

## 2011 Annual Report

# Getting Medicare Right

- 2 Message From Joe Baker and Bruce Vladeck
- 3 Who We Are
- 4 Counseling & Assistance
- 11 Volunteers
- 12 Education
- 16 Newsletters
- 17 Media
- 18 Public Policy
- 21 Fiscal Year 2011 Finances
- 22 Our Supporters
- 23 Board of Directors
- 24 Staff



# A Message From:

Joe Baker, President, and Bruce Vladeck, Chairman of the Board



Joe Baker and Bruce Vladeck

Dear Friend,

Last year, baby boomers began aging into Medicare at an estimated rate of 10,000 new enrollees per day. For these Americans and those who have already begun receiving Medicare benefits, it is crucial that good information and assistance be available to guide decision-making. As Medicare demographics change and Medicare remains a target in deficit-reduction debates, the Medicare Rights Center's expertise is more important than ever to older Americans, their families and caregivers and the medical, social work, legal and other professionals who serve them.

Medicare Rights empowers people with Medicare—and those who support them—to advocate for themselves to access quality, affordable health care. From our helplines to our online educational tools, from peer-to-peer counseling to live professional trainings, Medicare Rights enables older Americans and people with disabilities nationwide to understand

and better navigate the complicated health coverage landscape.

Last year, volunteers and staff on our national Consumer and Spanish-language Helplines counseled over 12,500 callers with Medicare questions. By enrolling more than 2,000 of these individuals in public benefit programs, we secured over \$6 million in out-of-pocket savings for them, their families and state and local governments. In addition, Medicare Rights counseled more than 2,000 professionals in 2011, each of whom we estimate went on to help at least four people with Medicare; many of these professionals came to us through our Community Partners program, which builds the capacity of New York City nonprofits to better serve their own older and disabled clients. Medicare Rights is also proud to report that our Seniors Out Speaking peer-to-peer counseling program went national last year, expanding to Alabama, Arkansas, Florida, Kansas, Maine and Maryland, in addition to New York. This and related projects help ensure that state and local service providers and advocates have support in helping their own Medicare clients make good coverage choices.

Above all, fiscal year 2011 brought change. The implementation of the Affordable Care Act has introduced new benefits and programs for people with Medicare, while heated discussions about reducing state and federal budget deficits have placed Medicare and Medicaid squarely in the spotlight. With deficit-reduction proposals threatening the future of these programs, we have been working tirelessly in Washington, DC, to ensure that any eventual deal does not shift costs to people with Medicare and their families or reduce their access to affordable care. Medicare Rights is committed to achieving a balanced deficit-reduction solution that addresses the underlying cause of growing costs in the health care sector overall.

We could not accomplish any of this work without our incredible staff, volunteers, board members and donors, and we thank them all for their time and passion. Please take a look inside to learn more about Medicare Rights and those we serve.

A handwritten signature in black ink, appearing to read "Joe Baker".

Joe Baker

A handwritten signature in black ink, appearing to read "Bruce Vladeck".

Bruce Vladeck

# Who We Are



The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs and public policy initiatives. Since 1989, Medicare Rights has been helping people with Medicare understand their benefits, navigate the health care system and secure the health care they deserve. Medicare Rights' key strength is our ability to connect real beneficiary experiences to education and policy advocacy—making sure that people with Medicare and their families understand changes to benefits or policies, all the while pursuing reforms to improve the Medicare program as a whole.

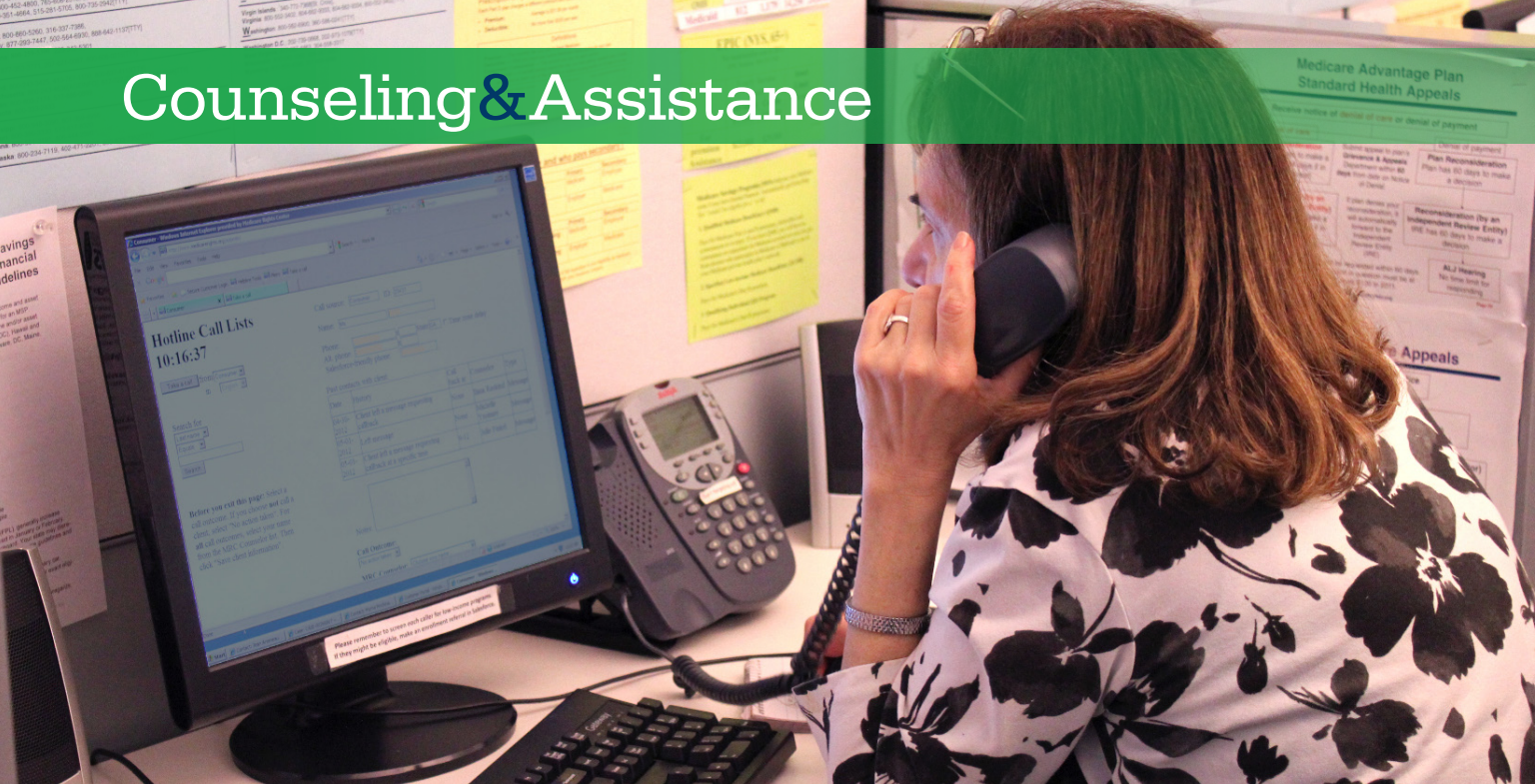
Fiscal year 2011 (July 1, 2010 – June 30, 2011) saw Medicare Rights and its direct service programs develop on all fronts—expanding and improving counseling, public policy initiatives, education and media efforts. With state and federal policymakers considering cuts to Medicare and unprecedented numbers of Americans aging into the program, Medicare Rights is more needed than ever as a voice for the 49 million people with Medicare and their families.



