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"NOW, more than ever!!!"

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After 52 Years, Medicare Remains a Bright Spot in Our Nation's Health Care System

Last week, Medicare celebrated 52 years since it was signed into law. In those 52 years, Medicare has provided guaranteed health benefits to millions of older adults and people with disabilities. Today, 57 million Americans and their families rely on Medicare for basic health and economic security and the program remains on solid footing.

In July, the Medicare Trustees **reported** that the Medicare Hospital Insurance (Part A) Trust Fund is solvent through 2029—a year longer than previously predicted—and that in 2016 the Trust Fund had a $5.4 billion surplus, with surpluses anticipated through 2022. The Trustees also predict that in 2018, the standard Medicare Part B premium will not increase and thus will remain at $134 per month. This welcome news gives older adults and people disabilities much needed security and confidence in the program, particularly as Congress weighs any potential changes to Medicare's benefits structure.3

While the Medicare program remains on solid footing, it is important to think ahead to the future of Medicare. For Medicare's 50th anniversary, we listed our 50 wishes for the program. Many of these suggested improvements are still relevant and describe how lawmakers can advance changes to modernize benefits in both Original Medicare and private Medicare health plans and implement solutions to improve how Medicare beneficiaries navigate their coverage day-to-day.

Visit Medicare Rights' website for our 50 wishes for Medicare's future.

Senate Republicans Nod at Bipartisan Push for Insurer Payments

Senate Republicans are expressing a willingness to consider a bipartisan approach to strengthening the individual insurance market under Obamacare, even as President Donald Trump is **deciding** whether to end payments for it.

Senate Majority Leader Mitch McConnell said on Saturday he'd be open to the attempt, which follows the collapse of Republican efforts to repeal and replace the Affordable Care Act, according to the Associated Press. Republican Senator Thom Tillis said he'd be obligated to consider it.

"We have got a destabilized market where insurance rates are going to go up 20, 30, 40 percent next year," Tillis of North Carolina said on ABC's "This Week" on Sunday. "Anything that we can do to prevent that and the damage that that will have on people who need health care I think is something I have to look at."

The Senate health committee will begin bipartisan hearings in early September on stabilizing and strengthening the Affordable Care Act's individual insurance market, Republican Chairman Lamar Alexander of Tennessee and top Democrat Patty Murray of Washington **said in** a joint statement on Aug. 1.

While saying he was open to a bipartisan plan for subsidies, McConnell also said on Saturday there was "still a chance" to address a repeal and replacement of Obamacare -- but that it was quickly becoming unlikely, according to the AP.

Obamacare First

Trump has also tweeted to his 35.2 million followers that senators, who are away from Washington for their summer recess, shouldn't vote on anything else until they've completed the effort to revamp President Barack Obama's signature health law.

Health and Human Services Secretary Tom Price said July 30 that "no decision's been made" on whether to continue key subsidies under the law to health-insurance companies, but that the administration's job is "to follow the law of the land."

The payments, called cost-sharing reductions, help insurers offset health-care costs for low-income Americans. Trump has repeatedly suggested ending the payments as bargaining tactic to bring Democrats to the negotiating table

The next payment is due on Aug. 21. "The cost-sharing reductions over time need to be eliminated," Tillis said. "But we can't just all of the sudden pull the rug out from underneath an industry that has had this in place for about seven years."

Need Bipartisanship

Appearing together on CBS's "Face the Nation" on Sunday Republican Governor John Kasich of Ohio and Democratic Governor John Hickenlooper of Colorado said both parties should work to find a solution.

"Republicans are going to have to admit that there is a group of people out there who will need help," Kasich said.

"I think we'll be surprised at the number of senators that are willing to kind of step back and say, 'All right. Let's roll up our sleeves, and work on a bipartisan basis, and see how far we can go,'" Hickenlooper said..**Read More**

Why It Pays to Keep a Careful Eye on Your Earnings Record

Whether you're ready to retire, just joining the workforce, or somewhere in between, regularly reviewing your Social Security earnings record could make a big difference when it's time to collect your retirement benefits.

