

The Beacon

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SOCIAL SECURITY & MEDICARE

Social Security Office Closings

On Friday, November 25th all Social Security field offices will be closed to the public. Employees who work the day after Thanksgiving will focus on backlog reduction.

Medicare A & B Cost Sharing Amounts for 2012

The Medicare Part A and B premiums, co-payments, and deductibles have been adjusted effective 1/1/12. Updated charts are attached.

Extra Help & Medicare Savings Program Asset Guidelines Increase

CMS has increased the Extra Help asset limits effective 1/1/12. In accordance with MIPPA, the Medicare Savings Program asset guidelines will also be increased to mirror those of Extra Help. These guidelines will be as follows:

Extra Help

Benefit Level	Marital Status	2011 Asset Limit	2012 Asset Limit
Full Extra Help	Single	\$8,180	\$8,440
	Married	\$13,020	\$13,410
Partial Extra Help	Single	\$12,640	\$13,070
	Married	\$25,260	\$26,120

*These limits include \$1,500 per person for burial expenses

Medicare Savings Program

Marital Status	2011 Asset Limit	2012 Asset Limit
Single	\$6,680	\$6,940
Married	\$10,020	\$10,410

*These limits do not include \$1,500 per person for burial expenses

Recent CMS Mailings

On 10/28/11, CMS mailed MA Reassignment Notice 11443 (blue paper) to approximately 48,000 people with Medicare nationwide. This notice informs people who qualify for Extra Help and whose Medicare Advantage Plan is leaving the Medicare Program that they'll be reassigned to a new Medicare drug plan if they don't join a new plan on their own by December 31, 2011.

On 10/26/11, CMS mailed Reassignment Notice 11208 (blue paper) to approximately 11,000 people with Medicare nationwide. This notice informs people who qualify for Extra Help and whose Medicare Prescription Drug Plan is leaving the Medicare Program that they'll be reassigned to a new Medicare drug plan if they don't join a plan on their own by December 31, 2011.

On 11/2/11, CMS mailed Reassignment Notice 11209 (blue paper) to approximately 771,000 people with Medicare nationwide. This notice informs people who qualify for Extra Help, were auto-enrolled, and whose Medicare Prescription Drug Plan premium will be increasing above the LIS benchmark in 2012, that they'll be reassigned to a new premium-free drug plan if they don't join a new plan on their own by December 31, 2011.

Although recipients of these 3 blue letters will be re-enrolled into another plan if they do not act during Open Enrollment, there is no guarantee that the new plan will meet their prescription drug needs. Therefore, it is still important that they investigate their plan options.

On 11/9/11, CMS mailed Choosers Notice 11267 (tan paper) to approximately 1.4 million people nationwide. This notice informs people who qualify for Extra Help and chose a Medicare Prescription Drug Plan on their own that their plan's premium will be above the LIS benchmark for 2012, and they'll be responsible for paying a portion of the premium themselves if they stay in that plan for 2012. The notice includes a list of PDP plans in the region available for \$0 premium.

CMS Training Library

CMS maintains an online training library for the use of partners, information givers, and trainers who share in-depth information about Medicare programs. The library includes training modules, job aids, tool kits, fact sheets, and web resources. The library can be accessed [here](#).

SHIP Navigator Newsletter

The latest edition of the SHIP Navigator newsletter is attached.

Hospital Observation Status and Medicare

In a recent alert, the Center for Medicare Advocacy illustrates the problematic consequences that can occur when a Medicare beneficiary is classified as "in observation" rather than "admitted" at a hospital. This alert is attached.

New Qualified Independent Contractor

Reconsideration requests, the second level in the Medicare appeals process, are processed by the Qualified Independent Contractor (QIC), who was previously RiverTrust Solutions. Effective November 15, 2011, C2C Solutions, Inc. will take over the QIC contract and begin processing reconsideration requests for all four of the Durable Medical Equipment Medicare Administrative Contractors (DME MACs). C2C Solutions, Inc. also holds the QIC contract for Medicare Part B Reconsiderations in the Northern Jurisdiction. Requests for reconsideration should be sent to C2C Solutions, Inc. Below is the address and contact information for C2C Solutions, Inc.

