

# WHAT'S OUR NAME?

SEPTEMBER 30, 2004

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## DR. MARK MCCLELLAN, ADMINISTRATOR, CENTERS FOR MEDICARE & MEDICAID SERVICES DELIVERS OPENING REMARKS TO 240+ CONFERENCE PARTICIPANTS

The Assistant Secretary for Aging Josefina G. Carbonell, accompanied by the Centers for Medicare and Medicaid (CMS) Administrator, Dr. Mark McClellan, kicked off the Administration on Aging's 2004 National Health Care Fraud Control conference by recognizing the achievements of the Senior Medicare Patrol (SMP) program in educating over 1.3 million people with Medicare about how to detect and report health care fraud, error and abuse. The Assistant Secretary also talked about the new SMP integration grants designed to expand the capacity of the current SMP grantees to effectively address health care fraud control. Awards for these grants happened in late September.

The response to this conference was very favorable. One typical participant comment: "It's probably hard for you to imagine, but those of us in the trenches need to see the CMS, IG and Medicaid folks at least once a year to make our jobs real". AoA appreciates your feedback on this year's conference as we prepare for the next National Conference. Conference presenters have been requested to upload conference materials onto The Center's website ([www.smpresource.org](http://www.smpresource.org)). You can view these materials in The Resource Library & on the "AoA 2004 National Conference" page under The Calendar of Events.



CMS Administrator, Dr. Mark McClellan joined Assistant Secretary for Aging, Josefina Carbonell in recognizing the achievements of SMPs.



## NEW MEDICARE CONTRACTOR FRAUD AND ABUSE COMPLAINT PROCEDURE

On July 16<sup>th</sup>, the Centers for Medicare and Medicaid Services (CMS) issued a new Program Integrity Manual Section to establish a new procedure for acknowledging, resolving or referring fraud and abuse complaints received from the Senior Medicare Patrol projects or the OIG Hotline. This procedure became effective on August 16, 2004. The CMS Program Integrity Manual,

Transmittal No. 80 requires Medicare carriers and intermediaries to adopt a two-step screening process for all fraud and abuse complaints and requires the Medicare contractor's customer services representatives (CSRs) to acknowledge receipt of fraud and abuse complaints.

At the "initial screening" level the CSR attempts to resolve an inquiry by contacting the complain-

ant to ask questions and by using data available in the desktop computer system. If the complaint can be resolved at this initial screening, the CSR must send a written notice acknowledging the receipt or resolution of any written complaint within 45 calendar days of the receipt of the complaint, or within 30 days of the receipt of medical records or other docu-

(continued on page 2)

## COMPLAINT PROCEDURE, *CONTINUED FROM PAGE 1*

mentation necessary to resolve the complaint. Written acknowledgement is not required if the complaint was received and resolved over the telephone.

If the CSR cannot resolve the complaint during initial screening, the complaint goes to the Medicare contractor's "second level screening" staff to do more detailed screening, resolution or referral, or to determine if the complaint should be referred to the Program Safeguard Contractor or the contractor's Benefits Integrity Unit. As before, if the second

screening level screening resolves the complaint, this staff must send a resolution letter within 45 calendar days of receipt from the initial screening staff, or within 30 days of receiving medical records and/or other documentation, whichever is later. If the resolution can be done by telephone, secondary screening does not have to provide written acknowledgement of the complaint.

The Medicare contractor must identify a complaint received from a SMP project to the Program Safeguard Unit or

Benefits Integrity Unit and must enter all initial referrals and any updates received from the Program Safeguard contractor or the contractor's Benefits Integrity Unit into the Harkin Grantee Tracking System.

Provider inquiries regarding potential fraud and abuse shall be forwarded immediately to the second level screening staff. In addition, any immediate information from beneficiaries, SMPs or providers regarding kickbacks, bribes, crime by a Federal employee, indications of Medicare contractor employee fraud shall also be for-

warded directly to the second level screening staff.

At the time of writing, a copy of the Transmittal was not available, however, you may view the Transmittal by going to: [www.cms.hhs.gov/manuals/transmittals](http://www.cms.hhs.gov/manuals/transmittals). Scroll down to the Table of Contents for the 2004 Transmittals and click on the file: "R80PI".

For questions, contact L. Sue Andersen, JC, Resource Center Program Consultant at [langdrum@bellatlantic.net](mailto:langdrum@bellatlantic.net).

