2015

PUTNAM COUNTY Office For Senior Resources

LIVING OUR FUTURE

(845) 808-1700

MEDICARE FRAUD

Medicare fraud is when doctors or other providers deceive Medicare into paying when it should not or paying more than it should. This is against the law and should be reported.

Some types of fraud include:

- ***Billing Medicare for services you never received;***
- ***Billing Medicare for services that are different than the ones you received (usually more expensive);***
- ***Continuing to bill Medicare for rented medical equipment after you have returned it;***
- ***Offering or performing services that you do not need in order to charge Medicare for more services;***
- ***Telling you that Medicare will pay for something when it won't;***
- ***Using another person's Medicare number or card.***

To report fraud you should either contact 1-800-MEDICARE (800-633-4227) or the Inspector General's fraud hotline at 1-800-HHS-TIPS (800-447-8477).

FREE MEDICARE COUNSELING IS AVAILABLE

- Visit www.medicare.gov where you can get a personalized comparison of costs and coverage.
- Call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048.

Get one-on-one counseling at the

Putnam County Office for Senior Resources

To set up a free, confidential appointment, contact:

Lynn Hill, HIICAP Coordinator

Health Insurance Information Counseling & Assistance Program

(845) 808-1700 ext. 47115

MEDICARE RIGHTS

Getting Medicare right

Medicare-Covered Preventive Services

If you have Original Medicare, you pay no coinsurance or deductible for certain preventive services if you see a doctor who participates in Medicare. Medicare Advantage plans must also cover the full cost for these services as long as you follow the plan's rules. Call your plan for details.

You may have costs for some of these preventive services if your doctor makes a diagnosis during the service or does additional tests or procedures. For example, if your doctor removes a polyp during a colonoscopy, the colonoscopy will be considered diagnostic and costs may apply.

Services Medicare Covers Without a Coinsurance or Deductible

Care	Service and Frequency
Abdominal Aortic Aneurysm (AAA)	**Ultrasound screening:** Once in a lifetime if you are considered high risk. AAA ultrasound only covered as a referral from the Welcome to Medicare Visit; and only if you were never screened for AAA before referral.
Alcohol Misuse Counseling	**Counseling to ensure you don't develop dependence on alcohol:** Four brief counseling sessions in a primary care setting per year if your primary care provider believes you consume too many alcoholic beverages per week.
Annual Wellness Visit	**A yearly visit** with your primary care provider to update or develop a 5-10 year prevention schedule based on your needs. Patients complete a health risk assessment questionnaire that looks at your health status, injury risks, and urgent health needs. Not a head-to-toe physical. Cannot happen in the same 12 months as your Welcome to Medicare visit.
Breast Cancer Screenings	**Mammogram screening:** Once every 12 months for women age 40+; women between ages 35 and 39 can get one baseline mammogram. **Note**: Medicare Advantage plans can't require a referral for mammograms.
	Breast examination: Once every 24 months; if at risk, once every 12 months.
Cervical Cancer Screenings	**Pap smear and pelvic examination:** Once every 24 months; if at risk, once every 12 months.
Colon Cancer Screenings	**Fecal occult blood test:** Once every 12 months for people age 50 and older. **Colonoscopy:** Once every 10 years (or 48 months after a previous flexible sigmoidoscopy); once every 24 months if you are at high risk. **Flexible sigmoidoscopy:** Once every 48 months but not within 120 months (10 years) of a screening colonoscopy for people not at high risk
Depression Screening	Once every 12 months in a primary care setting. May involve a questionnaire to identify risk factors or symptoms.

Services Medicare Covers Without a Coinsurance or Deductible

Diabetes Screenings	**Screening lab test:** Once every 12 months if you have a family history or are at risk for diabetes. Twice a year if you have been diagnosed with pre-diabetes.
HIV Screening	**Screening lab test:** Covered for persons with Medicare once every 12 months or up to 3 times during a pregnancy.
Heart Disease Screening	**Blood tests to screen for cholesterol, lipid, lipoprotein and triglyceride levels:** once every five years.
	Risk Reduction Visit: Once every 12 months, your primary care provider gives you advice to reduce your risk of health disease.
Hepatitis C Screening	**One time blood test:** For people who were born between 1945 and 1965, had a blood transfusion before 1992, or are considered high risk due to current or past history of illegal injectable drug use. High risk individuals also qualify for yearly screenings following the initial test.
Lung Cancer Screening	If you are a heavy smoker and show no symptoms of cancer, you may qualify for a yearly Low Dost Computed Tomography chest scan (LDCT, also called low dose CT)
Medical Nutritional Therapy	**Therapy to help you learn to eat well** so you can better manage your illness. With a doctor's referral, people with diabetes, chronic renal disease, or those who have had a kidney transplant in the past 36 months can receive three hours of therapy in the first year and two hours every year thereafter.
Obesity Counseling	If you have a Body Mass Index (BMI) of 30 or more, you qualify for intensive behavior counseling in your primary care provider's office to help you lose weight.
Osteoporosis Screening	**Bone mass measurements:** Bone mass measurements: Once every 24 months for people who are at risk for osteoporosis and meet certain requirements.
Prostate Cancer Screenings	**Prostate specific antigen (PSA) test:** One every 12 months for men age 50 or older.
Sexually transmitted infection (STI) screenings and counseling	STI screening and counseling is free for people with Medicare who are pregnant and/or considered high risk. **Chlamydia, gonorrhea & syphilis:** Once every 12 months if you qualify or at certain times when you are pregnant and the tests are ordered by your primary care provider. **Hepatitis B:** Only once during the first prenatal visit of all pregnant beneficiaries.

