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<<< **MEDICARE FRAUD (Continued)** The nation's first federal Medicare fraud strike force hit the ground in Miami in 2007 - with agents from the FBI and investigators from the Department of Health and Human Services' Office of Inspector General, as well as federal prosecutors. Altogether, the strike force and the southern Florida U.S. Attorney's Office indicted 197 suspects in 2007, almost doubling Medicare fraud prosecutions. Now, strike forces are operating in Medicare fraud hot spots like Los Angeles, Detroit and Houston, and officials say more cities will be targeted later this year. The scams are many, varied and spreading.

The Houston strike force, for example, shut down clinics billing Medicare for \$3,000 "arthritis kits" that were only heating pads and knee and shoulder braces. A \$16 million bust last July netted 32 doctors and executives. Some of the clinics, prosecutors charge, also were billing for liquid food supplements for patients who were deceased.

Scammers obtain Medicare numbers by buying or stealing them from doctors, clinics or patients. Once a "professional" patient sells his Medicare number, it can be reused again and again - or sold to others cheating the system. Just one Medicare number - in the wrong hands - tricked Medicare into paying more than \$1.1 million for phantom treatments. Calculating an exact national figure on the costs of Medicare fraud - *estimates of losses range from \$11 billion by the Centers for Medicare & Medicaid Services to \$60 billion by industry experts* - is difficult.

Why is Medicare so vulnerable to crooks? The entitlement program is based on an honor system that many experts say is broken. And Medicare officials admit that with their skimpy anti-fraud budget they are hamstrung because the system's goal is to pay for medically necessary services quickly - within 14 days - which leaves little time to verify the millions of claims handled each week. But this year Congress stepped up, allocating an extra \$200 million for Medicare's anti-fraud budget with an additional \$300 million on tap for 2010.

The money has enabled the agency to make more unannounced visits to providers and launch more audits of dubious claims and upgrade its computer software that flags suspicious bills. **ggd ☺**

***** Meeting: Monday - November 16, 2009 @ 10:00 A.M. *****
***** Christmas Party/Dinner: Wednesday - December 16, 2009 @ 5:00 P.M. *****

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Choice

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Warner Robins, Georgia
"To Serve - Not To Be Served"
www.Choice1952.com

Meeting Dates/Time: **Monday, November 16th** (10:00 A.M.) and **Wednesday, December 16th** (5:00 P.M.)
Location: Wellston Center - 155 Maple Street | Warner Robins, GA 31093

Officers	Names	Telephone	Board Of Directors	Telephone
President	Frank Gadbois	953-7788	Ivis Bedrick	923-4533
Vice President	** Vacant **	*****	Phyllis Blount	956-4134
Secretary	Eddie Brooks	922-4049	Harris McMillan	923-8369
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Chaplain	Winona Smith	923-6997	Rosalie Montes	953-7524
Choice Editor/Typist	Greg Davis	318-0471	William Hancock	923-7312
			Nancy Harrison	922-1526

Birthdays For November

Joan Evans	4 th	Doreen Newlin	5 th	Suzanne Baer	6 th	Thelma Padgett	7 th
Lena Farr	10 th	Virginia Register	11 th	Agnes Bell	14 th	Mae Lamendola	15 th
Sam Hendry	20 th	William Hyslip	22 nd	Joyce Lanier	25 th		

Birthdays For December

Nancy Harrison	3 rd	Betty Lou Lovain	10 th	Becky Kling	16 th	William Hancock	17 th
Ferrell McCord	23 rd	Ernest Braun	24 th	John Micek	26 th		

WE CARE

For each new morning with its light, For rest and shelter of the night, For health and food, For love and friends, For everything Thy goodness sends. Ralph Waldo Emerson (1803-1882) "Blessed are those who mourn, For they shall be comforted." Matthew 5:4

Mark Your Calendars: The December Christmas Party/Dinner Will Be Wednesday - December 16, 2009 At 5:00 P.M.

