

Medicare is confusing.



We make it easier.

Nebraska SHIP

Free, unbiased Medicare
information for Nebraskans

1-800-234-7119
doi.nebraska.gov/shiip

Now offering appointments in Beatrice!

Nebraska SHIIP

The Nebraska SHIIP is rebranding all of our materials to deliver a direct and easy to understand message. This is an example of the message we are currently using to promote our program.

For more questions, contact
alicia.jones@nebraska.gov



2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Nebraska SHIP – Tracking Savings



DO YOU COMPARE?

Medicare Part D Open Enrollment
October 15 - December 7

Last year the Nebraska SHIP helped
Nebraskans **save over \$20 MILLION**
by comparing Part D plans.

Call 1-800-234-7119
to schedule your Part D comparison.

For several years, the Nebraska SHIP has tracked dollars saved through SHIP activities. Grant Year 2018 was our largest recorded savings.

\$25,887,572

in total savings

\$20,517,777 in Part D savings
\$5,610,476 in other savings

For every \$1 we receive in SHIP grant funds, **we save Nebraskans \$64.41.**

For more questions, contact alicia.jones@nebraska.gov

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INDIANA – STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

Need Help with Medicare Costs?

If you make **\$1,950/month** or less, you may **qualify** for HELP with your medical and drug costs.



LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIP is provided by the Administration on Community Living and the Indiana Department of Insurance.

800-452-4800
866-846-0139 TDD
www.Medicare.in.gov

EXTRA HELP MAGAZINE AD

Our ads and flyers focusing on LIS income amounts have increased our application assistance numbers.

SARAHSHIP@THENEWCREATIVE.COM

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INDIANA – STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)



ship state health insurance assistance programs
NATIONAL NETWORK

VOLUNTEER
Help others with their Medicare questions.

LOCAL HELP FOR PEOPLE WITH MEDICARE

State Health Insurance Assistance Program VOLUNTEER OPPORTUNITIES

SHIP offers gratifying volunteer opportunities for hundreds of people across Indiana. We provide services through many channels: seminars, local community training, one-on-one counseling, public speaking, publications, videos and more. SHIP volunteers are called on to assist with questions on Medicare, Medicare Supplements, Medicaid, employer benefit plans, managed care plans, long-term care, help pay for prescriptions and more. Counseling can include an analysis of insurance needs, side-by-side policy comparisons, help with filing claims, and appeals or filling out applications for assistance. SHIP offers its volunteers choices on how they would like to volunteer.

Personal Counseling - Direct discussion with Medicare beneficiaries about their individual situations and may include review of personal information, such as Medicare Summary Notices, billing statements, and other related financial and health documents. This can take place on-site or by phone.

Special Events/Presentations - Educates through presentations, health fairs, and other events geared toward Medicare recipients.

Administrative Support Aide - This role involves such work as copying, filing, data entry, scheduling appointments, and placing phone calls in support of SHIP activities. Volunteers who work in this role do not field questions from the public.

(800) 452-4800 | 866-846-0139 TDD for hearing impaired

www.Medicare.IN.gov

VOLUNTEER OPPORTUNITIES FLYER

We re-focus on
volunteer recruitment
after Open
Enrollment.

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INDIANA – STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)



Indiana State Health Insurance Assistance Program - SHIP ...
Published by Sarah Marcuson-Reimmuth [?] · February 13 ·

Don't like your Advantage Plan so far? Drug prices not what you expected? You have until March 31 to change plans. SHIP counselors can help you look at options. Call us for the closest site near you for help. (800) 452-4800. Always free. Always impartial.

NEW!
**Medicare Advantage
Open Enrollment**
January 1 - March 31




LOCAL HELP FOR PEOPLE WITH MEDICARE

Indiana State Health Insurance Assistance Program - SHIP
Government Organization

[Send Message](#)

AEP SOCIAL MEDIA POST

Our social media exposure has increased over the years.

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INDIANA – STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

OPEN ENROLLMENT SOCIAL MEDIA POST

Graphics like these improve our Facebook posts.



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INDIANA – STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

EXTRA HELP POSTCARD HANDOUT FOR FOOD BANKS AND MARKETS



If your income is less than \$1,900 per month and you have limited assets, you might qualify for help to pay for your Part B monthly premium, co-pays and deductibles and help to pay for prescriptions. Let us help with an application!

To find an Enrollment Center near you, call 1-800-452-4800 or 866-846-0139 TDD or visit www.Medicare.IN.gov.



LOCAL HELP FOR PEOPLE WITH MEDICARE

One of our newer focuses is to have a SHIP presence at food banks and farmers markets.

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NEVADA SMP

EYEGLOSS CLEANING CLOTH

CAR WINDSHIELD SUN SHADE

Wipe Away Medicare Fraud



**Nevada
SMP**
Empowering Seniors To
Prevent Healthcare Fraud
Senior Medicare Patrol

1-888-838-7305

PROTECT your personal information
Learn to **DETECT** potential fraud, errors and abuse
REPORT if you suspect you have been a target



MKILLIAN@ADSD.NV.GOV

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NEVADA SMP

SHRED EVENTS

IN PARTNERSHIP WITH AARP NEVADA



LJPOWERS.CONTRACTOR@ADSD.NV.GOV

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Connecticut CHOICES Program

2019 CT ENROLLMENT GUIDE

GUIDE TO ASSIST SHIP COUNSELORS AND CONSUMERS IN COMPARING MA-PD AND PDP PLAN PRICES AND INFORMATION



Guide to Choosing a Medicare Prescription Drug Plan in Connecticut: Choosing the plan that's right for you

You Have CHOICES



1-800-994-9422

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WHAT ARE CHOICES and SMP?

CHOICES and SMP are administered by the State of Connecticut Department of Rehabilitation Services, State Unit on Aging, in partnership with Connecticut's five Area Agencies on Aging and the Center for Medicare Advocacy, Inc. CHOICES and SMP are funded, in whole or in part, by the grants from the federal Administration for Community Living. Program services are provided at no cost.

CHOICES is Connecticut's State Health Insurance assistance Program (SHIP). The national SHIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits. CHOICES Team Members, staff, in-kind professionals and volunteers, provide the following services:

- **Counseling.** CHOICES is not affiliated with any insurance company, but can assist with plan comparisons and enrollments into Medicare Part D & Medicare Advantage plans. Provide information and plan comparisons for Medicare Supplement (Medigap) plans. Conduct eligibility screenings and provide application assistance for programs such as Medicare Savings Program, Extra Help/Low Income Subsidy, and Medicaid.
- **Outreach and Education.** CHOICES provides Medicare educational presentations to small and large groups throughout the community. Team Members also participate in local outreach events such as Medicare Open Enrollment events, senior fairs, health fairs, and other special events around the state.
- **Training.** CHOICES Regional Coordinators recruit and train Team Members by conducting annual CHOICES New Volunteer Training and CHOICES Update Trainings throughout the year.

SMP is Connecticut's Senior Medicare Patrol Program (SMP). The SMP mission is 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. SMP Team members, trained volunteers and staff, provide the following services:

- **One-on-one counseling and assistance to people on Medicare or their family members and caregivers.** Counselors are available to help read Medicare summary notices, guide people in resolving errors and in suspicious cases, SMP can help beneficiaries to report fraud to the proper authorities.
- **Outreach and Education.** SMP Team members conduct outreach through activities like distributing literature at local health fairs, senior centers, libraries and writing public service announcements for print and media. Presentations are for beneficiaries, caregivers and other concerned citizens. Presentations cover the types of Medicare fraud and abuse that occur and the steps that beneficiaries can take to protect themselves.

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New Medicare cards have been mailed to Connecticut residents. The new cards will help protect your identity because social security numbers have been removed from your card and were replaced with a unique ID number.

Please be wary of scams. Medicare is not making any calls in reference to the new Medicare Cards. If you live in Connecticut, are on Medicare and have not received your card, the Center for Medicare and Medicaid Services recommends one of the following:

1. Sign into MyMedicare.gov to see if your card was mailed. If so, you can print an official card. You will need to create an account, if you don't already have one.
2. Call 1-800-MEDICARE (1-800-633-4227). There might be something that needs to be corrected, such as updating your mailing address.

Even though your Medicare ID number is no longer your social security number, it's important to guard your card. Only share your ID number for purposes of getting your healthcare needs met with doctors and other health care representatives you know are legitimate. Never share your number with someone offering you a free service for your Medicare ID number and be wary of those who call you over the phone.

Should your Medicare number get into the wrong hands contact the Senior Medicare Patrol program at your local Area Agency on Aging at 1-800-994-9422.

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2019 CT ENROLLMENT GUIDE


GUIDE TO ASSIST SHIP COUNSELORS AND CONSUMERS IN COMPARING MA-PD AND PDP PLAN PRICES AND INFORMATION

Medicare Enrollment Periods						
Period	Date	Part A	Part B	Part C	Part D	Explanation
Initial Enrollment (IEP)	3 months before age 65, the month of your 65 th birthday & 3 months following. Consult with CHOICES before considering delaying enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Those eligible for premium free Medicare Part A can enroll outside of their IEP without penalty. Enrollment will be retroactive 6 months up to their 65 th birthday.
Open Enrollment	October 15 - December 7 Changes effective Jan 1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Can enroll or change any Medicare benefits
Special Enrollment (SEP) for Medicare Part B	While working & 8 months after employment ends or after a loss of employer health coverage (whichever comes first). They also have a SEP of 63 days to enroll in Medicare Part D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	For people still working (or their spouses) who are covered by employer health coverage. (Those on Medicare ESRD do not have a SEP).
General Enrollment	Jan 1 - March 31 For premium Part A or Part B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			For those who missed their IEP. The start of benefits is July 1. Premium penalties may apply.
Medicare Advantage Open Enrollment Period	Jan 1, 2019 - March 31, 2019 Must be enrolled in a MA/MA-PD as of January 1 or new Medicare enrollees in a MA plan to the last day of a 3 month enrollment			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Those enrolled in a Medicare Advantage plan can change to another MA/MA-PD plan. Can also return to traditional Medicare & can elect to enroll in a Medicare D plan &/or Medigap policy.
Dual/LIS SEP (On Medicaid, LIS or MSP programs)	One time change each quarter during the first 9 months of the year. SEP starts January 1, April 1 and July 1.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Changes occur the month after the change. Those potentially at risk for misuse of drugs may not be able to make changes.
Other SEPs	Following changes: in/out skilled nursing facility or hospital, geographic move, loss of Medicaid, MSP or LIS, or following a release from incarceration			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contact CHOICES Regional Coordinator to explore other potential SEPs.

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2019 MEDICARE OPEN ENROLLMENT DATES


Dates and deadlines you need to know



OCT. 15, 2018

OPEN ENROLLMENT BEGINS


This is the first day you can enroll for 2019 health coverage.



DEC. 7, 2018

OPEN ENROLLMENT ENDS

This is the last day you can enroll for 2019 health coverage.



JAN. 1, 2019

FIRST DATE COVERAGE CAN START

Even if you enroll in December 2018, your new Medicare plan won't go into effect until Jan. 1, 2019.

MEDICARE OPTIONS

Original Medicare

- Original Medicare include Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)
- Beneficiaries can add Part D (Prescription coverage)
- To help pay out of pocket costs (ex. deductibles and co-insurance) beneficiaries can also add supplement coverage (ex. Medigap policy or coverage from a former employer or union).

Medicare Advantage

- Medicare Advantage is an "all in one" alternative to Original Medicare. Plans include Part A and B and usually Part D.
- Some plans offer extra benefits that Original Medicare doesn't cover, such as vision, hearing and dental.
- Special Needs Plans are available for beneficiaries who meet specific criteria.

THE PURPOSE OF THIS GUIDE IS TO:

1. Help you decide if you should enroll in Medicare Part D Prescription Drug Plan or a Medicare Advantage Plan
2. Provide an overview of the various plan options available to you

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specific chronic or disabling conditions (like diabetes, End-Stage Renal Disease, HIV/AIDS, chronic heart failure, or dementia). In 2019, CT has:

- o 5 Medicare-approved SNPs for dual-eligible beneficiaries
- o 2 Medicare-approved SNPs for beneficiaries who reside in an institution or require nursing care at home.
- o 1 Medicare-approved SNP for beneficiaries who have certain chronic or disabling conditions

WHY SHOULD YOU ENROLL IN A MEDICARE PRESCRIPTION DRUG PLAN?

You should consider enrolling in a Medicare prescription drug plan if you don't have any prescription drug coverage, or if the coverage you have isn't creditable ("as good as" or "better than") Medicare's prescription drug coverage. For most people, enrollment is voluntary; however, if you don't enroll when you're first eligible, you could be assessed a "Late Enrollment Penalty" of 1% of the national base beneficiary premium (\$33.19 in 2019) for every month you were without creditable coverage if and when you decide to enroll in the future. This penalty includes a higher monthly premium and a delay in coverage, since enrollment would be limited to the "open enrollment period".

- If your existing drug coverage is creditable, then you may not want to join a Medicare prescription plan. As long as you have creditable drug coverage you will not be penalized for not enrolling in a Medicare prescription plan. Contact your plan administrator to inquire if your current drug coverage is considered "creditable".
- If cost is a concern, you may be eligible for programs that help with the cost of Medicare and Medicare prescription coverage. Effective March 1, 2018, an individual with a monthly income of \$2,489.52/month or a couple with a combined income of \$3,375.12/month may qualify for the Medicare Savings Program, which will help pay Part B premiums, and in some cases may also help with other cost sharing (co-pays, co-insurance and deductibles). Beneficiaries enrolled in the Medicare Savings Program are automatically enrolled into the Extra Help/Low Income Subsidy program. Extra Help pays the Part D deductible; some or the entire monthly Medicare Part D premium; lowers the prescription co-pays for medications on your plan's formulary; \$3.40 for generic medications and \$8.50 for brand drugs; and eliminates any coverage gaps, also known as the "donut hole". In addition, beneficiaries with Extra Help have a special enrollment period to make plan changes each quarter of the calendar year, if needed.

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GUIDE TO ASSIST SHIP COUNSELORS AND CONSUMERS IN COMPARING MA-PD AND PDP PLAN PRICES AND INFORMATION

ABOUT THE PLANS

- Everyone who has Medicare Part A and/or Part B has the opportunity to change their Medicare Rx plan or join the program for the first time during the annual Open Enrollment Period (October 15th – December 7th).
- Each plan has its own monthly premium, deductible, and co-pay structure for the medications it covers.
- Some plans offer reduced prices if you use mail order or network pharmacies.
- Each plan offers its own selection of drugs it will cover, called a “formulary”. If a medication is not on the plan’s formulary it is a “non-formulary” drug and you will be responsible for the full cost of the medication, even if you have other medical benefits such as Medicaid. It’s important to select your plan carefully; your coverage will be limited to the drugs on your chosen plan’s formulary. To ensure you get the most out of your Medicare prescription plan coverage, it is important to know your medications and find the plan that will best cover your individual prescription needs! Your costs could be lowered by using a preferred pharmacy, if one is offered by the plan.
- Plans may have restrictions on certain medications such as Quantity Limits, Step Therapy or Prior Authorization. These restrictions may affect how your medications are covered and should be a consideration when reviewing your plan options for the following year.
- Anyone on Extra Help, Medicare Savings Program (QMB, SLMB, ALMB), or Medicaid, is automatically enrolled in a randomly selected prescription standard “benchmark” drug plan if he/she does not have prescription coverage already. There is no guarantee that all of your medications will be covered by the randomly selected benchmark plan. To avoid being responsible for the full cost of uncovered medications, CHOICES strongly recommends that you review your current prescription drug plan to ensure you are enrolled in the plan that best covers your medication needs. As a recipient of the above assistance programs, you are also entitled to a Special Enrollment Period (SEP) that allows you to change your PDP or MAPD plan on a quarterly basis throughout the calendar year.
- Individuals who are eligible for Extra Help and are awaiting their assignment to a prescription drug plan can be enrolled immediately into a temporary prescription drug plan, called LINET, at their pharmacy by showing “best available evidence” that they have Extra Help. The letter you received from the Department of Social Services

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informing you of your Medicare Savings Program coverage is best available evidence. LINET is premium free and there no formulary drug restrictions. Individuals on the LINET program will be auto-enrolled into a Medicare Part D plan within two months if they have not selected one for themselves.

STEPS TO HELP YOU CHOOSE A PLAN

If you are taking medications, it is in your best interest to find a plan that will provide you with the best coverage for the lowest cost.

The Federal website, www.Medicare.gov, has an online tool called the “Plan Finder” that sorts the plans by the lowest annual cost and allows you to make a side by side comparison of three plans of your choosing. You will also be able to enter the name of two pharmacies, and up to 25 medications to see which plans best cover the medications you currently take. You can also use the “Plan Finder” tool to enroll in the plan online.

- Step 1 If you have existing prescription insurance, find out if it’s “creditable”. (Your insurance company **must** send you this information before October 15.)
- Step 2 Make a list of all the prescription drugs you take. Write the name exactly as it appears on your prescription bottle. If you are taking a brand name medication, you want to be sure the screen includes the brand name drug and not the generic version (note: you can discuss with your prescribing physician the possibility of taking generic medications, which may provide some cost savings to you). Be sure to include the dosage you take and the quantity you get each month.
- Step 3 If costs are a concern, find out if you qualify for Extra Help or a Medicare Savings Program. If you do, you may save money on premiums, deductibles, and co-pays. If you have Medicaid (Title 19) or a Medicare Savings Program (QMB, SLMB or ALMB), you automatically qualify for Extra Help.
- Step 4 Think about what features or benefits are most important to you in a prescription drug plan. For example: Can you take generic drugs or do you need a brand name? Do you spend part of the year outside Connecticut and need a national plan? Do you take only a few low-cost medications? If so, a less expensive plan may be adequate. Do you take many or costly medications? If so, maybe an enhanced plan would better suit your needs and be well worth the additional premium dollars.
- Step 5 Finally, don’t be afraid to ask questions to find the best plan for your needs. Questions to consider:

- How much is the monthly premium?

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The notice must list the plan’s website, the date the documents will be available on the website, and a phone number to request hard copies of the EOC, plan provider directories and/or plan formularies.

- Medicare & You Handbook is sent by The Centers for Medicare and Medicaid Services (CMS) in late September to current enrollees. This handbook contains lots of useful information about when Medicare covers certain services, including preventive care, medical equipment and supplies and much more. If you don’t receive one by the second week in October, call 1-800-Medicare to get another copy with your state’s specific plan information, or go to www.Medicare.gov to view the general information online.
- Notice of Plan Termination/Reassignment Notice. If your Medicare Part D or Extra Help plan will no longer be available in the upcoming year, CMS will send you a blue notification. You will have the option of selecting a new drug plan for the upcoming year or you will be reassigned to one by CMS. Your decision must be made before December 31st.

If you haven’t already done so, consider creating a myMedicare.gov account to receive all notices via email. In addition, call your plan to learn about their paperless options. You can find their customer service phone number on your insurance card. *Source for important information about Notices: MyMedicare.com: National Council on Aging*

NEW COVERAGE LIMITATIONS FOR AT-RISK BENEFICIARIES

In April 2018, under the Comprehensive Addiction & Recovery Act (CARA), CMS issued regulations that establish a framework for Medicare prescription drug plans to use to identify beneficiaries who are at-risk of misusing frequently abused drugs and to manage utilization. Plans will identify at-risk beneficiaries based on their opioid use. Beneficiaries with certain medical conditions are exempt from review for potential opioid abuse. When a plan determines that an enrollee is at-risk for opioid misuse, a variety of steps will be taken to address the concerns. Some examples include: 1) case management, 2) a “lock-in” with selected prescribers or network pharmacies, 3) point-of-sale edits at the pharmacy that limit supply amounts, or 4) prohibit at-risk Low Income Subsidy beneficiaries from using the Special Enrollment Period to change plans. Limitations can only be imposed after the plan notifies the beneficiary of their at-risk status. Beneficiaries can appeal an at-risk determination, if they believe their plan has made a mistake. These new procedures take effect on January 1, 2019.

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GUIDE TO ASSIST SHIP COUNSELORS AND CONSUMERS IN COMPARING MA-PD AND PDP PLAN PRICES AND INFORMATION

2019 Connecticut Medicare Part D Prescription Drug Plans (PDP)

Plan information contained in the charts below are from Medicare. Contact plans directly for more details.

PLAN NAME (ID)	NATIONAL PDP	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	EXTRA COVERAGE IN THE GAP	BENEFIT TYPE
Aetna Medicare (\$5768) www.aetnamedicare.com/valueplus Phone: 1-833-856-5680						
Aetna Medicare Rx Value Plus (126)	Yes	\$58.80	\$0	\$22.60	Yes	Enhanced
Aetna Medicare (\$5810) www.aetnamedicare.com Phone: 1-833-856-5680						
Aetna Medicare Rx Saver (036)	Yes	\$33.20	\$300 some tiers	\$0	No	Basic
Aetna Medicare Rx Select (276)	Yes	\$17.20	\$385 some tiers	\$4.80	Yes	Enhanced
Anthem Blue Cross and Blue Shield (\$2893) www.rxmedicareplans.com Phone: 1-877-479-2227						
Blue MedicareRx Premier (003)	No	\$127.90	\$0	\$91.70	Yes	Enhanced
Blue MedicareRx Value Plus (001)	No	\$37.80	\$350 some tiers	\$1.60	No	Basic
Cigna-HealthSpring RX (\$5617) www.cignahealthspring.com Phone: 1-800-735-1459						
Cigna-HealthSpring Rx Secure (008)	Yes	\$54.70	\$415	\$18.50	No	Basic
Cigna-HealthSpring Rx Secure Essential (281)	Yes	\$21.80	\$415 some tiers	\$7.70	No	Enhanced
Cigna-HealthSpring Rx Secure-Extra (247)	Yes	\$52.40	\$100 some tiers	\$16.20	Yes	Enhanced

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2019 Connecticut Medicare Advantage Prescription Drug Plans (MA-PD)

Plan information contained in the charts below are from Medicare. Contact plans directly for more details.

