

Hurricane Senior Center

June 2018 Newsletter



June 6 & 20 – Blood Pressure/Sugar Screening

June 11 – Movie of the Month

“Same kind of different as me”

June 13 – Hurricane Family Pharmacy Presentation

June 13 – Bereavement Support Group

June 14 – Zions Way Hand & Neck Massage

June 20 – Representative from the Veteran's Administration presentation

June 21 – Community Nursing Presentation

June 24 – Father's Day Luncheon

June 28 – Happy Birthday/Anniversary

Hurricane Senior Center
95 N 300 W
Hurricane, UT 84737
435-635-2089

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Hours of Operation

Monday – Thursday

9:00AM – 4:00PM

Lunch served daily –
11:30AM - 12:30PM \$3

Dial-A-Ride Program

We offer an in town Dial-A-Ride service for grocery shopping or medical needs. Bus hours are 9:30 AM – 2:30 PM Monday – Thursday.

Our Dial-A-Ride service to St. George is available Wednesday afternoon for your shopping or medical needs.

Age 60+ suggested donation:
\$5 round trip/\$3 one way

Call 435-635-2089 to schedule.



*****FOCUS ON DIAL-A-RIDE*****

Our Dial-A-Ride program provides

transportation to:

1. Lunch at our Senior Citizens Center.
2. Various types of appointments including shopping and medical in the Hurricane area. The program is funded in part by your donations. The suggested donation is \$3.00 one way or \$5.00 round trip. The bus runs from 9:30 am to 2:30 pm Monday, Tuesday & Thursday. Wednesday in the Hurricane area 9:30 am to 12:30 pm and St. George from 12:30 pm to 4:00 pm.

To schedule a ride during these hours, please call the Senior Center at 435-635-2089.

So we can serve you better, please have the following information ready when calling to schedule transportation.

1. Your name, address and phone number.
2. Date you wish to schedule a ride.
3. Complete name and address of your destination.
4. Time you wish to be picked up at your home as well as your appointment time.
5. Time you wish to be picked up when finished with your appointment or shopping.

NOTE: Please allow a 15 minute window on either side of your requested pickup time. Please schedule rides at least one day in advance.

If you leave a message, we will only return your call if there is a conflict in scheduling or if additional information is required. Otherwise, consider your ride scheduled!

THRIFT STORE

OPEN MON – THURS

11:30 AM – 2:30 PM

DONATIONS ACCEPTED!

Monthly Events

Dixie-Can-Do's Entertain -1st & 3rd Monday

Encompass Home & Healthcare – Blood Pressure & Sugar checks – 1st & 3rd Wednesday @ 11:00am-12:00pm

Hurricane Family Pharmacy – Presentation 3rd Wednesday @ 12:00pm

Zions Way – Hand and Neck Massages – 2nd Thursday @ 11:00am – 12:00pm

Writing Class – every Mon @ 12:30pm

Skip Bo – every Tues & Thurs @ 10:30am

Hand & Foot Card Game– every Tues @ 1:00pm

Crochet Class – 2nd & 4th Thurs @ 1:00pm \$1

Beginning Knitting – 2nd & 4th Thurs @ 1:00pm \$1

Craft Class – every Wed @ 12:30pm \$1

Bereavement Support Group– Last Wed @ 2:00

Bingo 60+ Only – every Thursday @ 12:30pm

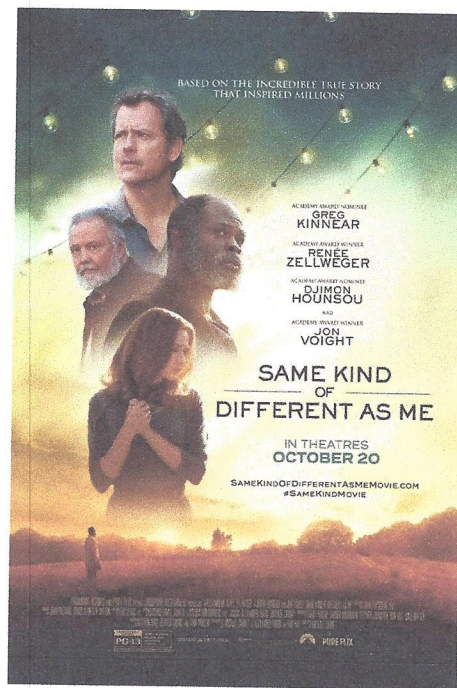
Bridge Group – every Monday @ 12:30 \$.50

