

- Good morning, good morning. And you are listening to Ability Radio, You and Your Health. I'm your co-host, Amelia Headley LaMont, along with...

- Iris Bermudez. Good morning, Virgin Islands.

- How are you, Iris?

- Oh, we're fine.

- Getting your voice in it.

- [inaudible]

- This program is sponsored by VI Lottery, making a difference program. We request, of course, as usual, that we do not use names, no personal attacks, no unfounded allegations, product pitches, no profanity, and we don't give medical advice. So, we will not be in a position, ever, to respond to questions asking for such. If you have a question, please feel free to give us a call at 713-1079. That's 713-1079. Iris, what's our topic for today?

- Well, this morning, we're gonna talk about Aircraft Carrier Access. As you know, there are some issues going on with individuals who need to be taken off island for services, and there seems to be some issues going on at the airport with respect to getting them on board the aircraft carrier that's gonna take them to wherever they need to go to, so let's...

- Yeah. We can certainly talk about that. I mean, one thing that I had personally experienced this week was a situation that involved a person who needed medical assistance and it was concluded that the hospital was not in the position to render the specific care that that individual needed. So, it was very helpful and instructive for me to see what happens in a situation such as that. In that instances, I understand it. A decision is made by the hospital that says, "Okay. We cannot provide this specialized service then," and social worker, or same as a patient advocate makes the arrangement for the patient to be transported.

- And the arrangements include going to the nearest facility, nearest hospital, depending on what it is that the patient needs and that's an arrangement that's made hospital to hospital. But one of the things that we found in the past was that some people wanted to go to Florida. And if they have an emergency, according to the regulations, it has to be the nearest, closest facility that can provide that service. If that service isn't available close to the Virgin Islands, then that, they will make other arrangements but you have to go to the nearest facility, which, in our situation, as Puerto Rico.

- Right. And actually, what was, what was the concern at the moment was, does Puerto Rico have a bed? And so there was a lot of communication...

- Back and forth.

- ...back and forth.

- Yeah.

- Right, as to whether there's space.

- Right.

- And the other thing that was interesting was that the patient, who is being transported, had to be, new word folks, "intubated."

- Ooh.

- Which I looked that up because that's not my usual language, putting a tube to assist in your breathing.

- In breathing, yes.

- And possibly just to sedate you because, again, you're under a considerable stress.

- Stress.

- And so, you know, the families have to consent to that, you know. And the other thing I learned was that, in a situation where somebody has to be transported, the, I guess the custom is to allow one family member to accompany.

- They will pay. They'll, if it's a Medicare beneficiary, Medicare will pay for that service, and with respect to the patient requiring medical services during the trip itself, Medicare covers that.

- Okay.

- Because that's part of the agreement, that's part of the Participating Providers Agreement with Medicare that if that service is not available locally in the Virgin Islands, they can be transported, going through all the arrangements that have to be made, hospital to a hospital communication, like you said before, plus, you know, contacting the contractor and making sure that everything is in place, there's all that documentation that's required, and then taking that patient to the closest facility, which is Puerto Rico.

- Uh-hmm.

- And they have different, they have different hospitals in Puerto Rico that can take care of the patients in the Virgin Islands. And, again, the patient's family, since we're talking about patient-centered care, patient's family, children, husband, they have to be a part of this process, they need to be a part of this process, because it's very important that they understand what's going on, what's going to be done, and anything else that's required or that they can anticipate will be happening. We've had instances where, instead of going to Puerto Rico, the family decided to take the family to, for example Florida, or New York, or Atlanta, with no, well, other than I'm taking my family member out of here, out of this hospital and taking them someplace else, and then they wanted Medicare to pay.

- And I guess in that situation, unless Medicare says yes or no...

- Or, yeah, depends on the situation. But usually, it should go through the hospital that needs this patient to be airlifted to receive those services that are not available locally, and that's the keyword there. "Not available locally." And then, you know, they will, it's a process, it's all a process.

- Well, here's, here, let me just throw out this factual, or a possibility or a hypothetical, as we say. There are some plans in, with the air ambulance companies that do allow you an option to go to either Puerto Rico if that's your first choice, or Miami if that's your first choice, or Baltimore, or Boston if that's your first choice. How would that work with Medicare? I mean, that's probably not a fair question, but I'm curious how that would work, because, let's say if you wanted to have an option as a patient and you're paying for that option under the, you know, contract that you have with the air ambulance company, how would Medicare fit in to all of that?

