



Director's Dose: GGS, What is it and how do I join?

~Jennie Deese

The Georgia Gerontology Society (GGS) was founded in 1955. The purpose of the society is to bring together multi-disciplinary professionals with a common interest in the field of aging. Membership in GGS has lots of rewards. Career development, collaboration, education, research, senior advocacy and the promotion of state of the art approaches to service are just a few of the benefits. Becoming a member entitles you to receive regular "GGS Email Blasts" to inform you of upcoming educational opportunities and community information. Also on-line "IN FOCUS" keeps you informed about what's happening around the state in the field of aging. The 2006 GGS Annual Conference will be held on September 17-19, 2006 at the Brasstown Valley Resort in Young Harris, Georgia. Featured topics that will be covered are: Ethics, Financial Planning, Medicaid, Models and Best Practice on Caregiving, Senior Centers and Congregational Respite. Joining GGS is easy. Complete a membership application that can be found on the GGS website, www.georgiagerontologysociety.org. Mail the application along with a \$50.00 check made payable to Georgia Gerontology Society to: GGS P.O. Box 7905, Atlanta, GA 30357. To discuss the society, please do not hesitate to contact me at 404-463-8578. The networking and educational opportunities are endless!



Georgia Gerontology Society

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Southeast Georgia Volunteer Recognition and Training

The Southeast GeorgiaCares Program held its Annual Volunteer Training and Appreciation on June 10th at Ryan's in Waycross. It was an awesome evening for everyone in attendance including our program manager, Scott Courson. The evening was filled with lots of food, fun, and fellowship. The group played several games with the most exciting and informative being the jigsaw puzzle. Each volunteer had been given a clue sheet and a puzzle piece. During the game, each was asked to place their piece on the board (Note: Due to scheduling conflicts several volunteers were not able to attend; therefore the puzzle had empty places.). When everyone finished, Mrs. Gail explained the purpose of the game. She explained that her goal was to show that each volunteer was essential to complete the "GeorgiaCares Team." The highlight of the evening was the awards and tokens of appreciation given to each volunteer. The volunteers who were unable to attend received their appreciations by mail. Congratulations Southeast GeorgiaCares volunteers!

Note: The birthday of Ursula Roberson and Linda Gail was celebrated during the appreciation.

~Linda Gail, Southeast Georgia GeorgiaCares Coordinator



Happy Birthday

July 5th—Nancy White

July 13th—Cherry Young

July 21st—Sadie Holt

July 31st—James Sheppard

AAA Focus—Heart of Georgia Altamaha

~Don Gay, Heart of Georgia Altamaha GeorgiaCares Coordinator

The Heart of Georgia Altamaha Georgia Cares Program serves a 17 county area that is predominantly rural: Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Tattnall, Telfair, Toombs, Treutlen, Wayne, Wheeler, and Wilcox.

PROGRAM ACCOMPLISHMENTS

Weekly Newspaper Column

Don A. Gay, Sr., GeorgiaCares Coordinator submits a weekly article to all the local newspapers in the 17 county service area, reaching approximately 65,000 people.

SERVICE2SENIORS Event

On May 4, 2006, the second annual Service2Seniors Event was attended by over 300 seniors from the 17 county service area. Senator Jack Hill and Representative Dubose Porter assisted in giving awards to the volunteers. Representative Dubose Porter was voted by GeorgiaCares Volunteers as the Legislative Awardee of 2006.

Community Based Counseling Sites

Community based counseling sites are locally accessible to low-income, dual eligible, and hard-to-reach beneficiaries. These counseling sites provide one-on-one counseling to beneficiaries who are unable to access CMS' information channels.

From July 1, 2005 to May 31, 2006, 2,207 Medicare Beneficiaries were provided in-depth one-on-one counseling. Forty six volunteers provided 1,906 hours and 48 minutes of counseling which resulted in a savings of \$3,414,064.90.

