

NEWSLETTER

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

SMP SUBGRANTEES

El Dorado Connections RSVP

Linda Fitts
El Dorado, AR 71730
870-864-7080

EOA of Washington County RSVP

Gary Morris
Springdale, AR 72764
479-872-7479

The Literacy Council of Jefferson County

Jennifer Hurst
Pine Bluff, AR 71601
870-536-7323

Texarkana RSVP

Ermer Pondexter
Texarkana, AR 71854
870-779-4983

WestArk RSVP

Susie Reehl
Fort Smith, AR 72901
479-783-4155

RSVP of Central Arkansas

Jackie Hale
North Little Rock, AR 72114
501-604-4527

RSVP of Boone & Marion Counties

Sandy Hillier
Harrison, AR 72601
870-741-4499

Office of Human Concern RSVP

NEW!
Patty Haak
Bella Vista, AR 72715
479-876-5960



kaisernetwork.org

Daily Reports
THE COMPREHENSIVE SOURCE

Health Care Marketplace Increase in Medicare, Medicaid Managed Care Plans Has Led to 'More Complex' Health Care Fraud, *Wall Street Journal* Reports

[Mar 19, 2008]

The *Wall Street Journal* on Wednesday examined how as the private sector is increasingly providing more Medicare and Medicaid services, new types of fraud are "cropping up that are harder to spot, more complicated to prosecute and potentially more harmful to patients," prompting the federal government to increase scrutiny of managed care.

States and the federal government began shifting Medicaid and Medicare beneficiaries to managed care plans in the 1990s to control program costs, and many believed the shift also would reduce fraud because "companies would have strong incentives to prevent overbilling by doctors, hospitals and other medical providers -- and to avoid cheating the government themselves," the *Journal* reports. However, some states reduced the number of health care fraud investigators, and a recent federal review of health programs for low-income children found that states mostly rely on HMOs to regulate themselves.

The *Journal* reports that traditional fraud prevention for government programs consisted of "policing doctors, hospitals, dialysis centers and the like to catch overcharges or billing for treatment never provided." However, according to the *Journal*, "[m]anaged care fraudsters profit by ... shortchanging patients or physicians to cut costs while collecting preset fees from the government," as well as by "refus[ing] to enroll unhealthy people, skimp[ing] on paying doctors or deny[ing] patients care." Regulators say "they are realizing they must become more attuned to more-complex scams carried out by sophisticated corporations," the *Journal* reports.

The *Journal* also profiled several fraud cases in Pennsylvania, California, New York, Texas and Virginia that "have provided a wakeup call for regulators" and "illustrate the potential for fraud and authorities' growing understanding of its scope" (Francis, *Wall Street Journal*, 3/19)

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This article taken in part from:



U.S. Department of Health & Human Services

FOR IMMEDIATE RELEASE

Friday, March 28, 2008

NEW WEB SITE HELPS PATIENTS SHOP FOR HOSPITAL CARE BASED ON QUALITY AND PRICE — CMS WEB SITE FEATURES UPDATED AND MORE ROBUST INFORMATION TO HELP CONSUMERS WITH THEIR HEALTH CARE CHOICES

The Centers for Medicare & Medicaid Services (CMS), part of the U.S. Department of Health and Human Services (HHS), today posted new survey information at the Hospital Compare consumer website offering consumers more insight about the hospitals in their communities. It has added new information from Medicare patients about their hospital stays and the number of certain elective hospital procedures provided to those patients and what Medicare pays for those services.

For the first time, consumers have the three critical elements -- quality information, patient satisfaction survey information, and pricing information for specific procedures.

“Hospitals have already stepped up their efforts to improve the care they provide based on the quality information that has been publicly reported over the past few years,” said Weems.

“The nation’s hospitals and others who work with patients share our goal of improving the quality of care for all. Our quality improvement efforts include a wide-ranging set of tools and data to do just that,” said CMS Acting Administrator Kerry Weems.

