



# 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](http://www.dhhs.ne.gov/smp) or call 1-800-942-7830

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

An 83-year old **Nebraska** woman lost over \$22,500 in an intricate sweepstakes scam. She was contacted by a woman claiming to be an attorney with an existing Miami law firm, who told her that she had won about \$950,000 in a sweepstakes. She was told that in order to get the money, she had to send in processing fees via prepaid cards, so she did so. The winnings never arrived because she had never entered a sweepstakes. Police caution that scams like this one are occurring across the country. If a person does actually win a sweepstakes or lottery, they won't have to pay a fee to get their winnings.

An Assessor's office in Nebraska reported seniors receiving phone calls offering them help filing for Homestead Exemption. The caller says they are a volunteer and can help them fill out the paperwork over the phone. They are asking for their Social Security numbers. There are no "volunteers" that the Assessor's office here knows of that have any authority to be doing this over the phone and asking for Social Security numbers. The SMP network has been alerted about this.

A flaw in Medicare's Part D prescription drug program has allowed criminals using fake medical ID numbers and the identities of dead doctors to obtain Schedule II drugs including highly addictive painkillers and stimulants. To address this problem, which cost over \$20 million in 2007, CMS will now be validating all provider numbers by requiring contractors to use a Drug Enforcement Administration number or other valid prescriber identifier. Doctors must have a DEA number to prescribe Schedule II drugs.

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In **Kansas** there has been a rash of issues with Durable Medical Equipment, particularly with diabetic shoes.

Beneficiaries living in small island communities in **Alaska** are being charged for a brand name drug but dispensed a generic one.

In **Iowa**, a physician is being pursued due to fraudulent activity committed in Florida. He attempted fraud in Iowa as well, and has been required to surrender his license.

In an apparent case of identity theft, a consumer from **California** was charged \$3,000 for oxycontin from a pharmacy she had never visited.

A consumer in **New Jersey** complained of receiving an unsolicited postcard asking for personal information.

In **Virginia**, a beneficiary received a call inquiring as to whether they had checked their blood sugar. Beneficiaries have also been approached about tree work, and then been charged exorbitant prices for the service.

The Coalition of **Wisconsin** Aging Groups reports an increase of complaints of time share scams. Individuals are given aggressive sales pitches and pressured to sign time share contracts.

A local senior housing site in **New York** hosted “parties” put on by a DME company that were promoted to residents with the title, “Are You Sick and Tired of Pain?” The parties occurred at lunch time and the company supplied pizza, soda, and door prizes. Although the presenter was dressed in scrubs, she was neither a registered nurse nor a nurse aide. When asked specific questions about Medicare coverage, she gave misleading answers. Resident beneficiaries were invited to sign a statement that they had discussed the need for the company’s product with their doctor, which would actually be signed by a doctor working for the company.

In **Connecticut**, a beneficiary received a check for \$3,620 for volunteer services she did not perform. The check came with a notice that used the United Way logo. She contacted SMP and did not cash the check.

Also in **Connecticut**, a senior reported receiving recorded messages for 2 weeks stating “MEDICARE HAS IMPORTANT INFORMATION FOR YOU.” The senior has been hanging up the phone, assuming the message is associated with a scam.

Residents of **North Dakota** have been reporting calls claiming to be from the Medicare Diabetic Division.

The media in **Georgia** had a report that an individual registered a cell phone to a name that sounded like Georgia Power. People answered the phone after looking at caller ID and thinking it was the utility company. The caller asked for personal information to verify records. No one fell for it that the SMP knows.

The SMP in **South Dakota** received 6 complaints of agents going door to door and calling people claiming they will explain your Medicare benefits, then turn around and try to sell life insurance policies and prepaid funeral expenses.

A man in **Iowa** was arrested for posing as a paramedic. He listened to a police scanner and would respond as a first responder. It is unclear if he collected personal information, but the opportunity was there.

There is a new twist on the lottery scam in **Texas**. Instead of being told to wire money, the individual was called and told to deposit money into an account. Although the person unfortunately did so 3 different times since Thanksgiving, SMP was able to get the account number and report it to the bank.

