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AoA Update

SMP is Off to a Great Start in 2010

By Barbara Dieker

Director, Office of Elder Rights, U.S. Administration on Aging



Barbara Dieker

We couldn't ask for a better start to 2010 for SMPs. The *Associated Press* article by Matt Sedensky and *The Wall Street Journal's* weekly "Ask Encore" column by Kelly Greene both highlighted the importance of SMP work, with a focus on the contributions of volunteers. I learned the latest count of interested volunteers resulting from the *Associated Press* article, compiled by the SMP Resource Center, is now at 206 and counting! *The Wall Street Journal* column yielded over 250 inquiries from potential volunteers, 145 of which were willing to be screened and scheduled for training. This is good news indeed, at a time when the numbers of active SMP volunteers, as shown in the OIG Report, have been declining. We know that this is due to economic pressures as well as a variety of factors that are outside of our control.

We also understand that recruiting, training and supporting volunteers in the 21st century requires different strategies and expectations than those of the 20th century. We learned this from Linda Graff when she discussed trends in contemporary volunteerism at the 2009 SMP National Conference, and I am sure you have observed such changes in the volunteer environment firsthand in your program work. We have taken that wisdom to heart; read more about that later in this article. Though we can't control the economy or any of the larger trends in our society (such as the prevalence of scam artists!), there is still much we can influence, including volunteer retention, through excellent training and support, and by providing volunteers with meaningful work and an opportunity to make a difference.

In addition to creating interest among citizens in volunteering for SMPs, the recent media coverage drew attention to the Office of the Inspector General's report of both cumulative and 2008 SMP outcomes and impact. Every reporter who has

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covered the SMPs in the past 6 months (starting with the June 2009 *Wall Street Journal* article) has studied and quoted that report. I'm grateful to all of you SMPs for heeding the call for accurate data. I'm already hearing of huge improvements in the 2009 data in SMART FACTS. It's this kind of integrity that serves us well when we're under the spotlight.

I look forward to even more media attention and SMP success stories in the coming months. I am very excited about a recent interview for an article on the SMP program for the *AARP Bulletin*. We understand the article is planned to be published in the March issue of the *Bulletin*.

Regional Conferences

We have begun to receive inquiries from SMPs about our plans for the 2010 regional conferences. We are working with the conference logistics contractor to negotiate hotel contracts, so we aren't ready to announce the final dates and locations. However, the tentative dates and locations are:

- Midwest (Regions 5-7): Kansas City, Missouri, week of August 2nd
- East Coast (Regions 1-4): Charleston, South Carolina, week of August 23rd
- West Coast (Regions 8-10): Scottsdale, Arizona, week of September 20th

As in the past, the meetings will each last 2 full days and one ½ day. When the dates and locations are officially secured, an announcement will be sent out through the SMP listserv. For now, please reserve the above dates on your calendars. As you

know, participation in the annual conferences and regional meetings is a requirement of your AoA cooperative agreement. These conferences provide us with an annual opportunity to visit colleagues, put faces to names (and voices!) and share our expertise with each other the old-fashioned way. And, given the great start we've had thus far, I believe that there will be much to celebrate about our SMP program at the 2010 regional meetings!

Volunteer Management

At the 2009 national conference, we introduced to you our plan to launch a 3-year Volunteer Risk Management and Program Management project for the SMP network. Protecting beneficiaries, volunteers and ultimately your organizations is much more than purchasing agency liability insurance and conducting background checks. Just as it's better to prevent fraud and protect older adults, it's also better to prevent harm to and protect both beneficiaries and our valuable volunteers. Linda Graff introduced you to the volunteer involvement cycle and how careful attention to and management of all phases of a volunteer's SMP service not only produces success for that volunteer and for your clientele, but it also protects your organization and your mission.

I am very excited to launch this latest initiative in AoA's ongoing efforts to enhance the effectiveness of our SMP program. The following article describes AoA's 3-year project to improve the quality and consistency of our volunteer programs, as well as to manage the risks associated with these programs. ●

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SMP Risk Management and Volunteer Program Management

Protecting Volunteers as They Protect Seniors

The U.S. Administration on Aging (AoA) is funding a 3-year project on SMP Risk Management and Volunteer Program Management. The overall purposes of the project are to decrease and manage risks related to volunteer involvement in SMPs and increase the management and coordination of volunteer efforts, thereby enhancing the reach and effectiveness of SMPs across America. SMPs will be safer for both volunteers and beneficiaries and liability exposure will decrease among SMP agencies.

Project objectives include:

1. Identify, evaluate and prioritize risks related to volunteer involvement in SMPs
2. Create a risk management plan for the most pressing identified risks
3. Develop risk management-oriented policies, procedures, standards and guidelines and associated resources and training around the involvement of volunteers in SMPs
4. Develop additional best practices and associated resources and training in volunteer program management

The primary contractor for this project is Linda Graff and Associates. Lead consultant on the effort is Linda Graff, internationally recognized for her expertise on risk management in volunteer programs. You can read more about Linda at www.lindagraff.ca/ourteam.html. Working with Linda is another internationally renowned consultant on effective volunteer involvement, Steve McCurley. You can read more about Steve at www.e-volunteerism.com/team/mccurley.php. The National Consumer Protection Technical Resource

Center is integrally involved in both the planning and implementation of the project, its products and resources.

The project will be guided by a steering committee from various levels of the SMP network. Members include:

- Barbara Dieker, Director, Office of Elder Rights, AoA
- Ginny Paulson, Director, National Consumer Protection Technical Resource Center, Hawkeye Valley Area Agency on Aging
- Heather Flory, Training Manager, National Consumer Protection Technical Resource Center, Hawkeye Valley Area Agency on Aging
- Shirley Merner, Consumer Protection Division Director, Hawkeye Valley Area Agency on Aging
- One AoA project officer (to be announced)
- Two SMP project directors (to be announced)

Materials developed by the project will go through an SMP field review team made up in part by SMP stakeholder committee volunteers.

In addition, input will be sought on an ongoing basis from all SMP staff and volunteers. You will have the opportunity in conference calls, e-mail discussions, regional conferences and field tests to comment upon and help fine-tune materials before they are put into place. We invite you to submit suggestions and comments at any time either directly to Linda (LL.GRAFF@sympatico.ca) or Steve (steve@e-volunteerism.com) or through any of the steering committee members. 🍷

Arkansas SMP and AARP: Working Together to Empower Arkansas Seniors

By John Pollett

Project Administrator, Arkansas SMP

Have you ever had one of those days when everything just seems to go *right*? Well, believe it or not, I had one! About midmorning on that fateful day a little more than 2 years ago, my boss summoned me to his office to inform me that AARP Arkansas was sponsoring a new initiative to conduct a series of town hall meetings across the state to help Arkansas seniors protect their assets and personal identities from fraud. The program would be called “Protecting Arkansas Seniors.”

