

The SMP SCOOP



PROTECT DETECT REPORT

SEPTEMBER 2021

The Senior Medicare Patrol (SMP) Scoop is prepared by the GWAAR SMP Team to help Medicare beneficiaries and their advocates prevent, detect, and report health care fraud, abuse, and errors.

Please feel free to share this publication with others who may benefit from its contents.

TO CONTACT WI SMP

Call: (888) 818-2611

E-mail: smp-wi@gwaar.org

Website:

<https://gwaar.org/senior-medicare-patrol>

To subscribe, please send us an e-mail.



Senior Medicare Patrol at Work!

By Ingrid Kundinger, SMP Project Manager

The Wisconsin Senior Medicare Patrol receives phone calls on an almost daily basis about unwanted medical braces that are sent to Medicare beneficiaries. In some of these cases, Medicare Summary Notices indicate that an unknown medical equipment supplier and health care provider have not only signed orders for this unwanted equipment, but submitted claims to Medicare for payment. When all these pieces come together, and with permission from the impacted Medicare beneficiary, the Senior Medicare Patrol gets to work submitting all this information to the Department of Health and Human Services Office of Inspector General for investigation. The story below is an example of how important reporting is, as a doctor from Wisconsin was investigated and subsequently convicted for his role in a Medicare scam. Right here in our state, Medicare beneficiaries were victims of fraud. The bottom line is this: EVERYONE has a role to play in detecting fraud, reporting it, and thereby protecting the integrity of the Medicare program.

Doctor Pleads Guilty to Taking Part in Medicare Fraud Scheme

Ed Treleven | Wisconsin State Journal Mar 31, 2021

Reprinted with the permission from the Wisconsin State Journal

An Edgerton doctor pleaded guilty Wednesday to federal health care fraud for his role in a multimillion-dollar scheme to defraud Medicare by placing orders for unnecessary medical braces.

Dr. Ravi Murali, 39, pleaded guilty to one of the 12 counts he originally faced under an indictment that was issued in June.

"I prescribed the braces without following (the) procedure of examining and calling the patients," Murali told U.S. District Judge James Peterson. "That led to unnecessary Medicare billing."

Continued on page 2

The Wisconsin SMP program is supported, in part by grant number 90MPPG0041-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.



Doctor Pleads Guilty *continued from page 1*

“Not only unnecessary but you knew it was deceptive and fraudulent, correct?” Peterson asked.

“Yes,” Murali responded.

Asked about the purpose for his actions, Murali responded, “I was just trying to get by.”

Murali now faces up to 10 years in prison when he is sentenced in August, but before then it’s anticipated that Murali will provide information helpful to prosecutors who are looking to charge others involved in the scheme. That cooperation, according to terms of a written plea agreement, could prompt prosecutors to ask for a sentence that reflects his help.

Assistant U.S. Attorney Zachary Corey said in court Wednesday that talks have already begun involving investigations into telemedicine companies elsewhere in the U.S.

Peterson warned Murali, however, that the decision to ask for sentencing consideration is up to

prosecutors, and ultimately it’s up to Peterson to sentence Murali accordingly.

The indictment states that the scheme fraudulently billed Medicare for more than \$26 million, of which Medicare paid \$13 million.

From January 2017 to January 2020, the indictment states, while Murali was working as a physician for various telemedicine companies, he signed orders for medical braces for ankles, knees, backs, shoulders, wrists, and hands for Medicare beneficiaries that contained false statements.

Murali ordered braces for Medicare recipients regardless of need, and when Medicare was billed, Murali received \$30 for each telemedicine consult he completed, the indictment states.

https://madison.com/wsj/news/local/crime-and-courts/doctor-pleads-guilty-to-taking-part-in-medicare-fraud-scheme/article_a07fdbfb-bdad-511b-b42d-fe3626b8aacc.html#tncms-source=login

Delta Variant: What We Know About the Science

From the Centers for Disease Control and Prevention



The Delta variant is more contagious than previous strains—it may cause more than 2x as many infections

ORIGINAL COVID-19 STRAIN	DELTA VARIANT

Vaccines protect you from hospitalization, severe infections, and death

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

On July 27, 2021, the Center for Disease Control and Prevention, CDC, released updated guidance on the need for urgently increasing COVID-19 vaccination coverage and a recommendation for everyone in areas of substantial or high transmission to wear a mask in public indoor places, even if they are fully vaccinated. CDC issued this new guidance due to several concerning developments and newly emerging data signals. First is a reversal in the downward trajectory of cases. In the days leading up to our guidance update, CDC saw a rapid and alarming rise in the COVID case and hospitalization rates around the country.

