

- This is WLDV 107.9 FM, transmitting from Blue Mountain, St. Croix, broadcasting from Downtown Christiansted St. Croix and Downtown Charlotte Amalie St. Thomas. 107.9 FM, Da Vybe, the VI station.

- [music playing]

- Now's the time for all good men to get together with one another. We got to iron out our problems and iron out our quarrels and try to live as brothers. And try to find peace within without stepping on one another. And do respect the women of the world.

- Good morning. Good morning. You are listening to Ability Radio, you and your health. My name's Amelia Headley LaMont. I'm with the Disability Rights Center. And I am accompanied today by Iris Bermudez. Also, I'm very happy to say, now with the Disability Rights Center. But before then, she was the director for Center for Medicaid and Medicare Services, the director for the Virgin Islands in Puerto Rico. So what we have this morning will be a wealth of information on Medicare, Medicaid, and how we can navigate, or better navigate our health care system. First of all, I wanna thank the VI Lottery. They are responsible for sponsoring this program. It's the VI Lottery's, what is it? Oh, my goodness. I'm having a, I'm having a lapse this morning, folks. It's early. I haven't had my coffee. But in any event, VI Lottery, thanks so much for making this possible for us. A few ground rules though. We request that there be no use of names, no personal attacks, no unfounded allegations, no product pitches, no profanity, and we do not give medical advice. We are not physicians, so we won't be able to respond to questions in that regard. This will allow for some call-in. So if you have questions for Iris or myself, you can call in at 779-1079 or 713-1079. Iris, good morning.

- Good morning, Amelia. Thank you for having me on the show.

- Well, I am delighted that you have agreed to work with us on this. Health care has been an issue, I think, that a lot of us are not quite equipped to handle because it is such a complicated system. It's overwhelming, particularly if you are sick.

- Yeah.

- And so what I thought we would do this morning, with your encouragement and experience, is to give us basic about Medicare, Medicaid. People get confused about the two. Tell us what's the difference?

- Oh, they certainly do. And this is what we hear every time we go, every time, when I was working, we used to go do an outreach event or an educational forum. Well, what's the difference between Medicare and Medicaid? They sound the same. Oh, well, they're both the same. You know, those are the comments we used to receive and it was our responsibility to ensure that the listening audience, the audience we were working with at that time really understood what the differences are between Medicare and Medicaid, because there's differences between both programs. So why don't we just start with what is the difference between Medicare and Medicaid? And firstly, Medicare, M-E-D-I-C-A-R-E, is a national health insurance program. It's national. It's all administered by the federal government. It's for people who are employed, who they take out FICA taxes from their employment, and that goes towards Social Security and it goes towards their Medicare funding. It's national like I said. It's available in the, all United States, Puerto Rico, Virgin Islands, all the other territories. So it is a national program and it's totally administered by the federal government. Medicaid on the other hand is a federal and local partnership. That's what we call federal-local partnership. In other words, it is federally-funded and there is a responsibility for the federal government to ensure that the regulations for Medicare, Medicaid are, what do you call it? I'm having that lapse too.

- Uh-hmm.

- Are covered by the territories and the states. But the difference between Medicaid and Medicare is that the Medicaid program is administered by the states. It's administered by the territories. They're the ones that are required to have a state plan which, when changes are being made to the Medicaid program, the state is required to submit a state plan amendment which is reviewed by the federal government, by CMS, specifically the Medicaid division, and it's approved or not approved depending on how the territory submits their state plan amendment.

- So in essence, each state has its own Medicaid program. Each one is very unique and different.

- Basically, yes. Because we're talking about Medicaid is based on income eligibility and it depends where you live that will determine whether you're eligible or not. The Virgin Islands has its own income eligibility structure, Puerto Rico has its own income eligibility structure, as do the other states.

- And arguably then, Medicare, you can have whatever income, provided you paid into the system, you are eligible for Medicare, whether you are, you know, destitute or wealthy.

- It doesn't matter. As long as you are employed and the tax was taken out of the, your employment earnings and it was set aside and you've contributed at least 40 quarters towards your Social Security, then you're eligible for Medicaid. And, broken down, it's like 10 years of contributing to the system.

- Okay.

