



Protecting Our Community

CENTERING ADVOCACY & ETHICS
WITH MEDICARE GUIDANCE

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MISSION STATEMENT



As an active member of NABIP, I am a passionate about advocating for accessible and affordable healthcare and use my experience as a licensed Medicare Broker to provide Medicare Educational Classes in our community so people may increase Medicare Literacy to make more informed decisions with their healthcare.



- *Proud Member Of NABIP*
- *State Of Ohio NABIP DEIB Chair*
- *Following the Code Of Ethics*
- *Endorse the NABIP Healthcare Bill Of Rights*
- *Proud Member Olmsted Chamber Of Commerce*



AGENDA

Key Statistics: Medicare Fraud Targeting Seniors

Most Common Deceptive Tactics

Key Detriments Faced by 65+ Community

Government & Industry Response

Protecting the Senior Community

NABIP – Advocating for Beneficiaries, Elevating Ethics

What You Can Do

Key Statistics on Medicare Fraud Targeting Seniors



1. Scope of the Problem

\$60 billion is estimated to be lost annually to Medicare fraud, waste, and abuse, according to the National Health Care Anti-Fraud Association (NHCAA).

The **U.S. Department of Health and Human Services (HHS)** and **Centers for Medicare & Medicaid Services (CMS)** regularly report large-scale fraud cases involving thousands of seniors.

2. Prevalence Among Seniors

In a 2023 **AARP survey**, over **25% of seniors** reported being contacted by someone impersonating Medicare or a healthcare provider.

Nearly **1 in 10 seniors** admitted to providing personal Medicare information to a suspicious party—often under the belief it was required to maintain benefits.

3. Increase in Deceptive Marketing

The **Senate Finance Committee** reported in 2022 that complaints about **Medicare Advantage (Part C) marketing practices** increased **sevenfold** from 2020 to 2021.

Many complaints involve third-party marketers using **TV ads, mailers, and unsolicited phone calls** to mislead beneficiaries into enrolling in unsuitable or unnecessary plans

Common Deceptive Medicare Tactics

1. Impersonation Scams: Fraudsters pose as Medicare agents requesting Social Security or Medicare numbers to issue new cards or check coverage.

These impersonations often occur through **spoofed phone numbers**, making them appear legitimate.

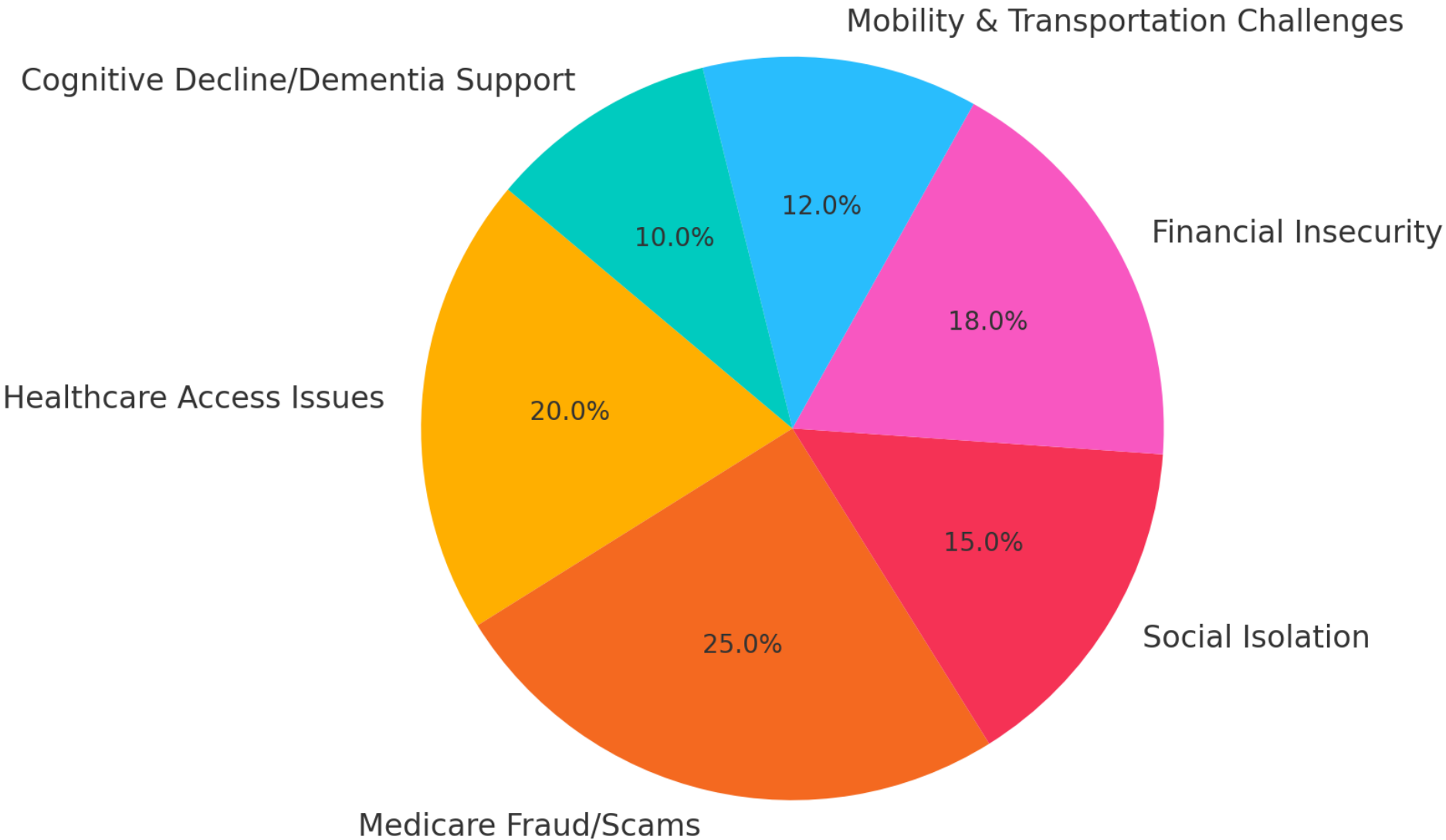
2. False Plan Representations: Seniors are lured into **switching Medicare Advantage or drug plans** with promises of expanded benefits that do not exist or apply only under narrow circumstances.

