

MEDICARE

Basic Toolkit

Why so complicated?

Signed into law in 1965, Congress sought medical coverage for aging persons unable to obtain health insurance. In its 49 year history, additions and restrictions to the program leave many Medicare beneficiaries and their caregivers puzzled.

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JANE DOE			
MEDICARE CLAIM NUMBER		SEX	
000-00-0000-A		FEMALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL (PART A)		07-01-1986	
MEDICAL (PART B)		07-01-1986	
SIGN HERE →	<i>Jane Doe</i>		

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Protect your Medicare number. Do not carry your Medicare Card. For most, the Medicare Number is the Social Security Number with a letter on the end and it is easy for those with bad intentions to conduct identity theft or Medicare fraud. See page 3 for more information about Medicare fraud. If your card is damaged, lost or stolen contact Social Security for a replacement www.ssa.gov or call 1-800-772-1213.

Our job is to help people save money and make informed decisions about Medicare.



What is Medicare?

Medicare is a federal health insurance program. Medicare beneficiaries must meet one of the following eligibility criteria:

- Age 65 or older
- Social Security Disability beneficiaries who receive benefits (check) for 24 months
- Persons with End-stage Renal Disease (ESRD)
- Persons with Amyotrophic Lateral Sclerosis (ALS) aka Lou Gehrig's disease

When does Medicare coverage begin?

Medicare Automatic Enrollment

Automatic for those receiving

- Social Security benefits check
- Railroad Retirement Board benefits check

Receive a Medicare card in the mail

- 3 months before 65th birthday
- 24th month of drawing disability income
- 1 month of ESRD or Lou Gehrig (ALS) diagnosis

7-Month Initial Enrollment Period

For those turning 65 not yet receiving a Social Security check

If you enroll in Part B	3 months before you turn 65	2 months before you turn 65	1 month before you turn 65	The month you turn 65	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65
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Sign up during the three months prior to the month you turn 65 to start Medicare during your birthday month.

If you wait until the last four months to join, Medicare will start the first day of the following month.

General Enrollment Period

Missed Part B & D enrollment periods? For Part B enroll from January 1 to March 31. ***Part B Late Enrollment Penalty (LEP) of 10% applies for each year.**

Enroll in Part D from April 1 to June 30.

****Part D LEP of 1% applies each month.**

Parts B & D coverage begins July 1.



**NO WAITING!
APPLY ONLINE**

Social Security Administration Website

www.ssa.gov

Working with Employer Insurance

You or spouse is currently working (not retired)

- **Can delay Part B and paying its \$104.90 monthly premium until retirement**
- Join during an 8-month period that begins when employer insurance ends (no penalty incurred). Medicare coverage begins the month after application.

Retired and eligible for Medicare?

Medicare Parts A & B pay primary (first or before retiree insurance). Be sure to join Medicare A & B.

Tricare for Life (TFL)

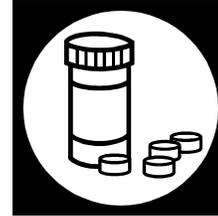
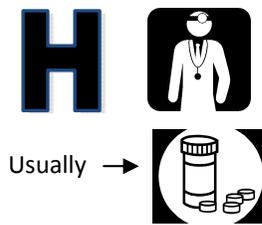
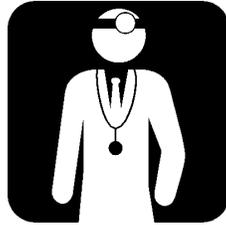
Must join Medicare A & B when first eligible and start TFL. TFL pays after Medicare for doctor visits and hospital stays. TFL pays for prescription, too.

Veterans Administration (VA) Benefits and Medicare

Veterans eligible for full VA benefits and eligible for Medicare Part A at \$0 premium should enroll when eligible. VA beneficiaries choose whether or not to enroll in Medicare Part B since the monthly premium is \$104.90, there is a penalty for delayed enrollment if wish to join later.

