April 2007

Arkansas SMP
Empowering Seniors To Prevent Healthcare Fraud

NEWSLETTER

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

REGIONAL PARTNERS
2006 - 2007

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The Arkansas SMP is federally funded by the AoA

Ways and Means Panels Light a Candle Against Medicare Fraud

By Drew Armstrong, CQ Staff

Members of the House Ways and Means Committee began probing Medicare's dark corners Thursday, seeking areas for oversight in the program's annual spending of approximately $400 billion.

At the joint hearing of the Oversight and Health subcommittees, members estimated that as much as half of the $10.8 billion in Medicare overpayments in 2006 resulted from fraud. While fraud fighters have been looking at payments to hospitals, physicians and equipment providers for years, Democrats are eager to add oversight of the Medicare drug benefit to the mix.

But Thursday's hearing was more a lighting of the torches than a full-fledged descent into the fraud cave's darkest corners. Much of the decidedly sedate hearing seemed dedicated to letting Health Chairman Pete Stark, D-Calif., and Oversight Chairman John Lewis, D-Ga., put out feelers on a wide variety of topics, including dialysis services, medical equipment manufacturers, physician and hospital payments and other fraud schemes.

According to Health and Human Services Inspector General Daniel R. Levinson, investigators won back an average $13 for every $1 spent on fraud-busting efforts. The largest settlements have come from cases against pharmaceutical companies, Levinson said.

Continued on Page 9

INSIDE THIS ISSUE:

Administrator's Message….. Pg 2
In the Spotlight …… Pg 3
Have You Fallen For It?..... Pg 4
Reporting Fraud Pays Off … Pg 5
Words to Know …….. Pg 7
Ask Me3 ……Pg 7
Dear Marci ……Pg 8
Your MSN …… Pg 9
Calendar of Events …….. Pg 10
Resource Information…… Pg 11
SMP Mission…….. Pg 12

On the Road to Preventing Healthcare Fraud

John Pollett, Arkansas SMP
Program Administrator

I've heard it said that "if you don't know where you are going, any road can get you there". . .

When I first came to the Arkansas SMP, I felt I was looking at a series of "forks in the road" . . . too many choices . . . too many directions! I asked myself which way we should go. My first thought was "how do we get *there* from here?" My next thought was where is *there*?

It appeared that every direction was important and that the choices were good choices, but the reality was, we were really stretching the limits of the grant and our resources. So, as I began to research the grant program and the cooperative agreement with the Administration on Aging (AOA), I zeroed in on two main areas: (1) Recruiting and training seniors (volunteers) to; (2) prevent healthcare fraud. It seemed very clear to me that *there* was our focus . . . Our *Road* . . . the way we should go.

Then, two very timely events happened: (1) The SMP National Conference in Washington, DC and; (2) The official announcement of the SMP Logo Modification with a new tagline stating our purpose. AOA mandated that, effective January 1, 2007, all programs would be uniformly recognized as: (insert state) SMP, Empowering Seniors to Prevent Healthcare Fraud.

While in Washington, Kathleen Pursell, the new SMP Program Coordinator, and I were told repeatedly of the need to narrow our focus to "fraud prevention". Our AOA project director confirmed it . . . "You are on the right course, now," she said. "Your goals were good, but your program definitely needs to *narrow* the focus."

So, now we know we are on the *right* road. We are officially recognized as the Arkansas SMP (ASMP) and we are concentrating our efforts on "Empowering Seniors to Prevent Healthcare Fraud", as required by AoA.

The next "fork in the road" is our volunteer training program. Most of the 57 current SMP programs provide one day or less of training for volunteers. Ours is designed for 2-3 days. I have met with some of our Advisory Council members since our meeting in January, and we are moving in the direction of reducing our training to two three-hour sessions conducted in one day with a break for lunch. With four or five training modules we can provide our volunteers with enough information to prepare them to introduce our program to seniors in their respective communities. We don't expect to create "experts" in the field of healthcare, but we do believe we can equip our volunteers with the right answers and resources to present information in an informed manner that will empower other seniors to **protect** their personal information, **detect** fraud and errors, and **report** healthcare fraud.

This new road should lead to a greater awareness in the senior community of the need for the SMP program and of recruiting volunteers to aid in our ongoing efforts to prevent healthcare fraud.

