

FraudAlert!

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Wisconsin SMP

February 2011 • Volume 14, No. 7

• Coalition of Wisconsin Aging Groups Elder Law Center

From the Project Director. Elizabeth Conrad

Check out our website at www.wisconsinsmp.org

The Stop Medicare Fraud website allows you to search for fraud news by state. Check it out:

<http://www.stopmedicarefraud.gov/innews/index.html>

Let's Get Acquainted

By Judy Steinke, WI SMP Volunteer Coordinator

This month our featured volunteer is Betty Irwin of Spring Green. Betty moved to Wisconsin 9 years ago after retiring from teaching English Education at the University of Iowa. Prior to moving, she volunteered for the Iowa Senior Health Insurance Information Program. Betty enjoyed assisting Medicare beneficiaries, and upon moving to Wisconsin, she looked for a similar volunteer opportunity. Initially, she volunteered for the Sauk County Benefit Specialist who pointed her in the direction of CWAG and the Wisconsin SMP. Betty has been very active over the years by attending community outreach events in both Sauk and Iowa counties.

Betty's volunteer activities do not stop with SMP. She has also volunteered for the Sauk County Long Term Care Committee, the board of the Southwest FamilyCare Alliance, the board of the Spring Green Area Arts Council, the Friends of the Spring Green Library, and the local Elderhostel (Road Scholar) program. Her hobbies include reading and drama.

The Wisconsin SMP is delighted to have Betty Irwin onboard to share SMP information with the residents of Iowa and Sauk County.

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In this issue:

Let's Get Acquainted –Betty Irwin

WI SMP Upcoming Trainings

Phillips & Green Bay

HHS Top Priorities - Reducing Fraud &

Waste in the Health Care System &

Strengthening the Medicare

Trust Funds

CWAG Receives National Grant

Health Care Fraud Prevention &

Enforcement Efforts Recover

Record \$4 Billion

Consumer Financial Protection Bureau

Sweepstakes Scam-Nebraska

Most Wanted Health Care Fugitives

Upcoming Events

medfraud@cwag.org

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Wisconsin SMP to Hold Volunteer Trainings in Green Bay and Phillips

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

Healthcare fraud is a big problem in the United States. The National Health Care Anti-Fraud Association estimates that Medicare and Medicaid lose more than \$60 billion each year due to fraud, waste, and abuse. The federal government is cracking down on Medicare scams, and Wisconsin SMP (Senior Medicare Patrol) is an important part of this effort. We have recruited and trained several new SMP volunteers this year to assist us in our work, but we need more so that we can empower many more seniors to prevent healthcare fraud in our state.

I am pleased to announce that Wisconsin SMP will be conducting two volunteer training sessions in March. The first workshop will be held on March 16 at the Volunteer Center in Green Bay from 9:30 a.m. until 3:30 p.m. On March 18, a Wisconsin SMP Volunteer Training session will be held at the Price County Department of Health and Human Services in Phillips. These workshops are open to all interested volunteers, but pre-registration is required. If you would like to attend one of the sessions, please contact me at (800) 488-2596, ext. 315 or kbrown@cwag.org.

The Wisconsin SMP Volunteer Training is an in-depth workshop that provides participants with a foundation of knowledge in three main areas: the SMP program, Medicare basics, and Medicare fraud and abuse. Each attendee learns how to protect himself/herself (or family members) from Medicare fraud and leaves the session prepared to educate seniors how to prevent healthcare fraud.

After they are trained, Wisconsin SMP volunteers make presentations to groups and/or distribute materials at community events to educate Medicare beneficiaries, caregivers, and professionals how to prevent, detect, and report healthcare fraud, waste, and abuse. These concerned citizens (often retired professionals) work in communities throughout the state teaching seniors about the importance of protecting their personal information, reviewing their Medicare notices to identify billing errors and potentially fraudulent activity, and reporting suspected fraud, waste, and abuse.

