



Hospice Fraud Takes Advantage of People at the End of Life

Understanding the Medicare Hospice Benefit

Medicare makes generous hospice payments to cover much-needed family support, necessary services, medications, and durable medical equipment for terminally ill patients. But the system is ripe for fraud.

The Medicare hospice benefit is designed for Part A beneficiaries who have been diagnosed as terminally ill, meaning the

patient is expected to live six months or less if the illness runs its normal course. Hospice covers palliative and support services including personal care, medical equipment, therapy, and other services. Beneficiaries are entitled to receive hospice care for two 90-day

periods, followed by an unlimited number of 60-day periods. The periods need not be consecutive. At the start of each period of care, an attending physician must certify that the beneficiary is terminally ill and has a life expectancy of six months or less. For care to be covered under Part A, hospices must be certified by Medicare.

The Medicare hospice benefit has four levels of care, each with an all-inclusive daily rate paid through Part A. The rate is paid to the hospice for each day that a beneficiary is in hospice care, regardless of the number of services furnished. Rates are adjusted geographically. About 96 percent of hospice care is considered "Routine Home Care," where the patient receives hospice care at his/her residence. The three other levels of hospice care are: 1) Continuous Home Care,

furnished during brief periods of crisis to maintain the terminally ill patient at home; 2) General Inpatient Care, providing pain control or acute/complex symptom management in an inpatient facility; and 3) Inpatient Respite Care at an approved facility on a short-term basis as respite for the family caregiver.

Medicare Spent Almost \$15 Billion on Hospice Care in 2012

There's a lot of money at stake. In 2011, there were 3,585 Medicare-certified hospices, according to a May 3, 2013, OIG memorandum. Of these, 2,071 were for-profit, 1,237 were nonprofit, and 185 were government-owned. In an Aug. 29, 2013,

memorandum, the OIG also said the number of Medicare facilities increased by 43 percent from 2005 to 2011, and Medicare paid the bill for 84 percent of all hospice services provided nationally. There were 1.2 million Medicare beneficiaries receiving hospice care in 2011.

Medicare expenditures for the hospice benefit have increased from \$10.1 billion in 2007 to an estimated \$14.9 billion in 2012, according to the Centers for

Medicare & Medicaid Services (CMS). CMS said the growth in expenditures reflects many factors, including more beneficiaries utilizing the benefit, beneficiaries utilizing the benefit for longer lengths of time, and increases in the base payment rate for hospice services.

Role for SMPs

SMPs interviewed for this story said they don't get many hospice fraud cases. This is probably because the fraud is hard to identify and it is a difficult time for a grieving family to review MSNs, let alone identify fraud.

Hospice and end-of-life care is a topic fraught with emotion. Barbara McGinity, LMSW, program director of the Texas SMP, explains that beneficiaries and their

families are told that Medicare will pay for hospice regardless of whether it's true or the care is inappropriate. "You're in the situation where you don't know what to do, and so you are really relying on the professionals to tell you things that are correct. How do you differentiate what is appropriate and not appropriate?" she said.

According to the Office of Inspector General (OIG), common areas of hospice fraud include:

- ◆ The hospice benefit offered to a beneficiary who has not been certified by a physician to be terminally ill with a life expectancy of six months or less;
- ◆ Ordering redundant and/or unnecessary equipment and medication;
- ◆ Paying incentives to referral sources (such as physicians and nursing homes);
- ◆ Billing for a higher level of care than was actually provided;
- ◆ Failing to obtain physician certification on plans of care;
- ◆ Falsifying records to fake eligibility or physician certification;
- ◆ High-pressure marketing of hospice services to ineligible beneficiaries;
- ◆ Providing inadequate or incomplete services.

SOURCE:

The Sentinel, a publication of the SMP Resource Center—November 2014
By Nancy Aldrich and Jolie Crowder
Health Benefits ABCs

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<https://www.smart911.com/>



About Smart911

Smart911 is a free service used by public safety agencies across the country to enhance communication and response for their community. It can be used by 9-1-1 agencies to quickly send first responders to the location of an emergency with more information, by emergency management to better plan for and respond to disasters, and by municipalities to send emergency notifications to their citizens.

