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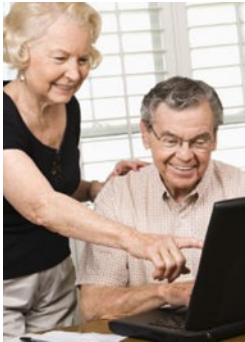
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Senior Citizens on Medicare Greatly Affected by Obamacare but Not the Insurance Coverage



Answer to question by Social Security representative not exactly accurate saying people in Medicare ‘not affected by Affordable Care Act’

By Tucker Sutherland, editor, SeniorJournal.com

In this week’s Social Security Q&A by Oscar Garcia, Public Affairs Specialist with the Social Security Administration may leave the wrong impression about the Affordable Care Act (Obamacare) and its impact on seniors and others covered by Medicare. He states, “People who have Medicare coverage are not affected by the Affordable Care Act.” He probably meant to explain they do not get health insurance through the program’s Health Insurance Market Place. This is true but many provisions of the health care program do greatly affect senior citizens in

Medicare.

But to the question, “What is Medicare and is it changing because of the Affordable Care Act,” Garcia wrote the following first paragraph to this answer:

“It is important to note that people who have Medicare coverage are not affected by the Affordable Care Act. Medicare is not a part of the Affordable Care Act’s Health Insurance Marketplace. If you are a Medicare beneficiary, your Medicare benefits are not changing. You do not need to replace your Medicare coverage with Marketplace coverage.”

Garcia is correct that people covered by Medicare do not need to replace Medicare coverage with plans offered in Market place coverage. But he is badly mistaken to say people with Medicare are “not affected by the Affordable Care Act.

Clarification: Senior Citizens Greatly Affected by Affordable Care Act

Last month the Centers for Medicare & Medicaid Services announced that more than 25.4 million senior citizens and others covered by Original Medicare received at least one preventive service at no cost to them during the first eleven months of 2013, because of the Affordable Care Act.

Also, in the first eleven months of 2013, more than 3.5 million seniors and other beneficiaries with Original Medicare took advantage of the Annual Wellness Visit established by the health care law (Affordable Care Act, sometimes known as Obamacare).

Before the Affordable Care Act, Medicare recipients had to pay part of the cost for many preventive health services. These out-of-pocket costs made it difficult for many seniors to get the important preventive care they needed. Before the Affordable Care Act, a senior with Medicare could pay as much as \$160 in cost-sharing for a colorectal cancer screening.

Today, this important screening and many others are covered at no cost to beneficiaries (with no deductible or co-pay). Obamacare helps tear down a significant barrier for some seniors to staying healthy and helps their care providers prevent, identify and treat problems early.

Obamacare Improving Financial Viability of Medicare

The growth of health care cost is slowing and at least a portion is due to actions stemming from Obamacare, according to an analysis, published last month in the *New England Journal of Medicine*. It also found that a broad, bipartisan consensus about strategies that will be effective in controlling costs has emerged.

Continued next page

There is no doubt that the Affordable Care Act provisions have had a substantial effect on reducing the growth rate of Medicare spending, according Health and Human Services. Growth in Medicare spending per beneficiary hit historic lows during the 2010-2012 period, and this trend has continued into 2013.

Projections by both the Office of the Actuary at CMS and the Congressional Budget Office estimate that Medicare spending per beneficiary will grow at approximately the rate of growth of the economy for the next decade, breaking a decades-old pattern of spending growth that outstripped U.S. economic growth.

Actions that preserve the future of Medicare to serve the needs of senior citizens certainly have a major effect on seniors today and in the future, and many of the provisions of the Affordable Care Act are aimed at achieving this goal.

One of the most effective has been the Accountable Care Organizations established by Obamacare.

Doctors, hospitals and health care providers establish ACOs to work together to provide better health care through closely coordinated services to their patients, while working to slow the growth of health care cost.

There are now more than 360 ACOs working with Medicare to provide higher-quality coordinated care to 5.3 million seniors and other beneficiaries, while reducing the cost of health care, according to an announcement in December by HHS.