Paint Club – Tuesdays @ 1:00pm \$2

Billiards – Open daily 9am – 3:30pm

Happy Birthday/Anniversary Celebration – last Thursday of every month!

COME JOIN US!



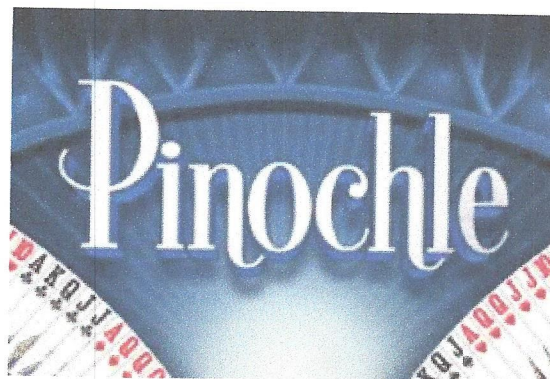
SAME KIND OF DIFFERENT AS ME

Starring: Renee Zellweger, Greg Kinnear, Djimon Hounsou, Jon Voight

"Successful businessman Ron Hall and his wife, Deborah, discover a renewed sense of purpose when they begin to volunteer at a local mission in Fort Worth, Texas. Their lives change forever when they develop an unlikely friendship with Denver Moore, a homeless man who inspires them to save their struggling marriage."

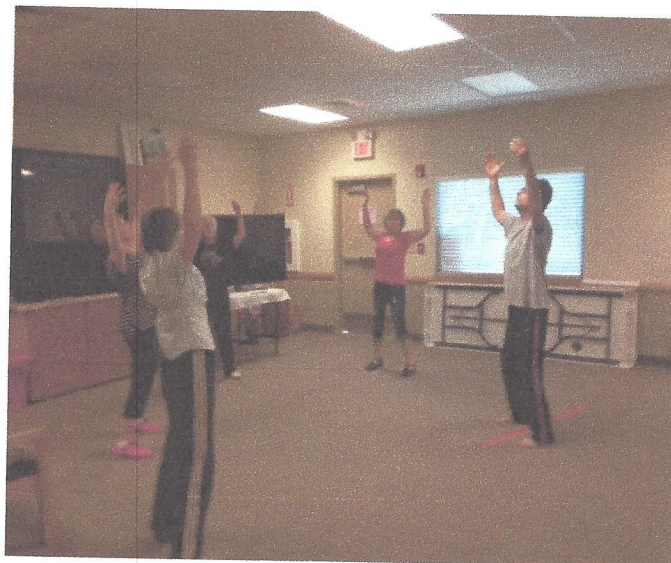
Come join us for the movie of the month. After lunch on Monday, June 11th.

Free popcorn.



Would you like to play Pinochle? We would like to start a Pinochle group here at the center. If you are interested, please sign up at the front desk.

Thrift Store Sale!! June 11th-14th. Everything in the store is on sale!



Tai Chi? We are hoping to start a Tai Chi class here at the Senior Center. If you would be interested in being an instructor, please talk to Downna. (Training is paid for and we offer mileage reimbursement & supplemental liability insurance while volunteering.)

Fun June Facts!

June has the Summer Solstice, the day with the longest daylight of the year, typically June 21st.

June is often considered a "summer month", whereas September is not. This is despite the fact that September has twice as many summer days as June.



Storewide Sale! Everything is on sale in our Thrift Store!

