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What is an Opt-Out Doctor?

APRIL 16TH 2013 BY DEE LOFLIN

What is an Opt-Out Doctor?

Written by

Ruth Dockins

What is an Opt-Out Doctor?

We have been hearing from a few seniors who are concerned that their doctors may soon no longer accept Medicare because of the changes happening in the law. I thought the following article might offer some information in which you might be interested.

This information is republished with permission from the Medicare Rights Center for more information visit www.medicarerights.org.

An [opt-out doctor](#) is a doctor who does not accept [Medicare](#) at all. Doctors who have opted out of Medicare can charge their Medicare patients whatever they want. These doctors don't submit any health care [claims](#) to Medicare. In addition, opt-out doctors are not subject to the Medicare laws that limit the amount that doctors can charge their patients. When you see a doctor who has opted out of Medicare, you pay the entire cost of your care, unless it's an emergency or you need urgent care. Generally, Medicare does not pay for health care services you receive from an opt-out doctor.

If your doctor has officially opted out of Medicare, your doctor must have you sign a private contract that states that you agree to receive care from a doctor who has opted out

of Medicare. If you sign this contract, you are responsible for the full cost of health care services you receive from the opt-out doctor. Keep in mind that doctors who have opted out of Medicare can charge you as much as they want. In addition, you cannot get [Medicare reimbursement](#) for health care services received from an opt-out doctor.

If your doctor has opted out of Medicare and does not ask you to sign a private contract before providing you with Medicare-covered health care services, you will not have to pay anything for health care services you received. Your doctor must refund you any money you've already paid for those services.

</images/Opt Out Medicare.gif>

If you have [Original Medicare](#), the traditional Medicare program offered directly through the federal government, you will [pay](#) the least for doctor's services if you see a doctor who accepts Medicare and [takes assignment](#). A doctor who takes assignment accepts Medicare's approved amount as full payment for health care services. Contact your doctor's office to make sure that your doctor accepts Medicare and takes assignment. You can also call 800-MEDICARE or visit www.medicare.gov to find doctors who accept Medicare and take assignment.

If you have a [Medicare Advantage plan](#), also known as a Medicare private health plan, you should see doctors within your plan's [network](#). You typically pay the least if you go to a doctor that is in the plan's network. Check with your plan to see what rules apply.

For more free useful information about Medicare go to www.medicareinteractive.org.

On a completely different matter:

The Annual Law Enforcement Memorial to honor local Law Enforcement officers fallen in the line of duty will be held at the Cape Bible Chapel, 2911 Kage Rd. in Cape Girardeau on May 10 at 10:00 a.m. All are welcome, please come and show your support for our officers who place their lives on the line every day to keep us safe.

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The Silver Haired Legislature

MARCH 26TH 2013 BY DEE LOFLIN

The Silver Haired Legislature

Written by

Ruth Dockins

The Silver Haired Legislature (SHL) is a formally elected body of citizens 60 years of age and older that promote conscientious legislative advocacy for Missouri's older adults. All members are volunteers who serve without pay. Elections are held annually during the month of May at the local senior centers. Senior citizens elect three senators and twelve representatives from each of the ten area agencies on aging in the state, for a total of 30 senators and 120 representatives.

The Bootheel region is comprised of Scott, Mississippi, New Madrid, Pemiscot, Dunklin and Stoddard counties, this year three representatives and one senator will be elected from this region. The Ozark Foothills region is made up of Butler, Ripley, Carter, Reynolds and Wayne counties. This year there will be two representatives and one senator elected from this region. This year one representative will be elected from the Southeast Region which is made up of St. Francois, Ste. Genevieve, Perry, Iron, Madison, Bollinger and Cape Girardeau counties.

This past year the SHL met in Jefferson City October 10, 11 & 12. This annual meeting is held in the Missouri State Capitol building

It would be difficult to find a more dedicated group of senior citizens. Prior to the mock legislative session in Jefferson City they have meetings locally and determine what issues they feel are important enough to bring before the legislature as Silver Haired Proposals. After they decide on the issues they write the proposals which are presented to the SHL board for approval. The board chooses 20-21 proposals for presentation at the mock legislative session. Then, when the SHL delegates arrive for the meeting, their day starts at noon on the first day after the trip to Jefferson City either that morning or the day before.