- And then once you, you're going to, you're nearing retirement age, nearing 65 or even 62, because you can apply for Social Security if you're 65 and under up to, like, 62, I think. Yeah, it is. And then they will determine how much you've put into the system and once you apply for Social Security, you will be eligible for Social Security benefits, the income that you receive on a monthly basis once you retire.

- But would I be eligible for Medicare at 62?

- If you're the spouse of a person who is on Social Security, yes, yes.

- Okay.

- Technically, there are, the age limits were increased. And now people can apply and get their full amount at the age of 65, 67. It depends what year you were born that determines the amount of Social Security or benefits you're gonna receive. And so they suggest, they recommend that we wait until we near our actual retirement age, so that we can get the full benefits. If not, you will be subjected to a penalty on a monthly basis for applying earlier than you should have.

- Oh, okay. Penalty? I wasn't aware of that.

- Well, it's, it lowers your, the amount you should, you should have been receiving.

- Well, what can you tell us, Iris, about our Medicaid program here? It's also referred to as the medical assistance program or MAP. Tell us a little bit about that. What, what's covered for example?

- Well, there's, different services are covered. Medicaid, local Medicaid, the local Medicaid program, as I said earlier, is a health insurance program for individuals and families with low income. They also provide services to children who are in foster care. They also provide assistance to individuals and families that are, receive financial assistance from the government. And it's, like I said earlier, it's based on income and other factors such as resources. And essentially covers various mandatory services. For Medicaid, you have mandatory services that

the states are required to cover and you have optional services that if they have the funding available to cover their services, they can provide those services.

- Okay. Give me an example of what's mandatory. What must they cover under Medicaid?
- They must cover health care screenings. For children, they must cover EPSDT screening which is early periodic...
- Diagnostic?
- ...diagnostic services.
- Uh-hmm.
- They need to cover wellness clinics services. It's a whole array of services that the Virgin Islands cover.
- So wellness for example would be screening for cancer maybe?
- Preventive services.
- Uh-hmm.
- Preventive services. Just like Medicare. Medicare, with the Affordable Care Act, it implemented a lot more preventive services than ever, because they felt that getting whatever sickness you may be, you know, working towards, or not working towards but going towards, you know, would be better prevented, if we, there was intervention earlier. So that's why one of the big components of the Affordable Care Act that we'll be talking about a little later is on preventive services. And I'm gonna take this minute to say, people, please, residents of the Virgin Islands who are Medicare beneficiaries, please, please, please take advantage of these free preventive services. They're in your handbook. It gives you a list of what they are. It's a lot of different type screenings. You don't have to pay a copay. And it's important that you do that because if there's something there, they will capture it before it gets out of hand and it becomes catastrophic. One of the things that I used to notice when I was a director of CMS in Puerto Rico, and I kept looking at the statistics for the Virgin Islands, and at one time it was so low that I was really worried about, "Oh, my God. Are the people in the Virgin Islands getting services or going towards getting those preventive services?" Thankfully, it's increasing but we want it to increase because they're approximately nineteen plus thousand beneficiaries in the Virgin Islands. And I'd really, we would really like to see those numbers up there, 18,000 to 19,000, be a, become a reality because preventive services is very, very, very important.
- Oh, yes, we can. I know we can, can. Yes, we can, can. Oh, why can't we. If we want it, yes, we can, can.
- I know we can make it work. I know we can make it if we try.
- Oh, yes, we can. I know we can, can. Yes, we can.
- Great, gosh almighty.
- Oh, yes, we can. I know we can, can. Yes, we can.
- Great, gosh almighty.
- Oh, yes, we can. I know we can, can.

