

ASMP NEWSLETTER

Report Fraud, Waste & Abuse
Call Toll-free 1-866-726-2916

October 2006

Written/edited by Kathleen Pursell, ASMP Project Coordinator



Welcome to My.Medicare.gov

For Computer-Savvy Seniors!

NEW!

Welcome to Medicare's free, **secure** online service for accessing your Medicare information. As a registered user of my.Medicare.gov, you will have access to personalized information regarding your Medicare benefits and services. You may use My.Medicare.gov to:

- View claim status (excluding Part D claims),
- Order a duplicate Medicare Summary Notice (MSN) or replacement Medicare card,
- View eligibility, entitlement and preventive services information,
- View enrollment information including prescription drug plans,
- View or modify your drug list and pharmacy information,
- View address of record with Medicare and Part B deductible status,
- Access online forms, publications and messages sent to you by CMS.

Go to Medicare.gov—click on My.Medicare.gov—click on “CLICK TO REGISTER HERE” allow up to 2 weeks to receive your password!



Office of External Affairs
MEDICARE NEWS

*My Health.
My Medicare.*

MY HEALTH. MY MEDICARE FALL OPEN ENROLLMENT CAMPAIGN WILL SUPPORT PREVENTION AND PERSONALIZED COVERAGE IN MEDICARE

This initiative introduces new tools to assist beneficiaries in the new Part D enrollment period, which begins November 15.

This Fall, Medicare beneficiaries who wish to change prescription drug plans will have six weeks, between November 15 and December 31, to enroll in a new plan. But CMS urges beneficiaries to sign up before December 8. This will ensure they have their new prescription drug card in hand to fill prescriptions in early January.

To assist beneficiaries in making decisions about their Medicare benefits, the Fall campaign has been divided into the following segments:

- September** is the time for beneficiaries to compare their health needs to the coverage they have and prepare questions about their coverage.
- October** is when they should evaluate benefits, using the one-page Medicare Checkup as a guide.
- November** is the month to choose a new plan or change plans, if desired.
- December** gives beneficiaries the opportunity to maximize their benefits, working with their doctor to develop a personalized plan for prevention.
- January—Coverage Begins**



We're New!

John Pollett

ASMP Project Administrator

Kathleen Pursell

ASMP Project Coordinator

Please come by booth #46 at the AAC in Hot Springs Oct. 23-25 and say Hello!

We will be there to spread the word about the ASMP

Please feel free to contact John (501) 682-8504 or Kathleen (501) 682-8497

We will assist you in working with our Seniors in helping them to recognize and report Medicare/Medicaid fraud

DOMESTIC PARTNER QUALIFICATION FOR SEPs

Mr. N is 50 years old and is eligible for Medicare due to a disability. His domestic partner worked at a Company with more than 100 employees, and Mr. N had his primary medical insurance through her employer coverage until she recently found a new job. Mr. N tried to enroll in Medicare Part B in July, during the eight-month **Special Enrollment Period (SEP)** that people normally get when they or their spouses retire from or end a job that provided them with health insurance. However, he was told by Social Security that he was not eligible for a SEP because he is not his partner's spouse. He was also told that he would have to wait to enroll until the next General Enrollment Period (GEP), which is January through March of every year with coverage beginning in July. Mr. N called his local State Health Insurance Assistance Program (SHIP) for help.

A SHIP counselor found a Social Security regulation, HI00805.266, that states "a domestic partner who has coverage under an [employer group health plan, i.e., employer health coverage] based on the other partner's enrollment in the plan is considered a family member." As a family member under the age of 65 who received health insurance through his partner's employer plan, Mr. N was found eligible for a Special Enrollment Period for Part B.

To read more cases by subject, go to "Interesting Cases" on www.medicarerights.org/interestingcasesframeset.html.

Staying Healthy

Did you know that Medicare covers...

