



SMP Briefs

The SMP (Senior Medicare Patrol) Program educates and empowers people with Medicare to identify and report health care fraud and resolve errors.

There is a SMP Program in every state, the District of Columbia, Guam, U.S. Virgin Islands, and Puerto Rico. Nebraska's SMP Program serves the entire state through a network of eight local coordinators and over 100 volunteers. Visit www.dhhs.ne.gov/smp or call 1-800-942-7830.

Fall 2011

Volume 2, Issue 4



SCAM ALERT! Some latest scams you should be aware of are listed below. Scams often cross state lines and quickly proliferate throughout the nation.

In **Nebraska**, a senior received a call from the “Department of Pharma” in Washington, D.C. offering a program for people like her who are on Medicare/Medicaid. The caller asked for her bank account number which she gave. SMP staff asked the senior to contact her bank immediately to notify them and stop any actions on her account which she did and averted losing money. Several seniors in Nebraska received a letter in the mail that was dated “Monday Morning.” The letter stated it was sent by “Inter State Next Day” because they needed the “Fair COLA Initiative” in their hands soon. The letter stated the Fair COLA Initiative will die unless they send \$19. SMP alerted the Better Business Bureau and the Attorney General’s Office about the scam. Another senior was targeted with an online scam supposedly from a law firm in Nevada. The e-mail tried to enforce a judgment and asked for up-front cost of \$125 from the senior for an employment search. In September, a senior received a mailing where the envelope looked like the statements sent by Social Security Administration and said **BENEFITS STATEMENT ENCLOSED**. Inside it said “The Payment Security Administration (PSA) has determined that you shall receive entitlements and a Financial Recovery Award of up to \$27,500 provided you respond to the Official Notice.” A detachable section had a place for them to sign and indicate how they were going to pay the entitlement processing fee of \$29.97 and allowed payment by credit card and asked for data of birth. The return envelope had a Canadian address. Seniors in Nebraska have reported harassing calls from Diabetic supply companies trying to sell supplies whether the seniors need them or not. Calls related to replacement of

Inside this Issue:

- Scam Alert..... Page 1
- National Awards..... Page 2
- Volunteer Conference Page 3
- Medicare Open Enrollment..... Page 6
- Free Screenings Page 6
- New Technology to Fight Fraud Page 8
- Meet Our Partners Page 9
- Coordinators' Corner Page 11
- Elder Issues Training..... Page 13
- Marketing Surveillance Fact Sheets . Page 15
- SMP Calendar Page 18

Editor and Project Director:
Madhavi Bhadbhade
madhavi.bhadbhade@nebraska.gov
Design and Layout: Robby DeFrain

www.dhhs.ne.gov/smp

Medicare Cards have been on the rise in Nebraska. Callers ask for bank information. Several seniors have fallen victim to this scam.

In **Illinois**, a new scam surfaced this summer related to home health care. Scammers were recruiting high school students to collect seniors' numbers. It was marketed as a summer job to learn various skills but the students could not sign up unless they had a senior or grandparent they could enroll first. Also, caregivers were being told that they can be paid to take care of parents. The company had the caregiver fill out a W-4 so that the caregiver appears to be an employee of the home health company and conduct an "assessment." However, the company was not paying the caregivers. This scam caused confusion with programs that do pay caregivers for their services.

Scams related to DME have been widespread in Nebraska and other states including Iowa, New Mexico and New Jersey. Seniors who filled out a card at a health fair were being contacted by DME suppliers pressuring them to purchase supplies not needed. Michigan has developed a wallet card with three questions when seniors are approached at Health Fairs with offers of DME equipment. The questions are: Can I have a brochure? Can I have your number and Will Medicare be billed?

California SMP is seeing many people being evicted from nursing homes for lack of payment when they are to have representative payees. Through Medicare, the SMP is able to find out who the representative is and are working with Social Security Administration to see what can be done. California SMP is finding that the money is being misused by the representative payee with majority of them being family members. Elder financial exploitation is on the rise. California was able to get information from 1-800-Medicare using a Unique Identifier as part of a pilot program being tested in seven SMP locations. The Unique Identifier gives SMP the ability to contact 1-800-Medicare without the beneficiary present and works much like the SHIP Program's ability to contact Medicare on behalf of the beneficiary. The pilot will soon end and the Unique Identifier program will be implemented nationwide to help SMPs.

Nebraska SMP Wins Two National Awards at the SMP National Conference



Four SMP staff represented Nebraska at the Annual SMP National Conference in Washington, D.C. Madhavi Bhadbhade, SMP Project Director and SMP Coordinators Pat Wilcox, DeAnna Tuttle and Tami Barrett attended the conference that covered a number of informative and interesting topics for SMPs. Kathleen Sebelius, HHS Secretary was the Keynote speaker and kicked off the conference on the first day. She was joined by Dr. Peter Budetti,

L to R - DeAnna Tuttle, Madhavi Bhadbhade, Pat Wilcox and Tami Barrett.