Big Savings in Prescription Drug Coverage

The health care law also saved seniors \$8.9 billion on their prescription drugs since the law's enactment, according to a report by CMS in November.

Seniors with Medicare Part D (prescription drug coverage) will see a \$15 drop in their deductible, from \$325 in 2013 to \$310 in 2014. And the "doughnut hole" (coverage gap for seniors with large prescription drug needs), which has been getting smaller each year since 2011 due to provisions in Obamacare, will continue to get smaller too. In 2014, the doughnut hole will be \$158.75 smaller than it was in 2013, another step closer to the plan to eliminate this coverage gap by 2020.

And, these are just some of the provisions of the Affordable Care Act that are proving to be highly beneficial to the health care of senior citizens and the future of the Medicare program that were created by the health care law.

- ◆ Practices and Patterns
- ◆ Provide Direct Access to Part D Sponsors' Downstream Entities
- ◆ Improve Payment Accuracy
- ◆ Results of Ongoing CMS Actions Against Part D Fraud and Abuse
- ◆ Reduction in the number of Medicare beneficiaries receiving coverage for prescription drugs that threaten their health and safety...[Read More](#)

Reporting Social Security on Income Tax Return, Benefits as Military Retiree in SSA Q&A

SSA-1099 forms reporting benefit payments for 2013 will be mailed by January 31



Many are surprised they have to report their Social Security benefit on their income tax form, but it is explained by Oscar Garcia, Public Affairs Specialist, with the Social Security Administration in this week's Social Security Q&A. He also has an answer for a military retiree who wonders if he can also get a Social Security benefit...[Read More](#)

Many Older Men – Maybe too Many – Start Testosterone Therapy Without Clear Medical Need Study finds increased testing among men with normal hormone levels and notes worry about potential risks associated with testosterone use

Testosterone use has sharply increased among older men in the past decade and many appear to have normal testosterone levels and do not meet the clinical guidelines for treatment. There is rising concern about the potential risks from unnecessary testosterone use, according to new research to be published in the Endocrine Society's *Journal of Clinical Endocrinology & Metabolism*...[Read More](#)



CMS Declares War on Prescription Drug Abuse in Medicare, Focus on Opioid, Acetaminophen Users

Begins with validation and analysis of Part D claims data it receives from Part D sponsors



Prescription drug abuse, even in the Medicare Part D drug program, is a nationwide epidemic, according to the Centers for Medicare and Medicaid Services, which has committed to take the problem seriously and begin actions to protect Medicare beneficiaries and the Medicare Trust fund. Targets include Part D enrollees who use opioid or acetaminophen, to see if they have overutilization issues, and physicians who may over-prescribe.

CMS will focus its fraud and abuse strategy on the validation and analysis of Part D claims data it receives from Part D sponsors. It is referred to as Prescription Drug Even or PDE data.

“We are leveraging CMS’ access to all PDE data and using it to guide our anti-fraud efforts and share the results of our analysis with Part D plan sponsors, law enforcement agencies and pharmacy and physician licensing boards, as appropriate, so this information can assist our joint efforts to combat fraud and abuse,” says a CMS news release.

“A centerpiece of this strategy that focuses on protecting beneficiaries is the identification of Part D enrollees who have potential opioid or acetaminophen overutilization issues that indicate the need to implement appropriate controls on these drugs for the identified beneficiaries.

“In addition, data analysis is employed to identify prescribers and pharmacies that may warrant further action to curb fraudulent or abusive activities. With the proposed rule issued January 6, 2014, CMS seeks to provide the agency with new tools to employ when problematic prescribers and pharmacies are identified.”...[Read More](#)

Program Changes to Improve Medicare Drug Plans, Advantage Program Proposed by CMS

Wide range of programs will be for next year’s programs; seeks public comment

The Centers for Medicare and Medicaid Services is proposing a new way to identify protected classes of drugs and other changes it says will strengthen protections, improve health care quality and reduce costs for Medicare beneficiaries with private Medicare Advantage (MA) and Part D prescription drug plans in Contract Year (CY) 2015.

Among the other technical and program changes this rule proposes are revisions that promote competition in Part D plans, changes to the regulatory definition of negotiated prices, and changes to ensure that plan choices are meaningful for beneficiaries.

