



# ADVOCATE

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## **A BIG THANK YOU TO OUR SMP VOLUNTEERS**

By Charles Clarkson, Project Director  
Senior Medicare Patrol of New Jersey

As the Project Director of the Senior Medicare Patrol of New Jersey, I am fully aware of how important volunteers are to our program. So I wanted to put in writing that without their support, dedication and time, the Senior Medicare Patrol of New Jersey would not be the federal program it is today. Our volunteers spend many hours giving back to their communities by keeping seniors on Medicare from being ripped off by fraudsters and scammers. These volunteers provide a vital link with the senior who might have nowhere else to turn to fight Medicare fraud, waste, and abuse.

If you have been helped by one of our volunteers and wish to show your appreciation, give SMP a call at 732-777-1940. We will then forward your appreciation to the volunteer.

I especially wanted to thank some of our more dedicated volunteers who have gone beyond the call of duty to help the program and Medicare beneficiaries:

Thomas Badger  
Michael Cervine  
Molly Liskow  
Theresa O'Neill

Edward Campell  
Nadira Dahodwala  
Susie O'Brien  
Howard Sontz

Again, to all of our volunteers, a big, big, big thank you.

## **MEDICARE ENROLLMENT PERIODS**

By Charles Clarkson, Project Director  
Senior Medicare Patrol of New Jersey

Medicare is a complicated program. Just ask anyone who is turning 65 and knows that he or she is eligible for Medicare, but has no idea where to start. The person is also being inundated with solicitations and mail from many health insurance companies to enroll in this or that plan. So, in order to bring some semblance of simplicity to this process, as well as to point out the other times that a beneficiary can make changes in Medicare, I am setting out the various enrollment periods in one place and what can be basically done during these periods. I will not cover all possibilities or exceptions. In most cases, a person should seek assistance from a reliable source. In NJ, call the State Health

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Insurance Assistance Program (SHIP) at 1-800-792-8820. Every county in NJ will have SHIP counselors who can help a person make the right choices.

In most cases, a person can enroll in Medicare three months before the month he/she turns 65, the month of his/her birthday, and three months after he/she turns 65. This is known as the Initial Enrollment Period. A person should always sign up during the three months before the month of his/her birthday so that Medicare coverage begins the month the person turns 65. If a person is already collecting Social Security benefits, he/she will be automatically enrolled in Medicare Parts A and B and receive a Medicare card in the mail. A person can reject Part B if necessary by following the instructions that will come with the card. If a person is not receiving Social Security benefits, he/she must sign up for Medicare. You can do so online, on the telephone by calling Social Security, or by visiting a Social Security office.

In general, a person is eligible for Medicare if he/she is turning 65 and has worked at least 10 years in a job that withholds amounts for Medicare coverage. There are exceptions, but I will not go into them for this article. Generally, if a person worked 10 years and has received 40 credits he/she can get Medicare Part A for free. A person should sign up for Medicare Part A when he/she first becomes eligible. If you have any questions as to whether a person has the necessary credits, call Social Security or visit a local office.

If a person is still working, i.e. actively employed, with employer coverage, he/she can delay signing up for Part B if his/her employer has 20 or more employees. A person's employer coverage is then primary, so the person doesn't need Part B. Remember: Part B has a monthly premium. Most people now are paying \$144.60 a month for Part B. Should a person retire or lose employer coverage, he/she will need to enroll in Part B because Medicare will become his/her primary insurer. If a person's employer has 19 or fewer employees when a person is still actively employed, that person will need to enroll in both Medicare Parts A and B because Medicare will be the primary insurer.

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### **Special Enrollment Period**

After your Initial Enrollment Period is over, you may have a chance to sign up for Medicare during a Special Enrollment Period (also known as a SEP). If you didn't sign up for Part B (or Part A if you have to buy it) when you were first eligible because you were covered under a group health plan based on current employment (your own, a spouse's, or a family member's (if you have a disability)), you can sign up for Part A and/or Part B:

- Anytime you're still covered by the employer group health plan.
- During the eight-month period that begins the month after the employment ends or the coverage ends, whichever happens first. Note: even though you have eight months to sign up for Part B, you will need coverage right away, so enroll in Part B immediately when you stop working. This applies even if you will have COBRA or retiree health benefits during this time.

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A word of caution about COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage. COBRA is not considered coverage based on current employment. You aren't eligible for a Special Enrollment Period to sign up for Medicare Part B when COBRA coverage ends. To avoid paying a higher Part B premium, make sure you sign up for Medicare when you're first eligible.

Usually, you don't pay a late enrollment penalty if you sign up during a Special Enrollment Period. This SEP doesn't apply to people who are eligible for Medicare based on End-Stage Renal Disease (ESRD). It also doesn't apply if you're still in your Initial Enrollment Period.

In addition, a person can make changes to his/her Medicare Advantage and Medicare prescription drug coverage when certain events happen in a person's life: If a person moves or a person loses other insurance coverage. Rules about when a person can make changes and the type of changes a person can make are different for each SEP for Medicare Advantage and Part D.

