





Protecting Clients from Improper Medicare Marketing—What Advocates Need to Know

Georgia Burke, Justice in Aging Micki Nozaki, California Senior Medicare Patrol

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- Enable closed captioning by selecting "CC" from the Zoom control panel.

Today's Agenda

- Protecting Medicare Beneficiaries from Fraud
 - California Senior Medicare Patrol
 - Micki Nozaki
 - mnozaki@cahealthadvocates.org
- Protecting Clients from Improper Medicare Marketing: What Advocates Need to Know
 - Justice in Aging
 - Georgia Burke
 - gburke@justiceinaging.org

California Health Advocates

(www.cahealthadvocates.org)

Policy

 Public policy research to support improving rights and protections for Medicare beneficiaries and their families

Training

 Information on Medicare through our website, fact sheets, policy briefs and educational workshops

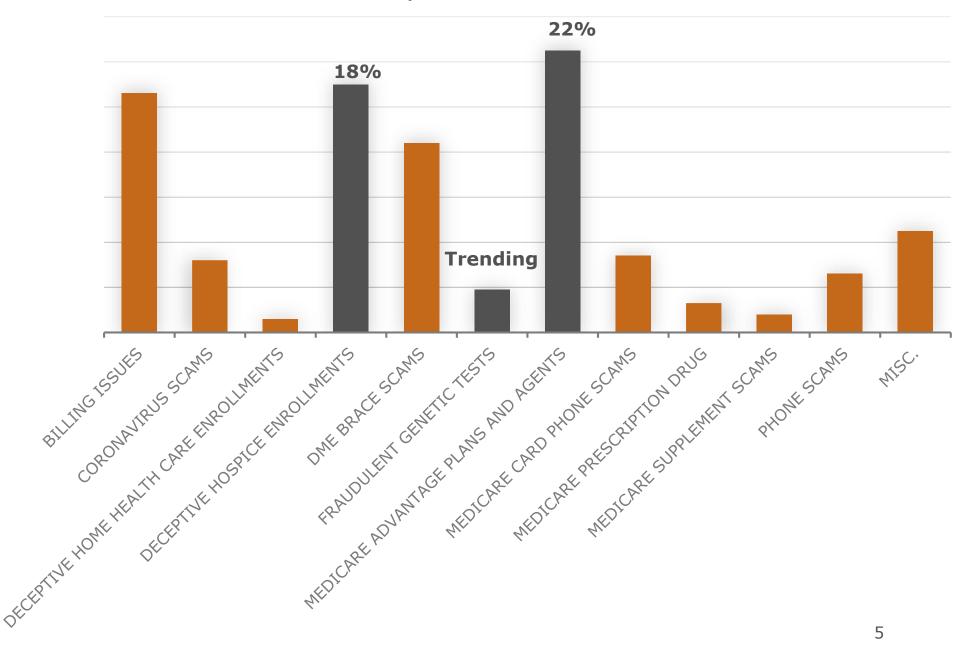
Advocacy

 Bring the experiences of Medicare beneficiaries to the public, federal and state legislators

Senior Medicare Patrol

 A national program to educate Medicare and Medi-Cal beneficiaries about how to prevent, detect and report healthcare fraud, errors and abuse

January 2020 to Current



Hospice Fraud

- Non-terminal beneficiaries enrolled; promised money, free Ensure
- Latino, Tagalog speaking seniors targets of suspicious hospice enrollment
- PT clinic refers non-terminal dementia, Alzheimer's patients to hospice
- Hospital case managers witness hospitalists referring patients to hospice agencies they own or are associated with
- Bottom line
 - Beneficiaries denied needed medications, forced to cancel surgeries
 - Disenrolling from hospice lengthy and tedious

DNA and Genetic Testing Fraud



- Offers for free braces, plastic Medicare card and DNA testing
- Calls from marketers mailing a poly-genetic test kit
- Scammers calling at midnight, offer braces saying "Medicare is requiring cardiac genetic tests to make sure they're screening for everything"
- Cold calls offer free Medicare supplies and free mouth swabs paid for by Medicare to determine if certain health problems in genetic lineage
- Online ads for cardiac genetic testing

Improper Medicare Marketing

- Sold Medigap plan to full Medi-Cal beneficiary
- Letter offers MA plan in county that doesn't offer the plan
- 800# TV ad for Medicare; obtain Medicare #, you can get dental and vision coverage if accept a back brace
- Suspicious ads in Penny Saver—"Medicare Giveback Rebate Benefit: Boost Social Security \$1728 per year"
- Agent may have enrolled him in MAPD plan without his permission; now can't get his insulin from the pharmacy

State Health Insurance Program (SHIP)

- Local, free and unbiased
- Medicare, Medicare
 Advantage, Medigap, Long
 Term Care Insurance
- Counseling and enrollment assistance
- Health Insurance Counseling & Advocacy Programs (HICAPs)
 - 800-434-0222
- Outside California (SHIPs)
 - https://www.shiptacenter.org















www.cahealthadvocates.org - 855-613-7080

JUSTICE IN AGING FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.

To achieve Justice in Aging, we must:

- Acknowledge systemic racism and discrimination
- Address the enduring negative effects of racism and differential treatment
- Promote access and equity in economic security, health care, and the courts for our nation's lowincome older adults
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class



Roadmap

- Making contact: When and where can an agent/broker contact a Medicare beneficiary?
 - General rules
 - Exceptions
- Problems and Violations: What are some typical problems? How can they be addressed?

Special Update: California changes affecting your low income clients and how you counsel them.





