



Spotlight On... Diabetes Test Strips

A man living with diabetes, striving to manage his disease with the right combination of medication and maintaining an all-around healthy lifestyle, receives a phone call offering him a free cookbook full of delicious recipes designed specifically for people with diabetes. All he needs to do is provide some basic information—his name, address, and Medicare number—and the cookbook will arrive at his doorstep in just a few days. Sounds like a pretty good deal, right?

Maybe for the telemarketer, but certainly not for the Medicare program. Schemes like this are too often used to obtain Medicare and Medicaid patient identification numbers, which are then used to fraudulently bill the programs for diabetes supplies that aren't medically necessary or are never delivered. Fraud associated with the illegal billing of diabetes supplies became so prevalent that OIG issued Special Fraud Alerts—aimed at suppliers and telemarketers as well as consumers—and a podcast to target the fraud from all angles.

In addition to focusing on prevention, OIG uses a wide arsenal of enforcement actions to fight fraud associated with diabetes supplies, such as pursuing criminal actions, excluding—or banning—Medicare and Medicaid providers from participating in any Federal health care program, working with our State partners who are authorized to revoke health care licenses, and entering into settlement agreements that can recover fraudulently obtained money.

For example, in 2013, OIG entered into settlement agreements recovering nearly a half million dollars from Four Leaf Clover (FLC), Inc., Team Tech Solutions (TTS), and owners from both companies. The companies and their executives allegedly made unsolicited calls to diabetes patients resulting in false Medicare claims and exchanged kickbacks



Figure 1 - This card, found in the D.C. metro system, is an example of an illegal solicitation of Medicare patients, promising quick money for diabetes test strips.

for each patient referred for diabetes supplies. In addition to monetary recoveries, the settlement agreements resulted in permanent exclusions of FLC and its owners and 10-year exclusions of TTS and its owner.

Individual cases of fraud are just the tip of the iceberg regarding waste associated with diabetes supplies. Improper payments are a significant problem and warrant greater attention and oversight. For example, OIG reviewed 400 claims across four Medicare contractors and found that 303—over 75 percent—had 1 or more deficiency; for example, the quantity of supplies exceeded Medicare guidelines without any documentation to support the additional supplies, or physicians orders were missing or incomplete. These deficient claims represented an estimated total of \$209 million in improper payments in 1 year. In a report titled *Inappropriate and Questionable Medicare Billing for Diabetes Test Strips*, OIG found that in 2011, Medicare improperly paid \$6 million for diabetes test strips (DTS) claims billed for beneficiaries that were missing a documented diabetes diagnosis code or that inappropriately overlapped with patients' hospital or skilled nursing facility stays. In both reports, OIG made recommendations to CMS to address these improper payments.

In addition to improper payments, another red flag is the prevalence of questionable billing. The same report—*Inappropriate and Questionable Medicare Billing for Diabetes Test Strips*—identified nearly 5,000 suppliers that had unusually high billing for at least one

questionable billing measure, such as multiple DTS claims submitted for the same patient by the same supplier in overlapping time periods. In total, Medicare paid \$425 million for questionable billings from these suppliers.

Digging deeper, the report found that Medicare paid \$55 million for non-mail-order DTS claims for patients living an unusually long distance from their suppliers. These suppliers may have billed mail order DTS as non-mail-order because prior to 2013, non-mail-order DTS were reimbursed a higher rate than mail-order DTS.* Several other OIG reports explored the possible effects of this price difference. A review of Medicare claims data in *Supplier Billing for Diabetes Test Strips and Inappropriate Supplier Activities in Competitive Bidding Areas* revealed that claims for the more expensive, non-mail-order DTS increased from 2010 to 2011 while claims for the less expensive, mail-order DTS decreased during the same period. Further, for one-fifth of the patients in the review, suppliers billed Medicare for non-mail-order DTS but provided the less expensive, mail-order DTS. A report entitled *Results of Reviews at Three Suppliers of Diabetic Testing Supplies* found that suppliers may have been taking advantage of a loophole by delivering DTS in company-owned vehicles in order for the DTS to qualify as non-mail-order and receive a higher reimbursement rate, costing Medicare millions. Though legislation passed in 2013 eliminated the reimbursement rate difference, the prevalence of questionable billing for this and other measures indicates that DTS should continue to be closely monitored.

CONT'D Pg. 2

INSIDE THIS ISSUE:

Terminology.....	Pg 2
FRAUD in the News.....	Pg 3
SCAMS & Fraud Tips.....	Pg 4
Meet Someone Special.....	Pg 6
Volunteers in Action.....	Pg 8
Medicaid Inspector General.....	Pg 10
Phone Numbers /Websites	Pg 11
SMP Mission.....	Pg 12

“A population that does not take care of the elderly and of children and the young has no future, because it abuses both its memory and its promise.” —*Pope Francis*

Social Security...

Q: I plan to take my Social Security benefit early. Can I sign up for Medicare at 62?

A: No. Nobody can get Medicare benefits before age 65, except for those who qualify at an earlier age because of disability.

Q: Will Medicare cover my younger spouse or other dependents?

A: No. Family coverage doesn't exist in Medicare — not for spouses, dependent children or other family members. Also, if you and your spouse are both in Medicare, each of you must pay premiums separately and in full unless you receive government assistance to help pay them. Medicare doesn't give price breaks to married couples, even in its private Medicare Advantage health plans and Part D drug plans.

Q: Do I have to sign up for Medicare if I continue working after 65?

A: Yes, unless you're covered by health insurance from an employer for whom you or your spouse is still working (and the employer has 20 or more employees). If so, you can delay Medicare enrollment until you or your spouse stops work, without risking any late penalties. (This rule may be different if you're in a same-sex marriage or live abroad.)

