



NEWSLETTER

Editor, Kathleen Pursell—AR SMP Director

COVERAGE FOR DENTAL SERVICES: EXCLUSIONS, EXCEPTIONS, AND THE NEED FOR ORAL CARE IN NURSING HOMES

The Sentinel, a publication of the SMP Resource Center / www.smpresource.org August 2016

By Mike Klug
SMP Resource Center Consultant

The below article [in part] is in response to a question from a long long-term care ombudsman in Montana: *Is a nursing home's failure to provide routine oral health care for its residents an abuse of Medicare's or Medicaid's payment system for long-term care facilities? After all, it seems a waste for Medicare to pay for a beneficiary's expensive hospital stay to treat pneumonia or other serious conditions that might have been prevented through regular oral hygiene and dental care.*

Medicare does not cover most dental care, but there are exceptions....

DENTAL CARE IN NURSING HOMES

Approximately 1.4 million people live in nursing homes in the United States. The American Dental Association (ADA) reported earlier this year that as many as 1.3 million of them face barriers to oral health care. It is concerned, in part, because research has established a causal link between poor dental hygiene and pneumonia in the elderly. One study found that one in 10 cases of death from pneumonia in elderly nursing home residents could have been prevented by improving oral hygiene. In addition, awareness is

growing that many nursing home residents are undernourished or in pain due to a lack of dental care. To address the problem, the association offers an online continuing education course in dental care for older adults in nursing homes and assisted living facilities and sponsors an Action for Dental Health Initiatives program, which encourages dentists to “adopt” nursing homes in their communities.

Many factors beyond a shortage of professionals trained in geriatric dentistry contribute to the access problem. A big one is the inability to pay. Because Original Medicare and Medigap insurance don't cover routine dental care and states may or may not offer a dental benefit for adults in their Medicaid programs, many beneficiaries who want to see a dentist have no option other than to pay out of pocket for dental care. While some Medicare Advantage (MA) plans offer preventive dental services as a supplemental benefit, access to these plans varies also. A Centers for Medicare & Medicaid Services (CMS) study found that MA plans nationally covered four percent of Medicare beneficiaries' spending on dental care in 2012. Other factors that impede access are the relatively low number of dentists participating in some states' Medicaid programs and the resistance that nursing home aides sometimes face when they try to brush a resident's teeth.

Despite these longstanding and substantial barriers to dental care, federal rules require nursing facilities to provide or obtain from an outside source emergency and routine dental services. The facility must provide Medicaid recipients with emergency services and routine services (to the

extent the state Medicaid plan covers them) at no charge to the resident. Nursing homes agree to this in order to qualify for federal payments as a certified Medicare or Medicaid nursing facility. CMS notes that the intent of the dental care regulation “is to ensure that the facility be responsible for assisting the resident in obtaining needed dental services, including routine dental services.”

Nursing homes that fall short of meeting this and other care standards may be cited for a failure to comply with federal quality-of-care regulations and are subject to sanctions if they fail to rectify the “deficiency” within a reasonable amount of time. A designated State Survey Agency is responsible for sending surveyors to inspect each certified nursing facility (except state-operated homes) and complete a Quality Indicator Survey on a periodic basis. CMS uses the Survey Agency reports to assess compliance and eventually inform the star ratings in the Nursing Home Compare tool on www.medicare.gov.

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SMP FRAUD PREVENTION NEWS—

While total savings attributed to the projects are more than \$122 million, OIG recognized that it is difficult to track actual savings to the government from the SMP program. There is also no current procedure to measure the preventative effects of education on beneficiaries.

ACL is working on resolving these limitations through a variety of means, including:

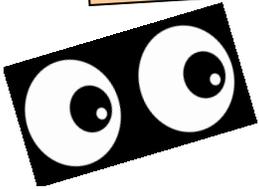
- ◆ Efforts to examine performance metrics and align these metrics using a program evaluation conducted in 2013.
- ◆ Coordinated efforts with the OIG to track fraud referrals.
- ◆ Research on how to measure and quantify the effect of prevention education. The results of this study should be available later this year.

