

2/21/13

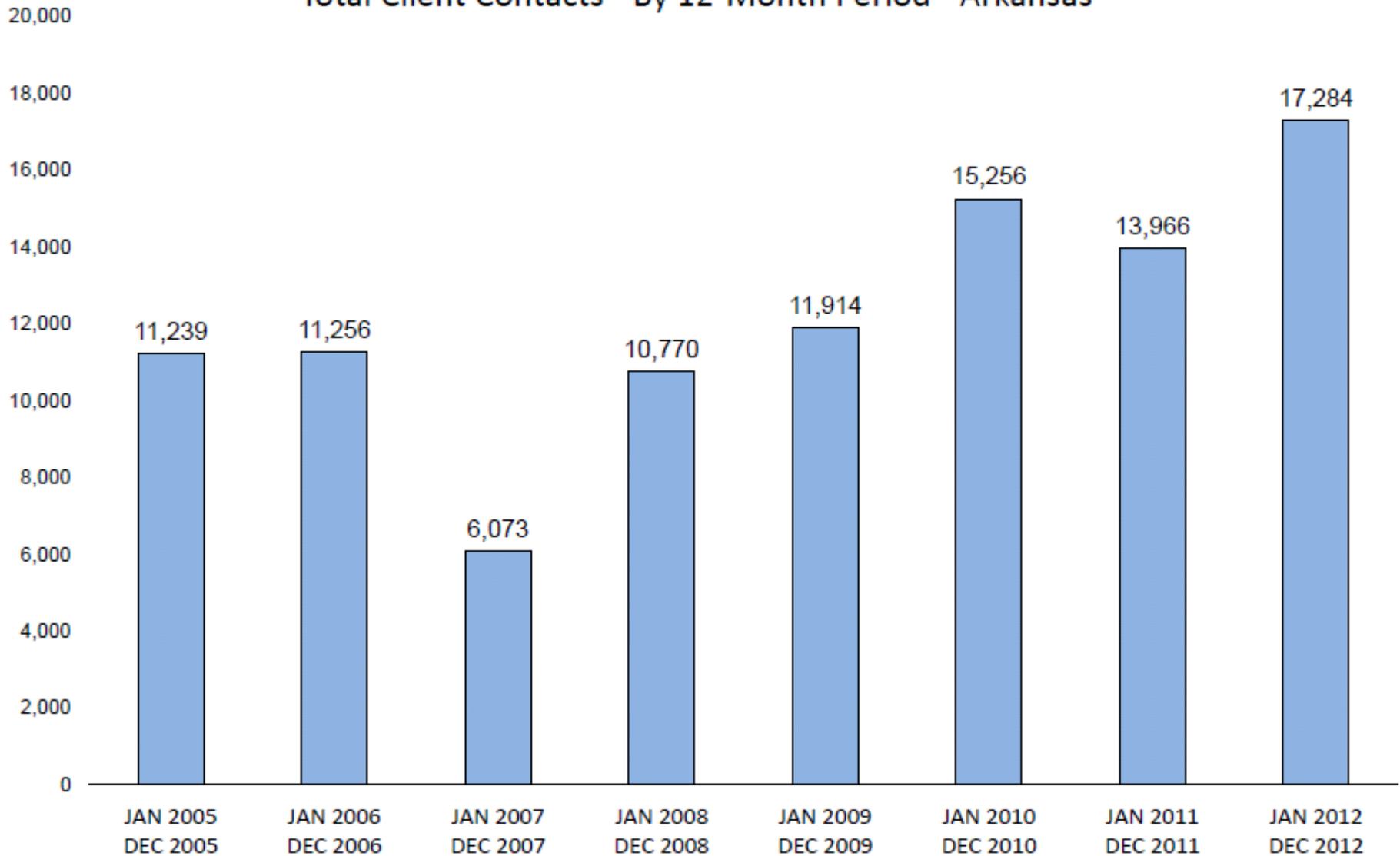
# SHIP Counselor Training Call

# Call Topics

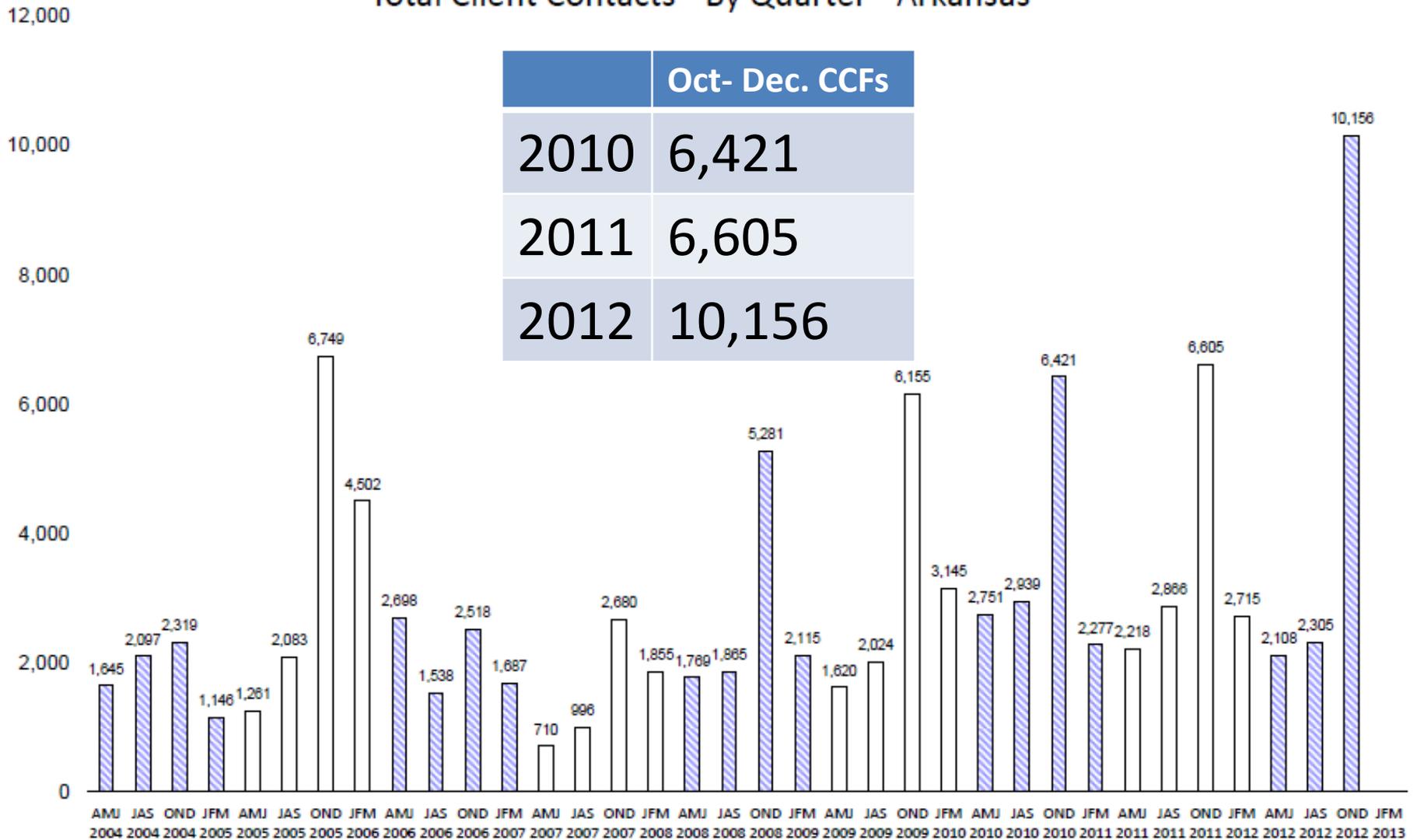
- Overview of AEP Reporting
- 2013 updates
  - Extra Help & MSP guidelines
  - Arcadian Acquisition- HealthSprings & Humana
  - SHIPTalk Passwords
- Low Performing Plan Special Enrollment Period
- DMEPOS

All Time Reporting Record FOLKS!!!!

