



I am Tatiana Fassieux and I am the Program manager for the Health Insurance Counseling and Advocacy Program at Passages. I know that the people that work for Passages know about Passages but who knows or doesn't know about Passages? You know Passages? A little bit. Well, no, alright. Let me give you a little Passages 101. We are a project of Chico State Research Foundation and as a project of the research foundation, they administer our grants. We are the local area agency on aging. There's an equivalent area agency on aging that covers every state in the union and every county in California. Through that grant, we fund in 5 counties, Butte, Colusa, Glenn, Tehama and Plumas County, we fund the Senior Nutrition Program which is the meals that are available at senior centers, home delivered meals which is different than meals on wheels that is administered by the hospital. Legal services, we have the Ombudsman Program who are advocates for people in nursing homes. We have our core services, our information and assistance because that is the gateway to information and programs for seniors and family care givers. Hello. We have a through a mental health grant, we have a care giver support program that provides, depending on funding, support services for caregivers of people with brain impairments or other debilitating conditions. Glenna manages the case manager or Care Management program that provides a lot of support services for very frail individuals that without that program they would indeed be institutionalized. And then we have an array of other volunteer services that are funded through National Senior Service Corps, senior companion, foster grandparents, the RSVP, which is the Retired Senior Volunteer Program.



DEPARTMENT OF HEALTH & HUMAN SERVICES
National Medicare
TRAINING PROGRAM
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Preventive Services
February 8, 2012



And of course my program and then we have some other programs that we're starting kick off. One of them is a great program, if you know anyone that needs it, it's called the Bill Pay program where we have bonded staff that will do the monthly bill paying for a fee for seniors or other adults 60 above at the least, right, who cannot handle their financial affairs. We don't have anything to do with their money, we just help them, okay, let's pay the bill, I'll write it, you sign the check, we get it in the mail. My program on the other hand is also funded both through medicare and the California Department of Insurance and our grant is administered also by the California Department of Aging. Most of our grants are funneled through the Department of Aging and it may come to Chico State Research Foundation.



What is HICAP?



- **The Health Insurance Counseling and Advocacy Program (HICAP) is a free service of PASSAGES. State registered counselors can help you:**
 - Understand Medicare, or resolve problems with your benefits
 - Compare Medicare Supplement insurance or health plans
 - Explore long term care (LTC) options and evaluate LTC policies
 - Compare Part D drug plans and other prescription drug resources
 - Find out about government programs that reduce your medical costs

For an appointment please call 898-6716 Or 1.800.434.0222

HICAP IS PART OF THE NATIONAL SHIP NETWORK

02/08/2012

Preventive Services

2

So for you who are new to Medicare, you need to call us because we will help you understand Medicare, we will help you decide whether you need to stand up or not because if you're still working and you're covered by health insurance you may need to not enroll depending on us. So we help you to decide based on what you've got available and so forth whether you need to enroll. We help you compare your insurance policies that are available to you. We help you compare the prescription drug benefits that are available to you. We help you decide, we give information so that you will be well informed to make a decision. We won't make that decision for you. We help you explore your long care term options. It's always a good idea to plan ahead then on a Friday afternoon when you need to make that decision. And we put on a lot of workshops, we've got a flyer for our upcoming long-term care workshops. And we also help you find out about government programs that for many people, their Medicare copays and deductibles are just too expensive, including Medicare supplement. So we help evaluate and even enroll in government programs that would help reduce your out of pocket cost, your medical cost. And then of course we work with a lot of wonderful partners and in the county with the medical professionals and within our own agency to give a very well rounded counseling and information about options.

So, as of, you know, that I'm a faculty here in this State. I am a professor of the research board department. I teach research basically is what my passion is and I do a lot of program about aging and research with my students. I also had opportunity that I moved here from Missouri to continue my PhD to work for the Center on Aging. And the Interdisciplinary Center on Aging in nature.



What is HICAP?



- **The Health Insurance Counseling and Advocacy Program (HICAP) is a free service of PASSAGES. State registered counselors can help you:**
 - Understand Medicare, or resolve problems with your benefits
 - Compare Medicare Supplement insurance or health plans
 - Explore long term care (LTC) options and evaluate LTC policies
 - Compare Part D drug plans and other prescription drug resources
 - Find out about government programs that reduce your medical costs

For an appointment please call 898-6716 Or 1.800.434.0222

HICAP IS PART OF THE NATIONAL SHIP NETWORK

02/08/2012

Preventive Services

2

As you can see, we are partnering with Passages and here to [inaudible] people's lecture here. So and we have one up our gold member, Glenna [phonetic] from Passages. So we have a board which is then very multidisciplinary from different departments from community, from various departments on campus. What we try to do is we want to create silos in the university. You know how we professors get when we start working in our, you know, individual offices and we just shut our doors and just, you know, go deep into our research and [inaudible] all that. But we really, through the Center on Aging, hope to bring faculty who's interested in aging research on campus and really serve our region, the 12 county region that the university always striving to serve. So, that's what we usually do. We really want to build innovative partnerships in our community. We hope to do a lot of aging education research and we've got a lot of students in the programs we do. But you know, as the economic times, our hands our tied. With zero funds, we are able to do a lot.



What is HICAP?



