



SMP NATIONAL TRAINING MEETING — Washington D.C. August 19-21, 2014

The 2014 National SMP Training was held from August 19-21 in Washington, DC. This was another great opportunity for Administration for Community Living (ACL) staff, representatives from all SMP Projects, and other stakeholders to discuss new fraud topics, new SMP policies and procedures, and lessons learned throughout the year. There was an excellent turnout, and we all left with a variety of ideas and successful practices to implement.

There were a number of very informative presentations this year. Some of the presentation topics included: Defining & Implementing Cultural Diversity & Inclusion; Best Practices in SMP; Volunteer Recruitment and Partnership Development; and Serving Vulnerable Populations Through Innovative Partnerships. On the latter topic, Arkansas SMP program director, Kathleen Pursell, along with partner and co-presenter Julie Ann Chavez of the Arkansas SHIIP (Senior Health Insurance Information Program), gave an insightful presentation highlighting obstacles faced and overcome by the Arkansas SMP in its outreach efforts to the Deaf & Hard of Hearing (D&HH). The D&HH population's communication barrier is the primary reason for their lack of

awareness and understanding of information regarding Medicare fraud & scams. The presentation offered advice to others interested in reaching out to this hard-to-reach, vulnerable demographic.

Attendees also viewed a documentary titled *Fleeced: Speaking Out Against Senior Financial Abuse*. This is a hard-hitting and informative documentary on the impact of financial exploitation of older adults. We hope to show this film in the coming year to seniors, their caregivers and others in the aging network as soon as it is made available to the SMPs.

Arkansas SMP program director, along with other SMP directors in Region VI, met with individuals from Tufts University Department of Public Health and Community Medicine to give insight as to what is working and not working in our individual programs as far as capturing preventive measures through outreach and education. Tufts is the university awarded the ACL Prevention Education Research Grant

to determine how best to measure and quantify the effects of fraud prevention education.

Some of this group's project goals and objectives are identifying program knowledge, attitudes, intentions, etc. that precede reporting and avoidance of potential fraud, error, and abuse; also developing and testing a study design for measuring program outcomes and estimating the impact of prevention education activities within the SMP program that motivate behavior change, improve quality, and constrain Medicare costs.

Along with obtaining useful information and ideas on how to improve the success of our programs, it was great having a chance to meet and talk with the ACL staff and put a face with fellow SMPers whom we've only met via teleconferences.

It was an overall positive event, and it was enjoyable to be among our peers learning and sharing ways in which our SMP programs can truly have a nationwide impact on our seniors.

*By: David Wray,
SMP Program Coordinator*



*Kathleen Pursell and Julie Ann Chavez
Arkansas SMP Presentation*



Sign Language Interpreters



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PART D

On the heels of the 49th anniversary of the signing of Medicare and Medicaid into law, the Centers for Medicare & Medicaid Services (CMS) projected today that the average premium for a basic Medicare Part D prescription drug plan in 2015 will increase by about \$1, to an estimated \$32 per month, continuing its historically low growth rate.



A tip of the hat to Senior Medicare Patrols

In an article dated September 17, 2014—September being healthcare fraud awareness and prevention month—Jane Antonio with *Health Payer-Antifraud* acknowledged the work of **Senior Medicare Patrols**, stating that “SMPs are a national project run by states to teach citizens to prevent, detect and report Medicare and Medicaid fraud, error and abuse. The SMPs are a dynamic force for good. They remind us that **fraud isn’t something we should passively accept.**”

To read the article in its entirety, log on to: www.fiercehealthpayer.com/antifraud/story/tip-hat-senior-medicare-patrols/2014-09-17.

HealthPayer: Antifraud
September 17, 2014 | By Jane Antonio

Simply....The different parts of Medicare—

- ◆ **Part A** helps pay the cost of hospital services.
- ◆ **Part B** helps pay the cost of doctor visits and outpatient services.
- ◆ **Part D** helps pay the cost of prescription drugs.
- ◆ **Part C is different!** **Part C** is private insurance, such as HMOs and PPOs, which provide at least the same coverage for Part A, Part B and (usually) Part D services in a single benefit package, and usually offer a little more (limited coverage of dental, vision and perhaps a gym membership), which is the ‘advantage’ to paying for this private insurance.