AARP Arkansas had asked the state’s commissioners of the Securities Department, the Banking Department and the Insurance Department, along

with the Arkansas Attorney General and the Director of Arkansas Department of Human Services, to meet with and speak personally to seniors in the major populous regions of Arkansas about the services each department provided and to answer their personal questions and/or address their concerns – you know, the “up close and personal” community forum approach.

As fate would have it, this was a request that none of the higher-level administrators at Arkansas Department of Human Services (DHS), Division of Aging & Adult Services (DAAS) could work into their busy schedules. My boss went on to say that, through the process of elimination, I had been selected to be the “spokesperson” for DHS. My response was simple: “I’ll be happy to help, but my presentation will have to be about the Arkansas SMP and how we empower seniors to prevent health care fraud.”

He agreed, and thus one of the most important partnerships the Arkansas SMP has experienced in my 3 years with the program just fell into my lap! Little did I know how much that partnership would benefit our program or how well the SMP health care fraud prevention message would be received by those seniors attending the presentations.

As we traveled the state, Maria Reynolds-Diaz, state director of AARP Arkansas, and the AARP staff and volunteers involved with the project became more and more

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John Pollett



John Pollett uses strong visual aids when talking to seniors throughout the state at town hall meetings.

Arkansas and AARP *(continued from page 4)*

aware of the role ASMP played in helping Arkansas seniors prevent health care fraud. It was also very evident that the seniors, to whom we were presenting, wanted to be empowered to protect themselves and their benefits.

Although the staff of Arkansas SMP has worked with AARP staff in other areas, never before had we really developed a sense of “partnering” or that we were working toward the same goals. However, as we traveled the state together sharing our messages, I believe AARP Arkansas recognized that the SMP project is a very worthwhile and necessary program designed by the Administration on Aging to make a difference in the lives of seniors by empowering them to protect the health care benefits afforded them. ASMP staff, in turn, came to understand that AARP Arkansas was there to make a difference as well. Another benefit was that my participation in the town hall meetings helped to validate the value of our project with the DHS director and my division director.

To date, we have conducted more than 15 “Protecting Arkansans” town hall meetings, reaching approximately 2,000 seniors, with AARP Arkansas leading the way. The message of the town hall meetings was a perfect fit for the health care fraud prevention message. Plus, I was given the opportunity to use the SMP post session survey to record the results of the presentation.

Meetings are currently under way to plan the dates and locations for four to six more town hall meetings in 2010. We have developed a coalition of some of Arkansas’s top officials who are working together to reach out to the citizens of our state with a very simple message: “We’re from the government and we *are here to help.*”

Forming good partnerships is the key to reaching more people, especially when their work is related to your project. The town hall meetings allowed us to form lasting relationships that will continue to grow and will open many doors for Arkansas SMP in the future. They provide an opportunity to get the SMP message to the public. ●

What Healthcare Fraud Is Not

Healthcare fraud is not:

An honest mistake by the provider. Everyone makes mistakes and clerical errors occur all the time. A bill for more time than the patient thinks was spent with the doctor.

Situations where **“you just know”** something is wrong. A gut feeling that something is wrong cannot be proven without documentation.

Hospital bills that just seem **“too high.”** Providers are contracted at specific amounts for specific services and/or equipment and bill CMS according to those contracted amounts.

Charges on the Medicare statement for doctors such as anesthesiologists, radiologists, etc. that the beneficiary doesn’t remember seeing. This is not uncommon because these doctors provide specialized services behind the scene or bill separately from the primary care doctor.

SOURCE: Arkansas SMP website
(www.daas.ar.gov/asmp.html)

Safety First: An SMP Perspective on Evaluating Risks

By Erin Weir

Healthcare Consumer Protection Coordinator,
AgeOptions (IL)

Recently, several news articles have highlighted the involvement of organized crime and violence in Medicare fraud cases. This fact is likely not surprising to many SMP staff and volunteers, who regularly work with Medicare fraud complaints. Here in Illinois, we are unfortunately well aware of the danger that can be involved in Medicare fraud cases. In 2002, an Illinois podiatrist was convicted of fatally shooting a patient who was due to testify against him on charges of Medicare fraud. In addition to being sentenced to death for the shooting, Dr. Ronald Mikos was convicted of stealing more than \$1.2 million from Medicare by submitting claims for foot surgeries that he never performed.

Maintaining an awareness of situations like these is important to SMP work. We must consider and take appropriate safety precautions without allowing those precautions to stop us from meeting the important goals of the SMP program. Appropriate precautions will likely vary within SMP programs, so each program should consider the risks individually. Here are two examples of issues that we have encountered at the Illinois SMP:

1) Protection of Client Information: SMP clients who file health care fraud complaints must share sensitive personal information with SMP staff or volunteers. As a result, we take steps to ensure that client information is protected. We keep client paperwork in a locked file and we store electronic data

on a secure server. Additionally, we never transmit private information such as Social Security or Medicare numbers via e-mail, and we ensure that only necessary staff members have access to client information.



Erin Weir

As simple as these ideas may seem, it can often be difficult to determine what level of confidentiality is necessary in a particular case. In Illinois, if we receive a complaint from a beneficiary that seems to be potential fraud, as opposed to a billing error, we generally do not contact the provider involved about the complaint. For example, if a home health agency that provides exercise classes in a senior building suddenly starts billing Medicare for skilled nursing services that it has not provided, we would not contact that home health agency about the complaint. We make this choice to protect the complainant from any potential response or repercussions from the provider, as in the aforementioned case with the podiatrist. (The majority of Medicare fraud cases do not involve violence, but we feel that we must exercise appropriate caution nonetheless.) The decision of whether to contact a provider regarding a particular beneficiary complaint may be difficult, and each SMP may make different choices based on the information available.

2) Personal Protection of SMP Staff and Volunteers: SMP staff and volunteers wear a number of “hats.” We give presentations, we share materials and information at community events and we help clients one-on-one with potential fraud complaints. Participation in any of these activities may expose the person(s) involved to potential hazards. A staff

Evaluating Risks *(continued from page 6)*

member at a community event may be faced with an angry provider whose patient informed him that she filed a complaint against him through the SMP program. A volunteer traveling to a presentation alone at night or during inclement weather may experience car trouble or other problems that interfere with the volunteer's personal safety.

