



Comprehensive care for the elderly



Valir PACE team approach makes a difference

Nicole Jones, RN, has found her niche while providing life changing benefits to elderly patients finding needed care due to Valir PACE.

by James Coburn, Staff Writer

Being a Valir PACE nurse is not a job where nurses to count the hours left before heading home.

"You have to be invested," said Nicole Jones, RN. "They're bringing in these people that are totally sick, unhappy and depressed, and you're directly able to effect change — and there's no other feeling like that on earth."

The nurses are there for the patients no matter the cost.

When people hear of Valir PACE in Oklahoma City, they often think it is too good to be true. PACE stands for Programs of All-Inclusive Care for the Elderly. Valir PACE utilizes a team-based care approach providing a personalized, comprehensive healthcare plan to those without access to quality healthcare.

"It targets the lower socio-economic

See PACE Page 3

COVID Care Center Offers Investigational Therapy



Kara De La Pena, APRN-CNP - De La Pena is a Family Nurse Practitioner licensed by the American Association of Nurse Practitioners.

Story by Darl Devault, Feature Writer

COVID-19 patients without serious symptoms requiring hospitalization and high flow oxygen or mechanical ventilation may receive Eli Lilly's bamlanivimab and Regeneron's casirivimab / imdevimab COVID-19 infusion therapies at the Oklahoma COVID Care Center in Edmond. Patients should be infused within 10 days of onset of any symptoms.

The single intravenous (IV) infusion therapy is U.S. Food and Administration authorized for the treatment of mild to moderate coronavirus disease 2019 (COVID-19). The FDA Emergency Use Authorization (EUA) was issued to Regeneron Pharmaceuticals Inc. November. 21, 2020

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THERAPY

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A member of the American Association of Nurse Practitioners, Kara De La Pena, who owns an Edmond based urgent care mobile practice, is advising COVID-19 patients over the age of 65 to take advantage of this life-saving infusion. With 15 years of experience in healthcare and recently treating COVID-19 patients in the outpatient setting, De La Pena says "I have seen many people, including close family members, almost lose their life to this disease. These infusions, also termed "BAM" infusions, along with mass vaccinations for COVID-19, will hopefully end this pandemic."

This infusion treatment is for mild to moderate COVID-19 positive testing adults and pediatric patients (12 years of age or older weighing at least 88 pounds) who are at high risk for progressing to severe COVID-19. This includes those who are 65 years of age or older or who have certain chronic medical conditions.

This is the same therapy first described in the media as a Regeneron cocktail when given to former President Donald Trump in early October under an emergency, single-person

authorization. Infectious diseases expert Anthony Fauci, M.D., has said of Regeneron's experimental antibody cocktail: "There is a reasonably good chance in fact it made (President Donald Trump) much better."

These two therapies infuse monoclonal antibodies (mAbs) intended to directly neutralize the COVID-19 virus and prevent progression of the disease.

"The FDA Authorizes these monoclonal antibody therapies that may help outpatients avoid hospitalization and alleviate the burden on our health care system," said FDA Commissioner Stephen M. Hahn, M.D. "As part of our Coronavirus Treatment Acceleration Program, the FDA uses every possible pathway to make new treatments available to patients as quickly as possible while continuing to study the safety and effectiveness of these treatments."

High risk is defined as COVID-19 testing patients who meet at least one of the following criteria:

- Have a body mass index (BMI) over 35.
- Have chronic kidney disease.
- Have diabetes.
- Have immunosuppressive disease.
- Are currently receiving immunosuppressive treatment.

- Are over 65 years of age.
- Are over 55 years of age AND have:

* cardiovascular disease, OR * hypertension, OR * chronic obstructive pulmonary disorder/other chronic respiratory disease

- Are 12-17 years of age AND have:
- * BMI over 85th percentile for their age and gender based on CDC growth charts, OR * sickle cell disease, OR * congenital or acquired heart disease, OR * neurodevelopmental disorders, OR * medical-related technological dependence, OR * asthma, reactive airway, or other chronic respiratory disease that requires daily medication for control

For more info call 405-726-9859 to speak to an infusion coordinator or visit www.okcovidcare.com

The scheduling team coordinates convenient infusion appointment times.

