



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

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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.

Nebraska SMP volunteers themselves were recent target of scams. One volunteer received a “cookbook” in the mail that she did not order. When she called the cookbook office to find out whether she should return it, she was told to just keep it as they were doing a public relations outreach and just sending them out at random in the area. However, she started receiving monthly bills for \$23.90 which she ignored for the first few months. The February bill threatened to turn her to a collection agency so she paid \$23.90. The volunteer then worked with the Nebraska Attorney General’s Office and succeeded in getting the issue resolved and received her money back. There were reports of other seniors in the area being targeted with the same scam. In March, an individual received a postcard that stated “We are trying to reach you about your UNCLAIMED Reward.” The postcard went on to say “You have been selected to receive \$100 in gift rebates good at Wal-Mart, Target and more.” The senior called the toll free number on the postcard and spoke to a representative who was persistent in trying to get the credit card number in order to continue with the “Reward.” A senior in Omaha received a call from an American Diabetic Supply Company in Sunrise, Florida trying to get him to order a blood testing meter and seeking his Medicare number. He received over 15 calls in spite of telling them not to call him. The toll free number he tried calling back on had been disconnected. The senior used to work for Medicare and knew not to give them his Medicare number.

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www.dhhs.ne.gov/smp

Iowa SMP reported that a senior was scammed into purchasing an “arthritic blanket” which she reported was simply a fleece blanket. Medicare paid \$900 for it.

A public assistance agency in **Arkansas** reported unethical marketing practices by a company selling dental insurance. The company specifically targeted beneficiaries in nursing homes and told them that the insurance would be free to the beneficiary.



In **Georgia**, a former staff of the Senior Center gave a presentation at the senior center on smoking cessation and diabetes self-management. Seniors attending the session were told if they go to the DME person that came along with the presenter, their co-pay will be waived. A beneficiary later noticed smoking cessation classes were charged to Medicare.

The **New Jersey** SMP reported a call from a beneficiary who felt that he had unnecessary number of endoscopies.

Indiana SMP reported a possible home health care fraud where someone from “For Tomorrow Doctor” calls beneficiaries telling them that a new law has been passed where a doctor can come their home once a month and communicate with their regular doctor. The beneficiaries were told a nurse can come to their house and do light housework, take blood pressure and other do other things. The caller had the seniors’ personal information including Social Security Number.

Colorado SMP reported a form of identity theft where a “Medicare” trailer is set up in communities to answer questions about Medicare and asks people for their personal and financial information under the pretext of updating their files.

National Scams and Frauds: The Centers for Medicare and Medicaid Services (CMS) issued a Fraud Alert in February on Tax Fraud and Identity Theft. According to information received from two Medicare Advantage Organizations and the Federal Bureau of Investigations (FBI), individuals are obtaining the identities of beneficiaries through employers, schools, hospitals, and prisons. The information stolen is member’s name, Social Security Number, address and date of birth. Fraudsters use a beneficiary’s information to electronically file a fraudulent tax claim. The tax refund is loaded onto to a Green Dot Card, which is a prepaid debit card. The true taxpayer is not aware of the scam until their tax filing is rejected. The Internal Revenue Services (IRS), Secret Service, FBI and Postal Inspection Service are involved in investigating the reported cases. This type of scam is rampant in central Florida and is believed to be shifting nationwide. If you identify compromised beneficiaries related to this scheme take the appropriate actions to protect Medicare beneficiaries and contact Health Integrity, the National Benefit Integrity Medicare Drug Integrity Contactor (NBI MEDIC) at 1-877-7SAFERX.

A Dallas Doctor, his office manager and five owners of home health agencies were arrested in February on charges related to their alleged participation in a nearly \$375 million health care fraud involving fraudulent claims for home health services. In addition, CMS has suspended 78 other home health agencies associated with the physician. These enforcement actions are the result of the Medicare Fraud Strike Force operations, which are part of the Health Care Fraud Prevention & Enforcement Action Team or HEAT.

USDA issued a Scam Alert related to a phony SNAP (formerly Food Stamps Program) application assistance. The Internet ads, sometimes located on the side of legitimate articles, offer assistance for filling out SNAP applications. The links in the ads takes you to a website where you may be asked to provide personal information, including credit card information.

