Arkansas SMP
Empowering Seniors To Prevent Healthcare Fraud

July—September 2015
Quarterly Publication

# NEWSLETTER

Editor, Kathleen Pursell—AR SMP Director

## National Medicare fraud takedown results in charges against 243 individuals for approximately $712 million in false billing

### Most defendants charged and largest alleged loss amount in Strike Force history

Department of Health and Human Services (HHS) Secretary Sylvia M. Burwell and Attorney General Loretta E. Lynch announced today a nationwide sweep led by the Medicare Fraud Strike Force in 17 districts, resulting in charges against 243 individuals, including 46 doctors, nurses and other licensed medical professionals, for their alleged participation in Medicare fraud schemes involving approximately $712 million in false billings. In addition, the Centers for Medicare & Medicaid Services (CMS) also suspended a number of providers using its suspension authority as provided in the Affordable Care Act. This coordinated takedown is the largest in Strike Force history, both in terms of the number of defendants charged and loss amount.

Secretary Burwell and Attorney General Lynch were joined in the announcement by FBI Director James B. Comey, Assistant Attorney General Leslie R. Caldwell of the Justice Department's Criminal Division, Inspector General Daniel R. Levinson of the HHS Office of Inspector General (HHS-OIG) and Deputy Administrator and Director of CMS Center for Program Integrity Dr. Shantanu Agrawal.

The defendants 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 pharmacy fraud. More than 44 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.

**"This action represents the largest criminal health care fraud takedown in the history of the Department of Justice, and it adds to an already remarkable record of enforcement,"** said Attorney General Lynch. "The defendants charged include doctors, patient recruiters, home health care providers, pharmacy owners, and others. They billed for equipment that wasn't provided, for care that wasn't needed, and for services that weren't rendered. In the days ahead, the Department of Justice will continue our focus on preventing wrongdoing and prosecuting those whose criminal activity drives up medical costs and jeopardizes a system that our citizens trust with their lives. We are prepared – and I am personally determined – to continue working with our federal, state, and local partners to bring about the vital progress that all Americans deserve."

"This Administration is committed to fighting fraud and protecting taxpayer dollars in Medicare and Medicaid," said Secretary Burwell. "This takedown adds to the hundreds of millions we have saved through fraud prevention since the Affordable Care Act was passed. With increased resources that have allowed the Strike Force to expand and new tools, like enhanced screening and enrollment requirements, tough new rules and sentences for criminals, and advanced predictive modeling technology, we have managed to better find and fight fraud as well as stop it before it starts."

According to court documents, the defendants participated in alleged 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 allegedly were 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 conspiring to submit a total of approximately $712 million in fraudulent billing.

"The people charged in this case targeted the system each of us depends on in our most vulnerable moments," said FBI Director James Comey. "Health care fraud is a crime that hurts all of us and each dollar taken from programs that help the sick and the suffering is one dollar too many."

"Every day, the Criminal Division is more strategic in our approach to prosecuting Medicare Fraud," said Assistant Attorney General Caldwell. "We obtain and analyze billing data in real-time. We target hot spots – areas of the country and the types of health care services where the billing data shows the potential for a high volume of fraud – and we are speeding up our investigations. By doing this, we are increasingly able to stop schemes at the developmental stage, and to prevent them from spreading to other parts of the country."

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***You must choose to be happy, in spite of your circumstances, every single day!***

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*National Medicare Fraud Takedown*

"Health care fraud drives up health care costs, wastes taxpayer money, undermines the Medicare and Medicaid programs, and endangers program beneficiaries," said HHS-OIG Inspector General Levinson. "Today's takedown includes perpetrators of prescription drug fraud, home health care fraud, and personal care services fraud, three particularly harmful types of fraud plaguing our health care system. This record-setting takedown sends a message to would-be perpetrators that health care fraud is a risky way to line your pockets. Our agents and our law enforcement partners stand ready to protect these vital programs and ensure that those who would steal from federal health care programs ultimately pay for their crimes."

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. Since their inception in March 2007, Strike Force operations in nine locations have charged over 2,300 defendants who collectively have falsely billed the Medicare program for over $7 billion.

