



KERN COUNTY ELDER NEWS

Kern County DEAR/EDRT TEAM

(Dependent/Elder Abuse Review) Team/EDRT (Elder Death Review Team)

Monthly Information Article

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MEDICARE COVERAGE OF PREVENTIVE BENEFITS

By Kern County Health Insurance Counseling and Advocacy Program (HICAP)

Preventive care is the care you receive to prevent illness, detect medical conditions, and keep you healthy. Medicare covers a wide range of preventive services, including cancer screenings, obesity, and substance abuse counseling, and screenings for other chronic conditions. These services can consist of exams, shots, lab tests, screenings, counseling, health monitoring, and health education to help you understand and promote your health and well-being.

Medicare coverage for preventive and screening services includes a "Welcome to Medicare" physical exam during the first year of enrollment in Part B and an "Annual Wellness Visit" after that to create or update a personalized prevention plan, including screenings for certain types of cancers, and screenings for conditions such as depression, alcohol misuse, heart disease, glaucoma, and osteoporosis. Part B also covers four vaccinations without cost-sharing: COVID-19, influenza, hepatitis B, and pneumococcus.

What is the "Welcome to Medicare" preventive visit?

The Welcome to Medicare preventive visit is a one-time appointment with your doctor or other healthcare providers that helps you understand how to get the most out of your Medicare coverage. It typically includes reviewing your medical history, current health problems, and screening tests for diabetes and high blood pressure. Your provider may also talk to you about lifestyle changes to help improve your overall health. The Welcome to Medicare preventive visit is not a head-to-toe physical.

What is the Annual Wellness visit?

The Annual Wellness Visit (AWV) is a yearly appointment with your primary care provider (PCP) to create or update a personalized prevention plan to help prevent illness and detect any potential health problems early on. During the AWV, your PCP will review your medical history, perform routine screenings, provide preventive services such as immunizations, discuss lifestyle changes that may benefit you, and answer any questions about your overall health. Medicare Part B covers the Annual Wellness Visit if you have had Part B for over 12 months and have not received an AWV in the past 12 months. Additionally, you cannot receive your AWV within the same year as your Welcome to Medicare preventive visit. This service is also not a head-to-toe physical. It is separate from the one-time Welcome to Medicare preventive visit.

Are preventive services free?

If you have Original Medicare, you pay no coinsurance or deductible for certain preventive services when you see a healthcare provider participating in Medicare. Medicare Advantage Plans must also cover the total cost for these services as long as you see an in-network provider.

You may have costs for some of these preventive services if your doctor makes a diagnosis during the service or does additional tests or procedures. For instance, during your preventive visit, your provider may discover and need to investigate or treat a new or existing problem. This additional care may be diagnostic, and you may be responsible for cost sharing, even during a preventive visit. You also may be responsible for paying a facility fee, depending on where you receive the service.

How is preventive care different from diagnostic care?

The classification of services as preventive versus diagnosis is crucial because it affects your out-ofpocket costs. A service is considered preventive if you have no prior symptoms of the disease. On the other hand, diagnostic services address symptoms or conditions that you already have. For example, suppose your doctor removes a polyp during a colonoscopy. In that case, the colonoscopy will be considered preventive. Still, removing the polyp is diagnostic, as is treating a problem that the doctor discovered during the colonoscopy, and cost-sharing – like coinsurance or copay – will apply.

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What can you do if you are inappropriately charged for a preventive service?

Contact your healthcare provider first if you are charged for a preventive service. If you cannot resolve the problem by contacting your healthcare provider, you can contact your local HICAP, and a HICAP Counselor will help you. You must review your quarterly Medicare Summary Notice (MSN) to identify service claims submitted to Medicare by your provider. If your healthcare provider bills Medicare for services you never received, you may be a victim of Medicare fraud or abuse. You can help detect fraud by carefully reviewing these notices that Medicare sends for those with Original Medicare and by your Medicare Advantage plan if you are enrolled in a Part C plan.

Services covered without a deductible or coinsurance

- Welcome to Medicare Exam
- Annual Wellness Visit
- Alcohol Misuse Screening
- Cardiovascular Disease Screening
- Cardiovascular Behavioral Therapy
- Depression Screening
- ♦ Mammogram, age 40+
- Cervical Cancer Screening with Pap and Pelvic Exam



The preventive services below are covered if you meet certain requirements. Talk to your doctor to make sure you qualify.

- Cancer screenings: colorectal cancer, lung cancer
- Cervical cancer screening with HPV Test
- Diabetes screening and diabetes self-management training
- Glaucoma screening
- Screening for HIV and sexually transmitted infections
- Obesity behavioral therapy
- Counseling to prevent tobacco use
- Ultrasound screening for Abdominal Aortic Aneurysm

Vaccines covered by Medicare

Some of these vaccines are covered by Part B and others may be covered by Part D.

*Hepatitis B *Pneumonia *Tdap *Influenza *COVID-19 *Shingles

Contact your local HICAP office at 1-800-434-0222 to learn more about Medicare preventive services, to obtain help with improper billing, or to report Medicare fraud. HICAP counselors are certified and trained to provide individualized, unbiased Medicare information.

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