



CMS NEWS

December 2, 2015

CMS Releases 2014

National Health

Expenditures

Aggregate health expenditures increase as millions gain coverage and prescription drug costs increase; spending growth remains below rates seen prior to the Affordable Care Act

In 2014, per-capita health care spending grew by 4.5 percent and overall health spending grew by 5.3 percent, a study by the Office of the Actuary at the Centers for Medicare & Medicaid Services (CMS) published today as a Web First by Health Affairs. Those rates are below most years prior to passage of the Affordable Care Act. In addition, consumer out-of-pocket spending grew by only 1.3 percent in 2014, as compared to 2.4 percent growth in 2013, reflecting the increased number of individuals with health coverage.

The report concludes that the increase in spending growth from 2013 was primarily driven by millions of new people with health insurance coverage a result of the Affordable Care Act and by rapidly rising prescription drug costs. Overall, spending on prescription drugs grew by 12.2 percent in 2014, compared to 2.4 percent growth in 2013, fueled largely by spending for new medicines, particularly for specialty drugs such as those used to treat hepatitis C. On a per-enrollee basis, overall spending increased by 3.2 percent in private health insurance and 2.4 percent for Medicare and decreased by 2.0 percent in Medicaid.

"Millions of uninsured Americans gained health care coverage in 2014," said CMS Acting Administrator Andy Slavitt. "And still, the rate of growth remains below the level in most years prior to the coverage expansion, while out-of-pocket costs grew at the fifth lowest level on record."

The Affordable Care Act allowed 8.7 million individuals to gain coverage in 2014 compared to 2013. As a result, the insured share of the population increased from 86.0 percent in 2013 to 88.8 percent in 2014, the highest share since 1987, according to the authors.

Overall, health care spending grew 1.2 percentage points faster than the overall economy in 2014, resulting in a 0.2 percentage-point increase in the health spending share of gross domestic product - from 17.3 percent to 17.5 percent. In the decade prior to the Affordable Care Act (2000-2009), health care spending grew by an average of 6.9 percent annually, 2.8 percentage points faster than GDP.

"Today's report reminds us that we must remain vigilant in focusing on delivering better health care outcomes, which leads to smarter spending, particularly as costs increase in key care areas, like prescription drugs costs," added Slavitt.

Additional highlights from the report:

- **Total private health insurance expenditures** (33 percent of total health care spending) reached \$991.0 billion in 2014, and increased 4.4 percent, faster than the 1.6 percent growth in 2013 (the slowest rate since 1967). The faster rate of growth reflected the impacts of expanding coverage through Marketplace plans, health insurance premium tax credits, new industry fees, and changes to benefit designs. Per-enrollee spending increased by 3.2 percent in 2014. Average growth in per-enrollee spending was 7.4 percent from 2000-2009.

- **Medicare spending**, which represented 20 percent of national health spending in 2014, grew 5.5 percent to \$618.7 billion, a faster increase than the 3.0 percent growth in 2013. The 2014 rate of growth was driven by increased spending growth for retail prescription drugs and in Medicare Advantage. Per-enrollee spending increased by 2.4 percent. Average growth in per-enrollee spending was 7.0 percent from 2000-2009.

- **Medicaid spending** accounted for 16 percent of total spending on health and grew 11.0 percent in 2014 to \$495.8 billion, a faster increase than the 5.9 percent growth in 2013. Medicaid growth in 2014 was driven by coverage expansion under the Affordable Care Act, as 26 states plus the District of Columbia provided coverage for individuals with incomes of up to 138 percent of the federal poverty level. An estimated 6.3 million newly eligible enrollees were added to Medicaid in 2014. Per-enrollee spending decreased by 2.0 percent.

- **Out-of-pocket spending** (which includes direct consumer payments such as copayments, deductibles, and spending not covered by insurance, excluding premiums) grew 1.3 percent in 2014 to \$329.8 billion, slower than annual growth of 2.1 percent in 2013. The slowdown in 2014 was influenced by the expansion of insurance coverage and the corresponding drop in the number of individuals without insurance.

