

To: Chris Jennings

From: Cheryl Lambias

P.1/11

Fax: (202) 456-7028

Fax & Phone: (508) 462-5842

Pages: 11

RE: Medicare - Medicaid reform plan.

MEDICARE PATIENTS PAY OUT OF THEIR SOCIAL SECURITY CHECK EACH MONTH, WHICH PAYS FOR THEIR PART B MEDICARE. MEDICARE PART B PAYS FOR LAB., X-RAY, PHYSICIANS VISITS, AND THERAPY, THEN MEDICAID PAYS ALL CO-PAYS AND DEDUCTIBLES OF THE PART B. MEDICAID ALSO PAYS FOR ROUTINE EXAMS AND RELATED TESTS AS THESE ARE A NON COVERED EXPENSE UNDER MEDICARE.

Says she worked w/ Kennedy's office
- talked w/ J Lambrew, T Parker, etc

THE PATIENTS THAT HAVE MEDICARE/MEDICAID BENEFITS SHOULD BE PUT ON HMO PLANS THAT WOULD ELIMINATE THE PAYING OF MEDICARE PART B BENEFITS AND ALSO THE DEDUCTIBLES AND ROUTINE EXAMS AND RELATED TEST THAT ARE PAID BY MEDICAID. IN TURN MEDICAID WOULD PICK UP THE PREMIUMS FOR THE PATIENT THAT ARE ELIGIBLE FOR MEDICAID WHICH RANGE FOR AS LOW AS \$39 TO AS HIGH AS \$139 PER MONTH. THEY COULD CONTINUE WITH THEIR STOP LOSS OF MEDICAL BILLS TO ELIMINATE ANY FINANCIAL BURDEN THAT A PATIENT MAY OCCUR. THE HMO PLANS HAVE NO DEDUCTIBLES AND SOME OF THE PLANS HAVE AS LOW AS A \$2 CO-PAY FOR A DOCTORS VISIT. THE PATIENT CAN GO TO THEIR LOCAL PHARMACY AND PAY AS LOW A \$10 FOR A 90DAY PRESCRIPTION. THE PATIENT WOULD HAVE BETTER BENEFITS THAN THEY HAVE ON MEDICARE/MEDICAID AND WOULD ALSO GIVE THEM BACK THEIR PRIDE WHICH THEY HAVE EARNED IN THEIR LIFE TIME. THIS DOES NOT AFFECT THE QUALITY OF CARE GIVEN BY THE PHYSICIAN IF ANYTHING IT IMPROVES THE QUALITY OF CARE A DOCTOR GIVES HIS PATIENT. WHILE THIS PLAN PUT PEOPLE ON MANAGED CARE, WHICH MEDICAID IS NOW DOING, IT'S FAR BETTER COVERAGE THAN THE ALTERNATIVE, NO CARE.

This is a very brief explanation of the plan.
We've worked on this for 17 months and have all the
figures from the Federal Govt.

to show that this plan can and will

work & save over one
hundred Billion dollars
yearly. We want to give
this plan to the president,

but would like recognition for the planning & development
of the plan. Please call to go over the plan. We have the
plan for the whole country.

"Your Insurance Headaches Stop Here"

