



## South Central Tennessee Area Agency on Aging & Disability

101 Sam Watkins Blvd, Mt. Pleasant, TN 38474  
(931) 379-2929 or Toll Free 1-866-836-6678 \* Fax (931) 379-2685 \* [www.sctaaad.org](http://www.sctaaad.org)

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### **MEDICARE OPEN ENROLLMENT**

**OCTOBER 15<sup>th</sup> - DECEMBER 7<sup>th</sup>**

Call our SHIP office at 931-379-2927 to receive **free**, unbiased information and counseling on Medicare and Part D Prescription Drug Plans. Plan comparisons are provided to show you the most affordable plans available, what is covered, and how much you will expect to pay out of pocket for 2017. Plans can change each year, so don't take a chance... get your **free** plan comparison with us! *SHIP does NOT sell insurance or any other products.*

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### **Perry County Fraud & Financial Abuse Presentation County Mayor Terry Richardson signing proclamation**



## ***Santa for a Senior or Person with a Disability***



**Want to Make A Difference this Holiday Season?**



If you do, then consider making a difference in the life of a senior citizen or person with a disability by contributing to the AAAD's ***“Santa for a Senior or Person with a Disability Program”***. Last year, through support from people in the community like you, the AAAD was able to provide for 105 individuals across our 13-county area with a Christmas, which not only included a needed gift item, but also much-needed food and personal hygiene items. People who will receive Christmas gifts are those that AAAD staff has identified as low-income and/or who have no family or other social support system during the holidays. You can be a **“SANTA”** for someone in need by contacting the AAAD office **by December 2nd!!** It only takes \$25 to adopt a person, but extra donations are always welcome to help purchase the extra food and household items needed. For more information, contact:

Kim Waldrum  
931-379-2938  
[kwaldrum@sctdd.org](mailto:kwaldrum@sctdd.org)

OR

Glenda Porterfield  
931-379-2941  
[gporterfield@sctdd.org](mailto:gporterfield@sctdd.org)



***Happy Holidays!***

## BE A SANTA FOR A SENIOR

The Area Agency on Aging & Disability (AAAD) for the South Central Tennessee Development District is looking for a few good “Santas” to bring joy to senior citizens and adults with disabilities who are homebound and have no family or other social support system during the holiday season.

Help us make a difference in the life of a senior citizen or disabled adult this holiday season. You can call or stop by our office in person to select a “senior” from the AAAD Christmas tree. Each Senior will have needed items under \$25 that will be listed so that you will have a choice of items to purchase.

If you do not want to do the shopping, but want to be a “Santa for a Senior,” you can send your \$25 donation to the AAAD and we can make the purchase and wrap the gift for you. We prefer that all gifts be wrapped when received by the AAAD.

Arrangements will be made for pickup and delivery of your donated gift that will be of the most convenience for you. The deadline to sign up as a “Santa for a Senior” is December 2<sup>nd</sup>. Checks should be made payable to SCTDD. Contact Glenda at (931) 379-2941 or Kim at (931) 379-2938.

Complete this form and return to: Santa for a Senior, c/o SCTDD/AAAD, 101 Sam Watkins Blvd., Mt. Pleasant, TN 38474 or fax to (931) 379-2685.



*All gifts need to be at SCTDD, the local county Senior Center, or arrangements made for someone to meet or pick up by Friday, December 2, 2016.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### GIFT PURCHASE:

\_\_\_\_\_ I will purchase the gift(s) myself

\_\_\_\_\_ My \$25 check is enclosed for purchase to be made for me.

## CAREGIVER ACTION NETWORK REPORTS ON NATIONAL FAMILY CAREGIVERS MONTH

### **“President Obama Issues Proclamation to Celebrate National Family Caregivers Month**

*"Our Nation was founded on the fundamental ideal that we all do better when we look out for one another, and every day, millions of Americans from every walk of life balance their own needs with those of their loved ones as caregivers."*

*"This month, and every month, let us lift up all those who work to tirelessly advance the health and wellness of those they love. Let us encourage those who choose to be caregivers and look toward a future where our politics and our policies reflect the selflessness and open-hearted empathy they show their loved ones every day."*

*President Barack Obama, October 31, 2016*

On November 1, 2016 President Barack Obama issued a Presidential Proclamation in honor of National Family Caregivers Month. You can [view the text of the proclamation here](#) and see additional background, including this year's [Theme for National Family Caregivers Month](#).