Deputy Administrator for Program Integrity at the Center for Medicare & Medicaid Services (CMS) and Cindy Padilla, Principal Deputy Assistant Secretary for the Aging in the Administration on Aging (AoA). Other panel presentations included a presentation by Mike Cohen, Office of Inspector General - HHS, Pat Doyle, Health Integrity and Amy Miller-Bowman, IntegriGuard. Most of the second day covered the nuts and bolts of the Volunteer Risk and Program Management Program by Linda Graff and Steve McCurley of Linda Graff & Associates. The last day of the conference featured breakout sessions on various topics including presentations by Administration on Aging grants management staff and the National Hispanic Council on Aging. A panel of select state SMP directors shared information on successful Media strategies. Madhavi Bhadbhade, Nebraska SMP Director shared state's media campaign highlights including SMP advertisement on public television, billboards and SMP information on the infamous Nebraska Football Poster! Nebraska SMP was recognized with two national awards. Nebraska was among the top five states in the nation in 2010 for referring the **Highest Number of Dollars for Further Action**. Nebraska has won awards in this category since 2008. Nebraska was also among the top states in the nation in recruiting the **Highest Number of Volunteers** under the SMP Capacity Building Grant. Volunteers are the backbone of this program and being recognized in this category speaks volumes about our staff and volunteerism among Nebraskans. On August 9th, USA Today ran an article on volunteerism in the United States ranking Nebraska 4th in the nation in volunteering in 2010. According to the article, Twin Cities of Minneapolis and St. Paul had the highest rate of volunteering in 2010. Nebraska SMP thanks its dedicated volunteers who provide outreach and education to Medicare beneficiaries.

SMP and Ombudsman Annual Volunteer Conference



The SMP-Ombudsman annual volunteer conference was hosted in Lincoln at the Holiday Inn Southwest. Over 90 SMP and Ombudsman volunteers and staff attended the day-long conference that featured topics on Facility Investigations by Eve Lewis of the State Survey Section, an SMP-Ombudsman Coordinators' Panel and End-of-life Care Hospice Philosophy in the morning. Pat Wilcox, DeAnna Tuttle and Tami Barrett presented case scenarios and

how they were resolved. Volunteers were recognized during the luncheon followed by a presentation on Surrogate Decision Making and Cultural Competency by Margaret Schaefer of Legal Aid. Jim Hegarty of Better Business Bureau and Josie Rodriguez of the Attorney General's Office returned this year to give updates on recent scams and frauds. The conference closed with a timely presentation on Medicare Marketing Surveillance by Amanda Larigan of CMS in Kansas City. The conference received rave reviews.





Medicare Open Enrollment is Earlier This Year

Open Enrollment starts on October 15 and ends December 7 giving you seven full weeks to review and make changes to your coverage. There are new benefits available for people with Medicare whether you are on Original Medicare or a Medicare Advantage Plan that include lower prescription costs, wellness visits and preventative care. You will need to make your final selection for next year's Medicare coverage by December 7th. For more information visit www.medicare.gov/find-a-plan or call 1-800-MEDICARE. Review the Medicare & You 2012 handbook and get one-on-one help from SHIP counselors by calling 800-234-7119.

FREE Screening Colonoscopies for Patients on Medicare

The following article is reprinted with permission of the Coalition of Wisconsin Aging Group's Elder Law Center

On Jan. 1, 2011, the preventative services provision of the Affordable Care Act was extended, making all Medicare patients eligible for free, important preventive services – including colonoscopies. However, not all colonoscopies are created equal, and this could impact whether it is truly without cost to you. This article explains what you should be aware of when receiving this important and life-saving test.

Screening Colonoscopy vs. Diagnostic Colonoscopy

The free Medicare exam only covers screening colonoscopies – not diagnostic colonoscopies. A screening colonoscopy is a procedure performed on a patient of screening age in order to find colon polyps or cancer. A colonoscopy that is performed in order to explain symptoms (e.g. blood in stools, change in bowel movements, etc) is called a diagnostic colonoscopy, which is not covered under the Affordable Care Act. Patients are usually fully liable for at least 20% (and maybe more) of the cost related to a scheduled diagnostic colonoscopy.

There are some cases where a scheduled screening colonoscopy can become a diagnostic colonoscopy, and in those cases a patient becomes responsible for any out-of-pocket costs related to their deductible, co-insurance or co-pays for standard costs like physician and facility fees. A screening colonoscopy becomes a diagnostic colonoscopy when a physician removes a polyp or takes a biopsy during the procedure.

For Medicare patients, a family history of colon cancer or polyps will not automatically transform a screening colonoscopy into a diagnostic one. Some private insurers, however, will do this.

Beware! Related Services Not Always Covered

Medicare patients who are eligible to have a colonoscopy screening will pay no deductible, co-pay or co-insurance.

However, please be forewarned - **patients may still be responsible for other services, such as anesthesia or medication, associated with the procedure.** Some of those who have taken

advantage of the “free services,” have been unpleasantly surprised to receive hefty bills. **If you receive a bill after a “free” Medicare exam, contact the Elderly Benefit Specialist in your county immediately.** He or she can help you determine if these charges are allowable. How often is it covered?

Medicare rules dictate how often you can get a free screening colonoscopy. If you get the test sooner than the time periods listed below, you will likely be fully responsible for the cost.

Fecal Occult Blood Test: Once every 12 months.