Clearly, SMP directors have many risks to consider in establishing rules and protocols for SMP activities. Should SMP volunteers be allowed to travel alone for SMP outreach, and if so, under what circumstances? How should SMP staff and volunteers respond to hostile providers or beneficiaries? What is an SMP program's liability with regard to the safety of staff and volunteers while performing SMP work? The list is endless, and, it seems, ever-changing.

At the Illinois SMP, we have taken steps to address some of these difficult situations. First, we never release the names of the provider agencies about which we have received complaints. When we use examples in presentations, we ensure that these examples have been stripped of any identifying information for the client or the provider. Further, we do not allow volunteers to make contact with providers regarding client complaints; only staff coordinators may make contact with providers. We do this to prevent providers from associating volunteers with particular complaints, just as we avoid revealing the client's identity to prevent the client from being associated with a complaint whenever possible.

In training staff and volunteers and in communications with clients, we also emphasize our role as an outreach program. While our work involves taking complaint information from clients, we

stress the fact that we pass that complaint along to Medicare contractors who will investigate the complaint – we do not investigate claims ourselves. By making this distinction, we aim to ensure that SMP clients and volunteers “let law enforcement do their jobs” and do not attempt investigative activities that could jeopardize their safety.

Other ideas for addressing issues of safety and risk include providing training on safety and/or crisis intervention for SMP staff and volunteers and debriefing when someone is faced with a particularly difficult situation. Each SMP program likely has different methods to address these issues. One method will not work for everyone, so we must continue to work together and find ways that we can all continue to do the great work that we do while taking reasonable measures to care for the safety of all involved. 🍌

SMP Story

Mrs. Johnson was put in a new insurance plan, and she didn't even know it! A man visited her house and told her that he could "save her money," and she only needed to sign a piece of paper for more information. A month later, Mrs. Johnson found out that her doctors were no longer covered by her insurance. The agent had changed her insurance coverage without her permission. Mrs. Johnson contacted the SMP program, and the SMP Coordinator helped her get her old coverage back.

SOURCE: Illinois SMP website
(www.ageoptions.org/whatwedo/smp.cfm)

The E-mails are Coming, the E-mails are Coming!

Louisiana SMP initiates Paul Revere Network

By Julie Mickles

SMP Coordinator, eQ Health Solutions (La.)



In November, Louisiana SMP partnered with the Louisiana Attorney General's office and the local Department of Health and Human Services Office of Inspector General to send out electronic Medicare Fraud Alerts anytime we became aware of suspicious activity that was appropriate to share with the general public. Initially, the alerts were intended to go to members of the state's aging network who would then share the information with the senior populations they serve. However, before the first alert was sent, it was suggested that we also engage the help of our seniors to get the word out.

The Paul Revere Network was born.

Named for the famous Revolutionary War hero who alerted the colonists that the British were coming, the Paul Revere Network uses Medicare beneficiaries who have agreed to receive and then forward the Medicare Fraud Alert e-mails to their family and friends. This allows Louisiana SMP to put information in the hands of seniors in a very fast and efficient manner. And because all of the alerts go out with the approval of the Attorney General and OIG, there is no need to check www.snopes.com (see "Snoop at Snopes," opposite) to see if the information is valid.

The Medicare Fraud Alerts are also sent to professionals in the aging network who are asked to share the information with their seniors. We feel this two-pronged approach allows us to cover a lot

of bases in a very short period of time.

The first alert was issued Dec. 4. There were just a few seniors in the network at that time, but they forwarded the alert and that has led to more seniors e-mailing Louisiana SMP and asking to become part of the network.

We hope that membership in the Paul Revere Network will encourage seniors to become SMP volunteers. ●



Julie Mickles

Snoop at Snopes

According to its website, www.snopes.com is the definitive Internet reference source for urban legends, folklore, myths, rumors and misinformation. It's a great place to check out "Please forward" e-mails before you actually forward to your address book. Let's say you get an e-mail about a middle-school student in Dubuque, Iowa, who is trying to collect 10,000 signatures as part of a social studies project. Chances are this e-mail has been circulating for months or years and the "middle-school student" is just someone phishing for e-mail addresses. You can go to Snopes.com to see if anyone has reported this e-mail as a hoax.

When Louisiana SMP sends out a Medicare Alert stating that a gentleman named Jay is knocking on doors in Morehead Parish and telling Medicare beneficiaries they can get free medical equipment, it is NOT necessary for the seniors to check out the e-mail before forwarding. The information has been verified by the Attorney General's Office, OIG and/or SMP.

Meet the Health Assistance Partnership: A Capacity-building Partner



Lee Thompson

By Lee B. Thompson

Executive Director, Health Assistance Partnership

The Health Assistance Partnership (HAP) partners with State Health Insurance Assistance Programs (SHIPs) to build their capacity to educate and counsel Medicare beneficiaries in making informed health care decisions. In doing so, HAP provides an array of services to SHIPs and their partners, including SMP programs, in the areas of Medicare education and training, program development and public education and policy. Many of our services are available to SHIPs and SMPs including:

- *Conference Calls:* Topics range from the technical aspects of Medicare to program development issues, such as volunteer management, to public education and policy activities. All past calls are archived on our website at www.hapnetwork.org/conference-calls.
- *eNewsletters:* Highlight new training and counseling tools for SHIP programs and their partners, summarize CMS updates and include timely news and reports. To receive eNewsletters and eAlerts on specific topics, join the HAP Community: <http://ga3.org/healthassistance/join.tcl>.
- *Medicare Education and Training Materials:* Concise and user-friendly training and counseling materials on Medicare content

and related programs including the Low-Income Subsidy.

- *Volunteer Program Development Resources:* Volunteer recruitment and management tools that can be customized to meet your unique needs.
- *Public Education and Policy Activities:* Identify issues affecting Medicare beneficiaries.

HAP Highlights

Following are several tools that may help you balance the need to provide direct services to Medicare beneficiaries while also developing and managing your programs.



2010 SHIP Resource Guides:

All free, each guide covers a topic in Medicare basics, Medicare Advantage or Part D, and is designed for counselors and trainers. The guides contain not only the latest in Medicare information, resources and references but also provide abundant practical examples, real-world scenarios and tips on where to learn more. The 2010 guides contain new and updated information, including the Medicare Savings Program (MSP) eligibility changes, changes to Special Needs Plans (SNPs) and the new rules taking effect June 1 surrounding the Medigap

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HAP (continued from page 9)

insurance modernization. These guides can be found in HAP's Medicare Library under Medicare References (www.hapnetwork.org/reference/).



