

# FraudAlert!

*Helping keep the promise.*



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• Coalition of Wisconsin Aging Groups Elder Law Center

**From the Project Director. . . . . Elizabeth Conrad**

Check out our website at [www.wisconsinsmp.org](http://www.wisconsinsmp.org)

## Let's Get Acquainted

By Judy Steinke, Wisconsin SMP Volunteer Coordinator

This month, we are pleased to introduce Mary Ann Ekern of La Crescent, Minnesota as our featured volunteer. Mary Ann joined Wisconsin SMP (Senior Medicare Patrol) after her friend, Jane Travis, invited her to attend the SMP Volunteer Foundations Training that was held in La Crosse in June 2010.

Mary Ann retired from the Western Wisconsin Technical College after teaching Anatomy, Physiology, and other Health Science classes for over 30 years. This education background has driven her to provide SMP presentations for several groups of Medicare beneficiaries in her area, participate in a live radio show about Medicare fraud, and also assist with many booths where she has recruited new SMP volunteers.

When asked why she volunteers, Mary Ann's response is, "I volunteer because to truly be a Christian, we must not only pray but also serve others. God, in turn, rewards us with a good feeling and wonderful friends and memories of this service." In addition to Wisconsin SMP, she also volunteers for: The Lacrosse Area Retired Educators group, Crucifixion Parish where she is director of Sunday school and brings communion to the homebound, and the La Crosse Bookworms project where she reads to Headstart classes.

Mary Ann is married and the mother of three adult children. She and her husband own Top Shots, a pool hall and tavern in La Crosse. Her hobbies include: golfing, bowling, reading, woodworking, gardening, swimming, and photography.

Mary Ann, thank you for joining Wisconsin SMP. Your dedication to service and education is an inspiration to all of us!

### Wisconsin SMP

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## **Efforts to Combat Fraud are Paying off in Wisconsin**

**By Kevin Brown, Wisconsin SMP Capacity Building Grant Manager/Trainer**

On December 13, the Obama Administration announced that the U.S. Department of Justice (DOJ) had recovered more than \$5.6 billion in fraud committed against the government in fiscal year 2011. This total includes almost \$3.4 billion in civil fraud and over \$2.2 billion in criminal fraud. DOJ recovered over \$2.9 billion in healthcare fraud alone.

The federal government recovered over \$51.6 million in Wisconsin as a result of civil and criminal prosecutions in 2011. The total amount of DOJ fraud recoveries in our state in 2008 was \$3.1 million. Wisconsin ranks fourth highest among states in increased fraud recoveries since 2008, with an increase of 1554 %. The largest single recovery in Wisconsin this year was \$17.5 million in state and federal Medicaid funds as part of a settlement in a case that several states brought against CVS Pharmacy.

Throughout the year, Wisconsin SMP (Senior Medicare Patrol) has highlighted important victories in the fight against healthcare and consumer fraud in this publication. As 2011 comes to a close, we'd like to remind you of some of the successful fraud prosecutions that occurred in our state this year:

- The State of Wisconsin received almost \$1.5 million as part of its share of a multi-state settlement with AstraZeneca Pharmaceuticals arising from improper marketing of the antipsychotic drug Seroquel.
- Ricky Kanter, the founder of Dr. Comfort, a Mequon shoe company, agreed to pay \$27 million in healthcare fraud charges, in a civil settlement filed under the whistleblower provisions of the False Claims Act.
- A former Waukesha County account clerk, Kham Sisaleumsak, was convicted of stealing more than \$300,000 donated by senior citizens at nutrition sites.
- Mark Rouse, a Milwaukee day care provider, was convicted on two counts of felony theft for stealing at least \$275,000 from Wisconsin Shares, the state-subsidized child care program.
- Abri Health Plan, Inc. of Germantown and its parent company, Universal American Financial Corp., of Missouri agreed to pay \$4.8 million to settle a healthcare fraud claim that the company violated federal regulations by misrepresenting its Medicare Part C coverage plans.

Thank you, Wisconsin SMP volunteers and professional partners, for all your hard work on behalf of our project in 2011. You are truly making a difference in the fight against fraud in our state. We wish you a joyous holiday season and look forward to working with you in 2012.

