Module 7

Medicare Preventive Services

Training Workbook

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Revised: April 2008

Module 7: Medicare Preventive Services

Let's discuss some services covered by Medicare that may help you stay healthy. These are called preventive services. Medicare pays for many preventive services to help people with Medicare live longer and healthier lives.

For 40 years, most Medicare spending went toward paying for the complications of common diseases like heart failure and diabetes—complications that often can be prevented. Now Medicare is more focused on preventive services. We no longer wait for things to go wrong to start paying. Instead, we promote screening and early diagnosis to prevent the complications of diseases like diabetes, high blood pressure, heart disease, and many other illnesses. Preventive services include exams, lab tests, and screenings. They also include shots, monitoring, and information to help you take care of your own health.

NOTE: This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the Federal agency that administers Medicare and Medicaid. The information in this module was correct at the time of printing (April 2008). To check for an updated version of this training module, visit *www.cms.hhs.gov/NationalMedicareTrainingProgram/TL/list.asp* on the web.

This set of National Medicare Training Program materials is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

My Health.
My Medicare.

We'll be talking about the preventive services covered by Medicare, including

- What services are covered
- Why preventive services are important
- Who is eligible
- How much you pay

And we'll be looking at some important information resources you can use to learn more.

My Health. My Medicare.

Module 7: Medicare Preventive Services

Living a Healthy Lifestyle

- Eat well
- Exercise
- Keep a healthy weight
- Don't smoke
- Get preventive services
  - To keep from getting some diseases
  - To find health problems early

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The best way to stay healthy is to live a healthy lifestyle. You can do this by exercising, eating well, keeping a healthy weight, and not smoking.

Another important way to stay healthy is to get disease prevention and early detection services. These services can find health problems early when treatment works best and can keep you from getting certain diseases or illnesses or help you avoid their complications.

[**NOTE:** Presenters may want to include the following information for some audiences, such as partners.]

Many people with Medicare don't take full advantage of their Medicare-covered preventive benefits. According to the Centers for Disease Control and Prevention, less than 1 in 10 people with Medicare receive all the recommended screenings and immunizations.

For example

- Most people over 65 should get a flu shot, which is paid for by Medicare, but only 64% of those surveyed said they did so during the 2004 – 2005 flu season.
- Medicare pays for annual mammograms, but only about 52% of eligible non-institutionalized women 65 and older had one in 2004.
- Medicare also covers a variety of tests to detect colon cancer, but only 52% of the people with Medicare have taken advantage of this important benefit.

Closing this "prevention gap" could save many thousands of lives and billions of dollars in avoidable medical expenses for preventable medical conditions.

My Health. My Medicare.

Module 7: Medicare Preventive Services

Medicare Preventive Services

- For disease prevention and early detection
- Coverage based on
  - Age
  - Gender
  - Medical history
- Covered by
  - Part B of Original Medicare
  - Medicare Advantage and other Medicare plans

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Talk with your doctor or health care provider to find out what preventive services you need and how often you need them to stay healthy. Medicare coverage of these services may be based on your age, whether you are male or female, and your medical history. You must have Part B for Medicare to cover these services.

Since these are covered Medicare services, it doesn't matter what kind of Medicare health plan you have. However, the rules for how much you pay for these services may vary.

My Health.
My Medicare.

Module 7: Medicare Preventive Services

Covered Preventive Services

- "Welcome to Medicare" physical exam
- Abdominal aortic aneurysm screening
- Bone mass measurement
- Cardiovascular disease screening
- Colorectal cancer screening
- Diabetes screening, services, and supplies
- Glaucoma screening
- Pap test and pelvic exam with clinical breast exam
- Prostate cancer screening
- Screening mammogram
- Smoking cessation counseling
- Vaccinations (shots)

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This slide shows the preventive services currently covered by Medicare. They include [instructor may list some or all of the following]:

- "Welcome to Medicare" physical exam
- Abdominal aortic aneurysm screening
- Bone mass measurement
- Screening for cardiovascular disease
- Colorectal cancer screening
- Diabetes screening, services (including diabetes self-management training and medical nutrition therapy), and supplies
- Glaucoma screening
- Pap test and pelvic examination with clinical breast examination
- Prostate cancer screening
- Screening mammogram
- Help with quitting smoking and tobacco use
- Vaccinations (shots) for
  - Flu
  - Pneumococcal pneumonia
  - Hepatitis B

My Health. My Medicare.