Second, new data began to emerge that the Delta variant was more infectious and was leading to increased transmissibility when compared to other variants, even in vaccinated individuals. This includes recently published data from CDC and our public health partners,

Continued on page 3

Delta Variant: What We Know About the Science continued from page 2

unpublished surveillance data that will be publicly available in the coming weeks, information included in CDC's updated Science Brief on COVID-19 Vaccines and Vaccination, and ongoing outbreak investigations linked to the Delta variant.

Delta is currently the predominant strain of the virus in the United States. Below is a high-level summary of what CDC scientists have recently learned about the Delta variant.

The Delta variant causes more infections and spreads faster than early forms of SARS-CoV-2

- **The Delta variant is more contagious.** The Delta variant is highly contagious, more than 2x as contagious as previous variants.
- **Some data suggest the Delta variant might cause more severe illness than previous strains in unvaccinated persons.** In two different studies from Canada and Scotland, patients infected with the Delta variant were more likely to be hospitalized than patients infected with Alpha or the original virus strains.
- **Unvaccinated people remain the greatest concern.** Although breakthrough infections happen much less often than infections in unvaccinated people, individuals infected with the Delta variant, including fully vaccinated people with symptomatic breakthrough infections, can transmit it to others. CDC is continuing to assess data on whether fully vaccinated people with asymptomatic breakthrough infections can transmit. However, the greatest risk of transmission is among unvaccinated people who are much more likely to contract, and therefore transmit the virus.
- **Fully vaccinated people with Delta variant breakthrough infections can spread the virus to others. However, vaccinated people appear to be infectious for a shorter period.** Previous variants typically produced less virus in the body of infected fully vaccinated people (breakthrough infections) than in unvaccinated people. In contrast, the Delta variant seems to produce the same high amount of virus in both unvaccinated and fully vaccinated people. However, like other variants, the amount of virus produced by Delta breakthrough infections in fully vaccinated people also goes down



faster than infections in unvaccinated people. This means fully vaccinated people are likely infectious for less time than unvaccinated people.

The COVID-19 vaccines authorized in the United States are highly effective at preventing severe disease and death, including against the Delta variant. But they are not 100% effective and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For such people, the vaccine still provides them strong protection against serious illness and death.

Given what we know about the Delta variant, vaccine effectiveness, and current vaccine coverage, layered prevention strategies, such as wearing masks, are needed to reduce the transmission of this variant.

At this time, as we build the level of vaccination nationwide, we must also use all the prevention strategies available, including masking indoors in public places, to stop transmission and stop the epidemic.

Vaccines are playing a crucial role in limiting spread of the virus and minimizing severe disease. Although vaccines are highly effective, they are not perfect and there will be vaccine breakthrough infections. Millions of Americans are vaccinated, and that number is growing. This means that even though the risk of breakthrough infections is low, there will be thousands of fully vaccinated people who become infected and able to infect others, especially with the surging spread of the Delta variant. Low vaccination coverage in many communities is driving the current rapid and large surge in cases associated with the Delta variant, which also increases the chances that even more concerning variants could emerge.

<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>



Eligibility for Spouse's Benefits

By Elida Elizondo, Social Security Public Affairs Specialist



Social Security helps you secure today and tomorrow with financial benefits, information, and tools that support you throughout life's journey. If you don't have enough Social Security credits to qualify for benefits on your own record, you may be able to receive benefits on your spouse's record.

To qualify for spouse's benefits, you must be one of the following:

- 62 years of age or older.
- Any age and have in your care a child who is younger than age 16 or who is disabled and entitled to receive benefits on your spouse's record.

