

[ The Pointer Sisters' "Yes We Can Can" plays ]  
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.  
Remember you all have mothers.  
We got to make this land...  
>> Good morning. Good morning.  
You're listening to "Ability  
Radio."  
I'm one of your co-hosts, Amelia  
Headley LaMont, and I am joined  
this morning by my other  
co-host, Iris Bermudez.  
Good morning, Iris.  
>> Good morning.  
Good morning, Virgin Islands.  
>> How are you?  
>> Fine. [ Laughs ]  
>> [ Laughing ] Okay.  
Actually, this morning what  
we've decided we're going to  
cover today is the important  
issue of health.  
One of the things that our  
office, the Disability Rights  
Center of the Virgin Islands,  
addresses is what does the  
community need?  
How should we prioritize our  
services?  
And, actually, for a number of  
years, the number-one issue is  
access to appropriate health and  
mental-health services.  
>> Okay.  
>> So, you know, in fact,  
earlier this morning, we had a  
very engaging conversation about  
health -- mine, yours, and  
everyone else's -- so what we  
wanted to do today is focus on  
Medicare, Medicaid.  
Some in the audience may know  
that Iris Bermudez was  
previously -- in her previous  
life, was the director of the

Center for Medicaid & Medicare Services for the Virgin Islands and Puerto Rico, and she brings a wealth of information about these two programs.

So, Iris, let's begin.

I mean, quite often, people still, to this day, have some confusion as to the distinction between what's Medicaid versus Medicare.

Can you clear that up for us?

>> Sure.

That is -- That is a problem in the community, and I think it's mostly with people that are new to Medicare, because some of us that have been on the program for years -- we kind of understand the distinction between Medicare and Medicaid. But we do want to help clarify that although they are both insurance programs, they're different.

Medicare is what you put into the system.

While you were employed, the employer was deducting from your paycheck FICA taxes, FICA meaning Federal Insurance Contribution Act, which is the act that was implemented when Medicare became available and was first implemented.

So as long as you work, your employer will deduct those taxes.

For Social Security, they deduct 6.2%, and for Medicare, they deduct 1.45%.

You contribute that amount, and your employer will contribute the same amount.

>> Matches it.

>> Matches it so that it builds up over the years.

That's Medicare.

It's federally administered.

>> Okay.

>> There's no local administration with respect to Medicare.

Medicaid, on the other hand, is

also a health-insurance program, but it's more geared toward low-income families, families that are on public assistance, meaning welfare, aid to the blind, aid to the disabled, foster children in foster care, whatnot.

And it's more for, like I said, low-income beneficiaries because there is a need for this medical service for everybody.

Like I said, Medicaid is based on income, and it's provided by federal funds and local funds.

>> Okay.

>> So, for Medicaid, you have both federal and local funds funding that program.

Medicare is all federal, because you paid for it already.

So, that's one of the biggest distinctions between Medicare and Medicaid.

They both provide health services.

Medicare, you get a gamut of health services -- visits to the doctors.

You have Part A, which is hospital insurance.

You have Part B, which is medical insurance, and I'll talk later about the differences about that.

>> Okay.

>> You also have Part C, which the Virgin Islands does not have, and that's the managed-care plans, Medicare Advantage plans.

We don't have them in the Virgin Islands.

>> Now, what is a Medicare Advantage plan?

>> A Medicare Advantage plan --

>> And we'll go into more detail, but a summary.

>> Basically...

>> Yeah.

>> ...it's one of the health-insurance companies, like Aetna, Humana, UnitedHealthcare decide that they want to be a

managed-care plan because they're gonna provide all the services to you...

>> Mm-hmm.

>> ...in one setting, in one plan, under one plan.

>> Okay.

>> That's a managed-care plan because they manage your care, period, whereas Medicare, Original Medicare, you go to whoever you want to go to, as long as that physician or that provider accepts Medicare. Some providers don't accept Medicare, so they have what you call --

You have to do a contract with that provider, but then you're gonna have to pay him whatever he charges you, and that's the difference between that.

Going back to managed care, they provide the services --

Medicare tells them they have to provide all the services you receive under Original Medicare, but then there are different ways of getting those services. And we'll talk more about that later on.

So, there are differences in how we receive our services, and then there's also Part D, which is a prescription drug.

>> Okay.

>> Okay?

Now, under Original Medicare, you get A, B, and D.

>> Okay.

>> Okay?

That's Original Medicare fee-for-service, which is what we have in the Virgin Islands.

>> And, again, A is hospital.

>> Hospital insurance that provides services in the hospital, hospice care, and home-health care.

>> Okay.

>> B is medical, pres--

Not prescription drugs but doctors' visits, laboratory services, evaluations,

assessments.

I mean, if you go into your 2019 handbook, which a lot of us don't do [Laughs] you find all the different services that Medicare Part B provides.

>> Okay.

Now, you assume we know about a Medicare handbook.

[ Both laugh ]

What is the Medicare handbook?

>> Well [Laughs] that's a good one.

