

MEDICARE PROGRAMS

ACTIVITY & COLORING BOOK



300 S Adams St
Green Bay, WI
(920) 448-4300



Senior Health Insurance Counseling for Wisconsin (SHIP)

SHIP is Wisconsin local State Health Insurance Assistance Program. SHIP provides unbiased help to Medicare beneficiaries, their families, and caregivers. Whether you are new to Medicare, reviewing Medicare plan options, or have questions on how to use your Medicare, SHIP can help.



Medicare Improvements for Patients and Providers Act (MIPPA)

MIPPA helps promote Medicare Part D, preventive services, Extra Help, and Medicare Savings Programs.



Wisconsin Senior Medicare Patrol (SMP)

Wisconsin SMP educates beneficiaries about preventing, identifying, and reporting potential health care fraud, errors, and abuse.

SMP Toll-Free: 1-888-818-2611

SMP Email: smp-wi@gwaar.org

SMP Website: smpwi.org

To find SMP in another state: Call 1-877-808-2468 or visit smpresource.org

For more information about the programs and services of ADRC of Brown County, visit: adrcofbrowncounty.org

SHIP National Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org

SMP National Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org

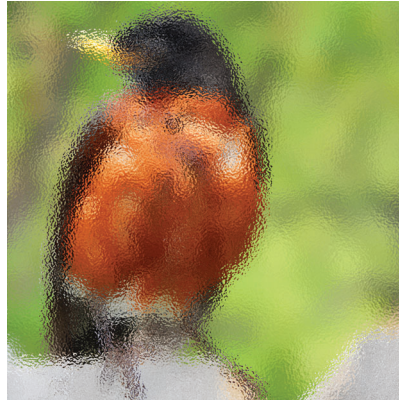
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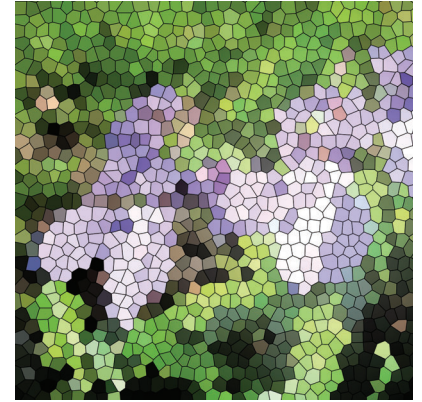
WISCONSIN STATE TRIVIA

THESE PICTURES
REPRESENT WISCONSIN
STATE SYMBOLS. CAN
YOU IDENTIFY THEM ALL?
CHECK YOUR ANSWERS
ON THE NEXT PAGE!

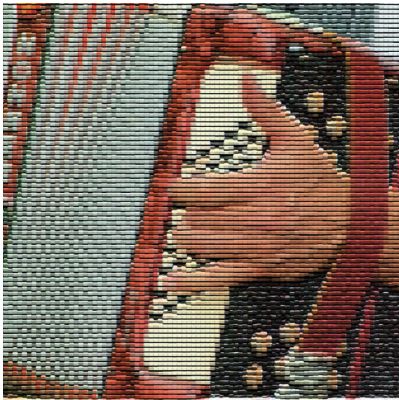
Bird



Flower



Dance



Drink



Crop



Animal



Wildlife



Domestic Animal



WISCONSIN STATE TRIVIA

ANSWERS



Robin



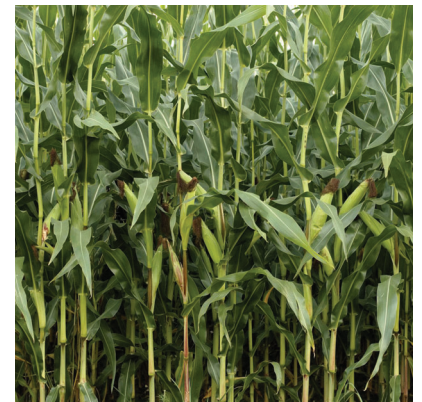
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Polka