United States Attorneys' Office has filed a lawsuit accusing the hospice company, AseraCare of allegedly milking Medicare's hospice benefit by pressuring its employees to enroll people into hospice who weren't dying. The company resisted discharging people despite evidence they weren't deteriorating. The company is owned by Golden Living, a national company that provides skilled nursing services as well as hospice. According to the lawsuit, AseraCare first recruited patients eligible for skilled nursing care for 20 days, for which Medicare pays the entire bill. After 20 days, when the patient is required to pick up the tab, AseraCare had the nursing homes send the patients to hospice where the company would collect a flat payment from Medicare each day they are enrolled.

TOP 10 SENIOR SCAMS FROM THE NATIONAL COUNCIL ON AGING

1. Health Care/Medicare/Health Insurance Fraud

Every U.S. citizen or permanent resident over age 65 qualifies for Medicare, so there is rarely any need for a scam artist to research what private health insurance company older people have in order to scam them out of some money.

In these types of scams, perpetrators may pose as a Medicare representative to get older people to give them their personal information, or they will provide bogus services for elderly people at makeshift mobile clinics, then use the personal information they provide to bill Medicare and pocket the money.

2. Counterfeit Prescription Drugs

Most commonly, counterfeit drug scams operate on the Internet, where seniors increasingly go to find better prices on specialized medications.

This scam is growing in popularity—since 2000, the FDA has investigated an average of 20 such cases per year, up from five a year in the 1990s.





The danger is that besides paying money for something that will not help a person's medical condition, victims may purchase unsafe substances that can inflict even more harm. This scam can be as hard on the body as it is on the wallet.

3. Funeral & Cemetery Scams

The FBI warns about two types of funeral and cemetery fraud perpetrated on seniors.

In one approach, scammers read obituaries and call or attend the funeral service of a complete stranger to take advantage of the grieving widow or widower. Claiming the deceased had an outstanding debt with them, scammers will try to extort money from relatives to settle the fake debts.

Another tactic of disreputable funeral homes is to capitalize on family members' unfamiliarity with the considerable cost of funeral services to add unnecessary charges to the bill.

In one common scam of this type, funeral directors will insist that a casket, usually one of the most expensive parts of funeral services, is necessary even when performing a direct cremation, which can be accomplished with a cardboard casket rather than an expensive display or burial casket.

4. Fraudulent Anti-Aging Products

In a society bombarded with images of the young and beautiful, it's not surprising that some older people feel the need to conceal their age in order to participate more fully in social circles and the workplace. After all, 60 is the new 40, right?

It is in this spirit that many older Americans seek out new treatments and medications to maintain a youthful appearance, putting them at risk of scammers.

Whether it's fake Botox like the one in Arizona that netted its distributors (who were convicted and jailed in 2006) \$1.5 million in barely a year, or completely bogus homeopathic remedies that do absolutely nothing, there is money in the anti-aging business.

Botox scams are particularly unsettling, as renegade labs creating versions of the real thing may still be working with the root ingredient, botulism neurotoxin, which is one of the most toxic substances known to science. A bad batch can have health consequences far beyond wrinkles or drooping neck muscles.

5. Telemarketing

Perhaps the most common scheme is when scammers use fake telemarketing calls to prey on older people, who as a group make twice as many purchases over the phone than the national average.

While the image of the lonely senior citizen with nobody to talk to may have something to do with this, it is far more likely that older people are more familiar with shopping over the phone, and therefore might not be fully aware of the risk.

With no face-to-face interaction, and no paper trail, these scams are incredibly hard to trace. Also, once a successful deal has been made, the buyer's name is then shared with similar schemers looking for easy targets, sometimes defrauding the same person repeatedly.

Examples of telemarketing fraud include:

“The Pigeon Drop”

The con artist tells the individual that he/she has found a large sum of money and is willing to split it if the person will make a “good faith” payment by withdrawing funds from his/her bank account. Often, a second con artist is involved, posing as a lawyer, banker, or some other trustworthy stranger.

“The Fake Accident Ploy”

The con artist gets the victim to wire or send money on the pretext that the person's child or another relative is in the hospital and needs the money.



“Charity Scams”

Money is solicited for fake charities. This often occurs after natural disasters.

6. Internet Fraud

While using the Internet is a great skill at any age, the slower speed of adoption among some older people makes them easier targets for automated Internet scams that are ubiquitous on the web and email programs.