Your full spouse's benefit could be up to one-half the amount your spouse is entitled to receive at their full retirement age. If you choose to receive your spouse's benefits before you reach full retirement age, you will get a permanently reduced benefit.

If you wait until you reach full retirement age to receive benefits, you'll receive your full spouse's benefit amount, which is up to half the amount your spouse can receive. You'll also get your full spouse's benefit if you are under full retirement age, but care for a child and one of the following applies:

- The child is younger than age 16.
- The child has a disability and is entitled to receive benefits on your spouse's record.

If you're eligible to receive retirement benefits on your own record, we will pay that amount first. If your benefits as a spouse are higher than your own retirement benefits, you will get a combination of benefits that equal the higher spouse benefit. For example, Sandy qualifies for a retirement benefit of \$1,000 and a spouse's benefit of \$1,250. At her full retirement age, she will receive her own \$1,000 retirement benefit. We will add \$250 from her spouse's benefit, for a total of \$1,250.

Want to apply for either your or your spouse's benefits? Are you at least 61 years and nine months old? If you answered yes to both, visit www.ssa.gov/benefits/retirement to get started today.

Are you divorced from a marriage that lasted at least 10 years? You may be able to get benefits on your former spouse's record. You can find out more by visiting www.ssa.gov/planners/retire/divspouse.html for more information.



Views & Activities

Left: The peaceful life of cats
Right: Enjoying a trip to the park!





Wisconsin SMP Partnership With Great Lakes Inter-Tribal Council

Working to enhance the quality of life for all Native people

By Kassy Heard, Tribal Technical Assistance Center, Program Director



“Life is a highway and I’m on it!” is Grace’s motto when she talks about SMP program promotion and outreach to Tribal Elders. As an outreach representative for SMP, Grace is often hitting the highway. On July 8, she, along with the Great Lakes Inter-Tribal Council, represented SMP at an event hosted by Sokaogon Chippewa Elder Services. This was a meet and greet for all the Elders in the service area to meet with representatives from different programs (pictured left). Grace was back on the highway for an event in Bad River on Wednesday, August 4. This event was their drive-thru Health Fair where she handed out information and outreach items (pictured left bottom).



Grace also made plans to be at Sokaogon Health Fair and the Menominee Live Well, Age Well, Be Well events, both of which were in August. Grace and I were then planning to attend the GLNAEA event in September but, unfortunately, that event was canceled due to the surge of the Delta variant.

When we get beyond this recent surge of the pandemic, and as organization and programs begin to open, we will gladly once again get back on the highway! We always look forward to participating in opportunities where we can share the message of how to prevent, detect, and report concerns about fraud and abuse. Grace and I are always available by phone. Grace can be reached at 715-661-4067 and I can be reached at 715-588-1016.

Views & Activities

A lovely trip to the zoo!





Annual Open Enrollment Period

Review Your Medicare Plan & Know Your Options

By Debbie Bisswurm, GWAAR Medicare Outreach Coordinator

Every year as a Medicare beneficiary you can make changes to your coverage during Medicare's Open Enrollment Period, which runs from October 15 to December 7. Around September, you will start to receive notices with information about any changes to your coverage for the coming year. It is important to read and understand these notices and to be aware of possible changes in your coverage. This information can help you decide if you should make changes to your coverage during this period. As you review the material, please keep in mind the following five points.

Point 1: Know where to find general information about what Medicare covers.

If you are enrolled in Medicare, you should receive the 2022 *Medicare & You* handbook in the mail in September. If you do not receive the handbook, you can call 1-800-MEDICARE and request that a copy for your region be mailed to you. You can also download the general handbook at www.medicare.gov. If you have Original Medicare, you can find out about Original Medicare benefits in the handbook. The hard copy of *Medicare & You* also includes a list of private Medicare health and drug plans available in your area. These plans must cover the same benefits listed in *Medicare & You*, but their costs and coverage will vary. You can also contact your local State Health Insurance Assistance Program (SHIP) for help in understanding your coverage or Medicare notices.

Point 2: Understand your Annual Notice of Change and Evidence of Coverage.