Retail prescription drug spending accelerated in 2014, growing 12.2 percent to \$297.7 billion, compared to 2.4 percent growth in 2013. Rapid growth in 2014 was due to increased spending for new medicines (particularly for specialty drugs such as those used to treat hepatitis C), a smaller impact from patent expirations, and price increases for brand-name drugs. Private health insurance, Medicare, and Medicaid spending growth for prescription drugs all accelerated in 2014.

In 2014, **households** and the **federal government** accounted for the largest shares of spending (28 percent each), followed by **private businesses** (20 percent), and **state and local governments** (17 percent). The federal government share increased from 26 percent in 2013 due mainly to Medicaid expansion (which was financed 100 percent by the federal government) and health insurance premium tax credits.

The OACT report will appear at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>

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Tips to shed light on scams!



- Before offering your financial help to someone who claims to be a grandchild (or other relative/friend), be sure to telephone your family to verify that the emergency or urgent request is genuine. Beware of a caller who insists on secrecy. Never allow anyone to discourage you from seeking information, verification, support and counsel from family members, friends or trusted advisers prior to making any financial transaction.
- Take the following precautions to make sure your charitable donations benefit the people and organizations you want to help. If a caller claims to be from an established organization such as a hospital, charity, or law enforcement agency, look up the number of the organization independently and verify the claim before sending money. Ask for detailed information about the charity, including name, address, and telephone number. Then, call the charity directly. Ask if the organization is aware of the solicitation and has authorized the use of its name. The organization's development staff should be able to help you. You may also call the Consumer Protection Division of the Office of the Arkansas Attorney General at 1-800-482-8982 to verify the legitimacy of the charity.
- If you have received a letter from the IRS stating that you owe taxes, call the IRS directly at 1-800-829-1040 for information. The IRS will neither call to demand immediate payment, nor call without first mailing a bill. And, the IRS does not require you to use a specific payment method such as a prepaid debit card, nor will they threaten you with arrest for not paying.

Share this information with your friends, parents and others in your community.

<https://www.medicare.gov/supplierdirectory/search.html>

DO YOU KNOW HOW TO FIND A MEDICARE-APPROVED SUPPLIER WHEN YOU NEED TO CHANGE BECAUSE THE ONE YOU HAVE BEEN USING CAN NO LONGER PROVIDE THE EQUIPMENT OR SUPPLIES YOU NEED?

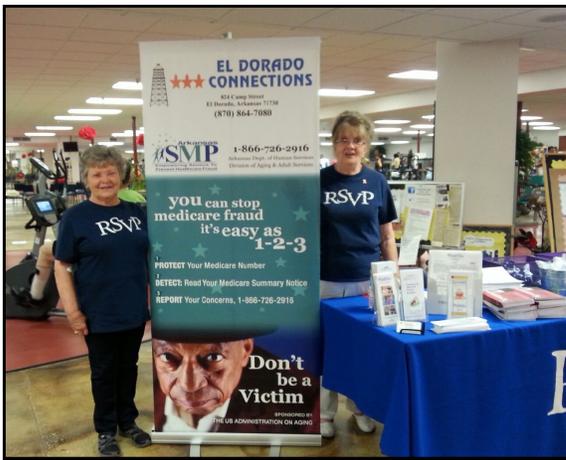
You can log on to www.medicare.gov/supplierdirectory/search.html, type in your zip code, and you will receive a message like this:

This ZIP code is within a Competitive Bidding Area (CBA).

Important: Some competitive bid categories have very similar names to non-competitive bid categories. Competitive bid categories are marked with a ★. If you aren't sure which category to choose, select "View Examples" next to the Competitive Bid Category. You'll get a list of equipment and supplies included in the Competitive Bidding Program for that category. If your equipment or supply isn't listed, select the appropriate category from the Non-Competitive Bid Categories section.

Note: Competitive bid supplier information is updated on a weekly basis.

You can then select up to 5 categories, and click the "Search" button.



Do you know how to protect yourself from Medicare Fraud and Abuse? (Pictured) Sonnie Bell and Shirley Gardner, El Dorado RSVP Senior Medicare Patrol Volunteers, were on hand at the Head to Toe Wellness Event at Champagnolle Landing giving seniors information informing them how to Protect, Detect, and Report Medicare Fraud and Abuse.