Please note hydrating 2-3 days before a scheduled infusion appointment is encouraged to aid with the infusion treatment.

Patients begin their infusion day by completing a one-page health assessment so infusion nurses can identify current medications and recent health events. The nurses take patient vital signs and review overall health condition. Patients should make the infusion team aware of any recent surgery, scheduled surgery, or infections, as this could interfere with that day's scheduled treatment.

Once all assessments and reviews are completed, the infusion nurse inserts a small IV needle into the hand or arm. Depending on the medication therapy selected for treatment, infusion times will vary from 30 minutes to six hours; however, most medications are administered in two hours or less.

Every patient is closely monitored from start to finish. Most patients feel normal after their infusion and can resume their daily activities, while others experience acute fatigue. The Oklahoma Covid Care Center strongly encourages patients to consider having transportation available to them.

In a clinical trial of patients with COVID-19, casirivimab and imdevimab, administered together, were shown to reduce COVID-19-related hospitalization or emergency room visits in patients at high risk for disease progression within 28 days after treatment when compared to placebo.

Monoclonal antibodies are laboratory-made proteins that mimic the immune system's ability to fight off harmful pathogens such as viruses. Casirivimab and imdevimab

are monoclonal antibodies specifically directed against the spike protein of SARS-CoV-2, designed to block the virus' attachment and entry into human cells.

"The emergency authorization of these monoclonal antibodies administered together offers health care providers another tool in combating the pandemic," said Patrizia Cavazzoni, M.D., acting director of the FDA's Center for Drug Evaluation and Research.

The issuance of an EUA is different than FDA approval. In determining whether to issue an EUA, the FDA evaluates the totality of available scientific evidence and carefully balances any known or potential risks with any known or potential benefits of the product for use during an emergency.

When used to treat COVID-19 for the authorized population, the known and potential benefits of these antibodies outweigh the known and potential risks. There are no adequate, approved and available alternative treatments for the authorized population.

"I get emotional thinking about these infusions. I am overjoyed we have a tool in helping prevent COVID-19 from replicating and causing more harm in the body. I wish we had this tool sooner to help save some of the 400,000 Americans we have lost already, 3,293 of those being Oklahomans," De La Pena said.

As an advanced practice registered nurse her certifications in advanced cardiac life support, basic life support, and pediatric advanced life support allow her to fully evaluate her senior patient's situations. She has been nursing COVID-19 outpatients since the beginning of the pandemic as the owner of NP 2 Go.

"Many people qualify for the infusion," De La Pena said. "If they have questions, they may call the center to confirm their qualification. There is another infusion clinic at St. Mary's Regional Hospital in Enid (patients just need a referral from their provider). Oklahoma ER and Hospital in Edmond expects to add the infusion services soon."

Fact sheets about using casirivimab and imdevimab administered together in treating COVID-19 are available to patients. These fact sheets include dosing instructions, potential side effects and drug interactions. Possible side effects include anaphylaxis and infusion-related reactions, fever, chills, hives, itching and flushing.



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PACE

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people. The whole goal is to keep people out of nursing homes, and so we help them adjust with everything to make sure that they're safe in their homes or where they're living," Jones said.

PACE is special because the staff is 100 percent dedicated to their patients, Jones said.

"We had a nurse that took a patient a Thanksgiving dinner. We did hand out a lot of Thanksgiving dinners this year and there were some people that didn't get it in time. So, we had a nurse who personally went out and delivered the patient a tray."

Jones loves working with all other team members. PACE provides a clinic and gym and offers speech therapy, occupational therapy, physical therapy, medicine and counseling under the guidance of doctors, nurses, social workers, and therapists. A daycare center offers meals for those in need. However, during the pandemic, the staff is more mobile in responding to patient calls. The

protocol depends on what the patient needs.

"We're doing a lot more driving than we ever have," she explained.

