

[music playing]

Multiple Speakers:

My Health, My Medicare.

Female Speaker:

Today on My Health, My Medicare meet one of Medicare's top doctors, and learn how the right Medicare prescription drug plan can help you to get on with your plans for a healthy and independent life.

Female Speaker:

Talk with a Medicare policy expert about why Medicare and their partners are working extra hard to reach people who need extra help.

Male Speaker:

Meet the people who field Medicare questions at a local state health insurance program.

Female Speaker:

And learn how someone with Medicare helped create one of Medicare's newest publications.

Female Speaker:

Visit our heart healthy kitchen to get a guilt-free recipe for a side dish that's perfect winter comfort food.

Female Speaker:

All that and more on My Health, My Medicare.

Tanya Hutchins:

Hello. Welcome to a special one-hour open enrollment edition of My Health, My Medicare. I'm Tanya Hutchins for CMS, your Centers for Medicare & Medicaid Services. My Health, My Medicare is produced by the Centers for Medicare & Medicaid Services as a public service for people with Medicare and for communities that care about people with Medicare. Every year at this time, Medicare works with partners all across America to get ready for the fall open enrollment period for Medicare health and prescription drug coverage.

Today's special edition of My Health, My Medicare is produced as a public service as part of that effort. Medicare provides this program free of charge to nearly 800 local cable systems around the country as well as healthcare providers and community groups. People with Medicare have stories to share about getting the most out of Medicare, stories about staying healthy and saving money. As you can tell, from the title of our program, My Health, My Medicare, we think those stories are best told in

the first person, by people who have firsthand experience with Medicare. That's why on each of our programs this year I'm joined by real Medicare experts, people who have Medicare.

Today our guests are people with Medicare who volunteered to help other people with Medicare. Just like thousands of people across the country, they are volunteers at their local SHIP. Now a SHIP is a state health insurance assistance program. SHIPs help people with Medicare and their families get the most out of Medicare by helping them understand their choices for getting prescription drugs and other Medicare benefits, and explaining other insurance options such as Medigap policies. Welcome SHIP volunteers. Give yourself a hand.

[applause]

I also want to welcome a special guest, Dr. Charlotte Yeh. Dr. Yeh has had a distinguished career in emergency medicine and is currently the regional administrator for Medicare San Francisco Regional Office, responsible for Medicare, Medicaid and all the other CMS programs in these states of Arizona, California, Hawaii and Nevada, as well as the territories of American Samoa and Guam. Dr. Yeh, welcome to My Health, My Medicare. Now why are regional offices like the one you run so important to the centers for Medicare and Medicaid services?

Dr. Charlotte Yeh:

The ten regional offices are the agency's main link to the people who use our programs, our partners, who include healthcare providers, and state and local governments and the general public as well. The professional staff in the region also performs most of the day-to-day business functions for Medicare, Medicaid, and all the other CMS programs. These important functions include customer service, communication, education, and outreach, managing and evaluating the way the agency's programs work for millions of Americans, partnering with state and local health and social service programs, and working with health care providers to improve the quality of care.

The San Francisco Regional Office serves states with some of the nation's most developed urban areas and rural areas where you can drive all day and never see another person. The region also serves a diverse population, including millions of people who prefer their information in a variety of foreign languages, from Spanish to Tagalog. We make sure all of the agency programs come together to help people stay healthy, save money, and help others.

Tanya Hutchins:

I know regional offices do a lot of events with the famous Medicare bus. Can people expect to see the bus in their community this enrollment season?

Dr. Charlotte Yeh:

Technically, it's a mobile office. But whatever you call it, it's been on the road pretty much nonstop since the fall of 2005. This spring the bus's message was, "A Healthier US Starts Here". And the focus was on prevention. The nice thing about

this message is that our audience wasn't limited to just people with Medicare. The tour was very successful and finished strong with a trip through Indian country. This fall, we are on the road again to support the open enrollment campaign for the Medicare prescription drug program. The tour's theme this time is, "Working Together for Better Health". And that's what happens at every event on the tour.

CMS and its partners, just like the folks with us today, set up computers and work one-on-one with people with Medicare to find prescription drug coverage that meets their needs. People with Medicare are more active than ever. So we come to them with the mobile office, arrange for a variety of activities at each event, and bring in a team of trained Medicare counselors. Once we get your information into the computer, it just takes a few minutes to find the prescription drug plans that have the features that matter to them. We can even help them enroll in a plan online, right there, and then they can get on with their own plans for a healthy and independent life. We've all had people tell us that the little time they invest each year in gathering information, comparing plans, and making a decision, pays off with a year's worth of peace of mind.

Tanya Hutchins:

Well this year, the tour began on October 2nd in St. Louis, Missouri. The mobile office may be coming to your town. Here's a list of just a few of the planned stops for the two Medicare buses from November 15th to December 31st.

[music]

Tanya Hutchins:

Welcome back. I'm here with Dr. Charlotte Yeh from CMS, and a roomful of counselors from our local SHIP, to talk about this year's open enrollment period for Medicare prescription drug coverage. Pat Venable is the SHIP coordinator for the Baltimore County Department on Aging, the agency responsible for the SHIP program here in Baltimore County. And it's thanks to her that we have this great turnout today. Pat, welcome.

