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"Please stand by for realtime captions."

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Operator:" Ladies and gentlemen, this is the conference operator, again today's call is scheduled to begin momentarily. Until that time, your lines will again be placed on music hold. Thank you for your patience.

Good afternoon, my name is Amanda and I'll be your conference operator today. At this time I would like to welcome everyone to the National Medicare Training Program. All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like ask a question during this time, simply press star and the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Thank you so much Amanda and good afternoon everyone. First I want to thank all of you who assisted the beneficiaries during open enrollment this year we thank you and we applaud you for all of your hard work. I understand there was a total of over 700,000 [ INDISCERNIBLE ] enrollments so we hope now that you can take a deep breath and enjoy the holiday season. I'm going to ask you for your help, at the end of today's call we have a brief survey regarding some open enroll: It's seven questions, if you would take the time to complete that that would be helpful for us to share your experiences with this year. We a DLAFRNGed the agenda this year we're going to talk the preventative services on the January 17th call. Today we're going to have Kay [ INDISCERNIBLE ] who's going to discuss Section 3309 and her PowerPoint presentation is on the webinar. You can download that and there's also an attachment on there you can download. For some reason. If you're having a hard time downloading it off the webinar, portion you can go to the NMTP Ben site under the audio calls they're also posted there. And Anita [ INDISCERNIBLE ] they're going to give us updates from the CMS websites. And then Sue [ INDISCERNIBLE ] is going to talk about some changes to the NMTP section as well. Today we're going to try to closed caption this webinar we're hoping we can get it working, with he hope you find this helpful. Remember you can ask questions after the each presentation, or you can use the chat feature on the webinar. With that I'm going to turn the call over to Kay.

Thank you, Debby. Please follow along with me on the slides, and there is some detail that I'm going to discuss as we go along in the CMCS informational bulletin of October 31st. Section 3309 of the affordable care act is effective January 1st of 2012. As background, this provision builds on the original elimination part D cost sharing for institutionalized individuals that was effective with the Medicare modernization act of 2003. In other words, the elimination of cost sharing for institutionalized individuals goes back to the beginning of part Z.

Section 3309 extends that elimination of part D cost sharing to individuals who are full benefits dual eligibles, that means they have both Medicare and full Medicaid benefits. And who are receiving home and community based services under one of the designated sections of the social security act. And this is where you have to jump to the informational bulletin. Under background there you'll see that those sections specifically are 1115, 1915, C as in Charlie, D as in David, 1915 I, and 1903 M and 1932.

And I want to emphasize those six sections because we've received many questions about states that are providing home services under other sections of the social security act. If they're not mentioned in 3309, their participants do not get the elimination of cost sharing. For instance one plan was functioning under section 1934. Well that's not in Section 3309, so those folks should not be eligible for the elimination of cost sharing. But moving along.

We will depend on data from states to identify the full benefit dual eligible customers who are receiving HCBS that's our AK name for these services and states must submit these [ INDISCERNIBLE, HEAVY FOREIGN ACCENT ] Row name for these services and states must submit these at least monthly as part of their MMA. Individuals receiving HCBS are to be coded H in the institutional indicator field. Up until now, there are only really two values in that field. Y for institutionalized and N for not institutionalized. So we've taken an existing field and added a new value for this particular population. Based on state date at that received, CMS updates the beneficiary's part D co-pay level in CMS data systems and forward this information on a daily basis to the beneficiary's part D plan.

Plans are to adjust the beneficiary's cost sharing when they receive HCBS information from CMS and communicate the change to the plan member. They have to do that whenever there is an LIS change presumably they're going to be sending the rider, LIS rider to the beneficiary telling them that they no longer have a co-pay. There are instances where individuals will change to the H code for HCBS, but won't have a change in their co-pay level. And these would be folk that are coming out of nursing home where they've already had the 0 co-pay level and they're going to be maintained in their homes would home services, and so they're going from 0 to 0 as it were. They will not see a change.

In those cases, plans don't get that information on a daily basis. They'll get it in, in a monthly report, which let's them know the change of the status, even though that change of status doesn't produce a change of co-pay.

Okay. And the best available evidence policy, also known as BAE also applies to the home and community based services population. And if you will go to your second page of the informational bulletin, you will see a list of the documents that we anticipate states can provide beneficiaries who are receiving these services and this is what plans could expect to see beneficiary's produce, and all the other best available evidence policies apply to this population. It's a beneficiary in January. Goes to their plan and says, I am a full dual and I do get these services but I don't have a document much the plan is responsible for helping that beneficiary obtain that document. And we have a whole, a whole protocol in place for plans to refer that situation to the region. The region will then get the information from the state. And verify that the beneficiary does get those services. And then we can make the correction for them. So all the usual rules about BAE apply and the second page of the informational bulletin gives you a list of the sorts of documents we could expect to see from states as verification the person's receiving this.

