

SHIC Talk

A publication of the North Dakota Insurance Department's SHIC program



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Scope of Medicare program

Medicare pays more than 4.4 million claims every working day to more than 1.5 million distinct providers and suppliers valued at \$1.1 billion per working day totaling \$431.2 billion in annual Medicare payments.

By law, CMS must pay submitted claims within 30 days of receipt.

Due to time and limitations, Medicare reviews fewer than three percent of all submitted claims before they are paid.

Each month CMS receives 18,000 Part A & B provider enrollment applications and 900 DME supplier applications.

CMS



Adam Hamm
Insurance Commissioner

October 2010

A note from the Commissioner

Dear friends,

The Medicare Part D annual enrollment period is still more than a month away, but you will soon be hearing my voice on the radio across the state, encouraging Medicare beneficiaries to call 211 to begin the plan comparison process.

211, an in-state telephone number that connects people with important community services, is once again on board to assist the Insurance Department during the Medicare Part D annual enrollment period. 211 operators collect information from beneficiaries via telephone beginning Oct. 1, including a list of their prescription medications. The Insurance Department follows up with beneficiaries by mailing out a customized Part D

plan comparison. Calls to 211 are free and available 24 hours a day, seven days a week.

In addition to the 211 service, beneficiaries will be invited to the Department's annual enrollment events scheduled around the state throughout November and December. The events begin in Bismarck on Nov. 15 and wrap up in Dickinson on Dec. 2. A schedule of the Department's events is on the last page of this newsletter. Thank you to all of our counselors and volunteers who are signed up to work at these events.

While our focus right now is on this year's Medicare Part D annual enrollment period, we are brainstorming ideas on how

best to educate beneficiaries about the annual enrollment period date change occurring in 2011. Under the federal Patient Protection and Affordable Care Act, the Medicare Part D annual enrollment period will move to Oct. 15–Dec. 7 in 2011, for plans effective Jan. 1, 2012. Please help us remind beneficiaries of this change as you meet with them in your area this season.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adam Hamm', written over a white background.

Adam Hamm

211 on board to help with Part D

211 is once again on board to take calls Oct. 1–Dec. 15 from North Dakota's Medicare beneficiaries to begin the plan comparison process.

211 is an in-state telephone number that connects people with important community services. Calls to 211 are free and available 24 hours a day, seven days a week.

211 operators record information from the callers, including a list of

medications, and the Department follows up by mailing out Part D plan comparisons.

Radio ads featuring Commissioner Adam Hamm will be heard on KFJR AM and KBMR AM across the state encouraging Medicare beneficiaries to call 211 to get a Part D plan comparison started.

Several enrollment events are scheduled around the state throughout November and December to help beneficiaries

compare plans for 2011.

The Medicare Part D annual enrollment period will move to Oct. 15–Dec. 7 in 2011.



Some Medicare Advantage plans leaving North Dakota

In 2008, a law was passed that required, effective Jan. 1, 2011, all PFFS Medicare Advantage plans to have contractual network agreements in place. Currently, those contractual agreements have not been required, and providers and insurers had unwritten understandings. The Centers for Medicare and Medicaid Services (CMS) wants to protect consumers by requiring contractual agreements.

Companies that do not have contractual agreements in place for their PFFS (Private Fee for Service) plans on Jan. 1, 2011 can no longer sell PFFS plans in specific areas. These contractual agreements must be approved by CMS as complying

with their standards (on a county-by-county basis).

CMS grants exceptions to counties with low populations, so in those designated counties contractual agreements are not required.

Companies recently mailed letters to policyholders informing them that their PFFS coverage will terminate Dec. 31, 2010.

Consumers whose Advantage plans will not be available in 2011 have three options:

1. Do nothing. Their coverage will automatically go back to original Medicare (without prescription drug

coverage and without any Med Supp policy).

2. Switch coverage to another Medicare Advantage plan.

3. Revert back to original Medicare and add a Part D (prescription drug) and/or a Med Supp plan. This would be done on a guaranteed issue basis for Medicare beneficiaries over 65 if accomplished within an identified time frame.

Save the date

Webinar: Applying Online for Disability Benefits

Mark your calendars for Wednesday, Oct. 6 at 2 p.m. EDT. Social Security will be offering a webinar at

www.socialsecurity.gov that will cover changes to the online disability application process that make it easier and more convenient to use.

SHIC ranked #1 in nation

Second year in a row

North Dakota Insurance Commissioner Adam Hamm announced recently that the North Dakota Insurance Department's State Health Insurance Counseling program (SHIC) has been ranked number one in the nation for the second year in a row by the Centers for Medicare and Medicaid Services (CMS). The ranking is based on the program's performance in 2009.

