

# The SMP SCOOP



PROTECT DETECT REPORT

NOVEMBER 2019

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, errors, and abuse.

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

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## Feds Crack Genetic Test Fraud

*SMP Resource Library, September 27, 2019*

Federal agents took down an alleged Medicare fraud scheme that exploited seniors' curiosity about genetic medicine by enticing them to get their cheeks swabbed for unneeded DNA tests. Dubbed "Operation Double Helix," the crackdown targeted telemedicine companies, doctors, and labs.

**Read an Associated Press Article:** <https://apnews.com/de789d3d5f204adb8f05b852e6de50f6>

**Read a Department of Justice press release:** <https://www.justice.gov/opa/pr/federal-law-enforcement-action-involving-fraudulent-genetic-testing-results-charges-against>

## Genetic Testing Fraud: A Concerning Trend

*By Jennifer Trussell, October 17, 2019*

*National Council on Aging (ncoa) Blog*

<https://www.ncoa.org/blog/genetic-testing-fraud-a-concerning-trend/>

According to a white paper from the Healthcare Fraud Prevention Partnership, clinical laboratory services generated an estimated \$87 billion in revenue in 2017. With so much money involved, laboratory services are an area of high risk for bad actors who want to take advantage of seniors.

### A widespread scam

While Medicare strictly limits coverage for genetic *screening* tests, it does cover many genetic tests that meet the criteria for *diagnostic* tests such

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as those used to treat cancer and other medical conditions. A high-cost diagnostic test that can easily be marketed to the masses is a bright, shiny object to the health care con artist. There are numerous reports that scammers are using “fear factor” messaging to vulnerable seniors anxious to diagnose existing health concerns and proactively identify future medical conditions. This, along with legitimate interest in genetic tests, may help explain the rapid rise in genetic testing fraud across the nation.

The Senior Medicare Patrol (SMP) has seen a significant increase in complaints regarding genetic testing within the last year. The schemes range from complex kickback arrangements to criminals whose only purpose is identify theft. Most states have reported these schemes, noting health fairs, senior centers and apartments, farmers’ markets, church-sponsored wellness events, and malls as common locations for the scams to take place.

## A variety of schemes

The individuals involved in these schemes range from unwitting providers to career con artists, and the scope covers a broad range of schemes, from medically unnecessary services to billing for services that were never provided. Providers, including physicians, may not even know that they are a part of a fraud scheme. A current trend to watch is drug sensitivity testing, known as pharmacogenomics (occasionally termed “pharmacogenetics”). Pharmacogenomics is the

testing of specific genes to gauge how patients will react to certain medications. Health care providers are interested in this type of service because it may reduce the risk of adverse drug events (ADEs). Seniors, especially Medicare beneficiaries, are often targeted to pharmacogenomic schemes because they may have a number of medical conditions that require several prescription medications. Physicians, anxious to avoid ADEs (and occasionally enticed by improper kickback payments), may order hundreds of pharmacogenomic tests well beyond the scope of the patient’s condition. Physicians may also be told by marketers that they can bill for interpreting the test results in order to maximize revenue. These are often billed under “physician interpretation of molecular pathology” codes. Unfortunately, these are all different versions of the same scam.

## Medical information and identify theft

Of grave concern is the recent indication of medical identity theft associated with genetic testing fraud. Health fairs, senior centers, and telemarketing calls are high areas of risk for seniors vulnerable to the social skills of con artists. Victims are easily convinced to provide their health insurance and personally identifiable information with the enticing offer of free medical services. They may later find their health insurance was billed for thousands of dollars in medically unnecessary tests, or they may find that no testing was conducted and they are now the victim of identity theft.

It’s not just patients who may find themselves the victim of identity theft. There are currently reports that criminals are unlawfully using the names and logos of legitimate companies that offer genetic testing to further convince patients they’re being offered a real medical procedure as opposed to a scam. Be on the lookout for genetic testing fraud in an area near you.

To find answers or report potential fraud, errors, or abuse, contact your local Senior Medicare Patrol.

# The Pay Gap is an Aging Issue

By Lauren Popham, PhD

NCOA Blog Economic Security

We weren't surprised when more than half of women responding to a survey we conducted with Ipsos said they are worried about outliving their savings. Income is tied to lots of aspects of aging, but the way that plays out once you turn 60 is very different for men and women. One major reason: the gender pay gap.