We will keep you posted as we travel down this "road".

IN THE SPOTLIGHT! . . .

El Dorado Connections
Retired Senior Volunteer Program

El Dorado Connections RSVP, one of five SMP Regional Partners, has long been known as the "Senior Advocates" for the south Arkansas counties of Calhoun, Columbia, Ouachita and Union. The priority of the RSVP is serving the community, with a volunteer base of 560 volunteers with over 400 over the age of 55. These volunteers serve their own residential communities and beyond. El Dorado Connections has been involved with Medicare fraud and abuse since 2001. The first class of trained volunteers still participates in the volunteer program!

The "CareNet" program helps elders remain independent, living in their own homes. Volunteers transport the seniors to doctor appointments, do personal shopping for them, and assist them with any questions they may have, including Medicare issues. In fact, in the early days of Medicare Part D, many of the volunteers went into homes informing individuals about the Prescription Drug Card and getting them entered them into the system.

"CareNet" is one of the largest projects of the program

El Dorado Connections continues to help elders with questions and problems. Many people come into the offices for help because they have heard about SMP in the community meetings, or they were referred from other agencies who recognize that El Dorado Connections is here to serve our "elders".

"If we can't help for some reason, we will find out who can."

The Program is led by Director, Linda Fitts, an advocate for the aging, and graduate of the first Arkansas Aging & Disability Leadership Academy. Likewise, three of the El Dorado Connections programs are senior oriented. Linda is responsible for a staff of 4 volunteers and an Americorps VISTA Program that fluctuates between 12 and 20 people.

Ms. Fitts serves as the President of the local chapter of AARP, and is an AARP Safe Driver Instructor as well as a Volunteer Trainer for Eden at Home (Caregiver's workshop). Linda holds various community board positions such as Project T.O.U.C.H., F.A.C.T. Inc. (local Head Start), and the 13th Judicial District CASA.

One of the most important things Linda strives to do, when speaking to civic and faith-based organizations about various issues important to elders, is to inform them that they can count on the volunteers of the program to help in any way they can.

As you can see, Linda's involvement with El Dorado Connections RSVP and the SMP program has allowed her to actively support community programs as well as touch the lives of many elders in her community. Her passion for seniors has put her ***IN THE SPOTLIGHT!***

Thank you, Linda, and the El Dorado Connections RSVP for your continued work and dedication to the Arkansas SMP and the counties you serve!

Help! I've fallen for it, and I can't pay up!

Please be aware that not all insurance agency representatives care as much about your healthcare as you do! For some, it's all about the commission, or beating the competition. Take the story of Mrs. Thomas Gray. She called the SHIIP office to report that an agent visited her home under the pretense of offering her the additional coverage she was entitled to after signing up for a Medicare Part D plan.

> "He said this was free insurance for me and my husband and that it wouldn't change our Medicare coverage. He told us it would offer us more coverage and not cost anything more than the Part B premium we were currently paying. He said it worked just like Medicare. We signed right then", said Mrs. Gray.

She and her husband later discovered that they had unknowingly enrolled in a Private-Fee-For-Service Program that was not accepted by their doctor. "My husband and I felt we were misled," she said. After calling SHIIP, she was able to disenroll from the plan and return to Original Medicare.

What to do if you:

let the representative into your home because

you didn't tell them you wanted to wait until someone (a family member, trusted friend, or advisor) could be with you to determine if the plan was right for you

fell for it when they told you:

"You have to sign it, now!"
"It won't affect your current coverage"
"Medicare sent me/knows I'm here"
"Medicare recommends this plan"
"Everyone else signed up"
"All I need is your Medicare number"

gave in to the 'pressure' and signed up for a plan that is not right for you, and you now realize

Your doctor is not in the plan
Your drugs are not covered
You lost some coverage or benefits
You have to pay more than you did before…

There is help! If you have fallen victim to misinformation, pressure tactics, or fraud, by a company representative who may have misled you into enrolling in a plan that is wrong for you, please call:

Medicare - 1-800-Medicare (1-800-633-4227)
Arkansas SHIIP 1-800-224-6330
Arkansas SMP 1-866-726-2916

REPORTING FRAUD PAYS OFF

Durable Medical Equipment

In **Tennessee**, a man was sentenced to 23 months in prison and ordered to pay $1.8 million in restitution for his scheme to defraud Medicare. The man controlled a group of durable medical equipment suppliers that billed Medicare for enteral nutrition products for tube-fed patients who were not tube-fed. Enteral supply kits that were not provided were also billed to Medicare to give the appearance that the patients were tube-fed. The man, along with a co-conspirator, recruited friends and family members to open durable medical equipment suppliers in different States in an attempt to avoid detection by Medicare. The nominee owners were paid a percentage of the profits.