Four Parts of Medicare

H



<p>Part A Hospital Insurance</p>	<p>Part B Medical Insurance</p>	<p>Part C Medicare Advantage Replaces Medicare A & B</p>	<p>Part D Prescription Drug Coverage</p>
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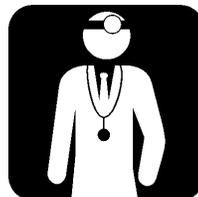
What do the various parts pay?

PART A

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- Inpatient hospital stay
- Hospice care
- Skilled nursing care inpatient stay for rehabilitation

PART B



- Doctor visits
- Outpatient surgery
- Outpatient tests
- Home health care
- Wheelchair
- Diabetic test strips, lancets
- Mammogram, PSA Test



Medicare does not pay for dental, hearing, vision, or long term care such as custodial, 24-hour nursing home care

PART C

Medicare Advantage

- Replaces Medicare A & B
- Buy from a private insurance
- Possible vision, dental or hearing coverage
- May pay premium in addition to Part B
- May require a network of providers like an HMO or PPO

See page 6 for more information

PART D



- Prescription drugs
- Private insurance approved by Medicare
- Costs vary plan to plan
- Compare plans annually

See page 7 for more information

Call SHIP for Medicare help 1-800-224-6330

Medicare Fraud, Waste & Abuse

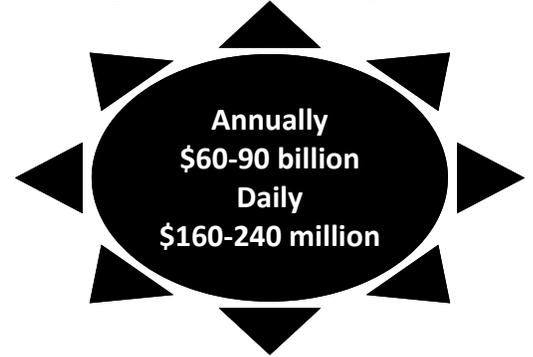
Fraud is giving false information on purpose.

Waste & Abuse is when health care providers or suppliers do not follow good medical practices, which results in medical care that does not help patients.

Fraud Examples

- Billing for medical care or equipment never received
- Unauthorized use of Medicare card

HOW BAD IS IT?



Check your **Medicare Summary Notice** quarterly to detect and report potential fraud and abuse. Sign up for www.mymedicare.gov to check claims regularly. The **Arkansas Senior Medicare Patrol (SMP)** can help with suspected Medicare fraud, **1-866-726-2916**.



Medicare Premiums

Avoid 10% Penalties

Sign up for Parts A & B if you're retired or have no other medical coverage to avoid 10% penalties. If you, or your spouse, are currently employed and your employer has more than 20 employees, you can continue employer insurance and delay Medicare Parts A & B until retirement.

Medicare Part A Premium

For those working at least 10 years, or whose spouse worked and paid, there is no monthly premium for Part A. The Part A premium is paid through payroll taxes while working. However, there is a 10% penalty for late enrollment.

For those not able to get Medicare Part A for free, because they didn't work long enough, the monthly premium is \$451.00 and can be prorated based on work.

Medicare Part B Premium

If Yearly Income is		Monthly Premium Payment
File Individual Tax Return	File Joint Tax Return	
\$85,000 or below	\$170,000 or below	\$104.90 per month
\$85,001-\$107,000	\$170,001-\$214,000	\$146.90 per month
\$107,001-\$160,000	\$214,001-\$320,000	\$209.80 per month
\$160,001-\$214,000	\$320,001-\$428,000	\$272.70 per month
Above \$214,001	Above \$428,001	\$335.70 per month