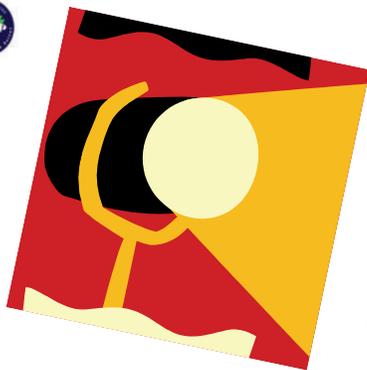
Medicare's Preventive Services

An easy and important way to stay healthy is to get disease prevention and early detection services. Disease prevention and early detection services can keep you from getting certain diseases or illnesses, or can find health problems early which is when treatment works best. Talk with your doctor or health care provider to find out what tests you need and how often you need them to stay healthy.

- ⇒ One-time "Welcome to Medicare" Physical Exam
- ⇒ Cardiovascular Screenings
- ⇒ Screening Mammograms
- ⇒ Pap Test and Pelvic Exam
(includes clinical breast exam)
- ⇒ Colorectal Cancer Screening
- ⇒ Flu Shots
- ⇒ Prostate Cancer Screening
- ⇒ Pneumococcal Shot
- ⇒ Hepatitis B Shots
- ⇒ Bone Mass Measurements
- ⇒ Diabetes Screenings
- ⇒ Glaucoma Tests

For some of these services, you might have to pay a deductible, coinsurance and/or co-payment. These amounts vary depending on the type of services you need and the kind of Medicare health plan you have. For more details about Medicare's coverage of these preventive services, including your costs in the Original Medicare Plan, get a free copy of the *Guide to Medicare's Preventive Services* (CMS Pub. No. 10110) at www.medicare.gov on the web. "Select Publications." Or, call 1-800-MEDICARE (1-800-633-4227) for a copy.

TTY users call 1-877-486-2048.



IN THE SPOTLIGHT! ...

SMP Partners/Volunteers



El Dorado RSVP

Linda Fitts
824 Camp Street
El Dorado, AR
71730
870-864-7080

Grant Year

July 1, 2006 - June 30, 2007
Regional Partners

Texarkana RSVP

Ermer Pondexter
3rd & Walnut Streets
PO Box 2711
Texarkana, AR 71854

EOA of Washington County RSVP

Katy Young
614 E. Emma Ave.
Suite M401
Springdale, AR 72764
479-872-7479

Jefferson County RSVP

Jennifer Hurst
402 E. 5th St
Pine Bluff, AR 71601
870-536-7323

WestArk RSVP

Susie Reehl
401 North 13th Street
Fort Smith, AR 72901
479-783-4155

Choose an MDE supplier
who accepts
Medicare's reimbursement
rate
as full payment
(this is called taking
"assignment")
Call 1-800-842-2052

REFUND SCAM ALERT!

OIG Agent, Kory Ihnken out of Des Moines, IA shared that a group identifying themselves the National Medicare Foundation (a.k.a. National Medicare Agency) are calling beneficiaries telling them that Medicare wants to send them a refund for prescription drugs or other services and are asking beneficiaries for their routing number, so the refunds can be deposited directly into their checking accounts. OIG has tracked the calls coming from Canada.



THE DOCTOR'S
OFFICE SHOULD
DISPLAY A
SIGN
OR EMBLEM
INDICATING
THEIR
PARTICIPATION
WITH MEDICARE

Check out "HMO Flash" on the Medicare Rights Center's web site (www.medicarerights.org) for more information about **how Medicare HMOs work, when to file an appeal and the various steps** in the private health plan appeals process. MRC operates a national Medicare HMO Appeals hotline (888-HMO-9050) to assist Medicare HMO members who are appealing HMO denials of care or coverage.

If you have **Original Medicare**, you can file an appeal by simply writing "Please Review" on the bottom of the Medicare Summary Notice you received stating denial of payment (be sure to make a copy for your files!). Because other aspects of the appeals process for Original Medicare has **recently changed**, call your Part B carrier for more information.