At this time I guess we can open for any questions.

Okay. Thank you so much Kate. I know that, some of you probably are thinking [ INDISCERNIBLE ] this page is very small and I understand that, so if you can download it, I think you'll be TIEB see it a little better. With that Amana we'll open up the questions. "

Operator:" At this time if you would like to ask a question, please press star than one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

While we're waiting, Kate [ INDISCERNIBLE ] a comments from the web. How will HCBS enrollment be communicated to the beneficiary's pharmacy?

The pharmacy does not necessarily need to know the person has HCBS. But when the pharmacy pulls up information about this beneficiary, they should see the 0 co-pay. If they do not, then the best available evidence policy starts. That process begins if there's a discrepancy between what the pharmacists can pull up and what the beneficiary is saying their co-pay level should be.

OPERATOR: And your FIRLS question comes from the line of Mary [ INDISCERNIBLE ] New Jersey ship. Your line is open.

Yes I'd like do an CMS or the plan will be sending out any type of written notice to the beneficiaries regarding the change in the co-pay?

Yes. That's taken care of with the LIS rider. When, when any plan member has a change in co-pay, the LIS rider is the appropriate document for the plan to send that member to let them know what their new co-pay obligation is going to be. So and that, the LIS rider has been Arnie guess that part D has been around. So that's the document the plan must send.

Next question. "

Operator:" Your next question comes from the line of Elaine long [ INDISCERNIBLE ]

Your line is now open.

Thank you for taking my question, and my question is, how often do states transfer that information? I know it, it's different state to state, and I'm in California so I'm wondering how often?

That's true. States must transmit these data to us at least once a month. It's actually part of their MMA file, and as you may be a some states are now sending us those files weekly. We can accept them daily from any states. States achieve that capability. So as often as states want to send in an MMA file, we're prepared to accept the data in it. In reality we're expect to go see probably a monthly file from most states.

Okay. Thank you. We've been experiencing because KRFRJTS is once a month -- California is once a month. We've been experiencing problems even with that, even for people going from Medicaid to Medicare, you know becoming dual, and the auto enrollment, so we'll work on this dates on our end. Thank you.

Thank you. "

Operator:" We have no further questions at this time.

We have a couple questions through here, Kate. Does Section 3309 apply to dual EM eligible in Medicaid on the personal care option?

I believe that personal care is a recognized as a service that's a home and community based service. The trigger, though is, is the person receiving that service through a program under one of the six sections of the social security act that's mentioned in 3309? It's entirely possible they're getting their personnel care service through some other authority. If it's not through, you know, that, those six sections, I, I'm, I read a loud, then no, they're not eligible for the elimination of co-pay. So you have to know the source. You have to know what authority is governing the program they're getting the service through.

Okay. What is the effective date in which all providers and MCOs could expect dual eligible receiving AC [ INDISCERNIBLE ] to have a 0 co-pay.

The effective date of this provision is January 1, 2012. We expect all states by that date to have the capability of transmitting the data that will identify the individuals who are eligible for the 0 co-pay under this provision.

Okay. And then we have a question on, has Medicaid directors been notified about this change? And do they have a certain amount of time to include the updated information?

Actually, we've been working with states for the better part of a year. And the informational bulletin you have is notice to state Medicaid programs about the provisions of 3309. But we have been working with states since last winter on implementing this provision and giving them in-depth instructions on how to identify the populations that are to be reported. We've had all state calls. We've responded to all their questions. So there's a lot of material out there for states to implement this provision.

Will clients be able to be reimbursed to January of 2012?

If their state identifies them as a recipient of home and community based services for the eligibility month of January 2012, the answer is yes. Even if that code is not in place on January 1st, if it's reported, say, later in January, they will be reimbursed back to January 1st.

If a person has spend down requirement with their Medicaid for their full duals, will they be in a yo-yo co-pay every month. If one month they meet the spend down and the other month they don't?

No. As with the deeming process for the full, the low income sub saidy. As a person is reported a home [ INDISCERNIBLE ] They remain in that status for 0 co-pay for the remainder of the clan all right year at least -- calendar year at least. If they're reported by the state in any month in the second half of the year, that's July and September as being home and community based services they have the 0 co-pay for the remainder of that calendar year and all the following calendar year.