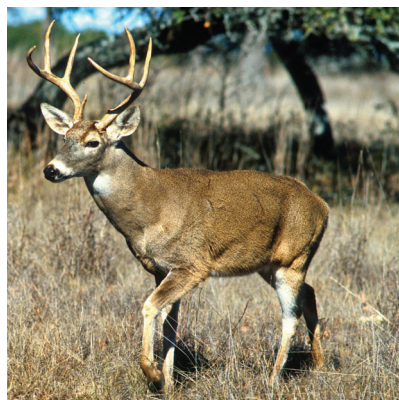
Milk



Corn



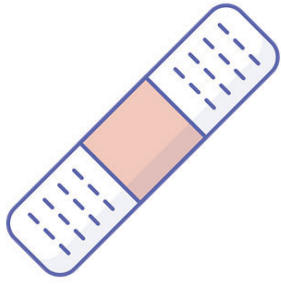
Badger



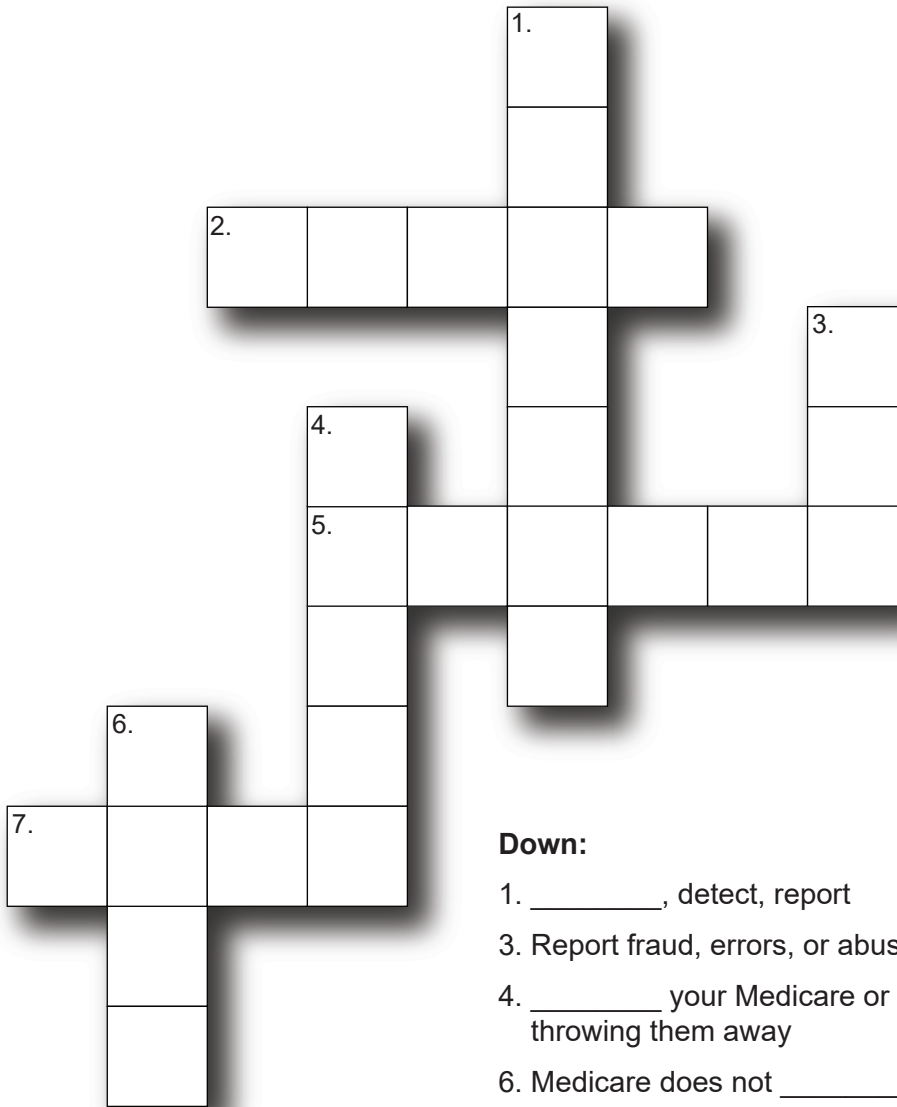
White-tailed Deer



Cow



PROTECTING YOUR MEDICARE IDENTITY



Down:

- 1. _____, detect, report
- 3. Report fraud, errors, or abuse to _____
- 4. _____ your Medicare or important papers before throwing them away
- 6. Medicare does not _____ anything

Across:

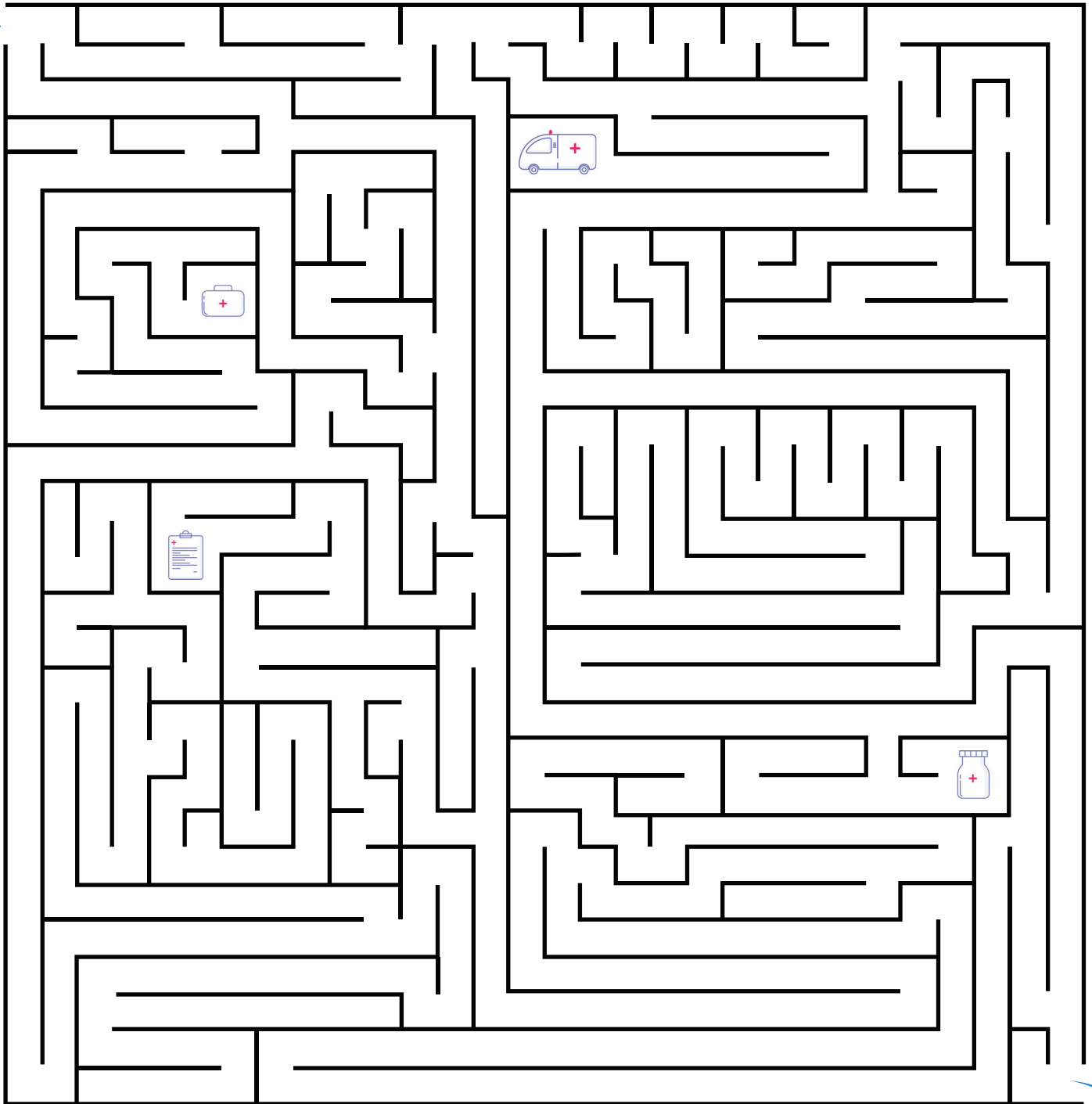
- 2. _____ share your Medicare number with anyone other than your medical provider or pharmacist
- 5. _____ if someone calls and tries to threaten or pressure you into something
- 7. Always _____ your Medicare Summary Notice (MSN)

ANSWERS:

Across:
 2. Never; 5. Hang up; 7. Read
 Down:
 1. Prevent; 3. SMP; 4. Shred; 6. Sell

NAVIGATING HEALTH CARE FRAUD

Start ↙



Finish ↘



Wisconsin Senior Medicare Patrol
Prevent. Detect. Report.
1-888-818-2611



Sunny Days



MEDICARE



T A E L P R E S C R I P T I O N S F A E T G R N
N C D A O S T I F M N M E D I G A P Y U H A D S
G R I V R Z V U S O E G R R M E F B T O B L H U
D E D U C T I B L E O R I O N N U I E M R Y O P
Y D S M T O H U G P Y V S M G E R A B N A N U P
U I Y I N G P R E M I U M T H R V M H G N M E L
B T P D N O Y N R D B D U F Z I U N E G D Y V E
A A I T B S N L A I E H V A O C E U R I N P H M
L B V O U S U E D F N F E P D S V P F B A O O E
R L R F N D A R V H E U T E R A C I D E M R S N
F E D E P F U V A B F O D Y M T F B D M E G P T
A C T S A L B D N N I Z I M H O P G O I D N I N
N O F M R O M U T U C M Y O S B E U H R E U T G
I V I G T A B N A F I E U D Y V N Y I L S D A B
O E U N A U E Z G U A L B Z T D A H O H N P L R
R R N O T G V R E M R O T S R Z L H V A F M I L
T A Y Z D D Y G F I Y H R M G L T H U P O R Z D
S G P M A N A F T Z F N A U M U Y F Y E M N A G
A E H N F V F N R M E G P R N L U B S L H T T R
O U G Y A P O C V H U O F O T A M R M O F S I L
I P A S A D E B L I A D D V U M Z N M D I U O S
R E Y O I Z Y O P G S D O U O U T P A T I E N T
T A N N U A L E N R O L L M E N T V T O Z E R B
Y Z A R V S P I A Y B O R H N G E M B S A Y S I

