

We are the Senior Care Association of Central New York. We're dedicated to bringing people 55+ opportunities for connection including [events](#), [news](#), [services](#), and [resources](#).

To see a full list of online events, [click here](#) and go to our CLA events page.

To read all about what's happening with people 55+ in our Central New York area [click here](#).

To find resources to support people 55+ in living a fuller life [click here](#).

November 2021 brings many opportunities to make connections...

Here are some in-person and on-line events near you:

- [Gwen's Sip, Support & Stretch](#) – Fridays at 9am
- [Tai Chi for Arthritis and Falls Prevention](#) – This Tue. & Fri. at 10:30am
- [Dementia Support Group](#) – Tuesdays at 9am
- [Gwen's Healthy Hearts](#) – Tuesdays at 10:15
- [Dementia Conversations, Driving, Dr. Visits and more](#) – 11/2 at 4pm
- [Chronic Disease Self-Management](#) – Tuesdays at 5:30pm
- [Wednesday Wellness Walking](#) – Wednesdays at 12:15
- [Rhythm & Moves](#) – Thursdays at 11am
- [Peer Support for Adults with Type 2 Diabetes](#) – 11/10 at 10am
- [Sight & Hearing Assistive Devices & Supports](#) 11/17 at 6pm
- [Caregiver Support Group](#) – 11/22 at 5pm
- For a full list of events check out our [events calendar](#).

Information we thought you might find interesting:

Video: [Planning Ahead for the Last Chapter](#) - Learn all about getting your estate in order, planning your funeral basics, planning for retirement financially, and advance care planning paperwork.

Video: [How PACE CNY Makes a Difference in the Lives of Participants & Caregivers](#)

What does the NYS Office for Aging Programs & Services have that you may be able to take advantage of? [Use this link to find out more...](#)

COVID-19 Vaccine and Booster Updates



<https://cookcountypublichealth.org/communicable-diseases/covid-19/covid-vaccine/>



Getty Images/ISTOCK

Elizabeth Asiago-Reddy, MD, MS

Division Chief and Associate Professor of Infectious Disease, SUNY Upstate
Medical University

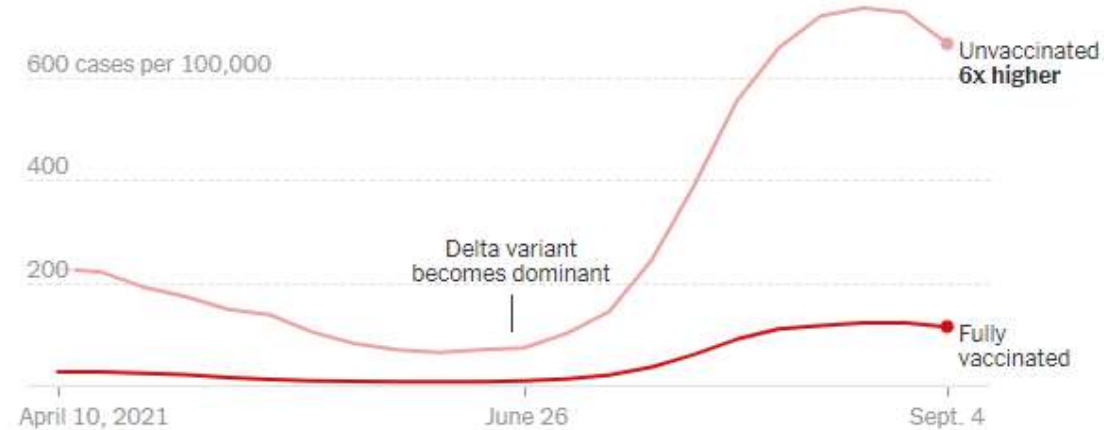
28 October 2021

Key terms

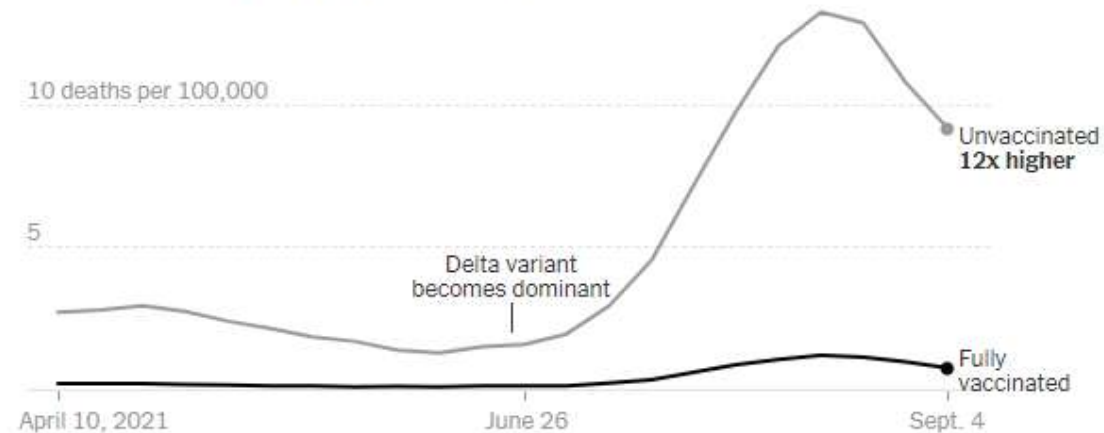
- Vaccine efficacy (VE)
 - The proportion by which a vaccine reduces risk of a specific outcome (disease, hospitalization or death)
 - 90% vaccine efficacy means people who have had the vaccine are 90% less likely to have that outcome
- Breakthrough infection
 - A documented COVID-19 infection in someone who has been fully vaccinated, *as defined by the initially recommended vaccine series*
- Severe immunocompromise
 - People whose immune system is much less likely to make antibodies in response to a vaccine
 - Recent cancer treatments, immune suppressant medications for organ transplants or severe autoimmune diseases, some cases of HIV

How effective have COVID vaccines been in the U.S.?

Average weekly cases by vaccination status



Average weekly deaths by vaccination status



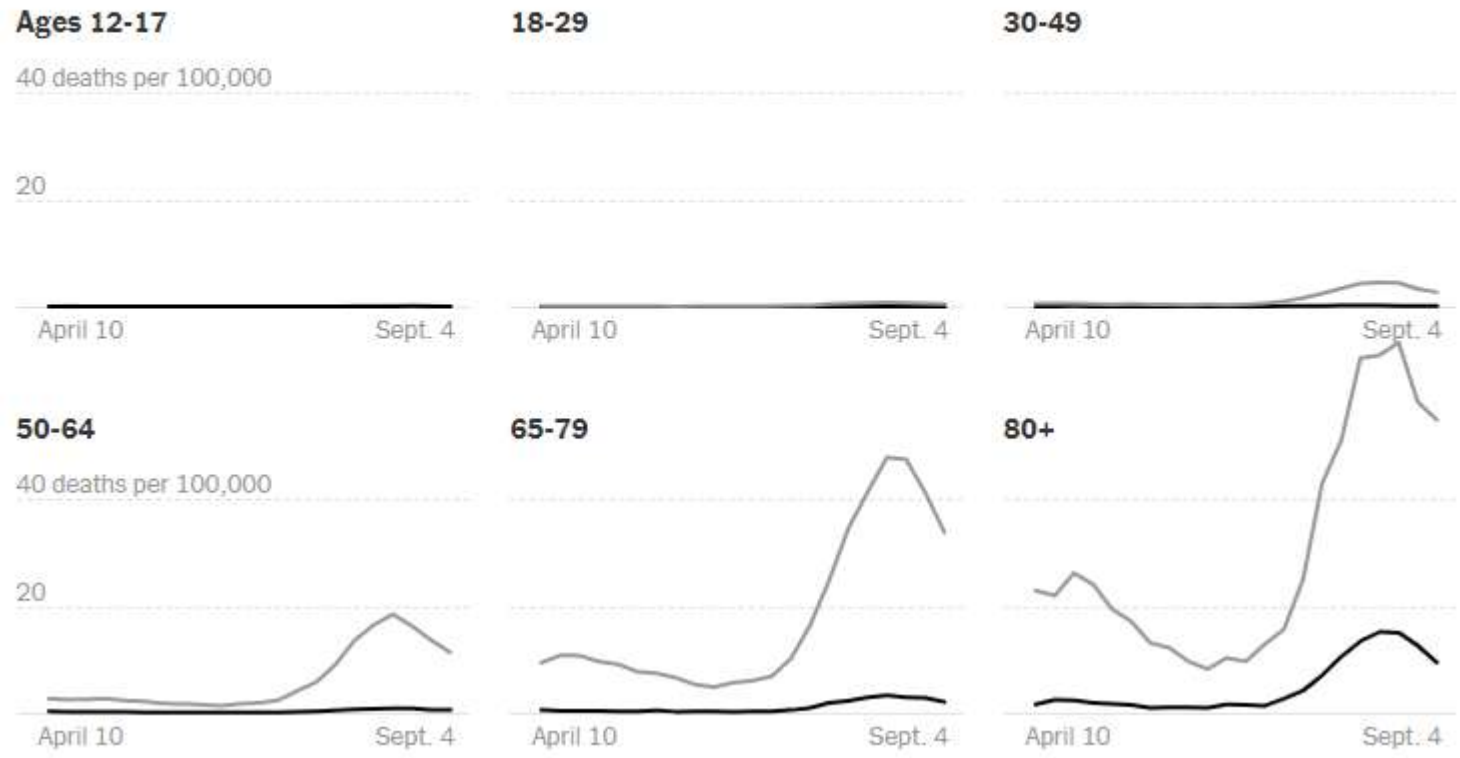
Vaccinated people have at least 6x less likelihood of getting COVID and at least 12x less likelihood of death compared to unvaccinated people

