

OSHIIP News

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Insurance to serve our dedicated
OSHIIP volunteers throughout Ohio

MyCare passive enrollment

MyCare Ohio is a managed care program that coordinates health care services for people age 18 and older who qualify for both Medicare and Medicaid. Beginning Jan. 1, 2015, such dual-beneficiaries who choose a MyCare Ohio plan will have one plan that delivers Medicare and Medicaid health services. They will have a single point of contact and a single ID card for all Medicare and Medicaid services.

What's changing?

Through Dec. 31, 2014, people have received only their Medicaid benefits through a MyCare Ohio managed care plan. On Jan. 1, Medicare coverage for people with MyCare will change to the same managed care plan that provides the Medicaid benefits. This MyCare Ohio plan will also cover the beneficiary's prescription drugs. This important, final step offers people with MyCare and their health care providers greater choice and control in coordinating health care benefits. With one point of contact for all their health care needs, MyCare beneficiaries will be able to access care and services with fewer steps.

What does my client need to do?

If your client wants to receive both Medicare and Medicaid benefits through the same plan, the client does not have to do anything. The enrollment for Medicare benefits is automatic.

If your client does not want to change how Medicare benefits are being received, the client must call the Ohio Medicaid Consumer Hotline at **1-800-324-8680** to opt out: letting Medicaid know he or she wants to keep the current Medicare plan.

Continued page 4 ➞



Mary Taylor
Lt. Governor /
Director



ODI
Ohio Department
of Insurance

News You Can Use

Federal law allows for equitable relief — an administrative process that gives Medicare beneficiaries an opportunity to request relief from the Social Security Administration regarding Part B. Here's how it works.

Equitable relief was created under federal law to allow people with Medicare to request relief from the Social Security Administration (SSA) in the form of:

- Immediate or retroactive enrollment into Medicare Part B, and/or
- The elimination of the Part B premium penalty

Equitable relief and who's eligible

For SSA to grant equitable relief, it must determine that the individual's failure to enroll in Part B was:

- “Unintentional, inadvertent, or erroneous” and
- The result of “error, misrepresentation or inaction of a federal employee or any person authorized by the federal government to act in its behalf”

Example: your client did not enroll in Medicare Part B because a Social Security representative told the client that he/she did not need to enroll; this client may have grounds for equitable relief.

How to request equitable relief

Requests for equitable relief should be in the form of a letter to Social Security. The letter must explain the reason for the request... that your client received misinformation from someone at 800-Medicare, SSA, or someone acting on behalf of the federal government, such as a Medicare health plan. You can find the address of your local SSA office by visiting www.ssa.gov or by calling Social Security at **1-800-772-1213**.

Be as specific as possible in your letter.

(Click the link below for a sample letter.)

Make sure to include the dates and times you spoke with the federal employee or representative and, if possible, that person's name. Also, be sure to describe the outcome of the conversation:

- State whether you want the coverage to start now or you want it to be retroactive (for retroactive coverage, your client will need to pay premiums back to the time the coverage begins)
- State as well if you want Social Security to eliminate the Part B penalty

Always keep copies of documents you send to SSA. It's a good idea to follow up with your local office 30 days after you submit the letter.

More about equitable relief

Social Security is not required to respond to the request within any set timeframe, nor is there a formal decision letter SSA would send in response. The beneficiary has no formal rights in the equitable relief process and there is no right to appeal if SSA denies the request.

Equitable relief is not a formal legal process, but this fact should not deter any beneficiary from filing for relief. Many people have been successful when going through the equitable relief process.

Sample letter to SSA

The Medicare Rights Center has provided [this document](#) on equitable relief, which includes a sample letter to Social Security. The sample letter is on page 2.

Volunteer Feature

Now retired, Linda Bishop moves her OSHIIP status to “true” volunteer

Linda Bishop is one of OSHIIP’s hardest-working volunteers. For proof, read on.

