

2012 Annual Report

Getting Medicare Right

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A Message From:

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



Joe Baker and Bruce Vladeck

Dear Friend,

You probably heard a lot about Medicare in recent months. During a busy campaign season, and leading up to the New Year, Medicare found itself squarely in the spotlight, as presidential, senatorial, and congressional candidates voiced their plans to reduce the federal deficit by cutting Medicare. Amidst these discussions about the national debt, the Medicare Rights Center strengthened its services to people with Medicare while working in Washington to protect the promise of the program—ensuring that 50 million older adults and people with disabilities have access to comprehensive and affordable health care.

Medicare Rights empowers people with Medicare—and those who support them—to advocate for themselves to access quality, affordable health care. During the last fiscal year, volunteers and staff on our national Consumer and Spanish-language Helplines provided over 12,000 answers

to beneficiaries with Medicare questions. By successfully processing thousands of benefits for these individuals, we secured \$6.2 million in out-of-pocket savings for them, their families, and state and local governments. In addition, Medicare Rights counseled more than 2,300 professionals in 2012, each of whom went on to help multiple 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 its New York-seeded Seniors Out Speaking peer-to-peer counseling program has continued to reach older adults across the country, in Alabama, Arkansas, Florida, Kansas, Maine, Maryland, and Wisconsin, in addition to New York. This and related projects help ensure that state and local service providers and advocates are supported in helping their own Medicare clients make good coverage choices.

In fiscal year 2012, we also celebrated the Supreme Court's decision to uphold the Affordable Care Act (ACA), a decision that means the law will continue to help tens of millions of people with Medicare stay healthy, in addition to preserving the law's new benefits for the previously un- or under-insured. We are now working to ensure that the ACA's health insurance marketplaces are developed in a way that takes into account the needs of people with Medicare. In addition, we are working with state and federal stakeholders to protect beneficiaries who are dually eligible for Medicare and Medicaid as new demonstration programs are implemented to better coordinate their care. These demonstrations and other new programs promise cost-savings and improved health outcomes for people with Medicare, but delivering on these promises requires ongoing advocacy by organizations like Medicare Rights and our partners.

We could not accomplish any of this work without our incredible staff, volunteers, board members, and donors: we thank you all for your 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



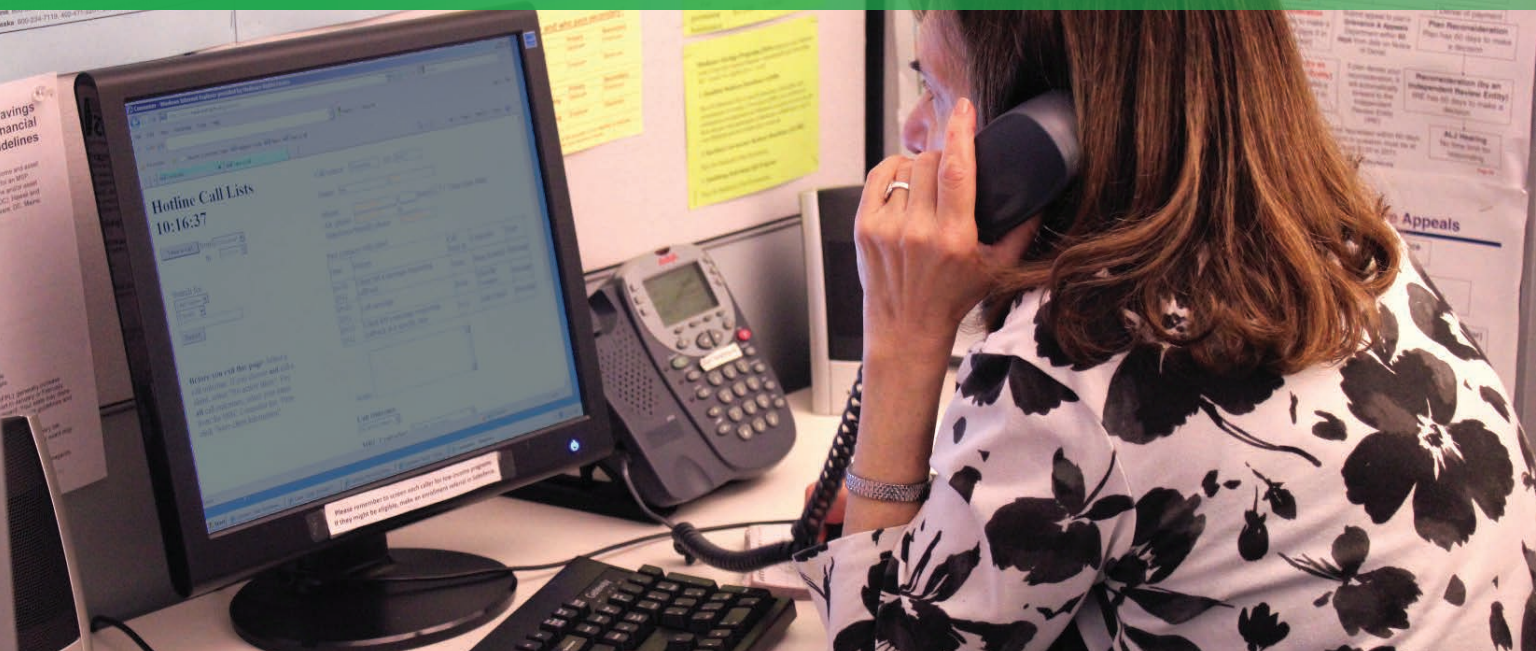
The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Since 1989, Medicare Rights has been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

In fiscal year 2012 (July 1, 2011 – June 30, 2012), Medicare Rights developed on all fronts—expanding and improving direct service programs for beneficiaries in need; education and media efforts and outreach; and public policy initiatives to improve the Medicare program as a whole. With state and federal policymakers considering cuts to Medicare, and unprecedented numbers of Americans aging into the program, Medicare Rights is needed now more than ever as a voice for the 50 million people with Medicare and their families.