## **Volunteer Recruitment: A Year in Review**

As Wisconsin SMP reflects upon the past year, we would like to take this opportunity to thank those volunteers and professional partners who have stepped forward to help with outreach and education.

Our annual spring radio recruitment campaign always generates calls from interested individuals. However, this year, we were also fortunate that many radio and television stations aired Stop Medicare Fraud Public Service Announcements that were created and distributed by the Administration on Aging. Other volunteer recruitment methods included press releases, newsletter articles, ads in the "Wisconsin Electric Cooperative News" and "The Catholic Herald," and word of mouth. Volunteers, Elderly Benefit Specialists, and other professionals also encouraged others to join the project.

In 2011, forty-eight new volunteers and 17 professional partners across the state participated in the full-day “SMP Volunteer Foundations” trainings. Thanks to all of you for joining Wisconsin SMP. Together we will “Empower Seniors to Prevent Healthcare Fraud.”

## **Protect Seniors from Scams**

During the holidays, family members often visit their elderly parents or other aging relatives. For those who live a distance away, this once or twice a year visit is an opportune time to find out how they are really doing.

Are they isolated? Do friends stop by or call? Is their social calendar full or non-existent? Those who live alone and are isolated are prime targets for scam artists. These crooks do their homework and polish their skills of empathy and politeness. They can pick up on the loneliness in the voice of the senior whom they were lucky enough to reach through random calling. Oftentimes, they establish a friendly relationship over the course of several calls. Once the level of trust is built up, they bring up their request for personal information – bank account numbers, social security number, etc.

While visiting your elderly relatives or friends this holiday season, take the time to discuss the dangers of establishing phone relationships with strangers who initiate these types of calls. Help them understand the importance of protecting all of their personal information.

For more information on healthcare and consumer scams, visit the Wisconsin SMP website, [www.wisconsinmp.org](http://www.wisconsinmp.org), or call (800) 488-2596, ext. 315.

## **PSC Launches Fraud Investigation of Lifeline and Link-Up Service Provider**

Midwestern Telecommunications, Inc. (MTI), an Illinois-based telephone company, has had its certificate to operate in Wisconsin revoked while the company is investigated for possible fraud. MTI, which offers Lifeline and Link-Up services in Wisconsin, will be ineligible for reimbursement by the state or federal Universal Service Fund (USF) while it is investigated for numerous potential violations of state and federal requirements, constituting waste, fraud, and abuse of USF dollars.

The Public Service Commission of Wisconsin (PSC) granted MTI a waiver to provide Lifeline service to low-income, prepaid wireless customers on November 23, 2010. However, after seeing examples of what appeared to be forged applications, potential evidence of ineligible participants, and failed verification, the PSC voted unanimously to revoke MTI’s eligibility to receive funding from USF until a formal investigation is completed.

PSC staff estimates show that MTI went from receiving about 1% of the state’s federal Lifeline and Link-Up reimbursements in 2010 to 33.3% in 2011. In the first eight months of 2011, MTI has received over \$4.4 million for Lifeline reimbursement. MTI reported to PSC investigators that it had only 315 Wisconsin customers for the subsidized Lifeline program, but the company told federal regulators that it had 25,814 Wisconsin residents in the program. This issue has also been referred to the Wisconsin Department of Justice, the Department of Agriculture, Trade, and Consumer Protection, and the Federal Communications Commission for further investigation. MTI will be required to alert customers of any changes to service as a result of these proceedings.

Public Service Commissioner, Ellen Nowak, expressed the importance of cracking down on suspected fraud, waste and abuse saying, “By revoking MTI’s certification and ETC status, we are sending a message that any evidence of fraud will be taken very seriously in this state. Abuse of the Universal Service Fund, which is funded by our dollars through payment of telephone and mobile phone bills, will not be tolerated in Wisconsin.”

The outcome of this case will be watched closely across the country. Other states have raised similar concerns about potential USF fraud, but the PSC is the first regulatory agency in the nation to address these issues directly.

*Sources:* PSC Press Release (12/1/11) and Milwaukee Journal Sentinel (12/3/11)

## **Jamaican Lottery Scammers Reap Millions from U.S. Seniors**

Authorities are warning seniors not to be fooled by claims that they have won the Jamaican lottery. This telemarketing scheme has become exceedingly popular and is suspected of bilking as much as \$300 million from unsuspecting U.S. residents, largely senior citizens.

