

Commentary

Medicare Update

By Larry Shoemaker



Preventative care is proving to be very cost effective. Hospitalizations and length of stays have gone way down when clients cooperate with provider's annual wellness checkups and implement personal health plans.

Another improvement is the use of "Extensivists." These specialists follow patients through the steps of care and recovery as they move from hospital to skilled nursing to home. Along the way, they assure that all of the planned care is done properly. This doesn't relieve friends and family from being caregivers or advocates. It just makes their roles easier.

Technology has substantially cut costs and improved care for some insurers. Clients with strong chronic conditions are provided with remote monitoring and communications devices. COPD clients are given network linked scales that give real time warnings of changes in weight to command centers.

This can activate immediate response when serious changes have occurred. Dementia clients are provided tracking monitors so that their movements are followed. Networked tablets are used with clients to update information about daily activities and changes in health. All of these tools (and many more) have prevented undesirable hospitalizations and emergencies.

To learn more about Medicare, contact Larry Shoemaker of Financial Shepherds Insurance Services at 408.622.8706

If Applying for Medicare, Pay Attention to These Details:

1. Medicare has Part B eligibility periods for applying depending upon whether a person will start Medicare at age 65 or later when they leave employment.
2. When you have coverage from work, you may not need Part B. Check with HR as some employer plans do require Part B enrollment.
3. Ask your employer whether switching to a Medicare plan would be more cost effective for you.
4. When leaving employment, you'll need documentation of the end date of coverage and the date when coverage began (before age 65). COBRA is not considered credible coverage so don't expect it to defer your Special Enrollment Period for transitioning from an employer plan to Medicare.
5. Sometimes insurers leave markets or make changes to the plan's coverage. A 15% increase in one or more coverage items may



justify changing plans. When these changes occur, you'll receive an Annual Notice of Change (ANOC) letter. Keep this. It will be important if you do change plans.