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MARCH 2017

Medicare and Travel

Do I have Medicare coverage outside the U.S.?

Planning a trip overseas? A sightseeing adventure through Canada? A cruise with various ports of call? If so, you may have wondered what, if any, coverage Medicare might provide if you fall ill while outside of the U.S.

Medicare coverage outside the United States is limited. In most situations, Medicare won't pay for health care or supplies you get outside the U.S. The term "outside the U.S." means anywhere other than the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. There are however some exceptions that would allow you to get coverage outside the U.S. under Original Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance).

As for **hospitals**: There are 3 situations when Medicare may pay for certain types of health care services you get in a foreign hospital (a hospital outside the U.S.):

1. You're in the U.S. when you have a medical emergency, and the foreign hospital is closer than the nearest U.S.

hospital that can treat your illness or injury.

2. You're traveling through Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs, and the Canadian hospital is closer than the nearest U.S. hospital that can treat your illness or injury. Medicare determines what qualifies as "without unreasonable delay" on a case-by-case basis.

3. You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether it's an emergency. Remember, in these situations, Medicare will pay only for the Medicare covered services you get in a foreign hospital. In these three situations, Medicare would pay for:

- Part A would cover care you get when you've been formally admitted with a doctor's order to the foreign hospital as an inpatient.
- Part B covers emergency ambulance and doctor services you get immediately before and during your covered foreign inpatient hospital stay. However, if Medicare doesn't

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Office of the Inspector General Hotline Scam



“Volunteering is at the very core of being a human. No one has made it through life without someone else’s help”.

~Heather French Henry



The mission of the U.S. Department of Health and Human Services (HHS) Office of Inspector General is to protect the integrity of Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries. The HHS OIG has been at the forefront of the Nation's efforts to fight waste, fraud and abuse in the Medicare and Medicaid programs. The HHS OIG also develops and distributes resources to assist the health care industry in its efforts to comply with the Nation's fraud and abuse laws and to educate the public about fraudulent schemes so they can protect themselves and report suspicious activities.

Recently, the HHS OIG confirmed that the **HHS OIG Hotline telephone number is being used as part of a telephone spoofing scam targeting individuals throughout the country.** These scammers represent themselves as HHS OIG Hotline employees and can alter the appearance of the caller ID to make it seem as if the call is coming from the HHS OIG Hotline 1-800-HHS-TIPS (1-800-447-8477). The perpetrator may use various tactics to obtain or verify the victim's personal information, which can then be used to steal money from an individual's bank account or for other fraudulent activity. HHS OIG is actively investigating this matter and intends to have the perpetrators prosecuted.

It is important to know that HHS OIG will not use the Hotline telephone number to make outgoing calls and individuals should not answer calls from 1-800-HHS-TIPS (1-800-447-8477). The public is encouraged to

remain vigilant, protect their personal information, and guard against providing personal information during calls that purport to be from the HHS OIG Hotline number. **It is still safe to call into the HHS OIG Hotline to report fraud.** The HHS OIG particularly encourages those who believe they may have been a victim of the telephone spoofing scam to report that information through the HHS OIG Hotline 1-800-HHS-TIPS (1-800-447-8477) or spoof@oig.hhs.gov. Individuals may also file a complaint with the Federal Trade Commission 1-877-FTC-HELP (1-877-382-4357).

Protect yourself from potential fraud or identity theft. Do not provide any personal information to unknown individuals, including any of the following information:

- a social security number
- date of birth
- credit card information
- driver's license number
- bank account information
- mother's maiden name

Do not verify your name or any other personal information. Be extremely cautious.

Be sure to include:

- date and time you received the scam call
- any other details from the scam call



Medicare and Travel continued

cover your hospital stay and/or you get ambulance and doctor services outside the hospital after your covered hospital stay ends, Medicare generally won't pay for these services. For example, Medicare won't cover return ambulance trips home.

- Part B covers non-emergency doctor and ambulance services that you get immediately before and during your covered foreign inpatient hospital stay. However, if Medicare doesn't cover your hospital stay and/or you get doctor services outside the hospital, Medicare generally won't pay for these services. For example, Medicare won't cover doctor services you get in Canada after your covered Canadian hospital stay ends. Remember, Medicare only pays for its share of services covered by Original Medicare. If you only have Part A, Medicare only covers inpatient hospital care.
- Medigap Supplement policies may offer additional coverage for health care services or supplies that you get outside the United States. **Medigap** policies C through G, M, & N provide Foreign Travel Emergency care. Under these plans, Medigap policies pay for 80% of the cost of emergency care during the first 60 days of each trip after you pay the \$250 deductible. Medigap plans have a \$50,000 lifetime limit on foreign travel emergency coverage.
- Part C (Medicare Advantage) plans may offer some foreign travel emergency coverage. You need to check with your plan to see what, if any, coverage is may be available.
- Part D does not cover prescription drugs you buy outside the U.S.

Regarding cruise ships, Medicare may cover medically necessary health care services you get on a cruise ship in these situations:

- The doctor is allowed under certain laws to provide medical services on the cruise ship.
- The ship is in a U.S. port or no more than 6 hours away from a U.S. port when you get the services, regardless of whether it's an emergency. Medicare doesn't cover health care services you get when the

ship is more than six hours away from a U.S. port.

If you do receive services outside of the U.S. and the care you receive falls under the limited circumstances outlined in this article and Medicare covered the items or services you received, you would pay the same coinsurance or copayments and deductibles you would normally pay if you received these same services or supplies inside the U.S. Although U.S. hospitals must submit claims to Medicare for you, foreign hospitals aren't required to file Medicare claims. If you're admitted to a foreign hospital, then you must submit an itemized bill to Medicare for your doctor, inpatient, and ambulance services. If you received Medicare-covered services on a cruise ship under a situation previously described, the doctor must ordinarily submit the Medicare claim. However, you may also submit a claim directly to Medicare by filing the [Patients Request for Medical Payment form—CMS-1490S](#),



Homestead Exemption

Still own you home? Are your property taxes a financial burden? Homestead Exemption can provide significant savings in property taxes. Certain homeowners may be eligible for full or partial exemption on property taxes through the Homestead Exemption program. Homeowners over age 65 on or before January first, homeowners with certain physical disabilities and certain disabled veterans and their widow(er)s may qualify. Eligibility is also governed by household income and the valuation of the property. The deadline to file is June 30th. If you need help filling out the Homestead application, call VAS at 402-444-6617 to schedule a time to meet with a volunteer counselor.

Volunteers Assisting Seniors

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MARCH 2017

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4
6	7	8	9	10	11
13	14	15	16 6:30-8:30pm New to Medicare Class	17 	18
20	21	22	23	24	25
27	28	29 1:30pm Basic Estate Planning Workshop	30	31	