C2C Solutions, Inc.
Attn: DME QIC
P.O. Box 44013
Jacksonville, FL 32231-4103

MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLANS

More than 25% of Medicare PDP's Get Poor Rating

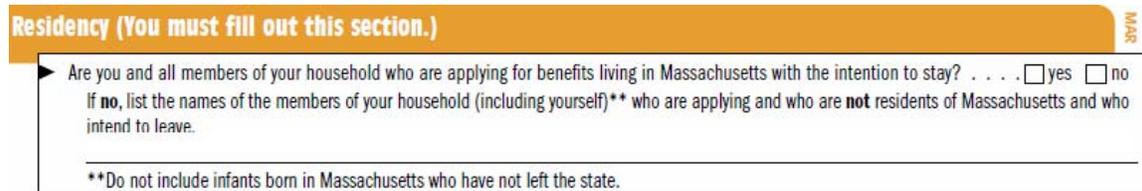
Kaiser Health News has reported that nationwide 25% of Medicare Prescription Drug Plans received poor ratings. A poor rating is defined as less than 3 stars on Medicare's 5-star quality rating system. The article from KHN is attached.

MASSHEALTH & THE CONNECTOR

MassHealth Application Changes

This past year, MassHealth introduced a new section to its applications to help determine Massachusetts residency. This “Visitor” section asked the applicant if he/she was visiting Massachusetts and, therefore, not a resident. In October, this section was replaced with a “Residency” section, which asks the applicant if he/she is a Massachusetts resident with the intention to stay. While a “no” response to the previous “Visitor” question would indicate that the applicant meets the residency requirements, the same “no” response in the new “Residency” section indicates that the applicant does not meet the residency requirements. As a result, it is important to note which version of the application is being completed in order to ensure a correct eligibility determination.

New section:



The screenshot shows a form section titled "Residency (You must fill out this section.)" with a vertical "MAS" label on the right. The question asks: "Are you and all members of your household who are applying for benefits living in Massachusetts with the intention to stay? yes no". Below the question, it says: "If **no**, list the names of the members of your household (including yourself)** who are applying and who are **not** residents of Massachusetts and who intend to leave." There is a horizontal line for the answer. A footnote at the bottom reads: "**Do not include infants born in Massachusetts who have not left the state."

PRESCRIPTION ADVANTAGE

2012 Rate Schedule Guides

The 2012 Prescription Advantage Rate Schedule Guides have been printed. The guide is attached and a supply will be sent to each Regional Director. Since the guides were printed prior to the release of the new Extra Help resource limits, an insert will be included with the correct amounts when an application is requested. The rate sheet will be corrected when it is due to be reprinted.

MISCELLANEOUS

UPDATE: Dental Plans in Massachusetts

The last edition of *The Beacon* included a link to the Division of Insurance’s list of dental plans sold in Massachusetts. Since then, the Commonwealth has revamped their websites and the link is no longer functioning. The new link can be found [here](#), and a PDF file is attached.

Affordable Care Act Implementation

The Center for Medicare Advocacy has compiled a timeline of ACA policy implementations. The attached document outlines changes that went into effect in 2010 and 2012, along with changes scheduled for 2012.

THE SHINE SPOTLIGHT

Seeking Nominations!

The SHINE Spotlight shares interesting stories or notable achievements of the many dedicated SHINE Counselors across the state. To nominate a SHINE Counselor to be featured in this section, contact Chris Ciano at christopher.ciano@state.ma.us.

ATTACHMENTS

- ◆ 2012 Medicare premiums
- ◆ 2012 Medicare Part A & B benefits and gaps
- ◆ SHIP Navigator newsletter
- ◆ CMA observation status
- ◆ KHN PDP quality rating
- ◆ 2012 Prescription Advantage rate guide
- ◆ Massachusetts dental plans
- ◆ CMA ACA changes

Contact SHINE State Staff

Cynthia Phillips

Director

cynthia.phillips@state.ma.us

Chris Ciano

Assistant Director

christopher.ciano@state.ma.us

Jennifer Syria

Field Operations Manager & Training Coordinator

jennifer.syria@state.ma.us

Richard Miranda

Program Coordinator

richard.miranda@state.ma.us