In **Indiana**, a former chiropractor was sentenced to 12 years and 6 months in prison and ordered to pay $1.5 million in restitution for his scheme to defraud the Government. The former chiropractor billed Medicare, Medicaid and private insurers over $1,300 each for medically unnecessary back braces. The braces, which were worth less than $100 each, were distributed to the elderly and the indigent during presentations given at senior centers.

Practitioners

In **Michigan**, a family practice physician was ordered to pay $194,000 in restitution and fines for mail fraud. The physician prescribed large doses of OxyContin for patients with chronic pain, causing many of the patients to become addicted to the drug. In addition, the physician ignored drug-seeking behavior exhibited by many of his patients. Subsequently, Medicaid and other insurers paid for drugs that were not for a legitimate purpose.

In **Ohio,** a podiatrist was sentenced to 5 months incarceration, 5 months home detention and ordered to pay $120,000 in restitution for health care fraud. The podiatrist billed Medicare and Medicaid for performing surgical procedures on patients when she actually only provided routine foot care.

FRAUD IN THE NEWS

ATTORNEY GENERAL DUSTIN MCDANIEL ANNOUNCES $3.2 MILLION SETTLEMENT IN FRAUD CASE

Thursday, Feb 8, 2007

LITTLE ROCK– Attorney General Dustin McDaniel announced today that pharmaceutical manufacturer Schering-Plough Corporation of New Jersey, has paid $3.2 million in civil damages, fines and penalties for offenses against the Medicaid and Medicare programs. While the majority of the settlement went to the federal government, $986,902.18 was paid directly to the State of Arkansas.

The recent settlement resulted from illegal sales and marketing activities that defrauded the Arkansas Medicaid program and the federal Medicare program. Those activities included reporting fraudulent prices to the federal government to avoid paying Medicaid rebates, making illegal payments to physicians to induce them to prescribe Schering-Plough drugs and illegally promoting Schering drugs for "off-label" uses that had not been approved by the FDA.

Nationally, Schering-Plough also paid a $180 million criminal fine and a $50 million civil recovery for private health plans and insurance companies that were also defrauded by Schering's illegal marketing activities. In addition to the monetary payment, a Schering-Plough subsidiary pled guilty to criminal charges and was permanently excluded from Medicare, Medicaid, and all other Federal health care programs.

"Fraud in any form will not be tolerated by this office," said McDaniel. "I hope that as a result of this investigation, Arkansans will be safer and other companies will be deterred from attempting to defraud Arkansas."

The Attorney General's Tip Line for reporting allegations of fraud is: **1-866-810-0016.**

Phone Scam!!

The Tennessee SMP received a call from an individual who stated the he received a call from "David in New York", who claimed to work with the Federal Government. David stated he was ready to mail him his Medicare and Medicaid cards. The beneficiary stated he was not old enough for Medicare and that he knew he did not qualify for Medicaid. He then told David **"this sounds like fraud".** David got angry and hung up. No personal information was given. The phone number was unknown.

"We are a generation that is taking care of its parents, and we need to understand that, and the parents need to understand what they're getting into." Gene Bishop, Trained Volunteer, Ohio SMP

Are you interested in

Volunteering?

We need YOU!

to help us empower seniors to protect, detect, and report healthcare fraud, waste, and abuse!

Please call toll-free to find out how YOU can help!

1-866-726-2916

Or Email:

kathleen.pursell@arkansas.gov

What is Medicare fraud?

Medicare fraud is when doctors or other providers deceive Medicare into paying when it should not or paying more than it should. This is against the law and should be reported.

