



JANUARY 2006 TOWN FORUM

Dispelling Rumors in Your Mutual

DISPELLING

Dispell = dismiss, chase away, drive out, disperse, scatter

RUMOR

The English Thesaurus defines Rumor as hearsay, tittle-tattle, scandal, chitchat

What do we mean by Rumor: Miriam Websters On line Dictionary

Main Entry: ¹**ru·mor** 🗣️

Pronunciation: ' rü-m&r

Function: *noun*

Etymology: Middle English *rumour*, from Middle French, from Latin *rumor* clamor, gossip; akin to Old English *rEon* to lament, Sanskrit *rauti* he roars

1 : talk or opinion widely disseminated with no discernible source

2 : a statement or report current without known authority for its truth

Moderated by Maxine McIntosh, CCA Director

Golden Rain Foundation	George Portlock, President
United Laguna Hills Mutual	Ray Barrett, President
Third Laguna Hills Mutual	Richard Moos, President
Laguna Woods Mutual 50	Richard Wurzel, President



Community Civic Association of Laguna Woods Village



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Telephone Numbers to Remember		<i>Laguna Woods Village Numbers</i>	
City Hall	452-0600	General Info	597-4369
Office on Aging	800-510-2020	Library	597-4274
OCTA	714-636-RIDE	LW News	837-5200
Orange County Health & Human Services	211	Property Service	597-4600
Fire/Paramedic	911	Recreation	597-4227
<i>Laguna Woods Village Numbers:</i>		Security	580-1400
Bus Information	597-4659	Social Service	597-4267
Bus, Lift	597-4679	Stables	597-4275

Important Tax Information

Courtesy of the



Community Civic Association
of Laguna Woods Village



**Community Civic Association
Laguna Woods Village
PREPAREDNESS**

**for
PREPARATION of STATE AND FEDERAL TAX RETURNS
of
LOW/MIDDLE ADJUSTED GROSS INCOMES**

Volunteer Tax-Aide preparers, sponsored by AARP, will be available at Clubhouse 1 and the Florence Sylvester Center, beginning the first week of February. Appointments at Sylvester Center can be made in person or by calling 949-380-0155. Clubhouse 1 is first come first served, but continuation appointments with your assigned counselor will be made on site when a return is started but not completed.

The schedules for the two facilities are:

- Clubhouse 1: 8AM to 12 Noon, Thursday and Saturday
Starting 2 February, thru 15 April
- Sylvester Center: 12 Noon to 4 PM, Monday and Wednesday
Starting 6 February, thru 12 April

WHAT TO BRING TO MEETING WITH TAX PREPARER:

- Completed INTERVIEW INTAKE SHEET. These sheets are available upon signing in with the Tax-Aide receptionist.
- Electronic filing is available at the Sylvester Center. If you are married, filing joint, both spouses should sign tax forms before electronic filing can be completed.
- Social Security Card or other Social Security Number verification for taxpayers and all dependents and qualifying persons. A prior year's tax return (with no added names) would validate personal identification(s).
- Photo ID
- 2005 Income Tax Packets – Federal and State (received in mail)
- 2004 tax returns (IRS Form 1040 and CA Form 540)



Community Civic Association Laguna Woods Village

PREPAREDNESS for PREPARATION of STATE AND FEDERAL TAX RETURNS of LOW/MIDDLE ADJUSTED GROSS INCOMES

WHAT TO BRING TO MEETING WITH TAX PREPARER (cont):

- All 1099s (e.g., Social Security, railroad, brokerage, bank, military retirement, etc.)
- All K-1s
- 2005 W-2s
- If you received capital gains in 2005, and had capital loss carryover prior to 2004 not shown on 2004 return, bring proof of loss, e.g., tax return for year of loss.
- Date of acquisition and cost basis for all capital gains or losses in 2005.
- Lists, receipts and amounts for deductions and credits, such as deductible taxes paid, medical expenses, donations, IRA contributions, child tax credit, education credit, earned income credit and any other credits for which you may be entitled.
- Blank check (voided, if you wish) or your check book. The routing and account numbers on the check are needed if you want your tax refund (if any) deposited directly into your bank account, or to have your account debited if you should owe taxes.
- Estimated income and deductions for next year to verify or modify your estimated taxes for next year.

PLEASE FILE THIS IN YOUR INCOME TAX FOLDER
and
NOTIFY YOUR TAX PREPARER OF YOUR WISHES

<<<<>>>>

You are invited to contribute voluntarily to the seniors of California through your California Income Tax form "Check-Off" program on **Line 54, "THE CALIFORNIA FUND FOR SENIOR CITIZENS."** All donations are Tax Deductible.

The effective, non-partisan California Senior Legislature (CSL) is supported solely through voluntary contributions -- it does not receive any State funds. All donations over the needs of the CSL are distributed to local Area Agencies on Aging for direct services to needy seniors through programs and services not funded by other means.

You may also send your tax-deductible donation directly to the California Foundation on Aging, 1008 10th Street #428, Sacramento, CA 95814-3502. Please make your checks or money orders payable to the California Foundation on Aging/California Senior Legislature (CFOA/CSL).

**HELP THE GOLDEN STATE
SUPPORT THE GOLDEN YEARS**



**Contribute to the
California Fund for Senior Citizens**

(All Donations Must be in Rounded Dollar Amounts)

For more information contact the California Senior Legislature, 1020 N Street,
Room 513, Sacramento, CA 95814, by Phone 916/552.8056 or FAX 916/552-8013.