## SMP STAKEHOLDER COMMITTEE GRAPPLES WITH BIG ISSUES DURING FIRST FACE-TO-FACE MEETING

The Senior Medicare Patrol (SMP) Stakeholder Committee convened its' first in-person meeting during the AoA 2004 Health Care Fraud Control Conference in Washington, DC. The Committee discussed several important issues, including the SMP National Identity Survey Results and feedback on the update and translation of a standard program brochure, the personal health care journal and a new video.

As the group discussed the issue of the national identity of the SMP program and the results of the recent survey, it became clear that this issue was far bigger than simply whether a project did or did not use the SMP name or logo on the materials they distributed. To work towards permanency of the program, the group felt that we need to be clear first about "who we are and what we do," and then educate our external partners.

There was consensus that the lack of standardization re: how SMPs refer to the official program name is a detriment to the visibility and credibility of the program and creates confusion among external partners. This confusion makes it difficult to promote the program at a national level. There was also concern voiced that some of the programs have moved away from the fraud, errors and abuse focus.

There was general agreement that the name "Senior Medicare Patrol" isn't necessarily the best reflection of the current program or reflective of the future vision for the program for various reasons.

The group agreed to try to adhere to a few basic goals regarding the name change:

- Identification of a single name that all of the projects are required to reference in some

way. (This may be as simple as adding a subtitle and/or tagline to materials.)

- The name should reflect the broader current and future vision for the program, but be clear about our emphasis on health care fraud control.
- If/when a name is finalized there will need to be substantial notice to the projects that this will occur, a period to allow projects to use up old materials, and guidance on how to incorporate into their program identification.

There was also a suggestion that the timing occur such that the new name could be included in the Congressional re-authorization for funding and/or implemented into any new program authorization. The Committee identified the White House Conference on

## SMP STAKEHOLDER COMMITTEE, CONTINUED FROM PAGE 2

Aging (October 2005) as the target date for finalizing any changes.

The committee will convene in Chicago on September 30<sup>th</sup> for a day-long “strategic planning” meeting that will address several key issues: identification of a unified program mission, goals and strategies for implementation, reflective of the current program vision as outlined by AoA; development of a list of priority national level partnerships and desired outcomes of these relationships; and suggestions for new program name and/or tagline and accompanying implementation suggestions. A summary of draft recommendations from the meeting will be shared with all projects to solicit feedback.

In addition, workgroups will be established to provide input on updating and translating a standard set of national program materials (brochure, journal, etc.) that are reflective of any decisions made re: program identity (see discussion below).

For more, contact Candice Griffin at [cgriffin@smpresource.org](mailto:cgriffin@smpresource.org).

### Snapshot of Identity Survey Results:

- 41 SMP staff respondents, representing 39 states and 41 different projects. 72% of the fifty- seven projects represented
- 66% of respondents do NOT regularly reference the “Senior Medicare Patrol” or SMP name in their materials.
- There is tremendous variation in the project/ program names.
- 62% of respondents have a unique project logo.
- 57% of respondents would be willing to readily adopt a uniform name and logo including the name “Senior Medicare Patrol”.
  - ⇒ 5 “Other” responses to this question indicated concern with any or all of the words “Senior”, “Medicare” and/ or “Patrol”
  - ⇒ 3 “Other” responses expressed concerns re: expense related to reprinting materials
  - ⇒ 3 “Other” responses indicated the need to seek organizational approval.
  - ⇒ 1 “Other” response indicated need to clarify identification for states that have more than 1 project.
- 72% of SMP respondents said they liked the idea of creating a standardized/ uniform name and logo.

## REACHING OUT TO ELDERLY MINORITIES, IMMIGRANTS, REFUGEES: AN INTRODUCTION

Keep an eye out for your personal invitation to participate in The Center’s upcoming training seminars. The first of three web seminars, scheduled for October 19th, will include a panel of national experts that will provide participants valuable resources and techniques for working with underserved

populations. Two follow-up seminars, tentatively scheduled for mid



November and December, will be offered that focus on targeted outreach to

selected priority populations. The seminars will be designed to allow participation in any one or all three, and will be archived for later viewing.

The Center will also be conducting seminars on Home Health Fraud & Abuse and new Medicare Modernization Act benefits early in 2005.