<https://www.nytimes.com/interactive/2021/10/28/us/covid-breakthrough-cases.html>

Risk of worst outcomes changes by age

Average weekly deaths by age

■ Unvaccinated ■ Fully vaccinated

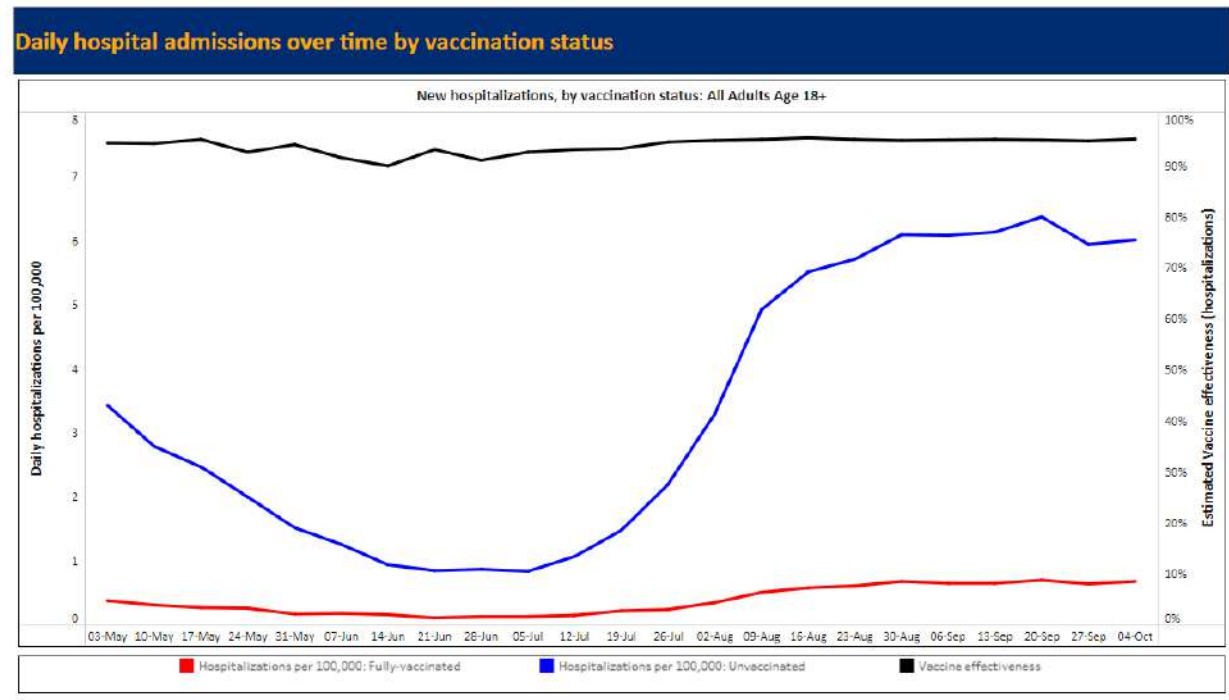
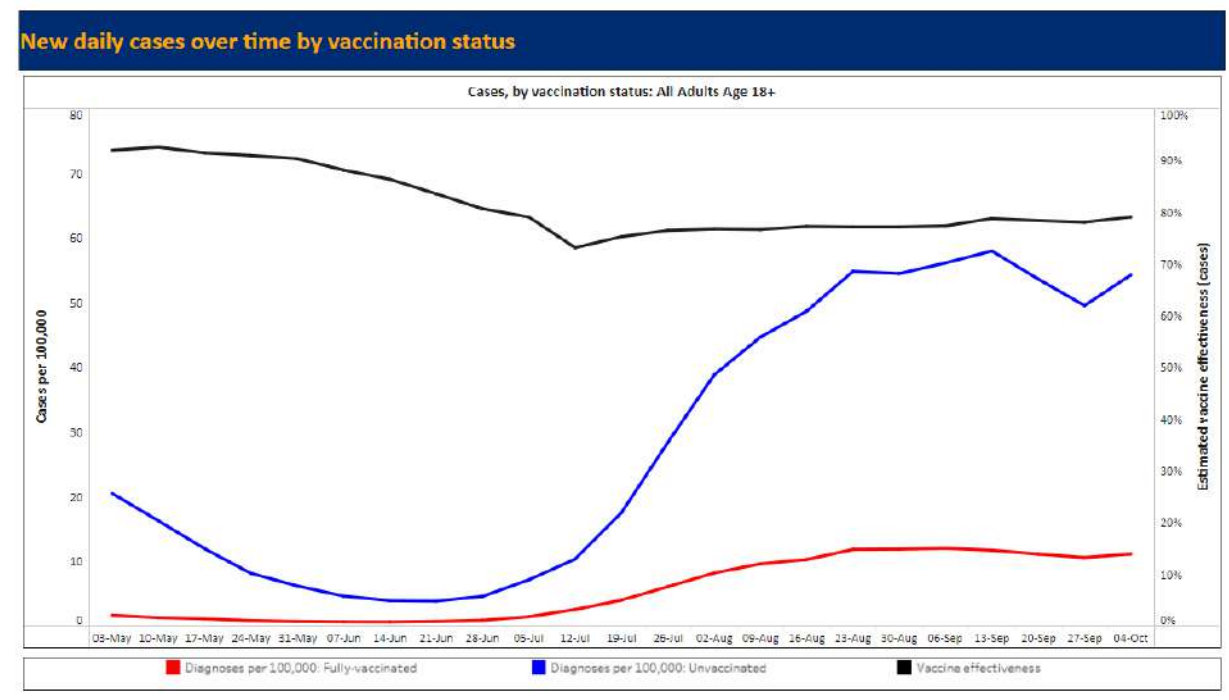


Risk of death from COVID increases significantly with age but vaccine protection remains highly significant across all age groups

<https://www.nytimes.com/interactive/2021/10/28/us/covid-breakthrough-cases.html>