- And we gotta take care of all the children, the little children of the world. Because they're our strongest hope for the future, the little bitty boys and girls.
- We got to make this land a better land than the world in which we live.
- Oh, we gotta help each man be a better man with the kindness that we give.
- I know we can make it.
- I know that we can.
- I know darn well we can work it out. Oh, yes, we can. I know we can, can. Yes, we can, can. Oh, why can't we. If wanna, yes, we can, can.
- I know we can make it work. I know that we can make it if we try.
- Oh, yes, we can. I know we can, can.
- Great, gosh almighty.
- Yes, we can. I know we can, can.
- Good morning. Good morning. You are tuned in to Ability Radio, you and Your Health. I'm Amelia Headley LaMont and I'm joined by Iris Bermudez. We are discussing the Medicaid and Medicare program. And trying to get a distinction between the two programs. First of all let me again, recognize VI Lottery. They are the sponsor of this program. It's the VI Lottery "Making a Difference" program. Iris, we were talking about Medicare. I wanna be clear. And that they were mandatory services that are covered by the Medicare program versus, I guess, more discretionary services. So why don't you get back to what were the options? What's available to a Medicare beneficiary? What's mandatory, or what you can get for no copay which is important versus what's discretionary? Can you clarify that a little bit more for us?
- Okay. Sure. The mandatory and optional services are more related to Medicaid which is, which is a state-federal partnership.
- Oh, okay.
- In Medicare, there no mandatory, there are no optional services.
- Okay.
- Medicare covers all types of services, to the extent that if a service isn't available locally, the individuals can get on a plane if they can, go to Florida, where the service may be covered. But most Medicare services are covered. What I was stressing was the preventive services. I think that's very, very crucial. Even before, even when you first become a Medicare beneficiary, they have a Medicare welcome evaluation that will, they will look at you, do different tests to determine a baseline for you, and that should be continued as you continue to receive Medicare services. Because the baseline determines if there is a need for other type related services. And then every year after that, you are eligible for a wellness evaluation. In the event something comes up that needs to be handled right away. But there's no real, there's no real, there's no service that Medicare does not cover. And as I stated before, Medicare is a national, a federal program, administered by CMS. It's for people who are over 65 years old, under 65 and disabled, have ESRD, End Stage Renal Disease, or have had a kidney transplant. Individuals are eligible, as I stated before, if they've contributed to Social Security while employed or as a spouse of a contributor to the program. Okay. Now, the question is, well, how does the individual receive Medicare coverage? In the Virgin Islands, unfortunately, the beneficiaries of Medicare have one

option, and that's traditional Medicare services. There is another option available to individuals in the states, and even in Puerto Rico, which is called Medicare Advantage Plans, which the beneficiaries can enroll into to receive the same similar type services as a, the traditional Medicare [inaudible] individual receives. Now, what is traditional Medicare? Traditional Medicare is a type of services that began when the program was first implemented in 1965. You go to a doctor, the doctor examines you, takes care of you, does what he has to do, and then he bills Medicare. He is required to bill Medicare. That's traditional services. Because then once the bill is received by Medicare, they will look at it, they will review it, and they will pay the provider 80% of those services that were provided to you and you, Medicare beneficiary, is responsible for the 20%. There are other insurances called Medigap which can fill that gap in the Medicare services. They can pay that 20%, but it's up to the individual if they want to enroll in a Medigap plan. That's traditional Medicare. The other option that I mentioned was health plans. It could, it could consist of an HMO, Health Management Organization or PPO, Private Provider Organization. There's a whole slew of different types of health plans that beneficiaries can enroll in if they're available where they live. How do we get HMO's, PPO's? It depends on an insurance company. If they wanna come in to the Virgin Islands to provide these type of services, they can apply to medic, to CMS. CMS will look and see if they meet the criteria for providing this type of service in the Virgin Islands, and they'll approve it. And therefore, the plan will come into the Virgin Islands, provide all the basic services, and even extra services that Medicare does not cover, such as, what they have in Puerto Rico is gyms for the elderly.

- Hmm, okay.

- Yeah. Where they can go and, you know, be with other folks, and exercise, and other different types of services that are not really covered by Medicare. They have that advantage. We do, at one time, there was a company out of Puerto Rico that was interested in coming to the Virgin Islands. But even though there are 19,000 people in the Virgin Islands now. At that time, I think there were only 12,000 maybe. So the amount of beneficiaries was not gonna be conducive to having the plan come in and provide this type of service. Now, if you are, if you're a resident of the Virgin Islands under Medicare traditional services and you go to the States, you go to Florida, you go to New York, you go to Atlanta which is a favorite spit now. It has become the favorite spot now. And you decide while you're there, you're interested in enrolling in an HMO or PPO in a Medicare Advantage Plan. You have to ensure that if you're coming back to the Virgin Islands, that you disenroll from that plan or as soon as you get here, you disenroll, because technically you're in that plan and if you come to the Virgin Islands, you're out of network, what they call out of network. There's no HMO in the Virgin Islands, so there's nowhere you can go, no insurance plan here you can go to to receive those services that you were getting in the states truly HMO. So, and then what happens is, and I've heard of different situations where they will enroll in an HMO or PPO, come back home to the Virgin Islands, and then when they get here their services can't be paid for because we are a Medicare Original Free-for-Service Program, MVDI. There's no other HMO or PPO or Medicare Advantage Plan. Who knows, maybe in the future, an insurance company will decide that they would like to, you know, provide this option in the Virgin Islands. But as of now we haven't heard any, anyone wanting to apply for it, because it's a long process.

