

SHIC

talk

A program of the ND Insurance Department - Jim Poolman - Commissioner

April 2007

Commissioner Comments



Dear Friends,

We are really proud of the results of our Part D enrollment efforts for 2006. CMS recently reported that North Dakota has the highest percentage of Medicare beneficiaries with prescription coverage in Region VIII. The total number of Medicare eligible people in North Dakota with coverage now stands at 100,105 people.

We have hit the saturation point at the current level of enrollment. This means that currently, there are only around 4,000 people in the state who are eligible for Part D that have not signed up. During the last open enrollment, around 1,500 people signed up for Part D coverage, which is around 240 people per week.

We think that the majority of people left to sign up are people with low income who will receive the Part D coverage for free through the Low Income Subsidy (LIS). It's important to know that low income beneficiaries can sign up for Part D at any time during the year. We are working hard to reach these people and ask that if you have any ideas about how to get our message to them to please let us know.

The income and asset levels for the LIS are \$1,276 per month for an individual and \$1,711 per month for a couple. In addition, individuals may not have more than \$11,710 in assets and couples cannot have more than \$23,410. These asset limits do not include one car or the value of a home.

The Insurance Department and the SHIC program stand ready to assist you with every resource that we have available. We have training sessions coming up at the end of May which will be invaluable to your outreach efforts. These sessions will cover Medicare updates, Part D, and Medicare Advantage Plans. We hope you will be able to attend! For further information, please contact Cindy Sheldon at 1.888.575.6611 or visit our event calendar for more details at <http://www.nd.gov/ndins/consumer/details.asp?ID=238>.

Thanks again for all that you do for the SHIC program. By working together, we can accomplish great things! Your efforts are valued and appreciated!



Jim Poolman
Insurance Commissioner

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SHIC
Senior Health
Insurance Counseling

Telemarketers—DO NOT CALL!

Are you fed up with having your evenings interrupted by calls from telemarketers? You can stop almost all telemarketing calls by registering on the North Dakota DO NOT CALL list.

- You can register your home and cell phone numbers. Your numbers will stay on the list for five years, unless you remove them.
- North Dakota's "Do Not Call" registrations are shared with the Federal Trade Commission (FTC), which operates the National Registry. You only need to sign up once to be on both lists.

Telemarketers cannot call anyone who has been registered on the DO NOT CALL list for 90 days or more. Even if you are not registered, telemarketers CANNOT:

- Call before 8AM or after 9PM local time;
- Block your Caller ID service;
- Use an automatic dialing device unless it disconnects within ten seconds after you hang up;
- Use pre-recorded messages, unless a live operator comes on the line first to get permission. The operator must tell you which company is calling.

REGISTERING IS FREE AND EASY! TO REGISTER FOR THE DO NOT CALL LIST:

Register online: www.ag.state.nd.us
Register by phone: 1.888.382.1222

After you are registered you may still receive some calls, which are permitted by law, including:

- Calls from a person or business that has established a business relationship with you during the past two years;
- Calls by charitable organizations;
- Calls soliciting the expression of ideas, opinions, votes, etc;
- Calls by political parties, organizations or candidates.

PLEASE REPORT TELEMARKEERS WHO BREAK THE LAW.

Write down the date and time of the call, the name and telephone number of the telemarketing company.

File a complaint with the Attorney Generals office at 1.800.472.2600 or online at www.ag.state.nd.us.

Benefits QuickLINK—A Public Benefits Screening Tool

What is QuickLINK?

Benefits QuickLINK is an online tool that helps users find federal, state, and private programs for which they may be eligible.

What are the benefits of QuickLINK?

By using this online public benefits screening tool, it will be easy for Americans to find out if they qualify for the 15 most important public benefits for residents and

families with children.

Why are they doing this?

Millions of Americans are eligible for public and private benefits programs, but most do not access them. These programs can help them stay healthy, cover basic expenses, assist older relatives, and support children in their care.

Who does the program support?

Thousands of families with limited

incomes or serious health issues, and the organizations that serve them.

How does it work?

Go to www.aarp.org/quicklink and answer a short list of questions. Applicants will receive fact sheets, applications, websites and local agency contact information.

(This service is sponsored by the AARP Foundation Benefits Outreach)

Last Resort for Underinsured Patients—Non-Profit Programs

As you may know, the North Dakota Insurance Department administers Prescription Connection for ND (PC4ND), a program that connects clients who do not have insurance coverage with free and low-cost prescriptions directly from pharmaceutical companies. Prescription Connection recently had a case that was very challenging, but also offered a lot of hope for those with expensive, necessary prescription needs.

Case Scenario

A gentleman contacted Prescription Connection for ND for assistance with a cancer medication. He did have coverage with Medicare Part D, but was unable to afford the approximately \$4,000.00 out-of-pocket costs associated with his medicine.