Every year, the Centers for Medicare & Medicaid send out your "Medicare & You" handbook, which tells you everything you can possibly want to know and more about Medicare -- how you enroll, what services are provided.

They talk about managed-care plans that are not -- again, are not -- available in the Virgin Islands.

Please, if you go to the States and you enroll in a managed-care plan, make sure you disenroll before you come back home or as soon as you come back home, because then no one's gonna pay for your services, because the Virgin Islands is a fee-for-service Medicare program, okay?

We have no plans.

>> Mm-hmm.

>> You get information about, like I said, when you enroll, what services are provided, the different types of services that are available to you, different sources of how you can access information, which is all in your handbook.

You can also opt to go online for your "Medicare & You" 2019 information because that whole handbook is there no the website, medicare.gov website. Or you can go to our local SHIP program.

State -- What is it, State

Office --

>> State Health...

>> Health Insurance Assistance Program, which is administered under the Office of the Lieutenant Governor, and they're required by law to help you with your Medicare questions, help you look at maybe you got a hospital bill or you went into the hospital and you went in to look at what they charge Medicare for, and then you say, "Well, wait a minute. I didn't get that service."

>> [ Laughing ] Right.

>> Then you have somebody who can help you through that process.

And, again, we'll talk about how your services are paid by Medicare later on down the road.

>> Okay. Eligibility -- how does one become eligible for these two different programs?

>> Okay. Eligibility -- as I said, for Medicare, you've contributed most of your life from taxes deducted from your payroll, your checks. When you're nearing 65 years of age, you have three different enrollment periods, but before we get to that, I want to say something else. Your Social Security -- You can apply for Social Security at 65 or if you're under 65 and disabled or if you decide to go your full retirement age -- 67, whatever that is.

>> Mm-hmm.

>> That's fine and good. But the age for Medicare is still 65.

>> Okay.

>> And that's important because if you don't enroll in Medicare at or before your 65th birthday, you are subject to a 10% enrollment -- I mean dis--

What is it?

>> Penalty.

>> Penalty. Penalty.

So you will have to pay that

penalty for the rest of your life.

>> Oh, gosh. Okay.

>> This is why I'm saying that. For those of you that are in the process of applying for Social Security and Medicare, if you have questions about Social Security, please go to your local Social Security office. They will give you information. They will tell you what to do. For Medicare, the age of 65 has not changed.

>> Okay.

>> So, you have to enroll during what they call an initial enrollment period, seven months before you become --

Well, seven-months period -- three months before you become 65, the month of your 65th birthday, and three months after your birthday.

>> Okay. Good to know.

>> Yeah.

>> I'll keep that in mind.

>> Oh, yeah. Keep that in mind. If you're disabled and already receiving Social Security, you're automatically enrolled in Medicare.

If you're still employed after you're 65 years old, you can delay your enrollment because you're given an eight-month period during which time you can enroll after you're 65 or if you retire after you're 65 years of age.

So you have three windows of opportunity to enroll in Medicare, and your situation dictates when you're going to enroll in Medicare.

With Medicaid now, it's different, and this is one of the differences in Medicare, because it's an income-based program.

It depends on your income that, you know, will determine how you, a single adult, because now Medicaid covers single adults,

which I know you have a lot of information about that, children under -- you know, who live with a parent or parents whose income level allows them to be eligible for Medicaid.

And you know, Amelia, because we've been trying to get people to enroll in the Medicaid program way before the September 2019 deadline because why?

The federal government is reimbursing the Virgin Islands at 100% rate, which means that their income levels went up.

>> Right.

>> And so a lot more people are eligible for the program.

I don't know how many have enrolled, you know, since we last talked to the Medicaid director.

>> Right.

>> I'm hoping and praying, and you know that we're sponsoring a PSA to get people to enroll in Medicaid, but this is a once-in-a-lifetime opportunity to get services before...

>> It's gone.

>> ...it's gone.

>> Right.

And that's not to suggest that it's a hopeless process.

>> Right.

>> I mean, you're certainly encouraged to contact your elected officials.

If you have family members in the States, where there's a Congressional delegation, by all means, let your elected officials know that there is a serious, still, health need in the Virgin Islands.

>> Yes. Yep. Mm-hmm? Go ahead.

>> Well, the other thing I wanted to just mention is we call it Medicaid.

Here, locally, it's referred to as the Medical Assistance Program.

>> Mm-hmm.

>> It's essentially the same

thing that we're talking about.  
Medicaid also means, for our  
purposes, MAP, or Medical  
Assistance Program.

>> Mm-hmm.

>> Yeah.

>> Yeah, and I don't know.

When I first learned about  
Medicaid, I always used to say,  
'cause I did work with Medicaid  
in one of my other positions.

>> Mm-hmm.

>> And I always used to say,  
"Okay, Medicaid, 'aid' at the  
end."

>> Yeah.

>> That was how I learned to  
remember the difference between  
Medicare...

>> Right.

>> ...and Medicaid.

>> That makes sense.