Advantage
Annual Enrollment
Beneficiary
Brand Name
Copay
Creditable Coverage
Deductible

Donut Hole
Generic
Hospitalization
Insurance
Medicare
Medigap
Outpatient

Part A
Part B
Penalty
Premium
Prescriptions
Supplement

SUDOKU 9X9



Within the rows and columns are 9 squares (made up of 3x3 spaces). Each row, column, and square (9 spaces each) needs to be filled with the numbers 1 - 9 without repeating any numbers within the row, column, or square.

1

1		6				5	9	4
	4		1		9			
		2		6	7			3
5				8		4		1
2		4	6				3	
7			2		4			
4			8	3				6
6		1		7	2			
	3					2	1	5

2

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				9	2			
8	5		7	4	9	6		1
	1	7				8	2	
					1			

3

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	2		6					9
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	9				2	7	6	
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			5					
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		2	5	9		3		
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5

			8		1		7	
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7			2	6				
		2					6	7

SUDOKU 6X6



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6	4			5	
5			6		
	2			3	
3			2	4	6
		5	4	6	2
	6	4	5		3

2

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	1	3		6	5
		2	3		
1	3	4			
3		1		2	6
6	2			3	4

3

1	2				
3	5	6			
	1	2	5	6	
6	3			2	1
5				1	4
	4	1			5

4

	1				6
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		5	4		

5

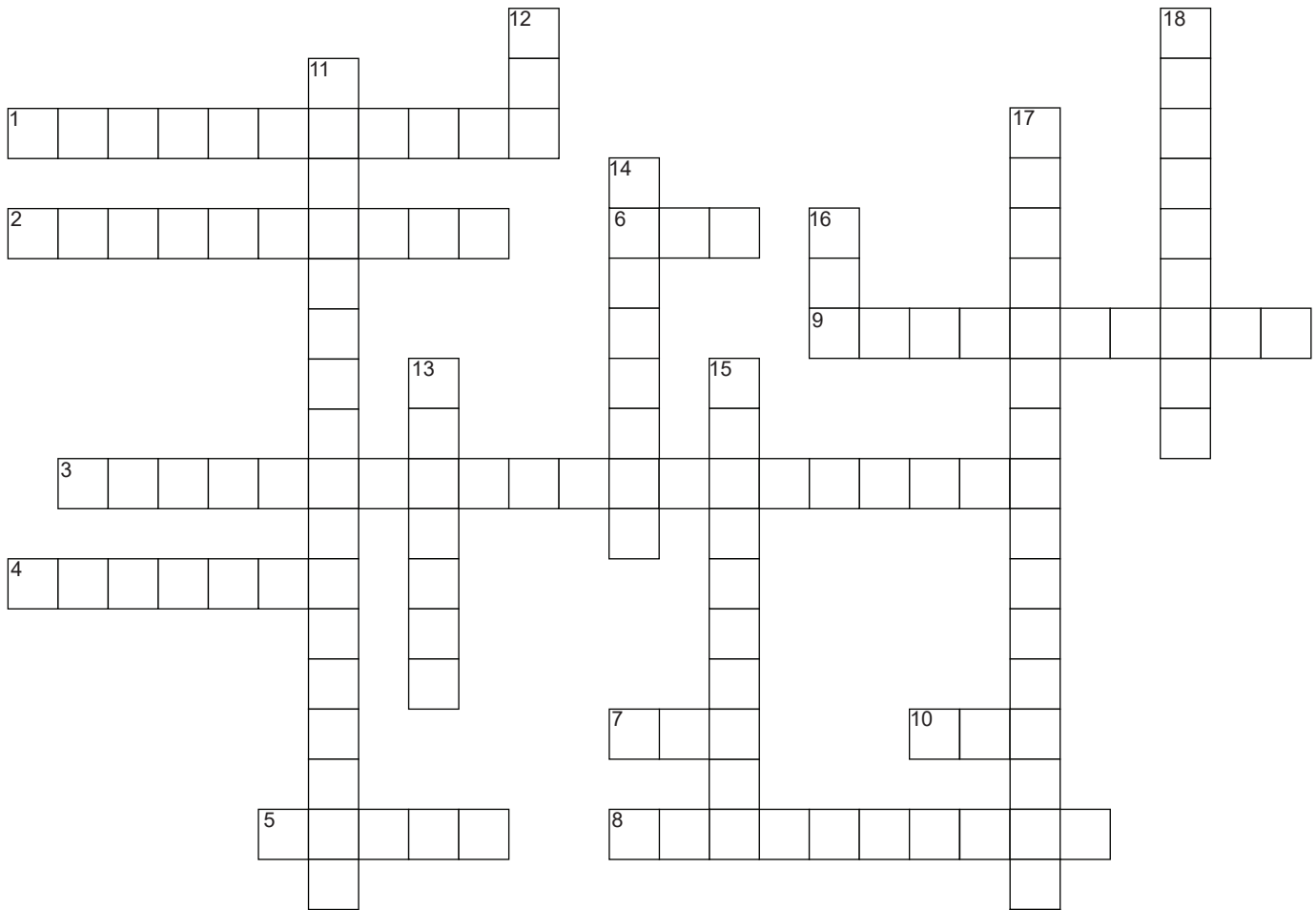
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			6		
	6	5	1		
	1	3	5		
1	3	2	4	5	6
			3	2	