Pat Venable:

Thank you.

Tanya Hutchins:

I understand there's a big mix here of experienced people and volunteers. Tell us who we have here today.

Pat Venable:

Okay. We have SHIP volunteers that have worked with us through the enrollment last year and have worked all year on counseling. And then we have a group of new people who have just been with the training, that are getting ready to help us in the fall. In addition to that, we have some—a president of the Baltimore County Association of Senior Organizations, Beth Wiseman. We have Charlie Culbertson, who is the president of United Seniors of Maryland. We have Ron Galler, who works with me on our staff, who is the SMP coordinator that educates about fraud and

abuse in Medicare. And then we also educate the professionals in Baltimore County to help their clients and residents. So we have Maria Bowie, and she's from Village Oak Apartments. She helps 180 people in her apartments, most of them low income, to choose a plan and to find the best plan for them.

Tanya Hutchins:

Now if you're training new counselors, do you expect to get a lot of calls this enrollment season?

Pat Venable:

Not only do we expect to get a lot of calls, but we're going out to each one of our 19 senior centers two times.

Tanya Hutchins:

Well let me ask this. How many people here are new volunteers? That's quite a few. Now Bonnie, you're training to be a volunteer. What was it that attracted you to the SHIP program?

Bonnie:

Well, I actually saw an ad in the paper and I called Pat because I have 23 years of medical experience, right before I retired. And I thought, since it's such a confusing area, that I might be of help to people, you know, who come in and ask questions.

Tanya Hutchins:

Is there anyone else would like to comment on why they were attracted to SHIP?

Male Speaker:

I also saw something in the paper. And I was looking for some place to volunteer recently after I retired. And I was also looking into some of the complexities of the Medicare system. And the best place to learn this was while doing it with the SHIP program.

Tanya Hutchins:

Now Joan, what about you?

Joan:

Well, I'm a nurse and I would like to continue helping people, as nurses do. And I saw—I heard about the SHIP program and I thought well, that would be a good way—with the Medicare D program coming into existence again this year, I'd like to learn more about it so I can teach somebody else more about it.

Tanya Hutchins:

Will you be ready November 15?

Joan:

Hopefully—

[laughter]

—if all goes well and I get a little more training. I just finished the training course just last week so hopefully I can get in a few days a week with Pat in her office and learn more and so I can help somebody else out.

Tanya Hutchins:

Well, congratulations on finishing your training.

Joan:

Thank you.

Tanya Hutchins:

Now with a show of hands, how many people here are experienced volunteers? Quite a few over here. Now what was it like last year?

Female Speaker:

It was wonderful. We had such a cross-section of people coming in from all walks of life and all different backgrounds and different levels of income. So, to me it was such a learning experience that you probably couldn't get unless you participated.

Tanya Hutchins:

Now let me ask one of the other experienced volunteers. Was there one question that came up more than others last year, that you kept hearing over and over again?

Female Speaker:

Well, I think people were sort of bewildered by the whole process and I—you know, it was helping people to be reassured that we could help them figure out this wild and crazy experience and make good choices. And I think one of the confusions I remember repeatedly was, often there were husbands and wives who thought, "Well we can join the same plan, because we're a couple." And I had to explain that, no, actually we really needed to choose plans according to the medications that they're taking. And there might be one plan that would be better for the wife and a different one for the husband. So that was one of the things that I can remember.

Tanya Hutchins:

That's understandable. You're tailoring it to each person. Out of all of the people that you spoke to, either face-to-face or on the phone, was there one person that really stood out to you?

Female Speaker:

There was one couple that I worked with last year on the Part D program and the woman came in early in the morning when we were having the sessions to work on the computer. And I discovered that she and her husband had exhausted all of their savings in order to pay medical bills. And now they were looking at their children. The children were now taking care of them with their medical costs and financially.

And I was able to say to them, "But you can have help and also we can find some prescription plans that will fit into your financial abilities to pay." And she was just taken aback by the fact that there would be something else to help her.

And when we went through some of the steps—and of course they were reluctant to speak too much about what their money situation was really like—I saw that they were probably eligible for supplemental assistance. So I set them up to speak with to counselor that would help them there. But she was so happy about finding out about this information. She asked me to stay. And she went home and made her husband come back. And then he was willing. At first he was reluctant, but he was willing to talk about it. And we found plans that both of them could use that would be beneficial. So that one always stuck with me. My lord, there are people out there that have just exhausted everything thinking that no one would be there to help them. And there really is some help.

Tanya Hutchins:

It sounds like a lot of people just aren't aware of the help that's out there.

Female Speaker:

Absolutely. It is, it is.

Tanya Hutchins:

Does anyone else have a story they'd like to share?

Female Speaker:

I think the biggest thing that I tried to do for people was to empower them with the idea that they could make their own decision. Many people call and say, "You pick a plan for us." Well, we can't do that. We can give you information. We can tell you where to look. Many times we say, "Get your grandchild and get on the computer. Or go to one of the senior centers." I happen to work over the phone. But it was really important to tell people, "You can do this." "I don't know, I don't know." "Yes, you can, you know. I'll send you, and you call me back." And that's the biggest thing, is to try to empower people to understand that "This is your entitlement and we will get you through it."

