NYPD 10-13 CLUB

# of BROWARD COUNTY, FLORIDA

An organization of retired New York City Police Officers

THE BLOTTER

GENERAL MEETING Tuesday, November 07th, 2023
Moose Lodge Family Center 6191 Rock Island Rd, Tamarac 33319
Meeting starts at 7:00 PM Sharp
The President's Message

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Ray McDonnell 1984/5**
Mike Borrelli 1986/95/96**
Ron Kavanagh 1987/88/92**
Paul Barasch 1989/2013
Bill Bett 1990**
Paul Levy 1990/91**
Frank Tooley ** 1993/94
Richard Lapp 1997/98
Robert Izzo 1999/00
Alan Berkowitz 2001/08/11/12
Louis Weiser 2009/10**

****DENOTES DECEASED**

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Michelle Gomez, Esq.
Committees:
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Warren Sam
HONOR GUARD
Ryan Dean
Joe Scimeca-Assistant
Tim Kennedy-Assistant
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Alan Berkowitz
Jonathan Greenberg
MEMBERSHIP
Phil Valles
COMMUNICATIONS
Phil Valles
WEBSITE
Ryan Dean
50 / 50 Raffle
Annette Finkelstein

The President's Message

Your next general meeting be 6:30 P.M., Tues. Nov. 7th, 2023, at Moose Lodge Family Center 6191 Rock Island Road, Tamarac FL

* *Reminder, HR #218 Thursday, November 9th at 8:30 am at Gun World of South Florida. No need to e-mail Alan Berkowitz, if you want to shoot just show up with your Florida Driver's License and Retired Law Enforcement ID card.

I'm honored by the fact that your board members continue to work for us. Many of us have full time jobs and/or life necessities, which burden us as well. We spend many weekly hours perpetuating the 10-13 spirit. The board has uncompromising dedication toward helping the club. Thirty years ago, there were grand affairs and functions. Members contributed time, effort and a few contributed additional funding. We know the economy is ridiculous. You need to be involved by helping on committees, offering services, sharing information and/or donating a few extra bucks, if you don't know what else to do.

Support your club by buying the 50-50 raffles and donating time and/or booster money. Food and other costs have gone up as our board works, tirelessly, to pay all of the bills and reduce spending. Every member's communication and coordination toward viable sponsors that will pay for meetings and presentations would greatly improve our club's position. It's either we get sponsors, or we charge our members for better food items. Those are our alternatives.

Thanks to all that participate in club activities and to the board and committee members that run the functions. PLEASE provide an updated email address so that we can you the Blotter.

Throughout my 10 terms I overcame obstacles and barriers. You all should be getting involved and staying involved and helping the membership. At meetings, be proud to tell the club how you helped or tell a good war story. Share the 10-13 spirit.

I hope this Blotter finds you healthy, safe and happy. On behalf of your Board, we wish you and your family a Happy Thanksgiving. There are many things to be thankful for, but most importantly, our families, friends, and each other. The Board is thankful and honored for your support and the opportunity to serve the membership as your team.

Fraternally, - Martin

MEMBERSHIP 2024

Membership dues for 2024 are due. 2024 dues are due by January 31st of said year.
Annual dues are $40 or
$45 for new members.
(That includes your annual dues of $40.00 plus $5.00 initiation/reinstatement fee).

NYPD Broward 10-13 Membership Application

Your Broward Board, Police & City Numbers

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Annual dues are $40 or $45 for new members.
(That includes your annual dues of $40.00 plus $5.00 initiation/reinstatement fee).

Note: All dues are due by January 31st. Members who fail to pay dues by January 31st shall be dropped from the rolls and shall forfeit all rights and privileges of attempting membership. Any person, who failed to pay by said date, will be treated as a New Member, at the new member enrollment cost; $45.00

If you are a current member, please simply mail a check for $40 to the address below. If you are not a member and would like to become a member, please complete the application on the next page and mail to the club at:

NYPD BROWARD 10-13 CLUB INC.
P.O. Box 970911
Coconut Creek, FL 33097
Telephone (954) 977-3880

You can also download a copy of the application by clicking this link:
NYPD Broward 10-13 Membership Application

Please include a check in the amount of $45 made payable to: NYPD BROWARD 10-13 CLUB INC.

Hospitals, doctors drop private Medicare plans (Medicare Advantage plan) over payment disputes.