- And we're a very small market, I would imagine.

- And we're a small market, and we don't, well, you can have an insurance company come in and provide the services, but we are a small market, so it might not be to the advantage of the plan to come in, because we're talking about a lot of different services that they're gonna be providing. And the one thing about the Medicare Advantage Plan is that, they receive a monthly capitation, monthly payment, from CMS to provide those services to the beneficiaries anywhere in the States, Puerto Rico, Virgin Islands. So those were things that the plan will have to weigh if they are considering, or even considering coming to the VI. Is it gonna be worth it to come here and provide that option to the people of Virgin Islands? I think it would be a good experience, but then

again, you know, we don't make, we residents, or we commissioner of insurance, we don't make those decisions. They first go through CMS.

- CMS, again, is Center for Medicaid...

- Centers for Medicare and Medicaid Services.

- Okay.

- And they will, you know, look at the application, because it's a lengthy application process. The insurance company will submit their intent to provide services, let's say, for the Virgin Islands. And CMS will review and look at, make sure that they meet the criteria, make sure that they have everything in place to provide those services. Now, one of the things, and I can say in Puerto Rico, is that they have too many health plans over there.

- Uh-hmm.

- So a lot of people over there, the beneficiaries, the Medicare beneficiaries, kind of, get confused about which one is better. Well, one thing is that we can't tell you which one is the better, you have to do your own comparison of which plan will meet your needs, income need and service needs. And those are the two criteria that we tell our beneficiaries to be looking at. How much it's gonna cost you, because there is a, there is a fee, a premium. And is it going to meet the needs that you have at this point.

- And that's one of the goals of this radio program, to help people make more informed decisions about what direction they need to take with respect to making their health insurance choices.

- Uh-hmm.

- You know, it's a lot to learn.

- It is a lot to learn. And, oh, I think we're going into a break now.

- We can. I know we can make it.

- I know that we can.

- I know darn well we can work it out. Oh, yes, we can. I know we can, can. Yes, we can, can. Oh, why can't we? If we wanna, yes, we can, can.

- I know we can make it work.

- I know we can make it.

- I know that we can.

- I know darn well we can work it out.

- Oh, we can work it out.

- Yes, we can, can. Yes, we can, can. Oh, why can't we? If we want it then together we can work it out.

- I know we can make it.

- I know that we can.

- Oh, I know darn well we can work it out.

- Oh, we can work it out. Oh, yes, we can, can. Yes, we can, can. Oh, why can't we? If we wanna get together we can work it out. I know we can make it.

- I know that we can.

- I know darn well we can make it out.

- [inaudible]

- I know we make it. I know that we can. I know darn well we can make it out.

- Now is the time. All the people come together [inaudible] take a break. Got to, got to, got to love one another.

- I know we can make it. I know that we can. I know darn well we can work it out.

- And all we need is [inaudible]

- Yes, we can, can. We can work it out. You're listening to Ability Radio, you and your health. I'm Amelia Headley LaMont and I'm joined by Iris Bermudez. We are sponsored by VI Lottery, "Making a difference". Iris, we were talking about the Medicare program, the federally-funded Medicare program, a program that we worked and pay our taxes. We are entitled to medical coverage once we reach the age of 65. And then there may be some exceptions to that or if you're below the age of 65 and you're a person with a disability or whatnot. Tell us how, how does Medicare work? There are parts I know, part A, part B, part C. Can you tell us a little bit more about that?