>> Two different programs.

>> That makes sense.

>> But they both provide  
similar-like services --  
hospital care, um...home-health  
care, skilled-nursing care, if  
we had a fully functioning  
skilled-nursing facility.  
I don't know what's the status  
of that.

>> Dental care, I know, you can  
get.

>> Dental care, for sure.

Eyeglasses -- prescription, you  
know, for glasses, which  
Medicare doesn't cover -- only  
if you're undergoing an  
operation for glaucoma.

>> Okay.

>> Then they'll provide you with  
a set of glasses.

So, there are differences and  
there are similarities in both  
programs.

And in the States, you can have  
both.

>> Right. Right.

>> Yeah. And if you have  
Medicare and your income level  
from Social Security is low  
enough to qualify you for  
Medicaid, you will get both.

So one supplements the other.  
Medicaid will supplement the  
other.

>> All right.

Let's say I'm in my window for  
Medicare assistance.

Where do I go? What do I do?

Who do I apply to?

Is there an office I go to, or  
is there an online way of  
enrolling?

Let's say you want to be sure  
that you don't get a penalty  
because you didn't go to the  
right door.

>> [ Chuckles ]

Well, if you're already  
receiving Social Security, like  
I said before, they'll  
automatically enroll you.  
Here in the Virgin Islands,  
they'll automatically enroll you  
'cause you're probably receiving  
A if you're 65 and over...

>> Mm-hmm.

>> ...because that's -- Okay?

If you're disabled. I'm sorry.

If you're disabled.

But if you're not disabled, you  
have to go online or you have to  
go to a Social Security office  
and enroll.

>> In Medicare?

>> Medicare.

>> Okay.

>> Yes, Medicare.

>> Okay.

>> They're the ones that will  
determine not your eligibility,  
'cause you're eligible, but, you  
know, when you will start  
receiving it and whatnot.  
Like I said before, you have  
three enrollment periods to  
consider.

Depends on your situation, which  
is what you need to be cognizant  
of.

If you're under 65 and you're  
disabled, you will be  
automatically enrolled after 24  
months of being on disability.  
Get that straight, okay?

If you're going to become 65,

within a certain period of time, you should apply three months before your 65th birthday.

If you're employed and you want to extend your employment till you're full retirement age, then you can enroll during the special enrollment period, which is that eight-month window of opportunity that I talked about, because you're working.

You have insurance.

>> Right.

>> So you will get Medicare Part A automatically, but you would have to just enroll for Medicare Part B.

>> Well, you have to be quite a wizard to know all this stuff. Let me just say this to the audience -- that if you've missed any portion or any of our explanations, this radio broadcast will be recorded and posted on our website, which is located at [drcvi.org](http://drcvi.org).

There will also be a transcript of this program, as well. So don't despair if you missed anything that was said this morning, 'cause it is a lot to absorb.

>> It is a lot, and it is confusing, especially those that are considering, you know, Social Security.

"It's almost time for me to retire.

What do we do now?"

You can go to a SHIP program, like we said before, or you go to Social Security.

The folks there will really set you straight in terms of, you know, if you want to receive Social Security now or at the age of 65 or whenever.

>> Mm-hmm.

>> And even Medicare -- they'll help you with that.

>> Now, SHIP stands for, again, State Health...?

>> State Health Insurance Assistance Program.

>> Any idea where they are?  
I know a lot of offices have moved since the storms.

>> Honestly, I don't know.  
Yeah, I tried to find out before, you know, today, so we could tell the folks where to go to, but I did get the telephone numbers of the offices, Lieutenant Governor's office, 'cause they're under their administration.

>> Okay. That's a good idea.

>> Yeah. I did get the numbers.  
Yes.

>> Let's do that.

>> The Medicaid office --  
Well, no, that wasn't Medicaid office.

>> Well, actually, calling the Lieutenant Governor's office would be good, yeah.

>> I got it. Yeah.  
On St. Croix, the Office of the Lieutenant Governor, the numbers that they have are 340-773-6449. 340-773-6449.  
And on St. Thomas, the telephone number of the Lieutenant Governor's Office is 340-774-2991.  
And I'm pretty sure that they will redirect you to where the person needs to go to get services from the health insurance.

>> Right. Well, that's good to know, because, regrettably, this has been a post-hurricane event. A lot of our government agencies have really been moving around quite a bit, so it's been hard even for us, as advocates, to locate where certain offices are.

>> Right, including the hospitals.  
You know, some of the clinics are under repair and whatnot, so it's -- Yeah.

>> Yeah. Okay.  
Well, we're gonna take a short break.  
You're listening to "Ability

Radio."

Talk to you in a little bit.  
Remember you all have mothers.  
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.

[ The Pointer Sisters' "Yes We  
Can Can" plays ]

>> 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...

>> We're back.

You're listening to "Ability  
Radio."

I'm your co-host, Amelia Headley  
LaMont, Executive Director of  
the Disability Rights Center of  
the Virgin Islands, and our  
co-host is our special guest --  
she's serving dual functions  
this morning -- Iris Bermudez.  
Iris, let's dig in to the  
history.