June 11th-14th

Our Thrift Store is open Monday-Thursday 11:30 am to 2:30 pm

Find the words from the bottom in the Father's Day word search grid. The Father's Day words can be forwards or backwards, vertical, horizontal, or diagonal. Circle each letter separately, but keep in mind that letters may be used in more than one Father's Day word. **When the Father's day puzzle is complete, read the remaining letters left to right, top to bottom, to learn an interesting Father's Day fact.**

Father's Day Word Search Puzzle

S O Y A D N U S N O R A F D D
 O D D D O R G A N I Z E A D T
 H E F P D I R G S T F U T A T
 S O N O R A D O D D G H H E R
 S S E D A E D L Y H R E E V G
 O E T N T I S F T N A S R P I
 N O N K E A N E E W N A S H F
 S I E N N G R T N O D R I H T
 E N E F O S O R E T F J E U N
 I E T N H I N N E T A E V E N
 T N E M P I U Q E S T R O P S
 K T N H N J D I N E H T L E E
 C N I T E N H R E R E O W N D
 E F N T S A F K A E R B A T A
 N H E R S B I R T C H D A Y D

BREAKFAST
 CARD
 DAD
 DADDY
 DAUGHTERS
 FATHER
 GIFT
 GOLF
 GRANDFATHER
 JUNE

LOVE
 NECKTIES
 NINETEEN TEN
 PHONE
 PRESENT
 SONORA DODD
 SONS
 SPORTS EQUIPMENT
 SUNDAY
 THIRD

June Medicare Message #1

What happens during the Welcome to Medicare visit?

The Welcome to Medicare visit is a one-time service you can receive when you are new to Medicare. The goals of the visit are promoting general health and disease prevention.

During the course of your preventive visit, your provider should:

- Review your medical and social history
- Review your potential for depression and other mental health conditions
- Review your ability to function safely in the home and community
- Check your height, weight, blood pressure, body mass index (BMI), and vision
- Provide you with education, counseling, and referrals related to your risk factors and other health needs
- Give you a checklist or written plan with information about other preventive services you may need

What happens during the Annual Wellness visit?

The Annual Wellness Visit is a yearly appointment to create or update a personalized prevention plan. This may help prevent illness based on your current health and risk factors. Keep in mind that the Annual Wellness Visit is not a head-to-to physical. This service is similar to but separate from the one-time Welcome to Medicare preventive visit (see number 4). Medicare Part B covers the Annual Wellness Visit if you have had Part B for over 12 months and you have not received an Annual Wellness Visit in the past 12 months. Additionally, you cannot receive your Annual Wellness Visit within the same year as your Welcome to Medicare preventive visit. To avoid confusion, clarify at the start of the visit that you are there to receive your Annual Wellness Visit or your Welcome to Medicare Visit.

During your first Annual Wellness Visit, your health care provider will develop your personalized prevention plan. Your provider may also:

- Check your height, weight, blood pressure, and other routine measurements
- Give you a health risk assessment, which may include a questionnaire that you complete before or during the visit. The questionnaire asks about your health status, injury risks, behavioral risks, pain, and urgent health needs.
- Review your functional ability and level of safety
- Learn about your medical and family history
- Make a list of your current providers, durable medical equipment (DME) suppliers, and medications
- Create a written 5-10 year screening schedule or check-list
- Identify risk factors and current medical and mental health conditions along with related current or recommended treatments

- Screen for cognitive impairment, including diseases such as Alzheimer's and other forms of dementia
- Review risk factors for depression
- Provide health advice and referrals to health education and/or preventive counseling services aimed at reducing identified risk factors and promoting wellness. This may relate to weight loss, physical activity, smoking cessation, flu prevention, nutrition, and more.

