



2012 Medicare Changes Council on Aging Orange County

November 29, 2011

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Agenda

- About the ADRC
- 2012 Medicare Changes
- Council on Aging Programs
- Q & A, Evaluations



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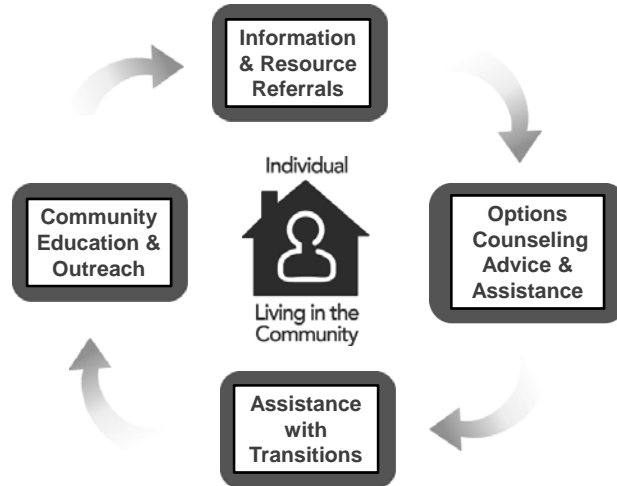
ADRC: Resources for Seniors and People with Disabilities

Debra Kegel,
ADRC Program Specialist
CalOptima



Supported by the California Department of Health and Human Services Agency and
U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services under Grant CFDA 93.779

ADRC OC Program Function



Speakers

- CalOptima Speakers Bureau
 - CalOptima programs, e.g.,
 - ADRC
 - OneCare
 - Medi-Cal
 - PACE
 - Health Care Reform and State Budget
- Dayle McIntosh Center
 - DMC Programs, e.g.,
 - Aging with Vision Loss
 - Mobility Management
 - Vocational services
- Office on Aging SOAR
 - Motivational and Healthy Aging
 - Health/Medication/Insurance
 - Personal and Financial Safety
 - Caregiving
 - End of Life
 - Senior Programs

Accessing Services



Call the County of Orange Office on Aging at 1-800-510-2020
Speak to an Information & Assistance Referral Specialist



Find resources at www.adrcoc.org
The searchable database includes thousands of resources



Visit any of the partner locations:
County of Orange Office on Aging



1300 S. Grand Avenue, Building B, Santa Ana, CA 92705

Dayle McIntosh Center

13272 Garden Grove Boulevard, Garden Grove, CA 92843
24012 Calle De La Plata #110, Laguna Hills, CA 92653



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Medicare Basics and 2012 Update

Presented by HICAP

Health Insurance Counseling & Advocacy Program

Julie Schoen

Corporate Legal Counsel, Director Department of Elder Abuse Prevention
Council on Aging Orange County

HICAP is funded in part by a grant from the California Department of Aging

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HICAP- NO COST Public Service

- Counsel
 - Unbiased Information

- Advocate
 - Appeals and Denials
 - Legal Assistance

- Educate
 - Community Education Seminars

The Medicare Maze



What is Medicare?

- Government Health Insurance Program
 - Est. 1965
 - Age 65 or Older
 - Disabled
 - End-Stage Renal Disease
- No Income Eligibility Requirements
- Covers Most Medical Services
 - Can be Supplemented by Private Companies
 - Does Not Cover Most Long Term Care



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Eligibility for Medicare

- U.S. Citizen or Resident Visa (in U.S. 5 consecutive years)
- Age 65 +; or
- Getting Disability Benefits for at Least 24 Months; or
- Have Kidney Failure, End Stage Renal Disease (ESRD); or
- Approved for Social Security Disability with a Diagnosis of ALS (Lou Gehrig's Disease)



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Medicare Coverage Basics

- Part A – Hospital Insurance
 - Inpatient Hospital or Skilled Nursing Facility
- Part B – Medical Insurance
 - Doctors Services
 - Other Medical Services & Supplies
- Part C – Medicare Advantage
 - Includes Parts A & B (Some Have Part D)
- Part D – Prescription Drug Coverage