Medicare Rights Center staff



# Counseling & Assistance



## Consumer Helpline

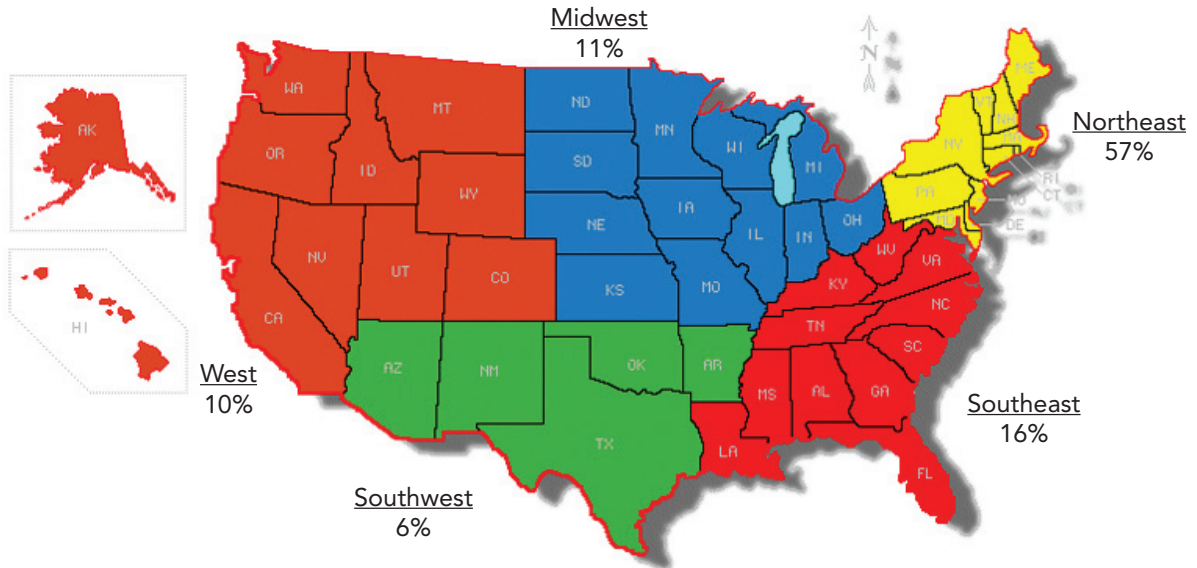
The heart of the Medicare Rights Center's work is its national Consumer Helpline. In fiscal year 2011, the helpline provided more than 12,500 counseling sessions to people with Medicare and their families. Each caller to the Consumer Helpline receives one-on-one assistance from a trained staff member or volunteer, and each client's information is entered into Medicare Rights' database.

Medicare Rights leverages client stories and data for various service, education and advocacy purposes, from improving client counseling to identifying trends that could be addressed at a policy level. In fiscal year 2011, for instance, Medicare Rights released the report, "Medicare Facts and Faces: Planning Ahead: Recommendations for Plan Finder, Inspired by Beneficiaries," which harnessed helpline data to encourage policymakers to simplify the process by which older adults and people with disabilities choose Part D drug plans. The work of volunteers and staff on the helpline underpins such policy reports, ensuring that advocacy efforts reflect the realities of people with Medicare nationwide.

"Client Services staff and volunteers work tirelessly to help our callers articulate their problems and set a course for success. Some of the most compelling stories we hear involve the high stakes of coordinating timely enrollment into Medicare with existing insurance coverage. We are both proud and humbled by the experiences of our clients, who come to us in a time of need. If we are able to help our clients afford their Medicare premiums, connect to the right resource to resolve their problems or understand the complex rules of Medicare, it makes our day."

— Heather Bates,  
Vice President of Client Services  
and Program Management

## Consumer Helpline Calls Per Region



## Spanish-Language Helpline

In 2011, the Medicare Rights Center's Spanish-language Helpline operated live for the first time, seeking to ensure that the growing population of Spanish-speaking seniors with Medicare has a linguistically sensitive and timely resource in Medicare Rights. Support from the Isaac H. Tuttle Fund and the van Ameringen Foundation has made the Spanish-language Helpline expansion possible, and it has generally enabled Medicare Rights to improve its bilingual services. Since the beginning of fiscal year 2011, Medicare Rights has directly assisted over 300 Spanish-speaking beneficiaries, caregivers and professionals with their Medicare questions, and has reached hundreds more

### 6 Puntos Importantes Sobre MEDICARE

**49 millones** de estadounidenses tienen derecho a un sistema que haga las cosas bien.

Medicare Rights Center (Centro de Derechos de Medicare) es una organización nacional, independiente y sin fines de lucro dedicada a ayudar a personas de la tercera edad y personas discapacitadas a tener acceso a una cobertura médica accesible y de calidad. Nuestra misión es resolver problemas complejos, educar a las comunidades y abogar por una reforma política.

**MEDICARE RIGHTS CENTER**  
Getting Medicare right

122 Eighth Avenue, Ninth Floor, New York, New York 10019

### Definiciones de Medicare que usted necesita saber

**Prima:** La cantidad que debe pagar a Medicare a su plan de seguro médico por la cobertura. Normalmente se paga mensualmente.

**Deductible:** La cantidad que debe pagar por parte de los servicios médicos antes de que se inicie el pago.

**Copagos:** Son contribuciones que debe pagar por los servicios médicos o medicamentos que recibe.

**Copago:** Es el porcentaje del costo que debe pagar por los servicios médicos o medicamentos que recibe.

**Beneficio:** Son los servicios o productos cubiertos por Medicare y por los seguros médicos privados.

**El Beneficio Adicional Extra Help:** Es el programa federal que ayuda a las personas que pagan la prima de Medicare y pagan la cobertura de Medicare por la Parte D.

**Programa de Ahorro de Medicare (MSP):** Son programas que ayudan a las personas a pagar las primas de Medicare y a veces los copagos y los deductibles.