**AOA PROVIDES RELIEF TO HURRICANE FRANCES' VICTIMS**

Josefina Carbonell, the Assistant Secretary for Aging joined forces with Florida state staff from the Department of Elderly Affairs on September 9 and toured several of the shelters housing seniors and other special needs individuals east of Orlando. Many of the medical teams there were stressed to the limit, particularly the nursing staff however much of the care she noted was remarkably good. Overall, there were approximately 41 regular shelters in operation with 3,293 people sheltered statewide. Twenty three special needs shelters care for 1,036 individuals, many of whom are the frail elderly. Percy Devine AoA Region IV Administrator and other AoA staff delivered 1,000 meals to some of the senior

**MENTORSHIP PROGRAM OFF TO A RUNNING START**

In response to the need for training for new grantees, the Center has developed a mentor program. The experience and leadership of a peer mentor can offer a valuable, practical application of lessons learned for a new grantee/director (mentee). It also establishes a relationship between and among involved SMPs and fosters the sharing of successful practices.

If you are a Project Coordinator or an AoA Regional Project Officer interested in participating as a mentor or mentee, please contact Shirley Merner at the Center, smerner@smpresource.org or 877-808-2468.

**THE CENTER'S MENTOR PROJECT PARTICIPANTS**

Mentees

Wisconsin—GLITC, Wendell Holt

Washington, DC—Friendship House, Jean Walker

North Dakota, Bonnie Humphrey

West Virginia, Scott Adkins

Mentors

Oklahoma, Cindy Brown

Montana, Julie Galstad

Iowa, Shirley Merner

University of South Dakota

Native American Volunteer

AoA Regional, Fran Wersells

Indiana, Carolyn Hiatt

Mississippi, Betty Green

Texas (Houston), Candice Twyman

Virginia, Marian Dolliver

Georgia (Regional), Vicki Shanahan

Missouri, Rona McNally

South Dakota, Candise Gregory

AoA Regional, Barry Klitsberg

AoA Regional, JoAnne Pegues

New Mentor Program Participants

New Hampshire, Karol Dermon

Florida, Sylvia Gaddis

North Carolina, Kevin Robertson

## NEW RESOURCE CENTER WEBSITE LAUNCHED!

If you haven't visited [www.smpresource.org](http://www.smpresource.org) lately, you are in for a treat! Following the preview at the AoA National Meeting, a large number of updates and modifications have been made to the site.

Many thanks to the large number of individuals who have already visited the site and logged in to update their information. All SMP primary contacts should have received an email that contained detailed instructions and your user name and password to access the site. I

We need your help to make the site a robust and valuable tool - our number one priority is having all registered users verify their contact info and update their personal and project level profiles. Project details are designed to share important information with other registered users about your program e.g. number of staff, affiliation with ombudsmen/ AAA/ SHIP pro-

grams, etc. The goal of the Project profiles are to allow SMPs to easily search for programs that have similar characteristics and affiliations for the purpose of sharing information and best practices. In addition, this information will be used to provide a "profile" of the various projects for outreach and awareness activities. For primary SMP contacts (one designated for each project), your contact information is now publicly available, so it is essential that you verify your information.

For help updating your contact information and profile details, we have created a brief video that shows you the process: <http://www.smpresource.org/smpadmin/video/smphelp.htm>

Once you have updated your profile, we invite you to tour other exciting parts of the site. If you're feeling adventurous, take a tour of The Resource Library, and while you're there, be sure to

submit resources and materials. There is a particularly urgent need for foreign language resource materials at this time.

If you have questions or problems, or would like to schedule time for a one-on-one online tour of the site, feel free to contact either Jolie ([jcrowder@smpresource.org](mailto:jcrowder@smpresource.org)) or Candice ([cgriffin@smpresource.org](mailto:cgriffin@smpresource.org)).

**"We need your help to make the site a robust and valuable tool..."**

## INAUGURAL MEETING OF AOA, FTC, AND CMS WORKING GROUP

Administration on Aging (AoA) officials, including staff from The National Consumer Protection Technical Resource Center (The Center) were invited to participate in an introductory meeting with twelve representatives from the Federal Trade Commission (FTC) and the Centers for Medicare and Medicaid Services (CMS) to discuss potential opportunities for collaboration between the three agencies. Kim Brandt, Director of Program Integrity, CMS, facilitated the meeting at the request of CMS Administrator Dr. Mark McClellan. Dr. McClellan has voiced a keen interest in beneficiary protection, particularly as it relates to the new benefits and activities under the Medicare Modernization Act, and has provided the CMS Program Integrity division with additional resources for new work in this area.

