

NEWSLETTER

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Arkansas SMP Program Coordinator

**NATIONAL SMP PROGRAM RECEIVES AWARD!
CONGRATULATIONS TO THE ADMINISTRATION ON AGING**



Press Release

FOR IMMEDIATE RELEASE

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**NHCAA Presents Its Public Awareness Award to the
Administration on Aging's Senior Medicare Patrol Program**

(Las Vegas, NV) –The **National Health Care Anti-Fraud Association (NHCAA)** today awards the 2010 NHCAA **Excellence in Public Awareness Award** to the **Senior Medicare Patrol (SMP)**, a program administered by the **U.S. Department of Health and Human Services' Administration on Aging (AoA)**. This award is presented annually to recognize exemplary efforts to raise public awareness about the problem of health care fraud in our nation's health care system. Representatives from AoA and its SMP Resource Center will accept the award today at the NHCAA's Annual Training Conference at Mandalay Bay in Las Vegas.

The Senior Medicare Patrol Program is being recognized for its vital work of informing our nation's seniors about the dangers of Medicare fraud. AoA provides funds to SMP grantees to recruit, train and mobilize a cadre of senior volunteers to educate their peers in local communities to prevent, detect and report Medicare, Medicaid and other health care fraud. Educating consumers to prevent health care fraud is the essence of the mission and message of AoA's SMP program. The program has grown from a 5-state demonstration in the mid-1990s to 54 SMP projects today –one in every state, the District of Columbia, Guam, Puerto Rico and the Virgin Islands.

In choosing this year's awardees, NHCAA was impressed by SMP's quantifiable achievements. In 2009, its staff and force of more than 4,400 volunteers held over 7,100 group education sessions and over 33,800 individual counseling sessions. It has also fielded over 60,000 inquiries, referring 966 of those inquiries to authorities for further action. And SMP partnership with authorities in every state, territory and the District of Columbia has been critical to raising awareness among seniors about Medicare fraud and what they can do to help combat it. Overall, Senior Medicare Patrol projects have reached close to 24 million people with the fraud prevention message through community education events, and provided direct beneficiary education to close to 4 million beneficiaries since the program's inception in 1997.

"We honor SMP and the AoA for their outstanding contributions to alerting seniors about the many dangers of health care fraud," stated NHCAA Executive Director Louis Saccoccio. "One of the critical tools necessary to fighting health care fraud is education; an educated citizenry can better recognize the warning signs of fraudulent schemes and is less likely to be victimized by unscrupulous providers and organized crime groups. SMP and AoA have provided an invaluable service by empowering our nation's seniors with knowledge and giving them the resources to recognize and report suspected fraud to the authorities."

The NHCAA's Awards Luncheon is a function of NHCAA's Annual Training Conference; over 1,300 public-and-private sector health care fraud investigators are in attendance to learn about fraud trends and emerging schemes and explore innovative solutions that will help protect the American public from the heavy human and economic costs of health care fraud.

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"Yesterday is history; Tomorrow is a mystery; Today is a gift - that's why they call it the present!"



A MESSAGE FROM THE PROGRAM ADMINISTRATOR...

The Joy of Serving

Did you know that there are almost 500,000 Medicare beneficiaries in Arkansas? Can you imagine how difficult it would be to reach all of them?

The numbers below are an example of what the Arkansas Senior Medicare Patrol and our partners and volunteers accomplished last year.

Numbers in 2010

- Over 2500 beneficiaries were reached through group presentations and community events
- Over 400 issues were received and/or resolved
- Cost avoidance on behalf of Medicare or Beneficiary - \$6,712.07

It's good work, but it's still only about 1% of the total number of beneficiaries in our state! So...what's the answer? MORE VOLUNTEERS!

If we are going to stay ahead of the "fraudsters", we've got to have more people sharing the SMP fraud prevention message. It's not hard...We just need seniors willing to give a few hours a month to help us get the word out.

Statewide, SMP volunteers contribute their time in various ways throughout their own communities. Check out the list of volunteer activities below—Does this look like something you or someone you know would be interested in doing?

Volunteer Activities:

Presenting the SMP message to large or small groups - either through their own acquaintances, or by soliciting speaking engagements anywhere seniors gather such as senior centers, church groups, club affiliations, etc. These presentations can range from 5 minutes to 1 hour;

Disseminating SMP materials to local entities such as physicians' offices, pharmacies, libraries, senior centers, club affiliations;

Hosting an exhibit booth at a local health fair and distributing SMP materials helping to make the SMP logo and message visible;

Working through a local RSVP partner with clerical work in the office, or by answering the phone assisting other seniors with Medicare issues (training for this type of work is available);

Simply share the message with family, friends, and neighbors.