Q: Will Obamacare reduce my benefits?

A: No. The Affordable Care Act guarantees all current Medicare benefits and provides more. It makes many preventive services, such as mammograms, free of charge and slashes the cost of prescription drugs by gradually closing the Part D "doughnut hole." People with Medicare are not eligible for Obamacare.

CONT'D from Page 1

DIABETES TEST STRIPS

A third area of concern is the pricing of DTS. OIG compiled results from audit conducted in five States to determine whether State Medicaid programs could achieve savings on DTS. Two of the five State Medicaid agencies (New York and Indiana) saw \$17.9 million in savings through the use of rebates, and four of the five State Medicaid agencies (Illinois, New Jersey, New York, and Ohio) could save an additional \$29.7 million through implementing rebates or a competitive bidding program** for the purchase of DTS. OIG recommended that CMS work with State Medicaid agencies to evaluate these and other DTS savings opportunities.

According to the Centers for Disease Control and Prevention, 8.3 percent of the U.S. population is living with diabetes. For those eligible for Medicare—those aged 65 and above—that number jumps to 26.9 percent. Therefore, it's clear that the demand for diabetes supplies is not going away. However, OIG will continue to fight the fraud, waste, and abuse associated with this important health care benefit.

SOURCE: <http://oig.hhs.gov/newsroom/spotlight/2014/test-strips.asp>

SOCIAL SECURITY SNIPPET...

Beginning **August 2014**, Social Security will no longer issue Social Security number printouts in its field offices. Individuals who need proof of their Social Security number and cannot find their card, will need to apply for a replacement card.

Additionally, beginning **October 2014**, Social Security field offices will stop providing benefit verification letters except in emergency situations. Benefit verifications are available online and can be obtained anytime by registering for a *my* Social Security account located at:

www.socialsecurity.gov/myaccount,
or requested by calling 1(800)772-1213

Call
1-866-726-2916
to receive
your copy of the
quarterly
SMP Newsletter
in the mail
or via email!

TERMINOLOGY:

A **TRANSITION REFILL** (Transition Fill) is a one-time, 30-day supply of a Medicare-covered drug that Medicare Part D plans must cover within 90 days of when you are in a new Part D plan or when your existing Part D plan changes its coverage.

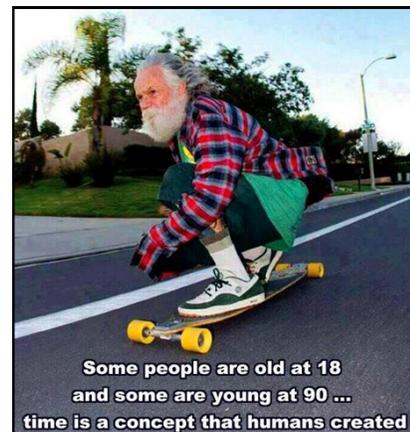
Keep in mind that transition fills do not apply to new prescriptions. In order to get a transition fill, you must have been taking the drug *before* you switched your Part D plan or before your existing Part D plan changed its coverage rules.

**The Arkansas SMP
is scheduling
presentations for 2014!**

**If you would like for us to
come to your area to speak
about current scams and
health care fraud
prevention,
call 1-866-726-2916.**

**Sign up for AARP's
FRAUD WATCH NETWORK:**

<http://www.aarp.org/money/scams-fraud/fraud-watch-network/?cmp=NLC-WBLTR-DSO-NMCTRL-030714-F3-302393>



FRAUD IN THE NEWS —



FRAUD ARREST ANNOUNCED

January 30, 2014

LITTLE ROCK – Attorney General Dustin McDaniel announced that Sebastian County health-care worker Sondra Torres, 34, of Fort Smith was arrested Wednesday on one count of Medicaid Fraud, a Class C felony. She was released from the Sebastian County Detention Center pending an initial court appearance in Pulaski County.

Torres is accused of fraudulently billing the Arkansas Medicaid Program for payment as an attendant-care provider to a Medicaid beneficiary. The beneficiary told investigators that Torres did not provide assistance during the time from July 14, 2013, to July 27, 2013. According to investigators, Torres billed Medicaid for services during that time period.

The Attorney General's Office began its investigation of Torres after a referral from the Office of Medicaid Inspector General.

MEDICAID FRAUD ARREST

January 27, 2014

LITTLE ROCK – Attorney General Dustin McDaniel announced that Craighead County health-care worker Amanda Fielder, 28, of Bono was arrested last week on one count of Medicaid Fraud, a Class C felony. She is accused of billing the state's Medicaid program for services she did not provide. She was released from the Craighead County Detention Center on her own recognizance.

Fielder is accused of making fraudulent claims to Medicaid in the amount of \$2,216.16. She is alleged to have lied about providing attendant-care services to a Medicaid beneficiary in Jonesboro during the time period from Aug. 29, 2013, to Oct. 5, 2013. According to investigators, Fielder lived in a town 52 miles away from Jonesboro and had no transportation during the time she was alleged to have been assisting the Medicaid beneficiary.

CRAIGHEAD COUNTY WOMAN ENTERS GUILTY PLEA

March 6, 2014

LITTLE ROCK – A Craighead County woman arrested as part of an investigation by the Attorney General's Medicaid Fraud Control Unit has been convicted of felony Medicaid Fraud, Attorney General Dustin McDaniel announced today.

Amanda Fielder, 28, of Bono pleaded guilty in Pulaski County Circuit Court on Wednesday to one count of Medicaid Fraud, a Class C felony. She was sentenced by Circuit Judge Leon Johnson to five years of probation. She was ordered to pay a \$6,648 fine and \$2,216.16 in restitution.

