

- 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 a piece of land...

- Good morning. Good morning. Welcome to Ability Radio, you and your health. My name is Amelia Headley LaMont, I'm the executive director of the Disability Rights Center and I am accompanied this morning by Iris Bermudez, also from the Disability Rights Center, good morning, Iris.

- Good morning, Amelia.

- How are you?

- I'm fine. Thank you.

- We have a, got a very healthy Saturday this morning. [laugh]

- It sure are.

- Okay. We bring this program, the compliments for the VI Lottery, making a difference in our community. We thank them for their support. Few rules of the radio so to speak, first of all, we request that there'd be no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity and we don't give medical advice so we won't respond to questions of that sort. But we are excited to bring to you a wealth of information. You may, some of you may know that Iris Bermudez previously served as the director for the center for Medicaid, Medicare services or Medicare, Medicaid services for the Virgin Islands and Puerto Rico. And what we had done last week was talk about the distinctions between the two programs so what we wanna do this morning is just do a brief recap and then we will continue on so that all of us would, will be better informed when it comes to being a, I guess better advocates for our own healthcare, the health and the security of our family members because it is a very complicated process. So Iris, let's start with what's the difference between Medicare and Medicaid?

- Okay. Amelia, thank you. And good morning Virgin Islands' listening audience. Good to be here again. One of the things that we hear quite often and that we used to hear quite often when we, I worked with Medicare was when I retire, I don't need to learn anything else. No, not true. You retired from your job, you didn't retire from reading or learning and this is one thing that we stress because when it comes to Medicare, there's a lot information that's available out there on the internet. Even locally, there's a, there's a program that can assist you with Medicare questions, Medicaid questions. So, in that sense, you still have to read, so you didn't retire from that. But it is confusing like Amelia just said, so we wanna make sure you understand some few basics that we're just gonna go over briefly with you since we did talk about some of these, some of the benefits last week. But firstly, there is a difference between Medicare and Medicaid. Medicare, M-E-D-I-C-A-R, is national, it's federally administered in all 50 states and all territories. Medicaid on the other hand is federally and locally funded. It is administered by the state with guidance from the federal government and it is what we can call it a federal state partnerships. We work hand in hand, the federal government works hand in hand with the state government, the local government to make sure that the services that are provided are provided and to make sure that the funding that's available from at least the federal side is utilized for services.

- So every state has it's own, I guess version of a Medicaid program.

- Yes.

- And in the Virgin Islands, the Medicaid program is also referred to as the Medical Assistance Program. So if you hear someone say MAP, you know, we're not talking about elected official necessarily, we're talking about the Medical Assistance Program.

- Absolutely. And you're right, Amelia, each state has it's own Medicaid program so to speak. They have basic, they have to follow basic regulations but each state makes a determination in terms of their income eligibility levels. The services that they will provide even though they are mandatory and optional

services and, you know, other little differences in the program, so if you're a Medicaid in the Virgin Islands and you go to for example Florida, you might find that there are maybe more services or different types services provided than there are in the Virgin Islands. What happens is that the, what we call the federal medical assistance percentage, percentile funding is not the same for the territories as it is for other states. In other words, in the Virgin Islands, the funding levels could be or are 55 to federal and 45 state. In the states, it might be a little higher for the states to, the funding level that the state or it might be, I'm sorry, it might be lower that the state have to provide in order to share both funding to provide to services. So it is different in the Virgin, in all territories, its all territories. The federal medical assistance financing are different.

- In other words, we pay more and get less? [laughs] Let's get real.

- Yeah, well, yeah, well, I think that the Virgin Islands in it's wisdom does as much as they can.

- Uh-hmm.

- With what they get and, you know, and it's even a little better now with The Affordable Care Act because it did raise the federal funding at least by five percent whereas before, it was 50-50. Now, it's 55-45 matching.

- All right. Well, we're grateful for whatever we can get.

- Yeah.

- Absolutely.

- And one thing about the Medicaid expansion that we mentioned last week is that the government of the Virgin Islands did their due diligence and deciding whether to implement a marketplace or to expand Medicaid and they expanded Medicaid it was gonna be too expensive to implement a marketplace. And now, single adults are eligible to receive medical, to enroll in medical assistance where before, there wasn't funding available for that category.

- What do mean by a marketplace? What does that mean?

- A marketplace is a, is not a marketplace like how we know we go and buy fish [laugh].

- Right.