Pop-up browser windows simulating virus-scanning software will fool victims into either downloading a fake anti-virus program (at a substantial cost) or an actual virus that will open up whatever information is on the user's computer to scammers.

Their unfamiliarity with the less visible aspects of browsing the web (firewalls and built-in virus protection, for example) makes seniors especially susceptible to such traps.

One example includes:

Email/Phishing Scams

A senior receives email messages that appear to be from a legitimate company or institution, asking them to “update” or “verify” their personal information. A senior receives emails that appear to be from the IRS about a tax refund.

7. Investment Schemes

Because many seniors find themselves planning for retirement and managing their savings once they finish working, a number of investment schemes have been targeted at seniors looking to safeguard their cash for their later years.

From pyramid schemes like Bernie Madoff’s (which counted a number of senior citizens among its victims) to fables of a Nigerian prince looking for a partner to claim inheritance money to complex financial products that many economists don’t even understand, investment schemes have long been a successful way to take advantage of older people.

8. Homeowner/Reverse Mortgage Scams

Scammers like to take advantage of the fact that many people above a certain age own their homes, a valuable asset that increases the potential dollar value of a certain scam.

A particularly elaborate property tax scam in San Diego saw fraudsters sending personalized letters to different properties apparently on behalf of the County Assessor’s Office. The letter, made to look official but displaying only public information, would identify the property’s assessed value and offer the homeowner, for a fee of course, to arrange for a reassessment of the property’s value and therefore the tax burden associated with it.

Closely related, the reverse mortgage scam has mushroomed in recent years. With legitimate reverse mortgages increasing in frequency more than 1,300% between 1999 and 2008, scammers are taking advantage of this new popularity.

As opposed to official refinancing schemes, however, unsecured reverse mortgages can lead property owners to lose their homes when the perpetrators offer money or a free house somewhere else in exchange for the title to the property.

9. Sweepstakes & Lottery Scams

This simple scam is one that many are familiar with, and it capitalizes on the notion that “there’s no such thing as a free lunch.”

Here, scammers inform their mark that they have won a lottery or sweepstakes of some kind and need to make some sort of payment to unlock the supposed prize. Often, seniors will be sent a check that they can deposit in their bank account, knowing that while it shows up in their account immediately, it will take a few days before the (fake) check is rejected.

During that time, the criminals will quickly collect money for supposed fees or taxes on the prize, which they pocket while the victim has the “prize money” removed from his or her account as soon as the check bounces.

10. The Grandparent Scam

The Grandparent Scam is so simple and so devious because it uses one of older adults’ most reliable assets, their hearts.

Scammers will place a call to an older person and when the mark picks up, they will say something along the lines of: “Hi Grandma, do you know who this is?” When the unsuspecting grandparent guesses the name of the grandchild the scammer most sounds like, the scammer has established a fake identity without having done a lick of background research.



Once “in,” the fake grandchild will usually ask for money to solve some unexpected financial problem (overdue rent, payment for car repairs, etc.), to be paid via Western Union or MoneyGram, which don’t always require identification to collect.

At the same time, the scam artist will beg the grandparent “please don’t tell my parents, they would kill me.” While the sums from such a scam are likely to be in the hundreds, the very fact that no research is needed makes this a scam that can be perpetrated over and over at very little cost to the scammer.

Federal Government Recovers Record \$4.1 Billion in Medicare Fraud in 2011

Attorney General Eric Holder and Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced on February 14 that federal officials recovered \$4.1 billion in healthcare fraud judgments in 2011, a record high and a 50% increase from 2009. According to the HHS inspector general, the federal government has collected \$7.20 for every dollar spent on fighting fraud between 2009 and 2011.

Attorney General Holder and Secretary Sebelius attributed the increase to new tools that are allowing them to crack down on fraudulent Medicare claims. They said that their agencies are improving the screening process before allowing providers into the system and expanding enrollment requirements. Site visits are now being conducted to make sure that moderate risk providers are operating in a legitimate office, and high risk providers are also subject to fingerprint and background checks.