Tanya Hutchins:

You're really helping people to get through. You really are counseling people.

Female Speaker:

Yes.

Tanya Hutchins:

Okay. Thank you so much. Well, among the people that we hope to talk to this fall are the millions with limited incomes and resources who could qualify for Extra Help with their prescription drug costs, and many of whom may not realize they should apply for this important benefit. Now let me do a quick survey. Have any of you taken a call lately about Extra Help? Okay now what are some of the things that they're saying?

Female Speaker:

Well, as SHIP volunteers, we are trained to bring up the subject of income. There are people, some people who call specifically, but everyone we talk to we talk about income and what's available. And a lot of times it helps if we bring up the question of money. And, you know, we have the applications in the office. We mail them out. But I think that's the big thing, is the fact that we are trained to be attuned to this problem no matter what they call in about.

Tanya Hutchins:

Anyone else hearing anything about Extra Help?

Pat:

I had an 82-year-old gentleman call me that had gotten one of the letters and I asked him if it was on gray paper so we could identify exactly which one he had. And I explained to him. He got an application to apply for Extra Help again. People that get the gray letter need to understand they must answer that and send it back within 30 days, fill it out again this year, send it back to Social Security in the self-addressed envelope, and then they will get Extra Help for 2008. If they don't return it, when they go to the pharmacy in January, they won't have Extra Help again. In addition to that he did not have the special program that helps to pay your Part B premium. He didn't, and so we found out that he didn't have that and I sent him the application to apply for that program too.

Tanya Hutchins:

That's good. You saved him.

Pat:

Yes. He was 82, so he had kind of missed out on it before. So because he called us, we were able to help them, not only with the Extra Help for prescription drugs but also help paying his part B premium.

Tanya Hutchins:

So if you're wondering if you have to reapply once you get that gray letter, then you know you have to fill it out.

Pat:

Yes. And send it back in.

Tanya Hutchins:

Okay, thank you for that. So we have another comment over here?

Karen:

Well I was thinking. One of the things that is very helpful is we have wonderful computer programs and when people call about the Part D plans, sometimes if they can give us their drugs and the dosage and so on, we can use the program, get the top two or three most economical program for them, and mail it to them. So it narrows down from 47 choices to two or three. And because we've worked with the

program probably more than most people, we can discern some differences that say, even though this looks like it's a little more expensive, this would be a better choice because there are fewer restrictions.

So I think that's—that's been an enormous change from last year. We were so overwhelmed with tons of people and lots of confusion, to a much—we're much better prepared to help people this year, I think. So it is getting the information out to people and asking the question, "Do I qualify or how can I get some help?"

Tanya Hutchins:

Thank you Karen. Does anyone else have any comments about Extra Help?

Ron:

Well, not about Extra Help per se, but if I might just for a couple of moments indicate that as we know, the Medicare program has always had its fraud and abuse. And we learned, unfortunately, through experience, that the open season for Part D brings the swindlers and the scammers out of the woodwork who do like to approach individuals either by telephone, in person, Internet—whatever means are possible to give them the fact that whatever they can offer is far better than what they have. Now you can't make a cold call. You can't make a cold telephone call. You can't come to somebody's house. And you can't, as we've learned, offer them the greatest plan in the world for \$300 forever.

In other words, what we're suggesting is—and we do like to go out and talk to folks—that the crooks are now operating or planning to operate during open season to give something that is simply impossible to give and to have folks be aware of the fact that they cannot be approached without first asking to be approached, either by telephone or in person. And if they receive a phone call, not to talk to the caller who represents that he or she is calling from Medicare. Medicare doesn't call cold on the telephone. We want to alert folks to be careful. The scammers are there.

Tanya Hutchins:

Good advice. Thank you Ron. You can never be too careful. Well, if you would like to learn more about Extra Help, here's Charlotte to introduce our next guest.

Dr. Charlotte Yeh:

Our next guest is an expert on the Extra Help and everything Medicare and its partners are doing to reach millions of people who could pay little or nothing for prescription drugs if only they would apply for the Extra Help. Danielle Moon is the deputy director of the Medicare Enrollment Appeals Group in the CMS Center for Beneficiary Choices. This group is responsible for Medicare beneficiary enrollment, eligibility, and appeals issues for the traditional Medicare Fee-For-Service Program, the Medicare Advantage Program, and the new Medicare Prescription Drug Benefit. She joined Tanya earlier this week here in the studio.

Tanya Hutchins:

Well, Danielle, thanks for being here. What is the Extra Help with prescription drug costs, and why is it such a good deal?

Danielle Moon:

Well, the Extra Help is a subsidy that's available to low income beneficiaries that reduces their drug costs. Extra Help eliminates or reduces that annual deductible and most out-of-pocket drug expenses. Beneficiaries who are eligible for Extra Help have a range of options available for comprehensive coverage and can switch plans at any time.

Tanya Hutchins:

How do people qualify?

