THE WHITE HOUSE

WASHINGTON

MEMORANADUM

TO: Elizabeth Echols
Dan Chenok
Katie Hirning
Jeanne Lambrew
Chris Jennings

Date: May 26,2000

FROM: Tom Kalil

RE: Helping Senior Citizens Obtain Needed Public Benefits

I just got briefed on an interesting project that the National Council on the Aging is supporting. It is a Web site that will allow seniors and the people and organizations who care for them determine what programs they are eligible for (e.g. SSI, food stamps, Medicaid). It was developed with support from the National Institute on Aging and Lucent -- and a number of private sector companies have agreed to support the outreach component of the project. It could be unveiled
in the fall -- or sooner if we ask to have it accelerated.

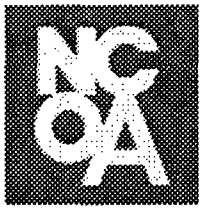
A number of agencies have Congressional mandates to increase participation rates in these and other programs. I'd like to pull together a meeting in mid-June with the relevant agencies to get briefed on the project to explore ways in which we could work together, including:

* Funding for the project

* Outreach and publicity

* Online submission of eligibility information to agencies

Please let me know if you or someone from your office would be interested in participating in this meeting -- or if you have other ideas for how we might partner with them.



National Council
on the Aging

You're Entitled

A National Service Initiative to Help Disadvantaged Elders to Obtain Needed Public Benefits

May 25th, 2000

The National Council on the Aging

Who Are We

- The nation's first association of organizations and professionals dedicated to promoting the dignity, self determination and well being and contributions of older people

- Members include senior centers, area agencies on aging, adult day services, faith organizations, senior housing, employment services and consumer organizations

- 50 years old - $48 million annual budget

What We Do

- Help community organizations to enhance the lives of older adults.

- Turn creative ideas into programs and services that help older people in hundreds of communities

- Serve as a national voice and powerful advocate for public policies, societal attitudes, and business practices that promote vital aging

NCOA's Core Strategies

- Provide high-quality and high-value services to and through a diverse network of thousands of community service organizations.
- Lead the nation in fostering innovative community programs and service for older adults.
- Maximize the potential of emerging communications and information technologies to achieve our mission.
- Create powerful partnerships with public and private organizations that share our vision and commitment to vital aging.

You're Entitled

Problem: There is Limited Access to Public Benefits for Low Income Elders *

* *Analysis by Patricia Nemore, JD, Center for Medicare Advocacy*

1) Total # of low income elderly	**6,448,000**
# of elderly below poverty	*3,355,000*
# of elderly between 100% and 133% of poverty	*3,093,000*

2) #s of elderly eligible for & not participating in major benefits programs

All Medicaid	**3,000,000**
SSI Eligible	*1,200,000*
QMB	*1,200,000*
SLMB	*600,000*
SSI	**1,200,000**
Food Stamps	**3,700,000**

3) Participation rates for many other benefits (e.g., state pharmacy assistance, veterans health care, etc.) are estimated to be even lower than for SSI, Food Stamps, and Medicaid

Major Obstacles in Gaining Access to Benefits

- **Lack of awareness about benefit programs**
- **No centralized location in which to apply for all assistance programs**
- **Different age, income and asset criteria among assistance programs**
- **Lengthy and complex application forms**
- **Language barriers**
- **Inadequate outreach efforts to inform people about programs and to assist them in applying**

You're Entitled: *A Break-Through Solution for Increasing Access to Public Benefits*

You're Entitled

You're Entitled offers:

- An easy to navigate web-based service that is solutions-oriented
- One place for centralized, streamlined benefits screening
- Information on specific application steps
- Help from community service organizations in making applications and securing benefits
- A comprehensive national / local strategy

You're Entitled

You're Entitled Crosses the Digital Divide To Help Low-Income Elders to Needed Benefits

Crossing the Digital Divide & Connecting Elders

- Elders, their families and service organizations fill out eligibility questionnaire on the www

To Receive Unclaimed Benefits

- The elder's profile is then matched with 40 to 50 federal and state benefits for which they are eligible
- A personalized report tells them about the programs for which they appear to be eligible and how to go about applying for benefits
- Community Service Organizations (CSOs) to assist with outreach and follow-up

Expected Impact is Significant

$2.3 Billion in Benefits

Over the next four years, NCOA and our partners expect to screen more than 4.8 million older Americans and help them obtain more than $2.3 billion in benefits

	# of new enrollees	Average benefit per enrollee
• **Medicaid** *(SSI eligibles, QMB, and SLMB)*	**247,000**	**$2,388**
• **SSI**	**99,000**	**$3,504**
• **Food Stamps**	**305,000**	**$708**

You're Entitled National Service Project - Analysis of Expected Impact

5/5/00

Outreach & Screening + Follow-Through = New Benefits for Low-Income Elders

I. Community-Based Organization Version

	# of Locations	Average # of People Screened Per CBO Per Year	Total # of People Screened Each Year By CBOs	% of Screened who are Low-Income	Total # Screened Each Year who are Low-Income	Average $$ Eligible Per Low-Income Person Screened	Estimated % of Eligibles Who Apply and Obtain Benefits	Average $$ Received Per Low-Income Person Screened	Total Annual $$ Benefits for Clients Per Year	Total Cumulative $$ Benefits Received Over Four Years	New Medicaid Enrollees Per Year	New SSI Enrollees Per Year	New Food Stamp Enrollees Per Year
Pessimistic	500	400	200,000	50%	100,000	$2,169	30%	$651	$65,081,225	$527,808,738	13,959	5,583	17,214
Expected:	**960**	**480**	**460,800**	**60%**	**276,480**	**$2,169**	**40%**	**$868**	**$239,915,429**	**$1,945,714,133**	**51,458**	**20,581**	**63,458**
Optimistic	1,500	600	900,000	70%	630,000	$2,169	50%	$1,085	$683,352,867	$5,541,991,751	146,570	58,622	180,747

II. On-line, Direct-to-Consumer Version

	Annual # of Unique Site Visitors Per Year	% of Visitors Who Use the Service	Annual # of Service Users Per Year		Total # Screened who are Low-Income Per Year	Average $$ Eligible Per Low-Income Person Screened	Estimated % of Eligibles Who Apply and Obtain Benefits	Average $$ Received Per Low-Income Person Screened	Total Annual $$ Benefits for Clients Per Year	Total Cumulative $$ Benefits Received Over Four Years	New Medicaid Enrollees Per Year	New SSI Enrollees Per Year	New Food Stamp Enrollees Per Year
Pessimistic	500,000	60%	300,000	13%	39,000	$2,169	15%	$325	$12,690,839	$102,922,704	2,722	1,089	3,357
Expected:	**1,000,000**	**75%**	**750,000**	**15%**	**112,500**	**$2,169**	**20%**	**$434**	**$48,810,919**	**$395,856,554**	**10,469**	**4,187**	**12,911**
Optimistic	2,000,000	85%	1,700,000	18%	306,000	$2,169	40%	$868	$265,531,400	$2,153,459,652	56,953	22,779	70,233

III. Four-Year Impact: Combination of CBO and Direct-to-Consumer Versions

	Total # of People Screened Over Four Years	% of Screened who are Low-Income	Total # Screened who are Low-Income	Average $$ Eligible Per Per Low-Income Person Screened	Estimated % of Eligibles Who Apply and Obtain Benefits	Average $$ Received Per Low-Income Person Screened	Total Annual $$ Benefits for Clients Per Year	Total Cumulative $$ Benefits Received Over Four Years	Total New Medicaid Enrollees Over Four Years	Total New SSI Enrollees Over Four Years	Total New Food Stamp Enrollees Over Four Years
Pessimistic	2,000,000	28%	556,000	$2,169	25.8%	$488	$77,772,064	$630,731,442	66,724	26,687	82,283
Expected:	**4,843,200**	**32%**	**1,555,920**	**$2,169**	**34.2%**	**$651**	**$288,726,348**	**$2,341,570,686**	**247,711**	**99,074**	**305,473**
Optimistic	10,400,000	36%	3,744,000	$2,169	46.7%	$976	$948,884,267	$7,695,451,403	814,089	325,601	1,003,920