Some of Medicare Rights' staff as of October 2011

Counseling & Assistance

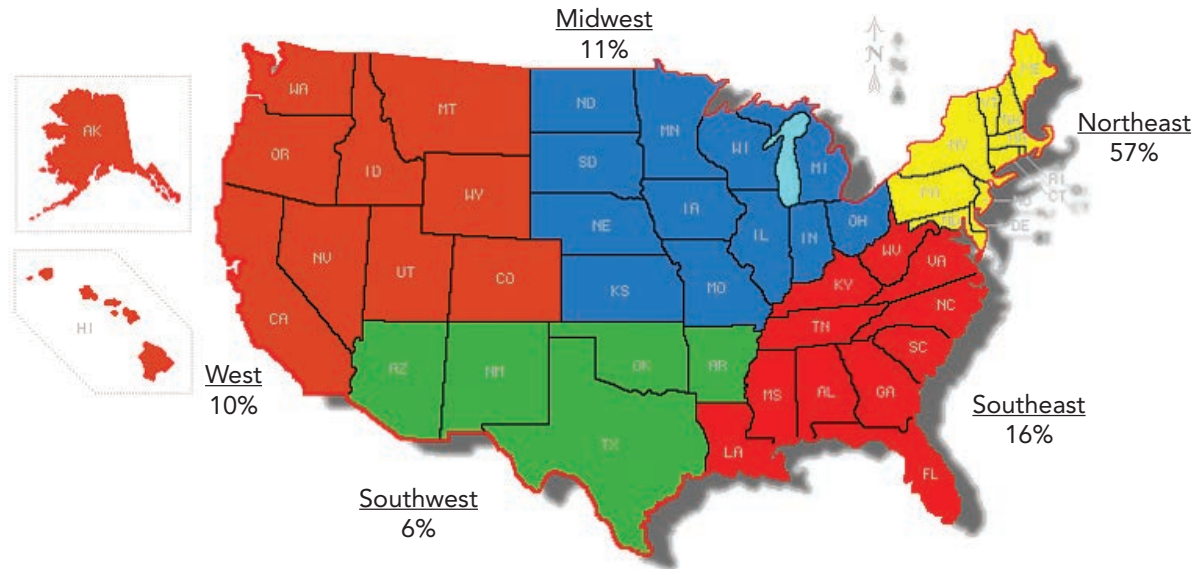


Consumer Helpline

The heart of the Medicare Rights Center's work is its national Consumer Helpline. In fiscal year 2012, the helpline provided nearly 11,500 counseling sessions to people with Medicare and their families (not counting the individuals served by Medicare Rights' Spanish-language Helpline, described below). Each caller to the Consumer Helpline receives one-on-one assistance from a trained Medicare Rights expert, and each client's information is entered into Medicare Rights' customized database, where it can be turned into reports and analyzed for education and policy purposes.

Medicare Rights leverages its client stories and data for various service, education, and advocacy purposes, including improving client counseling and identifying trends that can be addressed at a policy level to improve the Medicare program as a whole. In fiscal year 2012, for instance, Medicare Rights volunteers and staff members reported a large number of callers enrolled in the Qualified Medicare Beneficiary Medicare Savings Program (QMB MSP) who were having problems with providers "balance billing" them. Individuals enrolled in QMB are federally protected from being charged any Medicare cost-sharing, including deductibles, coinsurances, and copayments. Despite available memos and notices from the Centers for Medicare & Medicaid Services (CMS) about this issue, providers have continued to bill QMB beneficiaries inappropriately (and these individuals, in turn, end up paying the charge because they do not want to lose access to a provider or are confronted by a debt collections agency). In 2012, Medicare Rights pushed to increase education about the rule for providers and city and state agencies.

Consumer Helpline Calls Per Region



In May, as a result of Medicare Rights' efforts, New York State included information about the QMB balance billing protection in its Medicaid Update, a newsletter directed at Departments of Social Services and other providers throughout New York State. The work of volunteers and staff on the helpline, who call attention to such recurring and systemic problems, underpins Medicare Rights' policy work, ensuring that advocacy efforts reflect the realities of people with Medicare nationwide.

Spanish-Language Helpline

In 2012, the Medicare Rights Center focused on expanding its Spanish-language Helpline and related bilingual services, positioning the organization as a reliable and linguistically sensitive resource for the growing population of Spanish-speaking seniors with Medicare. Support from the Isaac H. Tuttle Fund, the Lily Auchincloss Foundation, and the New York City Council has made this expansion

"Our helpline serves as the touchstone for people with Medicare and their loved ones. We help them untangle the overwhelming amount of information that they each collect on their way to us. We help them get in control of the problem, instead of the problem controlling them."

*– Fred Riccardi,
Director of Client Services*

Counseling & Assistance

possible, enabling Medicare Rights to improve the scope and reach of its bilingual services, which include direct counseling, assistance enrolling in Medicare-related low-income benefits, and community education efforts. During fiscal year 2012, Medicare Rights directly assisted nearly 500 Spanish-speaking beneficiaries, caregivers, and professionals with their Medicare questions, and reached hundreds more through community presentations in New York City.