## 51% of women ages 60+ are worried about outliving their savings

### A lifelong problem

Women are more likely to experience financial insecurity than men, and this discrepancy becomes even more pronounced later in life. Making less than their male coworkers means women have less money saved when they retire, and will draw less money from Social Security once they're eligible. We're left with sobering statistics like this from the Health and Retirement Study: half of women age 60 or older have household incomes below \$39,600, yet the median income for men in the same age range is \$55,000.

Despite entering retirement age at a disadvantage, women tend to live longer and face more out-of-pocket costs for things like medication each year. This longevity means that women's limited income and assets have to be stretched even further than men's. Older adults of color fare even worse. Around one in five older Black/African American and American Indian/Alaskan Native women is in poverty, with an annual household income of just \$12,490 for a one-person home.



### Public benefits are essential

So much of our work is focused on public benefits programs because they play a critical role in helping low-income older adults stay economically secure. Many eligible older adults miss out on these benefits because they are not aware of the programs or they do not know how to apply. Since 2010, the Center for Benefits Access at NCOA has helped over 368,000 older women through community-based organizations enroll in benefits to pay for basic expenses to meet their health needs.

Among these benefits are Medicaid, the Supplemental Nutrition Assistance Program (SNAP) to pay for food, Medicare Savings Programs to afford premiums, Part D Extra Help/Low Income Subsidy to afford prescription drug costs, and the Low Income Home Energy Assistance Program to pay heating and cooling bills. In addition, our online screening tool **BenefitsCheckUp®** (BCU) has connected an estimated 2.9 million women with benefits after they completed a screening. We know based on a recent evaluation that many eligible older adults who complete a screening on BCU go on to apply for and enroll in benefits.

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## Happy silver linings

Despite these concerns, the story of aging in America is hardly all doom and gloom. Of the seniors we surveyed, 61% are satisfied with their lives, and 59% expect to feel similarly in three years. That's an important thing for everyone concerned about aging issues to remember. By working with today's seniors and encouraging younger generations that the pay gap is an issue that affects us all, we can build a stronger movement to make aging well a reality for everyone.

**46% of women aged 60+ are worried that prescription medicine costs will exceed retirement income vs. 38% of men**

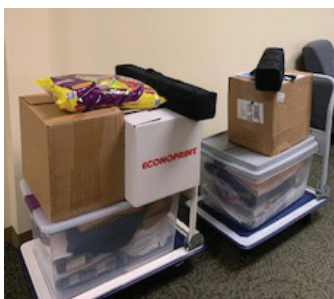
To learn about resources and programs available in your area, contact your local Benefits Specialist: <https://www.dhs.wisconsin.gov/benefit-specialists/ebs.htm>

## What's the "Scoop"?

By Ingrid Kundinger, SMP Project Manager



*This Hodag in Rhinelander is one of the many attractions SMP encounters during our travels around the state.*



*Carts loaded for two different events is now a familiar sight in the SMP office.*

### **Conferences and meal sites and Senior Resource Fairs....Oh My!**

The last three months were the busiest months to date for the Wisconsin SMP. From Bayfield to Racine, Lancaster to Laona, and so many places in between, we have been sharing the SMP message of Protect, Detect and Report. We have interacted with thousands of Wisconsin Medicare beneficiaries, many sharing personal examples of threatening telephone calls from the Social Security Administration, questionable charges on a Medicare Summary Notice or a promise of a genetic testing kit that never arrived in the mail. This means the scammers and fraudsters are active in our state. **Here are a few important reminders to help you protect yourself from Medicare fraud:**

- Don't answer the phone if you don't recognize the telephone number. And remember, fraudsters have technology that allows them to mimic local numbers, sometimes even your own! If you do answer the phone, it's OK to hang up!
- Please don't ever share your personal information over the phone with people or companies you are not familiar with or were not expecting a call from. Personal information includes your Medicare number, Social Security number, credit card numbers and banking account information.
- Don't be embarrassed if you accidentally shared your Medicare number over the phone. Please call us to report it. We will talk about things that you'll need to watch for and report the suspected fraud to the appropriate agencies for investigation. Every report matters as we all do our part to protect the Medicare program.





# Wisconsin SMP Partnership with Great Lakes Inter-Tribal Council

*Working to enhance the quality of life for all Native people*



*Grace Livingston and Mary Wolf*

**Grace Livingston**, Tribal Elder Benefits Specialist with Great Lakes Inter-Tribal Council, Inc., promoted the “Protect, Detect, Report” message with tribal communities at numerous Health and Resource Fairs this fall.

Grace gave an SMP presentation in September at the One Stop Shop at the Bad River Elderly meal site. She also provided SMP outreach for the LCO Tribe in October for their Medicare open enrollment period outreach event.



*Grace Livingston at the Title VI Conference in Minneapolis, MN*

Grace shared, “every month at the meal site visits, I spread the word of SMP to the Elders and how important it is. They realize the importance of the message and that we are trying to prevent the billions of dollars lost in Medicare fraud and how it impacts their health services. We would like more people to volunteer, especially ones who are on Medicare themselves, so we can educate our tribal communities to Protect (yourself, our elders and tribe), Detect and Report anything that doesn’t look right on the Medicare Summary Notices to the SMP team.

If any of the WI tribes would like us to visit, speak at a meeting, event or outing, we would love to come and share our tribal Senior Medicare Patrol presentation. We invite you to give Grace a call at 715-661-4067.



*Grace Livingston at the Lac Courte Oreilles event in Hayward*



*Like us on Facebook:  
WisconsinSeniorMedicarePatrol*





# On Patrol



*Ingrid Kundinger with Frank Abagnale at: A night with Frank Abagnale sponsored by AARP Wisconsin*



*Molly Kelly with Frank Abagnale at: A night with Frank Abagnale sponsored by AARP Wisconsin*



*Barb at the Taylor County Senior Health Fair in Medford*



*Molly Kelly and Doug Wolak at the Beloit Senior Fair in Beloit*



*Doug Wolak at the Rock County Senior Fair in Janesville*



*Ingrid Kundinger, Grace Livingston, Molly Kelly at GLNAEA meeting in Bayfield*



*Molly Kelly and Ruth Schriefer at the Iowa County Senior Fair in Dodgeville*





Rebecca Schmitt and Doug Wolak at Let's Talk Medicare in Milwaukee



Wil Coon at the Kewaunee County Senior Resource Fair in Luxemburg



Peggy Alderton, Tammy Queen, and Kathy O'Melia at a meal site in Laona



Wil Coon and Molly Kelly at Oneida Meal Site in Howard



Lane Delaney presenting at a meal site in Prairie du Chien



## Volunteer Recognition and Retreat

By Ingrid Kundinger and Molly Kelly



Six of our nine volunteers were able to attend the Recognition and Retreat in Madison.

The Senior Medicare Patrol recently held a two-day recognition and retreat in Madison to thank the volunteers for their commitment to and support of the program. The event was an opportunity to bring everyone together for team building and training, facilitating valuable face-to-face interactions that are difficult given that our volunteers are spread around the state. Since the program was awarded to GWAAR in June 2018, we have been busy building the volunteer base, and are pleased to have nine dedicated volunteers on board.

Here is what one volunteer had to say about why she is involved:

***“My passion is to make sure people have the knowledge to protect themselves and others from scams that unscrupulous people are using to target the senior population.”***

– Laura Berg, Lake Geneva

Other comments from a few volunteers about their experience at the retreat:

***“As a brand-new volunteer, not quite sure what I was getting myself into, I’ve been reassured by the amazing amount of organization and preparation that went into both my initial orientation and this educational retreat with other volunteers in Madison.”***

– Pam Gray, Eau Claire

***“I’m so happy I had this opportunity to meet the other SMP volunteers. This is an energetic group. And it’s growing in size. That’s exciting!”***

– Doug Wolak, Waukesha

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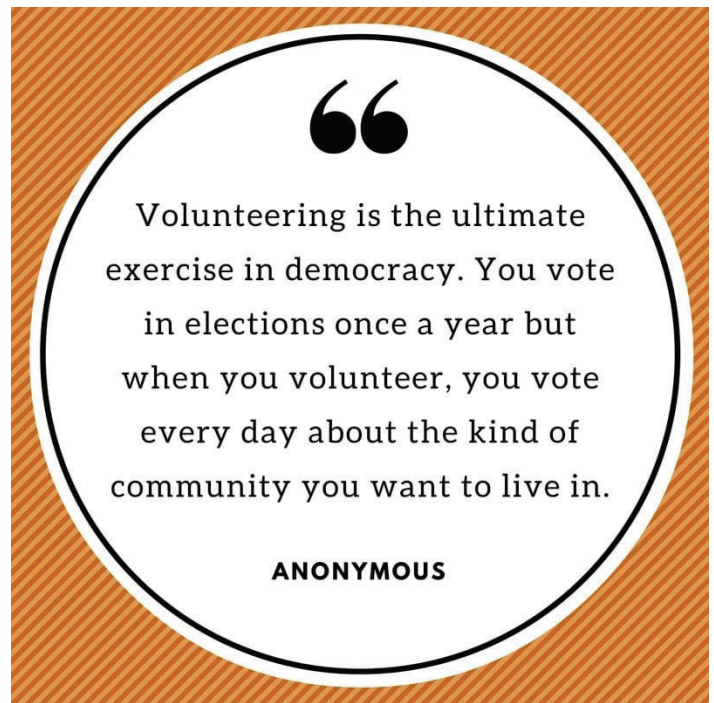


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***“The retreat was an excellent opportunity to get to know all the volunteers, meet the staff, and to learn more about the SMP program to help us become better volunteers and ambassadors for the program. Molly and Ingrid did an excellent job of putting together this first annual retreat.”***

– Arlene Crane, Prescott


We continue to recruit individuals to help spread the SMP message of Protect, Detect and Report healthcare fraud, abuse and errors. We are seeking volunteers from around the state and invite you to join this team. Please contact Molly Kelly at [molly.kelly@gwaar.org](mailto:molly.kelly@gwaar.org) to learn more.



# ROBOCALLS

**If you answer the phone and hear a recorded message instead of a live person, it's a robocall.**

Companies need your written permission to use robocalls to sell things to you.




**Why you're getting so many robocalls:**  
Often, it's scammers. The internet makes it cheap and easy for them to call from anywhere in the world.

**What you can do about them:**

1. Hang up. If you press any numbers, you might get even more calls.
2. Use call blocking. Talk to your phone carrier and read expert reviews about your options.

**REPORT**  
robocalls to the FTC at  
[ftc.gov/complaint](https://www.ftc.gov/complaint)

**LEARN**  
more at  
[ftc.gov/calls](https://www.ftc.gov/calls)





# Beware of False Social Security Or Medicare Advertisements

By Elena Gonzales Walker  
Social Security, Public Affairs Specialist

Scammers have become more aggressive and sophisticated in the digital age. With millions of people relying on Social Security and Medicare, scammers target audiences who are looking for legitimate program and benefit information.

Scammers sometimes try to scare people into giving out their personal information. Never give someone who called you any personal information unless you absolutely know who they are.

The law that addresses misleading Social Security and Medicare advertising prohibits people or non-government businesses from using words or emblems that mislead others. Their advertising can't claim that they represent, are somehow affiliated with, or are endorsed or approved by Social Security or the Centers for Medicare & Medicaid Services (Medicare).

People are often misled by advertisers who use the terms "Social Security" or "Medicare." Often, these companies offer Social Security services for a fee, even though Social Security offers the same services free of charge. These services include getting:

- A corrected Social Security card showing a person's married name;
- A Social Security card to replace a lost card;
- A Social Security Statement; and
- A Social Security number for a child.



If you receive misleading information about Social Security, send the complete ad, including the envelope (if applicable), to:

**Office of the Inspector General Fraud Hotline**  
**Social Security Administration**  
**P.O. Box 17768**  
**Baltimore, MD 21235**

You can learn more about how we combat fraudulent advertisers by reading our publication *What You Need to Know About Misleading Advertising* at [www.socialsecurity.gov/pubs/EN-05-10005.pdf](http://www.socialsecurity.gov/pubs/EN-05-10005.pdf).

You can also view and share our anti-fraud information at [www.socialsecurity.gov/antifraudfacts](http://www.socialsecurity.gov/antifraudfacts) as well as this YouTube video [www.youtube.com/watch?v=8N96ORODZm8](http://www.youtube.com/watch?v=8N96ORODZm8).

Remember, our information is easy to email and post on social media. Please let your loved ones know about these types of scams. Sharing this article with friends and family can save them from financial and emotional hardship.



# Social Security Administration Announces 2020 COLA

*By the GWAAR Legal Services Team*

Beneficiaries receiving Social Security retirement, survivors, and disability benefits will see a modest increase in their monthly benefit amount in 2020. The Social Security Administration recently announced that beneficiaries will receive a 1.6% increase in 2020 due to the cost of living adjustment (COLA).

**The 2020 numbers are as follows:**

	2019	2020
Federal SSI—individual	\$771	\$783
Federal SSI—couple	\$1,157	\$1,175
Quarter of coverage	\$1,360	\$1,410
SGA –non-blind person	\$1,220	\$1,260
SGA—blind person	\$2,040	\$2,110
Earnings limit (for those receiving SS retirement benefits under full retirement age)	\$17,640 (\$1,470/mo) \$1 in SSA benefits withheld for every \$2 above limit	\$18,240 (\$1,520/mo) \$1 in SSA benefits withheld for every \$2 above limit
Earnings limit (for those receiving SS retirement benefits—in the calendar year full retirement age is attained)	\$46,920 (\$3,910/mo) \$1 in SSA benefits withheld for every \$3 above limit	\$48,600 (\$4,050/mo) \$1 in SSA benefits withheld for every \$3 above limit
Maximum SS benefit for a worker retiring at full retirement age	\$2,861	\$3,011

## Medicare Tips and Reminders

### **Brand-new to Medicare?**

Before you schedule an appointment, ask the provider if they accept Medicare. If you chose to privatize your Medicare A and B into a Medicare Advantage plan, you will need to ask if the provider is in-network and if they accept that specific plan.

When scheduling your first visit with a doctor, be sure to call it a **Welcome to Medicare VISIT** – not a physical. Medicare does not pay for physicals.

If you are interested in a Medigap policy, you should sign up for one within six months of starting Medicare Part B. After that time, you may be required to pass medical health underwriting to be approved to purchase a Medigap plan.



## 2020 Medicare Numbers Released

By the Wisconsin SMP Team

The Centers for Medicare & Medicaid Services (CMS) recently announced the 2020 premiums, deductibles, and coinsurance amounts for Medicare Parts A and B.

Medicare Part A covers inpatient hospital stays and rehabilitation care at a skilled nursing facility. According to CMS, about 99% of Medicare beneficiaries receive premium-free Medicare Part A because they have at least 40 quarters of employment paying into Medicare taxes.

### Medicare Part A costs

Description	2019	2020
Premium with 40 work credits	\$0	\$0
Premium > 30 work credits	\$240	\$252
Premium < 30 work credits	\$437	\$458
Deductible (per benefit period)	\$1,364	\$1,408
Daily coinsurance in hospital days 61-90	\$341	\$352
Daily coinsurance in hospital days 91-150	\$682	\$704
Daily coinsurance in a skilled nursing facility, days 21–100	\$170.50	\$176

Medicare Part B covers physician services, outpatient hospital services, durable medical equipment at home, outpatient rehabilitation therapies, and outpatient laboratory services and testing. Regardless of work quarters, everyone pays a Medicare Part B premium (unless a person qualifies for a premium subsidy). Typically, Medicare Part B provides insurance coverage on an 80/20% basis.

### Medicare Part B costs

Description	2019	2020
Monthly Premium	\$135.50	\$144.60
Annual Deductible	\$185	\$198

In addition to Medicare Part A and B, it's important to take note of pricing changes on Medicare Part D drug plans and Medicare Advantage plans (optional). The last day of Medicare Open Enrollment is December 7 for plan changes in 2020.

**ATTENTION:** If you are still using your old Medicare card (the one with your Social Security number on it), be aware that as of January 1, 2020, this card will no longer be accepted. You will need to use your new Medicare card and number that was mailed to your home between April 2018 and April 2019.