"I am extremely proud of the work the professional staff here at the Insurance Department does every day for the people of North Dakota, as well as the work done by our partnering organizations and volunteers across the state," Hamm said. "The Insurance Department's work in educating and protecting



consumers is second to none and this award is the latest evidence establishing that fact."

CMS has distributed performance awards since 2006 using data

reported through a national performance reporting system. North Dakota was ranked number one last year. Performance criteria

include the number of beneficiaries that SHIC serves in one-on-one counseling sessions and in public education and outreach events, and the number of counselors recruited and trained to provide community-based assistance to Medicare beneficiaries.

SHIC offers free and confidential help with Medicare and other health insurance. For more information, call 1-888-575-6611 or visit www.nd.gov/ndins.

Get ready for Medicare enrollment periods, including some changes

There are important changes to enrollment periods for the 2011 plan year and future plan years, according to Medicare Advantage and Prescription Drug Plan enrollment guidance released by the Centers for Medicare & Medicaid Services (CMS) at the end of August.

One significant change is the elimination in 2011 of the Open Enrollment Period (OEP), which in previous years began on Jan. 1. **Beginning in 2011, there will be a new Medicare Advantage Disenrollment Period (MADP) from Jan. 1 to Feb. 14 of each**

year. During the MADP, people may disenroll from a Medicare private health plan, also known as a Medicare Advantage plan, to Original Medicare. However, individuals are not permitted to switch to another private health plan, or from Original Medicare to a private health plan. People who disenroll from private health plans during the MADP will also be able to enroll in a stand-alone prescription drug plan.

For the 2011 plan year, the Annual Election Period for Medicare private health plans and the Annual Coordinated Election Period for Part D prescription drug plans, sometimes referred to as the Fall Open Enrollment Period, will run from Nov. 15,

2010 to Dec. 31, 2010. While this is the same timeframe as in previous years, beginning next year the **fall election periods will take place earlier, from Oct. 15, 2011 to Dec. 7, 2011.**

The guidance implements provisions in the Affordable Care Act (ACA).

View a timeline of Medicare enrollment periods.

Read the Medicare Advantage enrollment guidance.

Read the prescription drug plan enrollment guidance.



North Dakota to receive federal matching funds

Electronic health record incentive program

In another key step to further states' role in developing a robust U.S. health information technology (HIT) infrastructure, the Centers for Medicare & Medicaid Services (CMS) announced that North Dakota's Medicaid program will receive federal matching funds for state planning activities necessary to implement the electronic health record (EHR) incentive program established by the American Recovery and Reinvestment Act of 2009 (Recovery Act). North Dakota will receive approximately \$226,000 in federal matching funds.

EHRs will improve the quality of health care for the citizens of North Dakota and make their care more efficient. The records make it easier for the many

providers who may be treating a Medicaid patient to coordinate care. Additionally, EHRs make it easier for patients to access the information they need to make decisions about their health care.

The Recovery Act provides a 90 percent federal match for state planning activities to administer the incentive payments to Medicaid providers, to ensure their proper payments through audits and to participate in statewide efforts to promote interoperability and meaningful use of EHR technology statewide and, eventually, across the nation.

"We congratulate North Dakota for qualifying for these federal matching funds to assist its plan for implementing the Recovery

Act's EHR incentive program," said Cindy Mann, director of the Center for Medicaid, CHIP and Survey & Certification at CMS. "Meaningful and interoperable use of EHRs in Medicaid will increase health care efficiency, reduce medical errors and improve quality-outcomes and patient satisfaction within and across the states."

North Dakota will use its federal matching funds for planning activities that include conducting a comprehensive analysis to determine the current status of HIT activities in the state. As part of that process, North Dakota will gather information on issues such as existing barriers to its use of EHRs, provider eligibility for EHR incentive payments, and the creation of a State Medicaid HIT Plan, which will define the state's vision for its long-term HIT use.

Additional information on implementation of the Medicaid-related provisions of the Recovery Act's EHR incentive payment program may be found at: http://www.cms.hhs.gov/Recovery/11_HealthIT.asp#TopOfPage

CMS

Protect. Prevent. Prevail this winter. Get the flu vaccination, not the flu!

CMS educational campaign

Protect yourself from the flu by getting your flu vaccination early, before flu season ramps up. Medicare covers many preventive services including the flu vaccine. Medicare clients can get the flu vaccine at no cost. There is no coinsurance or copayment applied to this Medicare benefit, and people on Medicare will not have to meet their deductible.

- The flu vaccine can prevent the flu; it does not give people the flu. Getting a flu vaccine is the best thing you can do to keep from getting sick this flu season. This year, one flu vaccine will protect you from three different types of flu virus, including the 2009 H1N1 virus that caused much illness last season. Additionally, by protecting yourself, you are also protecting those you care about from getting the flu from you.