Important Medicare Part D ALERT

Courtesy of the



Community Civic Association
of Laguna Woods Village

ALERT

Subj: RE: FW: Emergency MMA Drug program Extended through Friday January 27, 2006

Date: 01/24/2006 9:22:26 AM Pacific Standard Time

From: cmeronk@coaoc.org

To: DennyWelch@aol.com

Sent from the Internet

Thanks, Denny. The governor does have authority to extend the program for another 15 days beyond the 27th, and I don't see CMS fixing everything by this Friday, so hopefully there will be another extension.

Cheryl

Emergency MMA Drug Supply Program Period Extended

Note: This program has been extended until 11:59 p.m. on January 27, 2006.

In order to ensure that people who are dually eligible for Medicare and Medi-Cal continue to get needed medications during the transition of drug coverage from Medi-Cal to Medicare, Governor Arnold Schwarzenegger directed the California Department of Health Services (CDHS) to continue temporarily covering the cost of medications for those who are unable to obtain them from Medicare. This program began the evening of January 12, 2006, and will continue on an emergency basis through Friday January 27, 2006 and provide emergency payment for prescription drugs to beneficiaries who are dually eligible for Medi-Cal and Medicare if the pharmacy has tried and been unable to obtain reimbursement from Medicare.

This process is only available in cases where the pharmacy has attempted to obtain Medicare billing information and has attempted to bill Medicare for this drug. To receive reimbursement, a pharmacy must certify that certain conditions have been met.

This program will provide payment for emergency supplies of drugs for these dual eligible beneficiaries that are unable to obtain their drugs under the Medicare program. This emergency program is available to full-benefit, dual eligible beneficiaries previously covered either by fee-for-service Medi-Cal or by a Medi-Cal managed care plan. For beneficiaries enrolled in a Medi-Cal managed care plan, providers are to bill the emergency claims to Medi-Cal fee-for-service and **not** the Medi-Cal managed care plan.

Billing Criteria

These emergency drug benefits are available only when one of the following has occurred:

- The pharmacy has submitted a claim for the provision of drug benefits to the full-benefit dual eligible beneficiary's Medicare Drug Plan and the claim has been denied payment for reasons other than processing errors or omissions made by the pharmacy, lack of medical necessity or health or safety reasons. **Note:** Pharmacy billing of inappropriate quantities (for example, billing greater than a 30-day supply when only a 30-day supply is allowed under the Medicare Drug Plan) is considered a pharmacy processing error.
- The pharmacy is unable to submit a claim solely due to the unavailability of complete or accurate Medicare Drug Plan enrollment information from the full-benefit dual eligible beneficiary's Medicare Drug Plan, the Centers for Medicare and Medicaid Services (CMS) or entities under contract with the CMS to provide enrollment information, including having attempted to obtain eligibility information from the Medicare E1 eligibility system.
- The Medicare Drug Plan provides information that the full-benefit dual eligible beneficiary's deductible or co-payment amount is higher than the \$1 to \$5 co-payment amounts that are established by Medicare for full-benefit dual eligible beneficiaries.

Process

The Department has developed a process that allows pharmacy providers to submit this emergency claim electronically. The pharmacy provider need only indicate that the Code I requirements of the claim have been met. By doing so, the pharmacy provider is certifying that **all** of the following conditions are met:

- (A) One of the three situations noted above has occurred.
- (B) The pharmacist provides or dispenses the drug as a critical service.
- (C) The pharmacist has not previously provided or dispensed, nor has knowledge that another pharmacist has provided or dispensed, a quantity of the same drug that is sufficient to cover the period of time for which the prescription is being dispensed.
- (D) The date of service (date the prescription is dispensed) is from January 12 through 27 inclusive.

For claims where Medicare has set the co-payment amount to be greater than that for dual eligible beneficiaries (\$1 to \$5), the pharmacy should submit an "other coverage" claim. The amount billed field should contain the pharmacy's usual and customary charge for the prescription and the other coverage paid field should contain the amount that the Medicare program is reimbursing the pharmacy plus

the normal co-payment due for the patient. This is the same method used for all Medi-Cal claims for beneficiaries who have other coverage.

Code I (Restrictions)

Code I drugs typically require prior authorization in accordance with Section 51003, unless used under the conditions specified in the Contract Drugs List. In this instance, the Code I is being used outside the Contract Drugs List. The emergency claims discussed in this notice are subject to the prescription documentation requirements in CCR, Title 22, Section 51476(c).

To submit a Code 1:

- **Paper:** Place a “Y” in the “CODE I MET” box on the 30-1 claim form. (Indicates the Code I restriction for the drug was met.) The provider should also note in the “Specific Details/Remarks” section of the form that the claim is for “Medicare Part D drugs.”
- **Electronic:** Place a “7=Medically Necessary” in the Submission Clarification Code (42Ø-DK). (Code indicating that the pharmacist is clarifying the submission.)

This use of the Code I indicator shall only be used for Medicare Part D emergency drug benefit claiming. Other emergency claims for Medi-Cal beneficiaries shall continue using the paper claim process.

If the claim meets the three conditions above and is denied by the Medi-Cal claims processing system due to the beneficiary not meeting their monthly share of cost, the pharmacy must submit the claim on paper via a 30-1 claim form as indicated above. The “Remarks” section must be filled in as noted.

Please note that Med-Cal is the payer of last resort available only when information to be paid by Medicare cannot be obtained and this prescription is a one-time emergency supply. It is critical that providers work with beneficiaries, the Medicare drug plan and Medicare to resolve these problems to allow for the proper administration of the Medicare drug program on an ongoing basis. Providers who misuse this program are subject to state audit and recovery.

NOTES



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