### **General Enrollment Period**

If you didn't sign up for Part A (if you have to buy it) and/or Part B (for which you must pay premiums) during your Initial Enrollment Period, and you don't qualify for a Special Enrollment Period, you can sign up between January 1 and March 31 of each year. Your coverage won't start until July 1 of that year.

Note: If you wait to enroll in Medicare for the first time during a General Enrollment Period you may be subject to late enrollment penalties.

### **Medicare Open Enrollment Period**

Every year there's a Fall Open Enrollment Period when a person can sign up for a Medicare Advantage plan, switch from one Medicare Advantage plan to another, or drop a plan and return to Original Medicare (Part A and Part B). Also called the Annual Election Period (AEP), it runs from October 15 to December 7. A Medicare beneficiary also can change his/her Part D drug prescription plan during this period.

Every Medicare beneficiary should take advantage of this period to review his/her Medicare coverage to see if he/she needs to change coverage. Remember, every year plans can change coverage items, co-pays, premiums and deductibles. It is especially important during this Open Enrollment Period to speak to a SHIP counselor who can help you navigate the many changes to Medicare every year.

### **Medicare Advantage Open Enrollment Period**

The Medicare Advantage Open Enrollment period runs from January 1 to March 31, and allows Medicare Advantage enrollees to either switch to Original Medicare (plus a Part D prescription drug plan if they want one) or switch to a different Medicare Advantage plan. Remember, you must already be in a Medicare Advantage plan on January 1 of the year in question to make use of the Medicare Advantage Open Enrollment Period. Also, if a Medicare beneficiary decides to leave Medicare Advantage and go back to Original Medicare, he/she may not be able to pick up a Medicare Supplement Plan (Medigap) because of his/her health conditions. Don't leave a Medicare Advantage plan without first checking whether you qualify and can enroll in a Medicare Supplement Plan.

### **Part D Election Period (for Error)**

If a person believes he/she made the wrong Part D plan choice because of inaccurate or misleading information, including using Plan Finder, call 1-800-MEDICARE and explain your situation. You may be entitled to this special election period based on error.

### **5-Star Election Period**

Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to plans. A plan can get a rating between 1 and 5 stars. A 5-star rating is considered

excellent. These ratings help a person compare plans based on quality and performance. Medicare updates these ratings each fall for the following year. These ratings can change each year.

If a Medicare Part D or Medicare Advantage plan with a 5-star rating is available in a person's area, a person can use the 5-star Special Enrollment Period (SEP) for a once-a-year opportunity to switch from a person's current Medicare plan to a Medicare plan with the "5-star" quality rating. The 5-star SEP is available to a person at any time during the plan year.

A person can switch to a 5-star Medicare Advantage Plan, Medicare Cost Plan, or Medicare Prescription Drug Plan only once between December 8 and the following November 30.

If a person moves from a Medicare Advantage Plan that includes prescription drug coverage to a stand-alone Medicare Prescription Drug Plan, he or she will be disenrolled from his or her Medicare Advantage Plan. A person can switch to a 5-star Medicare Prescription Drug Plan only if one is available in a person's area.

If a person moves from a Medicare Advantage Plan that has drug coverage to a 5-star Medicare Advantage Plan that doesn't, he/she may lose a person's prescription drug coverage. He/she will then have to wait until the next enrollment opportunity to get drug coverage, and may have to pay a Part D late enrollment penalty.

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### **NORWESCAP and RSVP**

The Senior Medicare Patrol of New Jersey (SMPNJ) works and partners with agencies across the state as part of its mission to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. In this issue we are highlighting the work of NORWESCAP. Meredith Persson, Project Specialist, NORWESCAP Skylands RSVP Volunteer Resource Center, sits on the Advisory Committee of the SMPNJ.

NORWESCAP is the Northwest New Jersey Community Action Partnership, established in 1965 as a Community Action Program or CAP as part of President Lyndon Johnson's Great Society. In the early days, NORWESCAP served the low-income population of Hunterdon, Sussex, and Warren Counties by assisting them in accessing federal programs and resources. Over its 55 year history, NORWESCAP has grown to serve residents of six counties through programs in the areas of education, employment, financial capacity building, health and nutrition, housing and energy services, and volunteerism.

One of the more than 20 programs sponsored by NORWESCAP is RSVP (formerly the Retired and Senior Volunteer Program). RSVP is a federally funded national program from the Corporation for National and Community Service. It is part of Senior Corps, which is a sister program to AmeriCorps. RSVP is one of the largest volunteer efforts in the nation for people 55 and over. It matches older adults who are willing to help with local organizations on the front lines of meeting community needs. RSVP links the skills of the volunteers with the identified needs of the community. Locally, RSVP has approximately 500 volunteers serving in Morris, Sussex, Warren, Hunterdon, and Passaic Counties. Its volunteers perform a variety of services from assisting in preschools, libraries, and hospitals to delivering meals, visiting homebound seniors, and preparing taxes.