Although there are some variations, the scam generally begins with victims being informed that they have won prizes or money. Then they are told that in order to claim their winnings, they must wire money to cover fees or taxes. After victims send the money, the telemarketers insist on more. Some victims have handed over more than \$500,000 to the fraudsters.

The telemarketers often disguise their phone numbers to make it appear that their calls are coming from the U.S. and have even used Google Earth to view the victim’s home. They then use the details they glean from the satellite photo to scare the victim into paying. For example, they might say, “I can see you’re in the red house on the corner ... if you don’t mail the money today, we’ll be stopping by to get it.” If victims refuse to pay, the scammers have even resorted to threats of burning down their houses or killing their grandchildren. The fraudsters may demand that the money be sent directly to Jamaica or they may use middlemen in the U.S. (sometimes other victims) as intermediaries.

According to the Federal Trade Commission (FTC), complaints regarding this scam have skyrocketed in recent years from 1,867 in 2007 to 21,342 in 2010 and may only represent a fraction of the actual number of victims. In May 2009, U.S. Immigration and Customs Enforcement created a task force with the Jamaican Constabulary Force to combat these schemes. In the past 3 years, the task force has launched 389 investigations, arrested 111 people in Jamaica and the U.S., seized \$113 million in assets, and returned \$251,000 to victims.

FTC reports show that nearly 40% of reported victims last year were over the age of 70 and fraudsters target victims with diminished mental capacity. These victims often refuse to believe that they have been scammed even after being shown clear evidence of the fraud. C. Steven Baker, director of the FTC’s Midwest Region says that it’s simple, “If someone tells you that you have won a bunch of money and they need you to pay any money for any reason, it’s a fraud.”

*Sources:* Sun Sentinel (11/26/11) and the U.S. Postal Inspection Service

## **Medicare to Allow Access to its Claims Database in 2012**

It is often difficult to make an educated decision when choosing a doctor or specialist, but it will soon be much easier. By late 2012, Medicare will be opening its extensive claims database, which will allow employers, insurance companies, and consumer groups to use it to create report cards for doctors and rate hospitals. Groups will be able to use this database to find information such as how often a doctor has performed a certain procedure and get a general sense of problems such as preventable complications that may have occurred under a provider's watch. The Medicare data will identify individual doctors but keep all patient information confidential. Medical providers will be given the opportunity to review their information before it is released and have 60 days to challenge it.

Groups like the Wisconsin Health Information Organization (WHIO) have been using claims data from private insurance companies to rate doctors on quality and cost since 2006. However, Medicare data was previously unavailable because of a decades-old court ruling that releasing the information would violate doctors' privacy. The Affordable Care Act changed federal law to explicitly authorize release of this information, which will open the doors to a huge pool of data. With 47 million Medicare beneficiaries and nearly every doctor and hospital in the nation participating in the program, this data will provide significant new information for consumers looking for the best doctor in their area.

Marilyn Tevenner, Acting Administrator of Medicare, called the new policy "a giant step forward in making our health care system more transparent and promoting increased competition, accountability, quality, and lower costs." However, there are some administrative roadblocks that may make it difficult for groups to access this information. For example, the data may cost more than \$40,000, which could make the information unaffordable for many organizations.

*Sources:* Milwaukee Journal Sentinel (12/6/11) and Wisconsin State Journal (12/6/11)

## **CMS Begins Round Two of Competitive Bidding Program for DME**

On November 30, the Centers for Medicare and Medicaid Services (CMS) announced details for the next stage in a competitive bidding program that will set new, lower payments for durable medical equipment and supplies while maintaining patient access to them. The Affordable Care Act expanded the Medicare Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), which is estimated to save Medicare, seniors, and taxpayers over \$28 billion over the next decade.

Supplier registration for Round Two of the bidding program began on December 5, and the 60-day supplier bidding period will begin in late January 2012. In the program, DMEPOS suppliers compete to become Medicare contract suppliers by submitting bids to provide certain items in competitive bidding areas (CBAs). The new, lower payment amounts from the competition replace the fee schedule amounts for the bid items in these areas.