Again, we're trying to make it  
clear to our audience that there  
is a different evolution between  
the Medicare program and the  
Medicaid program.

So, tell us a little bit more  
about the history of, I guess,  
Medicare.

We'll start with that?

>> Okay.

Well, Medicare and both Medicaid  
were implemented kind of, you  
know, in the same period.

>> Okay.

>> Medicaid came first, though,  
and then Medicare was

implemented.

Throughout the years, there have been so many different legislative acts to help improve especially Medicare, because when it first started, it was just paying hospitals and providers, and that was it.

>> Oh.

>> They had no preventive services.

They had no prescription-drug plans.

They had no -- Uh, what else? Uh...

>> Hospice care, perhaps?

>> Hospice care.

Yeah, all the services that we're now getting, all the services that are available under Medicare, came about as a result of many different legislative acts -- BIPA, MIPPA.

[ Laughs ]

>> Okay.

>> Like, I don't even remember, you know, most of the acts that changed the Medicare program. And one of the things that, like I said earlier, is that the Virgin Islands does not provide Medicare through health plans, and we're gonna go into it a little more while I'm talking about the difference between Original Medicare -- those services, how you get those services -- and Medicaid Advantage plans, 'cause I remember when I was a SHIP director here, there were people who would go to the States and enroll in the Medicare plan and came back home.

So, Medicare, Original Medicare, fee-for-service, is paid for -- The services are paid for by a contractor.

We have a contractor that, when the provider provides the services to you, he bills them through the contractor, which is First Coast.

>> Mm-hmm.

>> First Coast is responsible for administration of the Medicare program -- specifically bills claims for Puerto Rico, Florida, and the Virgin Islands. So when you receive a service from a doctor that accepts assignment -- a doctor, go to the hospital, which is Part A -- then they bill First Coast for those services, and First Coast reviews the claim, makes sure it's, you know, correct and whatnot, and then reimburses the provider and/or -- whatever provider it is.

Hospital is a provider.

Doctors are providers.

Home-health care are providers.

So, it's different.

It is different, because under Original Medicare, you go to any provider that accepts Medicare.

As long as he is a Medicare-participating provider and accepts Medicare, he will accept your card.

Now, at the beginning of the year, you do have to pay a deductible, and then Medicare starts paying when that deductible is paid, okay?

>> Okay.

>> So, besides the premium, the Medicare premium, that you pay on a monthly basis, you're responsible for, at the beginning of the year, to pay your deductible.

Then Medicare kicks in and pays 80% of that service.

>> That deductible varies?

>> No. It's the same every year, and you only pay it once.

>> Roughly how much is that deductible?

Do you know?

>> I believe it's \$138, maybe?

>> Okay.

>> Or maybe that's the premium now, 'cause it's gone up from -- I mean, when Truman was president, the Medicare premium was \$6 a month...

>> Oh, gosh.  
>> ...compared to what it is now, \$134, I believe.  
>> Right.  
>> The deductible, I think, is higher than that.  
It might be \$186.  
>> Okay.  
>> So, you pay that, you know, in maybe one or two services. As long as you meet that deductible, then, after meeting that deductible, then Medicare starts kicking in 80%, paying 80% of those services. But you're not off the hook yet...  
>> Mm-hmm.  
>> ...'cause you have to pay 20% of the total cost of the service.  
So, after the deductible is met, Medicare pays 80%.  
Then you still are responsible for paying 20% of that service.  
>> Okay.  
>> "Why do I have to pay it?"  
Because it's the law.  
>> Mm-hmm.  
>> That's the law.  
So, even though you've already paid into the system while you were working, there are still some costs that you have to meet, okay?  
The one thing about Original Medicare is that you don't need a referral.  
You can go to any physician, specialist that accepts Medicare, here or in...  
>> Mm-hmm, or in the States.  
>> ...the States. Yeah.  
>> Okay.  
>> I like fee-for-service.  
I don't like Medicare Advantage plans.  
>> Managed?  
>> Yeah.  
>> Okay.  
>> Because they kind of lock you in, but, I mean, we'll talk about that, too.  
>> And that's a personal

opinion, folks, not an official...

>> Yes, that's a personal opinion.

>> ...of the Disability Rights Center.

But this is helpful, I mean, you know.

>> Yeah, yeah, yeah.

>> Yeah.

>> Okay.

You can add to the Part A and B. You can add a Part D, which is a prescription-drug benefit. Now, I know at one time, and it still is, you are mandated to enroll for Part D, also...

>> Hmm.

>> ...so that they can help cover your...

>> Prescription drugs.

>> ...prescription drugs, which is good, because the cost of prescription drugs are sky-high.

>> Right.

>> So that's some kind of help for you.

You can also add a supplemental insurance, which is a Medigap. Medigap plans are administered by private insurance companies, and they pay what Medicare doesn't pay.