Including today's enforcement actions, nearly 900 individuals have been charged in national takedown operations, which have involved more than $2.5 billion in fraudulent billings. Today's announcement marks the first 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 defendants are presumed innocent 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 Justice Department to hire more prosecutors and the Strike Force to expand from two cities to nine. It 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.

SOURCE: HHS Press Office / June 18, 2015
http://www.hhs.gov/news/press/2015pres/06/20150618a.html

## DID YOU KNOW?

In FY 2014, the Office of Inspector General (OIG) documented that $143,282 in health care expenditures were avoided and nearly $9.1 million in Medicare, Medicaid, and other savings resulted from actions taken by the SMP program.

## GRANT AWARDED

The Arkansas SMP program is pleased to announce that it has been awarded a new three-year cooperative agreement from the U.S. Department of Health and Human Services (HHS) Administration for Community Living—Grant #HHS-2015-ACL-CCASD-MP0091. The Administration for Community Living operates the SMP program in close partnership with the Centers for Medicare & Medicaid Services and the HHS Office of Inspector General. The grant period began June 1, 2015 and ends on May 31, 2018.

The Arkansas SMP program is housed within the Arkansas Department of Human Services, Division of Aging & Adult Services (DAAS). DAAS administers the funding of the Arkansas SMP program to help further the national SMP mission to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through statewide outreach, counseling, and education.

The Arkansas SMP will continue to work closely with our excellent partners; El Dorado Connections RSVP; Texarkana RSVP; RSVP of Central Arkansas; Oaklawn Foundation (Center on Aging); and our new partner, Mid Delta Community Consortium. We will continue our already-established collaborative relationships with the Centers on Aging, Tri-County Rural Health Network-Community Connectors, the Arkansas Senior Health Insurance Information Program (SHIIP) and other programs and initiatives that proved successful in the past. We will strive to build new working relationships and explore new initiatives that will help us spread our message of fraud prevention and awareness throughout Arkansas.

This new grant will also allow for expansion of our volunteer workforce helping us to continue our efforts to increase public awareness, educate, and serve more Arkansas Medicare beneficiaries.



The SMP program is overseen by the U.S. Department of Health and Human Services (HHS) Administration for Community Living, working collaboratively with the Centers for Medicare and Medicaid Services and the HHS Office of Inspector General.

# FRAUD IN THE NEWS—

**Health care fraud is not a victimless crime. Not only does it cost taxpayers billions of dollars, but it is also putting people at risk when they get unnecessary or possibly unsafe medical procedures that they don't need.**

## Biggest healthcare frauds in 2015: Running list

2015 has seen a host of major fraud news involving dozens of individuals and amounting to millions in abuse, often related to Medicare fraud. Check out this link for additional information on these cases and more: http://www.healthcarefinancenews.com/slideshow/biggest-healthcare-frauds-2015-running-list.

***Some of the cases mentioned in the link include:***

**$2.2 million** - Nevada endoscopy center inflating and overcharging for anesthesia services.
**$6.9 million** - New York City's corrupt medical clinics with the offer of free sneakers.
**$50 million** - Clinic owner guilty in kickback case - home health services not medically necessary or provided.
**$30 million** - Home health company tied to major fraud - Louisiana - Priority Care at Home.
**$125 million** - 18 charged in $125M insurance fraud - false and fraudulent claims for injection treatments, physical therapy treatments and other medical items and services.
**$100 million -** Doctors guilty in $100M bribery scheme in exchange for test referrals and money laundering—Biodiagnostic Laboratory Services - New Jersey
**Former hospice COO** charged with fraud - Horizons Hospice LLC - Louisiana - put non-terminally ill patients in hospice and kept them there by recertifying them for continued hospice care - maximum sentence of 15 years in prison and fine of $250,000 on each count.
**$62 million** - Therapy fraud gets 2 fraudsters 6 years - Miami - Health Care Solutions Network – billed for mental health when nothing more than showing Disney movies and playing bingo; also paid illegal kickbacks to owners and operators of assisted living facilities in exchange for patient referrals to be used to submit false and fraudulent claims to Medicare and Medicaid.
**$13 million -** Unnecessary physical therapy fraud - Longcare Home Health billing the for expensive physical therapy and home health care services that were not medically necessary or not provided at all; also paid kickbacks and bribes to doctors' offices and clinics in exchange for fraudulent prescriptions.

