

# MEDICARE MATTERS

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## MEDICARE LAUNCHES ANNUAL ADVERTISING AND BENEFICIARY EDUCATION CAMPAIGN

The Centers for Medicare & Medicaid Services (CMS) launched its annual national education campaign at the Texas State Fair on October 10 to help the over 40 million people with Medicare take advantage of resources available to answer their questions about options in Medicare, including health plans and coverage. This year's campaign includes the addition of the **1-800-MEDICARE** Blimp, a Lightship A-60+ blimp that will fly above the fairgrounds and then tour parts of the country throughout the fall. The campaign also features Medicare's newest television ads that began airing on network, syndicated and cable television on November 2.



The annual education campaign coincides with the annual election period for health plan options that begins in mid-November. Information about Medicare is available at **1-800-MEDICARE**, [www.medicare.gov](http://www.medicare.gov) and the *Medicare & You 2004* handbook, which is mailed to 36 million Medicare beneficiaries' homes each year.

"Our annual advertising effort, and now this unique **1-800-MEDICARE** blimp campaign, will make beneficiaries better aware of the resources available to them, 24

The following televised events are currently planned for the 1-800-MEDICARE Blimp:

- **October 29 to November 2:** Senior PGA Nationwide Tour Championship, Golf Channel
- **November 8:** Mississippi vs. Auburn, CBS Sports
- **November 15:** Auburn vs. Georgia or LSU at Alabama, CBS Sports
- **November 28:** Arkansas vs. LSU, CBS Sports
- **December 7:** Houston vs. Jacksonville, CBS Sports
- **December 28:** Jacksonville vs. Atlanta, CBS Sports

hours a day, seven days a week at **1-800-MEDICARE** and [www.medicare.gov](http://www.medicare.gov). For instance, people with Medicare can find out where to get needed help paying for prescription drugs and other types of assistance by visiting the Prescription Drug and Other Assistance section of the web site," said CMS Administrator Tom Scully.

Customer service representatives at **1-800-MEDICARE** (1-800-633-4227) can answer questions and mail specific information immediately after the phone call. People with Medicare can access [www.medicare.gov](http://www.medicare.gov) and immediately download information or CMS publications—from how to choose a nursing home, to how to select the most cost effective health plan, to how to select from a range of Medigap policies.

The \$30 million national advertising campaign features separate television ads for both English-and Spanish-language television networks. The television advertisements will appear on programs popular with people 65 and older including, *The Today Show*, *The Price is Right*, and *JAG*. The Spanish-language campaign will be supplemented with radio and newspaper ads in select markets. Both the general market and Spanish-language campaigns will feature Internet advertising.



# HHS ANNOUNCES MEDICARE PREMIUM AND DEDUCTIBLE RATES FOR 2004

The Department of Health and Human Services (HHS) announced on October 16, 2003, the Medicare premium, deductible and coinsurance amounts to be paid by Medicare beneficiaries in 2004.



For Medicare Part A, which pays for inpatient hospital, skilled nursing facility, and some home health care, the deductible paid by the beneficiary will be \$876 in 2004, an increase of \$36 from this year's \$840 deductible. The monthly premium paid by beneficiaries enrolled in Medicare Part B, which covers physician services, outpatient hospital services, certain home health services, durable medical equipment and other items, will be \$66.60, an increase of 13.5 percent or \$7.90 over the \$58.70 premium for 2003.

The Part A deductible is the beneficiary's only cost for up to 60 days of Medicare-covered inpatient hospital care. However, for extended Medicare-covered hospital stays, beneficiaries must pay an additional \$219 per day for days 61 through 90 in 2004, and \$438 per day for hospital stays beyond the 90th day in a benefit period. For 2003, per day payment for days 61 through 90 was \$210, and \$420 for beyond 90 days.

For beneficiaries in skilled nursing facilities, the daily co-insurance for days 21 through 100 will be \$109.50 in 2004, compared to \$105 in 2003.

Most Medicare beneficiaries do not pay a premium for Part A services since they have 40 quarters of Medicare-covered employment. However, seniors and certain persons under age 65 with disabilities who have fewer than 30 quarters of coverage may obtain Part A coverage by paying a monthly premium set according to a formula in the Medicare statute at \$343 for 2004, an increase of \$27 from 2003. In addition, seniors with 30 to 39 quarters of coverage, and certain disabled persons with 30 or more quarters of coverage, are entitled to pay a reduced premium of \$189.

