



2019-20 Medicare Spotlight

Medicare: The Basics

Medicare is the Federal government program that provides health insurance coverage when you are 65 years of age or older, or under age 65 if you receive Social Security Disability, regardless of your income.

Medicare Part A is free for those who have worked 40 Social Security quarters, or 10 years. There's a monthly Part A premium for those who have worked up to 39 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 hospital services;
- Part B covers outpatient medical 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 under Original Medicare.

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

Open Enrollment (October 15-December 7)

Medicare's Annual "Open Enrollment" Period starts on October 15 every year. Even if you're happy with your current coverage, it's a good idea to learn whether it will continue to meet your needs in 2020 and beyond. The Office for the Aging can help you examine your options.

The opportunity to enroll in Medicare coverage to begin on January 1, 2020 will end on December 7th, 2019.

A Message From County Executive Marc Molinaro

Friends,

Each year, Open Enrollment for Medicare, the federal program that provides healthcare coverage to seniors, takes place from October 15th to December 7th. It's your annual opportunity to match your medical and drug coverage needs with available plans.

The Dutchess County Office for the Aging offers this special edition of "Spotlight on Seniors" each year to provide information about Medicare and how it affects you. The Office for the Aging is also here to help you understand and navigate Medicare and its Open Enrollment process.

I'm sure you will find this special "Spotlight" beneficial, and remember our Office for the Aging is here to serve you. You can contact them at ofa@dutchessny.gov or (845) 486-2555.

Sincerely,

Marc Molinaro
Dutchess County Executive

What's inside

- Do I Have To Sign Up?Pg. 2
- Learning More About MedicarePg. 3
- Medicare 101 On The Road.....Pg. 3
- Medicare And The 2020 Census.....Pg. 4
- 2020 Medigap Change.....Pg. 4
- What To Do, And When To Do It.....Pg. 4
- Help Stop Medicare Fraud.....Pg. 5
- Medicare.gov Plan Finder.....Pg. 6
- Is It Covered? Check the Medicare App.....Pg. 6
- Your Annual Medicare Wellness Visit.....Pg. 7

Do I Have To Sign Up?

With one exception, yes.

If you or your spouse are still actively employed when you turn 65, you can stay with employer-provided group coverage. That was the one exception.

There's a seven-month window which includes the month of your 65th birthday, where you must sign up for Medicare. The seven months consist of the month of your birthday, and the three months both before and after it. It's called the Initial Enrollment Period. For example, if your 65th birthday is July 4th, 2020, you can sign up in any month from April to October 2020. Medicare coverage begins from one to three months after you sign up.

If you claimed Social Security benefits before your 65th birthday, enrollment in Medicare Part A (hospitalization) and Part B (outpatient services) will be automatic. For the person in the example above, their Medicare card would arrive in July 2020 and coverage would begin on July 1st.

If you are not receiving Social Security and wish to use Medicare benefits, you must notify Social Security that you want Medicare.

But what if I don't want to apply for Social Security just yet?

In that case, you have some additional responsibilities.

You will have the seven-month Initial Enrollment Period around your 65th birthday, as noted above. If you miss this window, you will end up paying penalties that will continue for the rest of your life. For every 12 months you delay signing up for Medicare after the Initial Enrollment Period, you will pay a late enrollment surcharge that comes to 10% of the standard Part B premium for Part B, and 1% for every month you delay signing up for Part D (12% per year).

You could be without key health care coverage if you miss the Initial Enrollment Period. It's a risk you don't need to take, on top of the financial penalties.

What do I do if I want to work until I'm 70, and then retire?

For people in your situation, there's a Special Enrollment Period. It begins when your other insurance ends and lasts for eight months. Medicare coverage begins the month after you enroll. This is another deadline that's essential not to miss. Miss the Special Enrollment Period, and you'll have to wait until Medicare's General Enrollment Period - and yet another deadline. The General Enrollment Period is January 1 to March 31 of every year, with coverage not beginning until July 1 of that year. Miss the General Enrollment deadline, and you risk being stuck without Medicare for an extra year.

This sounds complicated. Help!

Take a deep breath. You can handle this, and the Office for the Aging can help you.

Below you'll see our address, our phone number, and our email address. Get in touch with us as soon as you can, and schedule an appointment with one of our Health Insurance Information, Counseling and Assistance Program (HIICAP) counselors.

Our HIICAP counselors are continually trained on the latest Medicare and health insurance developments. They'll help you!

2019-20 Medicare Spotlight

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Available for free at libraries, senior centers and municipal buildings throughout Dutchess County, as well as at the OFA website:

www.dutchessny.gov/aging

To be added to or removed from our mailing list, call (845) 486-2544 or email bjones@dutchessny.gov.

