



# THE INFORMER

Protect Detect Report

February 2022

The Senior Medicare Patrol (SMP) The Informer, is prepared by the SHIBA (State Health Insurance Benefit Advisor's) volunteers to help Medicare beneficiaries and their advocates prevent, detect and report health care fraud, abuse and errors.

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## Making Medicare Enrollment Decisions when you have other coverage



**Deciding if & when to enroll in the various parts of Medicare, when you are first eligible, is an important choice. This article discusses making Medicare enrollment decisions that avoid penalties or gaps in coverage.**

### **Point 1: Know how age and job-based health insurance affect Medicare enrollment.**

You may be able to delay Medicare Part B enrollment if you have health insurance from your or your spouse's current employer. You have a Special Enrollment Period or **SEP**, to enroll in Part B up to eight months after either the coverage or the current work ends, whichever is first.

This **SEP** lets you enroll in Medicare after your Initial Enrollment Period ends without a late enrollment penalty and without having to wait for the General Enrollment Period. In most cases, though, you should only delay enrolling in Medicare if your job-based insurance would be the primary payer, meaning it would pay first for your medical bills and Medicare would pay second. This will depend on your age and the size of your employer.

If you are 65, or older, your job-based insurance pays primary if the employer has 20 or more employees. If you are eligible for Medicare due to collecting SSDI, your job-based insurance is primary, if your employer has 100 or more employees. Even if employer coverage would be your primary insurance, you might consider enrolling into Medicare if you want a secondary insurance to help cover the cost of your care. Additionally, many who delay Part B decide to still enroll in Part A, because it is usually premium-free.

### **Point 2: Learn how other types of Insurance affect Medicare enrollment.**

If you have another kind of health insurance when you become Medicare-eligible, it is important to know how it works with Medicare and when you should enroll in Medicare.

- **Retiree Insurance** almost always pays secondary to Medicare, meaning you need to enroll in Medicare when first eligible or when you retire so you are fully covered. One exception is Federal Employee Health Benefits, or FEHB, retiree coverage. *FEHB retiree plans continue paying primary for retirees who do not enroll in Part B. FEHB retiree plans only become secondary if you **DO** enroll in Part B.*
- **If you have a Qualified Plan from the Marketplace**, you should almost always disenroll from it and enroll in Medicare when you become eligible.
- **If you have COBRA**, it is very important to enroll in both Part A & Part B. Your COBRA continuation rights usually terminate if you have COBRA before Medicare, and if you have Medicare Part A before you elect COBRA, the continuation coverage is secondary to Medicare and may not pay at all for outpatient care if you do not enroll in Part B.

- **If you have VA coverage** and choose not to enroll in Medicare, you will not have health insurance for facilities outside the VA health system. You should sign up for Medicare when you become eligible if you want to get covered health care outside the VA system.

Having any of these types of insurance **does not grant you a Special Enrollment Period (SEP)**, if you delay Medicare Enrollment. If you don't enroll in Medicare when you are first eligible because you have one of these types of insurance, you will likely face lifetime premium penalties and a gap in coverage if you later enroll in Medicare.

### **Point 3: Understand considerations around Part D prescription drug coverage enrollment.**

If you are considering delaying Part D enrollment because you already have prescription drug coverage, first find out if your coverage is considered creditable. Creditable drug coverage is **good as or better than the standard Medicare Part D drug benefit**. If you have creditable drug coverage, you will not have a late enrollment penalty for delaying Part D enrollment. If you lose creditable coverage, you will have a Special Enrollment Period (SEP) to enroll in a Part D plan. **If you have no drug coverage, or have drug coverage that is not creditable, you MUST enroll in Part D when you are initially eligible to avoid a late enrollment penalty or gaps in coverage.**

### **Point 4: Know how to identify and report Medicare fraud, errors, and abuse.**

Medicare fraud, errors, and abuse involve a wide range of behaviors that result in unnecessary cost to the Medicare program. Once you are eligible for Medicare, you may be exposed to Medicare fraud or errors, such as before you enroll in a plan, when you access care at a doctor's office, or if you receive unsolicited calls from scammers trying to steal your medical identity. It is important to know how to recognize potentially fraudulent activities and how to report them. Examples of potential Medicare fraud, errors or abuse might include:

- Someone steals your Medicare number and uses it to bill Medicare for items or services you don't need and never receive.
- Someone calls you or visits your home to offer you "free" equipment that you do not need and then bills Medicare for the equipment.
- A plan agent uses your Medicare information to enroll you in a plan without your consent.

It is important to protect your Medicare number and only give it to your doctors and other providers. Be careful when others ask for personal information or offer "free" products or services in return for your Medicare number. Check your Medicare Summary Notices or your Explanation of Benefits regularly to check for any suspicious charges or errors. Also, remember that providers are not permitted to routinely waive cost-sharing or offer gifts or financial incentives for you to receive services from them. If you see any suspicious charges or have any reason to believe your provider is inappropriately billing Medicare, call your provider to see if they have made a billing error. If you suspect you are experiencing Medicare fraud, errors, or abuse, contact your Senior Medicare Patrol (SMP).