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New for 2012

- New Dates to Change Plans
- New Special Enrollment Period
- Continued Help in the Rx Drug Coverage Gap
- Medicare Health and Drug Plan Coverage & Costs
- What You Pay for Medicare



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Your Medicare Card

This is What Your Red, White, and Blue Medicare Card Looks Like

MEDICARE HEALTH INSURANCE

HEALTH CARE FINANCING ADMINISTRATION

NAME OF BENEFICIARY
John Doe

MEDICARE CLAIM NUMBER SEX
000-00-0000 Male

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 07-01-1966
MEDICAL (PART B) 07-01-1966

SIGN HERE *John Doe*

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What Does Medicare Cover?

Part A

- Inpatient Hospital
- Inpatient Skilled Nursing Facility
- Home Health Care
- Hospice Care

Part B

- Doctor Services
- Durable Medical Equipment
- Home Health Care
- X-rays, Lab Services
- Outpatient Services
- Preventive Services

Part D

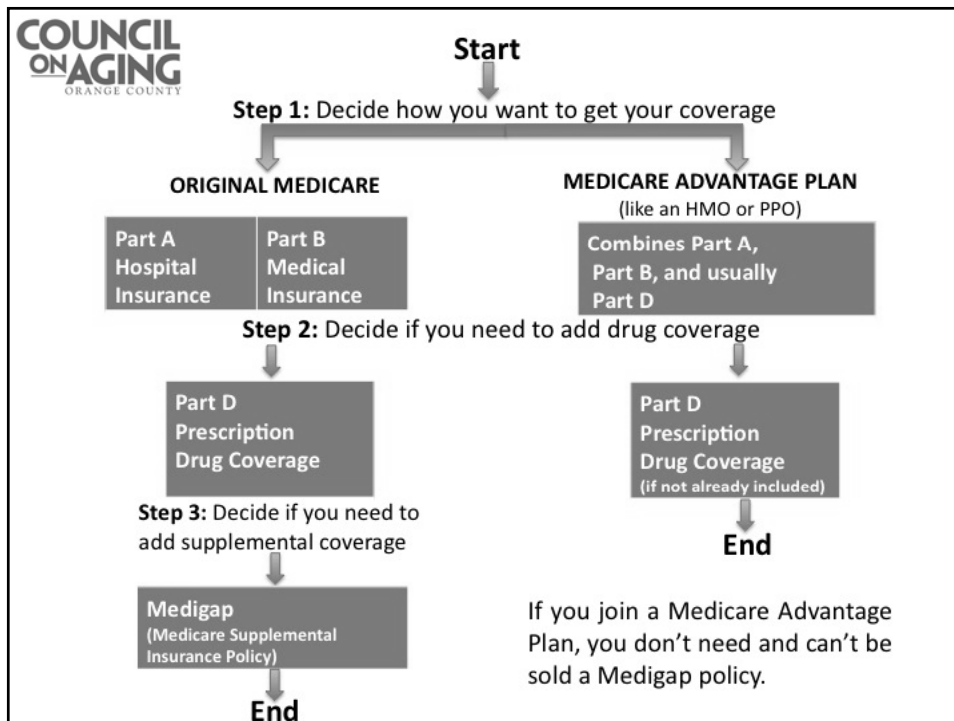
- Rx Medications

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Medicare Does Not Cover

- Routine Dental Care
- Routine Vision Care
- Routine Hearing Care
- Routine Foot Care
- Custodial Care
 - In Home
 - Nursing Home

MEDICARE DOES NOT COVER LONG TERM CARE



Original Medicare: 2012 Premiums, Coinsurance & Deductibles

- Part A: (2012)
 - \$0 Monthly Premium with
 - 40 Social Security Quarters
 - Up to \$451/month with fewer than 40 quarters
 - \$1,156 deductible for hospital stays up to 60 days
 - Additional Costs After 60 days

- Part B: (2012)
 - \$99.90 Monthly Premium
 - \$140 Deductible Per Year
 - 20 % Coinsurance for Most Part B Services



