



NEWSLETTER

Editor, Kathleen Pursell—AR SMP Director

NEWS RELEASE
Wednesday, June 22, 2016

NATIONAL HEALTH CARE FRAUD TAKEDOWN RESULTS IN CHARGES AGAINST 301 INDIVIDUALS FOR APPROXIMATELY \$900 MILLION IN FALSE BILLING

Most Defendants Charged and Largest Alleged Loss Amount in Strike Force History

Attorney General Loretta E. Lynch and Department of Health and Human Services (HHS) Secretary Sylvia Mathews Burwell announced today an unprecedented nationwide sweep led by the Medicare Fraud Strike Force in 36 federal districts, resulting in criminal and civil charges against 301 individuals, including 61 doctors, nurses and other licensed medical professionals, for their alleged participation in health care fraud schemes involving approximately \$900 million in false billings. Twenty-three state Medicaid Fraud Control Units also participated in today's arrests. In addition, the HHS Centers for Medicare & Medicaid Services (CMS) is suspending payment to a number of providers using its suspension authority provided in the Affordable Care Act. This coordinated takedown is the largest in history, both in terms of the number of defendants charged and loss amount.

Attorney General Lynch and Secretary Burwell were joined in the announcement by Assistant Attorney General Leslie R. Caldwell of the Justice Department's Criminal Division, FBI Associate Deputy Director David Bowdich, Inspector General Daniel Levinson of the HHS Office of Inspector General (OIG), Acting Director Dermot O'Reilly of the Defense Criminal Investigative Service (DCIS), and Deputy Administrator and Director of CMS Center for Program Integrity Shantanu Agrawal M.D.

The defendants announced today are charged with various health care fraud-related crimes, including conspiracy to commit health care fraud, violations of the anti-kickback statutes, money laundering and aggravated identity theft. The charges are based on a variety of alleged fraud schemes involving various medical treatments and services, including home health care, psychotherapy, physical and occupational therapy, durable medical equipment (DME) and prescription drugs. More than 60 of the defendants arrested are charged with fraud related to the Medicare prescription drug benefit program known as Part D, which is the fastest-growing component of the Medicare program overall.

"As this takedown should make clear, health care fraud is not an abstract violation or benign offense – it is a serious crime," said Attorney General Lynch. "The wrongdoers that we pursue in these operations seek to use public funds for private enrichment. They target real people – many of them in need of significant medical care. They promise effective cures and therapies, but they provide none. Above all, they abuse basic bonds of trust – between doctor and patient; between pharmacist and doctor; between taxpayer and government – and pervert them to their own ends. The Department of Justice is determined to continue working to ensure that the American people know that their health care system works for them – and them alone."

"Millions of seniors depend on Medicare for essential health coverage, and our action shows that this administration remains committed to cracking down on individuals who try to defraud the program," said Secretary Burwell. "We are continuing to put new tools and additional resources to work, including \$350 million from the Affordable Care Act, for health care fraud prevention and enforcement efforts. Thanks to the hard work of the Medicare Fraud Strike Force, we are making progress in addressing and deterring fraud and delivering results to help ensure Medicare remains strong for years to come."

According to court documents, the defendants allegedly participated in schemes to submit claims to Medicare and Medicaid for treatments that were medically unnecessary and often never provided. In many cases, patient recruiters, Medicare beneficiaries and other co-conspirators were allegedly paid cash kickbacks in return for supplying beneficiary information to providers, so that the providers could then submit fraudulent bills to Medicare for services that were medically unnecessary or never performed. Collectively, the doctors, nurses, licensed medical professionals, health care company owners and others charged are accused of submitting a total of approximately \$900 million in fraudulent billing.

"The Medicare Fraud Strike Force is a model of 21st-Century data-driven law enforcement, and it has had a remarkable impact on health care fraud across the country," said Assistant Attorney General Caldwell. "As the cases announced today demonstrate, the Strike Force's strategic approach keeps us a step ahead of emerging fraud trends, including drug diversion, and fraud involving compounded medications and hospice care."