The new prices are expected to take effect on July 1, 2013. Round One of the program, covering nine product categories in nine areas of the U.S, was successfully implemented in January 2011 with no changes in beneficiary health status, according to CMS. Round Two expands the program to 91 additional Metropolitan Statistical Areas, including Milwaukee-Waukesha-West Allis.

The Round 2 product categories are similar to those in Round 1, with some additions. They are:

- Oxygen, oxygen equipment, and supplies
- Standard (power and manual) wheelchairs, scooters, and related accessories (a new category that combines all mobility devices)
- Enteral nutrients, equipment, and supplies
- Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs) and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories
- Negative Pressure Wound Therapy pumps and related supplies and accessories (new category)
- Support surfaces (Group 2 mattresses and overlays)

Beneficiaries can continue to use their current suppliers until the new program goes into effect. CMS will conduct extensive outreach to beneficiaries before any changes are implemented.

*Source: CMS Office of Media Affairs (11/30/11)*

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## **Part-time Volunteer Management Means Equally Limited Volunteer Involvement By Susan J. Ellis, President of Energize, Inc.**

It is hardly news that the majority of people who lead volunteer involvement are expected to do so part-time. This means they may be full-time employees, but they are tasked with one or more major responsibilities in addition to volunteer management. This was the situation 40 years ago when I started in the field; unfortunately, it seems to be getting worse rather than better.

The struggle to devote undivided attention to volunteers is worldwide. The problem is being discussed across North America and in every country I've visited this year, including last month's European Conference on Volunteering. Although there is a general calling for greater engagement of volunteers – especially by politicians – we are moving backwards in terms of allocating resources for staff leadership of volunteers. It is getting close to a professional crisis.

### **Why this is Happening**

There is a serious disconnect between an organization's desire to engage volunteers and an understanding of how much expertise and *time* are needed to assure success. Even in the best economy, what a volunteer services manager actually does is only vaguely understood by colleagues and executives – and rarely valued. So when budgets are cut back, this position is quickly on the list of less "essential" staff, more of a luxury than a necessity.

This attitude was illustrated for me years ago when I was scheduled to speak at a volunteer recognition luncheon for a large hospital. About a week before the event, the DVS called me to say that she had been laid off in a general staff cutting action, but had been forbidden from telling anyone of her imminent departure. During the luncheon, she was expected to be bright and cheerful in front of the volunteers, although the hospital had not yet decided on who would be assigned the responsibility for the volunteer corps! I called her boss to express my concern, she responded with some irritation: "I

don't understand why you think there is a problem; clearly we *have* the volunteers already." (And clearly, I decided not to speak at this event!) It goes without saying that they laid off no one in their HR department, as they did not apply the same logic to paid staff.

Executives frequently draw wrong conclusions from too few facts. Here are some examples of what they think:

- *Because most volunteers only work a few hours a week or less, managing a workforce of even several hundred "sporadic" volunteers is seen mainly as a scheduling task, not genuine leadership.* Of course, the fact that every one of the several hundred volunteers needs to be brought on board, oriented, trained, kept motivated, thanked, evaluated, and more is overlooked. Not to mention that the person in charge of volunteers cannot decide simply to do this work on Thursdays. *Because* they give several hours on widely varying schedules, volunteers must be attended to when *they* are on duty. The volunteer resources manager works in a fishbowl of constant availability.
- *Volunteers are thought of as "interchangeable parts," who can be welcomed and assigned in a uniform manner.* Not so. Although most organizations want a diverse volunteer force, the effort needed to create effective roles for individual volunteers (teenagers, people over 80, graduate students, corporate employees serving in groups, etc., etc.) is simply underestimated.
- *Volunteer resources managers are perceived as support staff, not strategic planning staff.* This misconception stems from seeing the volunteer office as on stand-by to "help" when asked (which, in turn, means that even requesting volunteers takes up limited staff time). It is seldom understood that an energetic and creative volunteer resources manager can proactively determine agency needs and innovate a wide range of solutions with highly expert volunteers.
- *Most organizations prefer gifts of money over donated skills.* So all attention focuses on fundraising efforts, while volunteers are seen as "nice" but secondary. The connection between money donors and time donors is rarely recognized, nor are volunteers placed centrally on the continuum of an organization's *supporters* (friends, members, advocates) in the community. In other words, if the consequence of limited staff attention to volunteers is to have fewer volunteers, that is more acceptable than having less money.
- *While volunteers may provide direct service to clients and consumers, the volunteer office is thought of as an indirect service.* Reducing or refocusing its staff therefore seems as if it is not hurting clients or the public. Except, of course, that it inevitably leads to minimal volunteer contributions.
- *Other professional offices seem to have a similar mandate, so it is assumed that there is already staff having sufficient expertise to manage volunteers.* Public relations and marketing people can surely do recruitment, right? Human resources personnel know all about job descriptions and personnel policies, right? The development office raises financial support from the same community, right? Yes, but the special skills required to attract, screen, and motivate unpaid workers are not considered. Let alone the skills to encourage smooth collaboration between paid and unpaid staff.