2012 Part B Income Based Premiums

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Total Monthly Premium Amount:	Beneficiaries who are married and file separately with income:	Total Monthly Premium Amount:
Less than or equal to \$85,000	Less than or equal to \$170,000	\$99.90	Less than or equal to \$85,000	\$99.90
\$85,001 - \$107,000	\$170,001 - \$214,000	\$139.90	\$85,001 - \$129,000	\$259.70
\$107,001 - \$160,000	\$214,001 - \$320,000	\$199.80	Above \$129,001	\$319.70
\$160,001 - \$214,000	\$320,001 - \$428,000	\$259.70		
Above \$214,000	Above \$428,000	\$319.70		



Medicare Rx Drug Coverage (Part D)

- 33 PDP's Statewide 2012
- 6 Benchmark Plans Priced at \$30.86
- Proceed With Caution
 - If you already have a Medicare Advantage PDP you do not need an additional plan!



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Medicare Part D Costs 2012 (standard plan)

Out-of-pocket threshold (before reaching catastrophic coverage)		\$4,700 = (\$320 + \$652.50 + \$3,727.50)	
	Drug costs	Beneficiary pays (TrOOP)	Plan pays
Before meeting deductible	0-\$320	100% = \$320	0%
Initial coverage	>\$320-\$2,930	25% = \$652.50	75%
Coverage gap (doughnut hole)	>\$2,930-\$6,657.50	100% = \$3,727.50 minus discounts	0%
Catastrophic coverage	>\$6,657.50	Greater of 5% or \$2.60/\$6.50	95%



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Supplemental Insurance (Medigap)

- Covers “Gaps” in Original Medicare
 - Deductibles, coinsurance, copayments
- Does not work with Medicare Advantage Plans
- Pays Costs After Medicare Pays
- Generally go to any Doctor or Specialist
- Medicare Approved Services Only

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Medicare Advantage Plans (Part C)

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Private Fee-for-Service (PFFS)
- Special Needs Plans (SNP)
- Medical Savings Account (MSA)

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Medicare Advantage *O.C. in 2012*

- 30 - Health Maintenance Organization (HMO)
- 1 - Preferred Provider Organization (PPO)
- 0 - Private Fee-for-Service (PFFS)
- 16 - Special Needs Plans (SNP)
- 0 - Medical Savings Account (MSA)



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How MA Plans Work

- Usually Get all Part A and B Services Through Plan
 - May have to use providers in plan's network
 - Generally must still pay Part B premium
- May Get Extra Benefits
 - Vision, Hearing, Dental services
 - Prescription drug coverage
- Maximum Out of Pocket (MOOP) – Health Reform
 - \$6,700
 - Voluntary MOOP may be lower
- Still in Medicare Program
- Get all Part A and Part B services
- Have Medicare rights and protections



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Medicare & Retiree Coverage

- Every Retiree Plan is Different
 - Contact Your Plan's Benefits Administrator
 - Make a HICAP Appointment for Individualized Counseling
- Things to Keep in Mind
 - Enrolling in a Medicare Advantage Plan or Medicare Part D May Cancel Your Retiree Plan
 - If Retiree Plan is Very Costly Do a Cost Benefit Comparison with Medicare Plans

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Other Coverage

- VETERANS/TRICARE FOR LIFE
 - Contact the Veterans Services Office to Check Eligibility
 - (714) 567-7450
 - www.veterans.ocgov.com

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For More Information and Help

- HICAP
 - 1-800-434-0222 or 714-560-0424
 - www.coaoc.org
- Social Security Administration
 - 1-800-772-1213
- Medicare
 - 1-800-MEDICARE (1-800-633-4227)
 - www.medicare.gov
- Medicare & You 2010 Handbook



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How Can You Report Fraud?

- Simply call the SMP Office at
(855) 613-7080
- We may need
 - Description of the situation
 - Name of provider involved
 - Name(s) of Beneficiary involved
 - Supporting Documentation
 - Medicare Summary Notices etc.



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Fraud Hurts

Patient denied wheelchair.
Medicare paid for one that was never delivered.



Questions



Closing

- Complete Evaluations
- 1/31 on Veterans Benefits, VA Caregiver Support and VA Blind Residential Rehab Services
- Thank you