Fielder was arrested in January after investigators determined that she submitted false time sheets and received payment from Medicaid for services that she did not perform. Fielder lied about providing attendant-care services to a Medicaid beneficiary during the time period from Aug. 29, 2013, to Oct. 5, 2013. During that time, she lived 52 miles away from the beneficiary she purported to have assisted, and she had no transportation at that time.

The Attorney General's Medicaid Fraud Control Unit investigates instances of Medicaid fraud and abuse or neglect in nursing homes in Arkansas. To report possible fraud, call the Unit's hotline at (866) 810-0016.

MEDICAID EXPANSION SPURS STATES TO FIGHT FRAUD, OVERPAYMENTS

3/5/14

States are stepping up efforts to combat health care fraud and overpayments that cost them billions of dollars a year. States are assigning special investigators, sharing information with each other, and using new ways of looking at data to track improper coding and identify suspicious health care providers before they collect unauthorized cash from Medicaid. "It's always easier to stop it on the front end," said state Sen. David Sanders, an Arkansas Republican who authored a law establishing a special inspector general for Medicaid fraud. The less palatable alternative, Sanders said, is the so-called "pay and chase mode" of trying to recoup improper payments after the fact. The Affordable Care Act requires states to stop payments to Medicaid providers when there is "credible evidence" of fraud, and mandates tighter screening of providers seeking Medicaid reimbursement. The law also requires all states – even those not expanding Medicaid – to set up Recovery Audit Contractor programs to spot overpayments and recoup the money. Such efforts, according to CMS, led to a drop in the billing error rate from 9% in fiscal year 2010 to 5.7% in 2013. Neverthe-

less, Medicaid overpayments and fraud are still costing states and the federal government billions of dollars — about \$13 billion in fiscal year 2013, according to a December report by HHS.

In 2013, more than 100 bills designed to combat Medicaid fraud and abuse were introduced in state legislatures in at least 23 states, according to the National Conference of State Legislatures, and at least 35 of them became law. At least 10 states — Arizona, Arkansas, Florida, Illinois, Kansas, Michigan, New Jersey, New York, Texas and Utah — have passed laws creating Medicaid inspectors general, according to NCSL. In Arkansas, Inspector General Jay Shue (pictured) conducted 214 audits and reviews in the last six months of 2013, recouping \$1.3 million. Arkansas, Virginia and West Virginia plan to participate in an all-payer claims database, which collects and analyzes data from all health insurance claims and can be used to spot suspicious trends in Medicaid claims. Arkansas, Colorado, Massachusetts, Texas and Washington have enacted, and several other states are considering, new laws calling for investment in so-called "predictive modeling" software similar to what credit card companies use to reveal patterns of illegal activity, according to NCSL (Susan Milligan, State-line).

Be aware of the following **SCAM(S)**:

FAKE COLLECTION NOTICES FOR PHANTOM DEBTS—

How the scam works:

This scam comes in the form of an official-looking letter from a judge, law firm or court official stating that you owe money for an unpaid loan. It is particularly intimidating because it includes your correct name, address and maybe even your Social Security number! You may also receive a threatening phone call about the phantom debt trying to convince you to send money to collect on the debt.

Best response?: No matter how convincing a letter or phone call seems, check it out. Look up the real number for the judge, law firm or court official from whom the letter/phone call supposedly originated to verify its authenticity. It's more than likely a scam!

Be suspicious if ANYONE asks you to wire money, or load a rechargeable money card as a way to pay back debt. There's no legitimate reason for someone to ask you to send money that way.

FRAUD TIPS!

- ◇ Do not give out your Medicare number to anyone except your trusted provider(s).
- ◇ Ask friends/neighbors to pick up your mail and newspapers while you are away.
- ◇ Shred important documents before throwing them away.
- ◇ Review your Medicare Summary Notice (MSN) carefully for mistakes.
- ◇ Use a Personal Health Care Journal to record your doctor visits.
- ◇ Compare your Personal Health Care Journal with your MSN to verify that the charges shown on your MSN should have been paid by Medicare and/or your supplemental insurance.
- ◇ Count your prescription pills at the pharmacy counter! If they are short, tell the pharmacist.
- ◇ Medicare Part D plans change annually! Make sure your plan is still the right plan for you – each year!
- ◇ Do not speak to anyone over the phone who has called you claiming to be a Medicare representative.
- ◇ It is up to you to help fight fraud – **Protect** your Medicare, Social Security and bank account numbers; **Detect** errors and fraud; **Report** any concerns to the Arkansas SMP:
1-866-726-2916

MEDICAL ALERT SYSTEM SCAM— **UPDATE!**

The Federal Trade Commission and the Florida Office of the Attorney General announced January 13, 2014 that a joint law enforcement action was issued against an operation that allegedly used illegal robocalls to trick senior consumers nationwide into paying for medical alert services that they neither ordered nor wanted.

The case represents the FTC's latest work with state law enforcement agencies to crack down on both telemarketing fraud and fraud against seniors.

SOURCE: <http://www.ftc.gov/news-events/press-releases/2014/01/ftc-florida-attorney-general-announce-action-against-illegal>

REPORT ALL SCAMS TO THE

ARKANSAS SMP

(Senior Medicare Patrol)

1-866-726-2916

MEDICAID ELIGIBLE

About 13,000 people were approved by the federal government for coverage under Arkansas' expanded Medicaid program as of December 20 bringing the total number of eligible applicants to more than 88,000, said Amy Webb, spokesperson for the Arkansas DHS.

