



Preventive Services

Hawaii State Health Insurance Assistance Program HAWAII SHIP

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WELCOME!

Hawaii SHIP (State Health Insurance Assistance Program)

- Federal program to help individuals with questions about Medicare
- Administered by the State of Hawaii Department of Health, Executive Office on Aging
- Volunteer-based program helping families statewide



WHAT SERVICES DOES HAWAII SHIP PROVIDE?

Hawaii SHIP...

- Provides free, local, unbiased Medicare information, assistance, and referrals (Over the phone or in-person)
- Provides free Medicare presentations to the public
- Participates in fairs and exhibits

To request a presentation or counseling assistance:

Oahu Helpline: 808-586-7299

Toll-Free: 1-888-875-9229

SHIP Website: www.hawaiiiship.org

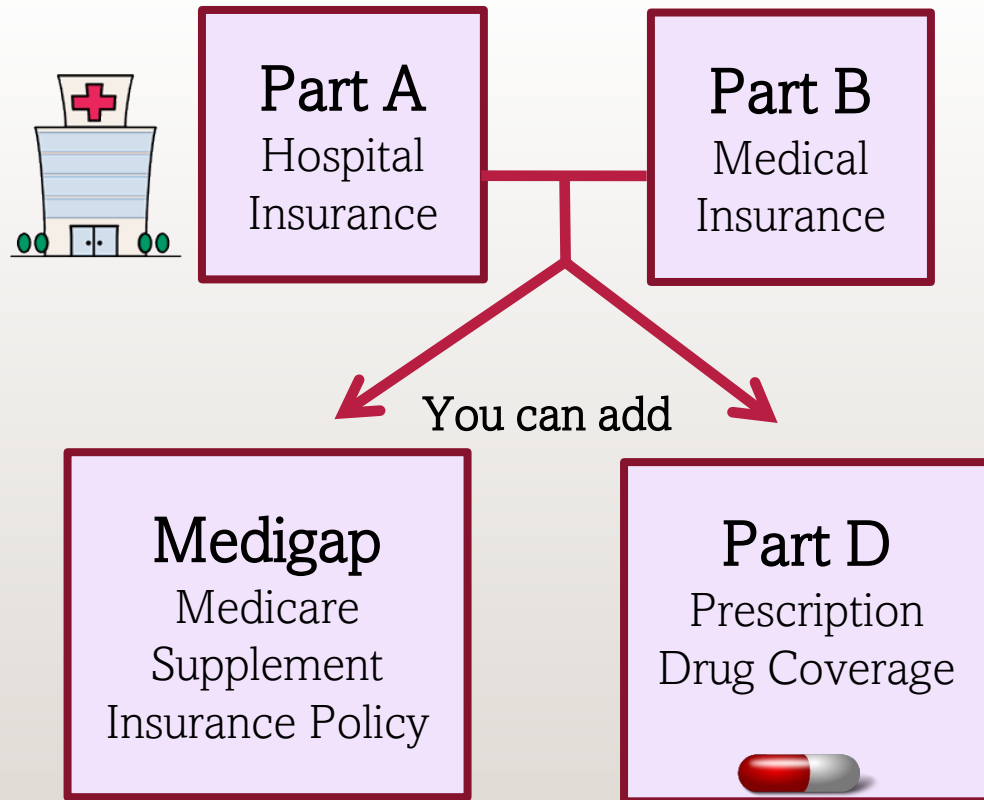
WHAT IS MEDICARE?

Health insurance for individuals who are:

- Age 65 and older
- Under 65 with certain disabilities
- Any age with End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS) also known as Lou Gehrig's Disease

WHAT ARE MY MEDICARE PLAN CHOICES?

Original Medicare



OR

Medicare Advantage Plan



Part C
Must have Parts A & B

Most Part C plans have a built-in drug rider to cover prescription drugs

QUICK FACT

According to the CDC the leading causes of death in the United States are....

- 1) Heart Disease
- 2) Cancer
- 3) COVID-19
- 4) Stroke
- 5) Chronic lower respiratory disease
- 6) Alzheimer's Disease
- 7) Diabetes

Preventive services may help prevent illnesses, disease, and other health problems, or detect illness at an early stage when treatment is likely to work best

PREVENTIVE CARE

- Preventive care is care you receive to prevent illness, detect medical conditions, and keep you healthy
- Medicare Part B covers many preventive services
- If you meet the eligibility requirements and guidelines for a preventive service, you must be allowed to receive the service



WELCOME TO MEDICARE VISIT

- Map out your health needs and create a preventive service plan or checklist to keep you healthy
- The visit consists of screenings and conversation with your provider to create your preventive health care plan
- Medicare covers this one-time, initial examination within the first 12 months you enroll in Medicare Part B