>> Now, is that also under Part D, or is that --

>> No, that's separate. Medigap is a supplemental -- You have Part A, B, C, and D under Medicare. That's it.

>> Okay.

>> A Medigap supplemental plan works only under Original Medicare, where, if you have A and B, that supplement plan can pay your deductible and your 20%, and there are other benefits, 'cause there's, like, seven or eight different plans under the Medigap supplemental insurances.

Again, this is something that's included in your...

>> In your book?

>> ..."Medicare & You" handbook.  
[ Laughing ] Yes.  
And, also, on the Internet,  
there are websites that discuss  
and explain the different type  
of Medigap plans, 'cause there  
are differences.  
>> So, I'm assuming, given what  
you're saying, is that the  
Medigap is private insurance  
companies.  
>> Yeah, yeah.  
>> They're not -- Okay, not  
Medicare, per se.  
>> No, they're not Medicare.  
>> Okay.  
>> Like, UnitedHealthcare might  
have a Medigap, but that's just  
to pay what Medicare doesn't  
cover...  
>> Right.  
>> ...deductibles, coinsurance,  
copays, whatever.  
>> Okay.  
>> Okay?  
>> Let me mention this, and this  
is a call-in show, and if you're  
so inclined, please feel free to  
give us a call at 713-1079 or  
779-1079.  
The Medicare program was a child  
of the Franklin Delano Roosevelt  
administration, wasn't it?  
>> Yeah.  
>> So it's been in existence for  
a very long time.  
>> Very long time, yes.  
>> Okay.  
>> It has been.  
Like I said, President Truman,  
who came after Roosevelt, was  
the first Medicare beneficiary.  
He received the first Medicare  
card, and, at that time, the  
premium was \$6.  
>> Oh, geez. How I wish.  
[ Both laugh ]  
>> So do I.  
>> Yeah, right.  
>> Yes. Now, staying within  
Original Medicare, you do have  
Part A hospital insurance, which  
is premium-free.  
You do not pay a premium for

Part A, but you do have to pay a deductible for hospital-care services, especially if you're an in-patient in the hospital.

>> Okay. So, repeat that?

>> Okay. Part A is premium-free.

>> Okay.

>> It's hospital insurance. If you have to go into the hospital for whatever reason, you pay a Part A deductible.

>> Okay.

>> Okay? Again, that's why a lot of people go and apply for a Medigap, because that fee is kind of high.

That cost is high.

And it depends on how many days you're hospitalized, too.

After that -- Okay.

Part B includes a monthly premium, like we said earlier -- monthly premium...

>> Mm-hmm.

>> ...a one-time deductible...

>> Right.

>> ...and the coinsurance, which is usually a percentage of 20% of what the -- the -- the...

>> The bill.

>> ...bill is.

>> Right.

>> Yes.

Again, a supplemental insurance will help cover those costs, okay?

And, again, we already talked about the Medigap policy that will pay for costs not covered by Medicare, 'cause, keep in mind, all these costs add up.

>> Right.

>> That's one of the beauties of the Medicare Advantage program. They kind of cover all of that.

>> Mm-hmm. Mm.

And that's Part C...

>> Yes, yes.

>> ...that we don't have.

>> That we don't have.

>> Okay.

>> Okay. Again, they provide -- Medicare Part B provides services which I'm not going to

go into detail because it's in your handbook.

>> Mm-hmm.

>> And I'll even give you the pages -- page 30 to page 50.

[ Laughs ]

>> And this information may also be available online, no?

>> Of course.

>> Okay.

>> Of course.

The "Medicare & You" handbook and any information with respect to Medicare is available under medicare.gov.

>> Okay.

>> Okay?

Now let's talk a little about Medicare Part C, which we don't have, which we kind of almost had when I worked with CMS. A company came to my office and was interested in providing Medicare Part C plans in the Virgin Island, or a plan for the Virgin Islands beneficiaries. But when they did their research...

>> Mm-hmm.

>> ...they decided not to because there wasn't the market. There wasn't a market for that. I don't know how many beneficiaries we have now in the Virgin Islands, but at that time, we had like 18,000 beneficiaries.

>> Mm-hmm.

>> With the hurricane, we don't know now, you know, unless Medicare comes up with some kind of statistics about that. But the Part C plans is just another way of receiving your Medicare-related services. Everything that Part -- What is it? -- Part B provides, Part A and Part B, are also provided under Part C, only it's kind of inclusive.

>> Mm-hmm.