The patient experience of care information on Hospital Compare is part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey, known as HCAHPS. HCAHPS is the first national, standardized, publicly reported survey of patient perspectives on care they experience during a hospital stay. More than 2,500 hospitals around the country have been collecting information from a random sample of discharged patients who were treated for a wide range of conditions between October 2006 and June 2007. These patients were asked about their experiences of care (including topics such as responsiveness of hospital staff and pain management) and how they rate the hospital overall.

The updated information is part of the public health effort to strengthen consumer choice and create incentives to motivate providers to provide better care for all Americans.

To access the Hospital Compare Web site, please visit: www.hospitalcompare.hhs.gov. The information on this website has been provided by hospitals that agreed to submit quality information for Hospital Compare to make public.



SMP Volunteers receive Certificate of Completion of the Arkansas SMP Training



Sally Johnson with AFMC explains Medicare Basics and “Your Medicare Rights”



On February 6 volunteers of the RSVP of Boone & Marion Counties were willing to attend the SMP training, even with the risk of winter weather, to become empowered to educate and assist seniors in their communities on healthcare issues.

OTHER PROVIDER COMPARE WEBSITES:

- www.medicare.gov/NHCompare- nursing homes;
- www.medicare.gov/HHCompare- home health agencies;
- www.medicare.gov/Dialysis- End Stage Renal Disease facilities;
- www.medicare.gov/MPPF- Medicare Advantage plans; and
- www.medicare.gov/MPDPF- Medicare prescription drug plans.



IN THE SPOTLIGHT! ...

RSVP of Benton, Madison & Carroll Counties

Arkansas SMP's NEWEST SUBGRANTEE-PARTNER

In September, 2007, **Patty Horner Haak** became the new Director of the **Retired and Senior Volunteer Program (RSVP) of Benton, Madison, and Carroll Counties of Arkansas**, located in Bella Vista, Arkansas. The sponsor organization for the RSVP is the Office of Human Concern, whose Executive Director is Al West.



Patty Haak with dedicated volunteer, **Pauline LaFrance**

Patty is proud of her active volunteer base of 1,174 with 62 stations in the three-county area. Pauline LaFrance, pictured, is blessed with 83 years and is one of the RSVPs newest volunteers. When asked why people should volunteer, Pauline responded, "it's a blessing to help other people."

"It's a blessing to help other people", says Pauline LaFrance

Patty not only runs a volunteer program, she also enjoys volunteering! Patty is involved with the local Girl Scout Council and also periodically volunteers at The Jones Center for Families in Springdale, where she was employed for 3 years as the Senior Life Coordinator. Patty's work at the Center included organizing events such as Bingo, lunch and dance, lunch and movie, fiestas, luaus, trips to Branson and small van trips to key locations in the area.

It may be interesting to note that for more than a year Patty helped to promote Arkansas Community Care, a Medicare Advantage Plan for seniors, where she traveled to local 'senior hang outs' and helped to shine some light on this confusing Medicare situation that it seems we have all experienced in some manner, whether personally or in our outreach to seniors.

With such a large volunteer base, Patty's RSVP program can extend a special effort to reach the underserved, vulnerable, isolated, and non-English speaking beneficiaries in their area. She is committed to recruiting, training, and placing retired individuals into various communities and settings to provide education and outreach in healthcare fraud, errors, and abuse. She also feels it is important to provide information to the growing number of Arkansas seniors in rural and low income areas, especially those who are participating in programs providing healthcare in the home. These seniors, as well as their families and caregivers, need to be able to make informed decisions about their healthcare, and be made aware of the need to protect their Medicare. SMP training for the RSVP volunteers will be scheduled in the next couple of weeks.

We are thrilled to have Patty, her volunteers, and the RSVP of Benton, Madison, and Carroll Counties on our team as we continue to expand our efforts to *empower* seniors all across the state of Arkansas.

Small Medical Equipment Suppliers Criticize New CMS Rule

The *Pittsburgh Post-Gazette* on Friday examined how a new CMS competitive bidding rule "has some small medical suppliers ... worried that they'll be locked out of a market that historically has provided a third or more of their business" . (Toland, *Pittsburgh Post-Gazette*, 1/11).