New York State

- Data for NY show higher vaccine efficacy (VE) than for the nation as a whole



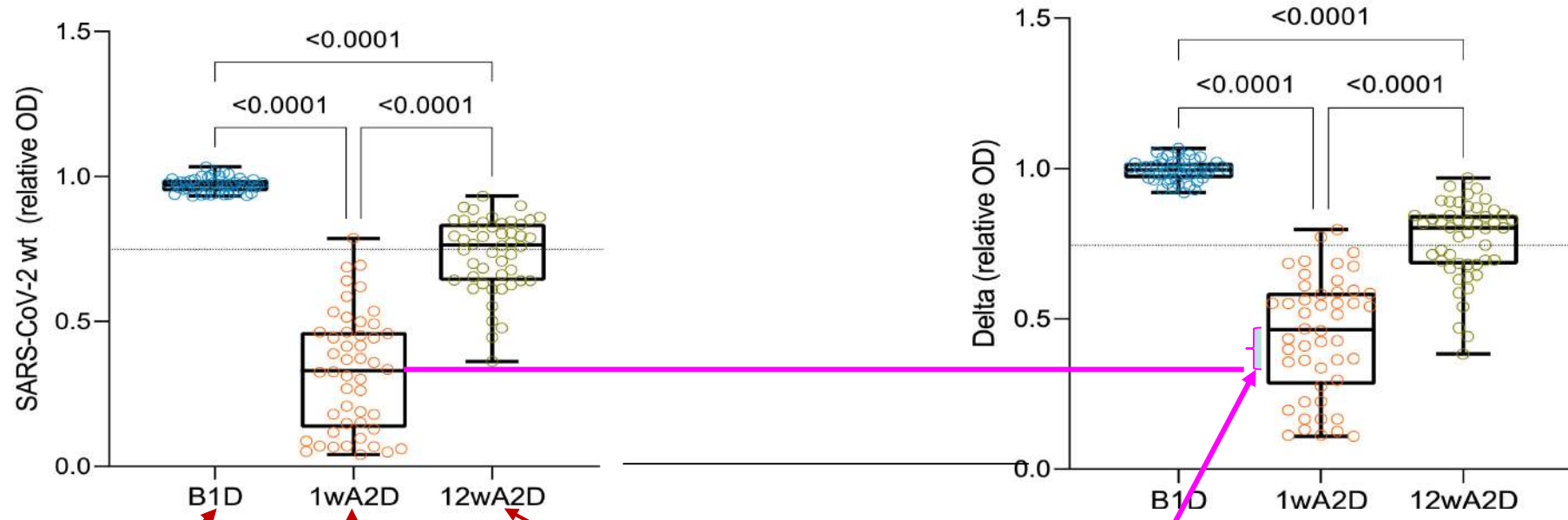
So why recommend additional or booster shots?

- Additional or booster vaccines help account increased risk of severe COVID for three separate scenarios
 1. People who have severe immune compromise and are less likely to make an antibody (additional dose)

People whose antibody levels are likely waning over time and who have either

2. Very high risk of getting infected due to frequent exposure
3. High risk of severe illness if they get a breakthrough infection (booster dose)

Data for vaccine efficacy decrease



Interaction between spike protein and body receptors prior to vaccination

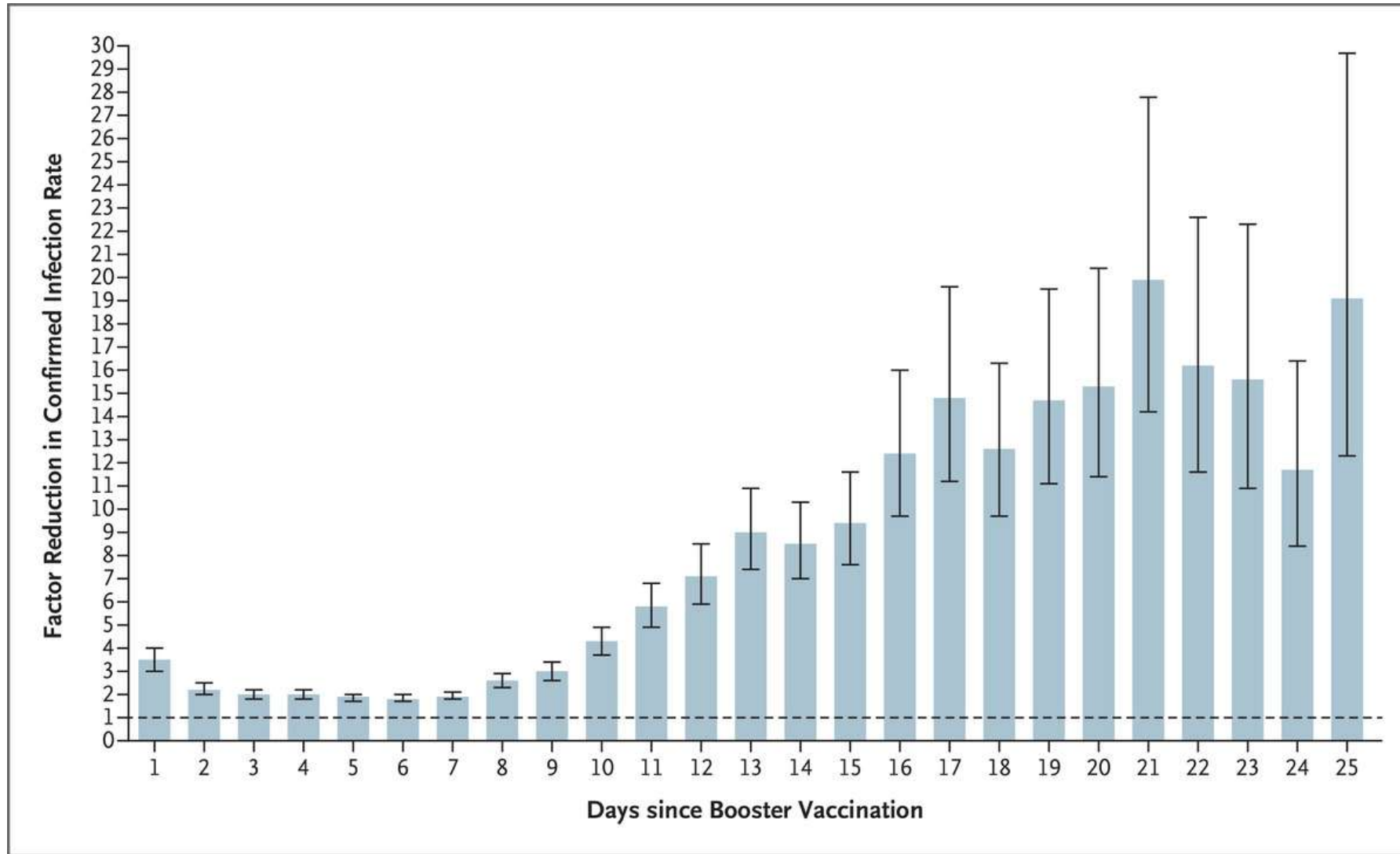
Suppression of interaction 1 week after vaccination

Interaction picks up again 12 weeks later

ALSO the degree of suppression was lower for the delta variant compared to the original strain

Inhibition of ACE2-trimeric Spike interaction by vaccine-induced antibodies. Serum antibody capacities to block the interaction of ACE2 receptor and Spike protein with the modifications of wild type (wt, Wuhan, n=49) and Delta (B.1.617.2, n=48) analyzed before the vaccination (B1D), one (1wA2D) and 12 (12wA2D) weeks after the second dose. The dotted line indicates the relative OD value of 0.75, which is a threshold for sufficient blocking of ACE2 binding. The box plot comparisons were performed with the Kruskal-Wallis test with Dunn's multiple testing correction; p-values >0.0001 are reported as exact numbers.

Are there data showing that booster shots work?



Do additional doses work for people with severe immune compromise?