For more information about Wisconsin SMP and to download our volunteer application form, please go to www.wisconsinsmp.org. You can help us prevent healthcare fraud in Wisconsin.

Reducing Fraud and Waste in our Health Care System

According to U.S. Health and Human Services Secretary Kathleen Sebelius, reducing fraud and waste in our Health Care system and strengthening the Medicare Trust Funds are top priorities of her administration.

She summarized the Department's efforts by stating, "Anti-fraud efforts are continuing to protect Medicare beneficiaries and the program's trust fund. HHS and the Justice Department held four fraud summits around the U.S. and our joint efforts have resulted in over 500 defendants being charged with defrauding Medicare out of more than \$1 billion. Billions have been returned to the Medicare Trust Funds thanks to stepped up efforts by HHS and DOJ. Efforts are continuing to meet the President's challenge to reduce Medicare fee-for-service improper payments by 50 percent by 2012. And the Senior Medicare Patrol is helping inform seniors about what they can do to help protect themselves and Medicare from fraud."

CWAG Receives Benefits Enrollment Center Grant From NCOA

The Coalition of Wisconsin Aging Groups in Madison, Wisconsin, is pleased to be one of ten organizations nationwide recently awarded a Benefits Enrollment Center grant from the National Council on Aging (NCOA).

The grant supports the development of a person-centered, community based outreach effort to enroll eligible seniors and adults with disabilities into public benefit programs that will assist in the payment of prescription drugs, medical care, food, or utilities.

Unfortunately, millions of seniors and adults with disabilities are struggling to meet their basic needs because of the economic downturn. According to Jim Firman, president and CEO of NCOA, “Many are simply not aware of all of the programs available to help them achieve economic security, or they need assistance in applying for them.”

The goal of the Benefits Enrollment Centers is to provide a seamless process for consumers to receive one-on-one benefits screening and counseling, and be able to apply for multiple benefit programs at once. Specifically, the Benefits Enrollment Centers will focus on Medicare Part D Extra Help (Low-Income Subsidy); Medicare Savings Programs; Medicaid; SNAP (formerly Foodshare); SeniorCare; and Low-Income Home Energy Assistance. Benefit counselors will also follow up with clients and/or government agencies after applications are completed to ensure that enrollment into the programs is effectuated.

The Coalition of Wisconsin Aging Groups is excited to be a part of this cooperative effort with the U.S. Department of Health and Human Services’ Administration on Aging. The other participating organizations are:

- WISE & Healthy Aging, Santa Monica, CA
- Centura Health System, Denver, CO
- Senior Resources, Norwich, CT
- ElderSource, Jacksonville, FL
- City and County of Honolulu, Dept. of Community Services, Elderly Affairs Division, Honolulu, HI
- Legal Aid of the Bluegrass, Lexington, KY
- Isabella Geriatric Center, New York, NY
- Washington County Disability, Aging & Veteran Services, Hillsboro, OR
- AARP Foundation West Virginia, Charleston, WV

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Health Care Fraud Prevention and Enforcement Efforts Recover Record \$4 billion; New Affordable Care Act Tools Will Help Fight Fraud

Joint DOJ & HHS efforts result in largest sum ever recovered in single year; new rules under the Affordable Care Act will keep fraudulent providers and suppliers out of Medicare, Medicaid, CHIP and avoid payments of fraudulent claims

On January 24, 2011, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius and U.S. Associate Attorney General Thomas J. Perrelli announced a new report showing that the government's health care fraud prevention and enforcement efforts recovered more than \$4 billion in taxpayer dollars in Fiscal Year (FY) 2010. This is the highest annual amount ever recovered from people who attempted to defraud seniors and taxpayers. In addition, HHS announced new rules authorized by the Affordable Care Act that will help the department work proactively to prevent and fight fraud, waste and abuse in Medicare, Medicaid and the Children's Health Insurance Program (CHIP).