PLAN NAME - TYPE (ID)	SERVICE AREA	MONTHLY PREMIUM	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA COVERAGE IN THE GAP	IN-NETWORK MAX OUT OF POCKET LIMITS	PLAN/BENEFIT TYPE
Anthem Blue Cross and Blue Shield (H5854) www.anthem.com/shop Phone: 1-844-364-2128							
Anthem MediBlue Extra (011)	Connecticut	\$36.20 \$0 H \$36.20 Rx	\$0	\$415 some tiers	Yes	\$6,700	HMO/Enhanced
Anthem MediBlue Plus (007)	Hartford County	\$24 \$0 H \$24 Rx	\$0	\$415 some tiers	Yes	\$6,700	HMO/Enhanced
Anthem MediBlue Plus (009)	Fairfield, Litchfield, Middlesex, New Haven, & Windham Counties	\$34 \$0 H \$34 Rx	\$0	\$380 some tiers	Yes	\$6,700	HMO/Enhanced
Anthem MediBlue Select (010)	All Counties except New London & Tolland Counties	\$0	\$0	\$275 some tiers	Yes	\$6,700	HMO/Enhanced
CarePartners of Connecticut (H5273) www.carepartnersct.com Phone: 1-833-270-2728							
CareAdvantage Preferred (001)	All Counties except Fairfield & Middlesex Counties	\$0	\$0	\$200 some tiers	No	\$5,900	HMO/Enhanced
CareAdvantage Premier (003)	All Counties except Fairfield & Middlesex Counties	\$89 \$64.30 H \$24.70 Rx	\$0	\$0	No	\$3,700	HMO/Enhanced
CareAdvantage Prime (002)	All Counties except Fairfield & Middlesex Counties	\$29 \$2.80 H \$26.20 Rx	\$0	\$150 some tiers	No	\$4,900	HMO/Enhanced

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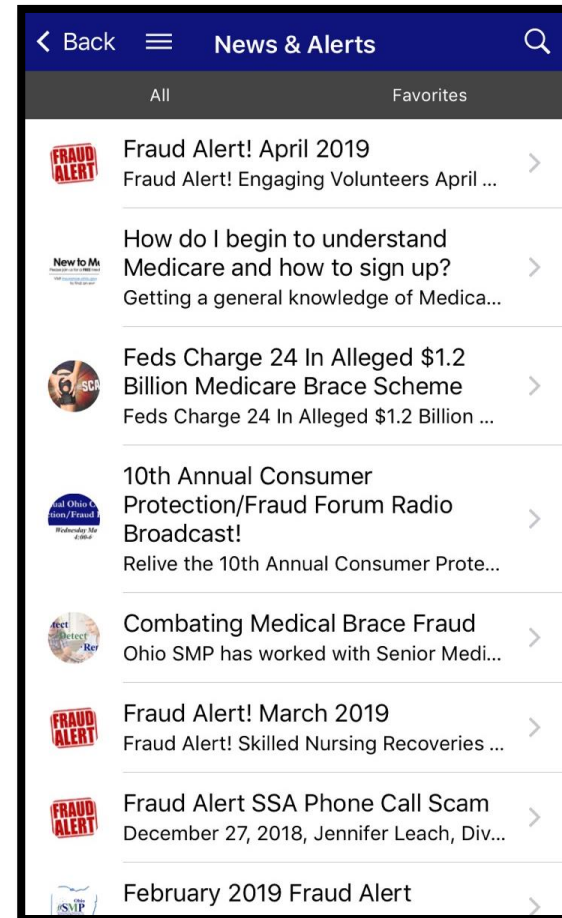
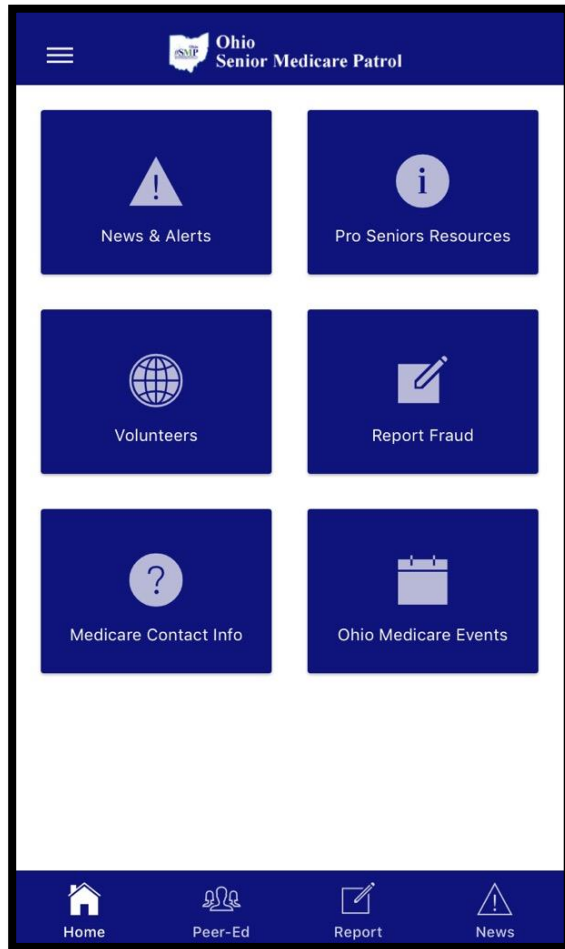
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Ohio SMP

HELPING KEEP MEDICARE BENEFICIARIES AND THEIR FAMILIES SAFE FROM MEDICARE FRAUD

OHIO SMP APP



GLARSON@PROSENIORS.ORG

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Nebraska SHIP

MEDICARE MINUTE & BINGO

PROMOTES MEDICARE KNOWLEDGE AND
FRAUD AWARENESS IN A FUN EASY
ACTIVITY!

Nebraska SHIP Presents

Medicare Minute

&

Medicare



Join us for a Medicare Minute followed by a quick game of
Medicare BINGO!

Medicare Bingo

EOB	Part D	OK to be RUDE	MSN	Detect
Formulary	Don't Respond	Hang UP!	\$185.00	Verify Meds
Deductible	Part C		Standard Pharmacy	Protect
SHRED	Donut Hole	MBI	Supplements	Extra Help
Preferred Pharmacy	Premium	Drug Tier	Co-pay	Exception Request

myfreebingocards.com

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Arizona SHIP & SMP

SMP FRAUD ALERT FLIER



DEPARTMENT OF
ECONOMIC SECURITY
Division of Aging and Adult Services

**SENIOR MEDICARE PATROL
(SMP) FRAUD ALERT**
Genetic Testing

Arizona
SMP
Empowering Seniors To
Prevent Healthcare Fraud

CABRAMS@AZDES.GOV

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Idaho SHIBA (SHIP)

SHIBA GENERAL PROGRAM
BROCHURE

INFORMATION ABOUT SHIBA/SHIP
PROGRAMS AND SERVICES IN IDAHO



The brochure cover features a blue header with 'Contact Us' on the left and 'free Medicare Information' on the right. A map of Idaho is shown with three regions highlighted. The SHIBA logo is prominently displayed in the center, with the text 'Senior Health Insurance Benefits Advisors' below it. A photograph of a smiling couple is in the upper right, and a photograph of an older man in a hat is in the lower right. The text 'Free, Unbiased Medicare Information for Idaho' is centered. At the bottom, there is a 'Central Office' address and phone number, and a logo for the State of Idaho and the Statewide Medicare Program (SMP).

Contact Us

free Medicare Information

Idaho Department of Insurance

SHIBA REGION 1
2055 Central Parkway
Boise, ID 83721
Phone: (208) 343-4422
1-800-247-4422

SHIBA REGION 2
700 W. State Street
Boise, ID 83721
1-800-247-4422

SHIBA REGION 3
2055 Central Parkway
Boise, ID 83721
Phone: (208) 343-4422
1-800-247-4422

SHIBA
Senior Health Insurance
Benefits Advisors

Free, Unbiased Medicare
Information for Idaho

SHIBA is a free, unbiased resource
explaining Medicare, through
community volunteers and partners,
to make informed decisions about
their Medicare choices.

1-800-247-4422
SHIBA.idaho.gov

Central Office
700 W. State Street
Boise, ID 83721
1-800-247-4422

About Us **Get Help** **Give Help**

IDAHOSHIBA@DOI.IDAHO.GOV

2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Idaho SHIBA (SHIP)

SHIBA RACK CARD

BRIEF ONE PAGE OVERVIEW OF IDAHO SHIBA PROGRAM AND SERVICES



Questions
About Medicare?



SHIBA has answers!

We can help you make informed decisions about your health insurance. Our service is **free.**

SHIBA
Senior Health Insurance Benefits Advisors



Get FREE and Unbiased help from SHIBA Today!

We can help you:

- Learn how to get started with Medicare successfully.
- Identify your best options if you are under 65 and eligible for Medicare.
- Answer your questions about financial assistance programs.
- Choose the best Medicare health and drug plan for your needs.
- Review and understand confusing medical bills.
- Understand your preventive and wellness benefits.
- Become a **SHIBA** Volunteer and Certified Medicare Counselor.

Call SHIBA **today!**

1-800-247-4422
SHIBA.idaho.gov

SHIBA
Senior Health Insurance Benefits Advisors

In partnership with
ICOA **IDAHO** **SHIP**

Produced with grant funds from the Administration for Community Living. 2.18

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Idaho SHIBA (SHIP)

2019 IDAHO SHOPPER'S GUIDE
CONSUMER GUIDE TO MEDICARE

ANNUAL IDAHO-SPECIFIC INFORMATION
INCLUDING MAPD/PDP PLANS, MEDIGAP,
DENTAL INSURANCE, ETC.



2019 Idaho Shopper's Guide
Consumer Guide to Medicare

Idaho Resources for:

- ✓ Medicare Advantage
- ✓ Medigap/Medicare Supplement
- ✓ Medicare Prescription Drug Plans/Part D
- ✓ Long-Term Care Insurance
- ✓ Dental Insurance

1-800-247-4422
SHIBA.idaho.gov

SHIBA 

Senior Health Insurance Benefits Advisors (SHIBA)
A free service of the Idaho Department of Insurance

IDAHOSHIBA@DOI.IDAHO.GOV

2019 SMP/SHIP National Conference

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Idaho SHIBA (SHIP)

2019 SAVE MONEY BROCHURE

INFORMATION ON LIS/MSPS INCLUDING INCOME/ASSET TESTS AND PROGRAM BENEFITS

How to Apply

Extra Help is managed by the federal Social Security Administration.

Three Easy Ways to Apply!

- Apply online at www.socialsecurity.gov
- Visit a local Social Security office or call Social Security at 1-800-772-1213
- Call SHIBA at 1-800-247-4422

When you file an application for "Extra Help", you can also initiate an application for the Medicare Savings Programs (see below). Idaho Department of Health and Welfare will contact you to help you finish the application.

Medicare Savings Programs

are administered by the State of Idaho.

To Apply:
Call Health and Welfare at 1-877-456-1233 to apply or visit a Health and Welfare office.

Please note, you may be asked to provide ID and information verifying your income and assets when applying for this benefit.

Remember:

The only way to know if you are eligible is to apply!

After You Qualify

Save Money
on your Medicare Expenses

Using Extra Help Drug Coverage

You must have a Part D plan to use "Extra Help". However, if you are not yet enrolled in a Medicare Prescription Drug Plan or a Medicare Advantage Plan with drug coverage, you can still apply for and use "Extra Help" to obtain prescriptions right away. The Humana LI-NET Program will be your temporary plan until your Medicare plan starts. You or your pharmacy can call the LI-NET Program at 1-800-783-1307 for coverage information, or call SHIBA for assistance.



Senior Health Insurance
Benefits Advisors

2019

About Senior Health Insurance Benefits Advisors (SHIBA)

SHIBA is part of a nationwide organization of State Health Insurance Assistance Programs (SHIP). SHIBA supports and trains a network of local counselors who help Medicare recipients access benefits and receive the care they need.

Call SHIBA today!
1-800-247-4422
SHIBA.idaho.gov

3162_LIS_Bro_03.19



Apply for "Extra Help" and Medicare Savings Programs.



Produced with grant funds from the Administration for Community Living

The Programs

"Extra Help" is a federal program that helps with Medicare Part D (prescription drug) costs. This Limited Income Asset Subsidy:

- ☑ Eliminates most "donut hole" costs
- ☑ Reduces your plan's monthly premium, often to \$0
- ☑ Cuts the yearly deductible, often to \$0
- ☑ Greatly reduces pharmacy copays, even on expensive medications
- ☑ Allows you to change your plan once per quarter during the first nine (9) months of the year

Medicare Savings Programs

are state implemented programs that:

- ☑ Help pay some Medicare Part A and Part B costs AND
- ☑ Automatically qualify you for "Extra Help" paying for Medicare prescription drug coverage
- ☑ Offer varying amounts of assistance that you can qualify for depending on your income and assets



Am I Eligible? 2019 Income and Asset Limits¹

Updated 03/2019

¹These limits are guidelines. The only way to know if you qualify, for sure, is to apply.

Extra Help Program	Family Size	Monthly Income	Assets*	Your Subsidized Drug Plan Benefit
Extra Help Full Subsidy	Individual	\$1,426	\$9,230	Low or \$0 premium; \$0 deductible; \$3.40 - \$8.50 copay; Most "donut hole" costs eliminated.
	Married Couple	\$1,923	\$14,600	
Extra Help Partial Subsidy	Individual	\$1,581	\$14,390	25-75% premium reduction; \$85 annual deductible; 15% copay; Most "donut hole" costs eliminated.
	Married Couple	\$2,134	\$28,720	

* Assets include money in bank accounts, stocks, bonds, and real estate. Your home, one car, and personal possessions won't be counted. There may be other exceptions. Complete an application to find out if you qualify.

** Married couples can choose to have their income and assets counted under the Community Property Method. With this method one spouse may qualify as an individual for a Medicare Savings Program.

Medicare Savings Programs	Family Size**	Monthly Income	Assets*	Helps You With
Qualified Medicare Beneficiary (QMB)	Individual	\$1,061	\$7,730	Part A and Part B premiums, deductibles and copays.
	Married Couple	\$1,430	\$11,600	Extra Help Full Subsidy
Specified Low Income Medicare Beneficiary (SLMB)	Individual	\$1,269	\$7,730	Part B premium
	Married Couple	\$1,711	\$11,600	Extra Help Full Subsidy
Qualifying Individual (QI)	Individual	\$1,426	\$7,730	Part B premium
	Married Couple	\$1,923	\$11,600	Extra Help Full Subsidy

- Medicare eligible individuals under 65 with a higher monthly income who are working may qualify for the Workers With Disabilities (WWD) and/or Qualified Disabled Working Individuals (QDWI) programs.
- Other programs are available for Home Based Community Services and Nursing Home Assistance. Speak to your nearest Idaho Department of Health & Welfare Office about eligibility requirements.
- There is no estate recovery for Medicare Savings Programs.

Call: 1-800-247-4422

SHIBA.idaho.gov

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Idaho SHIBA (SHIP)



SHIBA can help

Medicare Options
If you're under 65

About Senior Health Insurance Benefits Advisors (SHIBA)

SHIBA is part of the nationwide network of Medicare State Health Insurance Assistance Programs (SHIP). SHIBA trains and supports a network of local counselors who help Medicare recipients understand and access benefits throughout Idaho communities.

Become a SHIBA Certified Counselor and help others

SHIBA volunteer counselors receive extensive initial and ongoing training to become Medicare experts.

Learn about the SHIBA Volunteer Training Program or to fill out an application, visit shibaidaho.org or call 1-800-247-4422.

Idaho SHIBA is a service of the State of Idaho Department of Insurance

700 W. State Street
Boise, ID 83720
shibaidaho.org

Find us and like us on Facebook at Idaho SHIBA

1-800-247-4422
SHIBA.idaho.gov

Medicare... and what you need to know

Logos for Medicare, SHIP, and SMP are visible at the bottom of the brochure.

SHIBA UNDER 65 MEDICARE OPTIONS BROCHURE

INFORMATION ABOUT MEDICARE OPTIONS FOR UNDER 65 IN IDAHO

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SHIBA VOLUNTEER RECRUITMENT BROCHURE

INFORMATION ABOUT
VOLUNTEERING WITH SHIBA

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Have Questions?
En tus propios términos.

Medicare Options

Free, Unbiased Medicare Information for Idaho
Información gratuita e imparcial de Medicare

SHIBA
Senior Health Insurance Benefits Advisors

1-800-247-4422
SHIBA.idaho.gov

Medicare... assistance that works with you... para usted

SHIBA BILINGUAL
BROCHURE (ENGLISH
AND SPANISH)

INFORMATION ABOUT
SHIBA PROGRAM SERVICES
WRITTEN IN ENGLISH AND
SPANISH IN ONE
BROCHURE!

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Idaho SHIBA (SHIP)

NEWSPAPER AD

Let us help you!

Free, Unbiased Medicare Counseling

Call SHIBA

Senior Health Insurance Benefits Advisors (SHIBA)
A service of the Idaho Department of Insurance

- ✓ Understand your Medicare preventive & wellness benefits
- ✓ Extra Help & Part D assistance
- ✓ Workshops & individual counseling

1-800-247-4422

SHIBA.idaho.gov



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Idaho SHIBA (SHIP)

SHIBA DIRECT MAIL POSTCARDS

PROMOTE LIS/MSP AND OPEN ENROLLMENT



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WYOMING SMP

FLYERS

IN OUR RURAL STATE, WE STILL SEE THE BEST RESULTS FROM PHYSICALLY POSTING FLYERS IN COMMUNITIES WHERE THE ONLY PLACE TO READ ABOUT LOCAL EVENTS IS ON THE COMMUNITY BULLETIN BOARD.

A collage of flyers from the Wyoming Senior Medicare Patrol (SMP). The flyers include:

- WE WANT YOU VOLUNTEER NOW**: A flyer with a hand icon and text: "Medicare lost a chunk of change last year." It provides contact information for the Wyoming Senior Medicare Patrol: (800) 856-4398, 106 West Adams, Riverton WY 82501.
- DO YOU HAVE MEDICARE?**: A flyer with a cartoon fish and text: "Don't fall for it, George! FREE WORMS". It includes a "DON'T" list: "Carry your Social Security or Medicare cards with you unless you know anyone who comes to your door or calls you for services or supplies (or ANYTHING else) in your home." It also lists phone numbers for the Wyoming Senior Medicare Patrol (SMP) in Riverton, Casper, and Cheyenne.
- ARE YOU CONFUSED ABOUT MEDICAL BILLS? CALL THE WYOMING SENIOR MEDICARE PATROL!**: A flyer with a cartoon character holding a sign and text: "WE CAN HELP! If you have original Medicare AND a supplemental plan (or Medicaid) which pays your co-pays and deductibles, you should rarely receive bills from providers." It lists phone numbers for the Wyoming Senior Medicare Patrol (SMP) in Riverton, Casper, and Cheyenne.
- BILLING ERRORS HAPPEN!**: A flyer with text: "Did you receive a medical bill that is not clear? Instead of reaching for your checkbook, reach for your phone. Call the Wyoming Senior Medicare Patrol (SMP) at: (800) 856-4398 (Riverton), (877) 834-1006 (Casper), (877) 834-1005 (Cheyenne)." It also states: "The Wyoming SMP can contact Medicare about denied claims, reach out to providers about billing errors, and report potential Medicare/Medicaid fraud or abuse. All services are provided FREE OF CHARGE."

SMPMGR@WYOMING.COM

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ARKANSAS SMP

“BOOTS ON THE GROUND” TROPHY



Presented to the Volunteer/Volunteer Group who meets the challenge of the quarter. This was given to the team who held the most SMP Fraud Bingo's . These challenges are meant to improve comradery, retention and stir some excitement through friendly competition! This BOOT trophy is transferred quarterly to the next challenge winner.

DARWINA.EDWARDS@DHS.ARKANSAS.GOV



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Illinois Senior Medicare Patrol

GENETIC TESTING TIP SHEET



Genetic Testing is Never Free

- **Here is how the scam works:** You attend a health fair or presentation where people offer "free" genetic testing/screenings for cancer and/or other diseases. Then they take your Medicare number.
- What the business will do next is charge your Medicare account for the genetic testing services. You may or may not receive your test results, but if you read your MSN, you will see Medicare is charged a large amount of money for something you were told was "free."
- Always work with your doctor. If you need genetic testing, your doctor can order it for you and talk about the results with you.
- If you've received genetic testing paid for by Medicare at a fair or presentation or **notice something suspicious on your Medicare Summary Notice (MSN)**, please contact the Illinois Senior Medicare Patrol at AgeOptions at (800)699-6043.

Illinois SMP at AgeOptions
at (800)699-6043.



Protect, Detect and Report

Follow the SMP message to help prevent Medicare fraud.

- Do not give out your Medicare number or Social Security number. Be cautious of unsolicited requests for your Medicare or Social Security numbers. If your personal information is compromised, it may be used in other fraud schemes.
- Do not consent to any lab tests at senior centers, health fairs, or in your home. Be suspicious of anyone claiming that genetic tests and cancer screenings are at no cost to you.
- Genetic tests and cancer screenings must be medically necessary and ordered by your doctor to be covered by Medicare. Random genetic testing and cancer screenings are not covered by Medicare. If you are interested in the test, speak with your doctor.
- Monitor your Medicare Summary Notice to see if there are any services you did not have or did not want but were billed for. Medicare Summary Notices are sent every three months if you get any services or medical supplies during that 3-month period.

If you notice something suspicious on your MSN, please contact the Illinois Senior Medicare Patrol at AgeOptions at (800)699-6043.

This project was supported, in part by grant number 90MPPG0036, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C., 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

EMAIL TRAVIS.TROMITCH@AGEOPTIONS.ORG FOR MORE INFORMATION

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Durable Medical Equipment (DME)

Make sure that Medicare will cover it!



What is DME?

Walkers, wheelchairs, hospital beds, and back/knee braces are some examples of DME. DME is mainly used in the home.



If you need DME, you and your doctor can make that decision. They know your health needs.

Talk to your doctor first!



A prescription is mandatory!

Your Medicare-enrolled doctor will write an order for DME when it is medically necessary for you.



Only a Medicare-approved supplier can bill Medicare.

To find a supplier call 1-800-MEDICARE



Does it fit you properly?

Some DME must be sized so it will work best for you and fit in your home.



DME usually has a copayment. Be careful of taking "free" DME.

DME is not free.



Be cautious of scammers!

Do not give your Medicare number to someone you do not know, especially over the phone.



Read your Medicare Summary Notice and look for services and supplies you did not receive.

Look for fraud.



Call Illinois SMP (800)699-9043

Call the Illinois SMP to report potential Medicare fraud.



Call SMP at AgeOptions (800)699-9043



Illinois SMP

DME TIP SHEET

TRAVIS.TRUMITCH@AGEOPTIONS.ORG

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Montana SMP

30 SEC RADIO & TV PSA'S

YOU CAN CUSTOMIZE TO YOUR STATE!

- **End tag can be altered to any state SMP** for cost of \$500
- Uploaded into Resource Library with contact information for Backtrack Films to edit
- Goes with Montana SMP's "Understanding the MSN board" and "Understanding Medicare video series" for education and recruitment, also found in Resource Library



EMAIL RLABRIE@MISSOULAAGINGSERVICES.ORG FOR MORE INFORMATION

2019 SMP/SHIP National Conference

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Florida SHINE Program

DIGITAL/PRINT MEDIA CAMPAIGN

STATEWIDE 67 COUNTIES, DIGITAL/PRINT
BILLBOARDS, MALL KIOSKS, AND BUS STATIONS

CONFIDENTIAL

SHINE FLORIDA SHIP - SMP
Department of Elder Affairs

Department of
ELDER AFFAIRS
STATE OF FLORIDA

Medicare Costs too High?
Help may be available

FLORIDASHINE.ORG

Public Service Provided by the Florida Outdoor Advertising Association

CHANSLERA@ELDERAFFAIRS.ORG

2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Florida SHINE Program

DIGITAL/PRINT MEDIA CAMPAIGN

STATEWIDE 67 COUNTIES, DIGITAL/PRINT
BILLBOARDS, MALL KIOSKS, AND BUS STATIONS

CONFIDENTIAL

MEDICARE

TRUSTED

Public Service Provided by the Florida Outdoor Advertising Association

SHINE **FLORIDA SHIP - SMP**
Department of Elder Affairs

Department of
ELDER AFFAIRS
STATE OF FLORIDA

PROTECT. DETECT. REPORT.