Jones has extensive experience as a nurse that include hospital emergency departments, intensive care, and surgery. In 2007 she earned her RN degree at Rose State College in Midwest City. When she came to Valir PACE she knew she would never go anywhere else and has stayed with Valir PACE for almost four years.

"The one thing that really stood out to me when I came to PACE — and I thought I'd never go anywhere else — I love this job."

The staff makes a difference.

"We had a gentleman who wasn't doing very well, and we put him in a nursing home," Jones said. "When he came to see us for an appointment, he looked 100 times worse. I went to the medical director at that time and I said, 'We absolutely can't send him back there.'"

The medical director listened Jones's assessment and agreed with

her to do something different in the care of the elderly patient.

"A lot of times there are issues between nurses and doctors in a hospital if you suggest something," Jones said. "But that's not how we do it at PACE. It's whatever's best for the patient."

Jones recalled a patient a couple of years ago who was very intelligent. The elderly man was an electrical engineer who had a stroke and could only say two words.

Two years later she went to see him, and he asked her how she was doing.

"You can't beat that feeling. It's like the best type," she said. "It's wonderful because this man could only speak two words to us, and now he's playing dominos with his friends and saying, 'What are you doing?'"

It can be a magical for Jones, she said.

Another experience involved a younger patient in her 50s left blind from a stroke. He was could see out of one eye and walked with a limp. The man felt isolated and had made a suicide plan.

"He came to PACE and he said

that PACE changed his life," Jones said. "And now he socializes. He's like a butterfly. It's just done so much for him."

Building confidence and trust helps with therapy.

There are also PACE programs in Tulsa and Tishomingo, she said.

Jones has seen a lot of healing outcomes in patient care. Oftentimes the indigent will use an ER for their medical care because they lack insurance for a doctor's appointment. Many of them do not keep their follow-up appointments scheduled by an ER physician because of a lack of transportation.

"So, with PACE we transport them. If they need a ride somewhere, we will take them," she said. "It's the same with medicine — if they need medicine, we provide that. Everything is inclusive. If they're our patient we own everything, every cost."



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CAREERS IN NURSING

IT ALL ADDS UP : CORPORATE COMPLIANCE OFFICER

Vickie Jenkins, Staff Writer

To some nurses, caring for others comes natural to them. They have that motherly instinct of looking out for the others, willing to give advice when needed, to be full of compassion, being the leaning post to others. This is the case for Sue Douglas, MHA, RN, Corporate Compliance Officer for Carter Healthcare. Sue has the nickname of Mama Sue due to being a mother figure to those around her. "I have always been drawn to the complexities of healthcare and how we could offer better services, increase efficiency and improve the healthcare setting. I specifically enjoy my position as a Compliant Officer, working on ways to increase quality. It has become a passion for me in the healthcare setting," Sue stated.

Sue has been a nurse for a total of eight years, and has been at Carter Healthcare for six years. Her first job as a nurse was working at Southwest Medical Center on the Oncology floor. "Oncology nursing is hard work but also rewarding. I was able to serve long-term patients and develop relationships with patients and families."

Growing up in Moore, OK, as a little girl, Sue felt like she was being drawn to be a nurse, although her first thought was to be a Historian. "I always wanted to grow up and work in a museum or be a scholar of research. Then, I became fascinated with nursing," Sue said. Attending UCO in Edmond, OK for her nursing, she told me that UCO has a great nursing program. "They had many resources while

I was in nursing school. It was also nice to have the older students, classmates, and the professors willing to keep the encouraging words coming my way."

Being sparked with imagination and setting goals, Sue shares the qualities of an exceptional nurse with the qualities of patience, compassion, critical thinking skills, being a self-starter and team work all rolled into one.

As a Corporate Compliance Officer for a home health and hospice agency, Sue's job keeps her busy. "I start with emails and meetings, actually my whole day is focused on helping people solve problems. I am involved with working on auditing and monitoring work processes. I work with our education team as their

department head. I also work on Quality Improvement projects," Sue commented. "Currently, I do not see patients. I work in an administration position at this time, but, I see patients anytime they need me. I am willing and ready to serve our agency."