>> You get all the services from one particular plan, whichever plan you choose, because you

have choices as to what plan,  
and most plans are all  
well-known insurance companies  
-- Humana, UnitedHealthcare,  
whatever other plans.  
>> Cigna, Blue Cross Blue  
Shield.  
>> Cigna, Blue Cross Blue  
Shield.  
These are all health plans,  
okay?  
So you will get your service  
under one particular plan.  
You would get, besides the  
Original Medicare A and B  
services, you would also get  
other type of benefits, like  
hearing...  
>> Mm-hmm.  
>> ...vision, dental, and other  
health and wellness programs.  
I know a plan that even had a  
gym -- gym, yeah.  
The people were allowed to go to  
a gym to exercise, and, you  
know, this is like a recruitment  
thing, okay?  
>> Of course.  
>> "We're going to get you into  
our plan.  
This is what we offer."  
>> Right.  
>> You may or may not have to  
pay a premium besides your Part  
B premium.  
You might have to pay one for  
the plan, too.  
>> Mm. Mm-hmm.  
>> But, like I said, almost all  
the services are covered.  
Now, the only big difference  
between the Original Medicare  
and the Part C program is that  
you are referred to any  
specialist you need by your  
primary-care provider.  
That's a big difference there.  
>> Mm.  
>> Because under Original  
Medicare, you go to whoever you  
want to go to.  
>> Mm-hmm.  
>> And wherever you're at...  
>> Mm-hmm.

>> ...in the States, in the Virgin Islands.  
>> Ah, okay.  
>> That's a big difference.  
>> That's huge.  
>> Yeah.  
>> So, Part C, you're limited to where you are physically?  
>> Well, you're limited to your network.  
>> Okay.  
>> If your primary-care doctor wants you to see, for example, a cardiologist, you have to go to the cardiologist in that network.  
If you go outside the network, you might pay more.  
>> Right. Okay.  
>> So, that's how they keep tabs on their beneficiaries in the network.  
So, that's a big, big difference.  
You can change plans on a yearly basis.  
Like I said, some people went to the States or go to the States. They forget to disenroll when they come back home, and then that creates a problem for them to get their Medicare services paid, because if you're in Original Medicare in the Virgin Islands but you went to the States and you're in a plan and you come home and you didn't tell anybody and you get services, which one is gonna pay for you, you know?  
So you have to make sure that -- I mean, if you stay in the States, fine.  
Stay on the plan if that's what you want.  
But if you come back home, you need to disenroll from that plan, because you're allowed to do that.  
But disenroll so that, here in the Virgin Islands, we're fee-for-service, and they'll pay your claim.  
But this was a problem back

then.

>> Right.

>> I don't know if it's still a problem now, but I remember it very well.

Like I said before, First Coast Service Options is the Medicare administrator for our jurisdiction.

>> Where are they based?

>> Florida.

>> Florida? Okay.

>> They're based in Florida.

And I remember when I worked with CMS, they used to come here, you know, almost every year to do provider training, and I don't know if that's still ongoing.

>> Mm-hmm.

>> I really don't know.

>> Now, CMS, for those of you who may not be familiar, stands for Center for Medicare & Medicaid Services.

>> Yes, under the Department of Health & Human Services, a federal agency, federal government.

Okay. Again, if you need more information about Medicare, you need to call your local State Health Insurance Assistance Program.

Under the Lieutenant Governor's Office on St. Croix, 340-773-6449, 340-774-2991.

And they will really -- they are supposed to, anyway -- help clarify any questions you have about Medicare.

>> Sounds good. Sounds good.

We're gonna take a little break, and we'll be right back.

You're listening to "Ability Radio."

>> Okay.

>> And try to find peace within without stepping on one another. And do respect the women of the world.

Remember you all have mothers.

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.

[ The Pointer Sisters' "Yes We  
Can Can" plays ]  
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...  
>> We're back.  
You're listening to "Ability  
Radio."  
I'm your co-host, Amelia Headley  
LaMont, and today's guest is my  
co-host, Iris Bermudez, formerly  
the director for the Virgin  
Islands and Puerto Rico Center  
for Medicare & Medicaid  
Services.  
So, I thought it was a great  
opportunity for us to present,  
again, the health issue which is  
deemed a priority for Virgin  
Islanders.  
Appropriate health and mental  
health -- that is something that  
the Disability Rights Center has  
dedicated itself to.  
So, we're talking quite  
extensively about the  
distinctions, but there was also  
an area that I think both  
programs have some focus on, and  
that is prevention.  
>> Yes.  
>> Tell us about that, and where  
are we on that score?  
>> Prevention services under  
Medicare is something that just  
happened not too long ago.  
Geez. I think I had just gone up  
to work with CMS around the time  
that prevention services were  
implemented, because they never  
were.  
>> Mm.  
>> If you needed services from

Medicare, your situation had to be medically necessary. You had to have some kind of sickness or something that required you to receive medical services, and that's what we mean by "medically necessary." But then came along prevention services because it was felt that if we get it on time, we won't have to spend so much money curing you.

>> Right.

>> And that's what's happening now.

>> Right.

>> And Medicare and even Medicaid kind of provides -- Well, I know for sure that Medicare has a wealth of preventive services for all beneficiaries. When you first become eligible for Medicare, you are supposed to get a "Welcome to Medicare" physical.

>> Oh, boy. [ Laughs ]

>> Yeah. Well, you should get a "Welcome to Medicare" physical and let the provider work with you to make sure that there's nothing growing there, you know, or there's the beginning of a heart issue that we can still take care of before it becomes worse than what it is.