- Sure. This is what confuses a lot of our beneficiaries, understanding part A, part B, part C, and part D. So, I'm gonna do a little alphabet soup here and explain what each of them is, and if you have to pay for them, or if you don't have to pay for them, and what's available under those parts. Firstly, party A is that part of Medicare that provides hospital-related coverage. In other words, the care you receive when you're in a hospital is covered by part A. The beauty of part A is that you don't have to pay a premium for part A. That's free, that's automatic, because you've contributed to the Medicare program to the Social Security program.

- Okay. Back up, that sounds too good to be true. I'm in a hospital. Medicare would pay 100% of my hospitalization?

- No, no, no. No, no, no.

- Oh, okay.

- The premium.

- The premium.

- The part A premium.

- Oh, okay. Okay.

- You don't pay a premium for part A.

- Okay.

- The other ones you may have to pay a premium for, so this is the only one that you don't pay a premium for. Now, you will have to pay a deductible.

- Okay.

- When you're, if you're hospitalized, you will have to pay a deductible for those services within the hospital regardless of what medical condition you have. You go to the emergency room, where you go to the hospital, you're admitted.

- Uh-hmm.

- As long as you're admitted.

- Right. Not under observation, you had to be admitted.

- Admitted.

- Okay.

- And Medicare will cover those services that you received under part A, but you have to pay that first deductible. And that, that's, that can become pretty high...

-Right. I would imagine.

- ...for some folks.

- Uh-huh.

- I think it's like over maybe, now it's over a thousand dollars.

- Okay.

- But I, at the beginning of the program, I talked about the Medigap policy.

- Uh-hmm. Right.

- Those policies helped defray those cost if you can afford to purchase a Medigap policy because they pay for those services or they pay for those cost, out of pocket cost, that Medicare doesn't cover.

- Okay.

- So, if you have a Medigap, they'll pay for that part A deductible and the co-insurance.

- Aye, yai, yai, you see why we have these shows, folks?

- Yeah, yeah, yeah. You need to...

- It's very confusing.

- Yeah, yeah, yeah. And this is very important that people understand that, that even though you don't pay the premium for part A, but there are deductibles, and there are co-insurances that individuals are responsible for. Part B now is your medical insurance and part B comes with a premium.

- Okay.

- Okay? Part B covers services from doctors and other healthcare providers. And I think the most important part about part B when it comes to doctors, whatever services you're going for, is that we always suggest and recommend that the beneficiaries go to a provider that accepts Medicare. What does that mean? He accepts Medicare, he'll submit the claim to Medicare, Medicare will pay the 80% and the person is responsible for 20%. If the physician doesn't accept, what they call assignment, doesn't accept Medicare, they may have to pay a little bit more.

- Ooh.

- Yeah. So, I would, we always recommend that they go, the first thing you do when you call a doctor, do you accept Medicare? Yes, fine, I'm coming.

- Uh-hmm. Okay. Right.

- You know that, yeah, because, you know, he is a Medicare participating provider, and even though he will submit the claim to Medicare, you are responsible to the 80%, but you won't have to pay them a little higher, then you would have, if you hadn't gone to a participating provider.

- Now, as a general rule, do you find a lot of physicians accept Medicare?

- - Well, as a general rule in the Virgin Islands, we have what we call a MEDPARD, and the MEDPARD is a, is like a directory of physicians, and clinics, and providers per, all providers in the Virgin Islands that accept Medicare. That information was given to the Virgin Islands SHIP program to provide to the individuals that come to their offices, and I'll explain what the Virgin Islands SHIP program is later on when we're talking about resources because it's important that they know who accepts Medicare and who doesn't.

- Absolutely. Absolutely.

- There's, and there's another type provider who does not accept Medicare, who opted out of Medicare, and what does that mean? That means that that provider isn't accepting Medicare. He will see you, but it's gonna be on a contract basis. So, you will have to pay whatever he charges you.

- Or she.

- Or she.

- Uh-hmm.

- And he or she cannot bill Medicare nor will the provider.

- Okay.

- So you had, that's why I'm telling, I'm telling the folks here, you have to be careful when you call to make an appointment, and the first thing after you have your appoint, or even before you make your appointment is, are you a Medicare participating provider. If the provider says, "No, I've opted out," then I would suggest that you might do a little bit more shopping around if you can.

- Right.