## Medicare Fraud Went Unnoticed — Agreed Payment of $71,305 Restitution

Thomas Craig Burns, a former north Arkansas social worker and owner of a Mountain Home business (Road Less Traveled Counseling), pleaded guilty to fraudulently billing Medicare for $2.5 million including more than $71,000 worth of counseling sessions he never performed. He reported counseling sessions for dead patients, sixty-two hours of one-on-one counseling in one day, and weeks of 12-hour-plus days. This all occurred after he served 8 months of a two-year prison sentence for forging a prescription in Texas. After prison he applied for a social worker license in Arkansas. He later obtained a Medicare provider number which he used to bill Medicare in his Mountain Home practice. The Arkansas Social Work Licensing Board revoked his license in August 2013. Lou Saccoccio, CEO of the National Health Care Anti-Fraud Association, stated "The key to all of this is going to be prevention and data analytics, and trying to get out ahead of these guys." Assistant U.S. Attorney General Alex Morgan commented that beneficiary complaints are a major tool used by federal investigators to detect and stop fraud — "...If people scrutinize their bills, they're doing a great service."

Source: Arkansas Democrat-Gazette—July 5, 2015—Chad Day

## OHIO — Medicare beneficiary in Ohio reports fraudulent activity—Ohio Senior Medicare Patrol

A quick-thinking Medicare beneficiary residing in a senior apartment complex in Ohio, reported an insurance agent who told her he works for Medicare and showed her an identification card that represented that he is an "agent" from CMS (the Centers for Medicare & Medicaid Services). He persuaded her to sign a contract and write him a check for $40.

She quickly reported her suspicions to Ohio SMP, Social Security, Medicare, and local law enforcement. An arrest warrant has been issued, and reports made with the Office of the Ohio Attorney General and the Office of Investigations for HHS/OIG (Health & Human Services/Office of Inspector General). The incident was also reported to the Ohio Department of Insurance because the alleged imposter is a licensed insurance agent in Ohio.

## Cancer Doctor Farid Fata Faces Potential Life In Prison

Dr. Farid Fata, the cancer doctor, pleaded guilty to Medicare fraud in September after being accused of giving hundreds of patients unnecessary or inappropriate treatments, including chemotherapy to patients who did not even have cancer—potentially faces life in prison in a federal sentencing hearing.

Wall Street Journal (Dolan, 7/6)
*SOURCE:* http://khn.org/

*The production of this document was supported by a grant from the Administration for Community Living (ACL).*

# Be aware of SCAM(s):

If you receive a suspected scam call, report the incident to the Arkansas SMP —**866-726-2916**.

**HEALTHCARE FRAUD FUGITIVES:**

This Web page contains information about the (Office of Inspector General's) OIG's most wanted health care fugitives. In all, they are seeking more than 170 fugitives on charges related to health care fraud and abuse.

Navigate to other sections of their fugitives site to learn more: **http://oig.hhs.gov/fraud/fugitives/index.asp**

## PASS IT ON!

The best way to avoid a scam is to talk about it – even if you're not sure it is a scam. Talking about the phone calls and emails you get can help you and those you care about, avoid being taken victim!

You can also **report these calls to the AR SMP** (866-726-2916) so we can spread the word about the latest scams going around the state!

***Prevention is key!*** Pass it on!

## Elder Abuse - a Huge and Expensive Problem

Victims of elder abuse tend to be socially isolated and struggle to maintain their independence, relying on friends, family and caregivers, who are often the very perpetrators who violate their trust. As stated in the May 26, 2015 article by Rita Beamish, this is a huge and expensive problem. However, because elder abuse is underreported, it is difficult to determine how big the problem is. Researchers estimate that one in 10 people over 60 is abused, not including financial exploitation. At least $2.9 billion is stolen from elderly victims annually, according to MetLife. (https://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-elder-financial-abuse.pdf)

Kathleen Quinn, executive director of the National Adult Protective Services Association (NAPSA), makes a good point stating "if we had a disease that affected 10 percent of the population, I think we'd look closely at it."

Kathy Greenlee, the Administration for Community Living (ACL) administrator, has brought this issue to the forefront, and it will be one of the major topics addressed at the White House Conference on Aging this summer.

