Welcome to the summer edition of On the Road with Nevada MAP. Nevada’s Medicare Assistance Program (MAP) is three great programs in one helpful resource! MAP combines the services of the State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP), and Medicare Improvements for Patients and Providers Act (MIPPA).

MAP provides free and unbiased Medicare related information and assistance to Medicare beneficiaries, pre-enrollees, their family, and caregivers. Medicare can be very complicated. MAP services can help with finding the best Medicare plan for you, including Medicare Part D Plans and Medicare Advantage Plans. MAP also provides information to help you learn to PREVENT, DETECT, and REPORT Medicare fraud. Our MAP team is also here to assist with applications that can help pay for Medicare costs.

Summer is here and Nevada MAP is as busy as always reaching out to beneficiaries across the state.

July is Healthy Vision Month. Medicare covers glaucoma tests and one pair of glasses after cataract surgery. Check with your doctor or learn more on Medicare.gov.

During National Immunization Month in August, check out Medicare’s Preventive Services vaccines.

World Suicide Prevention Day & Week occur in September. Medicare offers depression screening to help keep beneficiaries safe. The National Suicide Prevention Lifeline has added a new emergency number—988 and provides 24/7 free and confidential support.
**WHAT’S NEW WITH MEDICARE**

Happy Birthday Medicare!
Medicare turns 57 this year! On July 30, 1965, President Lyndon B. Johnson signed into law legislation that established the Medicare and Medicaid programs. The original Medicare program included Part A (hospital insurance) and Part B (medical insurance). There have been many changes since!

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) made the biggest changes to Medicare in 38 years. Under the MMA, private health plans approved by Medicare became known as Medicare Advantage Plans or Part C. The prescription drug benefit, Part D, went into effect in 2006.

President Johnson signing Medicare into law in 1965.

**TRAINING OPPORTUNITIES**

Trainings and meetings are currently being held virtually and in-person. Please contact your local MAP Office for more information.

- **Northern Nevada** 844-826-2085
- **Southern Nevada** 702-616-4926

**AHN MAP Bi-Monthly Meeting (Hybrid)** Hosted by AHN 4001 S. Virginia St., Ste F, Reno
July 26, 2022 Time 10:00-12:00 844-826-2085

**MAP Statewide Team Meeting**—Hosted by MAP OT
Aug. 11, 2022 (tentative) Time 1:30-3:00 800-307-4444

**MAP Level 2 Partner Training (Hybrid)**—Hosted by AHN 4001 S. Virginia St., Ste F, Reno
Aug. 11 & 12 Time 9:00-1:00pm 844-826-2085

**National Medicare Education Program Meeting (virtual)**—Hosted by CMS
Sept. 21, 2022 Time 10:30-11:30 National Medicare Education Program (NMEP) | CMS
https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/NationalMedicareEducationProgram

Our volunteers are the ❤️ of our team!
Join us today!

1-800-307-4444
FRAUD IN THE NEWS

We’ve all heard that Medicare loses an estimated $60 billion to fraud and abuse each year. Senior Medicare Patrols across the country work hard to educate beneficiaries to prevent, detect, and report Medicare fraud and abuse. While the impact is impossible to measure, we are making a difference!

- A home health company in Florida paid $2.1 million to settle claims of improperly billing Medicare. [Home Health Company Resolves Allegations](smpresource.org)
- Fourteen arrested in $4.2 million hospice scam. [Fourteen Arrested in $4.2 Million Hospice Scam](smpresource.org)
- Telemarketer sentenced to 15 years in federal prison for role in conspiracies to commit health care fraud. [Beneficiary Information Harvested for Telehealth DME Orders](smpresource.org)
- Fraudulent genetic testing scheme. [Former Medical Lab Sales Rep Pleads Guilty](smpresource.org)

Prevent! Detect! Report!

Upcoming Events

SOUTHERN NEVADA

07/12—Medicare 101—2651 Paseo Verde Pkwy, Ste 180, Henderson 10:00 am

07/26—Clark County Library presentation 1401 E. Flamingo Road, 2:00 pm

08/23—Clark County Library presentation 1401 E. Flamingo Road, 2:00 pm

09/27—Clark County Library presentation 1401 E. Flamingo Road, 2:00 pm

09/13-11/11 MAP Your Way Through Medicare, Osher Lifelong Learning Institute (OLLI) UNLV 10:00 am

NORTHERN NEVADA

07/07 – Pop Up Event – Winnemucca Wal-Mart (3010 Potato Rd, Winnemucca, NV (In-Person) 10:30-2:00pm

08/19 – MAP 101 Class (Location & Time Pending: Reno)

08/21 – Rural Summer Health Fair (City Park, Elko NV) 9:00-2:00pm
Need Assistance with Navigating Medicare?

**New Enrollment — Billing Issues — Suspected Fraud — Changing Plans — Screening for Assistance Programs**

We Can Help!

1-800-807-4444

**Medicare Counseling:** Free, unbiased, and personalized Medicare counseling to help you understand your options to make informed health insurance decisions that optimize your access to medical care and benefits.