Federal officials credited the increase in recovered funds in part to strike force teams created in 2009 in fraud hot spots around the country, including Miami, Detroit, and Los Angeles. The teams charged 323 defendants, who billed the Medicare program more than \$1 billion last year. That includes a massive bust in February 2011 that involved more than 100 doctors, nurses, and physical therapists in nine states. Judges are also taking a harder line by increasing the average prison sentence in fraud cases to more than 47 months in 2011, which is up from 42 months in 2010.

Secretary Sebelius released a statement saying, “Fighting fraud is one of our top priorities and we have recovered an unprecedented number of taxpayer dollars. Our efforts strengthen the integrity of our health care programs, and meet the president’s call for a return to American values that ensure everyone gets a fair shot, everyone does their fair share, and everyone plays by the same rules.”

Sources: The Huffington Post (2/14/12), Coalition of Wisconsin Aging Groups Newsletter (2/14/12), and USA Today (2/14/12)

Medicare Advantage Organizations Must Identify Potential Fraud

The Department of Health and Human Services (HHS) Office of Inspector General (OIG) released a report stating Medicare Advantage (MA) plans need to tighten their oversight of fraudulent activities and claims. The system-wide study revealed inconsistencies in MA plans’ implementation of fraud and abuse detection and corrective action plans. Three MA organizations identified 95 percent of all fraud and abuse incidents reported to CMS under the MA program. In its report, the OIG recommends that CMS take action to improve MA plans’ implementation of fraud and abuse detection, reporting and corrective actions by conducting better oversight of the private plans’ compliance with policies to prevent fraud, waste and abuse. The study further recommends that CMS develop specific guidance for MA organizations on defining potential Part C and Part D antifraud, waste, and abuse activities and ensure that all MA organizations are responding appropriately to potential fraud and abuse incidents.

Medicare 101: Kaiser Family Foundation Medicare Quiz

Take the Kaiser Family Foundation challenge to find answers to questions like:

What share of the federal budget goes toward Medicare?

Which services are not typically covered by Medicare?

Is Medicare spending expected to grow faster or slower per person than private health insurance spending over the next decade?

Do all Medicare beneficiaries pay the same premium for coverage of physician and outpatient services, regardless of their income?

What share of Medicare beneficiaries has three or more chronic conditions, such as diabetes, arthritis or osteoporosis?

Take the Kaiser Family Foundation Quiz to find answers to these and other questions by going to: <http://quiz.kff.org/medicare/medicare-quiz.aspx> . You will receive a score with an explanation for all answers and links to Kaiser Fact sheets.

Source: Kaiser Family Foundation website www.kff.org

Senior Medicare Patrol listed among Fraud Prevention Accomplishments under the Affordable Care Act

A fact sheet posted on www.healthcare.gov lists SMP among numerous fraud prevention accomplishments under the Affordable Care Act. The accomplishments include:

- Tough new rules and sentences for criminals
- Enhanced screening and other enrollment requirements
- Increased coordination of fraud prevention efforts
- Health care fraud prevention and enforcement action Team (HEAT)
- Use of State-of the art fraud detection technology
- New focus on compliance and prevention
- Expanded overpayment recovery efforts
- New Durable Medical Equipment requirements
- New resources to fight fraud
- Greater oversight of private insurance abuses
- Senior Medicare Patrols

For more information visit:

<http://www.healthcare.gov/news/factsheets/2012/02/medicare-fraud02142012a.html>

Part D Pharmacy Notice

Under the Affordable Care Act (ACA), beginning January 1, 2012, pharmacists must provide Medicare Part D enrollees with a written notice every time their coverage of a drug is denied by the Part D plan. The notice tells the beneficiaries that they have the right to request a coverage determination and provides generic instructions to call their Part D plan. Due to delays at CMS while the Office of Management and Budget approves the model notice, the enforcement of this requirement has been delayed until May 1, 2012. Prior to implementation of the ACA provision, the only required pharmacy notices regarding appeal of a prescription drug denial was a sign on the wall of the pharmacy.

Medicare Unveils Redesigned Billing Statements to Empower Seniors to Fight Fraud

Federal officials have redesigned Medicare billing statements or Medicare Summary Notices (MSNs) to make it easier for seniors to detect false charges and prevent fraud. Seniors are the first line of defense in fight against Medicare fraud. The new MSN design is consumer-friendly and includes several features not currently available to Medicare beneficiaries:

- A clear notice on how to check the form for important facts and potential fraud
- Clearer language, including consumer-friendly descriptions of medical procedures rather than the current medical jargons and abbreviations
- Definitions of all terms used in the form
- Larger fonts throughout to make it easier to read

SMP staff across the nation provided valuable input in the redesign of the new MSNs that are mailed quarterly to 36 million beneficiaries in traditional Medicare. The new MSNs are posted on Medicare's secure website, www.mymedicare.gov. The redesigned paper version which is mailed to seniors will be phased in early next year.