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Original Medicare Appeals:

There are two types of Original Medicare appeals:

- 1) Post-service **standard appeal**. This is an appeal you file if you already received a health care service or item and your Medicare Summary Notice (MSN) indicates that Medicare did not pay for the service you received.
- 2) Ending care **expedited appeal**. This is filed if your care from a hospital, skilled nursing facility (SNF), comprehensive outpatient rehabilitation facility (CORF), hospice, or home health agency is about to end and you or your caregiver feel you are not ready.

→ Sometimes you have the option of starting an appeal in writing or over the phone. **We recommend writing an appeal letter.** The address where you send the appeal should be on the denial notice. Look below where it

says "Important Information About Your Appeal Rights." If you are unable to locate the address, call your plan or 1-800-MEDICARE for assistance.

- If you have the option to fax an appeal, consider both mailing and faxing your appeal. **Keep photocopies and records of all communication**, whether written or oral, with Medicare concerning your denial. Send your appeal certified mail or delivery confirmation.
- Be brief and concise in your appeal letter. Clearly state which denied service you are appealing.
- In most cases, having a doctor's letter of support is helpful for your appeal. The letter should state why your health service, item, or medication is medically necessary.
- Keep a copy of everything you send to your plan and detailed records of everyone you talk to.
- Keep the receipts if you pay out of pocket for your services. You will be reimbursed if you win your appeal.

- There are multiple levels of the appeal process. If Medicare or your plan denies your appeal, you can continue appealing by following the instructions on your denial notice.
- If you missed the deadline to appeal at any level, you can ask for a Good Cause Extension.

Common reasons for requesting a Good Cause Extension are:

- ◆ You did not receive a denial notice, or you received it late;
- ◆ You were seriously ill, and this prevented you from filing an appeal;
- ◆ An accident destroyed your records;
- ◆ You were unable to obtain the documents you needed within the timeframe; or
- ◆ You could not understand the documents.

The list above is not comprehensive. If you have a good reason for not appealing in a timely way, but it is **not on this list, request the extension anyway.**

Medicare Reminder!

If you can show good cause of why you did not file an appeal on time (**WITHIN 120 DAYS** of receipt of your MSN), you can file a late appeal. The good cause exception applies at each level of the Medicare appeals process, and it applies whether you are appealing a denial from Original Medicare, a Medicare Advantage plan, or a Part D prescription drug plan. Good cause reasons for filing late are judged on a case-by-case basis. If you think you have a good reason for not appealing on time, send in your appeal with a clear explanation of why your appeal is late.

Ways to Avoid Fraud—

Crooks use clever schemes to defraud millions of people every year. They often combine new technology with old tricks to get people to send money or give out personal information.

Remember: Scammers often pretend to be someone you trust, like a government official, a family member, a charity, or a company you do business with.

Here are some practical tips to help you stay a step ahead:

- * **Spot Imposters**
- * **Don't send money or give out personal information in response to an unexpected request — whether it comes as a text, a phone call, or an email.**
- * **Do online searches.**
- * **Don't believe your caller ID.**
- * **Don't pay upfront for a promise.**
- * **Consider how you pay—WIRING MONEY IS RISKY!**
- * **Talk to someone.**
- * **Hang up on robocalls.**
- * **Be skeptical about free trial offers.**
- * **Don't deposit a check and wire money back.**

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.

Continued from Page 1

NATIONAL HEALTH CARE FRAUD TAKEDOWN

"These criminals target the most vulnerable in our society by taking money away from the care of the elderly, children and disabled," said Associate Deputy Director Bowdich. "The FBI is committed to working with our partners and the public to stop fraud and ensure that healthcare dollars are used to help the sick, and not line the pockets of criminals."

"While it is impossible to accurately pinpoint the true cost of fraud in federal health care programs, fraud is a significant threat to the programs' stability and endangers access to health care services for millions of Americans," said Inspector General Levinson. "As members of the joint Strike Force, OIG will continue to play a vital role in tracking down these criminals and seeing that justice is done."