Medicare Rights also worked with New York City nonprofits serving older and low-income Spanish-speaking adults, empowering bilingual professionals at these organizations to offer an increased level of service to their clients. Through monthly trainings, Medicare Rights trained these professionals to screen and help their own clients apply for Medicare low-income benefits. Medicare Rights served as a liaison between these professionals and the city and state agencies that make decisions on benefit applications, checking submissions for accuracy and troubleshooting problems on behalf of clients.

Additionally, in fiscal year 2012, Medicare Rights expanded its Spanish-language web presence through the creation of short videos that it posted on websites including Facebook and YouTube (see the videos at www.youtube.com/medicarerightscenter). These videos, available in English and Spanish, addressed timely Medicare issues, including how the Affordable Care Act benefits seniors by closing the Part D coverage gap and providing access to free preventive services.

The Medicare Rights Center submitted a Medicare Savings Program application for Ms. P, a Spanish-speaking New York City resident. A few months later, Ms. P's advocate, a professional at a local senior center, informed Medicare Rights that Ms. P had not yet received a notice from the city's Human Resources Administration (HRA) about its decision on her MSP eligibility. Social Security was also continuing to deduct the monthly Part B premium from Ms. P's benefits check. A Medicare Rights caseworker communicated with HRA about Ms. P's application. The HRA representative stated that Ms. P had been approved for an MSP, but owing to a problem with one of its systems, her status was not reflected correctly.

As a result of the caseworker's advocacy, the problem was resolved: Ms. P received notice of her enrollment in the MSP several months later, with her effective date extending back to the month she originally applied. She also received reimbursement for the Part B premiums she had paid out-of-pocket while she should have been enrolled in the MSP. Now that she is enrolled in the MSP, and subsequently automatically enrolled in the Part D prescription drug benefit's Extra Help subsidy, Ms. P will save around \$5,000 each year in Medicare costs and have access to needed health care. In a follow-up letter to Medicare Rights, the local advocate wrote: **"Ms. P wanted to say thank you for all your help and support with the processing of her papers. Thank you and your wonderful agency."**

6 Puntos Importantes Sobre MEDICARE

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

Definiciones de Medicare que usted necesita saber

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

Deducible: La cantidad que debe pagar por gastos de servicios médicos antes de que su seguro comience a pagar.

Copagos: Son cantidades fijas que debe pagar por los servicios médicos o medicinas que recibe.

Coseguro: Es el porcentaje del costo que debe pagar por los servicios médicos o medicinas cubiertos por Medicare y por los seguros médicos privados.

Beneficios: Son los servicios y productos cubiertos por Medicare y por los seguros médicos privados.

El Beneficio Adicional (Extra Help): Es el programa federal, operado por el Seguro Social que ayuda a gente con Medicare a pagar su cobertura de medicinas recetadas de Part D.

Programas de Ahorro de Medicare (MSP): Son programas que ayudan a las personas a pagar las primas de Medicare y a veces los coseguros y los deducibles.

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

Seguro secundario: Es el seguro que paga después de su seguro primario.

Recursos Sobre Medicare

Medicare Rights Center
800-232-4114 • www.medicarerights.org

Medicare Interactive
www.medicareinteractives.org

Medicare
800-MEDICARE • www.medicare.gov

SHIP (State Health Insurance Assistance Program)
www.shipnet.org • call 800-MEDICARE for SHIP phone number

Social Security Administration
800-772-1213 • www.SSA.gov

In fiscal year 2012, the Medicare Rights Center found that an increasing number of individuals have questions about three key issues: 1) enrolling in Medicare, 2) appealing denials of health services and medications, and 3) applying for Medicare-related low-income programs that can help cover their out-of-pocket health care costs.

Helping Beneficiaries Transition into Medicare

Helpline callers and community members often require assistance transitioning into Medicare and coordinating Medicare with other types of insurance, including employer coverage, COBRA, and retiree insurance. Medicare Rights helps older adults understand how to move from one type of coverage to another, which of several potential benefits pays first, and how to combine benefits to maximize care.

Helping Beneficiaries Appeal Denials of Coverage

In fiscal year 2012, more than 5,100 callers to the Medicare Rights Center's helplines required legal assistance, often around appealing the denial of a needed medicine or health care service. 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 people with Medicare can access the care they need. In a survey conducted 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.