**Seguro primario:** Es el seguro que paga primero por los costos médicos.

**Seguro secundario:** Es el seguro que paga después de los seguros primarios.

### Recursos Sobre Medicare

**Medicare Rights Center**  
800.533.4114 • [www.medicarights.org](http://www.medicarights.org)

**Medicare Interactive**  
[www.medicareinteractive.org](http://www.medicareinteractive.org)

**Medicare**  
800.MEDICARE • [www.medicare.gov](http://www.medicare.gov)

**SHIP (State Health Insurance Assistance Program)**  
[www.ship.gov](http://www.ship.gov) • 1-800-MEDICARE • 1-800-455-4777

**State Health Insurance Assistance**  
800.772.1213 • [www.sla.gov](http://www.sla.gov)

Ms. F is 64 years old and lives in New York. She called Medicare Rights' Spanish-language Helpline because she was concerned about the monthly cost of Medicare Part B. She informed the counselor that she would not need to enroll in a prescription drug plan because she is healthy and does not take any medications. The counselor screened Ms. F for eligibility in low-income benefits and found that she qualified for a Medicare Savings Program (MSP), which would help pay her monthly Part B premium. The counselor also explained to Ms. F that if she did not enroll in a prescription drug plan when she first became eligible, she could face a hefty penalty later. By enrolling in an MSP, however, Ms. F would automatically also receive the Medicare Part D Low-Income Subsidy and be enrolled in a Part D drug plan. Medicare Rights' bilingual counseling enabled Ms. F to enroll in programs that will save her money and provide her with comprehensive prescription drug coverage.

through community presentations. All told, Medicare Rights has provided over 850 Spanish-speaking individuals with accurate, comprehensive Medicare information. Medicare Rights has also translated new materials to meet the needs of Spanish-speaking clients.

## Helping Beneficiaries Transition into Medicare

During fiscal year 2011, the Medicare Rights Center saw a significant increase in the number of clients requiring assistance transitioning into Medicare and coordinating Medicare with other types of insurance, including employer coverage, COBRA and retiree coverage. With Illinois-based AgeOptions—and support from the Retirement Research Foundation—Medicare Rights began developing a toolkit to guide individuals through the transition process. Over the next year, Medicare Rights will expand services further to meet this need.

## Helping Beneficiaries Appeal Denials of Coverage

In fiscal year 2011, more than 5,000 callers to the Medicare Rights Center's helplines required assistance appealing the denial of a needed medicine or health care service—a 100 percent increase over the previous year. Helpline staff and volunteers utilized a variety of legal resources, maintained by Medicare Rights' education department, to help callers navigate the different stages of the appeals process. By educating beneficiaries about the importance of appealing denials, Medicare Rights is working to ensure that they access the care they need. In a survey conducted by the organization in 2011, Medicare Rights found that more than 80 percent of beneficiaries polled opted to pursue an appeal after receiving information from Medicare Rights about the process—whether through a telephone counseling session or Medicare Rights' Health Services and Part D Appeals Packets.

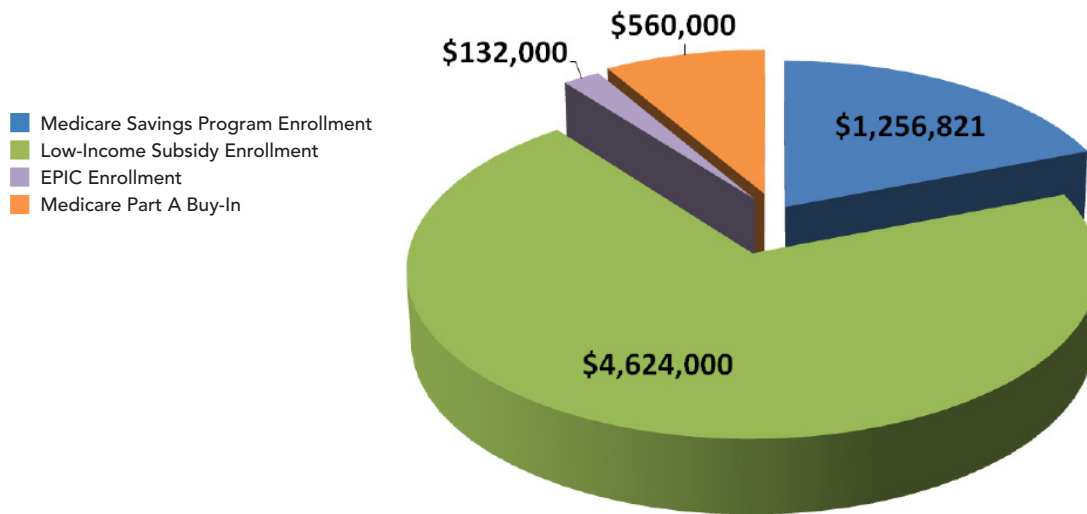
*Mr. S became eligible for Medicare based on disability. Because he was covered under his wife's employer health plan, he called both Medicare and Social Security to ask whether he could turn down Medicare Part B. Both agencies assured Mr. S that he could do so without consequence, without asking him how many individuals were employed by Mrs. S' company—there were only four. For companies with fewer than 20 employees, Medicare pays primary, and employer group health insurance pays secondary. As a result, Mr. S in fact needed to enroll in Part B when he first became eligible. When he realized the mistake, Mr. S had already accrued more than \$35,000 in bills for a series of surgeries.*

*Mr. S called the Medicare Rights Center asking for assistance. A Medicare Rights caseworker explained that Mr. S could file for equitable relief, because he was misinformed by government employees about the rules surrounding coordination of employer benefits with Medicare. Equipped with this information, Mr. S contacted Social Security and was retroactively enrolled in Part B back to his original date of eligibility. Subsequently, all of his claims were resubmitted and paid.*

## Estimated Benefits Generated Through Casework Interventions by Medicare Rights

### \$6,572,821

July 1, 2010 – June 30, 2011



### Helping Low-Income Beneficiaries Enroll in Benefits

Over the past fiscal year, the Medicare Rights Center continued to help clients understand and enroll in public benefits that help pay for Medicare costs. Through community outreach and direct service efforts, the organization is increasing public awareness of these programs and helping those in need apply and recertify.

In the course of 2011, all Medicare Rights helpline staff and volunteers were trained to screen callers for Medicare low-income assistance programs, including the Medicare Savings Programs, the Medicare Part D Low-Income Subsidy and the New York State Elderly Pharmaceutical Insurance Coverage (EPIC) program. Thanks to this effort, Medicare Rights directly helped nearly 2,500 individuals enroll in more than \$6.5 million worth of assistance programs.



# Counseling & Assistance

Medicare Rights also worked with a variety of city, state and federal agencies, as well as with other advocates, to promote policy reforms that would make it easier for older adults and people with disabilities to enroll in needed benefits—and keep receiving them. This work was facilitated by the Medicare Rights-led New York State Medicare Savings Coalition and, more locally, by the New York City Benefits Workgroup, both described in greater detail under Policy Initiatives below.