Under the current system, CMS uses prior sales data to determine prices for durable medical equipment, which acting CMS Administrator Kerry Weems says leads to over-payments. The new system requires suppliers to have accreditation and to submit bids. Only suppliers that submit bids less than a threshold established by CMS can participate in Medicare (*Arkansas Democrat-Gazette*, 1/9).

The *Post-Gazette* notes that the rule "theoretically will reduce the price Medicare will pay for 'durable medical equipment' by up to 20%, a tight shave for small businesses that don't buy equipment in bulk." Providers that are considered small businesses say that the new rule will favor large suppliers. The rule also will create a list of "authorized" Medicare providers, with small businesses guaranteed 30% of the total business, according to the *Post-Gazette*. Michael Reinemer of the American Association for Homecare said under the new rules, several thousand suppliers will be cut from the nationwide list of about 20,000. "Our fear is that it may create a sort of rush to the bottom, in terms of quality," Reinemer said (*Pittsburgh Post-Gazette*, 1/11).

Does Medicare cover vaccines and immunizations?

CORRECTION!

In our October 2007 issue of the SMP Newsletter it was stated that:

"Your Medicare Part B provides coverage of some vaccines of preventable diseases identified as being particularly serious for adults 65 years and older such as influenza, pneumococcal, Hep B (if you are at risk) and shingles."

There is a discrepancy regarding the coverage of the shingles vaccine. Please see the below clarification regarding vaccinations:

Medicare covers some vaccines and immunizations. The way Medicare covers them depends on which vaccine you need.

Your Medicare health coverage (Part B) will cover vaccines to **prevent**:

- influenza (the flu);
- pneumonia; and
- hepatitis B (if you are at medium to high risk).

Part B will cover other immunizations **only if you have been exposed to a disease or condition**. For example, if you step on a rusty nail, Medicare will cover a tetanus shot; if you are bitten by a dog, Medicare will cover your rabies shots.

If you have a Medicare prescription drug plan (**Part D**), you may be able to get coverage for other types of vaccines, such as the vaccine for **shingles** (herpes zoster).

As of 2008, any commercially-available vaccine that is not covered by Part B should be covered by your Medicare prescription drug plan. Your Part D plan will pay for the vaccination itself **and** for your doctor to give you the shot (administration). **However**, you will need to make sure you **follow your particular plan's rules** in order for the vaccine to be covered.

REMEMBER!!!

You should check with your Part D plan BEFORE You Get a Vaccination

MedicareInteractive.org

Please DO NOT GIVE YOUR PERSONAL INFORMATION to anyone who comes to your home uninvited or calls you selling too-good-to-be-true Medicare-related products.

**MUST FILE 2007 TAX
RETURN TO RECEIVE
PAYMENT!**



**Tip-Offs to Scams re
STIMULUS PAYMENT**

The IRS will NEVER:

- Call you to ask for your Social Security number or bank account information.
- Email you to ask for Social Security or bank account information.
- Send a letter that tells you to respond by phone or email.
- Come to your home.

The IRS NEVER calls or emails taxpayers asking for personal information! If they need to reach you, they will reach you by mail.

Refuse to give any personal information! No matter how realistic the email or convincing the caller's story, it's not from the IRS.

You should **NEVER pay a fee** to get your payment. If you need help getting your payment, use one of the following methods:

- Call **1-888-227-7669** to find a local AARP Tax-Aide site or visit their website at www.aarp.org/taxaide.
- Go to www.IRS.gov.
- Call the IRS at 1-800-829-1040.
- Call a local Volunteer Income Tax Assistance by calling 1-800-906-9887.
- Call 1-800-829-1040 to find the nearest IRS Taxpayer Assistance Center.

Keep in mind:

- You may be eligible even if Social Security is your only income.
- **You have plenty of time to file (probably until October 15, 2008), so take your time and do this right.**
- If you don't usually file a tax return, you'll get a letter from IRS.
- **ONLY** the IRS is authorized to send the letter.