Prevent Medicare Fraud

FLORIDASHINE.ORG

CHANSLERA@ELDERAFFAIRS.ORG

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Florida SHINE Program

DIGITAL/PRINT MEDIA CAMPAIGN

STATEWIDE 67 COUNTIES, DIGITAL/PRINT
BILLBOARDS, MALL KIOSKS, AND BUS STATIONS

The advertisement features a blue and white hexagonal graphic on the left with the word "MEDICARE" in large white letters. Above it is a dark blue banner with "CONFIDENTIAL" in white, and below it is another dark blue banner with "TRUSTED" in white. At the bottom left, small text reads "Public Service Provided by the Florida Outdoor Advertising Association".

On the right, the "SHINE" logo (a sun) is followed by "FLORIDA SHIP - SMP" and "Department of Elder Affairs" in blue and yellow. To the right is the "Department of ELDER AFFAIRS STATE OF FLORIDA" logo with a map of Florida.

The main text reads: "Part D Costs too High?" in large blue font, followed by "Help may be available" in smaller black font, and "FLORIDASHINE.ORG" in large red font.

CHANSLERA@ELDERAFFAIRS.ORG

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Florida SHINE Program

DIGITAL/PRINT MEDIA CAMPAIGN

STATEWIDE 67 COUNTIES, DIGITAL/PRINT
BILLBOARDS, MALL KIOSKS, AND BUS STATIONS

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MEDICARE

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SHINE FLORIDA SHIP - SMP
Department of Elder Affairs

Department of
ELDER AFFAIRS
STATE OF FLORIDA

MEDICARE

Make Informed Choices and Know Your Rights

FLORIDASHINE.ORG

CHANSLERA@ELDERAFFAIRS.ORG

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Florida SHINE Program

DIGITAL/PRINT MEDIA CAMPAIGN

STATEWIDE 67 COUNTIES, DIGITAL/PRINT
BILLBOARDS, MALL KIOSKS, AND BUS STATIONS

CONFIDENTIAL

MEDICARE

TRUSTED

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SHINE FLORIDA SHIP - SMP
Department of Elder Affairs

Department of
ELDER AFFAIRS
STATE OF FLORIDA

Unbiased. Confidential. Trusted.

SHINE (Serving Health Insurance Needs of Elders)

FLORIDASHINE.ORG

CHANSLERA@ELDERAFFAIRS.ORG

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Florida SHINE Program

DIGITAL/PRINT MEDIA CAMPAIGN

STATEWIDE 67 COUNTIES, DIGITAL/PRINT
BILLBOARDS, MALL KIOSKS, AND BUS STATIONS

CONFIDENTIAL

SHINE FLORIDA SHIP - SMP
Department of Elder Affairs

Department of
ELDER AFFAIRS
STATE OF FLORIDA

MEDICARE

VICTIM OF MEDICARE FRAUD?

The SHINE/SMP Program can help!

FLORIDASHINE.ORG

Public Service Provided by the Florida Outdoor Advertising Association

TRUSTED

CHANSLERA@ELDERAFFAIRS.ORG

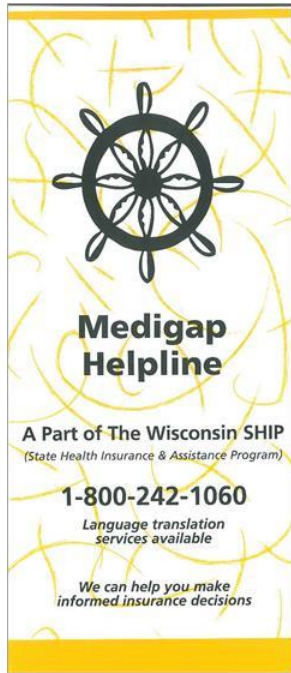
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Wisconsin SHIP

BROCHURES

NETWORK OF STATE AND LOCAL PARTNERS



Medigap Helpline

A Part of The Wisconsin SHIP
(State Health Insurance & Assistance Program)

1-800-242-1060

Language translation services available

We can help you make informed insurance decisions



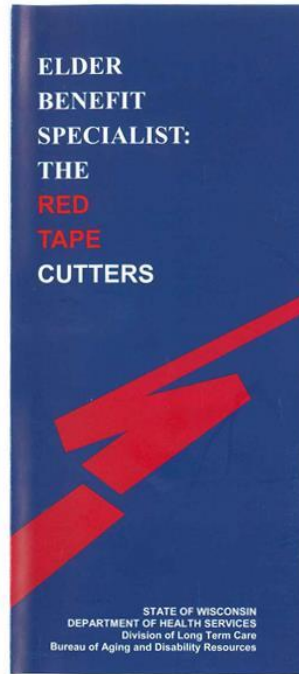
The Wisconsin SHIP
(State Health Insurance & Assistance Program)

Medigap Part D and Prescription Drug Helpline

For 60 and Older

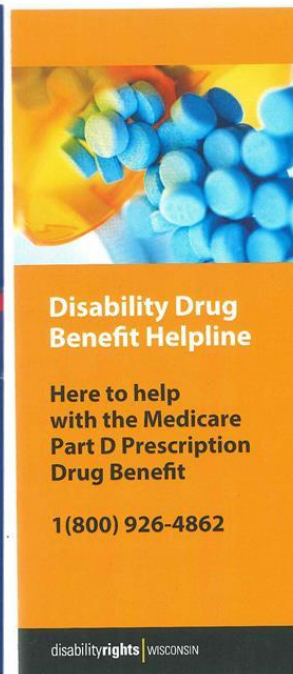
**1-855-67-PART D
(1-855-677-2783)**

Language translation services available



ELDER BENEFIT SPECIALIST: THE RED TAPE CUTTERS

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Long Term Care
Bureau of Aging and Disability Resources



Disability Drug Benefit Helpline

Here to help with the Medicare Part D Prescription Drug Benefit

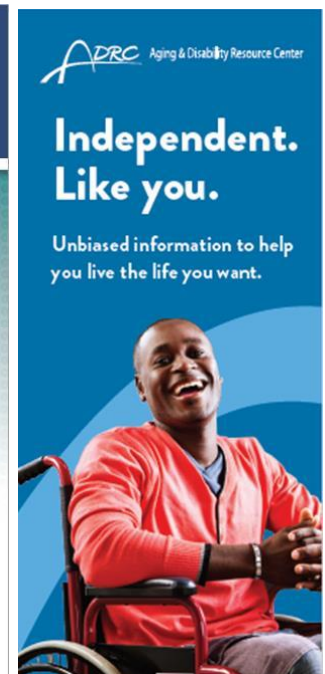
1(800) 926-4862

disabilityrights | WISCONSIN



ODHH
Office for the Deaf and Hard of Hearing

Promoting Equal Communication Access and Accommodations



ADRC Aging & Disability Resource Center

Independent. Like you.

Unbiased information to help you live the life you want.

EMAIL PHOEBE.HEFKO@WI.GOV FOR MORE INFORMATION

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Missouri CLAIM

SOCIAL MEDIA AD

BEC TO LOW-INCOME MC BENES



Are you on Medicare and don't have enough money to pay the bills?

Programs are available, we can help!

Call CLAIM Benefits Enrollment Center (BEC),
Your One-Stop-Shop for Help!

800-390-3330



SMINIEA@PRIMARIS.ORG

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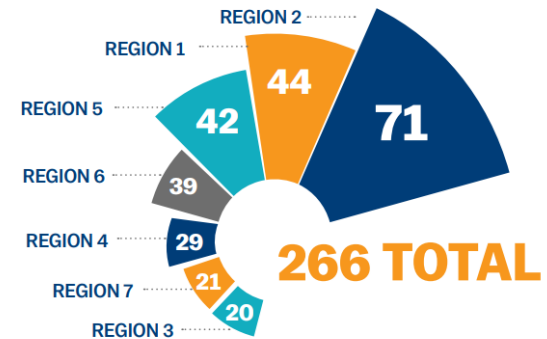
Missouri CLAIM

EXCLAIM NEWSLETTER

VOLUNTEER RECOGNITION



VOLUNTEERS STATUS BY REGION



NUMBER OF CONTACTS APRIL 2018-MARCH 2019

REGION 1	4,027
REGION 2	8,702

NUMBERS REACHED THROUGH OUTREACH EVENTS

REGION 1	10,244
REGION 2	5,094

SMINIEA@PRIMARIS.ORG

VOLUNTEER OF THE QUARTER



Duane Thran
CLAIM Volunteer

Duane Thran has been a volunteer with CLAIM since 2013 with Stacey Childs being his Regional Liaison. When asked why CLAIM first interested him, he stated, "When I retired, I wanted to do something that was focused on customer service and also be able to use my problem solving skills. Medicare counseling for CLAIM does exactly that. I have the most satisfaction when a beneficiary thanks me for helping them understand their options, solve their problem or save them money. It is important for people to be able to get free, unbiased advice on Medicare questions. I'm always inspired by Stacey's positive attitude and her encouraging me to contribute in ways beyond beneficiary contacts as I tend to thrive in that environment. I also enjoy working with other counselors to share experiences or information." He is so dedicated that he decided to stay with the CLAIM program even when moving out of the state.

During the 6 years that Duane has

been with CLAIM, he has made it his mission to learn as much as he possibly can. He spends hours researching a variety of topics, so that he will be as knowledgeable as possible when helping our beneficiaries. Duane attends almost every training opportunity available to him, and he has also conducted various webinars along with Childs and created and updates a tip sheet for inhalers and insulin. Last year he had over 600 contacts!

“
When I retired, I wanted to do something that was focused on customer service and also use my problem solving skills. Medicare counseling for CLAIM does exactly that.”

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Missouri CLAIM

PODCAST



RETIREMENT RECOGNITION



Carol Beahan, executive director of the [Primaris Foundation](#) and CLAIM program director, retires to cap off her 30-year career on Jan. 30, 2019, the 30th anniversary of the day she started working for the CLAIM program.

Carol Beahan: 'Thirty Years Have Gone By...

SMINIEA@PRIMARIS.ORG

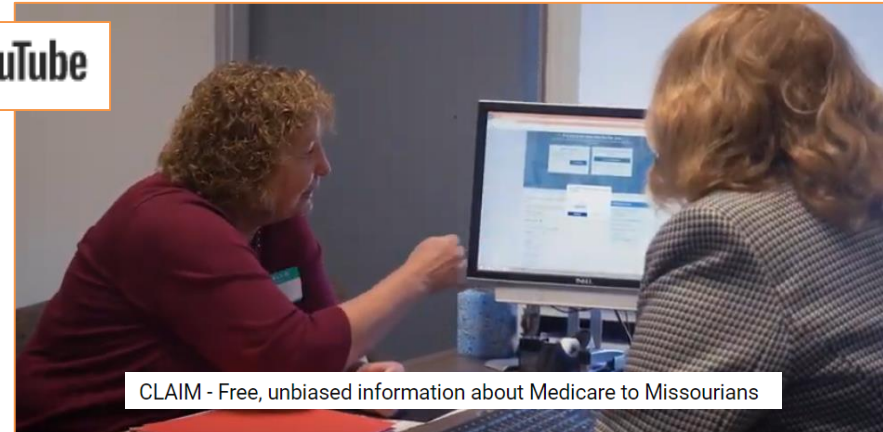
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Missouri CLAIM

VIDEO

PROGRAM PROMOTION



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WASHINGTON STATE SHIBA

Join us for a FREE “Welcome to Medicare” presentation!



Let us help you navigate Medicare

Our “Welcome to Medicare” presentation will cover:

- Medicare A, B, C and D
- Help you understand your Medicare benefits and options
- Help paying for Medicare if you qualify
- How to avoid becoming a victim of Medicare fraud

Note: We will also provide the presentation in Spanish, Korean and Chinese.

Volunteer advisors on site for 1:1 counseling after presentation until 3 p.m.

Date: Saturday, March 9, 2019

Time: 11 a.m. to 3 p.m. (Doors open @ 10:30 a.m., presentation starts @ 11 a.m.)

Location: Federal Way Community Center

876 S. 333rd St.
Federal Way, WA 98003

Seating is limited!

You must pre-reserve your spot to attend:

1-888-902-3011, ext. 6833 or www.sendrsvp.com/fw

Free raffle prizes!

Serving refreshments and light lunch!

Your local King County Statewide Health Insurance Benefits Advisors (SHIBA):

Sound Generations
2208 Second Ave., Ste. 100
Seattle WA 98121
206-727-6221

We're a free, unbiased service of the:



OFFICE of the
**INSURANCE
COMMISSIONER**
WASHINGTON STATE



www.insurance.wa.gov/shiba

MEDICARE BIRTHDAY MAILER

MEDICARE BIRTHDAY FLIER/DIRECT MAILER TO PEOPLE WHO WILL SOON TURN AGE 65. WE HAVE AN AGREEMENT WITH OUR STATE’S DEPT. OF LICENSING TO GET ADDRESSES OF STATE RESIDENTS WHO WILL SOON TURN AGE 65, WHICH ALLOWS US TO TARGET SPECIFIC ZIP CODES

DONNAW@OIC.WA.GOV FOR MORE INFORMATION

2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

WASHINGTON STATE SHIBA

VOLUNTEER RECRUITMENT
OUTREACH MATERIALS

MATERIALS THAT FOCUS ON SENIORS AND
PROFESSIONAL PEOPLE UNDER AGE 65

TARGET: SENIORS 65 +

TARGET: WORKING PROFESSIONALS UNDER AGE 65



If you enjoy helping others...

Volunteer!

SHIBA needs you!

Help your friends, neighbors
and others navigate Medicare!



You can make difference!

**Become a
SHIBA
volunteer!**

*Statewide Health
Insurance Benefits
Advisors (SHIBA)*

Come join our team!

Statewide Health Insurance Benefits Advisors (SHIBA)

Why get involved?

- Help others
- Connect with your community
- Meet new friends
- Set your own hours

We offer volunteer positions for all interests!

- Administrative, clerical support
- Counseling
- Data entry
- Outreach
- Public speaking

No experience required - we'll train you!

Place sponsor contact
info sticker here

This project was supported, in part by grant number 90SAPG0012-02, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C., 20201.

SHS1037-SHIBA-volunteer-poster-06/19



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Why get involved?

- Help others in need
- Network with new people
- Develop new skills
- Sharpen & retain old skills
- Expand your horizons & explore new opportunities

We offer volunteer positions for all interests!

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- Counseling
- Data entry
- Outreach
- Public speaking

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SHS996PR0F-SHIBA-volunteer-prof-poster-06/19

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**Statewide
Health
Insurance
Benefits
Advisors
(SHIBA)**



ABOUT US (SHIBA) BROCHURE

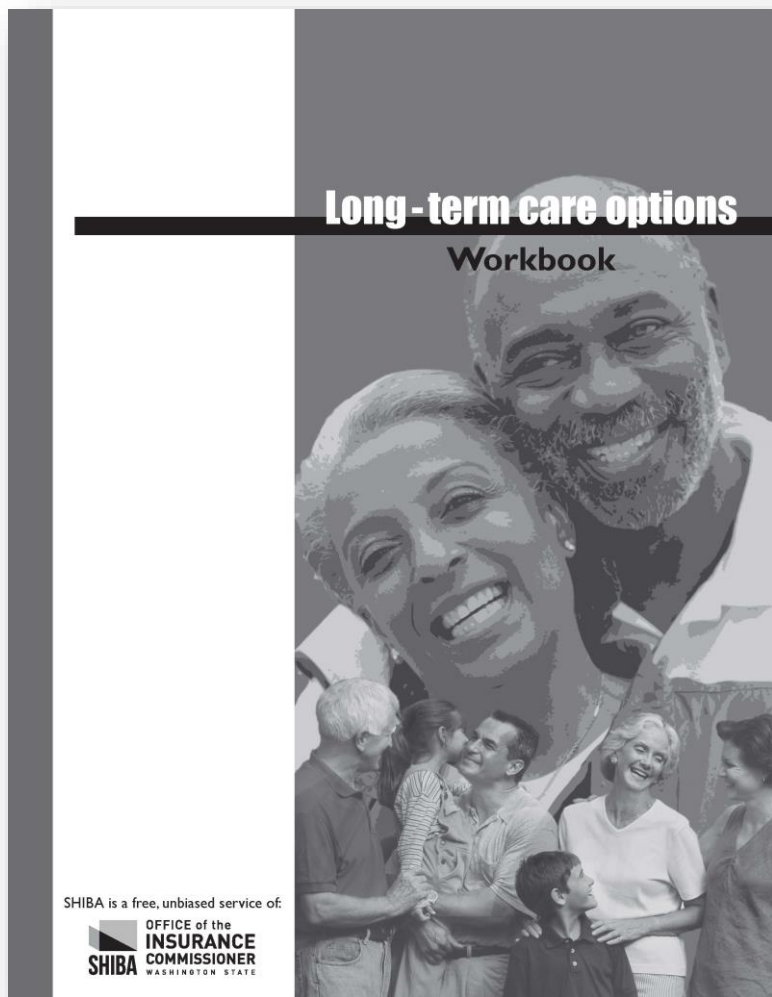
INFORMATIONAL BROCHURE ABOUT THE SHIBA PROGRAM AND HOW IT CAN HELP PEOPLE WHO NEED HELP WITH THEIR MEDICARE OPTIONS

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WASHINGTON STATE SHIBA



LONG-TERM CARE OPTIONS WORKBOOK

A WORKBOOK FOR CONSUMERS
TO HELP UNDERSTAND WHAT LTC
OPTIONS ARE AVAILABLE AND
WAYS TO PAY FOR THEM.

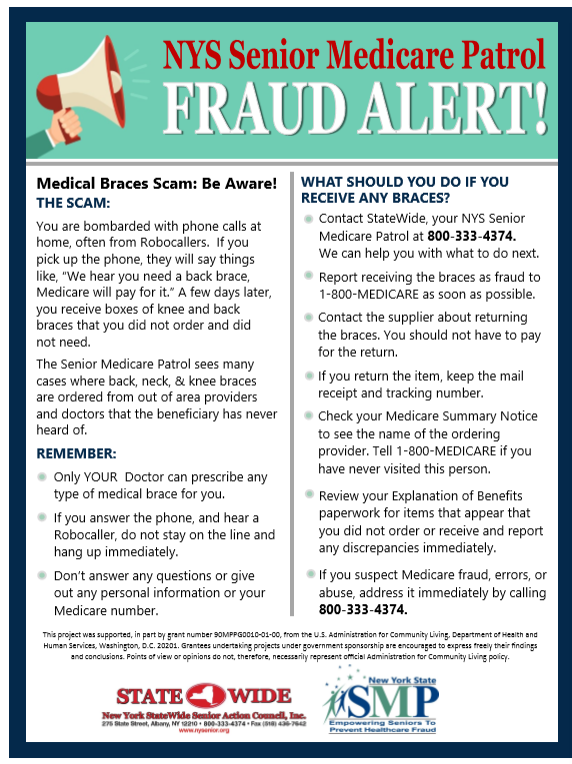
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New York StateWide Senior Action Council

FRAUD ALERT FLYERS



NYS Senior Medicare Patrol FRAUD ALERT!

Medical Braces Scam: Be Aware! THE SCAM:

You are bombarded with phone calls at home, often from Robocallers. If you pick up the phone, they will say things like, "We hear you need a back brace, Medicare will pay for it." A few days later, you receive boxes of knee and back braces that you did not order and did not need.

The Senior Medicare Patrol sees many cases where back, neck, & knee braces are ordered from out of area providers and doctors that the beneficiary has never heard of.

REMEMBER:

- Only YOUR Doctor can prescribe any type of medical brace for you.
- If you answer the phone, and hear a Robocaller, do not stay on the line and hang up immediately.
- Don't answer any questions or give out any personal information or your Medicare number.

WHAT SHOULD YOU DO IF YOU RECEIVE ANY BRACES?

- Contact StateWide, your NYS Senior Medicare Patrol at **800-333-4374**. We can help you with what to do next.
- Report receiving the braces as fraud to 1-800-MEDICARE as soon as possible.
- Contact the supplier about returning the braces. You should not have to pay for the return.
- If you return the item, keep the mail receipt and tracking number.
- Check your Medicare Summary Notice to see the name of the ordering provider. Tell 1-800-MEDICARE if you have never visited this person.
- Review your Explanation of Benefits paperwork for items that appear that you did not order or receive and report any discrepancies immediately.
- If you suspect Medicare fraud, errors, or abuse, address it immediately by calling **800-333-4374**.

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STATE WIDE
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276 Bath Street, Albany, NY 12242 • 800-333-4374 • Fax (518) 436-7642
www.nysenior.org

New York State SMP
Empowering Seniors To Prevent Healthcare Fraud



纽约州老年医疗巡查组 (SMP) 诈骗警报

医疗护具诈骗: 警惕!

骗局:

你在家经常会接到自动语音的骚扰电话。如果你接听了电话, 他们会说一些类似这样的话: "我们听说你需要一个背撑, 医保会为其出钱。" 几天后, 你会收到背撑和护膝的包裹, 但是你没有订购也不需要它们。

老年医疗巡查组看到许多案例, 这些案例中订购的背部, 颈部和膝盖的护具来自于医保受益人从未听过的医疗服务提供者或医生。

谨记:

- 只有你的医生可以给你的护具开处方。
- 如果你接听了电话, 听到是自动语音电话, 不要犹豫立即挂断。
- 不要回答任何问题, 不要给出任何个人信息和你的医保号码。

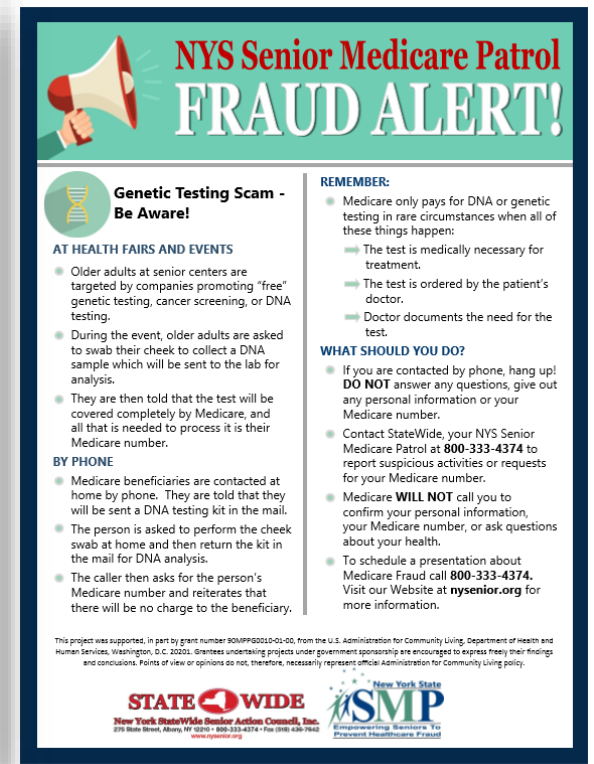
如果你收到了护具, 你应该做什么?

- 联系纽约州老年医疗巡查组, 致电 800-333-4374。我们会帮助你接下来要做什么。
- 尽快致电 1-800-MEDICARE 报告收到的护具是诈骗行为。
- 联系供货商退回护具, 你不需要支付退货的邮费。
- 如果你退回了护具, 保留你的邮寄发票和追踪单号。
- 检查你的医疗保险概要通知单 (MSN), 查看订购提供人的姓名。如果你从来没有看到过他, 致电 1-800-MEDICARE 汇报。
- 查看你的福利说明单 (EOB) 上的项目, 如果你未订购或收到其中的项目, 立即报告任何差异。
- 如果你怀疑是医疗诈骗、错误、或滥用, 立即致电 800-333-4374 来处理。

此项目的部分拨款来自于美国华盛顿特区健康与人类服务部社区生活管理司。项目编号 90MPPG0010-01-00。在政府资助下的项目承办人可以自由地表达其调查的结果和结论, 但观点和意见不代表社区生活管理司官方的政策。

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Empowering Seniors To Prevent Healthcare Fraud



NYS Senior Medicare Patrol FRAUD ALERT!