Olde Colechester Insurance Services
20 Jak Len Drive • Salisbury, MA 01952

CHERYL LAMBIAS

(508) 462-5842

Maine

Part A Ded 1992 † 17,000,000
 Part A Ded 1995 † 29,376,000

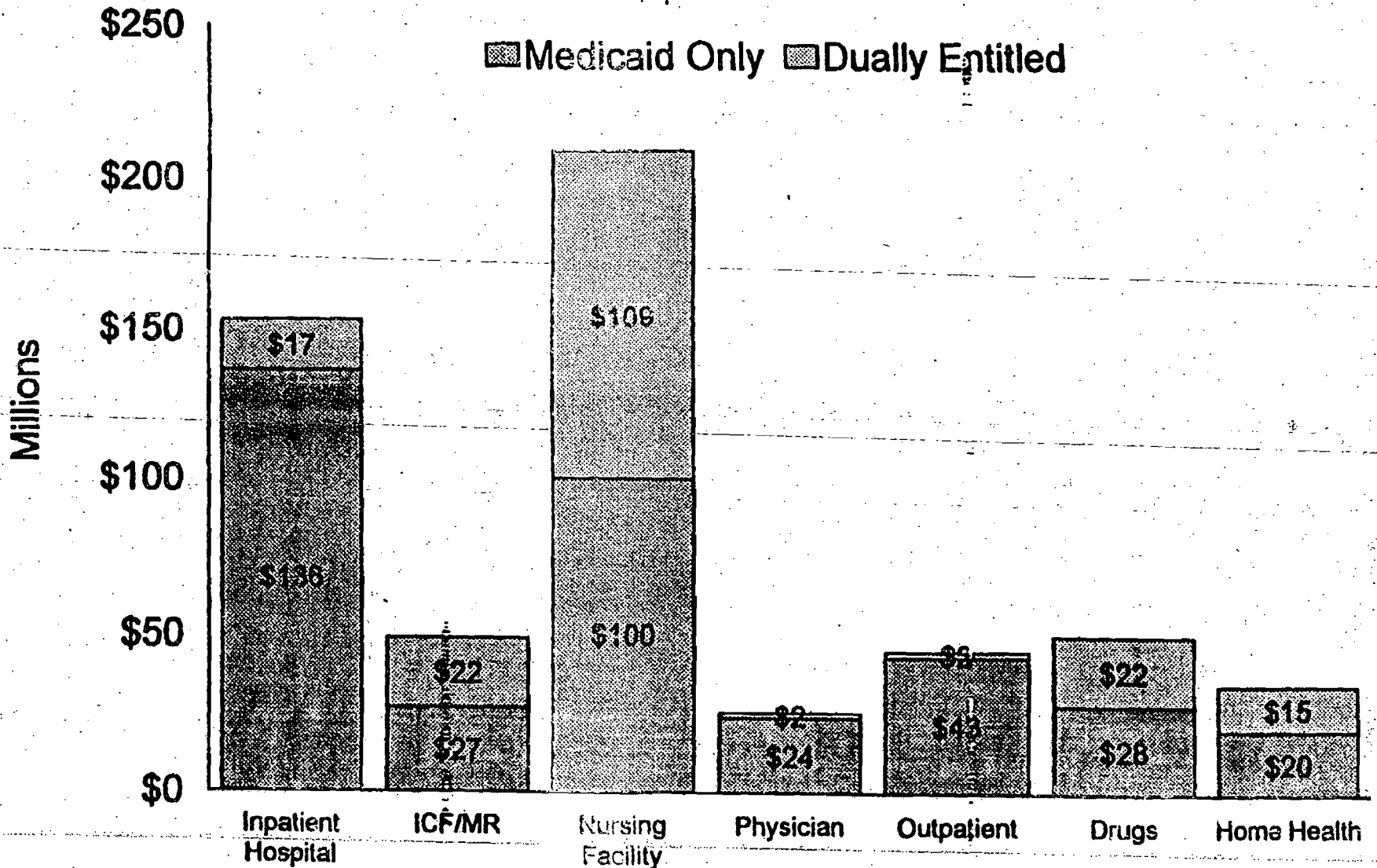
Part B Medicaid 1992 2,000,000
 2,000,000
 22,000,000
 15,000,000
 41,000,000
 8,200,000 1993 20%
 49,200,000
 9,840,000 1994 20%
 59,040,000
 11,808,000 1995 20%
 † 70,848,000

Total Saved By Medicaid Maine 1995 † 100,224,000

Total Saved By Medicare 1995 † 131,328,000

Medicaid Expenditures by Type of Service, ME 1992


Medicaid Only and Dually Entitled



Source: State Medicaid Research Files, 1992. Note: data is not based on entire dual eligible population -- only those for whom a Medicare deductible or coinsurance was paid on at least one claim.