The **9-1-1 service** of Smart911 allows you to create a Safety Profile for your household which will proactively provide details on your family and home that 9-1-1 may need in order to send help in the event of an emergency.

The **emergency management service** of Smart911 allows you to answer questions about yourself, your family and your household that will help emergency management officials plan for and respond to disasters by being able to understand the needs of their community.

The **emergency notification service** of Smart911 allows you to opt-in to receive alerts from your community through a variety of communication channels including voice, text or email.

While every community may offer a different combination of services to their citizens, your Smart911 account will allow you to opt-in and manage all services available to you in one place. Smart911 is free, private and secure and endorsed by citizens, community groups and public safety officials.

Smart911's availability is constantly expanding as communities across the country are implementing one or all of the three services offered to enhance their public safety services.

Sign Up Now

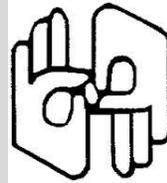
This is a free service available to all Arkansans. Arkansas is the first state to implement this program aimed at saving time and lives during an emergency!



The theme for Older Americans Month 2015 is "Get into the Act."

In honor of the upcoming 50th anniversary of the Older Americans Act (OAA), the Administration for Community Living is focused on how older adults are taking charge of their health, getting engaged in their communities, and making a positive impact in the lives of others.

Older American's Month — May 2015



We are scheduling presentations for **DEAF/HARD OF HEARING** audiences statewide on the topic of healthcare fraud prevention. If you know of a Deaf community that would benefit from hearing our message, please call the

ARKANSAS SMP
— 1-866-726-2916 —



Protect * Detect * Report

FRAUD TIP—

Trust your instincts!

If it sounds too good to be true, it probably is!

Medicaid Fraud Hotline — 1-855-527-6644

Report Medicaid Fraud by calling the Arkansas Medicaid Inspector General's Hotline at 1-855-5AR-OMIG (1-855-527-6644) or simply Report Fraud at the link below:
<http://omig.arkansas.gov/fraud-form>

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

**FOR VOLUNTEER OPPORTUNITIES
CALL**

—1-866-726-2916—



PULASKI COUNTY WOMAN SENTENCED TO 10 YEARS IN PRISON FOR MEDICAID FRAUD

LITTLE ROCK – A Pulaski County woman accused of improperly billing the state’s Medicaid program pleaded no contest to felony Medicaid fraud and failure to maintain records, Attorney General Dustin McDaniel announced.

Frenchelle Chapple, 62, of Little Rock entered a no contest plea this morning in Pulaski County Circuit Court before Judge Barry Sims. The conviction for Medicaid fraud, a Class B felony, came after an investigation by the Attorney General’s Medicaid Fraud Control Unit.

Chapple was sentenced to 10 years in prison, ordered to pay \$92,606 in restitution and fined \$277,820.

Chapple was arrested in December 2013 after investigators found she filed 1,063 fraudulent claims for speech pathology services allegedly provided to Medicaid beneficiaries under age 21.

“This is an egregious example of an individual violating the trust of beneficiaries and the Medicaid Program,” McDaniel said. “I am pleased with this sentence and that the Medicaid program will be reimbursed by this individual. I am proud of our Medicaid Fraud Control Unit for securing this conviction, and I know our investigators will continue to protect tax dollars that fund Medicaid.”

Chapple, also known as Frenchelle Conley, operated Great Expectations Developmental Center in Little Rock. Investigators found that Great Expectations submitted claims to Medicaid for payment for speech-therapy services allegedly provided by three speech pathologists over several months in 2012 and 2013. All three individuals, who had previously worked for Great Expectations, told investigators that they did not provide speech therapy to any Medicaid beneficiaries during that time period nor did they authorize the company to bill Medicaid on their behalf.

Money received from the false claims was deposited into a bank account controlled by Chapple and used for purchases of gas, groceries, fast food and clothing, according to investigators.

‘Free Medicare Card Scam halted!

FTC: Telemarketing scam stole money from older consumers

The Federal Trade Commission (FTC) says some scammers claimed to be calling on behalf of the government to verify information for a new Medicare card or Medicare-related package. In fact, it was a ruse to get people’s bank account information to make unauthorized withdrawals from their accounts.