*SOURCE:* http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/5/26/elder-abuse-a-huge-expensive-and-lethal-problem-for-states?utm_campaign=2015-05-26%20Stateline%20Daily.html&utm_medium=email&utm_source=Eloqua

## Something you should know—

### TODAY'S NEWS – TOMORROW'S SCAM!

When the headlines change, scammers follow suit—Natural disaster? Charity scams will follow. Medicare open enrollment season? Health care scams will follow. You get the picture. Please be aware of this pattern of fraud and don't fall victim to a scam call, email or correspondence you may get in the mail that is related to any current news headline. Check it out first!

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

**BE SUSPICIOUS OF DOCTORS, HEALTHCARE PROVIDERS OR SUPPLIERS WHO:**

- Tell you that tests become cheaper as more of them are provided.
- Call and say they represent Medicare or the federal government. Medicare will not call and ask for personal information.
- Use pressure or scare tactics to sell you expensive medical services or diagnostics tests. Medicare-covered services are never a limited-time offer.
- Offer non-medical transportation or housekeeping as Medicare –approved services.
- Offer free Medicare services.



SMP is a nationwide federal grant program funded in part by the U.S. Administration for Community Living.
The Arkansas SMP is administered by the Arkansas Department of Human Services Division of Aging & Adult Services.

## GENETIC TESTING — *When to suspect fraud*

Nationwide SMPs are receiving calls from beneficiaries reporting people who are giving presentations to seniors at senior centers, ice cream socials, and other places seniors gather to conduct "cheek swabs" for genetic testing. These tests can help alert people about potentially negative interactions to medications they are taking, as genetically some people don't respond well to certain drug therapies; however, **Medicare will only cover such a test if there are already signs, symptoms, complaints, or personal history of disease or injury warranting a test, and a person's physician orders it.** Medicare DOES NOT cover it as part of a generic group screening.

If you encounter people offering such group screenings stating that Medicare will cover it or that it is free, this may be a red flag. Do not give them your Medicare number! They may be committing fraud by charging Medicare for unnecessary testing...and you may have to pay the bill if Medicare denies the claim!

If you experience this scam, please report it to the Arkansas SMP by calling 866-726-2916.

**YOU *CAN* MAKE A DIFFERENCE…**
**Volunteer with the Arkansas SMP!**

Please call the Arkansas SMP
866-726-2916
for your **New Volunteer Packet**.

"Like" us on Facebook:
www.facebook.com/arsmp

## NCOA's Top 10 Scams Targeting Seniors

1. Medicare/health insurance fraud
2. Counterfeit prescription drugs
3. Funeral & cemetery scams
4. Fraudulent anti-aging products
5. Telemarketing
6. Internet fraud
7. Investment schemes
8. Homeowner/reverse mortgage scams
9. Sweepstakes & lottery scams
10. The grandparent scam

For more information on each of these scams, log on to the National Council on Aging's website: https://www.ncoa.org/economic-security/money-management/scams-security/top-10-scams-targeting-seniors/?print=t

### Explanation of Benefits (EOB) Requirement for Medicare Advantage Organizations (MAOs)

If you are on a Medicare Advantage Plan, MAOs have options for sending EOBs to beneficiaries. They can:

1) Send members an EOB each month by the end of the month following the month in which members' claims for medical and supplemental benefits were processed; *or*

2) Send members an EOB for each claim in addition to sending quarterly summary EOBs. The quarterly EOBs would be sent at the end of the month following the calendar year quarter in which claims were processed.

***NOTE:*** **If you are on Original Medicare (Part A & Part B) you will receive a Medicare Summary Notice (MSN) quarterly.**

### Social Security Administration Launches a New Anti-Fraud Website

The Social Security Administration (SSA) recently launched a new website that displays their efforts in fighting fraud, waste, and abuse in their programs. According to the SSA, the website includes information on the tools used to fight fraud, spotlights highly successful anti-fraud efforts, and provides materials you can use to help spread the word that Social Security has zero tolerance for fraud.

If you have comments or would like to collaborate with the SSA, please email: oea.net.post@ssa.gov.

*SOURCE: Elder Justice Coalition*
*info@elderjusticecoalition.com*

### *WE NEED YOUR HELP!*

Tips received from Medicare beneficiaries help identify scams and schemes as they are emerging.