Recognizing (DME) Durable Medical Equipment Fraud —

If you have returned your equipment, your supplier should not continue to charge Medicare for rental fees or maintenance. Look at your Medicare Summary Notice (MSN) carefully to make sure this is not happening.

Medicare Advantage DISENROLLMENT period January 1—February 14

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

During this period, you **CANNOT**:

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



...Pass it ON



Just because you may be a target...doesn’t mean you have to be a VICTIM!

Pass it on.....

The Federal Trade Commission (FTC), in its efforts to protect seniors, has created a new education campaign, "Pass It On," which encourages older adults to help make others aware of fraud by talking to friends and family about how to avoid scams and financial abuse. Carolyn Shanoff, associate director of the FTC's Division of Consumer and Business Education, stated, "Pass It On is based on the concept that older people are part of the solution to the problem, not just the victims of scammers."

Please visit the following link to view this FTC video and others that may be used to educate seniors on fraud:

http://video.ftc.gov/services/player/bcpid1087664496001?bckey=AQ~.AAAA_TIHh7k~.RTmZTKuAv63qUR1zQqJIRIt-bvii3s0s&bclid=0&bctid=3637255208001

FRAUD IN THE NEWS—



MARION COUNTY WOMAN CONVICTED OF MEDICAID FRAUD

LITTLE ROCK— A Marion County woman pleaded guilty today to felony Medicaid fraud for billing the state's Medicaid program for services she did not provide, Attorney General Dustin McDaniel announced.

Amanda Coker, 36, of Yellville was convicted in Pulaski County Circuit Court on one count of Medicaid Fraud, a Class B felony. Special Circuit Judge John Plegge sentenced Coker to five years of

probation. She was ordered to pay a fine of \$10,357.95 and restitution of \$3,452.65.

Coker was arrested last year after an investigation by the Attorney General's Medicaid Fraud Control Unit.

"Arkansas taxpayers and Medicaid beneficiaries should not be required to pay for someone's lies," McDaniel said. "I'm pleased to see that the Medicaid program will be reimbursed by this individual, and I hope this conviction sends a message that Medicaid fraud of any kind will not be tolerated."

Coker fraudulently sought Medicaid reimbursement for personal-care services that she claimed to have provided to a Medicaid beneficiary in mid-2011.

Coker's former housemate told an investigator with the Attorney General's Office that Coker could not have rendered the services since she did not have a means of transportation at that time.

Although Coker worked as an attendant to a Medicaid beneficiary for just a few days, she billed the Medicaid program over a period of two months.

Better Analytics Help CMS Catch More Fraud

Medicare's Fraud Prevention System (FPS) that analyzes provider billing patterns, caught nearly \$211 million in improper Medicare payments during the past year, with actions against 938 providers and suppliers after analyzing every Medicare fee-for-service claim. CMS's report to congress stated that "Investigators conducted an unannounced

site visit, interviewed beneficiaries and reviewed medical records. It was discovered that the provider was using unlicensed and unqualified individuals to provide care. CMS revoked the provider from Medicare, preventing future payments and protecting quality of care." That case uncovered \$700,000 in improper billings.

CMS expects to enhance the analytics system to identify patterns of waste and abuse, evaluate the feasibility of expanding the technology to Medicaid, and disseminate lessons learned and best practices to stakeholders.

Joseph Goedert,
HealthData Management.
www.healthdatamanagement.com/news/Better-Analytics-Help-CMS-Catch-More-Fraud-48359-1.html

Florida Made Some Payments for Pharmacy Items That Excluded Providers Had Prescribed

Under the exclusions program, established to exclude providers affected by various legal authorities contained in sections 1128 and 1156 of the Social Security Act, Medicare and Medicaid should not pay for items or services furnished, ordered, or prescribed by an excluded provider.

The Medicaid program in Florida made reimbursements for pharmacy claims totaling approximately \$2.3 billion for CYs 2009 and 2010 (audit period). The State Agency made these payments for pharmacy items that excluded providers had prescribed, resulting in overpayments totaling \$180,416 (\$99,568 Federal share). Furthermore, it may have paid up to \$2.7 million to providers for pharmacy items prescribed by excluded providers because invalid information was included in the prescribing provider ID field.