If you have a Medicare Advantage Plan or a Part D prescription drug plan, you should receive a notice called an Annual Notice of Change, or ANOC for short, and an Evidence of Coverage, or EOC. Your plan should send you these notices by September 30. **If you do not receive these notices, contact your plan to request copies.**

These notices list any changes for your plan in 2022. There are three kinds of changes to look for in an ANOC or EOC. First, look for changes to your



plan's costs for the upcoming year. Costs such as deductibles and copayments can change each year. For example, your plan may not have had a deductible in 2021 but could have one in 2022. Second, look for changes to the plan's network. Plan provider networks can change each year, which means your doctor may not be in your plan's network for 2022. If you see an out-of-network provider, your plan may not cover any of the cost of your care. Make sure to see if your providers and pharmacies will still be in network in 2022. And third, look for changes to the plan's formulary, which is the list of drugs the plan covers. Formulary changes to Medicare Part D plans can happen from year to year, meaning your drug may not be covered in 2022 even if it was covered in 2021. Furthermore, if it is still on the plan's formulary, the cost of your drug may have changed. The plans' premiums, deductibles, and co-pays can also change each year. After reading about the changes to your coverage for 2022, decide whether your plan will still be able to meet your needs in the upcoming year. If it is no longer the best plan for your medications, this is the time to make a switch to a Part D plan that will suit you better.

continued on page 7

Annual Open Enrollment Period continued from page 6



Point 3: Learn if there are any problems with your plan.

In October, plans leaving the Medicare program in the coming year send out a Plan Non-Renewal Notice to plan members. If you receive this notice, you should take action to make sure you are covered in 2022. You can choose to enroll in a new Medicare Advantage Plan or Part D prescription drug plan during Medicare’s Open Enrollment, which again is October 15 through December 7. You can also enroll in a new plan up until the last day in February of the following year. You will be disenrolled from your previous plan starting January 1, though, so if you do not pick a new plan by then you will likely experience a gap in coverage until you enroll in a new plan. In late October, Medicare also sends a Consistent Poor Performance Notice to people enrolled in a plan that has received a low rating on quality and performance for three or more years in a row. A low rating is three stars or fewer out of five. The notice encourages you to look at other plan options in your area.

Point 4: Identify marketing violations or manipulative enrollment tactics.

As Medicare’s Open Enrollment Period begins, you will likely start receiving mail from different insurance companies about the plans they offer. You may also get bombarded with phone calls. You can use this marketing information to compare your options. You should know, though, that companies must follow certain rules when marketing their

plans. Please refer to a separate article on this topic, *Insurance Misconduct & Marketing Violations* on page 12 for more details on what these marketing guidelines entail. Contact your Senior Medicare Patrol (SMP) 1-888-818-2611, to report marketing violations or enrollment fraud.

Point 5: Take Action.

Avoid potential distress in the new year by understanding changes in your plan and its future pricing now. Don’t wait until it’s too late to change. Go to www.medicare.gov and click “Find plans” to access Medicare’s official plan comparison tool where you can view and compare plan details, and make any necessary changes to your coverage.

For free, unbiased help with plan comparisons, contact your local Aging and Disability Resource Center (ADRC). To find your local ADRC, go to: www.dhs.wisconsin.gov/adrc/consumer/index.htm.

Below are some additional resources to help you navigate this process.

- 1-800-MEDICARE or www.medicare.gov
- Medigap Helpline 1-800-242-1060
- Disability Drug Helpline 1-800-926-4862
- Wisconsin Medigap Prescription Drug Helpline 1-855-677-2783 (age 60 and over)
- The Wisconsin State Health Insurance Assistance Program (SHIP) provides unbiased help understanding your coverage, plan options, and Medicare notices. <https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm>

Start preparing now to make sure that you get the best plan for 2022!



What's the "Scoop"?

By Ingrid Kundinger, SMP Project Manager

Here are a few important things for you to know:

Here's the Scoop: Be Cautious. Wisconsin Medicare beneficiaries continue to call the helpline daily, reporting suspected scams related to Medicare. Most of these reports involve telephone calls and the sharing of personal information. The best way to protect yourself from Medicare fraud and scams is to be extra cautious on the telephone.