Volunteer Risk Management: Resources designed to help volunteer managers minimize risk and liability in their volunteer programs. We offer tips and tools to help you with volunteer screening, interviewing, certification and other risk management techniques. HAP also provides volunteer recruitment and retentions tools available at www.hapnetwork.org/vpd/.



Check Your Skills: Short quizzes that allow you to quickly assess a counselor's knowledge while providing additional information in a specific area. Quizzes cover a variety of topics including Medicare fraud and abuse, volunteer retention and researching Medicare. HAP's Check Your Skills feature can be found at www.hapnetwork.org/faq/check-your-skills/.

For more information about HAP's training materials and program development tools, please visit our website (www.hapnetwork.org) or contact us at SHIPhelp@hapnetwork.org. HAP is a project of Families USA, a nonprofit health care advocacy organization in Washington, D.C. ◆

Living Safely and Independently with Vision Loss

By Priscilla Rogers

Senior Site Program Manager, The American Foundation for the Blind

A major public health threat is unfolding across America. By 2030, eye experts say rates of vision loss from diseases such as age-related macular degeneration, glaucoma and diabetic retinopathy are expected to *double* as the nation's 78 million baby boomers reach retirement age and beyond.

These statistics have dire implications for the aging network. People with vision loss are twice as likely to fall and twice as likely to break a hip when

they fall. Loss of vision affects all areas of everyday life, such as driving, reading and even taking prescriptions. People who are unable to read their mail, identify their own medications or manage their finances independently are susceptible to frustration, health problems and fraud and abuse.

To help prepare for this dramatic increase in visually impaired Americans and to help the millions of Americans over age 65 who are currently experiencing age-related vision loss, the American Foundation for the Blind has created a fully accessible, multimedia Web portal called AFB Senior Site®: www.afb.org/seniorsite.



Priscilla Rogers

**AFB American Foundation™
for the Blind**
Expanding possibilities for people with vision loss

continued

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Loss of vision does not mean loss of independence and ability to manage one's own life safely.

The goal of the site is to show older adults with vision loss that they can continue to live normal, active lives. AFB Senior Site is also an important resource for professionals and family members looking for information and advice on age-related vision loss. The site has five main sections – Understanding Vision Loss, Finding Help and Support, Daily Living, Changing Your Home and Fitness and Fun – with informative articles and instructional videos such as on adapting the home and preventing falls. Visitors will also find many helpful links to additional organizations and resources that provide services, training and support to people with vision loss and their family members.

1. Understanding Vision Loss. This section covers eye conditions that affect older persons with vision loss, including a video on vision simulation that helps the viewer understand how a person with a specific eye condition sees. This section also includes much information on living with diabetes, available in English and Spanish.

2. Finding Help and Support. Finding help where you live is a critical component to adjusting to vision loss. This section has a searchable, nationwide directory of services for help for living with vision loss. Family members may experience depression and frustration with their older relative's vision loss and abuse may occur. The Family Guide provides information about communicating effectively and covers topics such as driving.

3. Daily Living. This section covers many aspects of daily living. Vision loss can complicate the lives

of seniors and their families in many ways. Everyday activities such as bathing, dressing and taking medications can become more difficult for someone with age-related vision loss. This can lead to potentially dangerous consequences, such as falls in the home and drug-related medical errors. Family members are often concerned about the health and safety of a parent with vision loss and begin to question that person's ability to live on his or her own. This section of the site addresses those concerns by providing tips on living with vision loss.

4. Changing Your Home. Use the home survey checklist in this section to review every room in a home or apartment for safety issues and simple changes to make a home more livable and safe for individuals experiencing vision loss. The section is filled with ideas and graphics that demonstrate the dramatic effect of using color, contrast and texture to enhance living independently in one's home. The section also includes information on lighting, a critical element that is often overlooked. Changing Your Home also describes methods for using tactile markings and labels to help people with vision loss orient themselves to their surroundings by touch.

5. Fitness and Fun. This section provides information about leisure activities in which persons with vision loss can engage and about being able to continue favorite hobbies, just in an alternative way. Some of the topics include using a computer, reading, and exercising.

Video Segments. Senior Site contains video instruction and informational segments that demonstrate vision-enhancing and touch techniques for meal preparation, walking around, preventing falls, enhancing lighting, shaving and applying makeup and

continued

AFB (continued from page 11)

managing medications and finances. Additional segments demonstrate how to use assistive technology for tasks such as reading and surfing the Internet. For people with hearing and vision loss, for whom safety issues are a major concern, Senior Site offers a series of videos on hearing and vision loss and some of the devices that are available to enhance communication and promote health and safety.

Interactive Features. Other interactive features include message boards, blogs and a searchable database of low-vision products such as talking meat thermometers and large-print playing cards.

Accessibility. AFB Senior Site is designed with adjustable text, color and contrast to make it more accessible to older adults in general, as well as those with vision impairments. The site meets Web

Content Accessibility Guidelines so people can navigate its content using voice browser technology, which reads text aloud to users. All videos are audio described and contain a written verbatim narrative.

About the American Foundation For The Blind

The American Foundation for the Blind (AFB) is a national nonprofit that expands possibilities for people with vision loss. One of AFB's top priorities is promoting independent and healthy living for people with vision loss by providing them and their families with relevant and timely resources. AFB is also proud to house the Helen Keller Archives and honor the more than 40 years that Helen Keller worked tirelessly with AFB. For more information visit us online at www.afb.org. 🍷

Tips for Helping People With Vision Problems

1. Learn all you can about the person's vision loss; different types of eye conditions affect vision in varying ways. For example, some people can see to get around but not see people's faces. Others lose their side vision but have some central vision.
2. Learn about resources, techniques and products that can help the person continue to carry out everyday tasks and enjoyable activities independently.
3. Talk directly to the person with vision loss instead of "around" him or her.
4. Don't walk away without telling the person you are leaving.
5. Communicate verbally instead of through gestures that the person cannot see or comprehend.
6. Don't move things around in the home without asking.
7. Give clear and specific directions. Remember, the person may not be able to see where you are pointing.
8. Identify yourself to the person. He or she may not be able to see your face and may not recognize your voice. Do not embarrass your family member of friend by making him guess who you are.
9. Ask first before helping. Expect that the person with vision loss will want to do as much as he or she can do independently.
10. Ask the person experiencing vision loss to continue his or her lifestyle, including helping with tasks such as babysitting, pet sitting, taxes or a good listening ear. We all like to feel needed and having vision problems does not make a person any less capable of providing help and support.

From Lost to Found

National spotlight leads to reunion for beneficiary

By Maureen Patterson

SMP Resource Center Media Manager

When Shirley Shupp decided to help others by going public with her tale as a victim of fraud, she had no idea her story would have a surprise ending.