You're Entitled National Service Project - Key Assumptions in Impact Model

Poverty and Eligibility Assumptions:

# of Elderly Below Poverty	**3,355,000**
# of Elderly between 101% and 133% of poverty	**3,093,000**
Total # of Low-Income Elderly:	**6,448,000**

Non-Participation Rates and Average Benefits Amounts

	Total # of Elderly Eligible and Not Participating	% of Low-Income Income Elderly Not Participating	Average Annual Benefit Amount	Average $$ Eligible Per Low-Income Elder Screened
Food Stamps	**3,700,000**	**57.38%**	**$708**	**$406**
SSI	**1,200,000**	**18.61%**	**$3,504**	**$652**
All Medicaid	**3,000,000**	**46.53%**	**$2,388**	**$1,111**
SSI Eligible	1,200,000	18.61%	$4,540	
QMB	1,200,000	18.61%	$1,800	
SLMB	600,000	93.10%	$546	

Expected Average $$ Eligible Per Low-Income Senior Screened **$2,169**

NOTE: See attached analysis by Patricia Nemore for the basis of poverty and eligibility assumptions

CBO Participation Assumptions

# of participating CBOs: Range from 500 to 1,500. Expected: 1,000. Based on 1999 NCOA survey of 585 area agencies on aging, senior centers, adult day centers, and miscellaneous organizations)

Expected # of clients screened per site per year: Range 400 to 750. Expected: 500. Based on NCOA survey of 585 CBO's where average estimate was 50 clients screened per month..

% of Elderly Screened by CBO's who will be Low-Income. Range from 60% to 80% based on pilot projects in Cleveland, NYC and Washington DC using earlier version of service in mid-1990's.

Estimated % of Eligibles who will actually apply and obtain benefits: Limited data available, but 50% - 60% for major entitlements seems to have been the experience of earlier CBO users. Given the larger # of sites, we are using 40% as an expected value.

On-Line Direct-to-Consumer Utilization Assumptions

# of Unique Visitors & Users: Data supplied by VitalAging.com. Assumes aggressive publicity efforts by NCOA and VitalAging.com

% of Elderly Screened by CBO's who will be Low-Income. We estimate that most users will be children or caregivers and that their parents are significantly less likely to be low-income. Therefore, we are low-income people will be 25% of CBO rates.

% of Eligibles Who Obtain Benefits: Without CBO assistance, people may be less likely to apply and receive benefits. Therefore, we assume a rate that is 50% of the CBO rate.

Attrition Rates: In calculating cumulative benefits over four years, we assume that 10% of enrollees will disenroll or die each year.

Program Objective and Milestones

Objective

- Provide the service to at least 4.8 million older Americans and help them obtain more than $2.3 billion in benefits

Milestones

- Fall 2000: Make You're Entitled service universally available through the World Wide Web
- Years 1-4: Mobilize and support at least 1800 community-based organizations to provide outreach, screening and follow-up services to low-income seniors
- Years 1-4: Create public–private funding partnerships to sustain the service for the long-term

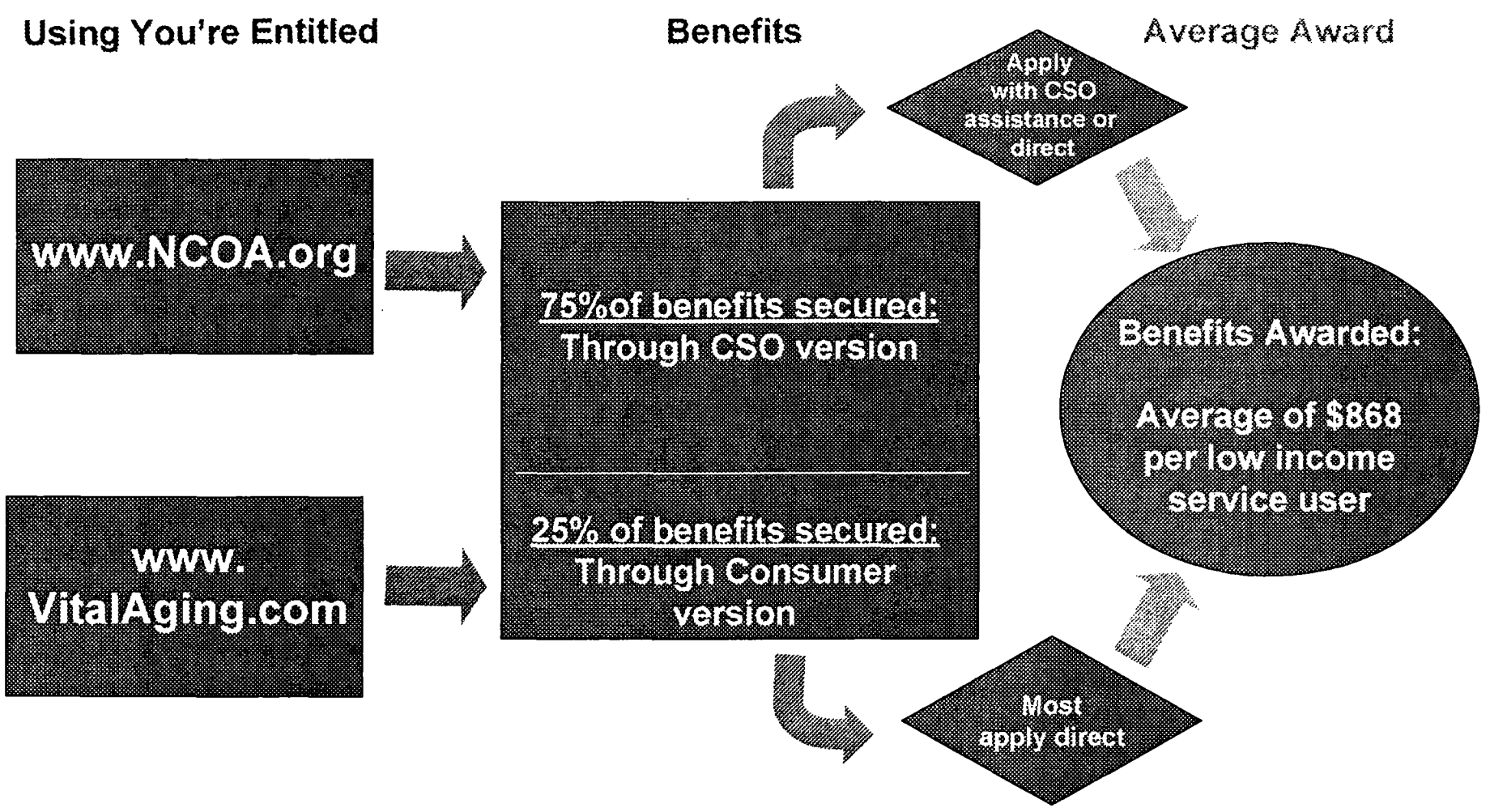
Two versions of You're Entitled Will Be Made Available

You're Entitled

	Consumer Version	CSO Version
Features	• Basic questionnaire and results page	• Ability to customize page with CSO logo • Printable action form for clients • Ability to add other programs specific to region • Link to consumer website
Access	• Caregiver consumers log onto VitalAging.com (1 in 4 US households provide some type of care for an elder)	• CSOs log onto ncoa.org, (database maintained by VitalAging.com)
Price	• Free	• Approximately $500 per site, subsidized by sponsors in years 1 and 2