What to Do if You Spot a Scam

Report phone calls to the **IRS** or your **Attorney General**, (note date of call, time and phone number); Forward fraudulent emails to spam@uce.gov.

**Prescription Drugs
Baltimore Sun Examines Medicine
Mismanagement Among Elderly
U.S. Residents**

[Mar 10, 2008]

About half of all U.S. seniors have improperly managed at least one prescription medication, and seniors are twice as likely as others to be admitted to an emergency department for drug safety issues, according to some experts, the Baltimore *Sun* reports.

According to a 2006 analysis by *Medco Health Solutions*, (www.medcohealth.com), on-line prescription drug management, the drug error rate of patients over age 65 is about seven times more than patients younger than 65. The analysis also found that one in four elderly patients were prescribed medications by five or more physicians and one in 20 patients received prescriptions from eight or more physicians.

According to experts, people older than 65 represent 13% of the U.S. population and about one-third of all the drugs prescribed in the country. By 2040, an estimated 25% of U.S. residents will be age 65 or older, and their prescription drug use also will rise to about half of what is prescribed nationally.

According to the *Sun*, the increasing population of aging baby boomers is one reason for the "growing problem" of medication mismanagement among U.S. seniors who take medications to treat chronic illnesses. Poor eyesight among seniors and misunderstandings about multiple doses and physician instructions could result in treatment plan mix-ups. Seniors also are more likely to experience the problems related to prescription drugs because their bodies' process medications differently than younger people.

According to the Sun, many doctors have been asking patients to bring all their medications to appointments to help prevent negative drug interactions. There also has been a push for physicians to adopt electronic health records so that all doctors can see what their patients are taking, according to George Lowe, director of medical services at Overlea Physicians medical clinic (White, Baltimore *Sun*, 3/9).

Call **1-866-726-2916** for your *free Personal Medical Record* – a handy card which, when folded, is the size of a credit card and comes in a vinyl pouch for ease in carrying in a purse, wallet or pocket. This card lists your medications, allergies, emergency contact numbers and your providers. Keep the card with you at all times. It holds helpful and important information to present to your provider, and also for use in an emergency for your family or caregiver.

Phone Scams:



Montana: Beneficiary received a call from PX Union Consumer Benefits on behalf of Union Consumer Customer Service their **phone number (866) 395-2019**. Address: P.O. Box 1803 Plattsburg NY 12901. This is a known phone number for a scam operation, only a different company name. Unfortunately they were able to get the Social Security number and bank information from the beneficiary. Before the beneficiary could notify his bank, a transaction for \$400 had already gone through. The bank contacted the police and they are in the process of trying to retrieve his funds.

When calling the 1-866 number, a man by the name of Brendan said the name of his company is "Client Care Relations" and that they handle cus-

tomers service calls for PX Union. He said that they sell prescription drug discount packages for between \$380-\$400 and that customers order their drugs directly from a catalogue and can save between 30-80% on prescriptions.

Someone claiming to be a "Medicare Records Reviewer for 2007" is calling beneficiaries saying that because they did not use all of their Medicare benefits in 2007 they are entitled to a refund -- then the caller asks for bank account information so the beneficiary can receive their refund.

The title sounds professional and believable and beneficiaries are falling for it.

You can be assured that Medicare is not giving any refunds! Please report these calls to your local police, SHIP and to the Attorney General.

February 7, 2008

WASHINGTON—U.S. Sen. John Cornyn joined Sens. Mel Martinez, R-Fla., and several other Senators today in introducing a bill to combat Medicare fraud and abuse. The legislation, entitled **The Medicare Fraud Prevention Act of 2008**, would increase the maximum criminal sentence, double civil fines and quadruple criminal fines. It also aims to deter criminal organizations from committing Medicare fraud.

The Medicare Fraud Prevention Act of 2008 amends the Social Security Act to provide increased sentences for individuals convicted of felonies involving fraud and abuse under the Medicare program, and raises the amount of the surety bond required for suppliers of durable medical equipment.