- The Health Insurance Counseling and Advocacy Program (HICAP) is a free service of PASSAGES. State registered counselors can help you:
 - Understand Medicare, or resolve problems with your benefits
 - Compare Medicare Supplement insurance or health plans
 - Explore long term care (LTC) options and evaluate LTC policies
 - Compare Part D drug plans and other prescription drug resources
 - Find out about government programs that reduce your medical costs

For an appointment please call 898-6716 Or 1.800.434.0222

HICAP IS PART OF THE NATIONAL SHIP NETWORK

02/08/2012

Preventive Services

2

In the end we did a book. It's local to Chico or local to our area. Why I say it's local because students in a class, they went out and interviewing old people in our community and older people who have pets. So, growing old together and how that, you know, it feels growing old together with your pets. So we combine those stories in this book. It's not really expensive. It's only 15 dollars and 95 cents. So if you would like to buy it, please let me know towards the end and I do have a few copies with me. And that helps us. Thank you and Sehwat. And I do have some flyers with my information and phone number if you would like. Yeah. And you know, I'm really thankful to Tatiana for agreeing to do this workshop for us

You know that I was telling her, you know, it's just amazing to have a position on the table with us because we often talk about physician education and how do we really need the physicians, you know, to work with us and truly collaborate and as we, you know, our communities, the aging, really want physicians to be on board.

Session Topics

This session will help you understand

- Which services are covered
- Who is eligible
- How much you pay
- Where to get more information

02/08/2012

Preventive Services

3

So we will help you understand what the preventive benefits are. As you probably have heard, the Affordable Care Act also lovingly known as Obama Care by those hundreds and so forth, we like to call it Affordable Care Act. The act promoted the utilization of preventive benefits. Many of these preventive benefits that Medicare offers have been around for quite a while. There are some new ones that we will talk about. We'll talk about who's eligible, as best as I know how much you have to pay and where you get this information. Incidentally, this PowerPoint presentation was produced by CMS, by the Center for Medicare and Medicaid Services. So it comes straight from the horse's mouth, to put it bluntly. Okay.

Medicare Preventive Services

- Covered by Medicare Part B
- Covered by Original Medicare, Medicare Advantage and other plans
- Find problems early, when treatment works best
- Coverage based on
 - Age
 - Gender
 - Medical history

02/08/2012

Preventive Services

4

So preventive benefits are part of Medicare's part B benefits. As you know, Medicare is comprised of four different parts. Part A is hospital, Part B is medical, Part C is an alternative to A and B which is Medicare Advantage also in some areas known as managed care, Part D is the prescription drug benefit which was--came about in 2005, implemented in 2006.

Paying for Preventive Services in 2012

- Original Medicare
 - Pay nothing for most preventive services from a provider who accepts assignment
 - May require coinsurance for office visit
 - May pay more from provider who does not accept assignment
- Medicare Advantage or other Medicare plans may require copayment

02/08/2012

Preventive Services

5

Original Medicare, this is what we call Part A and Part B. Generally speaking, for most of the preventive benefits, you will pay nothing because as long as you go to a doctor that accepts assignment, what does that mean, accept assignment? There are two types of contracted physicians with Medicare. One, he or she takes assignment means that they will accept the 80 percent of the standard reimbursement rate. So you take assignment, you'll take what Medicare accepts and then you are responsible for the 20 percent. A doctor that is not assigned means that you're still contracted with Medicare but you can collect an additional 15 percent, in other words, instead of the beneficiary, the person on Medicare paying that 20 percent, they would be paying 35 percent, so the physician gets a little extra money. And in this area there are a lot of specialists that fall into that category. I don't know about the state of the primary care but that is the reality. So I'll be talking about the preventive benefits when there is no copay is because a physician accepts assignment. And again, Medicare advantage plans are those plans that have combined hospital and medical all incorporated and they have other copayment situations and other health plans. Let's say that you retired from AT&T, their copayment system after Medicare is different so that's why it's important that you come to us to hike up for a counseling submission.

“Welcome to Medicare” Preventive Visit

- Covered one time within first 12 months of getting Part B
 - Review of medical and social history
 - Height, weight and body mass index
 - Simple vision test
- Education and counseling
- Doctor may refer you for additional screenings

02/08/2012

Preventive Services

6

Alright, the very first one that was introduced when part D was introduced was this Welcome to Medicare. In the Welcome to Medicare benefit, the doctor will review the medical and social history, your height, weight; basically to sort of get a baseline of what your health is like and what do you see, what is your vision, hopefully and Dr. Andrew can contradict me or tell him to be straight. It is not a very utilized benefit because let me tell you, when people get this once a year, it goes in the drawer, they don't read it and it is explained in here all of the preventive benefits. And so, we encourage Medicare beneficiaries and even the medical profession to consider introducing this into that person's chart. It gives a little brief education and counseling. If you wanted to really know all the nitty-gritties, I've got some but I have a lot of slides so I'm giving you an overview and the doctor may also refer you for additional screenings based on maybe your family history or your own medical history.

Annual Wellness Visit

- Available once every 12 months
 - Health Risk Assessment
 - Blood pressure, height and weight measurements
 - Personalized prevention plan
 - Written screening schedule
 - Health advice just for you
 - Referrals for health education and preventive counseling

02/08/2012

Preventive Services

7

So the Annual Wellness Visits. The previous one, you got in the first 12 months of Medicare. The Annual Wellness Visit is not a real physical but it is available after the first 12 months on Medicare and that it evaluates perhaps your health risk, I am sure that every time you go and see the doctor your weight will be checked, your blood pressure will be checked as part of the routine visit, is that correct?

The most part of it.