The 69-year-old homebound Houston resident was the featured volunteer in the recent *Associated Press* article written about Senior Medicare Patrol (SMP) projects. The article, which ran across the country the week between Christmas and New Year's (see "[Stealth Crew of Seniors Fights Medicare Fraud](#)"), was not the first time Shirley Shupp spoke up against fraud and how it harms people on Medicare. She also was featured by a local Fox TV station last May (see "[Stealing From Your Medicare](#)").

She says a friend who saw the AP article told her, "I am so proud of you, so proud of you for doing that."

She takes pride and joy in knowing the article might help others. That's important to Shupp, who spent her career as a home health aide before becoming disabled in 1995. Now she's the one who needs a home health aide, who comes 5 days a week. "I don't know what I'd do without her. It's hard to be able to cope when you can't do some things yourself anymore," Shupp says.

But her disability has not gotten her down. Energetic, optimistic and friendly, Shupp has a sharp mind that pays attention to detail. When she

received a phone call one day from a company offering arthritis supplies – after her nurse had offered supplies the day before – she assumed the call had been prompted by the nurse. She didn't expect that the delivery would also include a new scooter.

Clearly, something wasn't right. She called around and learned that neither her doctor nor nurse had ordered the supplies. In fact, her doctor's signature had been forged. She called the appropriate authorities. She also contacted Texas SMP Barbara McGinity after receiving a flyer at her apartment complex. "She lives in an apartment complex that is fraught with people going through there offering things. That's what we find all the time with these places," says McGinity. The equipment was removed and charges taken off Shupp's summary notices.

"I'm into doing what's right and what's supposed to be right. I don't want nothing that doesn't belong to me," Shupp says.

And in doing what was right, she found a special reward. "My sister and my brother who I haven't seen in about 40 years got into contact with me because they had seen the clipping in the paper," Shupp says. "That has been a blessing."

continued



Shirley Shupp and Barbara McGinity appear in a segment on a local TV station.

From Lost to Found *(continued from page 13)*

“Putting a human face to your stories will get people interested in doing them. Don’t give up.”

— Barbara McGinity, Program Director, Texas SMP



She’d been looking for them for years. They live in Arizona. When her brother first called, the scam-weary Shupp was hesitant at first to believe it was him. “I gave him the first degree. I started asking him questions that only he could know,” she says. He passed the test with flying colors.

Shupp went public with her story to do the right thing. She received much more than she could have imagined. “It’s awesome. I haven’t wound down yet. I’m still pumped. I’m still energized over it,” she says.

Making the Most of the Media

Beneficiary Shirley Shupp is great with the media. She’s well-spoken, loves to talk and is willing to be interviewed both for print and camera.

Texas SMP Barbara McGinity sees great value in working with the media. With one story thousands of seniors can learn how to avoid becoming victims of fraud; who to call if they think they might be victims and where to volunteer.

A couple of years ago, a local TV story on scooter fraud generated 40 calls for McGinity. She wanted the station to do a story on arthritis kit fraud but was having a hard time generating interest. She didn’t have a

victim willing to go on camera.

Then she connected with Shirley Shupp. “Putting a human face to your stories will get people interested in doing them. Don’t give up,” she says.

It worked. Last May the station ran the story, and this December Shupp was featured in a national *Associated Press* story about SMP. That’s generated even more calls, both to McGinity and to SMPs all across the country – more than 200, in fact, at press time.

McGinity has tips on how other SMPs can work with the media:

- Be credible. Give the media good information.

- Respond quickly. Call a reporter back that day even if you can’t answer the question directly. Maybe you can spin it to a different angle. Regardless, the reporter will see you as reliable.
- When working with a beneficiary, ask upfront if he or she would be open to media interviews. If the person would agree to an interview but not on camera, the TV station can shield the face.
- Be persistent. Don’t give up. Just because a media outlet doesn’t do a story today doesn’t mean it won’t in the future, especially if you find a victim to come forward.

Evaluating SMP Foundations Training

By Heather Flory

Training Manager, SMP Resource Center

As more SMPs across the country offer SMP Foundations: Volunteer Training to volunteers and staff, we would like to remind each of you that the feedback we receive during the pilot phase of training is extremely useful in making improvements to future versions of the training.

Three types of evaluations are being used during the pilot phase to collect feedback:

1. Participant evaluations
2. Trainer evaluations
3. SMP project director evaluations

The first SMP project director evaluation was e-mailed to you January 29, 2010, with a follow-up evaluation scheduled for June 2010. Evaluations from SMP project directors will be particularly important in determining both the scope of future SMP Foundations training and its implementation guidelines. If you have piloted the training but forgot to complete the survey, please contact Health Benefits ABCs (HBABCs) at smp@dinnerzen.com.

Participant and trainer evaluation forms should be submitted to Health Benefits ABCs throughout the year as they are completed. The HBABCs mailing address is: HBABCs, Attn: SMP Evaluations, 11101 Georgia Ave, #320, Silver Spring, MD

20902. Copies of the completed forms must be received by July 15, 2010, in order for the feedback to be considered in the next version of SMP Foundations Training.

To access the evaluation forms, as well as a cover letter that provides additional information about the evaluation process, visit SMP Foundations: Volunteer Training online at www.smpresource.org >Resources for SMPs> Training>SMP Foundations. Scroll to Section 5 – Evaluations. ♦

SMP Volunteer Foundations Training Evaluation				
Training Location: _____		Training Date: _____		
Presenter/Facilitator: _____				
	Strongly Agree	Agree	Disagree	Strongly Disagree
The training materials I received prior to the course were informative and useful. Leave blank if not applicable.	↑	↑	↑	↑
This classroom training was informative and useful.	↑	↑	↑	↑
Learning objectives were clearly stated.	↑	↑	↑	↑
The training and materials (Volunteer Manual, classroom materials and activities) allowed me to meet the learning objectives.	↑	↑	↑	↑
Presentation strategies were appropriate for the subject and for the audience.	↑	↑	↑	↑
The presenter(s) were knowledgeable and interesting.	↑	↑	↑	↑
The session was interactive; I felt involved in the day's activities.	↑	↑	↑	↑
The session was effectively organized.	↑	↑	↑	↑
The information I learned will be useful in my work as an SMP volunteer.	↑	↑	↑	↑

Please complete the following statements.