The committees are: Social Service, Health, Consumer Affairs and Taxation. Each member has been assigned to a committee based in part on their stated preference.

In the committee meetings will be delegates from all the areas of the state. Some people on the committee will be for a particular proposal and some will be against it. Proponent speakers will be recruited to address the committee. After all proposals assigned to the committee are addressed, the committee will discuss each one and decide if they want to amend it in anyway. Then when the discussion and work on the proposal is completed the committee votes on each one. They will choose DO PASS, DO PASS AS AMENDED, or DO NOT PASS. When the committee has voted on each proposal this way, they are ready to go to the House or Senate for debate and final voting the next day.

In the evening of the first day, the SHL delegates will attend a banquet. At the banquet they will visit with old friends, new acquaintances and their table mates. Of course, much of the discussion centers on the bills their committee worked on that day. There will be a keynote speaker, many times it will be a state elected official.

After the banquet they gather in their caucus room to "plan their strategy" for the proposals they are sponsoring. These meetings are where any problems or questions regarding the proposals are addressed. In this meeting all the people are from the same area of the state and have met with each other in prior meetings regarding the proposals. The group is generally of the same mind with respect to the proposals.

The next day the legislators meet in the House and Senate chambers in the capitol building. On this day the proposals that passed out of committee as DO PASS are voted on and then five of them are chosen as the SHL priority bills. This year the top five bills were:

1. Completely restore AAA funding for Meals Program
2. Increase funding for Medicaid Meals Program
3. Silver Alert system for Endangered Adults

(i.e. Amber Alert)

4. Raise the Asset Level (\$2,000 individual - \$3,000 couple)
5. Pay Day Loans

/images/Silver Haired Legislature.gif

After the proposals are chosen and the SHL delegates go home they advocate for these bills with their state legislators and encourage them to write and pass bills of a similar nature in the General Assembly.

The Silver Haired Legislators work hard all year long advocating for senior issues. Many of our state legislators have said that they count on and look forward to the input these folks have regarding the issues with which they must deal in the General Assembly.

If you think you would be interested in running for an open seat of the SHL contact me at 573-335-3331 or 1-800-392-8771 or your local senior center and we'll get the proper paperwork to you.

The paperwork must be into this office by close of business on April 22 with the election being held at your local senior center on May 7 during regular business hours.

Our address is SEMO AAA, 1219 N Kingshighway, Cape Girardeau, MO 63701.

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Volunteers Needed to Fight Fraud

MARCH 12TH 2013 BY DEE LOFLIN

Volunteers Needed to Fight Fraud

News Release from The Missouri SMP

by Ruth Dockins

The Missouri Senior Medicare Patrol (SMP) program is recruiting volunteers to take part in the fight against fraud, waste and abuse in Medicare. Medicare fraud is a big problem. It not only costs taxpayers an estimated \$60 billion each year, it results in medical identity theft and excessive out of pocket costs for thousands of Medicare beneficiaries. SMP volunteers play an important role in the effort to address this problem by educating Medicare beneficiaries, their families and caregivers through presentations, outreach events and one-on-one counseling, and by assisting them in reporting questionable billing and service delivery practices.

Many SMP volunteers say this work is rewarding because they help protect seniors from falling prey to scam artists and unscrupulous health care providers while preserving the financial integrity of the Medicare program.

SMP volunteers receive comprehensive 2 days of training to prepare them for their assignments. “We want every volunteer to succeed, so the SMP program provides outstanding training programs and coaching to support them,” said Rona McNally, Missouri SMP Project Director.