Services Medicare Covers Without a Coinsurance or Deductible – cont.

Smoking Cessation	**Counseling to stop smoking for people without smoking-related illnesses:** Covers 2 quitting attempts per year; each attempt includes 4 counseling sessions.
Vaccinations	**Pneumonia shot:** Covers both vaccines received at least 12 months apart.
	Flu shot*: Once a season.
	Hepatitis B shot: Only for people at medium to high risk.
Welcome to Medicare Visit	**A one-time visit** with your primary care provider designed to map out your health needs and to help create a preventive plan or checklist to keep you healthy. Not a head-to-toe physical. Covered if you receive the exam within 12 months of enrollment in Medicare Part B.

Services Original Medicare Covers With Coinsurances or Deductibles

Care	**Service and Frequency**	**What You Pay**
Glaucoma Screening	Once every 12 months if you are at high risk.	20 percent after you pay your Part B deductible
Colon Cancer Screening	**Barium enema:** Once every 48 months or every 24 months if you are at high risk when used instead of a colonoscopy or sigmoidoscopy.	20 percent before you pay your Part B deductible
Prostate Cancer Screening	**Digital rectal exam:** Once every 12 months for men age 50 and older.	20 percent after you pay your Part B deductible
Diabetes Self-Management Training	10 hours of training during your first year and 2 additional hours each year if training is provided in a group of 2-20 people.	20 percent after you pay your Part B deductible

The costs listed on the chart above are for people in Original Medicare. If you're in a Medicare Advantage plan, check with your plan to find out how much you'll pay for these services.

Note: Diabetes testing supplies like test strips, glucose monitors and lancets are covered by Medicare Part B with a 20 percent coinsurance. If you have your diabetes supplies sent to you in the mail, Medicare's National Mail-Order Program for diabetic testing supplies requires you to order from a national mail-order contract supplier, no matter where you live. If you pick up diabetic supplies from a local store or pharmacy, you can continue to do so, but make sure it accepts assignment. Remember, syringes and insulin are covered by Medicare Part D.

Social Security/"Extra Help" With Medicare Prescription Drug Costs

Anyone with Medicare can get Medicare Prescription Drug coverage, (Medicare Part "D").

"**Extra help**" is available for some people with limited income and resources. It will pay for all or most of the monthly premiums, annual deductibles and prescription co-payments related to a Medicare prescription drug plan. To find out if your eligible Social Security will need to know your income, the value of your savings, investments and real estate (other than your home). If you are married and living with your spouse, SSA will need this information for the both of you.

To qualify for extra help:

- **Annual income** must be limited to **$17,655** for an individual or **$23,895** for a married couple living together. Even if your annual income is higher, you still may be able to get help.

-**Resources** are limited to **$13,640** for an individual or **$27,250** for a married couple living together. Resources include bank accounts, stocks and bonds.

Social Security does not count your house, car, and any life insurance policy as resources.

After you apply, Social Security will review your application and send you a letter to let you know if you qualify for "Extra Help". Once you qualify, you can choose a Medicare prescription drug plan. If you do not select a plan, the Centers for Medicare & Medicaid Services (CMS) will do it for you.

To apply online visit:

www.socialsecurity.gov/extrahelp

or call SSA @ **1-800-772-1213**

Medicare Savings Programs (MSPs)

Are you an individual with a monthly income of less than **$1,345** or a couple with a monthly income of less than **$1,813?**

If approved for this benefit, the Medicare Savings Program will pay your Medicare Part B premium, which means that you will have extra money added to your Social Security check each month.

You will receive extra help from Medicare which will reduce your co-pays to as low as $2.65 for generic & $6.60 for brand drugs that are covered by your Medicare Part D plan. In addition you will not be subject to a Medicare Part D plan deductible or the "Gap / Donut Hole".