Just think, in some situations, if an employer did not properly report just one year of your work earnings to us, your future benefit payments from Social Security could be close to $100 per month less than they should be. Over the course of a lifetime, that could cost you tens of thousands of dollars in retirement or other benefits to which you are entitled.

Social Security prevents many mistakes from ever appearing on your earnings record. On average, we process about 236 million W-2 wage reports from employers, representing more than $5 trillion in earnings. More than 98 percent of these wages are successfully posted with little problem.

But it's ultimately the responsibility of your employers — past and present — to provide accurate earnings information to Social Security so you get credit for the contributions you've made through payroll taxes. We rely on you to inform us of any errors or omissions. You're the only person who can look at your lifetime earnings record and verify that it's complete and correct.

So, what's the easiest and most efficient way to validate your earnings record?

Visit **www.socialsecurity.gov/myaccount** to set up or sign in to your own *my Social Security* account;

Under the "My Home" tab, click on "Earnings Record" to view your online *Social Security Statement* and taxed Social Security earnings;

Carefully review each year of listed earnings and use your own records, such as W-2s and tax returns, to confirm them; and

Keep in mind that earnings from this year and last year may not be listed yet.

If you notice that you need to correct your earnings record, check out our one-page fact sheet at **www.socialsecurity.gov/pubs/EN-05-10081.pdf.**

Sooner is definitely better when it comes to identifying and reporting problems with your earnings record. As time passes, you may no longer have past tax documents and some employers may no longer be in business or able to provide past payroll information.

If it turns out everything in your earnings record is correct, you can use the information and our online calculators at **www.socialsecurity.gov/planners/benefitcalculators.html** to plan for your retirement and prepare for the unexpected, such as becoming disabled or leaving behind survivors. We use your top 35 years of earnings when we calculate your benefit amounts. You can learn more about how your benefit amount is calculated at **www.socialsecurity.gov/pubs/10070.pdf.**

We're with you throughout life's journey, from starting your first job to receiving your well-earned first retirement payment. Learn more about the services we provide online at **www.socialsecurity.gov/onlineservices.**

It's More Convenient than Ever to Apply for **Social Security**

You've worked hard your whole life, and receiving your Social Security benefits should be the icing on the cake at your retirement party. We're working hard to make it as quick and seamless as possible for you to apply for benefits from Social Security.

Simply visit **www.socialsecurity.gov/applyforbenefits** to get started. Through our safe and secure website, you can apply for:

Retirement benefits;
Spousal benefits;
Medicare;
Disability benefits;
Extra Help with Medicare prescription drug plan costs; and, in some cases, Supplemental Security Income.

You don't have to be internet savvy to finish most of our online applications in one sitting with your computer. Or, if you prefer, we offer you the options to apply in person at your Social Security office or by telephone with one of our application representatives. Please call 1-800-772-1213 from 7 a.m. to 7 p.m. weekdays to schedule an appointment.

You should also call us to schedule an appointment if you wish to apply for certain family benefits, including those for surviving spouses and children, divorced spouses and dependent children, and parents of beneficiaries.

After you've applied for benefits — whether online, by phone, or in person — you can securely and quickly check the status of a pending claim through your online *my Social Security* account. If you haven't created your account yet, you can do so today by visiting **www.socialsecurity.gov/myaccount**.

You can also use *my Social Security* to view estimates of how much you would receive in retirement benefits and potential disability benefits and how much your loved ones could receive in family or survivor benefits.

We're with you throughout life's journey, from applying for your first job to receiving your first retirement payment. And we're proud to help ensure a secure future for you and your loved ones.

To learn more about our programs and online services, please visit **www.socialsecurity.gov/**

Fraud Prevention Checklist

New technology & communication, while opening the door for many positive avenues of progress, also makes us more susceptible as targets for scammers. These individuals reach out to as many people as possible under some guise until they find someone who falls for their tricks. The range of tricks being used by such scammers is always growing and evolving. While you cannot know the details of each one of them, you can get a sense of the general types of scams out there. **Read More**

Fight over right to sue nursing homes heats up

Consumer groups are making a last ditch effort to stop the Trump administration from stripping nursing home residents and their families of the right to take facilities to court over alleged abuse, neglect or sexual assault.