YOU Can Help Fight Medicare Fraud!
Join the Arkansas SMP!
FOR VOLUNTEER OPPORTUNITIES CALL
—1-866-726-2916—

Medicare Makes MSNs Available Electronically

Since October 1, people with Medicare have been able to opt out of getting paper Medicare Summary Notices (MSNs) mailed to them and instead request electronic MSNs (eMSNs).

One of the benefits of eMSNs is that individuals will get them monthly, unlike the paper version, which is mailed quarterly. They'll be able to access their information wherever and whenever they are online, and they'll be able to detect errors and potential fraud more quickly. People who choose to get eMSNs can also view more information than what's provided in the claims section on MyMedicare.gov, such as:

- Medicare Part A deductible status
- Medicare Part B deductible status
- Inpatient benefit days remaining
- Skilled nursing home benefit days remaining
- Definitions of all terms used in the claims tables

<https://www.stopmedicarefraud.gov/index.html>



- Consumer-friendly descriptors for the codes used in the claims table that explain what the medical appointment was about and what procedures or activities were performed.
- The Centers for Medicare & Medicaid Services (CMS) anticipates that electronic adoption by just 10 percent of beneficiaries could save the program \$35 million per year. To help educate consumers, Medicare is taking the following actions:
- Inserting promotional information and sign-up instructions for eMSNs in most paper MSNs Oct. 1, 2015 to Dec. 31, 2015. Look for the yellow paper.
 - Emailing people with Medicare who have provided an email address.
 - Providing information in the 2016 Medicare & You handbook.

For more information and to sign up, visit MyMedicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

SOURCE: The Sentinel, a publication of the SMP Resource Center
www.smpresource.org
 November 2015

How to sign-up for eMSNs

You'll need a MyMedicare.gov account to sign up for eMSNs. If you don't have an account, visit MyMedicare.gov and select "Create an Account".

Once you've signed up for your MyMedicare.gov account (or if you already have an account), complete these 5 steps between 6 a.m. and 10 p.m. (Eastern Time):

[Login to MyMedicare.gov](http://MyMedicare.gov).

1. Select "My Account" from the menu.
2. In the "User information" tab, choose "Email and Correspondence Settings."
3. In the "Electronic Medicare Summary Notices (eMSNs)" area, select "Edit."
4. Select "Yes" and then "Submit" and you're done.

When your eMSN is available, you'll get an email letting you know that you can view your eMSN at MyMedicare.gov.

<https://www.medicare.gov/forms-help-and-resources/e-delivery.html>

Just because you may be a target... doesn't mean you have to be a VICTIM!
Pass it on... Help make others aware of fraud and how to avoid scams and financial abuse.

CMS Finalizes Rule Creating Prior Authorization Process for Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items

On December 24, 2015 the Centers for Medicare & Medicaid Services (CMS) issued a final rule that would establish a prior authorization process for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) items that are frequently subject to unnecessary utilization. This prior authorization process will help ensure that certain DMEPOS items are provided consistent with Medicare coverage, coding, and payment rules. CMS believes the final rule will prevent unnecessary utilization while safeguarding beneficiaries' access to medically necessary care.

PRIOR AUTHORIZATION PROCESS

Prior authorization will be required for DMEPOS items on the Required Prior Authorization List.

(The Master List is the set of 135 DMEPOS items identified as being frequently subject to unnecessary utilization.)

The Prior Authorization Process requires all relevant documentation to be submitted for review prior to furnishing the item to the beneficiary and submitting the claim for processing. CMS or its contractors will review the prior authorization request and provide a provisional affirmation or non-affirmation decision. A claim submitted with a provisional affirmation decision will be paid so long as all other requirements are met. A claim submitted with a non-affirmation decision or without a decision will be denied. Unlimited resubmissions of prior authorization requests are allowed.

Medicare or its review contractor will make a reasonable effort to render an initial prior authorization determination within 10 business days and will make a reasonable effort to render a resubmission prior authorization determination within 20 business days. These are maximum timeframes and will

be adjusted downward for items that require less time for making a determination. An expedited review process will be available to address circumstances where applying the standard timeframe for making a prior authorization decision could seriously jeopardize the life or health of the beneficiary. The request for an expedited review must provide rationale supporting the request.

