#) That sounds great.