Some types of fraud include:

- billing Medicare for services you never received;
- billing Medicare for services that are different than the ones you received (usually more expensive);
- continuing to bill Medicare for rented medical equipment after you have returned it;
- offering or performing services that you do not need in order to charge Medicare for more services;
- telling you that Medicare will pay for something when it won't;
- using another person's Medicare number or card.

While most people with Medicare are limited in the number of times they can switch their health plans, people with Medicaid or a Medicare Savings Program can switch plans once a month.

Services NEVER covered by Medicare

You will be responsible for payment of a non-covered service

- Acupuncture
- Routine Dental services
- Cosmetic Surgery
- Routine Hearing Examinations
- Hearing Aids
- Most Prescription Drugs
- Eye Refraction's
- Over-the-Counter Drugs
- Routine Physical Exams
- Routine Eye Examinations
- Private Duty Nurses
- Custodial Care
- Dentures
- Experimental Procedures
- Convenience Items
- Medically Unnecessary Services or Items
- Services Rendered by Relatives

Rx Hotline for Non-profit Professionals

Need help understanding or explaining the **Medicare prescription drug benefit (Part D)** to your clients? Call **RxHelp**, a national hotline dedicated for non-profit professionals serving the Medicare population, operated by the Medicare Rights Center. Dial **877-RXHELP-0** (877-794-3570) today!

If your doctor accepts assignment:

That means your doctor accepts Medicare's approved amount as full payment for services and is not allowed to ask you to pay first for these services, except for Medicare's annual deductible of $131 (in 2007) and the 20 percent coinsurance. Your doctor files the claims, and Medicare pays the doctor directly.

If your doctor does NOT accept assignment:

Your doctor may ask you to pay the full amount for services in advance and charge you up to **15 percent more** than Medicare's approved amount under federal law (balance billing). Medicare will reimburse you directly for its part of the bill (80 percent of Medicare's approved amount).

Words to Know

"TAKING THE ASSIGNMENT"
is when a provider accepts Medicare's reimbursement rate as FULL PAYMENT

GOOD COMMUNICATION =HEALTHY PATIENTS

Ask Me 3 is a quick, effective way to improve health communication between patients and providers. Patients are encouraged to ask these **3 questions**:

1. **What is my main problem?**
2. **What do I need to do?**
3. **Why is it important for me to do this?**

It is recommended that the information is clearly understood and written down for future reference.

Tips for Clear Health Communication

Here are a few tips you can try:

- ☐ I will ask the 3 questions
- ☐ I will bring a friend or family member to help me at my doctor visit
- ☐ I will make a list of my health concerns to tell my doctor or nurse
- ☐ I will bring a list of all my medicines when I visit my doctor
- ☐ I will ask my pharmacist for help when I have questions about my medicines

Funding for this program provided by Pfizer, Inc.
Ask Me 3™ is a trademark licensed to the Partnership for Clear Health Communication

Dear Marci is part of Medicare Rights Center's weekly e-mail newsletter. Each edition of *Dear Marci* will feature basic health tips, Medicare coverage advice, health plan reminders, and links to vital health care resources on the Internet.

What can I do if Medicare won't pay for care I received?

If you think Medicare made a mistake, you should appeal the denial. Appealing is easy and many people win. When you appeal, keep a copy of the Medicare Summary Notice (MSN). If the MSN lists several items and you are not disputing all of them, circle the one you want to appeal. Write "Please Review" on the bottom and sign the back. Mail the signed original to Medicare at the address on the MSN. Make sure you mail your appeal within 120 days of receiving the MSN.

If possible, get a letter from your health care provider saying that you needed the service and why. Send this with your MSN. Keep photocopies and records of all communication, whether written or oral, with Medicare concerning your denial. Send your appeal certified mail or delivery confirmation.

NOTE: Medicare uses a set of service codes, called CPT codes, for processing medical claims. Each medical service has been assigned a specific code. Sometimes providers accidentally use the wrong codes when filling out Medicare paperwork, and this can result in Medicare denials. A denial can sometimes be easily resolved by asking your doctor to double-check that your claim was submitted with the correct codes. If the wrong code was used, ask your doctor to resubmit the claim with the correct code. If the doctor believes that the claim was correctly coded or is unwilling to re-file the claim, your next step is to appeal.

I've been getting chronic sinus infections for some time so I went to see an ear, nose and throat specialist. After reviewing the results of my MRI, the doctor recommended surgery, which makes me nervous—will Medicare pay for me to get a second opinion?