Danielle Moon:

Well some people automatically qualify because they have Medicaid or receive help from their state with Medicare premiums and copays, or receive Supplemental Security Income from Social Security. If they automatically qualify, they'll receive a letter from Medicare with more information. Those who do not automatically qualify may apply for Extra Help through Social Security or their state Medicaid agency. And there are several ways to apply. You can apply online at socialsecurity.gov. You can also apply by calling SSA's toll-free number at 1-800-772-1213. The TTY number is 1-800-325-0778. Also by paper application, in person at a local Social Security office, and through local organizations such as the local Departments on Aging. If an individual needs assistance, someone can apply on his or her behalf.

Tanya Hutchins:

If people qualify this year, will they also qualify next year?

Danielle Moon:

Well, if you apply for Extra Help with SSA, then they will decide if you qualify for Extra Help next year. And we'll send you a letter with their decision. If you no longer automatically qualify, by having Medicaid or by getting help from your state with Medicare premiums and copays, or by receiving Supplemental Security Income, Medicare will send you a letter on gray paper that tells you how you can apply for Extra Help. The letter includes an application and a self-addressed stamped envelope that you can mail directly to Social Security.

Tanya Hutchins:

Where can people get their questions answered?

Danielle Moon:

Well information is available through a variety of means. First, through the SSA toll-free line which I mentioned is 1-800-772-1213, or their Web site at www.socialsecurity.gov, and local SSA offices, and also by calling 1-800-MEDICARE and through the new Medicare handbook, and through Medicare community partners such as your Area Agencies on Aging.

Tanya Hutchins:

Anything you would like to add?

Danielle Moon:

Yes. If you already have the Extra Help, be sure to watch your mail. If you applied for Extra Help through SSA, you may receive an income and resources summary from SSA. If you receive a form, be sure to complete it and return it. If you're no longer automatically eligible for the Extra Help, you may receive a letter from Medicare on gray paper. And this will tell you that you can apply to SSA. The letter will include an application and a stamped return envelope. If you're automatically eligible for Extra Help, you may also receive a letter on orange paper from CMS. This will tell you that your Extra Help continues next year but your plan costs will change. You won't need to take any action. If you need help, please apply. It takes just a few minutes and Medicare and Social Security are ready to help you get the help you deserve.

Tanya Hutchins:

Danielle, thanks for joining us.

Danielle Moon:

Thank you.

[music]

Tanya Hutchins:

Welcome back. I'm here with Dr. Charlotte Yeh and just a few of the volunteer counselors who help people with Medicare find prescription drug plans that meet their needs. Now Maria, you had a question for Dr. Yeh?

Maria:

Yes. Does Medicare have any estimate of how many people will be choosing a new plan during the open enrollment season?

Dr. Charlotte Yeh:

Well, it's hard to say. Our data shows that the Medicare Prescription Drug Benefit is saving seniors an average of \$1,200 a year. People with Part D coverage are picking up 1.2 billion prescriptions per year and several surveys have shown that upwards of 80 percent of people with Medicare drug coverage are satisfied with their coverage. So we expect the number of people in this group who will choose a new plan would be relatively small. In fact, when we surveyed people with Medicare earlier this year, we found that about six percent switched plans. However, if cost is an issue, more than 90 percent of people who are on stand-alone prescription drug plans will have access to at least one plan with a lower premium than they are paying now.

Tanya Hutchins:

A stand-alone plan is one that is available to people who are in original Medicare, what some people call Fee-for-Service?

Dr. Charlotte Yeh:

That's right. These are different from the drug coverage that Medicare Advantage plans offer.

Tanya Hutchins:

Now here is another question.

Female Speaker:

When you say lower premiums, how much money are you talking about?

Dr. Charlotte Yeh:

In every state, people with Medicare will have access to at least one prescription drug plan with premiums of less than \$20 a month, and a choice of at least five plans with premiums less than \$25 a month. The national average monthly premium for the basic Medicare drug benefit in 2008 is projected to average roughly \$25.

Tanya Hutchins:

Charlie?

Charlie:

I have a question about plans that have features like zero deductibles are coverage in the gap.

Dr. Charlotte Yeh:

Just like last year, people will have a wide range of plans to choose from that have zero deductibles, some of which also offer other enhanced benefits, such as reduced deductibles and lower cost sharing. There are also options that cover generic drugs in the coverage gap for as low as \$28.78 a month. Nationwide, beneficiaries in any state can obtain a plan like this for under \$50 a month.

Tanya Hutchins:

Barbara, I think you have a question?

Barbara:

Yeah. I can you tell us more about the Medicare Advantage programs that you mentioned earlier?

Dr. Charlotte Yeh:

People with drug coverage provided by Medicare Advantage health plans will continue to have access to plans that offer lower premiums and enhanced drug coverage. The premiums for Medicare Advantage plans with prescription drug coverage, known as MA-PDs, continue to be lower than premiums for stand-alone plans. On average in 2007 the premiums for these plans, after accounting for rebates from the Medicare Advantage health plans, were about seven dollars lower than stand-alone plans.

In 2008, they will average \$11 lower. Further, over 90 percent of people with Medicare will have access to a Medicare Advantage prescription drug plan for a zero dollar premium and for a zero dollar drug deductible.