Flexible Sigmoidoscopy: Generally, once every 48 months, or 120 months after a previous screening colonoscopy for people not at high risk.

Screening Colonoscopy: Generally once every 120 months (once every 24 months if you’re at high risk), or 48 months after a previous flexible sigmoidoscopy.

Barium Enema: Your doctor can decide to use this test instead of a flexible sigmoidoscopy or colonoscopy. This test is covered every 24 months if you are at high risk for colorectal cancer and every 48 months if you aren’t at high risk.

How do I qualify?

A Medicare patient can qualify for a screening colonoscopy if they:

- Are of the recommended screening age (for people of average risk = age 50 or over, though recent studies indicate that African-Americans may need to start screening at age 45.)
- Do NOT have any symptoms
- Do NOT have personal history of colon polyps or colon cancer



A Medicare patient can still qualify for a screening colonoscopy despite having:

- A family history of colon cancer or colon polyps

Costs: Screening Colonoscopy

- \$0 annual deductible for procedure
- \$0 co-insurance for procedure

Costs: Diagnostic Colonoscopy

- \$0 annual deductible for procedure
- 20 percent co-insurance must be paid for procedure

Why Should I Get a Screening Colonoscopy?

Colorectal cancer is the third most commonly diagnosed cancer and the third leading cause of cancer death in both men and women in the US. The great majority of these cancers and deaths could be prevented with early screening. This is because most colorectal cancers develop from adenomatous polyps. Polyps are noncancerous growths in the colon and rectum. Detecting polyps through screening and removing them can actually prevent cancer from occurring. Furthermore, being screened at the recommended frequency improves the chance that colorectal cancer will be detected at an earlier stage, when it is more likely to be cured by surgery alone, the surgical procedure is less extensive, and the recovery is much faster. (statistics excerpted from AMERICAN CANCER SOCIETY, Colorectal Cancer Facts & Figures 2008-2010.)

SMP Unique ID National Roll-out

The SMP Unique ID initiative developed by the Administration on Aging and the Centers for Medicare and Medicaid Services (CMS) will greatly enhance SMP program's ability to assist beneficiaries in addressing fraud cases. The SMP Unique ID is modeled after a system that was developed for the SHIP Program. Using the Unique ID, SMP representatives will receive priority access through a separate 1-800-MEDICARE line without needing the beneficiary to be present. The implementation date of this initiative will be announced soon following a training webinar on the initiative.

New Technology to Help Fight Medicare Fraud

Effective July 1, 2011, the Center for Medicare & Medicaid Services started using innovative predictive modeling technology to fight Medicare fraud. This technology is similar to technology used by credit card companies that helps potentially fraudulent Medicare claims on a nationwide basis and helps stop fraudulent claims before they are paid. This initiative is a departure from the former "pay & chase" recovery method that focuses on preventing fraud and abuse before payment is made. The Affordable Care Act provides additional resources and tools to enable the CMS to expand efforts to prevent fraud, waste and abuse. The federal government recovered a record \$4 billion last year from people who tried to defraud seniors and taxpayers. According to a report on the Department of Justice's health care fraud prosecutions 903 new health care fraud prosecutions had been made in the first eight months of 2011. Health care fraud was the top ranked charge recorded in the prosecutions. The Office of Inspector General (OIG) reported that in 2010 CMS reported Medicare improper payments totaling \$47.9 billion. Of that total, \$34.3 billion is attributable to Medicare Fee-for-Service and \$13.6 billion to Medicare Part C.

The OIG posted a report on Power Wheelchairs stating "Most Power Wheelchairs in the Medicare Program Did Not Meet Medical Necessity Guidelines." OIG found that 61 percent of power wheelchairs funded by Medicare in the first half of 2007 were medically unnecessary or had claims that lacked sufficient documentation to determine medical necessity. Those power wheelchairs accounted to \$95 million of the \$189 million that Medicare allowed for power wheelchairs during the same period, according to the OIG post. OIG recommended that CMS:

1. Enhance reenrollment screening standards for current supplies or DME, prosthetics, orthotics and supplies.
2. Review records from sources in addition to the supplier, such as the prescribing physician, to determine whether power wheelchairs are medically necessary.
3. Continue to educate power wheelchair suppliers and prescribing physicians to ensure compliance with clinical coverage criteria.
4. Review suppliers that submitted sampled claims that were found to be in error.



CMS concurred with all but the first recommendation listed above.

Legislative Update

Senators Thomas Carper (D-DE) and Tom Coburn (R-OK) have introduced a bill, the Medicare and Medicaid Fighting Fraud and Abuse to Save Taxpayer Dollars Act (S. 1251), also known as the FAST Act, to help reduce waste, fraud and abuse in Medicare and Medicaid. This bill is one of several strategies being used to phase out the practice of “pay and chase.” The legislation would enhance awards to individuals reporting fraud and expand the fraud identification and reporting work of the SMP program. It requires Health and Human Services to use the SMP program to “conduct a public awareness and education campaign to encourage participation in a revised beneficiary incentive program” to encourage individuals to report fraud and abuse.

Meet our Partners!

