

2013 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,

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 \$4.8 million in out-of-pocket savings for them, their families, and state and local governments. In addition, Medicare Rights counseled more than 2,600 professionals in 2013, 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 Medicare Minutes (formerly Seniors Out Speaking) peer-to-peer counseling program has continued to reach older adults across the country, in Alabama, Arkansas, Florida, Kentucky, Maine, Maryland, New York, and Wisconsin. The Medicare Minute program and Medicare Rights' other counseling and educational programs help ensure that state and local service providers and advocates are supported in helping their own Medicare clients make good coverage choices.

Medicare Rights' core strength is its ability to connect the stories of the people it serves with policy advocacy to improve the Medicare program as a whole. In fiscal year 2013, we shared the experiences of our helpline callers through testimony before the House Ways & Means Subcommittee on Health and the Senate Special Committee on Aging. We continued our work 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



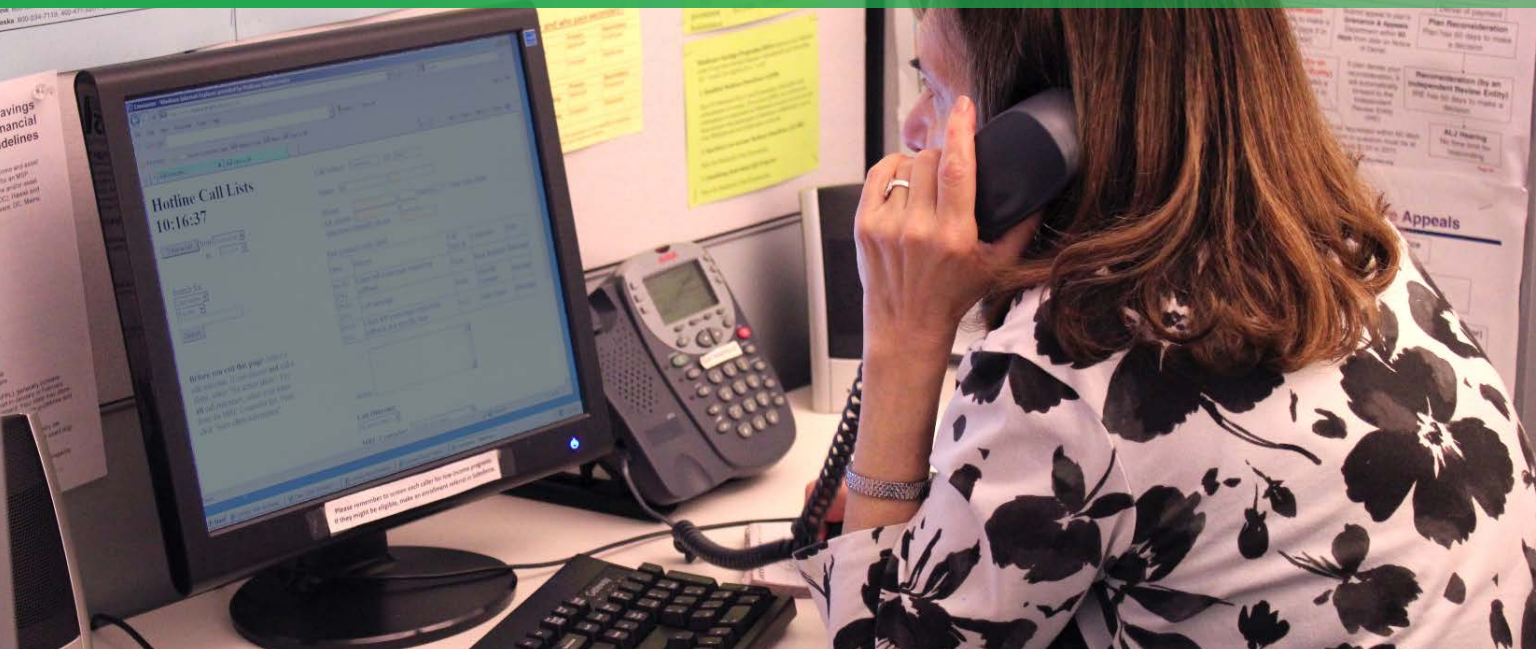
The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Since 1989, Medicare Rights has been 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 health care topics and policies, all the while pursuing reforms to systemically improve the Medicare program.