Learning More About Medicare

We offer a basic overview of Medicare.gov for people approaching the age of 65, caregivers, and anyone who would like a better understanding of how Medicare works. All classes will take place 9:30-11 a.m. at the Adriance Memorial Library in the City of Poughkeepsie (93 Market St.), on the following Wednesdays:

October 23, November 27, December 4

Our “**Medicare 101**” classes will be held on the third Wednesday of each month from 10 a.m.-noon at the Community Room at the Poughkeepsie Galleria,:

October 16, November 20, December 18

Additionally, the following evening classes are on the fall calendar.
These classes run from 6:30-8 p.m.:

Medicare 101: Pawling Library (11 Broad St.), Tuesday, November 12

Navigating Medicare.gov: Boardman Road Branch Library (141 Boardman Rd., Poughkeepsie), Tuesday, October 29

Navigating Medicare.gov: Adriance Memorial Library, Thursday, December 5

There is no charge for any of these orientation sessions, but space is limited.

Please call **(845) 486-2555** to make a reservation.

See the full calendar of classes at www.dutchessny.gov/Calendar-Page.htm.

Medicare 101 On The Road

For the first time, the Office for the Aging is hosting larger-scale evening “Medicare 101” events around Dutchess County, for the benefit of seniors who work and/or volunteer during the day.

The first will take place on Thursday, October 17th, from 6:30 - 8 p.m., at the OFA Senior Friendship Center in Poughkeepsie, 114 Delafield St. There will be individual insurance counseling appointments available that evening as well. Space will be limited; call (845) 486-2555 to register for an appointment, as well as to attend general Medicare 101 sessions.

Another Medicare 101 event will be held on Tuesday, October 22nd, at the Red Hook Community Center (59 Fisk St.), from 6 - 7:30 p.m.

The third Medicare 101 event will be held on Thursday, October 24th, at the North East Community Center in Millerton (51 South Center St.), from 6:30 - 8 p.m.

All times and venues subject to change.

Your Medicare and the 2020 Census

“You count, so be counted!” is the motto of Dutchess County’s 2020 Census Complete Count Committee. We aim to improve on the county’s 2010 response rate, especially among the more than 56,000 county residents living in hard-to-count neighborhoods.

What does the census have to do with Medicare? Here’s the quick explanation:

The population figures to be collected in Dutchess County in 2020 are a key part of what determines how billions in federal funds are to be spent here over the next decade, and Medicare has been accounting for an increasing share of total national health spending. 2018 net federal Medicare outlays were \$605 billion, or 15 percent of the federal budget. That percentage is going to keep growing as more of the baby boom generation become Medicare-eligible - and there are proportionately more baby boomers and older seniors here in Dutchess County than in both New York State and the nation as a whole.

Your household should receive an invitation to take part in the Census by April 2020. Any questions about the role of the Census in the lives of Dutchess County seniors can be sent to completeness@dutchessny.gov.

2020 Medigap Change

Starting in 2020, Medicare Supplement plans (also known as “Medigap”) that fill in the coverage gaps of original Medicare will no longer sell new Medigap Plan C or Plan F. This new rule won’t apply to you if you’re already enrolled in a Plan C or Plan F as of 2019. You’ll be able to continue with those plans for as long as you want. It’s new enrollees whose coverage starts in 2020 and beyond who will need to find other options.

The change is happening as a result of a 2015 change in federal law, aimed at reducing Medicare overuse by requiring Medicare members to pay their Part B deductible, which came to \$185 in 2019. Plans C and F are the only plans that cover the Part B deductible. All other existing plans should remain available in 2020.

Confused already? That’s understandable with a program as wide-ranging as Medicare, and it’s why the Office for the Aging makes volunteer Health Information, Insurance, Counseling and Assistance Program (HIICAP) counselors available to help you line up the coverage that makes the most sense for your situation. Contact us at (845) 486-2555 and make an appointment with a HIICAP counselor.

Medicare: What To Do, And When To Do It

(Clip and Save!)

October 1 - 14 - **Get ready for open enrollment.** Take a look at what might change with your current coverage. During these two weeks, private insurers will announce all benefit and premium information for their Part C Medicare Advantage and Part D Prescription Drug plans for 2020.

October 15 - December 7 - **Open enrollment.** Making changes? They take effect on January 1, 2020.

January 1 - February 14, 2020 - **Annual Disenrollment Period.** This is the period when you can disenroll from a Part C Medicare Advantage plan and return to Original Medicare. If that’s your choice, you are allowed to choose a separate Medicare prescription drug plan at the same time. Any such plan becomes effective the first of the following month.