Call SHIP for Medicare help 1-800-224-6330



2014 Medicare Deductibles & Copayments

Part A Hospital insurance covered services

Services	Benefits	Medicare pays	You pay
Hospitalization Semiprivate room, general nursing, misc. services	First 60 days	All but \$1,216	\$1,216 deductible
	61st to 90th day	All but \$304 per day	\$304 per day
	91st to 150th day	All but \$608 per day	\$608 per day
	Beyond 150 days	Nothing	All charges
Skilled Nursing Facility Care (SNF) after a 3 night inpatient hospital stay	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but \$148.00 per day	\$152.00 per day
	Beyond 100 days	Nothing	All costs
Home Health Care following 3 night inpatient hospital or SNF stay	Part-time care as long as you meet guidelines	100% of approved	Nothing if approved
Hospice Care For the terminally ill	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs & respite care
Blood	Blood	All but first 3 pints	First 3 pints

Part B Medical insurance covered services

Services	Benefits	Medicare pays	You pay
Medical Expense Physician services & medical supplies	Medical services in and out of the hospital	80% of approved amount (after \$147 deductible)	20% of approved amount (after \$147 deductible)
Clinical Laboratory	Diagnostic tests	100% of approved	Nothing if approved
Home Health Care Requires a prescription	Part-time care for medically necessary skilled care or therapy	100% of approved	Nothing if approved
Outpatient Hospital Treatment	Unlimited if medically necessary	80% of approved	20% of approved amount (after \$147 deductible)
Durable Medical Equipment Requires a prescription for equipment	Prescribed by doctor for use in home	80% of approved amount (after \$147 deductible)	20% of approved amount (after \$147 deductible)
Blood	Blood	All but first 3 pints	First 3 pints

Medicare Supplement Insurance (Medigap)

Call SHIIP for Medicare help 1-800-224-6330

- Secondary health insurance policy to pay the “gaps” in Medicare (see page 4)
- Need Medicare A & B
- Sold by private insurance companies
- Pay monthly premium
- A comparison guide containing a list of all companies approved to sell insurance in Arkansas called **Bridging the Gap** available from SHIIP or SHIIP’s website www.arkansas.insurance.gov
- Only pays after original or traditional Medicare A & B (not needed with Medicare Advantage aka Part C)
- Federal & state laws require the plans be standard
- Lettered Plans: A, B, C, D, F, G, K, L, M, N

Apply anytime. Unlike Medicare Drug and Advantage Plans, there is no specific time of year to purchase a Medicare Supplement Policy.

JOIN

**age 65
or older**

Medigap for Medicare recipients age 65 or older

The Medigap Open Enrollment Period is a six month period when an insurance company must issue a policy regardless of medical history, health status, or prior claims. Medigap Open Enrollment Period begins the first day of Medicare Part B enrollment at age 65 or older. Getting Part B starts the Medigap Open Enrollment Period.

**under
age 65**

Medigap for Medicare recipients under age 65

Federal law does not require people under the age of 65 with Medicare Part B be granted a Medigap Open Enrollment Period. Younger Medicare beneficiaries are subject to medical underwriting and may be denied a policy based on medical history. There is no assurance that those under age 65 be issued a Medigap Policy.

Retiree insurance may pay 20% after Medicare, like Medigap does. Some retiree plans do not pay after Medicare or have high deductibles. Some retiree plans are Medicare Advantage and replace Medicare A & B. Be sure to check with your Human Resources before enrolling in a Medigap Plan, to learn the impact on retiree benefits. Other benefits may be affected like life, dental, hearing or vision insurance.

NOTE

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Medicare Advantage (MA) Part C

What is it?

- Called Medicare Health Plans or Medicare Replacement Plans
- Sold by private insurance companies with Medicare approval
- Replaces Original Medicare A & B (no need for Medigap)
- May offer additional benefits such as vision, dental, hearing or transportation– be sure to get specific coverage details in writing
- There are five types of MA Plans. Most plans require use of certain doctors and hospitals (providers). Use of other providers means you pay more or even all the cost of your healthcare.
- May have special rules to follow such as prior authorization

What is the cost?