Won't you consider volunteering your time for this worthwhile effort and help to make 2011 a record year in fraud prevention! Call 1-866-726-2916!

John Pollett,
Arkansas SMP Program Administrator

**"I slept and dreamed life is all joy;
I woke and saw that life is all service;
I served and saw that service is joy."**

—Mother Teresa

DID YOU KNOW?

If a provider doesn't accept ASSIGNMENT (the Medicare-approved amount as payment in full,) their costs may be higher.

They are allowed to charge up to 15% of the Medicare-approved amount on their services.

This means you may pay more for Medicare approved services.

There are a number of **SPECIAL ENROLLMENT PERIODS (SEP)** available in *specific circumstances*:

→ **If this is your first year ever in a Medicare Advantage plan**, it counts as a trial period. You can change to traditional Medicare at any time within these 12 months. And you have a guaranteed right to buy Medigap supplemental insurance within 63 days of your plan coverage ending.

→ **If you are receiving Extra Help to pay for your prescription drugs**, you can change your drug plan at any time. Coverage in the new plan begins the month after you enroll in it.

→ **If you live in a nursing home**, you can change your drug plan the month you move into the home and any month while you're living there. You also get a two-month SEP to switch to another plan after you move out.

→ **If you move out of your plan's service area**, you have the right to change to a new plan in your new area. (But if you're in a drug plan that serves an entire state, and you move within that state, your coverage will continue and you won't be entitled to an SEP)

→ **If your plan withdraws from your service area, leaves Medicare or is closed down**, you will receive a letter explaining how long your coverage will last and when you can switch to a different plan of your choice.

→ **If you were tricked or misled into joining a Medicare Advantage plan**, you can ask Medicare to investigate and grant you a SEP to change to another plan.

→ **If your plan breaks its contract with you** — for example, by denying promised benefits — you can ask Medicare to investigate and grant you a SEP to change to another plan.

Does your doctor take Assignment? A provider who 'takes assignment' is a provider who accepts the Medicare-approved amount as payment in full on all claims!

Do you need to find a physician who accepts Medicare or make sure your provider accepts assignment? We can help!

Go to:

www.medicare.gov/Find-a-doctor/provider-search.aspx

To see *only* providers who accept the Medicare-approved amount as payment in full on all claims (Assignment), check the box that asks that question:

- Yes, only show providers who accept the Medicare-approved amount as payment in full.

To search for providers who accept assignment, simply:

- Enter a specialty and;
- City, State or Zip; OR
- Full or partial name.

WHEN SHOULD I—File an Appeal?

You should file an appeal if you **disagree with a coverage or payment decision made by Medicare**. You have the right to appeal any decision about your Medicare services.

For example, you can appeal if Medicare denies a request for a service or supply you think you should be able to get; or if Medicare denies a claim for services or supplies you already received.

You must file the appeal within 120 days of the date you get the MSN. To file an appeal, take the Medicare Summary Notice (MSN) that shows the item or service you're appealing and either follow the instructions on the back of the MSN; or fill out a **Redetermination Request Form**. You can download this form at: www.cms.gov/cmsforms/downloads/CMS20027.pdf. Send this form to the Medicare contractor at the address listed on the front page of the MSN.

You will generally get a decision from the Medicare contractor (either in a letter or a Medicare Summary Notice) within 60 days after they get your request.

WHEN SHOULD I—File a Fraud Report?

You should file a fraud report by calling 1-800-Medicare or the **Arkansas SMP (1-866-726-2916)** if your Medicare Summary Notice (MSN) shows a charge for, or your provider was paid for, a service or supply you did not receive or order.

Part D Resources for Medicare Beneficiaries

Medicare beneficiaries who cannot meet the costs of prescription drugs may be eligible for additional resources. Based on eligibility for "extra help," some people with Medicare will pay no more than \$2.50 for each generic drug and no more than \$6.30 for each name-brand drug.

A program, called Medicare's Limited Income Newly Eligible Transition (NET) Program, can also help pay for premiums and other out-of-pocket costs.

There is no cost to apply for this extra help. Medicare beneficiaries, family members, trusted counselors or caregivers can apply online at www.socialsecurity.gov/prescriptionhelp or call Social Security at 1-800-772-1213 to find out more.

When you don't receive a Medicare Summary Notice (MSN) —

Note:

You will generally receive a Medicare Summary Notice (MSN) every three months explaining recent claims that have been submitted to Medicare on your behalf.

Medicare will not send you a MSN when Medicare covers 100% of a claim for lab services.