In **Hawaii**, a woman received a call for her husband who has Alzheimer's. The caller claimed to represent the American Diabetes Club and stated that a new state law required they provide monitors to people to monitor diabetes, but first they required their Medicare number.

A doctor in **California** who owns a huge chain of hospitals uses the prognosis of malnourishment to bill Medicare more when seniors come in. The doctor's hospital has an irregularly high number of patients who are supposedly suffering from a particular malnourishment disease from Africa that usually only affects children.

The SMPs in **Illinois** and **California** report that beneficiaries have received a letter from AWP Track 2 Settlement Administrator in Faribault, Minnesota with a PO Box as the return address. The letter informs them that there is a class action settlement involving people who paid a co-payment for Medicare Part B or D for drugs. Beneficiaries are instructed to return the letter with a signature if they purchased these drugs between January 1, 1999 and 2005. Although the letter is legitimate, it is not through CMS. It is a class action law suit that people have to opt out of.

## 111 Charged in Medicare Scams worth \$225 Million

On February 17, Federal authorities charged more than 100 doctors, nurses, and physical therapists in nine cities with Medicare fraud, part of a massive nationwide bust that caught more suspects than any other in history. Suspects were indicted from Miami, Los Angeles, Dallas, Houston, Detroit, Chicago, Brooklyn, Tampa, and Baton Rouge. Health and Human Services Secretary Kathleen Sebelius has promised more decisive action through more vigorous screening of providers and cessation of payment to suspicious ones, under greater authority granted by the Affordable Care Act.

*Original story by Kelli Kennedy, Associated Press, February 17, 2011.*

## Western Union Wire Transfer

To address the prevalence of wire transfer scams, Western Union trains its agents to be on the lookout for potential victims. They are taught to identify red flags such as:

- Telling victims to go to different locations to wire money.
- Having victims send different amounts of money each time – sometimes large, sometimes small.



- Instructing victims to use different people to send money when the victim is blocked from making wire transfers.
- Telling victims they are wiring money to another state, when in fact the money can be retrieved anywhere in the world once the transaction takes place.
- Intimidating victims with death threats if the money is not sent.

These are tricks that scam artists use to remain undetected and under the radar. If you believe that you or someone you know may be the victim of wire transfer fraud, contact Nebraska SMP at 1-800-942-7830. Protect yourself. Never wire money to anyone you do not know. Never wire money if someone tells you to keep it a secret. Never wire money out of the country.

Thanks to Barbara McGinity of Texas SMP for providing material for this story.

## FTC's Mortgage Assistance Relief Services Advance Fee Ban Takes Effect

*Source: FTC Website*

The advance fee ban under the FTC's Mortgage Assistance Relief Services (MARS) Rule is designed to protect financially distressed homeowners from mortgage relief scams that have sprung up during the mortgage crisis.



“Banning the collection of up-front fees will protect homeowners from being victimized,” FTC Chairman Jon Leibowitz said. “This is especially important at a time when so many people are behind on their mortgages or facing foreclosure.”

As of January 31, 2011, companies that offer to help homeowners get their loans modified or sell them other types of mortgage assistance relief services are no longer allowed to charge up-front fees. Under the rule, a mortgage assistance relief company may not collect a fee until the consumer has signed a written agreement with the lender that includes the relief obtained by the company. When the company presents the consumer with that relief, it must inform the consumer, in writing, that the consumer can reject the offer without obligation and, if the consumer accepts, the total fee due. Before the consumer agrees to accept the mortgage relief, the company must also provide a written notice from the lender or servicer showing how the relief will change the terms of the consumer's loan (including any limitations on a trial loan modification).

During the past three years, the FTC has filed 32 lawsuits against mortgage assistance relief companies for deception and abuse, and state law enforcers have filed hundreds of additional cases. The MARS Rule issued in November gives the FTC and the states an additional tool for combating deceptive and unfair acts or practices by these entities.

### **Attorney exemption**

Attorneys are generally exempt from the rule if they provide mortgage assistance relief services as part of the practice of law, are licensed in the state where the consumer or dwelling is located, and comply with state laws and regulations governing attorney conduct related to the rule. To be exempt from the advance fee ban, attorneys must also place any advance fees they collect in a client trust account and abide by state laws and regulations covering such accounts.