- Still pay Medicare Part B premium of \$104.90 in 2014
- Usually pay copayments (set amount) for medical services per visit vs. Original Medicare 20% coinsurance.
- May pay an additional premium to MA company can range from \$0 to \$165 monthly

What does it pay?

- Coverage is not standard and varies from plan to plan
- Federal law requires MA cover the same benefits as Original Medicare but the costs such as deductibles and copays vary
- Some plans include drug coverage (Part D)
- Some plans may include vision, home meal delivery after surgery, gym membership, hearing, or dental coverage

What is the advantage?

Beneficiaries may receive **additional benefits**. Many of the dental and hearing benefits are preventive, which means they pay for teeth cleaning or hearing exams but not for dentures or hearing aids. Ask questions about what the policy will pay and get a list of benefits in writing.

Cost sharing may be better for some. For example, Original Medicare hospital coverage requires a deductible of \$1,216 in 2014. An MA Plan might change the cost sharing so the patient pays \$275 per day for the first five days. If the patient stays two days, they owe \$550 vs. the Original Medicare deductible of \$1,216. If the patient stays five hospital days, they owe \$1,375 vs. Original Medicare \$1,216.

More considerations for MA Plans

1. Are prescription drugs covered?
2. Does the plan cover current prescriptions? And, is the cost higher or lower than the current plan?
3. What are the costs (copayments, deductibles or coinsurance) compared with current coverage?
4. Which doctors, hospitals and pharmacies accept the insurance plan? Be sure to call before making changes because some providers do not accept all MA Plans.

Medicare Drug Coverage (Part D)

PART D ENROLLMENT PERIODS

1. See page 1 for **Initial Enrollment Period** information which lasts 7 months when joining Medicare.
2. See page 1 for **General Enrollment Period** with a Part D Enrollment Period from April 1 to June 30.
3. Special Enrollment Period for Part D at **loss of Employer Prescription Coverage** lasts 63 days. The 63 days begins when the employer coverage ends and ensures avoiding a late enrollment penalty.

COSTS



COVERAGE

There are three main costs to consider:

1. **Monthly premium** = dollar amount paid each month to have prescription insurance
2. **Deductible** = dollar amount paid each year before the plan starts to pay, maximum in 2014 is \$310. Not all plans have a deductible.
3. **Copayment or coinsurance** = share of the out-of-pocket cost per medication. This amount will be different for each plan and for each medication.
 - **coinsurance** is usually listed as a percentage of the cost of the medications, 10%, 15%, 20%, etc.
 - **copayments** are specific dollar amounts paid per prescription. (If a plan has a deductible, the copayment amount will be higher until the deductible is met.)

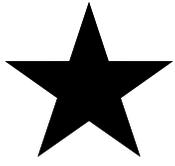
Each plan covers a different list of drugs known as a **formulary**. Formularies vary from plan to plan and affect the cost.

Plans may have **special rules** about how they provide coverage for different drugs on their formulary. These special rules are known as **restrictions** and may include the following:

1. **Quantity Limits** = limit to the number of pills or amount of liquid measure a patient may obtain within a specific period of time.
2. **Prior Authorization** = the insurance plan will require the patient's physician to complete a form detailing why the patient needs the prescribed medication. The insurance plan reviews the form and approves or denies the request.
3. **Step Therapy** = the insurance plan may require the patient to take a substitute/ lower cost medication for up to 90 days. The patient's physician must document on the plan's form the reasons the substitute medication is not effective.

Really need Part D?

Some people have "creditable coverage" or something at least as good as Medicare Part D and do not need Part D such as veterans or those with retiree coverage. Others choose whether or not to enroll. Many don't take medications and delay enrollment. Remember, there is a permanent penalty for late enrollment. The penalty in 2013 is \$0.32 per month for each month of delayed enrollment.