## Total Client Contacts - By 12-Month Period - Arkansas

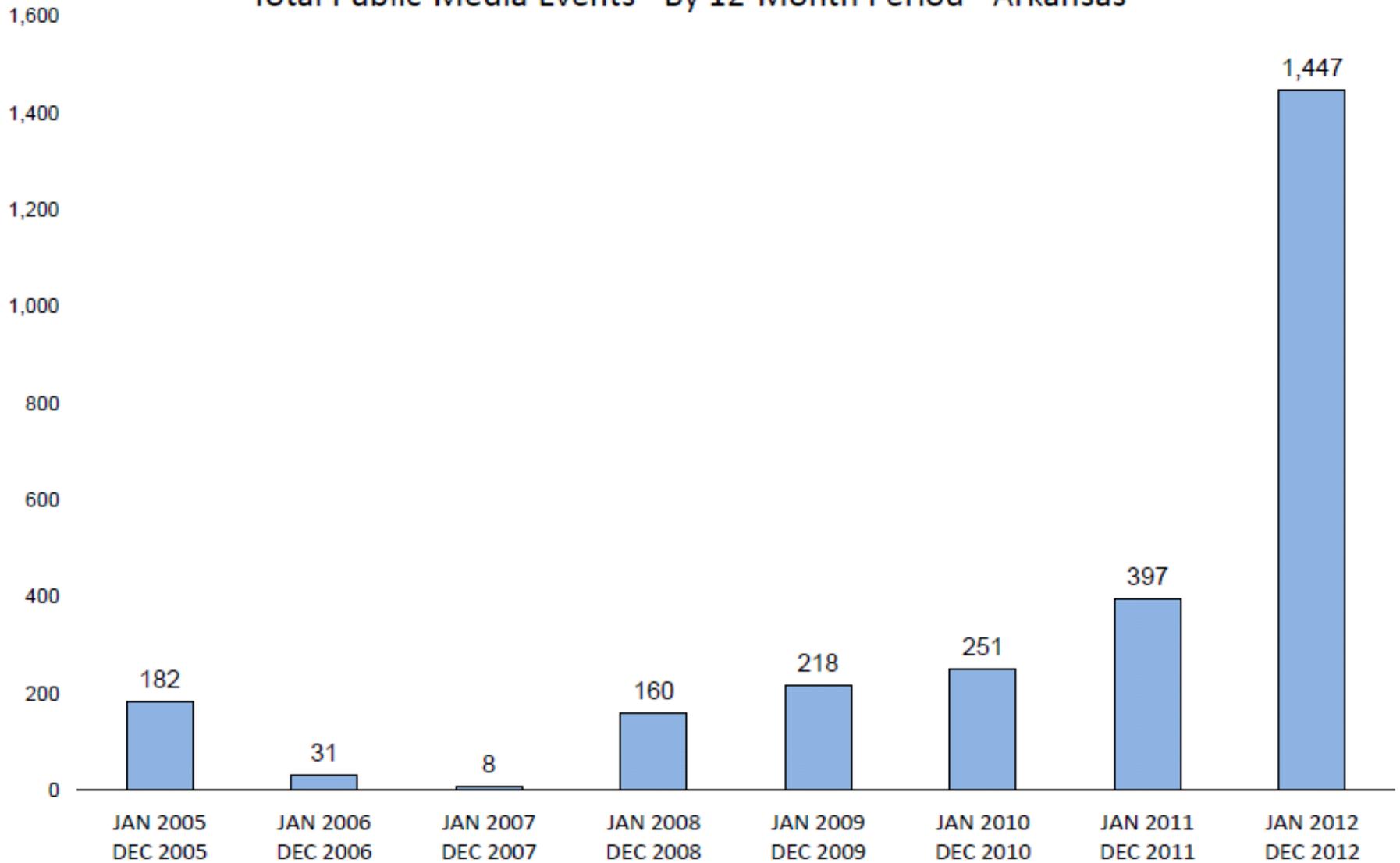


## Total Client Contacts - By Quarter - Arkansas



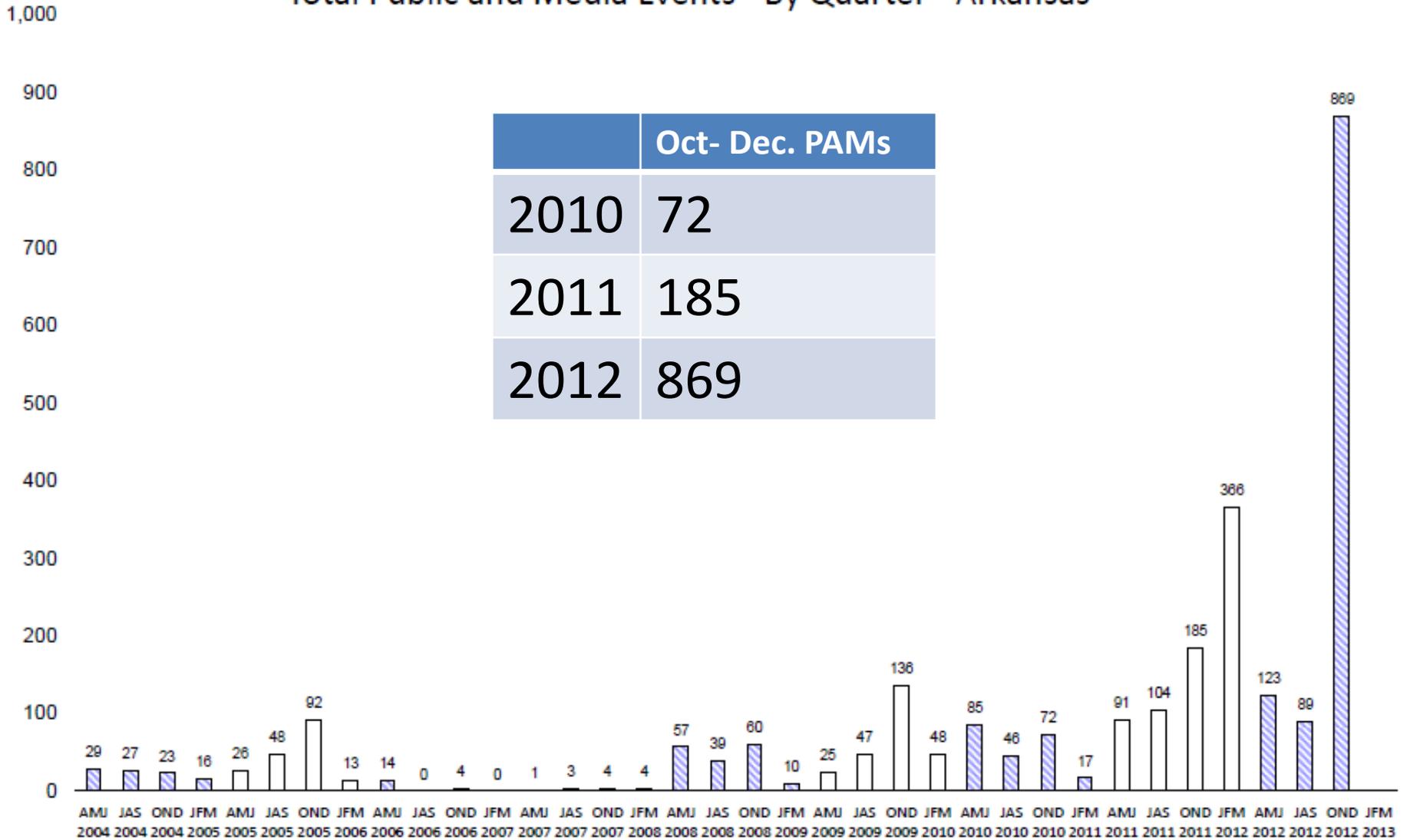
Run Date = 02 Feb 2013

## Total Public-Media Events - By 12-Month Period - Arkansas



Run Date = 02 Feb 2013

# Total Public and Media Events - By Quarter - Arkansas



Run Date = 02 Feb 2013

# 2013 Updates

# 2013 Extra Help Levels

	Annual Income	Monthly Income	Assets
<b>Partial Benefit (&gt; 135% FPL but ≤150% FPL)</b>			
Single	\$17,235.00	\$1,436.25	\$13,300
Couple	\$23,265.00	\$1,938.75	\$26,580
<b>Full-Benefit Dual Eligible (&gt;100% but ≤ 135% FPL)</b>			
Single	\$15,511.50	\$1,292.63	\$8,580
Couple	\$20,938.50	\$1,744.88	\$13,620
<b>Full-Benefit Dual Eligible (≤ 100% FPL)</b>			
Single	\$11,490.00	\$957.50	\$8,580
Couple	\$15,510.00	\$1,292.50	\$13,620