## Information for Businesses and Consumers

FTC staff has issued two new business education publications. “[The Mortgage Assistance Relief Services Rule: A Compliance Guide for Business](#)” describes the key provisions of the MARS Rule to help covered businesses ensure that they are in compliance. “[The Mortgage Assistance Relief Services Rule: A Compliance Guide for Lawyers](#)” contains specific guidance for attorneys who provide mortgage assistance relief services. The staff has also issued a consumer publication, “[Mortgage Assistance Relief Scams: Another Potential Stress for Homeowners in Distress](#),” which relates how to spot and avoid these scams.

## Jury Notices

*Source: Sid Kirchheimer, AARP Bulletin, January 31, 2011*

Since the beginning of the year, the “jury duty scam” has made a resurgence. Victims receive calls purporting to be from the local courthouse threatening arrest for not showing up for jury duty. When the victim protests, the caller asks for identity verification – including Social Security Number, birth date and possibly bank or credit card account numbers. If you ever receive such a call, hang up without providing any personal information.

Here’s why:

- Authentic “no-show” summons for missed jury duty are nearly always delivered by mail.
- If an actual court official does call you, they will not ask for personal information.
- Legitimate officials don’t give a heads-up warning about an impending arrest.
- Scammers often get names and addresses from phone books and call in the evening when people are more likely to be home. Real court officials would call during office hours.
- Scammers often use “spoofing” products to make your caller ID screen indicate that you are getting a call from a courthouse.

If you receive such a call, you can authenticate it by looking up the courthouse number yourself and asking for the jury duty coordinator or court clerk’s office. Report scam calls to your courthouse and the state attorney general’s office.

## Better Business Bureau Tip Sheet

As we learn more about the 8.9-magnitude earthquake that hit near the northeast coast of Japan on Friday, the Better Business Bureau Wise Giving Alliance warns that — as occurred following the tsunami in 2004, Katrina in 2005 and the earthquake in Haiti just last year — fraudulent charities will likely emerge to try and scam donations from well-meaning Americans. BBB WGA urges givers to make sure their donations will go to legitimate and reputable charities and relief efforts that have the capability to help those in need.



“Whenever there is a major natural disaster, be it home or abroad, there are two things you can count on. The first is the generosity of Americans to donate time and money to help victims, and the second is the appearance of poorly run and in some cases fraudulent charities,” said Art Taylor, President and CEO of the BBB Wise Giving Alliance. “Not only do Americans need to be concerned about avoiding fraud, they also need to make sure their money goes to competent relief organizations that are equipped and experienced to handle the unique challenges of providing assistance.”

BBB Wise Giving Alliance offers the following seven tips to help Americans decide where to direct donations:

**Rely on expert opinion when it comes to evaluating a charity.**

Be cautious when relying on third-party recommendations such as bloggers or other Web sites, as they might not have fully researched the listed relief organizations. The public can go to [www.bbb.org/charity](http://www.bbb.org/charity) to research charities and relief organizations to verify that they are accredited by the BBB and meet the 20 Standards for Charity Accountability.

**Be cautious when giving online.**

Be cautious about online giving, especially in response to spam messages and emails that claim to link to a relief organization. In response to the tsunami disaster in 2004, there were concerns raised about many websites and new organizations that were created overnight allegedly to help victims.

**Find out if the charity has an on-the-ground presence in the disaster impact areas.**

Unless the charity already has staff in the affected areas, it may be difficult to get new aid workers to quickly provide assistance. See if the charity’s website clearly describes what they can do to address immediate needs. Find out if the charity is providing direct aid or raising money for other groups. Some charities may be raising money to pass along to relief organizations. If so, you may want to consider “avoiding the middleman” and giving directly to charities that have a presence in the region. Or, at a minimum, check out the ultimate recipients of these donations to ensure the organizations are equipped to effectively provide aid.

**Be wary of claims that 100 percent of donations will assist relief victims.**

Despite what an organization might claim, charities have fund raising and administrative costs. Even a credit card donation will involve, at a minimum, a processing fee. If a charity claims that 100 percent of collected funds will be assisting earthquake victims, the truth is that the organization is still probably incurring fund raising and administrative expenses. They may use some of their other funds to pay this, but the expenses will still be incurred.