SOURCE: www.arkansonline.com/news/2014/jan/04/us-gives-state-list-13000-more-medicaid-e-20140104/

CMS's PROPOSED RULE

Recently, the Centers for Medicare & Medicaid Services (CMS) released a proposed rule, "Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs" (the "Proposed Rule"), that would "revise the Medicare Advantage (MA) program (Part C) regulations and prescription drug benefit program (Part D) regulations to implement statutory requirements; strengthen beneficiary protections; exclude plans that perform poorly; improve program efficiencies; and clarify program requirements. The proposed rule also includes several provisions designed to improve payment accuracy."

Centers for Medicare & Medicaid Services (CMS), HHS is working to make these significant changes that will weed out fraudulent healthcare providers who engage in abusively prescribing prescriptions to seniors and the disabled. The agency would have the authority to remove physicians and other providers from the Medicare Part D program even if not officially enrolled with Medicare, including those physicians who have had their licenses suspended or revoked by state regulators or if they have been restricted from prescribing painkillers and other controlled substances. The proposed rule would require Medicare Advantage plans and Part D sponsors to report and return any overpayments within 60 days of identifying them. Failing to return an identified overpayment within the 60 day period would trigger an obligation under the False Claims Act. Plans and sponsors would be responsible for any overpayments made in the previous six years.

Under the new rules, doctors and other providers must formally enroll if they want to prescribe to the millions of people with Part D coverage. These providers would be required to verify their credentials and disclose any professional discipline and/or criminal history.

This proposed rule would take effect Jan. 1, 2015.

www.facebook.com/arsmp

DID YOU KNOW?

Your provider must provide you with an "Advance Beneficiary Notice of Noncoverage" (ABN) **before** providing services that aren't medically reasonable and necessary. Medicare doesn't pay for therapy services that aren't medically reasonable and necessary.

The ABN lets you choose whether or not you want the services. If you choose to get the services, you agree to pay for them if Medicare doesn't pay. If you get services that aren't medically reasonable and necessary, and Medicare doesn't pay for them, you won't have to pay for the services unless an ABN was given to you beforehand.

THE THERAPY CAP LIMITS

Starting January 1, 2014, the outpatient therapy cap limits apply to therapy services you get in a critical access hospital (CAH). Your provider may recommend that you get services more often than Medicare covers, or recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs.

All people with Medicare are covered if Medicare finds that the services are medically reasonable and necessary. Medicare will pay its share for therapy services until the total amounts paid by both you and

Medicare reaches either one of the therapy cap limits. Amounts paid by you may include costs like the deductible and coinsurance. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Your therapist will need to determine if you qualify for an exception to the therapy cap limits for services you get in a CAH.

SOURCE: <http://www.medicare.gov/coverage/pt-and-ot-and-speech-language-pathology.html>

TEST YOUR KNOWLEDGE:

Is Dementia the Same Thing as Alzheimer's?

Dementia is a decline in mental ability severe enough to interfere with daily life. Alzheimer's is, however, the most common reason for dementia. "Dementia is a symptom; Alzheimer's is a disease."

—David Knopman, M.D.

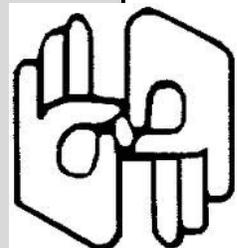
SOURCE: <http://www.aarp.org/health/brain-health/info-10-2012/memory-quiz.html?cmp=NLC-HLTH-DSO-NMCTRL-030514-F1-300641>

**YOU Can Help Fight
Medicare Fraud!
Join the Arkansas
SMP!**

**FOR VOLUNTEER
OPPORTUNITIES
CALL**

—1-866-726-2916—

IF YOU KNOW OF A DEAF/
HARD OF HEARING AUDI-
ENCE THAT WOULD BENEFIT
FROM RECEIVING THE MESSAGE
OF HEALTHCARE FRAUD
PREVENTION, PLEASE CALL
ARKANSAS SMP
— 1-866-726-2916 —



Benefits & Services for Arkansas Seniors

The Division of Aging and Adult Services offers this directory of benefits and services for Arkansas seniors as a resource on aging programs, services and public benefits administered by the Department of Human Services, Area Agencies on Aging (AAA) and various federal agencies, on topics such as:

Alzheimer's organizations; Choices in Living Resource Center; DHS County Offices; Medicaid; Medicare Savings Programs; Organizations for Aging Adults; Social Security; Support Services for Seniors; Area Agencies on Aging; Community Action Programs; Medicare; Senior Volunteer Programs; Supplemental Security Income (SSI); Workers with Disabilities Medicaid.

To download the entire Benefits & Services guide, click on the following link: [Public Benefits for Seniors](#); Call the Division of Aging and Adult Services at (866) 801-3435 or (501) 682-2441; or browse the contents by county

**DIVISION OF AGING
& ADULT SERVICES**
ARKANSAS DEPARTMENT OF HUMAN SERVICES

MEET OUR NEWEST TEAM MEMBER—

BEVERLY WADE



We are very pleased to announce the addition of a new staff member to the Arkansas SMP team! Beverly Wade started with our program on February 3, 2014 as Administrative Specialist II. This is the first time we have had an

administrative staff position so she is a much-needed and very welcomed addition to our program! Her past experience has been in medical clinic settings which should prove to be a valuable asset to our program.

Beverly and her husband Olin live in Hensley, Arkansas (East End). They have 2 sons, Eric and Ryan, and a granddaughter, Savannah Grace.

She and her husband share a love of horses and visiting Hot Springs during racing season! A few of her favorite songs are "Victory in Jesus", "Because He Lives", and "I Want to be Just Like You". One of the reasons she is a good fit with the SMP program is that her pet peeve is "people cheating the system, no matter what system it is!" One interesting thing to note about Beverly is that her husband's great-grandfather invented electric car windows, which she says is the greatest invention during her lifetime.