Specifically, the legislation would:

- Increase the max criminal sentence from 5 to 10 years;
- Double all civil fines under Medicare Fraud provisions (typically \$10,000 to \$20,000 per item or service claimed);
- Quadruple the criminal fines from 25,000 to 100,000;
- Increase the bond required to become a DME provider from \$50,000 to \$500,000.

CMS Program Identifies \$371.5 Million

In Improper Medicare Payments

In Three States

Recently, the Centers for Medicare & Medicaid Services (CMS) announced \$371.5 million in improper Medicare payments has been collected from or repaid to health care providers and suppliers as part of a demonstration program using recovery audit contractors (RACs) in California, Florida and New York in 2007. Nearly \$440 million has been collected since the program began in 2005.

"We need to ensure accurate payments for services to Medicare beneficiaries and by taking this important step, people with Medicare can be assured they are being charged correctly for their share of their health care services," Acting CMS Administrator Kerry Weems said. "The RAC demonstration program has proven to be successful in returning overpayments to the Trust Fund and identifying ways to prevent future improper payments. We will use the lessons we learned from the demonstration program to help us implement the national RAC program next year."

To view the entire Press Release:

http://www.cms.hhs.gov/apps/media/press_releases.asp

For more information on the RAC program and to view the FY 2007 Status Document, visit:

<http://www.cms.hhs.gov/RAC>

Dear Marci



Your trusted source for Medicare answers.

Dear Marci,

www.medicarerights.org

Up until this year, I had been enrolled in Original Medicare and had a Medigap plan as my supplement. I was convinced by an insurance agent to enroll in a Medicare Advantage PPO because my premiums would be lower. However, now my doctor won't accept my new insurance. Can I go back to Original Medicare and still get my Medigap back?

— Agnes (Faribault, MN)

Dear Agnes,

Yes. If you dropped a Medigap policy to join a Medicare private health plan (HMO, PPO or PFFS) for the first time and drop the new plan within 12 months:

- If you dropped a Medigap policy to join a Medicare private health plan (HMO, PPO or PFFS), Medicare SELECT policy or PACE program for the first time and drop the new plan within 12 months, you have the right to buy the Medigap policy you originally had if the same insurance company still sells it. If not, you have the right to buy Plans A, B, C or F.
- If your previous Medigap plan, Medicare private health plan (HMO, PPO or PFFS), PACE program or employer group health plan ends its coverage through no fault of your own or commits fraud, you have the right to buy Plans A, B, C or F.
- If you have a Medicare private health plan (HMO, PPO or PFFS), Medicare SELECT policy or PACE program and you move out of the plan's service area (either within the state or to another state), you have the right to buy Plans A, B, C or F.

This information is provided by the Better Business Bureau of Arkansas— visit www.bbb.org for more alerts.

Questionable Company Alert Pronto Medical

We are receiving reports from Alabama to Idaho. Arkansas is in that call path. Please talk to your family, friends, and customers that may be affected by this potentially harmful situation.

This person of interest is offering a medical card to seniors so that their Medicare and Social Security benefits will not be discontinued.

The Better Business Bureau of Southern Colorado has recently been informed by several senior citizens who have been contacted by phone from a company called Pronto Medical. The person who calls is reportedly a man with an Indian accent who claims to be from New York City or, at other times, Texas. Not surprisingly, the phone number is blocked so the consumer cannot attempt to return the call. Alabama is being hit hard. Arkansas may be next.

If you do happen to get calls from consumers in your area about this company, please contact our office at 501-664-4888 or <mailto:info@bbbarkansas.org>.

And as always, if you do not initiate the transaction, do not give out or confirm any of your personal information.



Have you Heard ?

Your MEDICARE SUMMARY NOTICE (MSN) will no longer show your full Medicare Number!

Effective January 7, 2008, on ALL MSNs, the first 5 digits of the Health Insurance Claim number (or Medicare Number) referred to as "HICN" —will be replaced with "XXX-XX" to avoid displaying the Medicare beneficiary's personally identifiable information (PII). This applies to pay, no-pay, and duplicate copies of the MSN.