The calls about back braces (and any other types of braces or medical equipment) are scams! Yes, Medicare does cover these sorts of things in certain instances, but it must be deemed medically necessary and ordered by your treating health care provider. The people calling you out of the blue to offer you these things for free, in exchange for your Medicare number, are trying to take advantage of you and the Medicare system. If you hang up the phone, you are protecting both yourself and Medicare from potential fraud.

The calls about Cardiac Genetic testing kits, being ordered by your cardiologist? Scams. Talk directly with your health care provider about this issue, not with a random person who calls you out of the blue. Again, when you hang up the phone without sharing your personal information, you protect yourself and Medicare from potential fraud.

We often hear from Medicare beneficiaries who shared personal information that they got caught on a bad day, or they weren't feeling well, or they had just woken up, or the person on the phone was so convincing that they caved in and shared information. All understandable. We all have bad days or have days when we aren't feeling our best. And the fraudsters are extremely good at what they do, so yes, they can be very convincing. A best practice to follow is to never share any type of personal information over the phone if you didn't



initiate the phone call yourself. Period. If you don't share your personal information, the fraudsters cannot be successful.

Having said all of this, if you were impacted by suspected Medicare fraud, please call us to report it. There will be no judgment. We will help ensure that your medical identity is safe and will help you develop a plan going forward. The Wisconsin Senior Medicare Patrol is here to help you protect, detect, and report suspected health care fraud.

Here's the Scoop on how you can reach us:

Call: (888) 818-2611

E-mail: smp-wi@gwaar.org

Website: <https://gwaar.org/senior-medicare-patrol>

Facebook: @WisconsinSeniorMedicarePatrol

The Senior Medicare Patrol is Volunteer Centric

By Molly Kelly, SMP Volunteer Coordinator

Medicare was signed into law by President Lyndon B. Johnson in 1965, but by 1995 it was evident that the great intentions of the Medicare and Medicaid programs were being undermined, and were losing money due to widespread fraud, abuse, and errors. Various U.S. government departments partnered in an effort to fight this drain on the programs and created a groundbreaking project called Operation Restore Trust (ORT). ORT's purpose was to coordinate and target federal, state, local, and private resources in the areas most plagued by abuse. Then in 1997, the Administration on Aging established 12 local demonstration projects designed to recruit and train retired professionals to identify and report fraud, abuse, and errors. From these model projects, the Senior Medicare Patrol program evolved. The SMP program was created based on the premise that volunteers in close touch with Medicare beneficiaries would be excellent educators and strong advocates for older adults who are the targets of fraud and abuse, and the unwitting victims of errors. In brief, the SMP helps older adults (and Medicare) with a good defense against past occurrences and a great offense against future occurrences. Close contact with older adults and useful, timely information are the keys to the SMP's success. The SMP embodies the view expressed in Senate Report 104-368 that "senior citizens are our best front-line defense against these losses."

I want to share the following quotes, as they aptly express the value that volunteerism has in our world.

"Service to others is the rent you pay for your room here on Earth." – Muhammad Ali

"Volunteers don't get paid, not because they're worthless, but because they're priceless."
– Sherry Anderson

"Remember that the happiest people are not those getting more, but those giving more."

– H. Jackson Brown Jr.

Volunteers are the lifeblood of the SMP fraud detection and prevention program.

Please consider joining our team!

Contact Molly Kelly at 888-818-2611 or at molly.kelly@gwaar.org for more information.





Need A New Driveway? Watch Out for Asphalt Paving Scams

By Tiffany Schultz, BBB SW WI Regional Director



If your driveway needs re-paving or repairs, don't trust just anyone to do the job. The Better Business Bureau (BBB) has numerous reports of unscrupulous contractors who trick homeowners with supposedly good deals. Homeowners end up with substandard pavement work, or nothing at all, and lose thousands of dollars in the process.

How the Scam Works

A contractor knocks on your door or leaves behind information, claiming to be working in the area and noticed the condition of your driveway or sidewalk. Since they are already working nearby and maybe even have "leftover materials from the job down the road," they offer you a great price. The price is usually only available if you commit immediately and pay upfront. The company gives vague answers if the homeowner questions the price, business, or business location.