## **Gifts of clothing, food or other in-kind donations.**

In-kind drives for food and clothing—while well intentioned— may not necessarily be the quickest way to help those in need - unless the organization has the staff and infrastructure to be able to properly distribute such aid. Ask the charity about their transportation and distribution plans. Be wary of those who are not experienced in disaster relief assistance.

## **Look for details when texting a donation.**

Beginning with the earthquake in Haiti, it's become common to send a text to make a donation. Make sure you understand the amount to be donated, and whether there will be any service fees charged to your account. Be sure the offer clearly identifies which charity will receive the donation, then check out the charity.

# Spotlight on Volunteers Assisting Seniors (VAS)

*Source: "VAS Newsletter," February 2011*

## **Notable accomplishments in 2010:**

- During Homestead Exemption, VAS assisted 1,964 homeowners, with a potential of \$3,841,210 in property tax relief.
- At enrollment events through mid-December, we helped 984 beneficiaries. As a comparison, last year during open enrollment we helped 531 beneficiaries. In 2008, one of our busiest years on record, we assisted 856 beneficiaries.
- Our court auditors have spent over 430 hours reviewing the annual accounting of court appointed conservators.
- We offered a "New to Medicare" workshop for people approaching Medicare age and have had 171 individuals attend the workshops.
- We created and printed 600 Medicare Made Easy Self-Study guides to help beneficiaries, caregivers and individuals approaching Medicare age better understand the basics of Medicare.



## **Volunteer Saves Client \$120K**

VAS tells volunteers there is no way to put a price on what they do, but for one particular client, there was a very real dollar value to the assistance he received. The gentleman was new to Medicare last August and signed up with a Medicare Advantage plan. He was diagnosed with cancer and prescribed an extremely expensive oral cancer medication. He came to one of our events and met with a volunteer to evaluate his drug coverage; being recently eligible for financial assistance and having such an expensive and essential medication. Under his current Medicare Advantage plan the \$10,000 a month oral cancer medication he needed was not going to be covered. The volunteer compared plans and found him a plan without a premium, and the medication will cost him only \$3.10 per month. For this client, a visit with the VAS volunteer was worth \$120,000!

# Medicare Changes Effective January 1, 2011

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## **1. The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding program[1]**

Beginning January 1, 2011, beneficiaries in nine areas around the country will have to get medical equipment and supplies through suppliers that have a contract with Medicare.

**This requirement applies to beneficiaries who live in one of the areas or who travel to that area.**

### **Areas affected:**

Charlotte-Gastonia-Concord, NC-SC; Cincinnati-Middletown, OH-KY-IN; Cleveland-Elyria-Mentor, OH; Dallas-Fort Worth-Arlington, TX; Kansas City, MO-KS; Miami-Fort Lauderdale-Pompano Beach, FL; Orlando-Kissimmee, FL; Pittsburgh, PA; Riverside-San Bernardino-Ontario, CA. Beneficiaries should check their zip code as described below, to determine whether they are within one of those areas.

### **Categories of DMEPOS included in the program:**

The following product categories are included in the Competitive Bidding program:

- Oxygen, oxygen equipment, and supplies;
- Standard power wheelchairs, scooters and related accessories;
- Complex rehabilitative power wheelchairs and related accessories (Group 2 only);
- Mail-order diabetic supplies;
- Enteral nutrients, equipment, and supplies;
- Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs) and related supplies and accessories;
- Hospital beds and related accessories;
- Walkers and related accessories; and
- Support surfaces (Group 2 mattresses and overlays in Miami-Fort Lauderdale-Pompano Beach, FL only).