The next training program for new volunteers in Cape Girardeau and the surrounding area will take place on:

[/images/Fight Fraud.gif](#)

Date: Tuesday & Wednesday, April 16 & 17, 2013

Time: 9:00am to 3:30pm both days

Training Location: Cape Girardeau

Contact Missouri SMP at 888-515-6565

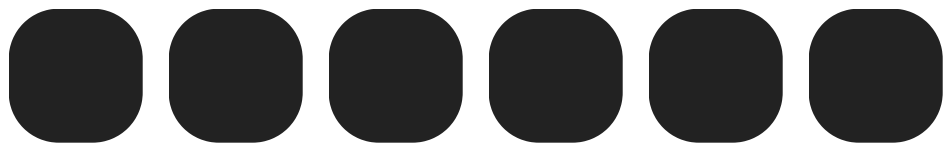
Deadline to Register: April 2, 2013

The SMP program is funded in part by grants from the U.S. Administration on Aging. Its mission is to help Medicare beneficiaries prevent, detect and report health care fraud, waste and abuse. For more information about the national program and other resources, go to **www.smpresource.org**.

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Qucik Action Takes Down Scammer

FEBRUARY 04TH 2013 BY DEE LOFLIN

Qucik Action Takes Down Scammer

News Release from The Missouri SMP
Ruth Dockins

Recently an SMP (Senior Medicare patrol) volunteer was key to the apprehension of a female scam artist preying on a senior living community, going door-to-door posing as an official representative doing wellness checks. She flashed a green piece of paper saying it was her identification. The lady asked beneficiaries about their personal health, what drugs they were taking, to walk a short distance, and a few other things. But the time she left the community, she had talked to at least two residents and stolen one's wallet. Once the beneficiary called to cancel his credit card which was in his wallet, it was already too late. The scammer had used the card to buy gas and items at a local store.

The beneficiary reported the crime to the SMP volunteer that lived in his community. The volunteer immediately sent out an e-bulletin to her community and contacted the local SMP office. In another community not far away, the same lady was scamming other beneficiaries. This time a beneficiary contacted the local area agency on aging. The area agency on aging referred it to their local SMP office. Once they realized this was a potential crime spree, they got the word out through the media to inform the community of the wellness scam.

The story caught the attention of a reporter from the local ABC affiliate and she wanted to tell the story. The SMP volunteer was interviewed along with the SMP Director for the area and the story aired shortly after. It caught the attention of the local authorities and the culprit was apprehended.

This case is an excellent example of the importance of SMP volunteers being the eyes and ears of the program. The SMP volunteer in this situation where to report the incident and got the message out quickly to the community residents. A reporter seeing the story's worth resulted in a community alert that saved other seniors from being victimized.

What is the Missouri SMP?

SMP's help Medicare and Medicaid beneficiaries prevent, detect and report health care fraud. They not only protect older persons they also preserve the integrity of these programs. Because this work often requires face-to-face contact to be most effective, SMP's nationwide rely on approximately 5,000 active volunteers to help in this effort.

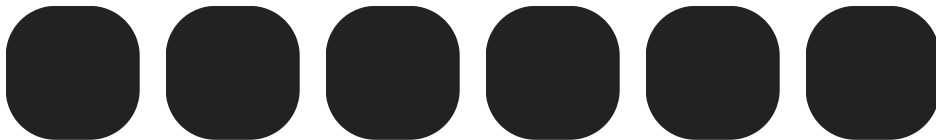
If you are interested in becoming an SMP volunteer or if you have questions or concerns please contact The Missouri SMP at 1-888-515-6565 to learn more.

The Missouri SMP is funded through a grant from the Administration on Aging, US Department of Health and Human Services.

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Don't Lose Sight of Your Independence

JANUARY 30TH 2013 BY DEE LOFLIN

By age 65, one in three Americans has some form of vision-limiting eye disease. As you probably know Medicare will not generally pay for routine eye care. However, Medicare may pay for eye care services under certain conditions.

For instance, Medicare will cover:

- Surgical procedures to help repair the function of the eye due to a chronic eye condition, such as cataracts or glaucoma.
- Eyeglasses or contacts only if you have had cataract surgery during which an intraocular lens was placed into your eye.
- An eye exam to diagnose potential vision problems. If you are having vision problems that indicate a serious eye condition, Medicare will pay for an exam to determine the problem, even if it turns out there is nothing wrong with your sight.

