



KANSAS

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DIVISION OF HEALTH POLICY AND FINANCE

MEMORANDUM

TO: SRS/EES Regional Office Staff
HealthWave Eligibility Clearinghouse
Staff

DATE: November 1, 2005

FROM: Bobbi Mariani, EES Director
Scott Brunner, Medicaid Director

RE: Medicare Part D Protocol

The purpose of this memo is to clarify staff responsibilities for handling inquiries and questions regarding Medicare Part D.

With implementation of Medicare Part D less than two months away, we are seeing an increase in media attention and advertising. Beneficiaries will soon begin receiving marketing material from the drug plans regarding enrollment options. Dual eligibles will receive mailings from CMS and KMAP regarding auto enrollment. As the spotlight is focused more and more on Medicare Part D, confusion among beneficiaries of the program will likely grow. We are expecting a dramatic increase in the number of phone calls and other inquiries from consumers, and from those who assist them with health care choices.

Both SRS and DHPF leadership place a high priority on customer service and believe it critical for staff to help consumers make informed decisions. Simply referring the caller to an outside source is not appropriate. However, without clear priorities, the potential volume of consumer contact in response to Medicare Part D could prevent eligibility staff from completing essential duties. This is especially true with COLA mass change work beginning in late November. The information and protocols outlined in this memo provide staff with guidelines when responding to these consumer inquiries. By developing uniform protocols across the state, we can better work with our partners to ensure more beneficiaries are given the assistance they request.

CMS Tools

CMS has issued volumes of material regarding Medicare Part D, which may seem overwhelming to the beneficiary when attempting to choose a plan. CMS has made an on-line plan finder tool available for the public. The tool assists the Medicare beneficiary with making an informed plan selection. The tool is available at the following address:

<http://plancompare.medicare.gov/formularyfinder/selectstate.asp>.

Other tools and publications designed to facilitate plan choice are available at the following special web link:

<http://tinyurl.com/c6p2k>.

SRS/DHPF Responsibilities

It is the responsibility of the DHPF/SRS eligibility worker to complete all eligibility functions related to new determinations and changes as a result of Medicare Part D. Draft material for [KEESM Revision 26](#) provides additional information and instruction for the upcoming changes. The associated implementation memo will be released in the coming week and face-to-face training begins November 8. These materials provide the eligibility worker with the necessary resources to complete most eligibility functions and help respond to inquiries.

It is also the responsibility of the eligibility worker to provide information to the dual eligible consumer regarding the impact of Part D on Medicaid eligibility and benefits. Questions such as “What will happen with my medical card?”, “Will Medicaid cover drugs my Medicare plan doesn’t?”, and “How will this impact my Medically Needy spenddown?” are examples of question to be answered by the local eligibility worker. In no instance shall these calls be referred outside of SRS or DHPF for resolution. SHICK is not responsible for helping the beneficiary understand the impact of Part D on Medicaid coverage.

The Role of Community Partners

Eligibility caseworkers are not expected to provide one-on-one counseling services to individuals regarding plan choice. Persons asking for help with plan selection, asking about differences between plans, asking about creditable coverage or asking similar plan or Medicare coverage related questions are referred to community partners or other internal staff (as noted below) for assistance. A list of some community partners able to help beneficiaries with the enrollment process are listed below. Please do not refer these questions to Central Office. It is also important to recognize that SHICK has a limited number of staff available, so providing the beneficiary with several referral choices is a good practice.

Referral Choices

1. Medicare. The online resources noted above, as well as the information line 1-800-Medicare, are primary referral sources for persons able to navigate the internet and those with general Medicare or inter-state questions.
2. Senior Health Insurance Counseling for Kansas (SHICK). Another primary referral source, SHICK volunteers are available by calling 1-800-860-5260. Be aware, the call volume is extremely high. Hundreds of phone calls are being fielded each day. Please warn the beneficiary when making the referral to leave a message, or consider other referral sources .
3. The Community Mental Health Center (CMHC) or Community Developmental Disabilities Organization (CDDO) are primary referral points. These entities will provide special services to those with a mental illness or a developmental disability.
4. The nursing facility, pharmacy or other health care provider. The nursing facility may have a preferred pharmacy that has only associated with a single PDP. A consumer wanting to stay with a single pharmacy will need to know which plans the pharmacy accepts. These are critical to making a plan choice. However, referrals will be limited based on the beneficiary situation.

5. The HCBS Case Manager. Although the knowledge base of the case manager may vary, persons in a waiver may receive assistance from the case manager.
6. The Working Healthy Benefits Specialist. The regional Benefits Specialist will provide one-on-one services on a limited basis as well as provide community presentations for consumers. The regional Benefits Specialist is a primary resource for most staff questions related to enrollment and coverage.
7. Other SRS Regional Staff: Some SRS regions have designated Community Collaboration or Customer Service staff to provide information to consumers. Regional structure will dictate the nature and frequency of these referrals. Where trained CCB or CS staff are present, they are considered a primary referral source.

The attached guide, "Which Medicaid Program For The Medicare Beneficiary", is provided to assist workers and other staff when guiding an applicant through the Medicaid eligibility process. We hope you find it useful when answering calls from current beneficiaries as well.

We very much appreciate the coming effort to handle this increased volume of work. If you have any questions, please contact Jeanine Schieferecke at (785) 296-8866.