"Although I enjoy taking care of patients, I knew early in nursing school that I had a love for administration and organization structure related to healthcare. I enjoy working in healthcare at a level where there is work needed to improve systems, processing how we can make it work. One of my favorite topics is sustainability," Sue commented.

"My biggest reward in nursing is working towards a larger goal. The healthcare system is complex

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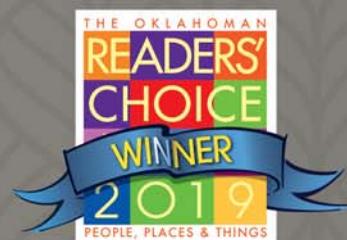


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DOUGLAS

Continued from Page 4

and ever-changing. I come to work each day trying to work towards a goal that can allow us to improve quality outcomes for the patient and also, the employee," Sue said.

"With rewards, there are also challenges. The biggest challenge in my job is trying to increase efficiency in healthcare by not only adding more work. It is hard to regulate, track and improve quality measures without creating double the work for the employee to complete," Sue added.

What advice would you give to someone that was trying to go into the medical field? Sue replied, "Being a nurse can be the most rewarding job for some people. I think one has to have a real desire to care for others. If I was to give advice to someone, I would tell them to explore their options. Don't limit yourself and truly find passion as a nurse."

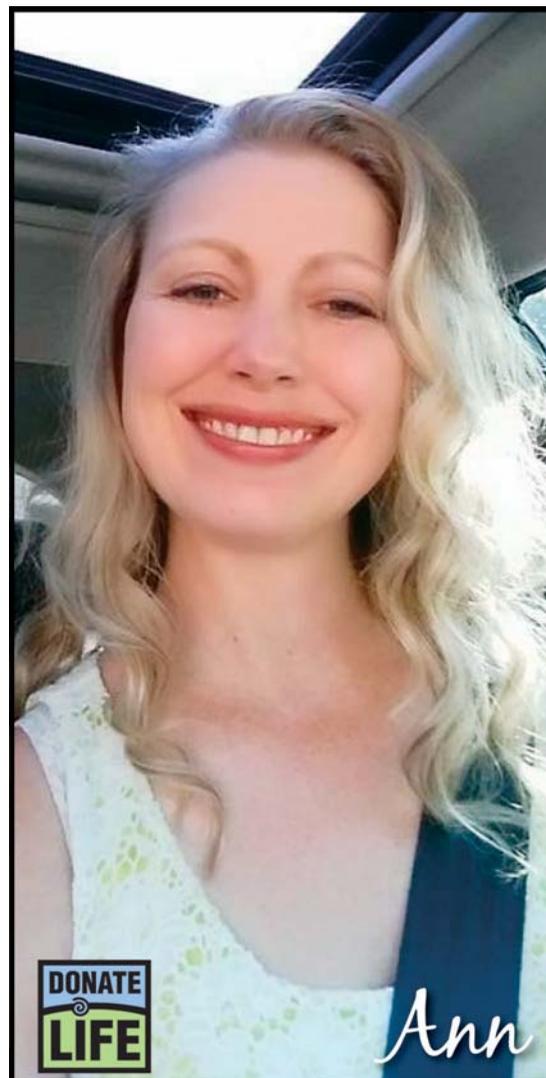
"I believe that the pandemic has changed my life in the same way it has changed everyone else's; having to limit interactions with friends and family, and not being able to go out in public the same way we did before. It has changed my job drastically. We have to make quick decisions in order to maintain safety and quality for patients with the pandemic. As a whole, we still



Sue Douglas, MHA, RN is the Corporate Compliance Officer for Carter Healthcare. With a mother's instinct, and caring for others, she has been given the name Mama Sue by her co-workers.

meet daily to discuss COVID and what impact it has organization and what we need to do to ensure our employees and patients are being taken care of with the utmost care."

When Sue was asked to describe her life in three words, she answered, "God, Family, Active."