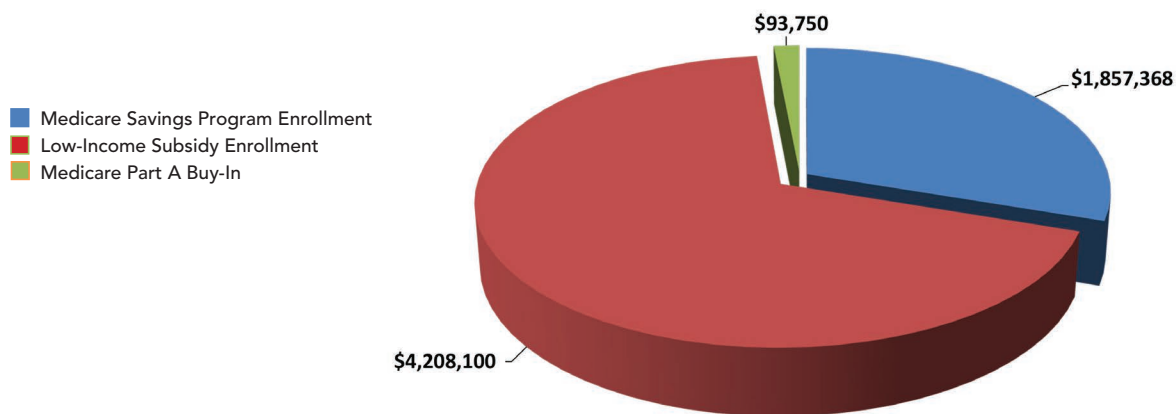
In March of 2012, Ms. W, a 94-year-old New York City resident, was admitted to the hospital for dizziness and high blood pressure. After three days, she was transferred to a skilled nursing facility via ambulance because she continued to suffer from dizziness. Ms. W received a denial for the ambulance services from Medicare. When Ms. W contacted the Medicare Rights Center, she was at the Administrative Law Judge (ALJ) level of appealing the denial. A Medicare Rights caseworker provided Ms. W with guidance on how to request a fair hearing with the ALJ, sent her Medicare Rights' Original Medicare Appeals Packet, and reviewed Ms. W's letter to the ALJ. Ms. W subsequently won her ALJ hearing, and Medicare paid for the ambulance service she received. Ms. W expressed gratitude to Medicare Rights and the caseworker for providing her with guidance and support during the appeals process.

Counseling & Assistance

Estimated Benefits Generated Through Casework Interventions by Medicare Rights

\$6,159,218

July 1, 2011 – June 30, 2012



Helping Low-Income Beneficiaries Enroll in Benefits

During the last 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, Medicare Rights is increasing public awareness of these programs and helping those in need apply and recertify.

At the end of each call taken on Medicare Rights' helplines, volunteers and staff members screen the caller for Medicare low-income benefits. These benefits, the Medicare Savings Programs, the Part D prescription drug benefit's Extra Help subsidy, and the New York State Elderly Pharmaceutical Insurance Coverage (EPIC) program help Medicare beneficiaries pay for premiums and prescription drugs. Thanks to its screening and enrollment efforts, Medicare Rights processed more than 2,000 benefits on behalf of callers last year, securing a value of \$6.2 million for these beneficiaries and helping ensure their access to needed care. Further, owing to strengthened relationships with community-based organizations, which submit MSP applications to Medicare Rights on behalf of their own clients, Medicare Rights' MSP acceptances increased by 15 percent over the previous year.

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, described in greater detail under Policy Initiatives below.

Professional Services

Social workers, doctors, nurses, attorneys, and other professionals are frequently asked questions about Medicare that they have difficulty answering. The Medicare Rights Center educates these professionals about Medicare benefits, 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. In fiscal year 2012, Medicare Rights' staff provided more than 2,300 answers to professionals. Last year also saw exciting developments in Medicare Rights' services for professionals, particularly related to new trainings, online resources, and outreach strategies.

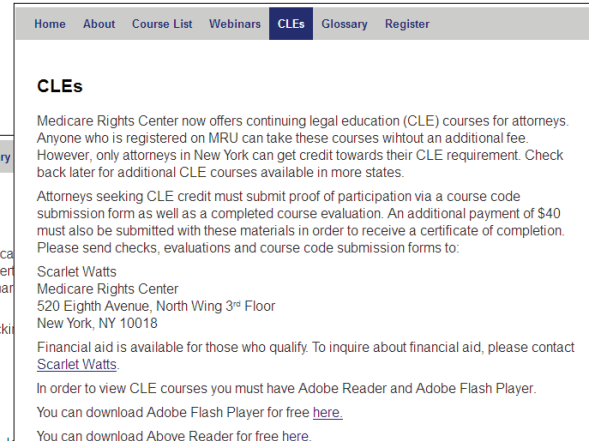
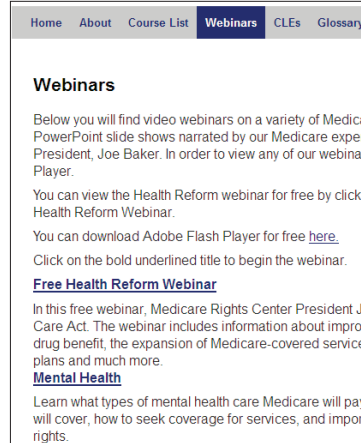
Here is what some of our attendees had to say about our courses for professionals:

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.

Ms. L contacted Medicare Rights' Spanish-language Helpline because she was having trouble affording the costs of her health care. A New York City resident, Ms. L subsists on a low fixed income, and she had recently received a bill for allergy tests that she could not afford to pay. A Medicare Rights counselor found that Ms. L is eligible for a Medicare Savings Program and helped her apply for the benefit. Ms. L was approved for the Specified Low-Income Medicare Beneficiary (SLMB) program and three months of retroactive benefits. In 2012, Ms. L received an extra \$99.90 each month in her Social Security check (~\$1,200/year), which helped her pay her outstanding hospital bill as well as other medical expenses.



Webinars, Continuing Legal Education and Medicare Rights University

In fiscal year 2012, Medicare Rights began a redesign of Medicare Rights University (MRU), an online classroom that helps professionals nationwide learn about Medicare from their home or office. Through the redesign, scheduled for completion in the coming year, MRU will offer subscribers a series of levels tailored to their needs, each complete with video courses, related materials, and quizzes to test knowledge. The four levels within MRU's new Core Curriculum will include Gateway to Medicare, Medicare Coverage Rules, Appeals and Penalties, and Coordination of Benefits.

Medicare Rights also continued leading 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. This year, Medicare Rights is partnering with a national CLE provider to carry its legal-related Medicare content to attorneys in additional states.