>> Right.

>> So, there is that "Welcome to Medicare" screening.

>> Okay.

>> Maybe I should say that -- "screening."

>> That sounds better.

[ Both laugh ]

>> And then after that, on a yearly basis, you can do a wellness evaluation, too...

>> Okay. Okay.

>> ...which they allow you to do, and they'll pay for it, so you're covered.

>> Mm-hmm.

>> Now, like I said before, if anything is there that shouldn't

be there, you know, you have a lot of time, because, honestly, before, people didn't know.

>> Right.

>> People didn't go to find out, "Is there something wrong with me?"

If not, I'm good.

If it's something wrong with me, what can we do?"

>> Mm-hmm.

>> It didn't happen like that, and by the time you knew it, it was too late to take care of you, really, and that was mounting up to some serious catastrophic costs for the program.

>> Mm-hmm.

>> So, with this prevention service that's now available, you know, hopefully we'll catch anything on time and take care of you before it gets too late. Now, I know under Medicaid, they have different types of services.

Again, the Medicaid program benefits vary from state to state and territory.

Under Medicaid, you have mandatory services that you're required to provide versus optional services that you can provide if funding is available for those.

>> Right.

>> Unfortunately, at one time, the Medicaid program was -- Their funding was coming from the federal government at a 50% rate, and the Virgin Islands had to meet, match, that 50%.

With the Affordable Care Act now, the Virgin Islands expanded their services or expanded. They didn't provide for a marketplace, which many of the states did.

They just decided to expand their Medicaid services.

So that matching under the Affordable Care Act went up to 55% federal and 45% local, which

meant that, yeah, it was 5%, but it was a little bit more than what we were getting before from the federal government.

But the catch to that was that the Virgin Islands had to come up with their share and then the federal government would kick in, and that was a serious problem for the Virgin Islands, considering the funding situations here, okay?

But now, after Hurricane Maria, the federal government is funding the Virgin Islands at 100% rate, which ends September 2019, which is why our agency -- you know 'cause you drove this -- is providing PSAs on a daily basis to get folks to come and please -- please, please, please -- apply for Medicaid before it stops.

>> Right. Right.

>> You know, and, hopefully, maybe, you know, something will happen that will continue that funding, but we don't know, because those funds that are available have to be spent, so you need to apply.

>> Right. This is your window of opportunity to get healthy, to see a service provider and take care of yourself.

>> Prevention. Prevention.

>> Right. Right.

>> Because one of the difference between Medicaid and Medicare is that under Medicaid, you're eligible based on your income, regardless of age, which is, you know, different from Medicare.

>> Right.

>> You have to be 65 or over 65. But under Medicaid, there's no age restriction, okay?

>> Very important.

>> Medicaid covers basic healthcare costs -- visits to doctors, hospital stays -- but they can also cover things like eyeglasses.

And we were having a really

interesting conversation before the program began about this whole situation where preventive services and how you can -- You know, even though you only have up to September and hopefully more time than that, get your examinations done. Make sure you're okay.

>> Your eyes, your teeth.

>> Your eyes, your teeth, your health, your heart, your labs. Get it done.

We want to be a healthy Virgin Islands because one of our logos is "A healthy Virgin Islands is a strong Virgin Islands."

[ Laughing ] Okay?

Only saying what --

[ Both laugh ]

Medicaid also does something that Medicare doesn't do, and that's pay for nursing care.

>> Ah. That's right -- nursing care.

>> Nursing care.

>> That's very important.

>> That's right.

You know, that's one of the services that we don't cover because we don't do long-term care.

Medicare doesn't do long-term care.

Only Medicaid does, and, again, based on income.

>> What about durable medical equipment?

And by that we mean a wheelchair, a hospital bed, a walking stick, maybe a cane if somebody needs it, if they're visually impaired, hearing aids.

>> Medicare covers that.

>> Okay.

>> But so does Medicaid.

>> Oh! Okay.

>> Yeah, because that was one of the new things that they started covering, because, from what I understand, durable medical equipment is an option -- optional service -- because they're expensive.

>> Right. Okay.

>> Very expensive.

I mean, yeah, they might cover simple supplies or whatever, but now I understand they're covering durable medical equipment.

And then, again, there are certain regulations under Medicare for durable medical equipment.

You have to get a prescription from a provider, whether it's for a hospital bed, wheelchair, walkers, canes, whatever.

You need a prescription, and then you'll be approved and you'll get whatever you need, even if it's on a rental basis or on a purchase basis, okay? I don't know what the process is for durable medical equipment under Medicaid.

That's something that individuals would have to call the program for if they need durable medical equipment.

Like I said before, under Medicaid, there are mandatory and optional services, and I do have a list of some of the mandatory services, which include hospitalization, laboratory services, X-rays, doctor services, family planning.

Medicare doesn't cover family planning.

I mean...

>> Well -- [ Laughs ]

>> ...65.

>> That would be a miracle.

