

- SPECIAL ISSUE -

This edition of the *Working Healthy* Newsletter focuses on the issue of new Medicare prescription drug coverage created by Title I of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), also known as Medicare Part D. More than 90% of people enrolled in *Working Healthy* are dually eligible for both Medicare and Medicaid coverage. On January 1, 2006, these individuals will no longer be able to obtain prescription drugs through Medicaid. Instead, they will be required to participate in a Part D plan. The transition to Medicare coverage carries with it a new set of rules and regulations for people to navigate. *Working Healthy* staff stand ready to help with the change.

Medicare Prescription Drug Plan Part D Outreach

By Nancy Scott, Benefits Specialist Team Leader

Working Healthy received grant funding to provide outreach to *Working Healthy* beneficiaries and others who are dually-eligible (Medicare and Medicaid). To date we have provided more than 85 presentations statewide to more than 1,000 community service providers and beneficiaries at sites in many Kansas communities.

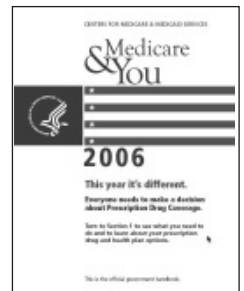
At presentations we stressed that we're not promoting Medicare Part D, but sharing as much information as we have available at this time and that Medicare is still developing the program policy and details may change. Many people were anxious about the different drug plans, but we didn't have any specific information to share until the drug formulary plans are announced mid-October. Many participants stressed the need for another round of presentations after the plans are announced. Consequently, we are in process of developing more presentation dates and updated materials. Dates and locations for

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NOTICE: Important Error in "Medicare and You 2006" Handbook

(taken from the "Disability Benefits 101 Website," http://www.disabilitybenefits101.org/ca/news/news_1671.htm)

According to the Associated Press, CMS has already mailed 35 million copies of its annual handbook, "Medicare & You" to Medicare beneficiaries this year.



"Medicare & You 2006" explains the new Medicare Prescription Drug Benefit. A section starting on page 97-A has tables comparing Drug Plans within specific regions of the country. **The last column on these tables contains incorrect information about the Low Income Subsidy, which CMS calls Extra Help.**

The column has the heading, "If I Qualify for Extra Help, will My Full Premium be Covered?" It lists "Yes" for all of the Plans. It SHOULD list "Yes" for Plans that have premiums at or below the regional benchmark and "No" for the Plans that have premiums above the benchmark. This information is important for people who are receiving Extra Help and who want to switch plans.

You can find corrected versions of the Handbook for your region on the CMS website at <http://www.cms.hhs.gov/partnerships/tools/materials/publications/state/handbook2006/default.asp>

Benefits Specialists' Corner

This issue features *Working Healthy* Benefits Specialist Sherri Sherman from the Hays Area SRS Office. Sherri has worked for SRS for over twelve years and has been a part of the *Working Healthy* team for almost two years. She enjoys spending time with her family and friends, cooking, working in the garden, listening to music and going to art openings and museums. An ideal weekend for Sherri would be spent with her two college-aged children. With both kids in college coordinating schedules is difficult, so bringing everyone together is a rare and treasured family treat. Sherri covers a large area of western Kansas for the *Working Healthy* program and can be contacted by phone at (785) 628-1066 ext. 268 or by E-mail at HASAS@srskansas.org.

“Working Healthy Benefits Specialists have completed the first round of Medicare Part D outreach. This outreach was completed either alone, with the help of another Benefits Specialist or with the input of Senior Health Insurance Counseling of Kansas (SHICK), the Social Security Administration (SSA) and Community Collaboration staff at SRS. It was not always easy, as some beneficiaries and community agencies were upset about the change before having any information about it. Many others were grateful that we were able to share information with them. It is human nature not to like change and to have a fear of the unknown; we hope that through our outreach we have shed light on some of the unknowns regarding Medicare Part D. We are all hoping for a smooth transition for our dually eligible (Medicare and Medicaid) beneficiaries. To make this happen, we will need to be proactive and pay attention to specific dates.