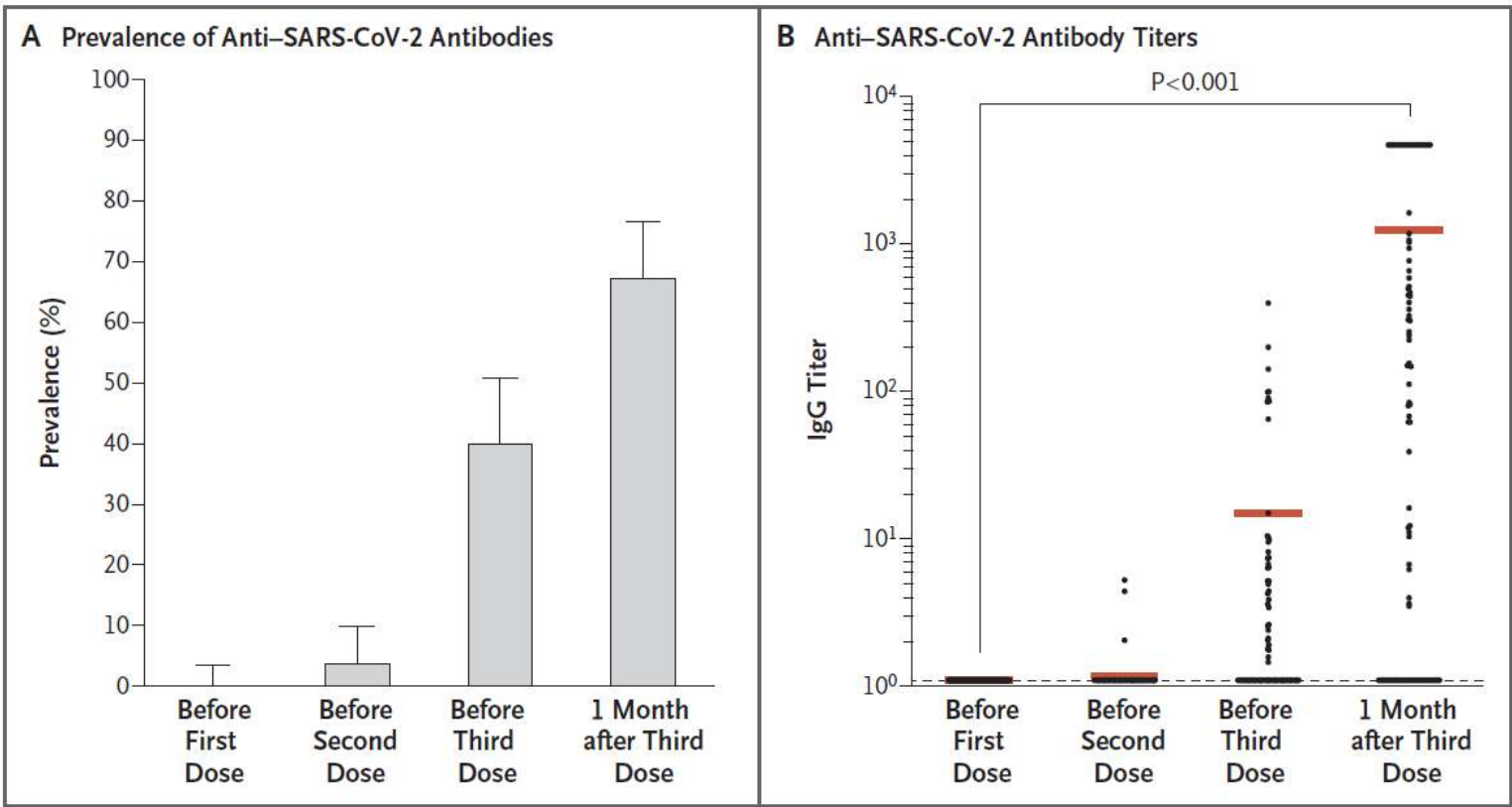


Figure 1. Immunogenicity. Panel A shows the prevalence of anti-severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) antibodies before and after vaccination in the study population. Panel B shows anti-SARS-CoV-2 antibody titers before and after vaccination in the study population.

Current vaccine recommendations from CDC*

Vaccine	Primary series/dose				Booster dose	
	Dose (volume)	No. doses (interval)	Age (yrs)	Interval from primary to booster dose	Dose (volume)	Age (yrs)
Pfizer-BioNTech	30 µg (0.3 ml)	2 (21 days)	≥12	≥6 months	30 µg (0.3 ml)	≥18
Moderna	100 µg (0.5 ml)	2 (28 days)	≥18	≥6 months	50 µg (0.25 ml)	≥18
Janssen	5 × 10 ¹⁰ VP (0.5 ml)	1 (N/A)	≥18	≥2 months	5 × 10 ¹⁰ VP (0.5 ml)	≥18

- Any of the COVID-19 vaccines (Pfizer-BioNTech, Moderna, Janssen) can be used for booster vaccination, regardless of the vaccine product used for primary vaccination

*people with severe immune compromise have different recommendations

Who should get booster doses?

Persons who should receive a COVID-19 booster dose

- Aged ≥ 65 years
- Aged ≥ 18 years and reside in long-term care settings
- Aged 50-64 years with certain underlying medical conditions

Persons who may receive a COVID-19 booster dose, based on individual benefits and risks

- Aged 18-49 years with certain underlying medical conditions*
- Aged 18-64 years at increased risk for SARS-CoV-2 exposure and transmission because of occupational or institutional setting

People ages 18 years and older who received a J&J/Janssen COVID-19 vaccine at least 2 months ago should get a booster shot. The J&J/Janssen COVID-19 vaccine has lower vaccine effectiveness over time compared to mRNA COVID-19 vaccines (Pfizer-BioNTech and Moderna).

<https://www.cdc.gov/coronavirus/2019-nCoV/need-extra-precautions/people-with-medical-conditions.html>

*includes pregnant people; see link above for more extensive list

Additional dose recommendations from CDC

- Severely immunocompromised persons aged ≥ 12 years (PfizerBioNTech) or ≥ 18 years (Moderna) who completed an mRNA COVID-19 vaccine primary series should receive an additional mRNA vaccine dose at least 28 days after their second dose
- Recommendation does not apply to immunocompromised recipients of Janssen COVID-19 vaccine; these persons should follow the booster dose recommendations

Mix and Match

- Data from several European studies demonstrated safety and equal levels of antibody response in people who mixed mRNA and adenovirus vector vaccines
 - The immune responses of those who mixed vaccines were more diverse (activated more different types of cells)
- A study conducted by the U.S. NIH indicated safety and efficacy of a “mix and match” approach
 - All mixed (heterologous) approaches were safe; mixed dosing produced higher antibodies on average
 - Largest boost occurred for J&J recipients boosted with Moderna, followed by J&J boosted with Pfizer
 - Smallest boost occurred for J&J recipients boosted with J&J
 - All boosting regimens studied to date appear to induce effective levels

What about past COVID infections?

- **Primary series (baseline vaccine) is recommended for all regardless of past history of COVID**
 - People who have had COVID demonstrate significant variability in antibody response
- For people who have had COVID, I would recommend discussing boosters with your primary care provider
 - Boosters may be less urgent for people who have experienced a breakthrough infection, depending on their immune status

Pediatric doses!

- FDA has recommended that children aged 5-11 be vaccinated with the Pfizer vaccine (1/3 of adult dose, 2 dose series)
 - Await final CDC recommendations after the panel meets next week
- Moderna has submitted data to the FDA for ages 6-11
- Preparations are ongoing for locations and capacitation to offer pediatric vaccines
- It is not known whether boosters will be recommended for children

Questions?



2022 Medicare Update

Eric Hausman
October 2021

Medicare Part B Enrollment

Initial Enrollment Period (IEP)
Special Enrollment Period (SEP)
General Enrollment Period (GEP)

Reference: Enrolling in Medicare Part A & Part B

<https://www.medicare.gov/media/4516>

Medicare Enrollment

- Initial Enrollment Period
 - 7 months surrounding month of eligibility
 - Enroll in last 3 months
 - Part B will be delayed
- Special Enrollment Period
 - Covered under active/current employment
 - Starting first month eligible for Medicare
 - Can delay enrollment in Part B without penalty
- General Enrollment Period
 - January – March (Part B effective July 1)
 - Subject to late enrollment penalty
 - 10% for every full 12 months delayed

Delaying Part B - CAUTION

– COBRA

- Cannot delay because not coverage through current employment
- COBRA insurer may not pay as primary in absence of Medicare

– FEHB (Federal Employees Health Benefits)

- Coverage can work without Medicare
- Can also suspend FEHB to enroll in Medicare Advantage plan

– Living Outside of USA/Prison

- Still eligible for Part B and cannot delay without penalty

– Domestic Partner

- Does not count for people eligible due to age 65

– VA (Veterans Administration)