- Well, in most instances, for Medicare to pay, it has to be medically necessary and I think we established that a while back.

- Uh-hmm.

- It must be medic, medically necessary. And in many cases, it's usually an emergency.

- Correct.

- And if you're going to take your family member during an emergency and take him someplace else, you're not going by the regulations and you're not, well, you're not adherent to the regulations. I'm not sure about other local air ambulance companies or the insurance coverage with them.

- Uh-hmm.

- But I do know that, with Medicare, it has to be medically necessary, it has to be an emergency. You're not gonna take a family member that's experiencing an emergency, a heart attack, or a stroke, or whatever, that can't be dealt with here locally and take them to New York.

- Okay.

- Because it has to be to the closest facility that can help take care of that emergency. And that's the Medicare regulation.

- All right. So is there, let's say, again, for the family member who's in an emergency situation, you, the family member or the social worker, also referred to as the patient advocate, who contacts Medicare to get their "okay?"

- It, I'm not sure where that process begins with the hospital, but I do know it's hospital-driven.

- Okay.

- And I'm guessing that they're the ones that have to contact, well, to contact Puerto Rico, you know, what hospitals are available over there, "Can you take this patient?"

- Right.

- Are you, is, "Are the services available for this patient?" And then they go through that whole process. I'm pretty sure they know what they have to do in these instances.

- Right.

- I haven't worked directly with this so I really wouldn't know.

- Right. Right. You know, neither have I, so.

- Yeah, yeah, yeah.

- And this is not something that we would wish on anyone, but it is important to try and get a handle on what's available, what your possibilities are, because what you don't wanna have happen is to be in a situation where you're in a crisis and you don't even know where to turn.

- Right. And this is the beauty of this show, and I keep emphasizing this because this is where we're telling folks, "This is what you could do, this is what you should do." With respect to this, you would need to depend on the social workers and listen to what they're saying. They're trying to give you advice. I mean, it's up to you to decide whether or not you're going to take that advice, but if it's an emergency and if it's going to require that your loved one is going to, has to be sent off island, work with them, you know, talk to them, ask questions. We, in the Virgin Islands, don't ask questions, and that's where what, where we fail to understand these processes and our rights.

- Uh-hmm.

- Because there are rights and protections adherent at any Medicare-related service, and get yourself informed, like I said, again, before, you receive a Medicare new handbook, ask questions. You have 1-800-MEDICARE, call them and ask questions. You have your local SHIP program, call them and ask questions.

- Now, let's see. What is SHIP again?

- State Health Insurance Assistance Program.

- Okay.

- The, both of them are located at both hospitals.

- Okay.

- They're right there.

- Right.

- Right in the midst of what's happening.

- Right.

- So they can easily call them or go into their office at Roy Lester Schneider Hospital and the Juan Luis Hospital. But ask questions [inaudible] and I know that this is an emotionally-driven time.

- Oh, yes.

- And you're only thinking, "I gotta get my mother, my father, my brother, my sister over there. I gotta get," you know, so you're really uptight, you're stressing out, you know, it's easy to say calm down but by the same token, try to listen to what's being said, and if you just, like I keep stressing, ask questions.

- Yeah.

- Your loved one comes first.

- Yes.

- And I guess we're ready for a break now.

- Absolutely. Let's do that.

- Okay.

- We are back. And the topic for this hour was, or is, emergency care. What happens when an individual needs hospital assistance and the assistance is not available here in the Virgin Islands, what are your options? We talked a little bit, Iris, about medically necessary not available, what choices you have and how challenging it is and the role of the social worker.

- Uh-hmm.

- They play a very key role right now in trying to navigate, you know, and how Medicare fits into all of this.

- Right, because they are requires social workers, or whoever's working with the patient and the family to get the patient over to Puerto Rico. They're required to really, you know, make so many contacts and make sure that they're within the regulations of Medicare, if it's a Medicare beneficiary. If it's someone

else, I can't address that because I'm not sure what the hospital's policy is regarding air ambulance services for non-Medicare beneficiaries.

- Uh-hmm. Right.

- So, I can't address that. But with Medicare, there are regulations that have to be adhered to, specifically with, even with ground ambulance transportation, which is a non-emergency, there's two types of ground transportation, non-emergency plus emergency. Emergency is a limited Medicare service.