Tanya Hutchins:

And of course when you mention people for whom cost is always important, I think immediately about people whose limited income and resources qualify them for Extra Help with prescription drug costs.

Dr. Charlotte Yeh:

That's a group that we are really focusing on. Our best estimate is that there are about three million more people who could qualify, but they would need to apply. There are also another 630,000 people who will be notified that they no longer automatically qualify for the Extra Help, due to a change in income, resources, or living arrangements. Now last year, 60 percent of the people who reapplied for the Extra Help after they got this notice got their Extra Help back. Finally, because of changes in plan premiums or the plans being offered, over 1.5 million of the people who get the Extra Help will be automatically reassigned to a new plan. Because they qualify for the Extra Help, they can switch plans at any time if they don't like the plan they were assigned to. And just like in 2007, they won't be subject to any late enrollment penalties.

Tanya Hutchins:

So the important message is, if you think you can't afford Medicare prescription drug coverage, you should find out more about the Extra Help. It's certainly worth the effort to apply.

[music]

Male Speaker:

Did you know, the average value of the Medicare Part D benefit, counting premiums and copayments for people getting the Extra Help, is estimated to be about \$3,660 per year in 2008? That's up from \$3,353 in 2007.

Tanya Hutchins:

If you watched our September/October broadcast, you met John Tumminello. What we didn't tell you is that John isn't just a TV star, he is also featured in one of our newest publications. Here's an interview I taped with John when he was here two months ago. Let's watch.

[music]

Tanya Hutchins:

Today we've talked a lot about how all the help that Medicare and its partners make available to people who want to find Medicare prescription drug plans that meet their needs. When you hear people talking about the Extra Help with prescription drug costs, this is the help they mean. Millions of people with limited incomes and resources may qualify for help with the cost of Medicare prescription drug coverage,

but they need to apply for it.

Our studio guest today, John Tumminello, has already done a lot to help Medicare reach the people who may still not have drug coverage and might pay little or nothing if they took advantage of Medicare's Extra Help. It's called a photo novella. It's a way to use photographs and illustrations to tell a story simply and clearly to people who for one reason or another have limited reading skills. Photo novellas are well-known in Spanish speaking communities where they have a wide readership among adults. I don't know if you've seen this before, John, but just look over at the monitor over there and tell me if this handsome gentlemen looks familiar.

John Tumminello:

It's me.

Tanya Hutchins:

That's right John. And while we look at how you're transformed into an illustrated man, tell us, how you came to be part of this project?

John Tumminello:

I got a call from a friend of mine who asked me if I would come over here and participate. I said I would be glad to come over here for Medicare. They've been such a great help to me.

Tanya Hutchins:

Well, interestingly enough, some of the other people from CMS who created the general-audience photo novella work right around our studio. We've gotten some of them together to help us create a new art form: a video photo novella. Now while John makes his way over to join them, this is John's friend Helen Cave and Dave Nolley, who's the pharmacist. And Sandy Cohen, who wrote the text. You're all in good voice?

Multiple Speakers:

Yes.

Tanya Hutchins:

Ladies and gentlemen, allow me to introduce the Medicare photo novella players.

[begin clip]

Female Speaker:

Are you having trouble paying for prescription drugs? You may qualify for Extra Help from Medicare. Mrs. Taylor and her pharmacist are talking about the cost of prescription drugs.

Mrs. Taylor:

I can't afford this medicine.

Male Speaker:

Social Security offers Extra Help paying for your Medicare prescription drugs.

Female Speaker:

Mrs. Taylor calls Social Security and asks for form SSA 1020. It's called, "Help with Medicare Prescription Drug Plan Costs". When the form comes a few weeks later, Mrs. Taylor says....

Mrs. Taylor:

This form is easy to fill out.

Female Speaker:

Mrs. Taylor mails the form. Later, when Mrs. Taylor goes to her mailbox, she gets a letter from Social Security saying she qualifies for Extra Help.

Mrs. Taylor:

I can afford to pay for my medicines. I'm glad I applied.

Female Speaker:

Now Mr. and Mrs. Taylor are back at the pharmacy. Mrs. Taylor gets a pleasant surprise from the pharmacist.

Male Speaker:

Your order is ready, Mrs. Taylor.

Mrs. Taylor:

Great. I like this lower price much better. Thanks for your help.

Female Speaker:

Mr. Taylor wants to save too.

Mr. Taylor:

Wow, you saved us lot of money. Now it's my turn. I'm going to go to www.socialsecurity.gov, to fill out a form.

Female Speaker:

Remember, help is only a phone call away. Contact Social Security now and start saving.

Mrs. Taylor:

We should tell our friends and family.

Female Speaker:

Call Social Security at 1-800-SSA-1213. TTY users should call 1-800-325-0778. Apply over the phone or ask for form SSA 1020. Once you have your application, you can call Social Security if you have questions.
[end clip]

Tanya Hutchins:

If you want your own copy of this photo novella or others in this series, you can call 1-800-MEDICARE, visit www.medicare.gov on the Web, or contact one of Medicare's community partners. Ask for Medicare publication number CMS-11318.