- A marketplace is an, it's a, it's an, it's an area or is a place on the internet or different places where you can go. They will determine what health insurance you will be eligible for and what cause, what it will cost you if you're eligible for any savings programs or if based on your income, your eligible for Medicaid and they will automatically refer you to the Medicaid program. The marketplace is just a place where you go to see what you're eligible for and keep in mind that the marketplace was implemented for uninsured, under-insured individuals. If you're on Medicaid now, if you're on Medicare, you didn't go, you don't have to go to the marketplace because you already have insurance coverage or any other insurance coverage you may had have by your, by on private basis.

- So this marketplace is really only available on the internet?

- It's available on the internet but there are different what we call navigators, it's similar to what the SHIP program does in the Virgin Islands that provides assistance to individuals who need to enroll or to determine eligibility for health insurance. It's, I guess you could say a virtual place in the essence.

- Uh-hmm. Okay.

- But there are real people there that are working to assist.

- All right. And tell us again what the SHIP program stands or what does SHIP stand for?

- The SHIP stands for State Health Insurance Assistance Program and what they do is provide assistance to Medicare beneficiaries with respect to services, with respect to enrollment, with respect to understanding the Medicare program. There are, there is a SHIP program in the Virgin Islands. There is one here on Saint Croix at the Charles, at the Juan Luis Hospital. And there's another one in Saint Thomas at the Schneider Hospital Center, medical center.

- Uh-hmm. All right. The Medicare program does have parts and I know we briefly talked about that last week.

- Uh-hmm.

- The alphabet soup that you referred to, A, B, C, D?

- Yes.

- Tell us a little bit about that so we can again wrap our heads around the distinctions.

- Okay. Medicare Part A is, oh, covers hospital and patient services. It covers hospice care. It covers home health care, skilled nursing facilities, and it is premium-free as long as while you were employed, you contributed to your FICA tax. FICA meaning Financial Insurance Contributions Act where they would take out a certain amount of your income and attribute it to your Social Security and your Medicare. So while you're working, this money is being taken out of your salary so that when you're ready to retire, you're entitled to Social Security cash benefits and Medicare at the same time. For Medicare Part A, you don't pay a premium if you've contributed at least 40 quarters towards these programs. You can go to any doctor, any hospital, any facility that accepts Medicare but a little caveat is that you will probably have to pay for a deductible, co-insurance, or co-pay under Part A. Part B now is medical insurance. This is what you pay when you go to see a doctor, when you need medical equipment, when you need to go to the laboratory on an out-patient basis. So Part A is basically in-patient institutionalized care and Part B is out-patient services performed by different providers of Medicare. There is a premium, there is a premium for Part B, and most of the beneficiaries will pay a premium and of course people with higher income will pay a higher premium. And this is, this is law, we can't fight it. And this is part of what it is, but now, we, there are some programs that are available to help pay that Part B premiums, unfortunately, that those services are not really available locally, such as your Medicare savings program. They're only available in the States. Basically because Virgin Islands doesn't have the Social Security Supplemental and Insurance program, SSI.

- Right, right.

- And technically these Medicare savings programs are funded by local Medicaid programs too. So, you know, that's why we don't have them but I believe that there are other programs in the Department of Human Services that provide some kind of assistance, like, for Part D.

- Uh-hmm.

- Prescription drug and the only other program that I know about that could help is what we call a Medigap policy. Where the persons goes to an insurance company and enrolls in one of these plans or policies and they help pay the deductible and the co-insurance. They do not pay premium.

- This is the Part, for Part D?

- Part B.

- Oh, B, okay.

- Part B.

- All right, I got it, got it.

- Part B. So these parts are all...

- Okay. They, seeking clarification here this morning folks.

- Thank you. We're not gonna talk about Part C because Part C is basically Medicare Advantage.

- Got you. We're gonna take a quick break and we'll be back shortly.

- We got to make this land a better land, Than the world in which we live. And we got to 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, why can't we? If we wanna, yes we can can. I know who we can make it work. I know who we can make it, if we try. Oh yes we can, I know we can can, 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 a piece of land without stepping on one another...

- Good morning, this is Ability Radio, my, your host Amelia Headley LaMont and Iris Bermudez. Iris, we were talking about the Medicare parts. Part A, pertaining to in-patient care, generally. Part B, out-patient care, what's next?