The Centers for Medicare and Medicaid Services (CMS) announced plans in June to do away with an Obama-era rule that prohibited nursing homes that accept Medicare or Medicaid funds from including language in their resident contracts requiring that disputes be settled by a third party rather than a court.

Public comments on the CMS proposal to do away with that rule are due Monday, and groups are urging the agency to reconsider.

More than 75 consumer, health and advocacy groups have come together to form the Fair Arbitration Now Coalition to stop CMS from reversing what they claim is a critical protection for the elderly.

Remington Gregg, counsel for civil justice and consumer rights at Public Citizen, said the rule change is not only unnecessary, but shameful.

Gregg said the provisions, known to lawyers as pre-dispute arbitration agreements, create an unequal balance of power between the nursing home and its elderly patients or the family members caring for them.

"When you are trying to get someone in a nursing home, often time it's stressful or an emotional time. Often times loved ones can't take care of themselves, so for a nursing home to say in order to get in you have to waive your right is shameful," he said.

"We're talking about everything you may have a problem with — abuse, neglect, sexual assault, a wide variety of things — they are now saying you are waiving your right to full justice."

CMS said it decided to reconsider the rule after a federal district court judge in Mississippi issued **an order** in November temporarily blocking the rule from taking effect. ..**Read More**

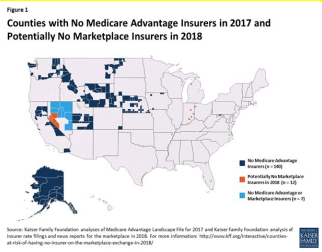
New Brief Compares Medicare Advantage and Marketplace Plan Offerings in Areas with Limited Availability

This week, the Kaiser Family Foundation (KFF) released a new **issue brief**examining a recent hot topic—areas with few or no insurers participating in Affordable Care Act (ACA) marketplaces. KFF compared these areas to places where there are very few or no Medicare Advantage (MA) plans offered this year to people with Medicare.

Nationwide, there are currently 19 counties—in Nevada, Indiana, and Ohio—that will have no ACA marketplace plans for sale in 2018. This number has been shrinking as insurers fill some of the gaps, so it is possible each of these counties will have coverage in 2018.

By comparison, there are 147 counties across 14 states with no MA insurers this year. These counties are largely rural, and almost exclusively in the Western half of the United States, especially in areas where there are often very low population densities such as Alaska and Wyoming.

Upon inspection of areas at risk of having no exchange plans and areas without MA plans, KFF notes that "in 7 of these 19 counties, there are no Medicare Advantage insurers, and in another 8 counties, there are two or fewer firms now offering a Medicare Advantage plan – well below the national average." KFF suggests that the lack of MA insurers in some of these regions might mean "that some markets are simply not attractive to private insurers."



While there are differences between the MA and exchange markets, both use private insurers to provide health coverage. As KFF points out, "areas that historically have had difficulty attracting private insurers, which are often rural, may require a special approach" in order to guarantee access to health coverage options.

Read The Brief

Generic Drug Prices Are Falling, but Are Consumers Benefiting?

This article was written through collaboration between The New York Times and ProPublica, the independent, nonprofit investigative journalism organization.

Not all drug prices are going up.

Amid the public fury over the escalating costs of brand-name medications, the prices of generic drugs have been falling, raising fears about the profitability of major generic manufacturers. Last week, Teva Pharmaceuticals **reported** that it had missed analysts' earnings estimates in the second quarter and planned to lay off 7,000 workers. Its share price plummeted 24 percent in one day as investors worried there was no end in sight.

Share prices of other generic drugmakers also declined, as did those of wholesalers, which profit from the sales of generic drugs and have said they expect prices to continue declining.

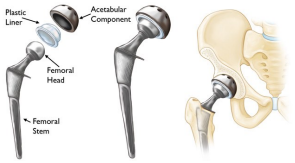
Mylan, another large generic drugmaker, will report its second-quarter earnings on Wednesday. Mylan also sells the EpiPen, the brand-name allergy treatment whose price increases have **stoked outrage over the past year**, but the company's primary business is as a seller of generic drugs.