During the meeting, Lisa Zone, Acting Deputy Director of Program Integrity, announced that CMS has recently selected IntegriGuard, a CMS Program Safeguard Contractor (PSC), to monitor drug card fraud and abuse activities, including investigation of complaints and monitoring for "bait and switch" activities. CMS' goal is to establish a structure for communicating with beneficiaries before the drug benefit rolls out in 2006.

The FTC, self-described as a law enforcement and consumer education agency whose objective is to prosecute people who commit fraud, indicated they have received few complaints regarding inappropriate drug card activities. FTC representatives described their Consumer Sentinel network (<http://www.consumer.gov/sentinel/>) as well as their consumer education materials and activities related to identity theft. (For more on Consumer Sentinel, see inset)

The group identified a number of potential collaborative activities including:

1. Distributing notification to Medicaid Fraud Control Units to encourage them to join the FTC Consumer Sentinel network.
2. Considering automated data sharing process between the CMS complaints database and the FTC Consumer Sentinel data system.
3. Establishing a process for sharing/ forwarding complaints that come to Medicare, SMPs, etc. that don't end up being under Medicare's jurisdiction (e.g. door-to-door solicitation for non-Medicare drug cards).

## AOA, FTC, AND CMS CONTINUED FROM PAGE 5

4. Updating each agency on outreach activities re: physician identity theft. (AoA noted that some SMPs have partnered with physicians and the Center is planning an outreach effort later this year on this subject. CMS is interested in hearing more as plans are developed.)
5. Establishing a process for FTC and CMS to share emerging fraud schemes on a regular basis so that this info can be shared with the SMPs, even informally—in other words, establishing an early warning system.
6. Continuing dialogue regarding potential fraud and abuse that may stem from preventive care benefits scheduled for roll-out on January 1, 2005.
7. Providing website linkages/ references.
8. Sharing unbranded resource materials developed by FTC on identity theft for use by the SMPs.

In addition, AoA and Center staff noted the need to share information internally between the various AoA programs and activities designed to focus on consumer protection activities, such as the National Center on Elder Abuse, national legal resource centers, etc.

This roundtable will be convened on a quarterly basis to ensure that agencies share information that will protect and preserve the Medicare and Medicaid programs and its beneficiaries.

For more, contact Jolie Crowder at [jcrowder@smpresource.org](mailto:jcrowder@smpresource.org).

### The FTC's Consumer Sentinel

The heart of Consumer Sentinel is a one-stop, secure, investigative cybertool and complaint database, on a separate restricted-access secure web site, that provides more than 1,000 international [law enforcement agencies](#) immediate access to Internet cons, telemarketing scams and other consumer fraud-related complaints. Online since 1997, it gives consumers a way to voice their complaints about fraud to law enforcement officials worldwide.

The Consumer Sentinel database, now contains more than one million consumer fraud complaints that have been filed with federal, state, and local law enforcement agencies and private organizations. Law enforcement agents access Consumer Sentinel through an encrypted Web site to determine whether a reported scheme is local, regional, national, or cross-border, and to help spot trends for law enforcement.

Consumer Sentinel offers law enforcers a variety of tools to facilitate investigations and, if necessary, prosecutions. "[Tour Sentinel](#)" provides a behind-the-scenes look at how this works.

In addition to the complaint database, Sentinel features include:

- data analysis to identify fraud trends
- an index of fraudulent telemarketing sales pitches available from the National Tape Library,
- alerts about companies under investigation,
- a contact list, and
- how-to information to help agencies coordinate effective joint action.

Numerous public and private organizations contribute data to Sentinel. Hundreds of law enforcement organizations, including more than 75 federal law enforcement organizations, over 500 state and local fraud fighting agencies - including every state Attorney General in the U.S. - and various Canadian and Australian law enforcement organizations can access the data.

## Hospitals Offering Discounts to Uninsured/Underinsured Individuals Do Not Violate Medicare and Medicaid Fraud and Abuse Rules

Hospitals provide financial assistance to people with low incomes and/or high health care costs in a variety of ways. Many hospitals provide free emergency room or clinic care to people without insurance. Others write off coinsurance and deductibles for Medicare beneficiaries or discount bills for people who demonstrate that they are unable to pay for the costs of their medical care.