SPECIAL ENROLLMENT PERIOD for Beneficiaries Who Received a **Notice of Loss of LIS**

Due to the Medicare Beneficiary
Not Responding to a
Redetermination Request by SSA

Starting the week of March 2, Social Security Administration mailed "**SSA Medicare Prescription Drug Assistance Notice of Termination**" letters to beneficiaries who will no longer receive the Extra Help effective April 1 because they did not provide SSA with information requested to determine continuing eligibility.

It is important for these beneficiaries to know these things:

- 1) Their current drug plan will contact them to let them know how much their coverage will cost starting April 1 without the LIS;
- 2) They have a **3-month special enrollment period** (starting April 1) to enroll in a less expensive drug plan if they so choose;
- 1) They can file an appeal or reapply for Extra Help within 60 days of receiving the letter from SSA; If they request an appeal within 10 days of receiving the letter, they will continue to receive LIS until their appeal has been decided.
- 2) LIS may continue for beneficiaries who can show good cause why they did not file an appeal within 10 days of receiving the letter.
- 3) They should re-apply for Extra Help if their situation changes at any time in the future by calling 1-800-772-1213. Applications can also be made online <http://www.ssa.gov/prescriptionhelp/>

DO NOT MAKE ANY CHANGES in your Medicare coverage
before you get your *FREE COPY* of our newest publication:

MEDICARE PROTECTION TOOLKIT

a collaborative effort of the
Arkansas SMP, the Office of the Arkansas Attorney General
and the Senior Health Insurance Information Program (SHIIP)
to assist Medicare beneficiaries in the decision-making process of enrolling into a
Medicare Advantage Plan.

Call 1-866-726-2916 or 1-800-224-6330
For your FREE copy!

Ask the Right Questions

Get the Right Information

ASK QUESTIONS!

(Ask yourself these questions.)

What is the name of the Medicare Advantage Plan?

Is this a Private Fee-for-Service Plan? YES__ NO__

Does the plan include Prescription Drug (Part D) coverage? YES__ NO__

How did the Medicare Advantage Plan company contact me? Friend/Family Mail Phone Seminar Door-to-Door I contacted them Other_____

What are the major differences between this plan and my Original Medicare?

How much will my new Premium payment be? \$_____

What will I have to pay when I see my doctor? \$_____

What will I have to pay when I go into the hospital? \$_____

Have I asked all my medical providers (doctors, hospitals, etc.) if they accept the plan? YES__ NO__

Will I have to travel to receive my health care? YES__ NO__

Can I return to Original Medicare at any time? YES__ NO__

Was a detailed written plan description left with me? YES__ NO__

Have I contacted my local SHIP Program at 1-800-224-6330 or my local SMP at 1-866-726-2916 to answer any questions I may have? YES__ NO__

Have the agent complete this form.

Agent/Broker/Company Information

Agent/Broker Name

Company Name

Company Address

Phone Number _____

E-mail _____

My Arkansas license number is

The plan I am offering is:

___ Medicare Advantage (MA) Plan

___ Prescription Drug Plan only

Complete the rest of this form only if the plan is a Medicare Advantage.

This plan does__ does not__ include Prescription Drug Coverage.

This Medicare Advantage (MA) Plan is:

___ HMO (Health Maintenance Organization)

___ SNP (Special Needs Plan)

___ PPO (Preferred Provider Organization)

___ PFFS (Private Fee-for-Service)

___ MSA (Medicare Medical Savings Account)

This plan will__ will not__ affect Original Medicare.

This plan will__ will not__ include additional out-of-pocket expenses.

The premium will be \$_____. You will still be required to pay your Part B premium.

I have told the customer that by enrolling in the Plan (please initial):

___ The plan will provide the primary health coverage instead of Original Medicare.

___ Original Medicare will no longer pay for the health care once enrolled in the plan.

___ You will be given a new Plan card, and it will replace the Original Medicare card.

___ Once enrolled, you may be "locked" in the plan for the remainder of the year.

___ The plan is not a Medicare supplement plan, and does not replace Medicare supplement insurance.

Agent/Broker Signature _____

Date _____

WHEN AM I ELIGIBLE FOR MEDICARE?