In fiscal year 2013 (July 1, 2012 – June 30, 2013), 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 Medicare and related health care programs. 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 2013

Counseling & Assistance



Consumer Helpline

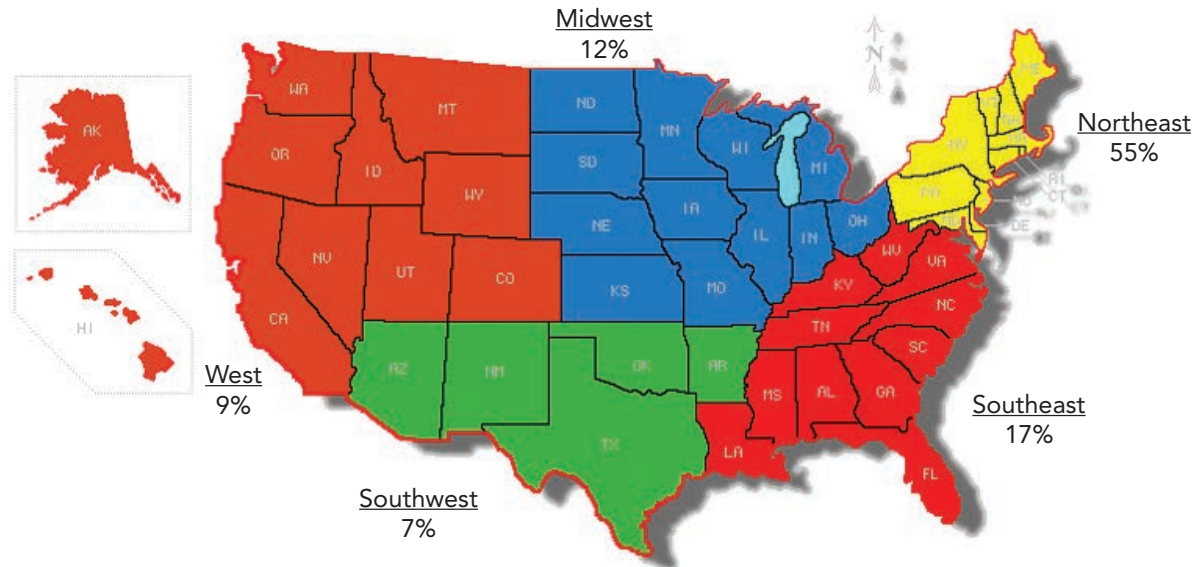
The heart of the Medicare Rights Center's work is its national Consumer Helpline. In fiscal year 2013, the helpline provided nearly 12,000 counseling sessions to people with Medicare and their families (not counting the individuals served by Medicare Rights' Spanish-language Helpline, described below). 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. 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.

"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*

Consumer Helpline Calls Per Region



Spanish-Language Helpline

In 2013, 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 Lily Auchincloss Foundation and the New York City Council has enabled 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 2013, Medicare Rights directly assisted nearly 300 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

Counseling & Assistance

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 2013, 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.

Ms. F is a 64-year-old New Yorker. Her Medicare coverage was to become active when she turned 65 in May 2013. She called Medicare Rights' Spanish-language Helpline to address concerns about the monthly cost for Medicare Part B, and asked about programs that could help her afford her coverage. She informed the Medicare Rights counselor that she would not need to enroll in a prescription drug plan, as she is healthy and is not taking any medications.

Upon screening Ms. F for low-income benefits, the counselor found that she qualified for a Medicare Savings Program, which will pay her monthly Part B premium. The counselor sent Ms. F an application, which she completed and sent back to Medicare Rights for processing and submission on her behalf. The counselor also explained to Ms. F that by not enrolling in a prescription drug plan, she could one day face a hefty penalty for not enrolling when she was first eligible. However, by enrolling in a Medicare Savings Program, Ms. F will automatically be enrolled in a prescription drug plan as well as in the Part D Low-Income Subsidy, a program that pays for monthly Part D premiums and most drug co-pays.