1. The most beneficial aspect of this training was:

2. The least helpful aspect of this training was:

3. To be successful as an SMP volunteer, I need to learn more about:

4. To improve subsequent trainings, I suggest:

5. To improve the SMP Foundations Training Volunteer Manual, I suggest:

6. Other comments:

Rev. 07/12/2009

Participant Course Evaluation

SMART FACTS and the OIG Report: Q & A

By Ginny Paulson

SMP Resource Center Director

Though the OIG Report is only due twice each year, an accurate report is entirely dependent upon your day-to-day data entry in SMART FACTS. The following questions arose from the January 2010 OIG Report webinar. The answers will help you and your staff to accurately reflect your media, one-on-one counseling and “dollars referred for further action” outcomes in the 2010 OIG Report.

Q: The *Associated Press* article about SMP ran in several local newspapers in our state. Can I enter those airings in SMART FACTS as media outreach activities? My confusion is that I did not interview for or prepare materials for that article, so I don't think I can count it, even though it aired in our state.

A: You are correct. SMPs do not enter media activities related to national press (just inquiries or complex issues or any other outcomes resulting from national press). The exception is when your SMP staff, volunteers or beneficiaries are interviewed by or provide information to a reporter from the national press as part of the story. For example, the Texas SMP can claim documented airings of the *Associated Press* article as media outreach because they were interviewed and featured. Some SMPs used the Letter to the Editor template developed by The Center as follow-up to the *Associated Press* article. Any published Letters to the Editor can be counted as media outreach for your state, even though The Center developed the template.

Q: I'm both an SMP and SHIP volunteer. If someone comes up to me after my SMP presentation and asks me how I can qualify for the Low Income Subsidy, do I report that as an SMP one-on-one counseling session in addition to the group educational session?

A: No. This is a common question from SMP staff and volunteers who wear more than an SMP hat. Your counseling regarding how to qualify for the Low Income Subsidy would not be considered an SMP outcome because you were providing benefits counseling, not health care fraud counseling. Benefits counseling is not within the SMP program scope. You would report your group educational session, however, as long as your presentation covered SMP.

Q: When we help clients with complex issues and we do not have the documents related to their concern, we still research and attempt to resolve their problem. Once the problem is resolved, we often have trouble getting supporting documentation, such as copies of their MSNs. Can we still report the dollar amount questioned (or referred for further action) in SMART FACTS?

A: Yes! You are referring to Outcome 13B on the OIG Report (dollar amount referred for further action). This outcome does not require that documentation be submitted to the OIG. Please DO explain how you arrived at a given dollar amount for this outcome, however. There is a notes field on the SMP Activity Log dedicated to your brief narrative explanation. Dollars reported for outcomes 16 and 17 DO require supporting documentation, such as MSNs and letters from CMS. ●

Center to Focus on National Visibility; eDigest Discontinued

By Ginny Paulson

SMP Resource Center Director

We at The Center have decided to discontinue the monthly eDigest. With all of the national media attention and resulting demands on our time, we have decided that time is better spent promoting SMPs in the national media, developing human interest stories and assisting you to promote your projects in state and local media. For example, we received much positive feedback from the Letter to the Editor template Media Manager Maureen developed as a tool to help you capitalize on the recent *Associated Press* coverage of SMP. Though SMPs reflected satisfaction with the eDigest in the 2009 SMP Needs Assessment, the effectiveness rating was mediocre, further emphasizing our decision to refocus our efforts.

We'll continue to update the SMP website (www.smpresource.org) regularly and send timely news to you via the listserv. The monthly mentor calls are of course a great way for you to update each other on the latest scams. If you still like keeping up with news on the Internet, you can sign up for Google Alerts: www.google.com/alerts. With Google Alerts, you can request news by e-mail on any topic of your choice, such as "Medicare Fraud." Additionally, the www.stopmedicarefraud.gov website allows you to search for Medicare Fraud news by state. It's easy – just click on the map.

To promote SMP, we need your help. Can you share examples of volunteers who have made a difference? Beneficiaries who have been helped? Scams that have been averted or brought down? Please tell Maureen at The Center: mpatterson@hvaaa.org or 319-351-9753. ●

From the OIG

Wheelchair Claims Did Not Meet Requirements

"Three out of five claims for standard and complex rehabilitation power wheelchairs did not meet Medicare documentation requirements during the first half of 2007. We found that 60 percent of Medicare claims for standard and complex rehabilitation power wheelchairs that beneficiaries received in the first half of 2007 did not meet one or more documentation requirements. Power wheelchair claims that did not meet all documentation requirements accounted for \$112 million in improper Medicare payments, out of \$189 million total allowed by Medicare during the 6-month period."

SOURCE: Report, *Medicare Power Wheelchair Claims Frequently Did Not Meet Documentation Requirements*, Department of Health and Human Services, Office of Inspector General, December 2009. To view the report: <http://oig.hhs.gov/oei/reports/oei-04-07-00401.pdf> ●

Anti-fraud Measures Likely Part of Health Reform

By Bill Benson and Nancy Aldrich

Health Benefits ABCs

If House and Senate negotiators achieve a compromise version of the health care reform bills each body has passed, the final version is likely to include many of the anti-fraud provisions found in both bills. At press time it remains to be seen if agreement can be reached and if the House and Senate can each pass a final bill.

Both the House bill (H.R. 3962) and the Senate bill (H.R. 3590) would:

- Reduce waste, fraud and abuse in Medicare, Medicaid and other public programs by requiring screening of providers and creating enhanced oversight of new providers and suppliers
- Establish a moratorium on enrollment of new providers in high-risk areas
- Require Medicare and Medicaid providers and suppliers to create new compliance programs
- Increase funding for the Health Care Fraud and Abuse Control program by \$10 million a year
- Establish civil monetary penalties of \$50,000 per violation for providers and suppliers that knowingly make false statements or misrepresent material fact

Other provisions address fraud in the following:

1) Sentencing Guidelines. The Senate bill strengthens federal sentencing guidelines for health care fraud to ensure that health care fraud offenders do not receive shorter sentences than other white collar criminals.

2) Kickbacks. The Senate bill clarifies that all health care crimes (including kickback crimes even when the claim is submitted by a third party instead of the wrongdoer) fall within the definition of fraud.

3) Whistleblowers. Both versions seek better protection for whistleblowers. The Senate bill amends the False Claims Act's public disclosure provision to further empower whistleblowers to expose fraud.

4) Integrity Provisions. The Senate bill requires the Centers for Medicare & Medicaid Services (CMS) to include claims and payment data from Medicare, Medicaid and other programs in its Integrated Data Repository. New penalties will apply to individuals who knowingly participate in health care fraud and to entities who fail to return an overpayment.