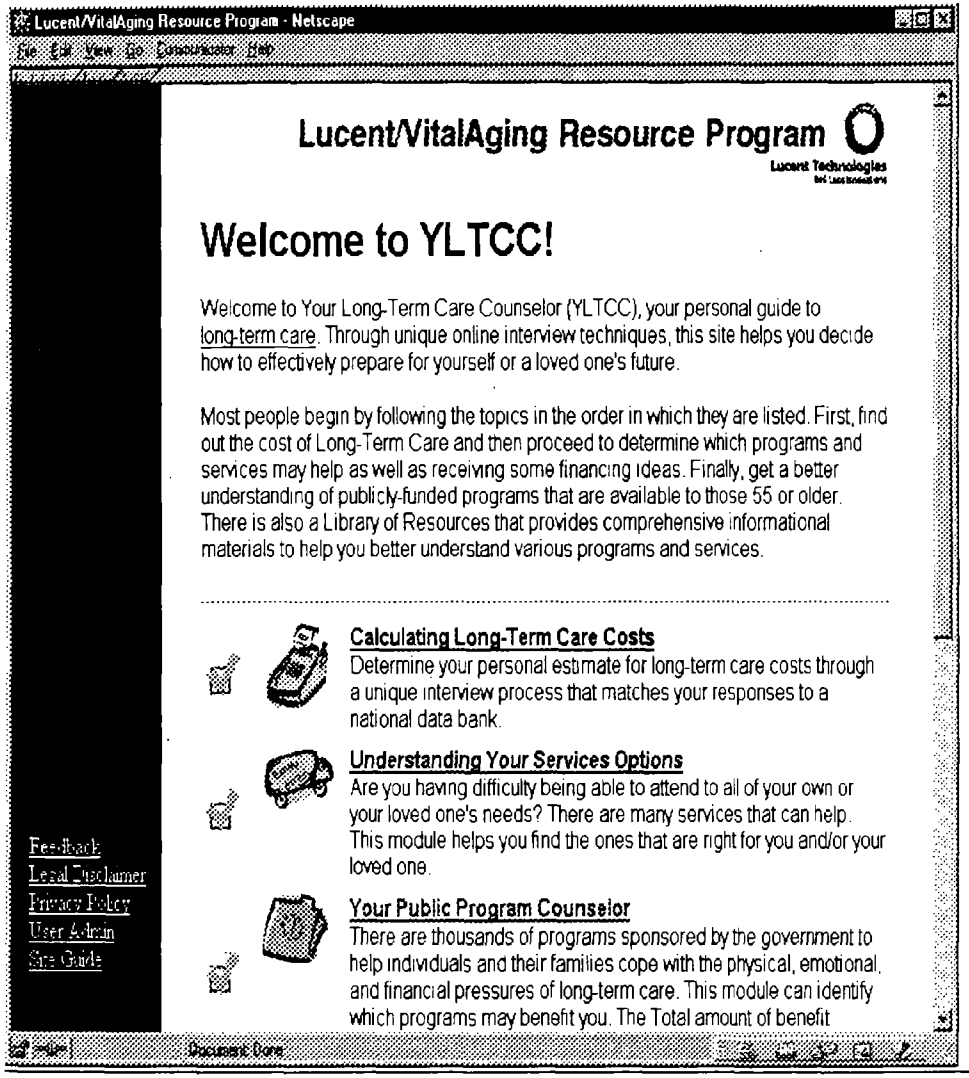
You're Entitled

Extended Reach Increases Effectiveness of Program, NCOA Mission, and CSO Clientele



You're Entitled

Consumer Versions of You're Entitled and VitalAging Software Beta Tested with Lucent Employees



Initial reactions:

- 97% responded that they were likely to use the program; 61% said they were "Very Likely" to use it again.
- 94% responded that they "would recommend this program to a co-worker;" 16% of them already have.
- Over 95% found the results either "Very Helpful" or "Helpful"
- Over 95%found the user-friendliness of the site "Excellent" or "Good"
- Over 95% rated their overall experience as "Excellent" or "Good"

You're Entitled

Focus Groups Indicate Desirable Features for CSO Version of You're Entitled

Desired features of CSO version of You're Entitled service:

- Give CSOs ability to add in local benefits programs (in addition to federal and state programs).
- Enhance printout given to clients.
- Service can be labeled as service of CSO.
- Special language versions (especially Spanish, Russian and Asian languages)
- Statistical reporting so that CSOs can report to their funding agencies
- Special referrals to the CSO from the consumer version of Y/E

Types of help CSOs want from NCOA to maximize impact of You're Entitled:

National marketing overlay (outreach materials, PSAs, etc.)

- Technical assistance on best practices, outreach and follow-up strategies.
- Training and "how to" information.
- Help with manpower issues (i.e. involving volunteers or Title V workers to do the work)
- Models and help in creating linkages to non-traditional outreach sources (grocery stores, banks, drug stores, libraries, etc.)
- Opportunity to network with other CSOs doing similar projects
- Mini-grants to fund special outreach efforts

You're Entitled

You're Entitled Roll Out Plan

Phase I (Projected for Fall 2000)

- Consumer version goes live - national roll-out
- Media campaign launched
- CSO Version completed

Phase II (Projected start January 2001)

- Mobilize CSOs in selected sites / networks across country
- CSO version tested and refined
- Lessons learned used to plan national replication

Phase III (Projected Spring 2002)

- National roll-out of CSO version

Ongoing

- Maintenance/refinement of Consumer/CSO versions

You're Entitled

Roll-Out Will Leverage Public and Private Partners Brought Together Through You're Entitled

NCOA is creating a powerful public-private partnership for the You're Entitled National Service Initiative. We expect that most, if not all of the following organizations will participate in some way.

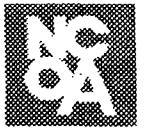
Government Agencies

AoA
HCFA
OCS - Office of Community Services/DHHS
HRSA
HUD
SSA
VA
USDA
NIA
State Offices on Aging
State Medicaid Agencies

Telecommunications and Technology Companies

Lucent Technologies
VitalAging.com
AT&T
SBC/Ameritech
Bell Atlantic
Pac Bell
Bell South
Computer Companies
ISP Providers
Media and Portal Companies

National Voluntary Organizations (Aging and others)



You're Entitled

Roll-Out Success Expected as Survey Indicates High CSO Interest in Program Participation

Results from national survey and focus groups of CSOs:

- 65% ready, willing and able to use You're Entitled now
- Average CSO would screen about 50 seniors per month
- 80% currently have or can easily get a computer to use for service – 20% need help connecting

Sample: 585 CSOs (mostly senior centers, area agencies on aging, adult day service centers, multi-purpose social service organizations)

You're Entitled

Strategy for CSO Version Roll Out

Model Communities

Model National Networks

Market Driven Initiatives

You're Entitled Roll Out in Model Communities Emphasizes ...

Model Communities

	Potential Regional Funding Partners
• Chicago and suburbs	Retirement Research Foundation, Ameritech
• Denver and six surrounding counties	Rose Community Foundation and consortium of other funders
• Washington DC and suburbs	Bell Atlantic, Cafritz and other locals
• California	California HealthCare Foundation, Pac Bell and others
• Georgia	Bell South and Atlanta-based corporations
• Texas	SBC

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You're Entitled Roll Out with Model Networks and Market Driven Models Extends Reach

Model National Networks

	Potential Funders
• Community Action Agencies	HHS/OCS
• Community Health Centers	HHS/HRSA
• Dual Eligible Outreach Network	HHS/HCFA
• Neighborhood Networks	HUD
• Religious Social Service Agencies	*TBD*
• Hospitals	*TBD*

Market Driven Initiatives

• Nationwide	User Fees

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Outcomes of Models Focus on Social Innovation and Organizational Excellence

OUTCOMES OF MODELS

- Innovations
- National Leaders and Program Experts
- Best Practices
- National Peer-to-Peer Network
- Documentation of Impact / Cost-Benefit
- Public Policy Recommendations

You're Entitled

Why NCOA?

- Thirteen years of leadership and experience in developing and deploying computer-based public benefits screening tools for low-income elderly.

- A fully developed and beta-tested 50-state, on-line service that is ready to be rolled out nationally. (Funded primarily by U.S. National Institute on Aging and Lucent Technologies)

- Core competency in developing powerful public/private partnerships with corporations, foundation, government agencies and other national voluntary organizations.

- Ability to mobilize and support thousands of community service organizations

- Centrality to NCOA mission and strategy

The You're Entitled Team

James Firman. President & CEO of NCOA. Former CEO of United Seniors Health Cooperative. Project role: Developing strategic partnerships with foundations, government agencies, corporations and national voluntary organizations to maximize the impact of You're Entitled.

John Wren. NCOA Vice President for Network Development. Project Role: Oversee the planning and implementation of the You're Entitled National Service Initiative.

Nancy Whitelaw. Ph.D. NCOA Vice President for Research and Demonstrations. Project Role: Design and oversee the evaluation of the program.