Do you have 's

Where do I go for with Part D?

For more information on Part D:

- Read the "Medicare & You 2006" handbook. **Be looking for your 2007 copy in October!**
- On the Medicare website, www.medicare.gov, you can use the **Medicare Prescription Drug Plans** page to **compare the benefits of different plans** in Arkansas or use the **Formulary Finder** to find plans in Arkansas that **match your required drug list**.
- Call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048 (for the hearing impaired)

For assistance with choosing a Part D plan:

- Use the Medicare website to find a prescription drug plan.
- Call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048 (for the hearing impaired).
- Call the Arkansas Insurance Department: Arkansas State Health Insurance Information Program (SHIIP) at 1-800-224-6330, or 501-371-2782, for free personalized health insurance counseling.
- If you receive Medicaid, contact the Prescription Drug PA Help Desk at In-state toll free: (800) 707-3854 or Local and out-of-state: (501) 374-6609 extension 500
- Call your local Area Agency on Aging—1-866-651-2273



For information about qualifying or applying for extra help paying your Part D costs:

- Call the Social Security Administration at 1-800-772-1213, or
- Visit your local Social Security Administration office in person, or
- Contact your local Department of Human Services office.

WHO PAYS ?
YOU PAY.
Report Medicare Fraud.

What if my doctor prescribed a form (liquid versus pill), or type (generic versus brand) of drug, that is not covered by my Part D plan?

First, **contact your doctor.**

Explain to your doctor that your Part D plan refused to cover your drug because the form or type prescribed is not on the plan's formulary. Find out whether your doctor will prescribe a different form or type of drug that is on your Part D plan's formulary.

If your doctor believes that you must have the prescribed drug, then ask your doctor to contact your Part D plan to request an **"Exception"** and to explain why the type or form of your drug is **medically necessary**.



NOTE: You have a **RIGHT** to request an Exception



MEDICARE PREMIUMS AND DEDUCTIBLES FOR 2007

The standard Medicare Part B monthly premium will be \$93.50 in 2007, an increase of \$5.00 or 5.6 percent from the current \$88.50 Part B premium, considerably lower than was earlier projected. This premium is the smallest percent increase in the Part B premium since 2001 and less than half of the dollar increase in the premium for 2006.

Premiums and Deductibles for 2007

Part A Premium: \$410
(paid by about 1 percent of beneficiaries)

Part A deductible: \$992

Part B standard premium: \$93.50

Part B deductible: \$131

In 2007, approximately 4 percent of Medicare Part B enrollees with higher incomes will pay a higher Part B premium based on their income. The income-related Part B premiums for 2007 will be \$106.00, \$124.70, \$143.40, or \$162.10, depending on the extent to which an individual beneficiary's income exceeds \$80,000 (or a married couple's income exceeds \$160,000), with the highest premium rates only paid by less than 1 percent of beneficiaries whose incomes are over \$200,000 (or \$400,000 for a married couple). A beneficiary who pays the highest income-related premium in 2007 would pay \$1,945 per year in Part B premiums, but is estimated to receive an average of \$4,363 in Medicare Part B benefits.

These limits will reduce Medicare costs by an estimated \$7.7 billion over the next five years and \$20.8 billion over the next 10 years, improving Medicare's sustainability to provide effective coverage for all eligible persons in the future.

