

# NEWSLETTER

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

## The Miami Herald

Posted on Thu, Sep. 30, 2010

### Medicare's new order for claims: First weigh, then pay

BY JAY WEAVER

The behemoth Medicare bureaucracy will have to act more like a credit card company in flagging suspicious bills under a new federal law that could save taxpayers billions of dollars a year in wasteful government healthcare spending. The anti-fraud provision, tucked into the Small Business Lending Act that became law Monday, would force Medicare to end its 45-year-old policy of paying claims quickly without verifying them.

That antiquated billing system, designed to keep the wheels of public healthcare spending going full speed, has led to an estimated \$60 billion-plus a year in Medicare fraud -- with South Florida recognized as ground zero.

The Centers for Medicare and Medicaid Services, which pays out \$500 billion yearly for elderly and disabled Americans, would have to adopt new billing software with "predictive modeling" by next year. Such analytical technology enables the credit card industry to detect questionable bills for, say, a flat-screen TV purchased outside a cardholder's immediate area so that companies can notify the customer and stop payment if fraud is a factor.

#### FRUSTRATED

Sen. George LeMieux, R-Florida, who sponsored the anti-fraud bill, said he has been frustrated watching Medicare continue to pay billions to dubious healthcare providers for unnecessary or bogus services -- only to witness the Justice Department chase after the criminals to recover a fraction of the money.

"Amazingly, they will tell us they're doing everything to stop fraud," LeMieux said of the Medicare system. "But they're not doing anything about this. They're losing one of every \$7 to fraud."

The cost of rolling out the new billing technology would reach an estimated \$930 million over the next decade, but LeMieux said the anticipated savings would far exceed that expense.

A senior Medicare official said Wednesday that the agency has already started a pilot billing program with predictive capabilities for suspicious claims, providers and facilities. Among the targeted areas: Miami-Dade.

"The truth is, we already have the authority to use predictive analysis and we're already doing some of this," said Peter Budetti, Medicare's Baltimore-based deputy administrator for program integrity. "We have every intention and interest in going forward."

Under LeMieux's legislation, signed into law by President Barack Obama, Medicare has to start competitive bidding for "predictive modeling" software contractors by January and implement the billing technology in the 10 worst fraud states by July.

Medicare's billing contractors would use the new technology for processing claims for both hospitalization and outpatient services, the bulk of the program's costs.

After the first year of operation, the Department of Health and Human Services' inspector general's office would report to Congress on the actual savings. If the savings are significant, some of the money would be used to expand the program to 10 more states.

The crisis of Medicare fraud -- through scams involving medical equipment, HIV infusion, home diabetic services, physical therapy and mental health counseling -- has spun so out of control that the U.S. government held the nation's first healthcare fraud summit in Miami in July.

"We're not going to keep paying these claims and it's going to stop now."

Marc Smolonsky,  
HHS Associate  
Deputy Secretary

That same day, more than 350 law enforcement officers arrested 94 suspects in Miami, Detroit, Brooklyn, Baton Rouge and Houston, all accused of scheming to bilk \$251 million from the taxpayer-funded program. It was the nation's largest criminal healthcare takedown.

#### 'PAY AND CHASE'

Top Health and Human Services and Justice Department authorities have acknowledged that the so-called "pay and chase" system has largely been a failure.

"I would say that that world is coming to an end," HHS Secretary Kathleen Sebelius told *The Miami Herald* during the fraud summit.

"When we see this amount of fraudulent activity, it's no longer going to be assumed that we start with the premise that everybody is on the up and up," Sebelius said. "We actually have to get more stringent. That's a very different way of doing business than assuming everything is OK and then looking back and finding out that it really isn't."

Sebelius and others said that Medicare has previously adopted new technological tools to fight fraud, by screening Medicare providers, red-flagging certain claims and imposing payment restrictions in certain regions of the country, such as Miami-Dade.

But those fixes haven't gone far enough, critics say.

The new Affordable Care Act should help. It promises healthcare for more than 30 million uninsured Americans, and includes tougher penalties for offenders, expanded administrative powers for Medicare and \$350 million to combat healthcare corruption over the next decade.

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*"Old age is like a bank account... You withdraw from it what you've put in."*

## MEDICARE IMPOSES STRONGER PROTECTIONS ON MEDICAL EQUIPMENT SUPPLIERS

### *New Rule Strengthens Supplier Enrollment Standards to Help Prevent Fraud*

The Centers for Medicare & Medicaid Services (CMS) today issued a final rule representing another step to increase protections for Medicare and beneficiaries from potentially fraudulent suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

The new regulation enhances Medicare enrollment standards for DMEPOS suppliers by adding several new standards and strengthening existing standards that suppliers must meet before being able to furnish equipment and supplies to Medicare beneficiaries. These new and stronger standards will help to reduce fraud in Medicare and provide beneficiaries with additional assurance that they are being served by legitimate suppliers who meet Medicare's standards.

"We know the majority of medical equipment suppliers and health care providers want to improve the health of Medicare beneficiaries, but we also know there are those who look for any opportunity to take advantage of beneficiaries and Medicare, including sham operations who are not legitimate businesses," said CMS Deputy Administrator for Program Integrity, Peter Budetti. "The steps we are taking today provide us with additional tools to support our continuing efforts to reduce Medicare fraud by helping to ensure that only appropriately qualified suppliers are enrolled in the program."

The additions and revisions to the DMEPOS supplier enrollment standards help ensure that only qualified and legitimate DMEPOS suppliers participate in Medicare. All suppliers for these items, including those DMEPOS items prescribed by the beneficiary's physician, from simple canes and walkers to complex power wheelchairs, oxygen supplies and equipment, and hospital beds now must meet these new standards. This final rule will:

Require DMEPOS suppliers to obtain oxygen from a state-licensed oxygen supplier (applies only in states that require oxygen licensure).

Require DMEPOS suppliers to remain open to the public for at least 30 hours a week, with exceptions for physicians or licensed non-physician practitioners furnishing services to their own patient(s) as part of their professional service, and DMEPOS suppliers working with custom made orthotics and prosthetics.

Ensure that DMEPOS suppliers continue to maintain ordering and referring documentation from physicians or non-physician practitioners.

Prohibit DMEPOS suppliers from sharing a practice location with certain other Medicare providers and suppliers subject to certain exceptions.

The final rule also clarifies and expands the existing enrollment requirements that DMEPOS suppliers must meet to establish and maintain billing privileges in the Medicare program. Specifically, this final rule will revise current supplier standards to:

Ensure that the DMEPOS supplier maintains a physical facility on an appropriate site that must:

- measure at least 200 square feet, except for State-licensed orthotic and prosthetic personnel providing custom fabricated orthotics or prosthetics in private practice;
- be in a location that is accessible to the public, Medicare beneficiaries, CMS, the National Supplier Clearinghouse (NSC), and its agents (not in a gated community or other area where access is restricted);
- be accessible and staffed during posted hours of operation; maintain a permanent visible sign in plain view and post hours of operation; and
- be in a location that contains space for storing business records, including the supplier's delivery, maintenance, and beneficiary communication records.
- Prohibit the use of cell phones, beeper numbers and pagers as a primary business telephone number. In addition, answering machines and answering services may not be used exclusively as a supplier's primary telephone number during posted business hours.
- Expand the prohibition on a DMEPOS supplier's telephone solicitation of a Medicare beneficiary to also include in-person contacts, e-mails, instant messaging and internet coercive advertising.