**Medicare Cost Savings:** Information and application assistance with programs that help with Medicare costs, and information about wellness and disease prevention programs.

**Medicare Fraud:** Education to help you to prevent, detect, and report health care fraud, errors, and abuse.

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**MAP Service Providers:**

**Dignity Health St. Rose Dominican**

Local phone number (702) 616-4926

Serving Clark, Nye, Lincoln, and Esmeralda Counties

**Access to Healthcare Network**

Local phone number (775) 284-1892


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No Surprises:
Health insurance terms you should know

Health care terms, medical bills, and forms can be difficult to understand. Here are some common health care terms, and what they mean:

**Allowed Amount** – This is the maximum payment the plan will pay for a covered health care service. May also be called “eligible expense,” “payment allowance,” or “negotiated rate.”

For example, if you get services during an office visit from an in-network provider and your health plan’s allowed amount for an office visit is $100, you’ll pay $100 for that visit if you haven’t met your deductible, and the visit is subject to the deductible. If you’ve met your deductible, you’ll pay your coinsurance or copayment amount instead, if applicable (see coinsurance, copayment, and deductible).

Under certain circumstances, if your provider is out-of-network and charges more than the health plan’s allowed amount, you may have to pay the difference (see “balance billing”).

**Balance Billing** – When a provider bills you for the balance remaining on the bill that your plan doesn’t cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider’s charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

**Coinsurance** – Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay the coinsurance plus any deductibles you owe.

For example, if your health insurance plan’s allowed amount for an office visit is $100 and your coinsurance is 20%:

- If you’ve paid your deductible: you pay 20% of $100, or $20. The insurance company pays the rest.
- If you haven’t paid your deductible yet: you pay the full allowed amount, $100 (or the remaining balance until you have paid your yearly deductible, whichever is less).

**Complaint** – Health care providers, emergency facilities, and insurance plans must follow rules that protect consumers from surprise medical bills. If you believe your provider, emergency facility, or health plan didn’t follow the rules that protect consumers, you can submit a complaint to the No Surprises Help Desk at 1-800-985-3059. You may need to send supporting documentation like medical bills and your Explanation of Benefits.

**Copayment** – A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called “copay”). The amount can vary by the type of covered health care service. For example, your health plan’s allowable cost for a doctor’s office visit is $100. Your copayment for a doctor visit is $20:

- If you’ve paid your deductible, you pay $20, usually at the time of the visit.
- If you haven’t paid your deductible, you pay $100, the full allowed amount for that visit (or the remaining balance until you have paid your annual deductible, whichever is less), and maybe more, if the billed amount exceeds the allowed amount.
**Cost Sharing** – Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called “out-of-pocket costs”). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn’t cover usually aren’t considered cost sharing.

**Deductible** – An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won’t pay anything until you’ve met your $1,000 deductible for covered health care services subject to the deductible.)

**Dispute** – If you don’t have insurance or don’t plan to use your insurance to pay for your care, you may be able to use the patient-provider dispute resolution process if you disagree with your health care provider or facility. In this process, you can ask an independent third party to review your case. The third party, called a dispute resolution entity, will review the good faith estimate, your bill, and information from your health care provider or facility to decide if you should pay the amount on your good faith estimate, the billed charge, or a different amount. During the patient-provider dispute resolution process, you may still negotiate your bill with your provider or facility.

**Explanation of Benefits (EOB)** – This is a summary from your health plan of the total charges for the health care services you received and how much you and your health plan will have to pay. This could be a paper copy that’s mailed to you or an electronic statement. This is not a bill.

**Good Faith Estimate (GFE)** – An estimate from a health care provider or facility for the expected costs of items or services. If you’re uninsured or not using your insurance, the provider or facility generally must give you a GFE before you get a health care service if you ask for one or if you schedule an appointment at least 3 days before you get a health care service. In certain circumstances, a provider that isn’t in your plan’s network must also give you a GFE if it wishes to charge you more than your plan’s in-network cost-sharing amount.

**In-network Providers** – Providers or facilities that have a contract with your health plan to provide services for plan members at certain costs. Generally, if you get care with an in-network provider or facility, it will cost you less than if you get care with an out-of-network provider or facility.

**Insured** – Someone with health insurance (this can include people with insurance through their employer or health insurance they bought through the Health Insurance Marketplace®, directly from an insurance company or through an insurance agent or broker, Medicare, Medicaid, or TRICARE).

**No Surprises Act** – A federal law that provides protections against getting surprise medical bills for out-of-network emergency services, some out-of-network non-emergency services related to a patient visit to an in-network facility, and out-of-network air ambulance services. Visit [CMS.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers) for more information.

**Notice and Consent Form** – A form you may get from out-of-network providers or facilities that tells you about your rights and protections against surprise medical bills and that gives you the option to waive those rights. If you sign this form, you agree to give up rights that protect you from balance billing and you may be charged more for your medical care. This form is also known as a waiver. This type of notice and consent form is separate from other medical consent forms that a provider or facility may ask you to sign before treating you.