### Bad Debt

Federal Medicare and Medicaid law allows hospitals to offer discounts to poor patients in a variety of ways. Medicare regulations allow hospitals to include uncollectible debts as an “allowable cost,” thereby increasing Medicare reimbursement to hospitals. This “bad debt” must be documented by the hospital after the hospital has made “reasonable efforts” to collect the debt. (42 CFR 413.80(e)(2)).

### Waiver of Medicare Deductibles and Co-insurance

Federal Medicare law also allows hospitals to waive beneficiary payment of Medicare coinsurance or deductibles if the patient is unable to pay these costs. A hospital may waive Medicare cost-sharing if:

- it does not advertise these waivers or otherwise solicit patients by promising waivers
- it does not routinely waive cost sharing for all Medicare patients, and
- it provides documentation of the patient’s financial hardship.

### Medicaid’s Disproportionate Share Hospital Payments (DSH)

Federal law requires state Medicaid programs to make additional payments to hospitals serving a disproportionate number of patients with low incomes. Although DSH payments have sparked controversy between the state and federal governments, these payments allow hospitals to provide extensive charity care within their communities.

### Fraud and Abuse Implications

Although these payment mechanisms encourage hospitals to provide reduced and free medical care, many hospitals continue to bill people without insurance at higher rates than those charged to private insurance plans, managed care organizations and public health programs including Medicare, Medicaid and TRICARE. Advocates have criticized these hospitals for refusing to provide discounted care to low-income, uninsured or underinsured patients. Hospitals responded to this criticism saying that Medicare and Medicaid rules prevent them from offering discounts to uninsured patients, specifically citing the Anti-Kickback statute and Section 1128(b)(6) (A) of the Social Security Act.<sup>1</sup>

clarifying that hospitals could offer discounts without violating federal Anti-Kickback statutes, or other federal or state law<sup>2</sup>. On February 17, 2004, Tommy Thompson, the Secretary of Health and Human Services, stated that nothing in regulations published by the Centers for Medicare and Medicaid Services (CMS) prohibited a hospital from waiving charges to any patients if these waivers are consistent with a hospital’s indigency policy<sup>3</sup>. Both offices stated that as long as a hospital does not offer fee discounts or waivers to generate more business for the hospital, neither the federal Anti-Kickback Statute nor the Social Security Act, Section 1128(b) is violated.

These documents should encourage hospitals to develop indigency policies, including billing rates based on a sliding scale of income or other waiver of payment policies. The shared OIG/CMS opinion on this issue should strengthen advocates’ ability to negotiate reduced hospital bills for people with low incomes and/or high medical costs.

For questions, contact L. Sue Andersen, JD, Resource Center Program Consultant at langdrum@bellatlantice.net.

<sup>1</sup>42 U.S.C. 1320a-7b(b) and 42 U.S.C. 1320a- 7b(6)(A).

<sup>2</sup>HHS Office of Inspector General, Guidance on Hospital Discounts to Indigents, February 2, 2004 can be found at: [http://www/oig.hhs.gov/fraud/fraudalerts/html#3](http://www.oig.hhs.gov/fraud/fraudalerts/html#3).

<sup>3</sup>A list of questions and CMS’ response can be found at: [http://www.cms.hhs.gov/FAQ\\_Uninsured.pdf](http://www.cms.hhs.gov/FAQ_Uninsured.pdf). The full text of Secretary Thompson’s letter to the American Hospital Association on hospital discounts can be found at: <http://www.hhs.gov/news/press/2004pres/20040219.html>.

## HOW MAY I HELP YOU?

Responding to technical assistance inquiries is one of the primary services provided by The Center. From the simple—to the complex—what are the rules regarding reimbursement for home health services following hospitalization?—we've received several hundred inquiries via our toll free technical assistance line and email. Below are highlights from one of our more recent and interesting technical assistance inquiries. This particular inquiry really exemplifies the complexities inherent in many health care business arrangements these days.

**Question:**

"I received the email below, is this offer legitimate?"

Who should I speak with or send some information to in your organization about our [Affordable Prescription Drug Benefit Plan](#). Please have the person(s) that I should speak with contact me at [800-555-xxxx](#) (My Direct Toll-Free).