Yeah. They can develop a personalized prevention plan and write a screening schedule and this is something that would be even if the physician may not do this, it may be a good idea for you to keep your own track because in this booklet behind is a little chart where you can log in your last tests and so forth and when you can take advantage or ask your physician about the next test and in some cases, let's say that you are diabetic or borderline diabetic, maybe the physician can refer you to some diabetes education programs.

Alcohol Misuse Screening & Counseling

- CMS covers annual alcohol screening, and up to 4 face-to-face counseling sessions
- Screening is for Medicare beneficiaries, including pregnant women:
 - Who misuse alcohol
 - Whose levels of alcohol consumption do not meet criteria for alcohol dependence
 - Who are competent and alert at the time of counseling
 - If counseling is furnished by qualified primary care providers in a primary care setting

02/08/2012

Preventive Services

8

This is a brand new one and this is something that Medicare has realized there is quite a bit of alcohol misuse in the elderly population but didn't start when they turned 65, it came with them and it's a serious health risk. There are some startling statistics that say that 75 percent of healthcare costs are in the last 5 to 10 years of a person's life. We want to avoid that because healthcare is becoming so expensive. So these preventive benefits are to try and put the person on the right track to try and prevent those cost in later years. So anyway, this is alcohol screening, the details are in your slides there and incidentally medicare will cover, there is no copay or coinsurance for this benefit. So if you have a family member that you think, or a client, that has this situation, you may want to suggest that they take advantage of this benefit if they haven't done that so far.

Abdominal Aortic Aneurysm Screening

- Abdominal aortic aneurysms (weak area bulges)
- One-time ultrasound screening with Welcome to Medicare Preventive Visit referral
- Risk factors
 - Family history of abdominal aortic aneurysms or
 - Men age 65-75 who has smoked more than 100 cigarettes
- No copayment or deductible with Original Medicare

12/13/2011

Preventive Services

9

One of the newer ones too is abdominal aortic aneurysm screening. Dr. Andrew, can you explain what abdominal aortic aneurysm is.

Dr. Andrew: Sure. So the aorta is the large blood vessel that supplies blood to--from your heart to the rest of your body and there's two parts of it. There's a thoracic aorta which is in your chest and then an abdominal aorta which runs down and splits into two vessels that supplies blood to your heart. So an aneurysm is just the kind of an out pouching in the vessel that weakness in the wall of the vessel that can rupture. It's a pretty common cause of sudden death. You know, mostly in men. The prevalence is 4 to 6 times higher than in women. So it's unclear whether women would benefit from this sort of screening. Men that had any history of smoking probably would benefit but otherwise, you know, it's kind of clear men has higher risk or women at all.

Tatiana: Great. Thank you.

Bone Mass Measurement

- Measures bone density
 - Osteoporosis can weaken bones (make brittle)
- Covered if you meet specific criteria
 - You're at risk for osteoporosis based on your medical history
 - Your X-rays show possible problems
 - You're taking prednisone or steroid-type drugs
 - You have hyperparathyroidism
- Every 24 months (more often if medically necessary)
- No copayment or deductible with Original Medicare

12/13/2011

Preventive Services

10

Bone mass measurement. Women particularly are (depending on the woman of course) prone to weakening and thinning of their bones, so it's a good preventive benefit for people to take it for women, specifically to take advantage of this, and it's basically to identify osteoporosis and it is covered if you meet certain criteria. Now there's something I want to make clear here that there is no need to say I need this. It's always important that you talk to your physician before you decide because the Medicare fee for service model is kind of like "I want this, Medicare will pay and I'll pay the difference." Well that's what has increased the healthcare cost because there hasn't been any kind of control. That is why it's important that there is that good conversation with the physician about any of these preventive benefits. And if you need it of course, it is covered every 24 months as a screening benefit. Now, let me explain to you the difference between a screening and a diagnostic. Screening is something to see if you may have anything or let's verify but once you have been diagnosed with something and the medical professional needs to see how has it progressed, let's order another test, that would be a diagnostic test and Medicare would cover any needed diagnostic test. So if for example, you as a Medicare beneficiary get a denial from Medicare, there could be one of two reasons. One, it wasn't coded correctly or maybe you indeed got a screening test under the 24 months.

Dr. Andrew: 24 months?

Tatiana: Yeah, I've heard 24 months. I don't have everything memorized so anyway, we help people appeal their denial. And incidentally with this, there is no copayment or deductible which is good news.

Cardiovascular Disease Screening

- Blood test for early risk detection
 - Heart disease
 - Stroke
- Tests levels of
 - Cholesterol
 - Triglycerides
 - Lipids
- Covered once every 5 years
- No copayment or deductible with Original Medicare

12/13/2011

Preventive Services

11

Now cardiovascular disease screening, you probably have heard on the news a lot that women are particularly prone, especially now this month is Healthy Heart Month, is to keep your heart healthy and this will be a good way to identify if there is any need for a cardiovascular screening and these are the elements that they would be testing you and it's covered every 5 years. Again, remember, this is a screening. If the physician says that we need a diagnostic screening, then there would be no question because there would be medical evidence within those 5 years if you needed to have another test. And there would be no copayment or it wouldn't fall under the deductible of Medicare.