Nebraska SMP has an active Steering Committee that meets quarterly to discuss SMP related fraud and abuse issues and get updates from partner organizations. Representatives from the following organizations serve on the Steering Committee: SHIIP (Senior Health Insurance Information Program), AARP, TRIAD (a partnership of three organizations – law enforcement, senior citizens and community groups), CIMRO (a quality improvement organization), Medicaid Fraud Control Unit in the Attorney General’s Office, representative from the Consumer Protection Unit in Attorney General’s Office, Department of Health and Human Services Program Integrity staff, Nebraska Medical Society, IntegriGuard Program Safeguard Contractor, Long-term Care Ombudsman, Adult Protective Services, Senior Center Association, Area Agencies on Aging, Aging and Disability Resource Center (ADRC), Better Business Bureau, Consortium for Dementia Alternatives and SMP Director and local coordinators. SMP has developed a new partnership with the Office of Health Disparity and Health Equity within DHHS.

SMP Briefs features a column written by one of these SMP partners. In this issue the featured article is by the Aging and Disability Resource Center (ADRC).

Aging and Disability Resource Center (ADRC)

By Julie Gillmor, ADRC Coordinator

Nebraska received a grant from the Administration on Aging and Center for Medicare & Medicaid Service to develop an Aging and Disability Resource Network.

All states have grants to develop Aging and Disability Resource Center networks. The national vision for ADRC networks is:

To have Aging and Disability Resource Centers in every community serving as highly visible and trusted places where people of all incomes and ages can turn for information on the full range of long-term support options and a single point of entry for access to public long-term support programs and benefits.

Nebraska's Aging and Disability Resource Center (ADRC) is not a single place; rather it is a coordinated network of existing organizations and programs which are dedicated to:

- Providing accurate information about publicly and privately financed long-term supports and services.
- Offering a consumer-oriented approach to learning about the availability of services in the home and community.
- Alleviating the need for multiple calls and/or visits to receive services.
- Supporting individuals and family members who are aging or living with a disability.

Nebraska's ADRC Advisory Board has been meeting since January 2011 and has crafted a plan for ADRC services statewide in the next five years. The Board includes representatives from the Department of Health and Human Services, Answers4Families, Area Agencies on Aging, Independent Living Centers, the Department of Insurance, AARP, Easter Seals Nebraska, The ARC of Nebraska, CIMRO, and TASC.



Key ADRC services include and are not limited to.

- Information and Assistance
- Help with Public Funding
- Health and Wellness
- Benefits Counseling
- Long-term Care Options Counseling

To accomplish this requires many agencies working together. For a few people, one agency can provide almost all of these services. More often, though, more than one agency needs to work together to provide the help consumers need. For questions about the ADRC grant effort in Nebraska, contact Julie Gillmor at 402-472-9781 or jgillmor@answers4families.org

Coordinators' Corner

C.J. Roberts, DHHS and Aging Office of Western NE: Outreach and education sessions were held at the Sutherland Care Center, in-service at Good Samaritan in Alliance, Mitchell Care Center and Golden Living Center in Scottsbluff for the resident council. One-on-one counseling was also provided to residents. C.J. held a monthly volunteers meeting to share fraud and scam information and volunteers disseminated outreach materials at the Western Nebraska Veterans' Home annual picnic.

DeAnna Tuttle, Midland Area Agency on Aging: DeAnn recruited three new volunteers and hosted a booth at county fair for three days. She presented a program at SASA meeting and published an advertisement in the local newsletter. Agency newsletter included two articles on scams and how seniors can protect themselves from health care fraud. DeAnna is addressing complex issues related to a personal liability claim and Medicare interim payments. DeAnna and a volunteer helped staff the booth at Husker Harvest Days and at the State Fair.

Barb Ebke, Blue Rivers AAA: Barb has been working on a convoluted complex issue at a facility. She has published advertisements in the local newspapers and worked with the Fairbury Chamber of Commerce to send 235 SMP posters to the chamber members. Nebraska City Chamber of Commerce posted SMP information on their website. Barb made presentations at the Tecumseh and Auburn Senior Centers and helped staff the booth at Husker Harvest Days.

Lacey Cover, South Central NE AAA: Lacy started working as a SMP coordinator in July and completed the online training. She worked on her first complex issue and entered it in Smart Facts database. Lacy made presentations at Central Community College to the RN & LPN Nursing students and helped at the State Fair booth. A new volunteer was recruited for South Central Nebraska AAA at Husker Harvest Days.

Tami Barrett, Aging Partners: Tami conducted outreach and education at David City, Polk, Milford, Stromsburg and Osceola Senior Centers. She made a presentation at the "New to Medicare" SHIIP event and presented at the Madonna Oasis Group, Aldergate Methodist Church and at the Midwest Covenant Home in Stromsburg.

Sue Fredricks, Volunteers Assisting Seniors (VAS): Sue reported two scams related to an inmate phone scam and Department of Pharma scam where the caller requested personal bank account

information. Outreach and education events included presentations at “New to Medicare” workshops, participation in the Elder and Caregiver Fair. VAS engaged in several media activities including promotion of National Telemarketing workshop in New Horizons, Senior Lifestyles magazine and a scam report in the VAS newsletter. VAS has developed a New to Medicare Packet that includes fraud information. The packets have been adopted for widespread distribution to Medicare beneficiaries across the state. VAS recruited three new volunteers who took the online Volunteer Foundations training.

