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RI ARA

*Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members,
NOW, more than ever"!!!!*



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October 19, 2015 E-Newsletter

Statement by Retiree Leader Richard Fiesta on the 0% COLA Increase for Social Security Beneficiaries

The following statement was issued by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding the government's announcement that there will be no benefit increase for millions of Social Security beneficiaries, disabled veterans and federal retirees in 2016:



Rich Fiesta

The Alliance for Retired Americans is deeply disappointed by the announcement today that there will be no benefit increase for millions of Social Security beneficiaries in 2016. "The announcement is particularly troubling because it triggers a premium spike and a major increase in deductibles for Medicare beneficiaries. If Congress does not act soon, the Medicare Part B premium could increase by 52%, to \$159 per month, for 30 percent of people with Medicare. Deductibles could increase to \$223 for every person with Medicare. "The Alliance for Retired Americans has already begun taking action to deal with the issue for Medicare beneficiaries. A petition urging Congress to address the matter has gathered more than 100,000 signatures. Alliance members are also contacting their Members of Congress directly and asking them to support the Medicare Premium Fairness Act of 2015 (S. 2148 and H.R. 3696) recently introduced by Sen. Ron Wyden (OR) and Rep. Dina Titus (NV). This bill will prevent next year's massive spike in out-of-pocket Medicare expenses for seniors and people with disabilities."

Big Medicare Part B price jump for some: 70 groups ask Congress to act...[Read More](#)

The letter can be accessed online. [Read the letter online](#)

The Alliance for Retired Americans was one of the 70 signatories on the letter.

Report from RI ARA Vice-President, Roger Boudreau:

While RI AFTR President, RI ARA Vice-President, Roger Boudreau was in Washington, DC for a meeting on October 6-7 of the AFT Standing Committee on Retirement Issues. Rich Fiesta, Executive Director of the ARA, addressed the Committee to inform them of an impending substantial and unprecedented increases of 52% to Medicare Part B premiums and deductibles which would affect 30% of Medicare beneficiaries. Mr. Fiesta informed the Committee of a press conference called by Minority House Leader Nancy Pelosi (D-California) scheduled for the next morning.



The Committee attended the press conference where the Virginia ARA President, Ron Thompson, spoke of the negative personal impact the changes would cause to him and millions of others if legislation introduced by Democrats in the House to freeze premiums and deductibles, in light of no Social Security COLA for 2016, was not passed.

At our regional ARA meeting, Monday, October 19th, Catherine LeBlanc, Metropolitan Public Affairs Specialist Area I of the Social Security Administration, will be asked to advise our members regarding any way to mitigate the increases, absent the passage of the legislation.

Rhode Island Congressman, David N. Cicilline will attend our regional meeting to talk to retirees about Social Security & Medicare.

Continued on page 2 Social Security Fairness www.ssfairness.com



**Become Informed! Be Vocal!
Talk to Public Servants Affected!!**



Action Alert #74 Please Do This Today! Decision Thursday! Unfair to Offset Victims!

More than 450,000 retirees lose ALL their Social Security Spousal and Survivor benefits because of the GPO. Now, they are about to have to pay a higher premium for Medicare, also. \$600 more a year! This will also apply to you if your WEP-reduced SS benefit is less than your Medicare premium and you have to write a check to Medicare every three months.

And then the Medicare deductibles will go up next year, in addition!

Please Do This:

- ◆ Call the Department of Health and Human Services in Washington and leave a message on their 24-hour line: 1 202 205 5445 (They are supposed to make a decision on Thursday) Tell them your story or protest for all of us!
- ◆ Call your Congressperson and tell them to support H.R. 3696 (Titus, NV), a new bill: “to amend title XVIII of the Social Security Act to prevent an increase in the Medicare part B premium and deductible in 2016. Go to this site, find your Representative and call or email: <http://www.house.gov>
- ◆ Call your Senators and tell them to support S. 2148 (Wyden, OR) which is the Senate version of the House bill. These are new bills, and your representatives may not have heard of them yet. Go to this page and get the info on how to call or email your Senator. <http://www.senate.gov>

Call the White House 202-456-1111 or for more ways to comment go to: <https://www.whitehouse.gov/contact>

Here is an explanation from Kiplinger:

The actual rates for Part B (which covers the costs of doctor visits and outpatient care) will be announced in October and take effect Jan. 1. The boost may be 15% for all participants or a whopping 52% for some, depending on whether Social Security recipients see a cost-of-living raise for 2016. If Social Security checks are increased, everybody will pay more for Part B, bumping the monthly premium from \$104.90 to \$120.70 to cover higher expenses. That’s the scenario for a 15% increase in costs. But (as has been recently announced) without a raise in Social Security benefits, higher Medicare fees couldn’t be charged to most folks. So the larger increase would apply to about 30% of Medicare beneficiaries:

- ◆ those who enroll in Part B in 2016,
- ◆ people who don’t have their premiums deducted from Social Security payments,
- ◆ individuals with annual incomes above \$85,000,
people eligible for both Medicare and Medicaid.

For the last group, known as “dual eligibles,” Part B premiums are paid by the state where they live.

Medicare beneficiaries in these groups would see bills jump to \$159.30 a month unless the Obama administration took steps to lessen the pain. That’s possible, but not certain.

Read more at <http://www.kiplinger.com/article/insurance/T039-C000-S010-big-price-hikes-coming-for-medicare-premiums-2016.html>

Here are links to more information:

<http://www.cnn.com/2015/10/08/medicare-part-b-premiums-to-rise-52-for-7-million-enrollees.html>

<http://www.pbs.org/newshour/making-sense/medicare-heartburn-2016-projected-50-percent-jump-part-b-premiums/>

The post [Action Alert # 74 – Please Do This Today](#) appeared first on [Social Security Fairness](#).

Call the RI Congressional Members

RI Congressional Delegation Information

Senator Jack Reed: 1000 Chapel View Blvd # 290, Cranston, RI 02920 (401) 943-3100

Senator Sheldon Whitehouse: 170 Westminster St. Suite 1100, Providence, RI, 02903 (401) 453-5294

Congressman James Langevin: 300 Centerville Rd # 200, Warwick, RI 02886 (401) 732-9400

Congressman David N. Cicilline: 1070 Main St #300, Pawtucket, RI 02860 (401) 729-5600

Express Scripts To Cover Pricy New Cholesterol Drugs

By Julie Appleby



The nation's largest pharmacy benefit manager said Tuesday it's not going to try to bring down costs by forcing the makers of two pricey new cholesterol drugs to compete against each other, as it successfully did this year with expensive hepatitis C treatments.

Instead, Express Scripts said it will control spending by aggressively managing which patients get the injectable medications. The firm also said it won some discounts from the treatments' estimated \$14,000 annual list price.

Because the drugs are so expensive – and so many Americans have high cholesterol – analysts and policymakers are watching these medications closely. Express Scripts' announcement comes amid growing concerns about a range of new drugs that could be helpful for millions of Americans, yet may bust health care budgets for private insurers as well as government programs, such as Medicare and Medicaid.

Express Scripts will limit the new cholesterol drugs to the category of patients for whom the Food and Drug Administration approved the drug: Those who have very high levels of so-called "bad" cholesterol that was not controlled by traditional statin medications.

Such access limits, sometimes called "prior authorization" or "utilization review," are used when cost is too high, when the overall benefits of a new drug aren't known, or when it isn't clear if new drugs have unforeseen side effects. "This is what FDA wants and this is what they [the drug makers] want," said Steve Miller, senior vice president and chief medical officer for Express Scripts. "In this case, it was a little bit of both, to control costs and, more importantly, to make sure the right people get on the drug."...[Read More](#)

Old age not a factor in success of Melanoma treatment with drug combo

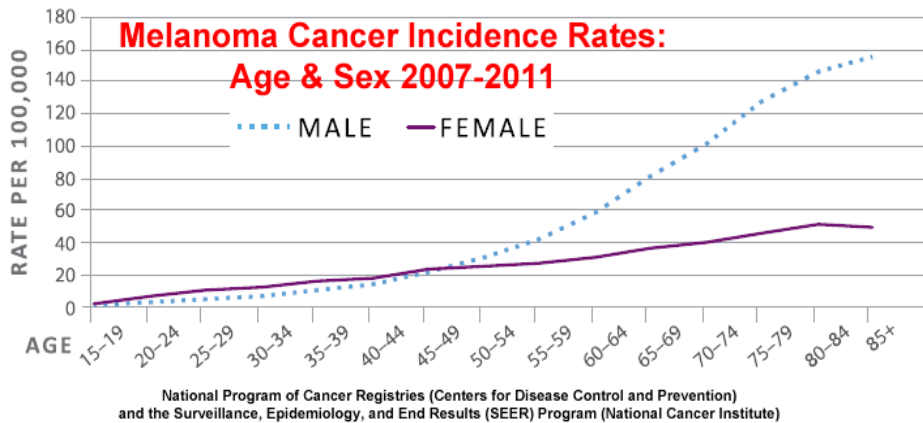
Senior citizens, the most likely melanoma patients, see progression-free survival

