A Message From:
Joe Baker, President, and Bruce Vladeck, Chairman of the Board

Dear Friend,

Last year, the Medicare Rights Center celebrated 25 years of helping seniors and people with disabilities access the health care they need. Through our direct counseling, advocacy, and policy work, we increase access to care for our helpline clients, and for all people with Medicare.

For 25 years Medicare Rights has empowered 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 almost $7 million in out-of-pocket savings for them, their families, and state and local governments. In addition, Medicare Rights counseled more than 2,200 professionals in 2014, 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.

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.

Joe Baker and Bruce C. Vladeck

Joe Baker and Bruce Vladeck
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 2014 (July 1, 2013 – June 30, 2014), 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.

Who We Are
Consumer Helpline

The heart of the Medicare Rights Center’s work is its national Consumer Helpline. In fiscal year 2014, 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
Spanish-Language Helpline

In 2014, 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 made growth 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 2014, 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 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.
In fiscal year 2014, 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.

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.
Helping Beneficiaries Appeal Denials of Coverage

In fiscal year 2014, nearly 6,000 callers to the Medicare Rights Center’s helplines required legal assistance understanding Medicare rules and law, 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.

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 (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 2,600 benefits on behalf of callers last year, securing a value of almost $7 million for these beneficiaries and helping ensure their access to needed care.

Ms. H had not been to the doctor in 16 years—until she suffered a stroke and was rushed to the hospital. After two weeks, blind in her right eye and weak on her right side, the New York woman was being discharged to the care of her daughter and son-in-law. The couple both work and feared having to leave Ms. H alone for many hours a day, trying to maneuver with a walker around their apartment’s steps and narrow halls. To their knowledge, Ms. H had never enrolled in Medicare, and on her small Social Security income she had no way to pay her bills. The hospital suggested that it might file liens against Ms. H and her family.

Worried and upset, Ms. H’s son-in-law called the Medicare Rights Center. The counselor explained how to appeal the hospital’s discharge decision and to find out for certain whether Ms. H had any Medicare coverage. The counselor explained how Ms. H could enroll into Medicare and that she would likely qualify for a Medicare cost-saving program that would entitle her to enroll in Medicare at an affordable cost, with no penalty. Medicare Rights recently followed up with Ms. H’s son-in-law and learned that Ms. H had successfully been enrolled in Medicare and the cost-saving program that pays her monthly Part B premium. She is now receiving care for the consequences of her stroke and other conditions that had previously gone untreated.
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 2013, Medicare Rights’ staff provided more than 2,200 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 2014, 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.
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 2014, 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:

- Northern Manhattan Improvement Corporation (NMIC)
- Westside Campaign Against Hunger (WSCAH)
- BronxWorks
- Grand Street Settlement
- Center for Urban Community Services (CUCS)
- Goddard Riverside Community Center
- Bedford Stuyvesant Restoration Corporation
- Food Bank Senior Center
- Henry Street Settlement House
- Good Shepherd Services
- Project FIND
- Parkchester Enhancement Services (PEP) for Seniors
- Jewish Community Center of Greater Coney Island (JCCGI)
- Isabella Senior Resource Center
- Hamilton Madison House
- NYLAG
- Institute for Family Health
- Hospital for Special Surgery

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

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.
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 2014, 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.
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 2014, 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 over 100,000 individuals through expert presentations, trainings, and webinars.

Medicare Minutes & Health Advocacy Programs

In fiscal year 2014, 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 and Health Advocacy Programs. 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.
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 2014, Medicare Rights and its partners engaged hundreds of volunteers who led Medicare Minute presentations in 17 states. Through monthly presentations and Q&A sessions, this dedicated corps of volunteers reached 95,000 of their friends, neighbors, and other community residents with good health care information.

The Medicare Minute program grew extensively over fiscal year 2014 thanks to the Medicare Rights Center’s partnership with the Administration on Community Living (ACL) to develop a specialized Medicare Minute program for the Senior Medicare Patrol (SMP) program. This specialized Medicare Minute track integrates Medicare and fraud-prevention messaging into monthly presentations that emphasize reaching an under 65 population.