Finally, Medicare Rights continued providing a series of semi-monthly webinars for professionals across the country. Topics included mental health coverage, skilled nursing facility rights and options, and changes to Medicare under the Affordable Care Act.

"We are excited to be able to offer more options than ever before to professionals seeking clear, comprehensive training resources on Medicare. Through services such as MRU and our monthly webinars, we not only reach people nationally with good Medicare information, but also generate earned income to support the free services we provide for seniors and people with disabilities."

Scarlet Watts,
Director of Marketing and Outreach

Counseling & Assistance



“Before the Medicare Rights Center came here to help clients with Medicare and Medicaid issues, we were a center that provided information and referrals, not benefits. But people were coming in with their mail, and we had to get trained.”

Carol Ban, Manager of the Isabella Senior Resource Center

Community Partners Program

Medicare Rights’ Community Partners program trains professionals at local, self-selected organizations to more effectively help their own clients answer Medicare questions and enroll in Medicare low-income assistance programs.

In fiscal year 2012, with support from the Altman Foundation and the Fan Fox and Leslie R. Samuels Foundation, Medicare Rights expanded this program with New York City nonprofits serving people with Medicare. Past and current Community Partners include:

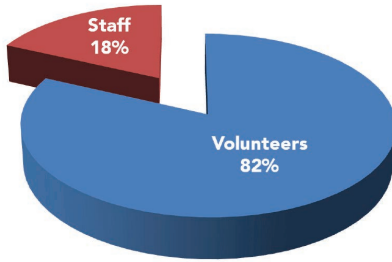
- Center for Urban Community Services, through a partnership with Single Stop USA
- Goddard Riverside Settlement House, through a partnership with Single Stop USA
- Hamilton Madison House
- Hospital for Special Surgery
- Isabella Senior Resource Center
- New York Legal Assistance Group

Medicare Rights is currently identifying new Community Partners in New York City and seeking opportunities for expanding the model to new cities.

Volunteers



Volunteers make up the majority of the Medicare Rights Center's workforce.



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 cohort of 170 men and women plays a crucial role in Medicare Rights' telephone and in-person counseling, and helps lead an array of education and outreach programs. Medicare Rights' volunteers hail from all walks of life (they include lawyers, doctors, health insurance specialists, a microbiologist, a freelance musician and a photographer who worked at TIME magazine) and serve as a reliable, compassionate resource for Medicare beneficiaries. In fiscal year 2012, Medicare Rights built on this strong foundation, launching new efforts to recruit and train community members on a range of functions, including bilingual helpline counseling, public speaking, and data management.

AVODAH and Interns

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

"At the Medicare Rights Center, I have learned how to navigate the complexities of the Medicare system and advocate for clients who need access to care. The opportunity to help clients resolve complex Medicare problems challenges me to think critically about answers to their questions. Working at Medicare Rights has enriched my knowledge of the Medicare program and deepened my passion for advocacy. I am continually inspired by our staff and volunteers, who are dedicated to providing quality and comprehensive information to our clients."

-Emily Nash, AVODAH

Education



Community-Based Trainings and Presentations

The Medicare Rights Center offers a variety of in-person and online trainings and presentations to professionals and beneficiaries throughout the country. These sessions cover topics such as Medicare basics, enrollment in Medicare-related low-income benefits, and the Medicare appeals process. In fiscal year 2012, Medicare Rights developed new trainings on the Affordable Care Act to educate consumers and professionals about the law's benefits for people with Medicare. In the course of the year, Medicare Rights reached more than 25,000 individuals through expert presentations. In New York City, the number of town hall-style presentations increased by 40 percent over the previous year.

"I wanted to thank you for your presentation this morning on the Affordable Care Act, Medicare, and managed long-term care. It was so well attended—28 members of our interdisciplinary team, [including] social work managers, coordinators, social workers, program associates, operations leadership, nursing leadership, finance, managed care, and registration. It really got the gears moving for us, and we understand that the changes are evolutionary. We want to continue to garner the most updated information available, and the Medicare Rights Center continues to be a partner in our hospital's mission to provide the highest quality patient care."

- Juliette Kleinman, LCSW, ACSW,
Manager Voices 60+, Hospital for Special Surgery

Education

Seniors Out Speaking: Medicare Minutes & Health Advocacy Programs

In fiscal year 2012, the Medicare Rights Center expanded a series of peer-to-peer educational programs for empowering older adults to navigate the health care system themselves. These Seniors Out Speaking (SOS) programs include Medicare Minutes and Health Advocacy Programs. SOS volunteers are extremely engaged in their communities and committed to improving health for all, and in five of the states where SOS is active, Medicare Rights supports Medicare Advocacy Coalitions, which mobilize beneficiaries (including SOS volunteers), advocates, and policymakers to achieve reforms to increase access to care for older adults and those with disabilities. Coalitions are further addressed in the Public Policy section of this report.

SOS Medicare Minutes

Through SOS Medicare Minutes, Medicare Rights works with host organizations across the country 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 SOS host organizations with monthly Medicare Minute 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.

In fiscal year 2012, Medicare Rights and its partners engaged hundreds of SOS volunteers who led Medicare Minute presentations at more than 320 sites in eight states. Through monthly presentations and Q&A sessions, this dedicated corps of volunteers reached 60,000 of their friends, neighbors, and other community residents with good health care information. In New York, SOS presentation attendance increased by 20 percent over the previous fiscal year.

