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## THE CARDS ARE COMING! THE CARDS ARE COMING!

by Charles Clarkson, Project Director  
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On April 1, 2018, Medicare started to mail new Medicare cards to beneficiaries. The new Medicare cards will remove the Social Security number from the cards. The gender and signature line will also be removed. Medicare is doing this to protect beneficiaries from fraud. The Centers for Medicare and Medicaid Services has issued a flyer, "10 things to know about your new Medicare card," which we have reprinted below.

A couple of words of advice: The Medicare cards will be mailed in phases. In New Jersey, the cards will not be mailed until after June 1, 2018. Point number 6 on the flyer says you should "Keep your new card with you." We at the Senior Medicare Patrol of New Jersey, however, suggest that you leave your Medicare card at home and take it with you only when you go to your doctor, a lab, or the hospital.

A Medicare beneficiary will now have two numbers to protect: a Social Security number for Social Security benefits and a new Medicare number for Medicare benefits, to be known as a Medicare Beneficiary Identifier (MBI). It will be a randomly generated 11-character MBI that looks something like: 1EG4-TE5-MK72. Only your Medicare *number* is changing, not your Medicare *benefits*. If you have a Medicare Advantage plan or have a Medicare Part D prescription drug plan or are on Medicaid, you will continue to use those cards to receive your medical or drug benefits.

You do not have to do anything to get the new card. It will be automatically sent to you. If your neighbor gets a card before you, don't worry. It will be coming. You may not get it at the same time. Medicare will complete the mailing by April 2019.

Since there may be problems with the mailing of 58 million new cards, there will be a transition period, through December 2019. During this period, Medicare will accept the new Medicare Beneficiary Identifier or the old Medicare number for your provider to submit claims. We are encouraging all beneficiaries to use the new card as soon as they receive it. Any questions, call the Senior Medicare Patrol of New Jersey at 732-777-1940

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(continued)



# 10 things to know about your new Medicare card

Medicare is mailing new Medicare cards starting in April 2018. Here are 10 things to know about your new Medicare card:

- 1. Mailing takes time:** Your card may arrive at a different time than your friend's or neighbor's.
- 2. Destroy your old Medicare card:** Once you get your new Medicare card, destroy your old Medicare card and start using your new card right away.
- 3. Guard your card:** Only give your new Medicare Number to doctors, pharmacists, other health care providers, your insurers, or people you trust to work with Medicare on your behalf.
- 4. Your Medicare Number is unique:** Your card has a new number instead of your Social Security Number. This new number is unique to you.
- 5. Your new card is paper:** Paper cards are easier for many providers to use and copy, and they save taxpayers a lot of money. Plus, you can print your own replacement card if you need one!
- 6. Keep your new card with you:** Carry your new card and show it to your health care providers when you need care.
- 7. Your doctor knows it's coming:** Doctors, other health care facilities and providers will ask for your new Medicare card when you need care.
- 8. You can find your number:** If you forget your new card, you, your doctor or other health care provider may be able to look up your Medicare Number online.
- 9. Keep your Medicare Advantage Card:** If you're in a Medicare Advantage Plan (like an HMO or PPO), your Medicare Advantage Plan ID card is your main card for Medicare – you should still keep and use it whenever you need care. However, you also may be asked to show your new Medicare card, so you should carry this card too.
- 10. Help is available:** If you don't get your new Medicare card by April 2019, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationpolicy.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationpolicy.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.



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## DIABETES PREVENTION PROGRAM, A NEW MEDICARE COVERAGE

by Charles Clarkson, Project Director, Senior Medicare Patrol of NJ

Diabetes affects more than 25 percent of Americans aged 65 or older, and is projected to increase two-fold for all U.S. adults (ages 18-79) by 2050 if current trends continue. CMS estimates that Medicare spent \$42 billion more in 2016 on beneficiaries with diabetes than it would have spent if those beneficiaries did not have diabetes. CMS further estimates, based on Medicare data, that it spent an estimated \$1,500 more on Part D prescription drugs, \$3,100 more for hospital and facility services, and \$2,700 more in physician and other clinical services for those with diabetes than those without diabetes.

Fortunately, type 2 diabetes can usually be delayed or prevented with health behavior changes. The Medicare Diabetes Prevention Program (MDPP) is a new Medicare coverage that aims to prevent the onset of type 2 diabetes among Medicare beneficiaries with an indication of pre-diabetes.

The MDPP program will consist of structured sessions with a coach, using a Centers for Disease Control and Prevention (CDC)-approved curriculum in a group-based, classroom-style setting to provide training in dietary change, increased physical activity, and weight-loss strategies. There will be 12 months of core sessions for beneficiaries with an indication of pre-diabetes, and an additional 12 months of ongoing maintenance sessions for participants who meet weight-loss and attendance goals.