Welcome to Medicare visit includes:

- Review medical, social history, depression/mental health
- Review of your ability to function safely in the home/community
- Check of your height, weight, blood pressure, body mass index, and vision
- Education, counseling and referrals related to risk factors/ preventive services



ANNUAL "WELLNESS" VISIT

As part of the visit:

- Gives you a health-risk assessment/ depression
- Takes your medical and family history
- Makes a list of your current providers
- Creates a written 5–10-year screening schedule or check-list
- Checks your height, weight, blood pressure, and body mass index
- Screens for cognitive impairment & functional ability and level of safety

Original Medicare:

- Covers with no coinsurance or deductible if you see providers who accept Medicare assignment

Medicare Advantage plan:

- Plan cannot charge you copays or deductibles for the visit, as long as you see an in-network provider. If you see providers that are not in your plan's network, charges typically apply

DEPRESSION SCREENINGS

- Medicare Part B (Medical Insurance) covers one depression screening per year
- Your costs in Original Medicare: You pay nothing for this screening if your doctor accepts assignment

Subject Name _____ Date _____

Since your hospitalization, how often have you been bothered by any of the following problems? Circle your response.

	Not at all	Some	Often	Nearly all of the time
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Total: _____

*Adapted from the original PHQ-9 developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues.

FLU & COVID SHOTS

- Medicare Part B covers one flu shot every flu season (November- April)
- Medicare covers COVID-19 vaccinations at no cost to you (including updated vaccines)

Original Medicare: covers at 100% of the Medicare-approved amount when you receive the service from a participating provider

Medicare Advantage Plans: are required to cover flu shots without applying deductibles, copayments, coinsurance when you see an in-network provider and meet Medicare's eligibility requirements



PNEUMOCOCCAL SHOTS

- Medicare Part B covers two separate pneumonia vaccines
- Part B covers the first shot if you have never received Part B coverage for a pneumonia shot before. You are also covered for a different, second vaccination one year after receiving the first shot

Original Medicare:

- Covers at 100% of the Medicare-approved amount when you receive the service from a participating provider

Medicare Advantage Plans:

- Required to cover pneumonia shots without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements for the service

GLAUCOMA TESTS

- Medicare Part B covers an annual glaucoma screening if you are considered at high risk for glaucoma

High Risk means:

- Have a family history of glaucoma
- Have diabetes
- Are African-American and age 50+
- Are Hispanic-American and age 65+



Original Medicare:

- Covers at 80% of the Medicare-approved amount. When you receive the service from a participating provider, you pay a 20% coinsurance after you meet your Part B deductible

Medicare Advantage Plan:

- Contact your plan for cost and coverage information for glaucoma screenings

DIABETES SCREENINGS

Medicare Part B covers an annual diabetes screening, if you have one of the following risk factors:

- High blood pressure
- History of high blood sugar
- History of abnormal cholesterol levels
- Obesity

Part B also covers an annual diabetes screening if at least two of the following apply to you:

- You are age 65+
- You are overweight
- Your family has a history of diabetes.
- Your family has a history of diabetes during pregnancy, or you have had a baby weighing nine pounds or more

Original Medicare covers:

- Covered at 100% of the Medicare-approved amount when you receive the service from a participating provider

Medicare Advantage Plans:

- Required to cover diabetes screenings without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements for the service

MAMMOGRAM (SCREENINGS)

If you do not have symptoms or a prior history of breast cancer, Medicare Part B covers preventive mammograms, as follows:

- One baseline mammogram for women age 35-39
- One annual screening mammogram for women age 40+
- Medicare does not cover preventive mammograms for men



Original Medicare covers:

- Covered at 100% of the Medicare-approved amount when you receive the service from a participating provider

Medicare Advantage Plans:

- Required to cover screenings without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements

BONE MASS MEASUREMENTS (BONE DENSITY)

- Medicare Part B covers bone mass measurement every two years if you are at risk for osteoporosis and have a referral from your provider

Medicare considers you at risk if...

- Are an estrogen-deficient women who is at risk for osteoporosis
- Have vertebral abnormalities that were shown on an x-ray
- Have received daily steroid treatments for more than three months
- Have hyperparathyroidism
- Receive osteoporosis drug therapy

Original Medicare covers:

- Covers at 100% of the Medicare-approved amount when you receive the service from a participating provider

Medicare Advantage Plans:

- Required to cover without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements

A bone density scan is a low-dose x-ray which checks an area of the body such as the hip, hand or foot for signs of mineral loss and bone thinning



LUNG CANCER SCREENING

Medicare Part B covers an annual lung cancer screening and LDCT scan if.....