View the full HHS press release on Medicare Premiums and Deductibles at [www.cms.hhs.gov](http://www.cms.hhs.gov).

## SOCIAL SECURITY ANNOUNCES 2.1 PERCENT BENEFIT INCREASE FOR 2004

Monthly Social Security and Supplemental Security Income benefits for more than 51 million Americans will increase 2.1 percent in 2004.

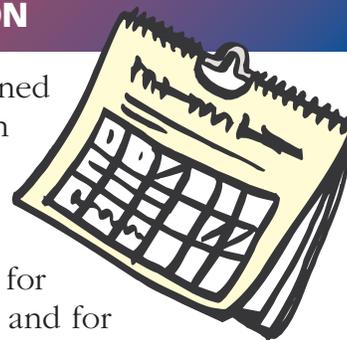
The 2.1 percent Cost-of-Living Adjustment (COLA) will begin with benefits that 47 million Social Security beneficiaries receive in January 2004.

Increased payments to 7 million Supplemental Security Income beneficiaries will begin on December 31.



## QUALIFYING INDIVIDUALS (QI-1s) EXTENSION

P.L. 108-89 was signed by the President on October 1, 2003, extending benefits for Qualifying Individuals (QI-1s) for calendar year 2003 and for the first calendar quarter of 2004, through March 31, 2004. Part B premiums should continue to be paid by States through the Buy-in process.



# ALPHABET SOUP



## PT/OT/SLP Caps

**Q. Is there a limit to the amount of medically necessary outpatient physical therapy, speech-language pathology, or occupational therapy services that I can get?**

**A. Starting with services rendered on September 1, 2003**, coverage by Medicare will be limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services. For the period **September 1, 2003 through December 31, 2003**, the limits are \$1590 for PT and SLP combined and \$1590 for OT. (In the year 2004, the limits will apply to the entire year and the amount allowed will be recalculated to account for

inflation.) Medicare pays up to 80% of the limits. These limits don't apply to therapy you get from hospital outpatient departments unless you are a resident of either a Medicare-certified skilled nursing facility or a Medicare-certified portion of a skilled nursing facility.



**IMPORTANT CHANGE**

## HIPAA

**Q. What does the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule do?**

**A.** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule creates national standards to protect individuals' medical records and other personal health information.

**Q. Does a physician need a patient's written authorization to send a copy of the patient's medical record to a specialist or other health care provider who will treat the patient?**

**A.** No. The HIPAA Privacy Rule permits a health care provider to disclose protected health information about an individual without the individual's authorization to another provider for that provider's treatment of the individual.

**Q. Can I access someone's medical record if I have that person's health care power of attorney?**

**A.** Yes, an individual that has been given a health care power of attorney will have the right to access the medical records of the individual related to such representation to the extent permitted by the HIPAA Privacy Rule at 45 CFR 164.524.

## TEST YOUR KNOWLEDGE OF MEDICARE

Use these percentages to complete the following statements: 95% 90% 75% 25%

The Part B premium is required to be the amount needed to cover  percent of estimated program costs for enrollees aged 65 and older.

General revenue tax dollars cover the other  percent of the costs.

About  percent of Medicare's 41.7 million beneficiaries are enrolled in the optional Part B.

Nearly  percent also have some form of supplemental coverage (such as Medigap, Medicaid, or Medicare+Choice) to help reduce out-of-pocket medical costs.

Find the answers to this quiz on the CMS Partnership website at [www.cms.hhs.gov/partnership](http://www.cms.hhs.gov/partnership) or in the 10/16/03 press release on [www.cms.hhs.gov](http://www.cms.hhs.gov).



## QUALITY INITIATIVE UPDATE



Quality health care for people with Medicare is a high priority for President Bush, the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS). Quality care means doing the right thing, at the right time, in the right way, for the right person, and having the best possible results. In November 2001, HHS Secretary Thompson announced the Quality Initiative, his commitment to assure quality health care for all Americans through accountability and public disclosure. The Quality Initiative was launched nationally in 2002 as the Nursing Home Quality Initiative (NHQI) and expanded in 2003 with the Home Health Quality Initiative (HHQI) and the Hospital Quality Initiative (HQI). In addition to these quality initiatives, there are many other quality efforts at CMS, including the Doctor's Office Quality (DOQ) project and quality improvement for people with End-Stage Renal Disease (ESRD).

