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Preparing for the Next Medicare Open Enrollment

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

After a beneficiary enrolls in Medicare, she or he can make changes every year from October 15 through December 7. This period is known as Medicare Annual Open Enrollment Period. While it may seem early in the year, it is never too early to review your Medicare coverage. Since Medicare plans change every year — i.e. premiums, deductibles, co-pays — beneficiaries should review their plan coverage to see whether there might be a better plan for them.

A beneficiary can switch from Original Medicare to a Medicare Advantage plan or switch from a Medicare Advantage plan back to Original Medicare and add a supplement and a drug plan. Beneficiaries should be aware, however, that adding a supplement plan can pose some difficulties. Beneficiaries can also change Medicare Advantage plans. Since Medicare Advantage plans might add new benefits each year, such as limited meals after a hospital stay, limited transportation, over the counter gift cards, and other benefits, it is especially important for a beneficiary in a Medicare Advantage plan to review the plans for the next year to see whether there might be a better plan.

Check your mail. Beneficiaries may get important notices from Medicare or Social Security. A beneficiary who is in a Medicare plan should receive an Annual Notice of Changes (ANOC) telling the beneficiary of any changes in coverage, costs, or service area. Beneficiaries should make note of any 2023 changes to their health coverage or any extra help they may be entitled to for prescription drugs.

Beneficiaries may also get brochures and other marketing materials from insurance companies that offer Medicare health and prescription drug plans. Remember: plans are not allowed to call or come to a beneficiary's home without an invitation from the beneficiary.

1. Think about your Medicare coverage needs for 2023. Carefully review your current Medicare coverage, and note any upcoming changes to your costs or benefits. Decide whether your current Medicare coverage

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(continued)

will meet your needs for next year. A beneficiary who likes their current coverage, if it's still available for 2023, does not need to take any action to keep it.

2. Review the *Medicare & You* booklet. The booklet is usually sent out in the fall of each year. It is also available on the Medicare website at Medicare.gov. The booklet has information about Medicare coverage and Medicare plans in the beneficiaries' area for the following year. The beneficiary can get the booklet electronically at the Medicare website.
3. Preview 2023 health and prescription drug plans. Medicare makes it easy to compare coverage options and shop for health plans. For a personalized search, to create or access a list of your drugs, to compare your current Medicare plan to others, and to see prices based on any help a beneficiary might be entitled to help pay for drug costs, the Medicare Plan Finder is available. It includes Medicare Advantage plans and Part D drug plans.
4. Get personalized help in your community. Beneficiaries may be able to find free information and events online, or get help from health insurance counselors in their area by phone or in person from the State Health Insurance Assistance Program, known as SHIP. Every state has a SHIP program. In New Jersey, beneficiaries can reach the SHIP office at 800-792-8820. Each county has SHIP counselors, and the beneficiary will be referred to the SHIP program in their county. Remember, SHIP counselors can get extremely busy during the open enrollment period. So call SHIP in September before the enrollment period starts to ensure having the time to schedule any appointment a beneficiary might need with a SHIP counselor.

About the Centers for Medicare and Medicaid Services

The Senior Medicare Patrol of New Jersey works and partners with agencies across the state as part of its mission 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. In this issue we are highlighting the work of the Centers for Medicare and Medicaid Services. Frank Winter, Partnership Manager, SMP Liaison, CMS, is a member of the SMP's Advisory Committee.

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The Senior Medicare Patrol of New Jersey (SMP) works closely with The Centers for Medicare & Medicaid Services (CMS). Frank Winter, who is a member of the Advisory Committee of the SMP, is the Partnership Manager for the Regional Office of External Affairs responsible for building and sustaining partnerships with providers, beneficiaries, and community organizations while keeping various communities abreast of policy and program changes through outreach, education, and earned media.

CMS is the single largest payer for health care in the United States. Over 100 million Americans rely on health care benefits through Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and the Health Insurance Marketplace established by the Affordable Care Act. These three major programs are administered by CMS, an agency of the U.S. Department of Health and Human Services (HHS). As the steward for health care services for these individuals, many of whom are the nation's most vulnerable residents, CMS must ensure that these individuals have access to high quality care.

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes. CMS works to improve people's lives through advancing public policy to ensure that the U.S. health care system works better for everyone.

CMS will ensure that the public — particularly those most impacted and underserved — has a strong voice throughout CMS's policymaking, operations, and implementation process. By elevating voices and understanding the needs of individuals with lived experience, their representatives, consumer advocates, providers, state, local, and tribal governments, and health plans, CMS will have a more informed process for decision making and understanding of how applied policies can improve the lives of people. CMS is taking a meaningful approach in stakeholder engagement through traditional outreach, agency-wide coordination, and meeting people where they are, in person, in communities, and in their backyards.

