

The SMP SCOOP



PROTECT DETECT REPORT

MARCH 2022

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: www.smpwi.org

Facebook:

@WisconsinSeniorMedicarePatrol

To subscribe, please send us an e-mail.

Senior Medicare Patrol Launches New Website

By the Wisconsin SMP Team

The Senior Medicare Patrol in Wisconsin is thrilled to announce that we have launched a new website at www.smpwi.org. We built this site to extend our ability to serve Medicare beneficiaries and the older adult population in the state generally, and to provide greater accessibility of our program to everyone.



Our new website offers some great new features that will help you:

- Read up-to-date information on scams and other relevant news.
- Learn about current developments from the Center for Medicare and Medicaid Services, CMS.

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New Website continued from page 1

- Request SMP participation at area events directly from the website.
- Request an SMP presentation directly from the website.
- Access a list of valuable resources from around the state that are available to you.
- Request a Health Care Tracker be mailed to you.
- View all issues of the SMP newsletter, *The SCOOP*.
- Request to be added to the newsletter distribution list.
- Consider volunteer opportunities which are detailed on the site.
- Complete a volunteer application through the online submission process.
- View (eventually) an online event calendar.

Because Medicare fraud, abuse, and errors are an ongoing problem, and Medicare recipients are constantly being targeted, our job continues to be to help Wisconsin Medicare beneficiaries and their advocates to prevent, detect, and report health care fraud, abuse, and errors. The www.smpwi.org site is now available as a new resource, and we encourage you to take a test drive at your earliest opportunity. In addition to the website, Wisconsin Senior Medicare Patrol has a confidential, toll-free helpline: 1(888) 818-2611, as well as a presence on LinkedIn and Facebook. Please follow us on Facebook [@WisconsinSeniorMedicarePatrol!](https://www.facebook.com/WisconsinSeniorMedicarePatrol/)

"In the future, computers may weigh no more than 1.5 tons."

– Popular Mechanics, 1949



Prepare for 3G Network Shutdowns

By the GWAAR Legal Services Team

If you have an older mobile phone, you may need to upgrade it soon. Mobile providers will be shutting down their 3G networks in 2022, which means that older phones may be unable to make or receive text messages and phone calls, including calls to 911, or use data services. In addition to phones, this may affect some medical devices, tablets, smartwatches, home security systems, and other products that use 3G network services. The 3G network retirement is being implemented in order to free up infrastructure to support new technology, like 5G.

For more information on your mobile provider's plans to phase out 3G, contact your provider directly. Timing will vary by company. AT&T announced that it will shut down its 3G network by February 2022. Verizon plans to shut down its 3G network by December 31, 2022. T-Mobile will shut down Sprint's 3G CDMA network by March 31, 2022 and Sprint's 4G LTE network by June 30, 2022. The company also announced it will shut down T-Mobile's 3G UMTS network by July 1, 2022. Other mobile providers will be affected, too. Many carriers, like Cricket, Boost, and several Lifeline mobile service providers use AT&T's, Verizon's, and T-Mobile's networks.

It's important to plan ahead so that you don't lose the ability to use your phone or other devices. Some providers' websites have lists of devices that

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Check the Status of Your Social Security Benefits Claim Online

By Elida Elizondo, Social Security Public Affairs Specialist

If you applied for Social Security benefits, or have a pending reconsideration or hearing request, you can check the status online using your *free* personal *my* Social Security account. If you don't have an account, you can create one at www.ssa.gov/myaccount to see the following information about your claim:

- Date of filing.
- Current claim location.
- Scheduled hearing date and time.
- Re-entry numbers for incomplete applications.
- Servicing office location.
- Publications of interest, depending on the claim and current step in the process.

Use your personal *my* Social Security account to check the status of your application or appeal at www.ssa.gov/myaccount.



If you have questions about retirement, disability, Medicare, or survivors benefits, as well as Supplemental Security Income, visit our webpage at www.ssa.gov/benefits.