Kentucky

Part A Ded 1992 medicaid ⁸ 42,000,000
 Part A Ded 1995 " ⁹ 72,576,000

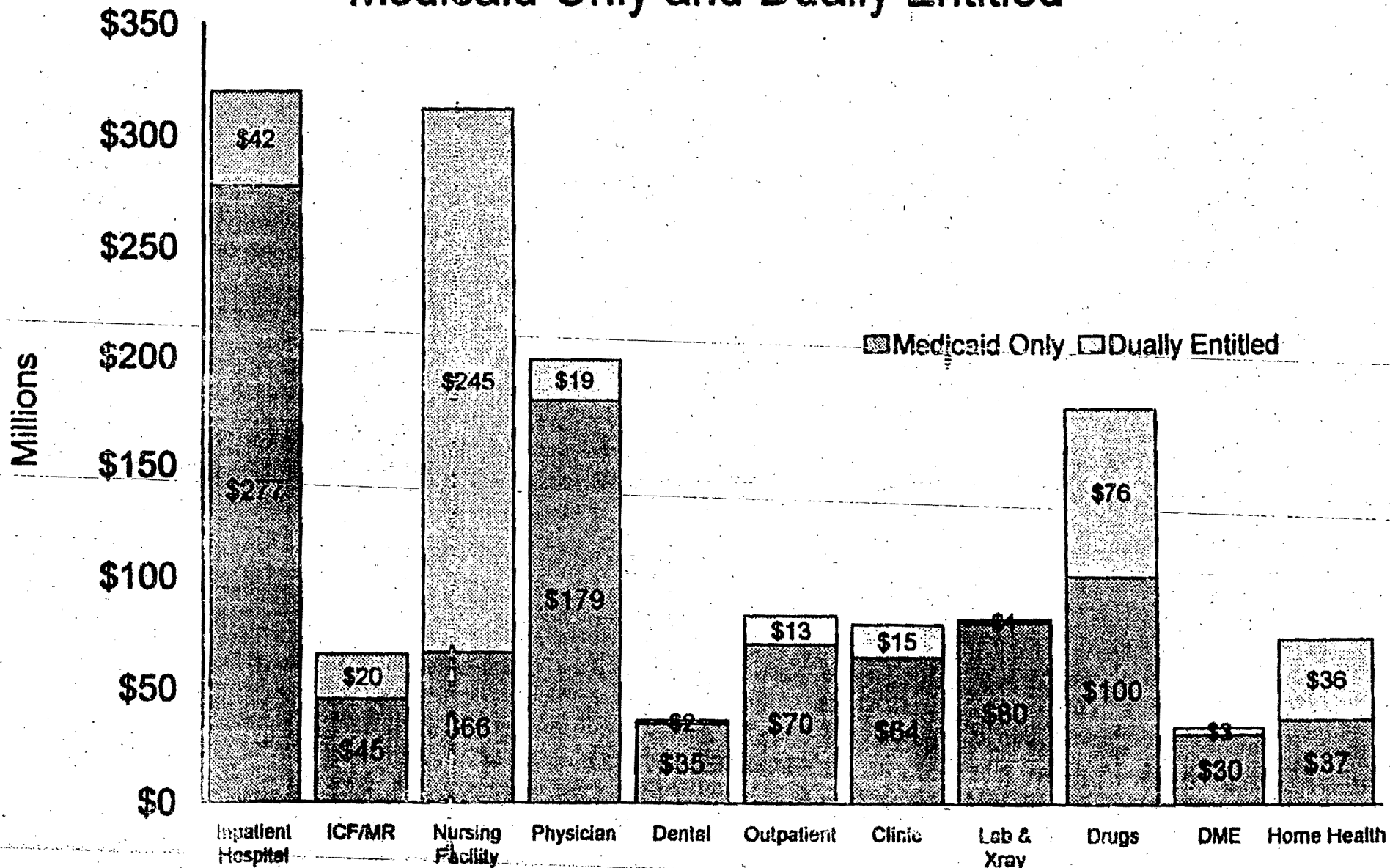
Part  medicaid 1992 19,000,000
 13,600,000
 15,000,000
 4,000,000
 76,000,000
 3,000,000
36,000,000
 166,000,000
33,200,000 1993 20%
 199,200,000
39,840,000 1994 20%
 239,040,000
67,808,000 1995 20%
 306,848,000

Total Saved By KY medicaid 1995 * 379,424,000

Total Saved By medicare 1995 * 601,344,000

Medicaid Expenditures by Type of Service, KY 1992

Medicaid Only and Dually Entitled



Source: State Medicaid Research Files, 1992. Note: data is not based on entire dual eligible population - only those for whom a Medicare deductible or coinsurance was paid on at least one claim.