- Part C. And when we were, when we went to a station brake, I was mentioning that Part C is not available in the Virgin Island and that's just another option available to Medicare Beneficiaries to receive the same services or even other type services provided under the health plans and they usually consist of HMOs and PPOs and other types of health plans. I wanna stress here that the Virgin Islands again has no Medicare advantage program. The services are covered under traditional, original Medicare fee for service. You got to a doctor, he sees you, he bills Medicare and you pay the co-pay or the co-insurance or whatever. People have been known to go to the States and enroll in a managed care plan, and when they come back to the Virgin Islands, they don't dis-enroll, they haven't dis-enrolled, and that creates a problem because technically you're still in the managed care plan in the state, but now you're considered to be out of network. So if you're coming back to the Virgin Islands, you should dis-enroll so that as soon as you'd get here, you're back to original or traditional Medicare. That way, your services will, there will be no problem and pain for you services once you've returned to the territory. And then of course, we have Part D, which is the last of the alphabet soup unless there's, something new was added to the program, and we're talking, honestly, we're talking about 50 years of different presidents going in and putting something anew for Medicare. So it's, like, 50 years of growth for the Medicare program and we just celebrated our 50th Anniversary, with all the different legislations, all the different amendments, all the different provisions that have been built into the program since Lyndon Johnson's signed off on it in 1965. So Part D is a prescription drug coverage and this part was added back in 2006, and it's available for all people with Medicare. Unless, you have what we call creditable coverage which is, prescription drug coverage provided by your employer and it's as good as Medicare prescription drug coverage and usually every year, let's say you have prescription drug coverage from an employer. That employer is required you to send you a notice indicating that the coverage that you have is as good as Medicare. If you don't have that information when you, let's say, for example, you decide to go into Medicare plan. You have to have proof that whatever you have before was creditable, or else you're gonna be apprized a penalty, because you didn't enroll in the Part D when you should've enrolled in it at the time that you were first found eligible for the, for the Medicare program.

- Okay. What do we mean by creditable?

- Creditable means that it's as good as, or has basically the same services, essential benefits that the Medicare Program, The Part B prescription drug program has.

- Uh-hmm.

- It provides, whatever prescriptions you require, you need that are medically necessary, and one of the things I wanted to talk about when we continue to go down the list of things that we're trying to make sure that people understand is what is that concept medical necessity. Because it's different from the Medicaid coverage.

- Sure.

- Both credible coverage is that your plan, your prescription drug benefit is as good as Medicare or in some cases, it might be a little even, it might be even a little bit better.

- Let me mention that, if you have any questions, please feel free to give us a call at 779-1079, or 713-1079. This program has been brought to you by VI Lottery, making a difference. I was, one of the things I guess we later discovered is we didn't talk about the possibility that individual can be eligible for Medicare and Medicaid at the same time. Is that possible?

- Yes, it is. In most states, in, well, in all states and I'm believing here in the Virgin Islands too, if you have Medicare and your income levels are low enough to qualify you for medical assistance. You're eligible for both programs, which, or it's called dual eligibles. Dual eligibles are Medicare pays first for the services that are provided to you and then if you're eligible for Medicaid, that kicks in and helps take care of whatever is the co-insurance or the balance of what it is. Whatever type services you received. But dual eligibles is just another way of saying you have both Medicare and Medicaid, individuals should go Medicaid to see if their income qualifies them for that. Because Medicaid is based on an income related service. I mean not in service but it's income related. Whatever you get from Social Security might qualify you for Medicaid and therefore you're a dual eligible.

- Okay. Well, we're gonna explore that a little bit more because when they have quite a few individuals here in the territory who may be considered dual eligible. Would you say that?

- I'm not sure, I would think...

- Yeah, not sure. Yeah.

- ...I'm not sure because that is something that would be handled by the Medicaid program. I don't know how many they have now or how many might be eligible. That's something that they would.

- Okay. Well, at some point, we hopefully will get a response from our local Medicaid office in that regard. That would be excellent.

- Yes.

- Okay. I understand we have a call. Good morning?

- Good morning, Amelia. Good morning, Iris. It's Archie.

- Good morning.

- Hi, Archie, how are you, good morning?

- Good morning sounds great this morning like it did last week. And Iris, you're helping me sort out that alphabet too.

- [laughs]

- Thank you.

- And you know we get advice so I always get a little mixed up but here's a question I have for you. Because I again, I'm about to turn 65, now, well, on my 65th year coming up and then that's another thing to ask me this...

- [laughs]

- ...this is, well, what should [inaudible] should I sign up and make sure I'm on Medicare because some people know there's a little [inaudible] but they're not quite clear...