Behavioral Therapy for Cardiovascular Disease



- Cardiovascular disease is leading cause of mortality and hospitalizations in US
- Risk factors include:
 - Being overweight, physical inactivity, diabetes, cigarette smoking, high blood pressure, high cholesterol, family history
- One CVD risk reduction visit per year that includes:
 - Encouraging aspirin use when benefits outweigh risks
 - Screening for high blood pressure
 - Intensive behavioral counseling to promote healthy diet

12/13/2011

Preventive Services

12

And now the brand new one, behavioral therapy for cardiovascular disease. People who are overweight, have physical inactivity. Now 10,000 baby boomers every hour or every day are turning 65. That is an amazing amount of people that Dr. Andrew can have, right? This is nationally of course. So I think it's a good benefit because if you were a cigarette smoker, if you have a family history or your own high blood pressure, high cholesterol, then this cardiovascular screening includes counseling, behavioral counseling. So often people are given the diagnosis but then they're not given the tools to change their behavior or educated and this is part of the benefit.

Colorectal Cancer Screening

- Helps find pre-cancerous growths
- Helps prevent or find cancer early
- One or more of the following tests may be covered
 - Fecal Occult Blood Test
 - Flexible Sigmoidoscopy
 - Colonoscopy
 - Barium Enema

12/13/2011

Preventive Services

13

Colorectal cancer screening, how many of you like to have a colonoscopy, right? But Medicare covers, you know, the barium enema, the flexible sigmoidoscopy--that's a mouthful, and the other tests. And then there is a frequency also with these. If--go back here, sorry, previous. Now I'll give you a little bit more about this. Alright, for the first one, the fecal occult test, there is no copay. For the flexible sigmoidoscopy, there is no copay. For the colonoscopy, if nothing happens during that procedure, meaning that they don't find a polyp but they're just in, everything looks wonderful out then there is no copay. But once the procedure involves a--the service involves a procedure like removing something, then there would be coinsurance for that. And what we tell our Medicare beneficiaries is read your Medicare Summary Notice, that explanation of benefits that comes out. You get it every 3 months but you can also sign online to get--see it more frequently.

Depression Screening



- 1 in 6 people older than age 65 suffers from depression
- Older adults have the highest suicide risk of all age groups
- CMS covers annual screening for depression
- Preventive coverage is limited to screening services. It does not cover treatment options, interventions, complications or chronic conditions resulting from depression.

12/13/2011

Preventive Services

14

Depression screening, another brand new benefit that Medicare covers.

Dr. Andrew: We also have a program for counseling for seniors with depression too. A little bit of this too, this became effective October 14th of last year and this counseling and support is for Medicare beneficiaries, but they have to be in primary care settings that have staff assisted depression care supports in place. So in other words, you just can't go to a psychologist and say I want this. This type of screening has to be done in a primary care setting and again, the details that I can give you. But if you are eligible based on your own history, for this benefit, there is no co-insurance, okay?

Tatiana: Yeah, well I think most clinicians, so that's part of the Welcome to Medicare, physical or the stream for depression and then the context of the 15 to 30 minute office visits, you know, is that all you can do is do the saving. But, you know, I don't think it's-- there's no--that you're asking through them the standardized depression screening inventory, you know. Then the physician will refer you to a professional and incidentally, mental health benefits such as the counseling and therapy are covered by Medicare but not at the 80 percent. It used to be 50 percent up to a couple of years ago and I believe this year now, it's at 60 percent, I don't know if you know--okay. Every year, it goes up by 5 percent until it gets to 80 percent in a few years. And then if you have a Medicare supplement, it would pick up the difference there. So yes, Medicare will still cover treatment for depression, right.

Covered Diabetes Services

- Diabetes screening tests
- Diabetes self-management training
- Diabetes supplies
- Medicare deductible and copayment, or coinsurance depends on the type of service

12/13/2011

Preventive Services

15

Diabetes, growing, it's really a health crisis in the United States, diabetes and diabetes text, diabetic--incidentally, if anybody is diagnosed with diabetes or prediabetes and they have to have their daily or twice daily testing with their little machine and their test strips, that is a Medicare Part B benefit, it is not a prescription benefit to get your testing machine and the testing supplies. So if the pharmacy says, you know, pay full price. No, no, no, no, that's a Part B benefit, you got to show them your Medicare card. And in most cases, your doctor must write an order overthrow to get these services. For example for diabetes screening test, self management training and of course your diabetic supplies which would be in a prescription and the copay and deductible amounts would depend on the type of program that is selected.

Glaucoma Examination

- Glaucoma is caused by increased eye pressure
- Exam covered once every 12 months if at high risk
 - Diabetes
 - Family history of glaucoma
 - African-American and age 50 or older
 - Hispanic and age 65 or older
- In Original Medicare you pay
 - 20% of the Medicare-approved amount
 - A copayment in a hospital outpatient setting

12/13/2011

Preventive Services

16

Glaucoma examining, one of the benefits that Medicare does not cover is routine vision care. But if there's a problem with glaucoma, suspected glaucoma or cataracts, then Medicare does go in to quite a bit of care for you. Now, as far as the preventive benefit, it will test your pressure in your eye and it's covered once every 12 months for people who are at high risk and these are the risk factors and you would pay your 20 percent of the Medicare approved amount if it was done in a doctor's office or if it was in a hospital outpatient setting, you would have a different copay structure. So, this as a screening again, it's an important test for those who are at that risk.