I was 21 and healthy, I thought, until I suddenly found myself in complete liver failure. Within hours of the diagnosis, I slipped into a coma and my family was told I would die in a couple of days if a liver wasn't found. Thanks to the family of a sweet lady, who had my rare blood type, I'm alive and have a future again. I will never know how to thank them enough for giving me my life back.

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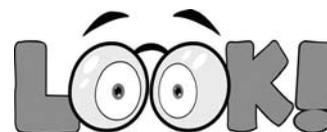
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204 REGISTERED NURSE

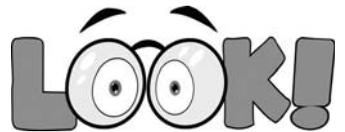
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RN Case Manager Aspire Home Care and Hospice in Stillwater, OK. (855) 527-7473. A RN administers skilled nursing care to patients on an intermittent basis in their place of residence. This is performed in accordance with physician orders and plan of care under the direction and supervision of the Director of Clinical Services/Branch Manager. Supervises care of Licensed Practical Nurse and Home Health Aide.

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(AS PUBLISHED IN THE 2020 EDUCATION GUIDE TO NURSING)

OU College of Nursing launches BSN-DNP program

Long known for its history of innovation and producing some of the state's best in nursing, the OU Fran and Earl Ziegler College of Nursing took the next step last fall, announcing a new BSN-DNP program.

"Really it's limitless what these graduates can do and we're so excited to be preparing them at the doctoral level," said Program Director Amy Costner-Lark, DNP, APRN. "We're very excited to get this first group in."

The BSN-DNP program allows nursing students to earn their doctorate of nursing practice after earning a bachelor of science degree in nursing. Students in the BSN-DNP program will focus on advanced nursing competencies.

"The most important thing to remember is our healthcare system is increasing in complexity and patients are sicker and going home sooner than they ever have before," Costner-Lark said. "The program prepares nurses to practice at the highest level to ensure quality outcomes, to provide cost-effective care and use evidence-based practice. We're creating high-quality clinicians and high-quality nurse specialists and high-quality nurse executives to transform the health of Oklahoma and the nation."

We anticipate by 2025, a DNP will be the required educational standard to enter practice for advanced practice nurses. The addition of the program helps move the OU College of Nursing in line with other medical specialties requiring doctorates for advanced practice, such as pharmacy, physical therapy and audiology.

The BSN-DNP program will offer three specialty pathways: Family Nurse Practitioner; Adult/Gerontology Clinical Nurse Specialist; and Executive Leadership.

"Given the increasing complexity of patients in a rapidly transforming healthcare system, preparing nurses to practice at the highest level is critical to ensure quality outcomes," Costner-Lark said. "Offering a BSN-DNP program is aligned with the American Association of Colleges of Nursing position statement on the DNP as entry-level for advanced practice nurses. The University of Oklahoma has a rich history of preparing exceptional nurses, and this program will continue to provide high-quality clinicians who focus on evidence-based practice and quality improvement for the citizens of Oklahoma and beyond."

Julie A. Hoff, PhD, MPH, RN serves as the dean of the college of nursing and notes the DNP is uniquely positioned to support innovation and entrepreneurship within the profession and will help guide healthcare delivery into the future.

"Given the current health status of Oklahoma the DNP program will really provide us with the ability to advance health sooner in the state of Oklahoma," Hoff said. "This will really answer that call as well as advance the care that is delivered."

"It's not just care at the level of individuals it's care across families, communities and populations."



OU College Nursing Dean Julie Hoff says the new BSN-DNP program is one of the most robust in the state.

Costner-Lark said OU students have a wealth of resources at their disposal throughout their journey.

"We're certainly a leader in education in the state of Oklahoma and also a leader in healthcare," Costner-Lark said. "Our partnership with OU Medical, Inc. not only gives us access to high quality research that's being performed but also opportunities for our students to train in a cutting-edge hospital and clinics across the state."

"It's been a very exciting process to develop this program." One of the nation's few academic health centers with seven professional colleges — Allied Health, Dentistry, Medicine, Nursing, Pharmacy, Public Health and Graduate Studies — the University of Oklahoma Health

Sciences Center serves approximately 4,000 students in more than 70 undergraduate and graduate degree programs on campuses in Oklahoma City and Tulsa.