Genetic Testing Scam - Be Aware!

AT HEALTH FAIRS AND EVENTS

- Older adults at senior centers are targeted by companies promoting "free" genetic testing, cancer screening, or DNA testing.
- During the event, older adults are asked to swab their cheek to collect a DNA sample which will be sent to the lab for analysis.
- They are then told that the test will be covered completely by Medicare, and all that is needed to process it is their Medicare number.

BY PHONE

- Medicare beneficiaries are contacted at home by phone. They are told that they will be sent a DNA testing kit in the mail.
- The person is asked to perform the cheek swab at home and then return the kit in the mail for DNA analysis.
- The caller then asks for the person's Medicare number and reiterates that there will be no charge to the beneficiary.

REMEMBER:

- Medicare only pays for DNA or genetic testing in rare circumstances when all of these things happen:
 - The test is medically necessary for treatment.
 - The test is ordered by the patient's doctor.
 - Doctor documents the need for the test.

WHAT SHOULD YOU DO?

- If you are contacted by phone, hang up! **DO NOT** answer any questions, give out any personal information or your Medicare number.
- Contact StateWide, your NYS Senior Medicare Patrol at **800-333-4374** to report suspicious activities or requests for your Medicare number.
- Medicare **WILL NOT** call you to confirm your personal information, your Medicare number, or ask questions about your health.
- To schedule a presentation about Medicare Fraud call **800-333-4374**. Visit our Website at nysenior.org for more information.

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VOLUNTEER HANDBOOK

SENIOR MEDICARE PATROL

NYS VOLUNTEER HANDBOOK

“
 The most persistent & urgent question is, What are you doing for others?
 - Martin Luther King, Jr.
 ”

RECOGNITION

The SMP program greatly appreciates the many and varied contributions of its volunteers to the program's success. Program managers recognize and reward volunteer service both formally and informally. Informal recognition may take the form of feedback on the results of a volunteer's work, a thank you note, a birthday card, or an invitation to participate in the decision-making for a project or activity. The SMP program strives to recognize volunteers for all types of productive service, and not simply for the number of hours they work. We encourage you to identify and nominate other volunteers who may deserve special recognition or awards.



VOLUNTEERS with DISABILITIES

The SMP program values the service of volunteers with disabilities. Program managers strive to include volunteers with disabilities in all facets of the program to the extent that an individual's physical capacity allows, and to ensure access to all SMP program facilities. When requested, the program will make reasonable accommodations to meet the special needs of volunteers with disabilities.

Fast Facts: In 2017...

- 53 SMP projects had a total of 6,130 total active team members who conducted 26,429 group outreach and education events, reaching an estimated 3.9 million people.

WELCOME

On behalf of the U.S. Administration for Community Living (ACL), we want to **welcome you to the SMP volunteer program and thank you for volunteering** in the effort to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse.

In recent years, ACL's partners in this effort—the Centers for Medicare & Medicaid Services (CMS), the HHS Office of the Inspector General, and the Department of Justice, including the FBI—have created the resources needed—including sophisticated technology and skilled local investigative and enforcement teams—to identify and prosecute criminals who steal hundreds of millions of dollars each year from Medicare and related health insurance programs. That is important work. But in the end, we can't forget that no law or technology is as effective at preventing fraud as educated and informed consumers. Tips from Medicare beneficiaries helped take down a fraud scheme in Miami involving fake claims for community mental health services. The investigation ultimately led to a judgment of \$3.8 million and a recovery of \$1.6 million against the defendants, including one who was sentenced to 3 years in prison and 3 years' probation.

Those tips likely would never have been made without the extensive outreach and educational efforts of the Florida Senior Medicare Patrol—the same outreach and educational work that you and other SMP volunteers in your state are being trained to do or to support. Preventing fraud takes a lot of time, preparation and hard work. It's people like you who bear a heavy part of that load—without always seeing the most direct or obvious results.

Sometimes your efforts may result in a big takedown, but more often than not, you will be preventing fraud before it ever takes place. That can be a hard thing to measure, but the benefits for Medicare and America's seniors and people with disabilities are enormous. Since 1965, Medicare has been one of our country's greatest success stories. We have a responsibility to keep it strong for generations to come. And we can't do that without you. Thank you for volunteering with the SMP.

Sincerely,
 Rebecca Kinney and Josh Hodges
 Administration for Community Living



NYS SMP VOLUNTEER HANDBOOK

PROGRAM MILESTONES

1995 Operation Restore Trust (ORT) and other federal agencies in a coordinated effort to fight health care fraud, waste, and abuse.

1997 Omnibus Consolidated Appropriations Act of 1997 (P.L. 104-191) authorized funding for ACA to support the volunteer training and mobilization of senior volunteers who provide consumer education to beneficiaries.

1998 In the program's first year, more than 3,400 volunteers delivered 1,300 education & counseling sessions that reached 41,300 people. ACA increases the number of cooperative agreements for the program from 12 to 18.

2002 AOK convenes its first National Health Care Fraud and Abuse Control Program Conference in Washington, D.C. Its purpose is to share successful practices, strengthen collaboration between federal, state, and local partners, and honor outstanding senior volunteers. 51 Senior Medicare Patrol (SMP) projects, located in 45 states plus the District of Columbia and Puerto Rico, are in operation.

2003 AOK convenes three regional Health Care Fraud and Abuse Control Program Conferences in the DC area, Dallas, and Seattle. The SMP program has projects in all 50 states, the District of Columbia, and Puerto Rico.

2004 SMP projects refer 1,700 cases to Medicare contractors for follow-up.

NYS SMP VOLUNTEER HANDBOOK

HISTORY

In 1995, the Administration on Aging (AOA) became a partner in a government-wide effort to fight fraud, errors, and abuse in the Medicare and Medicaid programs through a ground-breaking demonstration project called Operation Restore Trust (ORT). ORT's purpose was to coordinate and target federal, state, local, and private resources on those areas most plagued by abuse. Operation Restore Trust was announced at the 1995 White House Conference on Aging. The initiative focused on five states where fraud and abuse was most prevalent: California, Florida, Illinois, New York, and Texas.

ORT brought together several agencies within the federal Dept. of Health and Human Services, including the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services or CMS), the Office of Inspector General & the Administration on Aging, to fight health care fraud, waste, and abuse. These agencies also worked with partners in law enforcement such as the Federal Dept. of Justice and state and local authorities.

In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191). Although HIPAA is best known for rules that protect patient confidentiality, the law also created the Health Care Fraud and Abuse Control (HCAC) program and authorized funding for ACA to support the volunteer training and mobilization of senior volunteers who provide consumer education to beneficiaries.

Another law enacted in that same session of Congress—the Omnibus Consolidated Appropriations Act of 1997 (P.L. 104-208)—affirmed AOA's role as a key partner in the fight against health care fraud by establishing the program that would come to be called the Senior Medicare Patrol program in 12 local demonstration projects. Senator Tom Harkin (D-IA) offered legislative language that directed the AOA to form projects that would recruit and train retired doctors, nurses, and other professionals to identify and report errors, fraud, and abuse.

A Senate Report explained the rationale for the newly created program by saying, "senior citizens are our best front-line defense against these losses [from health care fraud and abuse], but don't have the information and experience needed" to recognize and accurately report cases of errors, fraud, and abuse. The Senior Medicare Patrol would address this problem through volunteers who provide consumer education which is, along with provider education, one of the five primary purposes that the HPPAA lists as an authorized use of HCAC funding.

As a result of this Congressional action, SMP volunteers are now at work in all fifty states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. They teach their peers to protect themselves against fraud, safeguard Medicare numbers, and examine Medicare Summary Notices and other documents to detect discrepancies and report suspicious activity. Allocations through the Older Americans Act and the HCAC program help fund SMP program operations.

NYS SMP VOLUNTEER HANDBOOK

RIGHTS & RESPONSIBILITIES



SMP program volunteers have certain rights and responsibilities that are good to keep in mind during the course of your volunteer service. Because the program's leadership sees volunteers as a valuable resource to the program and the communities it serves, volunteers have rights, for example, to meaningful work, support, and recognition for the work they do.

At the same time, the SMP program expects volunteers to perform their duties to the best of their abilities, to comply with the program's volunteer policies, and to remain loyal to the program's values, goals, and procedures. Volunteers serve at the sole discretion of the SMP program, and agree that the SMP may decide to end a volunteer's relationship with the SMP or to change the nature of the volunteer's assignment when appropriate.

As an SMP volunteer, you have a right to:

- ✓ Receive meaningful work assignments
- ✓ Treatment as an equal co-worker
- ✓ A safe work environment
- ✓ A respectful work environment free of harassment
- ✓ Receive orientation and training
- ✓ Receive effective supervision
- ✓ Receive constructive feedback on a regular basis
- ✓ Receive informal and formal recognition
- ✓ Receive clear information about the boundaries for the work you are to do and not to do based on the position description for your volunteer role(s)
- ✓ Receive all the pertinent information you need to perform your work assignments
- ✓ Refuse any tasks or work assignments, especially when the assignment requires you to do something for which you have not been trained
- ✓ Security and confidentiality for the records in your personal file
- ✓ Examine the contents of your personal file
- ✓ Make complaints and file grievances
- ✓ Resign from your volunteer service at any time

NYS SMP VOLUNTEER HANDBOOK

! If you are involved in an accident performing the role of a SMP Director, please notify the SMP office immediately:
 SMP Director • (518) 436-1006
 Follow the Incident Reporting Procedures and complete the Incident Reporting Form contained in the Appendix of this Handbook.

MACONSULT@AOL.COM, J.AKPAN@VERIZON.NET FOR MORE INFORMATION

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6X9 POSTCARDS

Protect Yourself from Medicare Fraud!



The New York State Senior Medicare Patrol (NYS SMP) provides you with information to:

- » **PROTECT** yourself from Medicare errors, fraud & abuse;
- » **DETECT** potential errors, fraud and abuse; and
- » **REPORT** your concerns.

For assistance, call your NYS SMP: **800-333-4374** or visit our website at www.nysenior.org

STATE WIDE
New York StateWide Senior Action Council, Inc
Improving The Lives of Senior Citizens & Families in NY State

Report Medicare Fraud!



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STATE WIDE
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Call 800

WATCH OUT for common weapons of SCAMMERS!



Your computer, phone & mailbox are all entry points for scammers.

If someone tries to get personal information or pressures you into giving them your Medicare number, Social Security or bank account numbers — Hang Up!



Never purchase items from a website that you've found from an email link. Avoid sending personal information on the phone or over an unsecure Internet connection.



If you detect suspicious activity on your Medicare Summary Notice, contact your provider and always shred health related documents that you no longer need.

Report suspected fraud, errors or abuse to your **NYS Senior Medicare Patrol**. Call **800-333-4374** or visit our website at www.nysenior.org

This project was supported, in part by grant number 90AMP000201-01-01, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20202. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Call your NYS SMP at 800-333-4374

Ca

Protect Yourself from Medicare Fraud!



PROTECT: Don't give out your Social Security number, Medicare number or bank account number on the phone. Verify who you are speaking with first.



DETECT: Read your Medicare Summary Notice (MSN) and check your health statements, explanation of benefits (EOB) and invoices for unexplained Medical procedures such as:

- Items or services you did not receive
- Charges for medical equipment/services your doctor didn't order
- Dates of service on your MSN are different than the dates the services actually occurred



REPORT: Report any billing discrepancies or concerns you have to your **NYS Senior Medicare Patrol (SMP)**. **We are here to help!**

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FLYERS

Home Health Care Fraud

Protect Yourself & Medicare from Home Health Care Fraud

- Medicaid programs often cover in-home services that aren't covered under Medicare
- If you are receiving home health through Medicaid, contact your Medicaid office to understand your benefits.
- Reporting Medi NY S Cour
- Do not accept services from strangers who call or knock on your door.
- Check with your doctor. Be sure your doctor has seen you in person and certifies that you are unable to leave your home to obtain the care or therapy.
- Be suspicious of anyone offering to provide services billed to Medicare but not related to a plan of care approved by a doctor.
- Never sign a blank form from your home health provider.
- Understand your Medicare home health benefits:
 - ⇒ Contact your local SHIP program
 - ⇒ Contact 1-800-Medicare

How You Patrol (Your NY with the PROTECT REPORT)

Home health care services are provided by nurses and other therapists who come to your home. Medicare spends **\$18.6 billion** a year on these services.

To keep fraud out of home health care, Medicare has strict rules for home health agencies. This not only protects Medicare, but it also protects you from receiving care from questionable providers. You may be particularly vulnerable when you are at home and not in a supervised health care setting.

What Are Examples of Home Health Care Fraud?

- Billing for patients who do not meet Medicare's definition of "homebound"
- Billing for services that are not medically necessary
- Billing for services or visits that were not provided
- Offering incentives to doctors to falsely certify someone as homebound
- Billing for housekeeping as skilled nursing or other therapy
- Offering things such as free groceries or a free ride in exchange for your Medicare number or if you switch to a particular home health agency
- Charging a copayment for home health services
- Asking beneficiaries to sign forms verifying that Medicare home health services were provided, even though none were
- Beneficiaries who accept cash or gifts in exchange for going along with a home health scam

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www.nyacs.org

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REMEMBER TO REPORT SUSPECTED FRAUD, ERRORS OR ABUSE.

CALL the NYS Senior Medicare Patrol at 1-800-333-4374

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Medical Identity Theft

Tips for Protecting Yourself & Medicare

How to Avoid Medical Identity Theft

- Review your Medicare Summary Notices (MSN), Explanations of Benefits (EOB) statements, and medical bills for suspicious charges. If you find incorrect information in your records, insist that it be corrected or removed.
- Protect your Medicare and other health insurance cards in the same way you would protect a credit card.
- Only give personal information to Medicare-approved doctors, other providers, and suppliers; your State Health Insurance Assistance Program (SHIP) or Social Security (call 1-800-MEDICARE if you aren't sure if a provider is approved by Medicare).
- Beware of offers of free medical equipment, services, or goods in exchange for your Medicare number.
- Shred papers with your medical identity before putting them in the trash.

How to Respond if You Suspect Identity Theft?

- Remove or destroy labels on prescription bottles and packages before you put them in the trash.
- Ask your health care provider for a copy of your current medical file.

Medical Identity Theft is serious business. According to one study, about 1.5 million Americans are victims of medical identity theft each year. The average cost to fix medical ID theft for someone is more than \$20,000 per incident!

But medical ID theft is about more than losing time and money. Sometimes people are denied a Medicare service or equipment because their records falsely show they already received it, when in fact it went to someone posing as them.

CALL the NYS Senior Medicare Patrol at 1-800-333-4374

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- Remove or destroy labels on prescription bottles and packages before you put them in the trash.
- Ask your health care provider for a copy of your current medical file.

Medical Identity Theft is serious business. According to one study, about 1.5 million Americans are victims of medical identity theft each year. The average cost to fix medical ID theft for someone is more than \$20,000 per incident!

But medical ID theft is about more than losing time and money. Sometimes people are denied a Medicare service or equipment because their records falsely show they already received it, when in fact it went to someone posing as them.

CALL the NYS Senior Medicare Patrol at 1-800-333-4374

SMIP STATE
Empowering Seniors To Prevent Healthcare Fraud
New York StateWide Senior Action Council, Inc.
275 State Street, Albany, NY 12242 • 1-800-436-1005 • Fax 1-518-436-7942
www.nyacs.org

What is Medicare Fraud and Abuse?

Medicare Fraud occurs when a person or company **knowingly** tricks Medicare. They do this **intentionally** to receive inappropriate payment from the program.

Medicare Abuse occurs when providers seek Medicare payment they don't deserve but they have **not** knowingly or intentionally done so. Abuse can also involve billing for unsound medical practices.

What is the difference?

The main difference between fraud and abuse is **intent** - did they do it knowingly or not? Only the authorities may be able to answer that question. Whether it is fraud or abuse, it still wastes billions of dollars every year. It needs to be reported.

Examples of Fraud and Abuse

- Billing for services, supplies, or equipment that were not provided
- Calling Medicare beneficiaries and asking for their Medicare number, saying it is needed to get a new Medicare card or keep their Medicare benefits

CALL the NYS Senior Medicare Patrol at 1-800-333-4374

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www.nyacs.org

MACONSULT@AOL.COM, J.AKPAN@VERIZON.NET FOR MORE INFORMATION

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Hawaii State Health Insurance Assistance Program

Hawaii SHIP Public Service Announcements

Featuring:

Vince Goo

Former University of Hawaii Women's basketball coach

Dave Shoji

Former University of Hawaii Women's volleyball coach

Jim Leahy

Former sports commentator



Hawaii SHIP Foreign Language Brochures

Mandarin, Korean, Tagalog, Chuukese, Japanese, Vietnamese,
Samoan, Ilocano, Marshallese

Partnership with the University of Hawaii at Manoa

Myron B Thompson School of Social Work
&

Office of Public Health Studies

Creation of PH 660/SW 680 Medicare course



For more information please contact
Candace.Young@doh.hawaii.gov

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SMP – Georgia, Louisiana & Mississippi

Medicare Fraud Bingo

- Fun way to educate seniors.
- This is our most requested presentation type.
- Updated versions including DME fraud has been uploaded to the Resource Ctr.

MASTER - Medicare Fraud Bingo

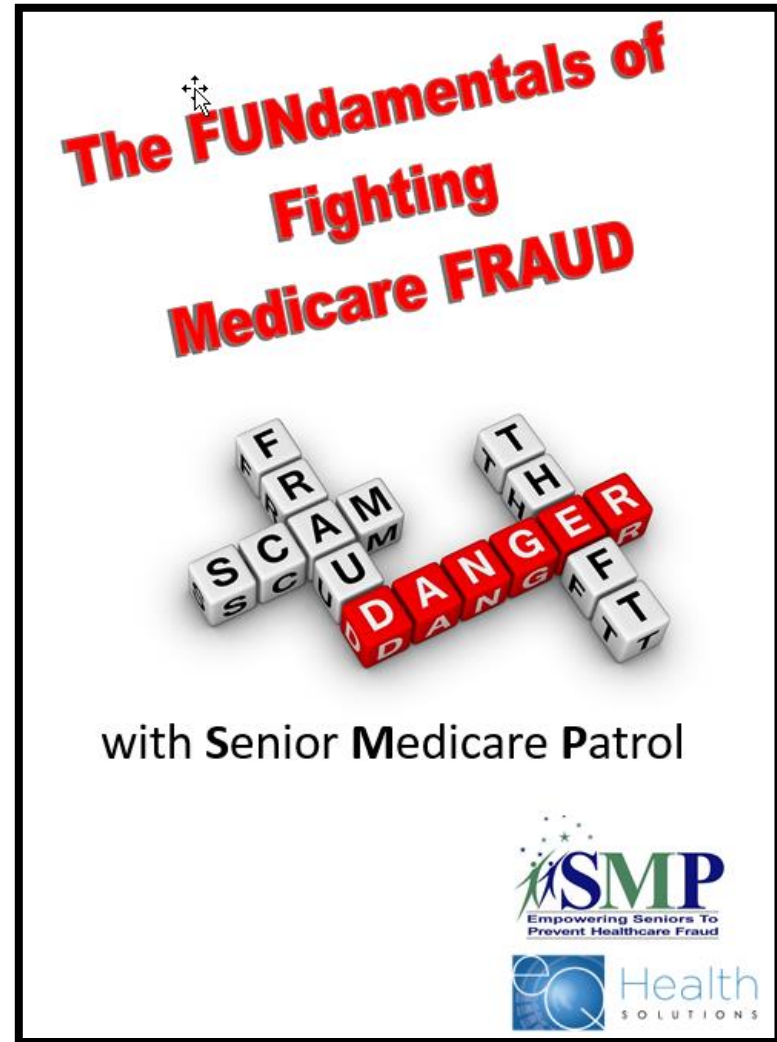
B-1 Do not throw your Medicare Summary Notices away without reviewing them first	B-2 Medicare fraud costs Americans billions every year	B-3 Reviewing your Medicare Summary Notice is the easiest way to make certain your providers are billing correctly	B-4 Never loan your Medicare card to someone else...it's Medicare fraud	B-5 Just say "I don't give out personal information over the phone"
B-6 The Medicare Summary Notice or MSN is a statement received by each Medicare beneficiary	B-7 If you have the slightest doubt about an offer, Check It Out!	B-8 Medicare Summary Notices include all Part A (inpatient) and/or Part B (outpatient) claims	B-9 To avoid sales calls, place your name on the national "Do Not Call List" 1-888-382-1222	B-10 If in doubt, say "NO!" Trust your instincts

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SMP – Georgia, Louisiana & Mississippi Puzzle Books

- Puzzle Books are another fun way to engage seniors and can be used in place of brochures.
- We used Word Mint



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SMP – Georgia, Louisiana & Mississippi

Sample puzzles

**D
E
T
E
C
T**

Word Scramble



1. ILIGLNB _____
2. CERHSAG _____
3. MWEERPO _____
4. RAEHHLTCAE _____
5. TTNDIEYI _____
6. PTOTERC _____
7. EROPRT _____
8. MPS _____
9. EHTTF _____

The Medicare Summary Notice (MSN) is one of the primary fraud fighting tools. Here are some steps you can take to detect potential errors, fraud and abuse:

Always review your MSN and Part D Explanation of Benefits (EOB) for mistakes.

Look for three things on your billing statement:

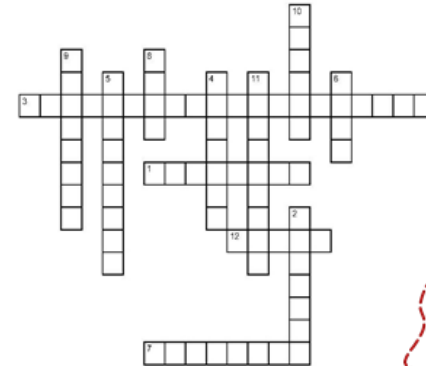
1. Charges for something you didn't receive.
2. Billing for the same thing twice.
3. Services that were not ordered by your doctor.

If there is an error on your MSN, call Senior Medicare Patrol (SMP) 1-877-272-8720. All of our services are free of charge.



If you suspect errors, fraud or abuse, report it immediately! You will protect other people from becoming victims and help save your Medicare benefits. If you have questions about information on your Medicare Summary Notice or Part D Explanation of Benefits, call your provider or plan. If you don't feel comfortable calling your provider or plan or you are not satisfied with the response you get, call SMP toll free at 877-272-8720.

**R
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P
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R
T**



Across

- 1 If someone asks for your _____ number on the phone it could be fraud.
- 3 If you suspect fraud or abuse, you should call _____.
- 7 Removing Social Security Numbers from all Medicare cards will help to protect you from _____ theft.
- 12 If you suspect errors, _____ or abuse, report it immediately!

Down

- 2 The Medicare _____ Notice shows what is billed on your behalf to Medicare.
- 4 Losses because of Medicare fraud every year are estimated to be over \$60 _____ dollars.
- 5 You cannot receive Home Health services if you are not _____.
- 6 Remember that Medicare does not _____ or visit you to sell anything or verify information.
- 8 Providers cannot bill Medicare for medical equipment for people in a nursing _____.
- 9 The new Medicare cards that will be issued won't change your Medicare _____.
- 10 You don't need to provide your Medicare _____ if a test is free.
- 11 Defrauding Medicare is defrauding American _____.