- Okay.

- What does that mean? You can only use it in cases of emergencies. What's an emergency? Heart attack, a stroke, or a terrible car accident, that's an emergency. For non-emergency transportations, it's allowed. Medicare will pay for that service if the Medicare beneficiary, for example, has to go to hemodialysis.

- Okay.

- And the beneficiary is bedridden, but by the same token, that beneficiary requires some form of medical service from home to the dialysis center and back. That's when Medicare will cover non-emergency services. So, it's the same thing with air emergency. It's an emergency, the services are not available locally, and there is a need to rush this patient, to take this patient to Puerto Rico, the nearest facility because that's in the regulation, it has to be the nearest facility, in order for that beneficiary to receive that service.

- All right. I believe we have a call. I'm not sure, let's just check and see. Hello, good morning. How are you? Hi, Lisandra.

- It's so important to be pre-informed, because during a crisis, during an emergency, we tend to shut down and, you know, it's really hard to make good decisions when you're in crisis.

- Yes.

- So, those, that was some really good advice. I wanted to mention that there is some confusion about using the air ambulance when it's not, of course, when you're not a Medicare beneficiary. In the Virgin Islands, of course, we have many government employees that use Cigna and private insurances for other private agencies, and everyone has private insurance for air ambulance. And that's because there's been some issues around your insurance carrier paying the aircraft carriers, the air ambulances upfront.

- Uh-hmm.

- And we're usually advised to get the private insurance because they pay upfront, and the insurances, the private insurance doesn't pay upfront. You would have to, you know, gather thousands of dollars to get your loved one away for emergency care because the private providers don't just take your insurance and, you know, they refuse to be reimbursed so that's not an issue. And if any callers out there have more information, it would be good if they could call in because that's something that's very concerning. And if you think about it, anyone of us, you know, anything could happen to our family members or us at any time, and if you don't have a very robust bank account, and this is according to them, according to them, if you don't have a private, you know, air ambulance insurance, then you're stuck here without services.

- Right.

- Very, very important point. I appreciate that very much.

- Very good.

- Yeah.

- Yes. Yeah. So it'd be good if, you know, if any callers have information on that because we know, you know, everybody, and most especially with MASA, everyone has MASA and that's because, you know, that's what is the norm, you know.

- Right.

- If you don't have MASA, then you're stuck here.

- Right.

- And it's very important also that you mentioned, Iris, about making sure that the nearest facility that offers a service is chosen. I think most customers don't think of that because they have the private air ambulance, they're thinking, "Okay, I can take my family member to the closest hospital, to the hospital that I think will give the best service." But, you know, our insurances, most of them, the service has to be, you know, in network, the closest emergency in network provider.

- Right.

- And, you know, so it's good to plan ahead and, of course, you know, we don't want to plan for emergencies.

- Right.

- But you should because, again, when that crisis hits, it's really hard, you know, to cope and think on your feet.

- And you make a wonderful point, Lisandra, because when we talk about going to a nearest closest facility hospital because of an emergency, we're talking about getting that person there as soon as possible, treating and then maintaining that person's medical situation. Once that crisis is over, then fine, you wanna hop on a plane and go someplace else, that's your choice.

- Right.

- But the first intent should be, how do we resolve this emergency? How do we get to the right facility to make sure that mom, dad, grandma, is treated, and then we can think about, you know, where we're gonna go after that. So, that's a good point to bring up.

- Right. It's an excellent point.

- Yes, excellent, yes.

- Excellent point. Once again, let me just share with you that this program is brought to you by VI Lottery, making a difference program. Lisandra, do you have any other points? I appreciate your input in this regard.

- Exactly.

- No, thank you. Thank you for having me.

- Well, thank you. And it won't be the last extras.

- And, you know, Lisandra, another good point you bring out, when you're talking about MASA, we're thinking of maybe having them on the show so they can talk about their procedures and their processes

and, you know, so that we can start helping the community, the residents, you know, clarify all these issues so that they know what to do and they can even plan better for emergency, like you said.

- Right.

- We need to plan ahead for emergencies, because we never know when it's going to, something's gonna happen. And it's always good to know who to call, where to call, but primarily, like you said and I said, we have to start asking questions. We have to know what questions to ask, whoever is involved in the process, just to get a clear picture of what's gonna happen because that's how we get information, by asking questions and reading your handbooks.