HIV Screening

- Medicare covers HIV screening
 - Pregnant women
 - People at increased risk for the infection
 - Anyone who asks for the test
- Covered once every 12 months
- Covered up to 3 times during a pregnancy
- No cost for the test
- Pay 20% of Medicare-approved amount for visit

12/13/2011

Preventive Services

17

HIV screening, now seniors don't talk about STD's or AIDS but there is quite a bit of that and we know that the boomers, the flower children and so forth may end up wanting to know. But again, in nursing homes, I have read some statistics that in nursing, in assisted living and I don't know, Glenna, correct me if I'm wrong but there are senior settings where this could be prevalent.

And it is covered, yes, once every 12 months and up to 3 times. And again, there are people on Medicare who are pregnant. If you are disabled and are receiving Social Security disability income for three years, you could be disabled but still get pregnant. And so Medicare covers this type of test.

Obesity Screening and Counseling



- Obesity screening followed by intensive behavioral therapy for beneficiaries with obesity
- Obesity is defined as having a Body Mass Index (BMI) $\geq 30 \text{ kg/m}^2$
- Intensive behavioral therapy includes:
 - Screening for obesity using BMI measurement
 - Dietary (nutritional) assessment
 - Intensive behavioral counseling and behavioral therapy

12/13/2011

Preventive Services

18

Obesity screening and again in a national crisis, obesity so again, in conjunction with the Welcome to Medicare or with your annual wellness screening, you could perhaps take advantage of this. Your body mass index, if it's 30 kilograms or more.

30 kilograms per meter squared.

So this would be for Medicare beneficiaries with obesity who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or out of primary care practitioner and in a primary care setting. So it's got some restriction there. And CMS covers one face to face visit every week for the first month, then one face to face every other week for months 2 to 6. And then one face to face visit every month for months 7 to 12 if the beneficiary meets the 3 kilogram or 6.6 pound weight loss requirement as discussed below and I want to tell you all of that. But anyway, so there are some various specifics but I think they're for clinicians, this may be a good thing to explore for some of your clients. Okay.

Pap Tests and Pelvic Exams

- Pap tests help find cervical and vaginal cancer
- Screening pelvic exam helps find fibroids/ovarian cancers

12/13/2011

Preventive Services

19

Routine Pap test and pelvic examinations and I will talk to you in the next slide about what else this encompasses.

Pap Test and Pelvic Exam with Clinical Breast Exam

- Covered for all women
 - Once every 24 months
 - Once every 12 months, if you are:
 - At high risk for cervical or vaginal cancer, or
 - Childbearing age and abnormal Pap test in past 36 months
- You pay nothing for the Pap lab test, Pap test specimen collection, and pelvic and breast exams if the doctor accepts assignment.
- Clinical breast exams may be performed at this exam
 - Screening for breast cancer

12/13/2011

Preventive Services

20

So, women every 24 months or once every 12 months if you're at high risk. Again remember, your risk assessment is determined by your physician with respect to the frequency of this type of test. For routine screening you pay nothing for the Pap smear itself, the Pap test, the specimen collection and the pelvic and breast exam if the doctor accepts assignment. Your breast examination should be also part of that. And so this is a-- to me, for the younger generation I think it is a younger generation because I will be 64 and I still consider my self in the younger generation. Doctor, would you like to give us a perspective of older people in this benefit?

Dr. Andrew: Yeah. Well, in terms of Pap smears it's, you know, definitely in women, it's clearly a benefit in younger women to be discussed once you get, you know, past the age of 65 it's kind of questionable. In other words, you know, the costs associated with the test might not outweigh the benefits. Just because it's much more prevalent problem in a number of population, it's a slow growing cancer, so most often developmental later age will probably die sooner before they recover. Does that make sense? So you know, I think most professionals would actually stop screening somewhere between 65 and 70 years old. The same kind of thing goes for breast cancer screening, mammography. So we haven't talked about mammography yet.

Pap Test and Pelvic Exam with Clinical Breast Exam

- Covered for all women
 - Once every 24 months
 - Once every 12 months, if you are:
 - At high risk for cervical or vaginal cancer, or
 - Childbearing age and abnormal Pap test in past 36 months
- You pay nothing for the Pap lab test, Pap test specimen collection, and pelvic and breast exams if the doctor accepts assignment.
- Clinical breast exams may be performed at this exam
 - Screening for breast cancer

12/13/2011

Preventive Services

20

Clinical breast exam, the utility that's actually doing that kind of, there's not a lot of scientific evidence to support it nor is there a lot of scientific evidence to support self breast examination. If you want to do it, that's fine, you just have to realize that, you know, mammography is kind of the gold standard. We'll talk about that in a little bit.

These studies have shown self breast examination finds false positive findings. Does that make sense? Do you have any questions about that or I'll talk a little bit about mammogram screenings

Screening Mammogram

- Covered for all women with Medicare
 - One baseline mammogram between ages 35 and 39
 - Once a year starting at age 40
- No copayment or deductible with Original Medicare

12/13/2011

Preventive Services

21

Well, here it is. It is covered for all women with Medicare. It's a good idea to get that one baseline mammogram between 35 and 39. If you're on Medicare, it would be covered at that young age, and then once that you're starting 40. And you have heard in the media a lot of controversy about mammograms and so forth. But if you are going to receive one of these, no copayment or deductible with regular Medicare and if you wanted to expand on this.

Dr. Andrew: Sure. So when we think about screening for any disease, mammogram being the screening test that is still used for breast cancer, you have to take the number of different factors with the patient. You know, fill in the piece of paper that says, you know, I'd like to receive this test, you have to, you know, bear in mind that you know, you should probably have a discussion about your family history or decide what's best for you or considering having that done--having a discussion with your physician is always important. The utility of doing a mammogram women over the age of 70 is not really clear. You know, the high risk factors for having breast cancer, you know, several family history, use of hormone replacement therapy, you can do that, make sure. So you have to take into account a number of different risk factors that will increase your risk for breast cancer. And certainly whether or not you want to have the option when you're older.