Current Medicare Minute and related health advocacy partners include the following organizations:

- Alabama State Health Insurance Assistance Program (SHIP)
- Alabama Senior Medicare Patrol (SMP)
- Alaska Medicare Information Office (SMP)
- Aging and Disability Resource Centers in Wisconsin
- Aging Resources of Central Iowa (SMP)
- Arkansas Senior Medicare Patrol (SMP)
- Arkansas Senior Medicare Patrol (SMP)
- Baltimore County Senior Health Insurance Assistance Program (SHIP)
- Baltimore City Senior Health Insurance Assistance Program (SHIP)
- Connecticut SMP
- Iowa Senior Medicare Patrol (SMP)
- Idaho CAP4Action Senior Medicare Patrol (SMP)
- Kentucky Senior Medicare Patrol (SMP)
- Maine Legal Services for the Elderly
- Maryland Department of the Aging (SMP)
- Michigan Area on Aging 1-B (SMP)
- Montana Senior Medicare Patrol (SMP)
- New York State United Teachers
- North Carolina Senior Medicare Patrol (SMP)
- Pro Seniors/Ohio Senior Medicare Patrol
- Rhode Island Division of Elderly Affairs (SMP)
- Vermont Senior Medicare Patrol (SMP)
- 1199SEIU Benefits & Pension Fund

Medicare Rights also finalized an independent evaluation of the Medicare Minute program, and is using this analysis to improve the program and engage new states and host organizations in program work.
MedicareInteractive.org

Medicare Interactive—www.MedicareInteractive.org—is an online compendium of Medicare answers, presented in a searchable, consumer-friendly format. In fiscal year 2014, 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 nearly 1,500,000 visits, a 40 percent increase over 2013.

MedicareRights.org

During fiscal year 2014, Medicare Rights’ organizational website—www.MedicareRights.org—underwent a complete redesign and received over 100,000 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.
During fiscal year 2014, 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.

- **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.

- **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.

- **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.
Over fiscal year 2014, 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.

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 2014, Medicare Rights placed 798 articles in media outlets across the country. During the same period, Medicare Rights responded to 139 press inquiries.
In fiscal year 2014, the Medicare Rights Center worked with numerous federal and state advocates to protect Medicare’s future, and to seek policy solutions to alleviate long-standing challenges faced by people with Medicare and their families. Through reports, fact sheets, letters, regular meetings with relevant policymakers and other channels, Medicare Rights continued to speak out against harmful proposals to shift higher healthcare costs to older adults and people with disabilities, including those that would increase Medicare premiums, deductibles and other cost sharing.

Further, in this first year of the health insurance Marketplaces and Medicaid expansion, Medicare Rights advocated for clearer rules and enhanced support for people transitioning to Medicare from these new coverage options created by the Affordable Care Act. Medicare Rights also worked to protect the rights of individuals dually eligible for Medicare and Medicaid as new managed care demonstration projects were developed to enhance the quality of care for these beneficiaries in New York and other states.

**Federal Highlights**

Federally, Medicare Rights worked over the past year to protect beneficiaries in a variety of ways. Medicare Rights’ national policy recommendations are directly informed by the organization’s counseling and educational programming. The development of Medicare Rights’ advocacy agenda is informed directly by the organization’s firsthand, on-the-ground experience serving people with Medicare and their families on its national helpline.
To advance concrete reforms related to the top helpline trends—including affordability, enrolling in the program and appealing denials of coverage—Medicare Rights developed letters to Congress and the Administration, reports, fact sheets, and testimony. Working with national coalition partners—like AARP, National Committee to Preserve Social Security and Medicare, Center for Medicare Advocacy, National Council on Aging, Justice in Aging and others—was central to Medicare Rights’ policy advocacy. As an example, Medicare Rights served a second term as chair of the health committee of the Leadership Council of Aging Organizations and continues to spearhead the coalition’s agenda on preserving and strengthening Medicare.