Medicare Annual Open Enrollment OCT. 15 – DEC. 7

Shop and compare plans every year. Drug costs (premiums, deductibles and formularies) change every year. Use the Medicare Plan finder at www.medicare.gov or call SHIP for help 1-800-224-6330.

Medicare Coverage Gap (Donut Hole)

1. Monthly Premium – Mrs. Smith pays a monthly premium throughout the year for Part D.

2. Yearly deductible	3. Copayment or coinsurance	4. Coverage gap	5. Catastrophic Coverage
Mrs. Smith pays the first \$310 of her drug costs before her plan starts to pay its share.	Mrs. Smith pays a copayment, and her plan pays its share for each covered drug until their combined amount (plus the deductible) reaches \$2,850.	Once Mrs. Smith and her plan spend \$2,850 for covered drugs, she enters the coverage gap. In 2014, she receives a discount. She pays 47.5% for brand name drugs and 72% for generics. If her brand name drug cost \$300 she pays \$142.50 at the pharmacy. She receives credit for paying the full \$300 toward the required \$4,550 out-of-pocket cost to exit the coverage gap.	Once Mrs. Smith spends \$4,550 out-of-pocket for the year, her coverage gap ends. Now she pays a small copayment for each drug until the end of the year.

Medicare Preventive Services

People with Medicare Part B pay no deductible (\$147 annual) or coinsurance (20%) for the following services;

- Welcome to Medicare Physical Exam
- Annual Wellness Visit
- Abdominal Aortic Aneurysm Screening
- Bone Density Test
- Cardiovascular Disease Screening
- Colorectal Cancer Screening
- Diabetes Screening
- Pap Test/Pelvic Exam/Clinical Breast Exam
- Prostate Cancer Screening (PSA Blood Test)
- Mammogram
- Flu, H1N1, Hepatitis B & Pneumococcal Pneumonia Shots

NEW ANNUAL WELLNESS VISIT

Medicare Part B (and Medicare Advantage) will pay the full cost for one Wellness Visit every 12 months.

- Patient pays no
 - Part B deductible
 - Part B coinsurance
 - Part C copayment

Physician should exam head, neck, heart, lungs, abdomen and extremities. Digital rectal examinations in men and pelvic exams in women may be needed.

- Visit includes the following measures:
 - height
 - weight
 - blood pressure
 - cognitive function

CAUTION: If a test results in a diagnosis (doctor “finds something”), then it is considered diagnostic and the patient will owe a 20% coinsurance and the deductible will apply.

Two programs help with Medicare costs

Medicare Savings Programs (MSP) and Extra Help are subsidy programs that help pay the costs of Medicare for people with limited incomes.

Call SHIIP for Medicare help 1-800-224-6330

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Medicare Savings Programs pay the costs of Medicare

Level Name	Full Medicaid Services	Part B Late Enrollment Penalty	Part B Premium	Part B Coinsurance	Part A & B Deductible	Part A Copayments
AR Seniors	Paid	Paid	Paid	Paid	Paid	Paid
QMB		Paid	Paid	Paid	Paid	Paid
SLMB & QI-1		Paid	Paid			

2

Extra Help pays the costs of Part D

Level Name	Part D Late Enrollment Penalty	Part D Monthly Premium	Part D Deductible	Part D Copayment
Full Benefit A	Paid	Paid	Paid	Patient pays up to \$2.55
Full Benefit B	Paid	Paid	Paid	Patient pays up to \$6.35
Partial Benefit	Paid	Portion of the Part D Premium	Portion of Part D Deductible	Patient pays 15% of cost

DID YOU KNOW?

- Income and asset qualification levels change every April.
- No in-person interview required.
- No estate recovery – neither the federal nor state government will take assets upon death.
- Not Medicaid – Programs only help with Medicare costs.

To receive help income and assets must be at or below these levels:

	Individual	Couple
Gross monthly income	\$1,458.75	\$1,966.25
Assets	\$13,440.00	\$26,860.00

Primary residence and vehicle do not count as assets.