- Right. [inaudible]

- Yeah, it's very important.

- As [inaudible] as they are [laugh]

- Oh, yes, they're huge most of the time. But I'll let someone else call in. Thank you for having me and I'll call late, later if I have more questions or more issues.

- Sure. Sure. Thank you so much.

- Thank you.

- Okay. Okay. Bye-bye.

- Bye-bye.

- Bye-bye.

- Well, the other issue that has come up for our office has been making travel for persons who are looking for health assistance more accessible. And one of the issues that we have seen, and I can say for myself personally and professionally, is providing accessible access boarding on the plane and getting of the airplane.

- Uh-hmm.

- Our office, the Disability Rights Center of the Virgin Islands, will begin, or has begun a petition campaign to bring forth better compliance with the Aircraft Carrier Access Act. And what this is, is that it bans discrimination against passengers with disabilities when they travel. And one of the things that's significant about this law is that it applies for aircraft with 19 or more passenger seats. One of the challenges for travel in the territory is that if you are getting on a large aircraft, you have to go up and down steps typically.

- Yes.

- And that is not very helpful if you are, if you have any type of mobility impairment. You don't have that same experience if you visit, well, Miami Airport, or any other...

- Atlanta.

- Right, or Atlanta, or New York, or any other airport. And, you know, what has been done is we've had instances where a person who uses a wheelchair has to wait for several minutes. We've had, most recently, a person for 30 minutes took 45 minutes before he can even get off the plane because the ground personnel did not have the equipment to let this person get off the plane in a timely manner. I understand we have a call. Okay. Good morning. May I help you?

- Yes, good morning. This is Archie.

- Hey, good morning, Archie. How are you?

- Good morning, Archie. Hi.

- Good morning. Good morning. I was listening to the show and had a question, which we sort of touched upon with this society, the American Society for Cancer. We have someone that's traveling for medical reasons. Do, under Medicare, do they get assistance with a person that's traveling with them? And if they have to stay at the other location, are there any arrangements made for that traveler assisting the person?

- That's a good question, Archie. I don't know. I'd have to go back to the recs, because I really don't recall. I know, I do know that they will pay for that person to go with the family member that's very ill. But I'm not sure about helping with hotel or lodging for that individual since the individual will be at the hospital most of the time or in a, you know, facility most of the time. But that's a good question and I could look it up for you. One of the things, too, that we're also considering is having the Medicare contractor for the Virgin Islands come on the show because they're the subject matter experts on Medicare reimbursement and payment, and they know this information inside out, so we have been making calls and then we can have them either call into the show, because they're in Florida, and respond to these questions. We've already started that process.

- And that's First Coast.

- First Coast.

- That's the name of the organization, right?

- Yes, First Coast Services.

- Oh, okay, well, and could you explain to the general public how the Medicare is the first pay and then you're private insurance maybe the second pay...

- Kicks in.

- ...and how that works?

- Yeah, for Medicare related services, medically necessary services, Medicare will be the primary payer of the services as long as you're, like I said, Medically necessary and then your private insurance, whoever it is, or, will kick in and pay what Medicare doesn't cover, which, in the Virgin Islands, since we have a fee-for-service payment system, it'll be the 20% of that fee for the person going off island. I do know that in the Virgin Islands, the retirees have United Health Care as a secondary payer, some folks who are still employed and are eligible for Medicare have Cigna, and other folks have Medigap, UnitedHealth Care, which should cover what Medicare doesn't cover, but Medicare is usually the primary payer of all services that are medically necessary.

- Okay. And one last thing, for all those who are 64 turning 65, what should they do this year?

- For those that are 64 turning 65 this year?

- Yes.

- And they haven't applied?

- Well, explain to them, that's what I'm asking you to do, because it's one of those little catchphrases that's come up every so often, that people don't, do not understand what happens in that 64th year.