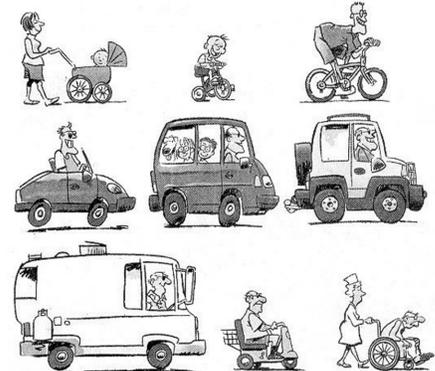
If you have original Medicare A & B and you do not receive an MSN after you have gone to your physician, ER, or had a stay in the hospital, you should call 1-800-Medicare to ask why—your address may be wrong in Medicare's system, or there may be a miscommunication between Medicare and Social Security regarding your records ; OR

Your physician may have used the wrong Medicare number when filing the claim(s) or have your Medicare number wrong in your files. You should call your provider to verify they have your accurate Medicare number on file.

JUST FOR LAUGHS!



The Wheels of Life



Medicare Beneficiaries Are Missing Out On Help Paying For Prescription Drugs!

Medicare beneficiaries have failed to sign up for **EXTRA HELP**—a program that could save them a lot of money in drug costs! They are not signing up either because they don't know about the program, they didn't think they would qualify, or the reason could be pride.

In any case, beneficiaries are urged to apply for **Extra Help**! As the slogan says, 'when in doubt, fill it out!' Seniors may apply for **Extra Help any time throughout the year**. Beneficiaries are automatically enrolled if they are on Medicaid AND Medicare.

This program provides savings on the cost of Part D prescription drug coverage for low-income Medicare beneficiaries by reducing prescription drug premiums, co-pays and deductibles and also keeps them out of the 'donut hole' (the gap).

Medicare beneficiaries and the disabled are eligible for **Extra Help** if their income is less than \$16,245 a year for individuals and \$21,855 for married couples living together. The value of their resources (stocks, bonds, bank accounts, etc) cannot exceed \$12,510 for individuals and \$25,010 for married couples. Income does not include their home or automobile, the cash value of life insurance policies, and assistance received from

friends and relatives to pay for household expenses such as food or utilities is also no longer counted as income.

The Department of Health and Human Services and the Social Security Administration jointly oversee the Extra Help program, and they are working hard, through various marketing campaigns, to find and recruit this targeted senior population.

To apply for Extra Help: www.socialsecurity.gov/prescriptionhelp/; or <https://secure.ssa.gov/apps6z/i1020/main.html>; or call Social Security at 1-800-772-1213.

2011 Medicare Premiums At-A-Glance

Most people in Medicare will pay the same Part B premiums as they did in 2010, but others — including boomers who will be getting Medicare in 2011 for the first time — will pay higher monthly amounts.

Due to a second year of frozen Social Security payments, in 2011 there will be three different "standard" premiums for Part B, which covers doctors and outpatient care.:

You will pay \$96.40 a month for Part B in 2011 if: You paid this amount in 2010.

You will pay \$110.50 a month for Part B in 2011 if: You paid this amount in 2010; and this amount is deducted from your Social Security checks.

You will pay \$115.40 a month for Part B in 2011 if: You are newly enrolled in Part B.

Exceptions: People with incomes above a certain level will pay higher premiums for both Part B and Part D prescription drug coverage in 2011.

You will pay between \$161.50 and \$369.10 a month for Part B in 2011 if: You're single and your taxable income is more than \$85,000; or you're married and file a joint tax return showing taxable income of more than \$170,000.

You will pay a surcharge of between \$12 and \$69.10 a month for Part D drug coverage in 2011 if: Your taxable income is the same as for the higher-income Part B premiums above.

www.aarp.org/health/medicare-insurance/info-11-2010/medicare_plans.3.html

A new CMS Healthcare Provider Directory that will help you locate and compare health professionals in your community:

www.medicare.gov/find-a-doctor

www.healthcare.gov is a new website from the U.S. Department of Health and Human Services available to you to answer many questions you have about your healthcare! Check it out!

ENHANCED COVERAGE OF PREVENTIVE HEALTH SERVICES—

Annual Wellness Visit Beginning January 1, 2011

The Affordable Care Act creates a new Medicare-covered service, an **ANNUAL WELLNESS VISIT**, for which beneficiaries pay no deductible or co-insurance if the physician accepts Assignment.

IT'S FREE!

Cost-sharing for most preventive services covered by Medicare is also eliminated.

If you have had Part B for longer than 12 months, starting January 2011 you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors.

NOTE: Your first Wellness Exam cannot take place within 12 months of your "Welcome to Medicare" physical exam.

NATIONAL 'DO NOT MAIL' SERVICE!