More about Beverly:

If I could go anywhere in the world where would I go? Germany;

I wish I was better at: catching hints;

My trademark cliché or expression is: "That's what you get for thinking!"

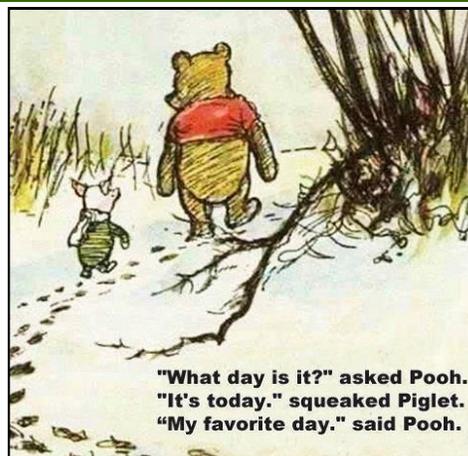
My favorite snack: pork cracklings & A&W root beer;

You will never catch me wearing: a bikini;

My Hobbies: napping, cross-stitching, playing with my granddaughter, great niece and great nephews.

Please join us in welcoming Beverly to the SMP fraud patrol team!

Be aware of the latest
scams targeting seniors!
Log on to our website at
www.daas.ar.gov/asmp.html
and click on
SCAM ALERTS!



"What day is it?" asked Pooh.
"It's today." squeaked Piglet.
"My favorite day." said Pooh.

"If you are depressed,
You are living in the past.
If you are anxious,
You are living in the future.
If you are at peace,
You are living in the present."
—Lao Tzu

CMS Proposes Program Changes for Medicare Advantage and Prescription Drug Benefit Programs for Contract Year 2015 (CMS-4159-P)

On January 6, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule with comment period that would strengthen protections, improve health care quality and reduce costs for Medicare beneficiaries with private Medicare Advantage (MA) and Part D prescription drug plans in Contract Year (CY) 2015. Among the technical and program changes this rule proposes are new criteria for identifying protected classes of drugs, revisions that promote competition in Part D plans, changes to the regulatory definition of negotiated prices, and changes to ensure that plan choices are meaningful for beneficiaries. This fact sheet discusses the major provisions of the proposed rule. The proposed rule would save \$1.3 billion over the five years 2015 – 2019 if finalized.

Proposed changes regarding **Fraud and abuse**: Section 6405 of the Affordable Care Act requires that physicians and non-physician practitioners who order durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) or certify home health care must be enrolled in Medicare. The statute also permits the Secretary to extend these Medicare enrollment requirements to physicians and non-physician practitioners who order or certify all other categories of items or services in Medicare, including covered Part D drugs. CMS is proposing to require that physicians or non-physician practitioners who write prescriptions for covered Part D drugs must be enrolled in Medicare for their prescriptions to be covered under Part D.

SOURCE: (CMS)
Centers for Medicare & Medicaid Services
cmslists@subscriptions.
cms.hhs.gov



A CALL TO VOLUNTEERS!

TOGETHER WE CAN
Empower Seniors to Prevent Healthcare Fraud!

Arkansas has approximately 550,000 Medicare beneficiaries so we need your help in reaching the Medicare beneficiaries throughout the state by joining our group of dedicated volunteers.

We offer an intensive training which includes information on the parts of Medicare, information on how to identify fraud, errors, and abuse, and an explanation of the roles of the Arkansas SMP volunteers. For additional information on volunteering for our program or for a volunteer application, please contact SMP Volunteer Coordinator, David Wray at 866-726-2916.

Some Meals on Wheels Programs Feed Fido, Too

In Los Angeles, volunteers with Meals on Wheels noticed that a growing number of clients were sacrificing their own health by giving their food away to their furry friends because they could not afford to buy food for their pets. It is common for low-income seniors or people with disabilities to feed their dogs or cats instead of themselves. These volunteers started working with shelters and other pet groups to donate free pet food to their meal deliveries.

Thanks to partnerships between the program for low-income seniors and pet groups

across the country, fewer people and pets are going hungry. They noticed that seniors began eating better, staying healthier and worrying less about feeding their pets.

Those who qualify for Meals on Wheels or similar programs are almost always eligible for a free pet food program.

These partnership groups realize the importance of pets to these senior pet owners. Their pets provide companionship and love and serve as social workers, depression counselors, and a lifeline for a lot of them!

Source: <http://blog.aarp.org/2013/12/26/some-meals-on-wheels-programs-feed-fido-too/>
Posted on 12/26/2013 by
[Associated Press](#)

If you you've been the victim of health care fraud, call the Arkansas Senior Medicare Patrol (SMP) at 1-866-726-2916. Our program works to educate and empower seniors to prevent health care fraud. There is no charge for our services. We help you protect yourself and your loved ones from becoming victims of Medicare/healthcare scams. View our website: www.daas.ar.gov/asmp.html

SMP VOLUNTEER(S) IN ACTION

The below article was written by Evelyn Canady, retired nurse and SMP Volunteer. Evelyn contributes the “Nurses’ Corner” for the Woodland Heights monthly newsletter, “The Woodland Bridge.”

THE NURSES’ CORNER

Even if your memory is like mine (Swiss Cheese), here’s a name you’ll want to hang on to: Arkansas SMP.

A rep from ASMP, as they call themselves, spoke to us a few months ago about the prevalence of health care fraud and how to protect ourselves from it. When we were young, medical fraud was a rarity, but now with millions of dollars of federal money involved in so many aspects of health care and rehab, it has become much more common—and we seniors are prime targets.

How can you protect yourself?

Early in March, the Nurses Group will be distributing a Personal Health Care Journal issued by ASMP to each resident and acquainting you with how to use it. The manual encourages keeping records of your health care contacts and visits—a record that can later be compared to bills you receive to check for discrepancies.