The Office of Inspector General recommends that Florida Medicaid refund \$99,568 to the Federal government for the improper Medicaid payments for pharmacy items prescribed by excluded providers and improve policies and procedure to ensure that excluded providers do not receive Medicaid payments for pharmacy items and all pharmacy claims have valid information in the prescribing provider ID field.

<http://oig.hhs.gov/oas/reports/region4/41107024.asp>

False and Fraudulent Claims

After it self-disclosed conduct to OIG, Rolling Hills H.C., Inc. and Fountain Lake Health and Rehab, Inc. (Rolling Hills and Fountain Lake), Arkansas, agreed to pay \$117,748.32 for allegedly violating the Civil Monetary Penalties Law. OIG

alleged that Rolling Hills and Fountain Lake employed two individuals that it knew or should have known were excluded from participation in Federal health care programs.

U.S. DHHS Office of Inspector General (OIG)
http://oig.hhs.gov/fraud/enforcement/cmp/false_claims.asp

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

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

DO NOT CALL REGISTRY SCAM—

How the scam works:

Scammers have been making phone calls claiming to represent the National Do Not Call Registry. The calls claim to provide an opportunity to sign up for the Registry. These calls are not coming from the Registry or the Federal Trade Commission!

Best response?

Do Not respond to these calls. Do not sign up for the Registry with someone who calls you over the phone like this! **JUST HANG UP!** If you need assistance signing up on the Do Not Call Registry, please call the Arkansas SMP 866-726-2916.

AREA CODE (876) SCAM —

How the scam works:

You get a call from a number starting with area code (876). They call to say you've won the "Mega Millions" Jamaican lottery, and you could even win a car! All you have to do is pay a few thousand bucks in taxes or fees, and the big jackpot is yours! That's great new, right? Wrong.

Best response?

Don't send money upfront to anyone who claims to have a prize for you! Odds are good that it's a scam!

MEDICARE SCAMS

Scammers attempt to take advantage of seniors by calling Medicare beneficiaries and asking for personal information, including bank account information and Social Security numbers. Other callers offer updated or replacement Medicare cards for a fee. The card offered in the new Medicare card pitch is, of course, not legitimate. Callers may use the names of fictitious companies such as National Medical Office, Medicare National Office and National Medicare or even state they are with the government. Beware when hearing any of these or similar names.

It is against Medicare's rules to call a Medicare beneficiary and request bank account or other personal information, or cash payments. No beneficiary should ever provide that kind of information to someone who calls them, no matter how official the caller sounds.

What you should do to protect yourself?

You must read your Medicare Summary Notice (MSN) which shows how much Medicare was billed, how much Medicare paid the provider, and how much you may be billed. Reviewing your MSN is the only way to know if you (or Medicare) have been cheated.

You must keep your Medicare number private. With it, someone can steal your medical identity and obtain benefits with it. Treat your Medicare card like a credit card! Never give your personal information (Medicare number, Social Security number, bank account information) to unsolicited callers.

Choosing a Plan That Best Meets Your Needs

Use the following questions to help you determine which type of coverage best meets your health care and prescription drug needs:

- What are your current health and drug costs?
- How often do you see your doctors, including specialists?
- What types of insurance do your doctors and other health providers accept?
- What prescription drugs do you take and which pharmacies do you use?
- What rules must you follow to access health care services and drugs?
- Do you travel often?
- What is the plan's star rating?

Every dollar that is lost to Medicare fraud is a dollar stolen from America's elderly. And every dollar lost to improper payments –intentional or not– robs from the solvency of this important program!

–R-Texas Representative Kevin Brady.

The Marketplace plans do not affect Medicare.

If you ALREADY HAVE MEDICARE, the Marketplace plans ARE NOT FOR YOU!

HOW LONG SHOULD I KEEP MY MEDICARE SUMMARY NOTICES (MSNs)?

It is recommended that you keep your Medicare documents for the rest of your life to avoid problems. —*“Let your next of kin remove and shred all your Medicare paperwork when the time comes.”*

MEDICARE OPEN ENROLLMENT October 15—December 7

What you CAN do:

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

OPEN ENROLLMENT
FOR MEDICARE PART D
IS OCT. 15TH - DEC. 7TH

Changes will take effect January 1

Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; YOU are the one who gets burned!