[ Both laugh ]

>> Nursing services.

>> Uh-huh.

>> Home-health care for people eligible for nursing-facility services, clinic services, pediatric and family nurse practitioner, midwife services. They cover physician services, prescription drugs, dental services, and enrollees under 21 are provided early and periodic

screening, diagnoses, and treatment -- EPSDT services -- which is a good way of getting preventive services for your children.

>> Right -- even infants, if we're talking about early periodic -- yeah.

>> Early, from zero to 22...

>> Mm-hmm.

>> ...which is good because we're seeing, like, an increase in autism.

>> Mm-hmm.

>> So that might help, you know, identify...

>> Right.

>> ...you know, certain behaviors, you know, under the autism spectrum...

>> Mm-hmm.

>> ...early enough to get some kind of services for these children.

>> Right.

>> 'Cause up to two weeks ago, I've been to meetings with autistic children.

>> Mm-hmm.

>> And when I ask the parents, "Well, when did you find out?" "Oh, not too long ago." And they were, like, in 3rd, 4th grade already.

>> Wow.

>> Yeah. So, it's important that we, at least until September 2019 -- and I'm drilling that date because I'm concerned that our people aren't gonna benefit from Medicaid services when you're probably eligible but you don't know. Medicaid is a 100% fee-for-service program. You don't pay anything. Basically, you don't pay anything. It's covered. It's being covered at 100% by the federal government. Your service is 100% fee-for-service.

>> Now, who takes Medicaid?

That might be another issue.  
We know the clinics do, correct?  
>> Well --  
>> Or the hospital?  
>> Well, we were doing the presumptive eligibility...  
>> Right.  
>> ...when people had to go to the emergency room.  
>> Mm-hmm.  
>> I'm pretty sure they're still doing that, hopefully.  
>> Okay. Mm-hmm.  
>> And then they can go to the different Medicaid offices in St. Croix and St. Thomas, which are -- one is at the Knud Hansen Memorial Hospital, the clinic.  
>> In St. Thomas.  
>> In St. Thomas.  
>> Mm-hmm.  
>> And here the Department of Human Services in Mars Hill.  
>> Mm-hmm.  
>> And I believe I gave the telephone numbers for that.  
>> For Lieutenant Governor's Office.  
>> Yes.  
>> Yeah.  
>> No, not for Medicaid. I didn't do it for Medicaid. Let me go back. Okay. For the Medicaid office on St. Croix, the telephone number is 340-772-7100, extension 7157. Again, 340-772-7100, extension 7157.  
In St. Thomas, it's 340-774-0930.  
Okay?  
Again, Medicaid serves low-income people of every age, and patients usually pay no part of cost for any covered expenses, okay?  
Other items that we might need to, in the time we have left, cover is everybody received or should have received by now a new Medicare card for Medicare services.  
Please, please, please take care of those cards because it has a

different number on it, which includes letters and numbers.

>> Okay. Now, these are for people who are Medicare-eligible.

>> Medicare-eligible.

I don't know what kind of card Medicaid gives to its beneficiaries, but these are just other items that I wanted to mention before we finish our show.

>> Sure.

>> You have to be using your new card by now.

If you have not received your card, you need to call Social Security or you need to get to the SHIP program, because you have to start using your new card, and you need to destroy the old card that had your Medicare number.

Remember, there's a lot of fraud going on with Medicare, so you could destroy that old Medicare card that had your old Medicare number on it.

You should remember to only give it to healthcare providers, period.

Don't give it to anybody else.

There was a scam that was uncovered not too long ago -- I think two weeks ago -- and it was kind of worldwide.

>> Mm-hmm.

>> So be careful with your Medicare card.

There is Medicare fraud going on.

It's rampant, and we taxpayers are paying the price for it, so please be careful.

In the Virgin Islands, your provider bills Medicare.

Like I said at the beginning of the show, might bill Medicare for services he or she didn't provide.

Check your Medicare summary notices.

They're sent to you via mail, or I get an alert that I got a

Medicare claim that was paid.  
Please check it to make sure.  
>> Ah.

>> Yeah. So, you can do that electronically.

Go to your medicare.gov, which is available online within 24 hours of your claim being processed, and you just have to give them a password, and look and see what services were provided.

I received a Medicare claim online that I received services in Vieques, Puerto Rico, and I never received services in Vieques, Puerto Rico, and I questioned it, you know, because that's our Medicare dollar.

So, I know we went through this kind of fast, and this kind of information takes two or three hours to provide to individuals at a training, but our time is limited.

Any questions, again, call your State Health Insurance Assistance Program under the Lieutenant Governor's Office.

>> This has been quite an educational hour.

I would also encourage our audience that if you've missed any portion of this, please check our website, drcvi.org. This interview will be posted on our website fairly soon, as well as transcribed.

Thank you so much for joining us today.

This has been "Ability Radio."  
Have a great day.

[ The Pointer Sisters' "Yes We Can Can" plays ]

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And try to find peace within without stepping on one another.

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better land than the world in...