Michigan

Part A Ded 1992 Medicaid ⁹ 25,000,000
 Part A Ded 1995 Medicaid ⁹ 43,200,000

Part B Medicaid

7,000,000
 8,000,000
 53,000,000
 4,000,000
 53,000,000
 4,000,000
 117,000,000

⁹ 276,000,000
 55,200,000 93/2000

 331,200,000
 66,240,000 94/2000

 397,440,000
 79,488,000 95/2000

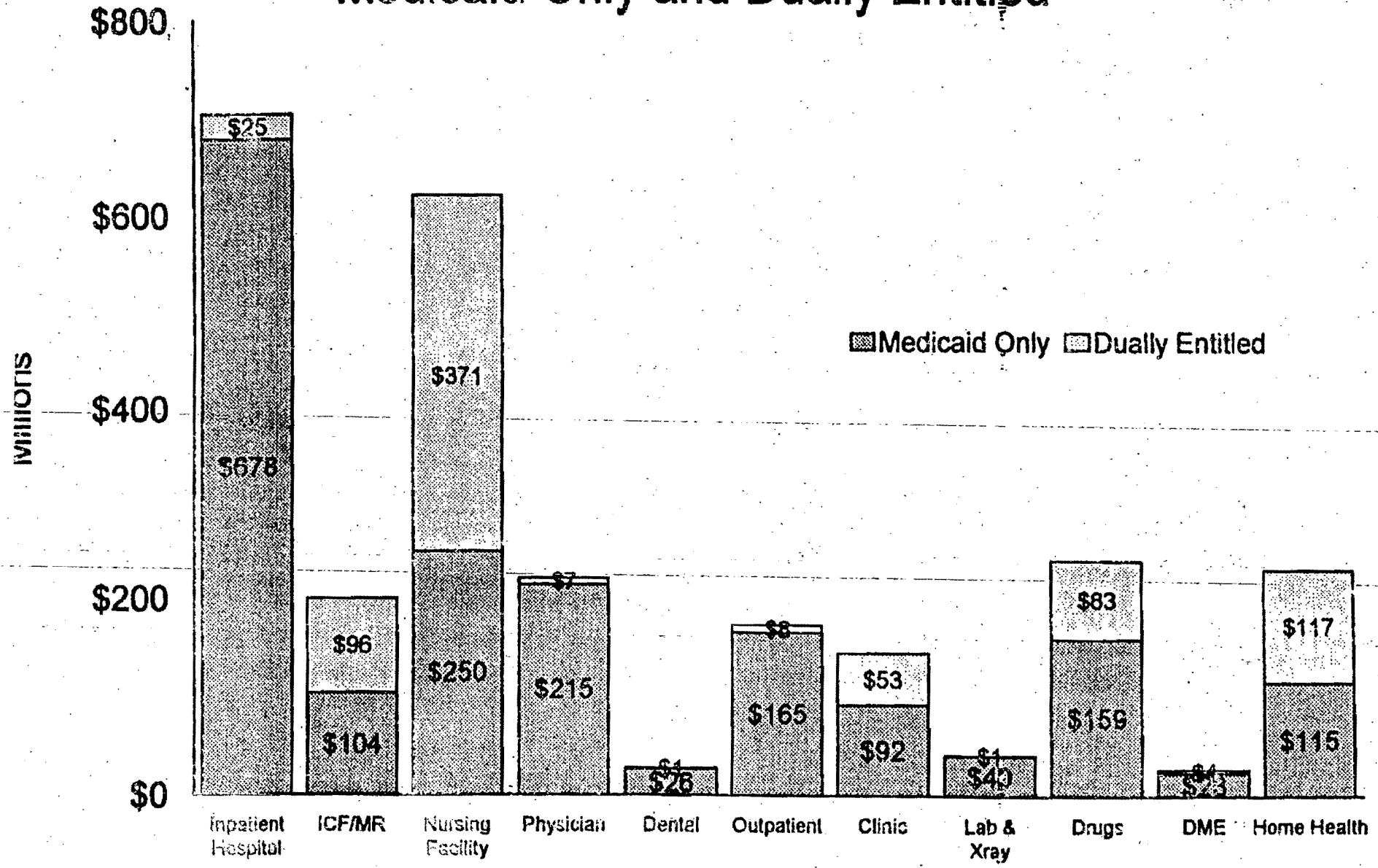
 476,928,000

Total Saved By MD. in MI 1995 ⁹ 520,125,000
 Total Saved By Medicare 1995 ⁹ 300,000,000
 \$ 1,226,786,000