Annual Wellness Visits after your first visit may be different. At future Annual Wellness Visits, your doctor will update the information you gave them before, and will:

- Check your weight and blood pressure
- Screen for cognitive issues
- Provide health advice and referrals to health education and/or preventive counseling services

During the course of your Annual Wellness Visit, your provider may discover and need to investigate or treat a new or existing problem. This additional care is diagnostic. You may be billed for any diagnostic care you receive during a preventive visit, including your Annual Wellness Visit.

June Medicare Message #2

The Challenge of Health Care Fraud

Consumer Alert: The Impact of Health Care Fraud on You!

In 2011, \$2.27 trillion was spent on health care and more than four billion health insurance claims were processed in the United States. It is an undisputed reality that some of these health insurance claims are fraudulent. Although they constitute only a small fraction, those fraudulent claims carry a very high price tag.

The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to health care fraud are in the tens of billions of dollars each year.

Whether you have employer-sponsored health insurance or you purchase your own insurance policy, health care fraud inevitably translates into higher premiums and out-of-pocket expenses for consumers, as well as reduced benefits or coverage. For employers-private and government alike-health care fraud increases the cost of providing insurance benefits to employees and, in turn, increases the overall cost of doing business. For many Americans, the increased expense resulting from fraud could mean the difference between making health insurance a reality or not.

However, financial losses caused by health care fraud are only part of the story. Health care fraud has a human face too. Individual victims of health care fraud are sadly easy to find. These are people who are exploited and subjected to unnecessary or unsafe medical procedures. Or whose medical records are compromised or whose legitimate insurance information is used to submit falsified claims.

Don't be fooled into thinking that health care fraud is a victimless crime. There is no doubt that health care fraud can have devastating effects.

What Does Health Care Fraud Look Like?

The majority of health care fraud is committed by a very small minority of dishonest health care providers. Sadly, the actions of these deceitful few ultimately serve to sully the reputation of perhaps the most trusted and respected members of our society-our physicians.

Unfortunately, the stock in trade of fraud-doers is to take advantage of the confidence that has been entrusted to them in order to commit ongoing fraud on a very broad scale. And in conceiving fraud schemes, this group has the luxury of being creative because it has access to a vast range of variables with which to conceive all sorts of wrongdoing:

- The entire population of our nation's patients;

- The entire range of potential medical conditions and treatments on which to base false claims; and
- The ability to spread false billings among many insurers simultaneously, including public programs such as Medicare and Medicaid, increasing fraud proceeds while lessening their chances of being detected by any a single insurer.

The most common types of fraud committed by dishonest providers include:

- Billing for services that were never rendered-either by using genuine patient information, sometimes obtained through identity theft, to fabricate entire claims or by padding claims with charges for procedures or services that did not take place.
- Billing for more expensive services or procedures than were actually provided or performed, commonly known as "upcoding"-i.e., falsely billing for a higher-priced treatment than was actually provided (which often requires the accompanying "inflation" of the patient's diagnosis code to a more serious condition consistent with the false procedure code).
- Performing medically unnecessary services solely for the purpose of generating insurance payments-seen very often in nerve-conduction and other diagnostic-testing schemes.
- Misrepresenting non-covered treatments as medically necessary covered treatments for purposes of obtaining insurance payments-widely seen in cosmetic-surgery schemes, in which non-covered cosmetic procedures such as "nose jobs" are billed to patients' insurers as deviated-septum repairs.
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary.
- Unbundling - billing each step of a procedure as if it were a separate procedure.
- Billing a patient more than the co-pay amount for services that were prepaid or paid in full by the benefit plan under the terms of a managed care contract.
- Accepting kickbacks for patient referrals.
- Waiving patient co-pays or deductibles for medical or dental care and over-billing the insurance carrier or benefit plan (insurers often set the policy with regard to the waiver of co-pays through its provider contracting process; while, under Medicare, routinely waiving co-pays is prohibited and may only be waived due to "financial hardship").

Consider Some Risks of Health Care Fraud to You

False Patient Diagnoses, Treatment and Medical Histories

Health care fraud, like any fraud, demands that false information be represented as truth. An all too common health care fraud scheme involves perpetrators who exploit patients by entering into their medical records false diagnoses of medical conditions they do not have, or of more severe conditions than they actually do have. This is done so that bogus insurance claims can be submitted for payment.