The callers said they needed to verify people’s identities using information that included the consumers’ bank account numbers. Within a month or two, victims learned their bank accounts had been debited, often for \$400 or more.

At the FTC’s request, a federal court has temporarily halted this scheme that took millions of dollars from consumers without their consent. The FTC is seeking to **permanently** end the operation and return victims’ money.

No matter your age, you may know someone who has been scammed by telemarketing fraud. They may not talk about it, but the statistics do. The good news is, you can do something about it. Never give out your bank account information to someone who contacts you over the phone. It could lead to a scammer taking money right out of your account.

Medicare Compliance Review of University of Missouri Health Center for 2010 and 2011 Result in Overpayments

University of Missouri Health Center (the Hospital) (operating in Columbia, Missouri) complied with Medicare billing requirements for 159 of the 183 outpatient and inpatient claims reviewed. However, the Hospital did not fully comply with Medicare billing requirements for the remaining 24 claims, resulting in overpayments of \$189,000 for calendar years (CYs) 2010 and 2011 (19 claims) and CYs 2009 and 2012 (5 claims). Specifically, 10 outpatient claims had billing errors, resulting in overpayments of \$106,000, and 14 inpatient claims had billing errors, resulting in net overpayments of \$83,000. These errors occurred primarily because the Hospital did not have adequate controls to prevent the incorrect billing of Medicare claims within the selected risk areas that contained errors.

OIG RECOMMENDS that the Hospital:

- Refund to the Medicare contractor \$188,627, consisting of \$106,083 in overpayments for 10 incorrectly billed outpatient claims and \$82,544 in net overpayments for 14 incorrectly billed inpatient claims; and
- Strengthen controls to ensure full compliance with Medicare requirements.

FULL REPORT: <http://oig.hhs.gov/oas/reports/region7/71305050.asp>—From the U.S. DHHS Office of Inspector General /12-5-2014

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 by talking to friends and family about how to avoid scams and financial abuse.

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

If you receive one of these scam calls report the incident to the Arkansas SMP —**866-726-2916**.

UPDATE ON THE MEDICAL ALERT SYSTEM SCAM—

Settlement with the FTC and Florida Attorney General Stops Operations that Used Robocalls to Fraudulently Pitch Medical Alert Devices to Seniors



Defendants Lied About Health Organizations Endorsing Their Products

The FTC and the Office of the Florida Attorney General shut down an Orlando-based scheme that took money from older people by blasting them with illegal robocalls to push “free” medical alert systems. The FTC says that the company told people (mostly elderly, who live alone, and have limited or fixed incomes) that the alert system was bought for them by someone they knew. People who expressed interest were transferred to a live telemarketer who falsely claimed the American Heart Association, the American Diabetes Association, and the National Institute on Aging recommended the systems. The telemarketers also said the \$34.95 monthly monitoring fee would be charged **only** after the system was installed and activated, but people were charged immediately, regardless of whether the system was activated.

The order includes a judgment of nearly \$23 million, most of which will be suspended after the defendants surrender assets including cash, cars, and a boat. In addition, the defendants are banned from making robocalls and participating in other telemarketing activities.

What you should know:

When you get an illegal robocall, **hang up the phone**. Don't press “1” to speak to a live operator. And don't press any other number to get off the list. It will probably only lead to more robocalls.

<http://www.ftc.gov/news-events/press-releases/2014/11/settlement-ftc-florida-attorney-general-stops-operations-used>

PHISHING SCAMS AND THE VA—

Like Medicare, the IRS and federal agencies, the Veterans Administration (VA) does not make unexpected telephone or email requests for personal or financial information already on file or to announce program changes. Official correspondence will come by U.S. mail. Before providing any details, verify requests by checking this VA toll-free phone numbers website: https://iris.custhelp.com/app/answers/detail/a_id/1703

The Community Hospice, Inc., Improperly Claimed Medicare Reimbursement for Some Hospice Services (A-02-11-01016)

The Community Hospice, Inc. (the Hospice), operating in New York State, claimed Medicare reimbursement for some hospice services that did not comply with certain Medicare requirements. Of the