Patricia Nemore. JD. Principal, Center for Medicare Advocacy. Nation's leading expert on public benefits for the elderly. Project Role: Consultant to ensure quality and accuracy entitlements screening rules and consumer information.

VitalAging.com A talented and experienced team programmers, systems analysts, data base managers, web site managers etc. Project role: Develop, maintain and operate the core software, database of entitlements, and on-line services.

Sutton Group. Social marketing experts. Project Role: Partner with You're Entitled core staff to develop, test and evaluate social marketing strategies for consumer outreach, CSO involvement and long-term financing of You're Entitled.

IT Strategies. Strategic consulting and public relations firm. Project Role: Manage national public relations efforts. Help maximize participation of technology companies and policy makers in the initiative.

Project Director. To Be Hired. Project Role: Manage the day-to-day roll out and operation of the initiative.

CSO Organizer. To Be Hired. Project Role: To develop and deliver technical assistance, training and other services to maximize participation of CSOs in You're Entitled.

Next Steps

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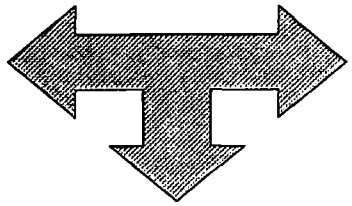


Potential "Connected Communities" Program

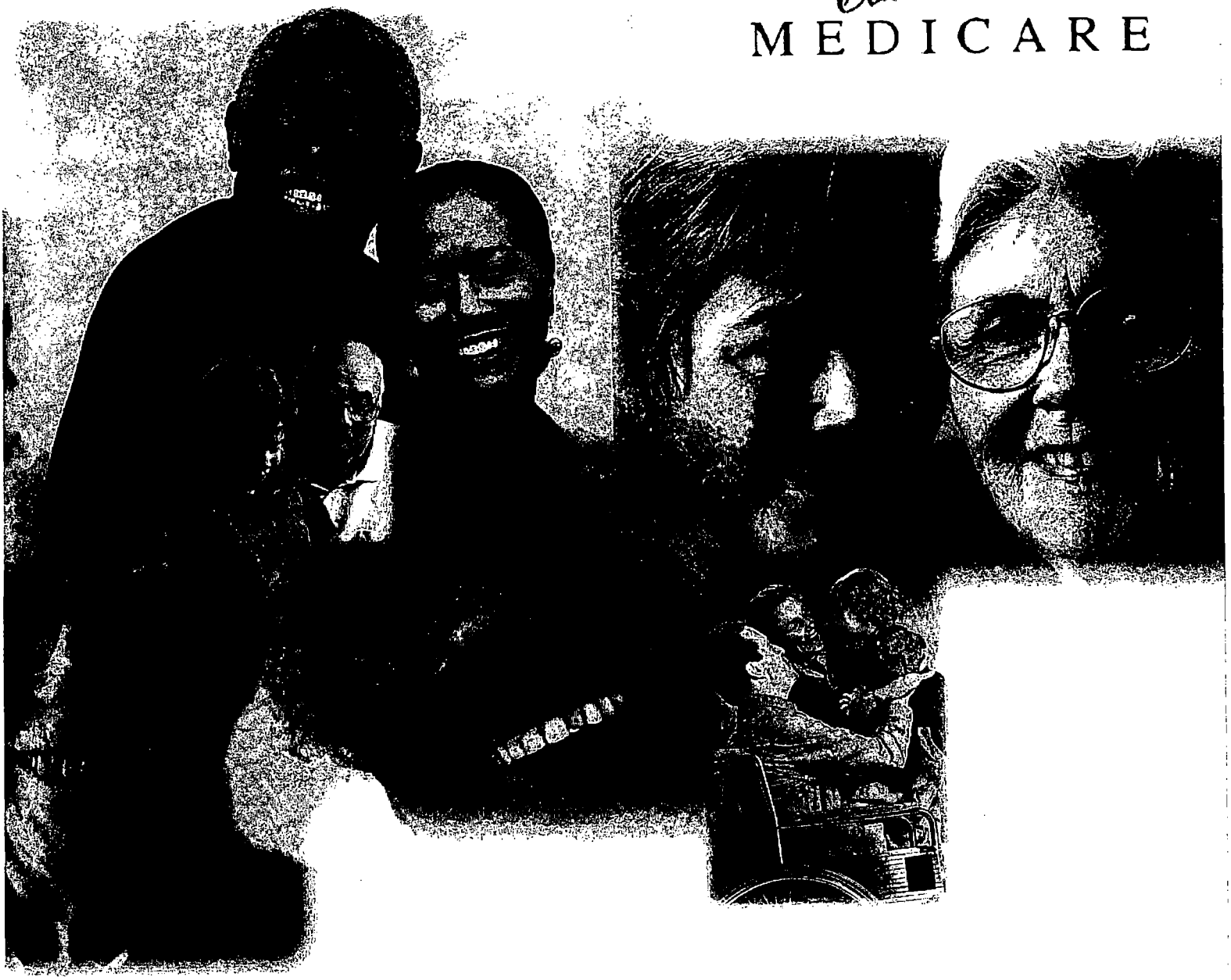
Determine Partnership Opportunities

Develop Action Plan

25

Celebrating

MEDICARE



Faces OF MEDICARE

dicare Questions?

www.medicare.gov 1-800-MEDICARE 1-800-633-4227 MEDICARE & YOU HANDBOOK

HCFA
Health Care Financing Administration

THINK PREVENTION
Medicare Preventive Services

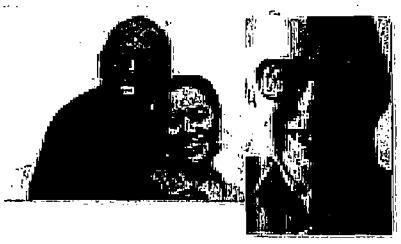
- ✔ Colorectal Cancer Screenings
- ✔ Mammography
- ✔ Pap Smear and Pelvic Exams
- ✔ Prostate Cancer Screenings
- ✔ Vaccinations
  - Flu
  - Pneumonia
  - Hepatitis B
- ✔ Bone Mass Measurement
- ✔ Diabetes Monitoring

MEDICARE

www.medicare.**gov**

1-800-MEDICARE
1-800-633-4227

TTY/TDD
1-877-486-2048



Key Numbers

Primary Care Physician: _____

Medicare: 1-800-MEDICARE
1-800-633-4227

Medicare Internet Information: www.medicare.gov

Medicare/Insurance Number: _____

Key Family Contact: _____

Ambulance Services: _____

Other: _____

Checklist TO GOOD HEALTH

MEDICARE PREVENTITIVE SERVICES	HOW OFTEN	COMPLETED
✔ Colorectal Cancer Screenings	Once a Year	☐
✔ Mammography	Once a Year	☐
✔ Pap Smear and Pelvic Exams	Once Every 3 Years	☐
✔ Prostate Cancer Screenings	*	☐
✔ Vaccinations	Once a Year	☐
Flu	As Needed	☐
Pneumonia	As Needed	☐
Hepatitis B	As Needed	☐
✔ Bone Mass Measurement	Dependant on Health Status	☐
✔ Diabetes Monitoring	Dependant on Health Status	☐

HCFA Health Care Financing Administration

25 Celebrating MEDICARE

Mammography Screening—*Continued*

Am I at high risk for breast cancer?

Simply getting older increases breast cancer risk. The older you are, the greater your chance of getting breast cancer. However, several factors that could place you at higher risk include:

- If you had breast cancer before;
- If you have a family history of breast cancer—that is, a mother, sister, daughter or two or more close relatives who had breast cancer; or
- If you had your first baby after the age of 30, or if you never have had a baby.

How do I get more information about breast cancer and mammography screening?

Discuss breast cancer risk or screening with your doctor, or call the National Cancer Institute's Cancer Information Service at 1–800–4–CANCER.

Pap Smear and Pelvic Exams—*Continued*

How often will Medicare cover a Pap smear and pelvic exam?

A Pap smear and pelvic exam are covered by Medicare once every 3 years. However, if you are a woman of child bearing age and have had an abnormal Pap smear within 3 years, or you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap smear and pelvic exam every year.