- Does not allow you to delay enrollment without penalty

Medicare Savings Programs

- **NO resource limit for NYS residents**
- **Qualified Medicare Beneficiary (QMB)**
 - \$1,094/month individual - \$1,472/month couple
 - Covers premiums, deductibles and coinsurance
- **Specified Low Income Beneficiary (SLMB)**
 - \$1,308/month individual - \$1,762/month couple
 - Covers Part B premium ONLY
- **Qualified Individual 1 (QI-1)**
 - \$1,469/month individual - \$1,980/month couple
 - Covers Part B premium ONLY
- **Automatically qualify for Part D Full Extra Help**

MAGI Medicaid Transition to Medicare

- Medicaid through the Marketplace (MAGI Medicaid)
 - Higher Income Limit; No Resource Test
- Medicaid for People with Medicare
 - Lower Income Limit; Resource Test
- Many people qualify for Medicaid pre-Medicare but no longer qualify for Medicaid post Medicare
- Pre-PHE: People with Medicaid become 65 and their case is referred to LDSS who screens them for Medicaid/MSP
 - Entitled to reimbursement of Part B premium during those few months of transition to Medicare

MAGI Medicaid Transition to Medicare

- During PHE, people with MAGI Medicaid remaining at New York State
 - Not being referred to LDSS
- What should they do?
 - Enroll in Part A and Part B
 - Cannot delay enrollment in Part B without penalty
 - Actively choose a Part D (or Medicare Advantage plan with Part D)
 - Will receive Full Extra Help/LIS
 - Because they have Medicaid
- Will continue to receive MIPP (Medicare Insurance Premium Payment) Part B premium reimbursement



MEDICARE HEALTH INSURANCE

Name/Nombre

JOHN L SMITH

Medicare Number/Número de Medicare

1EG4-TE5-MK72

Entitled to/Con derecho a

HOSPITAL (PART A)

MEDICAL (PART B)

Coverage starts/Cobertura empieza

03-01-2016

03-01-2016

Part B Premium for Higher Income Beneficiaries

- Income-Related Monthly Adjustment Amount (IRMAA)
- Income above \$88,000 Single/\$176,000 Couple (2021)
- Modified Adjusted Gross Income (MAGI)
 - Adjusted Gross Income + tax-exempt interest income
- Based on tax return from two years prior
 - 2022 Part B Premium will be based on 2020 tax return
- May be able to appeal with Life Changing Event
 - Change in marital status
 - Change in work status
 - Settlement from employer/former employer
 - Due to closure, bankruptcy, or reorganization

Income-Related Monthly Adjustment Amount (IRMAA) for Higher Income Medicare Beneficiaries in 2021

2019 Modified Adjusted Gross Income (MAGI)	Part B Monthly Premium	Part D (Prescription Drug) Monthly Premium
Individuals with a MAGI of \$88,000 or less / Married couples with a MAGI of \$176,000 or less	2021 Standard Premium = \$148.50	Your Plan Premium
Individuals with a MAGI \$88,000 - \$111,000/ Married couples with a MAGI \$176,000 - \$222,000	\$207.90	Your Plan Premium + \$12.30
Individuals with a MAGI \$111,000 - \$138,000/ Married couples with a MAGI \$222,000- \$276,000	\$297.00	Your Plan Premium + \$31.80
Individuals with a MAGI \$138,000 - \$165,000/ Married couples with a MAGI \$276,000 - \$330,000	\$386.10	Your Plan Premium + \$51.20
Individuals with a MAGI \$165,000 - \$500,000/ Married couples with a MAGI \$330,000 - \$750,00	\$475.20	Your Plan Premium +\$70.70
Individuals with a MAGI greater than \$500,000 / Married couples with a MAGI greater than \$750,000	\$504.90	Your Plan Premium +\$77.10
Married filing separately with a MAGI less than \$88,000	\$148.50	Your plan premium
Married filing separately with a MAGI \$88,000 - \$412,000	\$475.20	Your Plan Premium +\$70.70
Married filing separately with a MAGI \$412,000 and greater	\$504.90	Your Plan Premium +\$77.10

Original Medicare

Medicare Cost-sharing

- **Part B**

- **Deductible (\$203)**

- 20% coinsurance (for most services)

- **Part A**

- **Inpatient deductible**

- (Days 1-60) \$1,484 per benefit period

- **Coinsurance days**

- (Days 61-90) \$371 per day

- **Lifetime reserve days**

- (60 Days) \$742 per day

- **Skilled nursing facility**

- (Days 21-100) \$185.50 per day

Advance Beneficiary Notice (ABN)

- Medical necessity denials
 - Beneficiary not liable UNLESS signed valid Advance Beneficiary Notice (ABN)
- Must be service/date specific
- Must use standard CMS ABN form (CMS-R-131 (Exp. 6/30/2023))
 - Renewed ABN form mandatory for use as of January 1, 2021
- Beneficiary liable for up to provider charge
 - But still retains appeal rights
- Always liable for non-covered (excluded) services
- Did You Know? ABN also required for preventive services usually covered by Medicare but when frequency limitations exceeded

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

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DME Competitive Bidding

- January 1, 2021 – December 31, 2023
- BUT Only for Two DME Product Categories:
 - Off-The-Shelf (OTS) Back Braces; OTS Knee Braces
- For beneficiaries residing in (or visiting) Competitive Bidding Areas
 - [Albany-Schenectady-Troy, NY](#); [Bronx-Manhattan, NY](#); [Buffalo-Cheektowaga-Niagara Falls, NY](#); [Nassau, Kings, Queens & Richmond Counties, NY](#); [Port Chester-White Plains-Yonkers, NY](#) (only knee brace); [Poughkeepsie-Newburgh-Middletown, NY](#); [Rochester, NY](#); [Suffolk County, NY](#) (only knee brace); [Syracuse, NY](#)
- Must use Contracted Supplier
 - Mandated to Accept Assignment on claims
- Non-Contracted Supplier must notify beneficiary
 - Using Advance Beneficiary Notice (ABN)
- Reference: Your Guide to Medicare DME Competitive Bidding:
<https://www.medicare.gov/media/9216>

Sequestration

- Medicare sequester imposes a 2% “across-the-board” cut to provider reimbursements
 - Does NOT affect Medicare allowance, deductible or coinsurance
 - Does NOT affect Medigap payments
- 2% reduction in Medicare payment amount
 - If paid to provider, provider cannot bill 2% reduction to beneficiary
 - If paid to beneficiary, 2% reduction is from beneficiary payment
- Sequestration reduces payments by 2 percent from April 1, 2013 through March 31, 2027
 - And by 4 percent from April 1, 2027 through September 30, 2027
- Update: Temporarily suspended 2% payment adjustment for claims with dates of service from May 1, 2020 through December 31, 2021

QMB and Balance Billing

- Providers not allowed to bill beneficiary for Medicare Part B cost-sharing
 - Regardless of whether in Original Medicare or Medicare Advantage
 - Regardless of whether provider accepts Medicaid
 - Regardless of whether provider receives any payment from Medicaid
- QMB protections also apply for services received outside of NYS
 - Beneficiary may not choose to waive QMB protections
- Beneficiary MSN (Medicare Summary Notice) and Provider RA (Remittance Advice) indicates QMB status
 - And MSN indicates \$0 cost-sharing for beneficiary responsibility
- Reference:
 - 3 tips for people in the Qualified Medicare Beneficiary (QMB) Program
 - <https://www.medicare.gov/media/10101>

Medigap

BENEFITS INCLUDED IN THE TEN STANDARD MEDICARE SUPPLEMENT PLANS

Basic Benefit: Included in all plans

•**Hospitalization:** Part A copayment, coverage for 365 additional days after Medicare benefits end, and coverage for 60 lifetime reserve days copayment.

•**Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses).

•**Blood:** First 3 pints of blood each year.

•**Hospice:** Part A cost sharing.