Screening Mammogram

- Covered for all women with Medicare
 - One baseline mammogram between ages 35 and 39
 - Once a year starting at age 40
- No copayment or deductible with Original Medicare

12/13/2011

Preventive Services

21

There's a clear benefit that most professional societies will agree that in women ages 50 to 69, most people would advocate for doing mammograms always biannually meaning every two years. In women 40 to 50 it's not the advocacy is quite as strong. There're a lot more false positives in that population. And in women that are older, you know, 70 and older-- the, you know, once again you have to take into account that the instance is more malignant and faster in the tumors is less than in the younger population. There's a lot of diagnosis of cancers one of them being carcinoma study too that's a very slow growing cancer. It's unclear what the natural course, a lot of people die from it. You know, a lot of that anxiety is diagnosed. You know, unnecessary surgeries, things of that nature. So it's hard to say what should be done. You know, and it's really kind of important to think of what your needs are, you know, what your family history is, you know, what your other risk factors are for, you know, just drawing in and deciding you need all these screenings tests to be done. You know, Medicare does pay for them but, you know, whether or not you should have it done should be based on the individual decision you make in terms of the discussion with physicians. Anybody have any questions about that or?

Diagnostic Mammogram

- Covered for men and women that meet certain conditions
 - Signs/symptoms of breast disease
 - History of breast disease
- Different payment rates if diagnostic mammogram

12/13/2011

Preventive Services

22

Okay. And then there's the diagnostic mammogram. There are men who develop breast cancer. And I particularly have a friend who was diagnosed with that and had to have surgery on that. So there is history in my family too. So, again as the doctor said, the difference between a screening and a diagnostic, you know, screening is for screening and diagnostic is once you've been determined to have something like that.

Prostate Cancer Screening

- Covered for all men with Medicare
 - Beginning the day after 50th birthday
- Tests include
 - Digital rectal exam
 - PSA blood test
- In Original Medicare you pay
 - Nothing for the PSA blood (lab) test
 - 20% after Part B deductible for digital rectal exam

12/13/2011

Preventive Services

23

And here's another one that also has caused controversy lately in the media, the prostate cancer screening. It is covered by Medicare beginning the day after the 50th birthday. And it includes your digital rectal exam and then the PSA blood test. You pay nothing for the blood test but you do pay 20 percent for that examination. And did you want to add anything to this, another controversy.

Is one of those, it's been tested so when we looked at screening test, we look at their-- there're two different aspects of screening tests. We look at the sensitivity which is the ability of the test to find disease and the specificity. And that means, specificity means the ability of the test if it's positive to me that the disease actually exists, it's not a false positive. So the PSA blood test is the sensitive test for prostate cancer, meaning that it takes a large portion of prostate cancer but it's not specific. Meaning that if you have a positive test, it doesn't necessarily mean that you have prostate cancer, you could have some other benign symptom. So the reason there's a lot of controversies out there is we have done a lot of number of autopsies on men. And then men younger than age 60, these are the autopsies for men who died for various conditions, you know, not necessarily prostate cancer. More than three men will have prostate cancer on biopsies if they died before the age of 80 and at the age of 80 that number goes up to two thirds of that. So it's a question of, you know, not all prostate cancers are created equal, some are more malignant than others and it's another, you know, thing that you probably discuss with your physician.

Prostate Cancer Screening

- Covered for all men with Medicare
 - Beginning the day after 50th birthday
- Tests include
 - Digital rectal exam
 - PSA blood test
- In Original Medicare you pay
 - Nothing for the PSA blood (lab) test
 - 20% after Part B deductible for digital rectal exam

12/13/2011

Preventive Services

23

Risk factors are family history, race, particularly African-Americans are more susceptible and you have to decide what's best for you. I mean you could just sit and, you know, it's not an ideal screening test and historically has led to a lot of, you know, unnecessary biopsies treatments for a disease that, you know, may or may not have caused harm to the patient. You know, whereas a lot of these basic procedures can't correspond. You know, urinary incontinence for treatment of malignancy, bowel incontinence, erectile dysfunction, you know, these are all factors you have to take into consideration. Now that being said, could it be potentially [inaudible] prostate cancer from not going to screening yet so once again you have to determine what's best for you, you know, based on your family history, your risk factors and then what would you like to have done. The United States Preventive Services Task Force does not routinely recommend prostate cancer for TSA screening before. So you know, Medicare will pay for it but, you know, once again it's not entirely clear, you know, we should be doing this for--it's not the current scientific evidence that's out there.

Pneumococcal Vaccine

- Pneumonia is inflammation in the lungs
- One vaccine could be all you ever need to prevent pneumococcal pneumonia
- All people with Medicare are eligible
- No copayment or deductible with Original Medicare

12/13/2011

Preventive Services

24

The pneumonia vaccine, again, this is a covered benefit but again it depends on your risk factor too. According to Medicare, you can get this vaccine but it's always a good idea that you get your flu vaccine first. And so if people have a propensity for, correct me if I'm wrong Dr. Andrew. If you never had pneumonia but you always have the flu shot, can you still get pneumonia?

So why would somebody get a pneumonia?