Thursday, August 26, 2010  
CMS Office of Public Affairs

A copy of the final rule is posted on the  
*Federal Register* site at:  
[http://www.ofr.gov/OFRUpload/OFRData/2010-21354\\_PI.pdf](http://www.ofr.gov/OFRUpload/OFRData/2010-21354_PI.pdf)

## NEW MEDICARE ADVANTAGE DISENROLLMENT PERIOD!

January 1, 2011—February 14, 2011

It allows beneficiaries 45 days to disenroll from an Advantage plan and return to original Medicare A & B.

This disenrollment opportunity is **available only to beneficiaries who are enrolled in a Medicare Advantage Plan**. Individuals disenrolling from an Advantage Plan during the ADP may also enroll in a Part D Plan (PDP) if they want to. However, they are not required to do so. (They may have other creditable drug benefits such as VA or TriCare, etc.)

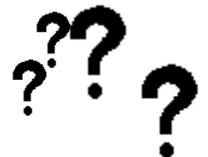
### QUESTION AND ANSWER:

#### **Question:**

***Will Medicare pay for transportation to a dialysis facility?***

#### **Answer:**

**ONLY** if using other forms of transportation would be harmful to your health will Medicare cover round-trip non-emergency ambulance services from your home to the nearest dialysis facility. You must have a written order (dated no earlier than 60 days prior to the ambulance service) from your primary care doctor, and it must be given to the ambulance before you receive the ambulance service.





## A MESSAGE FROM THE PROGRAM ADMINISTRATOR...

I am excited and proud to announce that the Arkansas SMP (Senior Medicare Patrol) has been awarded \$100,000 to **expand** our efforts to recruit and train additional SMP volunteers across the state putting more "boots on the ground." We will also increase public awareness activities through our network of partnering agencies encouraging others to join us in spreading awareness of Medicare fraud.

The ASMP and our network of partners and volunteers "Empower Seniors to Prevent Health Care Fraud" by following three simple steps: (1) **Protect** your personal information. All a fraudster needs to steal from your Medicare Trust Fund is your Medicare number; (2) **Detect** fraud by reading your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) to make sure you received the services or products Medicare paid for on your behalf; (3) **Report** to the ASMP at 1-866-726-2916, any suspicious billing on your MSN/EOB and/or any suspicious activity by folks knocking on your door or calling on the phone with offers "too good to be true."

We want every beneficiary in Arkansas to understand that prevention is the most cost effective way to stop Medicare Fraud.

Please join us as we move ahead to expand our fraud fighting efforts. Call 1-866-726-2916 to volunteer!

John Pollett, Arkansas SMP Program Administrator



**MEDICAID** programs provide health coverage for low-income individuals, including Medicare consumers who qualify for Medicaid. People with both Medicare and Medicaid are known as dual-eligibles.

Medicaid can help cover Medicare cost-sharing and fill in gaps in Medicare coverage, such as many long-term care supports and services. Call your local Department of Human Services (DHS) office to see if you qualify for Medicaid!

### FIND OUT IF YOU QUALIFY

Call to find out if you qualify for **EXTRA HELP** paying for your prescription drug costs! We could *all* use the extra help!

**SS** at 1-800-772-1213 / **SHIP** at 1-800-224-6330

For more information on Extra Help view the April/May/June issue of **MEDICARETalk** at:

[www.afmc.org/HTML/publications/consumers/mtalk\\_pub.aspx](http://www.afmc.org/HTML/publications/consumers/mtalk_pub.aspx)

### Free Eye Exams for 65-Plus

by: Sid Kirchheimer | from: [AARP Bulletin](#) | September 28, 2010

Free eye exams may be a click away — at EyeCare America.

This online service, sponsored by the American Academy of Ophthalmology, arranges screenings with local volunteer ophthalmologists for certain older Americans who do not belong to an HMO or have no coverage through the Veterans Administration.

To qualify, you must also be 65 or older and not have seen an eye doctor in at least three years. You can get up to one year of follow-up care for any disease diagnosed during the initial exam, at no cost. Volunteer ophthalmologists will waive copayments, accepting Medicare and other insurance reimbursement as payment in full. If you have no insurance, you will receive this care at no charge.

People of any age who are determined to be at increased risk for glaucoma (by age, race or family history) may also qualify for exams if they haven't had an eye exam in the past year. Insured patients may be responsible for copays, but there's no cost to the uninsured.

<http://www.eyecareamerica.org/>

*Sid Kirchheimer writes about consumer and health issues.*

**AARP (www.aarp.org), reprinted with permission**

### "OBSERVATION STATUS"

Being in a hospital bed in a Medicare-participating hospital is no guarantee that a Medicare beneficiary is an inpatient. The Center for Medicare Advocacy has been working with victims of hospital "Observation Status" for years.

These patients are in the hospital for days but are not formally admitted as in-patients. This results in bills patients often can't pay and which they would not have if they were properly admitted.

One major consequence of out-patient status is that beneficiaries are denied coverage for a subsequent stay in a skilled nursing facility (SNF) on the grounds that they have not been in-patients in the hospital for three or more consecutive days. Beneficiaries receiving outpatient observation services, which are covered under Medicare Part B, are also billed for services such as prescription drugs that would ordinarily be covered under Medicare Part A during an inpatient hospital stay.

The Center for Medicare Advocacy, Inc. has more information:  
[www.medicareadvocacy.org/InfoByTopic/ObservationStatus/ObservationMain.htm](http://www.medicareadvocacy.org/InfoByTopic/ObservationStatus/ObservationMain.htm)

**DID YOU KNOW?** The hospital may be required to give you an Advance Beneficiary Notice (**ABN**) or NOTICE OF NON COVERAGE BY MEDICARE — which would make you responsible for the bill during an OBSERVATION STATUS STAY in the hospital.

## 2010 SMP CALENDAR OF EVENTS:

- OCTOBER 12** — SMP Presentation  
Calvary Baptist Church  
West Memphis AR
- OCTOBER 14** — SMP Presentation  
AARP Chapter #5329  
Maumelle Senior Center 6:30 pm
- OCTOBER 27-29** — ARKANSAS AGING CONFERENCE  
Hot Springs Civic & Convention Center  
Hot Springs AR
- NOVEMBER 4** — MEDICARE MAZE  
Central Baptist Church  
Conway AR
- DECEMBER 2** — SMP Presentation  
Senior Circle *Lunch & Learn*  
Siloam Springs Memorial Hosp. Annex  
Siloam Springs AR
- DECEMBER 7** — SMP Advisory Council Meeting  
Little Rock AR

**PROTECTING ARKANSANS**—Registration 8:30 a.m.  
Program Starts 9:00 a.m.—1:00 p.m.  
*Lunch Provided*

Go to <http://www.daas.ar.gov/asmp.html> to watch for updated dates/locations for *Protecting Arkansans* events in 2010!

- OCTOBER 8** — White River Medical Center  
Batesville, AR
- OCTOBER 18** — Immanuel Baptist Church  
Little Rock, AR

*Every year you have a chance to make changes to your Medicare Advantage Plan or Medicare prescription drug plan! It's that time again!*

### **November 15 – December 31, 2010 OPEN ENROLLMENT PERIOD for Medicare Advantage AND Medicare Prescription Drug Coverage**

*Here's what you can do during this enrollment period:*

- Change from Original Medicare to a Medicare Advantage Plan.
- Change from a Medicare Advantage Plan back to Original Medicare.
- Switch from one Medicare Advantage Plan to another Medicare Advantage Plan.
- Switch from a Medicare Advantage Plan that doesn't offer drug coverage to another Medicare Advantage Plan that offers drug coverage.
- Switch from a Medicare Advantage Plan that offers drug coverage to another Medicare Advantage Plan that doesn't offer drug coverage.
- Join a Medicare Prescription Drug Plan.
- Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan.
- Drop your Medicare Prescription Drug coverage completely.