–Nicholas (Jonesboro, AR)

Yes, Medicare will cover a second opinion before surgery and will even pay for a third if the first and second opinions are different. If a doctor informs you that you need an invasive procedure like surgery, it is good to have that opinion confirmed by another medical professional. But before visiting that second provider, make sure you have a clear understanding of why your doctor suggested the operation.

If your doctor recommends surgery, find out the following:

- Why is the surgery **necessary**?
- What are the **benefits and risks**?
- What are the **alternative treatment options** (such as medication) and the benefits and risks of each?
- What are the **consequences** if you decide not to have surgery?

Learn as much as you can about your condition—what is the most commonly prescribed method for treating it? Is the method the same as what your doctor recommends? If it is different, find out why—new research? Special circumstances? You should know.

By empowering yourself with more information, you are bound to feel more confident with your own decision to either elect or forgo this operation.

What is a Medicare Summary Notice (MSN)?

When Original Medicare processes a claim for health care services you received, the claim is detailed in a Medicare Summary Notice (MSN). The MSN is a **summary of claims for health care services Medicare processed for you during the previous three months**.
The MSN is **not a bill**.

DON'T THROW IT AWAY!!! - READ IT!

MSNs are mailed four times a year and contain information about submitted charges, the amount that Medicare paid, and the amount you may be responsible for.

The most important fields on your MSN explain:

- **The total amount your doctor or other provider may bill you.** The "You May Be Billed" field indicates the total amount that the provider is allowed to bill you (balance billing). It deducts the amount you already paid. In many instances, Medicare forwards your MSN to your supplemental insurer, which may pay this amount in full or in part. Sometimes, you may be responsible for a portion of the balance which neither Medicare nor your supplemental insurance has paid.
  Note: You should ignore the "Amount Charged" field.

- **Non-covered charges, if any.** The "Non-Covered Charges" field shows the portion of charges for services that are denied or excluded (never covered) by Medicare. A $0.00 in this field means that there were no denied or excluded services. If you disagree with a non-covered charge, you can **appeal**.

Try to save your MSNs for about seven years. You might need them in the future to prove that payment was made if a provider sends you a bill or that services were received if you claimed a medical deduction on your taxes. If you have lost your MSN or you need a duplicate copy, call 800-MEDICARE. You will be redirected to the Medicare carrier who originally issued the MSN and can send you a copy.

Did you know you can get your MSN in Spanish? You can ask Medicare to send your Medicare Summary Notices (MSNs) in Spanish. Call 1-800-MEDICARE to request Spanish versions of your MSN!

Call 1-866-726-2916 for your free copy of

How To Read Your Medicare Summary Notice

Continued from Page 1

Ways & Means Lights Candle

Asked by Rep. Bill Pascrell Jr., D-N.J., where the committee might look more closely for fraud, U.S. Attorney R. Alexander Acosta highlighted durable medical equipment as one example.

In one type of scam, Acosta explained, a company would fraudulently obtain a Medicare provider number then collect the names and Social Security numbers of Medicare beneficiaries. Using the beneficiary information, the fraudulent company then would bill Medicare for equipment such as wheelchairs and shut down a few months later before watchdogs could catch on.

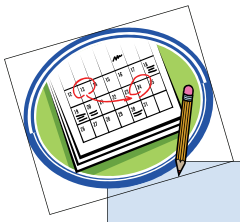
After Acosta outlined how prosecutors had made some efforts to pursue criminal cases and jail time against some offenders, Stark told the panel he might be interested in seeking tougher sentences for those convicted of fraud. "We aren't the judiciary, but I suspect that we do have the legislative authority to change penalties," Stark said.

Lewis said he is "appalled" by reports of Medicare claims being filed for unnecessary hospital procedures performed on seniors (*CongressDaily*, 3/8)

Clearly impressed by some of the more flagrant scams described and the large dollar amounts recovered, committee members asked the panel what resources they could provide to speed investigators' efforts.

"My focus is on doing more with what we have," Acosta said, asking if he could consult with Justice Department colleagues and get back to the committee on what resources they might need.

He'll likely get that chance. After six years out of power in the House, Democrats are eager to dust off their oversight powers with more hearings. "We'll be back," said Stark in his closing remarks. ∎



Mark Your Calendars!