- Okay. In that 64th year, beneficiaries need to start thinking in terms of their birth date. "When will I turn 65?" And that's called the Initial Enrollment Period. If your birthday is in May, you are, you should consider enrolling in Medicare three months before May, the month of May, and three months after May. Those are, this is what you call your Initial Enrollment Period. Again, it's three months before your birth month, the month of your birth, and three months after. And we usually recommend everybody to use this period unless, and only unless, you have any other creditable insurance that allows you to use what we call the Special Enrollment Period, which is what? A period during which time you can enroll with Medicare without incurring the penalty because, A, you have some of form of insurance and, two, it's creditable and, three, you have this eight-month enrollment period because you're going to enroll after you retire, after you leave your job, the month you leave your job you start counting eight months down the road, which will give you the eighth-month special enrollment period, or you lose your insurance. Government employees, they can enroll, you know, if they lose their government insurance. You also have what we call after the initial enrollment period, you have what we call the General Enrollment Period, which is, which happens from, starting January 1st to March. During this enrollment period, you're allowed to enroll in Medicare but keep in mind that your enroll, your Medicare doesn't kick in until July. If you don't enroll during any of these enrollment periods, you're subject to a 10% penalty for each, for not enrolling when you were eligible to enroll and this penalty will live with you for the rest of your life.

- Holy jeez.

- Yes, yes. You, yeah, exactly. And it's 10% per month that you should've have enrolled and you didn't enroll. So pre-retirees, people that are 64 years old right now need to be looking at or need to be contacting Social Security regarding their enrollment periods. You are entitled to certain enrollment periods but keep in mind, if you don't enroll, then you are going to pay a penalty and it's going to be for as long you're alive, that penalty. So I would, I would really recommend that the 64 years old start looking into this right away. And it's always, and one of the beauties about the Medicare program even though, you know, people have issues with Medicare and all the language and the handbooks and all that is that this information is available. It is available, you can always go to the SHIP program and talk to them about it and call 1-800 Medicare and one of the things people have to remember is that you don't come to Medicare to enroll, it has to be done through the Social Security Administration who is responsible for enrolling you in Medicare, we don't do that. But once you're enrolled and you become our clients or you become Medicare's beneficiaries and that's when we, Medicare starts working with the beneficiary, not before. So it would be, you know.

- Thank you.

- Call the, call the Social Security office or call, or go to the Social Security office and get that information but it's all available.

- Yes, I thought that it was very critical because a lot of people don't understand that penalty and, because it's come up a couple times and how stiff that penalty can be.

- Yes. And you'll also incur a penalty, speaking of which, you'll also incur a penalty if you don't enroll in a part D plan when you should've had enrolled too. So, you know, this is a double whammy here, folks, we need to really adhere to the enrollment periods not just for part B but for part D if you don't have a creditable prescription drug benefit. It's very important that you make sure, like I said, you understand what you have and what you're going to need as, you know, as you work towards retirement and as you work towards your Medicare insurance.

- Okay. Thank you very much and it's a critical issue that I think a lot of people and organizations should work with seniors in making sure that they get involved in understanding their Medicare and program benefits.

- Absolutely because one of the things that we're always, we were, when I was working with CMS what we kept hearing was, "I didn't know, I didn't understand."

- Right.

- "Oh, why am I being penalized?" because you didn't enroll timely and you do have resources available to you so that you can get that information so that can know beforehand, "Okay, I have to do this and this and this." Retiring doesn't mean you stopped living, retirement means these are things you have to put upfront, do upfront in order for you to enjoy your retirement. That's how I look at it.

- That's how I look at it too.

- Okay. Again, thank you very much and I, and I [inaudible] again thank the lottery for allowing this kind of information be put out there as far as the understanding your health benefits, so...

- Yes, absolutely. Thank you.

- You guys have a great morning.

- Thank you. You too.

- Thank you. Thank you for the time.

- Thank you. We've been getting some great questions this morning. My goodness. Okay, we're gonna take a little break and we'll be right back.

- Good morning, you're listening to Ability Radio, You and Your Health. I'm your co-host, Amelia Headley LaMont joined by...

- Iris Bermudez.

- And we've been covering a lot of very interesting topics this morning primarily having to do with Medicare eligibility, how that works with respect to enrollment, which is what we just talked about, how it impacts travel and emergency situations and what we wanna also touch upon is what about travel when you need health assistance or you're traveling from your health needs and it's not an emergency?

- Right.