After completing the core sessions, the less intensive follow-up meetings furnished monthly will help ensure that the participants maintain healthy behaviors. The primary goal of the MDPP is at least a 5 percent weight loss by participants. The weight loss feature is based on the results of the Diabetes Prevention Program (DPP) study funded by the National Institutes of Health (NIH). The study found that lifestyle changes resulting in modest weight loss sharply reduced the development of type 2 diabetes in people at high risk for the disease.

Since April 1, 2018, eligible beneficiaries have had coverage of MDPP services with no cost sharing through Medicare-enrolled MDPP suppliers. Eligible beneficiaries are those who:

- Are enrolled in Medicare Part B
- Have a body mass index (BMI) of at least 25, or at least 23 if self-identified as Asian
- Have received required certain blood tests (with the necessary results) within the 12 months of the first core session and no previous diagnosis of type 1 or type 2 diabetes
- Do not have end-stage renal disease (ESRD).

Since this program will require a beneficiary's willingness to take steps over a prolonged period, the beneficiary must be committed to it. If a beneficiary is not willing to undergo this intensive program, he or she should think twice about participating since it is only a one-time benefit by Medicare. A beneficiary should speak to his or her doctor about participating in this program. Remember the provider has to be certified by the CDC as part of this program.

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# ASK CHARLES



## Will Medicare pay for my durable medical equipment?

Durable medical equipment (DME) is reusable medical equipment, such as walkers, wheelchairs, or crutches. If you have Medicare Part B, Medicare covers certain medically necessary durable medical equipment if your physician or treating practitioner prescribes it for you to use in your home.

To be covered, the prescribed medical equipment must be:

- Durable.
- Used for a medical purpose.
- Not typically useful if you aren't sick or hurt.
- Used in your home.\* It must be required for you to function inside your home. If it is needed in the home, it may be also used outside. If only used outside the home, it is not covered by Medicare.

\*If you are currently residing in a hospital or nursing home that is providing you with Medicare-covered care, these facilities don't qualify as your "home." However, a long-term care facility does qualify as your home. If you're staying in a skilled nursing facility and the facility provides you with durable medical equipment, the nursing facility is responsible for that durable medical equipment.

Some examples of durable medical equipment that Medicare covers include, but aren't limited to: hospital beds, infusion supplies, oxygen equipment, patient lifts, and blood sugar monitors. If you have questions about whether a particular item or supply is covered, call 1-800-MEDICARE (1-800-633-4227). Medicare customer service representatives are available 24 hours a day, seven days a week.

## Where can I get durable medical equipment?

If you're enrolled in Original Medicare, you need to get your durable medical equipment from a supplier that is enrolled in the Medicare program, or Medicare won't pay for the equipment. For the lowest costs, find suppliers that are "participating," meaning they accept the Medicare-approved cost for the equipment and will not charge you above that amount. If you use a non-participating provider, it can charge you any amount it wants. To find Medicare-participating suppliers, visit the [Medicare.gov](https://www.Medicare.gov) Supplier Directory. If you live in an area that is part of Medicare's Competitive Bidding Program, you'll need to get equipment from suppliers that are contracted by Medicare. For more information on the Competitive Bidding Program and to find out whether you live in a region that is affected, visit [Medicare.gov](https://www.Medicare.gov).

Medicare Advantage plans (like HMOs or PPOs) must cover at least the same level of coverage as Original Medicare. However, costs may vary, depending on your Medicare Advantage plan. If you are in a Medicare Advantage plan and you need durable medical equipment, call your plan directly to find out whether the equipment is covered and to see how much you will have to pay.

## STAY CONNECTED

The Senior Medicare Patrol of New Jersey has a new website. You can reach our site at:

<http://seniormedicarepatrolnj.org/>



**Serve your community; learn about Medicare by  
volunteering for the New Jersey Senior Medicare Patrol**

SMP of New Jersey is currently recruiting Volunteer Community Liaisons to speak to small groups of their peers and help provide Medicare education at community events.

The role of the Community Liaison is to share information that can help others PREVENT, DETECT, and REPORT Medicare fraud, waste, and abuse.

## Free Training Available

For more information please contact Michelle Beley-Bianco,  
SMP Coordinator of Volunteers, 732-777-1940 or  
[michelleb@jfsmiddlesex.org](mailto:michelleb@jfsmiddlesex.org)

*SMP - Empowering Seniors to Prevent Medicare Fraud*

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