Beginning in 2011  
the new health reform law changes  
the Annual Enrollment Period to  
October 15th — December 7th of each year

***NOTE: If you have Medicare because of disability you cannot enroll in a Medicare Advantage plan if you already have end-stage renal disease — defined as needing regular dialysis or a kidney transplant.***

### **Get the nursing home care your loved one deserves!**

[MemberoftheFamily.net](http://MemberoftheFamily.net) provides information about 16,000 Medicare/Medicaid-certified nursing homes in the United States, including easy-to-understand reports based on recent government surveys. They also compile a National Watch List of homes recently cited for violations or that have had substantiated complaints made against them. Additionally they maintain an Honor Roll of facilities found to be deficiency-free.

<http://memberofthefamily.net/>

### **Questions you should ask Before you join a Medicare Advantage Plan:**

- Will I be able to use my doctors and local hospital?
- Are my prescription drugs on the plan's formulary (list of covered drugs)?
- How much is the monthly premium, what is the deductible and how high are the copayments?

Call the SMP to ask for your free copy of the  
**Medicare Protection Toolkit**  
for more information about things you should know BEFORE  
you sign up for a Medicare Advantage plan!

**1-866-726-2916**

## HOW DOES MEDIGAP DIFFER FROM MEDICARE ADVANTAGE?

**Q.** What's the difference between a Medigap plan and a Medicare Advantage plan? I've heard both described as insurance that is "supplemental" to Medicare.

**A.** There are very big differences between these two types of insurance, although both are options for people with Medicare. Technically, only Medigap counts as "Medicare supplemental insurance"—in fact, that's its formal name—but Medicare Advantage plans are just another way to get your Medicare A & B benefits administered by private companies that may provide some extra benefits that could be considered as *supplementing* Medicare.

**Note:** If you enroll in a Medicare Advantage health plan you cannot, by law, also purchase a Medigap policy

Taken in part from article by: Patricia Barry | from: [AARP Bulletin](#) | September 2, 2010

**MEDIGAP** can be used only by people enrolled in traditional Medicare. It is not a government-run program, but private insurance that you can purchase to cover some or most of your out-of-pocket expenses in traditional Medicare. These may include Part B costs like the 20 percent you'd otherwise pay for physician visits and other outpatient services, the Part A hospital deductible (currently \$1,100 for each hospital benefit period), most of the cost of medical emergencies abroad and certain other outlays, depending on which kind of policy you choose. Each of the 10 types of medigap policies is standardized by law—meaning the benefits of each are the same, regardless of which insurer sells it. But insurers still charge widely different premiums, so it pays to shop around.

**MEDICARE ADVANTAGE** comprises a variety of private health plans—most often HMOs and PPOs—that Medicare offers that REPLACES Medicare's traditional A & B coverage. **Every plan must cover all the same benefits that traditional Medicare covers**, but the plans can charge different copayments (often lower than the traditional program but not always) and offer extra benefits. Most charge a monthly premium in addition to the Part B premium, but some don't. Most include prescription drug coverage at no additional cost. Some cover routine hearing and vision services, usually as a separate package for an additional premium. Another difference from the traditional program is that **most plans has special rules—they may require you to go to certain doctors and other providers within their service network or pay higher copays for going out of network.**

### Kaiser Daily Health Policy Report

*Wednesday, August 11, 2010 / [emails@kaiserhealthnews.org](mailto:emails@kaiserhealthnews.org)*

#### What Doctors Say And What Patients Hear May Be Entirely Different Things

A study of 89 patients at one U.S. hospital has found that "doctors and patients are often not on the same page when discussing diagnoses and treatment," Reuters reports. "In interviews with the patients on the day of their discharge, researchers found that only 18 percent even knew the name of the main physician in charge of their hospital care. Meanwhile, just 57 percent left the hospital knowing what their diagnosis was. In contrast, two-thirds of the 43 physicians interviewed thought their patients knew their name, and 77 percent believed their patients were aware of their diagnosis."

The study was published in the Archives of Internal Medicine. And the gaps in communication go even further, the study found. "Of patients in this study who were prescribed a new medication during their hospital stay, one-quarter said their doctor never told them about it. And very few -- 10 percent -- said their doctor discussed the drug's potential side effects with them." Some possible remedies: giving written information to patients in addition to spoken instructions during the hospital stay and not only at discharge, one of the authors said (8/10).

Is there opportunity for an SMP presentation in your area?

1-866-726-2916

The **Stop Medicare Fraud** website allows you to search for fraud news **BY STATE**.

Check it out:

[www.stopmedicarefraud.gov/innews/index.html](http://www.stopmedicarefraud.gov/innews/index.html)

To report solicitations of personal information, Seniors are encouraged to contact 1-800-Medicare or the Arkansas SMP 1- 866-726-2916, or [www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov)

### **FRAUD Prevention**

UNSCRAMBLE THE LETTERS TO REVEAL A MESSAGE

I C E O U R S U R E A D I C D Y M E N O T A R E M M A R Y

R \_ \_ \_ Y \_ \_ \_ M \_ \_ \_ \_ \_ S \_ \_ \_ \_ \_ N \_ \_ \_ \_ \_ !

See Answer on Back Page

**E-mail** questions about how health reform affects you to [healthreform@hhs.gov](mailto:healthreform@hhs.gov)

## SMP VOLUNTEER TRAINING COMPLETED

The Arkansas SMP volunteers of the El Dorado RSVP and RSVP of Central AR received training Certificates of Completion after day-long SMP training seminars in June and July!  
The Arkansas SMP gives a warm *Welcome* and *Thank You* to our new SMP Volunteers!

## **CONGRATULATIONS!**



### **El Dorado RSVP**

Pictured: (front row left to right) Lucy Bawel, Edna McCullars, Jean Tolley, Mary Talley; (back row left to right) Julia Amis, Virginia Mulligen, Geraldine Crook, Frank Tolley



### **RSVP of Central Arkansas**

Pictured: (front row left to right) Judy Ramer, Denise Grace (Director), Gus Swain; (back row left to right) Margie Jones, Carolyn Pollett, Billie Stanley. *Not Pictured:* Carl Who, Shirley Clanton, Kim Clatworthy (Coordinator)

**The Cooperative Extension Service** of the University of Arkansas is a great resource for older Arkansans! Call 501-671-2000 or go to [www.uaex.edu](http://www.uaex.edu) or [www.arfamilies.org](http://www.arfamilies.org) to find out what programs are available in your county.

Programs available include: "Adventures in Grandparenting," "Aging in Place," financial planning, food and nutrition, emergency preparedness, and many more!

Check them out! **It's not simply gardening anymore!**

### **DO YOU HAVE A PERSONAL HEALTH CARE JOURNAL?**

IT IS IMPORTANT FOR YOU TO ASK YOUR DOCTOR QUESTIONS ABOUT YOUR HEALTH CARE! IF YOU DON'T UNDERSTAND SOMETHING, ASK FOR CLARIFICATION! IF YOU CAN'T REMEMBER WHAT WAS JUST SAID, ASK YOUR DOCTOR TO REPEAT IT!

TAKE YOUR PERSONAL HEALTH CARE JOURNAL WITH YOU ON YOUR DOCTOR VISIT AND FILL IT OUT OR HAVE YOUR DOCTOR OR NURSE FILL IT OUT FOR YOU! COMPARE YOUR NOTES WITH YOUR MEDICARE SUMMARY NOTICE (MSN) WHEN YOU RECEIVE IT.

