

SHICK and Medicare Open Enrollment

Did you know that in the United States, 10,000 people turn 65 every day? This statistic was shared at the recent SHICK training I attended in Salina led by Pam Brown of the Kansas Department for Aging and Disability Services. SHICK stands for Senior Health Insurance Counseling for Kansas. It is a federal program under the direction of the Department of Health and Human Services and the Centers for Medicare and Medicaid Services. Some people with Medicare have problems identifying ways to address their rising health insurance premiums, feel overwhelmed with the paperwork generated as a result of using health insurance, struggle to pay for their prescription medication, or simply don't know where to go to get answers for their Medicare questions. For this reason, Congress created State Health Insurance Assistance Programs (SHIPs.) There is a SHIP in every state as well as in Guam, Puerto Rico, the Virgin Islands, and the District of Columbia. The SHICK program is the SHIP for Kansas. The service is provided free and focuses on helping individuals make informed decisions about their health care coverage during their retirement years.

The SHICK program is designed to provide two primary services: 1) Provide information and education about Medicare A, B, C & D, Medicare supplement insurance, long-term care insurance, prescription drug assistance, receiving Medicare through managed care plans and other insurance-related topics. 2) Provide one-on-one confidential counseling sessions with trained counselors that focus on specific information or problems related to Medicare and related health insurance concerns.

As a result of the training I received, I have become a certified SHICK counselor and can help retired (or nearly retired) residents obtain information and options about Medicare parts A, B, C, & D. This service is provided in collaboration with the North Central Flint Hills Area on Agency on Aging. Our two organizations are sponsoring an enrollment event on November 25 from 9 a.m. – 3:00 p.m. in Junction City at the First United Methodist Church that will have multiple counselors available to work with Medicare beneficiaries to help them with the open enrollment process and options they have for their prescription drug plan.

You may be wondering – “What should I know about Medicare?” It can be overwhelming, but I thought I would offer some of the basics on Original Medicare and the two additional parts of the program added in the 2003 Medicare Modernization Act, to begin with. It is a federally administered health insurance program that began in 1965. The rules that govern Medicare are uniform throughout most states, although there are some rules that are applied in specific states or regions and payments vary from one region to another.

The program is not free for the people, called beneficiaries, who benefit from Medicare. Rather, it is a program that has a shared cost between the beneficiaries and the federal government. These costs are shared through premiums, deductible, coinsurance, and payment for non-covered (excluded) services and items. In order to be eligible for Medicare, a person must fall in to one of three groups: 1) those who are 65 and older;

2) those who are disabled; or 3) those who have end-stage renal disease (ESRD.)

Eligibility is not based on financial need but rather is tied to employment. For example, Medicare Part A's Hospital Insurance benefits are funded by the FDIC withholding tax that comes out of people's wages.

In addition to Medicare Part A which provides hospital insurance, there are 3 additional parts to the current Medicare system of benefits. Medicare Part B, officially called the Supplementary Medical Insurance program, is medical insurance that covers such services as doctor visits and outpatient hospital treatment plus other services. Medicare Part A and B comprise the original Medicare legislation implemented in 1965 and remains in place today, along with Parts C & D. Medicare Part C, added in 2003, is another term for the Medicare Advantage Program. It is a system for delivering Medicare benefits to beneficiaries who enroll in plans offered by private companies. These plans agree to coordinate the care beneficiaries receive and reduce costs by focusing on prevention and limiting the use of services. In contrast, the Original Medicare program usually pays for care on a fee-for-service basis. The most recent program to be added to Original Medicare is Medicare Part D. This program coverage became effective in 2006 for the purpose of providing prescription drug coverage to Medicare beneficiaries through private insurance companies called plan sponsors. People with Medicare Parts A, B or both, are eligible to join a prescription drug plan through Medicare Part D. If you have questions or concerns about your Medicare eligibility, benefits, or coverage feel free to contact me, Deb Andres, at the Geary County K-State Research and Extension office at 785-238-4161 or e-mail me at

dandres1@ksu.edu. I am taking office appointments for various dates during open enrollment from October 15 – December 7 to help beneficiaries compare plans. Call Donna at the Geary County Extension Office at 238-4161 to make an appointment for either the November 25 enrollment event or office appointments with me during the enrollment period.