Medicaid

- Medicaid is health insurance for people with low incomes. Even if you have Medicare, you can also get Medicaid to lower your health care costs. Medicaid pays your Medicare deductibles and coinsurances if you see doctors who participate in Medicare and Medicaid or who are in your Medicare private health plan's network. These doctors can't charge you anything for Medicare-covered services.
- To apply for Medicaid, mail in an application or go to your local Department of Social Services Office.
- Medicaid covers additional benefits, such as dental, vision, and long-term care.
- If your income seems a little to high, you may qualify for **Medicaid spend-down.**

On January 1, 2006 Medicaid no longer covered prescriptions for those who have both Medicaid and Medicare. If you are in this population, you will not have to pay a premium for Medicare Part D, and you will have no deductibles. Co-payments for your prescriptions will be $1.20 for generics and $3.60 for brand names. You can either choose a private Medicare Part "D" (drug plan) or automatically be enrolled in a plan at random. You will receive a letter stating which plan you will be enrolled in, if you do not pick your own. By calling 1-800-MEDICARE you can check to see if this plan covers your drugs, or you can switch to a more ap-

INCREASED INCOME LEVELS!

If you are a NYS resident, 65 or older with an annual income of less than $75,000 for single and $100,000 for married, consider joining EPIC!

EPIC saves you money by supplementing your Medicare Part D plan.

- **Fee Plan** members pay an annual fee to EPIC based on their income. The EPIC co-payments range from $3-$20 based on the cost of the drug. Those with Full Extra Help from Medicare have their EPIC fee waived.
- **Deductible Plan** members must meet an annual out-of-pocket deductible based on their income before paying EPIC co-payments for drugs.

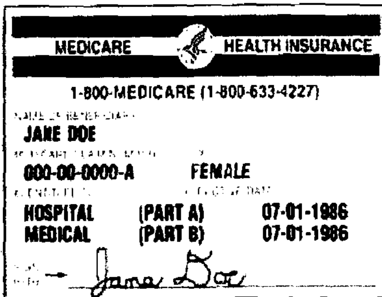
EPIC also pays the Medicare Part D plan premiums, up to the amount of a basic plan, for members with annual income below $23,000 if single or $29,000 if married. Those with higher incomes must pay their Part D plan premiums however, their EPIC deductible is lowered by the annual cost of a Medicare Part D drug plan.

MEDICARE AT A GLANCE:

Medicare Part A

Medicare Part A helps cover inpatient care in hospitals. This includes critical access hospitals and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and home health care. You must meet certain conditions to get these benefits.

Most people automatically get Medicare Part A coverage without having to pay a monthly payment, called a premium. This is because they or a spouse paid Medicare taxes while working. If you don't automatically get premium-free Part A, you may be able to buy it.



Medicare Part B

Medicare Part B helps cover medical services like doctors' services, outpatient care, items medically necessary, and preventative services that Part A does not cover. Medicare part B is optional however, if you don't sign up for part B when eligible, you may have to pay a late enrollment penalty.

Most people pay the standard Part B premium of $104.90 in 2015. Some people may pay a higher premium, based on their income.

Medicare Prescription Drug Coverage (Part D)

Medicare offers prescription drug coverage to everyone with Medicare. If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other "creditable" prescription drug coverage you'll likely pay a late enrollment penalty.

Medicare Advantage Plans (Part C)

Medicare Advantage Plans are health plan options, like HMO's and PPO's, also known as Medicare "Part C ". They are approved by Medicare but are run by private companies. They provide all your Part A and Part B coverage and must cover medically-necessary services. They generally offer extra benefits, and many include Part D drug coverage. You may have to see doctors who belong to the plan or go to certain hospitals to get covered services.

Some Medicare Advantage Plans charge a monthly premium in addition to your Part B premium. Costs vary by plan and the services you use.

Medicare coverage of preventive care:

Medicare pays for many preventive services to keep you healthy. Preventive services can find health problems early, when treatment works best.

Preventive services include exams, shots, lab tests and screenings. They also include programs for health monitoring, and counseling and education to help you take care of your own health.

Visit **www.mymedicare.gov** to get direct access to your preventive health information. Visit the Web site, sign up, and Medicare will send you a password to allow you access to your personal Medicare information in order to track your preventive services or print a personalized report to take to your next doctor's appointment.

If you are in a Medicare Advantage plan, your plan will not charge you for preventive care services that are free for people with Original Medicare as long as you see in-network providers. Check with your plan to find out what your costs may be.

*Be sure to follow the Medicare guidelines for receiving these services since some are covered only once every few years and others are only covered if you meet specific criteria.

PHARMACEUTICAL ASSISTANCE PROGRAMS (PAPS)

Drug manufacturers offer assistance programs for people with Medicare who meet certain requirements.

visit:

www.medicare.gov

to learn more about these programs and to research by drug name.

Save The Date:

"OPEN ENROLLMENT"

October 15th through December 7, 2015

This is the time of year all people with Medicare can make changes to their health and prescription drug plans, with new coverage to begin January 2016.

"MEDICARE ADVANTAGE DISENROLLMENT"

January 1, 2016 - February 14, 2016

If you're in a Medicare Advantage plan you can leave your plan and switch to Original Medicare. If you switch to Original Medicare during this time, you will have until February 14, 2016 to join a Medicare Prescription Drug Plan.
(regardless of whether you had previous coverage).

"SPECIAL ENROLLMENT PERIODS"

You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life. These changes are called;

Special Enrollment Periods ***(SEP's)***

For more information call 1-800-MEDICARE

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