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, Office of Health Disparities and Health Equity, 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 Nebraska Medical Society.

Nebraska Medical Association

By Jina Ragland

Established in 1868, The Nebraska Medical Association is composed of doctors of medicine throughout the state with over 2,000 active members, ranging the complete scope from primary care to subspecialties. The main thrust of the organization is to promote the health and well-being of the people of this state through the provisions of high-quality medical care. Through a system of commissions and committees, the membership promotes health programs and issues in a variety of activities, studies, and projects. Legislative matters



concerning public health and welfare are also monitored and participated in by the Nebraska Medical Association. The Association sponsors the Nebraska Medical Foundation, providing loans and scholarships to medical students. Additionally, the Nebraska Medical Association provides Administrative contracts to eight specialty societies (The Nebraska Academy of Allergy, Asthma and Immunology, The Nebraska Academy of Eye Physicians and Surgeons, The Nebraska Chapter of the American College of Surgeons, The Nebraska Radiological Society, The Nebraska Orthopedic Society, The Nebraska Society of Anesthesiologists, The Nebraska Medical Directors Association, and The Nebraska Association of Pathologists) and works closely with these entities to further promote advocacy and high-quality medical care across the state.

The Nebraska Medical Directors Association (NMDA) is an affiliate of the American Medical Directors Association (AMDA). NMDA is a professional membership organization comprised of physicians who serve as Medical Directors of Long Term Care and Assisted Living facilities in Nebraska. Serving as the unifying voice of medical directors from across Nebraska, the NMDA is a respected and effective player in the long-term care health policy arena. Through a grassroots process, the NMDA has established policies which reflect the “real world” views and concerns of physicians practicing in long-term care today.

Nebraska Medicaid Electronic Health Record Incentive Program

Congress enacted the Health Information Technology for Economic and Clinical Health Act (HITECH) as part of the federal stimulus package in 2009. This legislation included the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program to encourage providers to adopt, implement, update and meaningfully use electronic health records.

Following Nebraska’s State Medicaid HIT (Health Information Technology) Plan approval by CMS, the planned launch date of the EHR Incentive Program when providers can first enroll in it is May 7, 2012. Eligible providers include physicians, dentists, nurse midwives, nurse practitioners, physician assistants (when the PA is practicing primarily, owning or medical director of a Federally Qualified Health Center or a Rural Health Clinic) and acute care hospitals with minimum Medicaid volume of 30 percent (20 percent for pediatricians; 10 percent for hospitals). Qualifying Eligible Professionals can receive up to \$63,750 over six years of participation. Qualifying hospitals will be paid based on a number of factors beginning with a \$2 million base, adjusted up or down, over three years of participation. National registration is required at CMS with subsequent enrollment at the state level. In the first year, providers must adopt, implement or upgrade an EHR system certified by the Office of the National Coordinator. Subsequent payments require demonstration of meaningful use of the EHR system.

Wide River Technology Extension Center <http://www.widerivertec.org> is Nebraska’s resource to assist providers in choosing appropriate technology. The last program year to receive Medicaid EHR incentive payments is 2021.

Providers may submit questions by email to the EHR Incentive mailbox at:
http://dhhs.ne.gov/medicaid/Pages/med_ehr.aspx

Federal Trade Commission Releases Top Categories for 2011 Identity Theft Tops the List

In February, the Federal Trade Commission (FTC) released its top consumer complaints received by the agency in 2011. Identity theft complaints topped the list for the 12th year in a row. Of more than 1.8 million complaints filed in 2011, 279,156 or 15 percent were identity theft complaints.