The manual also provides a handy location to keep track of your medications and dosages as well as offering helpful advice in staying clear of or catching those who perpetrate health care fraud.

This is no longer something that is happening to ‘others’. It’s waiting to happen to us, so be vigilant, keep good records and take responsibility for your health care.

—Evelyn Canady, Coordinator

Below is an editorial written by Eloise Wiegand, Arkansas SMP Volunteer with the Oaklawn Center on Aging in Hot Springs, Arkansas. This is the very first volunteer effort Eloise took upon herself to contribute! The article was published in the *Sentinel Record* newspaper on February 28, 2014.

Dear Editor,

PROTECT YOURSELF

We, as senior citizens, are easy prey to unscrupulous people who think we are easily scammed. The Senior Medicare Patrol (SMP) is contracted with Oaklawn Center on Aging, a program of the University of Arkansas for Medical Sciences, the Reynolds Institute on Aging, and the Arkansas Aging Initiative, to educate the community of Garland County on Medicare fraud. Oaklawn depends on the generous time of our SMP volunteers to provide this service to the county.

The goal of SMP is three-fold: 1) Protect; 2) Detect and 3) Report any suspected Medicare fraud.

Nationally, Medicare fraud has cost taxpayers billions of dollars. We need to do all we can as individuals to put a stop to Medicare scams and fraud that put the future of Medicare benefits at risk for recipients.

Here are some tips for avoiding Medicare scams:

- Medicare will never contact you by phone, in person, or email to try to sell you something, obtain personal information or ask for money.
- Keep your Medicare card in a secure location—only take it with you when you need to use it.
- If it is too good to be true, it probably is!

There are many other tips available so you can protect yourself. Call today—it’s important! Call 501-623-0020 or 866-726-2916 (toll free) to see how you or your organization can obtain free information to protect yourself, your family and friends. Ask about our volunteer opportunities! We have volunteers available to speak to your church or service organization.

Eloise Wiegand
Volunteer, Arkansas SMP
Hot Springs, AR

Medicare Fraud Strike Force Set Record Numbers for Health Care Fraud Prosecutions

The Justice Department's Medicare Fraud Strike Force has set record numbers for health care prosecutions in Fiscal Year 2013, demonstrating the targeted and coordinated approach remains strong as the strike force enters its eighth year of fighting fraud against the government's health care programs.

"These record results underscore our determination to hold accountable those who take advantage of vulnerable populations, commit fraud on federal health care programs, and place the safety of others at risk for illicit financial gain," said Attorney General Eric Holder. "By targeting our enforcement efforts to 'hot spots' in nine cities, the Medicare Fraud Strike Force is allowing us to fight back more effectively than ever before."

"The Medicare Fraud Strike Force is one of this country's most productive investments," said Acting Assistant Attorney General Mythili Raman of the Justice Department's Criminal Division. "We are not only putting hundreds of criminals who steal from Medicare in prison, but also stopping their theft in its tracks, recovering millions of dollars for taxpayers, and deterring potential criminals who ultimately decide the crime isn't worth it."

"Those perpetrating Medicare fraud cheat both taxpayers and vulnerable patients, and our Strike Forces are successfully fighting back – holding criminals accountable and recovering stolen dollars," said Inspector General Daniel R. Levinson of the U.S. Department of Health and Human Services. "Our joint commitment to bring the fight against fraud to criminal hotspots around the country is steadfast."

Under the supervision of the Criminal Division and U.S. Attorney's Offices, the Medicare Fraud Strike Force is formed by coordinated teams of investigators and prosecutors – including personnel from the Justice Department, the U.S. Department of Health and Human Services and the FBI – who analyze Medicare claims data to target specific geographic areas showing unusually high levels of Medicare billing.

By focusing on the worst offenders engaged in current fraud schemes in the highest intensity regions, the strike force seeks to deter fraud in the target community and prevent it from spreading to other areas. The strike force is currently operating in nine cities: Baton Rouge, La.; Brooklyn, N.Y.; Chicago; Dallas; Detroit; Houston; Los Angeles; Miami and Tampa, Fla. Since its inception in March 2007, strike force prosecutors have charged more than 1,700 defendants who have collectively billed the Medicare program more than \$5.5 billion.

In Fiscal Year 2013, the strike force set records in the number of cases filed (137), individuals charged (345), guilty pleas secured (234) and jury trial convictions (46). In addition, the defendants who were charged and sentenced are facing significant time in prison – an average of 52 months in prison for those sentenced in FY 2013, and an average of 47 months in prison for those sentenced since 2007.

According to a recent report by the Inspector General for the U.S. Department of Health and Human Services, for every dollar the Departments of Justice and Health and Human Services have spent fighting health care fraud, they have returned an average of nearly eight dollars to the U.S. Treasury, the Medicare Trust Fund and others.

The Medicare Fraud Strike Force is part of an unprecedented partnership between the Departments of Justice and Health and Human Services called HEAT (Health care Enforcement and Prevention Action Team). Formed in May 2009, this partnership brings together high-level leaders from both departments to share information, spot trends, coordinate strategy and strengthen our fraud prevention efforts.

SOURCE: <http://www.justice.gov/opa/pr/2014/January/14-crm-082.html>

Monday, January 27, 2014
Department of Justice

SETTLEMENT REACHED WITH PHARMACEUTICAL COMPANY

February 25, 2014

LITTLE ROCK – Attorney General Dustin McDaniel announced today that Arkansas, other states and the federal government have reached an agreement with Endo

Pharmaceuticals to resolve allegations that the drug manufacturer engaged in unlawful marketing practices related to the pain reliever Lidoderm.