Patients may be in for a shock the next time they show up at the ER with an ailment/injury.

Tactical decisions made in hospital boardrooms may come to bite many fully insured patients this fall when they discover...

That in-network card in your wallet may no longer cover your XX, YY, or ZZ treatment. Private Medicare, the insurer of many people in the U.S., may no longer be a viable form of insurance

For years, hospitals, doctors and health insurance companies have squared off over how much each should pay for medical services. Insurers negotiate contracts with hospitals and doctors so their customers can get lower, in-network rates at those facilities. These negotiations, usually hammered out behind the scenes, are becoming increasingly tense and public as hospitals seek adequate payments and health-insurance companies attempt to check spiraling medical bills.

Experts say these disputes could be an early warning sign of more contract terminations ahead as hospitals and large doctor groups seek lucrative payments to offset inflation, healthcare workers' double-digit raises and escalating prices for medical supplies.

But for patients caught in the middle of these disputes, the results can be devastating. Some need to switch doctors, and insurance plans or potentially pay higher, out-of-network rates at a time when half of Americans are struggling to afford the rising cost of medical care.

These scenarios, of patients being caught in the middle of high-level spats, are already playing out.

A large health system with hospitals in Virginia and Ohio this year cut off in-network access to consumers enrolled in some Anthem Blue Cross Blue Shield Medicare and Medicaid health insurance plans.

Vanderbilt Health did the same to older Tennessee residents in a Humana HMO Medicare plan.

And two doctors’ groups with Scripps Health in San Diego are terminating contracts with private Medicare plans over concerns about payments and routine denials.

Scripps Health ended the 2024 Medicare Advantage plan contracts with two medical units, called Scripps Clinic and Scripps Coastal. The decision will affect about 32,000 patients who will either need to switch Medicare plans or find new doctors.

“We’re unfortunately on the vanguard of what I think is going to be a very ugly few years between hospitals and commercial insurance companies,” said Chris Van Gorder, President and CEO, Scripps Health**.**

Hospitals target private Medicare plans

Many contract terminations involve hospitals rejecting terms for private Medicare insurance plans, known as Medicare Advantage plans. While traditional, government-run Medicare allows enrollees to choose from a wide variety of doctors and hospitals, private Medicare plans restrict access through networks and impose some cost-sharing requirements such as copayments and deductibles.

Hospitals that are rejecting private Medicare plans say they don’t reimburse at the same levels as traditional Medicare, delay or deny care through prior authorizations and impose other limitations.

People making the call said it wasn't done for selfish reasons.

Van Gorder said Scripps' Medicare Advantage exit was a “very difficult decision” but one he had to make due to more than $75 million in annual losses. He tried to negotiate more lucrative reimbursement rates, but those talks fizzled. In addition to ending these "narrow network" plans with the two doctors groups, Scripps requested another Medicare Advantage plan to freeze enrollment until the contract concludes at the end of next year.

While private Medicare plans are funded by government-run Medicare, they are also profitable because insurers keep a portion of those payments before paying for care, he said.

Van Gorder described private Medicare offerings as “delay, deny or don’t pay” plans. "They're in the business of making money," he said.

Hospitals cut off insurers that 'don't reimburse us adequately'

From the provider's perspective, slower transition here.

Doctors groups and hospitals are more willing to air frustrations over private Medicare plans after think tanks and government watchdog agencies have issued critical reports about these insurers' profits and practices, said David Lipschutz, associate director and senior policy attorney for the Center for Medicare Advocacy.

In 2022, a government watchdog report said private Medicare plans routinely rejected claims that should have been paid and denied services found to be medically necessary. These private plans rejected nearly one in five claims allowed under Medicare coverage rules and denied 13% of authorizations for medical services that

government-run Medicare would have allowed, the U.S. Department of Health and Human Services inspector general investigators found.

Doctors and hospitals "are more willing to publicly express their frustration," Lipschutz said, because these private Medicare plans get what "many people would characterize as overpayments."

More than a half dozen other hospital systems from Bend, Oregon to Nashville, Tennessee have announced private Medicare contract terminations or lapses.

St. Charles Health System in Bend said it will end Medicare contracts next year with Humana, HealthNet and WellCare.

Mark Hallett, St. Charles' chief clinical officer, said sticking with those private Medicare plans would "result in restrictions to patient care, longer hospital stays and administrative burdens" for doctors.