This fact sheet discusses the major provisions of the proposed rule. The proposed rule would save \$1.3 billion over the five years 2015 – 2019 if finalized.



Summary of Proposed Changes

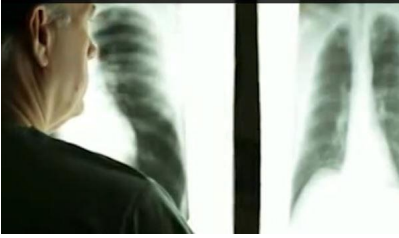
- ◆ **New criteria for drug categories or classes of clinical concern**
- ◆ **Increased competition**
- ◆ **More meaningful plan choices**
- ◆ **Improving payment accuracy**
- ◆ **Improved MA risk-adjustment data validation (RADV) audit process**
- ◆ **Expanded Part D data sharing**
- ◆ **Expanded prevention and health improvement incentives**
- ◆ **Fraud and abuse**

For a fact sheet on CMS’ strategy to prevent fraud and abuse under Part D, see: <http://www.cms.gov/Newsroom/Newsroom-Center.html>.

CMS welcomes public comments to these proposed program changes; they will be accepted from all stakeholders through the close of business 60 days after the date of display of the proposed rule in the Federal Register. CMS will consider these comments in developing the final rule, which will generally be effective for Contract Year 2015 operations...[Read More](#)

Cancer Death Rate Continues Decline, Not Counting Women Over Age 80: Cancer 2014

There will be 1,665,540 new cancer cases and 585,720 cancer deaths in the US in 2014 – see stats by cancer type and age for men, women; video on cancer decrease



For the average American, your chance of dying from cancer has dropped by 20 percent over the last two decades and this steady decline will continue into 2014, according to the annual report from the American Cancer Society. But, for senior citizens over age 70 the odds of invasive cancer are still high. For men the chance is about 37 percent and for women about 27 percent. And, if you are male, the chance of invasive cancer is higher than for women, especially after becoming a senior citizen at age 65. But, if you happen to be a senior white woman 80 years old or older

the bad news is that your chance of dying from cancer is not improving.

On the positive side, however, middle-aged black men have seen their chance of dying from cancer decline by about 50 percent, but they still have the highest cancer incidence and death rates among all ethnicities in the U.S. - about double those of Asian Americans, who have the lowest rates.

Women have a lower probability rate of invasive cancer – 38% compared to 44% for men - because of the earlier median age at diagnosis for breast cancer (61 years) compared with prostate (66 years) and other major cancers, women have a slightly higher probability of developing cancer than men before age 65 years.

Each year, the American Cancer Society estimates the numbers of new cancer cases and deaths expected in the United States in the current year and compiles the most recent data on cancer incidence, mortality, and survival based on incidence data from the National Cancer Institute and the Centers for Disease Control and Prevention, and mortality data from the National Center for Health Statistics. The data are disseminated in two reports, *Cancer Statistics*, published in *CA: A Cancer Journal for Clinicians*, and its companion article, *Cancer Facts & Figures*...[Read More](#)

Payday Lending Reform Coalition - Year 4

We are getting prepared to embark on year 4 of fighting predatory lending in RI. As we know, we have our work cut out for ourselves. But we also have celebrated some important wins: the Capital Good Fund Payday Alternative store opened on November 4th and is doing great, we are getting national recognition for our work in RI, and our coalition continues to grow in strength and numbers!

We are asking you to send Speaker Fox a thank you email (rep-fox@rilin.state.ri.us) or phone call (222-2466) for his willingness to talk about payday lending reform this year. Let's start off the year on a positive note!



THE POINT provides information, referrals, and help getting started with programs and services for seniors, adults with disabilities, and their caregivers. We need your help!

Please tell us what we can do to make the site more helpful to you by giving us a call at **401- 462- 4444**.

The New England ARA state affiliates are still actively pursuing the Petition. So, if you haven't already done so, PLEASE sign our Petition on the Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR 3118 & S 896

**ADD
YOUR
NAME**

**Get The Message Out:
SIGN THE PETITION!!!!**

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