Some agents **enroll seniors without consent**, leading to lost doctor access or unexpected costs.

3. Bogus Medical Equipment & Testing Offers: Offers for “free” back braces, COVID tests, genetic testing, or medical supplies often result in billing Medicare **thousands of dollars** in false claims.

4. Excessive Cold Calling & Door-to-Door Solicitation: Although CMS prohibits unsolicited door-to-door marketing, reports show aggressive agents continuing these tactics—especially near **Annual Enrollment Periods (AEP)**.

KEY DETRIMENTS FACED BY 65+ COMMUNITY



This pie chart illustrates the most pressing challenges currently impacting the senior population. As you can see, Medicare fraud and scams represent the largest portion at 25%, which reflects the vulnerability of seniors to misleading marketing and identity theft schemes. Healthcare access, financial insecurity, and social isolation also remain key concerns, contributing to both physical and mental health risks. When presenting this, emphasize how each of these issues overlaps, often compounding and exacerbating overall well-being.

This data is synthesized from reliable sources including AARP, CMS, NCOA, and U.S. Senate research as of 2024.

Why Seniors Are Vulnerable

01

Cognitive decline, isolation, and trust in authoritative voices make some older adults more susceptible.

02

Seniors are often **unfamiliar with digital verification tools** or lack access to resources that could verify agent credentials.

03

Limited health literacy and complex Medicare regulations compound confusion about legitimate offerings.

04

Family + Caregivers with limited time means they allow “others that know best” (often unvetted) in the Medicare space to take care of healthcare for their loved ones

Government & Industry Response



Regulatory Action: CMS revised rules in 2023 to **restrict misleading marketing**, including requiring third-party marketers to include a standard disclaimer and limit call frequency.



The Senior Medicare Patrol (SMP) program—funded by HHS—trains volunteers to help seniors detect and report fraud.



Enforcement: In 2023, the **Department of Justice (DOJ)** announced charges against dozens of individuals and companies in a **\$2.5 billion Medicare fraud takedown**, one of the largest ever.



CMS has enhanced oversight of Medicare Advantage plan marketing materials and agent behavior.

Unfortunately, our legislators lumped all Medicare Agents, Brokers, Call Centers, etc. in the same bucket. Bad actors and ethical Brokers now have same restrictions for interaction which has had an adverse effect on Medicare beneficiaries seeking trustworthy, unbiased and timely Medicare answers.





PROTECTING OUR COMMUNITY

Source an ethical, licensed, independent Medicare Broker: Find a Medicare Brokers who belongs to professional organizations. ‘Bad Actors’ tend to not invest their money and time into elevating their profession.