3G Network Shutdowns *continued from page 2*

will no longer be supported after 3G networks are shut down. You can also check your phone or other device's settings or user manual to determine whether it is 4G LTE enabled. If your device is not labeled, contact the monitoring company or other service provider to confirm how the device connects and whether your device may be impacted.

Some devices may need to be upgraded while others will just require a software update. Many mobile service providers are offering discounted or free upgrades for people who need to purchase a new device. In addition, some people may be eligible for assistance through two Federal Communications

Commission programs. The Lifeline Program provides discounted phone service to qualifying low-income consumers. You can learn more about the Lifeline Program here: <https://psc.wi.gov/Pages/Programs/LifeLineLinkup.aspx>. In addition, the Emergency Broadband Benefit Program provides a temporary discount toward broadband service to eligible households during the COVID-19 public health emergency. You can learn more about the Emergency Broadband Benefit Program here: <https://www.fcc.gov/broadbandbenefit>.



Bored? Think Twice Before Taking That Facebook Quiz

By Tiffany Schultz, BBB SW WI Regional Director



Social media can be used as a fun distraction, and taking a Facebook quiz may seem like a harmless way to pass the time. But you may be giving away more information than you think.

How the scam works

A fun quiz pops up on Facebook. You answer a few questions to prove how well you know a friend. Or a short personality test is offered to match with a character from a favorite TV show.

These quizzes appear to be meaningless, but the underlying motive is really to collect information. For example, questions like “What was the first car you owned?” “What is your mother’s maiden name?” and “What is the name of the street you grew up on?” are

common security questions for insurance, banking, and credit card accounts. Sharing this information can enable a scammer to steal your identity, impersonate you, hack your accounts, and steal your personal and financial information.

Tips for avoiding social media scams

Be skeptical. Before answering a quiz, figure out who created it. Is it a brand you trust? Just because something appears to be fun and innocent doesn't mean there isn't inherent risk.

Adjust privacy settings. Review your social media account privacy settings and be mindful with whom you are sharing information.

Remove personal details from your profile. Don't share information like your phone number or home address.

Don't give answers to common security questions. Be cautious if the quiz asks questions like your mother's maiden name, street you grew up on, previously owned vehicles, favorite food, or name of your high school.

Monitor friend requests. Don't accept friend requests from people you don't know. Be wary of a second friend request from someone you are already connected with. The second profile may be an imposter trying to access your data and your Friends list.



Supplemental Security Income (SSI)

Supplemental Security Income (SSI) provides services to millions of older adults and people with disabilities. The SSI program exists to provide cash to meet basic needs for food, clothing, and shelter for eligible individuals with little to no income and available resources. These benefits are administered by the Social Security Administration (SSA). Visit Understanding Supplemental Security Income (SSI) on the home page at www.ssa.gov or call 1(800) 772-1213 to learn more about the program.



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



GLITC & SMP staff at the capitol.



GLITC & SMP staff meeting in Madison.



Capitol Christmas tree.

GLITC & SMP Meet in Madison

Striving to provide the best Senior Medicare Patrol (SMP) programming to the tribal communities, Great Lakes Inter-Tribal Council (GLITC) and Greater Wisconsin Area on Aging Resources (GWAAR) developed a partnership which has been going strong for the last four years. This past December, SMP and GLITC staff took an opportunity to gather and review our partnership, review 2021 activity, and plan ahead for 2022. Grace traveled from the Red Cliff Tribal Community and Kassy from Lac du Flambeau to meet in Madison with Ingrid and Molly.

After the long drive, we were treated to a tour of Madison by our hosts, followed by a visit to the main lobby area in the State Capitol building. And in the center of the lobby there was a large Christmas tree which was donated by the Menominee Nation and beautifully decorated by area school children. We then enjoyed dinner at a restaurant in downtown Madison.