This may seem like good news for consumers, but it's unclear how much they will save. ...**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Hospitals leery of CMS proposal to pay for joint replacements in ASCs



Many orthopedic surgeons and ambulatory surgery center operators are delighted with the CMS' mid-July announcement that it's considering paying for total knee and hip replacement procedures in outpatient settings. But lots of hospital leaders are not.

"I did a knee today at 7:30 a.m., and the patient left at 12:30 happy and with pain under control," orthopedic surgeon Dr. Louis Levitt said late last month; Levitt's medical group owns Massachusetts Avenue Surgery Center in Bethesda, Md. "If Medicare approved this, it will be a substantial boon to our ambulatory surgery business, and physicians will get more comfortable with the idea."

Hospital leaders are wary, however, for both financial and clinical reasons. They fear losing substantial inpatient revenue from total joint procedures—one of their bigger profit centers—to ambulatory surgery centers, as they've previously lost many other surgical procedures. In addition, they and doctors on staff aren't necessarily comfortable at this point doing the operations in either hospital outpatient departments or ambulatory surgery centers.

"We haven't seen a lot of data that would show performing those procedures in ambulatory centers with no inpatient stay would result in better outcomes," said Sabra Rosener, vice president of government affairs for UnityPoint Health, which operates hospitals and clinics in Iowa, Illinois and Wisconsin.

A CMS decision to pay for total joint replacements in outpatient settings would speed the migration of these procedures out of the hospital, experts say. One big factor is it would embolden more private payers to start paying for the operations in ambulatory settings. Related story: As outpatient surgeries grow, hospitals look to claim piece of ASC market"As soon as it's approved by CMS, then commercial payers say yes," said Naya Kehayes, practice leader for ambulatory surgery at ECG Management Consultants. "I've got hospital CEOs calling me and asking how much of their volume is at risk, and what if it totally blows up." **Read More**

Lag In Brain Donation Hampers Understanding Of Dementia In Blacks

The question came as a shock to Dorothy Reeves: Would she be willing to donate her husband's brain for research?

She knew dementia would steadily take Levi Reeves' memories of their 57-year marriage, his remaining lucidity and, eventually, his life. But to let scientists take his brain after he died? That seemed too much to ask.

"I didn't want to deal with the idea of his death," said Reeves, 79. "I certainly didn't want to deal with brain donation."

As an African-American and a former schoolteacher, Reeves is keenly aware of the history of racism in health care, including callous and sometimes deadly experimentation. Reeves said she never personally has had a bad experience with doctors or the medical system. But she's old enough to remember the infamous Tuskegee Institute syphilis study, during which hundreds of mostly illiterate black sharecroppers were assured they were being treated for "bad blood" even as doctors withheld effective treatment over decades.

Top researchers say such wariness, while understandable, is thwarting efforts to understand and treat Alzheimer's disease and other forms of dementia in black patients today. African-Americans suffer from these cognitive impairments at **two to three times the rate of non-Hispanic whites**, yet they are less likely to take part in research.

That has created a vexing challenge for scientists, who are trying to persuade more blacks to participate in studies — both while they are alive and after they die. A critical part of their efforts is asking for brain donations….**Read More**

Asthma, More Deadly With Age, Takes Heavy Toll On Older Adults

In early June, Donna Bilgore Robins stood on a patio in Beaver Creek, Colo., under a crystal-clear blue sky and tried to catch her breath.

She couldn't.

With mountain vistas around her, Robins felt as if she was drowning. She gasped for air hungrily again and again.

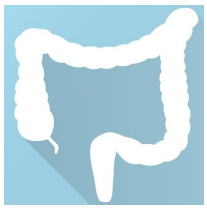
Robins knew all too well what was happening. Something — some kind of plant? something in the mountain air? — had triggered her asthma, a lifelong condition.

She also knew she was in danger, even with a rescue inhaler at hand. "I don't slowly get sick — I just drop," said Robins, who with help from her husband was soon on the road to seek medical attention over 100 miles away at **National Jewish Health** in Denver, a leading hospital for people with respiratory conditions.