When you turn 65, **you become eligible for Medicare if you:**

- Are a U.S. citizen or have your resident visa and
- Have lived in the U.S. for at least five years in a row.

You may be eligible for Medicare **BEFORE** you turn 65 **if you:**

- Are a U.S. citizen or have your resident visa and
- Have lived in the U.S. for at least five years in a row
- Have been receiving Social Security Disability Insurance (SSDI) for more than 24 months: Social Security should automatically mail you your Medicare card 3 months before you become eligible.
- Have End Stage Renal Disease (ESRD)
- Have Lou Gehrig's Disease (ALS)

Because Social Security and Medicare eligibility rules are complex, you should **call Social Security at 800-772-1213** to get the most accurate information regarding your particular situation.



**NATIONAL
DO NOT CALL
REGISTRY**

1-888-382-1222

To receive the Arkansas SMP Newsletter ELECTRONICALLY

Please contact kathleen.pursell@arkansas.gov to make your request.

You can also access this publication by visiting our website:

www.arkansas.gov/dhs/aging/asmp.html

DID YOU KNOW?

Everyone enjoys a good laugh. Why? The human body has a strong physical response to laughter - muscles in the face and body stretch, blood pressure and pulse rise and fall, and we breathe faster which transports more oxygen through the body. Research shows laughter also strengthens the immune system, reduces food cravings and increases one's threshold for pain. A laughter workout tightens the abs, diaphragm and shoulders, and can even improve heart health. Laughter is contagious. Not only can a good belly laugh improve *your* health, it can also improve the health of *those around you!*



TO YOUR HEALTH & MINE:

My wife and I went to breakfast at a restaurant where the 'seniors' special' Was two eggs, bacon, hash browns and toast for \$1.99.

'Sounds good,' my wife said, but I don't want the eggs.'

'Then I'll have to charge you two dollars and forty-nine cents Because you're ordering a la carte,' the waitress warned her.

'You mean I'd have to pay for *not* taking the eggs?' my wife asked.

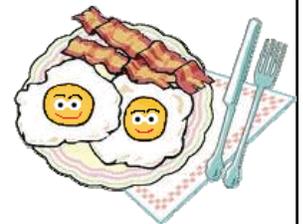
'YES!!' stated the waitress.

'I'll take the special then.' my wife said.

'How do you want your eggs?' the waitress asked.

'Raw and in the shell,' my wife replied.

She took the two eggs home!



DON'T MESS WITH SENIORS!!!

We've been around the block more than once!



IMPORTANT PHONE NUMBERS:

AANHHR - 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
APS Hotline - Adult Protective Services	1-800-482-8049
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 (Fraud Hotline)	1-800-482-8988
MEDICARE	(1-800-633-4227) 1-800-Medicare
Medicare Part D - (SAIC—West Region)	(1-877-772-3379) 1-877-7SAFERX
Medicare Rights Center —Medicare Assistance Hotline	1-800-333-4114
National Consumer Technical Resource Center	1-877-808-2468
National Medicare Fraud Hotline (1-800-HHS-TIPS)	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
Arkansas SMP Hotline	1-866-726-2916
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
- Arkansas Attorney General**— www.arkansasag.gov
- Arkansas Attorney General Consumer Protection Division**— email: consumer@ag.state.ar.us
- 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) Find resources that help older people
- MEDICARE** - www.medicare.gov
- Member of the Family** - www.memberofthefamily.com
- Hospital Compare** — www.hospitalcompare.hhs.gov
- My Medicare.gov** - www.mymedicare.gov access your personal Medicare information
- Office of Long Term Care** – www.medicaid.state.ar.us/InternetSolution/general/units/oltc/index..aspx
- Office of Inspector General** – HHSTips@oig.hhs.gov
- Social Security Administration** - www.ssa.gov/dallas/state_ar.html



TO EMPOWER SENIORS

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

OUR MISSION



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 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

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



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