These findings, released in the annual **Health Care Fraud and Abuse Control Program (HCFAC)** report, are a result of President Obama making the elimination of fraud, waste, and abuse a top priority in his administration. The success of this joint Department of Justice (DOJ) and HHS effort would not have been possible without the **Health Care Fraud Prevention & Enforcement Action Team (HEAT)**, created in 2009 to prevent waste, fraud and abuse in the Medicare and Medicaid programs and to crack down on the fraud perpetrators who are abusing the system and costing American taxpayers billions of dollars. These efforts to reduce fraud will continue to improve with the new tools and resources provided by the Affordable Care Act, including the new rules announced today.

"President Obama has made it very clear that fraud and abuse of taxpayers' dollars are unacceptable. And for too long, our fraud prevention efforts have focused on chasing after taxpayer dollars after they have already been paid out," said Sebelius. "Thanks to the President's leadership and the new tools provided by the Affordable Care Act, we can focus on stopping fraud before it happens."

"Our aggressive pursuit of health care fraud has resulted in the largest recovery of taxpayer dollars in the history of the Justice Department," said Perrelli. "These actions are in large part because of the great work being led by the Health Care Fraud Prevention and Enforcement Action Team. Through this initiative, we are working in partnership with government, law enforcement and industry leaders, and the public to protect taxpayer dollars, control health care costs, and ensure the strength and integrity of our most essential health care programs."

Health Care Fraud and Abuse Control Program Report

More than \$4 billion stolen from federal health care programs was recovered and returned to the Medicare Health Insurance Trust Fund, the Treasury, and others in FY 2010. This is an unprecedented achievement for the Health Care Fraud and Abuse Control Program (HCFAC), a joint effort of the two departments to coordinate federal, state, and local law enforcement activities to fight health care fraud and abuse.

The Affordable Care Act provides additional tools and resources to help fight fraud that will help boost these efforts, including an additional \$350 million for HCFAC activities. The administration is already using tools authorized by the Affordable Care Act, including enhanced screenings and enrollment requirements, increased data sharing across government, expanded overpayment recovery efforts, and greater oversight of private insurance abuses.

HHS and DOJ have enhanced their coordination through HEAT and have expanded Medicare Fraud Strike Force teams since 2009. HHS and DOJ hosted a series of regional fraud prevention summits around the country, and sent letters to state attorneys general urging them to work with HHS and federal, state and local law enforcement officials to mount a substantial outreach campaign to educate seniors and other Medicare beneficiaries about how to prevent scams and fraud. During FY 2010, HEAT and the Medicare Fraud Strike Force expanded local partnerships and helped educate Medicare beneficiaries about how to protect themselves against fraud.

In FY 2010, the total number of cities with Strike Force prosecution teams was increased to seven, all of which have teams of investigators and prosecutors dedicated to fighting fraud. The Strike Force teams use advanced data analysis techniques to identify high-billing levels in health care fraud hot spots so that interagency teams can target emerging or migrating schemes along with chronic fraud by criminals masquerading as health care providers or suppliers. Strike Force enforcement accomplishments in all seven cities during FY 2010 include:

- 140 indictments involving charges filed against 284 defendants who collectively billed the Medicare program more than \$590 million;
- 217 guilty pleas negotiated and 19 jury trials litigated, winning guilty verdicts against 23 defendants; and
- Imprisonment for 146 defendants sentenced during the fiscal year, averaging more than 40 months of incarceration.

Including Strike Force matters, federal prosecutors opened 1,116 criminal health care fraud investigations as of the end of FY 2010, and filed criminal charges in 488 cases involving 931 defendants. A total of 726 defendants were convicted for health care fraud-related crimes during the year.

In addition to these criminal enforcement successes, 2010 was a record year for recoveries obtained in civil health care matters brought under the False Claims Act—more than \$2.5 billion, which is the largest in the history of the Department of Justice.