[music]

Tanya Hutchins:

Welcome back. I'm here with Dr. Charlotte Yeh and some of the people who volunteer their time to help others get the most out of Medicare. And before we get to more questions, Pat wanted to make a point that we haven't covered yet.

Pat Venable:

We encourage people every year to go on the Web site, either themselves or to find somebody, to enter all their drugs and find out which plan is best for them that year.

Tanya Hutchins:

Good advice Pat. And Beth, you also have a comment?

Beth:

Yes. As an advocate of senior issues, I'm concerned about people who are reluctant to enroll in Medicare D. I've tried to explain three things to them. Number 1, there's a penalty involved. It is one percent per month of non-enrollment, when and if they should decide to enroll. Number 2, they never know what tomorrow will bring, because tomorrow may bring an illness that they're not prepared for and they have to wait until the next enrollment period. And number 3, they have insurance on almost everything else that is important to them. Certainly car insurance. They wouldn't think -- and it is illegal not to have it. And they have health insurance and they have property owner's insurance, renter's insurance, et cetera, and so this is such a small amount of money that they have to invest in this, and even smaller if they're low income. It's really not a point that they should think much about. It is something that really needs to be done.

Tanya Hutchins:

Thank you Beth. Good point. Now Charlotte, advice like Pat and Beth just gave could help people to avoid a very costly mistake. How could people all over the country contact their local SHIP to get personalized help from experts like Pat and her counselors?

Dr. Charlotte Yeh:

The SHIPs and our other community partners have been invaluable in our efforts to educate people with Medicare about prescription drug coverage. When Medicare put together the network of SHIPs, we often worked with organizations that were already helping seniors, and people living with disabilities. Now, these organizations may not call themselves SHIPs, but they're still easy to find. Probably the easiest way is to look at the copy of "Medicare & you 2008" that came in the mail in October. The contact section of your personalized copy has the contact information

for your local SHIP. Or, you could just call 1-800-MEDICARE or visit www.medicare.gov.

Tanya Hutchins:

A big advantage of working with one of our community partners or calling 1-800-MEDICARE is that you can get someone who knows their way around a computer. And they can help you put the information into the Medicare computer system that makes it easier to choose a prescription drug plan. They can show you plan comparisons for the features that matter to you and then if you decide on a new drug plan for 2008, help you enroll online. Now, do any of the new counselors here want to tell me how much training they've had? No? How about you?

Stewart:

We have 16 hours of formal training and we are continually being trained by the questions that people ask. And also, as people are asking questions, you are trying to develop different areas that you can help them in.

Tanya Hutchins:

Thank you Stewart. Anyone else, Barbara?

Barbara:

Like Stewart, I'm fresh out of school, 16 hours of training where we learn about all the things that we've talked about today. And when I volunteered, I thought, "Well this will be a service." But after taking the training, that reinforced my idea that this would be a service and how very much it must be needed. So, while there's more -- I've a lot more to learn, I still have learned a lot.

Tanya Hutchins:

That's good. You really are doing a service. Thank you Barbara. Now, while it's always nice to have someone else's fingers do the walking for your information, the Medicare Web site is very helpful and it's very easy to use. That's why in 2006 over 350,000 people enrolled in a drug plan online. More and more seniors are using the Internet. So, if you're what some people call a "silver surfer", take a look at a shortened version of a video we use to train volunteers.

[music]

Tanya Hutchins:

Earlier, we talked about the help that people with Medicare can get from the Medicare handbook, "Medicare & you 2008". As good as "Medicare & you" is, you'll still have to take some notes if you want to compare drug plans. With the handbook, you can't enter your Medicare information and the medicines you take, and get back personalized estimates of coverage and costs. And of course, you can't get updates or changes made after the handbook was published. If those features sound good to you, then you need to visit medicare.gov and follow the link to the Medicare prescription drug plan finder. Let's meet Joe Dinardi, a local senior who let us join him while he explored the prescription drug plan finder.

[music]

Tanya Hutchins:

As you can see, Joe has already looked at some marketing materials for plans in his area. He's gotten it all together with a cup of coffee and is ready to get started. In addition to that cup of coffee, here's what else you'll need to get the most out of the drug plan finder. First, you'll need your red, white, and blue Medicare card. If you have other health insurance, you'll want to keep those cards handy too. If you already have Medicare prescription drug coverage, have that information handy so you can compare the details of the plan you already have with other plans you may be considering. It's a good idea to have a list of all the prescription drugs you take, along with doses and quantities.

The drug information makes it possible to show you which plans cover the drugs you take and to give you much more accurate estimates of your annual and monthly drug costs. Drug plan finder can even estimate what your costs would be if you switched to generic drugs. You can often save money by choosing a generic drug instead of a brand-name drug. A generic drug works the same way as the brand-name drug and it has been approved by FDA as safe and effective. Finally, if it's important to you to use a particular pharmacy, you can tell us that too and the drug plan finder will be able show you which plans you can use there.

In this example, Joe has gone beyond the window-shopping stage and wants to personalize his search to find and compare plans, including his current plan. To do this, Joe enters his Medicare information. Then Joe enters the names and dosages of the prescription drugs he takes. The information he provides about the prescription drugs he takes dramatically increases the power of the drug plan finder to help him find a plan that will meet his needs in 2008. He can also print out his list of drugs and share it with his doctors and his pharmacist.