5) Data Bank. Both bills seek to eliminate duplication of effort by the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank (NPDB). In addition, the Senate bill requires the U.S. Department of Health and Human Services (HHS) to maintain a national health care fraud and abuse data collection program for reporting final adverse actions (but not settlements in which no liability has been found) taken against health care providers, suppliers and practitioners and submitting information on the actions to the NPDB.

The Senate health reform bill also includes provisions from the Health Care Fraud Enforcement Act, introduced by Sens. Edward Kaufman (D-DE), Patrick Leahy (D-VT) and others, that would give prosecutors more tools to investigate, prosecute and punish health care fraud. The provision would ensure "that those who drain our health care system of billions of dollars each year, driving up costs and risking patient lives, will go to jail, and that their fraudulent gains will be returned to American taxpayers and health care beneficiaries," according to Sen. Leahy. ●

Health Care Fraud Recoveries Under False Claims Act Reach \$14.3 Billion

By Bill Benson and Nancy Aldrich

Health Benefits ABCs

Defrauding the federal government got tougher last year when Congress beefed up the Civil War-era False Claims Act (31 U.S.C. §§ 3729-3733) to eliminate loopholes that had allowed courts to limit the scope of the law.

Since 1986, the Department of Justice (DOJ) has used the False Claims Act to recover \$21.6 billion, including \$14.3 billion in health care – primarily Medicare – fraud, according to Tony West, Assistant Attorney General for DOJ’s Civil Division.

The False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows, or should know, is false. Those found guilty are liable for three times the government’s damages plus civil penalties of \$5,500 to \$11,000 per false claim.

Under 2009 amendments to the law, suits can now be brought against government contractors, grantees and others who have fraudulently received or used government funds. The amended law also protects contractors, agents or employees who become whistleblowers from retaliation for bringing suit under the law’s “qui tam” provisions.

Under the False Claims Act, qui tam allows private citizens to file lawsuits, on the government’s behalf, against companies, federal contractors and others that defraud the government. That means employees and other “insiders” such as accountants and claims processors – who are more likely to have internal information about false claims – can be a partner


in law enforcement. Qui tam is actually an ancient legal device, derived from a Latin phrase meaning “he who brings a case on behalf of our lord the King, as well as for himself.”

These whistleblowers, known as qui tam relators, need not have been personally harmed by the defendant’s conduct in order to file the claim. The relator is entitled to 15 percent to 30 percent of the funds recovered. In fiscal year 2009, relators were awarded \$255 million, according to DOJ.

Examples of recent Medicare recoveries stemming from False Claims Act actions include:

- In 2009, King & Associates Inc. and Southerncare Inc. agreed to a \$1.5 million settlement in a False Claims Act qui tam case involving skilled nursing facility claims that overstated the amount of work performed by physicians, resulting in losses of over \$740,000 to Medicare.
- In 2007, The SCOOTER Store Inc. agreed to pay the United States \$4 million to settle allegations that the company violated the civil False Claims Act and defrauded the United States.
- In 2006, the Tenet Healthcare Corporation was required to pay more than \$900 million to resolve allegations concerning the hospital chain’s unlawful billing practices to Medicare and other federal health care programs.

To view a copy of the False Claims Act, go to www.taf.org/federalfca.htm.

In addition to the federal law, more than 30 states and the District of Columbia have their own False Claims laws. State False Claims Act cases by whistleblowers have dramatically increased the government’s ability to prosecute Medicaid fraud, according to attorney Michael Behn with the Chicago law firm Behn & Wytzner. 

HHS Uses New Standards for Improper Payment Rates

As part of the Obama administration's goal of reducing waste, fraud and abuse in Medicare, the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) significantly revised and improved calculations of Medicare fee-for-service (FFS) error rates in 2009, reflecting a more complete accounting of Medicare's improper payments than in past years. These improvements will provide CMS with more complete information about errors so that it can better target improper payments.

"The Obama administration is committed to strengthening and improving the Medicare and Medicaid systems and doing everything we can to be responsible and vigilant stewards of these programs that millions of Americans rely upon," said HHS Secretary Kathleen Sebelius. "From the very start of the administration, the president has directed all the agencies across government to use honest budgeting and to take the hardest, most detailed look possible at what was happening with taxpayer dollars inside our agencies and inside critical programs. [In 2009], we made the call to stop calculating our error rate in fee-for-service Medicare the way that the previous administration did and to start using a more rigorous method in calculating this rate in keeping with our mandate to root out errors and fraud."

The Medicare, Medicaid and Children's Health Insurance Program (CHIP) improper payment rates are issued annually as part of the HHS Agency Financial Report.

While improper payment rates are not necessarily an indicator of fraud in Medicare or any other federal health care program, they do provide HHS, CMS and its partners who are responsible for

the oversight of Medicare and Medicaid funds a more complete assessment of how many errors need to be fixed.

"If we aren't honest about the problem, there is no way we can get to a solution. Through a more stringent review of Medicare claims, we've been able to establish a more complete accounting of errors, enabling CMS to take more actionable steps to further reduce the error rate and identify abusive or potentially fraudulent actions before they become problems," said Sebelius. "This change in calculating the error rate is just one part of our larger administration-wide effort to reduce waste, fraud and abuse in health care. In addition to the establishment of HEAT ... we've taken aggressive steps at HHS and CMS to improve our oversight of the Medicare trust funds and the taxpayer dollars that pay for the health care of millions of older and vulnerable Americans."

"As we move forward in our review of the Medicare and Medicaid error rate data, we expect to be able to determine if there are specific trends that can better help us identify weaknesses in our programs or systems," said Acting CMS Administrator Charlene Frizzera. "We hope to be able to use data available through the use of new electronic health record reporting that can help in the design of new and innovative approaches to finding emerging trends and vulnerabilities in high-risk areas such as durable medical equipment and home health."

Sebelius and Frizzera also pointed out that HHS and the CMS would invest more time and resources into working with providers to eliminate errors through increased and improved training and education outreach. ●

ID Thieves Easily Obtain Your Publicly Available Information

Scammers getting too close for comfort

By Ora DeMorrow

www.silverplanet.com

We all know that we have no ability to stop the disclosure of our own identities from public records, such as land and property ownership information, marital status and even civil court cases. But little do most people know that we, as consumers, regularly, willingly and unknowingly expose ourselves by freely publishing information as seemingly benign as public announcements, directories and genealogy websites.

It is sad that, in today's world, people must worry about the possible consequences of publicly sharing information – whether about an important event in their lives, such as a birth or marriage, or for fun and fulfilling hobbies such as tracing their family lineage. Newspapers, public announcements and genealogy sites are valuable sources of information for identity thieves and scam artists. Birth announcements, marriage announcements and obituaries are full of information useful to thieves, including full names, mothers' maiden names, places and dates of birth, names of other relatives and more.