Important Medicare Information! OCTOBER 15 — DECEMBER 7

Did you know that you can review your Medicare Drug or Medicare Advantage plan every year? This is called the Medicare Annual Election Period (AEP) which starts on October 15 and ends on December 7. Some of you may ask why I should review my Medicare plans when I'm happy with my current plan?

Reasons why you should review your Medicare Plan:

- * Insurance companies can change their drug formularies (list of drugs they pay or cover). This can change the amount you pay, even if you take the same medicine you did last year.
- * Costs of prescriptions vary from year to year which can effect what you pay when you go to the pharmacy.
- * Find out if you will reach the donut hole and what you will pay.
- * Please be advised that comparing plans during the AEP does not require you to change plans.

How can you compare plans? There are several ways!

- You can go online and use the Medicare Plan Finder at www.medicare.gov.
- Call Medicare at 1-800-633-4227.
- Call our Senior Health Insurance Information Program (SHIIP) office at 1-800-224-6330 to speak with a Medicare counselor.
- Do you prefer a face-to face appointment? Call SHIIP at 1-800-224-6330—they can help you locate a Medicare counselor/site in your area.

What should you have on hand when comparing Medicare plans?

- Detailed list of current prescriptions (or you can have your prescriptions on hand) including the correct spelling of the prescription, dosage (i.e. mg, mcg, etc.) and quantity (i.e. how many pills in the bottle and how often do you refill- once a month or every three months);
- Medicare Insurance cards.

Paying for Nursing Home Care in Arkansas

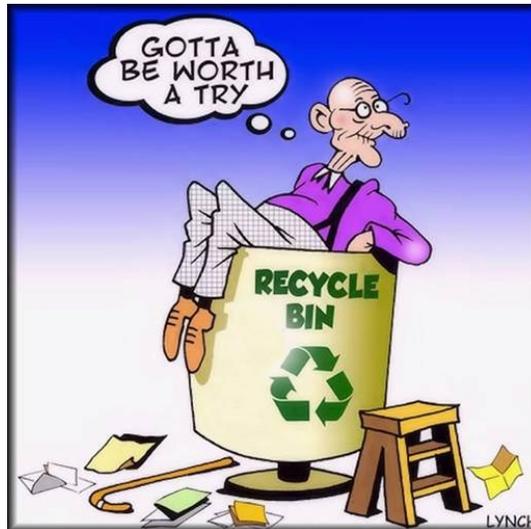
Many people believe that Medicare will cover the cost of nursing home care. Medicare only pays for nursing home costs under specific guidelines and for a certain number of days:

1. The individual entering a nursing home must require skilled nursing or rehabilitation services. This does not include custodial, intermediate or personal care.
2. The nursing home care is provided after a three day or longer hospital stay for treatment of the same illness or condition.
3. The nursing home must be Medicare approved and the bed the individual is assigned must be certified for Medicare reimbursement.
4. All covered services for the first 20 days of care are fully paid by Medicare. For the next 80 days a co-payment is required of the individual's health insurance. Starting at day 101 the individual is responsible for all charges.
5. Always ask if a facility is certified for Medicaid payment after Medicare benefits are exhausted. If the facility is not dually licensed, you may have to move to another facility.

FRAUD TIP!

Never wire money to someone you don't know, no matter how compelling the reason.

YOU Can Help Fight Medicare Fraud!
Join the Arkansas SMP!
FOR VOLUNTEER OPPORTUNITIES CALL
—1-866-726-2916—



www.facebook.com/arsmp

LEAD GENERATORS

are ways companies develop contact lists for insurance solicitation. When a Part C or Part D product is not involved CMS does not have any regulatory oversight of such materials.

Be careful when choosing to sign a card or other lead-generating solicitation at health fairs, etc. This gives the solicitor a green light to cold call and even knock on your door!

Did you know?

You should review your credit reports on a regular basis.

This will allow you to see if there is a line of credit in your name that you are unaware of. You can check your credit report for free at the OFFICIAL CREDIT REPORT WEBSITE:

<https://www.annualcreditreport.com/index.action> or call 1-877-322-8228.

BEWARE OF DECEPTIVE MARKETING!