Well, so the pneumonia vaccine covers against bacterial pneumonia which is pneumococcal pneumonia is a bacteria, influenza is a virus. So you know, pneumonia specific to this, meaning acquired pneumonia which is caused by pneumococcal bacteria, so it covers I believe 23 different strains. And yes, it's important to get it. I advocate for people getting the vaccine as much as possible. I mean it's out there. I just think it's the most effective kind of preventive measure we have. So you know, once at age 65 after that and you get it you're done. You don't need another one, unless for specific high risk populations, you know, people that are immunocompromised, people without spleen, sickle cell patients, you know, things of that nature. But if you're an average patient, you know, one of those at the age of 65 mostly have comorbid conditions like that of COPD, that you should probably get it when you're younger. And then if you had one younger, then you just have every five years until you turn 65 is one of those after 65 and you're done.

Influenza (“Flu”) Vaccine

- Flu can lead to pneumonia
 - Dangerous for people 50 and over
- Flu viruses are always changing
 - Vaccine updated annually for most current flu viruses
- Flu vaccine covered for all people with Medicare
- No copayment or deductible with Original Medicare

12/13/2011

Preventive Services

25

So, the flu vaccine as we know, the hospitals, the public health department, they all promote the flu vaccines. I know my husband for example absolutely refuses to get a flu vaccine because if I get the flu vaccine I'm going to get the flu. You may get a different strain. But especially for the frail elderly, it's a good idea to get the flu vaccine too. And there should be no copayment. Now, just a little bit of from an advocate's perspective, if you go into a pharmacy and they are dispensing these flu vaccines and they ask you for a copayment, no, you should not be paying because if the person or the entity that is doing these vaccines is contracted with Medicare, you should not be paying any copays. There are times when I've had to challenge a pharmacy because the client was charged 5, 10, 15 dollar copay. And as it turns out that they had contracted some laboratory or some nurse's program and they were not contracted with Medicare so they legitimately could collect. But we have a way of getting that reimbursed for you. So again you can call HICA and we can help them submit the claim.

Shingles Vaccine

- The virus that is responsible for causing chickenpox also causes shingles
- People who have had chickenpox in the past are at risk for developing shingles
- Shingles vaccine is covered by Medicare Part D

12/13/2011

Preventive Services

26

Shingles vaccine, going back to shingles, it used to be a Medicare Part B benefit, it is now a Medicare Part D benefit, the prescription benefit. So the injection itself and the delivery is all part of the prescription drug insurance benefit of Medicare. Now if you have private health insurance from a former employer that--that supplements Medicare, then you're going to have to check in your own benefits book or contact the HR department to see if it will be covered by your health insurance that supplements Medicare. But under Medicare Part D, it should be covered and you just have to hopefully get the right plan that gives you the right copays. And I know that most pharmacies now are starting to offer both shingles and the flu vaccine. So they are not delivered in the doctor's office.

And when you turn 65, hopefully three months before you turn 65 within that period, you will call us or you will go on medicare.gov and do your own planned comparison, put in your own medications, the dosage, the frequency and it will sort the 33 plans that are available based on the annual out of pocket cost.

Here's a good question that is routinely asked of us: Are you covered by just regular VA or TRICARE? The regular VA doesn't have a 100 percent coverage on their formulary. All 33 plans that are available have different formularies. So what we are called about is say, well I'm getting all of these meds through the VA but this medication, the VA won't cover, I want to join Part D. Well, you better do that during the open enrollment otherwise you are locked out until the next open enrollment.

Hepatitis B Vaccines

- Serious disease (virus attacks the liver)
- Can cause lifelong infection
 - Cirrhosis (scarring) of the liver
 - Liver cancer, liver failure
 - Death
- Covered for medium to high risk
 - End-stage renal disease and hemophilia
 - Conditions that lower resistance to infection
- No copayment or deductible with Original Medicare

12/13/2011

Preventive Services

27

Hepatitis B, that's another benefit that Medicare covers. If you are at high risk or medium risk, if you have end stage renal disease, in other words you are on kidney dialysis or you have hemophilia and other conditions that would lower your resistance, you could be eligible for Part B and again you would have no copay or pay the deductible.

Smoking Cessation Services

- Cessation counseling
 - Up to 8 sessions per year
 - Inpatient or outpatient
 - Intermediate or intensive
- In Original Medicare you pay
 - 20% after Part B deductible
- Part D can help pay for drug therapy
 - Nicotine patches
 - Other drugs

12/13/2011

Preventive Services

28

Smoking cessation, oh boy, how many seniors smoke? Medicare covers smoking cessation services and it can be done in an inpatient or outpatient. You do pay the 20 percent after the deductible, but again if you have a supplement it would pick that up and the smoking cessation benefit, again a little more--each attempt--you have two cessation attempts per year and every attempt includes 4 counseling sessions with a total annual benefit covering up to 8 sessions in a 12-month period. Again, it has to be done by a qualified Medicare provider which includes a physician, a physician's assistant, nurse practitioner, clinical nurse specialist or clinical psychologist. Many drugs are available to help you quit smoking like nicotine patches and those could be covered by the Part D benefit. Oops, I got one.

Preventive Smoking Cessation

- Also now a preventive service
 - No diagnosis required
 - Up to 8 sessions in a 12-month period
 - Other rules apply
- Covered under Medicare Part B
 - There is no cost for counseling sessions
 - Medicare Part B deductible does not apply

Preventive smoking cessation, again this is a little bit more about that.