6

	4	2	5	1	
3		1			
	1		2		6
2	6	4		3	
1			4	6	
4			3	5	



MEDICARE TERMS



Across:

- The percentage you pay for covered services after you have met your deductible
- Means that your doctor, provider, or supplier must accept the Medicare-approved amount as full payment for covered services
- ESRD
- Care that is usually given when an individual has decided they no longer want care to cure terminal illness and/or one's doctor has determined that efforts to cure an illness aren't working
- A fixed amount one pays to receive a medical service, usually at the time of service
- The plan contract that gives detailed information about the plan, including what is/is not covered, what an individual pays, etc.
- A monthly summary sent to an individual to let them know what services were billed, what was paid by whom, and what amount the individual is responsible to pay
- Services to prevent illness or detect illness at an early stage
- A status for individuals receiving emergency department services, observations services, surgery, lab tests, X-rays, or any other hospital services, and the doctor hasn't written an order to admit them to a hospital as an inpatient
- In a _____, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network

Down:

- The doctor you see first for most health problems
- Is long-lasting and typically used in an individual's home for a medical reason
- The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage
- A written order from a primary care doctor for a patient to see a specialist or get certain medical services, often required by HMOs
- The amount one pays annually before the plan begins to pay, and does not apply to services that require a copay
- In this type of plan you can only go to doctors, other health care providers, or hospitals in the plan's network except in an urgent or emergency situation
- This visit is available once every 12 months after the first 12 months of Part B coverage
- A status for individuals, starting when one is formally admitted to a hospital with a doctor's order

Answers:
 Across: 1. Coinsurance; 2. Assignment; 3. End Stage Renal Disease; 4. Hospice; 5. Copay; 6. EOC; 7. EOB; 8. Preventive; 9. Outpatient; 10. POS
 Down: 11. Primary Care Doctor; 12. DME; 13. Premium; 14. Referral; 15. Deductible; 16. HMO; 17. Annual Wellness Visit; 18. Inpatient

IDENTITY THEFT

I O R G A N I Z A T I O N C O A C E D A
E Y U O E N L I M Y A B I U D U A R F F
H A D G I A O U N D U I O E I Y H F O I
U I A C M K B O A R G Y L A K D C A E L
A N O E R Y L I F I O A D N B I O B U A
S M B L O E O C E T M S U C H D I E Y W
I C O A F H D Y S U C I M I U E Y L A B
R D K N G I R I A L R U P A T N U O I R
U F Y E E F A K T I O N S K V T S E N E
F E I C O Y O I E C Y B T U Y I A R L A
A U B E I K V H V D A T E I D T G I O K
D D O S A M E T B A V R R N R Y O T U E
I A E S C O A L Y F O I D H A T B E V R
K L Y I G B A N K R M U I D L H N M H Y
E I U T S F D I A G I G V B K E U I I A
H S O Y B A O K B M U A E F U F D R O E
A M K C O I M A C S H E R H I T Y C U F
U F E A Y U O E A I Y I S A H A F O E I
O I B D E B I T C A R D U O B C E Y A B
U S O C I A L S E C U R I T Y D U I G O