It should be noted that health care fraud perpetrators steal billions of dollars each year from federal and state governments, providers, taxpayers, and some of our most vulnerable citizens. Fraud, waste, and abuse drive up costs for everyone in the health care system, in addition to hurting the long-term solvency of the federal health care programs upon which millions of Americans depend. When families are working to make every dollar count, eliminating waste, fraud, and abuse must be a top priority.

CMS is mindful of striking the right balance between preventing fraud and other improper payments and maintaining the timely delivery of critical health care services to beneficiaries. At their core, federal health care programs are designed to provide affordable health care to families in need, people with disabilities, and aging Americans. The vast majority of health care providers abide by their legal and professional duties and provide critical health care services to millions of beneficiaries every day. CMS is committed to continuing to provide health care services to beneficiaries and reducing the burden on legitimate providers, while targeting anyone who engages in fraudulent activities and saving taxpayer dollars. The CMS aims to: Keep individuals and companies that intend to defraud Medicare, Medicaid, and CHIP out of these programs

in the first place; Avoid payment of fraudulent claims when they are submitted; and Remove fraudulent individuals and companies from federal health care programs if they do get in.

How Did I Learn of the Senior Medicare Patrol Program?

By Edward Campell, Coordinator of Complex Interactions and Volunteer

The Senior Medicare Patrol of New Jersey is highlighting, from time to time, the work of some of its volunteers. Without volunteers, the Senior Medicare Patrol of NJ would not be able to provide the unique services to assist Medicare beneficiaries in fighting Medicare fraud. This is the first article about our longest serving volunteer.

When Charles Clarkson (Senior Medicare Patrol of NJ (SMP) Project Director) called and asked me to write this piece about how I learned about the Senior Medicare Patrol, I said sure, thinking that it should be easy and that he should have it in a couple of days. Then I sat down to write and found that the task was not as easy as I had thought.

Before joining the SMP I had spent over 40 years seeing patients as an optometrist. For some reason Charles keeps introducing me as a retired dentist, but for the record, I dealt with eyes and not teeth. Over those years health care changed quite a bit, especially in the way care was delivered and paid for. The care provided to patients today is changing. There is technology available that was not even imagined years ago. This has brought about quite an increase in the cost of care. While all of the changes may have improved the care available to patients, they have also greatly increased the amount of billing errors and outright fraud that cost Medicare and its beneficiaries billions of dollars annually.

Now let's get back to how this all lead me to the SMP. Coincidentally, Medicare started just about the same time as I began to practice optometry. My office was in Trenton just a few blocks from the office of our state professional society, the New Jersey Optometric Association. It was a nice morning in January of 1967 when I received a phone call from our association president, who asked whether I would chair the association's Insurance Committee. I told him that I knew nothing about insurance and he replied that he just needed a name for the organizational chart. Being young and naive, I believed him and agreed.

That call lead to a lifetime of learning about insurance, Medicare, and Medicaid. It soon became obvious that the job of Insurance Chair would involve more than simply putting my name on an organization chart. Actually, Medicare became a challenging hobby. No matter what decisions were made by Medicare, they always were based on logic and something somewhere in regulations. It was like a complicated puzzle that always had an answer.

If we fast forward to 2009, I was ready to retire from a career that had included patient care, participation in health care planning, appearing as an expert witness in legal proceedings, and being a consultant auditing quality of care by auditing eye medical records. Imagine my surprise when I saw that there was a report from the OIG about some program that I had never heard of called the Senior Medicare Patrol. After reading the report, I realized that this was something that might be worth looking into. It was not hard to find that the project director for New Jersey was Charles Clarkson and that he was the person to contact. I scheduled a meeting with Charles, who described the SMP program. He did such a good job that he had me hooked after just a few minutes. I could not believe that such an organization existed and that I had not heard of it. Here

was the perfect way to use my knowledge of Medicare, assist beneficiaries, and stay out of trouble by having too much free time after retiring. It is really hard to believe these events all took place over 12 years ago, but that is how I learned of the SMP.



Scam Alert

FOR IMMEDIATE RELEASE

May 20, 2022



Federal Law Enforcement Agencies Warn of Impersonation Scam Involving Credentials and Badges

It is illegal to reproduce Federal law enforcement credentials and badges

New reports show that scammers are reviving an old tactic to gain trust. Scammers are emailing and texting pictures of real and doctored law enforcement credentials and badges to prove they are legitimate and scam people out of money. Scammers may change the picture or use a different name, agency, or badge number, but the basic scam is the same.