Once the information is in our secure system, Joe sees his personalized plan list of summary information. This list shows the plan Joe is already in and other plans that meet his needs. Joe can click on any of the column headings to find the lowest annual costs, lowest monthly premiums, zero deductibles, coverage gap options, and the number of network pharmacies in his area. By clicking on "plan performance information", he can also see how well the plans perform on things like customer service, complaints, and appeals.

Want to know more? Click on any of the plans in your personalized list and see a detailed view of the plan. Details include plan contact information, the drugs the plan covers, its formulary, and the pharmacies in the plan's network. We also show your monthly premium, annual deductible, and cost to you for each prescription you enter, and this graph, showing your estimated monthly costs for 2007. Still have questions? If you enter your drug information, the plan finder will let you do a detailed comparison of up to three plans, comparing things that matter to you, like total cost, monthly premium, annual deductible, and cost to you for each prescription.

Come November 15, if you decide to enroll in a new drug plan, you can jump straight to the online enrollment Center linked to the plan finder. Medicare suggests you enroll early. That way, you can get your card from the plan in December and avoid any inconvenience at the pharmacy counter in January. Whatever you decide, Medicare can help every step of the way: preparing, to comparing, to deciding, to enrolling.

[music]

Madeleine Hudson:

Hello. I'm Madeleine Hudson with a heart-healthy recipe for a stick-to-your-ribs side dish that's perfect winter comfort food. This purée of acorn squash and apple takes just 20 minutes to fix and it serves two. The Centers for Disease Control's five-a-day campaign recommends eating five fruits or vegetables a day. If you strive for five, this dish counts as one cup of fruits or vegetables per serving. You can find this recipe and many others at www.fiveaday.gov. You can also find links to recipes on www.firstgov.gov.

You'll need these ingredients:

- 1 acorn squash, halved with the seeds and the strings discarded
- 1 Golden Delicious apple cut in 1-inch pieces
- 1/2 tablespoon of butter or margarine (try to use a margarine that has no trans fats)
- 1/8 teaspoon of freshly grated nutmeg

We already had some margarine and nutmeg, so the squash and the one apple cost us less than two dollars.

Here's what to do:

With a sharp knife, cut the squash in half and carefully remove the seeds and the strings. Microwave the squash at high-power, 100 percent, for ten minutes. While that cooks, core and peel the apple and cut it into 1-inch cubes. Put the apple chunks in a 1- or 2-cup glass measuring cup. Cover it with microwave-safe plastic wrap and microwave the apple chunks and the squash at high-power, 100 percent, for four to six minutes, or until they are tender. Scoop out the squash, discarding the skin, pour off any liquid from the apple, stir in margarine and nutmeg, and force the squash and the apple through the medium disk of a food mill or a food processor into a bowl. Mmmm. Doesn't that look good? One serving has 150 calories with only 20 calories from fat. These low numbers for saturated fat, cholesterol, and sodium, were calculated for people who use a half-tablespoon of butter. If you used margarine, the way we did, the numbers are even lower. It's also got lots of fiber, vitamins, and minerals. If diabetes is a concern, this dish counts as one fruit and three vegetables in the American Diabetes Association exchange system. If you would like a copy of this heart-healthy recipe, visit www.cms.hhs.gov/cable/ on the Web.

[music]

Tanya Hutchins:

Welcome back. As we tape this program, flu shots are just starting to be available in metropolitan Baltimore. A show of hands—if you haven't gotten your flu shot yet, how many people are planning on getting one? Everyone. Me too. I should raise my hand as well. Now Joan, you're a nurse. Are you planning on getting one?

Joan:

No I'm not. Unfortunately, I'm allergic to the serum, but I do encourage everyone else in our group to get their flu shots as soon as they can.

Tanya Hutchins:

Good advice. Ron, what about you?

Ron:

Oh, absolutely. Here in Baltimore County we have a Senior Fair each October that runs two days we give out thousands of flu shots at the Senior Fair, and I'll be one of them.

Tanya Hutchins:

All right. That's great Ron. Ann, you plan on getting one as well?

Ann:

Like Ron, I'll be a volunteer at the Senior Expo and my Medicare Advantage plan will take care of it. They'll submit the bill directly.

Tanya Hutchins:

Great. Now Charlotte, by the time folks are watching us, it'll be November or December. If someone in a high-risk category, like a senior or someone like me who has asthma, hasn't gotten a flu shot by then, does it make any sense to get one that late in the year?

Dr. Charlotte Yeh:

Yes it does. If you haven't already gotten sick and you can find someone who still has the vaccine, you should protect yourself and your family. And of course, it's covered by Medicare for anyone with Medicare Part B. Now most flu shot clinics are held in October, you know, to give your immune system a chance to get ready for the actual flu season. But the actual flu season usually doesn't begin until January. So even in late December, it still makes sense to protect yourself.