Bank
Credit Card
Crime
Debit Card
Dumpster Divers
Felony
Feudalism
Fraud

Identity Theft
Law Breaker
Money
Necessity
Organization
Scam
Social Security



MEDICARE 101

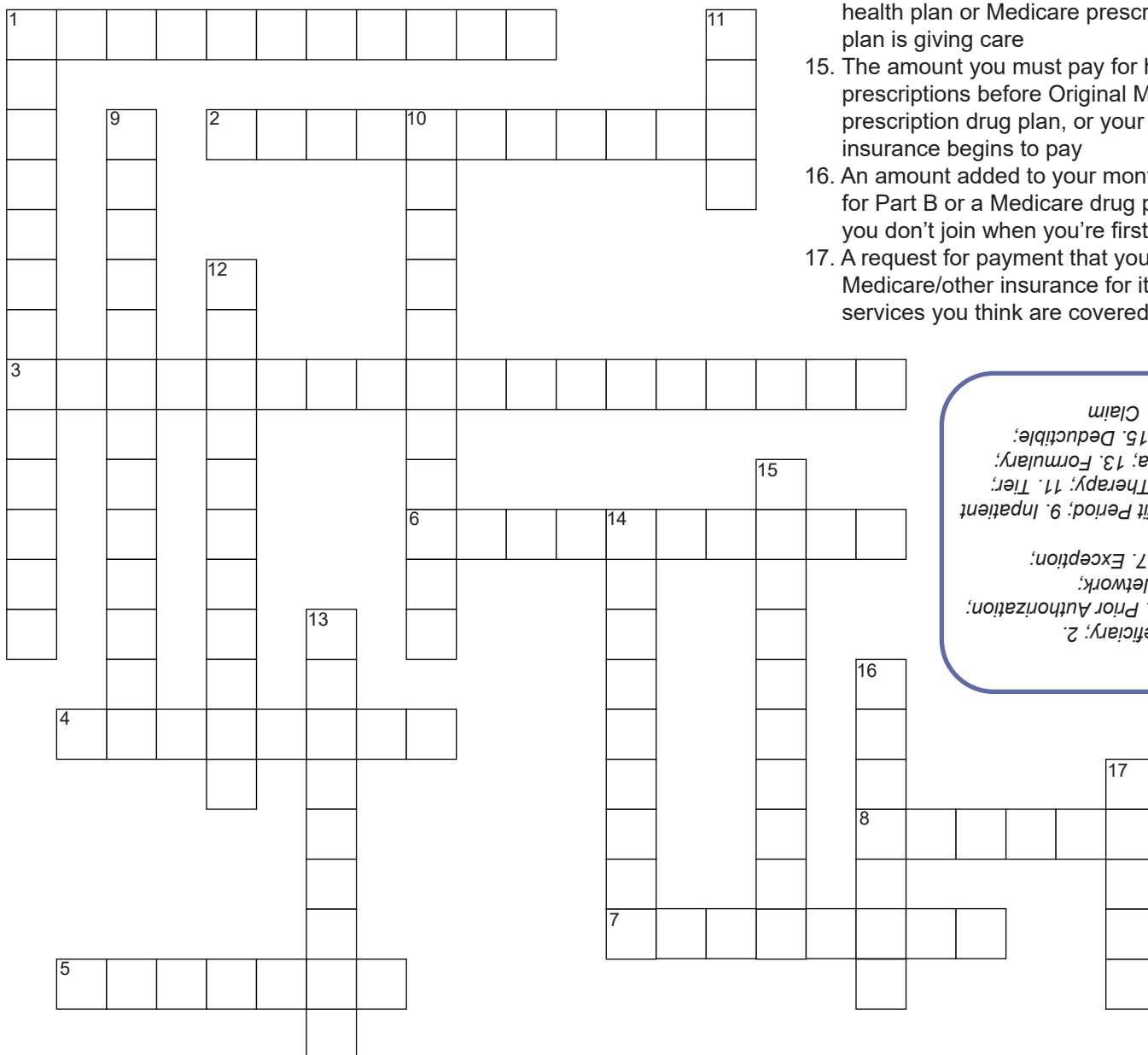


Across:

1. A person who has health care insurance through the Medicare or Medicaid programs
2. An amount you may be required to pay as your share of the cost for services after you pay any deductibles
3. Approval that you must get from a Medicare drug plan before you fill your prescription in order for the prescription to be covered by your plan
4. A written order from your primary care doctor for you to see a specialist or get certain medical services
5. The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services
6. An agreement by your doctor, provider, or supplier to be paid directly by Medicare to accept the payment amount approved for the service, and not to bill you for more than the Medicare deductible and coinsurance
7. A drug plan's decision to cover a drug that's not on its drug list or to waive a coverage rule
8. The action you can take if you disagree with a coverage or payment decision made by Medicare, your Medicare health plan, or your Medicare prescription drug plan

Down:

1. The way Original Medicare measures your use of hospital and skilled nursing facility (SNF) services
9. Health care you get when you're admitted to a health care facility like a hospital or skilled nursing facility
10. A coverage rule used by some Medicare prescription drug plans that requires you to try one or more similar, lower-cost drugs to treat your condition before the plan will cover the prescribed drug
11. Groups of drugs that have a different cost for each group
12. A geographic area where a health insurance plan accepts members
13. A list of prescription drugs covered by a prescription drug plan or another health insurance plan offering prescription drug benefits
14. A complaint about the way your Medicare health plan or Medicare prescription drug plan is giving care
15. The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay
16. An amount added to your monthly premium for Part B or a Medicare drug plan (Part D) if you don't join when you're first eligible
17. A request for payment that you submit to Medicare/other insurance for items and services you think are covered



Answers:
 Across: 1. Beneficiary; 2. Penalty; 3. Prior Authorization; 4. Referral; 5. Network; 6. Assignment; 7. Exception; 8. Appeal; 9. Inpatient Care; 10. Step Therapy; 11. Tier; 12. Service Area; 13. Formulary; 14. Grievance; 15. Deductible; 16. Premium; 17. Claim

FINANCIAL LITERACY

W Y E B I C E T A U P S M Y M E D I C A R E C E
 E O I N C O M E V L N M U G B S A P D Y S B S I
 E L D T N L V U O I A N A R Y O S X L N U M O O
 K K U Y O A M K L W O P G O L T K V E R N L C U
 L I A L P B W E I R L A M S V N W P T G B K I Y
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 S E M E L U T I S L G M W I X E M K W S E N L P
 Y P O E T T N B T R O E E N U R T A A U T I S L
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 N D P B S I N E L N A V D M G T D R R N C X U G
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 D N U A G I E L B T K C D E T M R P O B U G A E
 I S E M I M O N T H L Y M S I E T A R I D A M L
 A L E N M U R A O Y S E W E R P U K E G Y S O I

Biweekly
 Budget
 Credit
 Debit
 Electricity
 Expense
 Gas
 Groceries

Gross Income
 Income
 Installment
 Interest
 Investment
 Loan
 Medical

Medicare
 Mortgage
 Net Income
 Payment
 Premium
 Rate
 Retirement

Salary
 Semi Monthly
 Sewer
 Social Security
 Utilities
 Water
 Weekly



MEDICARE

T A E L P R E S C R I P T I O N S F A E T G R N
 N C D A O S T I F M N M E D I G A P Y U H A D S
 G R I V R Z V U S O E G R R M E F B T O B L H U
D E D U C T I B L E O R I O N N U I E M R Y O P
 Y D S M T O H U G P Y V S M G E R A B N A N U P
 U I Y I N G P R E M I U M T H R V M H G N M E L
 B T P D N O Y N R D B D U F Z I U N E G D Y V E
 A A I T B S N L A I E H V A O C E U R I N P H M
 L B V O U S U E D F N F E P D S V P F B A O O E
 R L R F N D A R V H E U T E R A C I D E M R S N
 F E D E P F U V A B F O D Y M T F B D M E G P T
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 S G P M A N A F T Z F N A U M U Y F Y E M N A G
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T A N N U A L E N R O L L M E N T V T O Z E R B
 Y Z A R V S P I A Y B O R H N G E M B S A Y S I

IDENTITY THEFT

I O R G A N I Z A T I O N C O A C E D A
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 H A D G I A O U N D U I O E I Y H F O I
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FINANCIAL LITERACY

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 I S E M I M O N T H L Y M S I E T A R I D A M L
 A L E N M U R A O Y S E W E R P U K E G Y S O I

SUDOKU 9X9

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ANSWERS

3

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5	4	9	8	1	3	6	7	2
9	8	5	2	6	4	1	3	7
2	1	3	7	8	5	4	9	6
7	6	4	1	3	9	2	8	5

5

4	9	5	8	2	1	6	7	3
8	3	7	5	9	6	4	1	2
6	2	1	4	7	3	5	8	9
9	5	4	6	1	2	7	3	8
3	1	8	7	5	4	9	2	6
2	7	6	9	3	8	1	4	5
1	6	9	3	8	7	2	5	4
7	4	3	2	6	5	8	9	1
5	8	2	1	4	9	3	6	7