Thank You!

**Name Changed Medical Services**

John Doe - CBC  
Vice President Marketing  
P. O. Box 12345  
Bitter Creek, MI 55555

**Response:**

What a very interesting bit of research this was!

The bottom line is that the card Mr. Doe is marketing is actually one of the same discount cards that seniors can apply for through Medicare. Unfortunately, you don't get to the "bottom line" without multiple mouse clicks and a few phone calls.

Interestingly, RxOptions, the pharmacy benefits manager sponsoring the EnvisionsRx card for Medicare, has an agreement with LibertyRx (who is really Liberty Benefits) to market a regular (meaning non-Medicare) discount drug card. The LibertyRx/ Liberty Benefits company gets tracked back to a company called Liberty Legal (you note that on the Verisign secure site registration used on their online application). When all is said and done, Liberty Legal is a company that essentially helps people set up "store fronts" to re-market legal services and health discount plans. Mr. Doe is one of Liberty Rx's resellers.

A Better Business Bureau (BBB) search on Mr. Doe and all affiliated companies come up clean, which would address the basic question of legitimacy.

An interesting twist— Mr. Doe's BBB report identifies his company's name as different than the one he is currently using. A quick internet search, shows that the name Mr. Doe registered with the BBB has been trademarked by another company in another state. They've never heard of Mr. Doe. Oddly enough, this new organization is set up to secure group buying discounts for seniors in that state, including health care discounts. A fluke I think!?

Mr. Doe's organization, according to the BBB, "offers insurance, hotel & motel discounts, catalogs, & security services." An internet search on his personal info has him affiliated with a third company under a different name, but with the same contact info. This second company has a nondescript link from a Michigan state website, and that site has a direct link back to the "start your own business" re-seller.

With regards to the discount card being offered, here are a few important considerations:

- 1. Look closely at the fees and ask clarifying questions:** The plan being marketed by Mr. Doe charges one of three different fees based on whether you are single, have a spouse and/or family. It doesn't stipulate whether this fee is monthly or annual. There is also a \$30 enrollment fee that you have to pay (it is tucked in parentheses above the payment area, easy to overlook).
- 2. Pay attention to the details:** Interestingly, when you search the drug database or provider directory linked to from Doe's drug card website, it takes you to a website with only an IP address—meaning just the numbers and no name. If you look closely, there is no identifying contact info for the company that runs that website. When you look up the IP address, it only lists the internet service providers name (a web company in another state). You'll note on that website that it says that customer service reps are available to help you from 9am - 4pm, but there is actually not a number to call on that website. No company, no contacts. Kind of odd, but still not illegal.
- 3. Ask questions to find out who you are really dealing with:** I had to call and ask to learn that the name on the card marketed by the first company is really someone else's

card. That isn't written anywhere in the info they provide on the website.

**4. Decide what benefits using a "middleman" has to offer:** To get the same card you could get through the Medicare drug discount card program, you go through a middle man providing Mr. Doe and another company personal info (asks for bank account info and social security number) that ultimately goes on to a third party. The same card Mr. Doe is marketing is available for the \$30 fee only for Medicare beneficiaries (unless they are low-income and then CMS will pay the card fee and give them \$600 in transitional assistance), so it is a better deal for seniors to get their card through Medicare. Unfortunately, if you aren't a Medicare recipient and wanted to get the card being offered, it looks like the only way to get it is to go through the resellers and pay whatever fees they ask for.

**5. Research your options:** When I checked the advertised prices on a few of the drugs in the tiered plan offered by Mr. Doe's company on his website with 1-800 Medicare, CVS and Costco.com, the prices you could get with the best Medicare approved discount card were much cheaper (as much as 50%) CVS and Costco prices were in some instances cheaper, but worse case scenario were only \$1-\$2 more than what you got with the card. (I'm sure there was bias in my sample because I only looked at drugs on the A-D alpha list.) Also, the note on Mr. Doe's card said the max you'll pay is the tiered plan price for the EXACT dosage and quantity shown on the website, but that the pharmacy may charge less.