Will pharmacies be updated automatically or will the recipient have to provide a letter to pharmacy staff to get the 0 co-pay?

No pharmacies are updated automatically.

All right. And then this person's is wondering thoughts on how the 0 co-pay will affect those, they'll see an increase in their cost share on patient liability?

It's difficult to address that issue. In other words, this person is asking if because the person has lower out-of-pocket expenses, they may have a greater liabili other services. I can't real a dress that, if that's the context of question.

If a person in a catastrophic coverage state, are they eligible for no co-pay?

If they have they have this designation of home and community based services, they have no cost sharing in the coverage, in the coverage gap or in catastrophic.

Okay. Does the [ INDISCERNIBLE ] System also include this new benefit?

The answer would be yes. LI net recognizes the usual co-pay levels to charge its, its members, but I doubt that you're going to find very many of these people that are not enrolled in the plan, part D plan. And it's LI net that picks those folks up. Except for people newly coming onto Medicare, and then LI net picks them up for retroactive coverage but definitely. LI net recognizes all our co-pay levels so the person should be charged the correct amount in that program.

Will the care system automatically be updated that dual eligible ACBS systems that have 0 RX co-pays.

I don't know what the care system is.

If a person. Or a TRS providers the person would send [ INDISCERNIBLE ] and I think that's the extent of the questions so far. But if you have additional questions for Kate you can send them to us at NMPT mailbox and we'll get those to Kate.

Thank you. Next we're going to have John booth and Anita [ INDISCERNIBLE ] beer going to do a live demo on the website so give us a second and we're going to set up. To the CMS website and we'll have them do the presentation. .

We'll be with you in a minute. We're just changing positions here. .

We're having a little technical difficulty. Please bear with us.

We're having a little technical difficulty. Please bear with us. .

We're still trying folks. So much for a live demo. And we are really working on it behind the scenes.

What we're going to do. Anita's going to tell us about the sites. We don't want to waste your time. I know everybody has important things to do today. We're going to talk about the websites. If we get them up. Great. If not, you can go to the websites and you can see what we're talking about. So Anita, go ahead please.

GAFB and he had two sites that were live a week ago. One was the [ INDISCERNIBLE ] on CMS site. We just kind of changing none of the content on the site but just making the look and feel better so that you will find it easy to navigate. And also it's very cleaner look so that you could find things that you're looking for. So this is just our first phase. We are still working on CMS cite to re-do the different contents in that, so that old content will be archived and the new ones will show up, so it won't be as crowded and you'll find all the information that you're looking for he'sly. Medicaid.gov the new site actually is for providers. It's not for beneficiaries or, it's actually for all the information that providers need to provide care to beneficiaries. So that site actually has all the content that is relevant, which existed in CMS.gov we just now load into this new site, and it's organized in a different way so that it's easier to find with the four tabs on the top and what's important, what's coming, the events, all those information is in there. And then also is a site that work in progress. We tried put everything that everybody needs right away, but if you are not able to find anything that you had on CMS.gov prior to Medicaid.gov you can go into the link and it will take you to the old site and you can find those things. The old site the Knoll be updated because the new sites is where we'll have updates posted. When you navigate on Medicaid, you'll go to different states and you have all the data in there, which is all new, which was not there on the previous version on CMS.gov. If you have any questions, and if you have any input, you can give it to us, and we, as we're working on both the sites we can include them when on our feedback.

Yeah. Thank you so much, Anita, and I apologize to our audience, we were trying to have this go live, but it didn't work out. If you have questions, please send them to NMTP.CMS.HH.gov I'm sure they would like to have your input on the look and feel of the site, does anybody have any questions Amanda. "

Operator:" Again if you would like to ask a question, please hit star than one on your telephone keypad. And we do have a few questions in queue. The first comes from the line of Leslie fried, from Alzheimer's association your line is now open.

This is Leslie freed. I just want to say that it's really not just for providers. As an advocate I've found the Medicaid.gov website really helpful and there's a lot of important documents on there for those of us who do policy work, we find really helpful.

All right.

Including the state specific information. Data is really helpful and we look forward to that being enhanced as well.

Thank you. And we are working on that. The reason I said it's more for providers was because Medicare is actually with all the tools and things that beneficiaries use, and it's kind of a little different from that. That, therefore we kind of don't want to guide the people in a direction where they're expecting specific things as beneficiaries from that site.

