

SHIC Talk

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



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March 2011

Save the date!

The Medicare Part D annual enrollment period has changed, beginning in 2011. Please note on your calendar now—this year it will begin on Oct. 15 and end Dec. 7, 2011.

We have been used to having until the end of the year to get this done. This year, if you wait until the end of the year, you will not be enrolled into a Prescription Drug Plan.

Please be sure to mark your calendars for Oct. 15, 2011.





Adam Hamm
Insurance Commissioner

March 2011

A note from the Commissioner

Dear friends,

Thank you for another successful annual enrollment season! More than 1,125 North Dakotans attended the 2010 Medicare Part D annual enrollment events held around the state in November and December. Attendance was up slightly from 1,038 people in 2009.

These events are a great opportunity to meet you, our SHIC counselors, and to assist North Dakota's Medicare beneficiaries in person.

2-1-1 once again assisted the Department in 2010, completing more than 930 intakes over the phone, which is about the same as the number of intakes

in 2009. Every intake that 2-1-1 handled was followed up by Department staff with printed plan comparisons. With 2-1-1's help, the number of phone calls coming into the Department was reduced, freeing up our staff to assist more consumers as efficiently as possible.

Thank you to all the volunteers and partners—including RSVP+ and 2-1-1—and staff for another successful Part D season.

Another impressive statistic from 2010 comes from the Insurance Department's recently released Consumer Assistance, Enforcement Action and Fraud Report. In 2010, the State Health Insurance Counseling Program

helped 13,194 people, providing more than \$3 million in relief. The complete report can be found on our website, www.nd.gov/ndins.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adam Hamm', written in a cursive style.

Adam Hamm

Preventive services

Medicare covers many preventive services. As long as you meet basic eligibility standards, you have the right to receive these services no matter if you have Original Medicare or a Medicare Advantage plan (Medicare private health plan).

- Starting in 2011, if you have Original Medicare you will have no coinsurance or deductible for certain preventive care services recommended by the U.S. Preventive Services Task

Force if you see a doctor who accepts assignment. Doctors who accept assignment cannot charge you more than the Medicare approved amount.

- If you are in a Medicare Advantage plan, deductibles and co-pays may apply to these preventive services in 2011. However, private plans cannot charge you anything for the flu or pneumonia vaccine. In addition, Medicare Advantage plans cannot

require that you get a referral in order to get a screening mammogram or a flu shot. Check with your plan to see how it covers preventive services.

Be sure to follow the Medicare guidelines for receiving these services in order to ensure that Medicare will cover them since some are covered only once every few years and others are only covered if you meet specific criteria. See the chart below for types of services available.

Service	As of Jan. 1, 2011, Original Medicare covers ...
Diabetes screening	100% of the Medicare-approved amount (no Part B deductible)
Diabetes services and supplies	80% of the Medicare-approved amount (after Part B deductible)
Medical nutritional therapy	100% of the Medicare-approved amount (no Part B deductible)
Glaucoma screening	80% of the Medicare-approved amount (after Part B deductible)
Blood tests for heart disease	100% of the Medicare-approved amount (no Part B deductible)
Bone mass measurement	100% of the Medicare-approved amount (no Part B deductible)
Screening mammograms	100% of the Medicare-approved amount (no Part B deductible)
Pap smears, pelvic exams and clinical breast exams	100% for Pap lab test, Pap test collection, pelvic exam and clinical breast exam (no Part B deductible)
Colon cancer screening	100% for fecal occult blood test, flexible sigmoidoscopy, and colonoscopy (no Part B deductible). 80% of the Medicare-approved amount for barium enema (no Part B deductible)
Prostate cancer screening	100% for PSA test (no Part B deductible); 80% of the Medicare-approved amount for digital rectal exam (after Part B deductible)
Flu shot	100% of the Medicare-approved amount (no Part B deductible)
Pneumonia vaccine	100% of the Medicare-approved amount (no Part B deductible)
Hepatitis B vaccine	100% of the Medicare-approved amount (no Part B deductible)
Annual wellness visit	100% of the Medicare-approved amount (no Part B deductible)
"Welcome to Medicare" physical exam	100% of the Medicare-approved amount (no Part B deductible)

Medicare.gov



Common Medicare questions

Related to employer-provided insurance

Should I enroll in Medicare Part B if I am 65 or older, still working (or spouse is still working) and have insurance from that job?

If you are 65 and older and there are fewer than 20 employees in the company you or your spouse works for:

Medicare is your primary coverage. If you have not yet enrolled, you should enroll during your Initial Enrollment Period. If you decline Part B, neither Medicare nor your job coverage (with limited exceptions) will pay for your doctors' services and other medical care.

If you are 65 and older and there are 20 or more employees in the company you or your spouse works for:

Your employer group health plan is your primary insurer. You do not need to enroll in Medicare if you are satisfied with your job

coverage.

In either case, you qualify for a Special Enrollment Period, which means you can delay enrollment in Part B without penalty if you were covered by employer health insurance through your or your spouse's current job when you first become eligible for Medicare. You can enroll in Medicare without penalty at any time while you have group health coverage and for eight months after you lose your group health coverage or you (or your spouse) stop working, whichever comes first.

Should I enroll in Medicare if I have end stage renal disease (ESRD), am under 65 and have insurance from my (or my spouse's) job?

Not immediately. If you have good employer insurance and you do not need Medicare to supplement your coverage. There is a period of time when your

employer or retiree health plan will pay first and Medicare will pay second. This is called a 30-month coordination period and it starts when you first qualify for Medicare coverage, even if you have not signed up for it yet.