**Out-of-network Provider** – A provider who doesn’t have a contract with your plan to provide services.
If your plan covers out-of-network services, you’ll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. This may also be called “non-preferred provider” or “non-participating provider.”

**Out-of-pocket Limit** – The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn’t cover. Some plans don’t count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

**Preferred Provider** – A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You’ll pay less if you see a provider in the network. Also called “preferred provider” or “participating provider.”

**Provider** – An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

**Self-pay** – When someone who has health insurance chooses to pay their health care costs out of pocket without using health insurance.

**Surprise Bill** – An unexpected balance bill for certain types of out-of-network costs your insurance didn’t cover.

**Uninsured** – Someone without health care coverage.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.
Nevada Care Connection works with older adults, people with disabilities and family caregivers to explore a variety of services, resources, and programs available to them. Our goal is to help individuals make informed decisions and connect to services as easily as possible.

Established in 2005, Nevada Care Connection offers one on one assistance through our Resource Centers. Nevada Care Connection empowers people to make informed decisions and exercise control over their long-term care needs. We help people reach their personal goals and preferences.

Email: nvcc@adsd.nv.gov

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<th>NVCC Resource Centers</th>
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<tr>
<td><strong>Access to Healthcare Network</strong></td>
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<tr>
<td>Phone: (877) 861-1893</td>
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<td>Email: <a href="mailto:NVCC@accessstohealthcare.org">NVCC@accessstohealthcare.org</a></td>
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<tr>
<th><strong>Nevada Senior Services</strong></th>
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<tr>
<td>Phone: (702) 364-2273</td>
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<tr>
<td>Email: <a href="mailto:CCRC@nevadaseniorservices.org">CCRC@nevadaseniorservices.org</a></td>
</tr>
<tr>
<td>Serving: the greater Clark county region including Las Vegas, North Las Vegas, and Mesquite. Also serving: Nye, Esmeralda, and Lincoln counties</td>
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<tr>
<th><strong>Jewish Family Service Agency</strong></th>
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<tr>
<td>Phone: (702) 732-0304</td>
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<tr>
<td>Email: <a href="mailto:NCC@jfsalv.org">NCC@jfsalv.org</a></td>
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<tr>
<td>Serving: Southeast Clark County including Henderson, Boulder City, and Laughlin</td>
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<tr>
<th><strong>Lyon County Human Services</strong></th>
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<tr>
<td>Phone: (775) 577-5009</td>
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<tr>
<td>(Ext. 3318 for Fernley and Yerington area)</td>
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<tr>
<td>(Ext. 4307 for Dayton and Silver Springs area)</td>
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<tr>
<td>Email: <a href="mailto:lchs@lyon-county.org">lchs@lyon-county.org</a></td>
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<td>Serving: Lyon County</td>
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“B” Healthy with Medicare’s Part B Preventive Services

**July**

*Healthy Vision Month*

Medicare’s Preventive & Screening services offers glaucoma tests.

For more information, visit: [preventive services (medicare.gov)](https://www.medicare.gov)

or call MAP at 1-800-307-4444
HEALTH TIPS

Summer is here and so is the summer heat! We all know to stay hydrated and wear sunscreen but what if you or someone you’re with isn’t feeling well? Do you know what to look for and what to do? The symptoms of heat stroke and heat exhaustion are different. Do you know when to call 911?

HEAT EXHAUSTION
- Faint or dizzy
- Excessive sweating
- Cool, pale, clammy skin
- Nausea or vomiting
- Rapid, weak pulse
- Muscle cramps

HEAT STROKE
- Throbbing headache
- No sweating
- Body temperature above 103°
- Red, hot, dry skin
- Nausea or vomiting
- Rapid, strong pulse
- May lose consciousness

CALL 9-1-1
- Get to a cooler, air conditioned place
- Drink water if fully conscious
- Take a cool shower or use cold compresses
- Take immediate action to cool the person until help arrives

Resources
- Aging & Disability Services (nv.gov) adsd.nv.gov — State of Nevada, Aging and Disability Services
- Home - Centers for Medicare & Medicaid Services | CMS CMS.gov — Resources & manuals for Medicare & Medicaid
- Nevada Division of Insurance (nv.gov) Doi.nv.gov — State of Nevada, Division of Insurance, Medigap information
- Medicare.gov: the official U.S. government site for Medicare | Medicare Medicare.gov — Information for people with Medicare, Medicare Plan Finder
- NeedMeds Needmeds.org — Resources for prescription and medical costs
- Home | State Health Insurance Assistance Programs (shiptacenter.org) Shiptacenter.org — Training & resources for SHIP
- Senior Medicare Patrol | SMP | Medicare Fraud Protection (smpresource.org) Smpresourcecenter.org - Training & resources for SMP
- ACL - Sign On Smpship.acl.org — Access to the STARS & SIRS websites
- The United States Social Security Administration (ssa.gov) SSA.gov — Social Security website