Knowing what is allowable will help you spot Medicare marketing fraud—

Insurance companies and brokers are allowed to mail you information without getting your permission; however they will need to get your permission if they plan to call you, email you, or visit you for an appointment.

NOTE: Your CURRENT insurance carrier is allowed to email you or call you with their offerings.

Log on to: <http://www.medicare.gov/> to find Medicare-approved doctors, hospitals, plans and suppliers.

Look for this below:

Find doctors, providers, hospitals, plans & suppliers

Find doctors & other health professionals

Find nursing homes

Find hospitals

Find home health services

Find dialysis facilities

Find health & drug plans

Find suppliers of medical equipment & supplies

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

Concierge Care— *It is not fraud!*

Concierge care is when a doctor or group of doctors charges you a membership fee before they'll see you or accept you into their practice. When you pay this fee, you get various services or amenities that Medicare doesn't cover, like after-hour or same-day appointments.

Doctors who provide concierge care must follow all Medicare rules.

Doctors who participate with Medicare can't charge you extra for Medicare-covered services. This means the membership fee can't include additional charges for items or services that Medicare covers unless your doctor thinks Medicare probably (or certainly) won't pay for the item or service. In this situation, your doctor must give you a written notice called an Advance Beneficiary Notice of Noncoverage (ABN).

Doctors who don't participate with Medicare (do not 'take assignment') can charge you more than the Medicare-approved amount for Medicare-covered services, but there's a limit called the "limiting charge."

Medicare doesn't cover membership fees for concierge care.

You pay 100% of the membership fee for concierge care. All Medicare doctors (participating and non-participating) can charge you for items and services that Medicare doesn't cover.

IMPORTANT NOTE!

The membership fee is governed by the contract or agreement you sign with the doctor or doctor group. Additional state laws and consumer protections may apply. For more information contact the Arkansas SHIIP office (a division of the Arkansas Insurance Department—Senior Health Insurance Information Program) at 800-224-6330.

<http://www.medicare.gov/coverage/concierge-care.html>

New Bill Proposed to Provide Notice on Observation Stays

Observation stays have become an increasingly common problem for Medicare beneficiaries. Observation stays may cost more than inpatient stays and affect the availability of certain benefits after discharge. To date, there is no federal requirement for hospitals to notify beneficiaries of their observation status.

The Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act of 2014—a bill recently proposed by Congressman Dogget (D-TX) and Congressman Young (R-IN)—would require hospitals to notify beneficiaries if they are under observation for more than 24 hours.

SOURCE: *MedicareRights.org*

[Click here to read Representative Young's press release.](#)

[Click here to learn more about observation stays on Medicare Interactive.](#)

YOUR MEDICAL RECORD IS WORTH MORE TO HACKERS THAN YOUR CREDIT CARD

Cyber attacks are on the rise, especially in light of the recent attacks by Chinese hackers on Community Health Systems' computer network.

Your personal medical information is worth ten times more than your credit card number on the black market.

Medical identity theft is often not immediately identified, giving criminals years to milk such

credentials, making medical data much more valuable than a credit card, which are quickly canceled once fraud is detected.

Security experts believe cyber criminals are targeting the healthcare industry to obtain batches of personal data for profit because many companies do not use the latest security features on their already aged computer systems, making it easy for hackers to get the data necessary to commit medical fraud, i.e. names, birth dates, policy numbers, diagnosis codes and billing information. Fraudsters use this data to create fake IDs to

buy durable medical equipment and supplies or drugs that can be resold, or they combine a patient number with a false provider number and file fraudulent claims.

Unfortunately, security has been something that some medical providers put on the back burner, usually having to choose whether to budget for new expensive medical equipment or security software.

Caroline Humer and Jim Finkle,
Reuters
Reuters.com
Article 9/24/2014

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

This newsletter was supported in part by Grant No. 90MP0084 from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions.



National Do Not Call Registry

En Español



Register a Phone Number



Verify a Registration



Submit a Complaint

What You Should Know About the National Do Not Call Registry

FTC Updates Telemarketer Fees for the Do Not Call Registry as of October 1, 2014

The Federal Trade Commission has announced updated fees starting on October 1, 2014, for telemarketers accessing phone numbers on the National Do Not Call Registry.