The HCFAC annual report can be found here, oig.hhs.gov/publications/hcfac.asp. For more information on the joint DOJ-HHS Strike Force activities, visit: <http://www.StopMedicareFraud.gov/>.

New Affordable Care Act Rules to Fight Fraud

Today, HHS also announced new rules authorized by the Affordable Care Act which will help stop health care fraud. The provisions of the Affordable Care Act implemented through this final rule include new provider screening and enforcement measures to help keep bad actors out of Medicare, Medicaid and CHIP. The final rule also contains important authority to suspend payments when a credible allegation of fraud is being investigated.

“Thanks to the new law, CMS now has additional resources to help detect fraud and stop criminals from getting into the system in the first place,” CMS Administrator Donald Berwick, M.D. said. “The Affordable Care Act’s new authorities allow us to develop sophisticated, new systems of monitoring and oversight to not only help us crack down on fraudulent activity scamming these programs, but also help us to prevent the loss of taxpayer dollars across the board for millions of American health care consumers.”

Specifically, the final rule:

- **Creates a rigorous screening process** for providers and suppliers enrolling Medicare, Medicaid and CHIP to keep fraudulent providers out of those programs. Types of providers and suppliers that have been identified in the past as posing a higher risk of fraud, for example durable medical equipment suppliers, will be subject to a more thorough screening process.
- **Requires new enrollment process for Medicaid and CHIP providers.** Under the Affordable Care Act, States will have to screen providers who order and refer to Medicaid beneficiaries to determine if they have a history of defrauding government. Providers that have been kicked out of Medicare or another State’s Medicaid or CHIP will be barred from all Medicaid and CHIP programs.
- **Temporarily stops enrollment of new providers and suppliers.** Medicare and state agencies will be on the look out for trends that may indicate health care fraud – including using advanced predictive modeling software, such as that used to detect credit card fraud. If a trend is identified in a category of providers or geographic area, the program can temporarily stop enrollment as long as that will not impact access to care for patients.
- **Temporarily stops payments** to providers and suppliers in cases of suspected fraud. Under the new rules, if there has been a credible fraud allegation, payments can be suspended while an action or investigation is underway.

A copy of the regulation is on display at the Federal Register and may be downloaded from the following link: www.ofr.gov/inspection.aspx. Several days after the regulation is published, the preceding link will be deactivated and the published version of the regulation will be available on the National Archives website at www.archives.gov/federal-register/news.html. CMS will continue to take public comments on limited areas of this final rule for 60 days.

More information can be found at www.HealthCare.gov, a web portal made available by the U.S. Department of Health and Human Services. A fact sheet on the new rules is available at www.HealthCare.gov/news/factsheets.

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Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

Last revised: January 31, 2011

The Consumer Financial Protection Bureau Wants Your Suggestions

“Now the story of a market that fell apart and the new consumer agency that’s charged with putting it back together.” Ron Howard narrates these first words of the welcome video to introduce the new Consumer Financial Protection Bureau (CFPB). The video is housed on the CFPB’s website, www.consumerfinance.gov.

Currently, the agency is seeking your advice and suggestions on “how to make markets for consumer financial products and services work for Americans – whether they are applying for a mortgage, choosing among credit cards, or using any number of other consumer financial products.” Earlier this month, the agency introduced its website with the goal of hearing from consumers as the agency prepares to officially launch in July 2011.

“We wanted to launch the website for one very important reason – to start a conversation with you,” said Elizabeth Warren, assistant to the president and special adviser to the secretary of the Treasury on the CFPB, in a video on the new website. Text on the website states, “Before we begin carrying out federal consumer financial laws, we want to know what you think. The [CFPB] exists to serve the American public, and Open for Suggestions is your opportunity to offer input.”