What You Pay

- Original Medicare
  - Generally 20% after Part B deductible
    - Medigap or other policies may pay the 20%
    - May have to pay more if
      - Provider does not participate in Medicare
      - Provider does not accept assignment
    - Some services cost less
- Medicare Advantage or other Medicare plan
  - May have copayment

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For most of the preventive services covered by Medicare, people in Original Medicare generally pay 20% of the Medicare-approved amount after the yearly Part B deductible ($135 in 2008).

If you have a standardized Medicare supplement policy, or Medigap, that policy will pay the 20%. Or if you have another type of health care coverage (such as a plan from your former employer), that policy may pay the 20%.

For each service we cover in this presentation, we will note the cost for people in Original Medicare to get the service from a doctor or other health care provider who participates in Medicare and who accepts assignment. (This means that the provider will accept the Medicare-approved amount as payment in full.)

However, please remember that if you get the service from a doctor who does not participate in Medicare or who does not accept assignment, you may be responsible for a higher amount.

If you are in a Medicare Advantage Plan or other Medicare plan and get Medicarecovered preventive services, you may have to pay copayments.

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My Health.
My Medicare.

"Welcome to Medicare"

- Initial preventive physical exam
- Within first 6 months having Part B
- Height and weight
- Blood pressure and EKG
- Education, counseling, and referrals
- In Original Medicare you pay
  - 20% after Part B deductible

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Now let's talk about the "Welcome to Medicare" physical exam in more detail.

Medicare covers a one-time preventive physical exam within the first 6 months of Part B. The exam includes a thorough review of your health; education and counseling about the preventive services you need, like certain screenings and shots; and referrals for other care if you need it. The "Welcome to Medicare" physical exam is a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family history and how to stay healthy. When you make the appointment, you should tell your doctor that you want the "Welcome to Medicare" physical exam to be sure the exam you get will be covered.

In Original Medicare, you generally pay 20% of the Medicare-approved amount after the yearly Part B deductible. (As we mentioned earlier, you may have to pay copayments for preventive services if you are in a Medicare Advantage Plan or Other Medicare Plan.)

NOTE: This benefit is only available to people whose Part B coverage began on or after January 1, 2005.

Now we'll talk about some common chronic diseases and conditions and the preventive screenings that are covered by Medicare.

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My Health. My Medicare.

Abdominal Aortic Aneurysm Screening

- Ultrasound screening
  - Referred during "Welcome to Medicare"
  - No deductible

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Medicare covers ultrasound screening for abdominal aortic aneurysms (based on a referral from the "Welcome to Medicare" physical exam) with no deductible.

The aorta is the largest artery in your body, and it carries blood away from your heart. When it reaches your abdomen, it is called the abdominal aorta. The abdominal aorta supplies blood to the lower part of the body. Just below the abdomen, the aorta splits into two branches that carry blood into each leg. When a weak area of the abdominal aorta expands or bulges, it is called an abdominal aortic aneurysm.

My Health. My Medicare.

Osteoporosis

- Disease in which bones become weak
- Risk factors
  - Age 50 or older
  - Female
  - Family history of broken bones
  - Personal history of broken bones
  - White or Asian
  - Small-boned
  - Low body weight (under about 127 lbs.)
  - Smoke
  - Drink a lot of alcohol
  - Low-calcium diet

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Osteoporosis is a disease in which your bones become weak.

Your risk for osteoporosis increases if you:

- Are age 50 or older
- Are a woman
- Have a family history or personal history of broken bones
- Are White or Asian
- Are small-boned
- Have low body weight (less than about 127 pounds)
- Smoke, or drink a lot of alcohol
- Have a low-calcium diet

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Bone Mass Measurement

- For people at risk for osteoporosis
- Covered once every 2 years
  - More often if medically necessary
- In Original Medicare you pay
  - 20% after Part B deductible

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Medicare covers bone mass measurement for certain people at risk for osteoporosis. In general, the lower your bone mass (density), the higher your risk is for a fracture (broken bone). Bone mass measurement test results will help you and your doctor choose the best way to keep your bones strong.

Covered once every 24 months for people with Medicare who are at risk for osteoporosis.

Other people who have been diagnosed with osteoporosis or related conditions are also covered for this test and may be tested more frequently.