- And I mean, if you're willing to go to that provider and pay for those services, just keep in mind, Medicare is not gonna pay for it nor is Medicare going to reimburse you for the services you

received from this provider because you will have to go into a little contract with the provider that will outline these things and you're stuck with the bill.

- Is there, I know you mentioned that there's a list of Medicare providers that's available with VI SHIP.

- SHIP, yes.

- S-H-I-P Program. Is it something that's available online? Is it something...

- Yes.

- ...that our office can have a listing of, or...

- Yes.

- ...how would, how can a, you know, John Q. Public get access to that information?

- Well, there, the Virgin Islands, the contractor that pays the Virgin Islands providers is out of Florida and it's First Coast Services Options. They have...

- It's a long name.

- Yeah, I know.

- First Coast Services Options, okay.

- Options. And their, the abbreviation is FCSO.

- Okay. FCSO.

- FCSO, F-C-S-O.

- Okay.

- And you can go online on the internet under FCSO, and FCSO covers Florida, Puerto Rico, and the Virgin Islands. Go, you can tap into the Virgin Islands and then a menu will come up and it will show you what we call the MEDPARD, M-E-D-P-A-R-D. You can go into the MEDPARD and it will tell you or will show you what physicians in the Virgin Islands accept assignment.

- All right. And I don't expect our listening audience to remember all this for this morning, but this is an issue that's very important and we will repeat this type of information during the course of our broadcasting.

- Yes. Yes, we will. Okay. So part B, like I said before, you can receive services from doctors and other healthcare providers. It's, it provides for outpatient care that you may receive in a, an outpatient center, home healthcare, hospice care, durable medical equipment, and preventive services, some preventive services. Now, keep in mind that not all preventive services are free. There are some that you may have to pay a copay for, but basically there are 15 preventive services that you have, you don't have to pay anything for as long as you go to a participating provider, okay? Part C, as I was talking before, is Medicare Advantage, which there are no Medicare Advantage Plans in the Virgin Islands. So I'm gonna, kind of, skip through that because, you know, we already talked a little about it. But then, we have Medicare part D, which is a Medicare Prescription Drug Coverage, which helps cover prescription drugs. It's run by a Medicare approved private insurance company and it can help lower the beneficiary's prescription drug cost. I know in the Virgin Islands, we have one part D Prescription Drug provider. Again,

unfortunately, other companies did not apply to become a provider of this type in the Virgin Islands, so this is all we have for now. And I know that there are some questions or there might be some questions, situations regarding this plan, but there are also resources that one can contact if they feel that the plan is not doing it's due justice to diligence with respect to prescription drugs and there are other options available to that beneficiary if they're having issues with the plan.

- As we've said earlier in this broadcast, you can, if you have many questions, call our lines at 779-1079 or 713-1079. Give me some examples, Iris, of what's meant by durable medical equipment.

- Okay. Durable medical equipment in instances where the beneficiary has had an accident, had hip surgery, hip replacement, oxygen, needs oxygen, or any, has a need for a medical equipment to help sustain, maintain, or even improve whatever medical condition they're experiencing. Medicare covers medical equipment for that beneficiary as long as the physician provides a prescription indicating the need for that medical equipment. I mean, beneficiary can go to a pharmacy or, "Well, I need a cane. I need a wheelchair." If you're a Medicare beneficiary, you should have a prescription to receive or to obtain that type of service. Now, if you wanna buy it and spend money for it, that's on you. That's up to you. But if Medicare covers it and you're only responsible for, you know, the 80% or whatever it is, then you should make sure that you have a prescription because then they, where, the source where you purchase it from or obtain it from can bill Medicare for you, and you don't have to pay the whole amount. So, and medical, I know that in the Virgin Islands, the issue is, I know I've been hearing it for years, we've been hearing it for years, is that there's one provider and that's in St. Thomas and, you know, they've been trying to get another provider available on St. Croix to provide the needs or to meet the needs of the population on St. Croix. I'm not sure yet if that was accomplished or, you know, maybe next time we come on the radio, we can talk more about that.

- That would be good. It's always good to know the lay of the land, and where we stand and what, you know, what we need to advocate more vigorously for.

- Yes.

- We now are going into a station break. Stay tuned.

- And we gotta take care of all the children. We can make it work. I know that we can make it if we try. Yes, we can, I know we can, can, yes, we can, can. Great gosh Almighty. Yes, we can, I know we can, can.