# MSP Asset Levels

## 2013 Medicare Savings Program Asset Levels

Single	\$7,080.00
Couple	\$10,620.00

Liquid assets like cash, savings, CD's 401K's, stocks, and bonds count as assets.

Primary home, car, and household goods do not count as assets.



MSP **Income** Qualification Levels will update April 2013.

# MSP Discontinuance Protection

- Medicare beneficiary protection regarding Social Security Administration Cost of Living Adjustment (COLA)
- State of Arkansas can not disenroll beneficiaries for COLA
  - AR must ignore COLA between Jan.-Mar. and await updated FPL in April
  - Beneficiary may lose MSP after April if COLA makes them ineligible

# MSP Disenrollment Protection

## **42 United States Code 1396d(p)(2)(D):**

- (i) In determining under this subsection the income of an individual who is entitled to monthly insurance benefits under title II for a transition month (as defined in clause (ii)) in a year, such income shall not include any amounts attributable to an increase in the level of monthly insurance benefits payable under such title which have occurred pursuant to section 215(i) for benefits payable for months beginning with December of the previous year.
- (ii) For purposes of clause (i), the term "transition month" means each month in a year through the month following the month in which the annual revision of the official poverty line, referred to in subparagraph (A), is published.

# Annual Notice of Change (ANOC)

- MA & PDP must notify beneficiaries by Oct. 1 annually of **benefit changes** for coming years
- ANOC not required when acquiring plans if
  - Benefits mirror previous plan
  - Services mirror previous plan

# HealthSprings & Humana

- 2012 sale of Arcadian Health Plan
  - Arcadian Plan names= AR Community Cares & Texarkana Community Cares
  - HealthSprings (CINGA), Humana, Vantage & Wellcare bought pieces of Arcadian

# HealthSprings Complaints

- Reports from beneficiaries that had Humana Gold Choice
  - Received HealthSprings card via mail
  - Received no notice that plan would change. CMS didn't require ANOC because benefits and services mirror previous plan.
  - Provider network not the same as previous plan
  - Hempstead, Little River, and Miller Counties

# Options for HealthSprings Enrollees

- No Special Enrollment Period since benefits are the same as with previous plan
- **Possible SEP for provider network issues like can't see same doctor, go to the same hospital, etc.**
  - File **COMPLAINT** with SHIP (or 1-800-Medicare) and request SEP
  - **DO NOT email Medicare numbers = HIPPA violation**

# SHIPTalk Passwords

- Update every 60 days to comply with CMS Policy
- Password hints
  - I can't believe they make me do this freaking password stuff  
Icbtnmmdtfpws#@1
  - This program is about to exceed the limits of my medications  
Tpiatetlomm\$77
  - I can't believe I ate the whole thing  
Icbi8twt#11