You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

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Cardiovascular Disease Screening

- Blood test for early detection
  - Heart disease
  - Stroke
- Tests for levels of
  - Cholesterol
  - Triglycerides
  - Lipids
- Covered every 5 years
- Original Medicare
  - No deductible/coinsurance

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Medicare covers cardiovascular screening tests that check your cholesterol and other blood fat (lipid) levels. High levels of cholesterol can increase your risk for heart disease and stroke. These screenings will tell if you have high cholesterol. You might be able to make lifestyle changes (like changing your diet) to lower your cholesterol.

These screenings test cholesterol, lipid, and triglyceride levels and are covered for all people with Medicare every 5 years.

You pay nothing. This is an added incentive for people to use this benefit.

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Colorectal Cancer Screening

- For all age 50 and older
- Tests for cancer and pre-cancerous growths
  - Fecal occult blood test
  - Flexible sigmoidoscopy
  - Colonoscopy
    - No age limit for those at high risk
  - Barium enema
- Frequency varies with type of test

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Colorectal cancer is usually found in people age 50 or older, and the risk of getting it increases with age. Medicare covers colorectal cancer screening tests for all people with Medicare age 50 and older. These tests help detect cancer and find pre-cancerous polyps (growths in the colon) so they can be removed before they turn into cancer. Treatment works best when colorectal cancer is found early.

- A **fecal occult blood test** is a test for blood in the stool. The patient places stool samples on a card and returns it to the doctor. This test is covered once every 12 months.
- A **flexible sigmoidoscopy** is a procedure that uses a thin, flexible, lighted tube to examine the lining of the rectum and lower part of the colon. The procedure is covered once every 48 months.
- A **screening colonoscopy** is a procedure that examines the lining of the rectum and entire colon using a thin, flexible, lighted tube to find and remove most polyps and some cancers. It is covered once every 24 months if you are at high risk for colon cancer. If you are not at high risk for colon cancer, it is covered once every 10 years, but not within 48 months of a screening flexible sigmoidoscopy. There is no minimum age for the colonoscopy. You are at high risk if you have had, or have a close relative who has had, colorectal polyps or colorectal cancer, or if you have inflammatory bowel disease.
- A **barium enema** is a procedure that allows the doctor to see an x-ray image of the rectum and entire colon. Your doctor may order this test as a substitute for a sigmoidoscopy or colonoscopy.

My Health. My Medicare.

Colorectal Cancer Screening

- Payment varies with type of test
  - In Original Medicare you pay
    - Nothing for fecal occult blood test
    - 20% for all other tests
    - 25% for sigmoidoscopy or colonoscopy in all
      - Hospital outpatient departments
      - Ambulatory surgical centers
    - No Part B deductible

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Payment rates vary with the type of test. In Original Medicare, you pay nothing for the fecal occult blood test. For all other tests, you pay 20% of the Medicare-approved amount.

For a flexible sigmoidoscopy or colonoscopy, you pay 25% of the Medicare-approved amount if the test is done in a hospital outpatient department or ambulatory surgical center.

There is no deductible for colorectal cancer screenings.

My Health. My Medicare.

Diabetes

- Diabetes is a chronic condition
  - Body does not produce or properly use insulin
- May be able to avoid or delay complications
- You can manage your diabetes
  - Test blood sugar regularly
  - Eat a proper diet
  - Exercise regularly
  - Take medication as prescribed

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Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to change sugar, starch, and other food into energy needed for daily life.

Certain health problems, including being overweight, unhealthy cholesterol, smoking, high blood glucose, high blood pressure, and physical inactivity, put you at higher risk for diabetes. You can help prevent the development of diabetes by minimizing these risk factors, including making changes in your diet and increasing your level of physical activity.

Proper control of blood sugar can avoid or delay the complications of diabetes. Diabetes can affect many parts of the body and can lead to serious complications such as blindness, kidney damage, and lower-limb amputations.

If you have diabetes, you can manage it by:

- Testing your blood sugar regularly
- Eating a proper diet
- Exercising regularly
- Taking the medications your doctor prescribes

Reference:
www.diabetes.org/about-diabetes.jsp

My Health.
My Medicare.

Diabetes Risk Factors

- High blood pressure
- High cholesterol
- Obesity
- History of high blood sugar
- At least two of the following
  - Age 65 or older
  - Overweight
  - Family history of diabetes
  - History of gestational diabetes or delivering a baby over 9 lbs.