Don't Ignore Fraud. Speak Up.

Medicare Reminder!

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

FOR MEDICAID BENEFICIARIES ONLY!



What is Non-Emergency Transportation (NET)?

- As a **Medicaid beneficiary**, you may be eligible to get a ride to and from your doctor appointments or other covered Medicaid services.
- You do not have to pay anything.
- You can go to a specialist outside your local area if you have a referral from your doctor.
- NET will only take you to and from Medicaid-covered services.



How do I schedule a NET ride?

- You can call the Medicaid Transportation Help Line toll-free at **888-987-1200, option 1**. They can help you find out who your broker is and how to contact them.
- Call at least 48 hours (two whole days) before your appointment. (Don't count Saturday, Sunday, or holidays.) For example, if you need a ride to the doctor on Monday, you will need to call no later than Thursday.

FOR MORE INFORMATION:

<https://afmc.org/individuals/arkansans-on-medicaid/non-emergency-transportation-net-program/>



CMS recently made MSNs available in Braille, large print, audio and data CD

Elder Fraud and Financial Exploitation

Elder fraud is an act targeting older adults in which attempts are made to deceive with promises of goods, services, or financial benefits that do not exist, were never intended to be provided, or were misrepresented. Financial exploitation is the illegal or improper use of an older adult's funds or property.

Please visit the Department of Justice's Elder Justice website, (<https://www.justice.gov/elderjustice>) which contains information for victims, their families, practitioners, law enforcement agencies, and prosecutors and researchers.

THINK IT'S A SCAM? FIND OUT!

Call the Arkansas SMP at 866-726-2916 or log on to one of these websites:

www.Stopfraud.gov
www.Ripoffreport.com
www.Fraud.org
www.IC3.gov – FBI internet fraud/scams
<https://www.bbb.org/council/bbb-scam-stopper/>

Recovering from Identity Theft

Is someone using your personal information to open accounts, file taxes, or make purchases?

Visit IdentityTheft.gov, the federal government's one-stop resource to help you report and recover from identity theft.

TERMINOLOGY — SEAMLESS CONVERSION

With Medicare's specific approval, if someone is enrolled in a health plan (Marketplace, a private plan, an employer plans, etc.) that health insurance company can enroll a member of its plan into its Medicare Advantage coverage when that individual becomes eligible for Medicare at age 65. Called "seamless conversion," the process requires the insurer to send an opt-out letter explaining the new coverage, which automatically takes effect unless the member opts out within 60 days.

Kaiser Health News:

<http://khn.org/news/some-seniors-surprised-to-be-automatically-enrolled-in-medicare-advantage-plans/>

OFFICE OF INSPECTOR GENERAL (OIG)

<http://oig.ssa.gov/report-fraud-waste-or-abuse>
1-800-447-8477

EL DORADO EXPRESS

Transportation for Senior Adults 60 years of age and older
CALL 870-864-7082

Do you need a ride to the doctor? To the grocery store? Or to go pay some bills? Give them a call and they can make it happen!

THEY WILL NEED:

24 HOURS NOTICE FOR LOCAL
48 HOURS NOTICE FOR LONG DISTANCE

Join the National Do Not Call List

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

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



The difference
between
try
and
triumph
is a little
“UMPH!”

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

PROTECT, DETECT & REPORT

1-866-726-2916

facebook.com/arsmp

Medicare's Fall Open Enrollment is a time to consider all of your health care options and needs. This is the time of year when Medicare beneficiaries can make changes to their existing coverage. Even if you decide not change how you receive your Medicare benefits, it is a good idea to review your coverage and any changes that the plan may put in place for 2017.

**OCTOBER 15—DECEMBER 7
FOR ASSISTANCE
CALL SHIP
1-800-224-6330**

What changes can you make during Fall Open Enrollment?