Linda started with OSHIIP in April 2002 and became our Muskingum County Volunteer Coordinator soon after. One county became six when she agreed to extend her coordination tasks for program volunteers to additional contiguous counties: Coshocton, Guernsey, Morgan, Noble and Perry.

Last month Linda officially retired from her position as Senior Advocate for Zanesville’s Genesis HealthPlex after 48 years. Now she’s going to take things easier while still staying active.

“I’m going to be a grandma,” she said. “Most of my grandchildren are older (there are 34 total) but 10 are still under age 10.”

Linda had two children of her own when she married Russ, father to eight. In addition to the grandkids, she has nine great-grandchildren with another expected soon.

And she’ll remain an OSHIIP volunteer. “I’ve loved every minute of my time with OSHIIP,” Linda said. “I don’t want to give it up.”

She is so well-known in the part of the state she calls home, disappearing wouldn’t likely be an option! Linda plans to keep helping people understand Medicare and running Part D comparisons by spending some time at nearby senior centers and working a couple of days each week in Zanesville.

Her local celebrity status is partially a result of a marketing campaign Genesis HealthPlex conducted a few years ago. Through community billboards, television advertisements and in-house promotion, Genesis put faces to its services with photos of, and words from, selected employees in various departments.

The hospital considered many long-term employees to feature in the campaign, and settled on 10 — including Linda who represented the Medicare side of things.

“It was fun and frightening at the same time,” she said. “I’ve never been in front of a TV camera before. When people I’ve helped saw all the promotions they asked for my autograph.”

The reality is this: Linda’s dedication and commitment have helped Genesis make its mark.

In each of the past few years, she hosted multiple Check-Up events at the hospital. Linda personally helped about 400 people during annual enrollment last year. The demand allowed fellow Genesis volunteers Diana Faulhaber and Tina Daugherty to assist their share of clients as well. Even OSHIIP staff came by to help.

New clients come in through referrals from doctors and Social Security, and Zanesville consumers who call 211 find Linda’s contact information. She estimates that more than 1,250 people came to her for help and information about Medicare in 2014.

“Keeping clients informed as much as possible is always the goal,” she said.

“I love people,” Linda said. “Seniors are walking history books. Take the time to listen to them. They’re fun and they know so much!”

Ever gracious, Linda wanted to be sure to thank everybody involved in her success.

“From the person who trained me to my coworkers to people in the OSHIIP office, thank you for helping me be the volunteer I became. Insurance can be boring; OSHIIP makes it fun.”

We return the sentiment: Linda, thank you for all you do! And thanks to Genesis HealthPlex for its strong OSHIIP ties.



New Medicare clients are Linda’s favorites: “You can teach them from the start.”

New Crew



*Our list of new volunteers
who were recently
trained and certified.
Welcome aboard!*

Ashland Co.

Michele Schaefer

Cuyahoga Co.

Linda Sevcik

Hamilton Co.

Joel Shnider
Nancy Shnider

MyCare passive enrollment

Continued from first page

Who is eligible for a MyCare Ohio plan?

People described below are eligible and must enroll or opt out, or Medicaid will enroll them.

- Residents of Butler, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Delaware, Franklin, Fulton, Geauga, Greene, Hamilton, Lake, Lorain, Lucas, Madison, Mahoning, Medina Montgomery, Ottawa, Pickaway, Portage, Stark, Summit, Trumbull, Union, Warren, Wayne or Wood county
- Have Medicare Parts A, B and D
- Have full Medicaid coverage
- Are at least 18 years of age or older at the time of enrollment

What should be considered when choosing a MyCare Ohio plan?

Ask questions like these when choosing between plans:

- Which plan works with all or most of the MyCare beneficiary's doctors?
- Which plan works best with hospitals the person wants to use?
- Which plan offers extra services that may be needed — things like additional transportation, vision or dental services?

Who can answer common questions?