"DCIS, in partnership with our fellow federal investigative agencies, will continue to uncompromisingly investigate and bring to justice the people who perpetrate these criminal acts," said Acting Director O'Reilly. "Their actions threaten to cripple our vital national health care industry, and place our citizenry at risk. We will remain vigilant."

"Taxpayers and Congress provided CMS with resources to adopt powerful monitoring systems that fight fraud, safeguard program dollars, and protect Medicare and Medicaid," said Deputy Administrator and Center for Program

Integrity Director Agrawal. "The diligent use of innovative data analytic systems has contributed or led directly to many of the law enforcement cases presented here today. CMS is committed to its collaboration with these agencies to keep federally-funded health care programs safe and strong for all Americans."

The Medicare Fraud Strike Force operations are part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative announced in May 2009 between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. The Medicare Fraud Strike Force operates in nine locations and since its inception in March 2007 has charged over 2,900 defendants who collectively have falsely billed the Medicare program for over \$8.9 billion.

Including today's enforcement actions, nearly 1,200 individuals have been charged in national takedown operations, which have involved more than \$3.4 billion in fraudulent billings. Today's announcement marks the second time that districts outside of Strike Force locations participated in a national takedown, and they accounted for 82 defendants charged in this takedown.

A complaint or indictment is merely a charge, and all defendants are presumed innocent unless and until proven guilty.

The Affordable Care Act has provided new tools and resources to fight fraud in federal health care programs. The law provides an additional \$350 million for health care fraud prevention and enforcement efforts, which has allowed the department to hire more prosecutors and the Strike Force to expand from two cities to nine. The act also toughens sentencing for criminal activity, enhances provider and supplier screenings and enrollment requirements and encourages increased sharing of data across government.

In addition to providing new tools and resources to fight fraud, the Affordable Care Act clarified that for sentencing purposes, the loss is determined by the amount billed to Medicare and increased the sentencing guidelines for the billed amounts, which has provided a strong deterrent effect due to increased prison time, particularly in the most egregious cases.

To date, these national takedown operations have resulted in charges against 1,200 individuals involved in fraudulent billing of more than \$3.4 billion. The Medicare Strike Force has nine locations, but 82 of those charged in this broader national effort were from other districts, representing the cooperative efforts of agencies at the federal and state levels.

Since January 2009, the Justice Department's Civil Division, along with U.S. Attorney's Offices around the country, has recovered a total of more than \$29.9 billion through False Claims Act cases, with more than \$18.3 billion of that amount recovered in cases involving fraud against federal health care programs.

Largest takedown in the 9-year history of the Strikeforce Team:

<https://www.justice.gov/opa/pr/national-health-care-fraud-takedown-results-charges-against-301-individuals-approximately-900>

TODAY IS A

PERFECT

DAY...

TO HAVE A

PERFECT DAY!



Join the National Do Not Call List

Register your home and mobile phone numbers with the National Do Not Call Registry. This won't stop all un-solicited calls, but it will stop most.

If your number is already on the registry and you still get calls, they're probably from scammers ignoring the law. Hang up, and report them at www.donotcall.gov / 1-888-382-1222; Or call the Arkansas SMP at 1-866-726-2916—Report Scams!

Senior Medicare Patrol (SMP) programs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. SMPs are grant-funded projects of the federal U.S. Department of Health and Human Services (HHS), U.S. Administration for Community Living (ACL).

IDENTITY THEFT—

Identity theft was the 5th most common scam reported to the Fraud Hotline in 2015 according to the U.S. Senate Special Committee on Aging.

This wide-ranging category includes calls about actual theft of a wallet or mail, online impersonation, or other illegal efforts to obtain a person's identifiable information.

The new law to remove seniors' Social Security numbers from their Medicare cards will help prevent identity theft.

Be looking for more information on this to follow!

