

## Seniorgram:

*Sending a message on senior issues*

### Medicare Facts Baby Boomers Need to Know

By Roseann Martocchia  
Executive Director, FCHCC

Our traditional view of retirement was that when a person turned 65 years of age, they retired from employment. This dividing line was never a hard and fast rule for everyone working and hitting that birthday milestone, but it has become less and less of a reality. Now that a growing number of people work past 65, and the age threshold for collecting full Social Security benefits is 66 and climbing depending on one's date of birth, there is no automatic transition period.

Here's an example of what happened to an electrician from Texas when the company went bankrupt. RJ was 67 and in 2009 his employment ended because of bankruptcy. He was lucky in that his employer gave him 18 months of severance pay. That's where his good news ended. As he completed his employment, he went to the Social Security Office, picked up some forms to complete but did not receive any direction or counseling from staff there. Since he continued to receive monthly severance checks that deducted Medicare taxes and he was allowed to continue buying health insurance through the same carrier for the 18 months, he thought he could wait to join Medicare. He was incorrect.

Medicare no longer considered him a "current" employee and said he should have enrolled within 8 months of his layoff, not 18 months later. As a result, for the rest of his life, RJ may have to pay extra on his monthly Medicare premium (10% for each year he delayed enrollment after his job ended). This example illustrates one scenario why a person chose to delay enrollment into Medicare. There are a variety of reasons. The cautionary tale is that if you choose to delay enrollment, be certain about your decision or it could have insurance or cost consequences which are ongoing.

To avoid mistakes, here are 5 tips to help you navigate Medicare:

1. You can start signing up—online, via a toll-free telephone number or in person at a local Social Security office, three months before your 65th birthday. You also have an additional three months to enroll after your birthday month to apply before penalties come into play. If you hold off because you (or your spouse) are employed and covered by a company plan, you have 8 months to enroll after the employment ceases. Remember, Medicare is individual coverage. You may be eligible but that doesn't cover your spouse or dependent children. They will need to purchase insurance from a private company. The only exceptions are for people already receiving Social Security benefits—in which case you'll be automatically enrolled.

2. Medicare is not free—Beneficiaries have to pay monthly premiums, deductibles and co-payments or coinsurance. Figuring out your coverage and costs can be challenging. Take note: There are four parts to Medicare A (inpatient hospital care), B (outpatient services & MD visits) and D (optional prescription drug benefit). Part C is often referred to as "Medicare Advantage". Medicare Advantage plans are offered by private insurance companies and are alternatives to traditional Medicare reimbursement known as "fee for service". Medigap policies which supplement parts A, B and D help cover deductibles, coinsurance costs and services that may be exempt from Medicare coverage. Tricare offers supplemental plans for military retirees.

3. Medicare does not cover everything—It does not cover hearing aids, dentures, most dental procedures, eyeglasses, extended stays in nursing facilities or treatment overseas. (Some more expensive Medigap plans do cover overseas travel.)

4. Appeal if a Medicare Claim is denied—It is estimated that 1 in 7 claims are denied, sometimes for insufficient or inaccurate information. Appealing is free and holds no risk to the beneficiary. Also, always review your Medicare "Explanation of Benefits" to be sure Medicare was billed for services that you in fact received.

5. Medicare covers persons on disability—If a person has been receiving disability benefits from Social Security for 24 months, the person is eligible for Medicare regardless of age. There are no age limits for persons with ALS (Lou Gehrig's disease) or kidney failure.

Adapted from an December 2011 article which appeared in [www.kaiserhealthnews.org](http://www.kaiserhealthnews.org)

Go to [medicare.gov](http://medicare.gov) for forms and information.

The SHINE program, *Serving Health Information Needs of Elders*, provides free, confidential and unbiased health insurance counseling for Medicare beneficiaries. To reach a trained and certified counselor in your area, contact the Regional Office at 1-978-544-2259 or 413-773-5555 or contact your local Council on Aging. You can also call 1-800-AGE-INFO (1-800-243-4636), then press or say 3.

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## OAA Reauthorization

### On Senior Nutrition from Jane Severance, Nutrition Program Director, FCHCC

The over 150,000 meals provided by Franklin County Home Care, as well as other vital services that help older adults stay in their homes are made possible through funding from the federal Older Americans Act. In Massachusetts alone, Older Americans Act funding allowed agencies across the Commonwealth to serve 8.6 million nutritious meals to older adults last year. These meals were served at congregate luncheon programs in senior centers, elder housing, and other community venues where seniors gather or delivered to older adults in their home through Meals on Wheels.