Pat Wilcox, Eastern NE Office on Aging: Pat published a SMP advertisement in the New Horizons Newspaper. Outreach and education activities were conducted at Omaha Vocational Rehabilitation Office, Lutheran Home Resident Council, and New Cassel staff meeting. Pat volunteered to staff the booth all day at Husker Harvest Days.



Bev Myers, Northeast NE AAA: Bev worked on potential scams related to a prescription drug card, Medicare ABA and diabetic supplies scam. Outreach and education were conducted at Alpine Village, NENAAA staff, Norfolk Senior Center, Rainbow Center residents, New to Medicare workshops. Bev included SMP information with Home Delivered Meals programs and worked on two complex issues. Bev staffed the booth at Husker Harvest Days. One new volunteer was recruited through Husker Harvest Days.

Rhonda Godbey, West Central NE AAA: Rhonda conducted outreach and education sessions at Farnam and Heritage Senior Centers, Tri-county Health Department and Welcome to Medicare workshops and disseminated SMP information to all SHIP clients she counseled.

Statewide Activities: SMP volunteers and staff attended the annual volunteer conference in Lincoln. Volunteers were recognized for their service during the luncheon. An SMP booth was featured at the day-long Older Nebraskan Festival at the State Fair and at Husker Harvest Days held over three days. SMP staff and volunteers helped staff the booth in shifts. An advertisement was published in the 55 Plus Magazine with distribution in Lincoln and surrounding areas. NET public radio and television published and distributed Nebraska Football posters featuring Nebraska SMP as a co-sponsor. NET also started airing SMP advertisement on various programs on its network. DHHS issued a news release on frauds and scams. As a result several local newspapers picked up the story and published it their local newspapers. A news release was also issued on Nebraska SMP receiving two national awards. This was published in some local newspapers. Nebraska SMP advertisement was published in Nebraska Life Magazine with a statewide distribution. Madhavi Bhadbhade, SMP Director was

interviewed by the Midland Business Journal in Omaha and featured in a news story along with Nebraska Attorney General. She spoke at the Eastern NE Anti-Fraud Association Meeting.

Statewide Training on Elder Issues

SMP staff and volunteers are invited to attend the statewide training on elder issues on November 16. “A Comprehensive Look at Today’s Elder Issues” will be offered via satellite at 15 locations across the state. Participants may also sign-up to watch it via live streaming over the web. Registration information is posted at <http://www.dhhs.ne.gov/ags/agsindex.htm>. The afternoon sessions will be open to the clients in the aging network. The satellite locations include: Alliance, Beatrice, Chadron, Columbus, Fremont, Grand Island, Hastings, Kearney, Lexington, Lincoln, Norfolk, North Platte, Omaha, Scottsbluff and Sidney.

Program

8:00 – 8:05 a.m. (Central Standard Time)	Welcome and Introductions
8:05 – 9:00 a.m.	New Developments in Adult Guardianship: An Overview and Case Law -Mary Wilson, Attorney, Buford Law Firm, Omaha -Kevin Brostrom, Attorney, Lauritsen, Brownell, Brostrom & Stehlik, Grand Island
9:00 – 10:00	A Primer on Prevention of Elder Financial Abuse and Exploitation & Recent Case Prosecutions -Ed Finn, Adult Protective Services - Shawn Eatherton, Buffalo County Attorney
10:00 – 10:15	Break
10:15 – 11:15	Identity Theft and Debt Collection Issues -William Reinbrecht, Car & Reinbrecht, P.C., L.L.O., Omaha -Margaret Schaefer, Legal Aid of Nebraska, Omaha
11:15 – 12:15 p.m.	Ethics Issues in Elder Law -Pam Car, Car & Reinbrecht, Omaha
12:15 – 12:30	Q & A
12:30 – 1:15	Lunch on Your Own



1:15 – 2:15	Aging Services 101 Moderator: Tammie Scholz, State Unit on Aging Panelists – Janelle Cox, CHOICES Supervisor, Eastern NE Office on Aging -Rod Horsley, Director, South Central NE Area Agency on Aging (AAA) -DeAnna Tuttle, Long-term Care Ombudsman, Midland AAA -Mary Humphrey, Nutrition Program Supervisor, Northeast NE AAA
2:15 – 3:15	What Every Senior Needs to Know About Identity Theft, Consumer Fraud and Elder Financial Exploitation -Jim Hegarty, Better Business Bureau -William Reinbrecht, Car & Reinbrecht -Cindy Koenig-Warnke, Lincoln Police Department
3:15 – 3:30	Break
3:30 – 4:30	Overview of Medicare , Bobbie Kierstead, SHIIP; How to Prevent Healthcare Fraud , Tami Barrett, Aging Partners; ACCESSNebraska, Karen Heng, DHHS,
4:30 – 5:00	Q & A
5:00 p.m.	Adjourn

ATTENTION PARTNERS ... WE NEED YOU!

Working together, we can protect people with Medicare.