Income requirements listed above are the highest allowed for Extra Help. **Income and asset levels differ for Medicare Savings Program and Extra Help.** Income and asset levels differ for each level as well. Call SHIIP, 1-800-224-6330, or visit your local DHS County office to apply or for more information.

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Medicare Internet Resources



Email Medicare Man questions
insurance.shiip@arkansas.gov
or call 1-800-224-6330

www.medicare.gov

- Compare Drug Plans (Part D)
- Compare Medicare Advantage Plans (Part C)
- Compare Hospitals
- Compare Nursing Homes
- Compare Home Health Agencies
- Search “coverage database” and learn what Medicare pays for specific items, services, and tests like second opinions, hospital beds, diabetic supplies, etc.
- Order a replacement Medicare card

www.mymedicare.gov

- Create an account
- Secure site to manage personal Medicare information
 - * Review eligibility, entitlement and plan information
 - * Track preventive services
 - * Keep a prescription drug list
 - * Complete Authorization Form
- Review Claims

Medicare Rights & Protections

Advanced Beneficiary Notice of Noncoverage (ABN)

Medicare requires providers to notify patients in writing if the provider thinks Medicare is not likely to pay for an item or service. The purpose is protection from unexpected bills. The notice lists the cost of the item or service. The patient must decide whether to get or refuse, indicate their choice, and sign the form.

Notice of Medicare Provider of Noncoverage

Home health, skilled nursing, hospice, and comprehensive outpatient rehab providers must provide this notice at least two days before services end. If you disagree, request an immediate review by AFMC.

Admission Denial

If the hospital will not admit a Medicare beneficiary and you disagree, put it in writing and call AFMC for an immediate review.

Quality of Care

Submit in writing or by phone quality of care concerns to AFMC.

Appeal Rights

Appeal a denied item or service if you think Medicare should pay but didn't or if you think Medicare didn't pay the right amount. Follow the directions on the Medicare Summary Notice to appeal.

Important Message from Medicare

Receive this form at hospital admission and discharge which explains the right to an immediate appeal if you disagree with your discharge. Call AFMC to request a review.



www.afmc.org

The **Arkansas Foundation for Medical Care (AFMC)** is the Medicare Quality Improvement Organization in Arkansas. To request an immediate review or submit quality of care concerns, call the AFMC hotline available 7 days per week **1-888-354-9100**.

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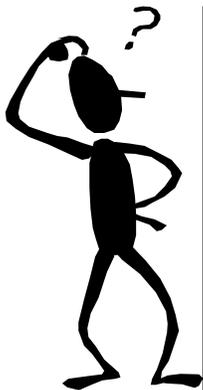
The Patient Protection and Affordable Care Act (PPACA)

- Created Pre-existing Conditions Plans called Take Care Arkansas
- Provides money to encourage employers to continue to offer insurance to early Retirees (called employer offset program)
- Preventive Screenings at \$0 copay for all insurance policies
- Young adults keep parent's insurance to age 26
- Small business tax credits up to 35% of employer contribution
- Elimination of Insurance Coverage Lifetime Limits
- Children under age 19 can not be denied based on pre-existing conditions
- Funds construction of Community Health Center
- Creates Health Insurance Marketplace Group for uninsured and underinsured



Medicare & PPACA: What's changing?

- Payments from the Centers for Medicare & Medicaid Services to Medicare Advantage (MA) plans will be made based the plan's quality rating.
- Medicare Advantage Disenrollment Period available annually from Jan. 1- Feb. 14
- Closing Donut Hole/Coverage Gap by 2020 when beneficiaries will pay 25% of the cost. In 2014, beneficiaries pay 47.5% for brand name and 72% for generic prescription medications.
- Annual Wellness Visit
- Free Preventive Screenings– Beneficiaries no longer pay the Part B deductible or 20% coinsurance for certain screenings, see page 9 for the list.



