ADRC and Medicare Counselor Collaboration (SHIP, SHIBA): Roles and Opportunities

35th I&R Annual Training and Education Conference
June, 2013 Portland Oregon
Cynthia Hylton and Judith Bendersky
Presenters

Cynthia Hylton, SHIBA Field & Training Officer, State of Oregon
(503) 947–7090
Cynthia.hylton@state.or.us

Judith Bendersky, MPH, CIRS–A, Gerontologist
Alaska SHIP & SMP Director
(907) 269–3669
Judith.bendersky@alaska.gov
What We Will Cover

- Medicaid vs. Medicare
- What SHIPs and SHIBAs do
- What ADRCs do
- Where there are commonalities
- Where there are challenges
- Opportunities for partnership
- Facilitate Q and A/discussion
Medicaid vs. Medicare

- Public Assistance
- Oregon Health Plan or Medicare Savings Program based on:
  - Age
  - Income
  - Assets
- Medicare is health insurance
A health insurance program for
- People 65 years of age or older
- People under age 65 with certain disabilities
- People of all ages with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)

Enrollment handled by SSA or RRB
Benefits administered by CMS
Red, White and Blue Medicare Card
Who is Eligible for Medicare?

- Turning age 65 --
  - Need not be retired; apply 3 months before birthday
  - Automatically enrolled if receiving Social Security or Railroad Retirement benefits
- Most SSDI automatically enrolled
  - After 24 months of cash SS benefits
  - No waiting period for those with ALS
- Under 65 with ESRD must apply at SSA
4 Parts of Medicare

Original Medicare

- Part A Hospital Insurance
- Part B Medical Insurance
- Part D Prescription Drug Coverage

Individual components

Medicare Part C
Parts A & B Managed Privately
(can bundle with Part D drug coverage)

Bundled and managed by a private insurer
Getting Started in Medicare

- **Part A**: Premium–free with work history
- **Part B**: Optional; you pay $104.90
- **Part C**: Optional; contracted Medicare
- **Part D**: Optional; you must have either Part A or B (or both) to qualify; you pay premium

*Important*: Having both Parts A and B is required for the purchase of additional insurance
Turning 65 and need help with Medicare information?

Oregon provides this information to help you understand Medicare before you turn 65. Even if you continue to work or are not receiving Social Security, you need to know about Medicare to avoid penalties in your Medicare coverage.

Top questions to ask

- What is Medicare?
- What are Parts A, B, C, and D?
- How do I start Medicare?
- What is my timeline?
- What choices do I have to make?
- If I have employer insurance, do I also need Medicare?
- Where do I go for more information?

Answers

SSA.GOV
Retirement/Medicare
Disability Benefits

APPLY ONLINE
It's so easy!

DID YOU KNOW . . .
If you are unable to afford the cost of Medicare, you may qualify for extra help.

“Your volunteer cut through a lot of the miscellaneous information we got in the mail and went directly to information we needed to make the decisions . . .”
~ John
Changed by the Affordable Care Act:

Started in 2011:
Most Part B Preventive Benefit procedures covered!
--no deductible, no coinsurance
(BUT—beware of office visit or facility costs)
Annual Wellness Visit (AWV)

- Who is eligible?
  - 12 months after Welcome to Medicare Visit
- One visit every 12 months
- Who can furnish an AWV?
  - Physician
  - Physician’s Assistant, Nurse Practitioner, Clinical Nurse Specialist
  - Medical professional or team of medical professionals under direct supervision of a physician
- No cost if qualified and participating health professional accepts assignment
  - Services not included in AWV subject to regular billing
Part B covered equipment and supplies
Beneficiaries generally must use contracted suppliers
  - In certain areas
  - For certain products
Beginning July 1, 2013

Includes all parts of the United States:

- The 50 States
- The District of Columbia
- Puerto Rico
- The US Virgin Islands
- Guam
- American Samoa
# Standard Part D Benefit 2013

<table>
<thead>
<tr>
<th>Yearly Deductible</th>
<th>Co-payment&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Coverage Gap (Donut Hole)</th>
<th>Catastrophic Coverage&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Brand-Name</td>
<td>Generic</td>
</tr>
<tr>
<td></td>
<td>$2970 Coverage Limit</td>
<td>Insurance Pays 75%</td>
<td>Insurance Pays 21%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insurance Pays 52.5%</td>
<td>You pay 79%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You pay 47.5%</td>
<td>You pay 5% or $2.65 generic / $6.60 brand-name</td>
</tr>
<tr>
<td></td>
<td>$4750 spent out-of-pocket</td>
<td>You pay 25%</td>
<td>You pay 47.5%</td>
</tr>
</tbody>
</table>

<sup>1</sup> Co-payment: you may pay as much as $325 before your plan starts to pay.