[Caregiver Action Network](#) (the National Family Caregivers Association) is the organization that chooses the theme for National Family Caregivers Month annually and spearheads celebration of NFC Month nationally.

**National Family Caregivers Month – celebrated each November – is a time to recognize and honor family caregivers across the country. Caregiver Action Network began promoting national recognition of family caregivers in 1994. President Clinton signed the first NFC Month Presidential Proclamation in 1997 and every president since has followed suit by issuing an annual proclamation recognizing and honoring family caregivers each November.**

Day in and day out, 90 million family caregivers in this country fulfill a vital role on the care team. No one else is in a better position to ensure continuity of care. Family caregivers are the most familiar with their care recipients' medications and treatments; and they understand best their dietary and exercise needs.

Caregiver Action Network coordinates National Family Caregivers Month (NFC Month) as a time to thank, support, educate and empower family caregivers. Celebrating Family Caregivers during NFC month enables all of us to:

- ☐ Raise awareness of family caregiver issues
- ☐ Educate family caregivers about self-identification
- ☐ Celebrate the efforts of family caregivers
- ☐ Increase support for family caregivers

#### **JASON CROSBY**

DIRECTOR OF COMMUNICATIONS

CAREGIVER ACTION NETWORK

[www.CaregiverAction.org](http://www.CaregiverAction.org)

[www.RareCaregivers.org](http://www.RareCaregivers.org) | [www.HelpForCancerCaregivers.org](http://www.HelpForCancerCaregivers.org)

[www.facebook.com/CaregiverActionNetwork](https://www.facebook.com/CaregiverActionNetwork) | [@CaregiverAction](https://twitter.com/CaregiverAction)

1130 Connecticut Ave NW • Suite 300 • Washington, DC • 20036"

## National Family Caregiver Support Program PARTNERS IN CAREGIVING

The following providers allow a 10% discount on services and goods provided by the NFCSP:

*In-home Service Providers:*

<b>Aid &amp; Assist at Home, LLC</b>	<b>888-721-7380</b>
<b>A Plus Staffing, Inc.</b>	<b>877-933-7823</b>
<b>Caring Hearts Home Health Care, LLC</b>	<b>855-245-0870</b>
<b>Home Instead Senior Care – Franklin</b>	<b>931-388-6100</b>
<b>Home Instead Senior Care - Tullahoma</b>	<b>931- 454-2022</b>
<b>Senior Moments Healthcare</b>	<b>615-957-1367</b>
<b>South Central Human Resource Agency</b>	<b>800-221-2642</b>

*Personal Emergency Response Systems (PERS):*

<b>Guardian Angel Healthcare Services</b>	<b>931-703-5537</b>
<b>Lifeline Systems, Inc.</b>	<b>800-368-2925</b>
<b>Valued Relationships, Inc. (VRI)</b>	<b>800-860-4230</b>

The following providers maintain an inventory of donated durable medical equipment:

### Medical Equipment Recycling Program

<b>Bedford County Senior Center</b>	<b>Coffee County Senior Center</b>
<b>Giles County Senior Center</b>	<b>Hickman County Senior Center</b>
<b>Lewis County Senior Center</b>	<b>Lincoln County Senior Center</b>
<b>Marshall County Senior Center</b>	<b>Maury County Senior Center</b>
<b>Moore County Senior Center</b>	<b>Perry County Senior Center</b>
<b>Wayne County Senior Center</b>	

*The following providers are licensed to provide professional counseling.*

### Caregiver Counseling

<b>Family Counseling Center</b>	<i>(Bedford, Coffee, Franklin &amp; Moore counties)</i>	<b>931-723-0380</b>
<b>LifeCare Family Services</b>	<i>(Giles, Lawrence &amp; Maury counties)</i>	<b>1-877-881-0359</b>
<b>Betty M. Lane, M.S.</b>	<i>(located in Fayetteville in Lincoln County)</i>	<b>931-433-2929</b>