Beneficiaries who file an individual tax return with income:

Less than or equal to \$80,000

Greater than \$80,000 and less than or equal to \$100,000

Greater than \$100,000 and less than or equal to \$150,000

Greater than \$150,000 and less than or equal to \$200,000

Greater than \$200,000

Beneficiaries who file a joint tax return with income:

Less than or equal to \$160,000

Greater than \$160,000 and less than or equal to \$200,000

Greater than \$200,000 and less than or equal to \$300,000

Greater than \$300,000 and less than or equal to \$400,000

Greater than \$400,000

Income-related monthly adjustment amount

\$0.00

\$12.30

\$30.90

\$49.40

\$67.90

Total monthly premium amount

\$93.50

\$105.80

\$124.40

\$142.90

\$161.40

Beneficiaries who are married but file a separate tax return from their spouse:

Less than or equal to \$80,000

Greater than \$80,000 and less than or equal to \$120,000

Greater than \$120,000

Income-related monthly adjustment amount

\$0.00

\$49.40

\$67.90

Total monthly premium amount

\$93.50

\$142.90

\$161.40

January, 2007



INCOME-RELATED PART B PREMIUM INCREASE

-Higher premium increase for those with income over :

- \$ 80,000 (individual tax return)
- \$160,000 (joint tax return)
- SSA will notify people affected at the end of 2006

Excerpt from press release from Center for Medicare Advocacy, Inc.

Federal Judge Orders Government Not to Collect Incorrect Payments Sent to Medicare Beneficiaries

On Wednesday, September 27, a federal judge in Washington, D.C. issued a preliminary injunction prohibiting the Medicare program from recovering Part D premium refunds mistakenly sent out by the Centers for Medicare & Medicaid Services (CMS) until the affected beneficiaries are given the opportunity to seek a waiver of recovery. CMS sent out a letter in late August demanding that the 230,000 beneficiaries who received the premium refunds repay them by September 30, 2006. The letter did not include a statement that the Medicare statute requires recovery of incorrect payments such as these to be waived in specified circumstances.



...Acting on a lawsuit filed by Action Alliance of Senior Citizens and Gray Panthers, Judge Henry H. Kennedy, Jr. ordered CMS to send out a new letter informing the affected beneficiaries that they have a right to request a waiver of recovery and that CMS must refund any repayments that have been made, thus giving all 230,000 the chance to request a waiver. ...



Medicare and Social Security are making decisions about whether some people who qualify for extra help in 2006 will continue to qualify in 2007. People affected by these changes will receive information from Medicare or Social Security. Important information is provided below to help you counsel people affected by these changes.

People who no longer automatically qualify for extra help in 2007

Medicare and Social Security are working together to mail notices to people who will no longer automatically qualify for extra help in 2007 (CMS Pub. No. 11198). The notice will explain why they no longer automatically qualify and encourage them to complete an enclosed application for extra help, which they can return to Social Security in the enclosed postage-paid envelope. Individuals will receive these notices in mid to late September.

A person will no longer **automatically** qualify for extra help in 2007 because he or she no longer

- has both Medicare and Medicaid (full-benefit dual-eligible),
- belongs to a Medicare Savings Program (partial dual-eligible), or
- receives Supplemental Security Income (SSI) benefits.

Partners should encourage these individuals to **apply** for the extra help with Social Security or their State Medical Assistance (Medicaid) office. Applying early is important so their extra help can be effective as early as January 1, 2007, the date that automatic eligibility ends. You can assist them in completing and mailing Social Security's application.

If in the coming months a person's situation changes so that they again automatically qualify for extra help, Medicare will send them another notice letting them know that they qualify.

For more information

People who have questions about filling out the application for extra help should visit Social Security at www.socialsecurity.gov or call 1-800-772-1213. TTY users should call 1-800-325-0778.

People who have questions about Medicare prescription drug coverage or think they received either notice in error should call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. They should let Medicare know they received a notice when they call.

FAST FACT

Up to 500,000 people who were automatically enrolled this year in Extra Help, Medicare's low-income subsidy for prescription drug coverage, will not be automatically re-enrolled in 2007 because they will no longer be eligible for Medicaid and other programs, even though they will still likely qualify for Extra Help.

(*McClellan: Up to 500,000 Low-Income Drug Beneficiaries Won't Get Auto Re-enrollment," *CQ HealthBeat*, September 11, 2006).