The Arkansas Medicaid Program will receive a total of \$147,448.39 from the settlement with Endo Pharmaceuticals, a subsidiary of Endo Health Solutions.

"When a company circumvents the law in order to increase its

profits, the victims are the people of Arkansas and its Medicaid program," McDaniel said. "I am glad that the states and federal government were able to reach this settlement for the benefit of the Medicaid program."

Endo is accused of illegally promoting Lidoderm for treatment of lower back pain or chronic pain, thereby causing false claims to be submitted to Medicaid between March 1999

and December 2007. The FDA had approved the drug only for treatment of pain associated with post-herpetic neuralgia, commonly known as shingles.

Under the agreement, Endo will pay \$172.9 million to the states and federal government, as well as a \$20 million criminal fine.

MEDICAID...

ARKANSAS MEDICAID INSPECTOR GENERAL'S OFFICE OPENS IN ARKANSAS

On April 23, 2013, Arkansas Act 1499 was signed into law creating the Arkansas Medicaid Inspector General's Office (OMIG). Act 1499 included a starting date for the new state agency of July 1, 2013. The legislative purpose of the law was to: create a new state agency in order to consolidate staff and other Medicaid fraud detection prevention and recovery functions into a single office; create a more efficient and accountable structure; reorganize and streamline the state's process for detecting and combating Medicaid fraud and abuse; and to maximize the recovery of improper Medicaid payments. Ark. Code Ann. §20-77-2501.

On June 19, 2013, Governor Mike Beebe appointed Jay Shue to be Arkansas' first Medicaid Inspector General. Before accepting the appointment, Mr. Shue spent six years as the

director of the Arkansas Attorney General's Medicaid Fraud Control Unit. Mr. Shue also has approximately ten years of experience as a state prosecutor for the state of Arkansas. "This agency will create a dedicated mechanism for helping Arkansas combat improper billing and waste in the state Medicaid program," said Shue.

According to a recent article by Susan Milligan that was released on March 5, 2014, states across the country are increasing efforts to combat Medicaid fraud, waste, and abuse that results in billions of dollars in overpayments every year. (<http://www.pewstates.org>). Arkansas' response to these increasing concerns was the creation of the Arkansas Medicaid Inspector General's Office.

The Arkansas Medicaid Inspector General's Office is looking to launch new initiatives in 2014 including releasing a work plan for Provider audits and reviews. The work plan will help to steer and direct the audit strategy for the Arkansas Medicaid Inspector General. Additionally, the

Arkansas Medicaid Inspector General has released Annual and Quarterly reports detailing statistics on current and concluded audits, investigations, referrals, and recoupments.

Information and news regarding the initiatives, reports, and work from the Arkansas Medicaid Inspector General can be found on the agency website — <http://www.omig.arkansas.gov>. The agency website features an online complaint form and fraud hotline number to report suspected Medicaid fraud, waste and abuse. Providers looking for information on self-disclosure protocols can also find this information on the agency website.

<http://www.omig.arkansas.gov>



JAY SHUE, Arkansas Medicaid Inspector General

For more information about the Medicaid Office of Inspector General (OIG) or to learn more about Medicaid fraud, please log on to: www.omig.arkansas.gov

OR

Call the Medicaid OIG **HOTLINE** at:

855-527-6644

OFFICE OF THE
MEDICAID INSPECTOR GENERAL
JAY SHUE, INSPECTOR GENERAL

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HOTLINE

MEDICAID FRAUD HOTLINE
1-855-527-6644[®]

Report Medicaid Fraud by calling the Arkansas Medicaid Inspector General's Hotline at 1-855-SAR-OMIG (1-855-527-0044) or simply Report Fraud at the link below.

REPORT FRAUD >>

News | All News >

11.21.13 | Arkansas Medicaid Inspector General Announces New Agency Website
The Arkansas Medicaid Inspector General has announced the creation and launch of the Office of the Medicaid Inspector General's new website. The website can be accessed at <http://OMIG.Arkansas.gov>.

The website provides news and information about the Arkansas Medicaid Inspector General's Office. One of the site's main ... [Read More >](#)

Provider Information

Excluded Providers

Arkansas Medicaid Laws

What is Medicaid Fraud?

Helpful Links
Resources
OMIG Audit Protocol
FAQs

HOTLINE
1-855-527-6644

Office of the Medicaid Inspector General
700 South Main Street
Little Rock, AR 72203-1437
Phone: 501-682-8349
Fax: 501-682-8350
Contact Us

Internet Police

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IMPORTANT PHONE NUMBERS:

AANHR —AR Advocates for Nursing Home Residents	501-450-9619
AFMC —AR Foundation for Medical Care	1-888-354-9100
Area Agency on Aging	1-800-986-3505
Arkansas Attorney General Consumer Protection Division	1-800-482-8982
APS —Adult Protective Services (DHS)	1-800-482-8049
AR-GetCare —(Directory of Community-Based Services)	1-866-801-3435
Arkansas Rehabilitation Services	1-800-981-4463
AR SMP (Healthcare Fraud Complaints)	1-866-726-2916
Better Business Bureau (BBB)	501-664-7274
CMS —(Medicare)— (Centers for Medicare and Medicaid Services) (1-800MEDICARE)	1-800-633-4227
Community Health Centers of AR	1-877-666-2422
Coordination of Benefits	1-855-798-2627
DHS (Customer Assistance Unit)	1-800-482-8988
Do Not Call Registry	1-888-382-1222
Elder Care Locator	1-800-677-1116
Federal Trade Commission Report STOLEN IDENTITY	1-800-438-4338
ICan —Increasing Capabilities Access Network	501-666-8868
Medicaid —(Claims Unit)	1-800-482-5431
Medicaid Inspector General	1-855-527-6644
Medicaid Fraud Control Unit	1-866-810-0016
MEDICARE (CMS 1-800-MEDICARE)	1-800-633-4227
Medicare Part D	1-877-772-3379
Medicare Rights Center	1-800-333-4114
National Consumer Technical Resource Center	1-877-808-2468
National Medicare Fraud Hotline (1-800-HHS-TIPS) Office of Inspector General	1-800-447-8477
OLTC —Office of Long Term Care	1-800-LTC-4887
OLTC —Abuse Complaint Section	501-682-8430
Ombudsman —Statewide Office of Long Term Care	501-682-8952
Resource Center (ADRC) (DHS'S Choices in Living Resource Center)	1-866-801-3435
Senior Circle (Northwest Health System)	1-800-211-4148
SHIP (Senior Health Insurance Information Program)	1-800-224-6330
SMP Locator —(locate an SMP outside AR)	1-877-808-2468
SSA (Social Security Administration) Little Rock Office	1-800-772-1213 1-866-593-0933
SSA Fraud Hotline	1-800-269-0271
South Central Center on Aging	1-866-895-2795
Tri-County Rural Health Network	1-870-338-8900
UALR Senior Justice Center	501-683-7153
UofA Cooperative Extension Service	501-671-2000

