

Comprehensive Employment Opportunities (CEO) Grant

By Mary Ellen O'Brien Wright, Working Healthy Program Director

The Centers for Medicare and Medicaid Services (CMS) will soon be soliciting proposals from states to continue to develop Medicaid infrastructure to support the employment of people with disabilities. The purpose of Comprehensive Employment Opportunities (CEO) grants is to maximize employment for people with disabilities, increase the state's labor force through the inclusion of people with disabilities, and protect and enhance workers' healthcare and other needed employment supports. CMS hopes that CEOs will increase the number of people with disabilities in competitive employment.

In order to achieve these objectives, states must involve a significant number of employers, programs, services, and agencies. All will have to work in partnership, with the common goal of supporting the individual with a disability who wants to work. States receiving funding may use it to build comprehensive approaches to removing employment barriers by forming linkages between Medicaid services and other non-Medicaid programs. Such infrastructure development should continue to support the goal of removing barriers to employment and create lasting improvements by expanding the capacity of the state to support individuals with disabilities who wish to work.

Kansas may be eligible to apply for one of these grants. *Working Healthy* staff have been meeting with stakeholders to obtain input regarding what should be included in the CEO application.

Employer Health Insurance & Working Healthy

If an employer offers health insurance to a *Working Healthy* participant, Medicaid may be able to pay the employee's share of the premium if doing so is considered cost-effective. In those instances, Medicaid coverage through *Working Healthy* acts as a "wraparound" service to cover medical services that the private insurance does not. This program is known as the Health Insurance Premium Payment System (HIPPS). You can learn more about HIPPS by contacting a Benefits Specialist or your local SRS office. In addition, employers are allowed to pay consumers' *Working Healthy* premiums if they would like to do so as a benefit for their employees. If you have questions about HIPPS or *Working Healthy* premium payment by an employer, please contact the Benefits Specialist in your area or call *Working Healthy* at 1-800-449-1439.

Benefits Specialists' Corner

This issue features *Working Healthy* Benefits Specialist Steve Curtis from the Topeka Service Center. Steve's coverage area includes the counties of Atchison, Brown, Doniphan, Jackson, Jefferson, and Shawnee. He can be reached by phone at (785) 296-5816 or by E-mail at SXXC@srskansas.org.

HOW IS MEDICARE PART D AFFECTING *WORKING HEALTHY* ENROLLMENT?

One question that is being asked, and for which it may be too early to have a definitive answer, is how Medicare Part D will affect *Working Healthy* enrollment? As of this note, we have had about 80 days of Part D eligibility.

Based on enrollment figures from February, a couple of areas have had net losses, but others have seen net gains in enrollment as compared to January. I had a net loss of 2 consumers in February. However, I can only attribute one of these drop offs directly to coverage under Part D and this individual chose to drop *Working Healthy* only after discussing the effects with me. For many consumers with premiums, being on Medicaid, even without the prescription drug coverage, makes the premium cost effective.

It is a good idea for those who may be wondering whether to stay on *Working Healthy* to discuss with the Benefits Specialists the effects of dropping Medicaid coverage. I have discussed the effects of dropping coverage with several consumers and they have chosen to continue with *Working Healthy*.

Reasons for retaining *Working Healthy* include coverage of benzodiazepines and barbiturates under Medicaid that would otherwise not be covered by Medicare Part D. For others, it is the combination of Medicaid as a secondary payer for medical and hospital bills plus coverage of the Part B premium and Part D expenses that continues to make *Working Healthy* a good choice. Another advantage to Medicaid coverage under *Working Healthy* is the ability to switch Part D plans if the need arises.

I am still meeting with folks who have questions about earnings and their effect on benefits and I'm back to scheduling outreach for *Working Healthy*. Part D has become another piece of the benefits puzzle that must be examined. As new people come into the program, I'm checking to see if they have Medicare coverage. If so, I then check to see if there is a record of enrollment into Part D. If not, I try to contact the individual by phone and/or letter to ask if they have enrolled in a Part D plan. If they have Medicare and haven't enrolled in Part D, I offer my assistance in finding 2 or 3 plans for them to choose from and can help get them enrolled in the plan of their choice.