As of mid-April, Vanderbilt's hospitals, clinics and doctors exited the networks of Humana's HMO Medicare plan and Kentucky Medicaid plan. The hospital advised patients to either shop for a new insurance plan or contact Humana to find an in-network provider.

A Vanderbilt spokesman declined to answer questions about the lapsed contract, referring USA TODAY to the health provider's website on the dispute. On the website, Vanderbilt cited the need for "fair partnerships" to cover higher costs for workers, supplies, equipment and medications.

"We can't continue to partner with insurance plans that don't reimburse us adequately," Vanderbilt said.

Earlier this year, Bon Secours' contract dispute with Anthem Blue Cross Blue Shield put tens of thousands of Medicare beneficiaries in Virginia and Medicaid recipients in Ohio out of network. In a lawsuit filed in August, Bon Secours alleged Anthem owed the health provider $93 million in unpaid claims. Last month, Bon Secours dropped the lawsuit as the two sides settled the payment dispute and reinstated in-network access for enrollees.

Despite these recent contract disputes, industry officials representing private Medicare plans say they remain wildly popular with seniors.

More than half of eligible Americans choose private Medicare plans over traditional Medicare because they deliver "better services, better access to care and better value," said David Allen, a spokesman for America's Health Insurance Plans, an industry group representing private health insurers.

Allen added private Medicare plans must maintain adequate networks of doctors and hospitals and notify customers when there are significant changes to these networks.

"Medicare Advantage includes robust protections for the people it serves," Allen said.

Patients caught in the middle

The real fallout in these disputes is on patients, and in many cases on older and medically vulnerable seniors.

As health providers such as Scripps Health sever ties with some insurers, consumers are confronted with difficult decisions about how and where to get medical care. Some face the dizzing/frightening/daunting/unexpected prospect of seeking out-of-network care that might cost more.

San Diego-area seniors who will be cut off from the two Scripps Health doctors networks are scrambling to assess their options, said Craig Gussin, an insurance broker in Carlsbad.

"People are really upset with Scripps," Gussin said.

Seniors on Medicare have the option to choose a new plan during Medicare's annual open enrollment, which runs from mid-October through Dec. 7. Seniors can choose traditional government-run Medicare or switch to a private Medicare Advantage plan.

But some scenarios are catching enrollees off guard.

Traditional Medicare charges 20% coinsurance for medical care with no maximum limit. People on Medicare can purchase a supplemental insurance plan, called MediGap, which largely covers those extra medical bills. However, people can only enroll in MediGap at certain times such as when they turn 65 and initially sign up for Medicare coverage.

If people try to switch from a private Medicare plan to traditional Medicare, they may not be able to purchase this supplemental insurance. MediGap insurers can deny coverage for existing health conditions such as diabetes or heart disease or charge consumers more. Only states such as New York and Connecticut that have "guaranteed issue" laws allow seniors to sign up for MediGap year-round.

"That trips so many people up," Lipschutz said.

Gussin, **remind us who this is,** has been working long days answering calls from Scripps Health patients who want to know what their options might be. Some people are willing to keep their existing private Medicare plan and change primary-care doctors. Others want to switch Medicare insurers.

Private Medicare plans must maintain an adequate network of providers. So if a hospital drops from an insurance plan's network, that can raise questions about whether the insurance plan has enough in-network providers for enrollees, Lipschutz said.

If more hospitals and doctors drop private Medicare plans, 'that further begs the question whether in fact in that network is adequate," Lipschutz said.

Medicare allows private insurers to set their own rates

While the Centers for Medicare & Medicaid Services oversees private Medicare plans, the federal agency does not become involved in contract disputes.

The federal agency is prohibited from interfering in contract disputes or dictating reimbursement rates that private Medicare plans negotiated with health systems.

CMS evaluates whether contract disputes that terminate in-network coverage "have the potential to affect a large number of the (Medicare Advantage) enrollees," a CMS spokesperson said.

If these contract terminations "result in significant network changes," the federal agency can order a special enrollment period to allow beneficiaries to switch plans, the spokesperson said.

The agency said it did not have a number on how many such contract terminations or special enrollment periods are ordered each year.

A Davis, California hospital also terminated in-network access for tens of thousands of California resident. In one case, a couple faced demands to pay a $90,000 bill for the birth of their child after a contract dispuite. The ordeal took several months of calls, emails and letters before the bill was settled.

