

WRITTEN TESTIMONY

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BEFORE THE U.S. SENATE COMMITTEE ON FINANCE

Hearing: Medicare Advantage Annual Enrollment: Cracking Down on Deceptive Practices and Improving Senior Experiences

October 18, 2023, Washington, DC

Good morning, Chairman Wyden, Ranking Member Crapo, and members of the committee. Thank you for the opportunity to appear before you today to share the state of Ohio’s work to ensure Ohioans receive factual and unbiased information to make decisions regarding their health and prescription drug coverage.

My name is Christina Reeg, and it is an honor to appear before you. I am the program director for the Ohio Senior Health Insurance Information Program (OSHIIP) at the Ohio Department of Insurance. OSHIIP is one of 54 federal grant programs providing objective counseling and education to Medicare patients, their families, and their caregivers. SHIPs provide factual and unbiased information, empowering consumers to make educated and individualized decisions regarding their health and prescription drug coverage. OSHIIP prides itself on excellent customer service and consumer protection, evident by our top ratings in all five national performance measures.

2023 marks my 26th year with OSHIIP, my 11th year as the director. I began my career traveling to Ohio’s 88 counties, (including 29 Appalachian), providing in-person Medicare counseling, education, and program development- I was literally the “boots on the ground.” I really enjoyed my time as a Training Officer meeting with aged and disabled Ohioans to discuss Medicare Part A, Medicare Part B, and the 10 standardized Medigap plans as needed.

This month our program began counseling Ohio’s now 2.5 million Medicare beneficiaries, to help them make educated decisions for their 2024 coverage. To accomplish this, OSHIIP operates in a hybrid model to provide education and counseling both in-person and virtually. Additionally, we use social media, paid and earned media, regional phone banks, and grass-root efforts to promote our services.

The information we present now is vastly different from my early days with OSHIIP. For example, if we are counseling a beneficiary in Cleveland, we are reviewing 85 Medicare Advantage Plans, 29 Special Needs Plans, 3 Medicare-Medicaid Plans, 21 stand-alone prescription drug plans in addition to Original Medicare and Medigap. Most Medicare beneficiaries won’t review or change plans because the task of comparing seems too daunting.

To help narrow the field of choices, OSHIIP uses the Medicare Plan Finder. This web-based tool helps determine if a Medicare beneficiary’s current prescriptions will be covered, share all possible out-of-pocket costs, and plan details. Medicare.gov does not provide a network list for managed care plans, but links to the companies’ websites. Plan websites are often hard for beneficiaries to navigate alone, and lists may be outdated. We encourage beneficiaries to contact their preferred providers directly and ask pointed

questions. For example, we provide the beneficiary with specific Medicare advantage plan information including the contract number and stress the importance of being specific when communicating with their providers.

Counseling Ohio's low-income and limited health literacy Medicare population brings added challenges. These individuals are more apt to join a plan based on added benefits, specifically over-the-counter allowances, or other cash rewards. Also, many are applying for Extra Help, Medicare's assistance with out-of-pocket drug costs, for the first time. Delays in that application process, even when automatic, often lead to affordability issues at the pharmacy window. Finally, the special enrollment for low-income individuals is often misused placing consumers into managed care plans more often than the quarterly allowance. OSHIIP assistance is often reactive when a beneficiary finds themselves having difficulty receiving needed care or medication.

In my time with OSHIIP, I have witnessed extreme growth. Growth of the Medicare population, growth within the scope of SHIP work, and extreme growth in plan options. Our Medicare consumers are overwhelmed by the volume of options in every county, they are flooded with plan marketing and often confused by the variance in plan benefits, networks, and added benefits. The desire to have the advertised "benefits you are entitled to," or the cash benefits for over-the-counter goods, utilities or other wants masks the need to review critical plan health benefits, prescription drug coverage, and plan networks. This often leads to poor enrollment decisions and undesirable outcomes.

Medicare beneficiaries would benefit from additional oversight. A personalized Annual Notice of Change (ANOC) would assist beneficiaries in better identifying plan changes, such as higher premiums and copays, from year-to-year. Stronger oversight on utilization of special election periods, such as the low-income subsidy special enrollment period (LIS SEP), and a block on enrollments for those with cognitive impairments could minimize improper sales to our most vulnerable beneficiaries. Reinstatement of measurable differences when approving plan contracts would help contain the volume of plans in each county. These actions could make the process of choosing and enrolling in a Medicare plan less intimidating.

I am happy to answer any questions and remain dedicated to providing unbiased information and providing the highest level of consumer protection for Ohio's Medicare beneficiaries.