Contact us with your questions: (845) 486-2555 or ofa@dutchessny.gov

You Can Help Stop Medicare Fraud

As baby boomers continue aging into Medicare eligibility, it becomes more important every year to keep an eagle eye on where the money's going - especially when it's coming out of your pocket, both as a consumer and as a taxpayer. Well over \$300 billion was lost in 2018 to fraud committed against Medicare, Medicaid and private health insurers - but it is impossible to calculate the full extent of the problem, because a skillfully-committed fraud will go undetected.

Total public and private health spending in the U.S. for 2018 was over \$3.6 trillion dollars, according to the estimates of independent federal actuaries.

With this in mind, here are some quick tips:

- **Guard your card.** Never give your Medicare or Medicaid ID information to strangers. Stolen medical records are worth big money to crooks, because victims can take a long time to notice their loss.
- **Do not feel pressured** into making a purchase. When it comes to health insurance and Medicare, see Page 2 for more on Office for the Aging health insurance counselors and how they can help you.
- **Beware the hard sell.** Do not let anyone talk you into contacting your physician to request a service or product that you do not need.
- **“Free” can cost you.** Never give your Medicare or Medicaid number to anyone in exchange for a “free” service or piece of equipment. Besides, if what they're providing is free, then they don't need your Medicare or Medicaid number.
- **Door-to-door = dodgy.** Never accept medical supplies or equipment from a door-to-door salesperson. Legitimate door-to-door operations must comply with a long list of state and federal regulations.
- **Watch for unwanted snoops.** Never let anyone look at your medical records or prescription medications unless you have contacted your physician or pharmacist and received their approval.

Fraud Migrates and Mutates

The traveling medicine shows of days gone by thrived because by the time people realized they'd been had, the scammers were on to a different town, with a different scam under a new name. Fraudsters still operate on this principle, concocting new hustles every time their old methods no longer work. If there's a crackdown in Brooklyn, fraudsters may skip town, and turn up again in Florida, trying to stay a step ahead of investigators.

This Is Not A Bill, But Read It Anyway

That said, there's plenty you can watch for to ensure that fraud is prevented. Be sure you carefully read your Medicare Summary Notice (MSN), which is delivered to you every three months. If you have secondary insurance, read their statements as well. The statements may include the line “This is not a bill” to reassure you, but give the statements a once-over regardless. You can spot some common frauds just by watching for these phenomena:

- Billing for goods and services not provided.
- Billing for old items as new items.
- Billing for patient visits that did not take place.
- Billing for more hours than there are in a day.
- Billing from places you've never been, especially out-of-state.
- Concealing ownership of related companies.
- Falsifying credentials and double-billing.

More tips on fighting fraud

- Keep track of your appointments and medical services, supplies and equipment.
- Check you Medicare Summary Notice (MSN) to be sure your Medicare number is correct. If your name or address are incorrect on the MSN, contact both the Medicare carrier and Social Security. Keep the MSNs for your records.

Call New York's Senior Medicare Patrol Fraud hotline at **800-333-4374** if you suspect fraudulent practices, along with local authorities and Medicare itself at **1-800-MEDICARE**.

Find out more at www.smpresource.org.

Medicare.gov's Improved Plan Finder

The redesigned Plan Finder feature at www.medicare.gov makes it easier than ever to compare coverage options and shop for plans, even when you're on-the-go. Medicare's mobile-friendly Plan Finder tool now works on smart phones, tablets, and desktop computers.

New to Medicare?

You'll need to make a few decisions about how you get your Medicare coverage and what benefits are important to you. As you prepare to shop for health and drug plans, check out Plan Finder. For starters:

- Select "Learn more about Medicare coverage options" in Plan Finder to learn about and compare Original Medicare and Medicare Advantage options and costs
- Create an account for a more personalized experience

Ready to shop for plans?

Whether you're enrolling for the first time, qualify for a Special Enrollment Period to change 2019 plans, or just want to look around before the next Open Enrollment Period for 2020 plans, here are some features to try:

- Simplified log in using your online account.
- A fast drug list builder – start by suggesting prescriptions that you filled within the last 12 months. When you search for a brand name drug, Plan Finder will show it along with any lower-cost generic alternatives.
- Added details on Medicare Advantage plans so you can quickly compare covered benefits.

Let Medicare know about your experience using Plan Finder. Email suggestions to eMedicare@cms.hhs.gov.



Is It Covered? Check the App

It's common to have questions in advance of a medical procedure or purchase about whether its cost is covered by Medicare, but the answers haven't always been easy to find.