Some private consultants who advise hospitals and health systems on how to get higher reimbursement from private insurers advise them to terminate contracts as part of a negotiating tactic, even if consumers face higher bills and collection threats.

Brad Gingerich is a vice president at Ensemble Health Partners, which describes itself as a tech-driven revenue cycle management company.

Gingerich said terminating a contract is "your last option" when negotiating with private insurers. Hospitals are adopting harder negotiating tactics with private Medicare plans because that's where insurers are "making their money and refusing to really work in good faith" with hospitals and doctors.

"We don't really put ourselves out as the bully on the block," GIngerich said. "sometimes you have to take more aggressive ways as a means to that end.

Each year, the Social Security Administration determines the cost-of-living adjustment for Social Security payments. The COLA is based on the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers from the third quarter of the previous year to the third quarter of the current year.

If there's been a yearly CPI increase (and there has been since 2022), the Social Security Administration will raise payments by the COLA. We'll have a definite answer of the exact amount of the 2024 Social Security COLA on Oct. 12, when the final inflation numbers of the third quarter of 2023 are released.

Social Security Benefits Increase in 2024

More than 71 million Americans will see a 3.2% increase in their Social Security benefits and Supplemental Security Income (SSI) payments in 2024. On average, Social Security retirement benefits will increase by more than $50 per month starting in January.

Federal benefit rates increase when the cost-of-living rises, as measured by the Department of Labor's Consumer Price Index (CPI-W). The CPI-W rises when inflation increases, leading to a higher cost-of-living. This change means prices for goods and services, on average, are higher. The cost-of-living adjustment (COLA) helps to offset these costs.

We will mail COLA notices throughout the month of December to retirement, survivors, and disability beneficiaries, SSI recipients, and representative payees. But if you want to know your new benefit amount sooner, you can securely obtain your Social Security COLA notice online using the Message Center in your personal account. You can access this information in early December, prior to receiving the mailed notice. Benefit amounts will not be available before December. Since you will receive the COLA notice online or in the mail, you don't need to contact us to get your new benefit amount.

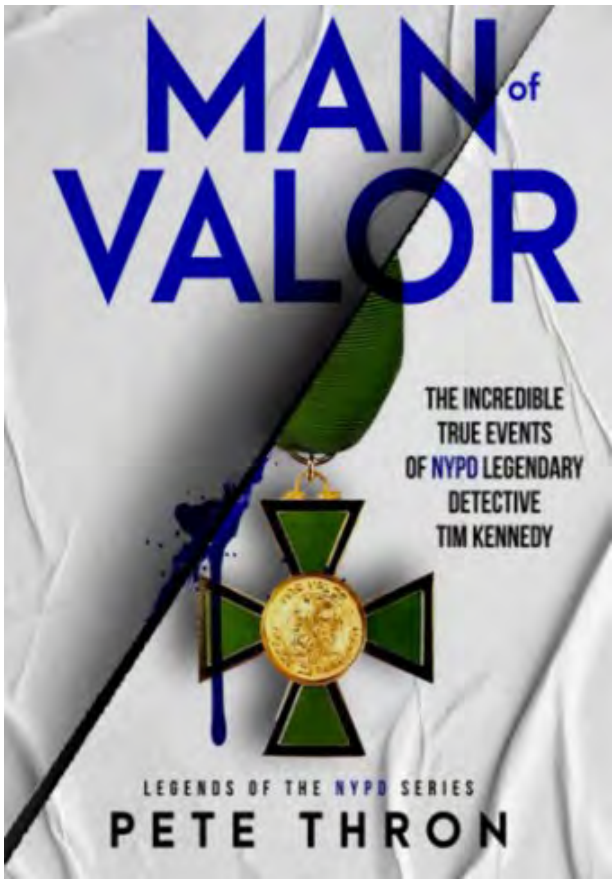
If you prefer to access your COLA notice online and not receive the mailed notice, you can log in to your personal my Social Security account to opt out by changing your preferences in the Message Center. You can update your preferences to opt out of the mailed COLA notice, and any other notices that are available online. Did you know you can receive a text or email alert when there is a new message waiting for you? That way, you always know when we have something important for you – like your COLA notice. If you don't have an account yet, you must create one by November 14, 2023, to receive the 2024 COLA notice online.

"Social Security and SSI benefits will increase in 2024, and this will help millions of people keep up with expenses," said Kilolo Kijakazi, Acting Commissioner of Social Security.