- All adults age 65 years and older, and people who are under 65 who have chronic illness, including heart disease, lung disease, diabetes or end-stage renal disease should get a flu vaccine. Helpful tips to follow during flu season:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow,

not your hands.

- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners also work.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- Stay home if you are sick until at least 24 hours after you no longer have a fever (100° F) or signs of a fever without the use of a fever-reducing medicine.

Visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to get a free copy of "Staying Healthy: Medicare's Preventive Services." TTY users should call 1-877-486-2048. On the Web, select "Publications" under "Resource Locator."

You can also visit www.flu.gov for specific information about influenza. More information is available at www.healthcare.gov. This information prepared by the U.S. Department of Health and Human Services.

What is IRMAA?

The letters IRMAA represent the words Income Related Monthly Adjustment Accounts. Beginning 1/1/11, high income individuals will pay higher part D premiums. The increase is based upon incomes reported to the IRS. The percentage of the additional amount is based on the national based premium. Individual tax filers with income equal to or less than \$85,000 will have no IRMAA. Joint tax filers with income equal to or less than \$170,000 will have no IRMAA.

Part D IRMAA will be deducted from monthly SSA/OPM/RRB benefit regardless of method of paying prescription drug plan premium. The individual will receive a direct bill if the monthly benefit is insufficient, less than direct deposit or if the individual does not get a benefit check.

Lynn Orlosky

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LOCAL HELP FOR PEOPLE WITH MEDICARE

Forum examines impact of health reform on people with disabilities



Yesterday, Medicare Rights Center President Joe Baker served as a panelist at a Kaiser Family Foundation forum on the challenges facing people with disabilities before, during and after implementation of health reform.

The starting point for the discussion was a recent study, conducted by the Kaiser Family Foundation and published in

Health Affairs, which found that people who are under 65 and have Medicare as a result of a disability are more likely to experience difficulty accessing and paying for care.

In his opening comments, Baker noted that the study's results reflect what the Medicare Rights Center hears from the consumers who call our hotline. "Over the last three months, 80 percent of

our callers that are under 65 and disabled are asking about low-income programs because they can't afford the cost of their care," he said.

Baker also pointed to reforms included in the Affordable Care Act, such as the new high-risk insurance pools and the future health insurance exchange, as promising developments for people with disabilities.

Other panelists at the forum included Jeffrey Crowley, senior advisor on disability policy at the White House, Juliette Cubanski, coauthor of the Foundation's study, and Elizabeth Prialux, a senior disability legal specialist with the National Disability Rights Network. PBS NewsHour co-anchor Judy Woodruff moderated the discussion.

Watch a video of the forum.

Read the Kaiser Family Foundation's study.

Kaiser Family Foundation

Thank you, Jan Frank



Jan Frank

Jan Frank, program assistant, retired in September. She was a valuable asset to the SHIC and Prescription Connection programs, helping with everything from IVAN registrations to enrollment events.

The Insurance Department thanks Jan for her service and wishes her well in her retirement.



Jane Ward

Jane Ward was recently hired as a consumer assistance investigator. Jane is now the primary Prescription Connection contact. If you have a question, call our toll free number, 1-888-575-6611.

2010 Medicare Part D annual enrollment events

City	Time	Date	Location and address
Bismarck	9 a.m.–4 p.m.	Monday, Nov. 15	Doublewood Inn Heritage Ballroom 1400 E. Interchange Ave.
Devils Lake	9 a.m.–4 p.m.	Wednesday, Nov. 17	Spirit Lake Casino Sage and Sweetgrass Rooms 7889 Highway 57 <i>7 miles south of Devils Lake on Hwy 57</i>
Grand Forks	9 a.m.–4 p.m.	Thursday, Nov. 18	Guest House Parlors B and C 710 1st Ave. N.
Jamestown	9 a.m.–4 p.m.	Friday, Nov. 19	Jamestown Civic Center Exchequer Room 212 Third Ave. NE <i>Please use the lower north entrance</i>
Minot	9 a.m.–4 p.m.	Tuesday, Nov. 23	Sleep Inn Convention Center 2400 10th St. SW
Valley City	9 a.m.–4 p.m.	Monday, Nov. 29	Senior Center 139 2 nd Ave. SE
Fargo	9 a.m.–4 p.m.	Tuesday, Nov. 30	Doublewood Inn Woodland North and South 3333 13 th Ave. S. <i>Please use the northeast entrance</i>
Dickinson	9 a.m.–4 p.m.	Thursday, Dec. 2	Dickinson State University Badlands Activities Center Lowman-Walton Concourse 291 Campus Dr.

Fast facts for North Dakota in 2011 from CMS

- 33 Medicare Prescription Drug Plans available
- \$14.80 is the lowest monthly premium for a PDP
- 10 PDPs have a premium of \$0 for people who qualify for Extra Help