Frequently Asked Questions about Medicare and PPACA

1. Will my Part B premium double to pay for Obamacare?

No, the Medicare Part B premium will increase relative to the "raise" or Cost of Living Adjustment (COLA) in the Social Security Benefit Check. By law, if there is no COLA then there can be no increase in the Part B premium. The increase in the Part B premium for most Arkansans from 2012 to 2013 (same in 2014) was \$5.00 a month, from \$99.90 to \$104.90.

2. Will I lose my doctor?

Providers (doctors and hospitals) choose whether or not to accept Medicare patients. This choice is individual and independent from the PPACA.

3. Will my benefits be cut?

No, there are no planned cuts in benefits.

4. If I have Medicare do I buy another policy when this starts in 2014?

No, insurance through the Marketplace (online website/portal to compare policies) is for people that currently have no insurance or are underinsured. Medicare is health insurance.

5. Will people under 65 be able to buy Medigap regardless of pre-existing conditions?

No, the pre-existing condition requirement does not apply to Medigap also known as Medicare Supplement Policies.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bid Round 2



Why now? DMEPOS fee schedule is based on historic supplier charges from the 1980s. The prices were adjusted for inflation and not based on current market prices. As a result, some current payments are in excess of the retail prices.

AFFECTS YOU JULY 1, 2013 IF YOU

1. Have Original Medicare Part A & B
2. Live in a Competitive Bidding Area (CBA)
3. Travel to Competitive Bidding Area (CBA)
4. Use diabetic Testing Supplies (see page 13)

COMPETITIVE BID AREAS IN ARKANSAS

Little Rock-North Little Rock- Conway

Memphis, TN - West Memphis, AR

Round 2 Bid DMEPOS includes these products only

1. Oxygen, oxygen equipment and supplies
2. Enteral nutrients, equipment and supplies
3. Continuous Positive Airway Pressure (CPAP) devices and respiratory Assist Devices (RADs) and relate supplies and accessories
4. Hospital beds and related accessories
5. Support surfaces (mattresses and overlays)
6. Standard (power and manual) wheelchairs, scooters and relate accessories
7. Negative pressure wound therapy pumps and related supplies and accessories



To find a supplier:

1. Visit <http://www.medicare.gov/supplierdirectory/search.html>
2. Enter your zip code
3. Select the Competitive Bid Category needed and click the Search button on the bottom right side of the page.

• May stay with current non-contract supplier if all of the following:

- Supplier elects to be “grandfathered”
- Beneficiary permanently resides in a CBA
- Renting certain equipment or oxygen when program starts in CBA
- Supplier must accept winning bid payment rate for all patients vs. select patients

• If current non-contract supplier elects not to be “grandfathered”, then the beneficiary must switch to a contract supplier.

- Non-grandfathered suppliers are required to
 1. Provide beneficiary 30 days notice that service will end
 2. Help the beneficiary find a new contracted supplier

Diabetic Testing Supply National Mail Order

Starting July 1, 2013

What if you purchase diabetic testing supplies from a local store?

- Store can charge more
- Beneficiary's responsibility to check the price prior to purchase
- Store may require beneficiary to sign an Advanced Beneficiary Notice (ABN) accepting responsibility for the amount Medicare won't pay



To find a supplier:

1. Visit <http://www.medicare.gov/supplierdirectory/search.html>
2. Enter your zip code
3. Select Mail-Order Diabetic Supplies and click the Search button on the bottom right side of the page

Examples of Diabetic Testing Supplies
Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips
Spring-Powered Device For Lancet, Each
Lancets, Per Box Of 100

FREE Tobacco Cessation Products



Quitting is not easy but the Arkansas Health Department can help.

Call the Tobacco Quitline 1-800-784-8669.

The Quitline provides a Quit Coach and free nicotine supplies (as supplies last) to help.