**For a FREE Personal Health Care Journal  
CALL 1-866-726-2916**

### **How YOU Can Help—**

Volunteers are an essential part of the SMP program. You can work with your SMP staff to determine how **you** can get involved in achieving the SMP goal of empowering seniors to prevent health care fraud and abuse!

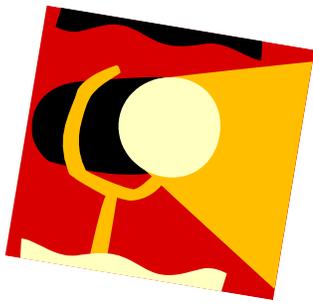
**GET INVOLVED  
Call 1-866-726-2916**

Pressure tactics such as "don't miss out on this special deal" or "you must sign up today" are your cue to say, "**NO THANKS!!**"

### **ARE YOU ON FACEBOOK?**

Connect with Healthcare.gov on *Facebook* so you can stay informed about the Affordable Care Act and other resources that allow you to take your health care into your own hands.

<http://www.facebook.com/Healthcare.gov>



IN THE SPOTLIGHT! . . .

Really Special and Valuable People!

# RSVP of Central Arkansas

The Retired and Senior Volunteer Program (RSVP) of Central Arkansas offers maximum flexibility and choice to its volunteers as it matches the personal interests and skills of older Americans with opportunities to serve their communities, which include: Pulaski, Lonoke and Saline counties, with plans to expand into other counties in the near future.

Denise Grace, Director of the RSVP program, and her partner and Volunteer Coordinator, Lisa Strain are excited to announce the new location of their offices in the Family Life building, 5800 Ranch Drive, Little Rock, AR.

RSVP of Central Arkansas has partnered with the Arkansas Senior Medicare Patrol (SMP) program which recruits, trains and guides retired professionals throughout the state to educate and empower Medicare beneficiaries to take an active role in the detection and prevention of health care fraud and abuse, with a focus on the Medicare and Medicaid programs.



LISA STRAIN / DENISE GRACE  
RSVP Volunteer Coordinator / RSVP Director

The SMP will serve as one of the many stations available for RSVP volunteers to choose from to devote their time and energy promoting community awareness of health care fraud, errors and abuse.

SMP-trained volunteers will work in their own communities helping seniors become better health care consumers by striving to educate other beneficiaries on how to monitor what Medicare paid on their behalf and to identify deceptive health care practices such as, bundling charges to hide non-covered fees, filing bogus claims for products or services never rendered, altering billing codes to inflate Medicare and Medicaid claims and ordering unnecessary or inappropriate products or services to increase revenues.

The Arkansas SMP is proud to recognize Denise and Lisa and the RSVP of Central Arkansas as our new subgrantee and partner, and we look forward to a long and successful relationship dedicated to protecting the integrity of the Medicare system!

### *It's Time to Get Involved!*

Throughout the decades, the RSVP has changed the country. It has influenced national policy, left its mark on pop culture, and changed workplaces and families for the better. The RSVP is still active and still engaged now with a great new opportunity to expand its influence.

Through volunteering, the RSVP can be a positive influence on young lives, help older individuals remain independent in their homes, clean up the environment, offer professional skills to local nonprofit groups, and lend talents and experiences to strengthening communities in countless ways.

And please remember—When you volunteer, you're not just helping others—you're helping yourself. Volunteering leads to new discoveries and new friends. Plus, studies show that volunteering helps you live longer and promote a positive outlook on life.

The RSVP of Central Arkansas needs you! Please volunteer!!!

### **IF YOU ARE INTERESTED IN GETTING INVOLVED WITH THE CENTRAL ARKANSAS RSVP**

Please email: Denise Grace at [ddgrace11@live.com](mailto:ddgrace11@live.com) or Lisa Strain at [lisastrainrsvp@yahoo.com](mailto:lisastrainrsvp@yahoo.com)

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

## **THE NEW "M" AND "N" PLANS**

**Little Rock**—We have received several calls from around the Little Rock area stating that insurance representatives from a Medicare Advantage plan have been soliciting door-to-door in senior housing and assisted living facilities stating that they are 'from Medicare' and want to 'update them on the new Medicare laws' and ask the beneficiary if they are 'aware of all the changes in Medicare this year' and that they 'can offer more benefits at little or no cost under the two new Medicare supplemental M and N plans' effective June 1, or that they can 'save them money on their Medicare.' The worst thing about this is that advantage plans do not offer the new M and N supplemental plans!

PLEASE be aware that insurance representatives are not allowed to cold call or solicit door-to-door. While a Medicare Advantage plan may be a good option for you, please contact a plan you are interested in—do not talk to a representative who cold calls you or comes to your door! Please call 866-726-2916 for your free copy of the **Medicare Protecting Toolkit** for information you need BEFORE signing up on a Medicare Advantage plan. These plans ARE NOT MEDICARE SUPPLEMENTAL plans! Medicare Advantage plans replace (or take the place of) Original Medicare A&B coverage. Medicare Supplement Policies, like M & N Plans, only pay after Original Medicare and do not work with Medicare Advantage.

## **HEALTH CARE CREDIT CARDS: WHAT YOU NEED TO KNOW**

FRIDAY, SEPTEMBER 3, 2010 / CONTACT: AARON SADLER / 501.682.0517

**LITTLE ROCK** – Arkansas Attorney General Dustin McDaniel issued a consumer alert today encouraging consumers to do their homework before they apply for a health care credit card, a relatively new credit product offered to patients. Marketed through some health care providers, these cards offer financing for procedures not traditionally covered by insurance, including infertility treatments or weight loss, cosmetic, hearing and vision procedures. Many health care providers are understandably reluctant to provide in-house financing for such procedures, and for consumers who cannot pay in full at the time of service, the health care credit card may be the only available financing option.

As with any credit product, a consumer is well-advised to shop around for the most affordable terms. But since a health care provider may offer only one product, the consumer may not have another card option. Therefore, it is particularly important that the potential borrower review and understand the terms of the offer and decline offers that do not fit the consumer's budget.

A health care credit card, much like regular credit cards, may be offered with an attractive promotional rate. However, that low rate usually does not reflect the true cost of financing over the life of the card. In some cases, health care procedures may be charged to the card before the procedures are completed by the health care provider, leaving the consumer paying interest on procedures not yet performed. Additionally, if a course of treatment is changed and a procedure is no longer needed, it may be difficult to obtain a refund from the credit card issuer.

The Attorney General recommends that consumers inquire about the timing of charges to the card and decline any card that allows charges to be incurred before a procedure is complete.

"As with all credit cards, consumers considering opening a health care credit card should know all of the card's terms and conditions," McDaniel said. "Do not be afraid to ask questions or press for information from a health care provider or a health care card provider if the card's terms are unclear."

McDaniel urges consumers to remember the following tips before they apply for a health care credit card:

- **Do not feel pressured to sign up for a card if you do not want or need one. If you open a health care credit card, be wary of charging pending procedures on it.**
- **Removing these types of charges can be a long and difficult process, even if you never received the procedures.**
- **Some cards require a co-signer. If you co-sign, you may be liable for charges made on the card. In addition, your credit score may be affected if the cardholder fails to pay.**
- **Be cautious with plans that promise low or zero percent interest rates; the rate will likely increase after a promotional period. If the offered terms are not affordable for you, should shop for a more affordable source of credit. Reconsider any elective medical procedure you cannot afford.**

For further information on other consumer matters, contact the Public Protection Department of the Attorney General's Office at Suite 200, 323 Center Street, Little Rock, AR 72201. The office can be reached by calling (501) 682-2341 (Little Rock) or 1-800-482-8982. Spanish-speaking consumers can also call (501) 683-3130. TDD service is available for the hearing impaired at (501) 682-6073. The link is [www.ArkansasAg.gov](http://www.ArkansasAg.gov).