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Persons may be considered at high risk for diabetes if they have any of the following risk factors:

- High blood pressure
- High blood cholesterol
- Obesity
- History of high blood sugar
- At least two of the following characteristics:
  - 65 years of age or older
  - Overweight (body mass index greater than 25 but less than 30 kg/m^2)
  - Family history of diabetes
  - History of gestational diabetes mellitus or delivery of a baby weighing more than 9 pounds

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Diabetes Screening

- Testing for people at risk
- Includes fasting blood glucose test
- Talk with your doctor about frequency
  - Up to twice in a 12-month period
- Original Medicare
  - No deductible or coinsurance

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Medicare pays for diabetes screening tests for the purpose of early detection of diabetes for a person at risk for diabetes.

The diabetes screening test includes a fasting blood glucose test.

Talk with your doctor about how often you should get tested. For people with prediabetes, Medicare covers a maximum of two diabetes screening tests within a 12-month period (but not less than 6 months apart). For those who are not diabetics or have not been diagnosed as pre-diabetics, Medicare covers one diabetes screening test within a 12-month period.

You will not be responsible for a deductible or copayment in Original Medicare.

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Covered Diabetes Services

- Screening for all at risk
- For people with diabetes
  - Self-management training
  - Medical nutrition therapy
  - Blood sugar testing supplies
    - Insulin and related supplies
  - Hemoglobin A1c tests
  - Special eye exams

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As we just discussed, Medicare covers diabetes screenings for **all people with Medicare who are at risk for diabetes**.

For **people with diabetes**, Medicare covers certain services and supplies to treat diabetes and help prevent its complications. In most cases, your doctor must write an order or referral for you to get these services. These services include diabetes self-management training and medical nutrition therapy, under certain conditions.

[**INSTRUCTOR:** refer to Medicare publication *"Medicare Coverage of Diabetes Supplies & Services,"* CMS Publication No.11022, for additional information.]

Medicare will also pay for diabetic supplies, including blood sugar monitors, lancets, and testing strips, whether or not you are insulin dependent. Insulin and supplies used to inject it are covered under Medicare's prescription drug coverage.

For people with diabetes, Medicare also covers hemoglobin A1c tests (these are blood tests that measure how well your blood sugar has been controlled over the past 3 months), and special eye exams.

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Covered Diabetes Services

- People with diabetes who need them
  - Insulin pumps
  - Special foot care
  - Therapeutic shoes
- In Original Medicare you pay
  - 20% after Part B deductible
- *Medicare Coverage of Diabetes Supplies & Services*, Pub. 11022

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Medicare also covers insulin pumps, special foot care, and therapeutic shoes for people with diabetes who need them.

So, what do you have to pay? In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the annual Part B deductible for diabetes training, a monitor, lancets, and test strips, as well as medical nutrition therapy.

For more information, get a free copy of *Medicare Coverage of Diabetes Supplies & Services* (CMS Pub. No. 11022) at ***www.medicare.gov*** on the web. Select "Find a Medicare Publication."

My Health. My Medicare.

Glaucoma

- What is glaucoma?
  - Caused by above-normal pressure in eye
  - Usually damages the optic nerve
  - Can result in blindness
    - More likely without treatment
  - May occur without symptoms
- Protect yourself with screening eye exam

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Glaucoma is an eye disease caused by above-normal pressure in the eye. It usually damages the optic nerve, and you may gradually lose sight without symptoms. It can result in blindness, especially without treatment. The best way for people at high risk for glaucoma to protect themselves is to have regular eye exams.

A glaucoma screening is an eye exam used to detect glaucoma.

My Health. My Medicare.

Glaucoma Examination

- Individuals at high risk
  - Family history of glaucoma
  - Diabetes
  - African Americans age 50 and over
  - Hispanic Americans age 65 and over
- Covered once every 12 months
- In Original Medicare you pay
  - 20% after Part B deductible

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Medicare provides annual coverage for glaucoma screening for people with Medicare in the following high-risk categories:

- Individuals with diabetes
- Individuals with a family history of glaucoma
- African-Americans age 50 and over
- Hispanic-Americans age 65 and over.

Glaucoma exams are covered once every 12 months.

You pay 20% of the Medicare-approved amount after the Part B yearly deductible in the Original Medicare.