Who is at high risk for cervical or vaginal cancer?

Risk for cervical cancer is increased if you have had an abnormal Pap test, if you have had cancer before, or if you have been infected with the human papilloma viruses (HPVs). If you began having sexual intercourse before the age of 16, or if you have had many sexual partners, you also have a greater cervical cancer risk. Risk for vaginal cancer is increased for daughters of women who took DES during pregnancy.

Colorectal Cancer Screening—*Continued*

Who is eligible to get a colorectal screening?

Beneficiaries aged 50 or older are eligible for colorectal screenings. However, in the case of colonoscopies, there is no age limit.

How often will Medicare cover colorectal exams?

A fecal occult blood test is covered once per year and a sigmoidoscopy once every 4 years. If you are at high risk for colorectal cancer, Medicare covers a colonoscopy or a barium enema every 2 years.

Who is at high risk for colorectal cancer?

After age 40, colorectal cancer risk increases with age and throughout life. Your risk is greater if you have a history of inflammatory bowel disease, colorectal cancer, or polyps. You are also at greater risk if you have a family history of colorectal cancer or polyps, or have certain hereditary syndromes.

Flu, Pneumonia and Hepatitis B Vaccinations—*Continued*

How often will Medicare cover these vaccinations?

Medicare pays for a flu shot every year. You should get one each year between October and December. Medicare will also pay for a pneumonia shot, which you should get by age 65. Most people only need to get this shot once in their lifetime. Medicare will pay for a Hepatitis B shot if you are at high or intermediate risk for Hepatitis B.

Who is at risk for flu, pneumonia, or Hepatitis B?

Flu and pneumonia infections can be life-threatening for elderly people. All adults 65 and older should get flu and pneumonia shots. Those at high or intermediate risk for Hepatitis B include individuals with end-stage renal disease or hemophilia.

*U.S. Government Printing Office: 1999 — 455-395/91010

Medicare Preventive Services...

...To Help Keep You Healthy

There are steps you can take to lower your risk of disease and illness. Medicare is providing coverage for these preventive services to help you stay healthy. Medicare will cover:

- Tests for breast cancer, cervical cancer, vaginal cancer, and colorectal cancer;
- Bone mass measurements;
- Diabetes monitoring and diabetes self-management; and
- Flu, pneumonia, and Hepatitis B shots.

These new, valuable benefits from Medicare may be the key to long lasting good health. Talk with your doctor about your risk of developing these health problems and your need for these preventive services.

This pamphlet includes:

- A chart that explains which preventive services are covered by Medicare, for whom they are covered, and what you pay.
- Cards with more detailed information on some of the preventive benefits. You can tear these out and put them on your calendar or refrigerator as a reminder, or you can take them to your doctor so that you can talk about the preventive services that Medicare covers.

HCFA MEDICARE · MEDICAID Health Care Financing Administration

Medicare & You

Publication # HCFA-10110

Medicare Preventive Services — Added Benefits to Help You Stay Healthy

Covered Service	Eligible Beneficiaries	What You Pay
Screening Mammogram: Once per year.	All female Medicare beneficiaries age 40 and older.	20% of the Medicare approved amount with no Part B deductible.
Pap Smear and Pelvic Examination: (Includes a clinical breast exam) Once every three years. Once per year if you are high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap smear in the preceding three years.	All female Medicare beneficiaries.	No coinsurance and no Part B deductible for the Pap smear (clinical laboratory charge). For doctor services and all other exams, 20% of the Medicare approved amount with no Part B deductible.
Colorectal Cancer Screening: **Fecal Occult Blood Test** Once every year. **Flexible Sigmoidoscopy** Once every four years. **Colonoscopy** Once every two years if you are high risk for cancer of the colon. **Barium Enema** Doctor can substitute for sigmoidoscopy or colonoscopy.	All Medicare beneficiaries age 50 and older. However, there is no age limit for having a colonoscopy.	No coinsurance and no Part B deductible for the fecal occult blood test. For all other tests, 20% of the Medicare approved amount after the annual Part B deductible.
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, lancets, and self-management training.	All Medicare beneficiaries with diabetes (insulin users and non-users).	20% of the Medicare approved amount after the annual Part B deductible.
Bone Mass Measurements: Varies with your health status.	Certain Medicare beneficiaries at risk for losing bone mass.	20% of the Medicare approved amount after the annual Part B deductible.
Vaccinations: **Flu Shot** Once per year. **Pneumococcal Vaccination:** Once may be all you ever need – ask your doctor. **Hepatitis B Vaccination:** If you are at high or intermediate risk for hepatitis.	All Medicare beneficiaries.	No coinsurance and no Part B deductible for flu or pneumococcal vaccinations. For Hepatitis B vaccination, 20% of the Medicare approved amount after the Part B deductible.

Medicare Preventive Services

Colorectal Canc r Screening

Which colorectal screening benefits are covered under Medicare?

Medicare covers:

- A screening fecal occult blood test (FOBT),
- Flexible sigmoidoscopy, and
- Screening colonoscopy.

The FOBT and the flexible sigmoidoscopy are considered to be general preventive screenings. However, if you are at high risk for colorectal cancer, Medicare will cover a screening colonoscopy. Medicare also covers a barium enema if your doctor decides that a barium enema should be performed instead of a flexible sigmoidoscopy or screening colonoscopy. *(over)*

Call 1–800–4CANCER for more health information.

Medicare Preventive Services

Mammography Screening

Which breast cancer screening benefits are covered under Medicare? How often are they covered?

Medicare will pay for a mammogram each year. Regular mammography screenings can save your life.

Who is eligible to receive a mammography screening?

All female Medicare beneficiaries aged 40 or older are eligible for mammography screenings every year. Medicare also pays for one mammography screening for female Medicare beneficiaries between ages 35 and 40. *(over)*

Call 1–800–4CANCER for more health information.

Medicare Preventive Services

Flu, Pneumonia, and Hepatitis B Vaccination

Which preventive vaccinations are covered by Medicare?

Flu shots, pneumonia shots, and Hepatitis B shots are covered by Medicare. Flu, pneumonia, and hepatitis can be life threatening to the elderly.

Who is eligible to receive the vaccinations?

All Medicare beneficiaries are eligible for flu shots and pneumonia shots. Hepatitis B shots are covered only for persons at risk for Hepatitis B, such as those with end-stage renal disease or hemophilia.

(over)

Call 1–800–638–6833 for more health information.

Medicare Preventive Services

Pap Smear and Pelvic Exams (Includes Clinical Breast Exam)

Does Medicare cover screenings to find cervical and vaginal cancers?

Medicare covers Pap smears and pelvic exams to check for cervical and vaginal cancers. In addition to the pelvic exam, a clinical breast exam is also covered to check for breast cancer.

Who is eligible to receive Pap smears and pelvic exams?

All female Medicare beneficiaries are eligible. *(over)*

Call 1–800–4CANCER for more health information.

Medicare & You
The knowledge to make good decisions

Do You Need Help to Pay Health Care Costs?

Where may I get help to pay health care costs?

Medicaid has programs that pay some or all of Medicare's premiums and may also pay Medicare deductibles and coinsurance for certain people who are entitled to Medicare and have a low income. You must have Medicare Hospital Insurance (Part A). If you are not sure if you have Part A, look on your Medicare card (red, white, and blue card). It will show "Hospital Insurance (Part A)" on the lower left corner of the card. You can also call your local Social Security Administration office, or call SSA at 1-800-772-1213.

If you have Part A, your income is limited (see below), and your financial resources such as bank accounts, stocks, and bonds are not more than $4,000 for an individual, or $6,000 for a couple, you may qualify for assistance as a Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or Qualifying Individual (QI).

For more information about these programs, call your State, county, or local medical assistance office. Check your phone directory for the office nearest you. You can find these offices listed under Medicaid, Social Services, Medical Assistance, Public Assistance, Human Services, or Community Services. You may also call Medicare at 1-800-MEDICAR(E) (1-800-633-4227) (TTY: 1-877-486-2048 for the hearing impaired) to find the phone number in your State.