If you are enrolled in a Medicare Advantage Plan or a stand-alone Part D plan, your plan should send you an Annual Notice of Change (ANOC) that lists any changes to your plan for 2017. These changes could be that the plan will charge a different monthly premium, cover different services, or change its formulary (the plan's list of covered drugs).

You should read this notice carefully to see if any of the changes affect you. For instance, if your ANOC tells you that your Part D plan will have an annual deductible next year, you may want to choose a new Part D plan that does not have a deductible.

There are a number of changes you can make during Fall Open Enrollment. You can:

- Switch from Original Medicare to a Medicare Advantage Plan (also called Part C)
- Switch from a Medicare Advantage Plan back to Original Medicare
- Switch from your current Medicare Advantage Plan to a new one
- Join a Part D prescription drug plan (if you do not have one)
- Switch from your current Part D prescription drug plan to a new one
- Do nothing and stay with your current coverage

Any changes you make will become effective January 1, 2017. You can make as many changes as you like during Fall Open Enrollment, but only the last change you make will be effective in January.



QUOTE OF THE DAY!

“Why haven't we been taught this before? We would have saved many a dollar if we had heard this [SMP presentation] a while back when we first started [Medicare]!”

—E. DAILY

Hamburg Senior Center
July 21, 2016

Call **1-866-726-2916**
to receive your copy of the quarterly
SMP Newsletter

**MEDICARE FOR PEOPLE
UNDER AGE 65**

While people under 65 with disabilities comprise only 8.4 percent of the general U.S. population, 16.5 percent of Medicare recipients are under 65. Regrettably, those with disabilities often have lower incomes, require more health care, and find it more difficult to pay for and obtain care compared to Medicare beneficiaries over 65 years old. They are more likely to have cognitive impairments, report themselves in poor health, and have limitations in one or more activities of daily living.

**CONGRATULATIONS TO
THE SMP PROGRAM!**

Total savings attributable to the national SMP program since its start in 1997 are more than **\$122 million**, according to the July 2015 Performance Report of the Office of Inspector General (OIG).

Ambulance Fraud Schemes

- Falsification of documentation to provide the appearance of medical necessity, when medical necessity did not exist;
- Billing for more miles than traveled for transport;
- Billing nonemergency trips as emergency trips;
- Billing the beneficiary instead of Medicare, if the provider participates in Medicare and the trip met Medicare's coverage criteria.



Three Individuals Charged in \$1 Billion Medicare Fraud and Money Laundering Scheme

Miami — Three people have been charged in the largest single criminal health care fraud case ever brought against individuals by the Department of Justice. “Medicare fraud has infected every facet of our health care system,” Wifredo A. Ferrer, the United States attorney in Miami, said Friday in announcing the indictments.

The owner of more than 30 Miami-area skilled nursing and assisted living facilities, a hospital administrator and a physician’s assistant were charged with conspiracy, obstruction, money laundering and health care fraud in connection with a \$1 billion scheme involving numerous Miami-based health care providers.

Many of these beneficiaries did not qualify for skilled nursing home care or for placement in an assisted living facility; beneficiaries received medically unnecessary services that were billed to Medicare and Medicaid. The owner and his co-conspirators are also alleged to have further enriched themselves by receiving kickbacks in order to steer these beneficiaries to other health care providers – including community mental health centers and home health care providers – who also performed medically unnecessary treatments that were billed to Medicare and Medicaid. These kickbacks were often paid in cash, or were disguised as payments to charitable donations, payments for services and sham lease payments.

“This is the largest single criminal health care fraud case ever brought against individuals by the Department of Justice, and this is further evidence of how successful data-driven law enforcement has been as a tool in the ongoing fight against health care fraud,” said Assistant Attorney General Caldwell.

