

DOH PROGRAM 14 – SENIOR AND DISABILITIES SERVICES

MEDICARE COUNSELING AND OUTREACH

I. PROGRAM OBJECTIVES

Medicare Counseling and Outreach (MCO) grants provide coordination of Medicare outreach, counseling, referral, and data-entry activities consistent with the State Health Insurance Assistance Program and Senior Medicare Patrol grants. As an extension of the Medicare Information Office, they provide one-on-one Medicare counseling and public media outreach to seniors and people with disabilities. Counseling and referral are performed both on-site and over the phone, and outreach is provided off-site at community locations and events.

II. PROGRAM PROCEDURES

Funding for this program is distributed through a competitive grant process and is administered by the Division of Senior and Disabilities Services (DSDS). This program's services are developed to target the needs of a specific population and is specified in the RFP. The MCO grant programs goals, outcomes, activities, target population, services area, and eligibility requirements are clearly specified in the RFP.

III. COMPLIANCE REQUIREMENTS AND SUGGESTED AUDIT PROCEDURES

A. TYPES OF SERVICES ALLOWED OR UNALLOWED -

Compliance Requirements: Grant funds under this program are used to provide services to the target population as specified the RFP.

As an extension of the Medicare Information Office, the successful applicants must augment the capacity of the State through its State Health Insurance Assistance Programs (SHIP) and Senior Medicare Patrol (SMP) projects to provide one-to-one Medicare Counseling and Public and Media Outreach consistent with the Alaska SHIP and SMP Program grant goals. The grantee must function as a Medicare Counseling site, capable of conducting counseling telephonically, or in person if the client requests face-to-face interaction where a center is located.

Community Awareness of Medicare Services

The local MCO must conduct activities that improve community awareness of Medicare Counseling and Outreach services available locally and through the MIO.

1. The local MCO must provide at least one advertised presentation on Medicare each month to the public in their local area and include basic fraud information.
2. The local MCO must include Medicare information at any health fairs, program fairs or like events the organization attends.
3. The local MCO must list Medicare Counseling as a service offered on the organization's written promotional materials (such as brochures, newsletters and like items), website or other venues the organization already uses to market their services.

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4. The local MCO must participate in community outreach in public forums with community-based partners to increase understanding of Medicare program benefits.

If a grant is awarded, the applicant must use the SHIP and SMP logos produced by the DHSS PIO to represent the Medicare Counseling and Outreach programs during outreach and marketing events, on the agency's website and on paper or electronic products. The logo may be printed in color or grayscale/black and white.

Note: Some signs and giveaways may have printing limitations and the logo is not necessary to print on these items.

Medicare Counseling

The local MCO must become fluent in answering Medicare questions from the public and be prepared to provide individualized Medicare counseling on the phone and in-person in the local community on all parts of Medicare and related programs. The local MCO must become the local Medicare experts, provide accurate and authoritative information about Medicare and field all Medicare calls from the area. If the MCO does not already have a certified Medicare Counselor, they must become a certified Medicare Counselor within 6 weeks of the Notice of Award.

1. The local MCO must identify at least one half-time staff member who will take questions about Medicare to be fluent in all aspects of Medicare.
2. The local MCO must participate in ongoing training with the MIO to develop expertise to handle all but the most complex calls locally. Medicare Counselors must attend face to face training and webinars and maintain Medicare Counselor certification.
3. The local MCO must provide a high level of customer service to Medicare beneficiaries, which includes professional demeanor, objective advice, timely service, and compassionate understanding.
4. The local MCO must provide information on related benefits and programs that limited-income Medicare beneficiaries may be eligible for including: Extra Help, Medicare Savings Plan, and Medicaid. Expertise in other benefit counseling is preferred, including Social Security, to reduce the number of places a person must go to for help.
5. The local MCO must provide in-person Medicare Counseling in places that are accessible to the community, with hours of operation typical to those of other non-profit service agencies. It is expected that local partnerships will be leveraged so that Medicare Counseling will be provided in places outside of the grantee's offices, for example: senior centers, churches, Division of Public Assistance (DPA), community health centers or other places where Medicare beneficiaries in the community would likely go to receive insurance information. The locations Medicare Counseling will be provided need to be listed in the proposal.
6. The local MCO must be prepared to assist people in various states of distress or confusion about their Medicare insurance. The local MCO must become familiar

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with letters, notices and bills produced by Medicare and be able to relay the contents in plain language when possible to the general public.