Highlights and upcoming events for each effort include the following:

- Quality measures for Home Health will be reported nationally in November 2003. Find them at: [www.medicare.gov/HHCompare/home.asp](http://www.medicare.gov/HHCompare/home.asp).
- An update of the quality measures on Dialysis Facility Compare is projected for November 2003. For more information go to: [www.medicare.gov/Dialysis/home.asp](http://www.medicare.gov/Dialysis/home.asp).
- An update of the Nursing Home Compare data is scheduled for January 2004. Access it at: [www.medicare.gov/NHCompare/home.asp](http://www.medicare.gov/NHCompare/home.asp).
- A press briefing on hospitals reporting data in the National Voluntary Hospital Reporting Initiative was held on October 9, 2003. For more information on the launch and to see the data, visit: [www.cms.hhs.gov/quality/hospital](http://www.cms.hhs.gov/quality/hospital).
- The three-state pilot (IA, CA, NY) of the **Doctor's Office** Quality project will begin data collection in early 2004. For more information on this project, visit: [www.cms.hhs.gov/quality/doq](http://www.cms.hhs.gov/quality/doq).

## HHS AWARDS \$33 MILLION TO STATES, OTHER ORGANIZATIONS TO HELP PEOPLE WITH DISABILITIES

HHS Secretary Tommy G. Thompson announced on October 2, 2003 more than \$33 million in grants to states and other organizations to help develop programs for people with disabilities or long-term illnesses. The Real Choice Systems Change Grants for Community Living will help states and territories enable people with disabilities to reside in their homes and participate fully in community life.

Grants awarded today are intended to provide states and other eligible entities with funding to make lasting improvements to their home and community-based services programs. The awards build on the roughly \$125 million in grants awarded in the previous two years to help states improve their community-based services.



A total of 75 grants were announced in 10 categories, including:

- Quality assurance and quality improvement in home and community based services
- Independence Plus initiative
- Community-integrated personal assistance services and supports
- National state-to-state technical assistance program for community living
- Family-to-family health care information and education centers
- Respite care for adults

More information about today's grants and the New Freedom Initiative is available at: [www.cms.hhs.gov/newfreedom](http://www.cms.hhs.gov/newfreedom).

# NATIONAL ROLLOUT OF NATURAL LANGUAGE TO 1-800-MEDICARE

Through **1-800-MEDICARE**, the Centers for Medicare & Medicaid Services (CMS) provides free information in English and in Spanish to people with questions about Medicare. In an effort to improve service to callers, CMS is planning to rollout “natural language technology” to its **1-800-MEDICARE** help line in early November.



This “natural language technology” will provide English-speaking callers the ability to interact with technology and direct their calls using only their voices. CMS is still refining the customer dialog for Spanish callers, so they will continue to use touch-tone until a Spanish application can be tested and deployed.

By answering simple “yes or no” questions and stating words like, “doctor’s visit, hospital stay, medical supplies, managed care, help, enrollment, answers, or publications,” CMS will be able to direct callers to the most appropriate self-help application, or a customer service representative to provide the type of service needed.

In December 2001, CMS began piloting an older technology in the state of Pennsylvania, where the caller either pressed a button, or was able to say only “yes or no” and use numbers one (1) through 10 to select options. In May 2003, CMS changed the technology to natural language and has found a 50% improvement in callers getting to the desired application on the first try.

Before going national, CMS added callers from the state of Indiana to the pilot in order to refine the technology. Indiana **1-800-MEDICARE** callers began using natural language technology on October 16, 2003. By the end of November, all English-language callers to **1-800-MEDICARE** should be able to ask their Medicare questions without the need to press buttons.

## WEBSITE UPDATES

What’s new on **www.medicare.gov**?

- The Medicare Personal Plan Finder now contains 2004 Medicare+Choice data! (10/21)
- Home Health Compare includes quality measures for agencies nationwide and has been redesigned for easier use! (November)

What’s new with **www.cms.hhs.gov**?

- Check out the redesigned home page, making it easier to find what you need!
- The National Voluntary Hospital Reporting Initiative quality data is now live!

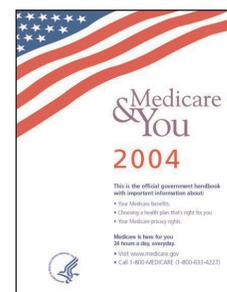
Coming Attractions?