## State Health Insurance Assistance Program **SHIP-SHAPE Q&A**



### ***CHANGES IN MEDICARE COSTS FOR 2017***

**Question: In 2016 I paid a monthly premium of \$104.90 for Part B. Will this stay the same in 2017?**

The standard Part B premium amount in 2017 will be \$134 (or higher depending on your income). However, most people who get Social Security benefits will pay less than this amount. This is because the Part B premium increased more than the cost-of-living increase for 2017 Social Security benefits. If you pay your Part B premium through your monthly Social Security benefit, you'll pay less (\$109 on average). Social Security will tell you the exact amount you will pay for Part B in 2017. You'll pay the standard premium amount if:

- You enroll in Part B for the first time in 2017.
- You don't get Social Security benefits.
- You're directly billed for your Part B premiums.
- You have Medicare and Medicaid, and Medicaid pays your premiums. (Your State will pay the standard premium amount of \$134.)
- Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount. If so, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

**Question: What is the difference between Part A and Part B Medicare?**

Medicare Part A is Hospital Insurance and Part B is Medical Insurance. Part A covers inpatient hospital, skilled nursing facility, and some home health care while Part B covers Medicare eligible physician services, outpatient hospital services, certain home health services, and durable medical equipment. Most people do not pay a monthly Part A premium because they or a spouse have 40 or more quarters of Medicare-covered employment. However Part A has both a deductible and coinsurance amounts.

**Question: So are there any Part A cost increases for 2017?**

Yes, the deductible for in-patient hospital stays for each benefit period will increase from \$1,288 to \$1,316. Also the coinsurance per day for days 61-90 will increase from \$322 to \$329 and for days 91 and over will increase from \$644 to \$658.

Also, for skilled nursing facility stays the coinsurance per day of each benefit period will increase from \$161 to \$164.50 in 2017.

And remember that you pay for private-duty nursing, a television, or a phone in your room. And you have to pay for a private room unless it's medically necessary.

**Question: I understand the Part B premium cost, but does Part B have any other cost increases?**

Remember that Part B applies to Original Medicare. Part B has an annual deductible which covers Medicare eligible physician services, outpatient hospital services, certain home health services, and durable medical equipment. The annual deductible of \$166 will increase to \$183 in 2017. And remember, that you will still have to pay 20% of the Medicare-approved amount for services after you meet the deductible.

If you have a Medicare Advantage Plan (considered Part C) instead of Original Medicare, costs vary by plan and may be either higher or lower than those in Original Medicare. However, all Medicare Advantage Plans must cover the Part B services.

**Question: What about the costs of Part D?**

The amount you pay for Part D deductibles, copayments, and/or coinsurance varies by plan. If you have limited income and resources, you may qualify for Extra Help to pay for your Medicare prescription drug coverage. Getting "Extra Help" means Medicare helps pay your Medicare Prescription Drug Plan's (Part D) monthly premium, any yearly deductible, coinsurance, and copayments. Although deductibles vary between Medicare drug plans, no Medicare drug plan may have a deductible more than \$360 in 2016 (\$400 in 2017). Some Medicare drug plans don't have a deductible.



**Question: What exactly is a “coverage gap”?**

Most Medicare Prescription Drug Plans have a coverage gap (also called the “donut hole”). This means there is **a temporary limit on what the drug plan will cover for drugs**. Medicare beneficiaries enrolled in a Part D drug plan enter the coverage gap once they spend a pre-determined amount of money on their prescriptions. Medicare updates the dollar amount marking both the entry into and exit from the coverage gap each year. In 2017, once you and your plan (together) spend \$3,700 on covered medications, you enter the coverage gap. You will stay in the coverage gap until you meet the out-of-pocket limit of \$7,425.