The Medicare Rights Center's bilingual assistance thus enabled Ms. F to enroll in programs that will save her money and provide her with comprehensive prescription drug coverage.

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 asequible 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

MEDICARE RIGHTS CENTER
Getting Medicare right

520 Eighth Avenue, North Wing, 3rd Floor
New York, New York 10018

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.

Deductible: 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.

Seguro: Es el porcentaje del costo que debe pagar por los servicios médicos o medicinas que recibe.

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 (la Parte D).

Programa de Ahorros 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 sus costos médicos.

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

Recursos Sobre Medicare

Medicare Rights Center
800.333.4114 • www.medicarerights.org
Medicare Interactive
www.medicareinteractive.org
Medicare
800.MEDICARE • www.medicare.gov
SHIP (State Health Insurance Assistance Program)
www.ship.state.ny.us • call 800.MEDICARE for
SHIP phone number
Social Security Administration
800.772.1213 • www.SSA.gov

In fiscal year 2013, 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
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 coverage benefits do not pay first, and how to combine coverage to maximize care.

Helping Beneficiaries Appeal Denials of Coverage

In fiscal year 2013, more than 5,800 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.

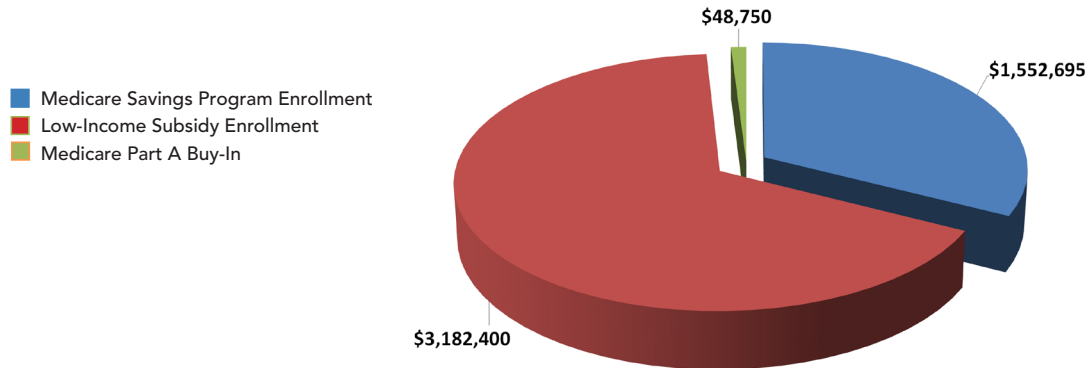
Mr. H is a 44 year-old disabled man living in Virginia. He is on Medicare because he has a rare lifetime neuromuscular disorder. He has personal care aides that help him throughout the day but does not have round the clock care. By 2011, his disease had progressed, and he needed assistance for all activities. His physician ordered an advanced power wheelchair to help position him because of various medical issues. The Medicare Administrative Contractor (MAC) that processes Medicare claims denied the wheelchair as not medically appropriate. Mr. H paid out of pocket for it. The supplier appealed and Mr. H. won an ALJ hearing ordering payment for the chair. Two years later Mr. H contacted the Medicare Rights Center because the MAC never paid for the chair and he became exasperated at trying to get reimbursed by the supplier. Medicare Rights worked with the Center for Medicare & Medicaid Services (CMS), and the supplier for several months to ensure that the MAC followed the judge's orders. Subsequently, Mr. H was reimbursed

Counseling & Assistance

Estimated Benefits Generated Through Casework Interventions by Medicare Rights

\$4,783,845

July 1, 2012 – June 30, 2013



Helping Low-Income Beneficiaries Enroll in Benefits

During the last fiscal year, the Medicare Rights Center continued to help low-income 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 (MSP), 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 1,800 benefits on behalf of callers last year, securing a value of almost \$4.8 million for these beneficiaries and helping ensure their access to needed care.

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.

Counseling & Assistance

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 2013, Medicare Rights' staff provided more than 2,600 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.