If you have questions about Medicaid coverage:

- Call the Ohio Medicaid Consumer Hotline — 1-800-324-8680

If you have questions for the MyCare Ohio plan, call the plan's Member Services number:

- Aetna — 1-855-364-0974
- Buckeye — 1-866-549-8289
- CareSource — 1-855-475-3163
- Molina — 1-855-665-4623
- United Healthcare — 1-877-542-9236

If you have problems with the MyCare Ohio plan:

- Call the Ohio Long-Term Care Ombudsman — 1-800-282-1206

Can the client switch between MyCare Ohio plans?

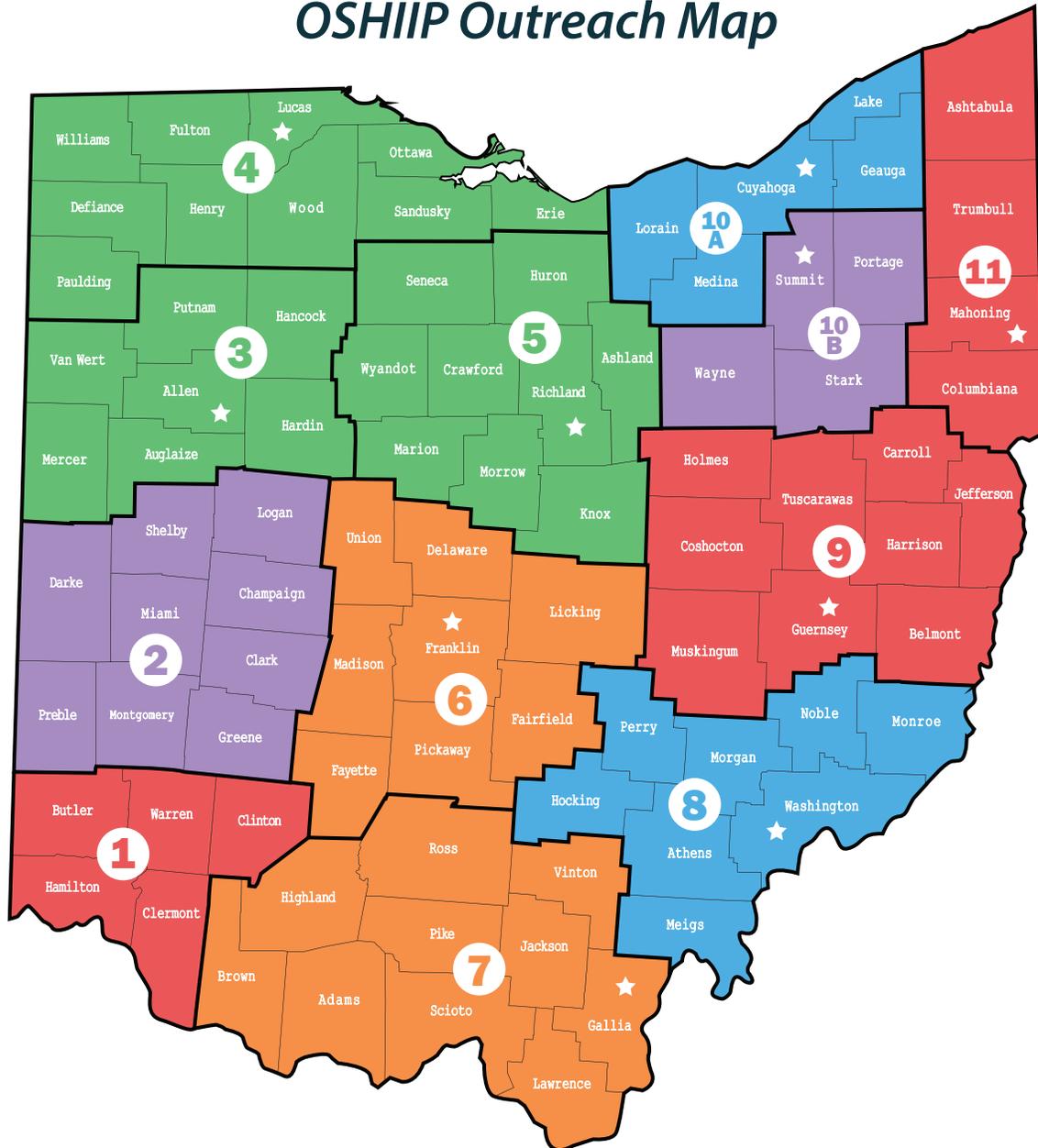
Those who get Medicare and Medicaid services from the same plan can switch plans every month.