CMS will issue specific prior authorization guidance in sub-regulatory communications.

The final rule is currently on display at:

<https://www.federalregister.gov/articles/2015/12/30/2015-32506/medicare-program-prior-authorization-process-for-certain-durable-medical-equipment-prosthetics>



Medical Equipment & Supplies

THE MASSIVE NUMBER OF FAMILIES STRUGGLING TO PAY MEDICAL BILLS

More than 44 million people in the U.S. belong to households that have trouble paying their medical bills, a new report from the CDC finds. That's actually an improvement, though. The share of people under 65 in families struggling to pay health costs dropped from 21 percent in 2011 to 16.5 percent this year. The biggest chunk of people having a hard time paying — nearly 30 percent — were uninsured. Another 20 percent were covered by Medicare or Medicaid.

SOURCE: U.S. Department of Health and Human Services • Centers for Disease Control and Prevention • National Center for Health Statistics • Released 12/2015
<http://www.cdc.gov/nchs/nhis/releases.htm>



\$25 million nursing home fraud scheme

Two psychologists, along with other clinical psychologists employed by their companies, allegedly provided psychological tests and other services to nursing home residents that weren't necessary, and in some cases, never provided. They were charged for billing Medicare \$25 million between 2009 and 2015. The case is being handled by the Medicare Fraud Strike Force.

SOURCE: <http://www.mcknights.com/news/psychologists-charged-in-25-million-nursing-home-fraud-scheme/article/449170/>
Emily Mongan, Staff Writer / October 25, 2015

Nursing home agrees to \$3 million settlement in ambulance swapping case

Galveston-based nursing home operator Regent Management Services has agreed to pay more than \$3 million to settle allegations that the company received illegal kickbacks from ambulance providers.

The settlement is believed to be the nation's first to hold a medical institution – a hospital or nursing home – rather than a transportation company, accountable for what are called ambulance-swapping arrangements. In these arrangements, providers often give price breaks or do not charge residents for certain ambulance rides in exchange for referrals of other lucrative Medicare and Medicaid business.

The anti-kickback statute prohibits offering, paying, soliciting or receiving compensation to induce referrals of federal health care program items or services.

The company will pay nearly \$3.2 million to resolve the alleged scheme.

SOURCE: <http://www.chron.com/news/houston-texas/houston/article/Nursing-home-agrees-to-3-million-settlement-in-6666007.php>
By Cindy George / November 30, 2015

Little Rock doctor pleads guilty to healthcare fraud, admits to \$2.2 million in fraudulent billing

Dr. Robert Barrow, 62, of Little Rock, who owned and operated a Little Rock medical clinic named “Your Doctor’s Office,” pled guilty to conspiring to commit health care fraud before U.S. District Court Judge J. Leon Holmes.

Dr. Barrow admitted that he abused his position of trust and that his scheme victimized health insurers and former patients alike in that some former patients bore out-of-pocket expenses (for example, co-payments) believing that they were receiving physical therapy.

Dr. Barrow admitted that he conspired with Billy Marc Young, a local massage therapist. Dr. Barrow referred patients to Young and Young’s services were subsequently billed to health insurers under Dr. Barrow’s provider number as if they were physical therapy—even at times when Dr. Barrow himself was out of the state or out of the country in places like Las Vegas, Hawaii, and London.

Bills to health insurers ultimately surpassed \$2.2 million. Under the terms of the plea agreement, Dr. Barrow is required to pay \$702,361.12 in restitution to Medicare and Blue Cross (less what Young pays) and up to \$100,000 to former patients who bore out-of-pocket expenses believing that they were receiving physical therapy. In exchange, the United States has agreed to dismiss all remaining charges against Dr. Barrow and his wife, Dr. Angela Barrow.

Conspiracy to commit health care fraud is punishable by up to ten years’ imprisonment, a \$250,000 fine, and not more than three years’ supervised. Sentencing before Judge Holmes will follow at a later date.

SMP VOLUNTEER & ADVISORY COUNCIL APPRECIATION LUNCHEON

December 8, 2015 / Park on the River, Maumelle AR





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

Report all scams to the Arkansas SMP — **866-726-2916**

DIABETES SCAMS — What Should You Do?