Consumers can submit suggestions via Twitter, YouTube, or by e-mail, and the agency will post video responses on the website. Already, the agency has posted multiple video responses to public questions and suggestions, on such topics as making credit agreements simpler and safer and how the agency will work with state attorneys general and other state regulators to enforce federal consumer financial protection laws.

Sources: www.consumerfinance.gov and www.nytimes.com

Sweepstakes Scam: Lincoln Woman Lost Over \$22,000

In Lincoln, Nebraska, an 83-year-old woman reported to police that she lost over \$22,000 in a sweepstakes scam.

Lincoln Police Officer Katie Flood said the woman told police she began to get phone calls starting on January 31, 2011 from a woman who identified herself as an attorney with an existing Miami law firm. The caller said her firm was responsible for transferring the sum of about \$950,000 that the Lincoln woman had supposedly won through a sweepstakes. But before she could transfer the funds, the caller told the Lincoln woman that she needed to send money to cover the cost of attorney and processing fees. She told the elderly woman to send several payments in the form of prepaid credit cards.

The Lincoln woman had not entered a sweepstakes and called police after it became clear to her that she had been scammed and would not receive any money. The actual Miami law firm, that the caller purported to represent, reported to police that the firm has received ten calls about similar scams from people across the United States.

Flood warned people to be cautious. If someone has actually won a sweepstakes or lottery, she said, they won’t have to pay a fee to collect their winnings.

Source: www.journalstar.com

Most Wanted Health Care Fugitives

The Office of Inspector General (OIG) has created the first-ever list of the most wanted health care fugitives. The list is located on the OIG's website, www.oig.hhs.gov, and identifies the top ten most wanted individuals that have collectively defrauded taxpayers of more than \$124 million. There are about 170 wanted health care fugitives and the government launched the most-wanted list to put faces and names to some of the worst health care fraud criminals that contribute to the yearly \$60 billion that is estimated to be lost to Medicare and Medicaid scams annually.

“We’re looking for new ways to press the issue of catching fugitives,” said Gerald Roy, deputy inspector general for investigations at the Health and Human Services Department. “If someone walks into a bank and steals \$3,000 or \$4,000, it would be all over the newspaper. These people manage to do it from a less high-profile position, but they still have a tremendous impact.”

One fugitive on the list is Leonard Nwafor, who was convicted in Los Angeles for billing Medicare for more than \$1 million for ordering motorized wheelchairs for beneficiaries that didn't need them. In the fall of 2008, a jury convicted Nwafor of conspiracy and health care fraud. He was to be sentenced in January 2009, but failed to show up in court.

Also on the list are two sisters, Clara and Caridad Guilarte. They are accused of submitting false and fraudulent Medicare claims that totaled \$9 million dollars; of submitting claims for expensive infusion drugs that were not provided to patients; of offering cash and other rewards to beneficiaries for visiting their clinic in Dearborn, Michigan; and signing forms indicating that they received services that were never provided. An alleged accomplice was arrested in the Dominican Republic, but the sisters still remain at large.

Roy says that scammers, “often utilize their ties to a particular community. They take advantage of ethnic communities based on language barriers or lack of knowledge about how the Medicare system works. These folks are exploiting low-income communities.”

At the top of the list is another set of siblings – brothers Carlos, Luis and Jose Benitez. According to a Federal indictment, the Benitez brothers allegedly schemed to submit false and fraudulent claims to Medicare, pocketing approximately \$110 million from Medicare. The brothers owned a string of medical clinics in the Miami area, allegedly providing infusion treatments to HIV-infected Medicare beneficiaries that were never received or not needed, as well as providing kickbacks to patients in exchange for their Medicare information. More than twenty co-conspirators of the Benitez brothers have been charged with involvement in this conspiracy and most have pleaded guilty or have been convicted by a jury. One physician involved was sentenced to a record-setting 30 years in prison.

Roy said that he hopes that the new, most-wanted list will raise awareness about the importance of combating health care fraud. You can view the list online at www.oig.hhs.gov/fugitives.