Webinars, Continuing Legal Education and Medicare Rights University

In fiscal year 2013, Medicare Rights continued work on its redesign of Medicare Rights University (MRU), an online classroom that helps professionals nationwide learn about Medicare from their home or office. Through the redesign, MRU is structured as a four-level Core Curriculum, each complete with video courses, related materials, and quizzes to test knowledge. The four levels within MRU's new Core Curriculum will include Medicare Basics, Medicare Coverage Rules, Appeals and Penalties, and Coordination of Benefits.

Medicare Rights also 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.

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.

"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 are able to reach people nationally with good Medicare information."

Scarlet Watts,
Director of Marketing and Outreach

Counseling & Assistance

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 2013, with support from the Altman Foundation and the Robin Hood Foundation, Medicare Rights expanded this program with New York City nonprofits serving people with Medicare.

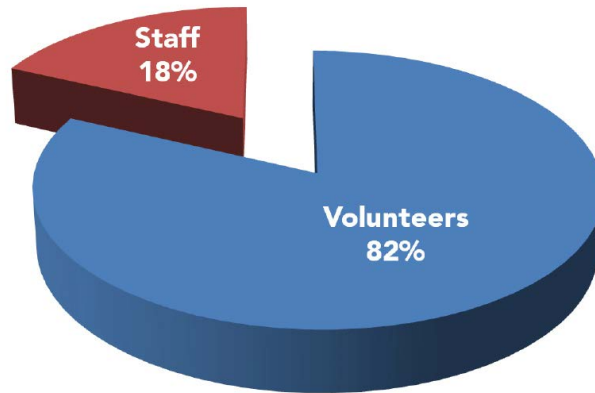


Past and current Community Partners include:

- Hamilton Madison House
- Hospital for Special Surgery
- Isabella Senior Resource Center
- New York Legal Assistance Group
- Project FIND
- Parkchester Enhancement Services (PEP) for Seniors
- Northern Manhattan Improvement Corporation (NMIC)
- Jewish Community Center of Greater Coney Island (JCCGI)
- Center for Urban Community Services, through a partnership with Single Stop USA
- Goddard Riverside Settlement House, through a partnership with Single Stop USA
- Institute of Family Health with Single Stop USA
- Food Bank with Single Stop USA
- West Side Campaign Against Hunger (WSCAH) with Single Stop USA
- Henry Street Settlement House with Single Stop USA
- BronxWorks with Single Stop USA
- Good Shepherd with Single Stop USA

Medicare Rights is currently identifying new Community Partners in New York City and seeking opportunities for expanding the model to other 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 150 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, artists, a microbiologist, a freelance musician and photographer who worked at TIME magazine, among others) and serve as a reliable, compassionate resource for Medicare beneficiaries. In fiscal year 2013, 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.

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 2013, 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 nearly 24,000 individuals through expert presentations.

Seniors Out Speaking: Medicare Minutes & Health Advocacy Programs

In fiscal year 2013, 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 Medicare Minute programs include short presentation on timely Medicare topics. Medicare Minute volunteers are extremely engaged in their communities and committed to improving health for all, and in five of the states where Medicare Minutes are active, Medicare Rights supports Medicare Advocacy Coalitions, which mobilize beneficiaries (including Medicare Minute 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.

Education

Medicare Minutes

Through Medicare Minutes, Medicare Rights works with host organizations nationally to enlist, train, and track the outcomes of volunteers as they help their friends and neighbors understand Medicare and related health insurance coverage. 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 Medicare Minute 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 2013, Medicare Rights and its partners engaged hundreds of volunteers who led Medicare Minute presentations in eight states. Through monthly presentations and Q&A sessions, this dedicated corps of volunteers reached 55,000 of their friends, neighbors, and other community residents with good health care information.

Current Medicare Minute 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

Medicare Rights also launched an independent evaluation of the Medicare Minute program, and will use this analysis to improve the program and engage new states and host organizations in program work.

Health Advocacy Programs

Health Advocacy Programs are interactive workshops that enable 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 2013, 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.

Education



MedicareInteractive.org

Medicare Interactive—www.MedicareInteractive.org—is an online compendium of Medicare answers, presented in a searchable, consumer-friendly format. In fiscal year 2013, 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 the 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 over 1,000,000 visits, a 40 percent increase over 2012.

