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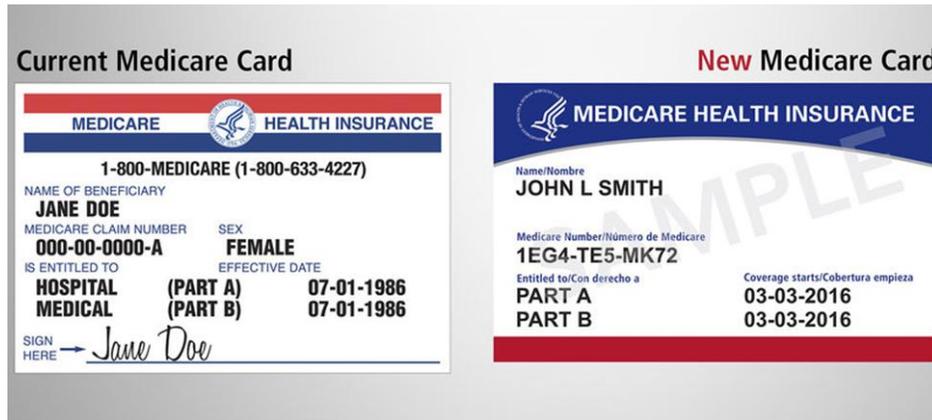
MEDICARE — 2018 and Beyond

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Usually, on the first page of the SMP Advocate I would write a long article on an important Medicare subject. However, as a change, this article will update Medicare beneficiaries on some important changes and areas of interest for Medicare for 2018 and beyond.

New Medicare Cards



While I have already written about this subject in detail in earlier issues, I want to remind all beneficiaries that, starting in April 2018, new Medicare cards will be issued. These new cards will remove the Social Security numbers from the cards. This is a significant change for Medicare and it holds the promise of substantially reducing fraud, both in Medicare and in general. The cards will look similar to the current ones with some style changes. (See above.) When beneficiaries get their new cards, they should start using them. Not all beneficiaries will receive their new cards at the same time. A year has been allocated to issuing approximately 57 million new cards, through April 2019. There will be a transition period (through December 2019) when both the old and new Medicare cards can be used.

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(continued)

Of course, beneficiaries will still have to protect their new cards. The card will now contain a new Medicare number (called a Medicare Beneficiary Identifier) selected at random and made up of letters and numbers. This card allows access to Medicare services and should be protected at all times. Beneficiaries should leave their Medicare cards at home whenever possible and take them with them only when they need medical services.

The SMP of New Jersey is very concerned about fraud involving the new Medicare cards. We have already heard of cases when beneficiaries have been scammed into paying for the new Medicare cards. Remember, the new Medicare cards will be FREE. You do not have to do anything to receive the new card. Make sure that the Social Security Administration has your current address to insure that the card is mailed to the correct address. Medicare or Social Security will not call you on the telephone. Do not give any callers any personal information if they call you about the new Medicare card, especially your checking account information to pay for the card. As we have written in the past, JUST HANG UP.

Medicare beneficiaries will receive written explanations in the mail from the appropriate government agencies about the new cards. We can also expect an education campaign on television and radio to explain about the new cards.

Medicare Disenrollment Period (MADP)

From January 1 through February 14, Medicare beneficiaries can disenroll from a Medicare Advantage plan and go back to traditional or Original Medicare. You can only disenroll during a MADP. You cannot enroll in a Medicare Advantage (MA) Plan or change to another MA plan. However, if you disenroll during the MADP you can pick up a stand-alone prescription drug plan regardless of whether your MA plan had drug coverage. You cannot make any changes during this period if you have Original Medicare.

If you disenroll from your Medicare Advantage plan, you should consider purchasing a Medicare Supplement Plan, also known as a Medigap plan. Medigap plans are supplemental policies that help pay for what Medicare does not pay for, such as Medicare deductibles and coinsurances. Check with your state SHIP (State Health Insurance Assistance Program) to find

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out about enrolling in a Medigap plan. You can find the number for your local SHIP by calling 1-800-MEDICARE. In New Jersey the SHIP number is 1-800-792-8820. In some cases a Medicare beneficiary may not have the guaranteed right to purchase a Medigap policy. Usually, a guaranteed right to purchase a Medigap policy occurs for six months after you enroll in Medicare Part B.