- What is the situation right now in our airports in the US Virgin Islands, St. Thomas Airport, St. Croix Airport? What are the things that we like to bring to the public's attention is the existence of a federal law called the Aircraft Carrier Access Act and it is a law that applies to airline carriers that operates aircraft with 19 or more passenger seats. One of the things that we've seen in our work, professionally and personally, is what is the routine use of stairs to get off and on an air, an airplane. What has or what is occurring is that, let's say, if you have a mobility impairment, say, if you use a wheelchair or just had surgery on your hips or, you know, have a visual impairment, the only routine recourse that has been done for, you know, such passengers is to set them aside and have them, you know, utilize a lift.

- And wait.

- Yeah, and wait.

- And wait.

- And wait for several minutes to either, you know, usually to get off the plane.

- Uh-hmm.

- One of the things that we are looking into, and by we, I mean the Disability Rights Center of the Virgin Islands, is there needs to be a better way, a more inclusive way of, for an individual who has a mobility impairment to get on and off an airplane. One of the things I've noticed particularly at the St. Croix Airport is that JetBlue Airlines use what we, a portable ramp or passenger bridge.

- Uh-hmm.

- Which I've learned from the Port Authority, JetBlue uses what they call a regional jet which allows them to use these passenger bridges because of, apparently perhaps how the jet is designed, that's what, has been told to us. However, the other airlines that use our airports, American Airlines, Delta, USAir, do not use such a passenger bridge because of a height limitation on the plane, I don't know. So they use a, what they call a stair truck. That means stairs. And again, it's a real challenge if you have any kind of mobility impairment. So what we're looking into to our listening audience is we need to have a better way to get on and off an airplane. Something that's inclusive so that we're not sending grandma to go up and down a crane to get off and on an airplane. What we're trying to accomplish is a passenger bridge so that everyone have the ability to get on and off the plane...

- Right at the door.

- Right at the door. Like what you would experience at any other airport.

- Right.

- I'm told that Puerto Rico of course has this ability, Antigua has this ability, Saint Martin has this ability, so it's time for us to get up, get up to step with what is common carrier practice in many instances throughout the world when it comes to travel. And quite a bit of us not only travel for leisure and fun, a lot of us travel to take care of our healthcare needs and the needs of our family members. So this is something that we are looking into very seriously. We are starting a petition drive, we have petitions, and if you are in a position to contact our office, find out more about the Aircraft Carrier Access Act, we'd be more than happy to alert you to, you know, your rights and protections in that regard.

- And I think, Amelia, that with many of us aging for longer periods of time and not, probably not gonna have the ability to walk or even to sit for long periods of time that, you know, we really need to look into it now before it gets later because we do have people that, we've seen them all the time go to the airport and have to, you know, sit in wheelchairs and then be rolled out and then, and then what, you know, and this what you were alluding to but you would think that, you know, being an American territory that we wouldn't really be having this issue at this point in time.

- Right.

- Especially with the act itself, the law, and I believe airline carriers know what they're supposed to be doing. I think it's sad when you see people, like you said, on these lifts and one of the things that I thought about when you said that was what if people are afraid of heights, then what? How are you gonna get that person on that plane?

- What's happening a lot is people then stop traveling.

- They stop traveling.

- And we have seen that.

- Yeah, yeah.

- Because it is much, it's a, it's a, becomes a very...

- Challenging.

- ...challenging, fearful barrier late in experience.

- Yeah, and I've seen people on that plane that have had to wait at the back of the plane, you know, it's like at the back of the bus.

- Uh-hmm. Uh-hmm.

- To wait to be, you know, deplaned and that's not fair.

- Yeah. And there was a case involving a young man who traveled in the mainland and used a wheelchair and had to wait for over 30 minutes before he was able to get off the plane. He had to go to the bathroom and he ended up crawling down the stairs or crawling, having, you know, I, I'm not sure if it was stairs but he had to literally assist himself off the plane and it was a very embarrassing moment in this instance involving United Airlines.

- Oh, my goodness.

- But it was not a very pleasant situation, nor is it good publicity for an airline company to take that type of thing, you know, have that kind of situation happen.

- Right. Right. Exactly. Exactly.

- Another thing that we learned is that there is, passengers with disabilities can file a complaint with the carriers. It's, there is a, what's referred to as a Complaints Resolution Official and this official must be available in person at the airport or by telephone, all right? Airlines must tell passengers with a disability about this Complaints Resolution Official and how to contact them if they have any complaint, okay, about help or services that they need. We weren't aware that there was such an individual.

- Yeah, that's news to me.