Alongside many of the partners listed above, Medicare Rights advocated for interagency cooperation between the Department of Health and Human Services, the Social Security Administration, and the Department of Labor to improve and expand notice to those who are approaching Medicare eligibility. Further this goal is needed to namely to alleviate the higher healthcare costs and gaps in coverage the result often result when individuals make honest enrollment mistakes. 40+ national aging and disability advocates joined a letter to these agencies calling for new and enhanced notification for those new to the Medicare program. [link to sign-on] Medicare Rights also detailed this recommendation and other needed improvements in its recent report, Medicare Part B Enrollment: Pitfalls, Problems and Penalties (http://www.medicarerights.org/part-b-enrollment-nov-2014/).

Medicare Rights also weighed in on the past and future of the Medicare Advantage program and the prescription drug benefit, Medicare Part D. Medicare Rights’ President, Joe Baker, testified before the United States House Committee on Ways and Means, Subcommittee on Health, about the strengths of the Medicare Advantage program, its continued popularity, and about opportunities to improve this public-private partnership. (Medicare Rights Center President Joe Baker Testifies on the Future of Medicare Advantage, July 24, 2014) Medicare Rights also released a report showing that doomsday predictions regarding Medicare Advantage plans leaving the market en-mass or drastically cutting benefits after payment changes implemented through the Affordable Care Act have not come to fruition in New York (Medicare Advantage Market in New York Is as Robust as It Was before Implementation of the Affordable Care Act, July 17, 2014).

At the same time, Medicare Rights continued to call for needed improvements to the Medicare Part D appeals process, one of the more common themes heard from callers to the Medicare Rights’ helpline. 30+ aging and disability advocates joined Medicare Rights in calling on the Medicare Payment Advisory Commission (MedPAC) to reexamine alarming plan audits and other available data on the Part D appeals process and to issue recommendations on how to streamline and strengthen this system.

In 2014, Medicare Rights also continued to take a lead role in New York and other states as demonstration projects to integrate care for dually eligible individuals were rolled out. Working in close collaboration with state and federal advocacy partners and agencies, Medicare Rights reviewed potential notices, appeals processes and physician educational materials. On these documents and others, Medicare Rights provided extensive comment all with the goal of ensuring beneficiaries are adequately informed and potential disruptions in care are minimized as the demonstrations are carried out.
State Highlights

With funding support from both the New York State Health Foundation and national organization Community Catalyst, Medicare Rights created and has led the Coalition to Protect the Rights of New York’s Dually Eligible (CPRNYDE) since 2012. In fiscal year 2014, Medicare Rights continued this advocacy work on behalf of people eligible for both Medicare and Medicaid, particularly those enrolled in the state’s Managed Long-Term Care program (MLTC) and eligible for the new Fully Integrated Duals Advantage program (FIDA). 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. This fiscal year, Medicare Rights launched a new website for the coalition: www.ny duals.org.

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. Since 2001, Medicare Rights has led and facilitated the NYS Medicare Savings Coalition, which improves beneficiaries’ access to Medicare’s low-income benefits. And last fiscal year, Medicare Rights completed its coalition-building efforts in Alabama, Florida, Kansas, Maine and Wisconsin—under the leadership of Medicare Rights, advocates in these five states increased enrollment in Medicare Savings Programs (MSPs) and the Medicare Part D Low-Income Subsidy (LIS, or “Extra Help”), resulting in healthcare savings for hundreds of low-income Medicare beneficiaries.

Through its leadership of CPRNYDE this fiscal year, Medicare Rights has leveraged the efforts of a diverse group of over 45 community-based organizations to collaborate with the New York State Department of Health (DOH) and the federal Medicare-Medicaid Coordination Office (MMCO—an agency within the Centers for Medicare and Medicaid Services) to achieve the following:

- Creation of an MLTC and FIDA ombudsman program (the Independent Consumer Advocacy Network, or “ICAN”) that is administered by a network of community-based organizations and provides free counseling and advocacy services for those receiving long-term services and supports through New York’s managed care plans;
- Changes to the FIDA Interdisciplinary Team (IDT) policy such as including the registered nurses that perform care assessments on each IDT, requiring FIDA Plans to perform care assessments wherever the enrollee lives (including a hospital or rehabilitation facility), and reducing the number of times during the year that providers were required to meet with the IDT;
- Development of a Duals Advisory Workgroup allowing consumer advocates, health plan representatives and local primary care providers to work together to identify and replicate best practices in the implementation of the FIDA program and that successfully advocated for improvements in the State’s IDT policy, including removing sensitive topics like hospice and palliative care from IDT discussion; and
- Successfully advocating against the development of a nursing home-specific rate in FIDA, which had the potential to incentivize institutionalization over community-based care for Medicare beneficiaries.
We Thank Our Supporters

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

**Foundation Support**

Altman Foundation  
Lily Auchincloss Foundation  
Helen Andrus Benedict Foundation  
Broadway Cares/Equity Fights AIDS  
Health Care for All New York (through the Community Service Society of New York (CSS))  
Health Care for All New York (through American Cancer Society (ACS))  
David and Barbara B. Hirschhorn Foundation  
Metzger-Price Fund  
New York Community Trust  
New York State Health Foundation  
Pearl Brooks Family Foundation  
Single Stop USA (through Fan Fox & Leslie R. Samuels Foundation)  
Bernard & Anne Spitzer Charitable Trust  
Ernst C. Stiefel Foundation  
Leonard & Helen R. Stulman Foundation  
Solon E. Summerfield Foundation  
Isaac H. Tuttle Fund  
Wallerstein Foundation for Geriatric Life Improvement  
Anonymous Donors

**Government Support**

New York City Council  
Manhattan Borough President  
New York City Department for the Aging  
New York State Office for the Aging  
Westchester County Department of Senior Programs and Services

“...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
Organization Support

1199SEIU Healthcare Workers East
AARP
AFL-CIO
AFSCME
Altegra Health
Amalgamated Life
American Benefits Group
American Federation of Teachers
American Hospital Association
America’s Health Insurance Plans
Amerigroup
Arthur Webb Group
Ascension Health Alliance
Baylor Health Care System
Broadway Cares/Equity Fights AIDS, Inc.
Cadwalader, Wickersham & Taft LLP
Center for Medical Consumers
Center for Medicare Advocacy, Inc.
CIR SEIU Healthcare
City National Bank
Communications Workers of America Local 1104
Communications Workers of America, District One, AFL-CIO
Continuum Health Partners
Council of School Supervisors & Administrators
Coventry Health Care, Inc.
CPS Optical
CSEA Local 1000 AFSCME, AFL-CIO
DC37, AFSCME, AFL-CIO
ECRI Institute
EmblemHealth
Empire BlueCross BlueShield
Epstein Becker Green
Everett Foundation
Fried and Kowgios Partners CPA’s LLP
GNYHA Ventures, Inc.
Goldfarb Abrandt Salzman & Kutzin LLP
Greenberg Traurig LLP
Health Management Associates
Healthcare Association of New York State
Healthcare Leadership Council
HealthFirst
HealthPlex, Inc.
Hospital for Special Surgery
Humana
International Union of Operating Engineers Local 30
IPRO
Isabella Geriatric Center
Len Camber Charitable Trust
Lenox Advisors, Inc.
Lincoln Medical & Mental Health Center
Local 1180, Communications Workers of America AFL-CIO
Local 338 RWDSU/UFCW
Local 420, Healthcare Workers, DC37, AFSCME, AFL-CIO
Maimonides Medical Center
Monitoring and Evaluation Services, Inc.
Montefiore Medical Center
Moses & Singer LLP
National Committee for Quality Assurance
New York City Health & Hospitals Corporation
New York State AFL-CIO
New York State Health Foundation
New York State Laborers Health & Safety Trust Fund
New York University College of Nursing
Newmark Holdings
Niko Theatrical Companies
NYSUT
NYU Langone Medical Center
Organization of Staff Analysts
PHI
Premier, Inc.
Professional Staff Congress
Retail, Wholesale and Department Store Union, UFCW
SAGE
Serino/Coyne
Social Service Employees Union Local 371
Something Digital
Spivak Lipton LLP
Stacey Braun Associates, Inc.
Teamsters Local 237
The Actors Fund
The Commonwealth Fund
The Hebrew Home at Riverside
The John A. Hartford Foundation
The New York Academy of Medicine
The Shubert Organization
Tim Neiman Interiors, Inc.
Tonio Burgos & Associates
Union Benefit Planners, Inc.
United Federation of Teachers
United Hospital Fund
UnitedHealth Group
Universal American Corp.
University of Penn Health System
Visiting Nurse Service of New York
Individual Support