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Pap Test and Pelvic Exam With Clinical Breast Exam

- Pap test
  - To help find cervical and vaginal cancer
- Screening pelvic exam
  - To help find fibroids or ovarian cancers
- Clinical breast exam
  - Another way to look for breast cancer

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The next preventive service, for women only, is a screening Pap test and pelvic exam with clinical breast examination. The Pap test is used to help find cervical and vaginal cancer. The screening pelvic exam is used to help find fibroids or ovarian cancers. As part of the pelvic exam, Medicare covers a clinical breast exam to check for breast cancer. A clinical breast exam is another way, in addition to mammograms, to look for breast cancer or other abnormalities.

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Cervical and Vaginal Cancer Risk Factors

- High risk for cervical cancer
  - Abnormal Pap test
  - Infected with human papillomavirus (HPV)
  - Sex before age 16
  - Many sexual partners
  - Not had 3 negative (or any) Pap tests in past 7 years
- High risk for vaginal cancer
  - Mother took DES when pregnant with you
    - Diethylstilbestrol, a hormonal drug

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Are you at high risk for cervical cancer?

Your risk for cervical cancer increases if

- You have had an abnormal Pap test
- You have been infected with the Human papillomavirus (HPV)
- You began having sex before age 16
- You have had many sexual partners
- You have not had 3 negative (or any) Pap smears in the past 7 years.

Are you at high risk for vaginal cancer?

Your risk for vaginal cancer increases if

- Your mother took DES (diethylstilbestrol), a hormonal drug, when she was pregnant with you

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Pap Test and Pelvic Exam With Clinical Breast Exam

- Covered for all women with Medicare
  - Once every 24 months
  - Once every 12 months if
    - At high risk for cervical or vaginal cancer
    - Childbearing age and had an abnormal Pap test in the past 36 months

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These tests are covered services for all women with Medicare. You may receive these services once every 24 months for most women. However, they may be covered every 12 months if

- You are at high risk for cervical or vaginal cancer (based on your medical history or other findings), or
- You are of childbearing age and have had an abnormal Pap test in the past 36 months.

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Pap Test and Pelvic Exam With Clinical Breast Exam

- In Original Medicare you pay
  - Nothing for Pap lab test
  - 20% for Pap test collection, pelvic exam, and clinical breast exam
  - No Part B deductible

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In Original Medicare, there is no cost to you for the Pap laboratory test. For Pap test collection and pelvic and clinical breast exams, you pay 20% of the Medicareapproved amount and no Part B deductible.

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Prostate Cancer

- Risk increases with age
- Hereditary risk
- From higher to lower risk
  - African Americans
  - Whites
  - Hispanic Americans
  - Asians
  - Pacific Islanders
  - Native Americans

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In men, the older you are, the greater your risk of getting and being diagnosed with prostate cancer. The following statistics show the likelihood of being diagnosed with prostate cancer:

- Age 45 – 1 in 2,500
- Age 50 – 1 in 476
- Age 55 – 1 in 120
- Age 60 – 1 in 43
- Age 65 – 1 in 21
- Age 70 – 1 in 13
- Age 75 – 1 in 9

While all men are at risk for prostate cancer, your risk increases if you have a father, brother, or son who has had prostate cancer. The list on this slide shows the groups at risk for prostate cancer from higher to lower level of risk.

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Prostate Cancer Screening

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

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Medicare covers screenings for prostate cancer every 12 months for men age 50 and older. Coverage begins the day after your 50th birthday. The tests in this screening include the Prostate Specific Antigen (PSA) blood test and a digital rectal examination.

You pay 20% of the Medicare-approved amount for the digital rectal examination after the yearly Part B deductible in Original Medicare.

There is no cost for the PSA blood (lab) test.

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Breast Cancer and Mammography

- Breast cancer in women in U.S.
  - Most commonly diagnosed non-skin cancer
  - Second leading cause of cancer death
  - Risk increases with age
  - Successfully treated when found early
- Mammogram
  - Checks for abnormal breast tissue
  - Coverage includes digital technology

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Breast cancer is the most common non-skin cancer in women and the second leading cause of cancer death in women in the United States. Every woman is at risk, and this risk increases with age. Breast cancer can usually be successfully treated when found early. Medicare covers screening mammograms to check for breast cancer before you or a doctor may be able to feel it.