Huntsville Pill Mill Doctor Charged with Illegal Prescribing and Health Care Fraud

Birmingham — Federal prosecutors charged a former pain management doctor who operated Chronic Pain Care Services in Huntsville. His medical practice was a pill mill. The Huntsville physician was the nation’s highest Medicare prescriber of opioid painkillers at the height of his practice, with illegally prescribing controlled substances and with a health care fraud involving \$9.5 million in unreasonable and unnecessary urine drug tests that he did not need or use in their treatment. According to the documents, the tests he ran depended not on patients’ treatment, but on how much he could bill for tests. Between January 2011 and March 2013, urine drug tests accounted for about 80 percent of paid claims he submitted to Medicare and Blue Cross, for a total reimbursement of \$9.5 million.

Two Psychologists Charged in \$25.2 Million Fraud Scheme Involving Psychological Testing

New Orleans — The scam included billing Medicare for psychological tests and related services that were not necessary and, in some instances, never provided at all to nursing home residents across the Southeast (Mississippi, Louisiana, Florida and Alabama). They admitted that they tested the same residents repeatedly, and some of those patients were “non-responsive.”

“DON’T MESS WITH MY MEDICARE!”

<https://www.youtube.com/watch?v=YJcOLpYNIWc>

An official message from Medicare about fraud.



It makes me so mad,
I want to give them the old 1-2!
“These crooks think we are clueless
...they don’t have a clue!”

Stop Fraud During Open Enrollment

- ◆ Know your health care options.
- ◆ Medicare will never call or visit. Medicare will only send information via postal mail service.
- ◆ Don’t give out your Medicare number except to your doctor or other providers.
- ◆ Don’t let someone push you into making a fast decision. Medicare Part D open enrollment is from October 15 to December 7.
- ◆ If you receive a call, especially from a number you do not recognize or anyone requesting personal information, or discounts on a health insurance plan, hang up immediately.
- ◆ Plans are not allowed to cold call you. They can only contact you if you are already on one of their plans.
- ◆ If you receive information about a plan in the mail that you would like to know more about, look up the number and call the plan directly.

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

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

The Grandparent Phone Scam—Grandparents Beware

You get a frantic call from someone claiming to be your grandchild or friend of your grandchild. The caller says there's an emergency and asks you to send money right away. But there's a good chance this is an imposter trying to steal your money through the "grandparent scam." Scammers usually claim to be in a "help me" situation, such as being stuck with a broken down car needing money to get somewhere, arrested, or injured. The caller may pose as your grandchild, or a law enforcement officer or attorney calling on your grandchild's behalf; whatever it takes to sound convincing.

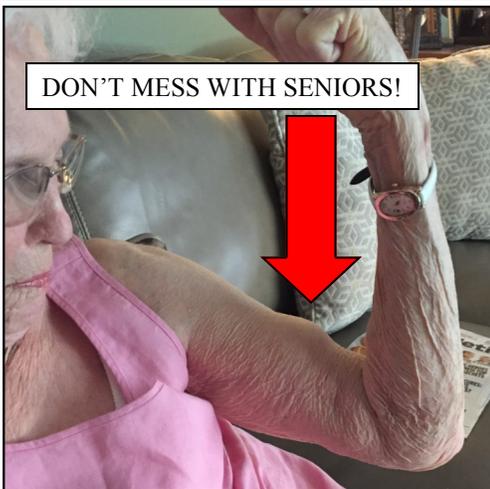
What You Should Know:

- These scams often happen in the middle of the night, to catch you while you're not fully awake, making it easier to get you in a high state of emotion and more susceptible. It's what con artists refer to as getting victims "under the ether."
- The caller may have personal information such as family members' names that they could have picked up on social media sites.
- The caller will likely ask that you send the money by wire transfer – the favorite method of con artists because it can't be traced and you will not be able to recoup it.

What You Should Do:

- Ask some questions that would be hard for an imposter to answer, like a pet's name or a mother's birthday.
- Try to reach the person the caller is claiming to be. If you can't reach him or her, contact a friend or family member to validate the emergency.
- Don't send money unless you're sure the situation is real.

The grandparent scam can be financially and emotionally devastating. Don't let it happen to you. Please be sure to share this alert with family and friends.