The Centers for Medicare and Medicaid Services (CMS) hopes to connect questions and answers more efficiently, with the 2019 rollout of a free app called "What's Covered." It's available on both Google Play and the Apple App Store.

CMS officials note that about 70 percent of Americans age 65 and older are using the internet, and almost half of Americans age 65 and older are also using smartphones and other mobile devices. These percentages are expected to continue growing, as the number of beneficiaries in the Medicare program is expected to grow from about 60 million now to over 80 million by 2030, when the youngest baby boomers will have turned 65.

"What's Covered" focuses on Original Medicare, which covers roughly two-thirds of beneficiaries. The remaining third are on Medicare Advantage (Part C), with care provided by government-contracted private businesses.

Often, the answers you're looking for from Medicare are fairly straightforward - but not always. Under "home health services," for example, the app lists conditions that must be met for the service to be covered and mentions that you're not eligible if you need more than part-time or "intermittent" skilled nursing care. Medicare doesn't pay for so-called "custodial care," which is non-rehabilitative help with activities of daily living such as bathing, dressing and eating, either at home or in a care facility.

For those who aren't online, Medicare mails a "Medicare and You" handbook every fall, which includes a general list of services covered.

You can also get an opinion from your healthcare provider, who should know your individual needs more than anyone else.

Your Annual Medicare Wellness Visit: It's NOT The Same As A Physical

Medicare's coverage rules can be confusing - as a result, it's up to you and your caregivers to make sure you're precise about what kind of service you're making an appointment for when you contact your doctor's office.

Remember the phrase "annual wellness visit." Those are the magic words. Medicare beneficiaries pay nothing for an annual wellness visit, as long as their doctor accepts Medicare. It's covered in full as a preventive service, and the Part B deductible doesn't apply.

On the other hand, Federal law prohibits Medicare from paying for an annual physical. It's been law since Medicare was created in the 1960s - although since then, Medicare has improved its focus on preventive issues.

What's the difference, and why's it a big deal?

Here are the key differences between a wellness visit and a physical, besides out-of-pocket cost:

A typical physical is an exam conducted by a doctor, and will often include bloodwork and other tests. The annual wellness visit only checks routine measurements like your height, weight and blood pressure.

Your typical first wellness visit might include a doctor, a nurse practitioner, or physician's assistant.

One key part of the wellness visit is a health risk assessment. You may be asked to complete a questionnaire designed to assess your risks, along with a review of your own and your family's medical history. This is the first step toward the creation of a schedule of screenings - colonoscopies, mammograms, cognitive evaluations and others, for the next five to 10 years of your life. This information will be updated annually at future wellness visits.

The annual wellness visit can include preventive services, like flu and pneumonia shots, without charge. You may also receive personalized health advice and referrals to health education or preventive counseling services programs, including the following: fall prevention, nutrition, physical activity, tobacco-use cessation, weight loss, and cognitive improvements.

Advance care planning will also be a topic that comes up during an annual wellness visit.

If a wellness visit goes beyond preventive measures, and includes additional tests or services not covered under preventive benefits, that's when copays and other charges may begin to apply.

Annual Wellness Visit (Your Medicare deductible is waived)	Annual Physical Exam (The Part B deductible applies)
Cost: FREE	Cost: Co-pay
Coverage: Annually, when it occurs at least 12 months after your Initial Preventative Physical Exam, and when you have been covered by Part B for more than 12 months	Coverage: Annually; you will be billed and responsible for 20% of the Medicare approved amount
Purpose: To develop and update a personalized prevention plan, based on your current health and risk factors	Purpose: For medically-necessary services, including evaluation and management of an illness or injury
Other: Medications are not refilled or prescribed	Other: Medications may be refilled or prescribed



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TO:

Friends,

Welcome to the third annual Medicare-focused version of our "Spotlight on Seniors" newsletter. Medicare's open enrollment period for coverage starting in January 2020 runs from October 15 to December 7th, 2019.

We are expanding our schedule of evening "Medicare 101" events, to reach more seniors who are busy during the day with work, caregiving, and volunteering. You can read more about the events inside this newsletter.

Medicare's resources are designed to be tailored to your unique health situation, so we encourage you to get in touch with the Dutchess County Office for the Aging for counseling on the issues that affect you most.

Our best wishes,

Handwritten signature of Marcus J. Molinaro in black ink.

Marcus J. Molinaro
Dutchess County Executive

Handwritten signature of Todd N. Tancredi in black ink.

Todd N. Tancredi
Director, Office for the Aging

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