Many people post an enormous amount of information about their family on genealogy research sites and related message boards. “Who’s Who”-style directories are yet another favorite target packed with valuable information that typically includes addresses, telephone numbers, family information, current and previous employers, licenses or professional designations, colleges attended and other very useful information. Now, with the surge in online social networking, with sites like Facebook, LinkedIn, Plaxo and others, access to personal information is easier

than ever, and the risk of being caught is almost nil.

Thieves and scam artists regularly use telephone and digital directories to identify potential targets. An unlisted telephone number will not be given to callers using directory assistance services, and an unpublished number will not appear in telephone directories in print or online. Many telephone companies distinguish between the two, and you will need to specifically request that your number be both unlisted *and* unpublished. If you opt to have your number listed in directories, limit the listing information to minimize the chance of being targeted for attempted scams by phone and mail. Here are some protective suggestions:

- **Provide only a first initial and last name in any directory listing.** This can help thwart many common telephone scams by not providing scam artists with prior knowledge of how to properly address the intended victim when calling, and this tactic reduces their ability to obtain basic background information to use in the scam. Example: “M. Jones” could be the family of Matt Jones, single mother Mary Jones or the widowed Mrs. Maggie Jones.
- **Do not publish the street address.** Reverse directories can still provide the street address associated with a published phone number, but many scams, whether in person, by telephone or through the mail, are executed using the information that is simply obtained from the local phone book.
- **Do not include professional credentials (e.g., Dr., PhD) in the residential listing.** These indicators of possible wealth draw the attention of thieves and scam artists.

continued



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ID Thieves *(continued from page 21)*

Pretexting

Identity thieves and scam artists frequently use a tactic known as pretexting to obtain a consumer's private information. The Institute of Fraud Risk Management states that thieves attempt to trick an intended victim into divulging personal and financial information with a message designed to catch the person off guard. Armed with the information obtained from an announcement, directory or other source, a quick search of the telephone directory can provide the intended victim's phone number, and the thief is fully prepared to make a successful pretext call.

Consider this scenario. A couple gives birth to a baby girl and want to share it with their community. To herald her arrival, they place a small birth announcement in the local newspaper. In the announcement, they include some basic information: their names, the baby's name, the date of birth and the name of the local hospital where the baby was born. An identity thief reads the paper, obtains the couple's telephone number from the phone book and makes a quick call:

Hello, Mrs. Smith? This is Mike Jackson from the ABC Hospital billing department.

Oh yes, hello.

First, congratulations on the birth of your daughter. I'm sure you and your husband John are so proud.

Yes, we are. Thank you very much. How can I help you?

Well, I was going through our records here, and you know how things always seem to be forgotten in the excitement of having a baby. I'm terribly sorry to have to bother you and take you away from your daughter, but I just need to ask you a few quick questions if you have a moment.

Yes, I do. Go ahead.

Great. I'm completing some insurance forms, and I just need your current address, dates of birth and Social Security numbers.

Rock in a Box

In another example of this type of scam, using the information obtained from a recent obituary, a thief poses as a delivery driver and visits a recently widowed senior. The thief claims to have a package that the deceased allegedly ordered recently, but states that it was shipped C.O.D and that checks or credit cards are acceptable for the balance due. Distraught over the loss of his or her spouse and not wanting to turn away something that the loved one may have ordered, the victim dutifully writes a check for the amount and takes delivery of the package. Inside the package is nothing more than garbage or a worthless object included to give the package some weight. The thief, now armed with the victim's checking account number and bank information, quickly goes to work.

The Bottom Line

Because of our innocent divulging of seemingly innocuous information, books could be written about actual occurrences, possible scenarios and the opportunities presented to identity thieves and scam artists.

The bottom line is simple – do not give out any information to anyone on the phone or by e-mail unless you initiate the communication. There is a critical line between providing enough information to properly make an announcement or conduct research, and not providing so much that it gives potential thieves enough information to bring about your financial demise. ●

Published November 24, 2009. Reprinted with permission from www.silverplanet.com. Ora DeMorrow is owner and president of ID Security Solutions, a services company focused on protective and restorative identity theft and fraud solutions for individuals, small business, and corporate enterprise. E-mail her at idsecuritysolutions@comcast.net for more information.

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For more information about the National Consumer Protection Technical Resource Center, please visit us at www.smpresource.org.

All newsletter submissions and inquires should be directed to mpatterson@hvaaa.org.

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FTC, Visa and BBB Caution Against Free Trial Offers

The Federal Trade Commission (FTC) has joined an effort to alert consumers to online deceptive marketing connected to free trial offers that require individuals to cancel or opt-out of a recurring charge for future products or services.

The director of the FTC's Bureau of Consumer Protection, David C. Vladeck, cautioned consumers about the free trial feature, known as a "negative option," at a press conference with officials from Visa and the Better Business Bureau (BBB). In a negative option feature, a company takes a consumer's failure to cancel a free trial offer as permission to begin charging for the service. While many merchants use this billing process appropriately, others precheck consent boxes; bury the details of the offers in the fine print, terms and conditions; and make cancellations or returns difficult, catching consumers in a cycle of recurring charges for products and services they do not want.

"Free trial marketing can be convenient for consumers – if the terms are clearly spelled out beforehand," Vladeck said. "Legitimate marketers don't hide critical information about costs or cancellation policies to get their customers to agree to future charges."

The FTC, Visa and the BBB offer tips to online shoppers on how to spot deceptive free trial offers and how to deal with unauthorized charges:

- Take time to read and understand all terms and conditions so a free trial doesn't turn into a costly purchase you didn't intend to make.
- Pay particular attention to any prechecked boxes before you submit your payment card information for an order. Failing to uncheck the boxes may bind you to terms and conditions you don't want.
- Review credit card statements when you get them for any unauthorized charges, and notify the card issuer promptly of any unusual activity or unauthorized charges.
- Try to resolve the situation with the merchant. If you're unsuccessful, contact the card issuer immediately to dispute the charge.

Consumers who think they've been victims of deceptive marketing and who haven't been able to resolve the issue directly with the merchant should call their card issuer to dispute the charge. They also may report their experiences to the FTC at www.ftc.gov/complaint or their local BBB at www.bbb.org. More information is available at www.visa.com/negativeoption.

Copies of the documents mentioned in this release are available from the FTC's website at www.ftc.gov and from the FTC's Consumer Response Center, Room 130, 600 Pennsylvania Avenue, N.W., Washington, DC 20580. Call toll-free: 1-877-FTC-HELP. ◆