## **Finding a supplier:**

Beneficiaries can find a Competitive Bidding program contract supplier by visiting:

[http://www.cms.gov/DMEPOSCompetitiveBid/01A2\\_Contract\\_Supplier\\_Lists.asp](http://www.cms.gov/DMEPOSCompetitiveBid/01A2_Contract_Supplier_Lists.asp) , by calling 1-800-Medicare, or by using the online supplier tool. Beneficiaries who want to use the online supplier tool should go to [www.medicare.gov/supplier](http://www.medicare.gov/supplier) and follow the steps below:

- Enter the Medicare beneficiary's zip code and click "Submit;"
- A list of product categories will appear; those product categories with a star icon next to them are included in the competitive bidding program;
- After selecting a competitive bidding product category, click "View Results;"
- A page will display stating you've selected a competitive bidding product category and briefly explain the program; click "Continue;"
- A list of all Medicare contract supplier locations in the competitive bidding area will appear.

Note: Some beneficiaries may be able to continue renting certain equipment from their current supplier if that supplier chooses to become a grandfathered supplier by agreeing to continue to rent equipment under the terms of the Competitive Bidding program.

## **Getting items repaired:**

In some situations a beneficiary may be able to get an item of DMEPOS that was owned by the beneficiary before January 1, 2011, repaired or replaced by a non-contract supplier. CMS has developed a fact sheet that describes the rules for repairs:

[http://www.cms.gov/MLNProducts/downloads/DME\\_Repair\\_Replacement\\_Factsheet\\_ICN905283.pdf](http://www.cms.gov/MLNProducts/downloads/DME_Repair_Replacement_Factsheet_ICN905283.pdf) .

See also information for beneficiaries who need repairs made to items subject to competitive bidding while traveling: [http://www.cms.gov/MLNProducts/downloads/DME\\_Travel\\_Bene\\_Factsheet\\_ICN904484.pdf](http://www.cms.gov/MLNProducts/downloads/DME_Travel_Bene_Factsheet_ICN904484.pdf) .

## **More information:**

The CMS tool kit on DMEPOS Competitive Bidding contains a number of useful fact sheets. It is available at: [http://www.cms.gov/Partnerships/03\\_DMEPOS\\_Toolkit.asp](http://www.cms.gov/Partnerships/03_DMEPOS_Toolkit.asp) .

## **2. Legislative and Regulatory Changes**

As previously reported, the Affordable Care Act (ACA) makes numerous changes to the Medicare program, some of which go into effect on January 1, 2011. The Centers for Medicare & Medicaid Services (CMS) also issued new regulations that affect Part C and Part D plans, starting on January 1.

### **Enhanced coverage of preventive health services:**

The ACA creates a new Medicare-covered service, an annual wellness visit, for which beneficiaries pay no deductible or co-insurance. Cost-sharing for most preventive services covered by Medicare is also eliminated.[2]

### **Closing the Part D coverage gap or “donut hole”:**

Beneficiaries who enter the coverage gap will pay 50 % of the cost of covered brand name drugs plus a dispensing fee. They will pay 93% of the cost of generic drugs. The coverage gap will be phased down and completely eliminated by 2020.[3]

Reforming the Part C Medicare Advantage (MA) program:[4]

- In 2011, payments to MA plans are frozen at 2010 levels, with future payment reductions being phased in over a number of years. The transition to a modified payment mechanism is designed to reduce overpayments to MA plans.
- MA plans cannot impose cost-sharing for chemotherapy administration services, renal dialysis services, and skilled nursing facility services that exceed the cost-sharing for those services under original Medicare.
- All local MA plans must have a maximum out-of-pocket (MOOP) liability amount for all Part A and Part B services to be set yearly by CMS.
- Preferred Provider Organization plans (for out-of-network services), Private Fee For Service plans, and Medical Savings Account plans are prohibited from imposing prior notification requirements. Plans have used these prior notification requirements to assess higher cost-sharing when an enrollee or provider fails to notify the plan in advance of a service being furnished.
- A new Medicare Advantage Disenrollment Period (MADP) starts on January 1 and runs through February 14. Individuals may use the MADP to return to traditional Medicare and a prescription drug plan (PDP). The MADP replaces the old Open Enrollment Period (OEP), during which time individuals could enroll in an MA plan, change MA plans, or return to traditional Medicare. Many marketing abuses occurred during the OEP as plan sponsors tried to lure individuals into MA plans.