PC4ND staff assisted him with applying to the PAPs (Prescription Assistance Programs), but the companies were unable to assist him because he was enrolled in Medicare Part D. However, the PAPs referred PC4ND staff to some other resources such as non-profit programs.

A few days later, after completing the necessary program forms, the patient received a call from one of the non-profit companies at which he had applied. He

was approved to get \$7,500.00 worth of medication! He was only responsible for \$50.00 per month or \$600.00 per year.

With his Part D plan, his medication would have cost \$14,000.00 for a year's supply. Because of the assistance of this non-profit program, our client was able to receive his needed cancer medication.

Non-Profit Program Information

The types of diseases that may be covered include:

- Ankylosing Spondylitis
- Asthma
- Breast Cancer
- Colorectal Cancer
- Growth Hormone Deficiency
- Multiple Myeloma
- Multiple Sclerosis
- Myelodysplastic Syndrome (MDS)
- Non-Small Cell Lung Cancer
- Psoriasis
- Psoriatic Arthritis
- Rheumatoid Arthritis

If you feel you have exhausted all other possibilities for needed prescriptions, and your client falls into one of the above medical categories, please call the Prescription Connection for ND program at 1.888.575.6611 for more information.

CMS Announces New 2007 Preventative Services

Ultrasound screening for abdominal aortic aneurysms (AAA).

This covered screening started January 1, 2007. This screening is covered once per lifetime and must be referred by a physician. The beneficiary must meet coverage requirements, such as receiving

ultrasounds from a Medicare approved provider AND be at risk. This service is not subject to the Part B deductible.

Colorectal Cancer Screening.

This screening test is available for ages 50 and over. The test is for

cancer and pre-cancerous growths. Tests administered include fecal occult blood tests, flexible sigmoidoscopy, colonoscopy and barium enemas. Prior to this implementation, the beneficiary's payment varied with the type of test. As of today, there will be no Part B deductible and no payment for fecal occult blood tests.

Director's Corner

Dear SHIC friends:

As spring nears, we are getting ready to welcome new counselors into SHIC. We are excited about having additional counselors available to assist beneficiaries across the state! What a gift you have given to this program and to beneficiaries across North Dakota.

We have been busy working on all of the Advantage Plan challenges. Some of our concerns include the high or repetitive out-of-pocket co-payments for medical visits and the marketing techniques of the salespeople. Hang in there....we are hoping for this to be over soon!

I will be attending a new SHIP directors training in Maryland this month and a national directors training in June. I hope to bring back valuable information for the program.

Thank you for all you do! Have a great month!



Cindy Sheldon

CMS—A Great Information Resource for SHIC Counselors

SHIC counselors who have questions about Medicare should consider using the Centers for Medicare and Medicaid Services website. The site provides helpful information that is detailed and timely.

top dark blue banner, there is a search engine within the FAQ section.

Check out the website for a preview!

Under the “Questions” section, which is located on the

<http://www.cms.hhs.gov/>

Update for LIS Beneficiaries

In August 2006, Social Security sent letters to all those eligible for LIS to confirm that their income and asset levels had not changed.

This letter was to be returned to the Social Security Administration (SSA) **ONLY IF THERE WERE INCOME OR ASSET CHANGES.**

The letter to be returned to SSA

was a standard letter; it did not have any information for the beneficiary to fill out. Upon receipt of this letter (letter stating the beneficiary had a change in income and/or assets), SSA sent a form (1026B) to the beneficiary to fill out more specific information.

If the beneficiaries originally stated they had a change in income and did not return the 1026B form,

they lost their LIS coverage.

Beneficiaries losing LIS receive three months to choose and enroll in a different Part D plan. This Special Enrollment Period (SEP) is generally from January 2007 through March 31, 2007. However, a separate SEP may apply if the beneficiary received a late notice, etc.

Part D Special Enrollment Periods

In certain situations, people with Medicare may be eligible for a Special Enrollment Period (SEP) to join a plan that provides Medicare prescription drug coverage, or switch to a different plan. A Special Enrollment Period is a period of time when an individual can enroll in or switch plans outside of the annual enrollment period (November 15th—December 31st). The chart below and on the next pages describes the different situations in which an individual may be eligible for a Special Enrollment Period.