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SMP – Georgia, Louisiana & Mississippi Tabletop Banners

- Tabletop banners are smaller and easier to transport & setup.



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SMP – Georgia, Louisiana & Mississippi

Holiday Themed Placemats

- Most senior centers host holiday dinners for Thanksgiving, Christmas and other holidays.
- We offer a holiday themed placemat to place at each place setting along with a brochure and an inexpensive giveaway.
- Many seniors take the placemat home with the other handouts keeping the SMP message forefront in their homes. (See next slide for examples)

SMP – Georgia, Louisiana & Mississippi

Help spread the word about Medicare fraud. Tell your peeps!

REMEMBER

- Beware of phone calls from someone claiming to be from Medicare or Social Security.
- Don't give out your Medicare number or any other personal information to someone you don't know.
- Call Senior Medicare Patrol toll-free if you think your Medicare number is being used or abused.

Senior Medicare Patrol
www.stopmedicarefraud.org

This project was supported, in part by a grant (Nos. 90MP134-G2-01, 90MP136-G2-01, 90MP138-G2-01 and 90MP242-01-01), from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Don't fall for Medicare scams - Protect your *new* Medicare number.

WHEN YOU RECEIVE YOUR NEW CARD, REMEMBER TO:

- Destroy your old Medicare card so no one can get your personal information.
- Start using your new Medicare card right away! Carry it with you only when you need care. Your benefits will stay the same.
- Protect your Medicare number just like your credit cards. Only give your number to doctors, pharmacists, other health care providers or people you trust to work with Medicare on your behalf.

Senior Medicare Patrol
www.stopmedicarefraud.org

Grantees undertaking projects under government sponsorship are encouraged to express their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Don't let scam artists "gobble" up your healthcare benefits.
Report Medicare fraud to SMP!

Senior Medicare Patrol—Serving seniors in Florida, Louisiana, Mississippi and Wisconsin.
www.stopmedicarefraud.org 877-272-8720

This project was supported, in part by a grant (Nos. 90MP134-G2-01, 90MP136-G2-01, 90MP138-G2-01 and 90MP242-01-01), from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

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SMP – Georgia, Louisiana & Mississippi

Public Service Announcements & Ads

- Our PSAs and advertisements, including volunteer recruitment, are frequently translated to Spanish.
- These are posted on our Spanish Facebook page as well as used for traditional media.
- Many of our advertorials are also translated to Spanish.

(See next slide for examples)

SMP – Georgia, Louisiana & Mississippi



SE BUSCAN VOLUNTARIOS Ayude a detener el fraude al Medicare

Oportunidades con la Patrulla de Medicare Para las Personas Mayores de Georgia (SMP)

Eventos Comunitarios y Ferias de Salud

Asista a eventos comunitarios y ayude a educar al público sobre el fraude, el desperdicio y el abuso al Medicare. Distribuya información de Senior Medicare Patrol (SMP) y responda a preguntas.

Presentaciones

Haga presentaciones preparadas (15-20 minutos) sobre el fraude al Medicare. Presente juegos de BINGO con el tema de Fraude al Medicare.

Apoyo Administrativo

Distribuya materiales de SMP a los centros para personas mayores y busque oportunidades de voluntariado.

BENEFICIOS PARA VOLUNTARIOS

- Capacitación provista: obtenga más información sobre el programa de Medicare y el fraude de atención médica.
- Flexibilidad: Haga su propio horario. No requiere horas de servicio.
- Millaje pagado.

Para obtener más información, llame al **877-272-8720** o visite www.stopmedicarefraud.org.

Este proyecto fue apoyado, en parte por una subvención (Nos. 90MPPG0049, 90MPPG0024 y 90MPPG0023), de la Administración de Estados Unidos para la Vida Comunitaria, Departamento de Salud y Servicios Humanos, Washington, D.C. 20201.



Ayudando a las personas a prevenir, detectar y reportar el fraude, desperdicio y abuso Equipo Médico Duradero

Lo que debe saber...

- A partir de 2019, Medicare está realizando cambios para mejorar el acceso a los suministros de equipo médico duradero.
- Mientras se realizan cambios, cualquier proveedor inscrito con Medicare puede proporcionarle equipo.
- Asegúrese de que su proveedor acepte el pago de Medicare como pago total. Si no lo hacen, usted podría ser responsable de pagar un seguro más alto. Recuerde que Medicare no lo llamará para ofrecerle suministros gratuitos.
- Medicare y Medicaid no enviarán representantes a su hogar para vender productos o servicios.
- Pregúntese a usted mismo: "¿Es este corsé" gratis "el adecuado para mí?". Consulte con su médico primero.
- Llame a SMP sin cargo si cree que su número de Medicare o Medicaid se está usando para estafas, desperdicios o abuso. 877-272-8720

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ADVERTISEMENT / ANUNCIO

ALERT: Braces

Durable Medical Equipment has been an area ripe with fraud for many years. The Senior Medicare Patrol of Louisiana (SMP) is seeing many cases where people on Medicare are receiving braces (ankle, back, knee and neck) from out of state providers. These braces are ordered by doctors or other providers that the individual has never heard of or seen.

Some of these scams are promoted through television ads for braces that are "covered by Medicare." Others occur through telephone calls and postcards. DO NOT fall for these scams! Your doctor knows if you need medical care or equipment. Only a medical professional familiar with your medical needs should be prescribing equipment for you, not some unknown doctor from another state.

If you are a victim of this fraud, please take the following steps:

1. Report the suspected fraud to the SMP at 1-877-272-8720. We will report the fraud to the U.S. Office of Inspector General for investigation. Be sure to give us the name, address and phone number (if known) of the company which sent the brace(s).
2. Contact the company that sent the items about returning the items. Ask for a postage paid return label. Return should be at no cost to you.
3. If you return the item, be sure to get a receipt for the return and a tracking number to monitor the return of the item. Keep a copy of the receipt and the tracking number when the item has been received by the supplier. ♦

This project was supported, in part by a grant (Nos. 90MPPG0049, 90MPPG0024, & 90MPPG0023), from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

ALERTA DE ESTAFA: Equipo Médico Duradero

El equipo médico duradero ha sido un área de fraude durante muchos años. La Patrulla de Medicare para Personas Mayores de Louisiana (SMP) está viendo muchos casos en los que las personas que reciben Medicare reciben aparatos para el tobillo, la espalda, la rodilla y el cuello de proveedores fuera del estado. Este equipo es ordenado por médicos u otros proveedores que la persona desconoce o nunca ha visto.

Algunas de estas estafas se promueven a través de anuncios de televisión como aparatos que están "cubiertos por Medicare". Otras ocurren a través de llamadas telefónicas y postales. ¡NO caiga en estas estafas! Su médico sabe si necesita atención médica o equipo. Solo un profesional médico que esté familiarizado con sus necesidades médicas debe recetarle equipo, no un médico desconocido de otro estado.

Si cae víctima de este fraude, siga los siguientes pasos:

1. Reporte la sospecha de fraude a SMP al 1-877-272-8720. Informaremos el fraude a la Oficina del Inspector General de los Estados Unidos para su investigación. Asegúrese de darnos el nombre, la dirección y el número de teléfono (si lo sabe) de la compañía que envió el equipo.
2. Póngase en contacto con la empresa que envió los artículos para devolverlos. Pida una etiqueta de devolución con franqueo pagado. La devolución debe ser sin costo para usted.
3. Si devuelva el artículo, asegúrese de obtener un recibo de la devolución y un número de seguimiento para supervisar la devolución del artículo. Guarde una copia del recibo y del aviso de seguimiento cuando el proveedor haya recibido el artículo. ♦

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KENTUCKY SENIOR MEDICARE PATROL

SUBCONTRACTOR BEST PRACTICES

THREE BEST PRACTICES FOR WORKING WITH SUBCONTRACTING AGENCIES ACROSS THE KENTUCKY.

1. SET ANNUAL PERFORMANCE MEASURE GOALS
2. CONDUCT MONTHLY CONFERENCE CALLS
 - DISCUSS PERFORMANCE MEASURES AND YEAR TO DATE PROGRESS
 - SHARE SUCCESSES AND CHALLENGES
 - NATIONAL AND STATE UPDATES
3. USED AS A TOOL AND OPPORTUNITY TO DISCUSS GRANT COMPLIANCE



MICHELLE.LIST@LOUISVILLEKY.GOV

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KENTUCKY SENIOR MEDICARE PATROL

KY SMP WORKED WITH LOCAL ARTISTS TO CREATE MURALS TO RECOGNIZE OUR VOLUNTEERS AND BRING AWARENESS TO SMP. IMAGES WERE USED FOR OFFICE MURALS, BANNERS AND BILLBOARDS

MURAL PROJECT



MICHELLE.LIST@LOUISVILLEKY.GOV

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KENTUCKY SENIOR MEDICARE PATROL

KY SMP USES PERSONAL HEALTH CARE JOURNALS AS AN EDUCATIONAL TOOL ON HOW TO READ AN MSN OR EOB

PERSONAL HEALTH CARE JOURNAL

- Personal Health Care Journals can be used to track medication, medical visits and other important information.
- They can then be used to compare to a Medicare Summary Notice (MSN) or Explanation Of Benefits (EOB).
- They have reminders on how to prevent, detect and report Medicare fraud, errors or abuse.



MICHELLE.LIST@LOUISVILLEKY.GOV

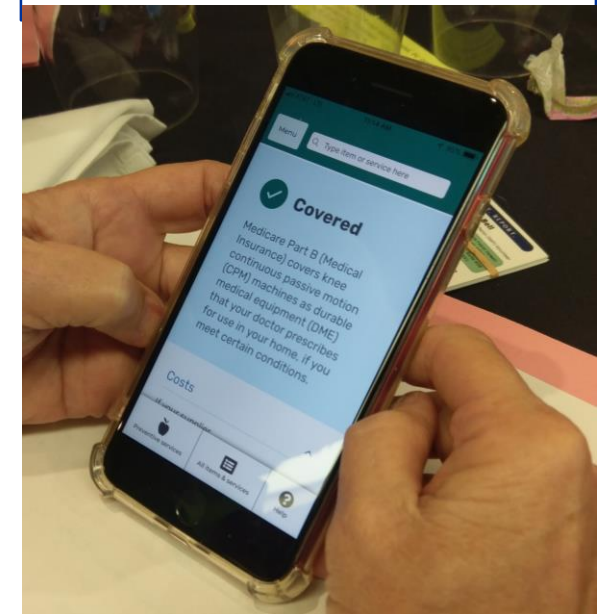
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A FUN & INTERACTIVE LEARNING GAME

Teach team members how to download and use the new CMS mobile app:

WHAT'S COVERED!



For more information email kaipolani.cullen@doh.hawaii.gov.

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OHIO OSHIIP

PHONEBANK

OSHIIP held six phone banks to assist Ohioans who have Medicare and Medicaid and provided them with unbiased assistance so they could make wise decisions about their health care benefits, costs, and options.



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OHIO OSHIIP

WELCOME TO MEDICARE EVENTS

OSHIIP hosted community **events** across the state and webinars to provide objective information on **Medicare** enrollment, benefits and options.



New to Medicare?

Please join us for a **FREE** Medicare information event!

Upper Arlington Lutheran Church

2300 Lytham Rd.
Columbus OH 43220
4/23/2019 6:00pm
RSVP to 614-583-5326

Central Ohio Area Agency on Aging

3776 S. High St.
Columbus OH 43207
5/15/2019 10:00am
RSVP to 1-800-589-7277

Columbus Public Health 2nd Floor Auditorium

240 Parsons Ave.
Columbus OH 43215
4/30/2019 2:00pm
RSVP not required
*Free parking lot available
in back*

Central Ohio Area Agency on Aging

3776 S. High St.
Columbus OH 43207
5/15/2019 2:00pm
RSVP to 1-800-589-7277

Dublin Rec Center

5600 Post Rd.
Dublin OH 43017
5/1/2019 2:00pm
RSVP to Senior Adult Office
614-410-4579

Reynoldsburg Senior Center

1520 Davidson Dr.
Reynoldsburg OH 43068
6/5/2019 6:00pm
RSVP not required

Can't make it to an event? Join us on a "Welcome to Medicare" webcast Go to insurance.ohio.gov - click Medicare Services to register.
4/4/2019 - 4pm, 4/23/2019 - 6pm, 5/9/2019 - 4pm, 5/23/2019 - 6pm, 6/13/2019 - 4pm, 6/25/2019 - 6pm.

Ohio Department of Insurance - Ohio Senior Health Insurance Information Program (OSHIIP)
insurance.ohio.gov | 800-686-1578

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OHIO OSHIP

2018-2019 OSHIP VOLUNTEER ADVISORY BOARD (OVAB)

The purpose of OVAB is to assist OSHIP in enhancing the efficiency and productivity of the statewide volunteer corps to serve Ohio Medicare beneficiaries. OSHIP uses the OVAB's collective professional expertise, regional knowledge, and experience as OSHIP volunteers on matters such as: volunteer education, volunteer recruitment, volunteer retention, special interest beneficiary outreach and the technological enhancement of both beneficiaries and volunteers regarding Medicare and other important health issues relating to older Ohioans.



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OHIO OSHIP

MYCARE OHIO

MyCare Ohio is a managed care program for Ohioans who receive both Medicare and Medicaid benefits. The program is administered by the **Ohio** department of Medicaid (ODM), but because new programs can be confusing, OSHIP assists Ohioans to answer questions to help navigate the program.



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OHIO OSHIIP

NEW MEDICARE CARD HOLDER PROTECTOR SLEEVES



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Medicare Open Enrollment

OSHIIP hosts Medicare Check-Up Day events (e.g. public talks, webinars, interviews) throughout the state to help consumers compare and select the best plan that meets their unique needs.



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Oklahoma SHIP

Preventive Health Flyer-side 1

Save On Many Free Preventive Health Services From Medicare!

"An ounce of prevention is worth a pound of cure."




Preventive Service	How Often Allowed	Additional Details
Abdominal Aortic Aneurysm Screening	Once after "Welcome to Medicare" initial exam if at risk	Covered at 100%
Alcohol Misuse Screening and Counseling	Once per year	Covered at 100%
Annual Wellness Visit (Not a full physical prevention planning)	Every 12 months if more than twelve months after "Welcome to Medicare"	Covered at 100%
Bone Mass Measurement	Once in 24 months (unless medically necessary)	Covered at 100%
Cardiovascular Disease (Behavioral Therapy)	Once per year	Covered at 100%
Cardiovascular Screenings	Every 5 years if no apparent symptoms	Covered at 100%
Fecal Occult Blood Test	Every 12 months if 50+	Covered at 100%
Flexible Sigmoidoscopy	48 months or 120 months after previous screening if not high risk and 50+	Covered at 100%
Colonoscopy	120 months (or 24 months if high risk)	Covered at 100%
Barium Enema	48 months (or 24 months if high risk) if used instead of a colonoscopy	You pay 20% of the Medicare-Approved Amount after meeting the Part B deductible.
Depression Screening	Once per year	Covered at 100%
Diabetes Screenings	12 months (6 months if pre-diabetic)	Covered at 100%
Diabetes Self-Management Training	With MD order or referral	You pay 20% of the Medicare-Approved Amount after meeting the Part B deductible.
Flu-Shots	Once per season	Covered at 100%
Glaucoma Tests	Every 12 months if at high risk (eg. diabetic or family history)	You pay 20% of the Medicare-Approved Amount after meeting the Part B deductible.
Hepatitis B Shots	If medium or high risks - 3 injections	Covered at 100%
Hepatitis C Screening	Once-in-a-lifetime if born from 1945 to 1965 or annually if high risk	Covered at 100%


Continued on reverse ➔

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Oklahoma SHIP

Preventive Health Flyer-side 2



Preventive Service	How Often Allowed	Additional Details
HIV Screening	Talk to your primary care physician for more information	Covered at 100%
Mammogram (screening)	Once a year after age 40	Covered at 100%
Low-Dose CT (LDCT) Lung Cancer Screening	Once per year if high risk	Covered at 100%
Medical Nutrition Therapy Services	With MD referral (3 hours counseling first year)	You pay 20% of the Medicare-Approved Amount after meeting the Part B deductible.
Obesity Screening and Counseling	Talk to your primary care physician for more information	Covered at 100%
Pap Test and Pelvic Exam(w/ breast exam)	24 months (or 12 months if high risk)	Covered at 100%
Physical Exam "Welcome to Medicare"	Within first 12 months on Medicare B	Covered at 100%
Pneumococcal Shot	Usually once - more if MD approves	Covered at 100%
Prostate Cancer Screenings (Digital Rectal Exam and PSA Test)	Digital Rectal Exam: and free PSA Test every 12 month for men over 50	You pay 20% of the Medicare-Approved Amount after meeting the Part B deductible.
Sexually Transmitted Infections Screening and Counseling	Once per year and 2 counseling sessions	Covered at 100%
Shingles Vaccine (Herpes Zoster)	Once - May need to bring from pharmacy to get cheapest cost because covered by Part D	The shingles vaccination will only be covered if you have a Medicare Part D Prescription Drug Plan. The amount you pay for the vaccination varies by plan. Medicare part B does NOT cover the shingles vaccine.
Tobacco Use Cessation Counseling	8 visits in a 12 month period	You pay 20% of the Medicare-Approved Amount after meeting the Part B deductible.

This publication, printed by DCS-Central Printing, is issued by the Oklahoma Insurance Department, as authorized by John D. Doak, Oklahoma Insurance Commissioner. Funded by the Administration for Community Living, Grant #14AAOKMSHI.

Local: 405.521.6628 | Toll Free: 800.763.2828 | Web: www.map.oid.ok.gov

LOCAL HELP FOR OKLAHOMANS WITH MEDICARE

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SENIOR MEDICARE PATROL OF NJ

FRAUD BROCHURE

PROTECT YOURSELF & MEDICARE

Medicare loses an estimated \$60 billion each year due to fraud, errors, and abuse. Every day, these issues affect countless beneficiaries nationwide.

HOW DOES HEALTH CARE FRAUD HAPPEN?

A "representative" call's offering an incentive—perhaps a free back or knee brace. All he needs is your Medicare number. It may seem harmless at first, but this is attempted fraud and it could lead to identity theft.

Don't accept medical equipment or supplies unless they are ordered by your doctor. Never share your Medicare number with a stranger who calls to ask for it.

PROTECTING YOU & MEDICARE

The good news is that by following some simple tips, you can protect yourself against these types of scams. Remembering to **protect**, **detect**, and **report** helps everyone, including you and your loved ones.



New Jersey SMP is administered by Jewish Family Services of Middlesex County, a nonprofit providing effective social services, counseling, and advocacy to all individuals and families in need.



The Senior Medicare Patrol (SMP) is a national program for people with Medicare of all ages. SMP is administered by the Administration for Community Living. To learn more or to volunteer, visit www.smpresource.org.



Part of the U.S. Department of Health and Human Services



Protect Yourself & Medicare

NEW JERSEY SMP

1-877-SMP-4359
732-777-1940

To learn more, visit:
www.seniormedicarepatrolnj.org



CHARLESC@JFSMIDDLESEX.ORG

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Iowa SHIP--SMP

PROGRAMS BROCHURE

What is SMP?

Protect. Detect. Report.

Each year Medicare loses billions of dollars due to Medicare fraud, errors and abuse. Serving as the *Senior Medicare Patrol (SMP)* for Iowa we provide outreach and education to promote awareness of Medicare fraud prevention and detection.

Our network of counselors help individuals detect and report possible Medicare fraud, errors and abuse.

We provide resources for consumers on protecting themselves from healthcare scams. Call us!



800-351-4664
smp.iowa.gov

FOR AN APPOINTMENT WITH A SHIP-SMP COUNSELOR IN YOUR AREA, CALL:

Medicare Questions?



SHIP & SMP

Helping Iowans understand Medicare

800-351-4664
A service of the State of Iowa Insurance Division

What is SHIIP?

Free. Objective. Confidential.

Senior Health Insurance Information Program (SHIIP) is a free, objective and confidential service offered through the state of Iowa to help people sort through confusing information about Medicare and health insurance.

Our trained, certified volunteer counselors assist thousands of Iowans annually, helping them save millions of dollars.



800-351-4664
ship.iowa.gov

HOW DOES SHIIP WORK?

One-on-One Counseling

Local SHIIP volunteer counselors answer your questions and give you one-on-one help. For an appointment with a counselor call your local SHIIP sponsor site.

Education and Outreach

SHIIP provides informational programs about Medicare and health insurance options, including Welcome to Medicare seminars for Iowans approaching Medicare eligibility.

Information

Call our toll-free consumer line. Visit our SHIIP website for consumer information and publications. Like us on Facebook.

HOW CAN SHIIP HELP?

- Explain your Medicare benefits and rights
- Compare and evaluate:
 - Medicare supplements
 - Retiree health plan coverage
 - Medicare drug plans
 - Medicare Advantage and other health plans
 - Long-term care insurance
- Organize your medical bills and Medicare statements; assist with appeals
- Find assistance for programs that help with Medicare costs and Medicare drug plans
- Assess your needs so you can make informed decisions about health insurance



"Our SHIIP counselor was very knowledgeable, very patient, and very helpful. Quite honestly, we couldn't have made our decisions without her help in explaining the plans."

KRIS.GROSS@IID.IOWA.GOV

2019 SMP/SHIP National Conference

July 22-25, 2019 • San Diego, CA

Iowa SHIP--SMP

2020 MEDICARE SUPPLEMENT CHANGES Q&A FACT SHEET

Medicare Supplement Changes in 2020 – Frequently Asked Questions

A change in Medicare Supplement law will take place in 2020 affecting Medicare Supplement plans C, F and high deductible F. Medicare Supplement plans are sold by private companies to fill the gaps in traditional Medicare Part A and Part B. Medicare Supplement plans help pay for things like coinsurance, copayments or deductibles on Medicare-covered services.

This new law change prohibits the sale of Medicare Supplement policies that cover the Part B deductible to “newly eligible” Medicare beneficiaries on or after January 1, 2020.

Why are these changes being made? How will these changes affect my Medicare Supplement coverage? Do I need to change plans? This document includes answers to a few of the most common questions people are asking about the 2020 Medicare Supplement law changes.

1. Who is considered a “newly eligible” Medicare beneficiary?

“Newly eligible” is defined as anyone who:

- Attains age 65 on or after January 1, 2020, or
- Who becomes eligible for Medicare benefits due to disability or end-stage renal disease on or after January 1, 2020.

2. Why are these changes being made for “newly eligible” Medicare beneficiaries?

Plans C, F and high deductible F are the only plans that cover the Part B deductible. Individuals enrolled in these plans have no out-of-pocket costs for Medicare covered services. Medicare beneficiaries eligible after 2020 will be required to share in the cost of services by paying for the Part B deductible.

3. Do I need to change plans if I currently have a Plan C, F or high deductible F?

If you are currently enrolled in a Medicare supplement Plan C, F or high deductible F, you can keep it and the Part B deductible will continue to be covered. These plans are not going away. Your plan is guaranteed

renewable. This means as long as you pay your premiums the insurance company cannot cancel your coverage.