#### **Take Action:**

- 1. Contact your human resources department to learn about how your job-based insurance would work with Medicare and if your drug coverage is creditable.**
- 2. Call your State Health Insurance Assistance Program (SHIP) for individualized counseling around your Medicare enrollment decisions.**
- 3. Keep a record of your other insurance if you are delaying any part of Medicare enrollment. You may need this documentation to sign up for Medicare later.**
- 4. Contact the Senior Medicare Patrol (SMP) to report potential incidents of Medicare fraud, abuse or errors.**

## Medicare Preventive Services

We will be providing topics each month from the Medicare Preventive Screening Services

**Alcohol Misuse Screening & Counseling:** aka Screening & Behavioral Counseling Interventions in Primary Care

**Medicare Covers:** Patients with Medicare Part B who:

- ◆ Screen Positive (misuse alcohol but levels or alcohol consumption patterns don't meet alcohol dependence criteria)
- ◆ Are Competent and Alert when counseling delivered
- ◆ Get qualified primary care physician or other Primary care Practitioner counseling in a primary care setting

**Frequency:**

- ◆ Annually
- ◆ If they screen positive for misuse, then 4 times per year

**Patient Pays:**

- ◆ No copayment, coinsurance or deductible
- 

### Annual Wellness Visit (AWV)

**Medicare Covers:** Patients with Medicare Part B who:

- ◆ Aren't within 12 months after effective date of their first Medicare Part B coverage period
- ◆ Haven't had Initial Preventive Physical Exam (IPPE) or Annual Wellness Visit (AWV) within past 12 months

**Frequency:**

- ◆ **One** per lifetime (first AWV)
- ◆ Annually if Subsequent (AWV)

**Patient Pays:**

- ◆ No copayment, coinsurance or deductible

**Other Notes:**

- ◆ **Advance Care Planning is an optional preventive service when provided with an AWV**
    - ◆ **You may access ACP outside the AWV multiple times in a year. This must be documented by the physician as the patient's health has changed for each additional ACP service in a year.**
  - ◆ **Deductible & Coinsurance apply when accessing ACP outside an AWV.**
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### Depression Screening aka Screening for Depression in Adults

**Medicare Covers:** All patients with Medicare Part B

**Frequency:** Annually

**Patient Pays:**

- ◆ No copayment, coinsurance or deductible

## Medicare Preventive Services continues

### Bone Mass Measurement aka Bone density studies

**Medicare Covers:** Patients with Medicare Part B who meet at least 1 of these criteria:

- ◆ Women whose physician or qualified practitioner determines them estrogen-deficient and at clinical osteoporosis risk
- ◆ Individuals with vertebral abnormalities
- ◆ Individuals getting (or expecting to get) glucocorticoid therapy for more than 3 months
- ◆ Individuals with primary hyperparathyroidism
- ◆ Individuals monitored to assess FDA-approved osteoporosis drug therapy response

### Frequency:

- ◆ Every 2 years
- ◆ More frequently if medically necessary

### Patient Pays:

- ◆ No copayment, coinsurance or deductible

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Local SHIP contact Information	Local SMP contact Information
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## Are You Up-To-Date on Your Preventive Services?

Medicare covers a full range of preventive services to help keep you healthy and find problems early, when treatment is most likely to work best. Ask your doctor what services are right for you, and use the space below to track appointment dates, times, and other important information.



- One time "Welcome to Medicare" Preventive Visit—within the first 12 months you have Medicare Part B (Medical Insurance) \_\_\_\_\_
- Yearly "Wellness" Visit—get this visit 12 months after your "Welcome to Medicare" preventive visit or 12 months after your Part B effective date \_\_\_\_\_
- Abdominal Aortic Aneurysm Screening \_\_\_\_\_
- Alcohol Misuse Screening and Counseling \_\_\_\_\_
- Blood-based Biomarker Test \_\_\_\_\_
- Bone Mass Measurement (Bone Density Test) \_\_\_\_\_
- Cardiovascular Disease (Behavioral Therapy) \_\_\_\_\_
- Cardiovascular Screenings (cholesterol, lipids, triglycerides) \_\_\_\_\_
- Colorectal Cancer Screenings \_\_\_\_\_
- Depression Screening \_\_\_\_\_
- Diabetes Screening \_\_\_\_\_
- Diabetes Self-management Training \_\_\_\_\_
- Flu Shot \_\_\_\_\_
  
- Glaucoma Test \_\_\_\_\_
- Hepatitis B Screening \_\_\_\_\_
- Hepatitis C Screening \_\_\_\_\_
- HIV Screening \_\_\_\_\_
- Lung Cancer Screening \_\_\_\_\_
- Mammogram (screening for breast cancer) \_\_\_\_\_
- Medical Nutrition Therapy Services \_\_\_\_\_
- Medicare Diabetes Prevention Program \_\_\_\_\_
- Obesity Screening and Counseling \_\_\_\_\_
- Pap Test and Pelvic Exam (includes a breast exam) \_\_\_\_\_
- Pneumococcal Shots \_\_\_\_\_
- Prostate Cancer Screening \_\_\_\_\_
- Sexually Transmitted Infection Screening and Counseling \_\_\_\_\_
- Counseling to Prevent Tobacco Use and Tobacco-caused Disease \_\_\_\_\_

"Your Guide to Medicare Preventive Services" has more information, like costs and conditions that may apply, about these and other preventive services. Visit [Medicare.gov/publications](https://www.medicare.gov/publications).

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