In light of the prevalence of diabetes in Arkansas and the huge potential for healthcare fraud associated with the provision of diabetic supplies and Durable Medical Equipment (DME) for complications of the disease, the Arkansas SMP elected to conduct a new initiative to educate adult consumers of diabetic supplies and DME about fraudulent marketing practices and diabetes scams.

Unfortunately, these consumers are constantly contacted by scam artists via mail, email or telephone with offers of “free” diabetic supplies, and for that reason, the Arkansas SMP developed a brochure that specifically targets diabetes scams. The brochure includes “dos and don’ts” to avoid becoming a victim of healthcare fraud, as well as suggestions for finding low-cost diabetic supplies from reputable organizations/programs.

The brochure is available in English and Spanish. If you would like your own free copy of the brochure, please call the Arkansas SMP at 1-866-726-2916.



Genetic Testing Scheme Defrauds Medicare of \$1 Million

Seth Rehfuss, 41, of Somerset, New Jersey, was arrested on December 16 for allegedly defrauding Medicare by conning seniors into getting unnecessary genetic tests. According to federal prosecutors, the Medicare program paid out more than \$1 million to two clinical laboratories in Virginia and California for the unneeded tests, and Rehfuss received tens of thousands of dollars in commissions from the labs.

Rehfuss organized ice cream socials with senior groups to talk about health issues, claiming to represent a nonprofit organization called "The Good Samaritans of America." Prosecutors said that Rehfuss gave presentations to seniors that played on their health fears and told them that genetic tests could determine if they were susceptible to heart attacks, strokes, cancer, and even suicide.

According to a criminal complaint filed in federal district court in Newark, Rehfuss claimed that The Good Samaritans of America was a "trusted" nonprofit. The organization stated on its website, "As Good Samaritans we are dedicated to increase the quality of life for seniors." Prosecutors disagree, however, and said the organization, which ran ads offering free ice cream to ensure attendance at its events, was a front to get people to sign up for genetic testing.

Participants at the events would have DNA swabs taken in the community rooms where the presentations were held, or even in their apartments. The tests were done without determining whether they were medically necessary and without the involvement of any healthcare providers. Rehfuss reportedly told groups that genetic testing allowed for "personalized medicine" and would help identify potential side effects from medications.

Rehfuss used ads on Craigslist to recruit doctors and physician assistants who could get the genetic tests authorized, through contractual agreements with The Good Samaritans of America. Rehfuss allegedly paid these healthcare providers thousands of dollars per month to sign forms authorizing genetic testing for patients that they had never examined. Investigators said that many of the test results were never sent to patients or their actual physicians.

The genetic testing scheme began in New Jersey, but prosecutors said that Rehfuss and others also perpetrated the scam in Georgia, Delaware, Virginia, Maryland, Pennsylvania, South Carolina, Michigan, Mississippi, Florida, Tennessee, and Arizona. Rehfuss could face up to ten years in prison and a fine of \$250,000 if he is convicted.

Source: www.nj.com



SOME REALLY GREAT NEW YEAR'S RESOLUTIONS! DON'T JUST READ THEM...TAKE TIME TO DO THEM! LET'S MAKE 2016 THE BEST YEAR YET!

- Sit Less and Walk More
- Get Organized and Plan Better
- Eat Healthy Food / "Real" Food
- Attend Educational Events/Activities
- Reduce TV Time
- Schedule Time for Hobbies
- Stay Fit and Healthy
- Lose Weight
- Learn New Skills / Games
- Read Books
- Get Involved
- Volunteer / Help Others
- Meet Old Friends and New Friends

SOURCE: Deaf Seniors USA

TIMING IS EVERYTHING!

When is the best time of day to take care of business over the phone? You may not realize it, but you may be making your calls on the busiest day and at the busiest time of the day!

It may surprise you that early morning hours or late at night are the best times to call hotlines!

...And, late in the week are the best days to call hotlines (Thursdays and Fridays). Monday is the WORST day of the week to try to handle your business calls.

The same goes for calling Medicare! The best time to call Medicare is early morning, before 8 a.m. and after 5:00 p.m.

Remember Medicare's toll-free number is open 24 hours a day!
1-800-633-4227

TERMINOLOGY: ABN—

What is an Advance Beneficiary Notice of Non-coverage (ABN)?