The following day we got to work! With the COVID pandemic protocols in effect since 2020, we discussed how we had to adjust and reevaluate the delivery of information and materials and the impact this had on the program. We then discussed our goals, and outlined the needed steps for moving forward in 2022.

The photos shown here were taken during our visit to Madison. As you can see, it was a good time, and we are excited to bring more to you in 2022.

Until next time, Kassy

Grace can be reached at (715) 661-4067 and Kassy can be reached at (715) 588-1016.



National Volunteer Week is April 17-23

By Molly Kelly, SMP Volunteer Coordinator

National Volunteer Week is an opportunity to recognize the impact of volunteer service and the significant contribution it provides within each of our communities. Organizations like ours succeed because volunteers willingly lend their time and talent to the cause. And this is the occasion to honor their accomplishments and to thank them for their dedication and commitment.

As we say thank you to our SMP volunteers, I want to pause and reflect on the last two years. During this period, we have all had to live within the restrictions imposed by the pandemic. And for our program this entailed major adjustments to the ways in which we deliver our message of Protect, Detect, and Report health care fraud, abuse, and errors. We were not able to attend conferences, staff booths at various events, or give presentations to groups at local senior centers. And yet, every one of you were

present during this trek. So as Ingrid and I express our gratitude, we want to give special thanks to you for sticking with us! We continue to be thrilled that you are on this team. Looking forward, we see mask mandates coming down (hopefully for good!) and conferences and other events going live once again. We can then see each other face to face and rub elbows with the community. In the meantime, we want to stress that we appreciate your support for SMP and its mission of Medicare fraud prevention.

THANK YOU!



What's the "Scoop"?

By Ingrid Kundinger, SMP Project Manager



Here are a few important things for you to know:

Let's talk about the importance of reviewing your health care statements for accuracy. This is one of the best ways to detect suspected fraud or errors related to your health care.

Your first question is likely, what statements should I be looking for? Great question! Here's the scoop on statements:

Medicare Summary Notice (MSN): a notice, not a bill, that people with Original Medicare get in the mail every three months for Medicare Part A and Part B covered services. The MSN shows all the services or supplies that providers and suppliers billed Medicare during the three-month period, and this notice also shows what Medicare paid and what you may owe the provider.

Explanation of Benefits (EOB): a notice, not a bill, that people will receive from a Medicare Advantage plan or a Medicare prescription drug plan that provides a summary of all claims filed, showing what the insurance company paid and what you must pay.

Here are the important things to look for on either type of statement:

- Your name and correct contact information.
- Your doctor and provider information.
- Date of service.
- Service description.

- Charges for the service and overview of what Medicare/Medicare Advantage plan is covering and what payments you might be responsible for.

We suggest that you keep records of visits, lab work, or any other treatments for comparison purposes when reviewing an MSN or EOB. The Senior Medicare Patrol provides complimentary health care trackers to help you keep all this information in one place. You can visit our website, www.smpwi.org/detect/, to learn more and request a health care tracker. You can also call our toll-free Helpline, (888) 818-2611 to request this resource.

If something doesn't look right, call your health care provider for clarification or further explanation. As a health care consumer, you have a right to request additional information to understand your health care. Please know it might take several tries to get to the right person, but don't give up, be persistent!

For those with Original Medicare, here are some links that further explain an MSN. There are also examples to look at to help orient you to the sections of the document.

<https://www.medicare.gov/forms-help-other-resources/mail-you-get-about-medicare/medicare-summary-notice-msn>

<https://www.medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-spot-medicare-fraud>

For those with a Medicare Advantage Plan or for a Medicare prescription drug plan, contact your insurance company for information about the EOB or look for more information on the company website about how to read the EOB.

Hopefully the reason for reviewing these statements on a regular basis is obvious. But if it isn't, here's the scoop: Reviewing these statements on a regular basis for accuracy is important to make sure that what you and

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Scoop Chatter

Interested in doing some online research for a medical question? Be sure to look at reliable sources for fact-based information. Look for proven, trusted sites such as: Health Information on the Web: Finding Reliable Information (familydoctor.org).