HELPFUL WEBSITES:

ADRC —AR Aging & Disability Resource Center (DHS)— www.choicesinliving.ar.gov/
AR Advocates for Nursing Home Residents — www.aanhr.org ; e-mail: Info@aanhr.org
AR Long Term Care Ombudsman Program — www.arombudsman.com
Arkansas 2-1-1 — www.arkansas211.org (Get Connected. Get Answers)
Arkansas Aging Initiative — http://aging.uams.edu/?id=4605&sid=6
Attorney General — www.arkansasag.gov
Arkansas Attorney General Consumer Protection Division — e-mail: consumer@ag.state.ar.us
Area Agencies on Aging — www.daas.ar.gov/aaamap.html
Arkansas Foundation for Medical Care — www.afmc.org
Arkansas SMP — www.daas.ar.gov/asmp.html
BBB (Better Business Bureau) — scams and alerts — http://arkansas.bbb.org/bbb-news/
CMS (Medicare-Centers for Medicare and Medicaid Services) — www.cms.hhs.gov
Do Not Mail — www.DMAchoice.org
Elder Care Locator — www.eldercare.gov
H.E.A.T — www.stopmedicarefraud.gov/ (Healthcare Fraud Prevention and Enforcement Action Team)
ICan AT4ALL — Tools for Life— www.ar-ican.org
MEDICAID — www.Medicaid.gov
Arkansas MEDICAID INSPECTOR GENERAL — http://omig.arkansas.gov/fraud-form
MEDICARE — www.medicare.gov
Medicare Interactive Counselor — www.medicareinteractive.org
Hospital Compare — www.hospitalcompare.hhs.gov
MyMedicare.gov — www.mymedicare.gov (Access to <u>your personal</u> Medicare claims information)
MyMedicareMatters.org (National Council on Aging)
Office of Long Term Care — http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx
Office of Inspector General — e-mail: HHSTips@oig.hhs.gov
Pharmaceutical Assistance Program — medicare.gov/pap/index.asp
Physician Compare — www.medicare.gov/find-a-doctor
SMP Locator — SMPResource.org (locate an SMP outside of AR)
Social Security Administration — www.ssa.gov
TAP — www.arsinfo.org (Telecommunications Access Program)
Tri-County Rural Health Network — communityconnecting.net/home.html
UofA Cooperative Extension Service — www.uaex.edu (or) www.arfamilies.org
Working Disabled — www.workingdisabled-ar.org



OUR MISSION

TO EMPOWER SENIORS—

“To empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education.”

TO PREVENT HEALTH-CARE FRAUD

Protect Personal Information

- * Treat Medicare/Medicaid and Social Security numbers like credit card numbers
- * Remember, Medicare will not call or make personal visits to sell anything!
- * READ and SAVE Medicare Summary Notices (MSN) and Part D Explanation of benefits (EOB), but **shred** before discarding

Detect Errors, Fraud, and Abuse

- * Always review MSN and EOB for mistakes
- * Compare them to prescription drug receipts and record them in your Personal Health Care Journal
- * Visit www.mymedicare.gov to access your personal account online to look for charges for something you did not get, billing for the same thing more than once, and services that were not ordered by your doctor, etc.

Report Mistakes or Questions

- * If you suspect errors, fraud, or abuse, report it immediately! Call your provider or plan first.
- * If you are not satisfied with their response, call the Arkansas SMP

TO RECRUIT & TRAIN VOLUNTEERS

- * Retired seniors
- * Retired health-care providers
- * Retired professionals, *e.g.*, teachers, accountants, attorneys, investigators, nurses



SMP PARTNERS

El Dorado Connections RSVP
El Dorado, AR

Texarkana RSVP
Texarkana, AR

RSVP of Central Arkansas
Little Rock, AR

**Tri-County Rural Health
Network, Inc.**
Helena, AR

**Senior Health Insurance
Information Program (SHIIP)**
Little Rock, AR

**UAMS Arkansas Aging Initiative
CENTERS ON AGING**

**Arkansas Foundation for Medical Care
(AFMC)**
Fort Smith, AR

To receive the Arkansas SMP Newsletter electronically
email: kathleen.pursell@arkansas.gov

Current and archived newsletters available at:
www.daas.ar.gov/asmpnl.html



P. O. Box 1437 Slot S530
Little Rock, AR 72203-1437
<http://www.daas.ar.gov/asmp.html>

To Report Fraud, Waste & Abuse
Call the Toll-Free **Helpline**
8:00am-4:30pm: **1-866-726-2916**