4. Can I purchase a Plan C, F or high deductible F after January 1, 2020?

If you are age 65 prior to January 1, 2020 or eligible for Medicare due to disability or ESRD you may buy a Plan C, F or high deductible F and companies must continue offering Medicare Supplement plans C and/or F after January 1, 2020.

5. Will I see a significant increase in my Plan C, F or high deductible Plan F premium after 2020 because no new people will be sold these plans?

Your premium rate is based on your individual age, not on the number of younger and healthier policy holders buying these plans. Consumers who currently have Plans C, F and high deductible F can keep these plans and the Iowa Insurance Division does not expect the rates for these plans to dramatically increase.

6. Will new plans be offered for those “newly eligible” after January 1, 2020?

The high deductible Plan F will be replaced with a new high deductible Plan G. Plans A, B, D, G, K, L, M and N will continue to be offered.

7. Who can I call if I have questions?

SHIP is a free, confidential service of the State of Iowa that helps consumers make informed decisions about Medicare and other health insurance coverage, including Medicare Supplements.

To contact SHIP:

Call 1-800-351-4664 (TTY 1-800-735-2942)

E-mail: ship@iid.iowa.gov

Website: www.ship.iowa.gov



This project was supported, in part by grant number 90SAPS0044, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

Revised: 06/18/2019

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Iowa SHIIP--SMP

SHIIP—SMP DISPLAY



Medicare is
HARD!

We make it
SIMPLER!

SHIIP for Medicare questions.
Senior Medicare Patrol for
reporting fraud.

One Iowa resource for simple,
clear Medicare Information.

Services are free, confidential
and unbiased.



1.800.351.4664

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SMP DISPLAY



3 Easy Steps

- 1 PROTECT** your Medicare number. Never give your number to a stranger.
- 2 DETECT** Read your Medicare Summary Notice. Look for mistakes.
- 3 REPORT** suspected fraud, errors and abuse to SMP.



smp.iowa.gov

1.800.351.4664

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Iowa SHIP--SMP

SHIP—SMP VOLUNTEER RECRUITMENT BROCHURE

WHAT ARE THE BENEFITS OF BEING A SHIP--SMP COUNSELOR?

"I feel very satisfied that I can help clients make good decisions, save money, and gain a better understanding of their options regarding Medicare."

T TOWNSEND

"The feeling of genuinely contributing to your fellow citizens and community."

D RUHL

"Learning new things, keeping my mind sharp, this volunteer job certainly does that."

G JOHNSON

DON'T WAIT. CONTACT SHIP--SMP NOW!

1-800-351-4664
SHIP@iid.iowa.gov

BE A SHIP--SMP VOLUNTEER

HELP IOWANS UNDERSTAND MEDICARE & PREVENT FRAUD



OTHER SHIP--SMP OPPORTUNITIES...

SHIP--SMP has volunteer opportunities for computer and office assistants in many of our sponsor locations. Computer volunteers help enter prescription drug information for comparison of Medicare drug plans. Office assistants help with scheduling appointments and other office tasks. Contact us for more information.

WHAT IS SHIP--SMP?

The Senior Health Insurance Information Program (SHIP) and Senior Medicare Patrol (SMP) are services of the Iowa Insurance Division.

SHIP advocates, informs, educates and assists consumers on Medicare and related health insurance issues so they can make informed decisions and access resources to address their needs.

SMP works to empower and assist Iowans on Medicare to prevent, detect, and report Medicare and health care fraud, errors and abuse.

Our services are free, objective and confidential.

HOW DOES SHIP--SMP WORK?

Local community organizations partner with SHIP--SMP to host trained volunteers who provide information, counseling and education services across the state.

SHIP--SMP is funded by federal grants and by the state of Iowa Insurance Division



WHAT IS REQUIRED TO BE A SHIP--SMP COUNSELOR?

To assure SHIP--SMP counselors are proficient and have the information and tools they need to provide counseling and community outreach, volunteers are required to:

- Complete new volunteer training
- Attend update trainings annually
- Assist a minimum number of clients throughout the year
- Complete online subject matter reviews annually

So volunteers can proceed with confidence during counseling and educational sessions, SHIP--SMP provides excellent resources including a dedicated 800# answered by staff, print resources, and updated information.

WHAT DO SHIP--SMP VOLUNTEERS DO?

Trained volunteers assist thousands of Iowans each year to understand their Medicare benefits and options and fight Medicare fraud and abuse through individual counseling sessions, community education, special projects and making connections in their communities.

WHO MAKES A GOOD COUNSELOR?

We're looking for people who:

- Can be a trusted and objective source of information
- Enjoy tackling new challenges
- Like to learn complex subject matter
- Gain personal satisfaction from helping clients navigate the challenges of understanding Medicare
- Can work with diverse populations
- Have good computer skills and are internet savvy

"It may be a steep learning curve at first, but the program has excellent training and excellent resources for the volunteers."

C HINTON

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Iowa SHIIP--SMP

SHIIP—SMP SPONSOR SITE MOU (PARTIAL DOCUMENT)



STATE OF IOWA

KIM REYNOLDS
GOVERNOR

ADAM GREGG
LT. GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

Memorandum of Understanding between the Iowa Insurance Division and SHIIP/SMP SPONSOR

Purpose of Memorandum

This Memorandum of Understanding (MOU) is between the Iowa Insurance Division (the Division), and a sponsoring organization, for the collaborative provision of the services of the Division's Senior Health Insurance Information Program and the Senior Medicare Patrol.

The Parties

The Senior Health Insurance Information Program (SHIIP/SMP) is part of the Iowa Insurance Division, an agency of the State of Iowa, funded in part by grants from the Administration for Community Living

The SHIIP/SMP sponsor is: _____
Name of organization

Type of organization: _____

Purpose of SHIIP

SHIIP goals are to inform, educate, assist and advocate for consumers regarding Medicare and related health insurance programs through one-on-one counseling and community education, so consumers can make informed decisions and can access resources to address their needs. SHIIP/SMP services are free, objective and confidential.

Purpose of SMP

SMP works to empower Iowans on Medicare to prevent health care fraud. SMP goals are to protect people's personal information, detect potential fraud, errors, and abuse, and to report suspected fraud, errors, and abuse.

Purpose of Sponsorship

SHIIP/SMP services are delivered by volunteers in a variety of roles through a statewide network of sponsor organizations. The sponsor organizations provide the operational support, administration, and promotion of SHIIP/SMP services in the sponsor organizations' local communities, with the purpose of providing SHIIP/SMP services to the maximum possible number of Medicare beneficiaries.

Partnering with a recognized and trusted community organization is key to establishing a local SHIIP/SMP presence to benefit Medicare beneficiaries.

TWO RUAN CENTER / 601 LOCUST STREET / 4th FLOOR / DES MOINES, IOWA 50309-3738
Telephone 515-281-5705 / Facsimile 515-281-3059 / <http://iid.iowa.gov>

Role of a Sponsor Site

A sponsor site provides the following logistical support to SHIIP/SMP and its volunteers:

- A location for a confidential counseling experience. Because SHIIP/SMP counseling sessions usually involve sharing of private client information, it is critical that a client's privacy is protected and that confidentiality of information is maintained;
- Locked storage space for client records;
- Immediate access to telephone, computer and printer to conduct the counseling sessions;
- Access to a copy machine, fax and to the Internet;
- Storage for supplies, and for reference and other materials for the volunteers;
- Basic office supplies such as; printer paper, printer ink, and stapler; and
- Technical support such as; Windows Updates, printer drivers, WiFi configuration, browsers.

A sponsor site provides the following forms of public access:

- A telephone number that can be published and that is answered five days a week during normal business hours; and
- An agreed-upon process for the callers to be scheduled for SHIIP/SMP counseling or for SHIIP/SMP educational events.

A sponsor site provides the following forms of coordination and support:

- An identified sponsor coordinator responsible to do the following:
 - Be the primary contact for the Insurance Division's office-based SHIIP/SMP staff;
 - Coordinate the scheduling of volunteers;
 - Identify potential candidates for SHIIP/SMP volunteer opportunities, screen and approve candidates;
 - Monitor and report SHIIP/SMP-related activity in the SHIIPTools database; and
 - Oversee scheduling of client appointments.
- Notification to SHIIP/SMP staff if the person acting as sponsor coordinator changes.
- Facilitation of communication with the sponsor site organization regarding SHIIP/SMP services.
- Meetings with SHIIP/SMP staff when the sponsor site is created, and periodically thereafter, to determine a plan and priorities for the sponsor site.

A sponsor site organization must provide, in cooperation with the sponsor site SHIIP/SMP coordinator and the sponsor site's SHIIP/SMP volunteers, a plan to promote the availability of SHIIP/SMP services through a variety of internal and external forms of promotion and marketing. For example:

- Creation of websites or inclusion of SHIIP/SMP information on existing websites;
- Distribution of information at outpatient clinics, home – care and long-term care providers, disease-specific support groups, and health fairs;
- Follow up with local media on publication of SHIIP/SMP press releases, public service announcements, general availability of services and special events; and
- Host events, such as "Part D enrollment" and "Welcome to Medicare" seminars.

BECKY.GROFF@IID.IOWA.GOV

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Louisiana SHIIP

SAVE THE DOLLAR – BROCHURE

INFORMATION ON MEDICARE SAVING PROGRAM
& LOW INCOME SUBSIDY

Call Today!

It's **EASY & FREE!**
APPLY NOW

It takes about 30 minutes
call SHIIP at 1-800-259-5300
or Medicaid at 1-888-342-6207

Even if your income and assets are
more than the amounts shown,
you could still be eligible for the programs
For more information visit www.lidi.la.gov



This public document is published by the Louisiana Department of Insurance and is available online.



SAVE MONEY ON MEDICINE AND MEDICARE COSTS

Think you won't qualify? Think again!



DO YOU QUALIFY?

- ✓ Is paying for Medication a financial hardship?
- ✓ Do you help other family members financially?
- ✓ Do you pay a Medicare Part B premium?



LOUISIANA DEPARTMENT OF INSURANCE

VDUFRENE@LDI.LA.GOV

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SAVE THE DOLLAR

MEDICARE SAVINGS PROGRAM & LOW INCOME SUBSIDY

You could pay less and save money on Medicare premiums. Under Medicare, there are two programs – the **Medicare Savings Program** and the **Extra Help Program** - that can help lower your drug costs if you meet income and asset guidelines.

The Medicare Savings Program can:

-Lower Medicare costs

-Reduce the money you pay out pocket

The Medicare Savings Program is administered by the Louisiana Department of Health and Hospitals.

The Extra Help Program can:

-Help people with limited income and resources to pay Medicare prescription drug costs

-Help pay the monthly Medicare drug plan Part D premium, deductible, and copayments

The Extra Help Program is administered by the Social Security Administration.

Low-Income Subsidy (Extra Help Program)

To qualify for this program, beneficiaries must meet income and asset guidelines and must have Medicare Part A, Medicare Part B or both. This extra help is available through both Part D stand alone programs as well as Medicare Advantage Programs that include drug coverage.

If you receive SSI (Supplemental Security Income) or Medicaid, you automatically qualify for the Extra Help and it is not necessary to apply. Otherwise, individuals must meet income and asset guidelines as listed below:

Individual  Monthly Income Limit: Not more than \$1,581
Asset Limit: Not more than \$14,390

Couples  Monthly Income Limit: Not more than \$2,134
Asset Limit: Not more than \$28,720

**Assets include accounts, certificates of deposit, IRA's, stocks, bonds and property other than your home and vehicle.*

Medicare Savings Program

The Medicare Savings Program provides assistance with Medicare Premiums, Deductibles and Coinsurance. The program consists of three savings categories which you may qualify for if you meet the guidelines below:

Qualified Medicare Beneficiary (QMB):

Individual  Monthly Income Limit: Not more than \$1,061
Asset Limit: Not more than \$7,730

Couples  Monthly Income Limit: Not more than \$1,430
Asset Limit: Not more than \$11,600

QMB - What it pays

- Part A premium
- Part B premium
- 20% coinsurance
- Part A & B deductibles
- Cost share for Medicare Advantage
- Full extra help for Part D Plans

Specified Low-Income Medicare Beneficiary (SLMB):

Individual  Monthly Income Limit: Not more than \$1,269
Asset Limit: Not more than \$7,730

Couples  Monthly Income Limit: Not more than \$1,711
Asset Limit: Not more than \$11,600

SLMB - What it pays:

- Part B monthly premium
- Full extra help for Part D plans

Qualified Individual (QI):

Individual  Monthly Income Limit: Not more than \$1,426
Asset Limit: Not more than \$7,730

Couples  Monthly Income Limit: Not more than \$1,923
Asset Limit: Not more than \$11,600

QI - What it pays:

- Part B monthly premium
- Full extra help for Part D plans

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ADVANTAGE VS SUPPLEMENT

Medicare Coverage Choices at a Glance		
Step 1: Decide how you want to get your coverage		
Original Medicare		Medicare Advantage Plan
Part A Hospital Insurance	Part B Medical Insurance	Combines Part A, Part B and usually Part D.
Step 2: Decide if you need to add drug coverage		
Original Medicare		Medicare Advantage Plan
Part D Prescription Drug Coverage		Part D Prescription Drug Coverage (if not already included in plan)
Step 3: Decide if you need to add supplemental coverage		
Original Medicare		Medicare Advantage Plan
Medigap (Medicare Supplement Policy)		If you join a Medicare Advantage Plan, you don't need and can't be sold a Medigap policy.

Contact the LDI Senior Health Insurance Information Program for help in deciding which type of policy is best for you and your individual needs and circumstances.






1-800-259-5301
www.lidi.la.gov/SHIIP






This public document was produced by the Louisiana Department of Insurance and is available online.

MEDICARE ADVANTAGE PLANS VS MEDICARE SUPPLEMENT POLICIES

WHICH IS RIGHT FOR YOU?

Senior Health Insurance Information Program
Louisiana Department of Insurance
James J. Donelon, Commissioner

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ADVANTAGE VS SUPPLEMENT

What is a Medicare Advantage Plan (MA Plan)?

Medicare Advantage Plans (Part C) are offered by private companies whom Medicare pays to cover hospital (Part A) and medical (Part B) benefits. Some MA Plans include prescription drug coverage (Part D) and some provide vision and dental services.

Who can join a MA Plan?	You must have Medicare Parts A and B and live in the plan's service area to be eligible. People with End-Stage Renal Disease generally can't join a MA Plan.
How much do MA Plans cost?	In addition to the Part B premium, you usually pay one monthly premium for the services included in the plan. Each MA Plan has different premiums and costs for services.
What do MA Plans cover/not cover?	MA Plans must cover all of the services that Original Medicare covers except hospice care, which is still covered under Original Medicare. All types of MA Plans cover emergency and urgent care. Most cover prescription drugs and many include dental, vision and wellness programs.
What else should you know about MA Plans?	<p style="text-align: center;">Types of MA Plans:</p> <p>Health Maintenance Organizations (HMO): You can only go to health care providers and hospitals in the plan's network, except for emergency/urgent care. You may need a referral from your primary physician for tests and specialists.</p> <p>Preferred Provider Organization (PPO): You pay less if you use health care providers and hospitals in the plans network and pay more if you decide to go outside of the network.</p> <p>Private-Fee-for Service Plans (PFFS): Like Original Medicare, you can usually go to any health care provider as long as they accept the plan's payment terms. The plan determines how much it will pay for services and how much you will pay for care.</p> <p>Special Needs Plans (SNPs): Provide focused and specialized health care for special groups of people such as those on both Medicare and Medicaid, those in a nursing home and those with certain chronic conditions.</p> <p>HMO Point-of Service Plans (HMOPOS): HMO plans that may allow more freedom to get services out-of-network for a higher copayment or coinsurance and possible deductible.</p> <p>Medical Savings Account (MSA): Combine a high-deductible plan with a bank account where Medicare deposits money in the account and you use the money to pay for services. Does not include prescription drug coverage.</p>

What is a Medicare Supplement Policy (Medigap)?

A Medigap policy is private insurance that helps pay for health care costs that Original Medicare doesn't cover, such as copayments, coinsurance and deductibles.

Who can buy a Medigap policy?	You must have Parts A and B to be able to buy a Medigap policy. The best time to buy a policy is on the 1st day of the month you turn 65 and/or enroll in Part B.
How much do Medigap policies cost?	You pay a monthly premium which varies depending on the plan. Plans called "Medicare Select" may cost less but will only provide benefits if you use specific health care providers or hospitals.
What do Medigap policies cover/not cover?	Medicare will pay its share of the approved amounts for covered health care costs, then the Medigap policy will pay its share. Medigap does NOT cover prescription drugs. For prescription drugs you must get a stand-alone Medicare Prescription Drug Plan that works with Original Medicare.
What else should you know about Medigap policies?	<p>A Medigap policy covers only one person, so spouses must each have their own policy. Except for Medicare Select policies, Medigap policies can be used anywhere in the United States. Medigap policies are guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you pay the premium.</p> <p>You can compare rates among companies selling policies in Louisiana with the Medicare Supplement Comparison Guide located in the SHIP publications page, www.lidi.la.gov/SHIP.</p>

IMPORTANT:

- Medicare Supplement policies only work with Original Medicare.
- You will only need a Medicare Advantage Plan (MA Plan) or a Medicare Supplement Policy (Medigap)...NOT BOTH.

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MEDICARE BASICS

Navigating
your choices



ARE YOU
ELIGIBLE?



KNOW WHEN
TO ENROLL



COMPARE
PLAN OPTIONS

Go to My
Medicare Matters

- Click on "Understand Enrollment"
- Click on "Am I eligible?"
- Click on the + button for the scenario that best describes your situation

Beware of
important dates

1st ELIGIBLE - ENROLL:
3 mos. before 65th birthday
Month of your birthday
3 mos. after your birthday

ANNUAL OPEN ENROLLMENT:
October 15 - December 7

**Special enrollment dates for
certain circumstances**

Original Medicare

Part D
Prescription drug coverage

Medigap Supplement
insurance

For more information, call the Guam Medicare Assistance Program
(Guam MAP) Office at 735-7421/7415



DIVISION OF SENIOR CITIZENS
DEPARTMENT OF PUBLIC
HEALTH & SOCIAL SERVICES
130 UNIVERSITY DRIVE, SUITE 8
UNIVERSITY CASTLE MALL, MANGELAO, GUAM
PH: 735-7421 FAX: 735-7416



The information provided is for general background only, and is not intended to constitute legal, insurance or health care advice as to your specific circumstances. It is recommended that you review your options with a qualified insurance advisor.

GUAM SMP/SHIP

MEDICARE BASICS

CHAD.PALOMO@DPHSS.GUAM.GOV

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MEDICARE FRAUD

How to Spot MEDICARE FRAUD

First, what is it?

It's all about money

- Medicare fraud is when doctors or other providers deceive Medicare into paying when it should not or paying more than it should.
- Fraud is against the law and should be reported.

Kinds of billing fraud

- For services you've never received
- For services different than the ones you received (usually more expensive)
- For continuing rental of medical equipment after you've returned it

Other types of fraud

- Offering or performing services you don't need
- Telling you that Medicare will pay for something when it won't
- Using another person's Medicare number or card

How can you spot it?

Look carefully at all Medicare Summary notices to make sure that you actually received all the services listed.

If you have returned your durable medical equipment (DME), your DME supplier should not continue to charge Medicare for rental fees or maintenance.

If you have Original Medicare Summary, your doctor should not charge you for most preventive services.

Be suspicious of people who tell you they represent Medicare and want to offer you a service for free.

Be wary of anyone who calls you or visits your home to offer services or equipment.

Avoid those who ask for your Medicare number and only offer free consultations to people with Medicare.

Call to get Help

For more information, contact
Guam Medicare Assistance Program
(Guam MAP) Office at 735 7421

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HEALTH & SOCIAL SERVICES
130 UNIVERSITY DRIVE, SUITE 8
UNIVERSITY CASTLE MALL, MANGILAO, GUAM
PH: 735-7421 FAX: 735-7416

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Medicare Made Easy

Who Said Medicare Has to Be Difficult?

You qualify for part or all of Medicare coverage if you:

- Are turning 65
- Are of any age with end stage renal disease
- Have been receiving Social Security
- Are 65 and over
- Are of any age with a severe disability like amyotrophic lateral sclerosis

The Plans And Their Options

Now that you are qualified, let's see which Medicare plans and options suit your needs

Original Medicare

Part A

Hospital insurance helps cover inpatient care in hospitals, skilled nursing facility, hospice, and home health care. Most people don't pay a premium because they paid Medicare taxes while working.



Part B

Helps cover vital services or supplies that are needed to diagnose or treat your medical conditions. Also cover some preventive services. A monthly premium is required.



Part D

To get Medicare prescription drug coverage, you enroll in a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered.



Medigap Policy (optional)

Coverage from a private company that fills gap in Original Medicare coverage. Costs vary by policy and company.



Apply For Original Medicare

Apply online, by phone, or in person at your nearest Social Security office.

For more information, contact Guam Medicare Assistance Program (Guam MAP) Office at 735 7421



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DEPARTMENT OF PUBLIC
HEALTH & SOCIAL SERVICES
130 UNIVERSITY DRIVE, SUITE 8
UNIVERSITY CASTLE MALL, MANGILAO, GUAM
PH: 735-7421 FAX: 735-7416



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VOLUNTEER



MAKE A DIFFERENCE

Your contribution while **Volunteering** will make a long term difference in the lives of those who you work with



GIVE SOMETHING BACK

Volunteering gives you the chance to give something back to the people



MAKE NEW FRIENDS

By **Volunteering**, you meet new people with similar interests and make friends and memories for life



DEVELOP NEW SKILLS

Volunteering lets you develop a new skill set which improves your professional and personal prospects



STRENGTHEN YOUR RESUME

Volunteering gives you an extra edge over the others which also improve your resume



HAVE FUN

Most volunteers say that it's great fun **Volunteering**. Don't just take our word for it - get out there and give it a try!



CONNECT WITH THE COMMUNITY

Understanding community needs while **Volunteering** helps foster empathy and sensitivity towards others



MAKE THE WORLD A BETTER PLACE

You spread positive energy and this energy and effort affects the region in a constructive way

GUAM SMP/SHIP

BECOME A VOLUNTEER

4 R'S for Fighting Medicare Fraud RECORD • REVIEW • REPORT • REMEMBER



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130 UNIVERSITY DRIVE, SUITE 8, UNIVERSITY CASTLE MALL, MANGILAO, GUAM
PH: 735-7421 FAX: 735-7416



CHAD.PALOMO@DPHSS.GUAM.GOV

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INDIANA Senior Medicare Patrol (INSMP)

WE DEVELOPED THIS EXCEL SPREADSHEET TO ENABLE US TO BETTER COLLECT AND TRACK CONSISTENT INSMP DATA. DATA COLLECTED MONTHLY IS THEN ENTERED INTO SIRS DATABASE BY THE INSMP VOLUNTEER AND TRAINING COORDINATOR. WE FREQUENTLY REFER TO AND USE THIS SPREADSHEET REGULARLY WHEN BUILDING REPORTS, IN VHO COMMUNICATIONS, TRACK ACTIVITIES, MAKE RECOMMENDATIONS/SUGGESTIONS, BUILD MONTHLY ACTIVITY REPORTS, AND MORE.