Jonathan Adler
Jon Ahlbum
Victor J & Josephine B Albanese
Seth Gelblum & Orren J Alperstein
Gisela Alvarez
Sergio Alvarez
Donna Ambrogi
Anonymous
Judith Auerbach
Leo Baghdoian
Khemraj Bansi & Ms. Bibi W Baichan
Joseph R & Joyce M Baker
Michael Baumann
NancyAnne Baynton
Glen Bays
Deane Beebe
Joel & Ann Benson
William & Anita Berg
Ruth Berger
Martha Bernard
Jonathan Black
Thomas P Blaha
Edward A Blahnik
Gerald Blume
Floyd Board
Laura Bolotsky
Candy Bonder
Peter P & Gloria J Braccio
Isabel K Brach
Florence Brodley
Francine Brown
Bruce Burrows
Michael Butler
Mark Campisi
Patrick J & Kathleen Carroll
Martin & Bess Casey
Yun Chen
Mitchell Clark
Robert A & Jean R. Cleland
Louis Colca
Teresa Coleman
Robert Coleman
Virginia Contrino
Stephen J Cosgrove
Harvey H & Cynthia Cowen
Mary Cullen
Patrick & Barbara Byrd Cullinan
Estelle Fleischer & Nuriit Curtiss
Robert & Geraldine R Dallek
Willis & Carolyn O Daniel
Wayne Davis
Elizabeth M Dejean
Susan DeJong
Rita Despiau
Michael DiMaiolo
Josephine Disparsi
Robert & Mary Ann Dobiesz
Mark Doyle
Betty Duggan
Aaron Edelman
Benjamin & Hannah Elbott
Howard & Arlene Eisenberg
John Engel
Sheila Ewall
Carl Falb
Kenneth Henry & Mr. John Falkenberg
Harry M Feder
Linda Feist
Charles Feldman
J Feldman
Eliot Fishman
PA & DL Flores
Timothy Foley
Joe Fontano
Terry & Linda Freedland
John Fulcher
Eduardo & Elizabeth Suarez Garita
Helen Gibson
Judy Glickman
Richard A & Carolyn Glickstein
Howard Gochberg
Abraham & Sigrid Goldman
Edward Graham
Martha S. Gray
Mary R Grealy
Jerry D Griffith
Judith D. Grimaldi
Loretta Gross
Elliot S Gross
James P Haddow
Deborah Harkins
Michael J Nichols & Sara T Harmon
Selma Hayman
F A & Joyce Healy
Ernst Heimann
Kathleen Henry
Alina Hill
Blaine A & Paula D Hill
Delores D Hills
Harold W. & Gertrude Hirschlag
Susan Hopper
Frances Hormel
Rena Iacono
Joseph T & Dorothy A Infosino
Clarice & Philip Jaget
Donald L Jernigan
Susan Kahn
Stephen Straus & Ms. Abbey Kalina
Brenda Kamen
James M Katz
Steven & Marjorie Katz
Jennifer Kenny
Slawek Kieszkowski
Louis & Pauline Kislik
Emmanuel Kladitis
Madalyn Klein
Jonathan Klonsky
Krystal Knight
Gert & Christiane Koblinsky
Renee Kreisler
Thomas C & Linda Krieger
Robert L Kuhn
Robert La Bella
Philip T & Tracy A Lamanna
Linda Lane-Weber
John Lazarek
James S & John W Lee
Albert P Lelis
David & Julie Leonoff
Arthur A Levin
Jed Levine
Cathy Levine
Jack M & Arlene K Levine
Jay Lippman
Alan B Lubin
Clarence G Luedy
Peter Luftig
Elizabeth MacKenzie
Marjorie A Mahle
Max & Ruth F Maier
Marilyn Mammana
John E Mancuso
Stanley Mandel
Joel Marcus
Susan Margolis
Edward M. & Leona Markoff
Irwin & Elaine Markow
Richard M Marks
Alexis L & Vincent N Marrone
Frank & Colette Martuscelli
Saif Masood
Michael J Massey
Barbara Mayers
John R McIntyre
Louise McKown
Sal & Mary Migliaccio
Individual Support (Continued)