# Star Ratings and Low Performing Plans

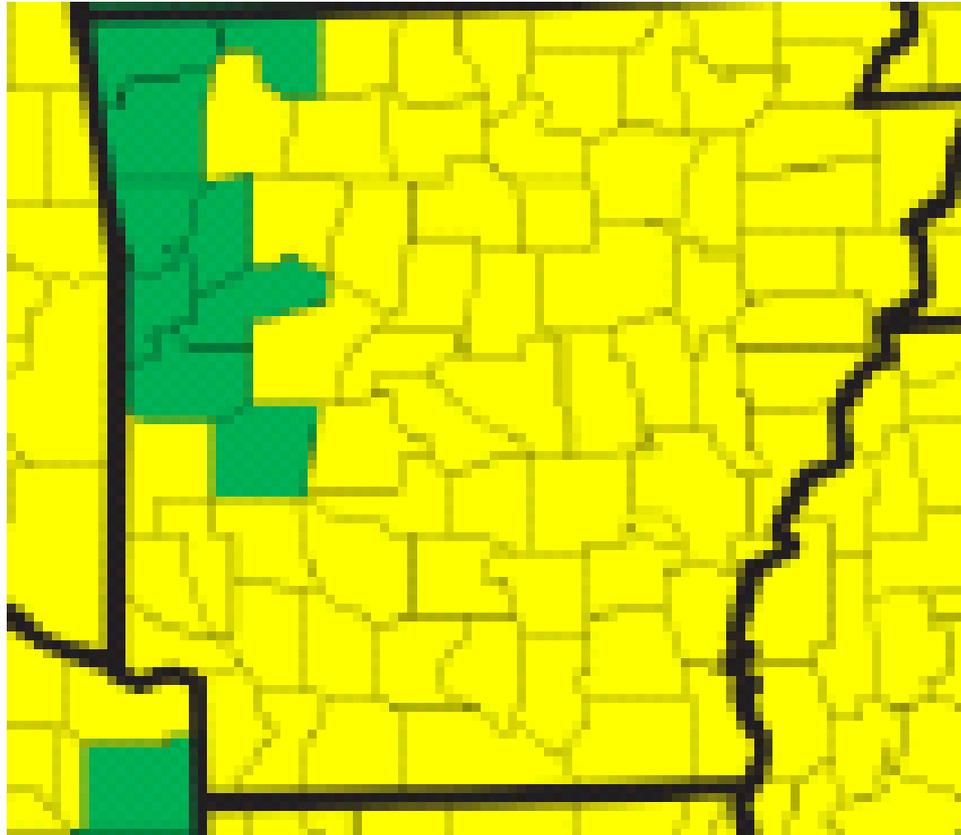
# Star Ratings

- CMS initiative to improve beneficiary outcomes, satisfaction, health, and health care delivery efficiency
- 5 possible stars
- Quality and Performance Measures in 2013
  - 49 for MA-PD
  - 37 for MA Only
  - 18 for PDP Only

# Star Rating Measure Examples

- How often members take advantage of preventive screenings like vaccines, cancer screenings, BMI assessment, etc.
- SNPs -How often members with chronic conditions obtain tests and treatments
- Member satisfaction ratings
- Care coordination- follow up, speed of test results, etc.
- Complaint frequency and resolution
- Drug pricing and updating the Medicare Plan finder

# 2013 MA PD Rated 4 or more Stars



No 4+ Star  
Contracts  
Available

4+ Star  
Contracts  
Available

# Low Performing (LP) Medicare Plans



Caution: For three years in a row, the Medicare program has given this plan a low *overall* rating. If you are considering enrolling in this plan, look closely at the detailed ratings for this plan.

- Star ratings are the last tab on the Medicare Plan Finder
- Low Performing Plan = Less than 3 stars for 3 consecutive years
- Arkansas Plan Names
  - MA = Windsor Plans
  - PDP = MedicareRx Rewards Standard

# Low Performer Limitations

- No enrollment via [www.medicare.gov](http://www.medicare.gov)
- Beneficiaries must contact the low performer plan directly to enroll
- CMS has the option to terminate low performer's contracts starting in 2015

# CMS Low Performer Letters

- Notify enrollees of Special Election Period (SEP) based on star rating
- Oct. 2012- notified enrollees of ability to change during AEP
- Jan. 2013- notified enrollees of SEP to change based on low performance
- Feb. 2013- notifies recent enrollees (enrolled in 2012 AEP) of SEP to change based on low performance to est. **3,473 enrollees**

# Changing Plans

- Granted one SEP during the year
  - New plan must have rating of 3 stars or more
  - Can go back to Original MCR and enroll in PDP
  - Can enroll in another MA Plan
- SHIP Counselors help the beneficiary compare plans
  - Be sure to check providers, medication costs, hospitals, etc.
- Call 1-800-Medicare to enroll in another plan
- Know the desired plan name and contract number prior to calling 1-800-Medicare