SMP TIME TRACKER 2019

SMP SIRS TIME ENTRY REPORT													
AREA NAME: (VHO OR AAA)		AREA 11		SUBMITTED BY: (TYPE YOUR NAME)		DOWHATI CANN		<p>Unless SMP program was the ONLY topic of discussion for duration of time entered, please select AT LEAST one additional topic from dropdown list provided. We understand that typically, SMP is discussed in conjunction with other topics for a particular audience. We need to report those topics to best illustrate the setting of discussion. The more detail the better the data. In an effort to enable us to provide our funders with more robust and detailed data, we have added 4 "SUBJECT GROUPINGS" (such as "Medicare Enrollment/All Plan Review") which when selected will indicate to us that several different subjects (such as a review of all Medicare plan options) were covered within one general topic (such as</p>				<p>COL L: Please further breakdown the type of beneficiary you were targeting with this effort. Details really help to accurately illustrate who we are reaching in SMP federal reports.</p>	
DATE SUBMITTED: Previous Month's Data Due by 5th Day of Current Month.		7/26/19		MONTH REPORTED: (PLEASE DO NOT COMBINE MONTHS)		Jul 2019							
GENERAL INFO - REQUIRED FOR ALL INTERACTION TYPES AND ENTRIES <i>(The requested data in all the gray columns is required for all INTERACTION TYPES - with the exception of "Other Volunteer Activity". For Other Volunteer ACTIVITY, provide what you can in gray section and move to GREEN section.)</i>							OTHER ACTIVITY - ADD'L INFO <i>(You must provide data in green column only if you indicated "Other ACTIVITY" interaction type in Col A)</i>		ADDITIONAL INFO REQUIRED BELOW FOR GROUP OUTREACH/EDUCATION INTERACTIONS <i>(You only need to provide data in yellow columns if you indicated GROUP OUTREACH AND EDUCATION interaction type in first column.)</i>				
Type of Interaction	Conducted By (NAME) Staff or Volunteer	DATE When did interaction occur?	Zip Code	Title of Interaction (Required Data) Please enter the name of your event or location or type of individual interactions such as 1:1 Counseling or SHIP/SMP or similar.	Time Spent Staff or Volunteer (15 min increments)	NOTES Add any additional pertinent info or details here	Topic(s) of Discussion/Presentation Please select one or more individual topic(s) OR "Subject Grouping (multiple subjects within one broader topic)" Drop down list allows for multiple selections.	Other Activity (Volunteer or Staff) Please indicate on which specific SMP activity time was spent	Type of Event	Intended Audience (select one or more)	Targeted Beneficiary Population (select one or more)	Estimated Number of People Reached	
GROUP Outreach and Education	JANE DOE	7/9/19	12345	GREAT OAK HOUSE SENIOR GROUP	90	HOW TO READ MSN	*Fraud Education - Medicare, Consumer, ID Theft, DME Scams, SMP Volunteer Recruitment, SMP Program Information, Other (please add details in NOTES section - Column G)		Group Education or Presentation	Beneficiary, Family Member/Caregivers, Health Care Providers	Long-Term Care Residents, Low Income, People with Disabilities, Native American, Rural	27	
INDIVIDUAL Interaction	JANE DOE	7/10/19	12345	ONE-ON-ONE	15		*Fraud Education - Medicare, Consumer, ID Theft, DME Scams						
INDIVIDUAL Interaction	JOHN DOE	7/11/19	12345	ONE-ON-ONE	15		*Medicare/SMP Plan Review - All Plan Options, SMP Program						
Other SMP ACTIVITY	JANE DOE	7/11/19	12345	SMP FOUNDATIONS	180	REFRESHER	*Medicare Enrollment or Transition/Review of all Plan Options	Training (Refresher/Continuing Ed)					
Other SMP ACTIVITY	JOHN DOE	7/9/19	12345	GREAT OAK HOUSE SENIOR GROUP	90	ASSISTED JANE WITH PRESENTATION	DME - Durable Medical Equipment and Related Scams	Assisted with Group Outreach or Education Event					
GROUP Outreach and Education	JANE DOE	7/12/19	12345	SASSY SENIORS WELLNESS EXPO	360	HOSTED SMP TABLE	Medical ID Theft, Consumer Protection, Medicare Advantage		Community Event/Booth or Table	Beneficiary, Family Member/Caregivers, Health Care Providers, Partner Organizations	Rural, Low Income, People with Disabilities	257	

EMAIL INSMP VOLUNTEER AND TRAINING COORDINATOR, MARY WALLACE, FOR MORE INFORMATION AT MWALLACE@IAAAA.ORG.

2019 SMP/SHIP National Conference

July 22-25, 2019 • San Diego, CA

INDIANA Senior Medicare Patrol (INSMP)

WE DEVELOPED THIS EXCEL SPREADSHEET TO ENABLE US TO BETTER COLLECT AND TRACK CONSISTENT INSMP DATA. DATA COLLECTED MONTHLY IS THEN ENTERED INTO SIRS DATABASE BY THE INSMP VOLUNTEER AND TRAINING COORDINATOR. WE FREQUENTLY REFER TO AND USE THIS SPREADSHEET REGULARLY WHEN BUILDING REPORTS, IN VHO COMMUNICATIONS, TRACK ACTIVITIES, MAKE RECOMMENDATIONS/SUGGESTIONS, BUILD MONTHLY ACTIVITY REPORTS, AND MORE.

SMP TIME TRACKER 2019

SMP SIRS TIME ENTRY REPORT

AREA NAME: (VHO OR AAA) AREA 14 SUBMITTED BY: (TYPE YOUR NAME) DOWHATI CANN

DATE SUBMITTED: Previous Month's Data Due by 5th Day of Current Month. 7/26/19

COL A: Select INDIVIDUAL Interaction - if time was spent on an SMP or SHIP counseling session with a beneficiary, caretaker, family member, etc. in which SMP was introduced/discussed/explained.
 Select GROUP Outreach and Education - if this is a community event or group outreach session/presentation that has NOT already been included in another entry (health fair, presentation to group, etc.).
 Select Other SMP ACTIVITY - if time was spent on SMP training, admin tasks, info distribution, etc.
 OR if more than one paid staff or volunteer worked at same Group Outreach or Education event. One name would be attached to actual event entered as Group Outreach and Education interaction type to capture the actual event as well as that person's time. All additional individuals who worked same event would be entered separately as Other SMP ACTIVITY in order to capture his/her time but not duplicate the actual event.
 If Interaction Type is Other SMP ACTIVITY in Column A, you must indicate type of activity by selecting from the dropdown list in the green "Other Activity" section, Column K

COL I: Use this column to indicate if time was spent on one of the activities included in drop-down list - training, admin duties, distribution of materials (non-event), etc.
 OR
 If more than one person (staff and/or volunteer) spent time at the same Outreach Event (Community Event or Group Educational Session/Presentation). See Comment in Column A for more info.

COL L: Please further breakdown the type beneficiary you were targeting with this event. Details really help to accurately illustrate who we are reaching in SMP reports.

(The requested data in all the green columns is required for Other Volunteering)

ADDITIONAL INFO REQUIRED BELOW FOR GROUP OUTREACH/EDUCATION INTERACTION TYPE (You only need to provide data in yellow columns if you indicated GROUP OUTREACH AND EDUCATION interaction type in first column.)

Type of Interaction	Conducted By (NAME) Staff or Volunteer	DATE When did interaction occur?	Zip Code	Title of Interaction (Required Data) Please enter the name of your event or location of your group ed session or type of individual interactions such as 1:1 Counseling or SHIP/SMP or similar.	Time Spent Staff or Volunteer (15 min increments)	Activity Details (Optional) details here	Other Activity (Volunteer or Staff) Please indicate on which specific SMP activity time was spent	Type of Event	Intended Audience (select one or more)	Targeted Beneficiary Population (select one or more)	Estimated Number of Participants
GROUP Outreach and Education	JANE DOE	7/9/19	12345	GREAT OAK HOUSE SENIOR GROUP	90	HOW TO READ MSN	*Fraud Education - Medicare, Consumer, ID Theft, DME Scams, SMP Volunteer Recruitment, SMP Program Information, Other (please add details in NOTES section - Column G)	Group Education or Presentation	Beneficiary, Family Member/Caregivers, Health Care Providers	Long-Term Care Residents, Low Income, People with Disabilities, Native American, Rural	
INDIVIDUAL Interaction	JANE DOE	7/10/19	12345	ONE-ON-ONE	15		*Medicare/SMP Plan Review - All Plan Options, SMP Training (Orientation/SMP Foundations)				
INDIVIDUAL Interaction	JOHN DOE	7/11/19	12345	ONE-ON-ONE	15		*Medicare Enrollment or Transition/Review of all Plan Options				
Other SMP ACTIVITY	JANE DOE	7/11/19	12345	SMP FOUNDATIONS	180	REFRESHER	Assisted with Group Outreach or Education Event				
Other SMP ACTIVITY	JOHN DOE	7/9/19	12345	GREAT OAK HOUSE SENIOR GROUP	90	ASSISTED JANE WITH PRESENTATION	Assisted with Group Outreach or Education Event				
GROUP Outreach and Education	JANE DOE	7/12/19	12345	SASSY SENIORS WELLNESS EXPO	360	HOSTED SMP TABLE	DME - Durable Medical Equipment and Related Scams, Medical ID Theft, Consumer Protection, SMP Volunteer Recruitment, SMP Program Information	Community Event/Booth or Table	Beneficiary, Family Member/Caregivers, Health Care Providers,	Rural, Low Income, People with Disabilities	

DATA - DO NOT REMOVE NAVIGATION COMMENTS JAN 2019 FEB 2019 MAR 2019 APR 2019 MAY 2019 JUN 2019 AUG 2019 JUL 2019

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INDIANA Senior Medicare Patrol (INSMP)

INSMP 8.5X14 FOLDABLE READING YOUR MEDICARE SUMMARY NOTICE TOOL

Page 4 – How to Handle Denied Claims

1 Get More Details
Find out your options on what to do about denied claims.

2 If You Decide to Appeal
You have 120 days to appeal your claims. The date listed in the box is when your appeal must be received by us.

3 If You Need Help
Helpful tips to guide you through filing an appeal.

How to Handle Denied Claims or File an Appeal

1 Get More Details
If there was a denial, call us to see the denial and the reasons for the denial. We will help you understand the denial and the reasons for the denial. We will also help you understand the appeal process. Call us at 800-986-3505. We will help you understand the appeal process and the reasons for the denial. We will also help you understand the appeal process and the reasons for the denial.

2 If You Decide to Appeal
You have 120 days to appeal your claims. The date listed in the box is when your appeal must be received by us.

3 If You Need Help
Helpful tips to guide you through filing an appeal.

4 Appeals Form
You must file an appeal in writing. Follow the step-by-step directions when filling out the form.



READING YOUR MEDICARE SUMMARY NOTICE

Page 1 – Your Dashboard

1 DHHS Logo
The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

2 Your Information
Check your name and the last 4 numbers of your Medicare number, as well as the date your MSN was printed and the dates of the claims listed.

3 Your Deductible Info
You pay a yearly deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice.

Medicare Summary Notice
For Part B (Medical Insurance)

1 Title of your MSN
The title at the top of the page is larger and bolder.

2 Total You May Be Billed
A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

3 Providers You Saw
Check the list of dates and the doctors you saw during this claim period.

4 Help in Your Language
For help in a language other than English or Spanish, call 1-800-MEDICARE and say "Agent." Tell them the language you need for free translation services.

5 Title of your MSN
The title at the top of the page is larger and bolder.

6 Total You May Be Billed
This is the total amount the provider is able to bill you. It's highlighted and in bold for easy reading.

7 Notes
Refer to the bottom of the page for explanations of the services you got.

Page 2 – Making the Most of Your Medicare

1 Section Title
This helps you navigate and find where you are in the notice. The section titles are on the top of each page.

2 How to Check
Medicare offers helpful tips on what to check when you review your notice.

3 How to Report
Help Medicare save money by reporting fraud!

4 How to Get Help
This section gives you phone numbers for where to get your Medicare questions answered.

Making the Most of Your Medicare

1 How to Check This Notice
Be sure you receive the notice of each doctor or provider. Check the date of the notice and the date of the appointment for each doctor or provider.

2 How to Report Fraud
If you think a provider or business is doing something wrong, report it to Medicare. Call 1-800-986-3505.

3 How to Get Help
If you have questions about your Medicare, call 1-800-986-3505.

5 Preventive Services
Remember, Medicare covers many preventive tests and screenings to keep you healthy.

6 General Messages
These messages get updated regularly, so make sure to check them!

Page 3 – Your Part B Medical Claims

1 Type of Claim
Claims can either be assigned or unassigned.

2 Definitions
Don't know what some of the words on your MSN mean? Read the definitions to find out more.

3 Your Visit
This is the date you went to your doctor. Keep your bills and compare them to your notice to be sure you got all the services listed.

4 Service Descriptions
User-friendly service descriptions will make it easier for you to know what you were treated for.

Your Claims for Part B (Medical Insurance)

1 Approved Column
This column lets you know if your claim was approved or denied.

2 Max You May Be Billed
This is the total amount the provider is able to bill you. It's highlighted and in bold for easy reading.

5 Type of Claim
Claims can either be assigned or unassigned.

6 Definitions
Don't know what some of the words on your MSN mean? Read the definitions to find out more.

7 Your Visit
This is the date you went to your doctor. Keep your bills and compare them to your notice to be sure you got all the services listed.

8 Service Descriptions
User-friendly service descriptions will make it easier for you to know what you were treated for.

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RHODE ISLAND DIVISION OF ELDERLY AFFAIRS



2019 AGENDA

RI SMP/SHIP MANDATORY ANNUAL TRAINING AND VOLUNTEER APPRECIATION DAY



Division of Elderly Affairs

RI SMP/SHIP INTEGRATED TRAINING / VOLUNTEER RECOGNITION LUNCHEON

Kirkbrae Country Club 197 Old River Road, Lincoln, RI

MAY 16, 2019

Agenda

8:00-8:30	REGISTRATION/CONTINENTAL BREAKFAST
8:30-8:45	WELCOME- Director Rose Amoros Jones, RI Elderly Affairs
8:45-9:15	ELDER ABUSE – Mary Ladd – RI Elderly Affairs
9:15- 10:00	REMOVING BARRIERS FOR PERSONS WITH DISABILITIES Lorna Ricci and Melissa Rosenberg - Ocean State Center for Independent Living (OSCIL)
10:00-10:30	CONFIDENTIALITY PRESENTATION – Christine Smith – RI Elderly Affairs
10:30-10:45	BREAK
10:45-11:15	SMP CURRENT SCAMS– Volunteer Betty Vieira
11:15- 12:00	RECOGNITION EVENT "Volunteer Group Picture"
12:00 - 1:00	LUNCH
1:00 – 1:30	WORK PLACE SAFETY – Edward Conway – RI Department of Labor
1:30-2:00	CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) Ada Amobi – RI Department of Health
2:00-2:30	CODE OF ETHICS - Lynne Radiches – RI Ethics Commission
2:30-2:45	BREAK
2:45-3:15	INFORMATION TECHNOLOGY – Terry Haydt – RI Elderly Affairs
3:15-3:45	SMP/SHIP - GAME
3:45	DOOR PRIZE (Volunteers only – MUST BE PRESENT TO WIN)

This project was supported, in part by a grant from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living Policy

ALEATHA.DICKERSON@DEA.RI.GOV

2019 SMP/SHIP National Conference

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TN SHIP and TN SMP

PROGRAM PARTNERSHIP

SHIP AND SMP ARE NOT HOUSED IN THE SAME AGENCY BUT HAVE SHARED STAFF AND VOLUNTEERS FOR OVER 18 YEARS. GIVES BOTH PROGRAMS MORE BANG FOR THEIR BUCKS!



SHANNON.JONES@TN.GOV OR LHOLLOWAY@UCDD.ORG

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TN SHIP

STUDENT VOLUNTEERS

PARTNERING WITH PHARMACY, NURSING, PUBLIC HEALTH AND SOCIAL WORK STUDENTS CAN BOOST YOUR CLIENT CONTACTS AND OUTREACH EVENTS



SHANNON.JONES@TN.GOV OR VIVIAN.KING@TN.GOV

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TN SHIP and TN SMP

ANNUAL SPRING TRAINING

SHIP AND SMP COORDINATORS MEET FACE TO FACE ANNUALLY FOR TRAINING



SHANNON.JONES@TN.GOV OR RYAN.RAMSEY@TN.GOV

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Oregon Senior Health Insurance Benefits Assistance (SHIBA) a.k.a. SHIP

WEBSITE HOMEPAGE






OREGON.GOV Home Get help Turning 65? Topics Volunteers Counselor

SHIBA
Senior Health Insurance Benefits Assistance

Medicare Help
Senior Health Insurance Benefits Assistance Program

Call 800-722-4134 (toll free) or contact your local SHIBA office to get information about your plan options.

<p>Oregon Guide to Medicare insurance plans</p> <ul style="list-style-type: none">2019 Medicare guide 2nd edition2019 Medicare guide 1st edition2019 corrections sheet2019 Guide Pick-up Locations2019 Oregon Medicare Fact Sheet	 <p>Medicare help</p> <ul style="list-style-type: none">Turning 65? Welcome, Boomers!Medicare help near youFind a free class near you	 <p>Medicare topics</p> <ul style="list-style-type: none">Marketplace and Medicare eligibilityMedigap informationMedicare marketing rules	 <p>Medicare volunteers</p> <ul style="list-style-type: none">Become a Medicare volunteerMedicare volunteer trainingMedicare counselor tools
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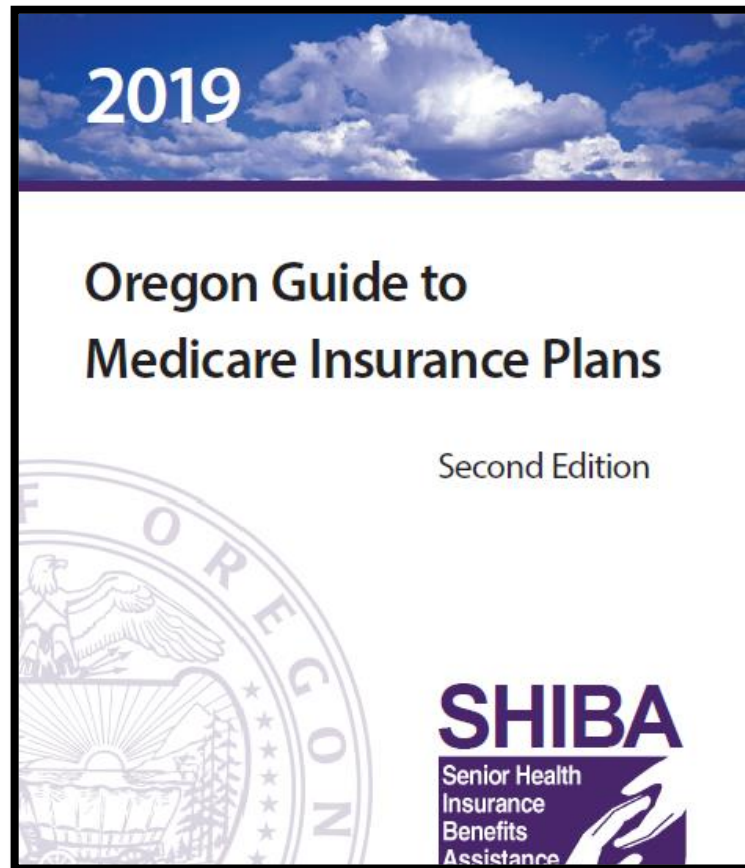
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2019 OREGON GUIDE TO MEDICARE HEALTH INSURANCE PLANS



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HELPING HANDS NEWSLETTER- SMP & SHIP CO BRANDED



FRAUD ADVISORY BEWARE OF PHONE SPOOFING SCAMS

If you receive a phone call displaying the fraud hotline number for the Social Security Administration's Office (SSA) of the Inspector General (OIG) on your caller-ID, it is a scam.

Spoofing scams impersonates the caller-ID phone number of what appears to be a reputable source. Beware of phone calls displaying the fraud hotline number on a caller-ID screen. This is a scam. OIG employees do not place outgoing calls from the Fraud Hotline 800 number. Do not engage with these calls or provide personal information.

SSA and OIG employees do contact citizens by telephone for official purposes and may request the citizen confirm personal information; however, the calls

do not appear on caller-ID as the Fraud Hotline number of (800) 269-0271. SSA and OIG employees will never threaten you for information or promise any type of official action in exchange for personal information or payment. In those cases, the call is fraudulent, and you should hang up.

If you receive a suspicious call from someone alleging to be from SSA or OIG, you should report that information to the OIG online at oig.ssa.gov/report or by calling (800) 269-0271, Monday — through Friday, 10 a.m. to 4 p.m. Eastern time. You can also report these scams to the Federal Trade Commission on a website specific to Social Security scams: identitytheft.gov/ssa

See the full advisory at the OIG website. identitytheft.gov/ssa

This product was supported in part by a grant (No. 2014PGR02-01-00) from the Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Contents carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official ACL or DHHS policy.

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Oregon Senior Health Insurance Benefits

Assistance (SHIBA) a.k.a. SHIP

POST-IT CUBE - TEAR OFF SHEETS

USED FOR OUTREACH

**Questions about
Medicare and
Medicare Rx?**

**Contact the Senior Health
Insurance Benefits
Assistance Program**

SHIBA www.oregonshiba.org

Senior Health
Insurance
Benefits
Assistance

1(800)722-4134

EMAIL SHIBA.OREGON@OREGON.GOV FOR MORE INFORMATION

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GENERAL PROGRAM BROCHURE

What is Medicare?

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with end-stage renal disease.

Get free, expert help

SHIBA counselors:

- Provide information about Medicare, including what health and prescription drug plans are available to you.
- Help with Medicare appeals and complaints.
- Educate how to protect, detect, and report Medicare fraud, waste, and abuse.

Spread the word!

Do you have a family member or friend who is ready to sign up for Medicare? Do you know someone who is a caregiver to someone who is eligible for Medicare? Let them know help is available at SHIBA.Oregon.gov or at 800-722-4134 (toll-free).

Stay connected

Visit SHIBA.Oregon.gov to get more detailed information about Medicare programs and counseling opportunities and to schedule group presentations.

Follow SHIBA on Facebook to get the latest news:

www.facebook.com/OregonSHIBAVolunteer

Volunteer opportunities

SHIBA's success is built on a network of certified counselors who volunteer all across Oregon. Call 800-722-4134 (toll-free) or visit SHIBA.Oregon.gov for a volunteer counselor application.

Contact information

[Space for customizable info]



Get **Free Help** with Medicare



Medicare starts at 65 for everyone.* Make sure you're ready. Late enrollment may result in lifetime premium penalties.

* If you are covered by an employer group health plan through active work (your own or your spouse's), you may delay enrolling in Medicare without penalty.

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TWO-DAY NEW VOLUNTEER TRAINING FLYER

SHIBA Volunteer Training



The Metro Area SHIBA programs invite you to a New Counselor Training

Day One – Tuesday, July 30

9am – 4pm

(9 – 10 am New Volunteer Orientation;
10am for returning certified counselors)

- Volunteer Orientation / Resources
- Medicare Overview
- ~ LUNCH ~
- Part A plus scenario
- Part B plus scenario
- Medigap

Day Two – Wednesday, July 31

9am – 4pm

- Part D
- Medicare Advantage
- ~ LUNCH ~
- Medicare Savings / Extra Help
- Review Medicare vs MA
- STARS database

All subjects will include how to handle challenging client needs

When: July 30-31, 2019

Who: Donna Delikat & Miranda Mathae
SHIBA State Office Trainers

What: New Volunteer Training

Where: Providence St. Vincent's Medical Center
9205 SW Barnes Rd, Portland, OR 97225
Souther Auditorium (east Pavilion)

Important Additional Information

Lunch, snacks and beverages will be provided
Space is limited – please register with the Linda Akermanis 503-315-9150
or by emailing Linda.LAkermanis@oregon.gov

REGISTRATION DEADLINE IS JULY 23RD .