So, are we surprised that decision makers cut back on volunteer management when trying to trim the budget of anything nice but not essential?

All of this faulty thinking applies whether the leader of volunteers role is eliminated, cut back to a part-time role, added as a secondary assignment to someone's existing job, or divided up among several staff positions. None of these options gives the professional courtesy of enough time to develop and implement a volunteer engagement strategy effectively. Inadequate staffing reveals a lack of

organizational vision of volunteer participation as a powerful resource, leveraging focused leadership attention into far-reaching results.

### Accept or Challenge?

A frequent theme of these Hot Topics is to advocate for common sense when faced with wrong-headed executive actions. Quietly accepting a cut in time devoted to managing volunteer resources (whether all or part) is the worst response! Acquiescence can easily be interpreted as agreement. Always remember that the main reason to stand up to a bad decision is on behalf of the volunteers who will ultimately be affected (rather than fighting a battle for yourself personally).

So, what can you do?

1. Write your own detailed position description that goes beyond the terse overview you were given when hired. This should go into detail about the activities involved in each area. For example, "recruit new volunteers" may sound like a single task! In reality, it includes a long list of actions from developing community contacts to giving speeches at very different places to maintaining current postings on online registries. (Katie Campbell and I developed a *generic* "task analysis" of the role of volunteer resources manager in our book, [\*The \(Help!\) I-Don't-Have-Enough-Time Guide to Volunteer Management\*](#). It is 13 printed pages long!) By the way, if you are willing to share your own task analysis, please also submit it to [www.oursharedresources.com](http://www.oursharedresources.com), the growing repository sponsored by Volunteer2 of these sorts of real-life documents others can use as templates.  
[This is something *everyone* should do right away! First, you'll learn why you are so tired all the time! You will also begin to see how you can share your work with qualified volunteers, how you might make the case for a raise or an assistant, and also have started to prepare for a successor some day. It's an invaluable tool if you are asked to report to someone new who really has no idea what the scope of your role is.]
  2. Report *your* activities, not just those of volunteers. For example, a monthly report should include a list of speaking engagements, explanation of meetings to form collaboration agreements with community organizations, the number of screening interviews in the time period (which should be a larger number than how many new volunteers came on board), etc. In other words, explain what you do all day!
  3. Get your local network of volunteer administrators (whether a DOVIA, a state association, or other professional society) to develop a "position statement" on the limitations of part-time volunteer management. Do this in collaboration with your volunteer center or Hands On affiliate, if you have either. Bring in any academic who teaches volunteer management classes. The point is to create a public document with some credibility that goes on record about why volunteer management requires both a professional skill set and undivided attention by a designated staff person.
- *Have you faced an attempt to reduce the time you spend on volunteer management? How did you react? Were you able to improve the situation?*
  - *What other ideas do you have for making the case that volunteer management deserves full-time attention?*

Source: Energize, Inc., 5450 Wissahickon Ave., Philadelphia, PA 19144; 215-438-8342 (Phone); 215-438-0434 (Fax); [www.energizeinc.com](http://www.energizeinc.com) (URL)