<sup>2</sup> Catastrophic Coverage: insurance pays 95%.
Medicare Part D: Drug Coverage Options

- **Original Medicare**: Stand-alone PDP

- **Medicare Advantage**: MAPD
  - You must enroll in the MA plan’s PDP if you want drug coverage, (sometimes, maybe and it depends)
  - If the MA does not offer drug benefits, then choose a stand-alone PDP

Other creditable drug coverage: Retiree plans, Employer Group Plans, VA, IHS
Other Insurance or Benefits Coordinating with Original Medicare

- Employee coverage
- Union
- Retiree coverage
- Military Health Benefits
- Veterans Administration
- Tribal Health Benefits
- Medicaid
- Peace Corp
What is Medigap?

- Policies sold by private companies
- Fill the gaps in Original Medicare
  - Deductibles, coinsurance, copayments
- Standardized plans (except)
  - Minnesota, Massachusetts, Wisconsin
- All plans of same letter have same coverage
  - Only costs are different
What is Part C – Medicare Advantage?

- Private Medicare health insurance (replaces Original Medicare insurance)
- Medicare contracts with insurance company
- Could be HMO or PPO
- Get all benefits of Original Medicare
- May get extra benefits, like vision care
- Pay a monthly premium to plan
  - Continue to pay Part B premium
- You pay deductible, copayments, coinsurance
What Medicare Does Not Cover

- Routine
  - Dental
  - Vision
  - Hearing
- Annual Routine Physical exams
- Long Term Care nursing home cost
- Custodial care in the home
  (not to be confused with Medicare covered In–Home Care benefits)
Medicare Plan Choices

- Original Medicare (Part A and Part B)
  - Medigap Supplement
- Prescription Drugs (Part D)
- Medicare Advantage (Part C=Parts A+B+D)
Social Security Administration

- SSA is enrollment gatekeeper for Medicare eligibility & enrollment
- Social Security Disability Insurance (aka “Disability” or SSDI)
- Supplemental Security Income (SSI)
- Extra Help with Part D also called Limited Income Subsidy
Limited-Income Assistance

Medicaid
- Part B + Part D
- State Program
- To apply: Contact DHS in your state

“Extra Help”
- Part D only
- Federal Program
- To apply: SSA www.ssa.gov
Dual Beneficiaries’ Unique Needs

- Duals have Medicare and Medicaid
  - Work with two different systems
  - Each may cover things differently
  - Both may not cover some things
  - Level of subsidy based on income and assets, i.e. “Full Dual” or “Partial Dual”
Dual Beneficiaries in Alaska
Special Enrollment Periods

- Anyone with any level of LIS has a continuous SEP for starting, stopping, or switching PDP or MAPD plans!
- …and no penalty for late enrollment!
Enrollment Period Timelines

- Annual Enrollment Period Oct 15–Dec 7 each year for MAPD or PDP
- General Enrollment Period Jan 1 – March 31 for Original Medicare Parts A & B
- Initial Enrollment Period for Original Medicare, MAPD, PDP (7 months around birthday)
- Special Enrollment Periods
Topic Expertise

- Medicare Enrollment periods (there are many)
- Part A – Hospital
- Part B – Outpatient Medical
- Part C – Advantage Plans
- Part D – Medicare Prescription Drug Plans
- Medicare Supplements
- Extra Help (Subsidy for Prescription Drugs)
- Medicare Savings Program (aka Buy-in)
More topics

- Skilled nursing facility coverage
- Home health care coverage
- Mental health coverage
- Medicare fraud, errors, waste or abuse
- Medicare claims & billing
- Medicare Summary Notices
- Coordination with other insurances, spousal insurance, auto or worker’s compensation
- Unraveling complex Medicare snafus
Role of state SHIP/SHIBA