MedicareRights.org

During fiscal year 2013, Medicare Rights' organizational website— www.MedicareRights.org—received over 110,000 visits. This dynamic site showcases Medicare Rights' programs, activities, and resources. Medicare Rights regularly features organizational updates and publications on MedicareRights.org, as well as timely news culled from media stories, policy reports, and other sources. The site serves as an effective information portal for consumers, caregivers, professionals, and journalists in need of Medicare news and information.

Newsletters



Medicare Watch

Your Weekly Medicare
Consumer Advocacy Update

April 28, 2011

Decoding the House Budget

Volume 2, Issue 18

The House Budget Proposal Means Changes for People with Medicare

According to a poll conducted by the Kaiser Family Foundation, 92 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 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 2013, 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.
- » **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.
- » **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.

Media



Millions of low-income seniors missing out on Medicare drug savings

The Washington Post

Check out Medicare changes during open enrollment



Rx for fixing Medicare Part D

The New York Times

To the Editor:
Re "Why Hagel Was Picked"

Over fiscal year 2013, 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 continued blogging on The Huffington Post. Widely read and circulated by the AFL-CIO and others, 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 "the crucial element driving all federal spending over the next few decades"; coverage of the Supreme Court's hearings on the Defense of Marriage Act (DOMA) by Kaiser Health News; a panel discussion on Huffington Post Live about Medicare waste, fraud and abuse; and quotes in a variety of articles in publications such as The Wall Street Journal, Washington Post, 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 C-SPAN's Washington Journal, Fox News, Good Day New York, National Public Radio's Morning Edition, Nevada Public Radio, and Federal News Radio. Additionally, respected health policy publications such as the Henry J. Kaiser Family Foundation, the United Hospital Fund and the Commonwealth Fund seek Medicare Rights' input on Medicare-related reports.

In fiscal year 2013, Medicare Rights placed 894 articles in media outlets across the country. During the same period, Medicare Rights responded to 121 press inquiries.

Public Policy



In fiscal year 2013, the Medicare Rights Center worked with numerous federal and state advocates to help secure Medicare's future and systematically address client needs. Through fact sheets, comments and letters, regular meetings with relevant policymakers and stakeholders, and other channels, Medicare Rights continued to speak out against harmful cost-shifting proposals, such as those that would increase Part B deductibles or eliminate first dollar coverage for Medigap supplemental insurance. Further, in the lead-up to nationwide implementation of health insurance marketplaces, Medicare Rights advocated for clear rules for people with Medicare transitioning out of the marketplaces. Medicare Rights also worked to protect the rights of individuals dually eligible for Medicare and Medicaid as new managed care programs were developed to better coordinate their care in New York and other states.

Federal Highlights

Federally, Medicare Rights worked over the past year to protect beneficiaries in a variety of ways. The most comprehensive encapsulation of Medicare Rights' work in this regard is contained in its recently released Medicare Trends and Recommendations report (<http://www.medicarerights.org/pdf/2012-helpline-trends-report.pdf>), which describes the top call issues on Medicare Rights' helpline, includes moving stories of the beneficiaries served by the helpline, and offers dozens of recommendations for improving the Medicare program through state and federal advocacy.

To work toward concrete reforms related to Medicare Rights' top helpline trends—including Medicare's affordability, enrolling and disenrolling in the program, and appealing denials of coverage—Medicare

Public Policy

Rights has over the past year developed letters to Congress, fact sheets, and testimony related to these topics, often through the lens of combating proposals that would shift new costs to Medicare beneficiaries and/or streamlining ACA implementation. Working with other advocates, including AARP, AFL-CIO, AFSCME, ARA, the National Committee to Preserve Social Security and Medicare, NCOA, the National Senior Citizens Law Center, the Center for Medicare Advocacy, the National Council on Aging, Future Care Coalition, Community Catalyst, and others, Medicare Rights has 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 submitted joint testimony urging lawmakers to consider cost-saving solutions that would eliminate wasteful spending and promote higher-quality and cost-effective care, such as through restoring Medicare drug rebates and eliminating overpayments to Medicare Advantage plans. In addition, Medicare Rights President Joe Baker last year testified before the House Ways & Means Subcommittee on Health (http://waysandmeans.house.gov/uploadedfiles/baker_testimony_final_hl_052113.pdf) to describe the needs of people with Medicare, as captured by Medicare Rights' helpline, and explore cost-savings solutions that do not shift new costs to beneficiaries and their families.