Senior Citizens are the #1 target for scam artists and fraudsters! Report scams and fraud to the Arkansas SMP — (toll free) 866-726-2916!

## TERMINOLOGY:

### *What is a QMB, SMLM, and QI?*

Qualified Medicare Beneficiaries (QMB) are persons whose income is 100 percent of the federal poverty level or less ($1,001 per month for a single person in 2015) and whose financial resources are below certain limits. State Medicaid programs cover their Medicare cost-sharing amounts, including monthly premiums, deductibles, copayments, and coinsurance charges.

Together, the QMB, SLMB (Specified Low Income Beneficiary), and QI (Qualified Individual) programs are called the Medicare Savings Programs.

Of the 9.1 million dual eligibles (people who are enrolled in both Medicare and Medicaid), more than three-fourths receive full Medicaid and QMB benefits. CMS refers to them as "QMB Plus" beneficiaries. As a group, QMB-only and QMB Plus beneficiaries account for more than 8 million people.

Call the ARKANSAS SENIOR HEALTH INSURANCE INFORMATION PROGRAM **(SHIIP) — 800-224-6330** for assistance in determining if you are eligible to receive extra help paying for your Medicare or prescription drugs.

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**

## WHAT IS SMP?

The national Senior Medicare Patrol (SMP) program educates seniors about fraud, waste and abuse in Medicare so they will not become victims, and helps seniors with any issues regarding their Medicare claims.

SMPs 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.

**Call your local Arkansas SMP program for more information!**
**1-866-726-2916**

**The Arkansas SMP would like to speak to your SENIOR CHURCH GROUP about current scams and health care fraud prevention!**

**Call 1-866-726-2916 to schedule a presentation!**

## *IDENTITY THEFT!*

According to the Federal Trade Commission's (FTC) Consumer Sentinel Network, nearly 2,500 Arkansans filed ID theft complaints in 2014, ranking the Natural State 15th in victims of identity theft.

"My office is committed to helping victims of identity theft," said Attorney General Rutledge. "We have counselors available to guide consumers through the process of recovering their credit, and offer ID Theft Passports to assist victims in re-establishing their good names."

For more information on identity theft, or to apply for an ID Theft Passport contact the Arkansas Attorney General's Office at (800) 482-8982.

Leslie Carol Rutledge is the 56th Attorney General of Arkansas. Elected on Nov. 4, 2014, she is the first woman and first Republican in Arkansas history to be elected to the office.

## MEDICARE-APPROVED PREVENTIVE SERVICES — 100% Covered
No Co-Pay, No Deductible

- "Welcome to Medicare" preventive visit
- Yearly "Wellness" visit
- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (CVD) Risk Reduction Visit
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
  - Screening fecal occult blood test
  - Screening flexible sigmoidoscopy
  - Screening colonoscopy
  - Screening barium enema
  - Multi-target stool DNA test NEW!
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots (Vaccine)
- Glaucoma tests
- Hepatitis B shots (Vaccine)
- Hepatitis C screening test NEW!
- HIV screening
- Lung Cancer Screening NEW!
- Medical nutrition therapy services
- Obesity screening and counseling
- Pneumococcal shots UPDATE
- Prostate cancer screening
- Sexually-transmitted infections screening and counseling
- Tobacco use cessation counseling

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www.facebook.com/arsmp



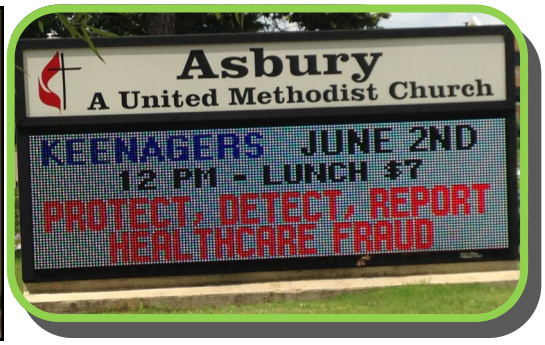
SMP is a nationwide federal grant program funded in part by the U.S. Administration for Community Living.
The Arkansas SMP is administered by the Arkansas Department of Human Services Division of Aging & Adult Services.