## **BEWARE OF PREDATORY "HEALTH CARE CREDIT CARDS"**

There is a new scam that some providers are promoting!

**The Wall Street Journal:** "Mr. Cuomo [NY Attorney General Andrew Cuomo] says some health-care providers are using 'fast-talking sales pitches' to pressure consumers into applying for health-care credit cards, including those offered by Chase, Citi and GE. ... Mr. Cuomo says health-care providers are charged a fee for the right to offer the cards and then a portion of the fee is rebated to them based on the amount of money generated through CareCredit sales. He says this amounts to a 'kickback arrangement.' The attorney general also said health-care providers are paid within 48 hours of the charge, creating an incentive for them to use the cards, rather than other methods of payment."

(Bray, 8/10)



## Sugar Land Man Convicted Of Health Care Fraud

By: Jamie Mock on Tue, Aug 24, 2010

Sugar Land resident Aghaegbuna "Ike" Odelugo, 38, has been convicted of conspiracy to commit health care fraud, health care fraud and money laundering, United States Attorney José Angel Moreno has announced.

Charged in April 2010, Odelugo pleaded guilty to each of the three federal counts yesterday before United States District Judge Vanessa Gilmore admitting that from July 2005 through March 2008, he entered into agreements with 14 durable medical equipment company owners to fraudulently bill Medicare for millions of dollars and split the proceeds.

The DME company owners were located in Texas, Louisiana, **Arkansas**, Georgia, North Carolina, West Virginia, Delaware, Massachusetts, New Hampshire and Michigan.

Odelugo was responsible for having marketers recruit the patients, preparing the paperwork, billing Medicare and delivering the equipment. The DME company owner's role was to accept delivery of the patient files from Odelugo and to send him his percentage of the proceeds.

In every case, Odelugo was given control of the DME's Medicare provider number. Odelugo bought Medicare beneficiary information from recruiters and created paperwork and patient files to give the appearance of a valid claim. He filed the claim electronically with Medicare or Medicaid and sent the patient files to the DME company owners. The proceeds from the false claims were deposited into the DME company's bank account. As much as 75 percent of the fraud proceeds then were transferred to Odelugo.

Odelugo had the DME owners provide him with blank signed checks from the DME bank accounts into which the Medicare proceeds were deposited. Odelugo used his medical billing persons to

monitor when the Medicare payments were deposited into those accounts and, once deposited, he used the blank signed checks to move his share of the illegal proceeds to his own bank account.

Odelugo ran the fraudulent scheme from his cellular phone store in Houston.

The DME items billed to Medicare and Medicaid were either not delivered, not medically necessary, not prescribed by a doctor or up-coded from what was actually delivered. Nearly 89 percent of the items billed were orthotics and lymph edema pumps. Power wheelchairs and accessories accounted for the other 10 percent.

The total amount paid by Medicare as a result of Odelugo's scheme was approximately \$9,933,354.27. The defendant received 75 percent of the illegal proceeds or approximately \$7,450,015.50.

In addition to pleading guilty to the criminal charges, Odelugo has agreed to pay restitution of \$9,933,354 to the Medicare and Medicaid programs. He also agreed to forfeit a minimum of \$6 million in illegal proceeds to the United States.

Sentencing is scheduled for Dec. 13. The conspiracy conviction carries a maximum penalty of five years in a federal prison and a \$250,000 fine. The health care fraud conviction carries a maximum penalty of 10 years in a federal prison and a \$250,000 fine, while a conviction for money laundering carries a maximum penalty of 10 years and a fine of \$500,000. Parole has been abolished in the federal prison system.

Odelugo has been on bond since he was charged in April and he will continue on that same bond through sentencing.

The criminal charges are the result of a joint investigation conducted by agents of the United States Department of Health and Human Services-Office of Inspector General and the Internal Revenue Service – Criminal Investigation. The case is being prosecuted by Assistant United States Attorney Al Balboni.

[www.fortbendnow.com/2010/08/24/47443](http://www.fortbendnow.com/2010/08/24/47443)

## Obama Administration Touts Federal Efforts To Combat Health Care Fraud

The Los Angeles Times: Obama administration officials at a meeting in Los Angeles Thursday touted their efforts to crack down on health care fraud, "saying quickly expanding criminal enterprises are costing taxpayers billions of dollars each year. ... Atty. Gen. Eric H. Holder Jr. and Health and Human Services Secretary Kathleen Sebelius said their agencies were jointly targeting fraud in the federal Medicare and Medicaid programs. They said **the initiative, launched in May 2009, had so far produced more than 580 criminal convictions and recovered more than \$2.5 billion in fraudulent proceeds.**" Along those lines, Sebelius also said a Medicare regulation issued Thursday will "require suppliers of prosthetics and other items to maintain proper ordering documentation and to remain open to the public at least 30 hours a week. It also will bar such companies from using cellphones or pagers as primary business phone numbers" (Girion and Helfand, 8/27).

Chicago News Cooperative/The New York Times: "Dr. [Sushil] Sheth was recently sentenced by a judge in Chicago to five years in prison for ripping off Medicare and private insurers for at least \$13 million — and possibly closer to \$20 million. It's a tale of elaborate fraud that raises questions about both basic government competence in overseeing health care and our news media priorities when deciding what's news. ... Starting in 2002, Dr. Sheth's inclination to spend lots of time with patients apparently melded with a desire to make tons of money. With privileges at Advocate South Suburban Medical Center, Ingalls Hospital and a third unidentified hospital, he was able to gain access to personal and insurance information about the patients" (Warren, 8/26).

The Los Angeles Times: Meanwhile, "[a] Rowland Heights physician suspected of illegally dealing prescription pain medications and other powerful narcotics to addicts — some of whom died of overdoses — said she is being made a scapegoat and that the responsibility for any misuse of the drugs belongs to the users. ... In a federal search warrant affidavit, investigators said they suspected [Dr. Lisa] Tseng of routinely prescribing oxycodone, a powerful narcotic pain reliever similar to heroin, and other highly abused medications to drug-seekers without properly assessing their medical need or their apparent addictions" (Girion and Glover, 8/27).

## MEDICARE WILL PAY FOR YOUR ANNUAL WELLNESS EXAM! It's free!

**It's free!**

**Beginning January 1, 2011 Medicare will cover the cost of an annual wellness visit with your physician.** During this visit, you and your doctor will develop a personalized prevention plan that takes a comprehensive approach to improving your health. Call your doctor to set up an appointment!

The Medicare wellness visit will cover the following services, free of charge to the patient:

- Routine measurements such as your height, weight, blood pressure, body-mass index (or waist circumference, if appropriate);
- Review of your medical and family history, including medications and current care by other health care providers;
- A personal risk assessment (including any mental health conditions);
- A review of your functional ability and level of safety, including an assessment of any cognitive impairment and screening for depression;
- Set up a schedule for Medicare's screening and preventive services for the next 5 to 10 years; and,
- Any other advice or referral services that may help intervene and treat potential health risks.

In addition, the preventive services that Medicare *currently* covers will be provided free of charge to the patient! Medicare beneficiaries will no longer have to pay any out-of-pocket costs for **most** preventive services —**NO CO-PAY AND NO DEDUCTIBLE!**

## WHAT YOU SHOULD KNOW ABOUT THE NATIONAL DO NOT CALL REGISTRY



The National Do Not Call Registry gives you a choice about whether to receive telemarketing calls at home. Most telemarketers should not call your number once it has been on the registry for 31 days. If they do, you can file a complaint at this Website. You can register your home and/or mobile phone for free.