Remember, if you already have traditional or Original Medicare and a prescription drug plan you cannot switch your drug plan during this disenrollment period. Switching from traditional or Original Medicare to a Medicare Advantage plan can usually be done only during the Annual or Open Enrollment Period from October 15 through December 7 of each year. If you have a Medicare Advantage plan you cannot switch to another Medicare Advantage plan; you can only disenroll and go back to traditional or Original Medicare.

Medicare General Enrollment

When someone is turning 65, he or she can enroll in Medicare during what is known as the Initial Enrollment Period (IEP). You may join Medicare Parts A, B, C and D during the three months before your 65th birthday, the month of your birthday, and the three months after your birthday. If you did not enroll in Medicare during the IEP, you can do so during the General Enrollment Period, which is January 1 through March 31 of each year. Remember, if you did not enroll in Medicare Part A when you were first eligible and you have to pay for it because you do not have the requisite credits from working, you will have to pay a penalty.

If you are also enrolling in Part B plan because you did not do so when you were first eligible, and you did not have other creditable coverage, such as from an employer, you will have to pay a penalty. The penalties differ for each part and depend on how long you were without coverage. When you enroll during the General Enrollment Period, your coverage will not start until July 1 of that year.

If you get Part B for the first time during the General Enrollment Period, you can add Medicare Part D (prescription drug coverage) from April 1 through June 30. Your drug coverage also will not start until July 1 of that year. If you enroll in Part D because you did not do so when you were first eligible and did not have other coverage that is considered “creditable” (i.e., equal to or better than the Part D coverage), you will have to pay a penalty. The amount is determined by how long you were without coverage.

Special Enrollment Period (SEP)

Once your Initial Enrollment Period ends, you may have a chance to sign up for Part A and/or Part B during a Special Enrollment Period, if you meet certain requirements. If you are covered under a group health plan based on current employment, you have a SEP to sign up for Part A and/or Part B at any time

as long as you or your spouse is working and you are covered by a group health plan through the employer or union based on that work.

If you ever lose your employer coverage, you will want to enroll in Medicare if you are over 65. You will have an eight-month SEP to enroll in Medicare without penalty. Of course, you will not want to wait for the whole eight months, because you will be without Medicare coverage. If you know you are going to lose your coverage, enroll in Medicare before you lose your employer coverage so there will be no gap in coverage.

Remember there are also SEPs for Medicare Advantage and Medicare Part D plans depending on the circumstances. To learn more, check out the *Medicare & You* booklet. You can view the *Medicare & You* booklet online at Medicare.gov. Click on “Forms, Help and Resources,” then click on “Download Medicare and You.”

Medicare Savings Programs

Some Medicare beneficiaries may qualify for Medicare programs that will assist them in paying for their Medicare costs such as their Part B premiums. Two of the programs are the Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) programs. These programs are based on the individual’s or couple’s income and assets. These amounts can change every year. If you are having problems paying for your Medicare costs, seek the assistance of your SHIP (State Health Insurance Assistance Program). In New Jersey the SHIP number is 1-800-792-8820.

Dentist Enrollment

Dentists who write prescriptions for Part D drugs will have to enroll in Medicare or validly opt out in order for their patients to be covered under their Medicare Part D plans. By enrolling in Medicare, dentists assist the federal government in fighting fraud in the Medicare Part D program. Full enforcement of Part D prescriber enrollment will begin on January 1, 2019. What this means is that Medicare beneficiaries may want to choose a dentist who is enrolled in Medicare so that prescriptions issued by the dentist are covered by their Part D plan. Speak to your dentist. Is he or she enrolled in Medicare? Does he or she plan to enroll?



ASK CHARLES

I am turning 65 in May of 2018. I keep getting mail about enrolling in this or that plan. Can you clarify my choices?

This is a common question for people turning 65 and wanting to enroll in Medicare.

Let's start with the basics. Medicare has four parts. Part A, hospital insurance; Part B, medical insurance (doctors' services, outpatient care, durable medical equipment, etc.); Part C, Medicare Advantage plans; and Part D, Prescription Drug coverage. For this question, I will write only about the most common case: Seniors eligible for Medicare who are turning 65 and have worked at least 10 years in a job that withholds amounts for Medicare coverage. There are many exceptions, but I will not cover them for this question. If you worked 10 years and have received 40 credits you can get Medicare Part A for free. So in this case, you should sign up for Medicare Part A when you first become eligible. For any questions as to whether you have the necessary credits, call Social Security or visit a local office.