CMS News

June 27, 2016

2017 News related to Home Health—

To be eligible for the home health benefit, beneficiaries must need intermittent skilled nursing or therapy services and must be homebound and under the care of a physician. Covered home health services include skilled nursing, home health aide, physical therapy, speech-language pathology, occupational therapy, medical social services, and medical supplies.

CMS Media Relations
(202) 690-6145

**Unreported fraud,
waste, and abuse in
Medicare and
Medicaid can cost
Arkansas taxpayers
millions of dollars each
year.**

PROTECT

DETECT

REPORT

1-866-726-2916

***IF YOU MAKE IT EASY FOR SOMEONE TO STEAL FROM YOU...
SOMEONE WILL!
BE A SMART CONSUMER.***

—Abagnale

Frank Abagnale, Jr. is an American security consultant known for his history as a former confidence trickster, check forger, and impostor between the ages of 15 and 21. He became one of the most famous impostors ever, claiming to have assumed no fewer than eight identities, including an airline pilot, a physician, a U.S. Bureau of Prisons agent, and a lawyer. He escaped from police custody twice, before he was 21 years old. He served less than five years in prison before starting to work for the federal government. **He is currently a consultant and lecturer for the FBI academy and field offices. He also runs Abagnale & Associates, a financial fraud consultancy company.**

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

The Partnership for SAFEMEDICINES.org states that a NeedyMeds Drug Discount Card is a safe way to find discounts on your prescription, over-the-counter, and pet prescription drugs. Log on to: <http://www.needymeds.org/DrugCardOrder.taf>

The Partnership for Prescription Assistance will help qualifying patients without prescription drug coverage get the medicines they need for free or nearly free. They will help you find the program that's right for you. Log on to: <https://www.pparx.org/>

we're all mature until someone



pulls out bubble wrap

HANG UP ON PHONE FRAUD!



OFFICE OF INSPECTOR GENERAL (OIG)
<http://oig.ssa.gov/report-fraud-waste-or-abuse>



Jury Convicts Texas Doctor in Biggest Home Health Care Fraud

By The Associated Press
DALLAS — Apr 13, 2016, 8:38 PM ET

A Dallas-area doctor was convicted of fraud for allegedly "selling his signature" to process almost \$375 million in false Medicare and Medicaid claims in what investigators called the biggest home health care fraud case in the history of both programs.

The doctor was found guilty of eight counts of committing health care fraud, one of conspiracy, two of making a false statement and one of obstructing justice. Three others were also convicted of conspiracy and assorted other charges.

Trial evidence showed that Medicare clients (including patients from a homeless shelter) were recruited, with recruiters sometimes receiving up to \$50 per patient.

Records were falsified to show nursing services provided, unnecessary home visits, and unnecessary medical services involving 11,000 Medicare beneficiaries through more than 500 home health providers between January 2006 and November 2011. The fraud was unprecedented in scope.

The fact that the alleged scheme went undetected for years before an investigation began raised questions about the federal system for detecting fraud by Medicare and Medicaid contractors. The problem was not with the detection system but the complexity and sophistication of the conspiracy.

<http://abcnews.go.com/Politics/wireStory/jury-convicts-texas-doctor-biggest-home-health-care-38375732>

Patient recruiter/staffing employee convicted in home healthcare fraud scheme

A staffing company employee and patient recruiter for several Miami-area home health agencies was convicted of one count of conspiracy to defraud the U.S. and pay and receive healthcare kickbacks and one count of receiving healthcare kickbacks.

He claimed to work at a staffing company but was in fact a patient recruiter who created a shell company for the purpose of receiving approximately \$250,000 in kickbacks from two fraudulent home healthcare agencies in Miami. Medicare paid more than \$2 million in claims to the two fraudulent agencies.