**Your registration will not expire.** Telephone numbers placed on the National Do Not Call Registry will remain on it permanently due to the Do-Not-Call Improvement Act of 2007, which became law in February 2008.

<http://www.ftc.gov/bcp/edu/pubs/consumer/alerts/alt107.shtm>

### DID YOU KNOW?

Medicare claims must be filed within one full calendar year following the year in which the services were provided.

For example, if you see your physician on March 22, 2009, the Medicare claim for that visit must be filed by December 31, 2010.

*Medicare.gov*

## ICAN—Increasing Capabilities Access Network

ICAN AT4ALL, *Tools for Life*, is Arkansas's statewide assistive technology program. Assistive technology is any kind of device or tool that helps people learn, work, communicate and live more independently.

ICAN offers a wide range of devices available for loan to individuals and agencies. Try out equipment before buying, find a device to use while another is being repaired, or borrow equipment for use in a temporary time of need!

The public can list and find used devices for sale, trade or donation through the ICAN AT4ALL website: [ar-ican.org](http://ar-ican.org). Used devices that are donated are available at no cost to individuals and agencies.

For More Information:

501-666-8868 / Toll-Free and TTY: 800-828-2799 / [www.ar-ican.org](http://www.ar-ican.org)



Are you confused and overloaded with all the information you have been receiving about the new **Health Care Reform**? Here is link to a one-page tip sheet on **how health reform helps seniors**:

[http://www.whitehouse.gov/files/documents/health\\_reform\\_for\\_seniors.pdf](http://www.whitehouse.gov/files/documents/health_reform_for_seniors.pdf)

**There *is* something you can do to HELP PREVENT FRAUD! ...and it just got easier!**

**Review your Medicare claims!**

Did you know you can check your Medicare claims over the phone **without having to speak to a customer service representative**—it only takes a few simple steps!

The automated phone systems is a way for you to get information about your Original Medicare claims that have been processed in the past 12 months.

Simply call 1-800-Medicare (800-633-4227) and enter the following information:

- ◆ Your Medicare number by clearly speaking the numbers and letters or by using the telephone keypad.

- ◆ At the main menu say, “claims” or “billing”
- ◆ Respond “Yes” to the question, “would you like information on claims that Medicare has processed?”
- ◆ Confirm your identity by providing your last name, date of birth, last 4 digits of your Social Security number, or the effective date of your Medicare coverage.
- ◆ Say the year that you want to check.
- ◆ Say the month that you want to check.
- ◆ If there are claims found in that time period, you will hear a listing of the five most recent claims.

If there are no claims found in that time period, you can say “New Search” and enter a new month and year.

**NOTE:** You can only do **3 searches** per phone call. If you need to do more than 3 searches, you can hang up and call again, or stay on the line and speak to a customer service representative.

If you find a charge you think is incorrect, please first contact the provider, who may give you information explaining the services or supplies in question, or they may realize a billing error that needs to be corrected; if you are still unsatisfied with your claims you can contact the **Arkansas SMP at 1-866-726-2916** and we will assist you in getting to the bottom of the charges.

**You can also check your claims status ON LINE by registering with [MyMedicare.gov](http://MyMedicare.gov). Check it out! You'll be glad you did!**

*DID YOU KNOW* it is **ILLEGAL** to sell your Medicare Number !?

**OCTOBER 1** was the deadline for insurance carriers to notify you of any changes to your plan!

**First Steps for Victims of Identity Theft**

**Identity theft** is commonly one of the fastest growing crimes in America. It is defined as someone using another person's name and identifying information to steal an identity. When the crime is discovered, the crooks move on, leaving their victims to deal with the fraudulent debts.

If you are a victim, taking the following steps immediately will help you reduce both the monetary damage and time spent cleaning up your credit.

- Contact the three major credit reporting bureaus (Equifax, Experian, and TransUnion) and request a fraud alert be placed on your credit file. You are entitled to a free credit report when you place a fraud alert.
- Consider going a step farther and placing a security freeze on your credit file. This prevents new credit accounts being opened in your name by making your credit file off-limits to anyone. That includes the good and bad, as it applies to too prospective creditors as well as crooks.

- Order your free credit report from each bureau, and examine it carefully for fraud. Send a written dispute to any bureau where there are errors on your report due to fraud.
- Continue to check your reports periodically to make sure no new activity has occurred.
- Contact all creditors, starting with the accounts that have been tampered with or opened fraudulently. Close those accounts, even if you originally opened them.
- When establishing new accounts, select new PIN numbers and passwords.
- File a police report, as you may need this documentation to prove the theft.
- To permanently remove fraudulent information from your credit reports, send a copy of your police report, along with your written dispute, to the credit reporting bureaus.
- File a complaint with the Federal Trade Commission (FTC) online at [www.ftccomplaintassistant.gov](http://www.ftccomplaintassistant.gov), or through their Identity Theft Hotline at (877) 438-4338. Print a copy of your ID Theft Complaint.

Victim Resources from the Identity Theft Resource Center:  
[www.idtheftcenter.org/v\\_resources/v\\_intro.shtml](http://www.idtheftcenter.org/v_resources/v_intro.shtml)

**The Identity Theft Resource Center** continues to create information to assist you if you believe you are a victim of identity theft. The information is updated regularly. Information on this website will clarify the steps needed in various situations of identity theft. There is also a phone number to speak to someone for assistance:

**ITRC Victim Assistance Center**  
Toll Free (888) 400-5530



## New Insurance Finder Web Tool Simplifies the Process of Searching for Health Coverage

WASHINGTON, DC- The U.S. Department of Health and Human Services (HHS) today announced the release of a new [HealthCare.gov](http://www.healthcare.gov) web tool available for download that makes searching for coverage options even easier than before.

"[HealthCare.gov](http://www.healthcare.gov) is a valuable resource for small businesses, consumers, and their families to search for coverage options and understand the new benefits under the Affordable Care Act," HHS Secretary Kathleen Sebelius said. "By putting the power of information at your fingertips, HealthCare.gov is helping American families everywhere to take control over their health care and make the choices that are right for them."

The Insurance Finder "widget" enables anyone with a website or blog to embed a tool on their site allowing users to begin the process of searching for coverage options. The tool asks users two initial questions: "select a state" and "which best describes you." Users then click on "next steps," and are redirected to a page on [HealthCare.gov](http://www.healthcare.gov) that continues with the insurance finder process based on answers to their specific questions.

To view the widget and the embed code, visit this page: [http://www.healthcare.gov/stay\\_connected.html](http://www.healthcare.gov/stay_connected.html)

HealthCare.gov allows consumers to search for both public and private health coverage options through an easy to use health insurance finder tool. Based on answers to a series of questions, the coverage finder produces a menu of potential coverage choices personalized for the user.

[www.hhs.gov/news/press/2010pres/08/20100824a.html](http://www.hhs.gov/news/press/2010pres/08/20100824a.html)

## Get Health Care

The Health Resources and Services Administration (HRSA) is an agency within the U.S. Department of Health and Human Services. Tens of millions of Americans get affordable health care and other help through HRSA programs.

Your eligibility for free or reduced cost care depends on your income and whether or not you have health insurance.