We have just learned (March 21) that those Medicare beneficiaries who become Medicaid eligible and enroll in a Part D plan will have prescription drug coverage retroactive to the month Medicaid begins. The details of this provision are bit fuzzy at this point, but it may eliminate the coverage gaps some people have experienced.

-Steve Curtis, Working Healthy Benefits Specialist

A Note to Those Who Are Fully Dual Eligible

By Norman White, *Working Healthy* Benefits Specialist

You had Medicaid and got Medicare. You had Medicare and got Medicaid. You had neither and got both. You now have two cards - one red, white and blue Medicare card and one tan Medicaid card - that you can use. You are now fully dual eligible for Medicare and Medicaid.

When you have Medicaid - either through *Working Healthy* or you have met your spenddown - and do not have Medicare, you can get your prescriptions through your Medicaid card. When you get Medicare, you can no longer get your prescriptions on your Medicaid card, except for some medications not covered by Medicare.

If you already have Medicaid and get a notice that in three months your Medicare starts, this is the time to learn about the Medicare prescription program (Medicare Part D). So, you select a drug plan that covers all your medications. What if the insurance company providing the drug plan says it does not have any information indicating that you have Medicare. The information that you are Medicare Part D eligible goes from Social Security to SRS to the Centers for Medicare and Medicaid Services (CMS) to the Prescription Drug Plans (PDPs) at certain times during the month. In between those times information that you are eligible may not be available to your pharmacist or your drug plan.

If you are Medicare Part D eligible, have not yet chosen a drug plan and can no longer get your medications with your Medicaid card, you can temporarily get your medications through the Wellpoint program at the pharmacy. Wellpoint provides a temporary way in which individuals can obtain prescriptions immediately. Again, because of the time it takes the information to move through the system, the pharmacy or the drug plan may not know you are dually eligible. By showing the pharmacist both your Medicare and Medicaid cards, you should be able to get your medications.

A couple of things to remember: 1) Keep your Medicaid and Medicare cards with you when you go to the pharmacy so you can show them if needed; and 2) When you have Medicaid and become Medicare Part D eligible, you will no longer be able to get your medications through Medicaid.

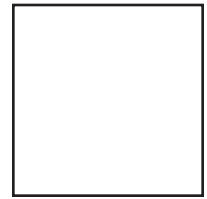
If you have questions about the transition process contact either a *Working Healthy* Benefits Specialist in your area or your local SRS office.

Consumer Thoughts on Part D Assistance

In February and March, *Working Healthy* evaluation staff at KU conducted a telephone survey to learn more about the experiences of dual eligibles transitioning from Medicaid to Medicare Part D for drug coverage; 328 people enrolled in *Working Healthy* responded. Among other topics, participants were asked about the information they received about the transition to Medicare Part D from the *Working Healthy* program. Eighty-one percent (n=258) of respondents found the letter sent to them by *Working Healthy* to be helpful. Benefits Specialists also provided support during the transition period by conducting workshops in communities across the state and helping consumers one-on-one with questions and plan selection. Eighty-five percent (n=85) of respondents found the workshops helpful, while 93% found that working one-on-one with Benefits Specialists - either in person or on the phone - to get more information and enroll in a plan to be helpful. Other findings from this survey will soon be available.

WORKING HEALTHY

University of Kansas
Medicaid Infrastructure Change Evaluation Project
CRL, Division of Adult Studies
Joseph R. Pearson Hall
1122 West Campus Road, Room 521
Lawrence, Kansas 66045-3101
1-785-864-7085



Return service requested

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

*Working Healthy is published by the KU-CRL Division of Adult Studies and the Kansas
Division of Health Policy and Finance.*

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University of Kansas, CRL - Division of Adult Studies, Attn: Noelle, JR Pearson Hall, Room
521, 1122 West Campus Rd., Lawrence, KS 66045-3101, by calling (785) 864-7085, or by
E-mail: pixie@ku.edu*

KU Research Team

*Jean Hall, Principal Investigator
Noelle Kurth, Project Coordinator/Editor
Michelle Crick, Graduate Research Assistant*



Division of Health Policy and Finance

*Mary Ellen O'Brien Wright, Program Director
Nancy Scott, Benefits Specialist Team Leader*