



2017-18 Medicare Spotlight

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The 2017-18 Medicare Spotlight is a publication of the
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Welcome to Medicare

First, the basics:

Medicare is the federal government program that gives you health insurance coverage when you are 65 years of age or older, or under age 65 with Social Security Disability Insurance, regardless of your income.

Medicare Part A is free for those who have worked 40 "Social Security" quarters. Medicare Part B has a monthly premium, the cost of which is determined each year.

To collect Social Security or to be eligible for Medicare, you must be a legal resident of the United States.

Medicare has four different parts:

- Part A covers inpatient services;
- Part B covers outpatient services;
- Part C includes Medicare Advantage Plans; and
- Part D is Prescription Drug Plans.

Unless you make another choice about how to get your benefits when you become eligible for Medicare, you will have Original Medicare, the traditional fee-for-service program. As long as the service you receive is a Medicare-covered service and your health care provider has not "opted out" of Medicare, you are covered to go to almost any doctor or hospital in the country.

The Center for Medicare and Medicaid Services (CMS) is the federal agency that oversees Medicare.

For more essential information, keep reading!

Open Enrollment Period (October 15-December 7)

Medicare's Annual "Open Enrollment" Period starts on October 15 every year. It's your annual opportunity to match your medical and drug needs to the available plans.

Dutchess County residents with Medicare can choose from available Medicare Prescription Drug plans and Medicare Health Plans. Whether you are interested in staying with original, traditional, fee-for-service Medicare and finding the best available drug plan, or interested in considering the Medicare Advantage Plan options, you can start looking now. 2018 plan information will be on the Medicare website, www.medicare.gov as of October 1st.

The opportunity to enroll will end on December 7th. Remember, this is for plan coverage to begin on January 1st, 2018.

All Medicare beneficiaries are encouraged to review their plan's options for 2018. Remember, what was good for you this year may not necessarily be your best choice in 2018. Many things can change, including covered prescriptions, premiums, deductibles, etc. Some current plans available in 2017 may be discontinued, while some new plans may be available for 2018. Just as you get your own personal health "checkup," you should "check up" on your health insurance benefits.

There are four ways to review and compare plans:

1. Visit www.medicare.gov to compare costs, coverage and more while getting an estimate of your out-of-pocket costs for the year.
2. Talk with our certified Health Insurance Information, Counseling and Assistance Program (HIICAP) staff and volunteers available at the Dutchess County Office for the Aging. Call **(845) 486-2566** or **(800) 701-0501**. Phone counseling

and individual in-person appointments are available at locations throughout Dutchess County.

3. Call 1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048). 24/7 help is available from trained Medicare representatives.
4. You can consider the listing of plans in your "Medicare & You" handbook, but you will not be making as personal a choice as you can on the Medicare website, where you can enter your prescription information and have your needs matched with appropriate plans.

ABOUT HIICAP

The Dutchess County Health Insurance Information, Counseling and Assistance Program (HIICAP) is your local source for impartial information about Medicare. HIICAP provides information about Medigap insurances designed to "fit" with Medicare and can help individuals understand the supplemental choices offered by a retiree plan. HIICAP is also a resource for information about Medicare Advantage Plans, Medicare Prescription Drug Plans (Part D), New York State EPIC Program, benefit programs and long-term care insurance.

HIICAP is federally funded through the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging. HIICAP is administered by the New York State Office for the Aging and is staffed locally by Dutchess County Office for the Aging staff and certified counselors.

The information provided by HIICAP staff and counselors is intended for the sole purpose of educating consumers in regard to the choices available for their health insurance needs. Particular emphasis is placed on helping consumers gain a better understanding of Original Medicare and the various options available to them for supplementing or replacing Original Medicare. HIICAP does not endorse any specific product or insurer.

Medicare: Educating Yourself

You may need more in-depth information than is available in this newsletter. That's why we schedule Medicare-related classes year-round. Here's what's coming up:

Medicare 101

This program is a basic overview of Medicare for people approaching the age of 65, caregivers, and anyone who would like a better understanding of how Medicare works.

Topics include Supplemental Insurances, Prescription Drug Plans, EPIC, Medicare Advantage Plans, and more. The programs take place at the Poughkeepsie Galleria Community Room from 10 a.m. - 12 noon on the following Wednesdays:

October 18 • November 15 • December 20 • January 17 (2018)

Additionally, there will be 90-minute sessions at the Center for Healthy Aging at Northern Dutchess Hospital in Rhinebeck at 4 p.m. on the following Mondays:

October 2 • October 23 • November 27

There will also be one session on November 14 at 6:30 p.m.
at the Pawling Library, 11 Broad St.

Navigating Medicare

If you have a little computer knowledge, our Health Insurance volunteers can teach you how to navigate the Medicare website and learn about other associated programs to

help you make more informed choices. Join them at the
Adriance Library, 93 Market St., Poughkeepsie at 9:30 a.m. on:

October 25 • November 22 • December 27 • January 24 (2018)

Space is limited at these free sessions; call (845) 486-2555 to make a reservation.