- \$6 pack of cigarettes daily for 6 weeks = \$252
- Nicotine gum, patches or lozenges = FREE through the Quitline

Advanced Directive

An Advanced Directive is written instruction provided by individuals to define actions to be taken for their health in the event that they are not able to make decisions due to illness or incapacity, or to appoint a person to make such decisions for them. Consider filing an Advanced Directive with family and doctors in case of emergency. The 2013 Arkansas Legislative session produced Act 1264 including a free form for use. To print a copy of the form visit

<http://www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act1264.pdf>

Choices in Living Resource Center

Choices in Living Resource Center (CIL) is an Aging and Disability Resource Center (ADRC). CIL provides information about programs and services for seniors, individuals with disabilities, families, caregivers, service providers and any interested party. Staff of CIL can help with the following:

- long term care options,
- caregiving,
- energy assistance,
- assistive technology,
- Supplemental Nutrition Assistance Program (SNAP), and
- Medicaid Programs like ElderChoices, Alternatives, Independent Choices, and Living Choices.



Call toll-free 1-866-801-3435 for help or visit the website <http://www.choicesinliving.ar.gov/>

Long Term Care Ombudsman

Seeking information about Nursing Homes in Arkansas?

Visit the LTC Ombudsman website <http://www.arombudsman.com/> and learn more about the Volunteer Ombudsman Program. Get involved and volunteer as an Ombudsman. Volunteers inform residents of their rights, refer complaints and concerns and observe and report conditions in Arkansas's Nursing Homes.

Call 1-501-682-8952 for more information.



Arkansas Long Term Care
Ombudsman Program

Silver Alert System

**SILVER
ALERT**

Arkansas' Missing Senior Adult Network

The Silver Alert System is a partnership among the following agencies:

- Arkansas State Police,
- Arkansas Sheriffs' Association, and
- Arkansas Association of Chiefs of Police.

It's purpose is to provide the public, Arkansas broadcasters and news organizations a means to receive Arkansas Silver Alerts.

Modeled after the Amber Alert, the Silver Alert is an emergency system which law enforcement can use to disseminate **statewide alerts for missing seniors and/or other adults with Alzheimer's or other cognitive disorders.**

Visit <https://www.ark.org/asp/alerts/mnaa/silver.php> to join the alert list.



Need a doctor or provider that accepts Medicare Assignment?

Not all providers accept Medicare Assignment or new Medicare patients. To find a list of providers by city visit <https://www.novitas-solutions.com/csc/find-jh.html>
No Internet access? Call SHIIP for a list at 1-800-224-6330.

SHIIP needs volunteers

Volunteer opportunities include:

1. **Office Assistant**– Provides administrative support including data entry, answering phone, scheduling appointments and other clerical duties.
2. **Medicare Counselor**– Helps Medicare recipients with Medicare questions and applications for money saving programs like Extra Help and Medicare Savings Plans.
3. **Outreach Assistant**– Make 5 minute scripted presentations called “Medicare Minutes” to groups of Medicare beneficiaries and their caregivers. Handout materials at health fairs and booths.
4. **Special Projects** like taking photographs at events, writing newsletter articles, and more...

SHIIP provides training and support for all volunteer roles. Call or email to learn more 1-800-224-6330 or insurance.shiip@arkansas.gov

Need help with another type of insurance?

The **Consumer Services Division (CSD)** of the Arkansas Insurance Department can help! CSD assists consumers who have problems, questions, concerns or complaints on Life, Health, Casualty and Property Insurance coverage. CSD helps with problems or questions concerning insurance companies and insurance producers/agents, provide information on a Company’s address, telephone number, and complaint statistics. For more information call 1-800-852-5494.



Arkansas Insurance
Department



LOCAL HELP FOR PEOPLE WITH MEDICARE

Allen Kerr, Commissioner
Dan Honey, Deputy Commissioner
Amanda N. White, SHIIP Director

1200 W 3rd St, Little Rock, Arkansas 72201

Toll Free: 1-800-224-6330

www.insurance.arkansas.gov

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