- Exactly.

- ...of when we should get on board and when you should not get on board and how does your primary and insurance work once you get on board?

- That's easy.

- So that'd be very helpful for [inaudible] sector of the community. I'm part of that baby boomers.

- [laughs]

- And we're all moving in that general direction.

- [laughs]

- That's a great question, that's a very good question and I'm part of the baby boomers too and I'm getting ready to do the Medicare thingy. Well, if you're on Social Security already, you're automatically enrolled in Medicare. That's automatic. If you're not on Social Security and you're going to become 65 years old. You have a seven-month window of opportunity to enroll in Medicare. Three months before your sixty-fifth birthday, the month of your sixty-fifth birthday, or three months after your sixty-fifth birthday. If you don't enroll at this time, at this is, we're going to call it the initial enrollment period you may enroll in the general enrollment period which takes place from January to March 31st and you may be assessed a penalty if you don't enroll when you are first eligible to enroll and you didn't and 12 months have lapsed. So you may have to pay a penalty for that. Now the third enrollment, the third enrollment period is a special enrollment period where if you have insurance that covers you, you can wait or you can enroll during the eight-month period following when you retired or when you no longer have insurance coverage whichever comes first. For example, I retired in July and I was able to not enroll right away because I have insurance with the federal government. So but now, I do have to enroll because then once you enroll in the Medicare program Medicare becomes primary. And if you have another insurance that becomes secondary to Medicare but Medicare as a federal insurance it becomes a primary insurance which is, which is a pretty good deal I would think because then your other insurance would kick in as, like, a Medigap or a supplemental and will pay whatever Medicare doesn't pay.

- Okay. So then a lot of government employees are basically in that, that kind of situation?

- Yes. Yes. From I understand they are. Yes. Yes. I think they have United Health Care as a, as a supplemental type insurance but Medicare once your 65 Medicare becomes primary to whatever other insurance you had.

- Okay. Well, most government employees I know are on Cigna while they're employed so is that, did they jump insurance company because they rolled into Medicare?

- You know, I'm not sure. I was under the impression that if you were 65 or older that government employees then were switched over to United Health Care. I could be wrong with, respect to that maybe someone can clarify that but that was my understanding. Cigna would apply for, you know, persons who,

yeah, who are active employees and then those who were retired fell under the United Health Care umbrella. We can hopefully get some clarification on that but that was my understanding.

- Yeah. We would have to. Yeah.

- Because I know we got some phone calls in the office about it and there was a, I (inaudible)

- Okay. That's nice.

- Yeah.

- That's, that was good call.

- Uh-hmm. That a nice advice.

- And thanks for clarification, and, so there, you know, I know I'm sure a lot of the people out there are in the same circumstances trying to navigator. Like I said [inaudible] during the Thanksgiving period asked me like, "So, oh [inaudible]

- You should know--we should know.

- I'm sorry. Like I was a walking encyclopedia. And I said no. I said [inaudible] part of it I know the answer to making sure he signed up at Medicare within the third signup period. But other people should, you know, know better that there's also somebody that listening in the audience help other employees clarify that situation regarding, you know, Cigna, Meidcare or Untied Health Care.

- Well, then that might be a good idea to bring on the insurance, local insurance folks to the program so they can explain all of these...

- Oh, yeah.

- ...to ourlistening audience.

- That's great.

- Yeah. Yeah.

- Yeah. And then it [inaudible] helps to, you know, they give a number that they can, people to call to clarify. But you guys sound great and keep up the good work. And, you know, carry on with alphabet too.

- Well, let me also make a point of saying that for the listening audiences that Archie will also be serving as a co-host so we're not letting you off the hook Archie.

- Not at all. Not at all. You're the voice too.

- That's right. Archie got the ball rolling. Our first show covered the issue of traumatic brain injury which I hope will have an opportunity to revisit. There is a movie out that will be release I believe next week called "Concussion" which talks about the impact of repeated head traumas to football players and one of our, um, allies, uh, works as a chemistry teacher is quite dedicated to this issue and wants, feels very strongly about educating the community about traumatic brain injury. So we're not limiting you to Archie to TBI.

- Don't worry.

- I also wanted our listening audience to know that Archie is our co-host, all right?

- That's right.

- So...

- And a back up to that we also have a local physician...

- Yes.

- ...who's on board to call in and (inaudible) times for the show, so.

- Excellent.

- I think it's an important issue for the community to think about certain, I wouldn't say bad habit, but not so good habit.