Help Prevent Inappropriate Marketing During Annual Enrollment

The Annual Enrollment Period (AEP) starts and ends earlier now: October 15 – December 7. During this time, all people with Medicare can join, switch or drop Medicare plans. While there are circumstances that may allow people to change throughout the year, plan sponsors most actively market their Medicare plans during Annual Enrollment. We need your help to protect people against prohibited and high-pressure marketing tactics like these:

Plan Representative Behavior at Marketing/Sales Events

- Communicating incorrect information about plans
- Soliciting enrollment applications before the AEP starts on October 15
- Using pressure tactics (for example, requiring people to provide contact information to attend a marketing/sales event)
- Serving meals at marketing/sales events
- Asking for credit card, bank account information, Social Security Number, or Medicare number

Information in Advertising Materials

- Conveying inaccurate information (like incorrect costs or description of benefits)
- Using inappropriate language or absolute statements without support (for example, Plan X is the “best”)
- Comparing one plan to another by name without written concurrence from all affected plans
- Using or distributing Medicare Advantage or Prescription Drug Plan benefit information that doesn’t have a CMS marketing material ID (for example, “Y1234_drugx38 CMS Approved MMDDYYYY” or “H1234_0021 File & Use MMDDYYYY”). The material ID must be positioned in the lower left or right hand corner of the front page.

Agent/Broker Behavior

- Marketing through unsolicited contact. Includes: door-to-door solicitations, approaching people in common areas (for example, hallways, parking lots), and telephone or electronic solicitations (for example, voicemail, text, and e-mail)
- Selling non-health related products, like life insurance policies, while marketing a Medicare plan
- Asking for referrals during a personal/individual marketing appointment
- Conducting a marketing appointment beyond the agreed scope (for example, discussing a Medicare Advantage Plan when the person only agreed to discuss a stand-alone drug plan)

- Soliciting appointments under the premise the appointment is educational only
- Distributing marketing materials or discussing plan-specific benefits (like premiums) at educational events
- Conducting sales presentations, distributing and accepting enrollment applications, and soliciting in areas where patients primarily intend to get or are waiting to get health care services
- Scheduling unsolicited appointments with residents of long-term care facilities (for example, nursing homes, assisted living facilities, board and care homes, etc.)

2 Ways to Report Suspicious Marketing Activities

1. Submit an e-mail to Surveillance@cms.hhs.gov
2. Submit the SMART Referral form or an e-mail to your CMS Regional Office (RO) State Health Insurance Assistance Program (SHIP) Liaison or CMS RO Department of Insurance (DOI) Liaison with a copy to Surveillance@cms.hhs.gov

Please provide as much information as possible (who, what, when, where, and how). If appropriate, include the newspaper or print ad, website addresses, or any other related information.