## Professional Services

HR personnel, social workers, attorneys, doctors, nurses and other professionals are frequently asked questions about Medicare that they have difficulty answering. The Medicare Rights Center educates these professionals about Medicare benefits and options and changes to the program. In so doing, Medicare Rights increases professionals' capacity to serve their own clients, thereby reaching an even greater number of beneficiaries with important Medicare information. In fiscal year 2011, Medicare Rights' professional services staff assisted more than 2,000 professionals with their Medicare questions. Last year also saw exciting developments in Medicare Rights' services for professionals, in the form of new trainings, online resources and outreach strategies.

Here is what some of our attendees had to say about our courses for professionals:

*Unbiased, intelligent presentations with explanations you cannot get anywhere else—thank you.*

*A wealth of information for a great value.*

*Would recommend this course to both entry-level colleagues and experienced attorneys.*

*"To the beautiful, helpful and caring people at Medicare Rights, I am writing to thank you for your time and assistance. I first contacted you in December after spending two months attempting to find a solution for a patient's financial/prescription challenges. I received a return phone call from you within 20 minutes of sending my first email to your Professional Helpline. This was the first of three calls that we received. The woman I spoke to took our information and came back with as many ideas as possible.*

*Your agency was quite literally the 25th phone call I made on this patient's behalf, and the information you offered made all the difference. Thank you for all that you do, for your commitment to helping some of those most in need, and for assisting with such care and kindness. Your time matters!"*

*—A social worker who e-mailed Medicare Rights' Professional Helpline*





[Home](#)
[About](#)
[Course List](#)
[Webinars](#)
[CLEs](#)
[Glossary](#)

### Webinars

Below you will find video webinars on a variety of Medicare topics. Each PowerPoint slide shows narrated by our Medicare expert, President, Joe Baker. In order to view any of our webinars, you must have Adobe Flash Player installed on your computer.

You can view the Health Reform webinar for free by clicking on the [Free Health Reform Webinar](#) link.

You can download Adobe Flash Player for free [here](#).

Click on the bold underlined title to begin the webinar.

**[Free Health Reform Webinar](#)**

In this free webinar, Medicare Rights Center President Joe Baker discusses the Affordable Care Act. The webinar includes information about improvements to the Medicare prescription drug benefit, the expansion of Medicare-covered services, changes to Medicare Advantage plans and much more.

**[Mental Health](#)**

Learn what types of mental health care Medicare will pay for, how much of the cost Medicare will cover, how to seek coverage for services, and important information about beneficiary rights.

[Home](#)
[About](#)
[Course List](#)
[Webinars](#)
[CLEs](#)
[Glossary](#)
[Register](#)

### CLEs

Medicare Rights Center now offers continuing legal education (CLE) courses for attorneys. Anyone who is registered on MRU can take these courses without an additional fee. However, only attorneys in New York can get credit towards their CLE requirement. Check back later for additional CLE courses available in more states.

Attorneys seeking CLE credit must submit proof of participation via a course code submission form as well as a completed course evaluation. An additional payment of \$40 must also be submitted with these materials in order to receive a certificate of completion. Please send checks, evaluations and course code submission forms to:

Scarlet Watts  
Medicare Rights Center  
520 Eighth Avenue, North Wing 3rd Floor  
New York, NY 10018

Financial aid is available for those who qualify. To inquire about financial aid, please contact [Scarlet Watts](#).

In order to view CLE courses you must have Adobe Reader and Adobe Flash Player.

You can download Adobe Flash Player for free [here](#).

You can download Adobe Reader for free [here](#).

## Webinars, Continuing Legal Education and Medicare Rights University

In fiscal year 2011, the Medicare Rights Center launched Medicare Rights University (MRU), which enables professionals nationwide to participate in interactive Medicare-related lessons and test their newly-acquired knowledge with case examples and quizzes, from the comfort of their homes or offices. Featuring courses such as “Medicare Costs,” “Medicare Appeals” and “Preventive Care,” MRU provides detailed, comprehensive online instruction on Medicare benefits and rights.

Last year, too, Medicare Rights created new Continuing Legal Education (CLE) courses for New York State attorneys who wish to learn about Medicare and other elder law topics, while meeting state bar requirements. One such course, “Let’s Learn Medicare: Medicare Primer for Attorneys,” provided an in-depth look at how Medicare law was developed, guidelines for researching answers to Medicare problems and common reasons people with Medicare seek legal advice.

Finally, Medicare Rights continued providing a series of semi-monthly webinars for professionals across the country. Topics included mental health coverage, Part D appeals and changes to Medicare as a result of the Affordable Care Act.

# Counseling & Assistance

## Community Partners Program

The Medicare Rights Center's Community Partners program trains professionals at local, self-selected organizations to be Medicare counselors who can more effectively help their own clients answer Medicare questions and enroll in Medicare low-income assistance programs.

In fiscal year 2011, with support from the Altman Foundation, the Blanche T. Enders Charitable Trust and the Fan Fox and Leslie R. Samuels Foundation, Medicare Rights expanded this program to include six New York City nonprofits serving people with Medicare. Current partners include:

- » Isabella Geriatric Resource Center in Washington Heights
- » Hamilton Madison House on the Lower East Side
- » Hospital for Special Surgery on the Upper East Side
- » New York Legal Assistance Group with senior-serving sites at Bellevue, Kings County and Woodhull Hospitals in Manhattan, Brooklyn and Queens
- » Goddard Riverside Settlement House on the Upper West Side, through a partnership with Single Stop USA
- » Center for Urban Community Services in East Harlem, through a partnership with Single Stop USA

Medicare Rights continues to explore opportunities to expand the Community Partners program to new city sites and other communities across the country. In the coming year, Medicare Rights also aims to add new trainings and supports to the Community Partners model, for instance related to Medicare appeals and transitions.

"With the assistance of the Medicare Rights Center, we have rapidly become knowledgeable about Medicare. Medicare Rights familiarized us with Medicare through a series of general training sessions... We have a personal contact within their office so we are free to ask any and all questions, from general Medicare inquiries to client-specific issues. In addition to our personal contact, we have also had the pleasure of receiving individualized trainings and shadowing to further increase our learning curve. Finally, Medicare Rights' willingness and ability to partner with us during presentations allows us to provide clear and concise messages around the Medicare program and give answers to participants' questions on-the-spot... The entire suite of Medicare Rights' offerings has allowed our staff to become better versed in the many different aspects of Medicare and has allowed us to better serve our clients' needs. We are extremely thankful to them and for their assistance."

*-Senior Specialist on Low-Income Programs at Goddard Riverside Settlement House*

# Volunteers



"We get to help people who really need it. It's a wonderful feeling when we see we've made a difference. Some people lose sleep over their health coverage concerns, and we can often answer questions, give explanations, or make referrals that are of great importance to our callers. I'm so happy to have this opportunity to help."

