

FCRE



Advocate

FAIRFAX COUNTY RETIRED EDUCATORS

HEALTH NEWS! HEALTH NEWS!

VOL. XXXIX, No. 7.2

FAIRFAX COUNTY, VIRGINIA

APRIL .2. 2018



HEALTH NEWS!! FCPS HEALTH BENEFITS ANNOUNCEMENTS!

FAIRFAX COUNTY RETIRED EDUCATORS received some extra information from the FCPS Office of Benefit Services Coordinator, Terry Kellogg, and we thought it would be better to put it in a separate mailing so you can keep it at hand as a reminder of what is coming up in health benefits.

The information is about the **NEW MEDICARE CARDS** and **AETNA MEDICARE ADVANTAGE MEMBERS HEALTH ASSESSMENT CALLS**.

●MEDICARE BENEFICIARY IDENTIFIER (MBI):

1. Fairfax County Benefits Office does **not** need a copy of the new Medicare card.
2. Scams are showing up targeting seniors related to the mailing of the new Medicare card. This website has some good information relating to the MBI change and scams to be on the lookout for:

<https://www.elderlawanswers.com/be-on-the-lookout-for-new-medicare-cards-and-new-card-related-scams-16605>

3. A new unique Medicare number will replace the current Health Insurance Claim Number (HICN that appears on your Medicare card. The Centers for Medicare and Medicaid Services is taking this step to protect people with Medicare from fraudulent use of SSNs which can lead to identity theft and illegal use of Medicare benefits.

CMS will begin mailing new cards in April 2018, and all cards nation wide will be replaced by April 2019. The first mailings will occur to residents of Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia during the months of April—June 2018. Again, if you have health insurance coverage with FCPS, you do not need to send in a copy of your new card; FCPS will be receiving updates from its health insurance vendors with the new Medicare Beneficiary Identifier.

●AETNA MEDICARE ADVANTAGE MEMBERS TO RECEIVE HEALTH ASSESSMENT CALLS

Aetna Medicare Advantage members will soon be receiving two types of calls: one for a health risk assessment, and one for a Healthy Home Visit(in-home assessment). These health assessments are required of all Medicare Advantage plans by the Centers for Medicare and Medicaid Services (CMS) and will be conducted each year. These help ensure Aetna has information about the status of a member's health and health history in order to determine if additional resources and support may be needed.

1. The Health Risk Assessment outreach is an automated, telephonic survey. The calls are made by Silver link, Aetna's partner vendor. The calls will be identified as Aetna and several attempts will be made to contact the member, Aetna will mail a letter to the member to advise they are trying to reach them. The letter includes a toll free number and a PIN members can use to call back and complete the survey.

2. Members will also receive a letter, followed by a phone call, inviting them to participate in a **Healthy Home Visit**, also referred to as an in-home assessment. Censeo is Aetna's partner vendor for this program. If a member agrees to participate, a licensed practitioner (typically a nurse practitioner) will visit the member's home time. The provider will review a health history, check of vitals, complete medication review/reconciliation perform a safety check of the member's home, etc. This visit is intended to supplement a member's relationship with their primary care provider, and if the member has told Aetna who their PCP is, the PCP will receive a summary of the visit.

Completion of these assessments are completely voluntary, but encouraged to ensure the plan provides support and resources to members who may need extra assistance. Disclosing (or not disclosing) information does not affect a member's benefits or enrollment in the plan.♦

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HEALTH NEWS:

1. NEW MEDICARE CARDS.

2. HEALTH ASSESSMENTS.

LUNCHEONS AND RESERVATION DATES:

1. **APRIL 19, 2018**—make your reservation by **APRIL 13, 2018**
2. **JUNE 14, 2018**—make your reservation by **JUNE 8, 2018**

CLIP AND KEEP!

TIME SENSITIVE!

ADDRESS SERVICE REQUESTED

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FCRE *Advocate*

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