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2019 SMP/SHIP National Conference

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Oregon Senior Health Insurance Benefits Assistance (SHIBA) a.k.a. SHIP



FREE Medicare 101 Class

Medicare starts at age 65. Know your deadlines, options and who to call to avoid late enrollment penalties.

- What is Medicare?
- Do I need both A&B?
- Other insurance options
- Prescription drug coverage
- Secondary Insurance
- Financial Assistance
- Fraud protection
- Marketplace plans



RSVP to Jane Roger at 541-678-5483 or jroger@councilonaging.org

County	Location	Date	Presenters
Jefferson	St Charles 470 NE A St, Madras, OR 97741 (Conference Room Metolius A)	09/05/2019 10 am to 12 pm	Miranda Mathae
Crook	St Charles 384 SE Combs Flat Rd, Prineville, OR 97754 (Conference Room A)	09/05/2019 3 to 5 pm	Miranda Mathae
Deschutes	St Charles 1253 NW Canal Blvd, Redmond, OR 97756 (Conference Room Juniper/Sage)	09/08/2019 10 am to 1 pm	Miranda Mathae
Deschutes	City of Sisters 520 East Cascade, Sisters, OR 97759 (Chamber Room)	09/08/2019 3 to 5 pm	Miranda Mathae



MEDICARE 101 FLYER

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2019 Oregon Medicare Fact Sheet Medicare Subsidy Programs

MEDICARE FACT SHEET RE: MSP AND LIS SCREENING INFO

Extra Help and Medicare Savings Program Income/Resource Limits ¹						
Subsidy Level	Program/ Federal Poverty Level %	Monthly Income Limits One/Couple	Resources* One/Couple	Rx Premium	Rx Deductible	Rx Co-pay
Level 3 Institutional or receiving in-home services	Full Dual	Varies ³	Varies ³	\$0	\$0	\$0
Level 2 Non-institutional	Full Dual/ SSI	\$771/ \$1,157**	\$2,000/ \$3,000	\$0	\$0	\$1.25/\$3.80 NO GAP
Levels 2 & 3 above qualify for the full OHP+ or OSIPM package through Senior Services						
Level 1	GMB/ 100%	\$1,041/ \$1,409	NA ²	\$0	\$0	\$3.40/\$8.50 NO GAP
	GMB – Part B premium, deductibles, and co-pays paid by the state					
	SMB/ 120%	\$1,249/ \$1,691	NA ²	\$0	\$0	\$3.40/\$8.50 NO GAP
	SMF(QI)/ 135%	\$1,405/ \$1,902	NA ²	\$0	\$0	\$3.40/\$8.50 NO GAP
SMB / SMF – Part B premium only paid by the state						
Level 4	136% - 150%	\$1,561/ \$2,114	\$14,390/ \$28,720	25-100%	\$85	Up to 15%

¹Your residence and car do not count as assets. Must meet both the income and asset limits to qualify. Medicaid is a state program that helps to pay for Medicare Part B premiums. Resources are evaluated differently. Contact your Aging Services/SPD local branch with questions and to apply. Oregon state Medicaid resource limits allow for an additional \$1,500 per person for burial expenses. However, the \$1,500 must be in a separate, dedicated account.

²Must meet the individual OSIPM income standard AND the couple income standard (if applicable) to qualify.

³Income limits for US are effective January 2019, MSP effective March 2019.

⁴GMB/SMB/SMF resource limits eliminated as of 1/1/16.

⁵Each case must be evaluated by the Medicaid branch to calculate eligibility.

2/6/19

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2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Puerto Rico SMP

COMIC STORY 1 OF 8

NO INFO BY PHONE!



RCOLONP@HAINST.ORG

2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Puerto Rico SMP

COMIC STORY 2 OF 8

NO INFO BY PHONE!



RCOLONP@HAINST.ORG

2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Puerto Rico SMP

COMIC STORY 3 OF 8

NO INFO BY PHONE!



RCOLONP@HAINST.ORG

2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Puerto Rico SMP

COMIC STORY 4 OF 8

NO INFO BY PHONE!



RCOLONP@HAINST.ORG

2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Puerto Rico SMP

COMIC STORY 5 OF 8

NO INFO BY PHONE!



RCOLONP@HAINST.ORG

2019 SMP/SHIP National Conference

July 22-25, 2019 • San Diego, CA

Puerto Rico SMP

COMIC STORY 6 OF 8

NO INFO BY PHONE!



RCOLONP@HAINST.ORG

2019 SMP/SHIP National Conference

July 22–25, 2019 • San Diego, CA

Puerto Rico SMP

COMIC STORY 7 OF 8

NO INFO BY PHONE!



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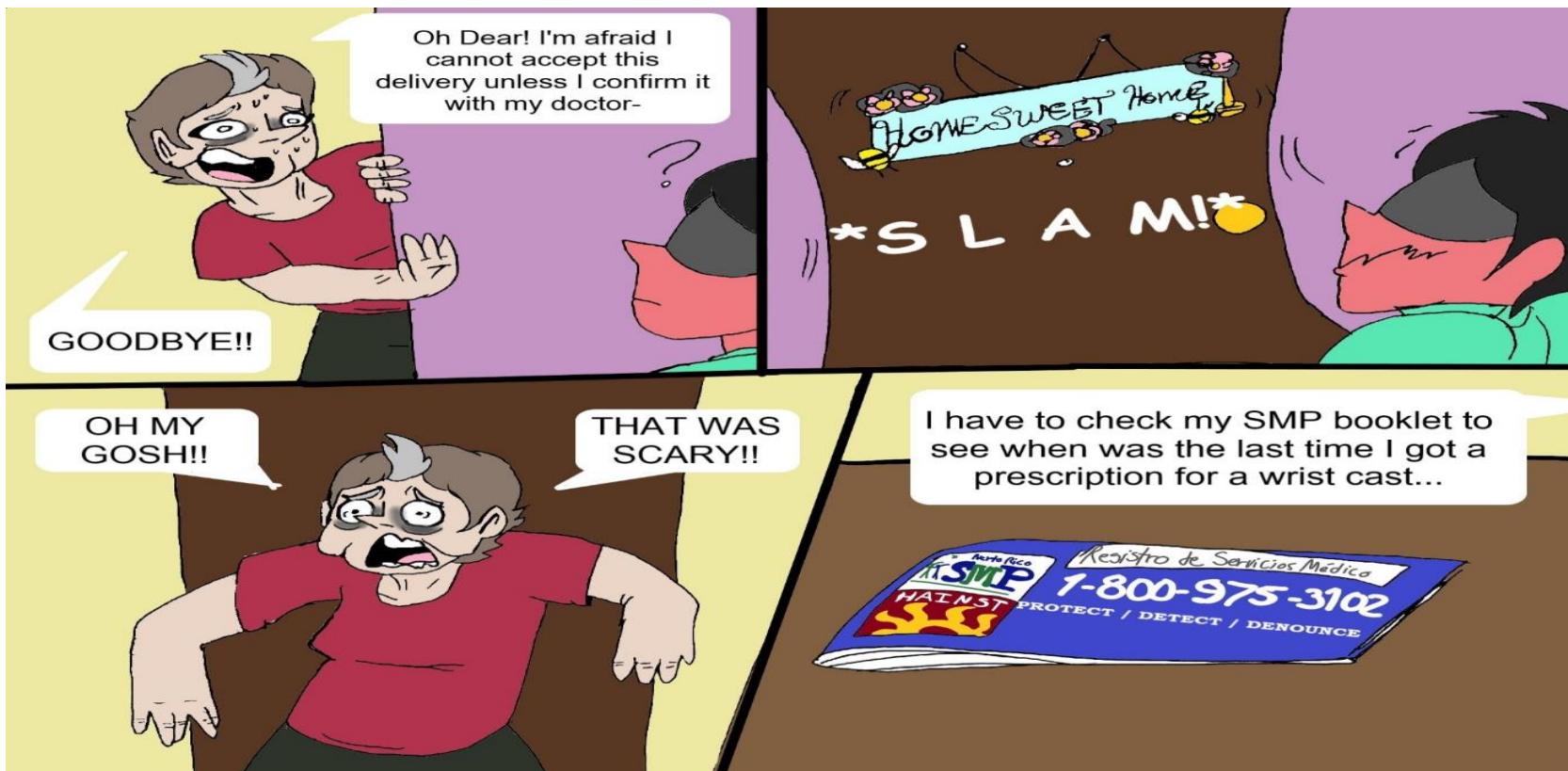
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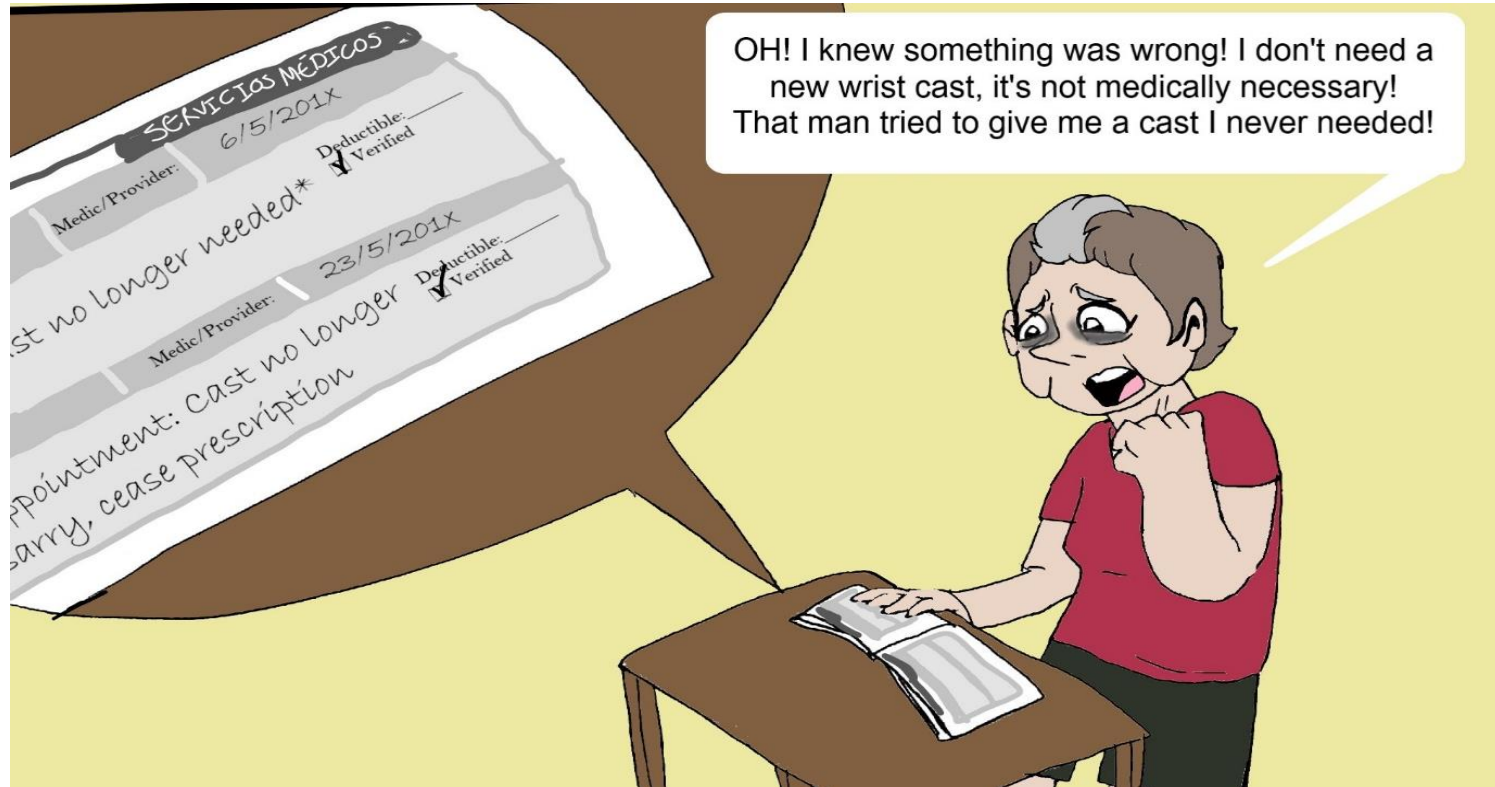
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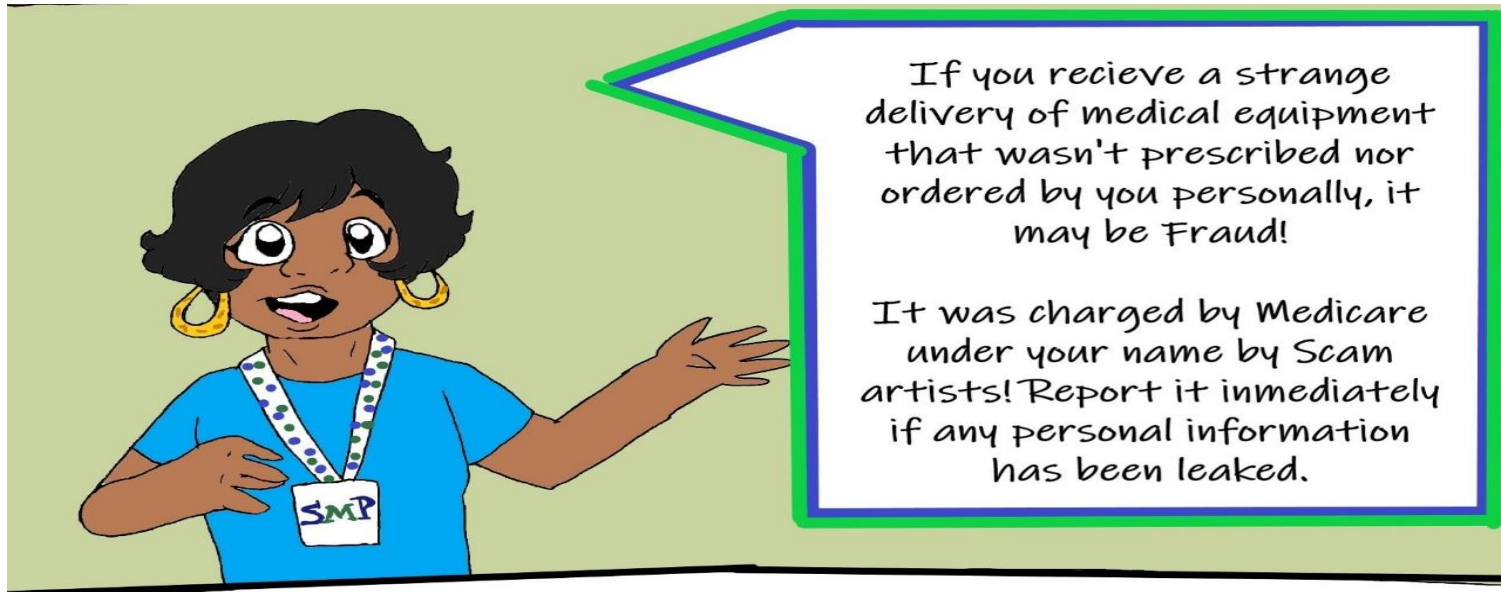
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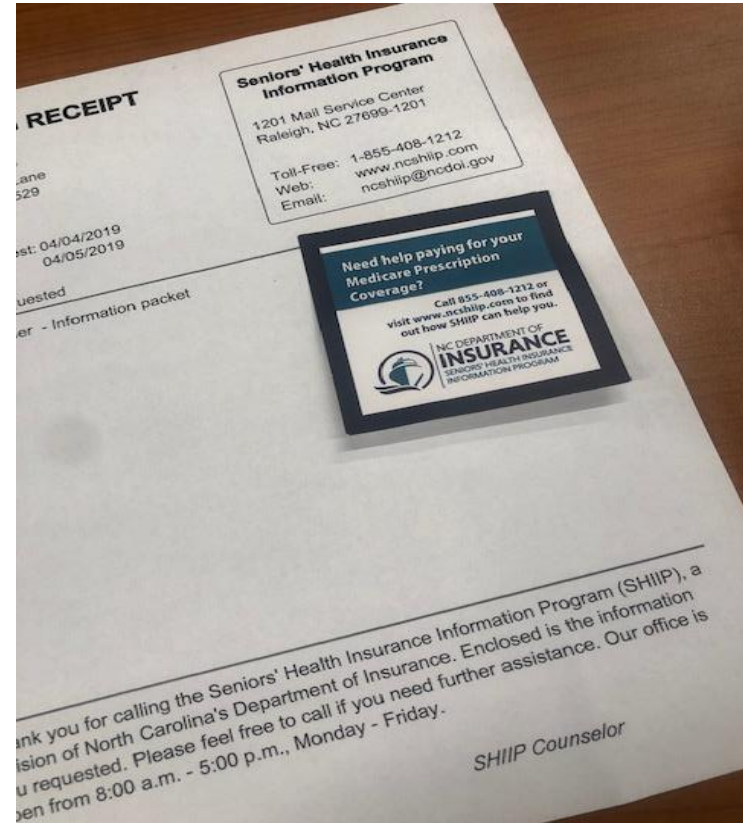
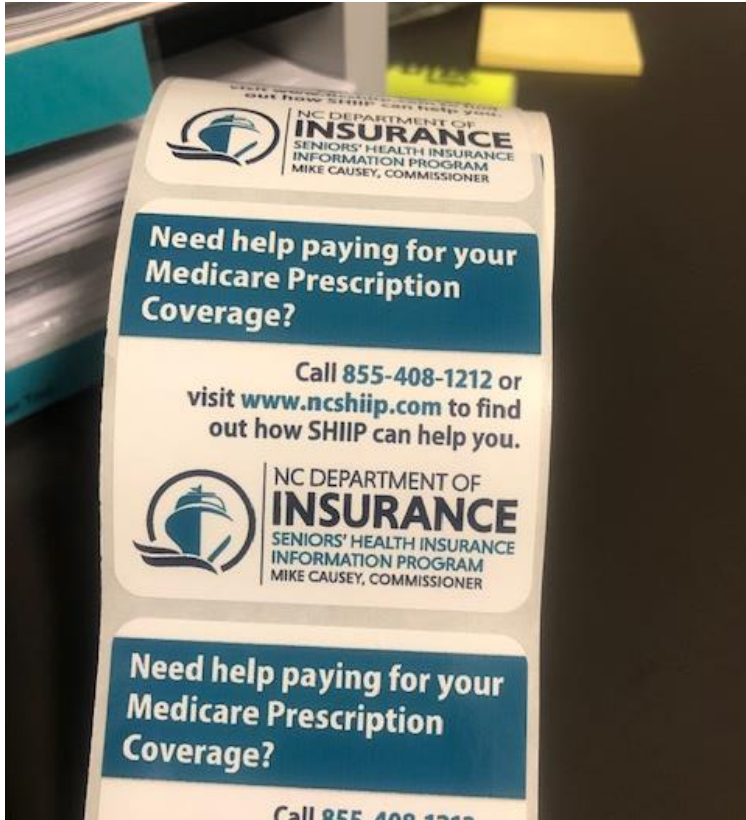
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North Carolina & NC Seniors' Health Insurance Information Program (SHIIP)

EXTRA HELP STICKERS & POST-ITS



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North Carolina & NC Seniors' Health Insurance Information Program (SHIIP)

MEDICARE ADVANTAGE FLYER

MEDICARE ADVANTAGE

IS IT RIGHT FOR YOU?

Do all of my medical providers accept the Plan?

Does the Plan cover the medications I take?

Will I need Prior Authorization for treatment or services?

What are the co-payments?

What Plans are available to me?

Do I need a referral to see a specialist?

Do I have to pay Part B premiums?

SHIIP has answers.

Seniors' Health Insurance Information Program
Mike Causey, Insurance Commissioner
1-855-408-1212 • www.ncshiip.com



SHIIP
NC DEPARTMENT OF
INSURANCE

Provided with financial assistance in whole or in part, through a grant from the Administration for Community Living



TERMS You Need to Know

HMO (Health Maintenance Organization) – Medical care and services given through a network of providers. In most cases includes Medicare Part D prescription drug benefits. May need a referral to see a specialist.

PPO (Preferred Provider Organization) – Can receive medical care and services inside or outside of network provider. In most cases includes Medicare Part D prescription drug benefits.

PFPS (Private-Fee-For-Service) – May require use of network providers, and provider must accept terms and conditions of the Plan's payments. May or may not have Medicare Part D prescription drug benefits.

SNP (Special Needs Plan) – Provides services through a network of providers to persons with certain chronic conditions, persons with full Medicaid and Medicare, or persons living in certain facilities. Always includes Medicare Part D prescription drug benefits.

MSA (Medical Savings Account) – These plans combine a high-deductible health plan with a bank account that the plan selects. The plan deposits money into an account which you can use to pay for your health care services during the year. These Plans will not provide Medicare Prescription drug coverage.

IF YOU JOIN a Medicare Advantage (MA) Plan

- You will present the Plan's card instead of the Medicare card for all medical care, but keep your original Medicare card in a safe place.
- You will still have Medicare and receive all Medicare benefits.
- You must continue to pay the Part B monthly premium plus any additional monthly premium charged by the Plan.
- You will have to pay other costs such as copayments or coinsurance for the services you receive.
- All Plans have an out-of-pocket annual maximum.
- You cannot have a Medigap and a Medicare Advantage Plan at the same time unless you are disenrolling in one of them.
- You should review your plans annually because benefits and costs may change.

Medicare Advantage ENROLLMENT PERIODS

Initial Enrollment Period (IEP) – The IEP is three months before, the month of, and three months after your 65th birthday.

Special Enrollment Period (SEP) – The SEP varies depending upon the situation.

Medicare Open Enrollment Period (OEP) – The OEP is October 15 – December 7 every year. During the OEP, a person who is enrolled in an MA or an MAPD may switch to another MA or MAPD plan or return to Original Medicare and select a PDP. Changes are effective January 1 of the following year.

Medicare Advantage Open Enrollment Period (MAOEP) – The MAOEP is between January 1 – March 31 each year. This period is primarily for those who have enrolled in a Medicare Advantage plan and want to make changes. During this time period...

- You cannot switch to an MA Plan from Original Medicare.

COMPARING Plans

Medical Providers

- Can you go to the hospital or doctor you prefer?
- Do you need a referral to see a specialist?
- What Plans will our providers accept?
- Do you pay less to go to certain providers?
- What Skilled Nursing Facilities and Home Health Agencies are contracted with the Plan?
- Contact the Plan for more provider information.

Benefits

- Are extra benefits and services (like dental, vision, hearing, fitness, emergency health care, etc.) outside the U.S. covered? (These may be covered by some Plans and there may be a cost for these extra benefits or services.)
- Does the Plan cover your prescription medications?

Cost

- What will you pay out-of-pocket, including premiums, deductibles and other cost-sharing (copayments or coinsurance) for medical services and prescription medications?

2 Are your prescription medications covered under the Plan's formulary?

13H (05/09) Form No. MA801 (2/19)

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