SUDOKU 6X6

1

6	4	2	3	5	1
5	1	3	6	2	4
4	2	6	1	3	5
3	5	1	2	4	6
1	3	5	4	6	2
2	6	4	5	1	3

2

2	5	6	4	1	3
4	1	3	2	6	5
5	6	2	3	4	1
1	3	4	6	5	2
3	4	1	5	2	6
6	2	5	1	3	4

3

1	2	4	3	5	6
3	5	6	1	4	2
4	1	2	5	6	3
6	3	5	4	2	1
5	6	3	2	1	4
2	4	1	6	3	5

4

4	1	2	3	5	6
3	5	6	2	1	4
1	2	4	6	3	5
5	6	3	1	4	2
2	4	1	5	6	3
6	3	5	4	2	1

5

6	5	4	2	1	3
3	2	1	6	4	5
4	6	5	1	3	2
2	1	3	5	6	4
1	3	2	4	5	6
5	4	6	3	2	1

6

6	4	2	5	1	3
3	5	1	6	2	4
5	1	3	2	4	6
2	6	4	1	3	5
1	3	5	4	6	2
4	2	6	3	5	1

SHIP can help you:



Understand costs and coverage



Compare options



Enroll in or change plans



Correct billing issues

Find your local SHIP at shiphelp.org or call 877-839-2675.



SHIP
State Health Insurance
Assistance Program

SHIP can help you make informed decisions about Medicare.

Find your local SHIP at shiphelp.org or call 877-839-2675.



SHIP

State Health Insurance
Assistance Program

MEDICARE WASTE

Waste in the Medicare program accounts for nearly 10% of Medicare's overall spending

THERE ARE 3 TYPES OF WASTE

ERRORS

Billing Errors happen because of the complexities in the Medicare program. If not caught, errors create losses to the Medicare program and financial losses to you.



**Billing Errors
Duplicate Claims**

ABUSE

Abuse occurs when a healthcare provider commits a pattern of unintentional errors. The provider is experiencing a lack of training and education.



**Unnecessary
Services &
Medication**

FRAUD

Fraud is also a pattern of errors but the difference is "intent." Fraud is billing Medicare in order to obtain inappropriate payment.



**False Claims
Pressure for your
Medicare Number**

WISCONSIN SENIOR MEDICARE PATROL (SMP) CAN HELP

Protect

Protect your Medicare number as you would your credit card. Never share it with anyone except your health care provider or insurance.

Detect

Read through your Medicare statements for mistakes and compare them to your personal records.

Report

If you see any errors, report them immediately. Contact your provider or the Wisconsin Senior Medicare Patrol to get them corrected.

To report MEDICARE FRAUD, WASTE, OR ABUSE call 1-888-818-2611



HELPFUL CONTACTS

Aging & Disability Resource Center of Brown County

For Medicare/Medicaid questions and assistance, call (920) 448-4300 or visit www.adrcofbrowncounty.org.

1-800 Medicare (1-800-633-4227)

Medicare information and important phone numbers. Help is available in other languages.
TTY: 1-800-486-2048, www.medicare.gov

Beneficiary and Family-Centered Care Quality Improvement Organization (BFCC-QIO)

For questions and complaints about the quality of a Medicare-covered service, call Livanta at 1-888-524-9900 or visit www.livantaqio.com

Benefits Coordination and Recovery Center (BCRC)

To report changes in your insurance information or let Medicare know if you have other insurance, call 1-855-798-2627

Department of Health and Human Services

If you think you were discriminated against or your HIPAA rights were violated, call 1-800-368-1019 or visit www.hhs.gov/ocr

Department of Veterans Affairs

For information about veteran's benefits, call 1-800-827-1000 or visit www.va.gov

Office of Personnel Management

For information about Federal Employee Health Benefits Program for current or retired federal employees, call 1-888-878-5707 or visit www.opm.gov/insure

Railroad Retirement Board (RRB)

To change your address or name, check eligibility, enroll in Medicare, replace your Medicare card, or report a death, call 1-877-772-5772 or visit www.rrb.gov

PROTECT. DETECT. REPORT.

Suspected Medicare/Medicaid Fraud

- WI SMP (Senior Medicare Patrol):
1-888-818-2611

Medicare/Medicaid Questions and Assistance

- SHIP local ADRC: (920) 448-4300

To Report Identity Theft

- Call your local police department or sheriff's office
- Call the Federal Trade Commission at
1-877-438-4338

Other Resources

- Free Credit Report: 1-877-322-8228 or visit www.annualcreditreport.com
- Internet Crime Reporting: www.ic3.gov
- National Do Not Call Registry:
1-888-382-1222 or www.donotcall.gov
- WI Office of the Commissioner of Insurance:
(608) 266-3585
- WI Long-Term Care Ombudsman:
1-800-815-0015 or email
boaltc@ltc.state.wi.us
- WI Nursing Facility Complaint Line:
1-800-642-6552
- Adult Abuse and Neglect Brown County WI:
(920) 448-6000





SHIP

State Health Insurance
Assistance Program

Navigating Medicare



SMP

Senior Medicare Patrol

Preventing Medicare Fraud

ADRC