All telemarketers calling consumers in the United States are required to download the numbers on the Do Not Call Registry to ensure they do not call those who have registered their phone numbers. The first five area codes are free, and organizations that are exempt from the Do Not Call rules, such as some charitable organizations, may obtain the entire list for free. Telemarketers must subscribe each year for access to the Registry numbers.

The access fees for the Registry are being increased as required by the Do-Not-Call Registry Fee Extension Act of 2007. Under the Act's provisions, in fiscal year 2015 (from October 1, 2014 to September 30, 2015), telemarketers will pay \$60, an increase of \$1, for access to Registry phone numbers in a single area code, up to a maximum charge of \$16,482 for all area codes nationwide, an increase from the previous maximum of \$16,228. Telemarketers will pay the same as last year for numbers they subscribe to receive during the second half of the 12-month subscription period, \$30 per area code.

If you want to add your phone number(s) — up to three — to the Do Not Call Registry, Log on to: https://www.donotcall.gov/?utm_source=govdelivery; or call 1-888-382-1222. **Registration is FREE and does not expire.**

PLEASE NOTE! —

Scammers have been making phone calls claiming to represent the National Do Not Call Registry. The calls claim to provide an opportunity to sign up for the Registry. These calls are not coming from the Registry or the Federal Trade Commission, and you should not respond to these calls. JUST HANG UP!!

If you suspect Medicare fraud, errors, or abuse, address it immediately by taking these steps:

Rule out error: If you have questions about information on yours or your loved one's Medicare Summary Notice (MSN) or Explanation of Benefits (EOB), call the provider or plan and ask for an explanation.

Get help from your SMP: If you are not comfortable calling the provider or plan or if you are not satisfied with their response, your Arkansas SMP can help you identify and report fraud schemes and deceptive health care practices, such as illegal marketing or billing for services that were never provided; and refer complaints of potential fraud and abuse to the appropriate entity, who can intervene.

Call 866-726-2916 for assistance!

You should know the signs of Medicare fraud so that you can protect yourself and Medicare from fraudulent practices.

To prevent fraud:

- Review your Medicare Summary Notices (MSNs) if you have Original Medicare, or your Explanation of Benefits (EOBs) if you are in a Medicare Advantage plan, to make sure that you and Medicare are being billed properly.
- Never provide your Medicare number or other personal information to someone other than a trusted health care professional.

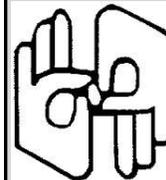
- Do not agree to receive a health care service or item you feel you do not need.
- Remember that, although plans are allowed to send you mail, plan representatives are not allowed to e-mail you or visit your home without permission. However, your current insurance carrier is allowed to e-mail or call you with their offerings.

If you believe that you have been subject to fraudulent practices, you can easily report fraud by the Arkansas Senior Medicare Patrol (SMP) 866-726-2916!

DIVISION OF AGING & ADULT SERVICES

866-801-3435

We are scheduling presentations for DEAF/HARD OF HEARING audiences statewide on the topic of healthcare fraud prevention. If you know of



a Deaf community that would benefit from hearing our message, please call the

ARKANSAS SMP
— 1-866-726-2916 —



OFFICE OF THE
MEDICAID INSPECTOR GENERAL
JAY SHUE, INSPECTOR GENERAL

HOTLINE

Medicaid Fraud Hotline
1-855-527-6644

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

IMPORTANT PHONE NUMBERS:

AANHR—AR Advocates for Nursing Home Residents
501-450-9619

AFMC—AR Foundation for Medical Care 1-888-354-9100

Area Agency on Aging 1-800-986-3505

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

APS—Adult Protective Services (DHS) 1-800-482-8049

AR-GetCare—(Directory of Community-Based Services)
1-866-801-3435

Arkansas Rehabilitation Services 1-800-981-4463

AR SMP (Healthcare Fraud Complaints) 1-866-726-2916

Better Business Bureau (BBB) 501-664-7274

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

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

Coordination of Benefits 1-855-798-2627

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

Do Not Call Registry 1-888-382-1222

Elder Care Locator 1-800-677-1116

Federal Trade Commission
Report STOLEN IDENTITY 1-800-438-4338

ICan—Increasing Capabilities Access Network 501-666-8868

Medicaid—(Claims Unit) 1-800-482-5431

Medicaid Inspector General 1-855-527-6644

Medicaid Fraud Control Unit 1-866-810-0016

MEDICARE (CMS 1-800-MEDICARE) 1-800-633-4227

Medicare Part D 1-877-772-3379

Medicare Rights Center 1-800-333-4114

National Consumer Technical Resource Center
1-877-808-2468

National Medicare Fraud Hotline (1-800-HHS-TIPS)
Office of Inspector General 1-800-447-8477