### **Annual enrollment period (AEP):**

The AEP, during which beneficiaries may choose how they receive their Medicare benefits and their prescription drug coverage, will run from October 15 through December 7 of each year, rather than from November 15 to December 31:[5]

### **Income-related premiums:**

The ACA froze, at 2010 levels, the modified adjusted gross income levels for determining whether a beneficiary must pay a higher, income-related premium (\$85,000 for an individual; \$170, 000 for a couple). Starting in 2011, these individuals will also pay an additional amount for their Part D premiums.[6]

### 3. Direct deposit of Social Security and other federal checks:

The Fiscal Services Administration of the Internal Revenue Service published an interim final rule on December 22, 2010, concerning distribution of Social Security, Supplemental Security Income (SSI), Railroad Retirement, Veterans, and other federal government checks.[7] As of May 1, 2011, all checks must be received through direct deposit. Individuals who do not have a bank account or who would rather use a credit card account may sign up for Direct Express Debit MasterCard. Individuals who currently do not use direct deposit must change how they receive their check by March 1, 2011. They can go to [www.GoDirect.org](http://www.GoDirect.org), or they can call 1-800-333-1795. People who apply for federal benefits after May 1, 2011, will automatically get their benefits electronically.

### Conclusion

Other than the changes to the income-related Part B and Part D premiums, most Medicare beneficiaries can expect to see savings in their out-of-pocket costs as a result of the changes described above. The DMEPOS competitive bidding program is designed to reduce the cost of durable medical equipment, prosthetics, orthotics, and supplies. The new focus on prevention eliminates cost-sharing for important services and allows beneficiaries to meet yearly with their medical providers to establish or update a screening schedule. MA plans have new restrictions on the cost-sharing they may impose. Beneficiaries who enter the donut hole will pay less for their medications. All in all, the changes to Medicare that go into effect in 2011 will bring improvements to the lives of millions of older people and people with disabilities.

[1] See, DMEPOS Competitive Bidding Update (Sept. 23, 2010).

[http://www.medicareadvocacy.org/InfoByTopic/PartB/10\\_09.23.DMEPOS.htm](http://www.medicareadvocacy.org/InfoByTopic/PartB/10_09.23.DMEPOS.htm).

[2] See, Affordable Care Act Expands Coverage for Prevention and Wellness (Sept. 9, 2010);

[http://www.medicareadvocacy.org/InfoByTopic/PartB/10\\_09.09.WellnessVisit.htm](http://www.medicareadvocacy.org/InfoByTopic/PartB/10_09.09.WellnessVisit.htm).

[3] See, Changes to Medicare Advantage Plans and Prescription Drug Plans Under Health Care Reform, (April 8, 2010)

[http://www.medicareadvocacy.org/InfoByTopic/Reform/10\\_04.08.MAandPDChanges.htm](http://www.medicareadvocacy.org/InfoByTopic/Reform/10_04.08.MAandPDChanges.htm).

[4] See, Changes to Medicare Advantage Plans and Prescription Drug Plans Under Health care Reform, *supra*. See, also, New Rules for Medicare Part C and Part D Plans (June 3, 2010),

[http://www.medicareadvocacy.org/InfoByTopic/Reform/10\\_06.03.ChangesToPartCandD.htm](http://www.medicareadvocacy.org/InfoByTopic/Reform/10_06.03.ChangesToPartCandD.htm).

[5] See, Changes to Medicare Advantage Plans and Prescription Drug Plans Under Health care Reform, *supra*.

[6] See, 2011 Cost-Sharing Details (Nov. 10, 2010);

[http://www.medicareadvocacy.org/InfoByTopic/MedicareSummaryAndGeneralInfo/10\\_11.10.CostSharingDetails.htm](http://www.medicareadvocacy.org/InfoByTopic/MedicareSummaryAndGeneralInfo/10_11.10.CostSharingDetails.htm)

[7] 75 Fed Reg 80,337 (Dec. 22, 2010), available at

[http://fms.treas.gov/ach/31cfr210\\_int\\_final.pdf](http://fms.treas.gov/ach/31cfr210_int_final.pdf)

[-www.medicareadvocacy.org](http://www.medicareadvocacy.org)

## 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: SHIP (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 Briefs features a column written by one of these SMP partners. In this issue the featured article is by the Long Term Care Ombudsman Program.