Unless and until this discovery is made (and inevitably this occurs when circumstances are particularly challenging for a patient) these phony or inflated diagnoses become part of the patient's documented medical history, at least in the health insurer's records.

Medical Identity Theft

As a consumer, you are surely aware of the perils of identity theft and the devastating affects it can have on your financial health-jeopardizing bank accounts, credit ratings and your ability to borrow. But are you as familiar with the risks posed by medical identity theft? You should be, considering that 250,000 to 500,000 individuals have been victims of this escalating crime.

When a person's name or other identifying information is used without that person's knowledge or consent to obtain medical services or goods, or to submit false insurance claims for payment, that's medical identity theft. Medical identity theft frequently results in erroneous information being added to a person's medical record, or even the creation of an entirely fictitious medical record in the victim's name.

Victims of medical identity theft may receive the wrong medical treatment, find that their health insurance benefits have been exhausted, and could become uninsurable for both life and health insurance coverage.

A medical identity theft victim may unexpectedly fail a physical exam for employment because a disease or condition for which he's never been diagnosed or received treatment has been unknowingly documented in his health record.

Untangling the web of deceit spun by perpetrators of medical identity theft can be a grueling and stressful endeavor. The effects of this crime can plague a victim's medical and financial status for years to come.

Physical Risk to Patients

Shockingly, the perpetrators of some types of health care fraud schemes deliberately and callously place trusting patients at significant risk of injury or even death. It's distressing to imagine, but there have been many cases where patients have been subjected to unnecessary or dangerous medical procedures simply because of greed.

Health Care Fraud and Organized Criminal Groups

Health care fraud is not just committed by dishonest health care providers. So enticing an invitation is our nation's ever-growing pool of health care money that in certain areas - Florida, for example - law enforcement agencies and health insurers have witnessed in recent years the migration of some criminals from illegal drug trafficking into the safer and far more lucrative business of perpetrating fraud schemes against Medicare, Medicaid and private health insurance companies.

In South Florida alone, government programs and private insurers have lost hundreds of millions of dollars in recent years to criminal rings - some of them based in Central and South America - that fabricate claims from non-existent clinics, using genuine patient-insurance and provider-billing information that the perpetrators have bought and/or stolen for that purpose. When the bogus claims are paid, the mailing address in most instances belongs to a freight forwarder that bundles up the mail and ships it off shore.

What Can You Do To Avoid or Prevent Health Care Fraud?

Here are some simple ways you can protect yourself from health care fraud, and keep health care costs down for everyone:

- Protect your health insurance ID card like you would a credit card. In the wrong hands, a health insurance card is a license to steal. Don't give out policy numbers to door-to-door salespeople, telephone solicitors or over the Internet. Be careful about disclosing your insurance information and if you lose your insurance ID card, report it to your insurance company immediately.
- Report fraud. Call your insurance company immediately if you suspect you may be a victim of health insurance fraud. Many insurers now offer the opportunity to report suspected fraud online through their Website.
- Be informed. Be informed about the health care services you receive, keep good records of your medical care, and closely review all medical bills you receive.
- Read your policy and benefits statements. Read your policy, Explanation of Benefits (EOB) statements and any paperwork you receive from your insurance company. Make sure you actually received the treatments for which your insurance was charged, and question suspicious expenses. Are the dates of service documented on the forms correct? Were the services identified and billed for actually performed?
- Beware of "free" offers. Is it too good to be true? Offers of free health care services, tests or treatments are often fraud schemes designed to bill you and your insurance company illegally for thousands of dollars of treatments you never received.

Health care fraud is a serious crime that affects everyone and should concern everyone-government officials and taxpayers, insurers and premium-payers, health care providers and patients-and it is a costly reality that none of us can afford to overlook.