- Look for redesigned Nursing Home Compare and Publications sections in early 2004!

**WWW.MEDICARE.GOV**

## MEDICARE PUBLICATIONS UPDATE

Delivery of area-specific versions of **Medicare & You 2004** is expected to be complete by November 1, 2003. Delivery to partners of preordered copies of the National version in both English and Spanish should be complete by early November. Braille, audiotapes in English, and large print English versions of **Medicare & You**



**2004** are currently available in the warehouse for ordering. Audiotapes in Spanish, and the large print Spanish version should be in the warehouse by mid-November.

Several NEW publications arrived during October:

- New**—*Medicare Basics: A Guide for Caregivers* (English)
- New**—*Medicare Coverage of Ambulance Services* (English and Spanish)
- New**—*Medicare Coverage Outside the U.S.* (English)

To order publications in bulk, go to:  
**www.cms.fu.com/maillinglist**

# BRIGHT IDEAS



## Strategies for Sharing Federal Benefits Information with American Indians and Alaska Natives

American Indians and Alaska Natives (AI/AN), as with other minority populations, face challenges in accessing federal benefits information and services because of culture, language, location, and/or literacy. To better understand how Medicare and related information can be shared in a culturally appropriate manner with the AI/AN population, CMS is working with federal partners, the Indian Health Service and the Social Security Administration's Denver Regional Office, via an interagency agreement.

The National Indian Council on Aging (NICOA) assisted the federal partners with this effort by conducting breakout sessions with a total of 65 Pueblo and Tribal representatives from the IHS Albuquerque Service Unit. Numerous themes emerged from the breakout sessions ranging from essential components for establishing working relationships to training needs. Some of the strategies for effective tribal communication identified through NICOA's exploratory research follow:

- Assess the community using a comprehensive approach, acknowledging the social, political, and economic factors that shape their beliefs and behaviors, e.g., each tribe has a unique culture, so an approach that works for one may not work for many.
- Engage the entire tribal community, allowing them a sense of empowerment in sharing federal benefits information with community members.
- Make sure that the information presented is accurate and provided in a clear, simple, and concise manner, avoiding the use of jargon and acronyms.
- AI/AN elders prefer:
  - Information presented in a language they understand
  - Face to face communication, for example, in a one-on-one setting or in a small group.
  - To be educated by people they know and trust, i.e., tribal leaders, community health representatives, volunteer community members, and family members.



If you have any feedback or experiences that may be useful in our continued outreach and education to the AI/AN population, please contact [BSPGHORIZONS@cms.hhs.gov](mailto:BSPGHORIZONS@cms.hhs.gov).

## HEALTH DISPARITIES EXPERIENCED BY AMERICAN INDIANS AND ALASKA NATIVES

American Indians and Alaska Natives (AI/ANs) are a heterogeneous population with approximately 560 federally recognized tribes residing in the rural and urban areas of 35 states. In 2000, a total of 2.5 million persons (0.9% of the U.S. population) classified themselves as "AI/AN alone" and 4.1 million (1.5%) as "AI/AN alone or in combination with another race." During 1990–2000, the AI/AN population increased 26%, compared with 13% for the total U.S. population. Of all racial/ethnic populations, AI/ANs have the highest poverty rates (26%)—a rate that is twice the national rate. Coincident with these socioeconomic burdens are persistent, and often increasing, health disparities.

Diabetes affects American Indians/Alaska Natives (AI/ANs) disproportionately compared with other racial/ethnic populations and has been increasing in prevalence in AI/AN populations during the past 16 years. Data analyzed by CDC from the Indian Health Service (IHS) and the Behavioral Risk Factor Surveillance System (BRFSS) indicate that diabetes continues to affect AI/ANs disproportionately and is becoming more common among younger populations.

Cancer mortality rates among AI/ANs nationally were lower than cancer mortality rates for all U.S. racial/ethnic populations combined.

Note: From Centers for Disease Control and Prevention. MMWR 2003; 52: pg 697, 702, 704.