**Patty Pierson**, the State Long-Term Care Ombudsman, loves her work.

“It’s a demanding but feel-good job,” says Patty. “Every day I know I’ve made a difference in someone’s life or helped shape a policy that will help people I’ve never met.”

As Ombudsman, Patty investigates and resolves complaints made by or on behalf of residents of long-term care facilities, provides training and technical assistance to local ombudsmen, and coordinates an annual conference for volunteers.

In addition, she also monitors laws, regulations and policies pertaining to long-term care facilities, recommends changes and oversees a statewide reporting system to collect and analyze data with an aim to resolving significant problems.

Patty also participates in or provides public forums to discuss decisions impacting the health, safety, welfare and rights of residents of long-term care facilities.

Every work day for Patty starts with a to-do list, often scribbled down at home the night before or on the way to work in the morning.

“I hate to admit it, but I’ve even woken in the middle of the night and jotted down a to-do.”

Often interrupted by phone calls and emails, that to-do list is re-prioritized regularly.





“The program fields thousands of calls each year from facility staff and residents, as well as families and friends of residents,” says Patty. “I personally handle hundreds of those calls. That’s one way I stay in touch with the people I serve.”

“I couldn’t do it alone,” says Patty, “and thankfully I don’t have to.”

A lot of help comes from co-workers both within her Division and the other Divisions in the Department of Health and Human Services. She also works closely with many community partners, including the Nebraska SMP Steering Committee.

Additional help also comes from six local Ombudsman offices across the state with whom Patty contracts to deliver services, staff she supervises in Scottsbluff and close to 100 volunteer ombudsman advocates across the state.

Naturally, the main reward Patty finds in her work is serving the residents in long-term care facilities.

“Most people access our services at a crisis point in their lives, and while we can’t turn back the hands of time or restore one’s health, we can advocate for them, show them that they still have rights and work to enhance the quality of their lives,” Patty explains. “Life doesn’t end when one moves to a long-term care facility. It just changes from what once was.”

“Everything we do is resident-driven,” says Patty. “If a son or daughter wants me to persuade mom or dad into one more chemotherapy round and the resident doesn’t want that, I try to help the family understand that they can either spend their family members’ final days debating the decision or enjoying each other’s company and quite possibly creating additional good memories.”

“Patty brings energy and optimism to her efforts on behalf of long-term care residents,” says Tammie Scholz, Patty’s supervisor. “Questions and concerns brought to her are often complicated, and she works hard to problem-solve and connect people with appropriate resources and contacts.”

We all are aging and face life-changing events that might result in our placement in a long-term care facility. It’s good to know that people like Patty Pierson and her fellow ombudsmen across the state will be there to support us as residents in exercising our rights.

If you are interested in providing a helping hand through advocacy and mediation on behalf of residents of long-term care facilities, please contact Patty at 1-800-942-7830. The training towards the ombudsman certification she provides is free. The benefit you receive in helping others is priceless.

## SMP Volunteer Risk Management

The U.S. Administration on Aging (AoA) is funding a 3-year project on SMP Volunteer Risk Management and Volunteer Program Management. The overall purpose of the project is to enhance the reach and effectiveness of SMPs across America by decreasing and managing risks related to volunteer involvement in SMPs and by increasing the management and coordination of volunteer efforts. This project will make SMPs safer for both volunteers and beneficiaries, and liability exposure will decrease among SMP agencies. Input on this project will be sought on an ongoing basis from all SMP staff and volunteers. For more information, visit [www.smpresource.org](http://www.smpresource.org).

## SMP Marketing Initiatives

Nebraska SMP is spearheading a new marketing campaign to educate the public about health care fraud through roadside billboards and announcements in 173 non-metropolitan newspapers. Keep an eye out for these ads:

**HEALTH CARE FRAUD IS BIG BUSINESS**  
Tax payers lose \$80 billion to \$160 billion every year to Medicare fraud and abuse.