HANG UP ON PHONE FRAUD!



REPORT SUSPECTED FRAUD WASTE AND ABUSE!
866-726-2916

\$4.2 Billion was recouped in 2015
as a result of reports of suspected fraud nationwide!
The largest recoupment in one year!

Why are our seniors more susceptible to identity theft?

Medicare Fraud — Someone may pose as a Medicare representative to get older people to give them their personal information, or they will provide bogus services, bill Medicare and pocket the money. A new Medicare ID # is being phased in. People are already scamming victims offering to give them the new number for money.

They say identity theft is the 21st century version of burglary and has been an official crime since 1998 in the U.S. Our eldest came from a generation that trusted people more. Baby boomers are more skeptical in general. But I think as you age, you want to believe in the goodness of people and that makes you more vulnerable.

Telemarketing/phone scams — Have you gotten the IRS is suing you calls? I have. They're scary to me. Imagine how scary to a senior. The IRS will never call. Don't call those numbers back. Many elderly truly feel they will go to jail if they don't respond and pay immediately.

Seniors make twice as many purchases over the phone than the national average. Once a successful deal has been made, the buyer's name is then shared with similar schemers.

Diabetes Prevention Program Shows

Investing in Prevention Pays

Diabetes among older adults has huge health and cost burdens.

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

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

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

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

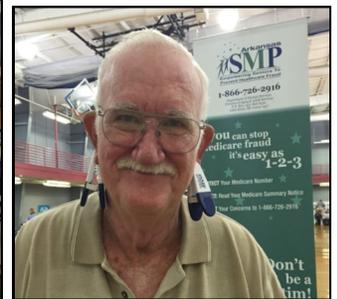
Nearly a quarter of individuals age 65 and older have been diagnosed with diabetes, and one of every three Medicare dollars is spent on beneficiaries living with the condition.

Medicare Fraud, Waste & Abuse

Medicare fraud occurs when healthcare services are deliberately misrepresented, resulting in unnecessary cost to the program, improper payments to providers, or overpayments. Examples are billing for services that were never provided or billing for a service at a higher rate. **Medicare abuse** occurs when providers supply services or products that are medically unnecessary or do not meet professional standards.

What Does it Cost and Who Pays?

The estimated cost of healthcare fraud is over \$13 billion annually for Medicare alone. **Healthcare fraud** affects every taxpayer, but it is not just a matter of dollars and cents. Poor care can affect a patient's functional level and extend his/her need for services. Loss of money to fraud and abuse means that less money is available for necessary services and programs to assist caregivers.



**OUR ANNUAL PICTURE!
DID YOU NOTICE HIS
EARRINGS...**

We met **JODY STORMS** at the Apple-a-Day Conference in Clarksville in 2011, and every time we see him he puts on the SMP clips and we take a picture! Always good to see you, Jodi!!

Remember the **5** Simple Rules to Be Happy:

1. Free your heart from hatred.
2. Free your mind from worries.
3. Live simply.
4. Give more.
5. Expect less.

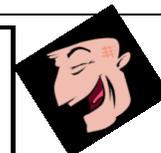
SMP-World News: This year's joint SMP and SHIP annual meeting was held in Milwaukee, WI on August 2-5! There were sessions about important Medicare changes, health care fraud updates, best practices, and much more. Our meetings are always full of opportunities to learn, share, and enjoy fellowship with colleagues from all over the nation as well as ACL staff and other organizations.



"I am blessed beyond measure to walk this life's professional journey with some of the most dedicated colleagues from across the country... whom I am proud to also count as friends. We give it our all every day...and once a year, we gather to share our successes...working together to build a stronger program.

—Stephanie Bias, North Carolina SMP

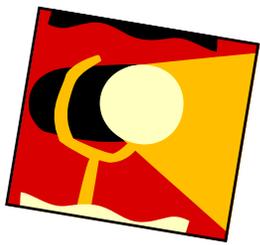
**JUST FOR
LAUGHS!**



**WHAT DO YOU
CALL A
SLEEPING BULL?
A bulldozer!**

**WHY DON'T EGGS TELL EACH OTHER
JOKES? Because they would crack each other up!**

**WHY CAN'T SKELETONS PLAY CHURCH
MUSIC? Because they have no organs!**



SMP VOLUNTEERS IN THE SPOTLIGHT!