If you are still working, i.e. actively employed, with employer coverage, you can delay signing up for Part B if your employer has 20 or more employees. Your employer coverage is primary, so you don't need Part B. Remember, Part B has a monthly premium. Most people now are paying \$134.00. Should you retire or lose your employer coverage, you will need to enroll in Part B because Medicare will become your primary insurer. If your employer has 19 or fewer employees when you are still actively employed, you will need to enroll in Medicare Parts A and B because Medicare will be the primary insurer.

By the way, seniors can enroll in Medicare three months before the month they turn 65, the month of their birthday, and three months after they turn 65. This is known as the Initial Enrollment Period. You should always sign up during the three months before the month of your birthday so that your Medicare coverage begins the month you turn 65. If you are already collecting Social Security benefits, you will be automatically enrolled in Medicare Parts A and B and receive a Medicare card in the mail. You can reject Part B if necessary by following the instructions that will come with the card. If you are not receiving Social Security benefits, you must sign up for Medicare. You can do so online.

Medicare does not pay for everything, and beneficiaries may need additional coverage, whether a Medicare Supplement Plan (known as a Medigap plan), a Part D Prescription Drug Plan or both. Medicare Supplement Plans are sold by letter: A, B, C, D, F, G, K, L, M and N. Every plan of the same letter has the same coverage. They can be sold by many different companies. The only difference is

what each company charges as a premium. Part D drug plans are also sold by private companies approved by Medicare. You should pick a Part D plan based on your drug use and yearly cost, i.e. premium, co-pays and deductibles.

The combination of Parts A and B, a Medicare Supplement Plan and a Part D plan are known as traditional or Original Medicare. As an alternative, a senior can enroll in a Medicare Advantage Plan (MA Plan), known as Part C. These plans are for the most part HMOs (health maintenance organizations) that offer all the coverage of Medicare, but do it through a private organization approved by Medicare. MA Plans have health networks. You usually have to go to a doctor or hospital in the network. If you go outside the network, the plan may not pay or may not pay as much. Many of these MA Plans also have other rules that must be followed for coverage, such as prior authorization for certain tests or having to see a primary care doctor to get a referral to see a medical specialist. You may want to consider an MA Plan, because if you enroll in an MA Plan with drug coverage you don't need (and are not legally able to purchase) a Medicare Supplement Plan or a Part D drug plan. This can save you money, although remember that you may have to pay a co-pay every time you see a doctor in your MA Plan. In some cases, MA plans can have a zero premium because they are subsidized by the federal government. You will still have to pay the Medicare Part B premium. Most people now pay \$134.00 a month for Part B. MA Plans can also offer other benefits, such as eye glasses discounts, hearing aid discounts, dental discounts and free gym membership, which are not covered under Original Medicare.

To determine whether to be in Original Medicare or an MA Plan, ask yourself these questions: Do I want to go to any doctor that accepts Medicare? Do I mind going to only those doctors in an MA Plan? Am I healthy, or do I need to see a doctor or doctors very often? Do I need to see a specialist? Is my current specialist in the MA Plan network?

Some advice may be helpful here. Medicare is very complicated. Always seek the assistance of the State Health Insurance Assistance Program (SHIP). This federally funded program will provide you with unbiased assistance to help you make your decisions. In New Jersey, call the SHIP number at 1-800-792-8820.

STAY CONNECTED

The Senior Medicare Patrol of New Jersey has a new website. You can reach our site at:

seniormedicarepatrolnj.org



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**Serve your community; learn about Medicare by volunteering for
the New Jersey Senior Medicare Patrol**

SMP of New Jersey is currently recruiting Volunteer Community Liaisons to speak to small groups of their peers and help provide Medicare education at community events.

The role of the Community Liaison is to share information that can help others PREVENT, DETECT, and REPORT Medicare fraud, waste, and abuse.

Free Training Available

For more information please contact Michelle Beley-Bianco,
SMP Coordinator of Volunteers, 732-777-1940 or
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SMP - Empowering Seniors to Prevent Medicare Fraud

Senior Medicare Patrol of New Jersey

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