**Join the Fight! Take a stand against health care fraud**  
*Become a part of our statewide volunteer network.*  
Call Nebraska Senior Medicare Patrol (SMP)

 **800-942-7830** Department of Health & Human Services  
[www.dhhs.ne.gov/smp](http://www.dhhs.ne.gov/smp) 

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**Mark your calendars! The Annual SMP-Ombudsman Volunteer Conference and Training will be held Thursday, August 25, 2011. More details coming soon!**

## SMP-Ombudsman Collaboration Webinar

The Nebraska SMP and the Office of the State Long-Term Care Ombudsman teamed up to provide an educational webinar on services they collaboratively provide. The states of Washington and Virginia also shared information on collaborative efforts in their respective state. Nebraska discussed annual conferences, joint trainings and presentations, joint outreach programs, mutual stakeholders in SMP and LTC Ombudsman Programs, Steering Committee partners and activities, and case management processes. The SMP-Ombudsman Collaboration Webinar held on March 22 had a large attendance. Materials and the recording have been posted on the SMP Resource Center website at [www.smpresource.org](http://www.smpresource.org).

## Coordinators' Corner

SMP Local Coordinators have been busy doing outreach and new volunteer trainings.

**C.J. Roberts** and Aging Office of Western Nebraska conducted outreach events at various senior centers and assisted living facilities. Volunteers helped disseminate brochures and health care journals at churches and civic centers.

**DeAnna Tuttle** handled a “Jamaica” scam and distributed SMP materials at senior centers and at Residential Council meetings. She provided update training to volunteers in preparing presentations and communication tips.

**Amber Springer** conducted outreach activities in at various senior centers and other community events.

**Pat Wilcox** addressed potential scams related to the US Census Bureau and Jury Duty scams. She hosted a Volunteer Appreciation Night at the Bellevue Little Theater and handled several SMP Simple Inquiries. Pat conducted in-service training for facility staff and Ombudsman volunteers. In February, Pat arranged a presentation by Medicaid staff for volunteers. Pat worked on a complex issue resulting in cost avoidance for a beneficiary.

**Tami Barrett** worked with Legal Aid of Nebraska in helping a nursing home resident with an SSI overpayment issue. Tami conducted numerous outreach events and worked on several complex issues. Tami recruited three existing volunteers to become Medicare fraud speakers. Her volunteers helped in distributing SMP materials at assisted living facilities. Tami conducted volunteer trainings in March.

**Bev Myers** conducted outreach activities at several senior centers and assisted living facilities during January and February. She reported a scam on a nursing home resident and recruited a new volunteer.

**Rhonda Godbey** has been making presentations at facilities and senior centers throughout her area. She worked with a local bank to make a presentation on SMP and publish a newspaper article. Rhonda recruited six new volunteers and has scheduled a Volunteer Foundations Training in April.

**Barb Ebke** recruited two new volunteers. She made presentations at Senior Centers and disseminated SMP materials at various long-term care facilities.

## Attention SMP Volunteers!

The SMP Program now has the **Volunteer Foundations Training online**. You can complete this required training online at [www.smpresource.org](http://www.smpresource.org) or ask your SMP coordinator for a copy of the self-paced training CD.

A new training module on **Group Education Training** has been developed for SMP volunteers and staff with the goal to provide presenters of SMP group education sessions with the necessary skills and resources to present the SMP message consistently to groups of Medicare beneficiaries, caregivers and other groups. A training manual and materials including PowerPoint presentations for this optional training are available at [www.smpresource.org](http://www.smpresource.org).

Nebraska SMP Announces its Redesigned Website: [www.dhhs.ne.gov/smp](http://www.dhhs.ne.gov/smp)

SMP Program website has been redesigned and enhanced with information on current frauds and scams, audio and video PSA's Medicaid and Medicare sections, volunteers and useful links.

## SMP Calendar

- **April 7th:** SMP Coordinators Monthly Conference Call
- **April 12th:** National SMP Mentor Call
- **April 20th:** SMP Steering Committee Meeting
- **May 5th:** SMP Coordinators Monthly Conference Call
- **May 10th:** National SMP Mentor Call
- **May 11th:** Smart Facts Training, North Platte, NE
- **May 17th:** Smart Facts Training, Lincoln, NE
- **June 2nd:** SMP Coordinators Monthly Conference Call
- **June 21st:** National SMP Mentor Call