*—Madeline Augonnet,  
Helpline Volunteer*

"I have had the opportunity to learn about the complexities of the Medicare program and help Medicare beneficiaries understand their options and rights. Medicare Rights encourages its staff and volunteers to work as a team to provide comprehensive Medicare knowledge to the public... Every day, I give quality information to our callers, manage my clients' complex cases and help my clients enroll into benefits that decrease their out-of-pocket health care costs. Thanks to this organization, I am able to help family, friends and other Medicare beneficiaries understand how to navigate Medicare."

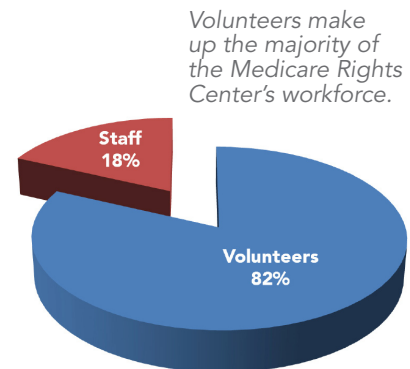
*—Adina Tabor,  
2011-2012 AVODAH Jewish Service Corps Member*

## Community Volunteers

The volunteers who offer their time, expertise and passion to helping people in need are the core of the Medicare Rights Center. This growing cohort of 150 men and women plays a crucial role in Medicare Rights' telephone and face-to-face counseling, and helps lead an array of education and outreach programs. In fiscal year 2011, Medicare Rights built on this strong foundation, launching new efforts to recruit and train community members on a range of skills, including bilingual helpline counseling, public speaking and data management.

## AVODAH and Interns

Each year, the Medicare Rights Center enlists a corps of young people (including AVODAH Jewish Service Corps members and social work and legal interns) to increase the organization's capacity to serve clients and connect helpline trends to broader policy efforts. These young people learn about the Medicare program's history and current policies, and many go on to pursue careers in medicine, health policy and law.



# Education



## **Community-Based Trainings and Presentations**

The Medicare Rights Center offers a variety of in-person, online and recorded trainings and presentations to professionals and consumers throughout the country. These sessions cover topics such as Medicare basics, enrollment in low-income assistance programs and the Medicare appeals process. In fiscal year 2011, Medicare Rights developed new trainings on the Affordable Care Act to educate consumers and professionals about what the law means for people with Medicare. In the course of the year, Medicare Rights reached more than 22,500 people through live presentations.

## **SOS: Medicare Minutes, Health Advocacy Workshops and Hour Topics**

In fiscal year 2011, the Medicare Rights Center expanded a series of community-based programs for educating and empowering older adults to navigate the health care system themselves. These Seniors Out Speaking (SOS) programs include Medicare Minutes, Health Advocacy Workshops and Hour Topics. In addition, in five of the states where SOS has launched, Medicare Rights has begun to build and support Medicare Advocacy Coalitions, which will mobilize beneficiaries, advocates and policymakers to achieve reforms to increase access to care for older adults and those with disabilities.



## SOS Medicare Minutes

In fiscal year 2011, Medicare Rights engaged over 270 SOS volunteers, who led Medicare Minute presentations in seven states across the country. This dedicated corps of volunteers reached nearly 38,000 of their friends, neighbors and other community residents with good health care information, through recurring monthly presentations at a variety of community sites.

Through SOS Medicare Minutes, Medicare Rights works with host organizations nationally to enlist, train and track the outcomes of SOS volunteers as they help their friends and neighbors understand Medicare and related health insurance coverage. SOS Medicare Minutes build camaraderie among older adults, strengthen community-based organizations and encourage participants to become advocates for their own health care and that of their peers.

Medicare Rights provides host organizations with monthly SOS content and an array of technical supports, including volunteer recruitment and training guidance, data tracking support, helpline back-up and access to education and policy resources.

The SOS Medicare Minute program was launched in 2001 in Westchester County, New York,

with support from the Helen Andrus Benedict Foundation. It subsequently expanded to New York City, Maryland and Kansas. Last year, thanks to a grant from the Atlantic Philanthropies, Medicare Rights launched the SOS program in Alabama, Florida, Maine and additional communities in Kansas.

Current on-the-ground partners include:

- » 1199 SEIU
- » Alabama State Health Insurance Assistance Program (SHIP)
- » Actors Fund
- » Alliance for Retired Americans
- » American Federation of Teachers/New York State United Teachers
- » Area Agencies on Aging (AAAs) in Kansas
- » Arkansas Senior Health Insurance Information Program (SHIIP)
- » Baltimore County Senior Health Insurance Assistance Program (SHIP)
- » Florida Community Health Action Information Network (CHAIN)
- » Maine Legal Services for the Elderly

In the coming year, Medicare Rights will launch an independent evaluation of the SOS Medicare Minute program, and will use this analysis to improve the program and engage new states and host organizations.

*"We're all told at some point in our lives to give back, and working with the Medicare Rights Center has allowed me to do that. It has been a learning experience for me as well as for the members of the senior community that I serve. I am not only presenting information, but making friends."*

*– New York SOS Volunteer*

*"With the passage of the Affordable Care Act, together with an economic recession there have been changes in Medicare not seen since the enactment of the 1996 Part D prescription drug benefit. The demand from seniors to understand these changes has never been greater. In 2011, Westchester SOS met that demand with volunteers who thoroughly understood the changes after participating in extensive educational trainings led by Medicare Rights staff."*

*-Pat Esposito, Director of SOS Program in Westchester*

# Education



## SOS Health Advocacy Workshops

SOS Health Advocacy Workshops are interactive programs that enable SOS volunteers to engage more directly with audience members and practice health advocacy skills. Health Advocacy Workshops address topics such as "How to Speak Up to Your Doctor" and "Being Safe in the Hospital," and they provide a supportive setting in which individuals can practice advocating for themselves. In fiscal year 2011, Medicare Rights' volunteers led 23 SOS Health Advocacy Workshops in Westchester, NY, helping over 450 participants understand how to advocate for their rights with health care professionals.

## SOS Hour Topics

Medicare Rights has found over the years that certain Medicare topics require more in-depth explanation in order to ensure audience understanding. SOS Hour Topics emerged from this need. These hour-long presentations are conducted in a lecture format with a Q&A session at the end, enabling volunteers to cover more material and address complicated details. In the past fiscal year, SOS volunteers led 26 Hour Topics, which covered issues including Medicare basics and questions beneficiaries should ask before joining a private health or prescription drug plan.



## MedicareRights.org

During fiscal year 2011, the Medicare Rights Center's organizational website, [www.MedicareRights.org](http://www.MedicareRights.org), was visited more than 110,000 times. This dynamic site showcases Medicare Rights' programs, activities and resources. Medicare Rights regularly features organizational updates on [MedicareRights.org](http://MedicareRights.org), as well as timely news culled from media stories, policy reports and other sources. Today, the site serves as an effective information portal for consumers, caregivers, professionals and journalists in need of Medicare news and information.