*This case highlights the need for consumers to make cautious, educated decisions. In this particular instance, an organization serving seniors was the target of this marketing effort, a group some might proclaim as more vulnerable than others. Whether it is an internet, direct mail or telemarketing offer, we all know it usually isn't as simple as it seems.*

## MEDICARE MEETINGS

Staff from The Center participated in two meetings this month, the Medicare Advisory Panel and the National Medicare Education Program Coordinating Committee ([www.cms.hhs.gov/partnerships/](http://www.cms.hhs.gov/partnerships/)) meetings. Both meetings included presentations on various aspects of the new Medicare Modernization Act -the Part D, or Medicare Prescription Drug Plans benefit, including the low income subsidy, overview of the Medicare Advantage Plans (formerly Medicare + Choice), and updates on the Medicare Drug Discount Card program.

Recommendations were solicited from SMP staff prior to the Medicare Advisory Panel meeting, and were shared during the public comment period.

CMS is currently soliciting success stories from “partners in the field” about Medicare activities. SMP projects are encouraged to visit the CMS partnerships website ([www.cms.hhs.gov/partnerships/](http://www.cms.hhs.gov/partnerships/)) and consider submitting your success story. If your story gets listed on the website, be sure to let us know!

CMS is also actively seeking feedback from beneficiary and consumer advocacy organizations regarding Section 911 of the Medicare Modernization Act (MMA), related to contracting reform. This section of the statute requires the integration of Medicare Part A and B work of FIS and Carriers into a new single authority- Medicare Administrative Contractors (MACs). CMS has 6 years to competitively bid and transition all Medicare FFS contract workloads to MACs, and is now in the process of soliciting feedback from providers, organizations representative of beneficiaries, and contractors on performance requirements and standards (as mandated by law). According to Sue Lauthroum, CMM at CMS, They are specifically seeking feedback on the following questions:

1. What work activities of FIs and Carriers should be continued by the new MACs and what aspects of the administration of

Medicare (e.g. outreach, telephone service, responses to written inquiries, etc.) do you believe these contractors’ can improve?

2. How specifically should these activities be performed?

3. What kind of performance standards would you recommend CMS require from a company with which it has a contract to do these functions? E.g. current law requires that 95% of Medicare claims submitted with all needed info be processed and paid within 30 days.

4. What have you experienced when dealing with other health insurers that you might consider as a “best practice” and something that CMS should consider adopting to improve its contractor services?

According to Lauthroum, comments solicited from AARP, AMA etc. have pointed out the need for increased timeliness, better consistency, and required annual assessment of staff training needs. NMEP meeting participants suggested that FIs and Carriers be required to continue interacting with local/regional partners such as SHIPs, and voiced support for issues related to timeliness and consistency between contractor responsiveness.

For more information or to submit comments: [www.cms.hhs.gov/medicarereform/contractingreform](http://www.cms.hhs.gov/medicarereform/contractingreform).

Presentations from the Advisory Panel meeting were posted on The Center’s website in the resource library. Notes from the NMEP Committee meeting will also be made available on The Center’s website under SMP Resources>Medicare & Medicaid in the coming days. As soon as presentations from the NMEP meeting are available, they will either be linked or posted on The Center’s site.

We are currently discussing potential training opportunities for SMPs related to the remaining MMA changes, and will provide additional information and resources as they becomes available. For more: Jolie Crowder at [jcrowder@smpresource.org](mailto:jcrowder@smpresource.org).

## ALL YOU HAVE TO DO IS ASK!

Jennie Deese, of GeorgiaCares, the Georgia state Senior Medicare Patrol (SMP) and State Health Insurance Assistance Program (SHIP), described her program's recent partnership activities during the AoA 2004 National Health Care Fraud Control conference in July. For this interview our focus is on their media partnership-- but take note that Jennie and her staff have pioneered an effective model for developing public-private partnerships that take advantage of the numerous corporate and private resources.

**Q: Can you tell me a little bit about the GeorgiaCares program?**

**A:** GeorgiaCares is a private-public partnership sponsored by the Department of Human Resources, Division of Aging Services (DAS) and Area Agencies on Aging. This program is comprised of the SHIP, the SMP and a Low-Cost Prescription Drug Assistance Program. GeorgiaCares uses a statewide network of paid staff and trained volunteers to help Georgia's Medicare beneficiaries, their families and others understand their rights, benefits and services under the Medicare program and other health insurance options.