1999 Monthly Income Limit*

	Individual	Couple	Program Pays Medicare's...
QMB	$707	$942	Premiums, deductibles, and coinsurance
SLMB	$844	$1,126	Monthly Part B premiums
QI-1	$947	$1,265	Monthly Part B premiums
QI-2	$1,222	$1,633	A small part of the monthly Part B premium

*Slightly higher amounts are allowed in Alaska and Hawaii. Income limits will change slightly in 2000, and new limits will be available by April 1, 2000.

Do you or someone you know have children under age 19 that are not covered by health insurance? There is help! A new Children's Health Insurance Program is available in your State. To find out how to qualify for the program, you can call the national toll-free number at 1-877-KIDS-NOW (1-877-543-7669). This number will automatically connect you to your State's insurance program for children.

HCFA
MEDICARE • MEDICAID
Health Care Financing Administration

Publication No. HCFA-10118
Revised May 1999

Seniors Surf the NET

More and more Medicare beneficiaries and those who will soon be eligible for Medicare use the Internet.

- A Merrill Lynch-sponsored survey conducted in September 1997 showed that 15 percent of those age 65 and older use the Internet.
- According to Packard Bell NEC Inc., customers over age 55 accounted for 14 percent of retail purchases of its personal computers in 1997.
- AARP reports that in 1997, 36 percent of Americans between ages 50 and 64 owned a personal computer.
- According to a 1997 report by Media Matrix Inc., men and women age 55+ spend an average of 117.8 minutes per day on the Internet.

While **www.medicare.gov**, **"Medicare Compare"** and **"Nursing Home Compare"** are designed especially for Medicare beneficiaries and the people involved in their health care decisions, anyone with access to the Internet can use it. Information in the database may be customized and printed for local and individual needs.

Other primary users will include:

- Beneficiary advocacy groups
- Social and case workers
- State Health Insurance Assistance Program staff and volunteers
- Staff in the National Association of Area Agencies on Aging network
- Federal and State organizations
- Health care providers

Publication No. HCFA-10108
October 1998

MEDICARE

The Official U.S. Government Site for Medicare Information

Established by the Health Care Financing Administration (HCFA)

HCFA
MEDICARE • MEDICAID
Health Care Financing Administration

Medicare & You

www.medicare.gov

Online at www.medicare.gov:

HCFA's website has useful information for Medicare beneficiaries and those involved in helping them with their health care decisions. The main topics are:

- **"What is Medicare":** Medicare information, including eligibility and enrollment, and how to read a Medicare Summary Notice.
- **"Medicare Health Plans":** Medicare health plan options and educational materials. (Visitors can access "Medicare Compare" from this page to get information about health plans in their area.)
- **"Who to Contact":** information by State on the organizations that can help answer Medicare related questions.
- **"Publications":** Medicare publications in English and Spanish available to view, download, and print.
- **"Wellness":** information on Medicare prevention benefits to help keep you healthy, and facts about health issues such as peptic ulcers, and pneumonia.
- **"Fraud and Abuse":** how to identify and avoid common abuses of Medicare.
- **"Nursing Homes":** payment, patient rights, and nursing home survey results. (Visitors can access the "Nursing Home Compare" database from this page.)

Medicare & You

The Health Care Financing Administration's Medicare Comparison Databases

"Medicare Compare" is HCFA's electronic database of health plan comparison information. The database is designed to educate beneficiaries and others about their health care options so they can make informed health care choices. The information is compiled by HCFA with cooperation from Medicare health plans and will be updated on a quarterly basis.

"Medicare Compare" includes:

- **Toll free telephone numbers** and website addresses for health plans.
- **Service areas** listed by State, zipcode, and county so beneficiaries can compare services in their own geographic areas.
- **Benefit and service packages** offered by each plan including detailed information on premiums, copayments, deductibles, and more.
- **"Helpful Hints"** to help users navigate within the database.
- **Guest book/E-mail** link back to HCFA for users' comments, questions, and suggestions.

How "Medicare Compare" works:

Users can choose the level of detail they want to know about the plans, searching either by State, county, or zipcode. While the database contains a broad range of information on the plans, all areas of interest to Medicare beneficiaries may not be included. HCFA will update the database quarterly to provide users with the most up-to-date and complete information.

In addition to looking at the list of Medicare health plans in a State, county, or zipcode, users can:

- Display side-by-side comparisons of services offered by two health plans.
- Search for a specific type of service such as vision care, podiatry care, or Pap tests.

"Nursing Home Compare"

contains the following features:

- **Information and survey data** on every Medicare and Medicaid-certified nursing home in the country.
- **Nursing homes** listed by State, county, or name so beneficiaries can compare nursing homes in their own geographic area.

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Medicare & You
The knowledge to make good decisions

Your Medicare Benefits

Your Health Care Coverage Under. . .

. . . Part A (Hospital Insurance)

. . . Part B (Medical Insurance)
Including Preventive Services

1999

HCFA
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Health Care Financing Administration

Medicare Educational Materials Request Form

Title	Pub #	Quantity
Do You Need Help to Pay Health Care Costs? - English - Help for people with low income (Medicaid)	10118	
Do You Need Help to Pay Health Care Costs? - Spanish - Help for people with low income (Medicaid)	11015	
Does Your Doctor or Supplier Accept Assignment? - An explanation with examples of how Assignment can save you money in the Original Medicare Plan.	10134	
Guide to Choosing a Nursing Home - English - Detailed information about how to choose a nursing home	02174	
Guide to Choosing a Nursing Home - Spanish - Detailed information about how to choose a nursing home	10972	
1999 Guide to Health Insurance for People with Medicare - English - Comprehensive guide to Medicare Supplemental Health (Medigap) Insurance	02110	—
1999 Guide to Health Insurance for People with Medicare - Spanish - Comprehensive guide to Medicare Supplemental Health (Medigap) Insurance	02144	
1999 Guide to Health Insurance for People with Medicare - Large Print in English - Comprehensive guide to Medicare Supplemental Health (Medigap) Insurance	02143	
1999 Guide to Health Insurance for People with Medicare - Braille - Comprehensive guide to Medicare Supplemental Health (Medigap) Insurance	10991	
1999 Guide to Health Insurance for People with Medicare - Audio Tape in English - Comprehensive guide to Medicare Supplemental Health (Medigap) Insurance	95164	
1999 Guide to Health Insurance for People with Medicare - Audio Tape in Spanish - Comprehensive guide to Medicare Supplemental Health (Medigap) Insurance	97171	
Dialysis - English - Information about adequate hemodialysis	10924	Available 11/99
Dialysis - Spanish - Information about adequate hemodialysis	10933	Available 11/99
Learning About Medicare Health Plans - Six Steps to Choosing a Health Plan - Steps to follow when choosing your Medicare health plan.	10114	Available 1/00
Medicare & You 2000 - English - National version of Medicare's beneficiary handbook	10050	
Medicare & You 2000 - Spanish - National version of Medicare's beneficiary handbook	10950	
Medicare & You 2000 - Large Print in English - National version of Medicare's beneficiary handbook	02139	
Medicare & You 2000 - Large Print in Spanish - National version of Medicare's beneficiary handbook	02140	
Medicare & You 2000 - Braille - National version of Medicare's beneficiary handbook	01990	
Medicare & You 2000 - Audio Tape in English - National version of Medicare's beneficiary handbook	95167	
Medicare & You 2000 - Audio Tape in Spanish - National version of Medicare's beneficiary handbook	95166	
Medicare Appeals and Grievances - How to file an appeal or grievance if you have a complaint.	10119	
Medicare Coverage of Kidney Dialysis and Transplant Services - English - Information about Medicare coverage for those with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant	10128	
Medicare Coverage of Kidney Dialysis and Transplant Services - Spanish - Information about Medicare coverage for those with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant	10956	
Medicare Fraud and Abuse - How to identify fraud and abuse, and how to protect yourself and the Medicare program.	10111	
Medicare Home Health - English - An explanation of Medicare's home health care coverage	10969	
Medicare Hospice Benefits - English - An explanation of Medicare's hospice care coverage	02154	