Once the transaction is complete, the contractor will disappear completely or return, but complete the job with substandard materials. Reaching the company is usually impossible, and the chances of getting a refund or the work repaired, is slim.

How to Avoid Contractor Scams

Be wary of unsolicited offers. Most scams begin when a random contractor makes an effort to give an estimate that was never requested.

Research companies and contractors before you hire. Start with BBB.org. If a contractor has multiple negative reviews and complaints, look for another company. Often, a simple internet search will reveal companies or individuals who have been involved in fraudulent activities or provided unsatisfactory work.

Get everything in writing. Ask for an estimate before payment is discussed. Don't let a contractor start working on a project until a written, signed contract outlining the start and completion dates, a detailed description of the work, material costs, payment terms and warranty information, is provided.

Stagger payments. Most contractors will require a percentage of the total price upfront but it should never be full payment. Stagger payments so work can be inspected at various stages of the project. The BBB recommends a third down at the signing of the contract, a third midway through the project, and the final third when you are completely satisfied.

Use a safe payment method. Paying with a credit card provides additional protection that other forms of payment do not. If you pay by check, write it out to the company and not the individual. Paying by cash or using an electronic wallet is risky, since there is no way to stop the payment or get cash back if anything goes wrong.

Report it. If you've been the victim of a scam, regardless if you lost money, report it to **BBB.org/ScamTracker**. Your report helps to warn others of the scams taking place in the marketplace.





Scoop Chatter

If you answer and the caller (often a recording) asks you to press a button to stop receiving calls, or asks you to say “yes” in response to a question, just hang up. Scammers often use these tricks to identify, and then target, live respondents, or to use your “yes” to apply unauthorized charges on your bill.

Be aware: A caller ID showing a “local” number does not necessarily mean that it is a local caller.

If you have lost money because of a scam call, contact your local law enforcement agency for assistance.

A message from the Social Security Administration: If you cannot use our online services, please call your local office or our National 800 Number, 1-800-772-1213, for assistance. If we cannot help you by phone, your local office can determine if an in-person appointment or other option may be available to help you.

People With Medicare Who Are Immunocompromised Would be Able to Receive an Additional COVID-19 Dose at No Cost

In response to the Food and Drug Administration’s (FDA) recent action that authorizes an additional dose of COVID-19 vaccine for immunocompromised individuals, CMS is assuring people with Medicare who qualify for an additional dose that they can receive it with no cost sharing. This is part of President Biden’s commitment that patients have access to the necessary vaccinations to protect themselves from COVID-19.

Medicare would pay for administering an additional dose of COVID-19 vaccines consistent with the modified FDA emergency use authorization (EUA) that was announced. For COVID-19 vaccines administered on or after March 15, 2021, the national average payment rate for physicians, hospitals, pharmacies, and many other immunizers is \$40 to administer each dose of a COVID-19 vaccine. The Medicare program would continue to pay providers \$40 to administer this additional dose – the same amount as paid for other doses of the COVID-19 vaccine.



Views & Activities

HeART Group: SMP is pleased to be involved with the HeART Coalition of Iowa County



Insurance Misconduct & Marketing Violations Companies & Agents Have Guidelines

Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) have established rules, regulations, and guidelines that insurance companies, agents, and brokers must follow when selling Medicare Advantage plans, Part D plans, cost plans, employer/union-sponsored group Advantage and Part D plans, and special needs plans. These rules and regulations are meant to prevent plans and agents from presenting misleading information and utilizing high-pressure sales methods. These guidelines are in place to protect you from manipulative sales and enrollment tactics. They also contain rules for how plan representatives may contact and market to beneficiaries.

Marketing violations and agent misconduct tend to occur in the weeks leading up to the Open Enrollment Period (OEP) each year, when CMS allows Medicare beneficiaries to change their coverage. Every year, that seven-week period occurs from October 15 to December 7.