Really Special and Valuable People!



SMP Volunteer
Mary Thompson
Christopher Homes, Jonesboro



SMP Volunteer, Pam Feltner,
Christopher Homes, Paragould



SMP Volunteer
Dr. Glenn Wright

Dr. Wright worked the SMP exhibit booth at the Arkansas EMT Assoc. Education Symposium & Trade Show in Hot Springs in August. Thanks Dr. Glenn!



SMP Volunteers in Pine Bluff hold their monthly meetings at the Strachota Senior Center!

L-R:
Christy Johnson,
Gloria Brewer,
Dee Edwards
(SMP Volunteer Coordinator),
Rosetta Madison,
and
seated:
Juanita Russell



The annual report of the HHS Office of Inspector General (OIG) on SMP program activities includes, among other data, data for cost avoidance (\$21,533), expected recoveries to Medicare and Medicaid (\$2.5 million), and savings to beneficiaries and others (\$35,059). While it's important to recognize the dollars saved as a result of SMP efforts, we know that this data alone doesn't convey the full value of the national SMP program. That's because much of the value of SMP comes from **prevention** – from educating beneficiaries about how to protect themselves and prevent Medicare fraud before it happens.

You may recall that in 2013, the Administration for Community Living (ACL) awarded a three-year grant to Tufts

University to find a way to measure the value of these SMP prevention efforts. The Arkansas SMP program was among the seven states that participated in this effort. As their research draws to a close, we're happy to report that we will soon have some exciting results to share that will demonstrate the incredible value of the SMP program!

Thank you for everything you do to support the SMP program! With your help we *are* preventing unnecessary loss to the Medicare trust fund, much needed programs for seniors and disabled, as well as protecting our elder population from scams that target them!

PREVENT, DETECT & REPORT



- If you are hiring home health or other medical professionals do so from reputable agencies that require background checks.
- Get a home safe or a safe-deposit box so that documents containing personal and financial information are locked away.
- Shred, shred, shred.
- Consider a security wallet or handbag that protects against credit card skimming and theft. Don't carry your Social Security or Medicare card with you.
- Monitor your credit card, bank statements and medical bills. Thieves put test credits into bank accounts to see if it works then siphon money out.

- Stealing mail is having resurgence. Retrieve your mail as soon as you can when at home. Stop mail when away. Get your statements online. As scary as it sounds online is the safest way to go.
- Be on the alert if your utilities, banks, credit card companies or other businesses stop sending email or paper notifications—identity thieves often change addresses to hide criminal activity from victims.
- Create strong passwords on your computer. Beware of mystery links. Install firewalls and virus-detection software.
- Learn your Smart Phone's security features.

DID YOU KNOW?

- ◆ The number of Americans over age 85 is expected to triple to 19 million by 2050.
- ◆ Between 2014 and 2024, home care occupations—home health aides, personal care aides and nursing assistants—are expected to add more jobs than any other single occupation.
- ◆ 90% of home care workers are women, and their median age is 45 years old.
- ◆ Over 50% of home care workers have no formal education beyond high school.

The below employee reporting tool was created as a result of a collaboration between the Office of Long Term Care (OLTC) and the Arkansas Innovative Performance Program (AIPP). The tool is designed to be carried by all adult and long term care facility employees for the purpose of increasing awareness of what abuse/neglect is, because 'lack of knowledge shall be no excuse for violating laws which govern care of facility residents.'

Reporting Resident Maltreatment — it's the Law!

REPORT IMMEDIATELY!

WHAT?	WHO DO YOU REPORT TO?
An allegation/suspicion/ witnessed event of abuse, neglect or theft.	An administrator or designated agent-supervisor.