**Question: How much do I have to pay during this “coverage gap?”**

Once you reach the coverage gap in 2017, different percentages apply to drugs depending on whether they are **brand-name** or **generic** prescription drugs:

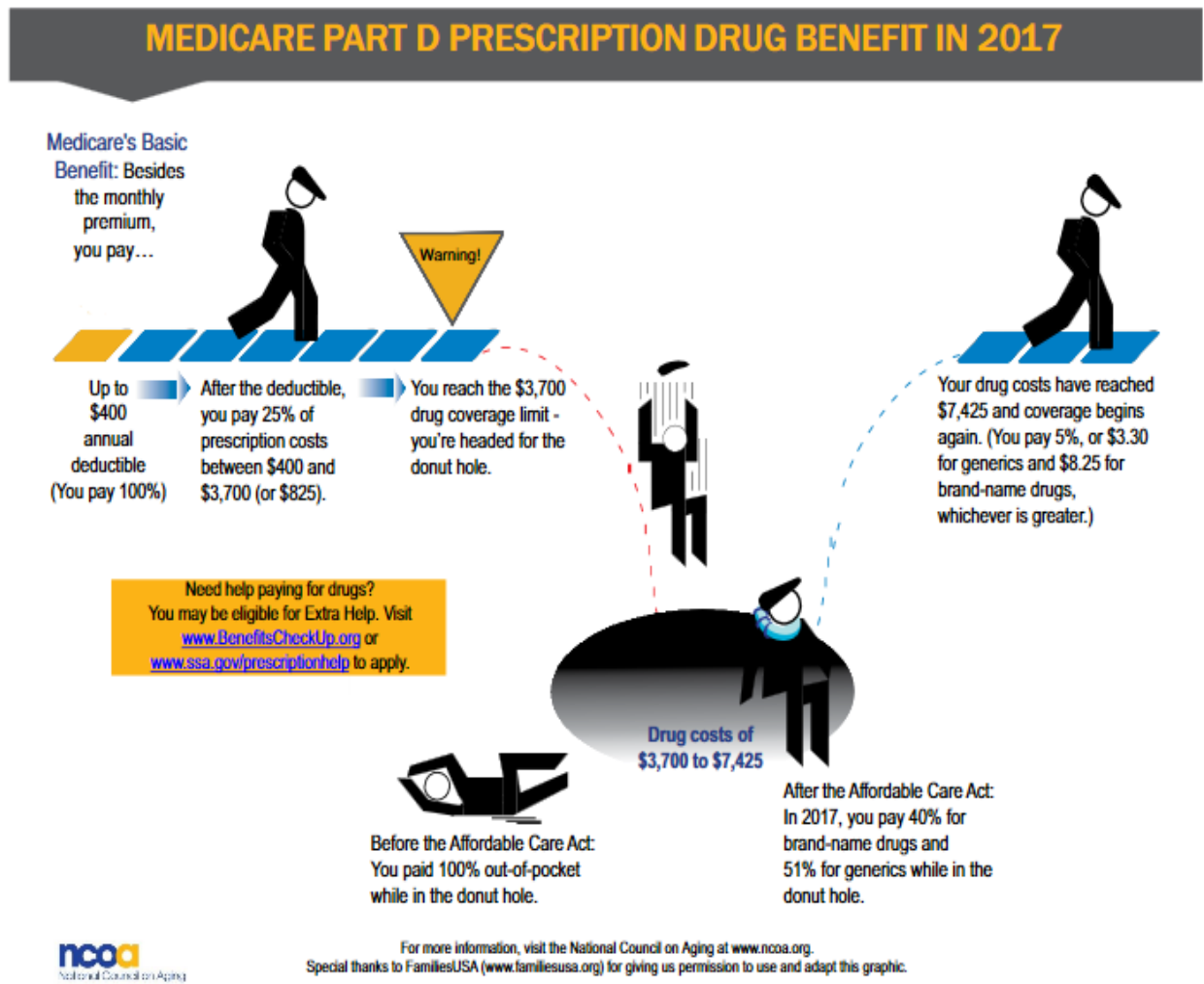
- You will pay no more than 40% of the plan’s cost for covered **brand-name** prescription drugs and there is a 50% manufacturer discount payment. Both your 40% and the 50% manufacturer discount (for a total of 90% of the drug cost) count as out-of-pocket costs which will help you get out of the coverage gap. Your drug plan will pay 10% of the drug cost and 60% of the dispensing fee, but what the drug plan pays does NOT count toward your out-of-pocket spending.
- You will pay 51% of the plan’s cost for **generic** prescription drugs during the coverage gap and Medicare will pay the remaining 49%. The coverage for generic drugs works differently from the discount for brand-name drugs. For generic drugs, **only the amount you pay** will count toward getting you out of the coverage gap.