At the end of the 30-month coordination period, Medicare will pay first for all Medicare-covered services and your employer group health plan or retiree plan will pay second. (Your employer group or retiree health plan may also pay for services not covered by Medicare. Call your benefits administrator to find out.)

If you are happy with your employer coverage, you can delay enrollment in Medicare until the end of the 30-month coordination period. This way, you will not have to pay monthly Medicare Part B premiums while you do not need Medicare coverage. To avoid incurring a premium penalty when you enroll in Medicare later, do not enroll in Medicare Part A or Part B when you first become eligible for Medicare.

To prevent a gap in coverage, enroll in Medicare Part A and B a few months before your 30-month coordination period ends. Tell Social Security that you want your Medicare coverage to begin the first month after the coordination period ends, when Medicare will become your primary coverage. Apply early to give Social Security time to process your application.

Should I enroll in Medicare Part B when I qualify if I'm retired and have insurance from a former job?

In most cases, you should enroll

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“Common Medicare questions” continued ...

in both Medicare Parts A and B to have full coverage of doctors’ services and other medical care. Retiree coverage generally works differently than coverage for current employees, paying only after Medicare. You have the option to decline Medicare Part B (outpatient coverage, for which you pay a premium), but if you do, your plan may only cover a small portion of your costs.

Because retiree plans vary, you should always check with your human resources department or benefits administrator to find out exactly how your retiree coverage works with Medicare. If you later decide to enroll in Medicare, you will pay a penalty on top of your monthly premium. This penalty will increase the longer you wait to enroll in Medicare.

Note: Some federal retirees chose to decline Part B. Unlike most other retirees, federal retirees keep the same health insurance that they had when they were working.



Can I keep my COBRA coverage when I enroll in Medicare?

It depends on when you got your COBRA coverage.

COBRA is a federal law that gives you the right, to continue your

health insurance once it ends because of job loss, divorce, death or other reasons. You must pay the full premium yourself.

If you already have COBRA coverage when you enroll in Medicare; Your COBRA will probably end. Contact your COBRA benefits manager to find out.

Caution: If you have COBRA and become Medicare-eligible, you should enroll in Part B immediately because you are not entitled to a Special Enrollment Period (SEP) when COBRA ends. Your spouse and dependents may keep COBRA for up to 36 months, regardless of whether you enroll in Medicare during that time.

If you become eligible for COBRA coverage after you are already enrolled in Medicare:

You must be allowed to take the COBRA coverage. It will always be secondary to Medicare (unless you have ESRD or End Stage Renal Disease). You may wish to take COBRA if you have very high medical expenses and your COBRA plan offers you generous extra benefits, like prescription drug coverage.

If you have drug coverage through COBRA and you want to keep it, you should find out if that coverage is as good as or better than Medicare’s drug coverage (creditable). You should have received a letter from the company providing your COBRA coverage letting you know whether your drug coverage is as good as Medicare’s. If it is creditable, you may want to keep your COBRA coverage

and delay enrolling in Medicare drug coverage. Many COBRA plans will not allow you to drop your drug coverage and keep your other medical coverage. Also, if you enroll in Medicare drug coverage later you will not have to pay a higher premium (premium penalty) as long as you join within 63 days of losing your creditable COBRA drug coverage. When COBRA coverage ends, you will have a Special Enrollment Period to enroll in a Medicare drug plan outside of the standard enrollment periods.

If your COBRA drug coverage is not creditable, you can switch to a Medicare private drug plan at any time. However you will have to pay a premium penalty if you did not enroll in the Medicare drug benefit when you were first eligible and have been without creditable coverage for more than 63 days. You will not have to pay a penalty if you can show you received inadequate information about whether your drug coverage was creditable.

Medicareinteractive.org

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Director's corner

Dave Zimmerman



We will miss her a great deal. While it may take some time to find a replacement, we want to ensure that we can provide timely responses to your questions, issues or concerns. Please make your contacts according to the chart below.

Please start reminding all of your consumer contacts that the Medicare Part D annual enrollment period for 2011 has changed to begin on Oct. 15 and end Dec. 7. If they miss this time frame they will miss the opportunity to enroll in a prescription drug plan.

As always, volunteers are essential to the success of these programs. Our valuable time and dedication to provide the services you do for beneficiaries around the state is greatly appreciated. Medicare is constantly changing and together we can assist consumers in negotiating these changes so they can make the best decisions for themselves.

Greetings!

SHIC is undergoing a few changes that I hope will make it more effective and responsive to your needs. The North Dakota Insurance Department has created a new division that focuses on providing assistance to consumers across the state. The new Consumer Assistance Division was established in the fall of 2010 and is currently assessing all issues facing both the State Health Insurance Counseling program as well as Prescription Connection, including the impact of health care reform. A key focus of this assessment is the level and type of support made available to SHIC counselors and volunteers across the state.

We have been able to evaluate areas of the state that could benefit from additional volunteers and are developing a strategy to focus on recruitment efforts in such areas. During this assessment we have identified training issues and areas of

training, based on your feedback that suggests modifying current practices to allow you to get the most important information allowing you to provide the greatest assistance you can to the consumers with whom you interact. We will begin rolling these changes out with the announcements of NEW SHIC Counselor training dates as well as counselor updates.

In addition, we are saddened that Kim Gullicks is leaving the Department; however, she will continue working for the state through North Dakota Job Service.

Issue/concern/question	Contact	Phone	Email
Consumer issues re: Medicare, PDP	Sharon St. Aubin	701-328-2440	ndshic@nd.gov
Prescription assistance, public events	Jane Ward	701-328-2440	ndshic@nd.gov
Programmatic issues; consumer contacts	Dave Zimmerman	701-328-9611	davezimmerman@nd.gov

For more information

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