<http://www.staffingindustry.com/Editorial/Daily-News/Patient-recruiter-staffing-employee-convicted-in-home-healthcare-fraud-scheme-37461#sthash.Lp0tcWnM.dpuf>
April 04 2016

South Florida Doctor Gets 3-Plus Years In Prison For Medicare Fraud

By THE ASSOCIATED PRESS • JUL 7, 2016

A South Florida doctor plead guilty to falsely diagnosing hundreds of patients in a Medicare fraud scheme and was ordered to pay \$2.1 million in restitution to the government. The doctor falsely diagnosed 387 patients, almost none of whom actually had the rare spinal condition. The federal program paid out \$2.1 million in excess benefits, 80 percent of which went to the doctor.

<http://wlrn.org/post/doctor-gets-3-plus-years-prison-medicare-fraud>

Fraud Charge Filed over Medicaid bills

Arkansas Democrat Gazette

Helena-West Helena, AR—

A woman was arrested for billing Arkansas Medicaid for more than \$1,300 for personal care services she did not provide. The woman admitted to an investigator with the Attorney General's Medicaid Fraud Control Unit that she was hired to provide help to a Medicaid recipient with daily living tasks under the Independent Choices program. The woman billed Medicaid for services from July 14 through October 5, during which time she did not provide services. She said she did this because she needed money.

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

Report all scams to the Arkansas SMP — **1-866-726-2916**

BACK BRACE SCAM—

How it works:

This is one of the old scams that keeps resurfacing!And, unfortunately, people are falling victim!

The caller states they are with Medicare and asks to verify personal information such as your name and address. Then they state that Medicare is sending a new back brace **FREE OF CHARGE**, they just need to verify your Medicare number! They may even know your doctor's name and state that your doctor referred them and ordered the brace.

The caller then suggests that because Medicare will pay for it you may also want a knee brace or other item. They may tell you that their back brace specialist or supervisor will be calling later for additional information.

Best response?

- ◆ **JUST HANG UP!**
- ◆ **Do not give any information to the caller — even if they already know your name or your doctor's name!**
- ◆ **REMEMBER....Medicare will not call you and ask for personal information or offer FREE product.**

RECOVERY SCAM—

How it works:

Con artists contact you because you're on their lists of people who lost money to scams. For a "small fee" or "donation" upfront, they promise to recover the money you lost from a scam.

Some crooks claim to be from a government agency or actual victims themselves!

But these are all scams too! Just another way for a scammer to profit from your loss. They're after your money, and if you share your personal information, they've got it.

Best response?

- ◆ **JUST HANG UP!**
- ◆ **Don't pay upfront for a promise.**
- ◆ **Don't send money or give out personal information.**

TERMINOLOGY — KICKBACKS

Beginning in the 1970s, the HEALTH CARE industry became the particular focus for government efforts to prevent kickbacks. As health care costs escalated in the late 1980s and 1990s, efforts to prevent Fraud intensified, resulting in 1995 in the passage of the Medicare Fraud Statute (42 U.S.C.A. §§ 1320a–1327b).

This statute prohibits kickback schemes such as those in which hospitals pay physicians in private practice for patient referrals, and drug companies and medical device manufacturers pay physicians to prescribe their products to patients.

The Medicare Fraud Statute makes it illegal for anyone to pay or receive "any remuneration (including any kickback, bribe or rebate)" to induce the recipient to purchase, order, or recommend purchasing or ordering any service reimbursable under Medicare or Medicaid.

Some experts in the area of health care fraud suggest that the Medicare Fraud Statute should be used as a model for constructing a general anti-kickback statute that would prevent kickback arrangements in all areas of the health care industry, not just Medicare and Medicaid.

KICKBACK—

A kickback is an arrangement between two parties which involves an offer to pay for Medicare business. Health care providers engaging in kickback activities are subject to criminal prosecution and exclusion from the Medicare and Medicaid programs.

<http://legal-dictionary.thefreedictionary.com/kickback>

IF YOU ARE SCAMMED—

- If you are scammed by mail, send the document or counterfeit check to the U.S. Postal Inspection Services at P. O. Box 15058, Little Rock, AR 72231.
- If you are scammed by Internet, report the scam to iC3.gov (a partnership between the FBI and the National White Collar Crime Center)
- If you are scammed by wire fraud, contact Moneygram at 1-800-666-3947 or fraud@moneygram.com or Western Union at 1-800-448-1492.