High Deductible Plan F and Plan G – Deductible \$2,370 (2021) \$2,490 (2022); Plan K and Plan L OOP Limit \$6,620/\$3,310 (2022)

A	B	C	D	F*	G*	K	L	M	N
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit**	Basic Benefit**	Basic Benefit	Basic Benefit**
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance (50%)	Skilled Nursing Coinsurance (75%)	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible (50%)	Part A Deductible (75%)	Part A Deductible (50%)	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess	Part B Excess				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out of Pocket limit \$6,220	Out of Pocket limit \$3,110		

Classic Medicare - Part B Deductible

- Annual Part B Deductible (\$203 in 2021)
- Applied to first claim(s) that Medicare receives and processes
 - Not necessarily to first services that beneficiary receives each year
- Medicare allowed amount applied to deductible
 - Deductible may be met through more than one claim
- Provider allowed to collect deductible up front up to Medicare allowed amount
- Beneficiary may have to ask for refund if paid one provider but deductible applied to another provider's claim
 - Check [mymedicare.gov](https://www.mymedicare.gov) or call 1-800-MEDICARE to confirm how deductible was applied

Medicare Part C (Medicare Advantage)

Medicare Advantage

- Eligibility
 - Must have BOTH Part A and Part B
 - Must live in service area of plan
- NEW for 2021
 - Beneficiaries with ESRD have option to enroll in MA plan
 - Caution: MA plan may have up to 20% cost-sharing for dialysis
- Benefits/Costs
 - Covers at least what Medicare does
 - Plus additional benefits (Hearing Aids/Dental/Vision)
 - Fixed co-payments (or coinsurance) for most services
 - Up to Maximum Out of Pocket (MOOP) \$7,550/\$11,300 (2021/2022)

Annual Election Period and Open Enrollment Period

- Annual Coordinated Election Period (AEP)
 - October 15 – December 7
 - Enroll, disenroll, or switch
 - Medicare Health Plan choice and/or Part D
- Open Enrollment Period (January – March)
 - Medicare Advantage (MA) plan change
 - Change from MA plan to MA plan or to Original Medicare
 - With or without Part D
 - One change effective 1st of following month
- New Medicare beneficiaries who enrolled in MA plan during ICEP
 - MA OEP starts month of entitlement to Part A and Part B and ends the last day of the 3rd month of entitlement

Medicare Part D (And EPIC)

Part D Plan Changes

- Fewer Part D Plans
 - 28 in 2021; 19 in 2022
 - Express Scripts members being moved to CIGNA
 - https://www.cigna.com/medicare/part-d/cigna-express-scripts?PID=dm_01_16641
 - EmblemHealth VIP Rx and VIP Rx Plus plans terminating
- Fewer Benchmark Plans
 - 7 in 2021; 4 in 2022
 - Elixir RxSecure (No Longer Benchmark)
- Elixir RxPlus Premium Increase \$15.60 to \$51.50

Reassignment

- Reassignment Due to Premium Change - PDP
- FULL Extra Help auto or facilitated enrolled
 - NOT in a MA-PD and did NOT elect a Part D plan
- If Part D plan premium is above LIS subsidy (\$42.43 in 2022)...
 - Will be assigned to another benchmark plan if offered by same sponsor or
 - Will be reassigned to random benchmark plan
- Plans may waive the monthly beneficiary premium for subsidy eligible individual if de minimis (within \$2 (2022))
 - If premium is waived, will not be reassigned
- Reassignment Due to Plan (PDP or MA-PD) Termination
- ALL Extra Help recipients will be reassigned
 - Whether CMS or beneficiary chose plan
- Will be assigned to benchmark Part D plan offered by same sponsor or
 - Will be reassigned to random benchmark plan

Special Enrollment Periods

- Extra Help/LIS Special Enrollment Period (SEP)
 - Available for all beneficiaries with Extra Help
 - One change per calendar quarter
 - During first 9 months of year
- Disenrollment from Part D to Maintain Other Creditable Coverage
 - Including VA and Tricare
 - Part D SEP to disenroll from Part D plan (NOT enroll or switch plans)
 - Including Medicare Advantage plan with Part D
- Special Enrollment Period for beneficiaries whose plan is terminating
 - December 8 – End of February
 - Effective 1st of following month

Special Enrollment Periods

- SEP for Institutionalized Individuals
 - Moves into, resides in or moves out of...
 - Facility list includes Skilled Nursing Facility
 - Up to two months after month of discharge
- SEP for Government Entity Declared Disaster or Other Emergency
 - Declared by Federal, State or Local Government Entity
 - Reside in area/rely on help with decisions from someone who resides in area
 - Had another enrollment period at time of disaster
 - Did not make election during that period due to disaster
- Reference:
 - Understanding Medicare Advantage & Medicare Drug Plan Enrollment Periods
 - <https://www.medicare.gov/media/4696>

Part D Beneficiary Protections

- Best Available Evidence (BAE)
 - Requires Part D plans to provide covered drugs at lower cost-sharing when shown proof of Extra Help/LIS
 - Including Medicaid card or SSA award letter
 - Provides immediate access to drug with LIS co-pays
 - Reference: If You Get Extra Help, Make Sure You're Paying the Right Amount
 - <https://www.medicare.gov/media/10616>
- Transition
 - Provides temporary supply of drug when previously covered by Part D but new (or same) plan no longer covers in new year
 - Or covers drug with restrictions
 - One time 30-day supply
- Exception/Appeal

Specialty Tier/Tiering Exceptions

- Part D Specialty Tier (2022)
 - Specialty Tier for expensive medications
 - \$830 or above (2022); \$670 (2021)
 - May have coinsurance up to 33%
 - Starting in 2022, plans may have 2nd Specialty Tier
 - Preferred Specialty Tier
 - With lower cost-sharing
- Can request for Tiering Exception for Non-Preferred Brand to be covered at Preferred Brand cost-sharing
 - Or for NEW Non-Preferred Specialty Tier at Preferred Specialty Tier
 - CANNOT request Specialty Drug tier to be covered at lower tier
 - Or for Brand to be covered at Generic tier cost-sharing

EPIC Update

- Fee Plan and Deductible Plan
- EPIC either pays Part D Premium or Reduces EPIC Deductible
 - EPIC pays up to \$42.43 benchmark Part D premium in 2022 OR
 - EPIC Deductible Reduced by \$510 in 2022
- NEW EPIC Application
 - <https://www.health.ny.gov/forms/doh-5080-fillin.pdf>
 - Asks for current income and resources so that EPIC can apply for LIS
 - Can submit application without completing lines 4-23
 - » Can also still use old EPIC application
- During PHE, not cancelling Fee Plan members for non-payment
 - Adding unpaid Fee balances to next bill

2023

Changes to Part B Enrollment

- 2023
- Initial Enrollment Period
 - Part B effective 1st of following month
- General Enrollment Period
 - Part B effective 1st of following month
- Special Enrollment Periods
 - CMS will have authority to expand Special Enrollment Periods
 - As they currently do for Part C/Part D Special Enrollment Periods

Colorectal Cancer Screening

- Medicare covers screening colonoscopy (or sigmoidoscopy) at 100%
 - But if remove polyp or other tissue, that is surgery
 - Surgery covered by Medicare at 80%
- NEW – Starting in 2023
 - Medicare reducing cost-sharing for colorectal cancer screening tests that remove a polyp or other tissue
- Medicare to pay 100% starting in 2030
 - 80% for 2022
 - 85% for 2023–2026
 - 90% for 2027–2029

New Part B Coverage for Immunosuppressive Drugs

- People eligible for Medicare due to ESRD
 - Medicare coverage ends 36 months following kidney transplant
- Immunosuppressive Drugs covered under Part B
 - Following Part A covered kidney transplant hospital stay
 - Otherwise, immunosuppressive drugs covered under Part D
- Beginning in 2023
 - Extended Part B coverage solely for immunosuppressive drugs
 - For those not eligible for other health insurance coverage
 - Would NOT cover any other Part B services
- Reduced Part B premium



We are grateful for supporters, like you, who will help provide for the needs of families facing terminal illness. Your support provides a helping hand for those families in our community facing the end of a loved one's life.

We do not receive government funding or insurance reimbursement.

Your support is tax deductible.



Wellhouse Ministries, Inc., is a 501(c)3 organization and relies solely on fundraising activities and donations from our community.

Please donate today at:

www.anthonthouseoswego.org/support-us

Or mail your contribution

to:

Anthony House
185 East Seneca St.
PO Box 862
Oswego, NY 13126

For any questions please contact us: (315) 992-4218
Email: info@anthonthouseoswego.org

Anthony
HOUSE
by Wellhouse Ministries

A PLACE TO CALL HOME

Anthony House is our vision of a home for people of Oswego County with terminal illnesses who need 24-hour care in a home that will provide comfort, care and dignity in a loving environment during the final months of their life.

www.anthonthouseoswego.org

Our Commitment:

The final days of a person's life should be as stress and burden free as possible. Anthony House will provide an alternative home for the terminally ill living in Oswego County.