## SMP Activities

Date	Activity	County
December 7	SMP Presentation-Riverview Manor Apts.-Fort Atkinson	Jefferson
December 7	SMP Presentation-St. Germain PrimeTimers Group	Vilas
January 13	SMP Presentation-Kiwanis Group-Elm Grove	Waukesha
January 19	SMP Presentation-Woodland Park Apts.-Green Bay	Brown
January 19	SMP Presentation-Trail Creek Apts.-Green Bay	Brown
February 1	SMP Presentation-Lunch & Brain Games Group-Rhineland	Oneida
February 7	SMP Presentation-Hmong Community Center-La Crosse	La Crosse
March 28-April 1	2012 Aging In America Conference-Washington DC	
May 6-8	SMP Presentation & Booth-Alzheimer's Assn. State Conference	Sauk
May 15	SMP Booth-Women's Health Policy Summit-Madison	Dane
May 18	SMP Booth-Multi-Cultural Senior Health Fair-Madison	Dane
July 17-19	SMP Booth-Wisconsin Farm Technology Days-New London	Outagamie
September 20-21	SMP Booth- 2012 Aging Network Conference-Wisconsin Dells	Sauk
October 2	SMP Booth-24 <sup>th</sup> Annual Colloquium on Aging-Madison	Dane

**We are always looking for opportunities to support our colleagues in the aging network. Please contact Wisconsin SMP and let us know about upcoming 2012 events in your area.**

## Agrace HospiceCare to Offer Five Grief Support Opportunities in January

In January, Agrace HospiceCare will offer three new grief support group series, a recurring support group and provide an introductory session for those grieving the death of a loved one. All of the sessions are open to the public and are provided without charge. All groups require pre-registration and are held at the Don & Marilyn Anderson HospiceCare Center, 5395 E. Cheryl Parkway, Madison unless otherwise noted.

- ***Journey Through Grief – Sun Prairie*** will be held January 10 – February 21 (Tuesdays), from 6:00 p.m. – 8:00 p.m. at St. Albert The Great Catholic Church, 2420 St. Albert Drive, Sun Prairie. Call Jim Haefs-Flemming to register at (608) 327-7146.
- ***Journey Through Grief*** will also be held January 24 – March 6 (Tuesdays), from 6:00 p.m. – 8:00 p.m. at Family Center, 8025 Excelsior Drive, #110, Madison. Call Beth Porcaro to register at (608) 327-7416.
- ***Kids Support Group*** will be held January 23 – February 20, (Mondays), from 5:30 p.m. – 7:00 p.m. Call Jessie Shiveler to register at (608) 327-7135.
- ***Bridges Weekly Support Group*** is held every Wednesday from 9:30 a.m. to 11:00 a.m. Pre-registration is not required.
- ***Introduction to Grief*** is an informative session for adults that offers suggestions on how to navigate the grieving process and provides information about Agrace HospiceCare grief support groups. This session is available by appointment only. Call Mary Severson at (608) 327-7182 to make an appointment.

## FRAUD ALERT – ELECTRONIC VERSION

In previous issues, we told you that Wisconsin SMP *Fraud Alert* will be sent electronically unless we receive a “request for a paper copy” from you.

Contact Patti Wiersma at [pwiersma@cwag.org](mailto:pwiersma@cwag.org),  
giving her your e-mail address,  
to add to our list.

Your cooperation is greatly appreciated.

Check out the new Wisconsin SMP web site  
[www.wisconsinsmp.org](http://www.wisconsinsmp.org)

You Can also Access Our Publication by visiting our new web site [www.wisconsinsmp.org](http://www.wisconsinsmp.org)  
Or you can visit the Coalition of Wisconsin Aging Groups web site [www.cwag.org](http://www.cwag.org)  
Click on Publications then click on Wisconsin Senior Medicare Patrol (SMP) and scroll down  
and click on the edition you wish to view.

## ATTENTION: All of you with E-mail...

In an effort to save paper, postage and be “volunteer friendly,” we will E-mail issues of the *Fraud Alert* to those who have E-mail. Please contact Patti Wiersma at [pwiersma@cwag.org](mailto:pwiersma@cwag.org), giving her your e-mail address to add to our list. **WE DO SUGGEST THAT YOU PRINT EACH ISSUE AND SAVE IT IN YOUR MEDICARE BINDER FOR FUTURE USE. Thank you!**

For more information, contact:

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