Susan Koch-Weser

Susan Koch-Weser researcher with Tufts University in Boston, MA visited Arkansas to attend several of our SMP presentations during the month of June, 2015. Since prevention is hard to measure, a team of researchers from Tufts University was awarded a federal grant to measure the effect the national SMP program has on the prevention of Medicare/healthcare fraud—results largely gathered from pre/post surveys given to SMP presentation attendees.

There is currently no mechanism to quantify the effects of prevention education conducted by the SMP, which hinders the program's ability to measure the extent and cost of fraud and abuse," the Fiscal Year (FY) 2016 budget justification document for the Administration for Community Living (ACL) states.

Therefore ACL is undertaking steps to analyzing the results of a three-year project to conduct research on prevention education to determine how to best measure and quantify the effects of SMP program efforts. (The results of that study should be available in the fall of 2016.)



2015 Foster Grandparent Conference

DeGray Lodge

Bismarck, AR

June 2-3, 2015

# *VOLUNTEERS and PARTNERS IN THE SPOTLIGHT! . . .*

Denise Grace, Director, AR SMP Subgrantee, Central Arkansas RSVP, speaks to visitors at the SMP/ RSVP exhibit booth at the Dierkson Senior Day Health Fair in Hot Springs.

Arkansas SMP VOLUNTEERS Dorothy Smith and Evelyn Lovelace (Central AR RSVP) hosting SMP exhibit booth — Health Fair at Pulaski Tech in West Little Rock on March 17, 2015.

Arkansas SMP VOLUNTEER, Gus Swain, (Central AR RSVP) presenting the SMP message at First Baptist Church, in Cabot on March 24, 2015 for 60 people.

Arkansas SMP VOLUNTEERS, Jeannie Womack-Scott and Dorothy Hickman (Central AR RSVP) hosting an SMP exhibit booth at Pulaski Technical College, North Little Rock Campus, health fair.

Arkansas SMP Advisory Council meeting June 16, 2015.
We appreciate our council members!

(LtoR) Lori DeWese (South AR Center on Aging), Janet Whitten (Oaklawn Center on Aging) and Kasandra Williams (Texarkana Regional Center on Aging) distributing SMP and healthcare related information to the seniors at the 2015 Foster Grandparent Conference at Lake DeGray Lodge in Bismarck, AR, June 2-3, 2015.

**—JUST A MINUTE—**

I've only just a minute, only sixty seconds in it. Forced upon me, can't refuse it, didn't seek it, didn't choose it, But it's up to me to use it. I must suffer if I lose it, give an account if I abuse it. Just a tiny little minute, but eternity is in it.

**FOR THOSE OF YOU WHO ARE ON MEDICARE, HOW MANY ARE CONCERNED ABOUT YOUR MEDICARE PREMIUMS GOING UP EVERY YEAR?**

If you could do something to protect necessary services for yourself or a loved one or to prevent annual increases in your Medicare premiums, would you do it?

The estimated cost of healthcare fraud is over $13 billion annually for Medicare alone. The cost in terms of lost services and poor quality of care is immeasurable. Higher Medicare costs result in higher premiums and co-pays. Most Medicare and Medicaid payment errors are simple mistakes by doctors, providers, or suppliers. However, there are always a few who intentionally cheat these government programs out of millions of dollars annually – and who picks up the tab for healthcare fraud? *YOU DO!* As taxpayers, we all do.

So, what can we do? We can learn how to be more responsible health care consumers. "The strongest defense against crime is not law enforcement, it is informed citizens," according to Kathleen Sebelius, former Secretary of Health and Human Services. The truth of that statement is illustrated by the success of the Senior Medicare Patrol (SMP) – with a program in every state – that has saved taxpayers over $100 million during the last 12 years for the Medicare and Medicaid programs.

Volunteers, most of whom are retirees on Medicare and thus well-positioned to assist their peers, have educated approximately 20 million citizens about healthcare fraud since the SMP program began. They teach Medicare and Medicaid recipients how to protect personal information, identify and report billing errors, and recognize illegal marketing and unnecessary services. Volunteers conduct health care fraud presentations for older consumers at senior centers, club meetings, and other community settings.

