

October 26, 2005

TO: Disability Services Advisory Council

FROM: Ted Stevens

SUBJECT: Medicare Part D Updates (*new information in italics*)

The new prescription drug benefit for Medicare recipients, known in bureaucratic circles as “Part D,” is on track for implementation on January 1, 2006. While there were calls from members of Congress that its launch be delayed for a year to free up money for hurricane relief, the White House has been steadfast in its support for “staying the course.” Therefore, at all levels of government, the rollout of this new prescription drug benefit continues.

Senior & Disabled Services is playing three roles locally. First, we have primary responsibility for providing “choice counseling” assistance to Lane County residents who are receiving both Medicare and Medicaid (a.k.a., “dual eligibles”). Second, we are serving as the convener of a local ad hoc group of agencies and organizations interested in coordinating local Part D outreach, education and enrollment activities. Third, under the auspices of the Senior Connections Program, we are mounting a Part D outreach and education campaign targeted to the general Medicare enrollee population. Details on each of these roles are provided below.

Choice Counseling for Dual Eligibles:

Medicare enrollees who also receive “full” Medicaid benefits (as opposed to QMB or SMB benefits) will no longer receive their prescription drugs from Oregon’s Medicaid program after December 31, 2005; they will receive their drugs through Medicare’s Part D program. According to the latest data from DHS, there are approximately 4,900 dual eligibles in Lane County. The U.S. Centers for Medicare and Medicaid Services (CMS) have already enrolled these individuals in to a Medicare Part D prescription drug plan (PDP). Regarding the plans, to date, CMS has authorized thirty-one sponsors to provide drug benefits to Oregonians enrolled in Medicare. Of the plans offered by these sponsors, twelve are “stand alone” plans with monthly premiums of \$30 or less. Lane County’s dual eligibles

have been auto-enrolled into these twelve plans. Whether the plan into which a specific individual is placed is appropriate for his or her situation remains to be seen. By the luck of the draw, some placements will be appropriate. That is, the plan covers the drugs the individual is using, and it has a contractual relationship with the pharmacy favored by the individual. However, the likelihood of such “matches” is remote. Therefore, someone knowledgeable about Medicare Part D and the PDPs will need to confer with each individual to determine whether he or she is assigned to a plan which meets his or her needs and, if not so assigned, help him or her identify and switch to a more appropriate plan.

DHS has awarded S&DS a little over \$300,000 to hire temporary staff to perform the above described “choice counseling” work. We have selected a project supervisor (Alicia Kehoe) from amongst our current staff. She *started* her new assignment on October 17. Her responsibilities include the recruitment, selection, training, and supervision of thirteen temporary “choice counseling” employees. *These individuals have been selected. Most will start work on October 31; others will start on November 8. Five of the 13 are S&DS employees who are being laid off due to budget reductions. Of the balance, two are recent retirees from S&DS, one is a former temporary employee who was laid off on 6-30-05, one is a former S&DS volunteer, and four are individuals new to the agency.*

This temporary project will be based in S&DS’ Eugene Office, in the Ed Luczycki (basement) conference room. (Housing the project in this conference room will displace the DSAC for the duration of the project. As a result, DSAC meetings between November 2005 and April 2006 will be held at LCOG’s Administrative Office, 99 E. Broadway, Eugene, 4th Floor Large Conference Room.) Individual counselors will be assigned to provide assistance to clients in specific S&DS staff members’ caseloads. Additional details are being developed. As appropriate, they will be shared, once available.

Convener of a Local Coordination Effort:

DHS has informed S&DS that there are between 55,000 and 57,000 Medicare recipients in Lane County. As described above, S&DS has primary responsibility for assisting the estimated 10% who are dually eligible for Medicare and Medicaid. According to CMS, the local SHIBA (Senior Health Insurance Benefits Advisors) program is responsible for assisting the other 90% determine their relationship to Part D. (Recall, participation in the Part D program is voluntary. Medicare enrollees will need to make two decisions, first, will they participate in Part D and, second, identify the PDP that will best meet their needs.) Since the local SHIBA

program is under-funded and small, it is recognized locally that other resources are needed. To this end, S&DS has taken on the responsibility of convening an ad hoc group representing numerous human services agencies and organizations, *and a public relations firm, the Ulum Group*. This group is working on the development and marketing of a volunteer recruitment plan. It is also working to facilitate the training of staff members of agencies and organizations serving seniors and people with disabilities with the hope that these individuals will provide assistance to their residents, enrollees or patrons. *Further*, with the assistance of the United Way of Lane County, this group is working to secure donated facilities with computers and phones that are suitable for the performance of choice counseling work by trained Part D volunteers. *Finally, this group is arranging for a number of education and enrollment events for Medicare beneficiaries. A major educational kick-off event is being planned for November 15th at Wheeler Pavilion, Lane County Fairgrounds, Eugene. Details on this event will be shared with DSAC members at the Council's 11-4 meeting.*

Medicare Part D Education and Outreach:

This project has previously been described to members of S&DS' Advisory Councils. As a reminder, its premises are as follows: First, it assumes that many Medicare recipients are not aware that Part D is being implemented on January 1, 2006. Second, assuming that they are aware of its existence, they are confused about whether Part D will be of benefit to them. Given these premises, S&DS' Senior Connections Program *has hired* a temporary outreach worker – *Brent Wood* - to inform and explain Medicare Part D to as many people as possible. Avenues to be pursued will include, but not be limited to, developing and disseminating press releases; giving presentations to civic, social, fraternal, and religious groups; organizing and/or participating in community meetings, health fairs, and related events; and participating in radio and television talk shows. *Since the Ulum Group is focusing its energies on the Eugene/Springfield area, S&DS' worker will concentrate a significant amount of energy on organizing events outside the metro area.*

Questions:

Questions regarding the roles S&DS' is playing regarding the implementation of Medicare Part D can be addressed to staff at the November Council meeting.