# DMEPOS

# DMEPOS – What is it?

- Durable
  - Medical
  - Equipment
  - Prosthetics
  - Orthotics, and
  - Supplies
- 
- Part of the Medicare Modernization Act of 2003 required a new Competitive Bidding Program for DMEPOS
  - Not part of the Patient Provider Affordable Care Act (PPACA)

# DMEPOS Competitive Bidding

- Why now?
  - DMEPOS fee schedule is based on historic supplier charges from the 1980s
  - Prices adjusted for inflation and not based on current market prices
  - Some current payments are in excess of the retail prices
  - Round 2 suppliers to be announced April 2013

# Who will be affected?

- DMEPOS rebid applies to **Original Medicare enrollees ONLY** that
  - Live in Competitive Bidding Areas (CBAs) or
  - Travel to Competitive Bidding Areas (CBAs)
- ✓ Medicare Advantage (MA) enrollees continue to use their plan's contract suppliers
- ✓ Refer beneficiaries in MA Plans to check with their plan for any supplier changes

# When will DMEPOS bidding begin?

- Round 1 began on 1/1/2011 in 9 areas
  - Parts of CA, FL, IN, KS, KY, MO, NC, OH, PA, SC, TX
  - First year savings = \$202.1 million
- **Round 2 expands to 91 areas effective 7/1/13**
  - Little Rock-North Little Rock- Conway
  - Memphis, TN - West Memphis, AR
  - National Mail Order Diabetic Supplies

## Products Included in Round 2

Oxygen, oxygen equipment, and supplies

Enteral nutrients, equipment, and supplies

Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs), and related supplies and accessories

Hospital beds and related accessories

Walkers and related accessories

Support surfaces (Group 2 mattresses and overlays)

Standard (power **and manual**) wheelchairs, scooters, and related accessories

***Negative pressure wound therapy pumps and related supplies and accessories***

***\*Changes from Round 1 to Round 2 in Bold Italics***

# Competitive Bidding Areas (CBA)

- Find CBAs:

- call 1-800-Medicare (1-800-633-4227)

- List of Zip codes

- <http://www.medicare.gov/Supplier/Static/SupportTab.asp?activeTab=3&subTab=5>

OR

- Search by Zip Code

- <http://dmecompetitivebid.com/palmetto/cbic.nsf/DocsCat/Home#>

Close Window [x]

Enter a ZIP code and click the OK button:

- OR -

Select a state, then a round:

**1. Select a State**

--Please Choose One--

**2. Select a Round**

**3. Select the CBA**

**THE PROGRAM**

The Competitive Bidding Program was mandated by Congress through the Medicare Prescription Drug, Inflation Reduction, and Modernization Act of 2003 (MMA). The statute requires that Medicare replace the current fee-for-service payment methodology for selected Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) with a competitive bid process. [More info...](#)

*Use our interactive map to view  
Competitive Bidding Areas (CBAs).*



- E-MAIL UPDATES
- CONTACT US
- DMEPOS REFERRAL AGENT SIGN UP

**PEOPLE WITH MEDICARE**

For more information, please visit the Medicare website at [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

# DMEPOS **National** Change

## Diabetic Testing Supplies

- **Mail Order Supplier** Changes
  - amount Medicare pays for diabetic testing supplies
  - suppliers Medicare will pay to provide supplies
- What if you purchase from local store?
  - Store can charge more
    - Beneficiary's responsibility to check the price prior to purchase
  - Store may require beneficiary to sign an Advanced Beneficiary Notice (ABN) accepting responsibility for the amount Medicare won't pay

# Contract Suppliers

- Suppliers submitted bids last year
- Supplier list will be available April 2013
- Must almost always use contract supplier if
  - Items and services are included in Competitive Bidding Program where a beneficiary lives in a CBA
  - Traveling to or visiting a CBA
- Limited exceptions
  - Doctors, treating practitioners, and hospitals can supply certain items (ex. walkers or folding manual wheelchairs)
  - Nursing Facility can only supply directly if it becomes a contract supplier

# Finding a Contract Supplier

Español | A A A | Email | Print About Us | FAQ | Glossary | CMS.gov | MyMedicare.gov Login