<http://www.hrsa.gov/gethealthcare/index.html>

### **THE MIAMI HERALD** **Continued from Page 1**

Under the Act, Medicare officials this month unveiled proposed regulations that call for suspending payments to a provider if there has been a "credible allegation" of fraud, including tips from consumers. The rules also require inspectors to visit more medical facilities to ensure they are legitimate and rating them by their risk for fraud.

But developing an advanced billing system that can pinpoint suspicious claims right away may be the greatest

technological challenge for the massive Medicare system.

"The contractors all use technology that is geared to process claims as quickly as possible," Marc Smolonsky, HHS associate deputy secretary, said at the fraud summit. "There is nothing inherent in that technology that prevents fraud."

But he vowed: "We're not going to keep paying these claims and it's going to stop now."

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## JUST FOR LAUGHS!



### *BITING NAILS...*

Two golden-agers were discussing their husbands over tea.

"I do wish that my Elmer would stop biting his nails. He makes me terribly nervous."

"My Billy used to do the same thing," the older woman replied. "but I broke him of the habit."

"How?"

"I hid his teeth."

Department of Health and Human Services Secretary Kathleen Sebelius wrote America's Health Insurance Plans (AHIP), the national association of health insurers, calling on their members to **stop using scare tactics and misinformation to falsely blame premium increases for 2011 on the patient protections in the Affordable Care Act.**

Medicare's 45th Birthday!  
July 30, 2010



Since 1965 over 47 million adults 65 and older and people with disabilities have looked to Medicare as their source of health coverage and financial security.

**LET'S WORK TOGETHER TO PROTECT IT!**

## Sign up for [MyMedicare.gov](http://MyMedicare.gov)—SEE WHAT'S *NEW!*

To register click on *CREATE AN ACCOUNT*. By registering on [MyMedicare.gov](http://MyMedicare.gov), you can:

- View Claim Information (excluding Part D). You don't have to wait three months for your MSN to come in the mail...you can view it online as the claims are filed
- Order Duplicate Medicare Summary Notices (MSN)
- **NEW!** Access quality information about your provider
- View plan enrollment and quality information for your Prescription Drug, Medicare Advantage and other insurance plans
- Compare health and drug plans based on quality measures and estimated costs
- **NEW!** Create and print "On the Go" report listing information you can share with your Health-care providers
- **NEW!** Add or modify self-reported health management information such as medical conditions and allergies
- View and modify your self-selected drug and pharmacy information
- **NEW!** Search for and create a list of your favorite providers
- View details of preventive services you are entitled to and Medicare will pay for

It is a good idea to put an e-mail address where asked and you will receive your password immediately via e-mail; otherwise, you may wait up to two weeks to receive your password in the mail.

**BE SURE TO PUT IN YOUR E-MAIL ADDRESS IF YOU HAVE ONE!**

*It's that time of year again when we are repeatedly asked whether or not Medicare and/or Part D covers the Shingles Vaccine—Find out below:*

### IS THE SHINGLES VACCINE COVERED BY MEDICARE?

**All Medicare Part D plans do cover the shingles vaccine.** Your Part D plan will pay for the vaccination itself **and** for your doctor to give you the shot (administration). However, **before you get a vaccination, you should**

**check coverage rules with your Part D plan** and see where you should get your shot so that it will be covered for you at the lowest cost. The amount of cost-sharing (money you have to pay) for the vaccination varies.

Medicare **Part B does not** cover the shingles vaccine. If you have private insurance or Medicaid, your plan may or may not cover the vaccine; contact your insurer to find out.

*U.S. DHHS  
Centers for Disease Control & Prevention  
[www.cdc.gov/vaccines/vpd-vac/shingles/vac-faqs.htm](http://www.cdc.gov/vaccines/vpd-vac/shingles/vac-faqs.htm)*

### DID YOU KNOW?



**You Can Order BOOKS BY MAIL...**through the *Central Arkansas Library System's* Books by Mail Service if you are unable to leave your home because of a temporary or permanent disability.

A valid library card and a completed application are required to participate. The application must be signed by a physician, nurse, social worker or a library branch manager who can verify that you are disabled and unable to leave your home.



It is a convenient way to receive books, books on CD, and books on audio-cassette by mail...**AT NO COST!**

In order to qualify, YOU MUST BE A RESIDENT OF **PERRY or PULASKI COUNTY** and complete the following:

1. Books by Mail Service application at [http://www.cals.org/documents/books\\_by\\_mail\\_application.pdf](http://www.cals.org/documents/books_by_mail_application.pdf). Include your library barcode number (if you do not have a library card, you may apply for one through this program); and
2. Books by Mail Service Reader Interest Survey at [http://www.cals.org/documents/books\\_by\\_mail\\_interest\\_survey.pdf](http://www.cals.org/documents/books_by_mail_interest_survey.pdf).
3. Mail the completed forms to:  
CALS Books by Mail Service  
100 Rock St.  
Little Rock, AR 72201



**OR**

You can also contact Maribeth Murray at the Central Arkansas Library at 501-918-3032 or email: [booksbymail@cals.org](mailto:booksbymail@cals.org) to receive an application by mail.

## STEPS TO TAKE IF YOU SUSPECT YOU HAVE BEEN A TARGET OF ERRORS, FRAUD, OR ABUSE:

**Report it immediately!** You will protect other people from becoming victims and help to save your Medicare benefits.

Here are the steps beneficiaries should take to report their concerns:

### 1. Call the health care provider.

Call the company or doctor first to question the charge and ask them to correct it with Medicare. It may be a simple mistake.

### 2. Call the company that paid the bill.

If the provider can't or won't help or answer, contact the company that paid the bill. You can find this information on your MSN or EOB.

### 3. Use your written records.

Keep detailed records and notes in order to be prepared to provide specific information and documentation when reporting problems. Documentation could include your Personal Health Care Journal, calendar, bills, and/or statements. The following types of information may be useful when reporting an issue:

- The provider's name and any identifying number you may have
- The item or service you are questioning
- The date on which the item or service was supposedly furnished
- The amount approved and paid by Medicare
- The date of the Medicare Summary Notice
- The name and Medicare number of the person who supposedly received the item or service
- The reason you believe Medicare should not have paid
- Any other information you may have showing that the claim for the item or service should not have been paid by Medicare

### 4. Contact your SMP.

If you are not comfortable calling your provider or plan or if you are not satisfied with the response you receive, you should contact your local **SMP 1-866-726-2916**



## Telecommunications Access Program



**TAP** is a program within the Department of Career Education/Arkansas Rehabilitation Services Division that provides **free** telephone equipment to eligible individuals in the state of Arkansas who have difficulty using a standard telephone. Some items provided include: amplified phones that amplify the incoming voice; big button phones that speak the numbers as you dial them therefore assuring that you are dialing correctly; and photo phones that allow you to rely on pictures of those you want to call instead of having to remember their phone numbers.

**How can I apply for this equipment?** There is an application that must be completed. Anyone who meets the following criteria can apply:

- Arkansas resident
- Personal telecommunication service
- Disability certified by a qualified professional that prohibits you from using a standard telephone
- Income eligibility (If your income is under \$50,000 a year, the equipment is **free**. If your income is over \$50,000 a year, the equipment may be provided for one third of the item's cost to the program.)

To contact TAP for an application or with any other questions call 1-800-981-4463 (V/TTY) or (501) 686-9693 (V/TTY).

According to MPR/Kaiser Family Foundation analysis of CMS State/County Market Penetration Files, 2010:

**12% of Arkansas' Medicare Beneficiaries are Medicare Advantage Enrollees in 2010**

National Average, 2010= 24%

## You can access your loved one's Medicare information Immediately!

Medicare can only talk to you about your loved one's personal health information **if your loved one gives Medicare authorization**. Now, with the new online submission form, your loved one(s) may fill out the **Authorization to Disclose Personal Health Information Form** online! This authorizes Medicare to disclose personal health information to those that you designate, and lets them speak to Medicare right away. You can also complete and mail **a paper version of the authorization form**.

