

Medicare Update Training Teleconference  
Wednesday June 18, 2008  
“bottom line” Notes from conference call

20 people attended - Roll call (alphan by community): Kathy Roberts, Kathy Pepe, Carol Jackson, Anchorage; Art Delaune, Fairbanks; Brenda Steenbock, Homer; Jim Lundsford, Jessica Hadfield, Sarah Bosma, Juneau; James Trombley, Kenai; Elena Rath, Ketchikan; Laurie Murdock, Kodiak; Francis Greene, Delia, Manilaaq, Patricia Hjellen and Iva Smith, Kotzebue; Alice Bioff, Nome; Bonnie Mitcalf, Palmer; Lynn Halls, Seward; Verna Wagner, Tok; Judith Bendersky facilitated and Jim Lunsford hosted in Juneau.

**Introduction and roll call:**

Jim Lunsford's office in the Senior Information and Caregiver Resource Center in Juneau was the call in site from Juneau. He described what services are provided from the Center. Jessica Hadfield joined Jim and Judith in that location. She will be returning to school in August to become a geriatric nurse practitioner and will take a break from Medicare counseling.

**1. Medicaid/Medicare dual eligibles and how they get on Plan D, who pays premiums and co-pays, etc.**

In determining if someone is on Medicaid ask them if they get green stickers, or call APA with them to see if they have a case open for Medicaid. If you are on medicare.gov Plan D finder and do a personalized search, you can tell if they are on Medicaid. Applications for QMB and SLB are through the Medicaid office. Website for Medicaid standards are:  
Medstandards2008.pdf

The problem persists that if a person is on Medicaid and they begin Medicare coverage they will be assigned a Part D plan which may not work for them (drugs may not be on formulary). Jim T. conducts a search and switches them to a better plan.

*Recommendation: do this every year for folks as prices and formulary may change.*

Regarding formulary you or the doctor can try to get an exception but it takes time. Step therapy is a process of a doctor trying a patient on various medications before putting them on a specific one. Doctors can get an exception to step therapy.

Exception forms, prior authorization and variance forms are on each plan's website or generic ones are on medicare.gov

**2. Enrollment – what is our role, how far do we go?**

Many people we help are confused. Jim goes to the 3 lowest cost plans, explains variations in deductibles, premiums and co-pays. He gives recommendations as appropriate, enrolls, gives and keeps copies of enrollment verification, confirmation number, etc. He saves the drug id on a spreadsheet for future reference.

Alice B. and 4 others who do billing and benefits work for Norton Sound Health Corporation travel to all the health clinics. They meet with elders there or get their medical information from the clinic and do home visits if appropriate. This is how they reach the dual eligibles. Alice and

staff also check on Medicaid eligibility, Senior Benefits Program eligibility and answer Part A and B questions at the same time.

**Problem area:** some people don't know when they need to contact social security. People usually get Medicare card 3 months before their birthday if they are already getting social security benefits (disabled, early retirement). Otherwise they need to contact social security to apply. Note: Brenda always asks if they live all year in Alaska or move to another place. This gives her a heads up to look for a Prescription Drug Plan that is national. It also has major implications for anyone looking for a Medicare Advantage plan.

Disenrolling – Kathy P. learned that one cannot disenroll from a Part D program until the open enrollment period.

### **3. Medicare fraud – overview, tips, what's happening in Alaska**

Overview included the following:

Only 2-3% of providers are responsible for most waste and abuse of Medicare. Most providers are honest

1998 report shows improper payments of \$12.6 billion. Error rate is 7.1%

Medicare payment abuse defined: incidents or practices that deviate or are inconsistent with sound medical, business or fiscal practices. These practices may result in unnecessary costs to the program through improper payment, payment for services failing to meet standards of care or services that are not medically necessary.

We see fraud in these areas:

- Home Health and Hospice
- Diagnostic Testing Facilities
- Clinical Laboratories
- Hospitals
- Ambulances
- Physicians and non-physician practitioners
- Skilled Nursing Facilities
- Durable Medical Equipment
- Mental Health Services
- Pharmacies
- Dental Services
- Managed Care Plans

Fraud includes billing for services not provided, billing non-covered services as covered services, upcoding – that is billing a higher level of service than provided, false information on claims or certificates of need;

*We should always remind Medicare beneficiaries of the need to protect their identity and not to give Medicare numbers or other personally identifying information to strangers. We should assist and educate people about the need to review their EOBs and Medicare Summary Notices*