You may have heard by now Congress has ordered that Social Security numbers no longer be used on Medicare cards; however, that change will not be fully implemented for several years. Until that time, you should continue to protect your Medicare number just as you would your credit card information or your bank account number. Be on guard if you receive a call from someone wanting to verify your Medicare or Social Security number! **Just hang up!**

Diabetes Prevention Program Shows

Investing in Prevention Pays

Diabetes among older adults has huge health and cost burdens.

The Center for Medicare & Medicaid Services recently determined that a national Diabetes Prevention Program has proven successful at improving health and reducing costs, making it eligible to be expanded into Medicare.

Read about this big step forward for public health in a new blog from Lynda Flowers and Olivia Dean:

<http://blog.aarp.org/2016/05/31/diabetes-prevention-program-shows-investing-in-prevention-pays/>

Nearly a quarter of individuals age 65 and older have been diagnosed with diabetes, and one of every three Medicare dollars is spent on beneficiaries living with the condition.

**Get your free copy of the SMP brochure entitled:
“DIABETES SCAMS — What Should you Do?”
Call 1-866-726-2916**

SMP-World News: This year’s joint SMP and SHIP annual meeting will be held in Milwaukee, WI on August 2-5! There will be sessions about important Medicare changes, health care fraud updates, best practices, and much more. So, we will be sure to pass along this information to YOU! Our meetings are always full of opportunities to learn, share, and enjoy fellowship with colleagues from all over the nation as well as ACL staff and other organizations. Be looking for an update in our September SMP Newsletter!



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

\$125 Billion Paid by Medicare in Improper Payments

While not typically fraudulent, improper payments are made due to insufficient coding or paperwork, or when medical need hasn’t been established. Insufficient documentation for home health claims was one of the primary causes of improper payments.

Improper payment rates in the Medicare Fee-For-Service program between 2013-2015:

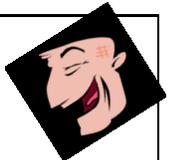
- 10.1 percent in 2013 (or \$36 billion)
- 12.7 percent in 2014 (or \$45.8 billion)
- 12.1 percent in 2015 (or \$43.3 billion)

CMS believes that an increased focus on transparency and accountability will lead to additional progress towards reducing improper payments in fee-for-service programs, Medicare Part C and D Plans, and Medicaid.

SOURCE: <http://www.bloomberg.com/news/articles/2016-05-12/medicare-program-paid-125-billion-improperly-over-three-years>

JUST FOR LAUGHS!

Frances, grandmother to six-year-old Lawson was taking him to school one morning. When they arrived at



the school, before Lawson got out of the car, his grandmother told him he would have to take his gum out of his mouth and put it in the tissue she was holding. Lawson then turned to her and asked “Grandmother, can you just chew it for me until I get back?” She laughed and told him, “no, we will get you a new piece of gum after school!”

—Frances Kennedy, Beebe AR
(Ms. Frances calls our SMP office regularly to report scam calls she receives!)

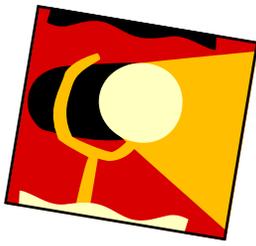


It is estimated that **\$60 BILLION** of Medicare funding is lost to fraud each year! That is nearly 10% of its annual expenditures! **CAN YOU AFFORD TO LOSE 10% OF YOUR INCOME EACH YEAR? HOW ABOUT 10% OF YOUR HEALTHCARE?**

Please watch the below national fraud awareness video courtesy of the Iowa and Kentucky SMP projects:

<https://vimeo.com/161368453>

facebook.com/arsmp



SMP VOLUNTEERS IN THE SPOTLIGHT!