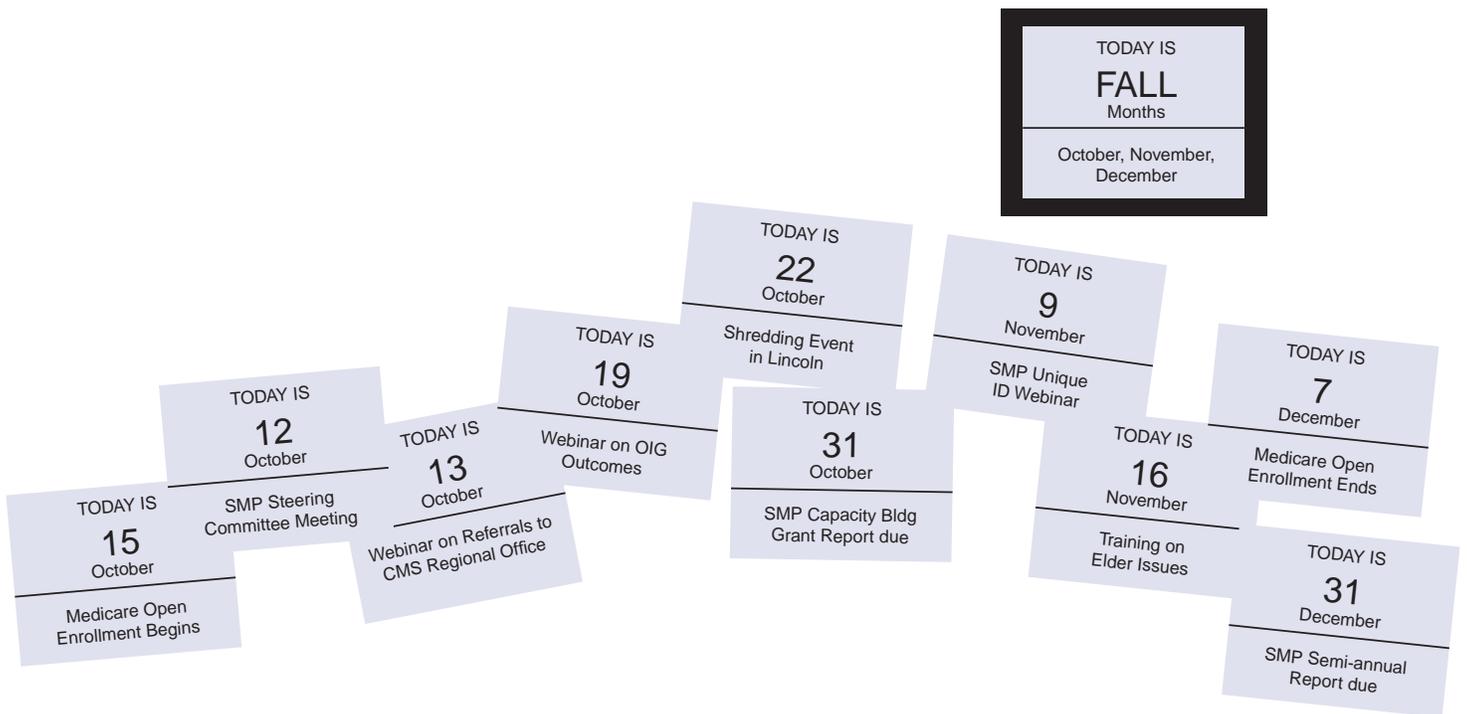
PROHIBITED AGENT/BROKER BEHAVIOR	APPROPRIATE AGENT/BROKER BEHAVIOR
Can't state that they are from Medicare or use "Medicare" in a misleading manner. For example, they can't state that they are endorsed by Medicare, are calling on behalf of Medicare, or that Medicare asked them to call or see the beneficiary	May call someone with Medicare who has expressly given permission. The permission applies only to the plan or agent/broker the person that requested contact from, for the duration of that transaction, and for the scope of products
Can't solicit potential enrollees door-to-door	Can call their own clients to discuss new plan options
Can't send unwanted e-mails, text messages, or leave voicemails	May call or visit someone with Medicare who attended a sales event if the person gave permission
Can't approach people with Medicare in common areas (i.e. parking lots, hallways, lobbies, sidewalks)	May initiate a phone call to confirm an appointment. Scope of the appointment may be changed with appropriate documentation
Can't conduct sales activities in healthcare settings except in common areas. Improper areas include waiting rooms, exam rooms, hospital patient rooms, dialysis centers and pharmacy counter areas	Can conduct sales activities in common areas of healthcare settings. Appropriate common areas include hospital or nursing home cafeterias, community or recreational rooms, and conference rooms
Can't make unwanted calls, including contacting people with Medicare under the guise of selling a non-Medicare Advantage (MA) or non-Prescription Drug Plan (PDP) product and allow the conversation to turn to MA or PDP. For example, an agent/broker can't begin by selling a Medicare Supplement plan and then turn the conversation to MA or PDP products	Must secure a signed "scope of appointment", prior to the appointment. For example, provided that the person has completed the scope of appointment form following a marketing/sales event, the future appointment may take place immediately after marketing/sales meeting
Can't provide meals to potential enrollees at sales presentation	May provide refreshments and light snacks to potential enrollees at sales presentations
Can't conduct marketing or sales activities at an educational event (such as discuss plan benefits)	May schedule appointments with people who live in long term care facilities only upon request
Can't market non-health related products (such as annuities and life insurance) to potential enrollees during MA or PDP sales activities or presentations	May leave cards behind for clients to give to their friend or family. The "referred" person has to contact the agent/broker directly
Can't offer gifts to potential enrollees of more than \$15. If a gift is offered it must be made available to all potential enrollees even if they do not enroll in a plan	May make sales presentations to groups of people without documenting scope of appointment with each individual since such documentation is only required for personal/individual sales events

To report concerns or specific complaints about possible inappropriate marketing practices, contact your State Health Insurance Assistance Program (SHIP). Call 1-800-MEDICARE or go to www.medicare.gov to get the phone number for your local SHIP. You can also send an e-mail with details to surveillance@cms.hhs.gov.

Calendar of Events

- October 15 – December 7 Medicare Open Enrollment Period
- October 12 SMP Steering Committee Meeting
 - October 13 Webinar on Referrals to CMS Regional Office
 - October 19 Webinar on OIG Outcomes
 - October 22 Shredding Event in Lincoln
 - October 31 SMP Capacity Building Grant Annual Report Due
 - November 9 SMP Unique ID Webinar
 - November 16 Training on Elder Issues
 - December 31 SMP Semi-annual Report Due

HAPPY HOLIDAYS!



LAS VEGAS — Mitt Romney came under intensive attack from his rivals for the Republican presidential nomination at a debate here Tuesday night, with a newly assertive Rick Perry leading a sometimes personal barrage against him on conservative consistency, health care policy and even the immigration status of yard workers at his home.

It was the most acrimonious debate so far this year. Marked by raised voices, accusations of lying and acerbic and personal asides, it signaled the start of a tough new phase of the primary campaign a little more than two months before the first votes are cast.

Mr. Romney responded aggressively to the attacks and sometimes testily. Once, after Mr. Perry spoke over him, he turned to the debate moderator, Anderson Cooper of CNN, to plead, “Anderson?”

President Obama came in for some criticism, but it was almost entirely overshadowed as the seven Republicans on stage spent most of their time challenging one another. Most of the candidates faced questions on some of their biggest vulnerabilities, including Herman Cain, who spent the debate’s opening moments defending his 9-9-9 tax plan against nearly unanimous criticism from his fellow candidates.