Community based counseling sites includes City Hall, Wal-Mart, Kroger Grocery, Salvation Army, Thrift Shops, Department of Family and Children Services, County Commissioners' office, Public Housing, and Faith Based Organizations.

Community Education and Outreach

Beneficiaries, who were likely to be eligible for the Low-Income Subsidy for prescription drug coverage and for other low income programs like the Medicare Savings Program, were a prime target of our outreach efforts. Five hundred twenty four Community Education/Presentation/Outreach Events were provided by forty three volunteers from July 1, 2005 to May 31, 2006. These events reached 32,146 individuals, providing 5,660 and fifty five minutes of outreach.

From July 1, 2005 to May 31, 2006, forty three volunteer trainers provided 455 group sessions reaching 5,280 Medicare beneficiaries.

Don Gay

Georgia Cares question and answer column



The following information affects Medicare and Medicaid beneficiaries with drug coverage from Medicaid.

Q: Will Medicaid still pay for my medicine?

A: No. Medicaid will still pay for your other health cost.

Q: Medicare auto enrolled me in a plan. I don't like the plan. What do I do?

A: You can switch plans once a month by simply enrolling in another plan.

Q: What if dual eligible beneficiary (Medicare and Medicaid) presents at the pharmacy and does not know what plan he or she has been enrolled in?

A: The pharmacist should send an E1 query to determine Part D plan enrollment. If the E1 query returns the RxBIN-RxPCN-RXGrp-RxID (the "4Rx" data) and 800 number of a Part D plan, the pharmacist should bill the plan. If the E1 query returns just the 800 number of the plan, the pharmacist should call the 800 number to obtain the billing information from the plan. If the E1 query returns no match, the pharmacist should check for Medicare eligibility by submitting an expanded E1 query and Medicaid eligibility through the patient history, a Medicaid card, or a current Medicaid letter. Pharmacists can also call a dedicated pharmacy eligibility line at 1-866-835-7595. The pharmacist may use the Point of Sale facilitated enrollment solution once dual eligibility is determined and plan enrollment cannot be identified.

Q: What if a dual eligible beneficiary who has been auto enrolled presents at a pharmacy with a plan acknowledgement letter indicating that the beneficiary has switched plans?

A: If the person does have their plan acknowledgement letter in hand, that letter should include the RxBin, RxPCN, RxGrp and Rx ID, generally, in the upper left hand area above the greeting. The pharmacist should use that information for billing or, if the letter does not include this information, the pharmacy should call the plan to get the information needed to send in a claim.

Q: What if a dual eligible beneficiary who has been auto enrolled presents at a pharmacy without a plan acknowledgement letter, but indicates that he or she has switched plans?

A: The pharmacist should send an E1 query or call the dedicated pharmacy eligibility line at 1-866-835-7595 to determine Part D plan enrollment.

Q: What if a beneficiary presents at a pharmacy with a Medicaid Card and appears to be Medicare eligible, but the pharmacist cannot determine that the beneficiary has been auto-enrolled in any plan?

A: Once the E1 query has failed and the pharmacist has reasonable basis for believing the beneficiary is dually eligible the POS Contractor (Anthem) should be billed. This will allow for the prescription to be filled and begin the process of enrolling the dual eligible beneficiary into a Part D plan.

For additional information call 1-800-669-8387.

Don A. Gay Sr. is a Georgia Cares coordinator.

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Partnerships

To maximize our outreach efforts, partnership development is one of the Heart of Georgia Altamaha GeorgiaCares program priorities. The following partners have maximized our services to hard-to-reach population: city government, county government, local banks, local rotary clubs, and local technical colleges who provided free use of their computers and auditorium during Medicare Part D Enrollment Events.

To reach Spanish speaking beneficiaries, a special partnership with Southeast Community Education Project was established, which sponsored a radio show every Sunday (WCLA), 1470 AM "LA VOZ LATINA DEL PUEBLE", Claxton, GA.

To ensure cross training among Professionals in Gerontology, a partnership with Heart of Georgia Technical College, Community Health Empowerment Program and Georgia Southern University was created.