Report suspicious activity: Cuyahoga County Scam Squad at (216) 443-SCAM

Senior Medicare Patrol (SMP): Specializes in helping beneficiaries detect and report Medicare fraud, errors, and abuse. They can guide you through the process and even help escalate your case. Contact: SMP Resource Center or call 1-877-808-2468

Office of Inspector General (OIG) – U.S. Department of Health & Human Services: Investigates Medicare fraud and abuse, including illegal marketing and identity theft. Contact: OIG Hotline or call 1-800-HHS-TIPS (1-800-447-8477)

Medicare Help Line (Centers for Medicare & Medicaid Services): For direct reporting and assistance with suspicious calls or plan-related fraud. Contact: Medicare.gov Reporting Page or call 1-800-MEDICARE (1-800-633-4227)



PROTECTING OUR COMMUNITY

How to Spot a Scam or Spoofed Caller

- **Caller ID mismatch:** The number might look familiar (like a local area code or Medicare), but don't trust it at face value — scammers can fake caller IDs.
- **Urgency or fear tactics:** If someone pressures you to “act now” or threatens with benefits loss, it's almost always a scam.
- **Scripted or robotic tone:** Real reps speak naturally. Be suspicious of monotone voices or those that sound overly rehearsed.
- **Requests for personal info:** Medicare will never call to ask for your SSN, bank account, or health details out of the blue.
- **Too-good-to-be-true offers:** Promising “free” benefits or money for switching plans? Red flag.
- **Refusal to verify credentials:** Ask for name, agency, callback number, and a reason for the call. Legit reps will comply — scammers won't.
- **They ask you to “confirm” details:** Even if they say your info was “flagged,” don't confirm anything you didn't initiate.

OUR SENIOR
COMMUNITY IS NOT
ALONE IN THIS BATTLE

Who IS NABIP?



NABIP is the preeminent organization for health insurance and employee benefits professionals, working diligently to ensure all Americans have access to high-quality, affordable healthcare and related benefits. NABIP represents and provides professional development opportunities for more than 100,000 licensed health insurance agents, brokers, general agents, consultants, and benefit professionals through more than 200 chapters across America.

NABIP's Vision Statement

NABIP is the preeminent organization for health insurance and employee benefits professionals and works diligently to ensure all Americans have access to high quality affordable Healthcare and related services.



Learn more at WWW.NABIP.ORG

NABIP Code of Ethics

To hold the selling, service and administration of health insurance and related products and services as a professional and public trust and do all in my power to maintain its prestige.

To keep paramount the needs of those whom I serve.

To respect my clients' trust in me, and to never do anything which would betray their trust or confidence.

To give all service possible when service is needed.

To present policies factually and accurately, providing all information necessary for the issuance of sound insurance coverage to the public I serve.

To use no advertising which I know may be false or misleading.

To consider the sale, service and administration of health insurance and related products and services as a career, to know and abide by the laws of any jurisdiction Federal and State in which I practice and seek constantly to increase my knowledge and improve my ability to meet the needs of my clients.

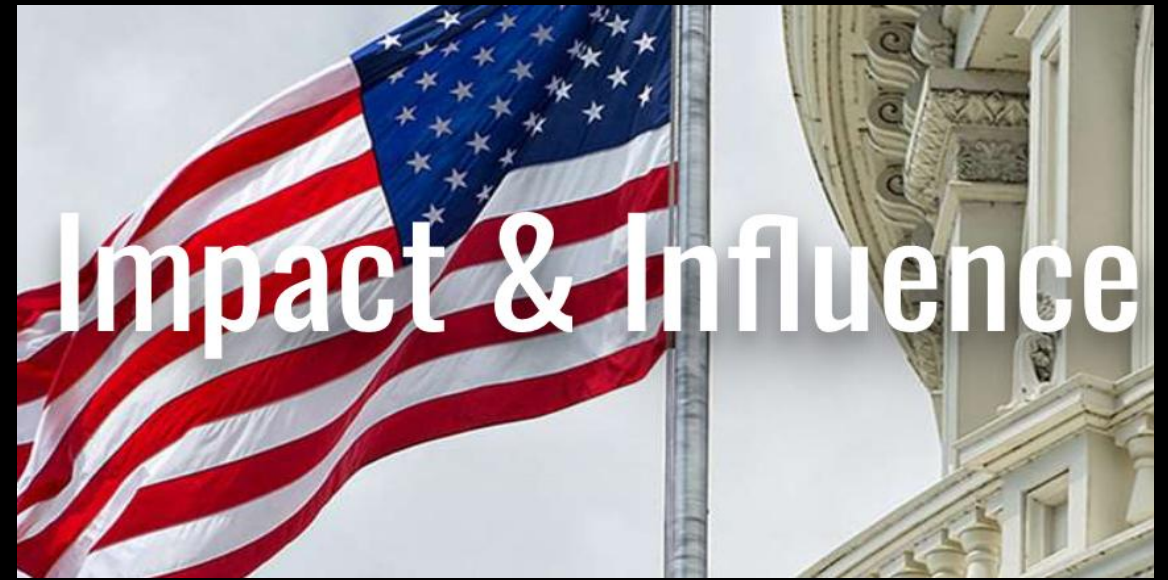
To be fair and just to my competitors, and to engage in no practices which may reflect unfavorably on myself or my industry.

To treat prospects, clients and companies fairly by submitting applications which reveal all available information pertinent to underwriting a policy.