Prior to the upcoming OEP, violations of these rules and misconduct from some agents have already been detected throughout the state. Due to the ongoing pandemic, we expect to see continued activity in the following areas during this OEP. You can expect to see:

- Increased telemarketing calls by Field Marketing Organizations using old lead lists
- Increased marketing solicitation in medical offices
- Activities tailored to the shift from personal meetings to electronic platforms:
 - Boosted ads on Facebook
 - Direct instant messaging through Instagram
 - Customized ads on mobile devices from social media sites
 - Unsolicited email communications
 - Increased unsolicited phone calls from call centers



Examples of Regulations Set by CMS

- Insurance companies and agents are not to be marketing plans prior to October 1
- Insurance companies and agents are not to imply they are associated with or preferred by Medicare
- Agents are not allowed to market or host sales activities in residential settings outside of the recreational or conference rooms, nor are they allowed to solicit door-to-door
- Agents are not allowed to send unsolicited text messages or voicemail messages
- Agents are not allowed to promote just one aspect of the overall plan, such as the drug plan
- Agents cannot call or email you if you did not ask them to do so or if you have no prior relationship with them
- Agents are not allowed to ask for credit card numbers, banking information, your Medicare or Social Security number in order for you to receive information
- Agents are not to use high-pressure sales tactics and/or incorrect information

continued on page 13

Insurance Misconduct & Marketing Violations *continued from page 12*

- Agents are not to threaten that your Medicare may end if you don't enroll
- Agents are not to say that you must enroll by a certain date or you lose an opportunity
- Agents are not to leave information like flyers or door hangers on your car or at your home if they came from a company that did not have an appointment with you

Examples of Solicitor Misconduct

- Enrolls a beneficiary into a plan without their permission
- Uses incentives to convince a person to sign up for a specific plan (offered free trips, gift cards, or meals in return for signing up)
- Misrepresents the plan's benefits (lied to about providers and/or specialists in the network or claimed person will save money on prescription costs)
- Uses scare tactics (threatened the person to sign up or they will lose their Medicare)
- Trying to sell a life insurance policy or an annuity at the same time as discussing Medicare plans, this is not allowed

Possible Consequences to Beneficiaries

- Medicare may stop paying claims leaving beneficiaries with unexpected out-of-pocket expenses
- You may be switched to a different insurance plan without your knowledge/consent
- You might be unable to afford prescriptions with new plan
- No access to see your primary care physician and/or specialists
- Out-of-network bills

Report any Witnessed/Encountered Violations or Misconduct

- Get the name of the company and agent
- The address of the company

- Collect any materials available
- Note the location and date
- Document any information related to the violation
- Contact your local SMP

Documents to Have Following Appointment With Insurance Agent



- Copy of the enrollment application signed by the beneficiary
- Copy of the Scope of Appointment form signed by the beneficiary
- Provider directory
- Pharmaceutical formulary (list of covered prescriptions)
- Coverage booklet

Resources Available to Help

- 1-800-Medicare or www.medicare.gov
- Medigap Helpline 1-800-242-1060
- Disability Drug Helpline 1-800-926-4862
- Wisconsin Medigap Prescription Drug Helpline 1-855-677-2783 (age 60 and over)
- Wisconsin Senior Medicare Patrol 1-888-818-2611

If you are considering changing your coverage and interested in reviewing other plans, remember that you should take your time to review your choices, ask questions, and make an informed decision.

Wisconsin SMP is available for virtual presentations, educational sessions for beneficiaries, caregivers and professionals, workshops, and exhibits at events.

Please contact us at smp-wi@gwaar.org for more information.



Cardiovascular Genetic Testing Fraud Tips for Protecting Yourself and Medicare

By the SMP Resource Center



Genetic testing scams quickly emerged in 2019 targeting cancer screening and pharmacogenetics (medication metabolism). The latest growing genetic testing fraud trend focuses on cardiovascular genetic testing. Scammers are offering Medicare beneficiaries cheek swabs for genetic testing to obtain their Medicare information for fraudulent billing purposes or possibly medical identity theft.

What is Cardiovascular Genetic Testing Fraud?

Cardiovascular genetic testing fraud occurs when Medicare is billed for a cardio type of test or screening that was not medically necessary and/or was not ordered by a beneficiary's treating physician.