Participating in the meals program increases the well-being of older adults and offers a key support to help seniors who have difficulty providing meals for themselves remain in their own homes. Statistics collected by the MA Elder Nutrition programs across the state show that close to 67% of the home delivered meals recipients are aged 80 or older and about 75% report the lunch is their main meal of the day. Approximately 25% of respondents report eating less food on days they do not receive meals. Participants also cited improved health: more than 75% reported eating better, feeling better, or having more energy as a result of the nutrition program. The program also continues to prove successful in reaching those at highest risk for food insecurity.

When the United States Congress reconvenes later this month, the reauthorization of the Older Americans Act will be introduced. Programs in Massachusetts are particularly interested in retaining the ability to purchase USDA commodity food and receive bonus commodity foods for the nutrition program. Massachusetts is a leader in using commodities to ensure food quality and safety and control meal costs. In 2007, the Older Americans Reauthorization Technical Corrections Act, as Public Law 109-116, was introduced by the late Senator Kennedy and Senator Roberts (R-KS). This

legislation will be at risk unless it is incorporated into this reauthorization.

With the baby boom population increasing at an unprecedented rate, 2012 is a critical year to guarantee the nutrition and health of community dwelling older adults in the state of Massachusetts and across the country. Franklin County Home Care Corporation joins with groups such as the National Association of Nutrition and Aging Services Programs (NANASP) to emphasize the need to keep the vital community and home based services provided by the Older Americans Act by supporting its' reauthorization. The OAA has enjoyed bipartisan support over its more than 45 year history. The 75,000 older adults who received nutritious meals in the Commonwealth last year, represent the importance of ensuring that there is no disruption in the renewal process.

We encourage the community to learn more about the benefits of the elderly nutrition program. Please contact me, Jane Severance, at Franklin County Home Care Corporation (info@fchcc.org or 773-5555 or 978-544-2259) or the NANASP reps:

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Sincerely,  
Jane Severance,  
Nutrition Program Director,  
Franklin County Home Care Corp.

## Medications Safety - Keeping Your List Updated



Raeann G. LeBlanc

By **Raeann G. LeBlanc, Geriatric Nurse Practitioner,**  
**Public Health Nurse Intern at Franklin County Home Care (FCHCC)**

Managing your medications is an important part of your health and well being. It is also a key part of remaining safely at home. At every doctor's visit you will want to have your medications on a list to present to your healthcare provider. Make sure the list you share is exactly the same as the list you have at home.

This list is essential for medication safety and managing your medications.

Sometimes your list may not accurately reflect what your healthcare provider has prescribed. At other times, you may be seeing many different healthcare providers such as specialists (cardiologist, urologist, dermatologist etc.). Your "master list" of medications must include medications from ALL health care providers. Your up-to-date medication list must also include over the counter medications (Tylenol, Vitamins etc.) and supplements (vitamins, etc...). Be sure to include on your medication list any allergies to medications. This way everyone knows what medications you are taking.

Reviewing this list with your Doctor helps you understand the reason for each medication. You and your doctor can also make sure that you are taking the medications properly, and that you are clear

about any possible medication side effects. Knowing possible side effects will help you and your caregivers watch for them.

Communication is about sharing things in common. Your medication list is one aspect of your health that you can and should share in common with your healthcare team. Take time to keep an up-dated list of what you are actually taking and bring it with you to every visit. Close friends, a caregiver or a family member can help you complete the list if you are unable to. Always be sure someone else in your family or a close caregiver has a copy of your medication list in case you are hospitalized. This way they can share it with the hospital team.

Here is a medication list format you can use: [http://www.mustforseniors.org/documents/make\\_notes2.pdf](http://www.mustforseniors.org/documents/make_notes2.pdf)

Visit the Franklin County Home Care's website <http://www.fchcc.org/resourceslinks/index.htm> for more information on medication safety. For additional questions please contact The Information & Caregiver Resource Center at FCHCC 413-773-5555 or 978-544-2259 or info@fchcc.org

### References

National Council on Patient Information and Education (2007). MUST for seniors – Medication Use Safety Training for Seniors Program.

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### The Good Life:

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❖ Franklin County Home Care Corporation/Area Agency on Aging (FCHCC) is a private, non-profit corporation, which develops, provides, and coordinates a range of services to support the independent living of elders, people with disabilities and caregivers.

❖ FCHCC serves all Franklin County towns plus Athol, Petersham, Phillipston and Royalston in Worcester County. ♦ (413) 773-5555 ♦ (978) 544-2259 ♦ info@fchcc.org ♦ www.fchcc.org ♦

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