100 beneficiary-months in our random sample for which the Hospice claimed Medicare reimbursement, 93 beneficiary-months complied with Medicare requirements, but 7 did not. **We estimated that the Hospice received at least \$447,000 in improper Medicare reimbursement.**

<http://go.usa.gov/w52M>
<http://oig.hhs.gov/oas/reports/region2/21101016.pdf>
www.gotyourbackarkansas.org

**REPORT ALL
SCAMS
TO THE
ARKANSAS SMP
1-866-726-2916**

***...Older people are part of the solution to the problem, not just the victims of scammers —
Pass It On!***

—Carolyn Shanoff, Associate Director of the FTC's Division of Consumer and Business Education

For information on volunteering with the Arkansas SMP program or for an application, please contact Arkansas SMP Volunteer Coordinator David Wray at 866-726-2916.

When should you sign up for Medicare ? — at the right time for you!

Knowing when to enroll in Medicare is critical, because there's no single "right" time. It depends entirely on your situation:

- Initial enrollment period (IEP) at 65: This is the right time for you if you won't have health coverage from *active* employment (either your own or your spouse's) after you turn 65 — even if you get retiree benefits or COBRA coverage. The IEP lasts for seven months, with the fourth month usually being the one in which you turn 65. (For example, if your 65th birthday is in June, your IEP begins March 1 and ends Sept. 30.) However, if your 65th birthday falls on the first day of the month, your whole IEP moves forward. (In this case, if your birthday is June 1, your IEP begins Feb. 1 and ends Aug. 31.)
- Initial enrollment period under age 65: If you qualify for Medicare through disability, the fourth month of your IEP is usually the one in which you receive your 25th disability payment. Social Security will let you know when your Medicare coverage starts. You get a second seven-month IEP when you turn 65 and become eligible for Medicare based on age instead of disability — but your coverage continues automatically, without your having to reapply.
- Special enrollment period (SEP): This is for you if you delayed Medicare enrollment after 65 because you had health insurance from an employer for whom you or your spouse was still *actively* working. The SEP allows you to sign up for Medicare without risking late penalties at any time before this employment ends and for up to eight months afterward. (However, a small employer with fewer than 20 workers can legally require you to sign up for Medicare at age 65 as a condition for continuing to cover you under the employer health plan — in which case, Medicare becomes your primary insurance and the employer plan is secondary. But this decision is up to the employer, so you need to check it out before you turn 65.)

Note that if you are still working and have insurance from your employer in the form of a health savings account, under IRS rules you cannot contribute to your HSA if you are enrolled in any part of Medicare. In this situation you need to postpone signing up for Part A and Part B until you retire and also postpone applying for Social Security (because you can't opt out of Part A if you're receiving those benefits). You won't be penalized for this delay.

SOURCE:

<http://www.aarp.org/health/medicare-insurance/info-2014/medicare-enrollment-facts.html?cmp=NLC-HLTH-DSO-NMCTRL-110514-TS3-439150&encparam=gAmd2CdjiRiNRMaD3wRVhYOGiaxylkQTBxq7y4TMD00=>

Do you know that there are programs that can lower the costs of Medicare?

It is important that you and your loved ones know about available income-based programs that can help Medicare beneficiaries afford their Part B and D premiums and may even cover the costs of coinsurances or copayments.

Such programs include:

- ◇ **Extra Help**, a federal program that helps pay for Part D premiums and lowers drug copayments;
- ◇ **Medicare Savings Programs**, state administered benefits that can pay for the Part B premium and may even cover Part B coinsurances or copayments — Contact your SHIP office for additional information— 800-224-6330.
- ◇ **Medicaid**, state-based health insurance that can work with Medicare to help lower a beneficiaries overall health care costs — <https://www.medicaid.state.ar.us/InternetSolution/consumer/howapp.aspx> — or call your local DHS County Office—501-682-8375

Medicare Advantage DISENROLLMENT period **January 1—February 14**

Between January 1-February 14, if you're in a **Medicare Advantage Plan**, you can leave that plan and switch to Original Medicare. If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your coverage will begin the first day of the month after the plan gets your enrollment request.