2007 Specific SEPs	Who is eligible?
Received Annual Notice of Change (ANOC) after November 15, 2006	Individuals in PDPs who got ANOC after November 15 will have one enrollment opportunity from January 1, 2007 through February 14, 2007. An individual's enrollment will be effective on the first day of the month after the enrollment is made.
LIS re-determination beneficiaries	Individuals who lose their low-income subsidy eligibility for 2007 as a result of the LIS re-determination process. This SEP runs from January through March 2007 and allows for one enrollment election.
All LIS	New SEP to provide all individuals with LIS one additional enrollment opportunity through the end of 2007.
2007 Ongoing SEPs	Who is eligible?
Change in residence	Individuals who are no longer eligible to be enrolled in a PDP due to a change in residence or those who have new Part D plan options available to them as a result of a move.
Dual-eligibles	Individuals who receive any type of assistance from the Medicaid program or who lose their Medicaid eligibility. This SEP is ongoing for dual eligibles and provides a one-time election for individuals who lose their dual eligibility.
Contract violations	Individuals in a PDP that violates its contract. This is a one-time SEP for individuals to select a new PDP.
Non-renewals or terminations	Individuals affected by PDP non-renewals or plan terminations.
Involuntary loss of creditable coverage	Individuals who involuntarily lose creditable coverage, including a reduction in the level of coverage so that it is no longer creditable. This is a one-time SEP for individuals to select a new PDP.
Not adequately informed about creditable prescription drug coverage	Individuals who were not adequately informed of the creditable status of drug coverage provided by an entity required to give such notice or who were not adequately informed of a loss of creditable coverage. This one-time SEP is granted on a case-by-case basis and permits one enrollment or disenrollment.
CMS sanction	Individuals who want to disenroll from a PDP as a result of a CMS sanction of the Part D sponsor. This SEP is granted on a case-by-case basis.

Part D Special Enrollment Periods Continued...

2007 Ongoing SEPs

Who is eligible?

Enroll in or maintain other creditable coverage	Individuals may disenroll from a Part D plan (including PDPs and MA-PDs) to enroll in or maintain other creditable drug coverage (such as TRICARE or VA coverage).
Error by a Federal employee	Individuals whose enrollment or non-enrollment in Part D is erroneous due to an action, inaction or error by a federal employee. This one-time SEP is granted on a case-by-case basis and permits one enrollment or disenrollment.
Employer Group Health Plan	Individuals enrolling in employer group/union-sponsored Part D plans, individuals disenrolling from a Part D plan to take employer/union-sponsored coverage of any kind, or individuals disenrolling from employer/union-sponsored coverage (including COBRA coverage) to enroll in a Part D plan.
Cost plan	Enrollees of HMOs or CMPs that are not renewing their cost contracts (if the individual is also enrolled in a Part D benefit through that cost plan).
PACE	Individuals enrolling in PACE. This is a one-time SEP for the individual to disenroll from a PDP.
Institutionalized individuals	Individuals who move into, reside in, or move out of an institution such as a SNF, long-term care hospital, etc.
Medicare entitlement determination is made retroactively	Individuals whose Medicare entitlement determination is made retroactively and who should have been provided the opportunity to enroll in a PDP during their IEP.
Individuals who enroll in Part B during the Part B General Enrollment Period (GEP)	Individuals who are not entitled to premium-free Part A and who enroll in Part B during the General Enrollment Period for Part B (January – March).
New LIS Eligibles	Individuals who are not currently enrolled in a Part D plan and who newly qualify for LIS because they have SSI or applied for LIS at SSA or State.
SPAP	Individuals who belong to a qualified SPAP may make one enrollment choice at any time through the end of each calendar year (i.e. once per year).
Full-benefit dual eligibles with retroactive uncovered months	Full-benefit dual eligibles who voluntarily enroll in a Part D plan in the month(s) before the individual would otherwise have been auto-enrolled.
MA coordinating SEPs	There are a number of SEPs that were established to coordinate with MA election period (e.g., SEP65, OEPI, OEPNEW, etc).
Individuals impacted by Hurricanes Katrina, Wilma, and Rita	Individuals affected by Hurricanes Katrina, Rita and Wilma. This SEP expires at the end of 2006.

Medicare Savings Programs for Seniors— One of ND’s Most Hidden Treasures

Medicare Savings Programs are available to assist with Medicare costs for people with limited income and assets. By taking the time to apply, you could save more than \$900 a year on medical insurance. These programs can pay for:

- Monthly Medicare Part B Premium and the annual deductible;
- Medicare coinsurance costs—the 20% of approved charges for doctors’ services that Medicare does not pay;
- Medicare Hospital deductible;
- Monthly Medicare Part A Premiums (hospital insurance) if you do not receive Part A free of charge.

Who can qualify for the Medicare Savings Programs?

You may qualify if you have limited income and assets. You are encouraged to apply! The amount of money you save can vary depending on the amount of your income.

Requirements:

- **Income:** Monthly income from Social Security, wages, pension, Veteran’s Benefits, or other sources must be less than:

Individual:	\$1,149
Couple:	\$1,541

Note: Only a portion of wages are counted in this calculation. If your income is slightly higher than this amount, you are encouraged to apply. You still may be eligible to save some money.

- **Assets:** To qualify, your savings and other things you own must have a value of less than:

Individual:	\$4,000
Couple:	\$6,000

Note: Your home and one car are not included.

For more information or to apply for these savings, contact your local county social services office or call 1.800.755.2604.



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