Medicare Medical Saving Account Plan Brochure - Detailed information about Medicare Medical Savings Accounts.	**10106**	
Medicare Medical Savings Account Plan Offers You a New Option (Fact Sheet)* - A brief introduction to the new Medicare Medical Savings Account Plan option.	**10107**	
Medicare Patient Rights - Lists your rights as a Medicare beneficiary.	**10112**	
Medicare Preventive Services...To Help Keep You Healthy* - Descriptions of preventive services covered by Medicare, with handy tear-out reminder cards.	**10110**	
Medicare Private Fee-for-Service Plan Brochure - English - Detailed information about Medicare Private Fee-for-Service Plans		
Medicare Questions and Answers - Answers questions about the Original Medicare Plan, other Medicare health plans, and beneficiary rights and protections.	**10117**	
Medicare Savings for Qualified Beneficiaries - English - Information on help paying health care costs	**02184**	
Medicare Savings for Qualified Beneficiaries - Spanish - Information on help paying health care costs	**10954**	
Medicare Supplemental Health Insurance (Medigap) Policies and Protections - Information about Medicare Supplemental Health Insurance (Medigap/Medicare SELECT) Policies and Protections. (Revision in progress. Previously called Medicare Supplemental Insurance Policies. Old version currently available.)	**10115**	
New Health Insurance Now Available for Infants, Children and Teens - Information on the Children's Health Insurance Program, a State program to help provide free health coverage for children in low-income families.	**10135**	
Nursing Homes - Basic Information on how to choose a nursing home.	**10121**	
Private Contracts with Doctors and Other Practitioners Who Have Decided Not to Provide Services Through the Medicare Program (Fact Sheet) - A brief explanation of Private Contracts.	**10109**	
Understanding Your Medicare Choices* - Brief description of Medicare health plan options.	**10120**	
Worksheet for Comparing Medicare Health Plans - Worksheet that can be used to help you compare Medicare health plans.	**10113**	
www.medicare.gov - Overview of HCFA's consumer based Internet site.	**10108**	
Your Medicare Benefits* - An explanation of the services covered under Part A and Part B.	**10116**	

If language is not stated, publication is in English.

SHIPPING ADDRESS

Name of Organization:_____

Contact Person:_____ **Phone Number:**_____

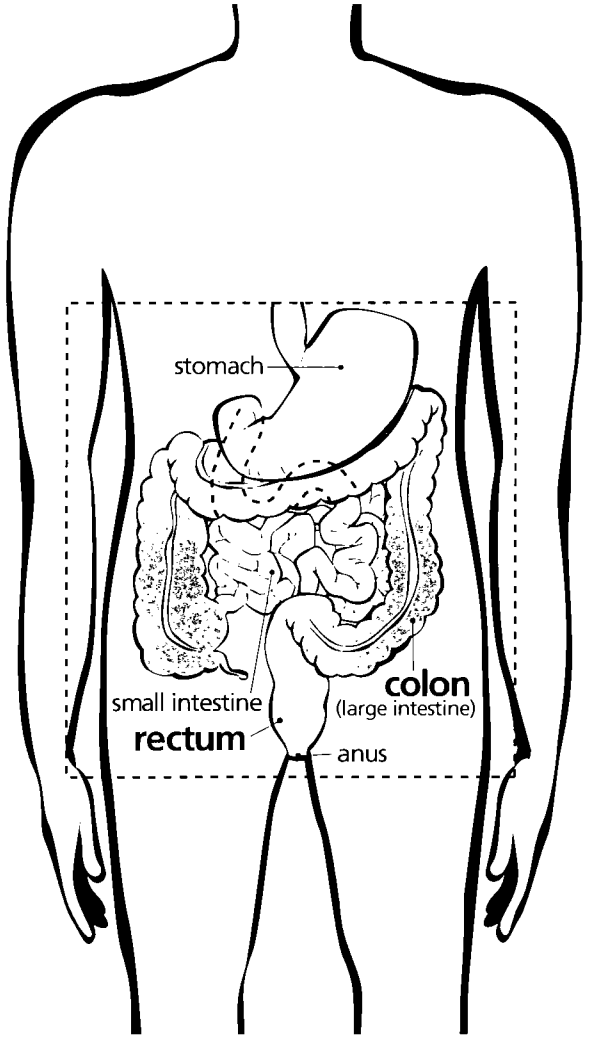
Address (No P.O. Boxes):_____

City:_____ **State:**_____ **Zip Code:**_____

Special Shipping Instructions:_____

Fax this order form to 1-410-786-1905. Thank you.

Diagram of the Colon and Rectum



Source. Centers for Disease Control and Prevention

For more information about colorectal cancer, contact:
NCI's Cancer Information Service

1-800-4-CANCER

or contact:
Division of Cancer Prevention and Control
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, Mailstop K48
Atlanta, Georgia 30341
Voice information service

1-888-842-6355
or visit

www.cdc.gov/cancer/screenforlife

www.medicare.gov

CDC publication #099-6010 Printed November 1999
HCFA Publication #10126 Printed November 1999

Colorectal Cancer

Let's Break the Silence

Screen for life
National Colorectal Cancer Action Campaign

www.cdc.gov/cancer/screenforlife

Colorectal Cancer Screening and Early Detection

Colorectal cancer causes more deaths than you might think.

Colorectal cancer, or cancer of the colon or rectum, is the second-leading cause of cancer-related deaths in the United States, claiming over 56,000 lives this year. An estimated 129,400 men and women will be diagnosed with colorectal cancer this year alone.

Many colorectal cancer deaths can be prevented.

Screening tests can find polyps, which are tiny growths that can become cancerous. Removing polyps early can prevent cancer. Screening tests also can find colorectal cancer early, when there may not be any symptoms and when treatment can be most effective.

Colorectal cancer can develop with no symptoms at first.

While early colorectal cancer often may have no symptoms, sometimes symptoms do occur. Symptoms to watch for include blood in or on the stool, a change in bowel habits, stools that are narrower than usual, general stomach discomfort, frequent gas pains, or weight loss. If you have any of these symptoms, discuss them with your doctor. Only he or she can determine the cause of the symptoms.

Who is at risk?

Both men and women are at risk for colorectal cancer. The disease is most common among people aged 50 and older and the risk increases with age. A family history of colorectal cancer or colorectal polyps also increases the risk of developing colorectal cancer.

There are steps you can take.

If you are age 50 or older and have never been screened, start now. Screening is the best way to find polyps before they become cancerous, or to find an early cancer, when treatment can be most effective.

Talk with your doctor or health care professional.

Talk with your doctor about the screening options that are right for you. There are several screening tests from which you and your doctor can choose.

Find out about insurance coverage of colorectal cancer screening.

Check with your health insurance provider to determine your colorectal cancer screening benefits. If you are 50 or older and are covered by Medicare, you may be eligible to receive colorectal cancer screening benefits.

Terms you may hear in the doctor's office

Colon
The large intestines, which absorb water from undigested material and store it until it is expelled from the body as stool.

Colonoscopy
An examination in which a doctor looks at the internal walls of the entire colon through a flexible, lighted instrument called a colonoscope. If polyps are found they can be removed at the same time.

Colorectal
Related to the colon and/or rectum.

Double Contrast Barium Enema
A test which includes x-rays of the lower intestines taken after a patient is given an enema containing white dye, or barium, followed by an injection of air. The barium outlines the intestine on the x-rays.

Fecal Occult Blood Test (FOBT)
A test which checks for blood in the stool.

Gastroenterologist
A doctor who specializes in diagnosing and treating disorders of the digestive system.

Polyp
A growth of tissue. These growths can occur in the colon or rectum and may later become cancerous.

Rectum
The last eight to ten inches of the large intestine.

Sigmoidoscopy
An examination in which a doctor looks inside the rectum and lower half of the colon through a lighted tube.

There are two things you won't get from a flu shot.

1. The flu.

You can't get the flu from a flu shot.

2. The bill.

Your flu shot is free, if you are enrolled in Medicare Part B and your health care provider accepts Medicare assignment.

- **Do I need a flu shot every year?**
  Yes, because the flu virus changes every year.

- **How serious is the flu?**
  The flu can be serious for people over 65. It can lead to dangerous—and costly—health problems.*

- **When should I get my flu shot?**
  The best time is in the fall, before flu season starts.

  By getting your shot, you'll also avoid spreading the flu to loved ones.

*Note: People allergic to eggs should consult their health care provider before getting a flu shot.