But more than any other debate, this one was about Mr. Romney, a former Massachusetts governor. Previously, he had managed to parry attacks relatively easily. But he had yet to face a barrage like the one he walked into on Tuesday.

It came at a time when the Romney campaign was seeking to present an air of inevitability that he will be the nominee, while his rivals were seeking to exploit the sense that his support is soft and that Republican primary voters continue to seek an alternative.

The most striking difference from the last several debates was the performance of Mr. Perry, the governor of Texas, whose candidacy has floundered after a series of unsteady debate appearances. He displayed a much more combative style, if at times appearing too heated and occasionally drawing jeers from some in the Republican audience.

Striding onto the stage with an air of confidence, Mr. Perry seemed to relish challenging Mr. Romney from his opening statement. He called himself “an authentic conservative — not a conservative of convenience,” a swipe at Mr. Romney, who has been criticized by some conservatives for changing positions on issues like abortion.

It was the fifth time since Labor Day that the Republican

candidates appeared together on stage. The only one of the leading candidates not to participate was former Gov. Jon Huntsman of Utah, who opted out in solidarity with New Hampshire Republicans who are angry that Nevada moved its caucuses up in the voting schedule, to Jan. 14.

There was plenty of acrimony to go around. Representative Ron Paul of Texas attacked Mr. Cain, Representative Michele Bachmann of Minnesota joined in, and former Senator Rick Santorum of Pennsylvania — seeking a chance to be a conservative alternative to Mr. Romney and Mr. Perry — mixed it up with all of them.

In the debate’s final seconds, Newt Gingrich, the former House speaker, said “maximizing bickering” was probably not the best way to win the White House.

But bicker they did, and sometimes more. In one heated moment, Mr. Romney turned to Mr. Perry, who was standing beside him, and put his hand on Mr. Perry’s arm as they spoke across one another.

Mr. Perry did not hesitate to make it personal, accusing Mr. Romney of having hired illegal immigrants to work on the lawn of his Massachusetts home.

“Mitt, you lose all of your standing from my perspective because you hired illegals in

your home,” Mr. Perry said. “And you knew for — about it for a year.”

He went on, “And the idea that you stand here before us and talk about that you’re strong on immigration is, on its face, the height of hypocrisy.”

Mr. Romney at first sought to deflect Mr. Perry’s attack by giving a stage laugh and saying: “Rick, I don’t think that I’ve ever hired an illegal in my life. And so I’m — I’m looking forward to finding your facts on that.” Mr. Perry snapped back, “It’s time for you to tell the truth.”

As the two continued to speak over each other and Mr. Perry kept pressing his attack, Mr. Romney turned to his opponent and said sharply, “This has been a tough couple of debates for Rick, and I understand that, and so you’re going to get — you’re going to get testy.”

Mr. Perry’s eyes narrowed and he licked his lips, before yielding the floor to Mr. Romney.

The exchange drew from a Boston Globe report in 2006 that found that illegal immigrants were among the members of a crew hired by a company working on Mr. Romney’s lawn. A year later, the newspaper found that the yard workers still included illegal immigrants. At the debate, Mr. Romney said the company had hired the workers and that he

had eventually stopped using it because of the lapses.

Mr. Romney said he would seek to push an “e-verify” program to check the status of workers if he became president, tartly noting that Mr. Perry had opposed such a plan. As the subject continued to dominate the discussion, Mr. Romney said Republicans should be welcoming of legal immigrants, a message likely to resonate in Nevada, whose population is 27 percent Hispanic, according to census data.

As Mr. Romney’s agitation grew, he admonished his rival. “I suggest that if you want to become president of the United States,” he said, “you have got to let both people speak.”

It was Mr. Santorum who started the assault on Mr. Romney, turning the subject to Mr. Romney’s health care plan. “Governor Romney,” Mr. Santorum said, “you don’t have credibility when it comes to Obamacare.” The Massachusetts plan shares several similarities with the new national health care overhaul, including mandates that people buy insurance.

“Your plan was the basis for Obamacare,” Mr. Santorum told Mr. Romney. “To say you’re going to repeal it — you have no track record on that that we can trust you that you’re going to do that.”

When Mr. Romney began to answer by repeating his contention that he never said he had recommended the Massachusetts plan for the entire country, Mr. Santorum showed his disagreement.

“You’re, you’re shaking, you’re shaking your head,” Mr. Romney said.

“Governor, no, that’s not what you said,” Mr. Santorum replied as the two talked over each other and Mr. Romney finally said in exasperation: “I’ll tell you what? Why don’t you let me speak?”

The debate also provided the first opportunity for the candidates to engage one another directly on the controversy over religion that flared two weeks ago when a Texas pastor and supporter of Mr. Perry suggested that Mr. Romney’s religion — he is Mormon — is a cult. Mr. Perry was asked if he would repudiate the remarks.

“I didn’t agree with it, Mitt, and I said so,” Mr. Perry said.

Mr. Romney said he was not troubled by the attacks on his faith. “I’ve heard worse,” he said. But he said he was most troubled by the suggestion that people should be chosen for office based on their religious faith.

“The founders of our country went to great lengths, and even