Get the mail you want and STOP getting the mail you don't want!



The Direct Marketing Association (DMA) provides consumers with a national do not mail service called DMAchoice™ which is an online tool developed by DMA to help consumers to manage or reduce the overall amount of unsolicited advertising mail that comes to their home address. *You will need to enter an email address to activate the account.*

You can request to stop receiving advertising mail from each of three categories: **Catalogs, Magazine Offers** and **Other Mail Offers**.

Please go to www.DMAchoice.org to register online. To start, go to the top right of the page and click "**Get Started**" and the removal form will be on the next page.

There is NO FEE for online registration, and registration online is the fastest way to see results.

If you want to stop mail from being sent to a deceased individual, you will need to register for the Deceased Do Not Contact List *on this same website; also*

If you want to manage mail sent to a dependent in your care, you will need to register for the Do Not Contact for Caregivers List on this same website.



MEDICARE ADVANTAGE— 2011 *DISENROLLMENT PERIOD!*

JANUARY 1—FEBRUARY 14
This is a new period starting in 2011!

Starting in 2011, there will be a new period when you can drop your Medicare Advantage coverage. This period, called the **Medicare Advantage Disenrollment Period (MADP)**, will be January 1 through February 14. During this period you can only drop a Medicare Advantage plan to return to Original Medicare. If you had a Medicare Advantage Plan with drug coverage starting January 1 you can use this period to change your mind and switch to the traditional (Original) Medicare program and enroll in a stand-alone Part D prescription drug plan. Your new coverage begins the first day of the month after you make the change.

People who switch to Original Medicare might also want to buy a Medigap policy. Medigap policies help pay some or all of the out-of-pocket costs you have with Original Medicare. A Medigap shopper's guide called ***Bridging the Gap***, which lists all companies that sell Medigap and their rates in Arkansas, is available (*FREE* of charge) by calling **SHIP** at **1-800-224-6330**.

NOTE!!!

The time-period between **January 1—March 31, 2010**, during which time beneficiaries were able to enroll in a MA plan, change MA plans, or return to traditional Medicare, **NO LONGER EXISTS!**

You can no longer use this time-frame to change plans!

APPLY FOR A MEDICARE SAVINGS PROGRAM (MSP)!

Simply go to this website and apply online! Go to <https://access.arkansas.gov/Welcome.aspx>; or call 1-800-224-6330 or 1-866-801-3435 for assistance applying for this benefit! It's easy!

What is a Medicare Savings Program? You should know that **this is NOT Medicaid!** Your home and assets are not affected. There are three types of MSP's: **QMB** (Qualified Medicare Beneficiary); **SMB** (Specified Low-Income Medicare Beneficiary); and **QI-1** (Qualified Individual-1). Even if you think you may not qualify, you should still apply! If you qualify for MSP you will automatically qualify for *Extra Help* paying for your prescription drugs!

A Medicare Savings Program helps folks with limited income to save money and they may pay all or part (the amount depends on your monthly income and resources) of your Medicare premium, deductible and coinsurance!

When in doubt, fill it out!

New to Medicare and aren't sure what to do next? *Here are a few tips to give you a jump start on a healthy future—*

Step 1: Sign up for the “Welcome to Medicare” physical exam.

Call your doctor and schedule your “Welcome to Medicare” physical exam today. It's an easy way for you and your doctor to get an accurate benchmark for your health now and in the future.

During the exam, you and your physician will review your medical and family history, assess current health conditions and prescriptions, and conduct screenings to establish a baseline for future, personalized care.

You will also have an opportunity to talk about short- and long-term steps to improve your health and stay well under the care of doctors participating in the Medicare program. For example, your physician will provide you with a plan of action that may include referral for other services, including whether you should take advantage of preventive services — such as cancer screenings, flu shots, routine vaccines and diabetes tests — some of which are available for free to most Medicare beneficiaries as a result of the Affordable Care Act.

At the end of your appointment, be sure to schedule an annual “Wellness Exam” for the following year. Thanks to the Affordable Care Act, Medicare now covers a yearly check-up. It's a great way to assess changes in your health since the “Welcome to Medicare” and annual “Wellness Exam” can catch any health issues early.

Step 2: Register at MyMedicare.gov.

Register at www.MyMedicare.gov for easy access to your health information. This free, secure online service provides access to personalized information regarding your Medicare benefits and services.

If you don't have a computer, ask someone you trust, like a family member or the administrator at your local senior center, to help you sign up and regularly review your information.

Step 3: Take advantage of all your Medicare resources.

Medicare offers a number of resources to help you get the most out of your benefits. Check out the “New to Medicare?” section of www.medicare.gov for information customized for new enrollees, review your “Medicare & You 2011” handbook; or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help in a language other than English or Spanish, say “Agent” at any time to talk to a customer service representative.