January 2024 marks when other changes will happen based on the increase in the national average wage index. For example, the maximum amount of earnings subject to Social Security payroll tax in 2024 will be higher. The retirement earnings test exempt amount will also change in 2024.

Be among the first to know! Sign up for or log in to your personal my Social Security account today. Choose email or text under "Message Center Preferences" to receive courtesy notifications.

You can find more information about the 2024 COLA here.



[Click here to purchase book from Amazon]

Please read the book about our own Tim Kennedy, Director-At-Large and long-time member and contributor to Broward 10-13. It's only $10.99 for paperback and $5.99 for the Kindle version.

NYPD 10-13 CLUB of Broward Inc.

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KEVIN P.MORAN – MEMORIAL SCHOLARSHIP FUND APPLICATION

- Scholarship Applicants must either be the child or grandchild of a member who is in good standing of the club. If relative is deceased, he/she must have been a member in good standing at the time of his/her death.
- Applicant must be a graduate of High School, senior class of the prior school year.
- Applicant must be enrolled in an accredited College for the upcoming school year
- Applicant will submit a 250 word essay on **"Why they are deserving of the Kevin P. Moran – Memorial Scholarship."**
- Certified copy of most recent transcript must be received from the applicant's school.
- Applicant will submit a list of hours and location of community service served.

Member's Name_____ **Date**_____

Address_____ **City**_____ **State**_____

Contact Phone Number_____ **Email address**_____

Applicant's Name_____ **Age**_____ **School**_____

(Applicant's) Father's Name_____

Mother's Name _____

All information, on this form, is correct to my knowledge.

Signature of Applicant_____

Exclusively the Board of Directors of the Club will determine final decision regarding eligibility and the winners.

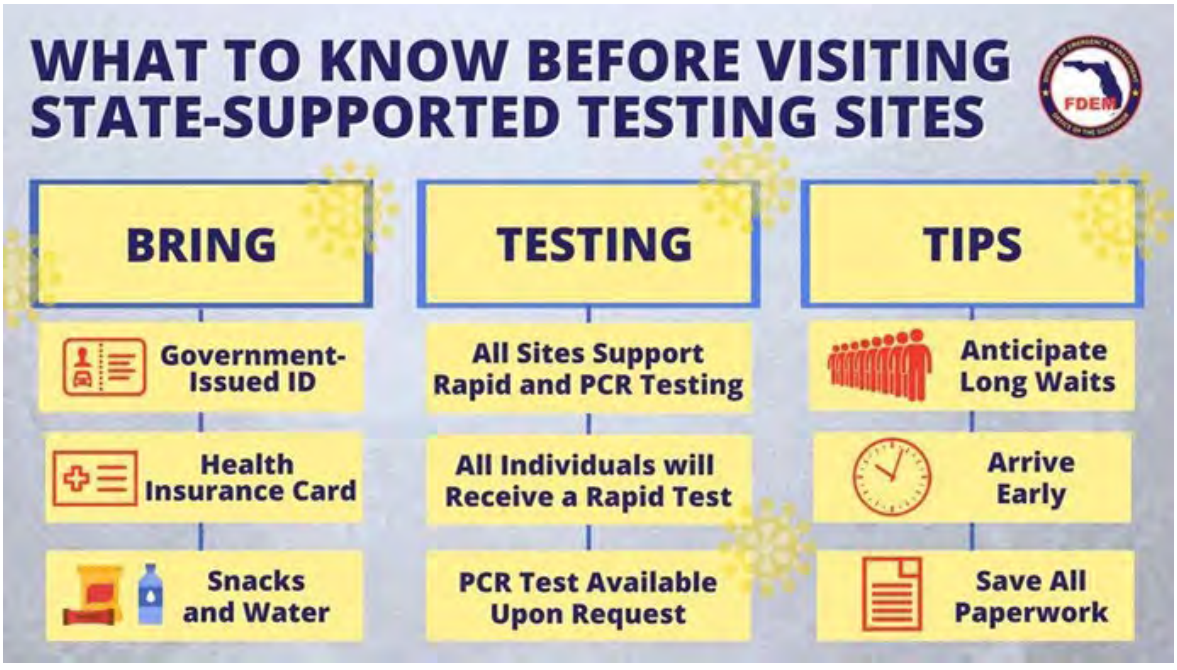
This form along with essay, transcript and community service list shall be submitted no later than November 30th of the year in question to the Club at the following email address, NYPDbroward1013@gmail.com or address:

NYPD 10-13 Club of Broward

Attn: Scholarship Committee

Broward 10-13
P.O. Box 970911 Coconut Creek, FL 33097

COVID 19 RESOURCES – [CLICK HERE]



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CLICK HERE NYC OFFICE OF LABOR RELATIONS HEALTH BENEFITS FOR RETIREES

In order to maintain maximum health benefits, it is essential that you join Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) at your local Social Security Office as soon as you are eligible. If you do not join Medicare, you will lose whatever benefits Medicare would have provided.