Your next question comes from the line of [ INDISCERNIBLE ] Baxter the Department of Human Services. Your line is open.

Hello? This is Keesha. Calling from Department of Human Services in Oregon. Can I get that E-Mail address once, again? For the N.

To send questions?

Yes.

NMTP like national medical training program,@CMS@HHS.GOC.

Thank you.

You're welcome.

Operator: And your next question comes from Chris [ INDISCERNIBLE ] from [ INDISCERNIBLE ] center for independent living your line is open.

Hi I'm from the new bridge center for independent living a research and advocacy center for people with disabilities my question is, I heard the website is specifically for providing at this time there going to be an offshoot for beneficiaries would people would just like to access the information on their own eventually?

Currently we're -- directing people to healthcare.gov.

Yes.

Which is the site projected to include non-providers specificity? Or do we just continue going to that other site for the time being?

For the time being yes.

Okay. And what was that again, I'm sorry?

Healthcare.gov.

Healthcare.gov.

Uh-huh.

Okay. Thank you.

And. "

Operator:" And your last question comes from the line of Brian [ INDISCERNIBLE ] from Florida shine. Your line is now open.

Thank you my question was answered. I appreciate it. "

Operator:" And we have no further questions at this time.

Hi, this is Susan GUF at that son I'm with the division of training I update our website I want to share a few things with you, a few highlights that we have, and be more comfortable using our site. I'm going to share this. Hopefully you can see it. I'm not blocking the closed captioning. Hard to see. At the top of the page is our web, URL, www.cms DS Gore/National Medicare Training Program and that's the sites that we maintain that keeps all of our information. First page I'm showing you is the overview page and that's the main page get to when you click on that link.

One thing I wanted you to take a look at would be our multi-media files, because we recently made some additions there. We're very pleased to announce that we now have Medicare overview video in American Sign Language. You can download this and share that with your partners and the beneficiaries and the people you counsel that would benefit from having training in ASL. .

We also update, I update our training library, and we house all of our training materials and job aids there (. If you click on that link, you'll find everything organized by topic, if you want to look at preventative services, a the files will be under preventative services that relate to that. Or if you want to look at Medicare advantage. Or if you want to look at fraud and abuse files. So they're all arranged logically for you. We put a couple new pages up. So one of our newest pages is some materials for cre old language speaker, there's a number of files there. We also have a page, I usually put the files on according to their topic. I thought it might be easier for you if you saw all the job aids together. So I made a job aids page if you wanted to take a look there. But here's a look at the job aids page. A list of the job aids that we've developed, and I wanted to bring your attention to the new one, the five star job aide. And that explains the five star program, and when it's effective and how it works and what it measures so all the details are on there for you. Here's a copy. Those are all downloadable, you can print them out and have a copy at your desk.

Here is what I wanted to show you. Let me back up one. Everybody always says after this call, where do get the file? If you didn't download them from the download files pod on the left side, if you go to our archive of calls, you'll see after this call I'll post all the files and the calls are listed by dates. So if you click on today's date, you know, give me until probably Wednesday afternoon, Thursday morning, the files will be there and you can pull them down there. So if you have any questions for me, you can send them to us at NMTP.CMS.HHS.gov. If there's anything you're looking for and you can't find it just let me know. If you need any other job aids it will be really helpful if you could explain XYZ, let us know that, because we're really here to help you when you do your work counseling beneficiaries.

Sue, we had a KWIF that came in, at the August training, training conference in San Francisco people were giving waiver cards containing all the [ INDISCERNIBLE ] they were also told how to download the updates and in the NMTP site has that capability.

Yeah, sure. It would be easier if you sent me an E NACHLT at NMTP.HHS.gov I'll send you a file on where the waiver files are posted and how to down line them.

Amanda do you have any questions on-line for Susan please. "

Operator:" Again if you would like to ask I a question, please press star on you're telephone keypad. And we currently have no questions in queue.

Okay. Well everybody thank you so much. If you think of some additional questions, please free, forward them to us. As I mentioned in the beginning I'm asking you if you can take the time to do a little survey for us, to assist us in how you did during the open enrollment time. So we're going to pull up that survey if you can take a minute to complete that. That would be extremely helpful. Our next call is going to be on January the 17th, again we're going to talk about preventative services. I'm sorry we didn't have to this month. We're going to do it on the 17th we'll do the new preventative benefits that are coming up for next year. So with that we hope you have a happy holiday and we'll talk to you in January. And please complete the survey. Thank you so much. [ EVENT CONCLUDED ]