Important dates to remember are:

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| October 2005 | Beneficiaries will receive the “Medicare and You” handbook. This handbook will be mailed to all Medicare beneficiaries and will contain drug plan information. |
| Mid-October 2005 | Center for Medicare and Medicaid Services (CMS) will assign dually eligible beneficiaries, those with both Medicare and Medicaid, to prescription drug plans and notify them of their assignment. |
| November 1, 2005 | CMS will begin routine monthly auto-enrollment of new full dual beneficiaries. |
| November 15, 2005 | All Medicare beneficiaries can start to choose a plan. Dually eligible beneficiaries will be able to change plans. A decision to change should be based upon whether the plan assigned to you covers the prescriptions that you take. Plan changes must be completed by December 31, 2005. |
| January 1, 2006 | Medicare Part D begins. |

Please make the choice to become involved in making sure that you have the plan that is best for you. Fill out our worksheet with the prescriptions you take ahead of time, so that you will be ready to check the plan you are assigned. Then if needed, you can change your plan. You can get a worksheet from your Working Healthy Benefits Specialist if you do not have one. If you were not able to attend one of our previous outreach sessions, plan to come to one in the second round. Together we can work for the smooth transition from Medicaid to Medicare Part D for prescription drug coverage.”

-Sherri Sherman, Working Healthy Benefits Specialist

...”Part D Outreach continued from page 1...

future presentations will be posted on the Working Healthy website, www.workinghealthy.org.

Several of the same questions tended to come up at our outreach presentations. These frequently asked questions and our responses to them were documented in order to remain consistent throughout all presentations. We also believe that being aware of these questions will help us develop our next round of presentations. Two of the most frequently asked questions (with answers provided) were:

1. Question: How often can I change plans?

Answer: *Dual eligibles may change plans monthly. All others may change plans at Annual Enrollment. Every year, you will be able to choose another Medicare prescription drug plan or Medicare Advantage plan during an annual enrollment period that lasts from November 15 through December 31. Coverage under the new plan will begin January 1 of the following year.*

2. Question: What if I already have prescription drug coverage?

Answer: *Check with your current plan to see if the coverage is as good as, or better than, Medicare Part D. If it is, you may keep your current coverage. If at some point you need to enroll in Part D, you will need to show Medicare that the insurance you had was comparable to Part D in order to avoid a premium penalty. **It is important to keep the information from your insurance carrier in order to prove you had this coverage when you wish to enroll in Medicare Part D in the future without a penalty.***

Many people voiced their concerns about finding a plan that covered their prescription drugs. Beneficiaries who are dually-eligible will be automatically enrolled in the program and placed in a plan. This plan may or may not be the best one for them. In presentations we stressed the importance of reviewing the plan you are placed in and making changes if necessary.

The companies that will be providing Part D coverage and their prescription plans have been announced and the formularies (listing of covered medications) will be announced in mid-October. Medicare has several online tools that will be helpful to people in determining what plan options are best for them. The Medicare prescription drug plan cost estimator will show beneficiaries how much they may save with Medicare Part D coverage. The Drug Plan Finder Tool can illustrate the best plan options. These tools can be found on the Medicare website at: <http://www.medicare.gov/medicarerereform/drugbenefit.asp>.

Working Healthy Benefits Specialists will be available at presentations and conferences to assist people with these tools and any other questions they may have regarding Medicare Part D. Service providers and beneficiaries are also welcome to contact their *Working Healthy* Benefits Specialists directly or by calling the *Working Healthy* toll free number, 1-800-449-1439.

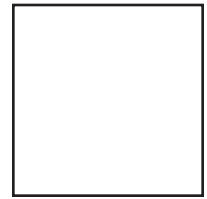
New Staff Member in Wichita

The *Working Healthy* team has welcomed a new Benefits Specialist to the fold! Stefania Haessig is now the Benefits Specialist for the Wichita area. Before joining the *Working Healthy* team in July, Stefania worked in SRS as a Human Services Specialist working mostly on cases assisting children and families. She also worked with Early Headstart and her masters thesis focused on her work with Headstart.

Stefania’s region covers the counties of Harper, Kingman, Reno, Sedgwick and Sumner. She can be reached by phone at (316) 337-6427 and by email at WSZH@srskansas.org.

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**This newsletter and other information regarding Working Healthy can be found
on-line at: <http://www.workinghealthy.org>**

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