NEXT QUARTERLY
ADVISORY COUNCIL
MEETINGS

April 24, 2007

July 24, 2007

October 23, 2007

DHHS
Donaghey Plaza South Building

700 Main Street, Little Rock
10am - noon

Arkansas SMP Newsletter – ELECTRONIC VERSION

If you are interested in receiving an electronic version of our newsletter, please contact *kathleen.pursell@arkansas.gov* to make your request. Your name will be added to a distribution list and you will receive our quarterly newsletter via email as soon as it is available.

You can also access this publication by visiting our website:
www.arkansas.gov/dhhs/aging/asmp.html

WE SUGGEST THAT YOU PRINT EACH ISSUE AND SAVE IT FOR FUTURE REFERENCE - Thank you!

UPCOMING EVENTS:

Does your organization have an upcoming event you would like to advertise here?

We would like to provide the public with a list of events, i.e. statewide health fairs, conventions, training, etc. in this section of the newsletter.

If you would like to advertise an upcoming event in your area, please email:
kathleen.pursell@arkansas.gov
with the information and we will publish it here quarterly!

Thank you for sharing your activities with the community!

IMPORTANT PHONE NUMBERS:

AANHR - AR Advocates for Nursing Home Residents	501-224-8431
AFMC - Arkansas Foundation for Medical Care	1-800-272-5528
AG Consumer Protection Division	1-800-482-8982
AR-GetCare	1-866-801-3435
Arkansas SMP (Empowering Seniors to Prevent Healthcare Fraud)	1-866-726-2916
Arkansas Attorney General	1-866-810-0016
CMS— Centers for Medicare and Medicaid Services (Fraud Unit)	1-800-633-4227
Do No Call Registry	1-888-382-1222
Federal Trade Commission - report STOLEN IDENTITY	1-800-438-4338
Medicaid (Client Assistance)	1-800-482-8988
MEDICARE	1-800-Medicare (1-800-633-4227)
Medicare Part D - (SAIC—West Region)	1-877-7SAFERX (1-877-772-3379)
Medicare Rights Center—Medicare Assistance Hotline	1-800-333-4114
National Consumer Technical Resource Center	1-877-808-2468
OIG - Office of Inspector General	1-800-447-8477
OLTC - Office of Long Term Care	1-800-LTC-4887
OLTC—Abuse Complaint Section	501-682-8430
OMBUDSMAN—Statewide—Office of Long Term Care	501-682-8952
SHIIP - State Health Insurance Information Program	1-800-224-6330
SSA (Social Security Administration)	1-800-772-1213
UALR Senior Justice Center	501-683-7153

HELPFUL WEBSITES:

AR-GetCare – www.ARGetCare.org (Statewide directory of community-based services)

AR Advocates for Nursing Home Residents - www.aanhr.org; email: Info@aanhr.org

Arkansas.gov—official website for the State of Arkansas

Area Agencies on Aging—www.arkansas.gov/dhhs/aging/aaamap.html

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

Elder Care Locator – www.eldercare.gov (1-800-677-1116)

The first step to find resources that help older people

MEDICARE - www.medicare.gov

Member of the Family - www.memberofthefamily.com

My Medicare.gov - www.mymedicare.gov/

Secure on-line service for accessing your personal Medicare information (allow 2 wks for password)

Office of Long Term Care – www.medicaid.state.ar.us/InternetSolution/general/units/oltc/index..aspx

Office of Inspector General – HHSTips@oig.hhs.gov

Office of Attorney General Consumer Protection Division— consumer@ag.state.ar.us

Social Security Administration - www.ssa.gov/dallas/state_ar.html

OUR MISSION

To Empower Seniors

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

To Prevent Healthcare Fraud

Protect Personal Information

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

Detect Errors, Fraud, and Abuse

Always review MSN and EOB for mistakes
Compare them to prescription drug receipts and record them in your journal
Visit www.mymedicare.gov to access your account online.
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

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 healthcare providers
Retired professionals, i.e. teachers, accountants, attorneys, investigators, nurses

P. O. Box 1437 Slot S530
Little Rock, AR 72203-1437
Hotline 1-866-726-2916
Fax: 501-682-8155