**Q: How did you get connected with WSB-TV?**

**A:** I met Jocelyn Dorsey at an event in Atlanta saluting her parents. I described our program and she asked me to call to discuss what the TV station could do to help get Medicare drug discount card information out to the public. I invited Vernell Britton, from the Centers for Medicare and Medicaid Services, and a staff person from our Department of Human Resources Office of Communications to participate. We brainstormed how we could work together to help beneficiaries get this time sensitive information, and came up with the idea for "Medicare 2 Seniors". The following info was sent out to all of the GeorgiaCares partners and the entire aging network:

*GeorgiaCares proudly announces*

*WSB-TV as a new partner! In a meeting on Tuesday, December 9, 2003, Jocelyn Dorsey, Editorials/Public Affairs Director of WSB-TV, agreed to this partnership between GeorgiaCares and WSB-TV.*

Jocelyn is executive producer/host of "People 2 People" and invited GeorgiaCares staff on her program recently. She has a strong interest in community outreach and work with senior citizens and has been a valuable partner for our program and clients.

**Q: What types of resources have they provided?**

**A:** Ms. Dorsey coordinated WSB-TV Public Service Announcements (PSAs) on the GeorgiaCares program and printed 30,000 brochures that were distributed to 350 AirTran, McDonald's Restaurants and PROMINA Health System locations. They've donated more than \$46,000 in services and products, including brochures (\$1672), PSAs and the *Medicare 2 Seniors* show (\$45,180). They provided news coverage of our 24 *Medicare 2 Seniors* events and allowed our planning committee to meet regularly at the station. They also filmed the Governor's Proclamation signing of the *Medicare 2 Seniors* announcement. They've been instrumental in helping us reach out to other news affiliates in the state with materials they've created and helped us in our efforts to secure additional public/private sponsors for our program.

**Q:** Some people might be concerned that these types of partnerships might lead you to compromise your values and/or integrity-- how would you respond to that?

**A:** We have generally been very sensitive to this issue, and have made a point of telling all of our partners up front that we are in the driver's seat. We viewed the partnership with

WSB-TV as a wonderful opportunity to get important information out to the public fast. This station has a great reputation for excellence in community service through the *Family 2 Family* partners. We actively participated in the writing of key talking points and in the development of the PSAs, while taking advantage of their media expertise.

**Q: What sort of impact has this relationship had on your SMP program outcomes [those reported to the OIG]?**

**A:** Since the *Medicare 2 Seniors* events, our call volume has increased over 100%. The number of media events has risen dramatically due to the continual airing of the PSAs by WSB-TV as well as other Georgia stations.

**Q: What advice do you have to offer to other programs interested in developing these sorts of partnerships?**

**A:** Make sure that you have full support from your organization first! Then, just ask and you'll find the doors open. Meet with the key person at the station and discuss what your project or your message will be. Sell them on the concept that the story is newsworthy and how many people this information will help. Find out if the station has a community service project or mission. If so, jump onto that initiative. The station may let you have quarterly PSA's or involve you on their local show to tell your story. You may have a client who chooses to go on the air to discuss their situation--that's always newsworthy.

For more details, contact [jdde-ese@dhr.state.ga.us](mailto:jdde-ese@dhr.state.ga.us) or 404-463-8578.

Visit us on the web at [www.smpresource.org](http://www.smpresource.org)!

**THE NATIONAL CONSUMER  
PROTECTION TECHNICAL  
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For more information about the National Consumer Protection Technical Resource Center, please visit us at [www.smpresource.org](http://www.smpresource.org).

All newsletter submissions and inquiries should be directed to Candice Griffin at [cgriffin@smpresource.org](mailto:cgriffin@smpresource.org).

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**FROM THE CENTER**

- The National Consumer Protection Technical Resource Center would like to welcome you to the “What’s Our Name?”. Through this quarterly newsletter, the Center will continue in its mission of being the center of service and information for Senior Medicare Patrol Projects. In order to ensure that we are meeting your needs, we invite you to direct all inquiries to Candice Griffin at [cgriffin@smpresource.org](mailto:cgriffin@smpresource.org).
- In 2003, the Center conducted its baseline needs assessment to gauge the needs of the SMP community. Thanks to the enthusiastic and open participation of the projects, the Center was able to ascertain the most immediate needs and work to serve in those areas. This year the Center will be conducting its second round needs assessment. Through your continued feedback and candor we hope to make year two a bigger success!

**THE CENTER OF SERVICE & INFORMATION  
FOR SENIOR MEDICAL PATROL PROJECTS**