## MedicareInteractive.org

Medicare Interactive ([www.MedicareInteractive.org](http://www.MedicareInteractive.org)) is an online compendium of Medicare answers, presented in a searchable, consumer-friendly format. In fiscal year 2011, the Medicare Rights Center's education department worked to ensure that Medicare Interactive reflected the latest changes to Medicare and state programs affiliated with Medicare. The site includes hundreds of pages, including the newly updated "Medicare Coverage of Preventive Care," "Will I Pay More for Part D if My Income is High?" and "Original Medicare Costs in 2012." Partners across the country, including Area Agencies on Aging, State Health Insurance Assistance Programs and other advocates, turn to Medicare Interactive for answers, and refer diverse clients to the site. Last year, the site received 491,000 visits, a 17 percent increase over 2010.

# Newsletters



## Medicare Watch

Your Weekly Medicare  
Consumer Advocacy Update

April 28, 2011

### Decoding the House Budget

Volume 2, Issue 13

#### The House Budget Proposal Means Changes for People with Medicare

According to a poll conducted by the Kaiser Family Foundation, 52 percent of people aged 65 and older oppose changing Medicare from its current form to a system in which the government contributes a capped amount to people with Medicare to purchase private insurance, as proposed under the House budget resolution passed on April 15. However, the poll also highlights confusion over the terms of the debate. Only 12 percent of those polled understood the term "premium support," 26 percent stated that they had heard the term but were unsure of its meaning, and 58 percent responded that they had never heard the term before. The term "voucher" was slightly better understood by individuals polled: 30 percent understood the term when used in reference to Medicare, 36 percent had heard the term but did not know its meaning, and 32 percent had never heard the term "voucher" in the context of Medicare.



The Medicare Rights Center has developed its own materials to help explain the terms of the debate and the implications of the House budget resolution. "Decoding the 2012 House Budget Resolution" explains some of the fundamental changes the House resolution would make to Medicare and Medicaid and highlights the impact that these proposals would have on people with Medicare, both now and in the future. For example, the Congressional Budget Office (CBO) estimates that the House budget resolution's scheme to convert Medicare into a "premium support" program—also known as a "voucher" or "defined contribution" program—will double projected costs for people with Medicare.

#### MEDICARE INTERACTIVE

Medicare answers at your fingertips

#### Medicare Reminder

While the majority of people with Medicare get their health coverage from Original Medicare, some people get their benefits from a Medicare private health plan, sometimes called a "Medicare Advantage" plan.

These private health plans contract with Medicare and are paid a fixed amount to provide Medicare benefits. They are generally "managed care" plans. The most common types are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and Private Fee-For-Service (PFFS) plans.

You may also see Medicare Advantage plans called Special Needs Plans (SNP), Provider Sponsored Organizations (PSO) and Medicare Medical Savings Accounts (MSAs).

You still have Medicare if you join a Medicare private health plan. In most cases, you must still pay your Part B monthly premium (and your Part A premium, if you have one). The plan

During fiscal year 2011, the Medicare Rights Center published three electronic newsletters and one syndicated column to deliver timely Medicare information to audiences nationwide.

» **Dear Marci** helps counselors and people with Medicare understand their Medicare benefits and options. Each issue of this biweekly e-newsletter features Medicare coverage advice, basic health tips and links to health care resources. Roughly 85,000 readers subscribe to *Dear Marci*.

» **Medicare Watch** keeps readers informed about Medicare policy and advocacy developments, and helps them learn about changes in Medicare benefits and rules. It also provides recommendations about ways individuals can make Medicare better for all older adults and people with disabilities.

» **The Medicare Counselor** is a bimonthly publication targeted at social workers, health care providers and other professionals. Providing up-to-date information on Medicare issues, the publication keeps professionals aware of changes to the program that could affect their patients and clients.

» **Marci's Medicare Answers** is a consumer-oriented column designed for syndication in newspapers and senior newsletters across the country. Each monthly column addresses common questions about health care, such as how State Pharmaceutical Assistance Programs can help people with Medicare and what new preventive benefits are offered at no cost under the Affordable Care Act.



# Media

## The New York Times

“Ask an Expert” is a recurring feature on Bucks where you have the opportunity to question big-brained individuals about a particular area of personal finance or consumer affairs.

We’ve asked **Joe Baker**, president of the **Medicare Rights Center**, to take your questions about Medicare.



**Julie Finkel**, a counselor at the **Medicare Rights Center**, provides similar advice and notes that Medicare is not a monolithic one-size-fits-all insurance program, but one that can be precisely tailored to an individual consumer’s needs. This customization, however, takes effort and time.

NYDailyNews.com

**DAILY NEWS**

For guidance, Miller contacted the **Medicare Rights Center**, a nonprofit advocacy organization in midtown. Counselors helped Miller enroll in a Medicare Savings Program, which offers eligible participants financial assistance in meeting some or all of their cost-sharing obligations under Medicare. The organization also connected Miller to the state’s Elderly Pharmaceutical Insurance Coverage program, which helps seniors pay for prescriptions.

## THE WALL STREET JOURNAL

It’s easy to get confused, says **Joe Baker**, president of the **Medicare Rights Center** in New York. For instance, because the age to collect full Social Security benefits “is moving up to age 67, a lot of folks think Medicare eligibility has changed as well, but it hasn’t,” he says. “It’s still at 65.”

Over the course of fiscal year 2011, the Affordable Care Act and deficit-reduction debates made headlines. For journalists seeking up-to-date information on these and other Medicare topics, the Medicare Rights Center serves as an invaluable resource. The organization communicates with national and local media outlets to draw attention to important policy issues and provide insight on the daily challenges that Medicare beneficiaries and their families face. Major newspapers, such as the *Washington Post*, the *Los Angeles Times*, the *Chicago Tribune*, the *Wall Street Journal* and the *New York Times* regularly feature Medicare Rights in their pages. Regional newspapers, such as the *Oregonian*, the *Charlotte Observer*, the *Sun-Sentinel* and the *Boston Globe* have reported on Medicare Rights’ positions when covering Medicare issues, and have pointed to Medicare Rights as a resource for beneficiaries. Medicare Rights is also frequently called upon by national

and local television, cable and radio news outlets, including ABC’s *World News Tonight*, C-SPAN’s *Washington Journal*, Fox News and National Public Radio’s *All Things Considered*. Additionally, respected health policy foundations such as the Henry J. Kaiser Family Foundation and the United Hospital Fund seek Medicare Rights’ input on Medicare-related reports.

In fiscal year 2011, Medicare Rights placed 1,052 articles in media outlets across the country, a 100 percent increase over the previous year. During the same period, Medicare Rights responded to 288 press inquiries. Additionally, Medicare Rights expanded its media presence through Facebook ([www.facebook.com/medicarerights](http://www.facebook.com/medicarerights)) and Twitter ([www.twitter.com/medicarerights](http://www.twitter.com/medicarerights)), and is continually working on improving outreach through these social media outlets.