The City's Health Benefits Program supplements Medicare but does not duplicate benefits available under Medicare. Medicare-eligible members must be enrolled in Medicare Parts A and B in order to be covered by a Medicare HMO plan. To enroll in Medicare and assure continuity of benefits upon becoming age 65, contact your Social Security Office during the three-month period before your 65th birthday. In order not to lose benefits, you must enroll in Medicare during this period even if you will not be receiving a Social Security check.

If you are over 65 or eligible for Medicare due to disability and did not join Medicare, contact your Social Security Office to find out when you may join. If you do not join Medicare Part B when you first become eligible, there is a 10% premium penalty for each year you were eligible but did not enroll. In addition, under certain circumstances there may be up to a 15-month delay before your Medicare Part B coverage can begin upon re-enrollment.

If you or your spouse are ineligible for Medicare Part A although over age 65 (reasons for ineligibility include non-citizenship or non-eligibility for Social Security benefits for Part A), contact us at:

NYC Health Benefits Program
40 Rector Street - 3rd Floor
New York, NY 10006

Coverage for those not eligible for Medicare Part A can be provided under certain health plans. Under this Non-Medicare eligible coverage, you continue to receive the same hospital benefits as persons not yet age 65.

If you are living outside the USA or its territories, Medicare benefits are not available. Under this Non-Medicare eligible coverage, you continue to receive the same hospital and/or medical benefits as persons not yet age 65. If you do not join and/or do not continue to pay for Medicare Part B however, you will be subject to penalties if you return to the USA and attempt to enroll.

If you are eligible for Medicare Part B as a retiree but did not file with Social Security during their enrollment period (January through March) or prior to your 65th birthday, you will receive supplemental medical coverage only, and only through GHI/EBCBS Senior Care.

Medicare Enrollment

You must notify the Health Benefits Program in writing immediately upon receipt of your or your dependent's Medicare card. Include the following information: a copy of the Medicare card and birth dates for yourself and spouse, retirement date, pension number and pension system, name of health plan, and name of union welfare fund.

If your plan does not provide coverage for Medicare enrollees, you will have the opportunity to transfer to another plan that does.

Once the Health Benefits Program is notified that you are covered by Medicare, deductions from your pension check will be adjusted, if applicable. The Health Benefits Program will then notify your health plan that you are enrolled in Medicare so that your benefits can be adjusted. If you are Medicare-eligible and are enrolling in an HMO you must complete an additional application which you must obtain directly from the HMO.

Medicare and Retiring Employees

At retirement, employees who have chosen Medicare as their primary plan or whose dependents have not been covered on their plan because their spouse/domestic partner elected Medicare as the primary plan may re-enroll in the City health benefits program. This is done by completing a Health Benefits Application and submitting it to their agency health benefits, payroll or personnel office. Also at retirement, Medicare-eligible employees for whom the City Health Benefits Program had provided primary coverage are permitted to change health plans effective on the same date as their retiree health coverage
The necessary forms for Medicare Part B reimbursement and IRMAA can be found by clicking the link below.

City of NY-Health Benefits Program – Medicare Part B

To: All members in good standing!

Please review the following information for insurance coverage to cover a self-defense related incident involving your firearm.

The Broward 10-13 has negotiated a reduced rate for “Self-Defense Liability Coverage”

Please see the attached pages for pricing. You can obtain coverage by calling the company at (262) 384-4328 and ask for our sales rep., Eva.

IMPORTANT:

This coverage is for personal/non-professional incidents. The policy specifically EXCLUDES conduct in providing any kind of law enforcement, corrections, recovery, or repossession services, **WHETHER OR NOT** for compensation or a fee, including any injury or damage caused by or arising from such conduct.

It also EXCLUDES conduct in providing security or safety services for compensation or a fee, including any injury or damage caused by or arising from such conduct.