My flu shot appointment is on_____
Date

Remember!

at_____
Time

You can protect yourself from some pneumonia infections by getting a pneumococcal shot. One shot may be all you ever need — ask your doctor.

Remember, Medicare Part B pays for both the flu and pneumococcal shot, if you are enrolled in Medicare Part B and your health care provider accepts Medicare assignment.

HMO members: Most members must get their flu and pneumococcal shots from their HMO. Check with your HMO.

_____

_____

_____

Please print name and return address above.

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TODAY for a Pap test appointment.

My appointment for a Pap test:

Date: _____

Time: _____

Place: _____

_____

Telephone: _____

For Medicare information,
call 1-800-638-6833

or visit the web site at http://www.medicare.gov.

NATIONAL® CANCER INSTITUTE

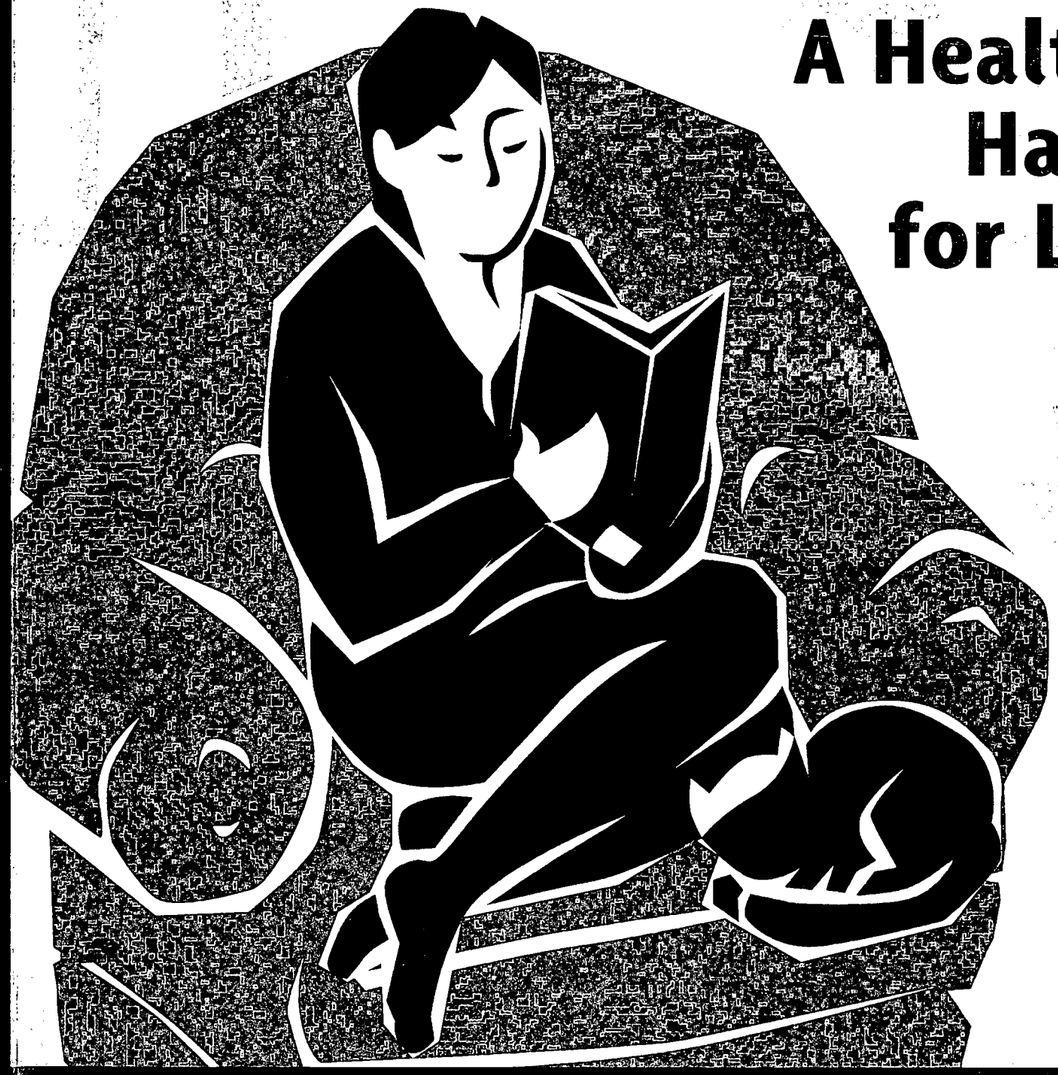
HCFA
MEDICARE • MEDICAID
Health Care Financing Administration

NIH Publication No. 98-3213V/H
September 1998
(RL-3)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

H345

A Healthy Habit for Life



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service * National Institutes of Health
National Cancer Institute * Health Care Financing Administration

1. Could I have cancer of the cervix and not know it?

YES—often there is no pain.
And this kind of cancer kills many women every year.

2. What does that mean for me?

It means get a Pap test.
A Pap test can find cancer early.
If it's found early, it's easier to cure.

3. How often should I get a Pap test?

Get a Pap test every year.

4. How is the Pap test done?

The nurse or doctor wipes a swab on the cervix in your vagina.
This takes only a few seconds.

For more information on the Pap test, call the National Cancer Institute's toll-free Cancer Information Service at 1-800-422-6237.

5. Where do I get a Pap test?

- Family doctor
- OB/GYN
- Medical clinic
- Local health department

6. Who needs to have a Pap test?

You do if:

- You are **over** 18; or
- You are **18 or under** and have sex

There is no upper age limit for the Pap test.
Even women who have gone through the change of life (menopause) need a Pap test every year.

7. Why is a Pap test important to me?

Because it can tell if you have cancer of the cervix early—while it's still easier to cure.

It can save your life!

Medicare helps pay for a Pap test once every 3 years.

Turn Page

Mammograms

Not just once, but for a lifetime

Mammograms

Not just once, but for a lifetime

You are never too old to get regularly scheduled mammograms.

Cancer can show up at any time—so one mammogram is not enough.

Medicare helps pay for yearly mammograms.

For Medicare information, call **1-800-638-6833**.

For information on breast cancer and mammograms, call NCI's Cancer Information Service at

1-800-4-CANCER

(1-800-422-6237).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • National Institutes of Health
National Cancer Institute • Health Care Financing Administration

Z498

To learn more about mammograms,
call the National Cancer Institute's
Cancer Information Service at
1-800-4-CANCER
(1-800-422-6237).
People with TTY equipment,
dial **1-800-332-8615**.

Visit NCI's Web site for patients and
the public at
http://www.nci.nih.gov.

For Medicare information, call **1-800-638-6833**
or visit the Medicare Web site at
http://www.medicare.gov.

NIH Publication No. 98-3418V
September 1998

H496

Mammograms

Not just once, but for a lifetime

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • National Institutes of Health
National Cancer Institute • Health Care Financing Administration

What is a mammogram and why should I have one?

A mammogram is an x-ray picture of the breast. It can find breast cancer that is too small for you or your doctor or nurse to feel. Studies show that if you are in your forties or older, having a mammogram every 1 to 2 years could save your life.

How do I know if I need a mammogram?

Talk with your doctor about your chances of getting breast cancer. Your doctor can help you decide when you should start having mammograms and how often you should have them.

Why do I need a mammogram every 1 to 2 years?

As you get older, your chances of getting breast cancer get higher. Cancer can show up at any time — so one mammogram is not enough. Decide on a plan with your doctor and follow it for the rest of your life.

If you find a lump or see other changes in your breast, see your doctor right away.

How is a mammogram done?

Mammograms are quick and easy. You simply stand in front of an x-ray machine. The person who takes the x-rays places your breast between two plastic plates. The plates press your breast and make it flat. This may be uncomfortable for a few seconds, but it helps get a clear picture. You will have x-rays taken of each breast. A mammogram takes only a few seconds.

Where can I get a mammogram?

To find out where you can get a mammogram:

- Ask your doctor or nurse.
- Ask your local health department or clinic.
- Call the National Cancer Institute's Cancer Information Service at **1-800-4-CANCER** (1-800-422-6237).

Medicare helps pay for yearly mammograms. For Medicare information, call 1-800-638-6833.