Patients with advanced melanoma skin cancer survive for longer without their disease progressing if they have been treated with a combination of two drugs, nivolumab and ipilimumab, than with either of these drugs alone. New results show that these patients also do better regardless of their age, stage of disease and whether or not they have a cancer-driving mutation in the BRAF gene.



"The sub-groups included in these analyses are those of particular interest to melanoma clinicians, such as patients aged 75 and over. We believe that the data will give confidence to patients and their healthcare providers that the combination of nivolumab and ipilimumab will be effective regardless of advanced age, the presence of a BRAF mutation, or poor prognostic factors," according to Dr. James Larkin, a Consultant Medical Oncologist at The Royal Marsden, London, UK, in his report to the 2015 European Cancer Congress.

Results from the CheckMate 067 phase III clinical trial had already shown that the combination of the two drugs, which target two different pathways that regulate the immune system, improved the progression-free survival in patients with melanoma who had not received any other treatment.



However, until now it was not known whether this remained the case when the results were analyzed according to genetic status, age and how advanced was their disease, according to Dr. James Larkin. Nivolumab is an inhibitor of the programmed cell death protein 1 (known as PD-1), which functions as an immune checkpoint, playing an important role in the immune system. Ipilimumab inhibits the CTLA-4 checkpoint, which also plays a role in the immune system....[Read More](#)

Medicare launches new dialysis model to improve kidney care

Affordable Care Act model designed to improve care for patients with kidney failure while reducing costs



More than 600,000 Americans have end-stage renal disease (ESRD), also known as kidney failure, and require life sustaining dialysis treatments several times per week. Medicare has a new plan. In 2012, ESRD beneficiaries comprised 1.1% of the Medicare population but accounted for an estimated 5.6% of total Medicare spending.

These individuals typically have many health problems, are at higher risk of hospital readmissions, and suffer from fragmented care.

The Centers for Medicare & Medicaid Services (CMS) has announced the participants for the Comprehensive ESRD Care (CEC) Model, a new accountable care organization (ACO) model made possible by the Affordable Care Act and conducted by the CMS Innovation Center.

CMS says it is part of the Department of Health and Human Services' approach to building a health care delivery system that results in better care while using taxpayer dollars more wisely,

ACOs are groups of physicians and other health care providers who collectively take on responsibility for the quality and cost of care for a population of patients. The CEC Model is designed specifically for beneficiaries with ESRD and builds on experiences from other models and programs with ACOs, including the Pioneer ACO Model and the Medicare Shared Savings Program.

In the CEC Model, dialysis facilities, nephrologists, and other providers have joined together to form ESRD Seamless Care Organizations (ESCOs) to coordinate care for ESRD beneficiaries. ESCOs will be financially accountable for quality outcomes and Medicare Part A and B spending, including all spending for dialysis services, for their ESRD beneficiaries....[Read More](#)

Medicare releases data on those who refer medical equipment

Data serves as comprehensive resource for information on durable medical equipment costs and services

As part of efforts to make the healthcare system more transparent, affordable, and accountable, the Centers for Medicare & Medicaid Services (CMS) has posted a new data set for the Provider Utilization and Payment files. It provides information on physicians and other healthcare professionals who referred DMEPOS products and services, such as wheelchairs, walkers, and diabetes supplies for Medicare beneficiaries.



This [data set](#) is called Referring Provider Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Public Use File (PUF).

"The data set made available today is part of a wider set of initiatives by the Administration to achieve better care, smarter spending, and healthier people throughout our health care system," said Acting CMS Administrator Andrew Slavitt. "CMS is providing this data to support insight and innovations in health care delivery."...[Read More](#)

View a fact sheet on the [Referring Provider DMEPOS PUF](#).

The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program" Get The Message Out: SIGN THE PETITION!!!!

ADD
YOUR
NAME

Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.

ADD
YOUR
NAME

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

Petition Subject: 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.973 & S.1651

ADD
YOUR
NAME

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