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Authorized Signature
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Topic: Medical Benefits

Subject: Medicare Improvements for Providers and Patients (MIPPA) Outreach

Applies to (check all that apply):

- | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input checked="" type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Message: NorthWest Senior & Disability Services (NWSDS) is conducting targeted outreach to individuals in 200 zip codes across the state through a grant made possible by the Affordable Care Act- Medicare Improvements for Patients and Providers Act (MIPPA). Outreach is aimed at individuals who have completed low income subsidy (LIS) applications through Social Security and live in zip codes that have been identified as having a high density of beneficiaries likely eligible for one of the Medicare Savings Programs (MSP), either QMB, SMB, or SMF.

NWSDS is screening applicants for potential MSP eligibility through review of available information from the LIS application, mainframe and Oregon ACCESS screens. For those deemed likely financial eligible, a letter is sent notifying the individual of a telephone call within 7 days by NWSDS staff and the reason for the call. Upon telephone contact, NWSDS staff review all information for accuracy, explain the MSP programs/process and invite those likely eligible to apply for an MSP. NWSDS staff complete Oregon ACCESS screening for those consumers who wish to apply. The screening is then transferred electronically to the appropriate branch serving that consumer's geographic area. NWSDS initiates contact via e-mail with a branch pre-designated point person to notify of a new screening assignment.

Additionally, information regarding Medicare's new preventive benefits, a brochure on "Living Well with Chronic Conditions" and the hand out "6 Tips for Healthy Living" are mailed to all individuals who are screened by NWSDS. **(Copies of these hand outs are attached)**

The process outlined here does not take the place of branch staff working the client lists for your area as noted on SLIQ and SPD-AR-10-050. To avoid confusion and duplication, NWSDS will not initiate contact with any consumer who has an open or pended medical case in any branch. Additionally, NWSDS will not take action to open, pend or close cases. The purpose of this outreach is to provide additional, personal assistance to those likely eligible for an MSP and to give them information regarding preventive and wellness programs they are eligible for as Medicare beneficiaries. The final eligibility determination for any consumer screened and referred on to the branch for an MSP is the responsibility of that specific branch.

If you have any questions about this information, contact:

Contact(s):	Tanya DeHart, NWSDS Community Programs Manager		
Phone:	503-304-3492 Dale Marande, LIS/AR issues 503-945-6476	Fax:	503-304-3444
E-mail:	Tanya.dehart@nwds.org , Dale.F.Marande@state.or.us		

These two pages provide an overview of Medicare’s preventive services. If your doctor or hospital accepts Medicare’s approved service amounts (assignment), most of these services are available at little or no cost. A few services require you meet the Medicare Part B annual deductible and pay a copay. You may be charged a copay to access the services on these two pages (such as a copay for the doctor’s visit or facility use).

Initial and Yearly Visits

Preventive Service	Details
One-time “Welcome to Medicare” Physical Exam (Visit)	Covered once within the first 12 months of Medicare Part B enrollment
Yearly “Wellness” Visit	Available once every 12 months (after first 12 months of enrollment in Medicare Part B <u>or</u> 12 months after “Welcome to Medicare” physical exam)

Other Services

Preventive Service	Details
Abdominal Aortic Aneurysm Screening	Covered once if found to be at risk and receive a referral during the “Welcome to Medicare” physical exam (unless screening was previously done)
Bone Mass Measurement	Covered once every 24 months if found to be at risk for osteoporosis (more often if medically necessary)
Cardiovascular Disease Screening	Covered once every 5 years
Fecal Occult Blood Test	For persons age 50 or older, covered once every 12 months
Flexible Sigmoidoscopy	For persons age 50 or older, covered once every 48 months (or 120 months after a previous screening colonoscopy for those not at high risk)
Colonoscopy	No minimum age, covered once every 120 months (24 months for high risk or 48 months after a previous flexible sigmoidoscopy)
Barium Enema	For persons age 50 or older, covered once every 48 months when used instead of a sigmoidoscopy or colonoscopy (24 months for high risk)