The top ten complaint categories are:

Rank	Category	Number	Percentage
1	Identity Theft	279,156	15%
2	Debt Collection	180,928	10%
3	Prizes, Sweepstakes and Lotteries	100,208	6%
4	Shop-at-Home and Catalog Sales	98,306	5%
5	Banks and Lenders	89,341	5%
6	Internet Services	81,805	5%
7	Auto Related Complaints	77,435	4%
8	Imposter Scams	73,281	4%
9	Telephone and Mobile Services	70,024	4%
10	Advance-Fee Loans and Credit Projection/Repair	47,414	3%

The report also breaks out complaints data on a state-by-state basis. There were 869 Identity Theft complaints from Nebraska victims in 2011. Identity theft types reported in Nebraska were:

Rank	Category	Complaints	Percentage
1	Government Documents or Benefits Fraud	144	17%
2	Credit Card Fraud	125	14%
3	Phone or Utilities Fraud	112	13%
4	Employment-Related Fraud	107	12%
5	Bank Fraud	70	8%
6	Loan Fraud	24	3%
	Other	209	24%
	Attempted Identity Theft	78	9%

Fraud and Other Complaints from Nebraska Consumers = 6,824

Top 10 Fraud and Other Complaint Categories Reported by Nebraska Consumers

Rank	Category	Complaints	Percentage
1	Debt Collection	894	13%
2	Shop-at-Home and Catalog Sales	473	7%
3	Prizes, Sweepstakes and Lotteries	472	7%
4	Auto Related Complaints	437	6%
5	Banks and Lenders	378	6%
6	Internet Services	308	5%
7	Imposter Scams	288	4%
8	Telephone and Mobile Services	262	4%
9	Health Care	246	4%
10	Foreign Money Offers & Counterfeit Check Scams	206	3%

The FTC enters complaints into Consumer Sentinel Network, a secure, online database available to civil and criminal law enforcement agencies. “The Consumer Sentinel Network is a treasure trove of information for law enforcers,” said Richard Cordray, Director of the newly created Consumer Financial Protection Bureau. To file a complaint, go to www.ftc.gov and click on Complaint Assistant or call 1-877-382-4357. The FTC website also provides information on various consumer topics including the National Do Not Call Registry and consumer information resources.

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Media Activities

Print Media:

Two Nebraska SMP ads were printed in 173 non-metro newspapers in the state.

Look for the full color Nebraska SMP ad in the Nebraska Life Magazine – May/June Issue. The magazine featured the SMP ad in its special Capitol Edition during December/January.

Madhavi Bhadbhade, SMP director was interviewed by the Beatrice Sun for an article on Financial Exploitation along with Julie Hippen, a Program Specialist in the Adult Protective Services Unit at DHHS.

The Lincoln 55 Plus Seniors Paper has been printing the SMP ad in every issue.

Pat Wilcox, SMP Coordinator for the Eastern Nebraska Area Agency on Aging has published the SMP ad in the New Horizons Newspaper regularly.

Lacey Cover, SMP Coordinator for the South Central Area Agency on Aging submitted a letter to the editor of the Kearney Hub to try and recruit SMP volunteers and discuss the SMP program.

Barb Ebke, SMP Coordinator for the Blue Rivers Area Agency on Aging has been publishing the SMP ad in the local newspapers regularly.

Radio: A 30 second SMP radio ad will air in April for two weeks on 37 major radio stations in Nebraska along with a 10 second sponsorship ad with the Nebraska Radio Network sports reports.

Television: NET has produced a new ad that will start airing on various NET programs for up to one year. The ad featuring DeAnna Tuttle, SMP Coordinator for the Midland Area Agency on Aging is available for airing on other television programs. Contact the SMP director for more information at 402-471-2309.

Bev Myers coordinated airing of the SMP ad on Norfolk Cable Television with an area-wide coverage. The ad will be aired through June 2012.

Omaha.com (Omaha World Herald website) will post a 15 second pre-roll of the SMP ad on its statewide website during April.

Channel 10 Health will air the SMP ads in the coming months.

Look for these radio and television ads on the SMP web page under “Multi-media” www.dhhs.ne.gov/smp



Upcoming Events

- April 5 Coordinators' Conference Call
- April 11 SMP Steering Committee Meeting
- April 15 – 21 National Volunteer Week
- April 24 SHIP Update Training (Lincoln)
- May 2 Coordinators' Conference Call
- May 30 Volunteer Risk and Performance Management Webinar
- June 7 Coordinators' Conference Call
- July 11 SMP Steering Committee Meeting
- July 12 VRPM Policies Staff Training