Really Special and Valuable People!



Meet our *youngest* SMP Volunteers! They were rewarded with an SMP t-shirt for their hard work in the office!

Marnisha Clinkscale (L) worked tirelessly one full day stuffing Personal Medical Records; and Ava Grace Luplow (R) helped sort and staple the Medicare Minutes! Thanks girls!



TRI COUNTY RURAL HEALTH NETWORK
COMMUNITY CONNECTORS
“CONNECTING WITH SMP TO COMBAT FRAUD!”



SMP VOLUNTEERS WITH PARKSTONE PLACE, Sherwood, AR hard at work sorting their materials for distribution to their residents. Thank you Parkstone Place for your participation in our program!



Juanita Russell (center), SMP Volunteer, with Pleasant Grove Missionary Baptist Church in Pine Bluff AR—Glad to have you aboard Juanita!

An update training for our seasoned SMP volunteers was held in May at the Argenta Library in North Little Rock. Volunteers were challenged to recruit 3 new volunteers by July to win a gift card! Congratulations MARGIE JONES of Central AR RSVP!



BECOME A SENIOR MEDICARE PATROL VOLUNTEER!

The Arkansas SMP would like to take this time to express our sincere gratitude to our 70+ SMP volunteers who unselfishly give their time, talent and resources to help strengthen their communities through education and outreach. Our volunteers play a key role in helping our program spread the message of fraud awareness and prevention across the state.

To volunteer contact the Arkansas SMP
at 1-866-726-2916 or email
Darwina.Edwards@dhs.arkansas.gov





Never provide personal information in response to an

unsolicited request, whether it is over the phone, email or internet.



1-866-726-2916

Performance Data for the Senior Medicare Patrol Projects: June 2016 Performance Report

ACL provides grants to the SMP projects to recruit and train retired professionals and other senior citizens to prevent, recognize, and report healthcare fraud, errors, and abuse. These SMP volunteers then participate in outreach events to help educate other Medicare and Medicaid beneficiaries to do the same.

In 2015, the 54 projects had the following results:

- \$2.5 million in expected Medicare recoveries that were attributable to the projects, a 282-percent increase from 2014.
- No expected Medicaid recoveries.
- \$35,059 in total savings to beneficiaries and others, a 56-percent decrease from 2014.
- \$21,533 in cost avoidance on behalf of Medicare and Medicaid beneficiaries and others, an 89-percent decrease from 2014.

The Office of Inspector General continues to emphasize that the projects may not be receiving full credit for recoveries, savings, and cost avoidance attributable to their work. It is not always possible to track referrals to Medicare contractors or law enforcement from beneficiaries who have learned to detect fraud, waste, and abuse from the projects. In addition, the projects are unable to track the potentially substantial savings derived from a sentinel effect, whereby Medicare beneficiaries' scrutiny of their bills reduces fraud and errors.

<http://oig.hhs.gov/oei/reports/oei-02-16-00190.pdf>

Copies can also be obtained by contacting the Office of Public Affairs at Public.Affairs@oig.hhs.gov. Download the [complete report](#).

DO YOU GET YOUR MEDICATIONS ONLINE?

If you buy your medications from on-line pharmacies, the Partnership for Safe Medicines suggests that you ALWAYS check that your internet pharmacy is VIPPS-certified. By searching the National Association of Boards of Pharmacy website at safedr.ug/vipps-rx, you can be assured that your on-line pharmacy has been inspected and awarded a 'safe pharmacy' certification!

WHAT DOES THAT CODE MEAN?

When reviewing your Medicare Summary Notice (MSN), have you ever wanted more information about one of the services Medicare paid for because the code description wasn't detailed enough?

You can look up codes free on the American Medical Association website at: <http://www.ama-assn.org/ama>. You will have to create an account.

Another suggestion is to sign up for MyMedicare.gov and view your MSN online. You can click on the code and a detailed description will appear.