We will honor and celebrate life with the special people who become a part of Anthony House.

“You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.”

**-Dame Cicely Saunders,
Founder of the Modern
Hospice**



Our Services

24/7 End of Life Care

Our vision of a comfort-care home for hospice patients in Oswego County, where they can stay with dignity in a loving environment during the final months of their life.

Educational Workshops

The passing of a loved one can be a confusing and stressful time. We offer workshops on all of the issues surrounding the end of life. Covering topics of financial planning, funeral planning, and care giving.

Supportive Care

Our trained supportive care team can talk with you through the emotions of grief and loss. One-to-one meetings for family members and loved ones experiencing grief, loss, spiritual crisis, or other life struggles.

As needed, referrals to outside professional services can be made.



YOU'RE INVITED TO OUR NOVEMBER HEALTH HUB!

Brought to you by Cortland County's CNY Health Access Task Force

Topic: COVID-19 Update—Vaccines and Variants (Part 2)

Date: **November 4, 2021** Time: **12:00—1:00 PM**

Speaker: **Douglas Rahner, MD**, Chief Medical Officer of Family Health Network of Central New York, Clinical Assistant Professor of Family Medicine at Upstate Medical University.

To register for the ZOOM Meeting virtually [click HERE](#), or visit www.nysenior.org for registration information

To connect via phone: 646-558-8656, Webinar ID: 858 1272 1896 #

SESSION INFORMATION

You'll get the most up to date information on:

- The current state of the pandemic and latest developments
- Pfizer's FDA approval
- Booster vaccines vs. third doses
- Latest developments on vaccines for children and pediatric cases
- COVID-19 guidelines for the 2021 holidays

We will leave 20 minutes for Q+A

About the Speaker: Dr. Douglas Rahner has been on Boards and Advisory Committees of a number of healthcare organizations including the Cortland County Board of Health, Cortland Regional Medical Center, Care Compass Network and the New York State Health Foundation. He has presented on health topics and health delivery innovation at Statewide and National Conferences. In 2015, he was named the New York State Rural Health Practitioner of the Year.



This project is a NY StateWide Senior Action Council Initiative and has been funded with the support from the Health Foundation for Western & Central New York



Mark your calendar and register now!

Peer Support for Adults with Type Two Diabetes- ONLINE Workshops

Wednesdays, November 10, 17, 24; December 1, 8, 15, 2021

Time: 10:00 am- 12:30 pm

[Click here to register.](#)

Once registered you will receive a Zoom invitation.

The Peer Support for Adults with Type Two Diabetes (DSMP) is a six-session, peer-led health program for adults 18+ years of age.

The Diabetes Self-Management workshop is given 2½ hours once a week for six weeks. People with type 2 diabetes attend the workshop.

Subjects covered include: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating 4) appropriate use of medication; and 5) working more effectively with health care providers.

This workshop enhances a person's ability to manage their health and maintain an active and fulfilling lifestyle. All class participants receive a book and CD.

Voluntary contributions to the Office for Aging are accepted and used to expand services. No one will be denied services if unable or unwilling to contribute. A contribution in any amount is welcomed. Please make checks payable to Chief Fiscal Officer. Thank you.



Gwen's Helping Hands

NOVEMBER NEWSLETTER 2021



In-Person Group Classes

- ***Liverpool Public Library "Drum Circle Chi"**
Tuesday 9th, 16th, 23rd, 30th (11:15am)
Percussion provided (Register with LPL)
- ***Town Of Clay Seniors "Chair Yoga"** Wednesdays (1:00pm)
at TOC Senior Center Rt. 31, Clay (Register with TOC)
- *Chairs & FUN are provided. *Current Covid Protocols Followed

Personal Training: In-Nature In-Home & Online

Ask Gwen for more Info 315-491-4188

On-Line Classes

Gwen will teach you how to Zoom with a 1-on-1

- **Monday & Wednesdays "Move It or Lose It" (11:00am)**
Sampler Yoga, Tai Chi, Weights, Cardio
 - **Thursdays "Healthy Hearts" (10:00am)**
Light weights & Low Impact Cardio Moves
 - **Fridays "Coffee Conversation & Chi" (9:00am)**
Stretch Breathe Unwind Laugh Energy Support YOU
- **Chair Use, Modifications, & FUN Entwined for YOUR Fitness Level**

Register with Gwen for the Zoom Link
1st Class Free /\$5 per Class There After

Ask Me About Our December FREE Gift of Health Webinar!

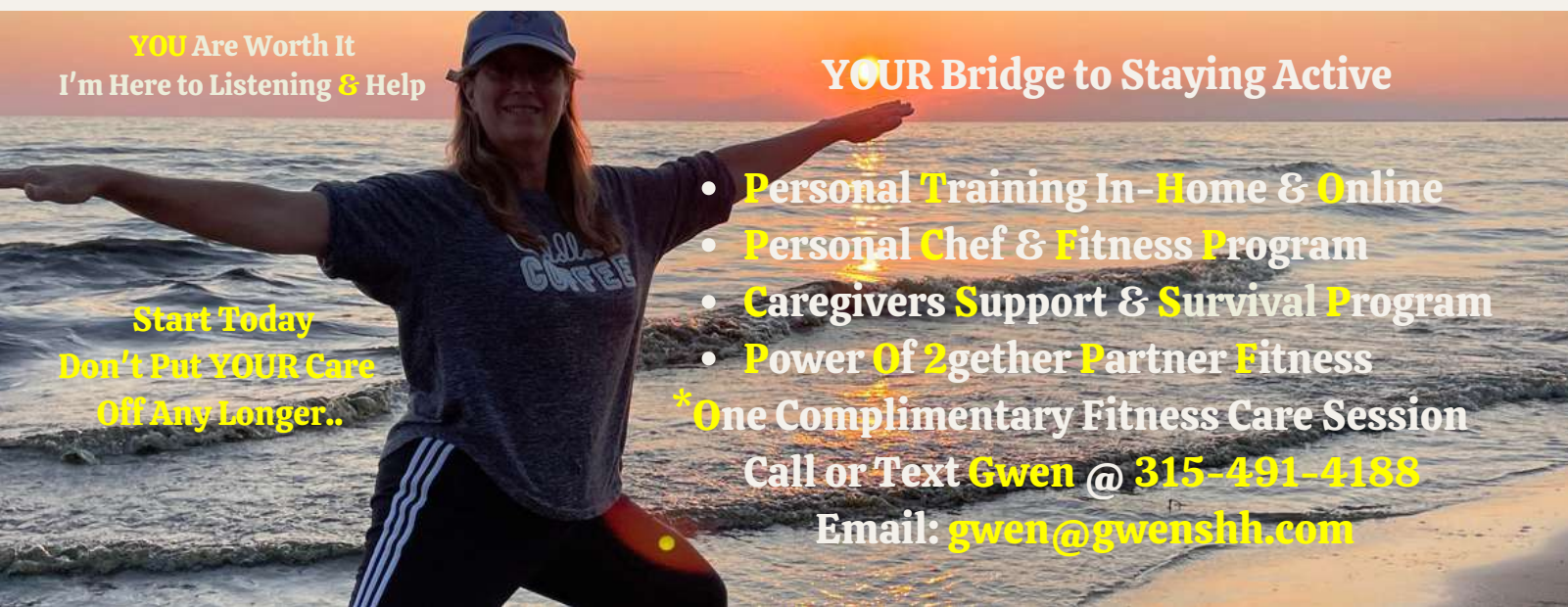


YOU Are Worth It
I'm Here to Listening & Help

YOUR Bridge to Staying Active

Start Today
Don't Put YOUR Care
Off Any Longer..

- **Personal Training In-Home & Online**
 - **Personal Chef & Fitness Program**
 - **Caregivers Support & Survival Program**
 - **Power Of 2gether Partner Fitness**
 - ***One Complimentary Fitness Care Session**
- Call or Text Gwen @ 315-491-4188
Email: gwen@gwenshh.com



CONCERNED ABOUT THE MISTREATMENT OF AN OLDER ADULT?