During this period, you **CANNOT**:

- Switch from Original Medicare to a Medicare Advantage Plan;
- Switch from one Medicare Advantage Plan to another;
- Switch from one Medicare Prescription Drug Plan to another;
- Join, switch, or drop a Medicare Medical Savings Account Plan.

Medicare 2014 & 2015 costs at a glance

2014 & 2015 Costs at a Glance

Part B premium	Most people pay \$104.90 each month. (This amount won't change in 2015.)
Part B deductible	\$147 per year. (This amount won't change in 2015.)
Part A premium	Most people don't pay a monthly premium for Part A. If you buy Part A, you'll pay up to \$426 each month. (Reduced to \$407 in 2015.)
Part A hospital inpatient deductible	<p>You pay:</p> <ul style="list-style-type: none"> ◆ \$1,216 deductible for each benefit period (\$1,260 in 2015) ◆ Days 1-60: \$0 coinsurance for each benefit period (\$0 in 2015) ◆ Days 61-90: \$304 coinsurance per day of each benefit period (\$315 in 2015) ◆ Days 91 and beyond: \$608 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) (\$630 in 2015) ◆ Beyond lifetime reserve days: all costs

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!

facebook.com/arsmp

WHAT IS SMP?

The ACL's Senior Medicare Patrol (SMP) Program seeks to empower Medicare beneficiaries' awareness and understanding of healthcare programs to protect them from the economic and health-related consequences associated with Medicare fraud, error, and abuse. The 54 SMP projects across the United States recruit and train volunteers to educate Medicare beneficiaries about how to protect their Medicare numbers, examine their Medicare Summary Notices to detect discrepancies, and report suspicious activity when detected.

Did You Know?

Regulating bodies are working to improve hospice care and reduce waste and fraud.

- 1. Effective Oct. 1, 2014, new Medicare Conditions of Participation gave hospice patients more rights, including the right to choose their own attending physician instead of a doctor provided by the hospice.
- 2. Signed into law Oct. 6, 2014, The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires hospice surveys to be conducted every three years. Currently inspections are sporadic and might take place once every six to eight years, due to budget constraints. The new law also authorizes more funds to do surveys.



/ brave new word /

GOO·GLE·HEI·MER'S

(noun): condition in which you think of something you want to look up, then forget what it is by the time you get to the computer

What is HOSPICE FRAUD?

All areas of hospice care may be subject to fraud of some kind. When dealing with hospice care it is important to remember that the frequency and types of services are to be determined by the NEEDS of the patient and not the staffing limitations of the agency.

For information about the Office of Medicaid Inspector General (OMIG) or to report Medicaid fraud, please log on to: omig.arkansas.gov; or call the Medicaid OIG HOTLINE — 855-527-6644



IDENTITY THEFT

is the number one reported crime in the United States and has been for the past eleven years. Stephen Svetz, Investigator for the Arkansas Attorney General's office has the following advice to help keep your identity safe:

- Go paperless. Pay bills online or sign up for bank bill paying services. This will eliminate all the financial paperwork identity thieves find in mail-boxes.
- Do not use your debit card in situations where the card is taken out of your line of sight. Use a credit card or pay with cash instead.
- When swiping a debit card for a purchase, use the "credit" option instead of giving up your PIN number during the transaction. This advice applies to every single debit card purchase you may make.
- Monitor your credit reports by going to annualcredit-report.com. There are other ways to do this but do your homework; some are not really "free."
- Use a different password for every account that requires one. You can store them in a password app on your phone but always have a back-up copy hidden somewhere safe in case your phone gets lost or stolen. Change them occasionally!
- Buy a cross cut shredder and eliminate all old and unnecessary financial records. Check with your C.P.A., but most tax records can be shredded after 3 years.
- Opt out of credit card offers. Visit www.optoutprescreen.com or call 1-888-567-8688. You can opt out of receiving such offers for a period of 5 years or permanently if you choose.
- Do not pay your bills or bank online where Wi-Fi service is "free". These locations are not password protected or secure, and you are vulnerable to cyber-attacks.
- Make sure your home, business and other personal Wi-Fi locations are password protected.
- Do not carry anything with a social security number on it in your wallet. If for some reason you need your social security, Medicaid or Medicare card, take it with you but get it out of the wallet and put it in a safe place upon returning home.
- Do not leave purses or wallets in cars; do not put those items in the trunk when you arrive at your destination. Do it before you get there. Bad guys are watching!