What is a mammogram? It is an x-ray examination of the breast to find any tissue that might not be normal. It is used to look for breast cancer. Medicare coverage includes digital technology for mammogram screening.

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Screening Mammogram

- Covered for all women with Medicare
  - One baseline mammogram age 35 to 39
  - Once a year starting at age 40
- In Original Medicare you pay
  - 20% coinsurance
  - No Part B deductible

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A **screening mammogram** is a mammogram of a woman with no signs or symptoms of breast disease. Finding small breast cancers early by a screening mammogram greatly improves a woman's chance for successful treatment.

This service is covered for all women with Medicare. You may get one screening mammogram from age 35 to 39 and once every year starting at age 40. The first mammogram can be used as a baseline to compare with later x-rays.

In Original Medicare, you pay 20% of the Medicare-approved amount, but you don't have to meet the Part B deductible first.

You don't need a doctor's referral, but the x-ray supplier will need to send your test results to a doctor.

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Diagnostic Mammogram

- Used when there are clinical findings
  - On physical exam
  - Abnormal screening mammogram
- Medicare covers as many as needed
  - Also covered for men
- Different payment rates

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So far, we've only talked about **screening** mammograms, a preventive Medicare benefit.

You should know that Medicare also covers **diagnostic** mammograms. A diagnostic mammogram is used when there are clinical findings such as a lump that can be felt or an abnormal screening mammogram, that call for additional study. Medicare covers as many diagnostic mammograms as needed. Medicare also covers diagnostic mammograms for men.

Diagnostic mammograms may include additional views of the breast. Medicare pays differently for diagnostic mammograms. Medicare also pays for other diagnostic tests that may be needed, such as ultrasound.

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Smoking Cessation

- Quitting gives significant health benefits
  - Even older adults who smoked for years
- Services covered for those
  - With illness caused or complicated by tobacco use
  - Who take medication affected by tobacco use

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Medicare covers services to help people quit smoking and other tobacco use. The U.S. Surgeon General has reported that quitting smoking leads to significant health benefits, even in older adults who have smoked for years.

The benefit covers people with Medicare who have an illness caused or complicated by smoking. This includes smokers with heart or lung disease, stroke, multiple cancers, weak bones, blood clots, or cataracts. Coverage also applies to people taking medications affected by smoking, such as insulin and medicines for high blood pressure, blood clots, and depression.

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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
- Medicare prescription drug coverage
  - Can help pay for drug therapy
    - Nicotine patches, for example

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Medicare will cover two cessation attempts per year. Each attempt may include up to four counseling sessions, with the total annual benefit covering up to eight sessions in a 12-month period. Services can be provided in the hospital or on an outpatient basis. (However, the benefit does not cover hospitalization if tobacco cessation is the primary reason for the hospital stay.)

You must get counseling from a qualified Medicare provider (physician, physician assistant, nurse practitioner, clinical nurse specialist, or clinical psychologist).

Medicare pays 80% of the cost for these services.

Many drugs are available to help you quit smoking, like nicotine patches, and these drugs may be covered by your Medicare prescription drug plan.

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Influenza ("Flu")

- Flu is a serious illness
  - Can lead to pneumonia
  - Can be dangerous for people 50 and over
- Flu viruses are always changing
  - Shot updated for most current flu viruses

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Medicare covers three types of vaccinations. Let's talk about them now.

Influenza, also known as the flu, is a contagious disease that is caused by the influenza virus. It attacks the nose, throat, and lungs. The flu is a serious illness that can lead to pneumonia. It can be dangerous for people age 50 and older.

You should talk to your doctor about getting a flu shot each year, because flu viruses are always changing. The shot is updated each year for the most current flu viruses.

Reference:
Centers for Disease Control and Prevention

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Flu Shot

- Covered for all people with Medicare
- Once each flu season
  - Helps protect you for about a year
- In Original Medicare
  - No deductible or copayment

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All people with Medicare are eligible for this benefit. You can get a flu shot once each flu season, in the in fall or winter. The flu shot only helps protect you from the flu for about a year.

The best time to get a flu shot is in October or November. Avoid getting a flu shot too early, because protection from flu can begin to decline within a few months. Flu activity in the United States generally peaks between late December and early March. You can still benefit from getting a flu shot after November, even if the flu is present in your community. You should be able to get the shot any time during the flu season. Once you get a flu shot, your body makes protective antibodies in about 2 weeks.