If you answer the phone and a caller displays a sense of urgency or requires payment in the form of a gift card, it is likely fraudulent. Legitimate organizations will not ask for payment by requesting a gift card.

If you receive a scam call, you can file a complaint with the FCC Consumer Complaint Center. Go to www.consumercomplaints.fcc.gov, select the “phone” option. At the bottom of the “unwanted calls” page is a form you can fill out. The data collected helps them track trends and supports their enforcement investigations.

If you can spot a scam, you can stop a scam.

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

Be aware of anyone trying to sell you a testing kit over the phone, in person, or online. Unscrupulous individuals peddle all sorts of packages such as COVID tests, cardiac screening kits, or genetic panel kits. These types of sales tend to be scammers looking for your Medicare number or payment. Check with a reliable source such as your doctor before agreeing to any sort of testing kit.

Receiving unwanted calls? Consider registering your telephone numbers in the National Do Not Call Registry, www.donotcall.gov. Lawful telemarketers use this list to avoid calling consumers on the list.

What's the Scoop continued from page 7

your insurers are paying for are the correct treatments/services that you received.

How does this relate to suspected fraud?

The scammers hope that you don't review your statements because if you don't, then the fraudulent claims that they filed on your behalf will be paid and never questioned. And that gives them encouragement to continue.

We, as informed health care consumers, can take control of this situation by reviewing the statements and asking questions when something doesn't seem right.

If you have questions or would like to talk more about this with someone, please call our toll-free Helpline, (888) 818-2611.



Traveling This Summer? Check Your Health Coverage Before You Leave!

By the GWAAR Legal Services Team

After 24 months of living with a pandemic and enduring COVID restrictions, the easing of these restrictions may bring a new sense of relief. For many of us, we may feel more comfortable venturing out and traveling in the coming months. Plans may include resuming postponed trips or whole new vacation destinations may be underway. If you are traveling this summer, there is still a lot to do before you leave. Before you pack your suitcases, you should take a look at your health insurance coverage.

If you have Original Medicare, Medicare will cover your health care services when you're in the United States, which includes Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. However, if you travel outside of the U.S., including to Canada or Mexico, Medicare will not pay for any health care services or supplies you receive outside the country, except in very limited situations.

Medicare supplement plans, or Medigap plans, allow you to see any provider who accepts Medicare. That means that if you are traveling within the U.S., and you have Original Medicare and a supplement plan, you will have coverage for any health care services or supplies you receive from providers who accept Medicare. If you are planning to travel outside the U.S., check your supplement policy to see if it includes coverage for any services received outside the country.

Medicare Advantage plans, on the other hand, often only operate within a specific network. If you have an Advantage plan, check with your plan to see whether out-of-network services are covered. Out-of-network emergency care will generally be covered. Some Medicare Advantage plans may provide additional coverage when you are traveling outside of the United States. Check with your plan for more information.



If you will need to refill your prescriptions while traveling, check with your prescription drug plan to see whether there are any network pharmacies at your destination. If you will not be able to use a network pharmacy while traveling, you may have to pay the full cost of your drugs when you fill your prescription. Check with your drug plan for information about how the plan reimburses out-of-network pharmacy purchases. Make sure you save your receipts! Please be aware that Medicare drug plans will not cover prescription drugs you buy outside the U.S.

If you are concerned about not having coverage for medical care while you travel, don't panic! Consider buying a travel insurance policy that includes health coverage. To purchase travel insurance, talk to an insurance agent. Be sure to ask about coverage for pre-existing conditions.

Taking the time to plan out your health care coverage before you travel will help you to have an enjoyable and relaxing trip. Bon voyage!