# COVERAGE CLIPBOARD



## NOVEMBER IS NATIONAL HOSPICE MONTH

### Hospice Care Enhances Dignity and Peace As Life Nears Its End

Much of the pain and sense of hopelessness that may accompany terminal illness can be eased by services specifically designed to address these needs. Hospice care, a fully reimbursable Medicare Part A benefits option for beneficiaries and providers since 1983, offers the services designed to address the physical and emotional pain through effective palliative treatment when cure is not possible. Hospice care becomes an option when a physician tells a beneficiary that his/her illness cannot be cured. Physicians and other health care practitioners can be encouraged that the Medicare program includes a hospice benefit that provides coverage for a variety of services and products designed for those with terminal diagnoses. When properly certified and appropriately managed, hospice care is a supportive and valuable covered treatment option.

Hospice care that is covered by Medicare is chosen for specified amounts of time known as “election periods.” Essentially, a physician may certify a patient for hospice care coverage for two initial 90-day election periods, followed by an unlimited number of 60-day election periods. Each election period requires that the physician certify a terminal illness.

Generally speaking, the hospice benefit is intended primarily for use by patients whose prognosis is terminal, with six months or less of life expectancy. The Medicare program recognizes that terminal illnesses do not have entirely predictable courses; therefore, the benefit is available beyond six months provided that proper certification is made at the start of each coverage period.



Thus, physicians need not be concerned. There is no risk to a physician about certifying an individual for hospice care that he or she believes to be terminally ill.

There are two perceived barriers to the broader acceptance of hospice care. First is an understandable reticence to contemplate the end of life. A 1999 survey conducted by the National Hospice and Palliative Care Organization (NHPCO) found that Americans generally are reticent to discuss hospice care with their elderly parents. According to the survey, less than one in four of us has put into writing how we wish to be cared for at life's end. About one in five have not contemplated the subject at all, and a slightly smaller number told the surveyors they have thought about it but have not shared their thoughts with others.

#### **Medicare covers a number of specific services, including:**

- Medical and nursing care
- Medical equipment (such as wheelchairs or walkers)
- Pharmaceutical therapy for pain relief and symptom control
- Home health aide and homemaker services
- Social work services
- Physical and occupational therapy
- Speech therapy
- Diet counseling
- Bereavement and other counseling services
- Case management

The second perceived barrier is a lack of knowledge on the part of both patients and practitioners that the covered hospice benefits are both broad and readily available virtually everywhere in the country. As with other covered services, payments for hospice care generally are made to providers based on prospectively-set rates that are updated every year for inflation. Hospice care is primarily a specialized type of home health care; regional intermediaries handle Medicare billings, payments, cost reports and audits for hospices.

# NOVEMBER IS ALZHEIMER'S DISEASE AWARENESS MONTH

## African-Americans and Alzheimer's Disease

The Alzheimer's Association has identified an emerging public health crisis among African-Americans. They refer to this trend as the Silent Epidemic of Alzheimer's Disease. Research shows that:

- Age-specific prevalence of dementia has been found to be 14% to 100% higher in African-Americans. (Note: While the rates vary among studies, three out of four report these higher prevalence rates.)
- The cumulative risk of dementia among first-degree relatives of African-Americans who have Alzheimer's disease is 43.7%.
- The prevalence, incidence, and cumulative risk of Alzheimer's disease appears to be much higher in African-Americans than in non-Hispanic whites.
- Age is a key risk factor for Alzheimer's disease in all racial and ethnic groups. Over 10% of all persons over 65, and nearly half of those over 85 have Alzheimer's disease.

You can read this report, and gather additional information about Alzheimer's disease, on the Alzheimer's Association website, [www.alz.org](http://www.alz.org).

[Note: Information in this article was taken from the Alzheimer's Association's report *African-Americans and Alzheimer's Disease: The Silent Epidemic*]

### Q. What kind of coverage does Medicare provide for people with Alzheimer's disease?

A. Medicare may pay for speech, occupational and rehabilitation therapies for people with Alzheimer's, including mental health services.

# JANUARY IS NATIONAL GLAUCOMA AWARENESS MONTH



## What is Glaucoma?

Glaucoma is a chronic eye disease that strikes without warning and often without symptoms. It is a leading cause of irreversible blindness, affecting about 3 million Americans.

Glaucoma also affects African-Americans disproportionately. According to the National Eye Institute (NEI), an African-American aged 45–64 is 15 times more likely to go blind from glaucoma than a Caucasian from the same age group.