In Original Medicare you generally pay nothing for a flu shot, as long as the doctor or nurse accepts Medicare assignment.

If you are enrolled in a Medicare Advantage plan, you generally must see your primary care doctor to get your flu shot, and there may be a copayment for the office visit.

Reference:
Centers for Disease Control and Prevention

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Pneumococcal Pneumonia

- Inflammation in the lungs
- Caused by
  - Bacteria Streptococcus pneumoniae

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Medicare also covers a vaccination to protect you from pneumococcal pneumonia.

Pneumococcal pneumonia is an inflammation in the lungs caused by infection with bacteria called **Streptococcus pneumoniae**. It can infect the upper respiratory tract and can spread to the blood, lungs, middle ear, or nervous system.

My Health. My Medicare.

Pneumonia Vaccination

- One shot could be all you ever need
- All people with Medicare are eligible
- In Original Medicare
  - No deductible or copayment

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Most people only need a pneumococcal pneumonia shot once in their lifetime. Medicare will cover additional shots if your doctor decides it is necessary.

All people with Medicare are eligible for this benefit.

You pay no coinsurance and no Part B deductible in Original Medicare if your health care provider accepts assignment.

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Hepatitis B

- Serious disease
  - Caused by virus that attacks the liver
- Can cause
  - Lifelong infection
  - Cirrhosis (scarring) of the liver
  - Liver cancer or failure
  - Death

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Hepatitis B is a serious disease caused by a virus that inflames the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Hepatitis B Shots

- Covered for medium to high risk
  - End-Stage Renal Disease
  - Hemophilia
  - Condition that lowers resistance to infection
- In Original Medicare you pay
  - 20% after Part B deductible

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Hepatitis B shots are covered if you are at medium or high risk. Three shots are needed for complete protection. High-risk individuals include those with End-Stage Renal Disease, hemophilia, or a condition that lowers your resistance to infection. (End-Stage Renal Disease is permanent kidney failure that is treated with regular dialysis or a kidney transplant. Hemophilia is a bleeding disorder.)

In Original Medicare you pay 20% of the Medicare-approved amount after the Part B deductible.

My Health. My Medicare.

Exercise

Exercise

1. Fewer than 1 in 10 people with Medicare receive all the recommended screenings and immunizations

   A. True
   B. False

04-03-08 38

1. Fewer than 1 in 10 people with Medicare receive all the recommended screenings and immunizations

   A. True

   B. False

NOTES:

ANSWER: A. True

My Health. My Medicare.

Exercise

Exercise

2. Your risk for osteoporosis increases if you
   - A. Are a man
   - B. Are African-American
   - C. Have a low-calcium diet
   - D. Are overweight

04-03-08 39

2. Your risk for osteoporosis increases if you
   - A. Are a man
   - B. Are African-American
   - C. Have a low-calcium diet
   - D. Are overweight

NOTES:

Answer: C. Have a low-calcium diet

My Health. My Medicare.

Exercise

Exercise

3. If you have diabetes, you can manage it by
   - A. Testing your blood sugar regularly
   - B. Eating a proper diet and exercising regularly
   - C. Taking the medications your doctor prescribes
   - D. All of the above

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3. If you have diabetes, you can manage it by

   A. Testing your blood sugar regularly

   B. Eating a proper diet and exercising regularly

   C. Taking the medications your doctor prescribes

   D. All of the above

NOTES:

ANSWER: D. All of the above

My Health. My Medicare.

Exercise

Exercise

4. Medicare provides annual coverage for glaucoma screening for people with Medicare in the following high-risk categories
   - A. Individuals who have diabetes
   - B. Individuals who have a family history of glaucoma
   - C. African-Americans age 50 and over
   - D. Hispanics and age 65 or older
   - E. All of the above

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4. Medicare provides annual coverage for glaucoma screening for people with Medicare in the following high-risk categories

   A. Individuals who have diabetes

   B. Individuals who have a family history of glaucoma

   C. African-Americans age 50 and over

   D. Hispanics and age 65 or older

   E. All of the above

NOTES:

Answer: E. All of the above

My Health.
My Medicare.