Views & Activities

Winter in Wisconsin During a Pandemic



Sipping coffee and playing "Chocolate Fix: Sweet Logic Game." Chocolate & coffee is quite the perfect pair in any season!



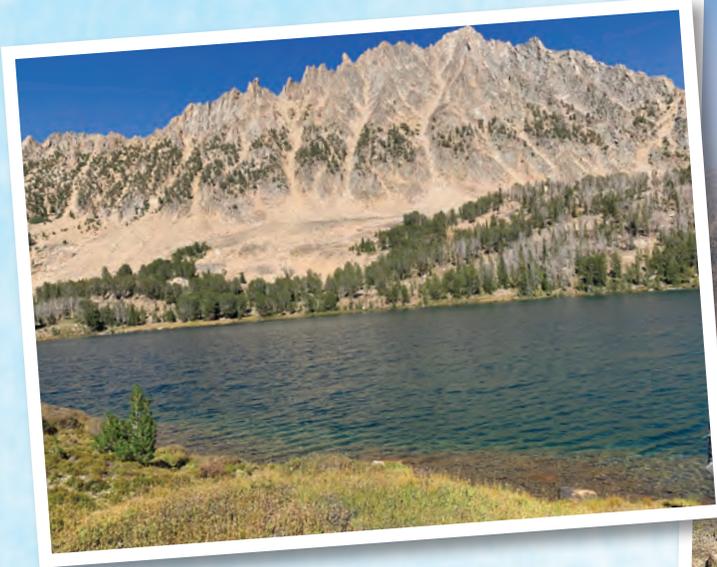
Cats at the fireplace: Staying toasty warm!



Sending Valentine's Day cheer to residents at an assisted living facility in Baraboo.



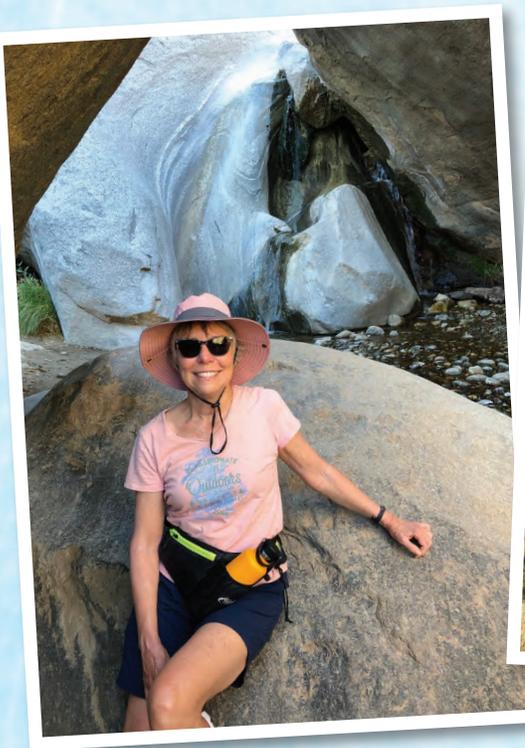
"Scoop and Scarf" event held during the Red Cliff Elderly Christmas Party at the Legendary Water Casino.



Beautiful view of a rugged mountain range.



Striking view from the top of that mountain.



Enjoying the warmth of California in the depths of a Wisconsin Winter!



Hospice Care and Medicare Fraud Tips for Protecting Yourself and Medicare

By the SMP National Resource Center



Hospice is an important benefit for the Medicare population.

Hospice fraud threatens this benefit for all beneficiaries. Scammers are getting beneficiaries to agree to hospice care even though they do not qualify for the benefit.

What is Medicare Hospice Fraud?

Hospice fraud occurs when Medicare Part A is falsely billed for any level of hospice care or service.

What are Examples of Hospice Fraud?

- Falsely certifying and providing services to beneficiaries who are not terminally ill – that is, with a life expectancy of six months or less if the disease runs its normal course.
- Enrolling in hospice without the knowledge or permission of the patient or family.
- Falsely certifying or failing to obtain physician certification on plans of care.
- Paying gifts or incentives to referral sources (such as physicians and nursing homes).
- Billing for a higher level of care than was needed or provided or for services not received.