- Do not give out personal financial information when you receive a phone call. If *you* have made the call you know who you are really talking to and can give it out to identify yourself.
- Quit writing checks! They are the second most dangerous piece of paper on the planet after the social security card. Use other payment methods if at all possible.
- If you lose your driver's license insist on a new number when you go for a replacement.
- File a police report as soon as you are aware there is a problem.

For further information please contact the Office of the Arkansas Attorney General at 501-682-2007 or 1-800-482-8982, or visit gotyourbackarkansas.org for more information on identity theft and other related topics.

Brought to you by
The Consumer Protection Division
 GotYourBackArkansas.org
 GotYourBack@ArkansasAG.gov
 323 Center Street, Suite 200
 Little Rock, AR 72201
 (800) 482-8982
 (501) 682-2341

Identity Theft Passport Victim ID Card

In 2005, the Arkansas Legislature approved Act 744 "An Act to Provide for the Issuance of an Identity Theft Passport by the Attorney General to Victims of Financial Identity Theft." In short, Act 744 gives the Attorney General authority to issue an Identity Theft Passport to an Arkansas resident who learns or reasonably suspects that he or she is a victim of financial identity fraud and who has filed a police report confirming that he or she is a victim of financial identity fraud. The Identity Theft Passport is a card, similar in appearance to a driver's license, which is designed to assist financial identity fraud victims in reestablishing their good names. In addition, the Identity Theft Passport may help prevent a victim's arrest for other criminal offenses committed by the identity thief.

**When it comes to protecting your identity,
we've got your back, Arkansas.
Office of Arkansas Attorney General
— 1-800-482-8982—**

4TH ANNUAL SMP APPRECIATION LUNCHEON

Brave New Restaurant, LRA

December 9, 2014



WITH HEARTFELT THANKS AND APPRECIATION TO OUR DEDICATED AND HARD-WORKING VOLUNTEERS AND ADVISORY COUNCIL MEMBERS FOR THEIR CONTRIBUTION TO THE SUCCESS OF OUR SMP PROGRAM! IT GOES WITHOUT SAYING, IT TAKES A TEAM EFFORT AND WE HAVE AN EXCELLENT TEAM OF TALENTED AND CARING PEOPLE! THANK YOU FOR A SUCCESSFUL 2014! WE LOOK FORWARD TO WORKING WITH YOU IN THE YEARS TO COME!
— Arkansas SMP Staff

What You Should Know About Medicare's "FREE" ANNUAL WELLNESS VISIT

SMPs wondered if it is OK for providers to say that Medicare's preventive services are "free" when they bill Medicare for them and if it is appropriate for providers to deliver Medicare-covered preventive services at health fairs that are open to the public.

While most SMPs agree that it may be more accurate and less confusing to describe Medicare's prevention and screening benefits with terms such as "at no cost to you," or "with no cost sharing," no federal rule prohibits the use of "free" to describe these services.

The Affordable Care Act (ACA) established the Annual Wellness Visit (AWV) with nine components that are designed to detect risk factors for certain chronic conditions – hypertension, diabetes, depression, fall-related injuries, and cognitive impairment – that are associated with high mortality rates and costs of care for people 65 and older. CMS rules require an AWV to provide "personalized prevention plan services" based on a health risk assessment. If the AWV reveals that a beneficiary may be at risk for cardiovascular disease, for example, the provider can offer the

Medicare-covered cardiovascular screening benefit and submit a separate claim for it. With the AWV, providers must:

- Administer or review a health risk assessment with the patient
- Establish an individual's medical/family history
- Establish a list of current providers and suppliers involved in the individual's medical care
- Measure height, weight, body mass index, blood pressure, and other routine measurements as appropriate
- Detect cognitive impairments
- Review risk factors for depression
- Review functional ability and level of safety based on direct observation
- Establish a screening schedule for the next five to 10 years and a list of risk factors for which medical or health promotion interventions are recommended or under way
- Furnish personalized health advice and referrals, as appropriate, to education or counseling programs aimed at reducing identified risk factors and improving self-management