To extend honest and professional conduct to my clients, associates, fellow agents and brokers, and the company or companies whose products I represent.

Medicare Enrollment Channels: Pros & Cons

Enrollment Channel	Pros	Cons
Captive Agent	<ul style="list-style-type: none"> Knowledge of specific insurance company products May be available for in-home consultations May help with claims and service issues 	<ul style="list-style-type: none"> Beholden to carrier/employer plans Unable to present better options from competitors Potential bias toward upselling that company's products Post enrollment support and quality varies
Carrier Direct (Website or Phone)	<ul style="list-style-type: none"> Direct source of information Can be faster 	<ul style="list-style-type: none"> No option to compare other plans or companies Limited customer service after enrollment Overwhelming for those unfamiliar with Medicare details Lack of education, you must source and review carriers and plans on your own Time Consuming
Call Centers	<ul style="list-style-type: none"> Licensed agents can enroll you in multiple carriers Extended service hours Convenient, fast enrollment 	<ul style="list-style-type: none"> High-pressure sales tactics common May prioritize sales over client education Lack of personal support Likely unable to reach same agent for follow-up questions
Independent Medicare Broker	<ul style="list-style-type: none"> Offers comparison across many carriers Personalized advice based on medical and financial needs No cost to consumers Post enrollment support higher Saves consumer time with detailed knowledge and comparison capability 	<ul style="list-style-type: none"> Some Brokers may have only a few carriers May require in person, phone or zoom appointment for in-depth support and explaining plan types and options
OSHIP / SHIP (State Health Insurance Assistance Program)	<ul style="list-style-type: none"> Unbiased, nonprofit advice No cost to the consumer Educates beneficiaries without sales pressure Only 2200 SHIP offices in US (vs approx. 100K Brokers) 	<ul style="list-style-type: none"> No enrollment support; can only educate and direct Limited availability during peak season - Less support after enrollment



NABIP's 35th Capitol Conference held February 23rd -26th

Over 600 top insurance and benefits professionals converged in Washington, D.C. for a **dynamic exchange of ideas and strategies with healthcare policymakers, influential industry leaders, and elected representatives**. Our conference delivered critical insights, tools, and actionable strategies needed to drive meaningful change and shape the future of healthcare policy in a rapidly evolving landscape.

***Spark Advisors reports 100k licensed Medicare agents in the United States.*



NABIP HEALTHCARE BILL OF RIGHTS

1. **Affordable Healthcare Access:** Emphasizing the right of every American to affordable healthcare services.
2. **Quality Care Standards:** Holding healthcare providers accountable to maintain the highest levels of care.
3. **Privacy and Confidentiality:** Ensuring the protection of patients' medical information.
4. **Individual Autonomy in Healthcare:** Uphold the right to informed decision-making in medical treatments.
5. **Health Equity:** Addressing and eliminating health disparities to ensure equitable healthcare for all.
6. **Health Education:** Prioritizing comprehensive health education to empower individuals.
7. **Affordable Medications:** Implementing policies for affordable and accessible medications.
8. **Emergency Care for All:** Guaranteeing the right to emergency medical care without financial hardship.
9. **Effective Healthcare Advocacy:** Establishing systems for healthcare advocacy and assistance.
10. **State Consumer Protection:** Empowering states to protect healthcare consumers within their jurisdictions.

Would Your Organization Benefit From This Presentation?

This presentation is provided to increase awareness around some challenges in the Medicare space.

If you would like this PowerPoint to be presented to your team, please scan the QR code below or call to discuss.

I'm available to present this PowerPoint in person or via a webinar to any group who may benefit from the contents



- *Caretakers*
- *Social Workers*
- *Employers*
- *Unions*
- *Senior Centers*

RETIREE HEALTHCARE SOLUTIONS



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Employer • Union • Individual
Licensed Independent Medicare Broker





YOUR VOICE MATTERS

We hear and share your frustration and the significant concerns

Legislators need to hear more from consumers about your experience navigating health insurance coverage and hearing the role an agent has or has not played in this journey.

If you have worked with a health insurance agent to help you understand your coverage, enroll in Medicare, get help with a claims issue, or find affordable ways to get your medications, **please take a few minutes to share your experience!**



Please scan to share
your experience on our
survey!

For more than 90 years, health insurance brokers and benefit specialists have provided valuable healthcare financing services to millions of individuals and employers. These professionals have extensive knowledge about health insurance plan design, benefits and pricing.

Our goal is to help all individuals and employers find appropriate health insurance at an affordable cost.

Use this survey to voice your concerns and propose solutions! These responses are critical to continuing to effectively advocate on your behalf both immediately and throughout the year when NABIP leaders and staff meet with lawmakers, regulators, state commissioners, and market leaders, among others.