Preventive Service	Details
Diabetes Screening	For people found to be at risk, covered up to two times in a 12 month period
Diabetic Services	For people with diabetes, the following are covered: self-management training, medical nutrition therapy, blood sugar testing supplies, special eye exams, Hemoglobin A1c tests, and, for some in need, insulin pumps, special foot care, and therapeutic shoes
Glaucoma Tests	For those found to be at high risk, covered once every 12 months
HIV Screening	For those at increased risk or anyone who asks, covered once every 12 months (up to 3 times during pregnancy)
Pap Test and Pelvic Exam with Clinical Breast Exam	Covered for all women once every 24 months (12 months if at high risk or childbearing age with an abnormal Pap test in the past three years)
Digital Rectal Exam	Covered once every 12 months for all men beginning the day after 50 th birthday
PSA Blood Test	Covered once every 12 months for all men beginning the day after 50 th birthday
Screening Mammogram	Covered once (baseline mammogram) for all women age 35 to 39 and once every 12 months for women age 40 and older
Tobacco Use Cessation Counseling	Up to 8 face-to-face visits with a qualified doctor or practitioner during a 12 month period are covered if not already diagnosed with an illness caused by tobacco
Influenza (“Flu”) Shot	Covered once each flu season
Pneumococcal Shot	Generally covered once, as one shot is all that is needed
Hepatitis B Shots	Covered (three shots) if found to be at medium to high risk
Medical Nutrition Therapy	For people with diabetes or kidney disease who are referred by a doctor, up to 3 hours of one-on-one counseling first 12 months and 2 hours each year after that (possibly more – doctor’s referral required yearly)

Thank you for taking the time to review the many preventive services available under Medicare. You are encouraged to speak with your doctor about them.

If you have questions, please contact:

Centers for Medicare and Medicaid Services

www.medicare.gov
1-800-633-4227

Senior Health Insurance Benefits Assistance (SHIBA)

www.oregonshiba.org
1-800-722-4134



Medicare's Preventive Services in 2011

Revised March 2011

The information in this handout was taken from Medicare publication 10110. NorthWest Senior & Disability Services strives to update the information when Medicare gives notice of changes, but cannot guarantee updates will be received in a timely fashion. Please do not rely solely on this handout for medical or legal information or advice.

Provided by NorthWest Senior & Disability Services through a federal grant from the Administration on Aging



Six Tips for Healthy Living



▶ 1. Be active and avoid falls

Being physically active helps you do the things you want to do, and can help prevent falls.

- Walking is free and healthy. Start slow and easy. Consider walking with a friend or offer to walk a neighbor's dog.
- Arthritis Foundation exercise programs offer safe, gentle exercises for people with arthritis or other health conditions. Call 1-888-845-5695 to ask about classes in your community.
- Tai chi can improve balance and reduce falls. Check your senior or community center for a tai chi class near you.

▶ 2. Take charge of your life

Find ways to live better with ongoing health conditions and concerns.

- Living Well is a free or low-cost six-week workshop that helps you feel better and do the things you want to do. Call 1-888-576-7414 to find a workshop.

▶ 3. Eat healthy

Eating plenty of fruits and vegetables helps you feel better and maintain a healthy weight.

- Contact your local office assisting seniors and people with disabilities about meals offered in the community and/or home-delivered meals.
- The Supplemental Nutrition Assistance Program (SNAP), formerly food stamps, provides a debit card that can be

used to pay for fruits, vegetables and other food at grocery stores, farmers markets and farm stands. Call 1-800-723-3638 for information on how or where to apply.

▶ **4. Get a check-up**

Did you know Medicare now pays for an annual wellness visit, flu shot, diabetes screening and cancer screening? You will have no copays or deductibles for many of Medicare's preventive services in 2011.

▶ **5. Be tobacco-free**

Quitting tobacco can save you an average of \$1,825 per year. It is also a good decision for your health.

- Oregon's Quitline provides free counseling and nicotine patches or gum, and can help you quit tobacco when you are ready. Call 1-800-QUIT-NOW (1-800-784-8669).

▶ **6. Stay connected**

Talking with friends or family, taking a class and participating in community events help keep both your body and your brain healthy and active. Call your local office assisting seniors and people with disabilities for volunteer or employment options such as Senior Companion, Foster Grandparents, Retired Senior Volunteer Program (RSVP), and Senior Community Service Employment Program (SCSEP).

This information provided by:

