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GENETIC TESTING - A GROWING CONCERN

By Charles Clarkson, Esq.,

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Jewish Family Services of Middlesex County, 32 Ford Avenue, Milltown, NJ 08850, 732-777-1940, has a grant from the Administration for Community Living for the Senior Medicare Patrol of New Jersey (SMP) program. The mission of the SMP program is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

Over the last several years, genetic testing has mushroomed to be a huge scam.

First, we have to ask ourselves: Does Medicare cover genetic testing? Genetic testing is a Medicare-covered service, but only in a very limited number of cases. With so much interest in genetic tests as an early warning for cancer, it makes sense that beneficiaries and others would wonder whether Medicare covers genetic (or DNA) testing as a screening and prevention benefit. The answer, with one exception, is no. The exception is for the Cologuard™ test to screen specifically for colorectal cancer.

There are medical diagnoses relating to some type of cancers requiring chemotherapy, some forms of inherited cardiac disease, and some types of psychiatric treatment with drugs that may be covered by Medicare. This coverage is only when the patient has one of a relatively small list of diagnoses. In these instances, the testing must be ordered by a physician who is treating the patient for one of these problems.

The SMP of New Jersey is concerned that many Medicare beneficiaries are being approached at senior centers, community centers, and health fairs to provide their Medicare information and to provide a cheek swab to be genetically tested. Many of these tests are being touted as “preventive services,” which they are not.

Examples of genetic testing fraud:

A company offering you “free” testing without a treating physician’s order and then billing Medicare. These tests go by many names and claim to test for many things, such as:

- Cancer screening/test
- DNA screening/test
- Heredity cancer screening/ test
- Dementia screening/test
- Parkinson’s screening/test
- Pharmacogenomics-medication metabolism.

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(continued)

With the proliferation of these tests, the U.S. Department of Health and Human Services, Office of Inspector General, has issued a fraud alert concerning genetic testing. The alert reads as follows:

“The U.S. Department of Health and Human Services Office of Inspector General is alerting the public about a fraud scheme involving genetic testing.

Scammers are offering Medicare beneficiaries cheek swabs for genetic testing to obtain their Medicare information for identity theft or fraudulent billing purposes. Fraudsters are targeting beneficiaries through telemarketing calls, booths at public events, health fairs, and door-to-door visits.

If a beneficiary agrees to genetic testing or verifies personal or Medicare information, a testing kit is sent even if it is not ordered by a physician or medically necessary.”

Protect Yourself

- If a genetic testing kit is mailed to you, don't accept it unless it was ordered by your physician. Refuse the delivery or return it to the sender. Keep a record of the sender's name and the date you returned the items.
- Be suspicious of anyone who offers you free genetic testing and then requests your Medicare number. If your personal information is compromised, it may be used in other fraud schemes.
- A physician that you know and trust should approve any requests for genetic testing.
- Medicare beneficiaries should be cautious of unsolicited requests for their Medicare numbers. If anyone other than your physician's office requests your Medicare information, do not provide it.
- If you suspect Medicare fraud, <https://oig.hhs.gov/fraud/report-fraud/> Phone: 1-800-447-8477 (1-800- HHS-TIPS).

Should a beneficiary in New Jersey become aware of any such fraud concerning genetic testing, we highly encourage them to call the SMP of New Jersey at JFS 732-777-1940 or our hotline at 877-SMP-4359. Remember, Medicare fraud costs all taxpayers money and takes away funds that would be available to all Medicare beneficiaries for legitimate, medically necessary, Medicare services.

MEDICARE ADVANTAGE PLANS AND NEW SERVICES

By Charles Clarkson, Project Director, Senior Medicare Patrol of NJ

Starting January 1, 2020, Medicare Advantage (MA) plans will be allowed, but not required, to offer additional services. MA plans are private plans approved by Medicare to offer all Medicare services. MA plans have networks of approved doctors whom their plan members are usually

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required to use. MA plans are usually also limited to service areas such as a certain state or several counties in the state. If a beneficiary travels outside of the plan's coverage area, the plan will not cover the beneficiary, except usually in an emergency.

Currently, many MA plans offer some additional coverage that Original Medicare does not cover, such as eye glasses, hearing aids, and dental care. Remember, however, that MA plans will still have networks and other rules that beneficiaries must follow. If a beneficiary wants to see any doctor or specialist, they can do so in Original Medicare. Otherwise they should make sure that their doctors are in the MA plan.

MA plans may offer and cover supplemental benefits not covered by Original Medicare if they are used "to enhance the quality of life and improve health outcomes."

These supplemental benefits must be available to ALL plan members at the same cost sharing. Supplemental benefits must be medically appropriate and recommended by a licensed provider as part of a care plan. Supplemental benefits are not items or services solely to induce enrollment. Examples of newly allowable benefits include adult day care, home and bathroom safety devices, transportation, home delivered meals, home-based palliative care, support for caregivers, "memory fitness" benefits, and certain over-the-counter items.

In the past, MA supplemental benefits were required to be "primarily health related." In addition to the supplemental benefits plans can offer to all plan members, MA organizations may also offer tailored supplemental benefits for enrollees who meet specific medical criteria and offer them at reduce cost-sharing. The benefit package must be medically related to the specific condition or health status of the eligible enrollees.

Each customized benefit offering must satisfy two key criteria:

- 1) The target population for customized benefits must be objectively identified based on health status, disease state, or clinical condition, and
- 2) A reduction in cost-sharing or offering a non-Medicare supplemental service must be medically related to the target condition.