Current SOS and related health advocacy partners include the following organizations:

- Alabama State Health Insurance Assistance Program (SHIP)
- Alabama Civil Justice Foundation
- Arkansas Senior Health Insurance Information Program (SHIP)
- Florida Community Health Action Information Network (CHAIN)
- Alliance for Retired Americans
- Area Agencies on Aging (AAAs) in Kansas
- Kansas Legal Services
- Maine Legal Services for the Elderly
- Aging and Disability Resource Centers in Wisconsin
- Baltimore County Senior Health Insurance Assistance Program (SHIP)
- Baltimore City Senior Health Insurance Assistance Program (SHIP)
- New York State United Teachers
- 1199SEIU United Healthcare Workers East

Last year, Medicare Rights also launched 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 in program work.

Education

SOS Health Advocacy Programs

SOS Health Advocacy Programs are interactive workshops that enable SOS volunteers to engage more directly with audience members and practice health advocacy skills, as well as learn about more in-depth Medicare topics. Health Advocacy Programs address subjects such as How to Speak Up to Your Doctor, Being Safe in the Hospital, and Coordination of Medicare and Other Benefits, and they provide a supportive setting in which individuals can practice advocating for themselves. In fiscal year 2012, Medicare Rights' volunteers led 38 Health Advocacy Programs in Westchester County, helping nearly 1,200 participants understand how to advocate for their rights with health care professionals.

"The Health Advocacy Players use an interactive format to help seniors think about making more effective health decisions. For instance, when they present How To Be Safe In The Hospital, there are always two or three seniors who want to share their experiences. It is at this point of engagement that HAP is very effective in teaching them how to advocate on their own behalf."

-Pat Esposito,
Director of SOS Program in Westchester



MedicareInteractive.org

Medicare Interactive—www.MedicareInteractive.org—is an online compendium of Medicare answers, presented in a searchable, consumer-friendly format. In fiscal year 2012, the Medicare Rights 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 and End-Stage Renal Disease series, information about observation stays, and considerations to take into account during Fall Open Enrollment Period. Partners across the country, including Area Agencies on Aging, State Health Insurance Information and Assistance Programs, and other advocates, turn to Medicare Interactive for answers, and refer diverse clients to the site. Last year, the site received 640,000 visits, a 30 percent increase over 2011.

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 to your questions

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 2012, 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. More than 80,000 readers subscribe to Dear Marci.*
- » *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 and Medicare coverage, such as new free preventive benefits offered as a result of the Affordable Care Act, Medicare enrollment periods and how to appeal utilization restrictions imposed by prescription drug plans.*
- » *The Medicare Counselor is a bimonthly publication targeted at social workers, health care providers and other professionals. Providing up-to-date information on timely Medicare issues, this publication keeps professionals aware of changes to the program that could affect their patients and clients.*
- » *Medicare Watch keeps readers informed about Medicare policy and advocacy developments, and helps them learn about changes to Medicare benefits and rules. It also provides recommendations for individuals looking to contribute to the effort to improve the Medicare program as a whole.*

Media

The New York Times

To the Editor:

“Working With Medicare” got it mostly right — relentlessly rising costs in the health sector over all are the problem, not Medicare. But that is exactly why proposals that simply shift costs away from the federal government and onto Medicare beneficiaries...[are wrong].

boston.com

Six national aging groups filed a friend of the court brief with the Supreme Court last Friday saying that there are extensive provisions in the Patient Protection and Affordable Care Act (ACA) that are of “vital importance to the health and well-being of people 65 and older” and that Congress did not intend for any of them to be contingent on whether or not the minimum coverage provision was constitutional.



REUTERS

“Since Social Security’s full retirement age no longer is linked to Medicare eligibility, this has become a bigger issue,” says Doug Goggin-Callahan, education director at the Medicare Rights Center, a non-profit advocacy organization that counsels seniors on Medicare issues. “We’re also seeing situations in this down economy where people are working well past 65, or they’re enrolled in Medicare but then return to the workforce out of necessity.”

THE WALL STREET JOURNAL.

Medicare pays for nursing-home expenses only if the person was an admitted inpatient at a hospital for at least three days—not counting the discharge day. The nursing-home bill “means potentially thousands of dollars,” says Frederic Riccardi of the Medicare Rights Center, based in New York.

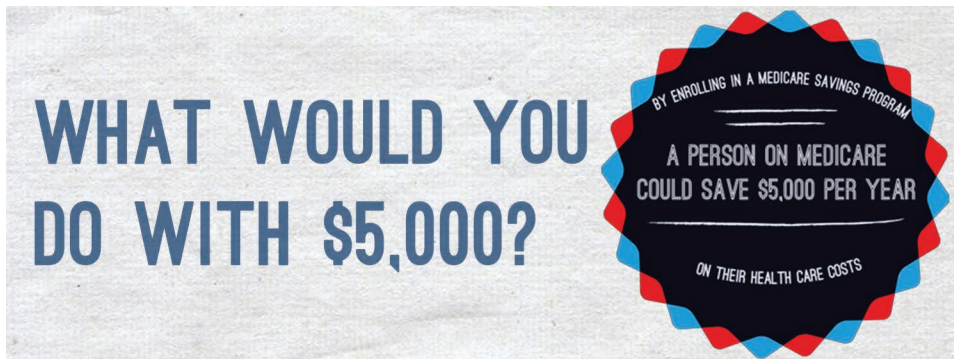
Over fiscal year 2012, the impact of the Affordable Care Act, deficit reduction debates, and candidates’ positions on Medicare made headlines. For journalists seeking up-to-date information on these and other Medicare topics, the Medicare Rights Center serves as an invaluable resource. Last year, Medicare Rights gained greater visibility in the media, as President Joe Baker began regularly blogging on *The Huffington Post*. Widely read and circulated, these posts defended Medicare and spoke to timely concerns about potential cuts to the program. Other recent media hits of note include a letter to the editor in *The New York Times* refuting the characterization of Medicare as a “vise” on our nation’s resources, coverage of the Supreme Court’s hearings on health reform by *Reuters*, *The Boston Globe* and *HealthDay*, and quotes in a variety of articles from publications such as *The Wall Street Journal*, *Kaiser Health News*, *The Los Angeles Times*, and *Kiplinger’s Retirement Report*.