Drug Law Medicare Will Urge Seniors to Pay Premiums Directly to Rx Plans for 2007

For the 2007 Medicare drug plan enrollment period, the Centers for Medicare & Medicaid Services will begin encouraging beneficiaries to opt for paying plan premiums directly to their insurers rather than choosing a monthly deduction from their Social Security payments.

A CMS spokesman told BNA Sept. 8 that the default payment option on the Part D drug benefit enrollment Web tool would be changed from the Social Security deduction option, to the direct payment option.

In 2006--the benefit's first year--the default was set for the monthly Social Security deduction, meaning beneficiaries had to actively change the setting if they wanted direct premium payments to plans.

The change does not signal an end to plan premium deductions from Social Security payments, the spokesman said.

The deduction option has been fraught with problems from the early days of the benefit, with some beneficiaries reporting no premium deductions, while others reported incorrect deductions, and continuing deductions even after they had disenrolled from a plan.

Senate Finance Committee Chairman Charles E. Grassley (R-Iowa) and ranking committee member Max Baucus (D-Mont.) met with Centers for Medicare & Medicaid Services Administrator Mark B. McClellan and Social Security Administrator Jo Anne Barnhart Sept. 7 to discuss the latest in Part D premium deduction snafus, which resulted in \$50 million in erroneous premium refunds to more than 200,000 Part D enrollees who had signed up for automatic plan premium deductions from their monthly Social Security payments.

CMS said the problem was the result of a data problem between the Medicare agency and the Social Security agency, and has said it would allow beneficiaries to return to erroneous refunds over time.

In a statement following the meeting with McClellan and Barnhart, Baucus said he was concerned about the possibility of additional errors during the upcoming enrollment period in November.

"Your agencies need to work together to better control data file exchanges so that quality checks, not just eligibility edits, are performed on both sides," Baucus said. "Feedback mechanisms need to happen over a shorter period of time so that errors on either side are found before mistakes are passed on to the Treasury."

Baucus also called on the agencies to collect erroneous refunds and correct other withholding errors in ways that would not harm beneficiaries. "I agree that people affected by the recent refund error should be given up to seven months to repay if needed. In some cases, however, a waiver from repayment may be more appropriate," Baucus said, noting there was a precedent for such waivers in the Part A and Part B Medicare programs.

Baucus also expressed concern about withholding more than a few months' premiums from beneficiaries' October Social Security checks in cases where Part D enrollees saw no premium deductions for previous months. "Some beneficiaries have had no premiums deducted and may owe an amount close or equal to their entire monthly benefit. Seniors need a better fix," he said.



Dear Marci



Your trusted source for Medicare answers.

Dear Marci is part of Medicare Rights Center's weekly e-mail newsletter. Each edition of *Dear Marci* will feature basic health tips, Medicare coverage advice, health plan reminders, and links to vital health care resources on the Internet.

Dear Marci,

After much deliberation and help from my kids, I picked a Medicare drug plan last year. Now I'm hearing I have to do it all over again. Is that true?

—Clara (Mesa, AZ)

Dear Clara,

You should take a fresh look at your options whether you are happy with your current coverage or not, because plan benefits and costs can change every year.

The **Annual Coordinated Election Period** is coming up, which gives you a chance to enroll in a different plan. From November 15 to December 31, you can change either your **Medicare health plan or your drug plan or enroll in the Medicare drug benefit for the first time**. Your new coverage will start in January 2007.

You can **compare plan options for 2007** by going online to Medicare.gov starting in mid-October. After that date, you can also call your State Health Insurance Assistance Program (SHIP) or your local Area Agency on Aging. You should be getting a new copy of Medicare & You in the mail this month, listing the plans available in your state. And your current plan will be mailing you an annual notice describing any changes to your benefits for 2007.

Even if your plan still meets your needs for next year, check if another plan will now meet them better. See which plans in your area:

- * have all the drugs you take on their list of covered prescriptions (formulary);
- * require special permission before they will cover any of the medications you need (such as prior authorization or step therapy);
- * will cost you less (premium, deductible, co-payments) and pay special attention to whether you will have to pay the full cost for your drugs at any point (coverage gap[ah1]); and
- * have the pharmacies you use regularly in their network.