Nelly B Monroe
Allan Moore
Arthur T & Charlotte Moore
Mary Beth Morrissey
Yvonne Morrow
Carol Anne Murphy
Roberta Norworth
John Nouri
Andrew V Nowak
James Nugent
Timothy S & Penelope T Oberg
Joel & Kathy Olah
Emil F Onolfi
Wendie Owen
Frances Pandolfi
Staci Patterson
Carolyn J Paurowski
Karen S Pearl
Frederick S & Lou-Jean M Pettit
Charles Pisano
Ellen Polivy
Nancy Potter
Judith Prosser
Florence Pulaski
Barbara Radin
Ronald B & Mary Ann Radziukinas
Gail J. Reams
Eric Rennert
Nancy Rexford
Dennis Ritchie
Gilbert Rivera
Andy & Kimberly Rivera
John A Rizzotto
Michael D & Marjorie Rockman
James W Rosa
Charles Rosen
Wendy Rosenberg
Michael Rosenbluth
Michael Rosenwasser
Marvin O & Lois Ross
Donald Rush
William & Joan A Ryan
Ron and Judy Saeger
Marc William & Ms. Laura
Salganik
Seymour Holzman & S. Rox Salie
Sandra Salveter
Robert & Gloria Samuels
Jane Sapery
Phillip Scarborough
Bernard Scheiman
Steven Schider

Linda Schlachter
Robert Mencher & Ms. Deborah Schmieder
Ingeborg Seemueller
Lawrence & Sonia Seidman
Steve Seltzer
Richard & Elinor W Semel
Marcie L Setlow
Roslyn Shapiro
Terry Shaw
Toni Siegel
Linda Siegenthaler
Benjamin & Eileen Silberstein
Phyllis Silver
Bernice Silverman
Gary Singh
George L & Donna S Smith
Dietrich Snell
Richard N & Maria Snyder
Sidney Socolar
Howard Sontz
Jacob Speidel
Michelle Staco
Judith Stein
Sylvia D Steinbrook
John & Faith Stern
Michael Sterzer
Carlos Stewart
Robert Steyer
Michael Stocker
Alan Strozer
Daniel Sullivan
Alan & Rebecca Sunshine
Stuart Gutterman & Frances Sussman
Daniel Swee
Susan Sydenham
Tomer Tal
Glenn R & Kathleen K Taylor
Sarie Teichman
Alison Thresher
Albert Tien
Richard Titan
Dennis and Diane Tracey
Jonathan H Tenney & Ms. Bethene Trexel
Judith Uman
James Valk
Sylvia Vogelman
Judith M. Walter
Shen-Bob Wang
James Weikart
Muriel Weisel
Robert Weiss
Burton & Leni Welte

William J & Marlene Wertheim
Pamela Wiener
Joe Winowiecki
Judith Wolf
Susan Wolfson
Provi Ramirez & B Sin Wong
Mike & Kathy Worsham
Emil Yashayev
Joan Yesner
Wahe Yeterian
Nicholas & Florence Zezima
Marilyn Zweifach
Board of Directors

From left to right: Peter Hutchings, Joe Baker, Marilyn Moon, Donna Regenstreif, Kathy H. Chin, Susan D. DeVore, Herman Rosen, Alan Lubin, Orla Beggs, Edith Everett, Bruce C. Vladeck

Not pictured: Michel J. Faulkner, Jeffrey R. Krinsk, Lawrence Madison, Theodore Marmor, Perri Peltz, Carol Raphael, and David Walsh

For a list of Medicare Rights Center staff and their biographies, please go to http://www.medicarerights.org/about-us/staff.