Medicare Rights has also served as co-chair of the health committee of the Leadership Council of Aging Organizations and continues to spearhead the coalition's agenda on sustaining and strengthening Medicare in the future.

In addition to advocacy related to deficit reduction proposals, Medicare Rights has also proposed improvements to the current Part D appeals process. For instance, through the release of "Facts & Faces: Refused at the Pharmacy Counter, How to Improve Medicare Part D Appeals" (<http://www.medicarerights.org/pdf/2013-Facts-and-Faces-Pharmacy-Counter.pdf>) and multiple communications with CMS, Medicare Rights has advocated a number of appeals reforms, including adding individually tailored language to the general notice of denial generated at the pharmacy counter and initiating the appeal at the pharmacy counter. Medicare Rights also supported one of its own older volunteer counselors, Peg Woerner, as she went before the Senate Special Committee on Aging to present real beneficiary concerns as collected through Medicare Rights' helpline (http://medicarerights.org/pressreleases/2013_15.html).

As the ACA was implemented, Medicare Rights also continued to spotlight issues related to transitioning from new health insurance marketplaces to Medicare, including the need to better align and streamline eligibility guidelines and enrollment processes. For instance, Medicare Rights released "A Bridge to Health: Ensuring Seamless Transitions from Health Insurance Exchanges and Medicaid to Medicare" (<http://www.medicarerights.org/pdf/A-Bridge-to-Health.pdf>), commented to CMS on unanswered questions related to marketplace-to-Medicare transitions, and relayed concerns to a joint taskforce of the Center for Consumer Information and Insurance Oversight (CCIIO) and the Medicare-Medicaid Coordination Office (MMCO).

Public Policy

State Highlights

State Policy Highlights: Advocacy for New York's Dually Eligible

In fiscal year 2013, Medicare Rights continued to work in New York State—where the organization is based and has a large presence—to advocate for important protections and increased quality of care for people eligible for both Medicare and Medicaid. In July 2012, with a grant from the New York State Health Foundation, Medicare Rights forged the Coalition to Protect the Rights of New York's Dually Eligible (CPRNYDE) to engage in advocacy for dually eligible New Yorkers, particularly around the development and implementation of mandatory Managed Long-Term Care (MLTC) and the Fully Integrated Duals Advantage (FIDA) program. Working with the New York State Department of Health, federal agencies like the Medicare-Medicaid Coordination Office (MMCO), managed care plans and provider groups, and diverse, statewide consumer advocates, CPRNYDE today leverages numerous channels to advocate for consumer rights and protections under MLTC and FIDA, and the quality, comprehensiveness, and consumer orientation of coverage and care within these programs.

Notable CPRNYDE achievements over the past year include the following:

- Creation of a single, unified appeals process for all Medicare and Medicaid health services in the FIDA program;
- Mandating that aid continue for Medicare and Medicaid services in FIDA program appeals up to the federal court level;
- Establishment of an independent, conflict-free entity to serve as ombudsman for FIDA program enrollees;
- Release of a written report entitled, “New York’s 2012 Managed Long-Term Care Report: An Incomplete Picture,” which spotlights aspects of the state’s MLTC Report that must be improved to ensure that beneficiaries can make informed coverage choices; and
- Provision of testimony to the Joint Legislative Public Hearing on 2013-14 Executive Budget Proposal, to help ensure that beneficiary protections are built into the fledgling FIDA program.

In June of 2013, Medicare Rights’ leadership of CPRNYDE was further supported by a grant from Community Catalyst, which named New York as one of the states under its Voices for Better Health Project. Under this grant, CPRNYDE has focused its advocacy for dual-eligibles around eight key areas: enrollment, network adequacy, plan payment and performance measures, stakeholder and beneficiary engagement, appeals and grievance procedures, monitoring and oversight, and ADA compliance.