More information is available at www.healthcare.gov, a new web portal from the U.S. Department of Health and Human Services.

This information prepared by the U.S. Department of Health and Human Services.

DO YOU WANT A PERSONAL REPRESENTATIVE OF YOUR CHOOSING TO BE ABLE TO TALK TO MEDICARE FOR YOU?

If you want to allow Medicare to discuss your personal health information with someone other than you, you need to let Medicare know in writing by filling out an “**Authorization to Disclose Personal Health Information Form.**” You can fill out the Authorization to Disclose Personal Health Information form online <https://www.medicare.gov/MedicareOnlineForms/PublicForms/CMS10106.pdf>, then print it out for mailing.

To download this form click the link titled “Download Medicare Authorization to Disclose Personal Health Information Form” which is found in the Related Materials section; fill it out, print it; and mail it to the address included on the form. You should make a copy of your signed authorization for your records before mailing it!

On this form you can specify how long Medicare can use this authorization — for a specified period of time; or you can agree to let Medicare disclose your personal information to the specific authorized person(s) indefinitely.

You will also be asked what information you would like this authorization to be limited to (e.g., claims, eligibility, enrollment information on Part D or MA plans, premium payments)

If you do not have access to a computer, you may call 1-800-Medicare and give authorization over the phone.

REMEMBER—You have the right to ‘revoke’ or take back your authorization at any time, in writing to the following address: Medicare BCC, Written Authorization Department, P. O. Box 1270, Lawrence, KS 66044; or by calling 1-800-Medicare.

IDENTITY THEFT AWARENESS

LITTLE ROCK – As part of the national effort to raise awareness, Attorney General Dustin McDaniel issued this consumer alert to provide Arkansans with tips on how to better protect their identity and their financial integrity.

Although there is no way to make sure that your personal information is totally safe, everyone can take steps to avoid becoming a victim. Here are some tips for minimizing the risks:

- **Protect your mail** by mailing bills from a secure location. Don't leave mail sitting in your mailbox.
- **Shred or otherwise destroy** any statements, documents, or records, which contain personal information after they are no longer needed.
- **Do not keep information that you don't need in your purse or wallet.** Do not carry your Social Security Card with you unless you know you will need it. Do not keep personal identification numbers attached to credit, debit or ATM cards.
- **Store important information in a safe place** in your home, and do not leave financial records lying around your house for prying eyes to see.
- **Be safe online.** Use anti-virus and anti-spyware software, as well as a firewall, and update them all regularly. Be sure to set up your operating system and web browser software properly, and update them regularly. Avoid using obvious passwords like your birth date, your mother's maiden name, or the last four digits of your Social Security number.



- **Never respond to an e-mail that asks you to transmit personal information over the Internet.** Remember that your bank or credit card issuers already have your account numbers, PINs, access codes, passwords, Social Security number and other information they need. They won't e-mail you to ask for it.
- **Beware of giving personal information over the phone.** Know who you are dealing with on the telephone and be very wary of providing information to callers who contact you directly seeking information. When in doubt, hang up and get the business's phone number from an independent source.

If you believe your identity has been compromised, there are a number of steps you should take. First, review your bank and financial activity carefully. Make a list of any fraudulent charges, carefully noting the date and time of the charge and where the charge occurred, to isolate any patterns that may surface. Gather all supporting evidence and file a police report. Remember to cancel any accounts you believe have been compromised or notify your bank to place a hold on your accounts.

Finally, you should file a complaint with the Public Protection Department of the Attorney General's Office by calling 501-682-2341 and file a complaint with the Federal Trade Commission by calling 877-438-4338. By filing complaints, you help investigators in Arkansas and across the country track consumers who have unknowingly become victims of identity theft, and once caught, the information you provide helps prosecutors punish the criminals appropriately. For more information on identity theft and how to protect yourself - www.ArkansasAG.gov.

The Federal Trade Commission has developed a *Guide for Assisting Identity Theft Victims*: www.idtheft.gov/probono/

You may want to wait to pay!

If you receive an invoice from your provider BEFORE you have received your MSN, it is not necessarily fraud—sometimes a provider's billing system works faster than the 3-month period it takes to receive your MSN.

You DO, however, have the right to tell your provider that you will pay the bill after you have received your MSN and have verified the charges.

SMP VOLUNTEER TRAININGS COMPLETED!

The Arkansas SMP volunteers of the **Tri-County Rural Health Network** and the **RSVP of Washington County** received training Certificates of Completion after day-long SMP training seminars in October and December!