OU Medicine — along with its academic partner, the University of Oklahoma Health Sciences Center — is the state's only comprehensive academic health system of hospitals, clinics and centers of excellence. With 11,000 employees and more than 1,300 physicians and advanced practice providers, OU Medicine is home to Oklahoma's largest physician network with a complete range of specialty care.

OU Health Brings Variety of Research Projects to Fight Against COVID-19

About a year after COVID-19 arrived in the United States, vaccines and treatment innovations are providing light at the end of a long tunnel. OU Health has been a state and national leader in the rigorous research that has made such advances possible.

As an academic healthcare system, OU Health brings many resources to the battle against COVID-19, from laboratory research to clinical trials to public health tools like epidemiology and disease surveillance.

"None of the current vaccines or therapeutics would ever have come to fruition had it not been for scientists who understand the mechanisms of the disease or clinical trials that help us identify better ways to treat patients," said Jennifer Holter-Chakrabarty, M.D., a hematologist-

oncologist at OU Health Stephenson Cancer Center and a campus leader in COVID-19 research.

"This pandemic has served as an example of how quickly you can respond to something like COVID-19 when you already have a model where scientists and physicians are working together," she added. "Because OU Health has researchers and clinicians across many specialties, we are able to contribute to the discoveries that are being made."

OU Health is maintaining a biorepository of samples from patients who have been treated for COVID-19, allowing researchers to access those samples as they conduct studies, including one that is testing the ability of a sugar-based molecule to suppress inflammation caused by the virus. Patient samples are also used



Jennifer Holter-Chakrabarty, M.D. is a hematologist-oncologist at OU Health Stephenson Cancer Center and a campus leader in COVID-19 research.

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to study the length and quality of immunity in people who have had COVID-19, compared with immunity provided by the vaccine.

In addition, OU Health is participating in two national registries of COVID-19 patients that allow researchers and clinicians to study treatments and outcomes over time, so they can better understand the virus on a national scale.

"Because this is a new virus never before seen in humans, we have pooled our resources throughout the United States to collect data and find themes," Holter-Chakrabarty said. "This is not uncommon in medicine. It allows us to identify how certain patient populations are experiencing the virus, in ways that we may not have observed within our individual healthcare institutions."

A related effort is Stephenson Cancer Center's participation in a National Cancer Institute clinical trial on the effects of COVID-19 in people being treated for cancer. Of the 793 national locations for the trial, Stephenson Cancer Center is the top enroller of patients.

"When you are diagnosed with cancer, that's frightening enough,

but when you are diagnosed with COVID-19 in addition, we want to help you continue your cancer therapy, treat you for COVID-19, and look at the impact of both of them in this patient population," Holter-Chakrabarty said. "In this trial, we are collecting data for two years from patients with cancer who've had COVID-19. This will allow us to look for themes that emerge on a national scale and determine how we address them."

Stephenson Cancer Center has initiated a related trial for its own patients undergoing treatment for cancer. Trial participants receive an app on their phones that prompts them regularly to answer questions about any symptoms of COVID-19 they may have. If the app's algorithm determines they need to be tested for COVID-19, a test will be scheduled. Patients who test positive receive oxygen and pulse monitors that will help their healthcare providers determine if they can stay at home or if they need to be treated at the hospital.

Other studies involve monitoring

NURSE TALK



I like scrapbooking because I like reliving life's most memorable moments.



Shannon Riel, LPN

My hobby is repurposing/refurbishing. I love being able to turn trash into treasure, breathing new life into something old.



Cyndi Talbert, LPN

What is your favorite hobby and why?



The Lakes Care Center

My favorite hobby is watching OU football or any other football game with family.



Jamye Wolf, RN

I like spending time with my family on cookouts and watching sports. We are competitive. I also like baking and trying new recipes.