Public Policy

State Policy Highlights: Supporting State-Based Coalitions

Medicare Rights has a long history of effectively working with advocates, policymakers, and other stakeholders to advocate reforms to Medicare in order to protect beneficiaries and make it easier for them to navigate their benefits and options. In addition to its Coalition to Protect the Rights of New York's Dually Eligible, Medicare Rights leads a Medicare Savings Coalition in New York, which connects representatives from the New York State Department of Health, the state Medicaid program, the State Pharmaceutical Assistance Program (SPAP), regional offices of the CMS and the Social Security Administration (SSA), and an array of advocates ways to increase access to Medicare low-income programs statewide. Founded in 2001 and today comprising more than 150 community-based organizations, advocacy groups and government agencies in New York State, the Medicare Savings Coalition's goals include helping limited-income New Yorkers with Medicare navigate the Part D drug benefit and its difficulties, as well as increasing enrollment into Medicare low-income programs by working toward simpler application and recertification procedures.

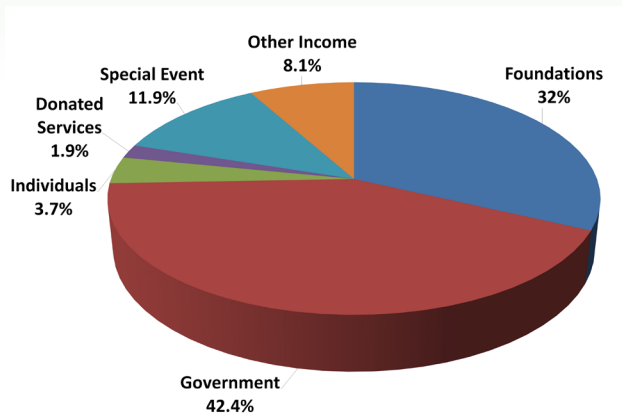
Last fiscal year, Medicare Rights carried its coalition-building expertise to other states, working with new coalitions in **Alabama, Florida, and Kansas** to achieve state-specific Medicare-related policy objectives. Specifically:

- The Alabama Department of Senior Services created an Advisory Board to the Statewide Interagency Council for the Prevention of Elder Abuse. Based on its members' on-the-ground interaction and conversations with seniors, the Advisory Board increased awareness of low-income benefits like Medicare Savings Programs and Extra Help to help increase state seniors' economic security, as well as their awareness of potential fraud and abuse.
- Florida CHAIN identified senior spokespeople and story-banked their experiences with the Affordable Care Act (ACA) and Medicare, as well as shot, produced and disseminated a video focusing on seniors, the ACA and Medicare using these real-life stories. Florida CHAIN also forged a new coalition to help protect the state's dually eligible individuals as new managed care products are launched in the coming year.
- Kansas Legal Service and its coalition held Medicare Madness outreach events to screen Medicare beneficiaries for low-income programs. The Kansas coalition also drafted legislation to improve statewide access to Medicare Savings Programs.

Fiscal Year 2013 Finances

July 1, 2012 – June 30, 2013

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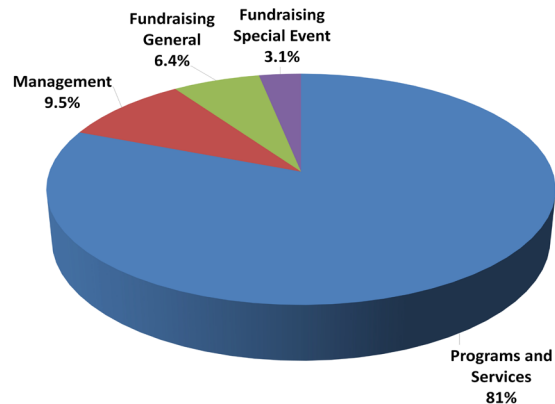


Foundations	\$950,369
Government	\$1,261,103
Individuals	\$111,198
Donated Services	\$56,430
Special Event	\$352,663
Other Income	\$240,583

TOTAL	\$2,972,346
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Expenses

Programs and Services	\$2,358,808
Management	\$276,307
Fundraising General	\$187,682
Fundraising Special Event	\$89,990
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TOTAL	\$2,912,787



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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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“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

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