The law allows physicians, physician assistants, nurse practitioners, clinical nurse specialists, or medical professionals (e.g., health educators or registered dietitians) who work under a physician's direct supervision to conduct the AWV. Though some might assume that a beneficiary's regular doctor would be involved, the rules do not require it. The AWV aims to raise beneficiaries' awareness of potential health problems and point them to services that may help, such as screening for diabetes and depression and counseling for alcohol misuse and tobacco use.

Medicare pays, on average, \$170.16 for a beneficiary's initial AWV and \$113.56 for subsequent AWVs. Beneficiaries are limited to one AWV per year and need not use the same provider for AWVs in the future.

SMP Concerns

While the benefits of early detection in the high-volume approach to AWVs may far outweigh concerns about its potential for fraud and abuse, SMPs can help minimize problems and misunderstandings by encouraging health fair organizers and senior housing coordinators to ensure that AWV providers inform beneficiaries about the nature of the service and that they will bill Medicare. Those working with beneficiaries in group settings can also monitor the AWV process to ensure that it furnishes personalized health advice and referrals on which beneficiaries can easily act. Concerns about confidentiality may also arise if, for example, the provider delivers personal plan printouts to senior housing staff instead of directly to the residents. Finally, it's important for beneficiaries to check their MSNs to make sure the provider bills Medicare only for the prevention and screening services it actually delivers along with the AWV. The procedure codes associated with the AWV are G0438 for the first visit and G0439 for subsequent visits.

TERMINOLOGY:

SSDI vs. SSI

There are many common misconceptions about the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program.

There are many differences between the two programs, which are not always clear to the public. SSDI benefits come from the Social Security trust funds and are based on workers' earnings. By contrast, SSI payments come from the general fund of the U.S. Treasury -- NOT from the Social Security trust funds. SSI is a needs-based program, and payments are not based on earnings.

While SSDI and SSI are different programs, the Social Security Administration administers both.

Join the Millions! Create a [my Social Security](https://www.socialsecurity.gov/myaccount) account at www.socialsecurity.gov/myaccount.

SMP VOLUNTEERS and ADVISORY COUNCIL

In the Spotlight



Arkansas SMP Advisory Council: (LtoR—Kasandra Williams, Amanda White, Tom Shircliff, Rosalind Stone, Tiora Davis, Velma Jones, Judy Urich, John Pollett, Terri Williams)



Arkansas SMP Volunteers: LtoR—Julian Olson, Flo Sage, Allene Higgins, Wanda Henry, Carolyn Pollett, Gus Swain

Arkansas SMP Volunteers:

LtoR— Louise Hebert, Evelyn Canady, Velma Jones, Frances Bower, Dorothy Shirkey, (standing) Jean Whipple.



Arkansas SMP Subgrantees:



LtoR—Linda Nickerson, Denise Grace, Cheryl Splawn, Lisa Strain—Not Pictured: Kathy Packard

“I am so proud of SMP, it's volunteers and the great job you are doing to inform our seniors of Medicare Fraud. Before I retired as a nurse, SMP was one of the most valuable tools we had to work with!!!

EVERY TIME I receive the SMP newsletter I go straight to the part about recent scams. I am always amazed at the things that people think up to scam those of us who are Medicare age!

Kathleen you are an incredible leader to this valuable program, and to the VOLUNTEERS who give their time to get the word out I say, "GREAT JOB" and THANK YOU!! I love SMP, it's volunteers and this newsletter!!

—Sandi Harris
Retired nurse and former SMP Advisory Council Member

IMPORTANT PHONE NUMBERS:

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

HELPFUL WEBSITES:

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



OUR MISSION

“To empower 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

Texarkana RSVP
Texarkana, AR

RSVP of Central Arkansas
Little Rock, AR

Oaklawn Foundation
Hot Springs, 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



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

To Report Fraud, Waste & Abuse
Call the Toll-Free **Helpline** 8:00am-:430pm
1-866-726-2916