2006 VOLUNTEERS OF THE YEAR - ROGER & MONA SUE LIVINGSTON

Who says that 1-800 Medicare does not work? Mr. & Mrs. Roger Livingston enrolled over 100 Medicare Beneficiaries by calling 1-800-Medicare which resulted in \$162,000.00 of savings. They also provided one-on-one counseling on a daily basis at the Jeff Davis Senior Center and additional outreach at the local thrift shop.



Third Quarterly In-Service Training at the Garfield Office, March 2006

Along with an excellent training session, excellent food was served by Langga Gay. Everyone had a good time as you can from the pictures below.



~Submitted by Don Gay, Heart of Georgia Altamaha GeorgiaCares Coordinator

Seniors Targeted for Medicare Advantage Plan Enrollments

~Erika Lawson, SMP Coordinator

Just before the May 15th deadline for enrollment into the Medicare Prescription Drug Benefit, seniors began reporting that they were enrolled into Medicare Advantage plans under false pretenses. Part D insurance agents have traveled statewide to address seniors regarding the need for prescription drug coverage, particularly within senior center facilities. As a result of this effort, seniors have reported that they did not receive accurate and sufficient information about the plan and how it would affect current health care coverage. The biggest complaint is that enrollees did not know that enrolling in the plan may possibly mean changing health care providers, doctors and hospitals. Other complaints include having to make payments for original Medicare Part B and the Medicare Advantage Plan and being enrolled without prior knowledge.

To help address this issue and concern, press releases have been sent out from the GeorgiaCares and Atlanta Senior Medicare Patrol projects and the office of John Oxendine, Insurance Commissioner. Also, a case has been opened with the Office of Inspector General. If you or someone you know is considering enrolling in a Medicare Advantage Plan:

- Make sure you review and understand all benefits of the plan
- Make sure you understand all costs associated with the plan (i.e., you will pay the Medicare Part B premium plus premiums for the plan)
- Verify the sales person is a licensed insurance agent
- Understand the network for the plan (i.e., who are the doctors/specialists and what hospitals can you use)

If you have any questions or want to report possible fraud, call the GeorgiaCares Senior Medicare Patrol at 1-800-669-8387.



Medicare/Medicaid Fraud

Baby Boomer Research: Available Presentations

~Cynthia Haley, LLP Coordinator

Looking for a taste of the latest national Boomer Business Summit? It's not too late. The day-long 2006 event, produced by the American Society on Aging and the National Council on Aging, was packed with practical information, as described in the available PowerPoint presentations summarized below.

“Making Longer Lives Better”

Longevity Alliance President Steven Zaleznick explores age groups' differing attitudes toward long-term care financing and addresses ways of “combating the ‘too many choices syndrome.’”

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How to Seek Repayment of Premiums or Copayments from Part D Plans

~Vicki Mikels

This is a representation of the CMS tip sheet, "How Medicare Drug Plan Members Can Seek Repayment of Premiums and Copayments." It offers guidance to ensure that people with Medicare know how to get paid back for Medicare drug plan copayment and / or premium amounts.

What should a person do if he / she paid out-of-pocket drug costs because the person needed to fill a prescription before receiving a plan membership card or confirmation letter?

If an individual pays for prescriptions that should be covered by the plan, the person can be reimbursed through the four steps shown below.

- 1) Save the original receipt from the pharmacy.
- 2) Call the customer service number on the membership card, read the plan's printed materials or look on the plan's member web site to find out about the reimbursement process.
- 3) Get a copy of the plan's claim submission or reimbursement form, if needed.
- 4) Submit the completed form and the original receipt to the plan.

What should a person do if he/she has qualified for the low-income subsidy (LIS) but is charged an incorrect deductible or copayment amount?

If a person with the LIS is charged an incorrect deductible or copayment amount, contact the plan to find out how to submit a claim for reimbursement, if applicable. The original receipt may need to be submitted with the claim. The Medicare drug plan will refund any amount that is due.