Allowable target populations include individuals with: diabetes, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), stroke history, hypertension, high cholesterol, coronary artery disease, tobacco use, and opioid addiction. The flexibility will apply only to MA/Part C benefits and not to Medicare Part D drug plans.

Whether MA plans will start offering these additional services is still in the early stages of being decided. Beneficiaries will have to be patient and wait until the MA plans announce their plan coverage starting for calendar year 2020. Plans will have some information available for the Medicare Open Enrollment Period, which runs from October 15 through December 7 of each year. During this period, Medicare beneficiaries can change from one MA plan to another or move from Original Medicare to a MA plan. Medicare beneficiaries may want to switch to a MA plan if these new services would be of help to them.

These new services that MA plans may offer are part of Medicare's continuing efforts to encourage beneficiaries to move over to MA plans. With these potential new services, we can expect more beneficiaries to enroll in a MA plan when first eligible or to switch over to a MA plan during Medicare Open Enrollment.

JFS Director of SMP NJ Recognized at National Conference at National Conference



Jewish Family Services of Middlesex County is the designated agency for New Jersey's Senior Medicare Patrol (SMP). This national program educates Medicare and Medicaid beneficiaries about preventing, detecting and reporting health care fraud. The project Director, our Medicare Maven, Charles Clarkson, Esq. is the person to contact if you have any questions or you feel that in some way you have not been charged fairly for services.



The U.S. Administration for Community Living (ACL) held the 2019 SMP/SHIP National Conference in San Diego, CA, on July 22–25, 2019. The purpose of the conference is to assist, support, and inform Senior Medicare Patrol Programs (SMPs) and State Health Insurance Assistance Programs (SHIPs) nationwide.

Charles Clarkson, Esq., was awarded the Barbara McGinity Leadership Award. This award recognizes an SMP Project Director whose contributions to the SMP program exert strong influence within the SMP project and community. This leadership award recognizes an individual who inspires others and serves as “a champion for all” by being an active advocate for beneficiaries, their families, and caregivers in the fight against health care fraud, error, and abuse.

This honor is awarded to an SMP project leader for strong leadership and significant contributions to the SMP network. The recognition is especially significant because it was voted upon by Charles’ SMP peers across the country.

Congratulations to Charles on this well-deserved honor!

SCAM ALERT-HOSPICE FRAUD

First, what is hospice care? If you have Medicare Part A (hospital insurance) and meet all of these conditions, you can get hospice care:

- Your hospice doctor and your regular doctor (if you have one) certify that you’re terminally ill with a life expectancy of six months or less.
- You accept palliative care (for comfort) instead of care to cure your illness.
- You sign a statement choosing hospice care instead of other Medicare-covered benefits to treat your terminal illness and related conditions.

Hospice fraud can consist of companies giving presentations and visiting seniors at their homes and then enrolling them into hospice care even though they do not have a terminal illness. A hospice company may mislead people into enrolling in hospice care by offering beneficiaries housekeeping, home health service, nurse visits, and free medication.

Anyone with information about suspected hospice fraud should call the Senior Medicare Patrol of New Jersey at 732-777-1940 or our hotline at 877-SMP-4359.

Q. My last Medicare Summary Notice denied one of the services that I believe should be covered. What should I do?



After you have read your Medicare Summary Notice (MSN) and have found a service that was denied by Medicare, you have the right to appeal. On the last page of your MSN, you can follow the instructions on “How to Handle Denied Claims or File an Appeal.” Before you consider filing an appeal make sure that the claim was properly filed. Ask the provider of the service for an itemized statement to make sure the provider sent in the right information. If he/she did not, ask the provider to call Medicare to correct any errors.

If you feel that you still need to file an appeal, follow the instructions in the right hand column of the last page titled “File an Appeal in Writing.” In most cases you will need to attach a separate page with the explanation, as you do not have much space for a full explanation on the MSN. Try to type any explanation, for reading someone’s handwriting can be very difficult.

A word of encouragement: If your appeal is denied, appeal to the next level and if denied, the next level again. In our experience, you most likely will not get a favorable ruling until you reach the third level of appeal. You have to determine whether your time is worth it if the claim amount is small. Here are the first three levels of appeal:

- First Level of Appeal: Redetermination by a Medicare Administrative Contractor
- Second Level of Appeal: Reconsideration by a Qualified Independent Contractor
- Third Level of Appeal: Decision by the Office of Medicare Hearings and Appeals

Also, the State Health Insurance Assistance Program (SHIP) may be able to assist you with any appeal, especially if you feel you are not able to file an appeal on your own. In NJ, call 1-800-792-8820.

STAY CONNECTED

The Senior Medicare Patrol of New Jersey has a website. You can reach our site at:
<http://seniormedicarepatrolnj.org/>



Serve your community; learn about Medicare by volunteering for the New Jersey Senior Medicare Patrol

SMP of New Jersey is currently recruiting Community Liaisons to speak to small groups of their peers and help provide Medicare education at community events.

The role of the Community Liaison is to share information that can help others PREVENT, DETECT, and REPORT Medicare fraud, errors, and abuse.

FREE TRAINING AVAILABLE

For more information, please contact – Michelle Beley-Bianco, SMP Coordinator of Volunteer at 732-777-1940 or michelleb@jfsmiddlesex.org

SMP - Empowering Seniors to Prevent Medicare Fraud

Senior Medicare Patrol of New Jersey

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