The frequently silent progression of glaucoma is one of many reasons to encourage patients to receive a glaucoma screening. NEI estimates that up to one-half of the 3 million Americans with glaucoma may not know they have the disease.

In recognition of Glaucoma Awareness month, we've provided some questions and answers about Medicare's glaucoma screening benefit.

## Does Medicare Cover Glaucoma Screening?

Medicare does have a glaucoma screening benefit. The amended Medicare, Medicaid, and SCHIP Benefits Improvements and Protection Act of 2000 (BIPA) states that Medicare will provide payment for yearly glaucoma screenings for eligible beneficiaries at high risk of developing glaucoma. This coverage began on January 1, 2002.

## Who Is Considered At High Risk For Glaucoma?

Patients at high risk for glaucoma include:

1. African-Americans age 50 and over;
2. Diabetics; and
3. People with a family history of glaucoma.

Professionals may find information about Medicare coverage at:  
[www.cms.hhs.gov/medlearn](http://www.cms.hhs.gov/medlearn)





## REGION VI MEDICARE PARTNER NEWS

### **Beyond the Boundaries of Medicare's National Message: Where no Outreach Staff has Gone Before.**

During the months of August and September, the Dallas Regional Office Outreach Staff were thrilled to have the opportunity to travel to new areas. It is exciting to train new partners and we always feel we make new friends in the process. We flew into large cities and then motored on to rural areas in Arkansas, Louisiana, New Mexico and Texas. Oklahoma was scheduled for late September, but due to an unscheduled knee surgery for one of our outreach staff, this training has been postponed.

Our objective was to reach those who would most likely not hear or possibly read any national Medicare messages. As it turned out, many of the folks we trained not only do not receive the national Medicare messages, they don't receive much Medicare information at all! Our training focused on how to access Medicare information, so we stressed the four information channels of the *Medicare & You 2004* handbook, the **1-800-MEDICARE** toll-free number, the local SHIPs in each state, and the Medicare website: **www.medicare.gov**. Everyone was eager for the training, but not sure of the term "partners". We plan to keep our new "partners" "in the loop" and hope that they consider themselves as our partners as they assist people with Medicare. We will do this by sending them additional information in the future, which will include newsletters, the rest of the Medicare modules as they are finalized, and the new deductible, coinsurance and premium amounts and the web-based training information, both of which are in this newsletter.

**Arkansas** In Arkansas, we traveled east along the Mississippi Delta to St. Francis and Phillips Counties. We trained four wonderful ladies in the educational room at the Entergy Facility in West Helena, who were delighted to receive our training manuals. In fact, we provided them extra manuals to give to their coworkers. The next day, we went on to the Meyer Senior Center in Wynne where we spoke with a very interested group of senior citizens in the morning and presented our Medicare training information to a enthusiastic group of partners in the afternoon. We want to thank Loretta Echols from the East Arkansas Area Agency on Aging in Jonesboro for arranging our three meetings in Arkansas! Another great new partner!

**Louisiana** In Louisiana, we traveled east again along the Mississippi Delta, to Concordia and Madison Parishes, where the Outreach Team presented Medicare training sessions at the Riverland Medical Center in Ferriday and the Delta Learning & Resource Center in Tallulah.

A meeting with seniors was also held at the Ferriday Senior Center in Ferriday and another was held for caregivers at the Delta Learning & Resource Center in Tallulah. During the meetings, it became apparent that these beneficiaries and caregivers had not been reached by our National Medicare Education Program (NMEP) campaign messages. The Outreach staff worked diligently with the senior center staffs in Ferriday and Tallulah to provide them with the necessary tools they will need to assist Medicare beneficiaries and their caregivers.

**New Mexico** After a successful aging conference in Glorieta, New Mexico, where the Dallas Outreach Team gave six Medicare presentations, three in English and three in Spanish, manned a booth to assist people with Medicare questions and distributed brochures and information, we hit the road visiting seniors and partners in four rural communities. Many thanks to our wonderful friend and partner, Nancy Montano, who is the SHIP Regional Coordinator for the Northwestern New Mexico area, for making many last minute calls to arrange our site visits, and to Jenny Martinez, NCMEDD for PSAs 2 and 4, for picking the sites.



## REGION VI MEDICARE PARTNER NEWS

We went to Northern and Eastern New Mexico, to Taos and San Miguel counties.