- Good morning. Yes, We Can Can. You're listening to Ability Radio, you and your health. I'm Amelia. Amelia Headley LaMont joined by Iris Bermudez, and we are going to look at, at this point, the Affordable Care Act. There's been, of course, a lot of political debate about why we've been having Affordable Care Act, but we also wanna be clear as to how this very important law applies to the US Virgin Islands. I mean, there is some politics there, and so, Iris, I'd like you to clarify for us what can we have and what we are not because of our political status not able to access, so...

- Right. And then that's the, that's the magic word, our political status. Not all the provisions of the Affordable Care Act are applicable in the Virgin Islands and other territories, not just the Virgin Islands but other territories because of our political status. As you know, Amelia, in many federal grants, federal funding opportunities, the territories are considered state and in some others they are not considered states.

- Right.

- So, that creates a conundrum when we're talking about, well, what funding is available for us. But with this major legislation, we were considered state, so for some things and for some other things, well, you know, that was something else. And therefore, not all the provisions were applicable. I think in the Virgin Islands, since there isn't, well, all the territories brought this up to the administration that implementing all the provisions especially with respect to market reform would have created a situation in the territories that technically wasn't going to be affordable because of the type of funding that the territories receive. So they, administration agreed, and as a result, they said, "Okay, well then, this doesn't apply to you. The mandates don't apply to you, some mandates." One example is that the territories had the option to implement health insurance marketplaces, and one thing I wanna make clear to the listening audience is that the Affordable Care Act was implemented specifically or especially for those citizens, residents of the United States territories who were uninsured and underinsured. Because if you have Medicare, you don't need, you know, another insurance. If you have Medicaid, you don't need another kind of insurance. So, this was mostly for the underinsured or uninsured population that didn't have anything. They provide, their employers weren't providing insurance based on the expense of doing this, providing health insurance. So, the territories had the option of either implementing a marketplace or expanding Medicaid. There was a feasibility study that was done in the Virgin Islands by the former healthcare task force that studied all the options. And we felt that at that time, it was a well-done study, a research. And they found that it was gonna be too expensive to implement the marketplace because you need a lot of internal infrastructure.

- I remember, yup.

- Yeah.

- Uh-hmm.

- You need health plans to be able to provide or to sell their services at the marketplace. And there's a whole gamut of things that the territories would not have been able to do. Okay? So, as a result, like I said, they decided to expand Medicaid, which is why now in the Virgin Islands, one of the good things that came out of the Affordable Care Act is that single adults are now eligible for Medicaid services, where they weren't eligible before because there was just no funding available for this category of individuals. So, as of July 2015 following the Affordable Care Act provisions, they were discontinued especially the Medical Loss Ratio, what they call MLR. What does that mean? All insurance carriers are required to pay or to provide at least 85% of their, whatever funding they receive.

- Profit.

- Profit towards that beneficiary service. If not, they had to return that to the beneficiary.

- Okay.

- Whatever amount they didn't use had to be sent to the beneficiaries in the form of a check, in the form of lower premium, or in the form of increase in services or whatever what they decided to do with it. But that's why we call the Medical Loss Ratio. Another mandate that was not avail, no longer applicable to the Virgin Islands was the guaranteed issues. One of the provisions of the Affordable Care Act was that the insurance, or the State, or the territories would have to guarantee that the insurance would be available on an ongoing basis. In Virgin Islands, they couldn't guarantee that, so that was one of the provisions that was not applicable to the Virgin Islands. And another one was the rate review. Reviewing the insurance companies to make sure that they weren't discriminating, that if they decided to increase their premium that it was because it was justified and they had to be reviewed by their commissioner of insurance. So, okay, what applies in the Virgin Islands? It includes no lifetime or annual limits on coverage. In other words, they could not limit what coverage the person had at one time. If they, if he used up services up to, depending on how much the insurance company was providing you, let's say a hundred

thousand dollars, and if you use up that amount, that was it, they would cut you off. But that's no longer allowed. They will...

- That happens a lot with respect to persons with psychiatric disabilities who needed, you know, medical support for an unspecified period of time. So that was a major win for the disability community.

- The Virgin Islands, yeah.

- Yeah, and the Virgin Islands, absolutely.