If you have Original Medicare, your doctor, other healthcare provider, or supplier may give you a notice called an ABN. This notice says Medicare probably (or certainly) won't pay for some services in certain situations.

What Happens if I get an ABN?

- You'll be asked to choose whether to get the items or services listed on the ABN;
- If you choose to get the items or services listed on the ABN, you're agreeing to pay if Medicare doesn't.
- You'll be asked to sign the AN to say that you've read and understood it.
- Doctors, other healthcare providers, and suppliers don't have to (but still may) give you an ABN for services that Medicare never covers.
- An ABN isn't an official denial of coverage by Medicare. You could choose to get the items listed on the ABN and still ask your healthcare provider or supplier to submit the claim. If Medicare denies payment you can still file an appeal—(medicare.gov/appeals). However, you'll have to pay for the items or services if Medicare determines that the items or services aren't covered (and no other insurer is responsible for payment).

Can I get an ABN for other reasons?

- ◆ You may get a "Skilled Nursing Facility ABN" when the facility believes Medicare will no longer cover your stay or other items and services.
- ◆ You may get an ABN if you're getting equipment or supplies that are in the DMEPOS Competitive Bidding Program and the supplier isn't a contract supplier.

What if I didn't get an ABN?

If your provider was required to give you an ABN but didn't, in most cases, your provider must pay you back what you paid for the item or service.

Medicare Fraud, Waste and Abuse—

Some of this loss is attributable to error, but there are unscrupulous providers who steal from Medicare and the beneficiaries who rely on it.

This is not just a problem for beneficiaries, it is a problem for all taxpayers. Medicare fraud is a national issue and an expensive problem. It is our responsibility to work together to protect the Medicare trust fund for future generations.

The mission of the SMP is to "empower seniors to prevent healthcare fraud" and this can be done by remembering three easy steps: "**Protect, Detect & Report.**"

Protect your personal information.

Detect FWA and errors by reviewing your Medicare Summary Notice.

Report discrepancies of the Arkansas SMP at 866-726-2916.

facebook.com/arsmp



1-866-726-2916

Medicare 2016 costs at a glance

Listed below are basic costs for people with Medicare. If you want to see and compare costs for specific health care plans, visit the Medicare Plan Finder at <https://www.medicare.gov/find-a-plan/questions/home.aspx>

If you want specific cost information (like whether you've met your deductible, how much you'll pay for an item or service you got, or the status of a claim), visit MyMedicare.gov.

2016 costs at a glance

Part A premium	Most people don't pay a monthly premium for Part A (sometimes called "premium-free Part A"). If you buy Part A, you'll pay up to \$411 each month.
Part A hospital inpatient deductible and coinsurance	<p>You pay:</p> <ul style="list-style-type: none"> • \$1,288 deductible for each benefit period • Days 1-60: \$0 coinsurance for each benefit period • Days 61-90: \$322 coinsurance per day of each benefit period • Days 91 and beyond: \$644 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) • Beyond lifetime reserve days: all costs
Part B premium	Most people pay \$104.90 each month.
Part B deductible and coinsurance	\$166 per year. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.
Part C premium	The Part C monthly premium varies by plan. Compare costs for specific Part C plans.
Part D premium	The Part D monthly premium varies by plan (higher-income consumers may pay more). Compare costs for specific Part D plans.

The Arkansas SMP would like to come to your area to speak about current scams and health care fraud prevention!
Call 1-866-726-2916
to schedule a presentation!

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

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
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
Mid Delta Community Consortium	1-870-572-5518
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 your personal 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



SENIOR MEDICARE PATROL (SMP) MISSION

“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 HEALTHCARE 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 with 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 and/or you never received.

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

RSVP of Central Arkansas
Little Rock, AR

Oaklawn Foundation
Hot Springs, AR

Mid Delta Community Consortium
West Helena, AR

Tri County Rural Health Network
Helena, AR

**Texarkana Regional
Center on Aging**
Texarkana, AR

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

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

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



Arkansas Senior Medicare Patrol (SMP)
P. O. Box 1437 Slot S530
Little Rock, AR 72203-1437
<http://www.daas.ar.gov/asmp.html>

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