Tanya Hutchins:

Remember, if you want a closer look at anything you've seen today, just visit cms.hhs.gov/cable on the Web, and from there you can download a copy of our broadcast or read the official transcript. If you have a comment or suggestion about anything you've seen today, or you have a story about getting the most out of Medicare, just send an email to cable@cms.hhs.gov. Please contact your local cable operator to find out the time and channel for our next broadcast.

And before we go, I want to thank Dr. Yeh, who was in Rhode Island yesterday and will be back home in San Francisco tonight. Thank you so much. I also want to thank Danielle Moon, and most of all I want to thank Pat Venable and all the wonderful counselors and volunteers from the Baltimore County SHIP. So, until we see you in the new year, on behalf of everyone at your Centers for Medicare & Medicaid Services, I'm Tanya Hutchins, wishing you and yours happy holidays. Thanks for watching.

[music]

Kerry Weems:

I'm Kerry Weems, acting administrator of the Centers for Medicare & Medicaid Services. CMS administers Medicare and Medicaid, but our efforts are not just directed to beneficiaries. We also support the people who take care of them. This includes the more than 44 million Americans who provide care to a disabled or elderly family member or friend. Caregivers can be seniors who take care of a husband or a wife, baby boomers who care for elderly parents, or parents whose disabled children require extraordinary care. And while you'd expect that most caregivers are women, as many as 40 percent of caregivers are men.

A caregiver's work is exhausting. It's stressful, but it's essential, and far too often it goes unrecognized. Even caregivers themselves don't always recognize how critical their role is. I'll bet if any of you asked any one of those individuals how they manage to meet the day-to-day needs of their loved ones, they'd look at you with surprise and say, "I'm her husband," "I'm his daughter," "I'm their mother," "It's just what we do." Increasingly, people in my generation, the baby boomers, are stepping up to the plate. We are truly the sandwich generation, caught between caring for elderly parents, raising a family, and planning for our own retirement. Almost 60 percent of caregivers juggle work and caregiving responsibilities.

A new focus on caregiving is part of a broad CMS vision for a person-centered, 21st century, long-term care system. This simply means that the system is based on the needs of people, not the funding streams. It means that anyone who needs help with his or her daily needs, who wants the opportunity to live in the community, can be fully engaged in community life. It means that caregivers are not only honored but also supported by the actual services for the work they do day in and day out.

CMS is just one agency in the Department of Health and Human Services that recognizes and supports caregivers. We want to let caregivers know about the wide array of HHS resources available to them and how they can get help when they need it. Last year, the first wave of America's 78 million baby boomers began to turn 60. We should be focusing on their needs as they age into our beneficiary population. We also have to put much more thought and effort into meeting their needs as caregivers for the previous generation.

I'm going to turn the program over to Assistant Secretary Carbonell, who will talk about the range of caregiving resources at the Administration on Aging.

Thanks very much for tuning in today. Josefina?

Josefina Carbonell:

Thank you Kerry. And thank you who are watching us today for the important work that you do each day to support family caregivers. As a caregiver myself, I know firsthand the critical role that you play in the lives of millions of Americans. In my first year as Assistant Secretary for Aging, I had the honor to initiate the implementation of the National Family Caregivers Support Program.

This program provides support for a variety of caregivers, including those caring for elderly parents or a spouse, grandparents caring for grandchildren, and those helping people with Alzheimer's disease at any age. Since the program's inception, we've provided information and assistance to more than 12 million individuals, and over two million have received personalized information, access, counseling, training, respite care, and other support services. Of course, the long-term care, core program services, and support options that we provide under the Older Americans Act include not just caregiver services but also services such as Meals on Wheels, transportation, case management, personal care, legal services, and pension counseling. And we want you to be aware that all of these services are available with a simple phone call to your local area Agency on Aging, or on the Web site at www.eldercare.gov.

The feedback that we receive from family caregivers in our annual consumer surveys shows that all Older Americans Act services have had a critical impact on caregiver lives. Eighty-four percent of our caregivers have indicated that they are able to care for their loved ones longer, and 72 percent of them have said that their loved one would have to move to a nursing home without the kind of help that we provide. Caregivers also tell us that more than anything else, they need and want timely, reliable, and accurate information.

So today, when families look for help, they often find themselves in a maze of programs. This fragmentation keeps people from getting the care that they need when they need it. To help states and communities eliminate these bureaucratic barriers, the Administration on Aging and the Centers for Medicare and Medicaid Services launched the Aging and Disability Resource Center Grants programs in 2003. Under this partnership, we're helping states and communities establish one-stop shop entry points where families can go to get the help they need. These entry points are visible and trusted sources in the community where care recipients and caregivers can turn for reliable and accurate information, personalized assistance, and streamlined access to the care that they need.

We will continue our efforts with our HHS colleagues and the provider network to carry out person-centered programs that give consumers and their caregivers more choices and control over their care. I encourage you to visit the National Clearinghouse for Long-Term Care Information at www.longtermcare.gov. It was developed by our Department of Health and Human Services to provide a wide range of information and options to help you and your family plan for future long-

term care needs. Today and during the other satellite broadcasts you will learn more about these programs and how you can access them.

To me, you are our community caregivers and I want to thank you for helping family caregivers navigate the full range of programs and services available to them. Our efforts at the federal level only serve to support the important work you do every day. Thank you.

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