Exercise

Exercise

5. Which is true about breast cancer?
   A. Every woman is at risk and the risk increases with age
   B. Breast cancer can usually be successfully treated when found early
   C. Medicare covers screening mammograms to check for breast cancer before you or a doctor may be able to feel it
   D. All are true

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5. Which is true about breast cancer?
   A. Every woman is at risk and the risk increases with age
   B. Breast cancer can usually be successfully treated when found early
   C. Medicare covers screening mammograms to check for breast cancer before you or a doctor may be able to feel it
   D. All are true

NOTES:

ANSWER: D. All are true

My Health. My Medicare.

Exercise

Exercise

6. The best time to get a flu shot is in January or February
   A. True
   B. False

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6. The best time to get a flu shot is in January or February
   A. True
   B. False

NOTES:

Answer: B. False

My Health.
My Medicare.

Module 7: Medicare Preventive Services

If You Want to Know More …

- Centers for Medicare & Medicaid Services
  - *Medicare Preventive Services*, Pub. 10110
  - *Medicare & You* handbook, Pub. 10050
  - *Your Medicare Benefits*, Pub. 10116
  - 1-800-MEDICARE (1-800-633-4227)
    - TTY 1-877-466-2048
  - www.medicare.gov
    - MyMedicare.gov

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There are numerous sources of information on preventive services. The Centers for Medicare & Medicaid Services publishes a flyer called *Medicare Preventive Services To Help Keep You Healthy* (Publication 10110). This brochure is available in English, Spanish, and Chinese, as well as in TTY format.

Information on preventive services is also covered in the *Medicare & You handbook*, and in *Your Medicare Benefits* (Publication 10116). These publications are available in both English and Spanish.

The Medicare helpline is always a source for more information at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-466-2048.

Medicare's website (***www.medicare.gov***) has other useful sources of preventive service information. From the medicare.gov home page, you can register for your own personalized and secure web page on ***MyMedicare.gov***. This web page gives you access to information on your Medicare benefits and services, including your preventive services. You can get email reminders when you are due for a Medicare-covered preventive service.

My Health.
My Medicare.

If You Want to Know More …

- Local State Health Insurance Assistance Program (SHIP)
  - Phone number in *Medicare & You* handbook
- American Cancer Society
  - www.cancer.org
  - 1-800-ACS-2345

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Your local State Health Insurance Assistance Program (SHIP) provides information on preventive services. The contact number is in the *Medicare & You* handbook.

Many of the preventive services are screenings for early detection of cancer. You can get additional information from the American Cancer Society website, www.cancer.org. The toll-free number is 1-800-ACS-2345 (1-800-227-2345).

My Health. My Medicare.

If You Want to Know More …

- Cancer Information Service
  - LiveHelp link at www.cancer.gov
  - 1-800-4CANCER (TTY users call 1-800-332-8615)
- Centers for Disease Control and Prevention
  - www.cdc.gov
- HHS tobacco cessation resources
  - www.surgeongeneral.gov/tobacco
- National Center for Infectious Diseases
  - www.cdc.gov/ncidod

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The National Cancer Institute's Cancer Information Service (CIS) provides personalized, confidential answers to specific questions about cancer and also provides assistance to smokers who want to quit. Help is available in English or Spanish by telephone at 1-800-4CANCER (TTY-1-800-332-8615) and online (in English) through the LiveHelp link at ***www.cancer.gov*** on the web.

Other information sources include the Centers for Disease Control and Prevention (website is ***www.cdc.gov***); the Surgeon General's website on tobacco cessation; and the National Center for Infectious Diseases (***www.cdc.gov/ncidod***).

*My Health.
My Medicare.*

Module 7: Medicare Preventive Services

Key Concepts

- Can take steps to live longer, healthier life
- Get Medicare preventive services
  - Covered by all Medicare health plans
    - Original Medicare
    - Medicare Advantage and other Medicare plans
- Information is available
  - Internet
  - Publications
  - 1-800-MEDICARE

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Today we have talked about steps you can take that may help you live a longer and healthier life. These steps include taking advantage of the many preventive services covered by Medicare.

These services are available whether you are covered by Original Medicare or a Medicare Advantage or other Medicare plan.

At the end of this module we learned that there are many sources of information if you want to learn more about Medicare preventive services.

My Health. My Medicare.

Module 7: Medicare Preventive Services

This training module provided by the

For questions about training products, email
NMTP@cms.hhs.gov

To view all available NMTP materials
or to subscribe to our listserv, visit
www.cms.hhs.gov/NationalMedicareTrainingProgram

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