- SHIP, SHIBA, SHINE, HICAP... various names
- One-on-one individualized counseling and assistance
- Public and media outreach
- Extra Help for Prescriptions and Medicare Premium
- Some SHIPS are also co-housed and function as Senior Medicare Patrol (SMP)
  - Fraud Education and Prevention through Seniors
10% of Alaskans are veterans
20% of Alaskans are Alaska Native
  ◦ Eskimo, Aleut, Indian
We know what services are available through the Veterans Administration and Tribal Health Services
Navigate Veterans and Alaska Natives through Medicare and their health care delivery systems
Medicare and Tribal Health

- Alaska does not have reservations and is not Indian country as it may be known in the lower 48.
- The Alaska Native Claims Settlement Act 37 years ago recognized the struggles of Native people for economic and social justice.
- ANSCA settled all native land claims, created the native corporations.
- Alaska Native-run agencies manage their health and social services systems.
- In 1975 the Indian self-determination and education assistance act opened the door for tribes to delivering Federally funded services to native people.
- In that spirit we empower and network with tribal health corporations to do their own outreach and enrollment and navigation through Medicare and Medicaid. We support those efforts through collaboration.
Role of the ADRC

- Provides Personalized Options Counseling
- Is a trusted resource where people access information and assistance on long-term support options in the community
Who the ADRC serves

- People with disabilities of all ages
- Seniors
  - As defined by a program
    - “Anchor rides” for 62+
    - Senior benefits for 65+
    - Oregon specific examples
- Families, providers, caregivers
ADRC Areas of Expertise

- Housing Options
  - Assisted Living Homes
  - Nursing homes
  - Relocation into or out of Alaska

- Transportation

- Family Caregiver Supports
  - Medicaid, other forms of assistance

- Nutrition Programs

- Adaptive Equipment

- Public Benefit Analysis (Public and Private)
ADRC Areas of Expertise

- Financial Aid
- Employment Programs/Vocational Rehab
- In–Home Care
- Prescription Drug Coverage
- Exploitation – Fraud or Abuse
- Legal Assistance including trusts
- End of Life Discussions
  - Guardianship/Conservator
  - Advanced Director
  - Power of Attorney
- Support Groups
- Aging in Place
SHIP/ADRC Commonalities

- Funding is by CMS and ACL
- Both focused on empowering clients
- Both focused on client’s choice
- Subject matter experts in disabilities and aging
- Explore options
- Healthcare involved, aging process involved
  - Family involvement in financial & insurance matters
- We do outreach and presentations and individualized counseling
- We work with vulnerable people making decisions
Things we have in common

- Communicate effectively with people
  - We greet people and build trust
  - Actively listen, assess the need
  - Paraphrase, clarify
  - Use empathy
  - We give information
  - Help in prioritizing
  - We assist in problem solving or referring
  - We close and/or follow up
Friendly, knowledgeable people on the phone

People to help with applications

We are helpers

People are grateful
Outreach by ADRC

- Telephone
- Face to face
- Email
- Meet at central place
- Electronic newsletter
- Website
- Ads in papers
- Radio advertisements
- Attend inter-agency network meetings
Outreach to groups

- Faith Community
- Military Community, V.A.
- Alaska Native organizations
- Homeless community
Challenges

- Funding is disappearing
- Cross referral and confusion
- Availability of resources
- Language and cultural differences
- Perception of “government”
- Telling people there are no options but try later
- Hospital discharge to where?
- Not eligible for certain benefits
- Finding providers that take Medicare
- Some people have no options (burned bridges)
- People agency shop, looking for a different answer
Have fun... get crazy
Opportunities?

- Reaching out
- Drinking good coffee, eating lunch, taking walks
- Developing a trusting relationship
- Initiating partnerships
- Clear communications
- Cross-training
- Informal relationship-building
  - Brown-bag lunch
  - FYI emails
  - Invitations to speak to groups
Collaborations in Alaska

Travel

Marketing

Combined RFP for ADRC and SHIP
Collaborations

- Joint ADRC and SHIP RFP’s
- Co-write and manage MIPPA/outreach to limited income beneficiaries
- Co-manage benefits application grants
- Utilize private label website for benefits applications
- ADRC I & R specialists are Certified Medicare Counselors
- Cross refer and cross inform continuously
- Share lists, resources, insights
- Share tables at fairs
- Share outreach materials
- Co-present
How to find your state SHIP

Go to Shiptalk.org
Click on “Find a State SHIP”
How to find a local ADRC

Go to http://www.adrc-tae.acl.gov/tiki-index.php?page_ref_id=739
Your thoughts?