What are Examples of Cardiovascular Genetic Testing Fraud?

- Here are several ways cardiovascular genetic testing is advertised:
 - Cardio/cardiac genetic screening/test
 - Cardiovascular genetic screening/test
 - Comprehensive cardiovascular panel
 - Comprehensive cardiomyopathy NSG
 - Cardiovascular disease genetic kit
 - Hereditary cardiovascular profile

- A company offering you "free" or "at no cost to you" testing without a treating physician's order and then billing Medicare.
- A company using "telemedicine" to offer testing to you over the phone and arranging for an unrelated physician or "teledoc" to order the tests.
- Billing Medicare (usually thousands of dollars) for a broad range of cardiac genetic tests that you did not request or possibly even receive.
- A company calls you stating your doctor or cardiologist requested that you have the testing done and they will send you a testing kit.

What Happens if Medicare Denies the Cardiovascular Genetic Test Claims?

You could be responsible for the entire cost of the test. The average is \$9,000 to \$11,000.

Medicare Billing Codes

There are numerous Current Procedural Terminology (CPT) codes that have been associated with cardiovascular genetic testing complaints as noted by SMP. The codes are in the 81400 - 81500 CPT series associated with Gene Analysis & Molecular Pathology. You can review your MSN for these codes.

When is Cardiovascular Genetic Testing Covered by Medicare?

- When the test is medically reasonable and necessary.
 - Federal regulations define medical necessity as "services or items reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."
- When it is ordered by a treating physician.
 - Federal regulations define a treating physician as "the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of

continued on page 15

Cardiovascular Genetic Testing Fraud *continued from page 14*

the beneficiary's specific medical problem. Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary."

- When a treating physician orders the test as a diagnostic service and uses the results to manage the patient's condition.

What Can You Do to Stop Cardiovascular Genetic Testing Fraud?

- Be sure your doctor has assessed your condition. Although Medicare covers many genetic tests to detect heart disease, it is not a test to predict or screen for cardiovascular disease.
- Do not give out your personal information to someone calling claiming your cardiologist has requested the testing.
- Do not give out your personal information or accept screening services from someone at a community event, a local fair, a farmers' market, a parking lot, or any other event.
- Always read your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB). The words "gene analysis," "molecular pathology," or "laboratory" may indicate questionable genetic testing has occurred.
- If you received a cardiovascular genetic testing kit or test that was not medically necessary, report your concerns about billing errors or possible fraud and abuse to your local SMP.

How Your Senior Medicare Patrol (SMP) Can Help

Your local SMP is ready to provide you with the information you need to **PROTECT** yourself from Medicare fraud, errors, and abuse; **DETECT** potential fraud, errors, and abuse; and **REPORT** your concerns. SMPs and their trained volunteers help educate and empower Medicare beneficiaries in the fight against health care fraud. Your SMP can help you with your questions, concerns, or complaints about potential fraud and abuse issues. It also can provide information and educational presentations.

Wisconsin Senior Medicare Patrol (SMP):

www.gwaar.org/senior-medicare-patrol or call 1-888-818-2611.

This project was supported, in part, by grant number 90MPRC0002 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.



Views & Activities

A relaxing visit to Lake Michigan.

Four Ways *to Stay Ahead*

of COVID-19 Vaccine Certificate Scammers

Right now, there are no plans to create a national COVID-19 vaccine verification app, certificate or passport. **To stay ahead of scammers:**



Be skeptical of anyone contacting you from the federal government.

No agency will call, email, or text demanding your personal information or money to get a vaccine certificate or passport.



Check with airlines, cruise lines, and event venues about their requirements.

Don't rely on information from someone who calls, texts, or emails you out of the blue.



Contact your state government about its vaccine verification plans and requirements.



Don't share your information with just anyone.

That real-looking site could be scammers looking for your money or information.

Report vaccine passport scammers to the FTC at [ReportFraud.ftc.gov](https://www.ftc.gov/whats-new/report-fraud) or your attorney general at [ConsumerResources.org](https://www.consumerresources.org).



FEDERAL TRADE
COMMISSION



NATIONAL
ASSOCIATION OF
ATTORNEYS GENERAL