Don't wait for an emergency - have your loved one(s) fill out these forms today.

<http://www.medicare.gov/MedicareOnlineForms/>

## IMPORTANT PHONE NUMBERS:

**AANHR-AR** Advocates for Nursing Home Residents  
501-224-8431

**AFMC-AR** Foundation for Medical Care 1-800-272-5528

**Area Agency on Aging** 1-800-986-3505

**Arkansas Attorney General** 1-866-810-0016

**Arkansas Attorney General** 1-800-482-8982  
Consumer Protection Division

**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

**Arkansas SMP** 1-866-726-2916  
(Empowering Seniors to Prevent Healthcare Fraud)

**Better Business Bureau (BBB)** 501-664-7274

**CMS**—(Medicare—1-800Medicare) 1-800-633-4227  
Centers for Medicare and Medicaid Services

**Community Health Centers of AR** 1-877-666-2422

**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** 501-666-8868  
Increasing Capabilities Access Network

**DHS** (Customer Assistance Unit) 1-800-482-8988

**Medicaid** (Claims Unit) 1-800-482-5431

**MEDICARE**—CMS  
1-800-MEDICARE 1-800-633-4227

**Medicare Part D** 1-877-772-3379

**Medicare Rights Center**—Hotline 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** — 1-866-801-3435  
Choices in Living Resource Center (DHS)

**Senior Circle** (Northwest Health System)—  
Fun, fellowship, discounts, privileges 1-800-211-4148

**SHIIP** (Senior Health Insurance Information Program)  
1-800-224-6330

**SSA** (Social Security Administration) 1-800-772-1213  
Little Rock Office 1-866-593-0933

**SSA Fraud Hotline** 1-800-269-0271

**Tri-County Rural Health Network** 1-870-338-8900

**UALR Senior Justice Center** 501-683-7153

**UofA Cooperative Extension Service** 501-671-2000

## HELPFUL WEBSITES:

**ADRC** (AR Aging & Disability Resource Center (DHS)—  
[www.choicesinliving.ar.gov/](http://www.choicesinliving.ar.gov/)

**AR-GetCare**— [www.ARGetCare.org](http://www.ARGetCare.org)  
(Directory of Community-Based Services)

**AR Advocates for Nursing Home Residents**—  
[www.aanhr.org](http://www.aanhr.org); e-mail: [Info@aanhr.org](mailto:Info@aanhr.org)

**AR Long Term Care Ombudsman Program**—  
[www.arombudsman.com](http://www.arombudsman.com)

**Arkansas 2-1-1**— [www.arkansas211.org](http://www.arkansas211.org)  
(Get Connected. Get Answers)

**Arkansas Attorney General**— [www.arkansasag.gov](http://www.arkansasag.gov)

**Arkansas Attorney General Consumer Protection Division**—e-mail: [consumer@ag.state.ar.us](mailto:consumer@ag.state.ar.us)

**Area Agencies on Aging**—[www.daas.ar.gov/aaamap.html](http://www.daas.ar.gov/aaamap.html)

**Arkansas Foundation for Medical Care**—[www.afmc.org](http://www.afmc.org)

**Arkansas SMP**—[www.daas.ar.gov/asmp.html](http://www.daas.ar.gov/asmp.html)

**BBB (Better Business Bureau)**—[www.bbb.org](http://www.bbb.org)

**BBB scams and alerts**—<http://arkansas.bbb.org/bbb-news/>

**CMS** (Centers for Medicare and Medicaid Services)—  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

**Elder Care Locator**— [www.eldercare.gov](http://www.eldercare.gov)

**H.E.A.T** *Turning Up the HEAT to Stop Medicare and Medicaid Fraud* (Healthcare Fraud Prevention and Enforcement Action Team)—  
[www.hhs.gov/stopmedicarefraud/](http://www.hhs.gov/stopmedicarefraud/)

**ICan AT4ALL**—Tools for Life—[www.ar-ican.org](http://www.ar-ican.org)

**MEDICARE**— [www.medicare.gov](http://www.medicare.gov)

**Medicare Interactive Counselor**—  
[www.medicareinteractive.org](http://www.medicareinteractive.org)

**Hospital Compare**— [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

**MyMedicare.gov**— [www.mymedicare.gov](http://www.mymedicare.gov)  
(Access to your personal Medicare claims information)

**MyMedicareMatters.org** (National Council on Aging)

**Office of Long Term Care**— [www.medicaid.state.ar.us/InternetSolution/general/units/oltc/index.aspx](http://www.medicaid.state.ar.us/InternetSolution/general/units/oltc/index.aspx)

**Office of Inspector General**— e-mail:  
[HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

**Pharmaceutical Assistance Program**—  
[medicare.gov/pap/index.asp](http://medicare.gov/pap/index.asp)

**Social Security Administration**—  
[www.ssa.gov/dallas/state\\_ar.html](http://www.ssa.gov/dallas/state_ar.html)

**TAP**—Telecommunications Access Program  
[www.arsinfo.org](http://www.arsinfo.org)

**Tri-County Rural Health Network**  
[communityconnecting.net/home.html](http://communityconnecting.net/home.html)

**UofA Cooperative Extension Service**—  
[www.uaex.edu](http://www.uaex.edu) (or) [www.arfamilies.org](http://www.arfamilies.org)

**Working Disabled**—[www.workingdisabled-ar.org](http://www.workingdisabled-ar.org)



## OUR MISSION

### TO EMPOWER SENIORS

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



### TO PREVENT HEALTH-CARE FRAUD

#### **Protect** Personal Information

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

#### **Detect** Errors, Fraud, and Abuse

- \* Always review MSN and EOB for mistakes
- \* Compare them to prescription drug receipts and record them in your Personal Health Care Journal
- \* Visit [www.mymedicare.gov](http://www.mymedicare.gov) to access your personal account online to look for charges for something you did not get, billing for the same thing more than once, and services that were not ordered by your doctor, etc.

#### **Report** Mistakes or Questions

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

### TO RECRUIT & TRAIN VOLUNTEERS

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

To receive the Arkansas SMP Newsletter electronically:  
e-mail: [kathleen.pursell@arkansas.gov](mailto:kathleen.pursell@arkansas.gov)

Current and archived newsletters available at:  
[www.daas.ar.gov/asmpnl.html](http://www.daas.ar.gov/asmpnl.html)

## SMP SUBGRANTEES

### **El Dorado Connections RSVP**

El Dorado, AR 71730  
870-864-7080

### **EOA of Washington County RSVP**

Springdale, AR 72764  
479-872-7479

### **The Literacy Council of Jefferson County**

Pine Bluff, AR 71601  
870-536-7323

### **Texarkana RSVP**

Texarkana, AR 71854  
870-779-4983

### **RSVP of Central Arkansas**

North Little Rock, AR 72114  
501-604-4527

### **RSVP of Benton, Carroll & Madison Counties**

Bella Vista, AR 72715  
479-876-5960

### **Tri-County Rural Health Network, Inc.**

Helena, AR 72342  
870-338-8900

### **UALR Senior Justice Center**

Little Rock, AR 72204  
501-683-7511

Answer: READ YOUR MEDICARE SUMMARY NOTICE!



P. O. Box 1437 Slot S530  
Little Rock, AR 72203-1437

**Toll-Free: 1-866-726-2916**

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