You get these savings if you buy your prescriptions at a pharmacy or order them through the mail. Some plans may offer higher savings in the coverage gap. The discount will come off of the price that your plan has set with the pharmacy for that specific drug.



## Question: Is there a simple way to understand all this?

Sometimes a picture helps to explain the situation:



## Question: Do all Part D plans have a coverage gap?

Most Part D plans do have a coverage gap. There are a few Part D plans in our state that offer protection on some generic medicines, but no Part D plan in Tennessee eliminates the coverage gap on brand name medications. Keep in mind that you may not reach the coverage gap if you take few medications or you use mostly generic medications. Also, beneficiaries who receive “extra help” (financial assistance) with their Part D plan do not have a coverage gap.

**Question: How will I know if I enter the coverage gap?**

The monthly Explanation of Benefits (EOB) from your plan will show how much you have spent on covered medications. This should give you a good estimate of when (and if) you will enter the coverage gap. You can also get this information by calling the customer service number on the back of your Part D membership card.

**Question: What does “dual eligible” mean?**

Some people who are eligible for both Medicare and Medicaid are called “dual eligibles.” If you have both Medicare and full Medicaid coverage, most of your health care costs are likely covered. You will get your Part D prescription drugs through Medicare, and you will automatically qualify for Extra Help paying for your Medicare prescription drug coverage (Part D). Medicaid may still cover some drugs and other care that Medicare does not cover.

You should still get a Part D Plan Comparison before signing up for a plan. The comparison will show you whether or not a plan covers all your medications. The SHIP/SMP office can help you by entering your medications into the Medicare.gov website and running the comparison for you. Call SHIP Toll Free 1-877-801-0044 or call (931) 379-2947.

Your dual eligibility also gives you the right to change your Part D plan whenever you need to do so. *You are not limited to the annual Open Enrollment period of October 15<sup>th</sup> – December 7<sup>th</sup>.* The SHIP/SMP office can help you after Open Enrollment is over.

**Question: When will the government stop putting Social Security numbers on Medicare cards?**

Starting in 2019 Social Security numbers will no longer be used on Medicare cards. Social Security numbers will be replaced by a new Medicare Beneficiary Identifier (MBI). The new Medicare Beneficiary Identifier (MBI) number will be:

- Recognizably different than the Medicare Health Insurance Claim Number (HICN)
- Displayed on the Medicare cards.
- Used by external people with Medicare, providers, plans, etc. participating in claim processing and other related activities with CMS.

The SHIP-SHAPE column is sponsored by the State Health Insurance Assistance (SHIP) & the Senior Medicare Patrol (SMP). The column is designed to provide information to help Medicare beneficiaries understand, access, and protect their Medicare benefits.

SHIP is supported, in part by grant number 90SA0096-01-00, from the U.S. Administration for Community Living, Department of Health & Human Services in Washington, DC 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy. SHIP is a part of the Area Agency on Aging & Disability.

Please send questions & brochure requests to the local SHIP/SMP office at [scraig@sctdd.org](mailto:scraig@sctdd.org) or call 931-379-2927.

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Without the help of our **VOLUNTEERS**, the South Central TN AAAD would not be able to reach and assist as many older adults in our 13-county region as we do. Our **VOLUNTEERS** put in hundreds of hours to help others, giving of their own personal time and efforts.

Whether it's being a **VOLUNTEER** for the State Health Insurance Assistance Program (SHIP), the Public Guardian Program, the National Family Caregiver Support Program or the Long-Term Care Ombudsman program, every single **VOLUNTEER** makes a difference in the life of someone in their community.

To learn more about volunteer opportunities and how you can make a difference, please call:

**Mike David, Volunteer Coordinator**



**(931) 379-2948**

**Toll Free 1-866-836-6678**