Minutes - October 2009 Chapter Meeting: President (Frank Gadbois) called the meeting to order at 10 A.M. followed by prayer (Winona Smith), the Pledge of Allegiance (Frank Gadbois), September's meeting minutes (Eddie Brooks) and Treasurer's report (John Echols). September's minutes were approved by majority present and entered into record. **Note: During September's meeting (Vice President) Bob Watson announced that he would no longer be a member of AARP (National Chapter). In October he (further) stated that he was withdrawing his local (Chapter 1952) membership. Frank Gadbois stated/announced (per chapter bylaws) that in order to be a member of the local AARP chapter he/she must be an active/current member of AARP (National Chapter). New Business:** John Echols announced a list of AARP Chapter 1952 nominees for 2010 offices. A brief discussion about the Newsletter (Choice) resulted in a majority vote to continue publishing the newsletter in 2010 along with *mailing the newsletter to CURRENT/PAID UP MEMBERSHIP members (presently approximately 70 members) for November and December 2009.* Since there was no guest speaker Frank Gadbois read an informative article (from AARP President Barry Rand) about healthcare reform. **(SEE PRESIDENT'S MESSAGE).** Frank Gadbois announced that the time has come to pay membership dues. Welcome to (first time) guest and **NEW MEMBER Mrs. Inga C. Scheldrup!** The meeting adjourned at 11:00 A.M. ... **Ms. Eddie Brooks - Secretary**

President's Message: "All Americans should have affordable health care choices. But our current health care system costs too much, wastes too much, makes too many mistakes and gives us back too little value for our money. Roughly 47 million people, more than 7 million of them ages 50 to 64, are left out of the system altogether because they don't have health insurance."



Health care reform is AARP's top priority. Those of us 50 to 64 who lack employer-sponsored insurance are among the most vulnerable. We must transform health care and slow the rate of cost growth to keep Medicare strong now and in the future. Among our priorities: making sure that people 50 to 64 have a choice of affordable health care; slowing the growth of health care costs by cracking down on waste, fraud, abuse, medical errors and poor-quality care; improving outcomes through better management that coordinates chronic, acute, and long-term care services, and ensures that patients have access to the full range of support they need."

The above was quoted from a message in the AARP Bulletin (July-August 2009, page 26) by **AARP CEO, A. Barry Rand.** **Frank Gadbois | President, AARP Chapter 1952**

Editor's Notes: UPDATE YOUR LOCAL (Chapter 1952) MEMBERSHIP - STILL A "BARGAIN" AT \$5.00/YEAR!

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Please contact me at **478/318-0471** and/or via e-mail at **gdavismail@gmail.com!**

Sincerely,

Greg (Formerly Known As "Da Baby") Davis [ggd](#) ☺

Worth Repeating: Criminals Bilk Medicare of Billions Each Year ... Splurge on sports cars, horses, hotels, helicopters!

"Estimates of losses from Medicare fraud range from \$11 billion to \$60 billion."

Condensed From AARP Bulletin (November 1, 2009) – They indulge their wildest whims - a private helicopter, Lamborghini sports cars, thoroughbred horses, even a "Pirates of the Caribbean" water theme park. For the schemers and scammers, Medicare fraud is one crime that does pay - and pay and pay.

The Benitez brothers of Miami - Carlos, Luis and Jose - can vouch for that, federal prosecutors say. The brothers, who operated fake storefront clinics there, were indicted last year on fraud charges after allegedly collecting \$84 million from Medicare for phony medical treatments. They spent their Medicare millions on the helicopter, the horses, a rental car agency and tourist hotels - all items the government is now trying to seize and reclaim for taxpayers.

Medicare frauds are often inelegant - but they're outrageously lucrative and relatively low-risk. So lucrative, and so low-risk, the FBI reports that a number of cocaine dealers in Florida and California have switched from illicit drugs to Medicare fraud.

Medicare loses billions of dollars to fraud each year. "Those billions of dollars," said Eric Holder, U.S. attorney general, "represent health care dollars" that could be spent on medicine or care or hospital visits, "but instead are wasted on greed."

Yet Congress has denied Medicare the money officials say it needs to truly police itself. Four years ago, as fraud began spinning out of control, lawmakers ignored Medicare's request for \$300 million to fight these crimes - even though the agency's **Office of Inspector General** says that every dollar spent protecting the program returns \$17.00.

Now, with Congress and the Obama administration hoping to help finance health care reform with \$500 billion in savings wrung from Medicare over the next 10 years, cracking down on fraud is a fresh priority. And it shows. Just this year, anti-fraud efforts have seen a marked increase in money and agents.

SEE MEDICARE FRAUD >>>

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