Federal law enforcement agencies are warning the public to be skeptical of email and text messages claiming to be someone from a government or law enforcement agency. No one in federal law enforcement will send photographs of credentials or badges to demand any kind of payment, and neither will government employees.

Social Security Administration Office of the Inspector General (OIG), Department of Labor OIG, NASA OIG, the Pandemic Response Accountability Committee (PRAC), and the Federal Bureau of Investigation (FBI) joined forces to issue this scam alert.

SSA OIG spearheaded this scam alert. Members of the press may make inquiries to Social Security OIG at oig.dcom@ssa.gov or (410) 965-2671.



HOW A GOVERNMENT IMPOSTER SCAM WORKS

These scams primarily use telephone to contact you, but scammers may also use email, text message, social media, or U.S. mail. Scammers **pretend** to be from an agency or organization you know to gain your trust. Scammers say there is a **problem** or a **prize**. Scammers **pressure** you to act immediately. Scammers tell you to **pay** in a specific way.

TIPS TO PROTECT YOURSELF

1. **Do not take immediate action.** If you receive a communication that causes a strong emotional response, take a deep breath. Hang up or ignore the message. Talk to someone you trust.
2. **Do not transfer your money! Do not buy that gift card!** Never pay someone who insists that you pay with a gift card, prepaid debit card, Internet currency or cryptocurrency, wire transfer, money transfer, or by mailing cash. Scammers use these forms of payment because they are hard to trace.
3. **Be skeptical.** If you think a real law enforcement officer is trying to reach you, call your local law enforcement using a non-emergency number to verify. Do not believe scammers who “transfer” your call to an official or who feed you a number as proof. Scammers can create fake numbers and identities. Do not trust your caller ID.
4. **Be cautious** of any contact claiming to be from a government agency or law enforcement, telling you about a problem you don’t recognize. Do not provide your personal information, even if the caller has some of your information.
5. **Do not click on links or attachments.** Block unwanted calls and text messages.

FOR MORE INFORMATION ON SCAMS

Visit the [ftc.gov/scam](https://www.ftc.gov/scam) to read about common scams.

IF YOU ARE A VICTIM

Stop talking to the scammer. Notify financial institutions and safeguard accounts. Contact local law enforcement and file a police report. File a complaint with the FBI IC3 at www.ic3.gov and with the Federal Trade Commission at ReportFraud.FTC.gov.

Keep financial transaction information and the record of all communications with the scammer.

SSA OIG spearheaded this scam alert. Members of the press may make inquiries to Social Security OIG at oig.dcom@ssa.gov or (410) 965-2671.

ASK CHARLES

Charles Clarkson is the Project Director of the Senior Medicare Patrol of NJ.

How much do Medicare fraud, waste, and abuse cost?

While most beneficiaries know that Medicare fraud, waste and abuse exist, they are shocked by the actual cost. At many presentations that I give to seniors all across New Jersey I open with a question. "How much does Medicare lose in one year to fraud, waste, and abuse?" Typically, most beneficiaries yell out, "millions." Some beneficiaries, but not many, may yell out, "billions." Most beneficiaries are surprised to learn that Medicare estimates it loses \$60 billion dollars a year. If you add Medicaid and private insurance, the FBI estimates that one in ten dollars spent on medical services is lost to fraud, waste, and abuse. This figure is estimated to be \$250 billion a year. Who pays for this fraud, waste, and abuse? We all do, as this money comes from our tax dollars. So we all have a stake in fighting Medicare fraud, waste, and abuse. If, as a beneficiary, you read your Medicare Summary Notice or Explanation of Benefits and you suspect you are the victim of fraud, waste, or abuse, you should report this to the Senior Medicare Patrol in your state. Every state, Washington D.C., Puerto Rico, Guam, and the American Virgin Islands have an SMP program. Help us fight Medicare fraud by Protecting, Detecting, and Reporting Medicare fraud, waste, and abuse.



STAY CONNECTED

The Senior Medicare Patrol of New Jersey has a website. You can reach our site at:

<http://seniormedicarepatrolnj.org/>



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Follow us on Twitter
#MedicareMaven

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

SMP of New Jersey is currently recruiting Volunteer 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, waste, and abuse.

Free Training Available

For more information please contact Michelle Beley-Bianco,
SMP-NJ Coordinator of Volunteers, 732-777-1940 or

michelleb@jfsmiddlesex.org

SMP - Empowering Seniors to Prevent Medicare Fraud

Senior Medicare Patrol of New Jersey

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or call our toll-free SMP Hotline at

877-SMP-4359 (877-767-4359)