- Targeting assisted living facility and/or nursing home residents whose life expectancy exceeds six months.
- Using high-pressure and unsolicited marketing tactics of hospice services.
- Providing inadequate or incomplete services, including, for example, no skilled visits in the last week of life.
- Providing/offering gifts or incentives, including noncovered benefits such as homemaker, housekeeping, or delivery services to encourage beneficiaries to elect hospice even though they may not be terminally ill.
- Embezzling, abusing, or neglecting beneficiaries or medication theft by a hospice worker.
- Keeping a beneficiary on hospice care for long periods of time without medical justification.
- Providing less care on the weekends and disregarding a beneficiary's care plan.

What Can You Do to Stop Hospice Fraud?

- Be sure your doctor has assessed your condition.
- Be sure your doctor has certified that you are terminally ill and expected to live six months or less if the disease runs its normal course.
- Never accept gifts (such as money, gift cards, or groceries) in return for hospice services and be wary of “too-good-to-be-true” offers.
- Report quality-of-care complaints to your local SMP and the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) (qioprogram.org/file-complaint).

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How are Fraudsters Benefiting from Hospice Fraud?

General inpatient care and continuous home care pay significantly more than routine home care. Falsely signing someone up for hospice and then providing routine home care at a continuous home care rate could be very lucrative for a fraudster.

What Medicare Paid for Hospice Care in 2021		
Routine Home Care	General Inpatient Care	Continuous Home Care
\$199.25 per day for days 1-60	\$1,045.66 per day	\$1,432.41 per day
\$157.49 per day for days 61+		

Medicare Program; FY 2022 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice and Home Health Quality Reporting Program Requirements 2021, 147 Fed. Reg. 42528 Page 16, 17 (August 4, 2021)

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.

To connect with your state Senior Medicare Patrol (SMP), visit www.smpwi.org or call 1(888) 818-2611.

Supported by a grant (No. 90MPRC0001) from the Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS).

No New Medicare Cards

By the Wisconsin SMP Team



The scams related to Medicare cards persist! Medicare beneficiaries from all around the state continue to call our toll-free helpline to

ask if Medicare is issuing new Medicare cards. Beneficiaries continue to receive calls asking them if they have received their new card from Medicare, and if not, the caller is more than happy to help them get that card. If you receive

this type of call, simply hang up, as the caller is trying to get your information to scam you.

There is NOT a new Medicare card. Not a plastic card, a chip card, a different colored card, a laminated option, or a different card because of COVID-19. There are NO NEW Medicare cards, not for any reason. Your paper red, white, and blue card is the only card issued by Medicare.



Medicare Coverage of Durable Medical Equipment

Taken from the **Medicare Minute** produced by the Medicare Rights Center

Medicare Part B covers durable medical equipment (DME), which is equipment that serves a medical purpose, can withstand repeated use, and is appropriate for use in the home. DME is equipment that helps you complete daily activities.



What kind of DME does Medicare cover?

Medicare usually covers DME if the equipment:

- Is durable, meaning it is able to withstand repeated use.
- Serves a medical purpose.
- Is appropriate for use in the home, although you can use it outside the home.
- And is likely to last for three years or more.

Examples: wheelchairs, walkers, hospital beds, power scooters, portable oxygen equipment.

Note: Medicare also covers prosthetics, orthotics, certain diabetes supplies. (This category is sometimes grouped with DME to be called DMEPOS.)

What kind of equipment *isn't* covered by Medicare?

There are certain kinds of equipment and supplies that Medicare does not cover, such as:

- Equipment mainly intended to help you outside of the home.
- Most items intended only to make things more convenient or comfortable.
- Items that get thrown away after use or that are not used with equipment.
- Modifications to your home.
- Equipment that is not suitable for use in the home.