- Uh-huh.

- [inaudible] trying to protecting your children from the good guys. It's not only on football players but certain brutal things such as shaking baby can cause as well.

- Shaking babies, riding in the back of pickup trucks, you know.

- So...

- Yeah.

- I think, again, thank you again, and you guys keep up the good work. Take care.

- Thank you, thank you, Archie.

- Archie, take care.

- All right. Bye-bye.

- You're listening to Ability Radio, you and your health brought to you by VI Lottery, making a difference. Okay. Iris, so part D, we wrapped that up, you think.

- Yes, yes.

- Okay. All right. And eligibility for Medicare, Medicaid, hopefully we will get some clarification as to whether we have a significant population of dual-eligible individuals. What about the services that are provided or that are available under Medicare as a general rule?

- Excuse me. As a general rule, the services provided under Medicare are, must be considered medically necessary. What does that mean? The definition provided by the program is that the services, the health care services or supplies are needed to prevent, to diagnose, or to treat an illness, injury, condition, disease, or at symptoms, and that meet accept its standards of medicine. That's the basic definition of medical necessary. So when you go to the emergency room, you're having chest problems. I have to treat you and then, submit the claim to Medicare because that was medically necessary. We don't know what's happening to you until they go in there and find out. If you have a stomachache and go to the emergency room, unless there's something really, really serious, they'll probably give you Pepto-Bismol, and send you home.

- Oh, gosh.

- And so that's not medically necessary, but they still have to see what is causing, you know, the problem that you're having, so anything that, any condition or any problem that you're having that is medically necessary fulfills a criteria for the Medicare program. The, I'm guessing that is the same thing for Medicaid because it's a health insurance program, and under Medicaid now, you have, you don't, you have mandatory services and you have optional services. Mandatory services are those that must be provided to the individuals, regardless. Optional services are those that the state determines they might be able to provide if they have the funding available, or that they really can't provide because they don't have the funding available. And some instances, mandatory services that are not provided require that the state request a waiver from Medicaid that for whatever financial reason or whatever other reason they really can't provide it. Like in the Virgin Islands, one of the mandatory services is transportation, but because of the funding formula for the territories, transportation is a very expensive program in the state. Medicaid has to decide, well, do we provide medically necessary services or do we provide this service that, you know, might shorten the funding we have to provide the medically necessary service.

- Now when we're talking about transportation, are we talking about the transportation off island? Are we talking about transportation on island? Like an ambulance or something.

- No. We're talking non-emergency medical transportation. Emergency transportation must be provided. That's a mandatory service, but non-emergency medical transportation is that type of transportation provided to a, to a beneficiary, who needs to go to a doctor, physician, office, or, that there's no real emergency there, but that the person needs some form of transportation. You do have some states that receive funding from the FTA, Federal Transportation Administration.

- Right. Uh-huh.

- And they setup non-emergency transportation for their beneficiaries. I believe in the Virgin Islands, they have some form of non-emergency transportation by train, I think. Yeah. Or there's some, another entity that can provide that service, but it's very, very limited. Even emergency type transportation is limited. Even to take you off island, there are certain criteria that have to be met in order for you to be airlifted, or going in an ambulance for services, to get to different, to get to the hospital or whatever.

- Right. We only got one. Okay. What resources are available for somebody who wants to, oh, for example, let's say, remember, we, last week, we talked about Medicare providers, and that most, as I understand it, most practicing medical professionals receive Medicare, or are Medicare Providers. Okay. Accept it. Tell us a little bit more about that and how we can access that information.

- Sure. You have three types of providers, which are physicians, hospitals, clinics, home health, hospice care, most of these institutional providers accept assignment. In other words, they accept whatever Medicare pays for the services they provide. You have what we call a participating provider, a physician, a therapist, or any other type, outpatient provider that participates in the Medicare program. What does that mean? That means that the doctor accepts a Medicare payment that Medicare pays. The 80% and then the beneficiary is responsible for the 20%. You also have what we call a non-par provider, which means that he doesn't accept what Medicare pays or, but he can, he does accept what Medicare pays, but he can still charge up to 15% of the, for the service. In other words, it's, instead of accepting the 80%, he can charge a little bit more, and he will get reimbursed for that service while you would have to pay the difference.

- And how would you know that?

- He submits a claim...

- Oh, okay.