Sources: Milwaukee Journal Sentinel (2/6/2011) and www.oig.hhs.gov/fugitives

**Mark Your Calendars
SMP & CWAG Activities**

Date	Activity	County
February 18	Dane County Administrators of Volunteer Services' Breakfast/learn	Dane
March 8	SMP Presentation-Meadows Sr. Community Apts-Eau Claire	Eau Claire
March 15	SMP Presentation-Trinity Lutheran Church-Eau Claire	Eau Claire
March 16	Wisconsin SMP Volunteer Training-Green Bay	Brown
March 18	Wisconsin SMP Volunteer Training-Phillips	Price
March 19th	SMP Volunteer Radio Interview WIZM 1410 AM at noon La Crosse	La Crosse
March 22	UW Eau Claire Senior Americans Day-Eau Claire	Eau Claire
March 22-25	CWAG's 2011 Senior & Intergenerational Statesmanship Legislative Advocacy Training Program-Madison	Dane
March 29	CWAG District 2B Meeting-ADRC of Waukesha County	Waukesha
April 2	3 rd Annual Community Health and Wellness Expo-New Richmond	St. Croix
April 6	Medicare Fraud WI SMP – League of Women Voters-Janesville	Rock
April 9	Baby Boomer Fest-Madison	Dane
April 19	Oakwood Villa Health Fair & Presentation-Eau Claire	Eau Claire
May 1-3	25 th Annual State Conference on Alzheimer's Disease and Related Disorders-Kalihari Resort & Convention Center-Wisconsin Dells	Sauk
May 3	River Falls Hospital Auxiliary Luncheon-River Falls	Pierce
May 4-6	Wisconsin Volunteer Coordinators Conference-Milwaukee	Milwaukee
May 11	2 nd Annual Wisconsin Women's Health Policy Summit-Madison	Dane
May 20	6 th Annual Multicultural Senior Health Fair-Madison	Dane
May 20-22	CWAG Annual Convention-Madison	Dane
June 14	9 th Annual Ozaukee County Senior Conference-Grafton	Ozaukee
July 12-14	Wisconsin Farm Technology Days-Marshfield	Marathon
October 11	23 rd Colloquium on Aging Conference & Health & Resource Fair	Dane

We are always looking for opportunities to support our colleagues in the aging network. Please contact Wisconsin SMP and let us know about your upcoming 2011 activities.

Help the Wisconsin Chapter of the American Parkinson Disease Association (APDA) raise funds for Parkinson's disease research!!

Sixth Annual Parkinson's Disease Walk-A-Thon

May 1, 2011

East Towne Mall, Madison

12:00-1:30 p.m.

Check-in starts at 11:00 a.m.

Cost is \$10 per person

To register online:http://apdaparkinson.donordrive.com/event/2011_WI_Walk

To register by mail: Contact Allison Schaser at 262-751-3649 or schaser@surgery.wisc.edu

For the first time, this event is being organized by the Wisconsin Chapter APDA in collaboration with the University of Wisconsin-Madison Chapter of the National Student Speech, Language, and Hearing Association.

HospiceCare Inc. to Offer Educational Seminar in March

On Tuesday, March 8, from 6:30 p.m. to 8:00 p.m., HospiceCare Inc. will offer an educational seminar titled “Help for Your Aging Parents ... and You.” Participants will learn about community resources that are available to assist their aging parents. Tips on how to access local resources and organizations to discover solutions to Medicare, housing or healthcare struggles will be shared. This free seminar will be presented at the Don & Marilyn Anderson HospiceCare Center, 5395 E. Cheryl Parkway, Madison. Pre-registration is requested; please call Carrie Glantz, HospiceCare public affairs, at (608) 327-7202.