CONGRATULATIONS And THANK YOU! ***To our new SMP Volunteers!***



Tri-County Rural Health Network



SMP Volunteer Trainees (alphabetically): Tommy Humphrey, Dr. Chester Bailey, Fannie Blaine, Tommy Blaine, Ella Brewer, Rose Marie Brown, Lillie Bryant, Odell Bryant, Ora Burns, Olta Devine, Alma Dulaney, Claudine Dulaney, Annie George, Camille Hale, Dorothy Henderson, Ada Humphrey, Earlene Johnson, Tommie King, Willie King, Ella London, Laura Love, Patricia McKeown, Evelyn Miller, Laverne Miller, Ethel Miller, Williams Moore, Annie Moore, Sallie Parker, Belinda Sanchez, Arthur Sanders, Thelma Simpson, Mary Sykes, Catherine Watson, Nurline Wheat, Fannie Williams, Shirley Wynn.

“As a working senior, the SMP affords me the opportunity to service seniors at a higher level. I am presently employed at the Larry Bryant Multi-Purpose Center, of which 33% of the program’s members are seniors who need the information and available services that SMP provides such as: the prevention of abuse and fraudulent programs and the availability of health services for seniors. I am highly elated to be affiliated with this type of program.”

—Arthur Sanders
SMP Volunteer

“After attending the SMP Volunteer Training my interest in becoming a volunteer increased my motivation as well as my reason for volunteering—to inform the elderly, disabled, Medicare recipients, etc, through sharing and assisting in promoting a better quality of life for them. My realization of concern is that all recipients do not possess the same level of comprehension, therefore, they will not understand Medicare fraud and abuse unless they are otherwise informed. We are helpers one to another.”

—LaVerne Miller, *SMP Volunteer*



RSVP of Washington

Gary Morris (RSVP Director)
Marsha King (RSVP Coordinator)



SMP Volunteer Trainees (alphabetically): Ann Arnold, Herman Bowery, Patsy Carrier, Michelle Dahlqvist, Evelyn Edmisten, Dean Fevold, Robert Fullerton, Reema Lois Geer, Sybil Goseland, Bonnie Graves, Alice Hill, Flo Kosse, Nancy Mabry, Maybell Martin, Virginia Melton, Pauline Millsap, Gary Morris (*RSVP Director*), Beatrice Smith, Bettie Spivey, Donna Stratton, Sherman Stratton, Wandajean Treadway, Bill Wolfe, Linda Young.



You have unique and special gifts only *you* can give!

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

LITTLE ROCK – December 29, 2010 —
Office of Arkansas Attorney General —

BE WARY OF CALLER ID 'SPOOFING'

Arkansans recently have seen a marked increase in the practice commonly known as Caller ID “spoofing,” which involves the display of a number on a person’s Caller ID that is not the number of the originating caller.

Just as e-mail spoofing can make it appear that a message came from any e-mail address the sender chooses, Caller ID spoofing can make a call appear to have come from any phone number the caller wishes. Arkansas law prohibits telemarketers from interfering in any way with the accurate display of Caller ID information, thus Attorney General Dustin McDaniel today issued this consumer alert on the issue.

“Many Arkansas consumers use Caller ID to screen inbound calls to avoid nuisance telemarketing and to identify important incoming calls,” McDaniel said. “These consumers often pay an extra fee for this service and they are entitled for it to work as intended.”

The practice of disguising an actual telephone number to mislead consumers regarding the true identity of a caller and the nature of the product or service being sold is

prohibited by the Federal Communications Commission. Telemarketers are required by FCC Rules to pass accurate caller ID numbers when calling consumers.

The FCC requires a telemarketing company to transmit or display its telephone number, and if possible, its name or the name and telephone number of the company for which it is selling products or services. Telemarketers must also display a telephone number that a consumer may call during regular business hours to ask for the telemarketing calls to cease.

Complaints about telemarketer spoofing can be made directly to the FCC at esupport.fcc.gov/complaints.htm or (888) CALL-FCC.

Arkansas consumers have recently been subject to a wave of Caller ID spoofing. All of the extended car warranty sellers sued recently by the Attorney General were using Caller ID spoofing to disguise the identity of the entity responsible for the illegal call.

“Consumers would be well-advised to shun any telemarketers which do not identify themselves by providing accurate Caller ID information,” McDaniel said. “If they don’t want you to know who they are and how to contact them, and if they are willing to violate state and federal law to keep that information from you, chances are the product or service they offer is fraudulent, too.”

In addition to providing cover for fraudulent telemarketing, Caller ID spoofing can be used to perpetrate ID theft by convincing a consumer that he is dealing with a trusted source with which the consumer regularly does business.