- ...to Medicare, and then when the, when the claim is submitted, the beneficiary will receive a Medicare Summary Notice that outlines what Medicare paid, and what the beneficiary owes the provider. That's the

only way you will know how much it is. I know up, that sometimes the providers ask for the 20% upfront. I, we usually recommend that they wait until they get the MSN, but then again, you know, whatever...

- What's an MSN?

- Medicare Summary Notice...

- Okay.

- ...which indicates what the provider billed for, for the services he billed for, the 80%, and then what Medicare says that you beneficiary are required to pay him for those services. Because remember, traditional Medicare is fee-for-service, 80%, 20%. Opted out providers, which is a third option, are providers who have decided they're not going to participate in the Medicare program. They usually, they usually, they require to inform Medicare that they're going to opt-out. What does that mean? It means that you can go to that provider. Nobody's gonna stop you. You can go to that provider if you feel that this is what you wanna do, but you will have to enter into a contract agreement with that provider and that provider cannot bill Medicare nor can you beneficiary bill Medicare for the services that you receive from him. It's between you and the physician, and that's opted out. I think in the Virgin Islands, we now have a hundred sixty-six participating providers, and we have...

- That's a lot.

- Yeah. That's pretty good. And, you know, the last time I checked, that's how much we had, and there are providers that have opted-out of the program. We have the First Coast Services Options. They are the Medicare Administrative Contractor, who pays the fee-for-service claims that are submitted to them. Like I said, the Virgin Islands is, receives their services under a fee-for-service model, and this contract, the First Coast, is the one that processes the claims for the providers, that's about, and they're located out in Florida.

- Out of Florida.

- Out of Florida. And they come here. They are always here, training the providers and...

- On how to fill out those forms.

- On how to fill out those forms, and all the codes, and hick picks and all that stuff that the providers have to complete when they're processing a claim.

- I recalled you said that it's very important for a patient to find out early on whether the medical provider accepts Medicare.

- Yes.

- Okay.

- Yes. They can just ask the provider, "Are you a participating provider or not?" And he is required to let him know, "Well, I accept Medicare or I'm a non-par provider." And then the beneficiary makes a choice, as they do when they indicate that they've opted out of Medicare. It's your choice who you wanna go to, how you wanna receive your services. Now, if you're a beneficiary, whose income is not as high, then I would suggest, or we usually recommend that you go to a provider that is a participating provider. Again, your choice.

- If you have any questions, feel free to give us a call at 779-1079 or 713-1079. We do have a list, it's available at the Disability Rights Center if you wanna know who these providers are. Now, let's just take a little break and we'll be right back.

- [music playing]

- [inaudible] we have for all good means if it's together with one another. We got to iron out our problems and iron out our quarrels and try to live with brothers.

- [music playing]

- Now is 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.

- [music playing]

- Now is 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...

- Welcome, we are back. This is Ability Radio. You and your health. I'm your co-host, Amelia Headley LaMont, accompanied by Iris Bermudez. We were talking about Medicare, Medicaid, learning the components of the Medicare program, and trying to get a hang on what's available here in the territory, and how we, as patients, can be more informed with respect to how we access our health. And hopefully, we will learn from this. It'll be a series of shows, where we will address certain aspects of the healthcare system here in the territory. Iris, let's talk a little bit about what resources are available, what, you know, we can't, be, expect anyone to learn everything within these, you know, short broadcast. What's out there that we can look at?

- Okay. That's, Archie mentioned the SHIP Program. The SHIP Program is an outreach education program funded by the ACL, which is the agency for...

- Administration on Community Living?

- ...Administration on Community Living. We used to fund that program before, but it's since been shifted over to this other agency now, but we're still, the SHIP Programs, are still required to go out there and do education and training, and outreach.

- And SHIP stands for?

- And SHIP stands for State Insurance, State Health Insurance Assistance Program, and this has been in place for years and years and years. I remember when I was here, I was a SHIP director of the program and there was a lot of thing, there's a lot of things that can be done to educate the community. Here, the SHIP Program, as I had mentioned on Saint Croix, they're located at the Governor Juan F. Luis Hospital on the first floor. Their telephone number is 340-772-7368. That's 340-772-7368. On Saint Thomas, Saint Thomas, Saint John, it's at the Schneider Regional Medical Center, first floor also. Number is 340-714-4354, 340-714-4354. And they're your local Medicare presence. Whatever information they may not have available, they can always get through calling our regional office, and/or the Puerto Rico field office, which is responsible for Puerto Rico and the Virgin Islands. There's also the 1-800 Medicare number, which is available 24 hours a day. You can call in to get information about any Medicare related issue, complaint, problem.