How will pharmacies be reimbursed for payments they made on behalf of unidentified dual eligibles who live in long-term care facilities and qualify for the \$0 copayment?

Dual eligibles who reside in long-term care facilities might not have a copayment for their prescription drugs. Pharmacies will receive a one-time payment for the amount of any uncollected co-payments for people who were mistakenly identified as having to pay copayment amounts.

What if no plan membership card has been received yet?

To avoid paying prescription drug costs that are covered by the plan, new Part D members should:

- Take their plan confirmation letter to the pharmacy.
- If the letter has not yet been received, the person can take one or more of the

following items to the pharmacy:

- o A welcome letter from the plan,
- o An enrollment confirmation number from the plan, or
- o A copy of the enrollment application.

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- Dual eligibles or people who have been approved for the low-income subsidy should take a copy of the yellow automatic enrollment letter from Medicare, the Medicaid card, the approval letter from Social Security or other proof of eligibility for extra help from the federal government.

What should a person do if an incorrect amount is deducted from the Social Security benefit?

If there is a premium overpayment — such as when a person changes plans and the premium change does not go into effect immediately — Social Security will refund the overpayment. The person will receive a refund check separate from the regular monthly benefit. It may take 2-3 months to receive a refund.

What happens if a person who qualified for the LIS is charged for a premium?

People who qualify for the full low-income subsidy generally pay no monthly premium. LIS recipients who select a plan that does not have a \$0 premium must pay a small premium amount.

Normally, plans do not bill members until Medicare tells the plan what a member's actual premium should be. However, plans may have mistakenly sent certain members bills for full plan premiums.

Plan sponsors should wait for correct premium information before billing members. Plans should also not take disenrollment action with a member who has not paid a premium bill, in cases where the person may qualify for the LIS.

People who are notified they will be disenrolled from the plan for nonpayment of premium should call the plan.

If the plan billed a member who should have a reduced or \$0 premium, and the member paid, the plan will refund the correct amounts as soon as possible. The member can call the customer service number on the plan membership card, read the plan's printed materials or look on the plan's web site to find out about the reimbursement process.

*We would like to congratulate **Patti Szarowicz** for obtaining a full-time position with the Aging Information Services Department at Atlanta Regional Commission and thank her for all of her hard work during her time with GeorgiaCares.*

~Lisa Federico, Atlanta Regional Commission GeorgiaCares Coordinator

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“Seeking the Truth: New Research on Boomers”

Focalyst’s Mike Irwin uses demographics and focus group research to analyze baby boomers’ receptivity to marketing messages. Learn to differentiate between attractive and offensive approaches, and discover which communications vehicles grab attention first.

“Healthy Living & Healthy Aging: New Consumer Research into the Boomer Market”

Steve French of The Natural Marketing Institute explores long-term care preparation by describing common attitudes of “Arrivers, Strivers, Worriers, [the] Bewildered, and Peter Pans.” Discover new research on boomer attitudes toward finances, work, health, government, technology, and leisure.

“Reaching Baby Boomers Online: Interactive Marketing Strategies that Work”

Marty Silberstein of MS Marketing Services and Mary Furlong & Associates joins colleagues in an analysis of baby boomers’ online habits. Silberstein recommends ways to drive individuals to your website and keep them coming back through techniques such as teaser downloads, free personal solutions, web-based seminars, portal strategies, and affiliate marketing.

“Attitudes toward Retirement: What’s Changed”

The MetLife Mature Market Institute’s Sandra Timmerman describes the latest in MetLife research on baby boomers’ lifestyle expectations, anticipated income sources, misconceptions about long-term care planning, and more. Timmerman also offers recommendations for educating and serving consumers more effectively.

To obtain a copy of one or more presentations, indicate which PowerPoint you’d like to receive via e-mail, and send your request to chaley@dhr.state.ga.us. All presentations are in PDF format.



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