No one feels more strongly about keeping criminals out of Medicare than do seniors themselves. The Arkansas SMP needs more concerned retirees to help empower seniors to protect the benefits they rely on. We especially need you.

If you have questions or concerns about healthcare fraud, are interested in volunteering, or would like to schedule a free speaker, call the Arkansas SMP at 1-866-726-2916 or email — Kathleen.Pursell@dhs.arkansas.gov.

## Arkansas Medicaid Inspector General Leaving Post

Jay Shue, the first leader of the Arkansas Office of Medicaid Inspector General (OMIG), which office was created July 1, 2013, is leaving his post after two years.

The OMIG works to prevent, detect and investigate fraud, waste and abuse in Arkansas's Medicaid program and recover improperly paid Medicaid funds.

Shue counts the major highlights of his tenure as tripling recoupments of improperly paid funds, $1.1 million in 2013 to over $3 million in 2015, and having a six-fold jump in referrals for prosecution of Medicaid Fraud.

## HCFAC Report

The Health Care Fraud and Abuse Control (HCFAC) Program report for FY 2014, released March 19 by HHS and the Department of Justice (DOJ), also addressed the difficulty of measuring SMP success.

"Despite the factors that have limited ACL's ability to quantify the value of the SMP program in preventing, identifying, and reporting health care fraud, HHS-OIG has documented over $121 million in savings attributable to the program as a result of beneficiary complaints since its inception in 1997," according to the HCFAC report.

"While SMPs make numerous referrals of potential fraud to investigators, it is still difficult to measure the outcome of these cases without a tracking mechanism," HHS-DOJ said in the HCFAC report. "Therefore, we have no specific measure of these outcomes, though we anticipate that they would demonstrate an additional benefit of the SMP program's ability to detect and prevent fraud and abuse in the Medicare program. In addition, the impact of the SMP program's primary activities– education of beneficiaries to prevent health care fraud – is extremely difficult to quantify in dollars and cents," it said. It noted that ACL is reviewing the recommendations from the first-ever SMP program evaluation for implementation in FY 2015. This will help the program measure its impact, the HCFAC report said.

*SOURCE:*
The Sentinel / May 2015

"I really enjoy reading this newsletter because even though I am not on Medicare, I still get a lot of good information as a consumer." —Daphne

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

The Arkansas Senior Medicare Patrol (SMP) is federally funded by a grant from the Administration on Aging (AoA) Administration for Community Living (ACL) and administered by the Arkansas Department of Human Services, Division of Aging & Adult Services

In order for Medicare to pay for an ambulance transport, the reason for the ambulance transport must be **medically necessary** — the transport must be to obtain a Medicare-covered service, or to return from such a service. Medical Necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated.

In a case in which transportation by any other means could be used without endangering the individual's health — whether or not such other transportation is actually available — no payment may be made for ambulance services.

It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove or disprove) whether the transport was medically necessary.

*SOURCE:*
Medicare Benefit Policy Manual
Chapter 10 —Ambulance Services
10.2—10.2.1

## New Medicare Cards Will Not Display Social Security Numbers

Wednesday, April 29, 2015
Beyond the Numbers

A new Medicare card is coming, one that will no longer display a cardholder's Social Security number, or SSN.

To protect seniors from identity theft, President Obama recently signed a bill that requires the Department of Health and Human Services (HHS) to issue new Medicare cards that don't display, code, or embed SSNs.

Medicare advises senior citizens to carry their cards at all times, but doing so makes them more vulnerable to identity theft. If a wallet or purse is lost or stolen, identity thieves have access to a SSN.

For more than a decade, we and other Federal agencies have recommended taking SSNs off of Medicare cards. However, the amount of money and effort this would take has prevented it—so the new law includes funding and instructions for HHS to consult with the Social Security Administration to "establish cost-effective procedures" to modernize Medicare cards.

The bill gives HHS four years to issue modernized cards to new beneficiaries, and four more years to issue the new cards to existing beneficiaries.

U.S. Rep. Sam Johnson, Chairman of the House Ways and Means' Subcommittee on Social Security, has long advocated removing SSNs from Medicare cards.

Johnson recently said to the New York Times, "The Social Security number is the key to identity theft, and thieves are having a field day with seniors' Medicare cards."