Jo Thomas, LPN

PROJECTS

Continued from Page 10

patients with COVID-19 for thrombotic complications, particularly deep vein thrombosis, pulmonary embolism and stroke. "Because some of these conditions have been associated with COVID-19, our public health researchers are following incidence rates of patients getting a clot in their arm or leg, a clot that moves to their lungs, or having a stroke," Holter-Chakrabarty said. "Looking at surveillance data from various hospitals will allow us to see if any particular patient populations are more susceptible to these complications."

Drawing on its wide range of research expertise, OU Health is also conducting studies on topics as varied as improving sterilization techniques for personal protective equipment (PPE); using artificial intelligence and bioinformatics to predict where future COVID-19 outbreaks will occur; and assessing the effect of social isolation during the pandemic on the rate of child maltreatment cases.

In addition, OU Health researchers are participating in the development of potential future

vaccines. Because of its longtime relationship with pharmaceutical company Novavax, including ongoing research for vaccines against the Respiratory Syncytial Virus and Ebola Virus, the OU Health Sciences Center is playing a role in the company's newly developed vaccine for COVID-19.

"We established biomedical research laboratory models to study the vaccine's ability to produce an immune response," said virologist James Papin, Ph.D., who is leading the study for the OU Health Sciences Center. "We're contributing to the data that allowed Novavax to successfully move into Phase 1 and Phase 2 clinical trials and, now, transition to Phase 3 trials. Hopefully, that vaccine will also receive Emergency Use Authorization from the Food and Drug Administration so that it can be added to current vaccination options, increasing the supply of vaccines and effectively increasing vaccination rates."

OU Health's researchers and clinicians are also championing the current vaccines on the market, as well as the importance of high

vaccination rates in order to stem the rise of the pandemic. Both vaccines use Messenger RNA (mRNA) to prompt the body to build antibodies against COVID-19. Although the vaccines were developed in record-breaking time, the concept of mRNA has been well-studied and used for years in various treatments, including cancer.

"Some people are concerned about the fast track of the vaccines, but they were developed using platforms that have been studied for a long time," Papin said. "That speaks to the importance of research

- investigators had already done years of work showing that mRNA is safe and effective. That's why the vaccines could be developed so quickly. But we also need to take what we've learned and stay diligent. Infectious diseases are one of the greatest threats to humankind. Hopefully, we will turn the corner soon on the current pandemic, but if it happens again, we will have the data and understanding to develop therapeutics even faster than we are doing today."

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SITUATION UPDATE: COVID-19

Cases	384,217
*Total Cumulative Negative Specimens to Date	2,772,970
*Total Cumulative Number of Specimens to Date	3,139,837
Acute Care OSDH Licensed Facility Hospitalizations	1,247
Other Types of Facilities Hospitalizations	110
Total Cumulative Hospitalizations	21,620
Total Cumulative Deaths	3,471

- This week, 76 Oklahoma counties are in the "orange" risk level and one is in the "yellow" risk level for the COVID-19 Risk Level System. OSDH continues to monitor closely the statewide hospitalization trends for COVID-19.
- The COVID-19 Risk Level System will be updated every Friday in the Situation Update at 11:00 a.m. This week's map can be seen in this update below the test results chart.
- As OSDH continues to meet with stakeholders across the state,

the COVID-19 Alert Map is subject to further revisions as science and public health guidance advances with the ongoing pandemic.

- As of this advisory, there are 384,217 cases of COVID-19 in Oklahoma.
- 2,604 is today's 7-day rolling average for the number of new cases reported.
- There are 48 additional deaths identified to report.
- There are 3,471 total deaths in the state.
- Additional hospitalization data can be found in the Hospital Tiers report, published evenings Monday through Friday.
- For more information, visit <https://oklahoma.gov/covid19.html>.

*The total includes laboratory information provided to OSDH at the time of the report. As a result, counts are subject to change. Total counts may not reflect unique individuals.

***The purpose of publishing aggregated statistical COVID-19 data through the OSDH Dashboard, the Executive Order Report, and the Weekly Epidemiology and Surveillance Report is to support the needs of the general public in receiving important and necessary information regarding the state of the health and safety of the citizens of Oklahoma. These resources may be used only for statistical purposes and may not be used in any way that would determine the identity of any reported cases.