Elder Abuse Helpline for Concerned Persons



Support and assistance for family, friends, neighbors in the lives of mistreated older adults



Concerned Persons live anywhere in the world



The mistreated older adult they care about lives in New York State



844-746-6905

In an emergency call 911



1 in 10

older adults are mistreated in the U.S.



73M

adults have had personal knowledge of a victim



44M

became involved in helping



Free • Confidential
No Judgment • No Expectation



The Elder Abuse Helpline for Concerned Persons is made possible with a grant to the New York City Elder Abuse Center, Weill Cornell Medicine, from the New York State Office of Victim Services. Funded by New York State Office for Victim Services, Grant No. 2018-VA-GX-0047, Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. This material does not necessarily reflect the opinion of the funder.



Job Posting: Neighborhood Advisor for Older LGBT Community: 30 hours per week

Description: *Identify LGBT individuals aged 60 and older in need of services across the diverse communities of the county. Link those in need with resources; help older LGBT adults maintain a level of independence to remain in the community; share information with providers of aging and LGBT services.*

Responsibilities

- Build relationships
 - identify key contacts with providers of aging services and LGBT services, as well as community organizations, such as churches, literary groups, and activist groups
 - promote awareness of SAGE Upstate resources
 - compile a list of information and resources to use for referrals
- Outreach through programs, networking, and publications
 - Work with volunteers to facilitate ongoing in-person and Zoom programs
 - Develop new programs on identified needs
 - Meet with participants of SAGE groups to assist with needs
 - Write articles for the SAGE newsletter, website and social media sites
 - Work with volunteers on outreach efforts such as mailings and tabling at events
 - Make presentations and promote services at diverse community sites
 - Reach 100 clients per year
- Maintain records and submit reports monthly, including:
 - Demographics, services provided, outcomes; participant feedback, volunteer hours
 - Make reports using the National Aging Program Information System and SAGE database
 - Attend orientation and in-service trainings offered by the Department of Adult and Long Term Care Services
- Assist Executive Director with administrative tasks such as purchasing supplies for Center programs, logging donations, staffing the Center and coordinating volunteers

Qualifications

- Computer skills, including proficiency in Microsoft Office and data base entry
- Two-year college degree in a social related field OR equivalent of four years full time work and experience in geriatric case work
- Knowledge of Onondaga County community services for older adults and LGBT people
- Cultural competence related to working with older adults, LGBT people, people of different races and different abilities
- Reliable transportation
- Effective communication skills – oral and written
- Interpersonal skills to effectively work with groups of people with diverse needs

To Apply

Send resume and 3 references to:

Kim Dill, SAGE Upstate, 431 E Fayette St. Syracuse, NY 13202 or kdill@sageupstate.org

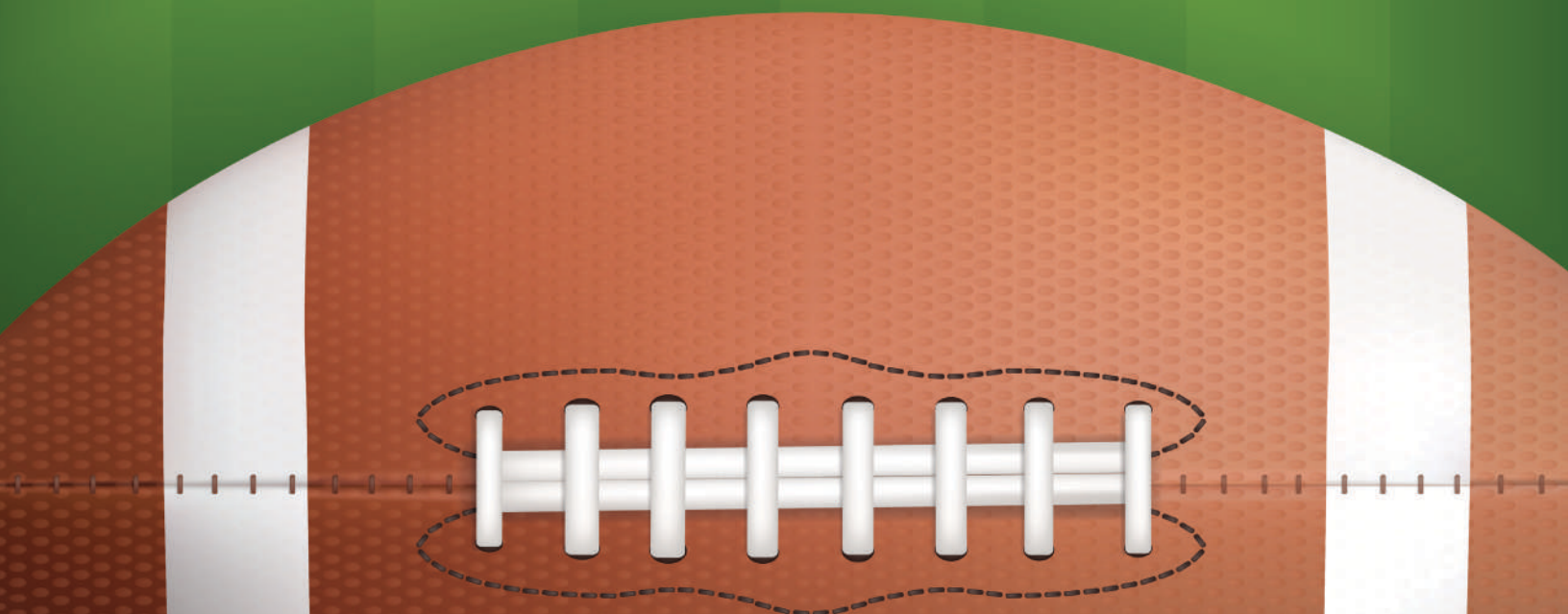


the **hearth**

You're invited to Hearth's Outdoor Tailgate Party!

When: Wednesday, October 20th from 4:00 – 6:30 p.m.

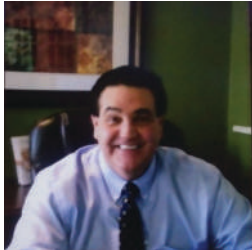
Where: The Hearth at Greenpoint Parking Lot
(150 Old Liverpool Rd. Liverpool, NY 13088)



You're invited to enjoy an outdoor tailgate party with BBQ, Skippy's Ice Cream, Live Music, Games, Prizes, and more!

Plus, meet our "Hearth MVPs!"

Tom Aluzzo



New York Senior
Life Director

Kimberlee Peterson



Senior Life Advisor:
The Hearth at Greenpoint

Skip Collins



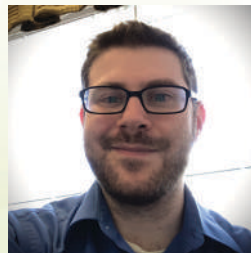
Senior Life Advisor:
Keepsake Village

Melissa Sardella



Senior Life Advisor:
The Hearth on James

George Welge



Senior Life Advisor:
The Hearth at Castle Gardens

Kristen Fata



Senior Life Advisor:
The Hearth at Castle Gardens

Paula Cerio



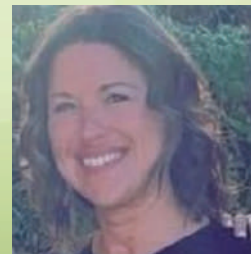
Executive Director
The Hearth at Greenpoint

Michelle Gillespie



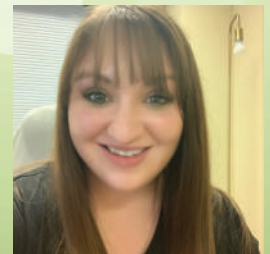
Executive Director
Keepsake Village

Jennifer Mellone



Executive Director
The Hearth on James

Jami Wood



Associate Executive Director
The Hearth at Castle Gardens

Don't miss this chance to get out, meet the team, and enjoy some great company! We'll be outdoors but fully covered, so the party is sure to be a good time, rain or shine. Call Tom at (315) 481-6236 to R.S.V.P. by Friday, October 15th. We hope to see you there!