- You mean somebody will answer the phone at 2:00 a.m.?

- Somebody will answer the phone at 2:00 a.m.

- Oh, okay.

- Yes. They have, they have people available...

- That's good to know.

- Except during the holidays.

- Okay.

- I think they limit their time, their telephone time operations, but 1-800 Medicare is available for Medicare beneficiaries. You also have what the, I don't, I'm not sure how many Medicare beneficiaries in the Virgin Islands have access and that's mymedicare.gov website. What it is is that you go on and you log in, and you set up your own Medicare account, and in there you will find information of, with respect to the claims that have been processed for you, information about preventive services that you've taken, or when you need to go back and do more preventive services. It's, it contains a wealth of information for you, and you should, you should set up your own account and be able to access that. You can also call them or write to the Medicare Ombudsman's Office, which is also responsible for helping with issues, complaints, problems that are faced in the Medicare providers. What you would do is call the 1-800 Medicare, and ask for the Medicare Ombudsman Program contact person. I don't have it with me today because it's, kind of, it's a lot of information out there, but that helps.

- How would you, yeah, how would you distinguish between these Medicare Ombudsman versus the State Mental Health, I'm sorry, State Health Insurance and Assistance Program, the SHIP Program? How do they differ?

- Well, the State Ombudsman Programs does, almost, that's what a lot of the SHIP Program does, except that the SHIP Ombudsman's Program is not a physical presence.

- Okay.

- They're located in the, in Baltimore, but what they do is they collect the type of complaints that are received, just like the 1-800 Medicare, and then they set a pattern. While we're receiving old, the same type of complaints, something's going on from this place, let's say from the Virgin Islands, I remember receiving complaints about not being able to access the 1-800 Medicare number from the Virgin Islands. And I started receiving a lot of complaints, and my thing was, I need to call them. And I called them, I said, look this is what's happening here in the Virgin Islands. They're calling, but no one's responding, or they're not, or they're having problems accessing someone to talk to about the problems, and that it was fixed. It was fixed.

- It might have been a 1-800 Exchange issue perhaps. Sometimes you get those numbers and it doesn't go through.

- Maybe, but whatever the problem was it was fixed. And if people are still having problems, then they need to let the SHIP program know because then the SHIP will contact the people involved with that setting up or are administering the 1-800 Medicare number. But SHIP is your local presence, and you should go first to SHIP, and let them know what the problem is, what the issue is. If you're having a grievance issue versus an appeals issue, and they will know how to handle your specific situation.

- So, okay. You, the SHIP is your first step. Is it possible to do with, the, then go to your ombudsman or do it at the same time? Or wait until you get the relief from the SHIP? How would you approach it?

- Whichever, there's no real process here, it's just that these are services or alternatives to resources where you can go. If you don't get a response from the SHIP, you call 1-800 Medicare, or you call 1-800 Medicare first, if you don't get a response, you go to the SHIP.

- Okay.

- It's, like no real, who do you go first, and then, who do you go second, no, doesn't work that way.

- Okay. So, which kind of brings us to the appeals issue. You know, you are a recipient of a federal program, a federal benefit, and so, as such, you arguably have rights.

- Yes.

- Medicare provides, or has a grievance process, you have rights and protections. And we'll touch upon a little bit of this issue today. What are your rights as a recipient of Medicare or Medicaid services? Let's focus on Medicare.

- Okay. Well, technically, no matter how you get Medicare, if it's in a fee-for-service model, or if it's in a health plan model, you have certain rights and protections. All people with Medicare have the right to one, be treated with dignity and respect at all times, that's your right. Be protective from discrimination. Have your personal and health information kept private. And Medicare really impresses that, you know, it, they're really concerned about that. I don't know of how familiar you are with the HIPAA law.

- Uh-hmm. Yes.