Data Source: Acute Disease Service, Oklahoma State Department of Health. *As of 2021-1-29 at 7:00 a.m.

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Medicare Enrollment Periods

There's more than one?

By Christina Sibley Lic. Insurance Producer, Bachelor of Science Health Studies/Gerontology.

Now that Fall is behind us and visions of Spring are ahead, why are we still talking about Medicare enrollment? What many people don't know is that there are many enrollment periods to Medicare and special circumstances around those periods.

Why is this important? There may be several reasons someone wishes to make a change outside of the October 15th - December 7th annual open enrollment period. Perhaps the options they currently have are just too expensive, or they need an option with different or more benefits. Maybe there have been life changes like a move, change in finances, change in other health insurance coverage, or newly diagnosed health problem.

Here are a few common additional enrollment periods, that may apply. These are not the entire list so if these don't apply, or you aren't sure, you can always ask your Medicare broker to see if you may qualify for one or visit [Medicare.gov](http://www.Medicare.gov) for more information.

January through March- Medicare Advantage Open Enrollment

- Those already on a Medicare Advantage (part C) plan can make one plan change to another Medicare Advantage plan or go to original Medicare and add a drug plan. The plan changes are usually effective the first day of the following month.
- It's important to remember that this period can't be used to go from original Medicare to a Medicare advantage plan or to change from a drug plan to another drug plan BUT There may be other special election periods that can be used for that.

January through September- Low Income Subsidy/Dual (Medicare/Medicaid) eligibility

- If you are currently qualified for Extra Help or Medicaid health coverage, become newly eligible, or lose your qualification for Extra Help

or Medicaid you may make a change. Those currently qualified may make one change per quarter for the first three quarters of the year.

- Extra Help is a program that helps pay prescription drug premiums and/or prescription costs for those who meet the income and resources requirements. Even if your income is too high for food assistance or Medicaid, you may still qualify for Extra Help. One of the most beneficial aspects of Extra Help is it may keep qualified people out of the dreaded coverage gap or "donut hole" and can lower drug copays. Apply through Social Security or your Medicare broker may be willing to help you. Special enrollment and special needs plans based on health conditions.

Special enrollment and special needs plans based on health conditions.

- Some areas of Oklahoma may have "special needs plans" based on chronic health conditions, such as heart disease or diabetes.
- Enrollment in these plans, if you qualify, is open through the year. Enrollment is based solely on existence of a qualifying health condition, not income. Other special needs plans, not based on health conditions, may be available and based on enrollment in both Medicare and Medicaid.

Special Election Period due to declared disaster

- If you missed an election period that you otherwise qualified for due to a declared disaster in your area (like one of our famous Oklahoma ice storms, floods, and/or tornados) there may be an additional election period granted for a specific amount of time. These usually apply to valid election periods for those new to Medicare or those already enrolled in Medicare.

Special Election period- you moved

- If you move out of state,

a service area (usually based on counties), or there's a new plan available to you because you moved, even if your plan is still available, you may make a change and do not have to wait until October 15th. This also applies if you recently moved back to the US, you moved into or out of an institution (like a skilled nursing or long-term care facility), or you were released from jail.

- Time to pick a new plan may be limited to just 2 months, so be sure to review your options and change right away.

You lost other insurance coverage or have the chance to get other insurance coverage such as:

- Employer coverage, Medicaid, Program for All Inclusive Care for the Elderly (PACE), or Other credible coverage (like VA or Tricare). Specific rules may apply. Not all other coverage is considered "credible", especially if you wish to delay or stop part B enrollment. Make sure to do thorough research to avoid penalties for late enrollment or non-coverage.

These are just some examples of additional enrollment periods and special circumstances that may apply



Christina Sibley, Medicare Specialist, Sibley Insures.

to you. The Medicare website is always the best source of information but feel free to reach out to your broker as well if you have questions or visit our *Resource Guide* at www.seniornewsandliving.com - see *Medicare Brokers*.



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