Medicaid Expenditures by Type of Service, 1992

Medicaid Only and Dually Entitled

OCT 22 '96 10:13 CHERYL LEWIS



Source: State Medicaid Research Files, 1992. Note: data is not based on entire dual eligible population -- only those for whom a Medicare deductible or coinsurance was paid on at least one claim.

Georgia

Part A D-d 1992 * 50,000,000

Part A D-d 1995 * 86,700,000

1992 GA

Part B Medicaid

42,000,000

23,000,000

12,000,000

4,000,000

97,000,000

4,000,000

40,000,000

218,000,000

43,600,000 1993 30%

261,600,000

52,320,000 1994 20%

313,920,000

62,784,000 1995 20%

376,704,000

Total Saved By GA Medicaid * 463,104,000

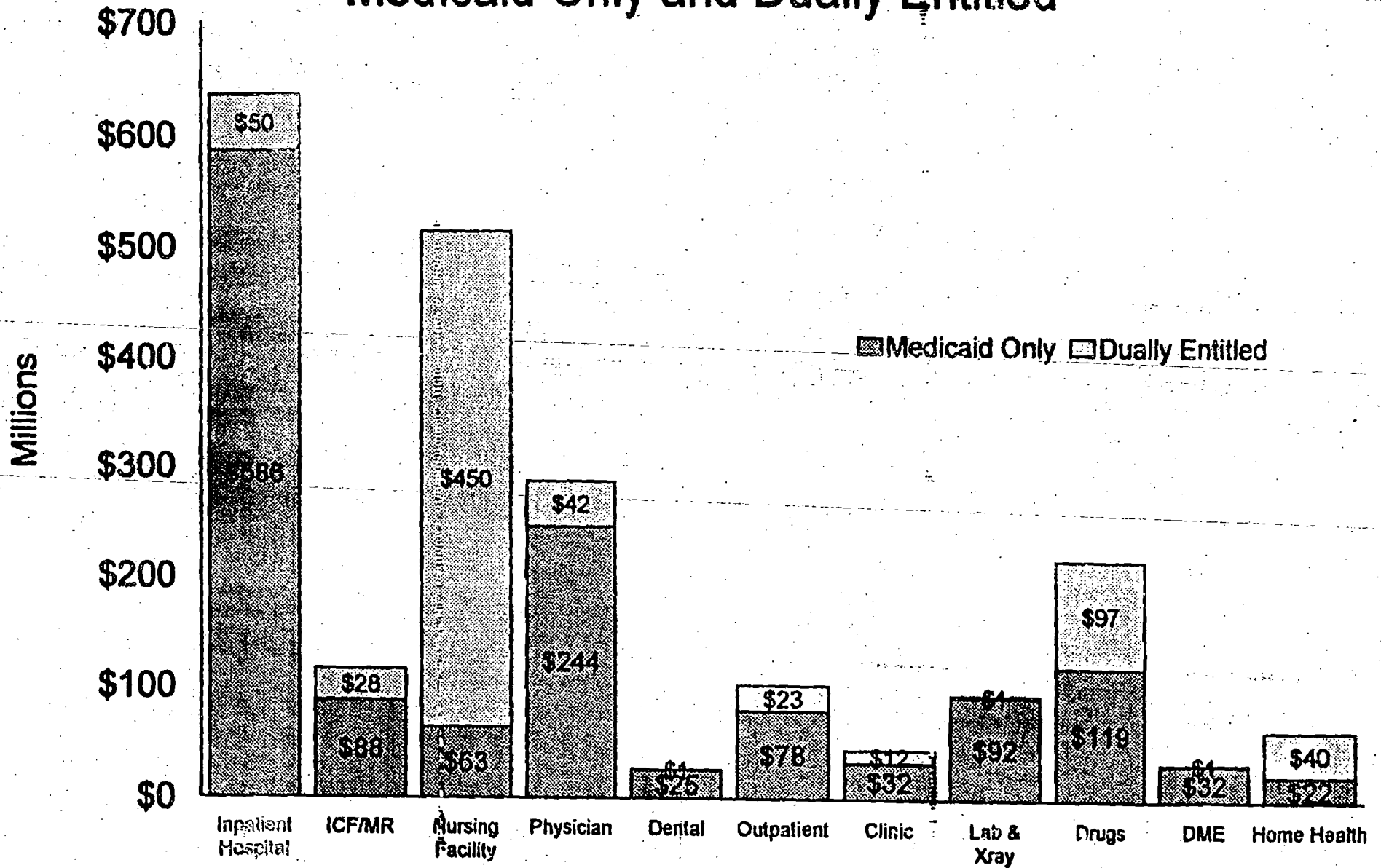
Total Saved by Medicare, GA 1995

* 836,352,000.00

Medicaid Expenditures by Type of Service, GA 1992

Medicaid Only and Dually Entitled

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Source: State Medicaid Research Files, 1992. Note: data is not based on entire dual eligible population -- only those for whom a Medicare deductible or coinsurance was paid on at least one claim.

OCT 22 '96 10:15 CHERYL LAMBIAS

THE WHITE HOUSE
WASHINGTON

May 2, 1996

Ms. Cheryl A. Lambias
O.C.I.S.
20 Jak-Len Drive
Salisbury, Massachusetts 01952-1432

Dear Cheryl:

Thank you for getting in touch with me regarding Medicare and Medicaid. I appreciate knowing your concerns.

Since their creation thirty years ago, these programs have helped to preserve the health of millions of Americans. I am determined to see these programs survive and serve the American people well in the years to come. Unfortunately, the congressional majority has proposed cuts to Medicare and Medicaid that are simply unacceptable -- cuts that would hurt beneficiaries, their families, and their health care providers in order to help finance a tax cut for the wealthy.

While we must balance the budget and strengthen the Medicare Trust Fund to ensure a strong future for our citizens, we can do so without gutting essential programs and hurting the people they serve. Our nation has always recognized our obligation to help care for older Americans and others in need, an obligation that my Administration will continue to honor.