OLTC—Office of Long Term Care 1-800-LTC-4887

OLTC—Abuse Complaint Section 501-682-8430

Ombudsman—Statewide Office of Long Term Care
501-682-8952

Resource Center (ADRC) 1-866-801-3435
(DHS'S Choices in Living Resource Center)

Senior Circle (Northwest Health System) 1-800-211-4148

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

SMP Locator—(locate an SMP outside AR) 1-877-808-2468

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

SSA Fraud Hotline 1-800-269-0271

South Central Center on Aging 1-866-895-2795

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

UALR Senior Justice Center 501-683-7153

UofA Cooperative Extension Service 501-671-2000

HELPFUL WEBSITES:

ADRC—AR Aging & Disability Resource Center (DHS)—
www.choicesinliving.ar.gov/

AR Advocates for Nursing Home Residents—
www.aanhr.org; **e-mail:** Info@aanhr.org

AR Long Term Care Ombudsman Program—
www.arombudsman.com

Arkansas 2-1-1— www.arkansas211.org (Get Connected.
Get Answers)

Arkansas Aging Initiative — <http://aging.uams.edu/?id=4605&sid=6>

Attorney General— www.arkansasag.gov

Arkansas Attorney General Consumer Protection Division—**e-mail:** consumer@ag.state.ar.us

Area Agencies on Aging—www.daas.ar.gov/aaamap.html

Arkansas Foundation for Medical Care—www.afmc.org

Arkansas SMP—www.daas.ar.gov/asmp.html

BBB (Better Business Bureau)— **scams and alerts**—
<http://arkansas.bbb.org/bbb-news/>

CMS (Medicare-Centers for Medicare and Medicaid Services)
— www.cms.hhs.gov

Do Not Mail— www.DMAchoice.org

Elder Care Locator— www.eldercare.gov

H.E.A.T— www.stopmedicarefraud.gov/
(Healthcare Fraud Prevention and Enforcement Action Team)

ICan AT4ALL— Tools for Life—www.ar-ican.org

MEDICAID—www.Medicaid.gov

Arkansas MEDICAID INSPECTOR GENERAL—
<http://omig.arkansas.gov/fraud-form>

MEDICARE— www.medicare.gov

Medicare Interactive Counselor—
www.medicareinteractive.org

Hospital Compare— www.hospitalcompare.hhs.gov

MyMedicare.gov— www.mymedicare.gov
(Access to your personal Medicare claims information)

MyMedicareMatters.org (National Council on Aging)

Office of Long Term Care— <http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>

Office of Inspector General—**e-mail:** HHSTips@oig.hhs.gov

Pharmaceutical Assistance Program—
medicare.gov/pap/index.asp

Physician Compare— www.medicare.gov/find-a-doctor

SMP Locator— SMPResource.org (locate an SMP outside of AR)

Social Security Administration—www.ssa.gov

TAP— www.arsinfo.org (Telecommunications Access Program)

Tri-County Rural Health Network—
communityconnecting.net/home.html

UofA Cooperative Extension Service—
www.uaex.edu (or) www.arfamilies.org

Working Disabled—www.workingdisabled-ar.org



OUR MISSION

TO EMPOWER SENIORS—

“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 HEALTH-CARE FRAUD

Protect Personal Information

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

Detect Errors, Fraud, and Abuse

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

Report Mistakes or Questions

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

TO RECRUIT & TRAIN VOLUNTEERS

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



SMP PARTNERS

El Dorado Connections RSVP
El Dorado, AR

Texarkana RSVP
Texarkana, AR

RSVP of Central Arkansas
Little Rock, AR

Oaklawn Foundation
Hot Springs, AR

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

ANSWER to puzzle on Page 9:
Before you share your information, do
some research and check with someone
you trust.

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

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



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

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