- And so this is something that we are going to look at a lot more closely because at least on paper, the Complaints Resolution Official is supposed to be on hand to take care of a problem at the time the problem occurs.

- Uh-hmm.

- And that's a very important component of this federal law. So, you know, we can do it, yes, we can.

- Uh-hmm.

- The airport terminals at the airports in St. Croix and St. Thomas has an upstairs component that would arguably allow for the use of a bridge so that a plane can land.

- Uh-hmm.

- A bridge can come out, meet the plane and that everyone can come out at the same time.

- At the same time.

- So then you don't have your husband or your mother, you know, perched on a separate bridge somewhere.

- Right.

- She or he can come out with you. And that's a very important, you know, thing.

- Yeah.

- Particularly again, if you're traveling, you want your family member with you.

- Exactly.

- You know, not separated and hoisted up on some crane and you don't know whether it's, you know, fully functioning or not. So this is something that we're looking into, this is something that, you know, we feel very strongly about and it's time we step up to the plate with respect to that.

- And with respect to complaints, I think the listening audience needs to understand that in many, many programs, you do have access to complaint about the quality of the service that you receive and you need to take advantage of it because honestly, this will help these companies that are not in compliance and say, "Hey, we're getting a lot of complaints, so let's, we need to do something about this." even though they were supposed to have done something about it from before. But I think as a community and I've been saying that since I came back home to work that we kind of don't complain, you know? We just, "Okay. Well, that's the way it is." No, that's not the way it is. This is why complaints were put into many of the federally funded areas, services, agencies, that you have a right to complain. Just like in Medicare. You have a right to complain about the quality of care you receive, the quality of services you get from a physician, if Medicare doesn't pay, if Medicare will pay. So all of this is so tied into, these are your rights and protections and we need to take advantage of this. And, you know, when you were talking about the complaints, I had not heard, I didn't know about that but that is really interesting because now the listening audience has an outlet. Well, okay. Well, if this is happening, this is what I need to do. So they need to call 772-1200.

- Yes. Uh-hmm. That's right.

- And find out more about this information, especially if they and/or a family member are having problems getting on a plane and getting off a plane.

- That's correct. That's correct. And you're right, Iris. I mean, it's always, one of the things that my office has asked, you know, every year we file a report and I'm always asked, "Was there any grievances filed?" And, you know, initially, I said, "Well, no." And, you know, it usually comes out as a zero and then, you know, as a, as a total. And one of my colleagues said, "You know, it's not always a good thing when you don't get complaints because what it may suggest is that your work may not matter that there's this dynamic." And frankly there is a dynamic. It's important to know that you are having an impact even if you don't agree that you matter, that you make a difference, that you're having some effect on an outcome. Whether it's a good outcome or a not so good outcome but that, you know, you are part of a system where there's give and take, where there's the ying and the yang, whatever you wanna call it but that you are in effect trying to make a difference, for good or ill.

- Exactly. And you have a, you have a lot of good local examples of people that have stepped up to the plate and said no, this is not acceptable and have come to your agency, Amelia, and have talked to you about it and because of that, you've been able to fight for their rights and to fix some of these issues that are going on in the community but we need more of that.

- Right. We do, we do.

- You know, it's not, it's not, anything to do about the agencies that provide services. I mean, in a sense, we're just trying to right a wrong or in a sense you're just trying to fix things because we understand that, you know, a lot of the agencies are understaffed and a lot is required of them. So yeah, they're all over the place trying to provide services. So this to me, I always see this as yeah, you know, we didn't think about that. Well, let's look into this. Just like what you're doing now, you know, we need to look into this because these are our family members, our friends, our neighbors that are having, experiencing this

situation. So we need to kind of look into it and fix it or help the people who are doing this or not doing what they're supposed to do. Help fix it, bring it to their attention.

- Absolutely. And by complaints, it doesn't necessarily end by calling in and then hanging up because regrettably we need to also be able to record, you know, a challenge or an issue

- Uh-hmm. Uh-hmm.

- So it also means taking the next step. I do recall for example when Center for Medicaid, Medicare Services would come to the Virgin Islands and people would be very riled up and, "Oh, this is wrong, this is wrong, this is wrong." But if you don't document it...

- It's not there.

-- Yeah.

-- It doesn't exist. Yeah.