In addition to its strong presence in print and online media, Medicare Rights remains visible on national and local television and in cable and radio news outlets. Medicare Rights has recently appeared on ABC’s *World News Tonight*, C-SPAN’s *Washington Journal*, Fox News, *Good Day New York*, *Health Care on the Air*, National Public Radio’s *All Things Considered*, *For Your Ears Only*, Minnesota Public Radio, and PBS *NewsHour*. Additionally, respected health policy sources such as the Henry J. Kaiser Family Foundation, the United Hospital Fund and the Commonwealth Fund seek Medicare Rights’ input on Medicare-related reports.

Media

In fiscal year 2012, Medicare Rights placed 936 articles in media outlets across the country. During the same period, Medicare Rights responded to 265 press inquiries.

The last fiscal year saw Medicare Rights significantly expand its media presence through Facebook (www.facebook.com/medicarerights), Twitter (www.twitter.com/medicarerights), and Youtube (www.youtube.com/medicarerightscenter). For instance, Medicare Rights conducted a Facebook campaign in fiscal year 2012 that engaged users in thinking about the value of Medicare low-income benefits, which at a minimum can save enrollees \$5,000 per year in out-of-pocket health care costs. Through this campaign—"What Would You Do with \$5,000? —Medicare Rights encouraged Facebook users to comment on its page about what they would do with \$5,000, spotlighting the positive impact these savings can have on diverse individuals and families. Over the month-long campaign, Medicare Rights' Facebook page and posts received 929 "Likes" from users, who now receive regular updates from Medicare Rights alerting them to changes in Medicare and informing them about how they can help to preserve and improve the program.



["I would...

- buy my husband hearing aids.
- pay for my prescriptions when I fall into that gap instead of using my credit card.
- help my son pay off college debt so he can move on.
- pay bills!
- find ways to keep taking care of my 100-year-old mother and myself."

Public Policy



In fiscal year 2012, the Medicare Rights Center worked with numerous federal and state advocates to define Medicare's future and systemically address client needs. Through the fact sheet and presentation series, "Paying More for Less," and other channels, Medicare Rights continued to push back on harmful cost shifting proposals, such as those that would reduce Medicare's guaranteed benefits to a voucher or raise the Medicare eligibility age from 65 to 67. In addition, Medicare Rights increased awareness of enhanced benefits for people with Medicare made available by the Affordable Care Act and examined transition challenges for people newly eligible to Medicare. In New York State, Medicare Rights focused increasingly on ensuring that reforms to the state's Medicaid system would not harm those dually eligible for Medicare and Medicaid, and that new demonstration programs were responsibly developed and implemented.

Federal Highlights

Throughout the year, Medicare Rights developed letters to Congress, fact sheets, and testimony related to the implementation of the Affordable Care Act as well as deficit reduction proposals. Working with other advocates, including AARP, the National Council on Aging, the National Senior Citizens Law Center, the Center for Medicare Advocacy, Community Catalyst, AFL-CIO, AFSCME, and others, Medicare Rights represented older adults and people with disabilities in speaking out against deficit reduction proposals that would shift costs to Medicare beneficiaries or reduce their access to care. Medicare rights served as co-chair of the health committee of the Leadership Council of Aging Organizations and spearheaded the coalition's agenda on sustaining and strengthening Medicare for the future.

Public Policy

Alongside California Health Advocates and the Center for Medicare Advocacy, Medicare Rights participated as a beneficiary representative on the Patient Protection and Affordable Care Act Subgroup convened by the National Association of Insurance Commissioners. This multi-stakeholder subgroup was directed to examine the utility of adding cost sharing to specific Medigap plans. The subgroup's research continues to inform Medicare Rights' advocacy on deficit reduction proposals that threaten to transfer additional Medicare costs to beneficiaries.

One of Medicare Rights' successes involved extending the Medicare open enrollment period for beneficiaries affected by Hurricane Sandy. Knowing firsthand the challenges facing older and people with disabilities affected by this tragic storm, Medicare Rights reached out to the Center for Medicare & Medicaid Services to advocate for more time for beneficiaries to make decisions about their coverage in the upcoming year. CMS subsequently extended the deadline for older adults and people with disabilities living in storm-ravaged areas.

Medicare Rights also worked with state partners to ensure that Medicare beneficiaries across the country continue to have access to crucial programs. For instance, Medicare Rights worked in coalition with national and state organizations to support the reauthorization of the Qualifying Individual (QI) Medicare Savings Program, extension of the therapy caps exceptions process, and additional funding for outreach and enrollment of low-income older adults into Medicare assistance programs. The QI program is one of three Medicare Savings Programs that pays some Medicare costs for beneficiaries with limited incomes, and the therapy caps exceptions process allows individuals to apply for an exception to Medicare coverage limits on speech, physical, and occupational therapy. As a result of these efforts, the QI program and therapy cap exceptions process were extended for a full year. In addition, Congress allocated \$20 million toward a year's worth of outreach and enrollment efforts designed to ensure that beneficiaries living on fixed incomes enroll in needed public benefits.