McDaniel advised consumers to:

Be cautious. Do not give out personal information over the telephone. Anyone a consumer normally does business with already has the information they need. Most companies will not call to ask to verify account numbers or ask for Social Security number or to verify an account number.

Call the number back. Consumers who receive a call from a bank or credit card company, for instance, may wish to write down the number on the caller ID, hang up and redial the number, or call back to that company’s published telephone number.

Block the number. Consumers who continue to receive calls from the same number may contact their telephone service provider and request that the number be blocked.

File a Complaint with the Attorney General or the FCC. To file a complaint with the Attorney General, call the Office’s Consumer Hotline at (501) 682-2341 or toll-free at (800) 482-8982 or visit the Attorney General’s website, www.arkansasag.gov.

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SECRET MESSAGE

Can you find the secret message? When you have found all the words in the puzzle a message will be revealed. Happy Hunting!

Find these words below in the puzzle opposite —the first one has been found for you!

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

- ✓ APPEAL ASSIGNMENT AWARD
- DISENROLL DME HEALTHCARE
- MEDICARE MSN PROTECT
- SCAM SECURITY SENIORS
- THEFT VOLUNTEER WELLNESS

MESSAGE :

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See Answer on Back Page



Medicare Often Overpays For Wheelchairs, Durable Medical Equipment

Nov 30, 2010

(Fort Lauderdale, Fla.) Sun-Sentinel: Medicare continues to pay high prices – often three times the cost on the private market – for power wheelchairs and other high-cost equipment. "As for the prices, the government is well aware that Medicare often pays too much. The Medicare reimbursement rate for wheelchairs ranges from \$490 to \$1,750 for the 13-month rental period, depending on the type of chair. ... Medicare cannot quantify how much it has overpaid, but the potential is enormous. ... In 2009 alone, Medicare spent \$188 million on manual wheelchairs and more than \$8 billion on other 'durable medical equipment,' including hospital beds, walkers and oxygen tanks. Federal auditors have documented waste in that category of expenses for more than a decade." Although the Medicare program cannot "quantify how much it has overpaid," the possibility is quite significant. The difficulties in the reimbursement rates are further complicated by the fact that durable medical goods are an area that is often a target for fraudulent activities. **"Beginning in January, Medicare will switch to a competitive bidding system that will replace the fee schedules in some areas of the country, including Central and South Florida. Suppliers had to bid on prices to get Medicare business, a change that will reduce costs by an average of 32 percent"** (Kestin, 11/29).

This is part of Kaiser Health News' Daily Report - a summary of health policy coverage from more than 300 news organizations.

News Release—Thursday, December 30, 2010

Secretary Sebelius highlights 2010 accomplishments of the U.S. Department of Health and Human Services

New video covers implementation of the Affordable Care Act; efforts to reduce fraud and waste; public health initiatives to address obesity, tobacco use and food safety.

In a new video released by the Department of Health and Human Services (HHS) today, HHS Secretary Kathleen Sebelius highlighted the work of HHS over the course of 2010. Sebelius outlined some of the important programs and services that the department provides and discussed some of the new laws that went into effect this year and what they mean for consumers. Sebelius also praised the work of the employees of the department

[One of] HHS' 2010 accomplishments includes:

Reducing Fraud and Waste in our Health Care System and Strengthening the Medicare Trust Funds: Anti-fraud efforts are continuing to protect Medicare beneficiaries and the program's trust fund. HHS and the Justice Department held four fraud summits around the U.S. and our joint efforts have resulted in over 500 defendants being charged with defrauding Medicare out of more than \$1 billion. Billions have been returned to the Medicare Trust Funds thanks to stepped up efforts by HHS and DOJ. **Efforts are continuing to meet the President's challenge to reduce Medicare fee-for-service improper payments by 50 percent by 2012. And the Senior Medicare Patrol is helping [to] [inform] seniors about what they can do to help protect themselves and Medicare from fraud.** Read more about the efforts to stop fraud at www.StopMedicareFraud.gov.

For full video, watch the Secretary's message at <http://www.hhs.gov/secretary/>

Below is an excerpt mentioning SMPs....from an article by Ken Stier—Time.com — entitled Washington Ratchets Up the Fight Against Medicare Fraud
For full article go to: (www.time.com/time/nation/article/0,8599,2039619,00.html#ixzz1AAyBLVEz)

Washington Ratchets Up the Fight Against Medicare Fraud

By Ken Stier
 Tuesday, Jan. 04, 2011

Just as crucial is the government's renewed effort to focus as much on fraud prevention as fraud detection. A key part of that is the government's efforts to enlist the help of seniors, who are viewed as the first line of defense. Educating seniors is the mission of the Senior Medical Patrols (SMPs), volunteers across the country spreading the word from one senior gathering to another. The SMPs are supported by the HHS Administration on Aging, and work with partner organizations in every state, like California's Council on Aging and the local Health Advocates. The SMP annual budget was recently doubled to \$18 million; it's not a lot, but senior advocates, like AARP, say there is great potential for these kinds of efforts.