-- And so it becomes a real vicious cycle. Well, you know, if you have a grievance, let's put it in writing and, you know, you have advocates who can assist in that regard but you don't come and whine and then leave and expect things to be corrected.

- Yes.

- So--yeah, so when you say complaint, you got to be able to follow it through.

- Follow it through and this is one thing that we've always told our beneficiaries if you, if you don't get a service that you felt you were entitled to because of your Medicare coverage, there are services that Medicare will not cover. Yes, we understand that but there's also a process there too because the process is that the doctor or the service provider has to give you what we call an ABN, Advance Benefit Notice. What does that mean? That means that it's not covered by Medicare, Medicare probably won't pay for it, so you beneficiary have to pay for it. The same thing with all these, a lot of these issues that come up, if we don't put pen to paper, it's gonna stay the same, it's not gonna be changed and then you really can't complain, honestly, because when you put pen to paper and you say, "Hey, this thing is happening to me, how can you help me fix it?" You're only not helping yourself, you're helping a lot of other people who might be experiencing the same problem but don't know how to get to the people who have, who can fix it for them, that's how I always looked at situations.

- Right. And, you know, regrettably there's the fear of retaliation.

- Yeah, there is.

- Being in a small community and self-worth but, you know.

- We understand that.

- We got to keep, we got to keep going, we got to keep moving.

- And we can do it.

- That's right. We're gonna take a little break and we'll be right back.

- We're back. You're listening to Ability Radio, You and Your health, with co-host Amelia Headley LaMont and...

- Iris Bermudez.

- Sponsored by VI Lottery, Making a Difference Program. We've had a very interesting program today covering a number of areas, one having to do with what is a family member supposed to do if he or she is trying to make a very difficult decision of transporting a loved one for medical care, how that interacts with the Medicare program.

- And other insurances.

- And other insurances and enrollment, Medicare enrollment when you're, when I'm 64. That sounds like a song.

- Get ready, get ready.

- And what's timely and penalties if you don't enroll at the appropriate time.

- Uh-hmm.

- Iris, I think it would be, and also our, petition campaign sponsored by the Disability Rights Center and wanting to focus on applying appropriately the Aircraft Carrier Access Act. This is very important for not only persons who travel for leisure, also it has a very important application for individuals who are trying to access healthcare and there's a lot of us who do that and would benefit from having the ability to get on and off a plane in an accessible manner. And that's something that we would like to advocate for more strategically in the next little while. So we will be doing that. So my question to you, Iris, there's been a variety of issues, what more do you think we've got going the next few weeks?

- Are you kidding? We have so many issues, we have so many representatives lined up to talk about different health-related issues such as the federally qualified healthcare centers, we're going to have them come on and talk about the services they provide, we're gonna have a segment, a series of radio shows that are gonna talk about diabetes and how to take care of yourself. I think we have a caller.

- Oh, okay. Thank you. Let's check it out. Hello, good morning.

- Hi, good morning. How are you today?

- Good, good.

- Okay. I have a question

- Okay.

- [inaudible] I have Medicare [inaudible] I'm dialysis [inaudible]

- You have Medicare?

- [inaudible] huh?

- Do you have Medicare and SSI?

- I have Medicare and [inaudible] Virgin Islands, okay?

- Okay.

- Stay here, still here, lost all benefits, weren't reapplied here. They gave me the VI Medicaid which is not I think.

- That's correct.

- That's correct.

- Okay. What is the Medicare buy-in program?

- I didn't hear that.

- What is the Medicare buy-in program?

- Yeah.

- Okay.

- [inaudible] and I'm slightly kind of frustrated to be on dialysis, okay? I need to come down here [inaudible] back home to live and it's like, you can't have [inaudible] assistant, nothing at all for the disabilities like that. I know I'm a [inaudible]

- Can I...

- [inaudible] and I really don't have SSI, what, I don't understand that.

- Okay, let me suggest, sir, that you give us a call at the Disability Rights Center office, okay? At 772-1200. We are running out of time regrettably and I think it's going to involve, you know, more than just a short pat answer, okay? Ms. Bermudez will be in on our office on Monday, so please give us a call then, I would welcome that.

- All right.

- Thank you. I appreciate your interest and we will look into it.

- All right. Thank you.

- Folks, it's been a wild ride today and this has been very, very informative. Thank you so much, Iris.

- You're welcome and thank you for listening, listening audience, we appreciate your, we appreciate your questions.