Coming in 2018: New Medicare Cards

We've come a long way since the very first Medicare card was issued over 50 years ago to former President Harry Truman.

Starting in April 2018, every Medicare beneficiary will be receiving a new Medicare card (lower right), replacing the current card (lower left), which includes Social Security numbers and a line for a signature.

With more than 58 million beneficiaries in the system, the rollout of the new cards is expected to take about a year. By April 2019, every beneficiary should have received a new Medicare Beneficiary Identifier (MBI) card that will be used for billing and for checking your eligibility and claim status. Your current Medicare ID consists of 10 characters: your Social Security number and one letter. The new MBI will consist of 11 randomly-chosen characters, both letters and numbers. For clarity's sake, there won't be any letters on your MBI card that could be confused with numerals, like I and O to name two. Watch your mail carefully starting next spring, so that you don't throw out your new Medicare card by mistake.

Why the change? Officials at the Centers for Medicare and Medicaid Services (CMMS) and Federal Trade Commission (FTC) say the use of Social Security numbers in Medicare has left some seniors vulnerable to identity theft and has left the Medicare system itself vulnerable to fraud. Still, scammers are already trying to take advantage of the transition.

The FTC says the would-be ripoffs take four main forms. Here's how to watch for the scams and avoid them:

- Is someone calling, claiming to be from Medicare, and asking for your Social Security number or bank information? Hang up. That's a scam. First, Medicare won't call you. Second, Medicare will never ask for your Social Security number or bank information.
- Is someone asking you to pay for your new card? That's a scam. Your new Medicare card is free.
- Is someone threatening to cancel your benefits if you don't give up information or money? Also a scam. New Medicare cards will be mailed out to you automatically. There won't be any changes to your benefits.
- Is someone claiming they can get you the new Medicare card ahead of time? That's also a scam. Cards are not being released until April 2018.

CURRENT MEDICARE CARD (1966-2018)

MEDICARE  **HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **MALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **01-01-2007**
MEDICAL (PART B) **01-01-2007**

SIGN HERE →

NEW MEDICARE CARD (ARRIVING APRIL 2018-APRIL 2019)

 **MEDICARE HEALTH INSURANCE**

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a **PART A** Coverage starts/Cobertura empieza **03-03-2016**
PART B **03-03-2016**

Stopping Medicare and Insurance Fraud

You may have experienced the following scenario:

The phone rings, you pick up, and the person on the line identifies themselves as a “Medicare representative.” This person tells you that it’s possible to save hundreds of dollars a month by signing up for Medicare’s prescription drug program. Since your prescription bills are getting to be hefty as you age, you think this sounds like a great deal. The “representative” asks you for your Medicare and checking account numbers, and similar personal information.

We hope you hung up.

Any unsolicited call promising you a deal that sounds too good to be true is no deal. It is almost certainly a scam aimed at getting your personal information, like Medicare and checking account numbers, which can be used to steal not only from you, but also from your insurance company, or from the federal and state government. Accurate calculations of what’s stolen from Medicare, Medicaid and private insurers are hard to come by, because fraud committed by skilled thieves often goes undetected. Researchers at The Economist magazine in 2014, however, put the total annual amount lost to health insurance fraud in the U.S. at approximately \$170 billion.

There are three key steps to protect yourself from health-insurance fraud, both as a senior and as a taxpayer:

- o protect yourself from insurance fraud;
- o detect potential fraud;
- o report if you suspect you’ve been victimized.

Senior Medicare Patrol (SMP) (www.smpresource.org) recommends treating your Medicare, Medicaid, Social Security and personal insurance numbers like a credit card number. Don’t give these numbers to a stranger, especially one whose identity you haven’t verified. Take your cards with you only when you need them for doctor’s appointments, visits to the pharmacy, or trips to the hospital.

If somebody calls claiming to be from Medicare, they’re not. According to SMP, Medicare does not call or visit to sell or offer you anything.

Even if you do protect yourself well, there’s a chance you could still be victimized, but it’s possible to detect when somebody is using your personal information to commit fraud. Start by reviewing any Medicare Summary Notice and/or Part D Explanation of Benefits (EOB) you receive in the mail. Look for charges for services you didn’t receive, multiple billings for the same thing, services your doctor did not order, and billings from distant locations. Here’s an example: In 2010, a 72-year-old woman in Sullivan County spotted bogus billings from California, Arizona, and New Mexico on her Medicare statements, for procedures like pregnancy tests - not only was she 72, but she’d also had a hysterectomy. Medicare even paid claims made under her stolen Medicare ID for prostate-cancer treatments. These vulnerabilities have since been fixed, but scammers are always looking for others.

If you think you may have been a target of fraud, first get in touch with your provider or insurance plan. If you’re not satisfied with their response you can call New York’s SMP at **877-678-4697**. Don’t be shy about asking: After all, your taxes pay for Medicare and Medicaid.