HospiceCare to Offer Three Grief Support Opportunities in March

In March, HospiceCare Inc. will begin a support group series, offer a recurring support group and provide an introductory session for those grieving the death of a loved one. All of the sessions are open to the public and are provided without charge. All groups require pre-registration and are held at the Don & Marilyn Anderson HospiceCare Center, 5395 E. Cheryl Parkway, Madison, unless otherwise noted. To register for any HospiceCare grief support group or session, call (608) 276-4660 and ask to speak with a grief counselor.

- ***Journey Through Grief*** is held Tuesdays, March 15 – April 26, from 4:00 p.m. to 6:00 p.m. This seven-week series is for those grieving the death of someone.
- ***Bridges Weekly Support Group*** is held every Wednesday from 9:30 a.m. to 11:00 a.m. This open-ended, weekly group is for adults who have experienced the death of a loved one. Pre-registration is not required.
- ***Introduction to Grief*** is an informative session for adults that offers suggestions on how to navigate the grieving process and provides information about HospiceCare grief support groups. This session is available by appointment only. Call Mary Severson at (608) 327-7182 to make an appointment.

Volunteer Opportunity

HospiceCare Inc. Volunteer Opportunity

Looking for a way to give back to your community and have some fun at the same time? Try volunteering at the east or west Madison HospiceCare Thrift Store. Volunteers help in every aspect of running the store, including assisting customers, creating displays, operating the cash register and receiving and pricing donations. Proceeds from the thrift stores help support patients and families served by HospiceCare Inc. For more information, please call Sara Goetz at (608) 220-9117.

Alzheimer's & Dementia Alliance of Wisconsin

ABCs of Alzheimer's and Dementia

Thursdays, March 3 and 10, 2011

5:30 - 7:30 p.m.

Fusch Center

2090 Ridgeview Drive, Reedsburg

Two-part education series for families of persons diagnosed with Alzheimer's disease or related dementia. Enhance your understanding of the disease, learn how it affects your loved one and how to effectively deal with it day-to-day. Our first session guest is Robert P. Smith, M.D. Hosted by the Reedsburg Area Senior Life Center. Advance registration requested; call 888.308.6251 or email carol.olson@alzwisc.org.

Family Caregiver Education Series

Monday, March 14, 2011

5:30 - 7:00 p.m.

Alzheimer's & Dementia Alliance

517 N. Segoe Rd., Madison

Join us for this program series designed especially for caregivers on the second Monday of the month. This month's topic is "Understanding and Responding to Behavior Changes." Understand reasons why behavior changes occur and get problem-solving tips to help prevent and cope with them.

No registration necessary, just drop in. Donations appreciated. Questions? Call us at 608.232.3400.

Understanding and Coping with the Challenges of Alzheimer's Disease and Dementia Workshop with Teepa Snow and Joshua Morrison, MD

Wednesday, March 16, 2011

11:00-4:30 p.m.

United Methodist Church

2227 4th Street, Monroe

For family caregivers, direct care staff and other professionals. Topics include:

- Medical overview of dementia
- Learning to let go and live in the here and now
- Managing behavior: Start with yourself

Cost is only \$25, which includes a lunch provided by Monroe Clinic. Deadline is March 9. Onsite respite is available at no cost through the Hand in Hand Adult Day Center. Contact Cindy Keller at 608.328.9630 to make arrangements by Wednesday, March 2.

Sponsored by the Aging & Disability Resource Center of Green County, the Alzheimer's & Dementia Alliance of Wisconsin and Monroe Clinic. Please contact Deanna Truedson at 608.843.3402 for more information, or visit the Alzheimer's & Dementia Alliance website at www.alzwisc.org for a registration brochure.

FRAUD ALERT – ELECTRONIC VERSION

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

Contact Patti Wiersma at pwiersma@cwag.org,
giving her your e-mail address,
to add to our list.

Your cooperation is greatly appreciated.

Check out the new Wisconsin SMP web site
www.wisconsinsmp.org

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

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

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

For more information, contact:

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