Consider whether you prefer to pay a higher monthly premium for the security of having coverage all year. If so, consider a plan with **no coverage gap** (keep in mind that most plans with gap coverage only cover generics during this period). If one plan is cheaper but has a lot of restrictions on the drugs you take, talk to your doctor about whether he or she will help you provide the plan with the appropriate medical information to ensure you get the drugs you need.

Remember that how you get Medicare drug coverage **depends on whether you have Original Medicare or a Medicare private health plan (like an HMO or a PPO)**. If you have Original Medicare, you must sign up for a stand-alone prescription drug plan if you want the Medicare drug benefit. If you have a Medicare private health plan and want Medicare drug coverage, you must get it as part of your health plan's benefits package.

You are only able to change your **Medicare health plan** during the Annual Coordinated Election Period or the Open Enrollment Period (OEP). The OEP is from January 1 through March 31 of each year. If you sign up during the OEP, your new coverage starts the month after you apply. (You cannot change your **drug** plan during the OEP.)



Culturally Competent Services

You have the right to get health care services in a language you can understand. For more information about getting health care services in languages other than English, call the Office for Civil Rights in your state or call toll-free 1-800-368-1019. TTY users should call 1-800-537-7697.

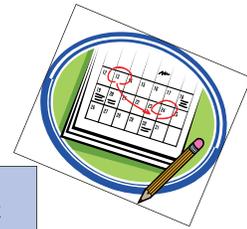
You can also visit www.hhs.gov/ocr for more information.



Reading MSN Saves \$992!

A woman called her local SMP after receiving a Medicare Summary Notice (MSN) showing medical bills paid and she had not been hospitalized. Upon checking the telephone book, a volunteer discovered there were two people with the same name living in the area. The volunteer contacted the hospital's billing department and learned that the actual patient had been treated for injuries from a car accident and her auto insurance carrier was responsible for the payment of the bill. A \$992.45 refund was sent to Medicare and \$190.92 to the woman's supplemental insurance company.

Mark Your Calendars!



NEXT QUARTERLY
ADVISORY COUNCIL
MEETING

January 23, 2007

All meetings will be held at the
DHHS Central Complex in Little Rock
Donaghey Plaza South Building

700 Main Street, Little Rock.
Conference Room B , 10am - noon

Are you registered?
SMP Conference Dec 4-5
www.aoa.gov

CHOICES 2006
FOR INDEPENDENCE
A NATIONAL LEADERSHIP SUMMIT
DECEMBER 5-6, 2006



The Renaissance Hotel
Washington, DC



Several AoA grantee groups will be convening technical assistance conferences in conjunction with the Choices summit. If you are a grantee attending one of these sessions, please check back here later for further information.

Sunday Dec. 3 (afternoon) :

- State Planning Grants

Monday Dec. 4 (full day) through Tuesday Dec. 5 (morning) :

- State Planning Grants

• **Senior Medicare Patrols**

- Aging Disability Resource Center (ADRC) Grant Program

Thursday Dec. 7 (full day) thru Friday Dec. 8 (full day) :

- Evidence-Based Disease Prevention Grants Program
- Alzheimer's Disease Demonstration Grants to States (ADDGS)
- Programs Performance Outcomes Measures Project (POMP)
 - Family Friends



Be Informed...Be Aware...Be Involved!

To Report Suspected Medicare or Medicaid Fraud

Call Toll-free 1-866-726-2916

ASMP - S530
P. O. Box 1437
Little Rock, AR 72203-1437
Phone: 501-682-8497
Fax: 501-682-8155

E-mail: john.pollett@arkansas.gov
kathleen.pursell@arkansas.gov

We're on the web!

www.state.ar.us/dhs/aging/asmp.html

ADDRESS