Your Medicare Information Online

Medicare's secure online service goes by the name www.mymedicare.gov. What you'll see on their home page will look like this:

The screenshot shows the MyMedicare.gov website interface. At the top, there are navigation tabs for "Change Plans", "Costs", "Covers", "Part B", "Other Insurance", "Appeals", "Health", and "Resources". Below these is a yellow banner that says "Get your Medicare Summary Notices (MSNs) electronically" with a "Go paperless" link. The main content area is divided into sections: "Claims" (with instructions on signing in, ordering duplicate MSNs, and accessing provider information), "Plans & Coverage", "My Health", and "Online Tour". A "Secure Sign In" form is visible on the left, with fields for *Username and *Password, a "Sign In" button, and a "Trouble Signing In?" link. Below the form is a "New To MyMedicare.gov?" section with a "Create an Account" button. On the right, there is a "Blue Button" section with a "Blue Button Download My Data" button and a "Learn More" button. Further right is a "MyMedicare.gov Help" section with a list of links: "Using MyMedicare.gov", "Getting Started", "Account Services", "Customer Service", "Security & Privacy", and "Virtual Tour".

If you're new to the website, the first thing you'll want to do is click the "Create an Account" link (on the lower left of the picture) and follow the instructions within. This should work for you, whether you're brand new to Medicare or you've been a beneficiary for years. Once you follow the account creation instructions, you'll be mailed instructions and a password to MyMedicare.gov.

Once you've established a MyMedicare account online, you'll be able to track your original Medicare claims, get copies of your Medicare Summary Notices (MSNs), check your Medicare Part B deductible status, get notices about what services you're eligible for, and sign up to get the electronic version of the "Medicare & You" handbook.

If you have trouble registering, try again when Medicare starts to process your claims.

If you need help using MyMedicare, there's online webchat available, or you can call their helpline at **1-877-607-9663**.

Your “Observation” Rights in Hospitals and Nursing

If you or a senior loved one finds themselves in a hospital or in a skilled nursing facility (nursing home) for rehabilitation, pay attention to the fine print you receive from the facility. It can make a difference of tens of thousands of dollars - but two laws have been passed in recent years, one at the state level and another at the federal level, aimed at reducing both confusion and unexpected bills.

A New York state law enacted in 2014 requires hospitals to provide oral and written notice within 24 hours to Medicare beneficiaries placed under observation during their hospital stay, and explain how such status may affect the patient’s health insurance coverage.

As more and more Medicare beneficiaries have been placed “under observation” in the hospital, as opposed to being admitted, many are shocked to find out they are responsible for much higher care costs. In addition, not being admitted to the hospital meant Medicare Part A would not cover the costs of follow-up rehab in a nursing home.

The confusion arises when a senior is placed in a room and assumes they have been admitted to the hospital, when in fact they can remain “under observation” at the hospital for a number of days and never officially admitted.

Contact the Office for the Aging at **845-486-2555** if you need more information regarding New York observation status law.

The federal government has also acted to clear up any remaining uncertainties. The NOTICE Act of 2016 requires hospitals to notify patients, verbally and in writing, within 36 hours of outpatient services or patient discharge (whichever comes first), that they may incur large out-of-pocket costs if they stay at a hospital for more than 24 hours without being formally admitted.

Hey, Snowbirds

If you’re headed south for the winter and putting a hold on your mail until you return, let us know so that we can temporarily suspend your “Spotlight on Seniors” delivery for the winter. It makes for a considerable savings on printing and postage costs, which we can then use on more services for seniors.

Get in touch with Outreach Coordinator Brian Jones at bjones@dutchessny.gov or **(845) 486-2555** to find out more.

We’ll resume sending you the “Spotlight on Seniors” in 2018, either with the spring edition that comes out in February, or the summer edition that comes out in May, depending on when you return.

While you’re away you can always get a look at the Spotlights from anywhere. We post all the Spotlights and weekly Aging News emails at the Office for the Aging website:

www.dutchessny.gov/aging

OFA Medicare Presentations (And More)

If your social group or civic organization needs a speaker to help with Medicare pointers, give the Office for the Aging a call. We also have speakers with expertise on Office for the Aging services, senior housing, nutrition, successful aging and more.

(845) 486-2555



Dutchess County Office for the Aging
27 High Street, Poughkeepsie, NY 12601

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TO:

Friends,

We're sending you this special Medicare-oriented version of our "Spotlight on Seniors" newsletter so that you'll be prepared with the knowledge you'll need as we enter the Medicare open enrollment period for coverage starting in 2018.

Open enrollment begins every year on October 15 and ends on December 7.

Because every senior's relationship with Medicare is different, we encourage you to get in touch with the Dutchess County Office for the Aging for answers to the questions you may have. Whether you're new to Medicare this year or a beneficiary of many years, we're ready for you.

Best regards,

Marcus J. Molinaro
Dutchess County Executive

Todd N. Tancredi
Director, Office for the Aging

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