## Medicare.gov

The Official U.S. Government Site for Medicare

type search term here Search

► Learn about your health care options

- Sign Up / Change Plans
- Your Medicare Costs
- What Medicare Covers
- Drug Coverage (Part D)
- Supplements & Other Insurance
- Claims & Appeals
- Manage Your Health
- Help & Resources**

### Is my test, item, or service covered?

type your test, item, or service here Go

[Find health & drug plans](#) [Apply for Medicare](#)

Open Enrollment has ended. There's enrollment flexibility for people affected by Hurricane

#### Lost / incorrect Medicare card?

Select your card issue... Go

#### Information for people like me

Select your situation... Go

### Find doctors, providers, hospitals, plans & suppliers

Find doctors & other health professionals

#### Find health & drug plans

Find doctors, hospitals, & facilities

Get help paying costs

**Find suppliers of medical equipment & supplies**

Forms

Publications

Mail you get about Medicare

Lost/incorrect Medicare card

Report fraud & abuse

File a complaint

Identity theft: protect yourself

Phone numbers & websites

Privacy practices

Contact Medicare

#### Blogs

News Videos

Bundled payments, DMEPOS, regulatory reform, and ESRD

[Explore Medicare health plans](#)

2/20/2013

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# Stay With Current Supplier?

- **Can stay with current non-contract supplier if all of the following**
  - Supplier elects to be “grandfathered”
  - Beneficiary permanently resides in a CBA
  - Renting certain equipment or oxygen when program starts in CBA
  - Supplier must accept winning bid payment rate for all patients vs. select patients
- **If current non-contract supplier elects not to be “grandfathered”**
  - Must switch to a contract supplier

# Current Supplier not “Grandfathered”

- Non-grandfathered suppliers are required to
  - Provide beneficiary 30 days notice that service will end
  - Help the beneficiary find a new contracted supplier

# Needs specific brand?

- Doctor must prescribe in writing
- Medical record must reflect need
- Contract supplier must
  - Furnish the specific brand or form as prescribed  
OR
  - Work with doctor or treating practitioner to find suitable alternative  
OR
  - Help locate another contract supplier that can furnish the specific brand or form as prescribed

# Traveling Beneficiaries

If you travel to a CBA:

- Must use contract supplier
  - If non-contract supplier used, supplier must issue Advance Beneficiary Notice (ABN)
  - If no ABN signed, beneficiary not responsible for payment

If you travel to a non-CBA:

- Can use any Medicare-enrolled supplier

# What to expect from CMS?

- Referrals from 1-800-Medicare for help finding contract suppliers
- 3 months prior (April-ish)
  - Mailing to beneficiaries residing in CBAs
  - Contract Bid Winners announced
  - Supplier directory updated at [www.medicare.gov](http://www.medicare.gov)

# Points to Remember

- Program does NOT affect which physicians or hospitals beneficiaries use
- May need to change DMEPOS supplier for Medicare to pay
- May be able to stay with current supplier if renting from supplier who elects to be “grandfathered”
- If in Medicare Advantage plan, beneficiary should check with the plan

# DMEPOS Websites

## Competitive Bidding Implementation Contractor

- Specific list of items in each product category

<http://www.dmecompetitivebid.com/palmetto/cbic.nsf/DocsCat/Home>

## CMS DMEOPS Website

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid/index.html?redirect=/DMEPOSCompetitiveBid/>

# DMEPOS Fact Sheets

## Traveling Fact Sheet

[http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/DME\\_Travel\\_Bene\\_Factsheet\\_ICN904484.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/DME_Travel_Bene_Factsheet_ICN904484.pdf)

## DMEPOS Medicare Learning Network Fact Sheet

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/DMEPOSCompBidProg.pdf>

# Upcoming Counselor Training Calls

- May 16
- Aug 15
- No call during Annual Enrollment Period
- Email future call topic requests to
  - [Insurance.shiip@arkansas.gov](mailto:Insurance.shiip@arkansas.gov)
  - [Melissa.simpson@arkansas.gov](mailto:Melissa.simpson@arkansas.gov)