2011 SMP CALENDAR OF EVENTS:

MEDICARE MAZEs are Medicare informational/educational events presented by the Arkansas Insurance Department's SHIP (Seniors Health Insurance Information Program), the Arkansas Foundation for Medical Care, and DHS's Arkansas SMP.

JANUARY 18 — **Medicare Maze**—8:30am-10:30am
Jefferson Regional
Pine Bluff, AR

FEBRUARY 3 — **Medicare Maze**—8:30-10:30am
Bancorp South Conference Room
Camden, AR

Medicare Maze—1:30pm-3:30pm
Bradley County Medical Center
Conference Room
Warren, AR

MARCH 15 — **TBD—Medicare Maze**
Van Buren, AR / Greenwood, AR

*FOR MORE INFORMATION ON MEDICARE MAZES
please call 1-800-224-6330*

MARCH 25— **Hope for the Future**—
Alzheimer's Arkansas
Geyer Springs First Baptist Church
Little Rock AR

IF YOU HAVE A COMPLAINT ABOUT THE
QUALITY OF HEALTH CARE YOU
RECEIVED FROM A
DOCTOR OR HOSPITAL
CALL THE
**ARKANSAS
FOUNDATION FOR
MEDICAL CARE
1-888-354-9100**

PROTECTING ARKANSANS is an
educational, town-hall type seminar
sponsored by **AARP** in partnership with the
Office of the Arkansas Attorney General,
Arkansas Securities Department,
Arkansas Insurance Department,
and Arkansas Department of Human Services,
**bringing state government to you with
the message of consumer protection and
fraud awareness.**

Go to www.daas.ar.gov/asmp.html
Or call 1-866-726-2916

For updated dates/locations for
Protecting Arkansans events in **2011!**

Arkansas's Pre-Existing Condition Insurance Plan

Information taken from www.healthcare.gov

The Affordable Care Act created a new program to make health coverage available to you if you have been denied health insurance by private insurance companies because of a pre-existing condition. Now eligible residents of Arkansas can apply for coverage through the state's Pre-Existing Condition Insurance Plan program run by the Arkansas Comprehensive Health Insurance Pool.

To qualify for coverage:

- You must be a citizen or national of the United States or residing in the United States legally.
- You must have been uninsured for at least the last six months before you apply.
- You must have had a problem getting insurance due to a pre-existing condition.

The Pre-Existing Condition Insurance Plan will cover a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs. All covered benefits are available for you, even if it's to treat a pre-existing condition.

Premium	\$156-\$624 per month for non-smokers
Deductible	\$ 1,000
Out of Pocket Limit	\$ 2,000

For more information about this program, please call 800-285-6477 or email chiparkansas@arkbluecross.com.

IMPORTANT PHONE NUMBERS:

AANHR —AR Advocates for Nursing Home Residents	501-224-8431
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)	1-800-MEDICARE 1-800-633-4227
Community Health Centers of AR	1-877-666-2422
Coordination of Benefits	1-800-999-1118
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
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
SHIIP (Senior Health Insurance Information Program)	1-800-224-6330
SMP Locator —(to locate an SMP outside of the state of Arkansas)	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
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-GetCare — www.ARGetCare.org (Directory of Community-Based Services)
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 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) — www.bbb.org
BBB 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
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 — www.medicaid.state.ar.us/InternetSolution/general/units/oltc/index.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 (to locate an SMP outside of the state of Arkansas)
Social Security Administration — www.ssa.gov/dallas/state_ar.html
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

- * Medicare/Medicaid beneficiaries
- * People with disabilities
- * Nursing home residents & their families
- * Caregivers



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 SUBGRANTEES

El Dorado Connections RSVP

El Dorado, AR 71730
870-864-7080

EOA of Washington County RSVP

Springdale, AR 72764
479-935-8300

The Literacy Council of Jefferson County

Pine Bluff, AR 71601
870-536-7323

Texarkana RSVP

Texarkana, AR 71854
870-779-4983

RSVP of Central Arkansas

Little Rock, AR 72223
501-228-3455

Tri-County Rural Health Network, Inc.

Helena, AR 72342
870-338-8900

UALR Senior Justice Center

Little Rock, AR 72204
501-683-7511

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

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

Answer: Report Fraud!



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

To Report Fraud, Waste & Abuse
Call **Toll-free 1-866-726-2916**