Preventive Services Resource Guide		
Resources		Medicare Products
Medicare.gov www.medicare.gov 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-466-2048)	American Cancer Society www.cancer.org 1-800-ACS-2345 (1-800-227-2345)	Medicare & You Handbook CMS (Product No. 10050)
Local State Health Insurance Programs www.medicare.gov/contacts Passages HICAP: 1-800-434-0222 www.passagescenter.org/hicap	American Diabetes Association www.diabetes.org 1-800-DIABETES (1-800-342-2383)	Your Guide to Medicare's Preventive Services (CMS Product No. 10110)
Centers for Disease Control www.cdc.gov	American Lung Association www.lungusa.org 202-785-3355	Medicare Coverage of Diabetes Supplies & Services (CMS Product No. 11022)
Flu Information www.flu.gov	National Kidney Foundation www.kidney.org 1-800-622-9010	Welcome to Medicare Q&A – Preventive Services (CMS Product No. 11532)
HHS Tobacco Cessation Resources www.surgeongeneral.gov/tobacco		Staying Healthy (CMS Product No. 11100)
National Cancer Institute www.cancer.gov 1-800-4CANCER (TTY-1-800-332-8615)		6 Things You Should Know (CMS Product No. 11533)
Medline Plus www.nlm.nih.gov/medlineplus		View and order single copies at www.Medicare.gov Order multiple copies (partners only) at http://productordering.cms.hhs.gov You must register your organization.
12/13/2011	Preventive Services	30

These are all your resources and for you computer savvy people you've got web links. If you want this presentation electronically, let us know and then we can email it to you. The one thing that I wanted to make sure you knew that we are available to help you, we put on Welcome to Medicare classes. So for those people that are turning 65, give us a call and we'll tell you when the next Welcome to Medicare class is. What we also have here, maybe Dr. Andrew would like to talk about the importance, advance directives. This should be part of your preventive planning. You've got to have your durable power of attorney for healthcare. Every time you go into the hospital they'll ask you, "Do we have one in file or whatever?" We have copies and if you need more you can let us know and why is it important.

Dr. Andrew: Well, so that you would get all things considered where Medicare expenditures go. Twenty-five percent of Medicare expenditure is spent on the last 12 months in the person's life, so--and a lot of that has to do with--this is just coming from a physician's perspective is, you know, when I was doing residency, there were many times when I was confronted with, you know, a patient that would get transferred from another hospital to--I worked in a major tertiary care center, they would send them in and they would be, you know, intubated or very sick, let's say, on a ventilator or in some sort of incapacitated state where they're not able to speak for themselves. And what ends up happening a lot of the times is that there's no advance directive in place or a power of attorney that's been established is that have to call an ethics board, the hospital that call the family members to try to figure out who should be appointed power of attorney.

Preventive Services Resource Guide		
Resources		Medicare Products
<p>Medicare.gov www.medicare.gov</p> <p>1-800-MEDICARE (1-800-633-4227) (TTY 1-877-466-2048)</p> <p>Local State Health Insurance Programs www.medicare.gov/contacts Passages HICAP: 1-800-434-0222 www.passagescenter.org/hicap</p> <p>Centers for Disease Control www.cdc.gov</p> <p>Flu Information www.flu.gov</p> <p>HHS Tobacco Cessation Resources www.surgeongeneral.gov/tobacco</p> <p>National Cancer Institute www.cancer.gov 1-800-4CANCER (TTY-1-800-332-8615)</p> <p>Medline Plus www.nlm.nih.gov/medlineplus</p>	<p>American Cancer Society www.cancer.org 1-800-ACS-2345 (1-800-227-2345)</p> <p>American Diabetes Association www.diabetes.org 1-800-DIABETES (1-800-342-2383)</p> <p>American Lung Association www.lungusa.org 202-785-3355</p> <p>National Kidney Foundation www.kidney.org 1-800-622-9010</p>	<p>Medicare & You Handbook CMS (Product No. 10050)</p> <p>Your Guide to Medicare's Preventive Services (CMS Product No. 10110)</p> <p>Medicare Coverage of Diabetes Supplies & Services (CMS Product No. 11022)</p> <p>Welcome to Medicare Q&A – Preventive Services (CMS Product No. 11532)</p> <p>Staying Healthy (CMS Product No. 11100)</p> <p>6 Things You Should Know (CMS Product No. 11533)</p> <p>View and order single copies at www.Medicare.gov</p> <p>Order multiple copies (partners only) at http://productordering.cms.hhs.gov You must register your organization.</p>
12/13/2011	Preventive Services	30

Meanwhile this individual sitting there in the ICU on a ventilator would little or no chance of recovering and it's a very emotional time for all the family members obviously and you know, so it makes it difficult to provide adequate care, you know, for the family. I've never had to make that decision before so I don't know what it's like.

Tatiana: Maybe some people in this room have got to make that decision before. It's not an easy decision to make and, you know, we have to take into account a lot of different factors but it's always a good idea I take to have your wishes established beforehand before something like that happens to you and it just takes kind of the ball out of the court of your family members having to make that decision for you. And you know, in the end, I think it's probably a good idea, that's why I think it's important, you know, not just from a positive perspective but from a, you know, preventing you know unnecessary medical interventions and preventing a lot of you know hardship and burden on your family members from having to make these sort of decisions for you. Does that make sense? So your question about that, it's kind of a sensitive topic. There's been a lot of political discussions about it and stuff like that. I think it's really important to establish your advance directives, you know, when you get a little bit older.