First, we visited the San Miguel Senior Center in Ribera and the Center Director, Jane Moreno (whom we later saw doing double duty that afternoon in Las Vegas!). We began with a small group of seniors and before long the room was full of a captive audience waiting for lunch. We had a great time and before we left, we helped serve lunch!



*San Miguel Senior Center in Ribera, NM*

In the afternoon, we visited the Mora San Miguel Senior Center in Las Vegas and presented to a group of seniors and senior center employees. After this productive meeting, we enjoyed cookies and cantaloupe with everyone.

The second day, Nancy Montano joined us at the Espanola Senior Center in Espanola. Nancy really enjoyed this meeting because of the prospective enrollment of new SHIP volunteer counselors. One couple, each of whom lived at one end of a 50-unit apartment complex, was very anxious to become Health Insurance and Benefits Assistance Corps (HIBAC) counselors. The couple felt that they had learned so much from our round table discussion, with about 10 people, that they could now assist the other seniors who lived in their complex. Their excitement spread to several others who took materials and information to share with friends and neighbors. Thanks to Thomas Vigil and Maria Montoya for helping and for allowing us to meet at the Center.

Next, we visited the community center in Vadito, north of Santa Fe. Because of a rainstorm, we arrived an hour late, which didn't seem to make any difference, because so did all the participants! We really had fun in Vadito with a lot of very active participants. A big thanks to Cecelia Lopez for arranging this fun activity.

**Texas** Seven counties (Webb, Zapata, Starr, Hildago, Jim Hogg, Cameron and Willacy) along the border in the Lower Rio Grande Valley were identified as having a large population of residents meeting the criteria for possible barriers to Medicare messages due to language, literacy, location or cultural issues.

Meetings were held to train both traditional and nontraditional partners who assist Medicare beneficiaries and caregivers, and we also met with Medicare beneficiaries at a health fair and at several adult day care/nutrition sites.

The highlight of these trips was the media blitz afforded to the Region VI Outreach team by numerous television and radio entities. Local media is a big communication tool in the Lower Rio Grande Valley and this provided a great opportunity for us to talk about Medicare and how people can access more information about Medicare.

Talk shows, call-ins, interviews and tapings were held at three television stations in Spanish and five radio stations, three in Spanish and two in English. Invitations were extended from most of the media to come back and do more and longer interviews.

**What's Next?** We enjoyed meeting all of our new partners and talking to people with Medicare and their caregivers in Arkansas, Louisiana, New Mexico and Texas. The Outreach Team also looks forward to working with Ken Recoy and Karen Sedbury with the EODD when we visit Oklahoma, where training will take place in Hulbert, Stilwell and Sallisaw in Eastern Oklahoma.



## REGION VI MEDICARE PARTNER NEWS

### Three Medicare Generations Ride the Blimp

I wish I could say that it was my stellar reputation as a CMS employee that led to my ride on the inaugural flight of the first-ever Medicare blimp in Dallas on Friday, October 10, but I am not that naïve. I am well aware that the attendance at the press conference of my Medicare beneficiary mother Gloria and my adorable three-year-old son Jeremy secured my spot on the blimp. Nonetheless, it was a great opportunity and an exciting ride into the future of Medicare!

Our excitement began as we watched the blimp emblazoned with a banner advertising “**1-800-MEDICARE**” circle over Big Tex at the State Fair of Texas. It increased as we heard Big Tex’s booming voice welcome Medicare beneficiaries to the Fair and remind them that they can easily obtain the Medicare information they need. As the press conference ended and we started toward the Executive Center Airport where the blimp would be waiting for us, we could barely contain ourselves.



*Jeremy Clark-McKay & CAPT Kate*

One of the two “Lightship” pilots, Captain Kate, met us in the small terminal building and transported us across the field to the site where the blimp was moored. She explained that a crew of thirteen travels with the blimp and that it takes at least eight of them for each flight. As we waited, we were given our safety briefing; e.g., avoid being hit by the blimp’s tail due to sudden wind shifts by walking in a semi-circle toward the gondola. We couldn’t help but notice the two long rows of helium tanks and several large travel trailers, one that carries the generator needed to provide power for all their needs.

As we boarded, Captain Mike, the pilot for that morning, gave us our headsets (necessary because the motor is on the back of the gondola) and a brief description of how he would proceed. Captain Kate had loaned Jeremy her extra seat cushion so he would sit a bit higher for better views, and his Gran cinched his seatbelt and helped him get his headset on (which, being adult-sized, engulfed his head). A crewmember locked the door to the compartment that probably had the floor space of a mid-size car.