With more than 4,500 seniors enrolling in Medicare every day, we have repeatedly recommended removing the SSN from Medicare cards.

- In 2006, we recommended that Social Security encourage HHS to modernize the Medicare card and aide in the development of an alternative identifier that met both agencies' needs.
- In 2008, we reported that despite the increasing threat of identity theft, Medicare continued to issue cards that displayed SSNs and unnecessarily placed millions of individuals at risk for identity theft.
- Also in 2008, the Inspector General called for immediate action to remove SSNs from Medicare cards—as the Departments of Defense and Veterans Affairs began carrying out elaborate plans to remove SSNs from their identification cards.

With a stolen SSN, identity thieves can commit any number of financial crimes in the victim's name, or they can steal money from the victim. If the victim is a senior citizen, the thief could even target the victim's Social Security benefits.

Thieves might attempt to change the victim's Social Security direct deposit information, redirecting benefits to other accounts. If they've also obtained an individual's personal information, they may also try to establish a fraudulent *my* Social Security account.

We are pleased to see the President sign this bill; we believe it will be a big step forward in protecting senior citizens from fraud. However, as mentioned, it will take time, planning, and effort for HHS to develop an identifier to replace the SSN and then issue the new Medicare cards.

Although this will reduce one risk, others remain. Previously, we have warned about other identity theft schemes via phone calls, emails, and social media that target Social Security beneficiaries.

As a reminder, we strongly encourage you to verify the legitimacy of text messages, emails, or phone calls by people who say they are from Social Security. Please contact your local Social Security office, or call Social Security's nationwide toll-free customer service at 1-800-772-1213. (Those who are deaf or hard-of-hearing can call Social Security's TTY number at 1-800-325-0778.

*SOURCE:* http://oig.ssa.gov/newsroom/blog/apr29-medicare-card-SSN

Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

**Report Suspected Medicare Fraud—**
Arkansas Senior Medicare Patrol (SMP) — 866-726-2916;
Medicare —1-800-MEDICARE (1-800-633-4227);
Office of Inspector General (OIG) Hotline — 800-447-8477
—https://forms.oig.hhs.gov/hotline/report-fraud-form.aspx;
Federal Trade Commission (Identity Theft) — www.ftc.gov
800-438-4338.

## 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** **1-800-482-8982**
Consumer Protection Division
**APS**—Adult Protective Services (DHS) **1-800-482-8049**
**Arkansas Rehabilitation Services** **1-800-981-4463**
**AR SMP** (Healthcare Fraud Complaints) **1-866-726-2916**
**Better Business Bureau (BBB)** **501-664-7274**
**CMS**—(Medicare)— (Centers for Medicare and Medicaid Services)
**(1-800MEDICARE)** **1-800-633-4227**
**Community Health Centers of AR** **1-877-666-2422**
**Coordination of Benefits** **1-855-798-2627**
**DHS** (Customer Assistance Unit) **1-800-482-8988**
**Do Not Call Registry** **1-888-382-1222**
**Elder Care Locator** **1-800-677-1116**
**Federal Trade Commission**
Report STOLEN IDENTITY **1-800-438-4338**
**ICan**—Increasing Capabilities Access Network **501-666-8868**
**Medicaid**—(Claims Unit) **1-800-482-5431**
**Medicaid Inspector General** **1-855-527-6644**
**Medicaid Fraud Control Unit** **1-866-810-0016**
**MEDICARE** (CMS 1-800-MEDICARE) **1-800-633-4227**
**Medicare Part D** **1-877-772-3379**
**Medicare Rights Center** **1-800-333-4114**
**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)** **1-866-801-3435**
(DHS'S Choices in Living Resource Center)
**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) **1-800-772-1213**
Little Rock Office **1-866-593-0933**
**SSA Fraud Hotline** **1-800-269-0271**
**South Central Center on Aging** **1-866-895-2795**
**Tri-County Rural Health Network** **1-870-338-8900**
**UALR Senior Justice Center** **501-683-7153**
**UofA Cooperative Extension Service** **501-671-2000**

## HELPFUL WEBSITES:

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

## *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

**Mid Delta Community Consortium**
West Helena, AR

**Tri County Rural Health Network**
Helena, 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
**FACEBOOK.COM/ARSMP**

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