

RECIPIENT NEWSLETTER

VOLUME 5, ISSUE 1 ~ MAY 2006

IN THIS ISSUE

- Medicare Prescription Drug Coverage – Part D.. 1
- Women’s Way..... 1
- Out-of-State Medical Care..... 2
- Funeral Expense Exemption..... 2
- Recipient Liability 2
- Special Health Care Needs..... 2
- Health Tracks..... 3
- Healthy Steps 3

Medical Services Division

Maggie D. Anderson,
Director

Medicare Prescription Drug Coverage – Part D

Coverage under the new federal Medicare Prescription Drug Program (Part D) began January 1, 2006. If you or a family member/friend participate in both MEDICARE and Medicaid (“dually eligible individuals”) and received prescriptions through Medicaid before January 1, you must now receive your medications through the federal government’s new MEDICARE Prescription Drug Program.

Currently There are 41 Medicare Prescription Drug Plans Available in North Dakota.

- To have drug coverage you must enroll in a plan.
- Recipients need to choose a plan that covers their drugs.
- Check with your pharmacy to see what plans they accept.
- For assistance in enrollment, contact the North Dakota Senior Health Insurance Counselors at 1-888-575-6611; or Medicare at 1-800-MEDICARE (1-800-633-4227); or apply online at <http://www.medicare.gov>.

Need Extra Help to Pay the Part D Premium?

There is extra help available. Recipients should apply with Social Security for the extra help. Contact Social Security at 1-800-772-1213 or apply online at <http://www.ssa.gov>.

What is the Women’s Way Program?

The Women’s Way program is a breast and cervical cancer early detection program administered by the North Dakota Department of Health.

Women may be entitled to full Medicaid benefits through the Women’s Way program. To be eligible, you must be a Women’s Way client before diagnosis, have at least one screening or diagnostic test paid by Women’s Way, be under age 65, uninsured, and otherwise not eligible for Medicaid.

For further information about the Women’s Way program, please contact your local Women’s Way coordinator at 1-800-449-6636.

What If My Doctor Tells Me I Need To Go Out-of-State for Medical Care?

You must have approval from the State Medicaid office, before you go out of the state for medical care.

The only exceptions are:

- 1.) If you live near the border of North Dakota and your medical care provider is within a 50-mile radius outside the border. You do not need prior authorization in this instance.
- 2.) If an emergency medical situation arises that requires immediate transfer to an out-of-state facility, you do not need prior authorization. In such a situation, you must ask your doctor to contact the State Medicaid office to report the emergency transfer as soon as possible, after the transfer has taken place.

If your doctor refers you to an out-of-state provider for medical care:

- 1.) Ask your doctor to send a request for approval for the out-of-state referral to the State Medicaid office in Bismarck, two weeks prior to any appointment being scheduled.
- 2.) Contact your county social service office and tell your eligibility worker that you have been referred out of North Dakota for medical care. Your worker will wait until an approval is received from the State Medicaid office and will then help you make arrangements for your transportation, meal, and lodging needs. If you make your own arrangements for meals and lodging, you may not get the discounts offered by some of the out-of-state Medicaid providers. Medicaid reimbursement for meals and lodging is limited to specific dollar amounts, so you will be responsible for payment of expenses over the limited amount.

How Do I Get a Referral If I Have Special Health Care Needs?

If you are in the Primary Care Provider (PCP) program and need health care outside of the services provided by your PCP, your PCP will refer you to another physician, hospital, laboratory, or health care provider. Before you receive specialty services, you must obtain a

Funeral Expense Exemption Increases to \$5000

Assets of a person applying for Medicaid coverage are categorized and considered either countable or excluded for eligibility purposes. Burial funds, up to the maximum allowed, are excluded from being counted as a resource if they are held separately from all other funds.

Effective August 1, 2005, the Medicaid program burial exclusion increased from \$3,000 to \$5,000. In addition, the policy changed to consider funds, insurance, or other property given to someone else if it is intended for the applicant's burial; is to be owned by the applicant; and will apply to the \$5,000 burial exclusion limit.

What is Recipient Liability?

Recipient liability (RL) is the amount that you must incur each month for medical expenses, before Medicaid will pay the remaining balance over and above the RL.

You are responsible to pay recipient liability to providers according to the notices that the department mails to you. If you fail to pay your recipient liability, the provider has the right to deny future services to you.

The amount of recipient liability you are required to incur before Medicaid pays for allowable services is determined on a monthly basis during the eligibility process at the county. If you have questions about recipient liability, please discuss this with your eligibility worker.

referral from your PCP. Medicaid will pay for covered medical services requiring a referral, only if your PCP has referred you before you receive the services. If you do not get a referral from your PCP, you will be responsible to pay for the services.

What Is The Healthy Steps Program?

Healthy Steps is a premium free insurance program intended to meet the needs of working families who cannot afford health insurance coverage for their children. They earn too much to qualify for Medicaid; yet do not make enough to afford private health insurance. Coverage is available for uninsured children, age 18 and younger, who live in families with qualifying incomes. Single 18-year-olds, with eligible incomes, may also apply.

To apply, families must fill out a short application and provide copies of all pay check stubs from the preceding month. Applications are available at any county social service office, by calling toll-free at 1-877-KidsNow, or can be printed from the Internet at:

<http://www.state.nd.us/childrenshealth>

To contact Healthy Steps by mail, write to Healthy Steps, Dept.325, 600 E. Boulevard Avenue, Bismarck, ND 58505-0250.

What Is The Health Tracks Program?

Health Tracks is a preventive health-screening program that checks for problems that may go undetected without testing.

If you have children, under the age of 21, and they are eligible for North Dakota Medicaid, they may participate in the ND Health Tracks program.

Health Tracks pays for screenings, diagnosis, and treatment services to help prevent health problems from occurring and/or to help keep existing health problems from becoming worse. Health Tracks also pays for orthodontics (teeth braces), glasses, hearing aids, vaccinations, counseling and other important health services. Health Tracks coordinators will help schedule appointments for services and will also help find transportation to the services. Your local public health unit or primary care doctor may be participating providers. To schedule an appointment, contact your local county social service office for a screening clinic near you or call toll-free 1-800-755-2604.

DHS Privacy Practices

Please note that you can obtain a copy of the DHS Notice of Privacy Practices several ways:

- ◆ Contact Medical Services at (701) 328-2321
- ◆ Contact any County Social Service office
- ◆ Contact the Department of Human Services at (701) 328-1814
- ◆ View Notice of HIPAA Privacy Practices at:

<http://www.nd.gov/humanservices/misc/hipaa-privacy.html>

The North Dakota Department of Human Service does not discriminate on the basis of race, color, national origin, age, sex, religion, political affiliation, disability, or status with respect to marriage or public assistance.

This publication is available in an alternative format through the North Dakota State Library, Disability Services Division, to those people who qualify for the Talking Book Program. (1-800-843-9948 or local 328-1408)

If you have questions or concerns that you would like us to address in future newsletters, please call the state Medical Services office at 1-800-755-2604.

We're on the Web! See us at:

<http://www.nd.gov/humanservices/services/medicalserv/medicaid/>

ND DEPT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
600 E BOULEVARD AVE DEPT 325
BISMARCK ND 58505-0250

RETURN SERVICES REQUESTED

PRESORTED
STANDARD
U.S. Postage PAID
Bismarck, ND
Permit No. 50