- Are age 55-77
- Currently smoke or have quit smoking in the past 15 years
- Smoked or have smoked an average of one pack per day for at least 30 years
- Have no symptoms or signs of lung cancer
- Receive the screening and LDCT scan at a Medicare-approved radiology facility
- Before your first screening and LDCT scan, you must have a visit with your PCP to discuss the benefits and risks of the scan

Original Medicare:

- Covers lung cancer screenings at 100% of the Medicare-approved amount when you receive the service from a participating provider

Medicare Advantage Plans:

- Required to cover lung cancer screenings without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements

MMWR | **LUNG CANCER SCREENING SAVES LIVES**

Lung Cancer is #1 Cause of Cancer Deaths

Screening with low dose CT* can detect lung cancer early and save lives

More Screening is Needed

7 of 8 adults who met screening criteria did not report recommended screening

Healthcare Providers: Discuss Screening

With Adults

- ✓ Age 55–80
- ✓ Heavy smoking history**
- ✓ Smoke now or quit within the past 15 years

*Low-dose computed tomography (CT) is the only test recommended by the US Preventive Services Task Force.
**Heavy smoking is a smoking history of 30 pack-years or more. A pack-year is smoking an average of one pack of cigarettes per day for one year.
Data from BRFSS, 10 states in 2017, as reported in Richards et al, MMWR 2020 Read the full report: bit.ly/CDCVA34

WWW.CDC.GOV

CARDIOVASCULAR DISEASE SCREENINGS

- Medicare Part B covers blood tests for heart disease once every five years, when ordered by your provider. You do not need to show signs of heart disease or have any particular risk factors to qualify for these tests

Original Medicare:

- Covers screening blood tests for heart disease at 100% of the Medicare-approved amount when you receive the service from a participating provider

Medicare Advantage Plans:

- Are required to cover heart disease screenings without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements

PROSTATE CANCER SCREENINGS

Medicare Part B covers one annual prostate cancer screening for all men age 50+

The prostate screening includes:

- Digital rectal exam (DRE)
- Prostate-specific antigen (PSA) test

Original Medicare:

- Digital rectal exam (DRE): After you meet the Part B Deductible, you pay 20% of the Medicare-Approved Amount. In a hospital outpatient setting, you also pay a separate hospital visit copayment
- Prostate-specific antigen (PSA) test: Pay nothing if you get the test from a doctor who accepts Medicare. You may have to pay an additional fee for the doctor's services, but not for the test itself

Medicare Advantage Plans:

- Are required to cover prostate cancer screenings without applying deductible, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements

CERVICAL & VAGINAL CANCER SCREENING

- Medicare Part B covers Pap tests (as long as your doctor recommends it) and pelvic exams to check for cervical and vaginal cancers, as part of the Pelvic exam
- Medicare covers these screening tests once every 24 months. If you're at high risk for cervical or vaginal cancer, or if you're of child-bearing age and had an abnormal Pap test in the past 36 months, Medicare covers these screening tests once every 12 months

Original Medicare:

- Covers at 100% of the Medicare-approved amount when you receive the service from a participating provider

Medicare Advantage Plans:

- Are required to cover these screenings without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements

COLORECTAL CANCER SCREENINGS

Medicare Part B covers different colorectal cancer screenings, each with separate eligibility requirements:

- **Fecal occult blood test:** once a year if you are age 50+
- **Flexible sigmoidoscopy:** once every four years if you are age 50+ and at high risk, or once every 10 years after a colonoscopy if you are age 50+ and not at high risk
- **Colonoscopy:** once every two years if you are at high risk, or once every 10 years if you are not at high risk
- **Barium enema:** once every two years if you are age 50+ and at high risk, or once every four years (48 months) if you are age 50+ and not at high risk
- **Multi-target stool DNA tests:** between the ages of 50-85 without symptoms or at average risk of developing colorectal cancer

COLORECTAL CANCER SCREENINGS

- Original Medicare and Medicare Advantage plans cover 100% of the costs when you receive services from a participating or in-network provider
- Barium enemas are covered at 80% under Original Medicare. For Medicare Advantage plans check with your plan
- During the screening, a new or existing problem may be identified. This additional care is considered diagnostic, and Medicare may bill you for this care

HELPFUL RESOURCES

- Medicare.gov: 1-800-633-4227, <https://www.medicare.gov/>
- Medicare Interactive: 800-333-4114, <https://www.medicareinteractive.org/>
- Preventive & Screening Services: <https://www.medicare.gov/coverage/preventive-screening-services> & <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo>
- 2023 Medicare and You Handbook: (pg. 30-54, apple image)

MAHALO!



Oahu Helpline:
808-586-7299

Toll-Free:
1-888-875-9229

SHIP Website: www.hawaiiiship.org