Visit aipp.afmc.org
to order additional cards.

IF YOU
SEE
SOMETHING
...
SAY
SOMETHING!

DEFINITIONS

- **ABUSE:** Any act that causes a resident pain, injury, ridicule, intimidation, fear, alarm or unlawful confinement.
- **NEGLECT:** Failing to report a resident's change of condition to the nurse; failing to carry out resident's care plan; failing to provide supervision, medical services, care; failing to provide equipment and services to prevent physical harm or mental anguish.
- **THEFT:** The deliberate, wrongful, temporary (borrowing), or permanent use of a resident's belongings or money.
- **SEXUAL ABUSE:** Sexual contact or sexual intercourse with another person who is not capable of giving consent.

Visit aipp.afmc.org to order additional cards.

Upcoming Arkansas SMP Activities

Date	Activity	County
October 5	Exhibit Booth—Arkansas Hospital Auxiliary—Embassy Suites—LRA	Pulaski
October 11	SMP Presentation—Bradley County EHC—Warren AR	Bradley
October 13	SMP Presentation—Park Hill Baptist Church—Widower/er Cancer Group	Pulaski
October 18	SMP Presentation—Agape Women’s Circle—Lonoke AR	Lonoke
October 19	SMP Presentation—New Faith Baptist Church—West Helena—1:30 pm	Phillips
October 20	SMP Presentation— Pope County EHC—Fall Council Meeting—Russellville AR	Pope
October 21	Volunteer Recruitment Event—Country Club Village—Hot Springs AR	Garland
November 8	SMP Presentation—NARFE—Fort Smith AR	Sebastian
November 10	Exhibit Booth—Caregivers Expo—2nd Presbyterian Church—LRA (8:00-1:00)	Pulaski
November 14	SMP Presentation—NARFE—Ashdown — 10:00 am	Little River
November 14	SMP Presentation—NARFE—Texarkana— 2:00 pm	Miller
December 6	SMP Volunteer Appreciation Luncheon	Pulaski

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

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

DEE-Tales!

The eating ATM...

My dear friend Mr. Wilson needed some cash over a holiday weekend. Typically he used the ATM machine in his small town of Ruma, IL. Unfortunately for him, while he was out of town he had a bad encounter with a newly-installed ATM machine.

As Mr. Wilson surveyed this newer version of the ATM he couldn't figure out where to inject

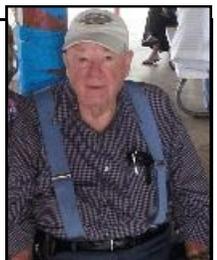
his debit card. After several frustrating minutes he decided... *this* must be the slot and inserted his card.

Nothing happened. He punched several buttons trying to get the machine to respond or return his card, but nothing happened. He said to his wife, "This machine ate my card!"

They looked at the ATM together and discovered that the card was inserted in the depository slot! Then he said to Mrs. Wilson,

"Let me use your card." She said, "No way baby!"

We teased him for a long time about staying away from ATMs...and he would laugh until he cried.



Dee-Tales courtesy of
Dee Edwards,
SMP Volunteer Coordinator



IMPORTANT PHONE NUMBERS:

AANHR—AR Advocates for Nursing Home Residents **501-450-9619**
ADRC—Choices in Living Resrcr Cntr **1-866-801-3435**
AFMC—AR Foundation for Medical Care **1-888-354-9100**
Area Agency on Aging **1-800-986-3505**
Arkansas Attorney General **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**
KEPRO — Arkansas QIO **1-844-430-9504**
Medicaid—(Claims Unit) **1-800-482-5431**
Medicaid Inspector General (OMIG) **1-855-527-6644**
MEDICARE (CMS 1-800-MEDICARE) **1-800-633-4227**
Medicare Part D **1-877-772-3379**
Medicare Rights Center **1-800-333-4114**
Mid Delta Community Consortium **1-870-572-5518**
National Consumer Technical Resource Center
1-877-808-2468
National Medicare Fraud Hotline (1-800-HHS-TIPS)
(OIG) Office of Inspector General **1-800-447-8477**
OLTC—Office of Long Term Care **1-800-LTC-4887**
OLTC—Abuse Complaint Section **501-682-8430**
Ombudsman—Statewide Office of Long Term Care
501-682-8952
Resource Center (ADRC) **1-866-801-3435**
(DHS'S Choices in Living Resource Center)
Senior Circle (Northwest Health System) **1-800-211-4148**
SHIIP **1-800-224-6330**
(Senior Health Insurance Information Program)
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) —1-866-489-6983
Arkansas Aging Initiative—<http://aging.uams.edu/?id=4605&sid=6>
Arkansas Attorney General—www.arkansasag.gov
Arkansas Attorney General Consumer Protection Division—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—
<https://www.bbb.org/scamtracker/arkansas/>
CMS (Medicare-Centers for Medicare and Medicaid Services)—
www.cms.hhs.gov
Do Not Mail—www.DMAchoice.org
Elder Care Locator—www.eldercare.gov
H.E.A.T—www.stopmedicarefraud.gov/
(Healthcare Fraud Prevention and Enforcement Action Team)
ICan AT4ALL—Tools for Life—www.ar-ican.org
MEDICAID—www.Medicaid.gov
AR MEDICAID INSPECTOR GENERAL—
<http://omig.arkansas.gov/fraud-form>
MEDICARE—www.medicare.gov
Medicare Interactive Counselor—
www.medicareinteractive.org
Hospital Compare—www.hospitalcompare.hhs.gov
MyMedicare.gov—www.mymedicare.gov
(Access to 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—email: HHSTips@oig.hhs.gov
Pharmaceutical Assistance Program—
medicare.gov/pap/index.asp
Physician Compare—www.medicare.gov/find-a-doctor
SMP Locator—SMPResource.org (locate an SMP outside of AR)
Social Security Administration—www.ssa.gov
TAP—www.arsinfo.org (Telecommunications Access Program)
Tri-County Rural Health Network—
communityconnecting.net/home.html
UofA Cooperative Extension Service—
www.uaex.edu (or) www.arfamilies.org
Working Disabled—www.workingdisabled-ar.org



SENIOR MEDICARE PATROL (SMP) MISSION

“To empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education.”



TO PREVENT HEALTHCARE FRAUD—

Protect Personal Information

- * Treat Medicare/Medicaid and Social Security numbers like credit card numbers.
- * Remember, Medicare will not call or make personal visits to sell anything!
- * READ and SAVE Medicare Summary Notices (MSN) and Part D Explanation of benefits (EOB), but **shred** before discarding.

Detect Errors, Fraud, and Abuse

- * Always review MSN and EOB for mistakes.
- * Compare them with your Personal Health Care Journal.
- * Visit **www.mymedicare.gov** to access your personal account online to look for charges for something you did not get, billing for the same thing more than once, and services that were not ordered and/or you never received.

Report Mistakes or Questions

- * If you suspect errors, fraud, or abuse, report it immediately! Call your provider or plan first.
- * If you are not satisfied with their response, call the Arkansas SMP.

TO RECRUIT & TRAIN VOLUNTEERS—

- * Retired seniors;
- * Retired health-care providers; or
- * Retired professionals, *e.g.*, teachers, accountants, attorneys, investigators, nurses.

SMP PARTNERS

El Dorado Connections RSVP
El Dorado, AR

RSVP of Central Arkansas
Little Rock, AR

Oaklawn Foundation
Hot Springs, AR

Mid Delta Community Consortium
West Helena, AR

Tri County Rural Health Network
Helena, AR

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

South Central Center on Aging
Pine Bluff, AR

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

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

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



Arkansas Senior Medicare Patrol (SMP)

P. O. Box 1437 Slot S530

Little Rock, AR 72203-1437

<http://www.daas.ar.gov/asmp.html>

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

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