- Thank you. And we, you have the right to get information in the language and format that you understand from Medicare, healthcare providers and Medicare contractors, and there are some people who don't speak English. And they will, they will have to go to Social Security and let them know I speak Spanish, I want my handbook in Spanish, and it will be sent to them in Spanish. You have a right to have your questions about Medicare answered. You have a right to have access to doctors, other healthcare providers, specialists, and hospitals. You have a right to learn about the treatment choices in clear language, so you can understand and participate in treatment decisions, which is what the Affordable Care Act is about, patient-centered treatment. You have a right to get emergency care when and where you need it. You have a right to get a decision about healthcare payment, coverage of services, or prescription drug coverage. You have the right to request a review and a, which is an appeal of certain decisions about healthcare payment, coverage of services, or prescription drug coverage. You have a right to file a complaint, sometimes called a grievance, including complaints about the quality of their care. What's the difference between a complaint and an appeal? A complaint, as I just stated, is the quality of care issue. You don't feel that the services that you were, you received were provided in a qualitative sense, that something is missing, something isn't right. So you can file a complaint. An appeal is when a provider refuses, or doesn't cover a service that you need, that's an appeal. And there are, I think, there are five levels to an appeal, which we'll have to talk about in another, in another show. And quality of care complaint can be filed with what they used to call the QIO.

- Uh-hmm.

- But now it's called the beneficiary family-centered care QIO, which is, yeah [laughs] we're good for acronyms, let me tell you, we're good for acronyms. And what that is is they've, they are now handling the quality of care complaints filed by Medicare beneficiaries. And/or if a beneficiary is being released, being released from a hospital too earlier, being discharged too early, then they'll, the beneficiaries can go to, or can call Livanta, which is the BFCC-QIO quality of care entity, and they will contact the hospital, and start reviewing records and whatnot.

- So the name of the entity is called Livanta?

- It's Livanta, but the formal name is beneficiary family-centered care QIO.

- All right. Well, I could see that being a show in and of itself [laughs] just trying to get a handle on it, this.

- Yes.

- And, you know, it's helpful to know what recourse we have because it doesn't help if we just complain amongst ourselves that, you know, I went to this entity and did not receive this service. Or, you know, you know, in law school, we would hear, oh, okay, I went and had a surgery, and they still left a sponge in my,

you know, stomach. I mean, these are extreme examples, but, you know, you need to know what your recourse, you know, is, in the event of, you know, a difficult encounter.

- And since like you mentioned that, Amelia, because sometimes beneficiaries are hesitant to file a grievance or to file a complaint, it's not that, no, and what they did some studies where it's not that the doctor is a bad person, or did it intentionally. It's just that sometimes these things happen.

- Yes.

- These things happen, and it's, no, you know, and what they do is go in there, and look and see, okay, well, this is what happened. This is what needs to get fixed, and then they also, there's another entity, QIO, it's a QIO, QIN quality innovative network that works with the providers to help them, you know, improve their quality of care services they provide.

- Extremely important, extremely important. That's what it's about, improving the quality of services that we receive, informing patients of their rights, their recourse, how to better navigate the system. One quick question, does Medicare apply to dental care?

- Dental care and vision care in Medicare is very limited.

- Okay.

- It's different in Medicaid, they can provide, I think, they provide better services.

- Under Medicaid?

- Under Medicaid, I'm sorry, Medicaid, yeah.

- Okay. That's good to know.

- But dental and vision care in Medicare is limited.

- Just for our listening audience to know that we will be taking some time, December 26th and January 2nd, we will not be on the air, but we look forward to presenting a wealth of information. In fact, my understanding is our next guest will be from AARP. And those of you who are familiar with the work of AARP, I think we'll be very enlightened with their work in the area of healthcare, particularly with respect to the Affordable Care Act and whatever other issues that AARP has on the horizon. As you know, AARP is a very strong force for change here in the US Virgin Islands.

- Absolutely.

- Again, it's been our pleasure to join you Saturday morning. This is Ability Radio, you and your health, brought to you by VI Lottery, making a difference. Iris, I am so excited that we are doing this, and I look forward to more educational guidance from you, and from the guest that we will be having, we'll be having a series of guests from a variety of, you know, perspectives...

- In the health field.

- In the health field, correct.

- In Virgin Islands.

- Yeah, yeah. And we're not limiting ourselves to medical care, we're also looking at hospice care. So, you know, stay tuned, we will be back, January 9th.

- January 9th.

- That's right. So, hopefully, all of you will have a wonderful holiday season, enjoy time with your family and friends. And thanks to Da Vybe, No Borders, No Boundaries, One VI, happy holidays, everyone.

- Happy Holidays, everybody.

- 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 [inaudible] yes, you 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. We got to [inaudible] yes, we can, I know we can, can.

- [music playing]

- I know we got to take care of all the children, the little children of the world, because they are our strongest hope for the future, the little bitty boys and girls. We got to make this planet a better land, than the world in which we live. And we got to help each man be a better man, or 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 we 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, yes, we can [inaudible] oh, yes, we can, I know we can, can.