Examples: air conditioners, incontinence pads, surgical facemasks, wheelchair ramps, or medical equipment from a hospital or skilled nursing facility like an oscillating bed, a wheelchair or scooter that is only intended for use outside the home.

Note: Some Medicare Advantage Plans may cover minor home modifications or other items as a supplemental benefit.

How can I get my DME covered?

Your doctor must sign an order, prescription, or certificate. In this document, your doctor must state that you need the requested DME to help a medical condition or injury, and that the equipment is for home use. If a face-to-face visit is required, the order must also state that the visit occurred. This face-to-face visit must take place no more than six months before the prescription is written. Your provider should know if Medicare requires a face-to-face visit for the item you need. You then must take the prescription to the right kind of supplier.

Note: The process is different if you need coverage for a manual or power wheelchair or scooter.

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Medicare Coverage continued from page 14

What kind of supplier should I go to?

If you have Original Medicare, you should get your DME from a Medicare-approved supplier that takes assignment.

- Avoid suppliers who do not contract with Medicare for DME, because Medicare will not pay for services you receive from these suppliers. This means you are responsible for the entire cost.
- Be aware that many suppliers are Medicare-approved but do not take assignment. These suppliers may charge you more than Medicare’s approved amount for the cost of services. Medicare will still only pay 80% of its approved amount for services, so you will be responsible for any additional costs.

Who can I contact with questions?

State Health Insurance Assistance Program

(SHIP): www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm, or call 1-800-242-1060. Your SHIP provides individualized and unbiased Medicare counseling and assistance, including about Medicare coverage of DME.

Senior Medicare Patrol (SMP): www.smpwi.org, or call 1-888-818-2611. Your SMP can help you prevent, detect, and report health care fraud, errors, and abuse, including DME scams.

1-800-Medicare: You can also call Medicare for answers to your coverage questions. Call 1-800-MEDICARE (1-800-633-4227, or TTY 1-877-486-2048).

Your health care provider: Speak with your doctor if you believe that a piece of DME may be medically necessary for you.

Your Medicare Advantage Plan: Contact your Medicare Advantage Plan to learn about any other coverage rules for DME and to learn which suppliers are in-network.



- The Medicare Advantage Open Enrollment Period ends March 31, 2022. This is a time when a person can change or drop their Medicare Advantage plan. Changes are effective the first day of the month following the request (i.e., changes made during March will be effective April 1).
- We are currently in the middle of the Medicare General Enrollment Period (GEP) which runs from January 1 through March 31, 2022. This enrollment period allows people to join Medicare Part B if they did not do so during their Initial Enrollment Period (IEP) or upon leaving active employer health insurance coverage. If a person enrolls in Part B during the GEP, then their Part B starts on July 1, 2022.
 - The coordinating special enrollment period (SEP) for the coordinating drug coverage or enrollment into a Medicare Advantage plan is April 1 through June 30, 2022; enrollment will begin on July 1.
 - Remember that people who are eligible for a Medicare Savings Program (QMB, SLMB, SLMB+) should not wait for the GEP to enroll in Part B. They should apply for the Medicare Savings Program immediately through the Regional Consortium.



Starting Spring 2022, Original Medicare WILL cover over-the- counter COVID-19 tests.

**Get them from a trusted source,
not social media ads or pop-ups.**

 **SMP** RESOURCE ORG.
SUPPORTED BY GRANTS FROM THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

1-888-818-2611

Do not give out your Medicare, Social Security, or credit card numbers to anyone contacting you, claiming they can get you a “free” COVID-19 test. Medicare plans to cover at-home over-the-counter COVID-19 tests soon. It is suggested to get these from a trusted source such as a pharmacy. If you have questions about COVID-19 test reimbursements, contact 1-800-Medicare (1-800-633-4227).

Learn more from CMS here: <https://bit.ly/3gnOf3X>