A county-by-county guide to OSHIP Community Liaisons

OSHIIP Outreach Map always up-to-date at

http://insurance.ohio.gov/Consumer/OSHIIP/Documents/OSHIIP_Outreach_Map.pdf

OSHIIP Outreach Map



- Kendra Burford - AAAs 6 & 7
- Dave Painter - AAAs 3, 4, & 5
- Alicia Huddleston - AAAs 8 & 10A
- Viktoria Jurkovic - AAAs 2 & 10B
- Mary Leep - Pichert - AAAs 1, 9 & 11

★ Area Agency on Aging Office

The OSHIIP Road Show: Volunteers Welcome!

Here's our list of public OSHIIP events you can attend. Attendance is voluntary and there's no need to register in advance. Just let the designated OSHIIP representative know you're there to lend a hand if needed. See you on the road!

New to Medicare

Delaware Co. • 2 sessions

Jan. 14 • 10 a.m.

Jan. 28 • 6 p.m.

Council for Older Adults
800 Cheshire Rd.
Delaware 43015

Medicare 101

Belmont Co.

Jan. 6 • 10 am

Ohio Valley Mall
Unit 295 Mall Road
St. Clairsville 43950

Franklin Co.

Jan. 16 • 11:30 am

Hilliard Senior Center
3800 Veteran's Dr.
Hilliard 43026

Medicare 101 for PERI*

Seneca Co.

Jan. 7 • 11:30 am

Seneca Co. Commission on Aging
382 S. Huron St.
Tiffin 44883

Morrow Co.

Jan. 13 • 8 am

Morrow Co. Hospital — Assembly Rm. A
651 W. Marion Rd.
Mt. Gilead 43338

Cuyahoga Co.

Jan. 13 • 11 am

Fairview Park Library
21255 Lorain Rd.
Fairview Park 44126

**P.E.R.I. is Public Employee Retirees, Inc., the political action association for OPERS retirees.*

OPERS Connector Readiness - Two sessions each date: 10 a.m. & 2 p.m.

Franklin Co. • Jan. 7

Ohio Department of Agriculture
8995 E. Main St.
Reynoldsburg 43068

Cuyahoga Co. • Jan. 8

Holiday Inn Independence
6001 Rockside Rd.
Independence 44131

Wood Co. • Jan. 14

Holiday Inn French Quarter
10630 Fremont Pike
Perrysburg 43551

Summit Co. • Jan. 15

Sheraton Suites
1989 Front St.
Cuyahoga Falls 44221

Mahoning Co. • Jan. 20

Holiday Inn Boardman
7410 South Ave.
Boardman 44512

Allen Co. • Jan. 22

Howard Johnson
1920 Roschman Ave.
Lima 45804

Hamilton Co. • Jan. 28

Sharonville Convention Center
11355 Chester Rd.
Sharonville 45216

Franklin Co. • Jan. 29

Holiday Inn Worthington
7007 N. High St.
Worthington 43085

Our progress as of Dec. 29, 2014



LOCAL HELP FOR PEOPLE WITH MEDICARE

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OSHIIP
Answers to your
Medicare questions

How to contact OSHIIP:

- Call 1-888-686-VOLS (686-8657)
- Fax to: (614) 752-0740
- email to oshiipmail@insurance.ohio.gov



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of Insurance

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Lt. Governor / Director