Medicare will only pay for routine eye care under the following specific circumstances:

- If you have diabetes; Medicare will pay for an eye exam once every 12 months to check for eye disease.
- If you are at high risk for glaucoma, Medicare will cover an eye exam once every 12 months. The exam must be performed or supervised by an eye doctor who is licensed to provide this service in your state. You are considered to be at high risk if you have diabetes, have a family history of glaucoma, are African-American and aged 50 or older, or are Hispanic and aged 65 or older.

For those people who do not meet the Medicare guidelines for eye care, and don't belong to an HMO or have coverage through the Veterans Administration, there is EyeCare America.

EyeCare America is a public service program of the Foundation of the American Academy of Ophthalmology and is co-sponsored by the [Knights Templar Eye](#)

Foundation, Inc., with additional support provided by Alcon, and endorsed by: state ophthalmological societies, the American Glaucoma Society, the American Society of Retina Specialists, the Macula Society, the Macula Society Foundation Inc., and the Retina Society. It provides eye care to US citizens and legal residents through volunteer ophthalmologists (Eye M.D.s) at no cost to those who qualify. There are EyeCare America volunteer ophthalmologists all across America dedicated to serving their community.

Guidelines:

- Those who are age 65 or older and who have not seen an EyeMD in three or more years may be eligible to receive a comprehensive, medical eye exam and up to one year of care at no out-of-pocket cost for any disease diagnosed during the initial exam. Volunteer ophthalmologists will waive co-payments, accepting Medicare and /or other insurance reimbursement as payment in full: patients without insurance receive this care at no charge.
- Those who are determined to be at increased risk for glaucoma (by age, race and family history) and have not had an eye exam in 12 months or more may be eligible to receive a free glaucoma eye exam if they are uninsured. Those with insurance will be billed for the exam and are responsible for any co-payments. The initiation of treatment is provided, if deemed necessary by the doctor during the exam.

SERVICES THAT ARE NOT COVERED:

- Additional services necessary for your care such as, hospitals, surgical facilities, anesthesiologists and medications, are beyond the scope of EyeCare America services. The ophthalmologist is a volunteer who agrees to provide only services within these program guidelines.

EYEGLASSES ARE NOT COVERED:

- Some eye conditions may affect vision as though eyeglasses are needed, when what is actually needed is the medical care of an ophthalmologist, and not eyeglasses. EyeCare America provides this medical eye care, only. The program does not provide eyeglass prescriptions, eyeglass/refraction exams (the prescription part of exam) or cover the cost of glasses. If you are concerned about the cost of these items, please discuss this with the doctor

BEFORE the examination.

ADDITIONAL REFERRALS:

- If you were eligible for “up-to-one-year-of-care” portion of the program and require a re-referral to another ophthalmologist, you or the EyeCare America volunteer ophthalmologist **MUST** contact EyeCare America in order to continue receiving care through the program. They may be able to locate another EyeCare America volunteer to provide the care.

/images/Eye Care America.jpg

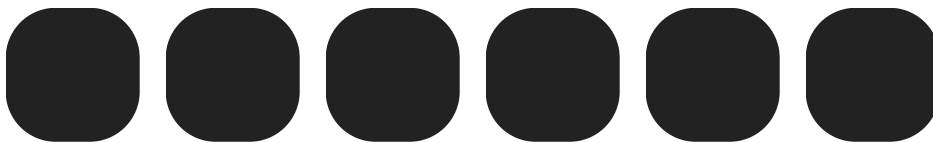
To learn more about this program go to www.eyecareamerica.org. I did and answered eligibility questions for a friend and found it to be very quick and easy. At the end of the eligibility questions we received a form stating that she is eligible for a referral and will receive a letter within two weeks with the name of the volunteer doctor, address and phone number. She then must call as soon as possible to set up an appointment.

As always, if you have questions regarding this article please call me at 1-800-392-8771.

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