IF YOU
SEE
SOMETHING
...
SAY
SOMETHING!

Upcoming Arkansas SMP Activities

Date	Activity	County
July 7	SMP Presentation — Calvary Baptist Church — Batesville	Independence
July 12	SMP Presentation— Coronado Community Center — Hot Springs Village	Garland
July 19	SMP FRAUD BINGO Presentation — Pine Bluff Senior Center	Jefferson
July 21	SMP FRAUD BINGO Presentation— Hamburg Senior Center	Ashley
July 25	SMP Presentation — NARFE #287 — Pine Bluff	Jefferson
July 26	SMP FRAUD BINGO Presentation— West Shores — Hot Springs	Garland
July 27	SMP VOLUNTEER TRAINING — Little Rock	Pulaski
August 2-5	SMP/SHIIP National Training	Milwaukee WI
August 15	SMP Presentation — Kiwanis Club of Pulaski Heights — Little Rock	Pulaski
August 17	SMP FRAUD BINGO — Christopher Homes—Paragould	Greene
August 26	SMP Presentation — Fellowship Baptist Church — Witcherville	Sebastian
August 30	SMP Presentation—Coronado Community Center—Hot Springs Village	Garland
September 13	SMP Advisory Council Meeting — Little Rock	Pulaski
September 15	SMP Exhibit Booth — APPLE-A-DAY Senior Health Fair — Marvin Vinson Bldg — Clarksville	Johnson
September 20-21	CMS Train-the-Trainer Workshop — Jacksonville	Pulaski
September 27	SMP Exhibit Booth — ARTA State Convention — Benton Event Center — Benton	Saline

**We are always looking for opportunities to spread the SMP message statewide.
Please contact Arkansas SMP to schedule a presentation in your area—1-866-726-2916**

DEE-Tales!

Just “graceful”...

My in-laws (Bud & Mae) after retirement traveled every weekend to their cabin at *Wheel Estates*. Typically they stopped at a convenience store in route to their weekend getaway.

On this particular trip...Bud fueled their vehicle while Mae went into the store to visit the ladies room and purchase some items. Bud completed his task and got back into the van. Mae exited the

store and headed for the van. Bud wasn't paying a great deal of attention other than a glance to notice Mae was approaching. Mae took a graceful spill next to the van.

Suddenly Bud noticed 2 young men running toward the van. He glanced over to see Mae, but she was nowhere in sight. He got out and rounded the van. There were the young men helping Mae up off the pavement. Bud said...“You okay...what happened?” Mae responded... “Yes...I'm just graceful!” Mae thanked the young men

for helping her up and then asked “Bud, didn't you see me disappear? He said, “I thought you bent over to pick something up...” We still laugh about it to this day...



Dee-Tales courtesy of
Dee Edwards,
SMP Volunteer Coordinator



IMPORTANT PHONE NUMBERS:

AANHR —AR Advocates for Nursing Home Residents	501-450-9619
ADRC —Choices in Living Resrce Cntr	1-866-801-3435
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
KEPRO — Arkansas QIO	1-844-430-9504
Medicaid —(Claims Unit)	1-800-482-5431
Medicaid Inspector General (OMIG)	1-855-527-6644
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) (OIG) 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
SHIIP (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 ; <u>e-mail</u> : Info@aanhr.org
AR Long Term Care Ombudsman Program — www.arombudsman.com
Arkansas 2-1-1 — www.arkansas211.org (Get Connected. Get Answers) —1-866-489-6983
Arkansas Aging Initiative — http://aging.uams.edu/?id=4605&sid=6
Arkansas Attorney General — www.arkansasag.gov
Arkansas Attorney General Consumer Protection Division — <u>e-mail</u> : 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— https://www.bbb.org/scamtracker/arkansas/
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
AR 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 — <u>e-mail</u> : 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; or
- * 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

South Central Center on Aging
Pine Bluff, 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>

[FACEBOOK.COM/ARSMPSMP](https://www.facebook.com/ARSMPSMP)

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