State Highlights

In the course of the year, Medicare Rights continued to collaborate with agencies and advocates in several states to achieve common policy goals. In particular, with its focus on individuals with limited incomes, Medicare Rights has worked in New York State to advocate for important protections and increased quality of care for this vulnerable population. By sharing its accomplishments with stakeholders in other states, Medicare Rights has, over the past year, strengthened its relationships with these aging service and advocacy organizations and promoted their efforts to improve the beneficiary experience. Additionally, by expanding the SOS program, Medicare Rights has increased its national presence and the reach of its educational services to beneficiaries across the country. Medicare Rights' education, outreach, and advocacy work at the state level has and will continue to drive best practices that can be implemented on the national stage.

Public Policy

Key accomplishments of the past year include the following:

- Medicare Rights launched the Seniors Out Speaking program in Alabama through the Alabama Department of Senior Services. Volunteers with Alabama's State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) were trained to provide Medicare Minute presentations across the state. Owing to the success of SOS statewide, the Alabama SHIP set an all-time record for public and media events given for the 2011-2012 SHIP grant year.
- Through a new partnership with the Alliance for Retired Americans, Medicare Rights launched SOS in seven Florida counties. SOS volunteers in Boca Raton and West Palm Beach led Medicare Minute presentations to seniors in partnership with the office of Congressman Ted Deutch.
- Working in coalition with other organizations, Medicare Rights successfully advocated for the restoration of the EPIC program, a New York State benefit that assists older adults with limited incomes with the costs of their prescription medications.
- Medicare Rights convened a roundtable discussion at the New York State Health Foundation—including beneficiary advocates, insurance plans, and providers—to discuss New York State's proposal to reform health care delivery systems for people dually eligible for Medicare and Medicaid. This roundtable led to the creation of the Coalition to Protect the Rights of New York's Dually Eligible in November 2012. Medicare Rights staff served on two subcommittees of New York's Medicaid Redesign Team (MRT), the entity charged with reforming New York's Medicaid program in order to reduce programmatic expenditures and ensure that Medicaid beneficiaries, including the dually eligible, have better health care supports and services.

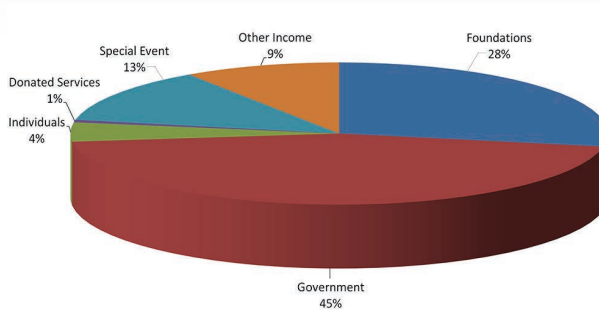
Medicare Advocacy Coalitions

While the Seniors Out Speaking model empowers older adults to navigate current health insurance systems, Medicare Advocacy Coalitions unite consumer advocates, policymakers, and other stakeholders to improve current systems for all beneficiaries. With support from the Atlantic Philanthropies, new Medicare Advocacy Coalitions in Alabama, Florida, and Kansas, are working to ensure increased accessibility to care for Medicare beneficiaries. Medicare Rights has also become an organizational member of the Florida Health Alliance, the Maine Medicare Work Group, the Wisconsin State Health Insurance Assistance Program Taskforce, and the Wisconsin Aging Network, all state-based coalitions focused on Affordable Care Act- and aging-related issues. In working with these coalitions, Medicare Rights draws experience from its longtime leadership of the New York State Medicare Savings Coalition.

Fiscal Year 2012 Finances

July 1, 2011 – June 30, 2012

Support



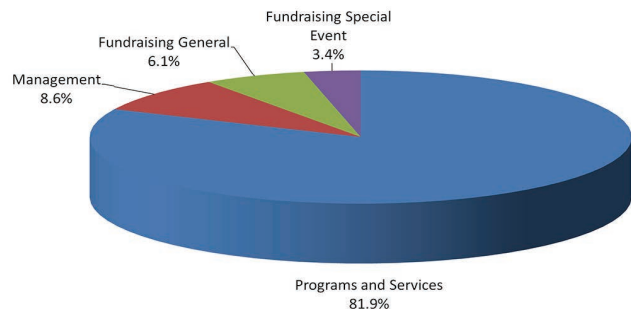
Foundations	\$776,269
Government	\$1,255,256
Individuals	\$121,723
Donated Services	\$15,530
Special Event	\$346,572
Other Income	\$261,858

TOTAL	\$2,777,208
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Expenses

Programs and Services	\$2,395,575
Management	\$252,795
Fundraising General	\$179,522
Fundraising Special Event	\$98,651

TOTAL	\$2,926,543
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We Thank Our Supporters

"We are so grateful to our public and private supporters for making our work possible. The Medicare program will undergo changes and remain threatened by budget cuts in the coming year, requiring ongoing defense by advocates like Medicare Rights. As increasing numbers of Americans become eligible for Medicare and require one-on-one support from independent organizations like Medicare Rights, we look to supporters like you to continue believing in and helping us achieve our mission."

*—Rachel Bennett,
Vice President of Program and
Product Development*

The Medicare Rights Center gratefully acknowledges our foundation, government and individual donors and those who have donated goods and services to the organization.

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