In addition to matching volunteers with non-profits in the community, RSVP runs a variety of its own programs with a small staff and the help of many dedicated volunteers. RSVP Signature Programs include:

- SHIP (State Health Insurance Assistance Program), run only in Morris County, provides free and unbiased Medicare counseling to Medicare beneficiaries and their families. This includes community presentations and educational outreach on programs to help low-income beneficiaries pay for their Medicare.
- VITA (Volunteer Income Tax Assistance) run in Morris, Sussex, and Warren Counties, provides free state and federal income tax preparation. Approximately 100 volunteers are trained yearly by the IRS to prepare simple personal returns for seniors, people with disabilities, and low-income families.
- Friendship at Heart, run primarily in Morris County, is made up of three programs to assist seniors and people with disabilities to remain independent in their homes. Telephone Reassurance clients receive daily phone calls from volunteers to check on their well-being and provide social interactions. Friendly Visitor volunteers visit weekly with a homebound person to have a social visit, and Senior Cents volunteers help their clients go through their mail and pay their bills.
- Senior Helpline is a resource available in all five counties to help connect seniors to local services. The helpline is run entirely by volunteers.
- Health and Wellness programs are also offered for older adults and caregivers in all five counties. Programs include Healthy Bones (low-impact exercises for bone health), Matter of Balance (managing concerns about falling), and Chronic Disease Self-Management and its parallel programs Diabetes Self-Management, Cancer Thriving & Surviving, and Stress Busters for Caregivers. These programs are all led by volunteers.

During the COVID-19 pandemic, RSVP staff has been working from home but remaining connected with clients, volunteers, and program participants, to make sure they are safe and secure. Daily phone calls have continued to all Telephone Reassurance clients and weekly visits have become weekly phone calls. NORWESCAP is still receiving phone calls and emails from people who want to volunteer and are matching them with the programs that are still able to safely use volunteers. NORWESCAP has remained open and is still serving the needs of the most vulnerable in our communities. Employees are regularly checking in on clients to make sure their needs are being met, and new clients looking for services are being assisted over the phone or through video conferencing. Many clients have also stepped up to volunteer to assist those who are homebound or unable to go out due to health concerns. We don't know when things will return to normal or what normal will look like, but we know we will be ready to meet those challenges and continue serving our NORWESCAP and RSVP communities.

**WE'RE HERE TO HELP**  
**JFS**  
 Middlesex  
 Jewish Family Services of Middlesex County

**Watch Out for Fraud**

MEDICARE CLAIM NUMBER: 000-00-0000-A  
 HOSPITAL MEDICAL (PART B)  
 DATE: 07-01-1986

**Our Medicare Maven**  
**Charles Clarkson, Esq.**  
 Call today 732-777-1940

New Jersey  
**ASMP**  
 Empowering Seniors To  
 Prevent Healthcare Fraud  
 Senior Medicare Patrol

Jewish Family Services of Middlesex County is the designated agency for New Jersey's Senior Medicare Patrol (SMP). This national program educates Medicare and Medicaid beneficiaries about preventing, detecting and reporting health care fraud. The project Director, our Medicare Maven, Charles Clarkson, Esq. is the person to contact if you have any questions or you feel that in some way you have not been charged fairly for services.

### ASK CHARLES

**I went to the pharmacy to submit a prescription for my medicine. The pharmacist advised me that my Part D plan would not pay for it. What can I do?**

When your Part D prescription drug plan will not pay for your drug, you should receive a notice at the pharmacy titled Medicare Prescription Drug Coverage and Your Rights. This notice provides instructions on filing an exception request with your plan. Note that even though your plan will not pay for the medication, this initial notice is not a formal denial.

Call your plan to find out the reason it is not covering your drug. If your plan made an error, it should correct it. If not, there are a few common reasons a plan may deny payment:

- Prior authorization: You must get prior approval from the plan before it will cover a specific drug
- Step therapy: Your plan requires you try a different or less expensive drug first
- Quantity limits: Your plan covers only a certain amount of a drug over a certain period, such as 30 pills per month
- Not on the formulary: The drug is not on your plan's list of covered drugs, called a formulary

If your plan denied your drug for one of these reasons, ask your doctor to write a letter of support to send to your plan requesting an exception to the plan's rules. This letter should explain why you need the drug and, if possible, how other medications to treat the same condition are dangerous or less effective for you. You should get a decision from the plan within 72 hours. If you need your drug immediately because your health could be seriously harmed by waiting the 72 hours, you or your doctor can request an expedited decision, and you should receive this decision from your plan within 24 hours.

If your plan approves your exception request, your drug should be covered until the end of the current calendar year. If your exception request is denied you can further appeal that denial.

## STAY CONNECTED

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

<http://seniormedicarepatrolnj.org/>



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#MedicareMaven



### **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-NJ Coordinator of Volunteers, 732-777-1940 or  
[michelleb@jfsmiddlesex.org](mailto:michelleb@jfsmiddlesex.org)

*SMP - Empowering Seniors to Prevent Medicare Fraud*

Senior Medicare Patrol of New Jersey

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**Senior Medicare Patrol (SMP) New Jersey is a program of:**  
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