As the crew dropped the front lines, we began to float upward, and Captain Mike powered the engine up and took us up at a steep angle. A couple of times, we circled the field, angling down toward the ground, and then back up for what I was sure was better photo opportunities by the camera crew, but Captain Kate explained later that “Mike was just hotdogging!” At first, my Mom and Jeremy seemed a little apprehensive (okay, me, too!), but soon there were smiles all around. We started north-northeast for downtown Dallas, and I tried to point out various sites—the streets snaking through the trees, here a park with a huge complex of sports fields, swimming pools in the neighborhood over there, the “Texas Giant” Ferris Wheel at the fairgrounds off to the east. At one point, high above the Trinity River, Captain Mike cut the engine and asked us to take our headsets off so we could hear how quiet it was, far above the hustle-bustle below. Combined with the quiet, the sun peeking through the clouds on a somewhat overcast day was truly awe-inspiring. Too soon, we had to turn back toward the airfield so the second group could ride (including Jacob Locke, a Medicare beneficiary who spoke at the press conference).

The following afternoon, we saw the blimp again as it provided aerial coverage of the University of Texas/Oklahoma University game at the Cotton Bowl. The **1-800-MEDICARE** Blimp is scheduled to tour many parts of the country in the coming months—providing aerial television coverage for selected sporting events and making appearances at major community events and senior activities throughout the fall. And each time we see it, we’ll be reminded of that great trip, which Jeremy said was even better than riding Thomas the Train (no small feat for this three-year-old!)

— Article by Rod Clark, CMS RO VI



# REGION VI MEDICARE PARTNER NEWS

## Oklahoma Medicare Stop Smoking Program

Cigarette smoking is the single most preventable cause of morbidity and mortality in the United States and has been recognized as a significant health risk factor among the elderly population. Treating smoking related illnesses has been estimated to cost Medicare \$800 billion between 1995 and 2015. There is evidence demonstrating significant benefits to smoking cessation in the elderly, even after decades of regular smoking. Despite the extensive evidence demonstrating the effectiveness of smoking cessation interventions, Medicare does not currently cover smoking cessation counseling or pharmacotherapy.



The Medicare Stop Smoking Program (MSSP) is a pilot program which began October 1, 2002, being conducted in seven states to study the best way to help older Medicare beneficiaries quit smoking. The seven states included in the MSSP program are Alabama, Florida, Missouri, Nebraska, Ohio, Oklahoma, and Wyoming.

Members of the Dallas RO Beneficiary Services Branch (BSB) Outreach team have worked with organizations in Oklahoma to recruit seniors to join the MSSP. During the month of September 2003, the Dallas Outreach staff gave presentations to Native Americans at the Indian Elders conference, to providers of a rehabilitation facility and to attendees of an MSSP enrollment fair hosted by a faith-based organization.

To participate in the MSSP, beneficiaries must be; age 65 or older, on original Medicare, have both parts A and B, be a smoker, and live in one of the seven pilot states. If the beneficiary meets the criteria, they are encouraged to call the MSSP quit line (1-800-65-BEGIN). Over 700 Medicare beneficiaries in Oklahoma have enrolled in the MSSP.

Smoking cessation strategies are being tested in various combinations, including counseling in person or over the phone, nicotine patches, a prescription smoking cessation drug, and educational materials. This study will determine which are the most effective for seniors. The enrollment period for the MSSP ended September 30, 2003. The efficacy of the intervention arms will be evaluated at six and twelve months into the program. Surveys will assess current smoking status as well as quit attempts. The pilot's results, anticipated to be released in 2005, will be used to design a potential new Medicare smoking cessation benefit.

### MEDICARE MATTERS

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### WHAT'S THE BUZZ?



Did you know that CMS offers a no-cost **National Medicare Training Course**? The online course is designed for independent study, and will enhance your knowledge of the Medicare Program as it relates to beneficiaries. The classroom materials used in the national **Train-the-Trainer** workshops can be downloaded and/or printed from this site. These materials include PowerPoint presentations (with speakers' notes), handouts, and related activities. To access the training course, please visit [www.cms.hhs.gov/partnerships](http://www.cms.hhs.gov/partnerships) and select "National Medicare Training."