Medicare Fraud Prevention

1. The local MCO must work with the Medicare Fraud Educator to report fraud, learn how to empower Medicare beneficiaries to identify and report fraud and to distribute information about the Senior Medicare Patrol program (SMP).
2. The local MCO must gain the capacity to deliver the “Reading Your Medicare Summary Notices” workshops to the public.

Senior Medicare Patrol -SMP (Anchorage only)

1. The Anchorage MCO must maintain at least one half-time position, Medicare Fraud Educator, dedicated to coordinate SMP activities. This staff member will work closely with the MIO to develop partnerships and strategies to eradicate Medicare fraud in Alaska.
2. The Medicare Fraud Educator must develop materials, trainings and deliver presentations to the general public on how to identify and report Medicare fraud.
3. The Medicare Fraud Educator must recruit, train, and retain SMP volunteers to speak to how to spot and report Medicare fraud.
4. The Medicare Fraud Educator must attend and represent the Alaska SMP on monthly national teleconferences and other related teleconferences and webinars.
5. The Medicare Fraud Educator must develop and maintain relationships with other organizations whose mission is to reduce and eliminate fraud in health care and senior services.
6. The Medicare Fraud Educator must enter data into the SMP Information and Reporting System (SIRS) database accurately and timely.

Quality Assurance

The grantees must work closely with the SDS Medicare Information Office, which will also make referrals to the grantee to manage cases in their locale. The Medicare Information Office experts will provide support, training and mentoring as needed.

1. Local MCO must access needed Medicare trainings and information from the MIO or Centers for Medicare & Medicaid (CMS) to provide accurate information to the public.
2. All MCO must inform consumers of their right to complain, inquire or discuss services provided by the MCO with the Quality Improvement Unit at SDS.
3. Local MCO must submit any new materials or PSA scripts about Medicare to the MIO for review prior to print or issue.

Suggested Audit Procedures: Perform audit procedures to verify compliance with applicable federal and state guidelines. Review the following:

- a) A copy of the most recent Request for Proposal(s);
- b) Final Grant award including all conditions;
- c) Grant revisions and related transmittal letters;

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- d) Licenses, certification, approval, status of provide nonprofit corporation if applicable;

B. ELIGIBILITY -

Compliance Requirement: The grantee must be a nonprofit agency or political subdivision or Alaska Native Entity meeting the requirements of 7 AAC 78.030.

Suggested Audit Procedures: Perform audit procedures to verify compliance with applicable federal guidelines.

C. MATCHING, LEVEL OF EFFORT AND/OR EARMARKING REQUIREMENTS -

Compliance Requirement: There is no required match.

Suggested Audit Procedures:

- a) N/A

D. REPORTING REQUIREMENTS -

- 1. **Compliance Requirement:** Quarterly fiscal and statistical reports are required within thirty days (30) following the end of each quarter.

Suggested Audit Procedures:

- a) Review procedures for preparing reports and evaluate adequacy;
- b) Review a sampling of reports for completeness of submission;
- c) Trace data in selected reports to the supporting documentation; and
- d) Evaluate adjustments, if any, for propriety.

- 2. **Compliance Requirement:** The agency's audit report must present a statement of revenue and expenses, budget and actual, for each state grant. Such statements must show, for each state fiscal year grant, the final approved budget by line item category, actual revenues and expenditures and variance between budgeted and actual revenues and expenditures. Disallowed or questioned costs must be clearly disclosed.

Suggested Audit Procedures:

- a) Review grant regulation 7 AAC 78.230.
- b) Review audit report for compliance with the above.

- 3. **Compliance Requirement:** The agency must clearly show on their audit report any outstanding liability to the State as payable to the State. This includes unspent grant funds and disallowed costs.

Suggested Audit Procedures:

- a) Determine whether the agency has any outstanding liability to the State.
- b) Review grant regulation 7 AAC 78.230.
- c) Review audit report to ensure proper presentation.

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E. SPECIAL TESTS AND PROVISIONS -

1. Compliance Requirement: Each employee of an agency providing publicly funded services under this program, including volunteer staff, must have a criminal background check done by the Department of Public Safety, pursuant to AS 12.62.035. Each grantee must adhere to this statute and pursuant regulations.

Suggested Audit Procedures: Review to verify that each employee performing home care services has had a criminal background check on record.

2. Compliance Requirement: The agency must act upon any recommendations made by program site review.

Suggested Audit Procedures:

- a) Obtain copy of program site review; and
- b) Determine if recommendations in the site review are being implemented.