# Public Policy



In fiscal year 2011, the Medicare Rights Center worked with numerous state and federal advocates to begin successfully implementing the Affordable Care Act (ACA), ensuring that appropriate beneficiary protections were included as part of the implementation process. The ACA, among other improvements:

- » eliminates the prescription drug coverage gap, or doughnut hole;
- » expands Medicare coverage of preventive care services;
- » provides better oversight of the Medicare Advantage market;
- » reduces Medicare fraud; and
- » aims to improve coverage and care coordination for individuals who are dually eligible for Medicare and Medicaid.

Furthermore, Medicare Rights worked to preserve and protect a variety of Medicare health programs that were in danger of being modified or eliminated by deficit-reduction proposals. For example, Medicare Rights opposed and worked to defeat the Fiscal Year 2012 House Budget that would have converted Medicare into a voucher program and Medicaid funding into block grants—policies that would shift thousands of dollars in increased out-of-pocket costs to people with Medicare and Medicaid.

## Federal Highlights

Following passage of the ACA in March 2010, the Medicare Rights Center began developing materials and trainings to educate consumers, professionals and policymakers on the legislation's implications for people with Medicare.

“Older and disabled Americans still need the protection Medicare has so ably provided. Half of current Medicare consumers have household incomes below \$22,000 per year, and half of the next generation of Medicare consumers will have incomes below \$27,000 per year. Keeping Medicare solvent means very little if the program does not provide coverage or financial protection to the people it serves. Proposals that redefine the Medicare benefit, regardless of the mechanism used, save the government money by significantly increasing out-of-pocket costs for people with Medicare, putting their financial security and health at risk.”

—Medicare Rights’ letter to Congressional leadership on preserving Medicare and Medicaid, July 15, 2011

In addition, throughout fiscal year 2011, Medicare Rights released press statements, letters to Congress, fact sheets and testimony related to deficit-reduction proposals and the implementation of the ACA, seeking to preserve Medicare and benefits afforded to Medicare beneficiaries by the new law. Working with other advocates, including AARP, the National Council on Aging, the National Partnership for Women and Families, the National Senior Citizens Law Center and the Center for Medicare Advocacy, Medicare Rights represented older adults and people with disabilities, working to sustain ACA reforms and combat deficit-reduction proposals that would shift costs to Medicare beneficiaries or reduce their access to care.

Additionally, Medicare Rights continued to advocate for improvements to the existing Medicare program, using the experiences of the beneficiaries who call Medicare Rights’ helplines to

inform efforts. Over the past fiscal year, Medicare Rights worked closely with government agencies, including the Centers for Medicare & Medicaid Services and the Social Security Administration to improve Medicare. Medicare Rights commented on regulations and sub-regulatory guidance, and provided recommendations in meetings on issues ranging from Medicare enrollment and benefits for low-income people with Medicare, to the Medicare Advantage and Medicare prescription drug programs, to the administration of benefits under Original Medicare.

Medicare Rights also continued to oppose efforts to enact deep cuts in Medicare reimbursements to doctors, thereby protecting Medicare beneficiaries’ access to their providers. In addition, in June 2011, Federal Policy Director Ilene Stein testified before the U.S. Congress about the adverse effect of the current Medicare Secondary Payer policy on people with Medicare. The policy aims to ensure

# Public Policy

that Medicare does not pay for medical services that are, or should be, covered by another payer or insurer. Ms. Stein highlighted the experiences of Medicare Rights' callers, who have been harmed by the current system as a result of delays in Medicare's collection demands and a lack of communication among Medicare contractors.

In fiscal year 2011, Joe Baker was appointed a member of the Institute of Medicine's Board on Health Care Services and Committee on Geographic Variation in Health Care Spending and Promotion of High-Value Care. Mr. Baker was also appointed to serve on the U.S. Department of Health and Human Services' and Centers for Medicare & Medicaid Services' Advisory Panel on Outreach and Education. Furthermore, in fiscal year 2011, Ms. Stein was appointed health committee co-chairman of the Leadership Council of Aging Organizations, a coalition of over 60 national organizations representing older adults. Mr. Baker's and Ms. Stein's appointments have further strengthened Medicare Rights' ability to serve as a voice for its clients.

## State Highlights

In the course of the year, the Medicare Rights Center continued to collaborate with agencies and advocates in several states to achieve common policy goals. For instance:

- » Members of the Medicare Rights-led New York Medicare Savings Coalition (comprised of more than 200 members) identified ways to help low-income consumers more easily enroll in needed benefits, for instance by making data-sharing under the Medicare Improvements for Patients and Providers Act work in New York State.
- » Through the advocacy of Medicare Rights, its partners and the Medicare Savings Coalition,

New York will be phasing in a new, more automated system that will make it easier for Medicare beneficiaries to renew their eligibility for low-income assistance programs that help them afford Medicare. This new system will help prevent beneficiaries who continue to qualify for the programs from being disenrolled from these important benefits.

» Medicare Rights staff was appointed to serve on New York's Medicaid Redesign Team's managed long-term care and state and local responsibilities working groups, serving as a voice for beneficiaries as New York sought to reduce costs and reform its Medicaid program.

» Medicare Rights worked with Florida CHAIN to advocate on behalf of the Medicare Drug Savings Act in Florida. The Medicare Drug Savings Act would achieve \$112 billion in savings to Medicare by 2021 by providing drug rebates to Medicare beneficiaries, including those with low incomes. Medicare Rights provided Florida CHAIN with timely and helpful educational materials on the Act and its benefits to the Medicare program.

» Medicare Rights drafted a sign-on letter encouraging members of Congress to refrain from cutting Medicare and Medicaid during deficit-reduction talks. State-based organizations in Florida and Kansas signed onto the letter, which was sent to members of their state delegations.

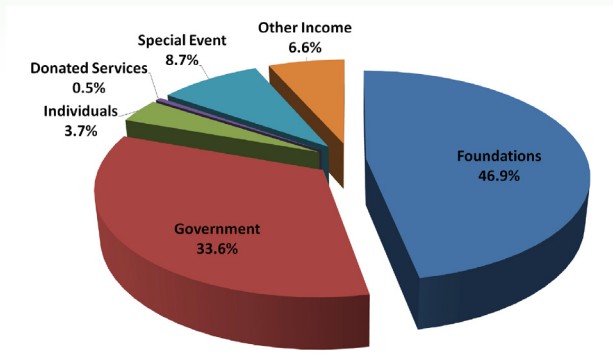
» Medicare Rights drafted an op-ed in celebration of the 46th anniversary of the Medicare program. Medicare Rights worked with Florida CHAIN, the Alliance for Retired Americans and MaineCare on efforts to publish the op-ed in 12 states.