For people like Robins, 63, diagnosed with asthma as a young child, aging with this condition can be fraught with difficulty.

Death rates for older adults with asthma are five times that of younger patients, according to a **new review** of asthma among seniors. And medical complications are more common….**Read More**

Colon Cancer Rates Rising Among Younger White Adults — And Falling Among Blacks



When Crawford Clay discovered blood on his shorts at the end a routine run in the spring of 2014, he did not know the stains were a symptom of a condition that also afflicted his family.

His doctor said it was likely hemorrhoids, but as a precaution, the physician scheduled a colonoscopy.

The exam revealed Clay had rectal cancer. He was 43, seven years younger than the recommended age for colon screenings and completely in the dark about the symptoms associated with the condition. Clay didn't know that his grandfather had the disease or that he would be diagnosed in the same week as his dad.

"I knew nothing," he said.

Clay is not the only person caught unawares by this diagnosis.

Authors of a research letter published Tuesday in JAMA found that rates of colorectal cancer among adults under age 55 and the number of deaths among that age group are rising. They also discovered some surprising demographic trends. The number of whites being diagnosed with colorectal cancer and their mortality rates are rising, even as blacks are seeing a decline in both categories. Despite those declines, however, blacks still have higher rates of death from the disease, the study found.

Researchers studied rates of colorectal cancer and deaths for individuals aged 20 to 54 from 1970 through 2014, using data from the National Center for Health Statistics. NCHS uses death certificates reported by every state and the District of Columbia to gather this information.

Rebecca Siegel, an epidemiologist at the American Cancer Society and lead author of the letter, said these findings suggest the increasing tally of people dying from colorectal cancer is not just because extra screening is verifying more cases. While the steady uptick in deaths is small — 1 percent annually from 2004 to 2014 — the rising mortality rates are occurring in what is supposed to be a healthy population. ...**Read More**

What is an Annual Notice of Change?

MEDICARE RIGHTS CENTER
Getting Medicare right
Blog

Dear Marci,
Last year I received an Annual Notice of Change from my Medicare Advantage Plan. Will I get one this year? What should I do with it?

Emmanuel (Springfield, MO)

Dear Emmanuel,

The Annual Notice of Change (ANOC) is an important notice sent each year to people who have a **Medicare Advantage (MA) Plan** or a **Medicare Part D Prescription Drug Plan.** Plans send these notices to their members every year to notify them of cost and benefit changes that will take effect starting January 1 of the following year. If you currently have a Medicare Advantage Plan or a Part D Prescription Drug Plan, you should receive this notice by September 30 of this year. If you haven't received it by then, you should contact your plan to ask for it.

The Annual Notice of Change is typically mailed along with the plan's yearly Evidence of Coverage (EOC) Notice. A plan's EOC provides a more comprehensive explanation of its costs and coverage in the following year.

Remember that plans can make changes every year to costs and benefits, from changing copays to changing which providers and pharmacies are in-network or out-of-network. In reviewing the Annual Notice of Change, make sure that the providers, services, and drugs that you need are still available and covered under your Medicare Advantage or Part D plan. Also, make sure you know and understand how much you will pay out of pocket for your health care services.

If there are changes to your costs and benefits that could raise your costs or get in the way of getting the health care you need, you may want to think about making changes to your Medicare coverage during **Fall Open Enrollment**.

Fall Open Enrollment runs from October 15 to December 7 every year. If you make changes to your Medicare coverage during Fall Open Enrollment this year, they will go into effect on January 1, 2018.

Even if you review these notices and decide that there won't be any major changes to your Medicare coverage in 2018, it still might be helpful to look at other Medicare options and compare them to your current plan. Another plan in your area might offer health and/or drug coverage at a better price than what you currently pay. To learn more about different Medicare coverage options, call 1-800-MEDICARE or use the online Plan Finder tool at **www.medicare.gov/find-a-plan**.

-Marci

Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act

ADD YOUR NAME

Get The Message Out: SIGN THE PETITION!!!!!