Even as we work to promote fiscal responsibility, I will continue to fight to ensure that our nation does not turn its back on the health and well-being of our citizens, young and old. I appreciate your interest in these important issues and welcome your involvement.

Sincerely,



Cheryl A Lambias

P6/b(6)

JOB HISTORY

June 1991- Present

OLDE COLECHESTER INSURANCE SERVICES, SALISBURY, MASS

Third Party Biller for Optometrists, Consultations, Health Insurance sales.

Dec 1989 - June 1991

ANNA JAQUES HOSPITAL, NEWBURYPORT, MASS

Third Party Medical Biller for inpatient and outpatient billing. Commercial insurance, medicare, commercial insurance after Medicare and auto liability insurance.

June 1986 - Dec 1988

PRIMARICARE CORP., SALISBURY, MASS

Third party medical billing for medical, dental, optical, and counseling and family services. Billed claims to B.C./B.S., Champus, Medicare, Medicaid, and private insurance companies. In daily communication with doctors and patients. Posted account receivables. Supervisor of 2 employees.

May 1981 - June 1986

TRAVELERS INSURANCE CO., DANVERS, MASS

Medical claims Processor- Responsibilities include- processing of group health insurance claims, coding of surgical procedures and determination of reasonable and customary charges. Date entry on CRT, Daily communication with doctors and clients. Prepared and sent out statements of explanation of benefits. Had check authorization up to \$300,000.

1978 - 1981

NORTHERN ESSEX COMM. COLLEGE, HAVERHILL, MASS

Key punch operator and Computer operator. Daily communication with students and staff.

EDUCATION

1974 - 1976

WHITTIER REGIONAL VOC, HIGH SCHOOL, HAVERHILL, MASS

Data processing, Accounting, Bookkeeping, Computer Programming with experience in Basic, RPG, & Cobal.

1972 - 1974

AMESBURY HIGH SCHOOL, AMESBURY, MASS

Business course: Accounting and Bookkeeping.

STRENGTHS AND SKILLS

Certified health aide, works well with others. Needs no supervision. Works well under pressure. Willing to return to school if required. Lic. Health Insurance Agent.