Medicare Marketing—Making Contact

Source of Guidance

- Regulations: 42 C.F.R. § 422, § 423, and § 417
- Medicare Communications and Marketing Guidelines (MCMG)
- Additional state law rules may apply
- Applies to all Medicare Advantage, Part D, and Medicare-Medicaid plans, except PACE.
 Additional specific guidance re Medicare-Medicaid plans (e.g., Cal MediConnect)



Basic Prohibitions

- 422.2264 & 423.2264 may not use doorto-door solicitation, approach potential enrollees in common areas, or use telephonic solicitation, including text messages
- Scope of Appointment (SOA) parameters (and documentation) are required for all one-on-one appointments, regardless of venue



Exceptions to Basic Prohibitions

- Calls to current enrollees, including:
 - Calls to enrollees in one Medicare product about another Medicare product by the same sponsor
 - Calls to enrollees in commercial insurance product (or in Medicaid product) about Medicare products by the same sponsor (e.g. people aging into Medicare).
 - In some cases, with CMS approval, plans can call LIS enrollees who are being reassigned to encourage them to remain with the plan.



Basic Permitted Activities

- Ads: Radio, TV, print, sides of buses, billboards, etc.
- Emails if they have an opt out
- Educational events
- Sales events w/ notice to CMS
- Individual appointments (w/ Scope of Appointment)



Permitted Activities: Health Care Settings (1 of 3)

- Providers (e.g. doctors) can "answer questions or discuss the merits of a plan or plans" with their patients
- Providers can send letters to patients saying "We participate in Plan X, Plan Y, and Plan Z"
- Providers can display plan promotional materials and enrollment forms in provider offices as long as it is in outer offices, not where patients are being examined or treated
- Plans may conduct sales activities in common areas of health care settings, including waiting rooms



Prohibited Activities: Health Care Settings (2 of 3)

- Plans cannot provide inducements for providers to recommend their plan
- Providers cannot offer inducements to their patients to enroll in a particular plan. Plans must advise network providers to remain neutral when discussing plans with patients
- Providers may not collect or submit enrollments



Prohibited Activities: Health Care Settings (3 of 3)

- Providers cannot mail letters to patients or call them recommending one plan over another
- Agents/brokers cannot stake out provider offices or "ambush" patients

PLANS HAVE THE DUTY TO CONTROL MARKETING BY NETWORK PROVIDERS AND BY BROKERS AND AGENTS



Educational Events and Sales Events

- Educational events may not include marketing of a particular plan. May include business cards and signups for sales events or sales calls, including Scope of Appointment (SOA) forms
- Sales events are marketing. Scripts and presentations must be submitted to CMS
- Nominal gifts (\$15) are OK or raffles where prize value is not more than \$15 x expected number of participants. Snacks OK; meals NOT OK.
- Sales events can immediately follow educational events



Individual Appointments

- Scope of Appointment required for both in-person and telephone meetings
- Topics of discussion may not exceed what is included SOA
- May not use appointment to sell non-Medicare products



Special Protections for LEP Seniors

- MCMG 30.1 "may not discriminate based on race, ethnicity, national origin," etc. and "must comply with their obligations under other federal anti-discrimination rules and requirements"
- MCMG 30.3 "designated materials...must make available in any language that is the primary language of at least five (5) percent of a Plan's/Part D sponsor's" service area





Dealing with Problems

Areas of Concern

- Marketing to people with limited English proficiency
- Excessive marketing to low income beneficiaries year round
- Saturation of TV ads and infomercials
- Misinformation from and/or outsize influence of providers
- Goliath (agents/brokers) and David (HICAPs/SHIPs)



Some Typical Broker Issues

- Failure to ensure that beneficiary knows whether providers are in-network
- Failure to ensure that beneficiary really understands the difference between Medicare Advantage and Original Medicare
- Unsolicited contacts: working a senior building, claiming that someone else recommended contacting the individual, etc.



Example: Fraud

- 76-year-old Spanish speaking consumer with Medicare only was enrolled in a plan by an insurance agent
- He understood that the MA plan was only a supplemental transportation benefit for Medicare beneficiaries
- Agent did not explain how a MA plan works
- Consumer showed his Medicare card to the agent but does not remember signing any document or agreeing to be part of the new plan
- Agent had enrolled him without his permission
- After the change, he was unable to see his cardiologist and get his heart medication. His provider is not innetwork; no local cardiologists accept his new plan



Example: Unsolicited Marketing, Misrepresentation

- 70 year old, dual eligible, disabled, Spanish speaking individual was approached by an unsolicited agent in a senior apartment housing complex who enrolled her into a Medicare Advantage plan
- This agent did not explain how Medicare Advantage works and as a result, she was unable to see her Primary Care Provider



Addressing Problems

- Complaint Tracking Module/ 1-800-Medicare
- CMS Region 9
- California Department of Managed Health Care (DMHC)
- Goals:
 - Disenrollment (may need retroactive)
 - Stop bad actor
 - More and better training/oversight by plan





California Developments

2017 Norman Schwart

Medi-Cal Eligibility

- Already happening: Medi-Cal income limit is 138% of federal poverty level
- Around the corner: Elimination of the asset test for all Medi-Cal programs
 - July 1, 2022: Asset limit will be \$135,000 for an individual and \$65,000 for each additional family member
 - July 1, 2023: Asset limit will be completely abolished for all aged and disabled Medi-Cal programs

These changes mean no more "cliff" for people aging into Medicare from MAGI (expansion) Medi-Cal.



Move to D-SNPs

- Down the road: Throughout CA, D-SNPs with matching Medi-Cal managed care plans for dual eligibles
 - Cal MediConnect is scheduled to end
 - D-SNP enrollment will be voluntary. Unclear at this time whether there will be any passive enrollment with opt-out





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