# Fiscal Year 2011 Finances

July 1, 2010 – June 30, 2011

## Support



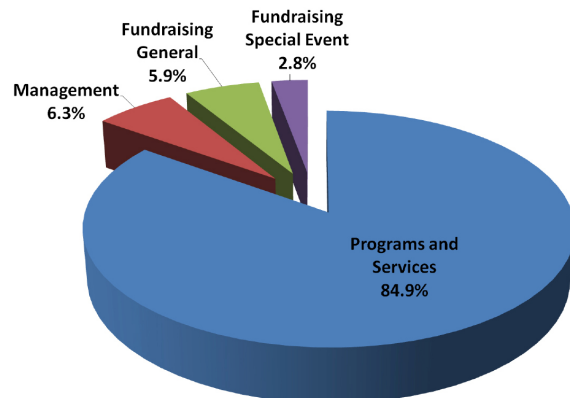
Foundations	\$1,627,749
Government	\$1,164,484
Individuals	\$129,030
Donated Services	\$18,438
Special Event	\$302,525
Other Income	\$227,707

---

<b>TOTAL</b>	<b>\$3,469,933</b>
--------------	--------------------

## Expenses

Programs and Services	\$2,649,656
Management	\$197,854
Fundraising	\$272,066
<hr/>	
<b>TOTAL</b>	<b>\$3,119,576</b>



# We Thank Our Supporters

The Medicare Rights Center gratefully acknowledges our individual donors and those who have donated goods and services to the organization. Their names appear in the online version of the Annual Report at [www.medicarerights.org](http://www.medicarerights.org).

"In this persistently difficult economic climate—and particularly when only two or three percent of foundations nationally are focused on the needs of older adults—Medicare Rights is so grateful to the grantmakers who see the value of our work and continue supporting our efforts to serve a growing population of people with Medicare."

—Rachel Bennett,  
Program Development Director

## Foundation Support

Alpern Family Foundation	Metzger-Price Fund
Altman Foundation	New York Community Trust
Atlantic Philanthropies	New York State Health Foundation
Helen Andrus Benedict Foundation	Retirement Research Foundation
Broadway Cares/Equity Fights AIDS	Fan Fox & Leslie R. Samuels Foundation
Commonwealth Fund	Single Stop USA
Community Service Society of New York	Sam Spiegel Foundation
Consumers Union	Ernst C. Stiefel Foundation
Baisley Powell Elebash Fund	Leonard & Helen R. Stulman Charitable Foundation
Blanche T. Enders Charitable Trust	Solon E. Summerfield Foundation
Engelberg Foundation	Isaac H. Tuttle Fund
Hassel Foundation	United Hospital Fund
David & Barbara B. Hirschhorn Foundation	Van Ameringen Foundation
IBM Foundation	Laura B. Vogler Foundation
Henry J. Kaiser Family Foundation	Wallerstein Foundation for Geriatric Life Improvement
Kansas Health Foundation	Anonymous Donors
Ruth & Seymour Klein Foundation	

## Government Support

Congresswoman Nita M. Lowey  
New York City Council Speaker Christine Quinn  
New York City Council Members: Gale A. Brewer, Margaret Chin, Leroy Comrie, Jr., Inez E. Dickens, Erik Martin Dilan, Daniel R. Garodnick, David G. Greenfield, Robert Jackson, Jessica S. Lappin, Melissa Mark-Viverito, Rosie Mendez, Annabel Palma, Ydanis Rodriguez, Mark Weprin, Thomas White, Jr.  
Manhattan Borough President Scott Stringer  
New York State Assembly Speaker Sheldon Silver  
New York State Department for the Aging  
New York State Department of State  
New York State Office for the Aging  
Westchester Department of Senior Programs and Services

# Board of Directors



*From left to right: Dr. Herman Rosen, Al Lubin, Donna Regenstreif, Bruce Vladeck, Larry Madison, Joe Baker, Ted Marmor, Joe Ziomek, Marilyn Moon, Kathy Chin, Orla Beggs and Edith Everett*

*Not pictured: Susan D. DeVore, Alicia Glekas Everett, Jeffrey R. Krinsk, Perri Peltz and Simon Stevens*

Bruce C. Vladeck, PhD  
Chair

Donna Regenstreif, PhD  
Vice President

Marilyn Moon, PhD  
Secretary

Alan B. Lubin  
Treasurer

Orla Beggs

Kathy H. Chin

Susan D. DeVore

Alicia Glekas Everett

Edith Everett

Jeffrey R. Krinsk

Lawrence Madison

Theodore Marmor, Ph.D.

Perri Peltz

Herman Rosen, M.D.

Simon Stevens

Joseph J. Ziomek

*as of February 2012*

# Staff

---

**Joe Baker**  
President

**Walter Bach**  
Medicare Assistance Helpline  
Counselor

**Heather Bates**  
Vice President of Client Services  
and Program Management

**Sue Batkin**  
Director of Helpline Operations  
and Volunteer Management

**Marcin Bednarz**  
Information Technology  
Manager

**Rachel Bennett**  
Program Development Director

**Sid Bhandari**  
Information Technology  
Associate

**Delores Bowman**  
Senior Client Services Associate

**Flo Brodley**  
Deputy Director, Seniors Out  
Speaking on Medicare (SOS  
Medicare) in Westchester

**Mitchell Clark**  
Senior Client Services Associate  
and Information Technology  
Specialist

**Pat Esposito**  
Director, Seniors Out Speaking  
on Medicare (SOS Medicare) in  
Westchester

**Julie Finkel**  
Client Services Associate

**Katherine Fitzpatrick**  
Education Associate

**Ashley Fletcher**  
Client Services Associate

**Jessica Foster**  
Education Associate

**Kim Glaun**  
Senior Policy Counsel

**Doug Goggin-Callahan**  
Director of Education and New  
York State Policy Director

**Denise Grant**  
Executive Associate and Event  
Coordinator

**Nathan Heggem**  
Senior Communications and  
Policy Associate

**Krystal Knight**  
State Policy and Program  
Coordinator

**Cathy McElroy**  
Director of Operations

**Samantha Morales**  
Bilingual Client Services  
Associate

**Sarah Pearce**  
Education Associate

**Jenny Pena**  
Client Services Associate

**Ilana Raskind**  
Senior Client Services Associate

**Dan Reedy**  
Client Services Associate

**Frederic Riccardi**  
Director of Programs and  
Outreach

**Sailendra Nath Sarker**  
Administrative Assistant

**Casey Schwarz**  
Client Services Counsel

**Ilene Stein**  
Federal Policy Director

**Adina Tabor**  
AVODAH Client Services  
Associate

**Sylvia Vogelmann**  
Director of Development

**Scarlet Watts**  
Director of Marketing and  
Outreach

**Norman Weintraub**  
Enrollment Specialist, Extra Help  
and Medicare Savings Programs

**Denise Xu**  
Program Development and  
Client Services Associate

*As of February 2012*