- And the Virgin Islands, yeah, yeah. And preventive services was another one and there was a prohibition against recesses, recessions, which means that coverage could have been canceled, can only be canceled due to fraud. One time what they were doing was if you even signed your name wrong on the policy, they would, they would discontinue insurance. So, it's so, it can only be done now if you, beneficiary, commits fraud or abuse. Like I said before, the marketplace, which was the major provision of the Affordable Care Act, was not feasible in the Virgin Islands. It would cost a territory over \$250,000,000, yeah, to implement one over five years while only receiving 24.9 million dollars. So that's, that was a big, big, big...

- It wasn't easy call to make.

- It wasn't easy call to make, yes. Again, Virgin Islanders go to the States and especially those that are not in, uninsured, and they apply, they get insured, but they need to be careful when they come back because we don't have that here either. So, you're gonna have to stay there until whenever, you know, to make sure that you use whatever insurance you have from the marketplace. And applying in the marketplace, it's, so it's a process, too. They have to go to their website or they have different entities that help the individuals when they're going to apply, you know, through the marketplace. I think the beauty of the marketplace is that if they see that you can't, based on your income, you're really not eligible for any of the insurance companies, then they will automatically refer you to Medicaid.

- Oh.

- Whatever Medicaid services are available there. Unfortunately, we weren't able to do that in the VI. And I don't know, we'll see what happens.

- This is the marketplace issue that you're talking about, right?

- Yes, yes.

- Okay. Well, we are gonna take a quick station break and we'll be right back.

- Give. I know we can make it. I know that we can. I know darn well we can work it, give. I know we can make it. I know that we can. I know darn well we can work it out.

- Yes, we can. I know we can, can. You're listening to Ability Radio, you and your health. My name is Amelia Headley LaMont and I'm joined by Iris Bermudez. We were talking this morning about difference between Medicare versus Medicaid. We touched upon the Affordable Care Act and how it applied to the US Virgin Islands. And again, these are subjects that we will visit later, so please don't feel that if you don't quite get everything that was discussed today that there will no longer be an opportunity. We certainly wanna give our listening audience that option. Iris, tell us what resources are available.

- Okay. Locally, the federal government funds, what we call the SHIP program, State Information Assistance Program that are, well, they're in the process of moving. I just found out yesterday

that they're in the process of being relocated. So, I can't give that information out yet because I haven't been given a, it hasn't been given to me. But they can be reached via telephone, and I don't have it, I'm sorry. But you know that the information is available if the residence can check, the Medicare beneficiaries can check their handbook for 2016. If we go to the back of the handbook, the information with respect to the Virgin Islands SHIP program is available there. Give them a call because they're one of the funding sources that are used by the federal government to provide information about Medicare, some information about Medicaid, information about how to process and appeal, which is something we'll be talking about at another show.

- Absolutely, absolutely.

- And any information they need with respect to, "Well, I need this prescription and my doctor didn't give it to me," and how you can appeal that. But we also, I mentioned the handbook. Look at your handbook, read your handbook. There's a lot of information, valuable information in your Medicare in your handbook. Also call 1-800-MEDICARE, if you don't receive the services you think you should be receiving, if the 1-800-MEDICARE doesn't respond, please let the SHIP know and the SHIP will tell the federal government and then they will go out, they will talk to them and say, "Hey, the Virgin Islands people are complaining that you're not responding," because that happened to me one time before and we kind of fixed the problem. Problems are soluble, they can be fixed, but we need your information.

- Thank you. That's very useful. And let me also suggest that if there's some questions that you may have, the Disability Rights Center is available for answering questions, providing you with information. We can be reached at 772-1200 or at our St. Thomas office, which is 776-4303. Iris, thank you. This has been very informative. I'm looking forward to chatting again with you next week where we will bring more information to the community, and you and your health. This is Ability Radio. I wanna thank VI Lottery, their "Making a Difference" program. And listen, all of you have a great weekend. Thank you.

- I know that we can. I know darn well we can work it out. Oh, yes, we can. I know we can, can. Yes, we can, can. Why can't we? If we wanna, yes, we can, can. I know we can make it work. I know we can make it if we try. Yes, we can. I know we can, can. Yes, we can. Great gosh Almighty. Yes, we can.