January 2007

NEWSLETTER

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

DID YOU NOTICE OUR NEW LOGO?

Effective January 1, 2007, the Administration on Aging (AoA) Senior Medicare Patrol program will be officially referred to as the SMP program and all states will have a new logo and tagline:

Who are we now?

Arkansas Senior Medicare/Medicaid Fraud Patrol has a new name! We are now called **Arkansas SMP—Empowering Seniors to Prevent Healthcare Fraud!**

Why change?

Having a standardized name, adopted and promoted widely at the national and local level will help strengthen the effectiveness of the program. The emphasis is on what the program does, not what the acronym stands for.

How will this affect us?

We are somewhat at an advantage because the name change is not a drastic one for us. In some cases, we may still use the ASMP name recognition, since Arkansas SMP can still be interpreted as ASMP. The biggest change is that we are recognized for promoting fraud prevention not a "Fraud Patrol".

In other states, the SMP's were known by names (acronyms) such as Operation Restore Trust (ORT), Maine Medicare Education Partnership (MMEP), Oklahoma Seniors Against Fraud (OK-SAF), (SNAG), (MOD Squad), and many others. The change may have a greater impact on the name recognition in their states, but the goal is to eventually create greater national recognition for everyone.

Since it has been difficult to create a national presence with the focus on so many different acronyms, the goal of the new logo is to focus on the purpose of the Programs. As a result, our purpose, national healthcare fraud prevention, becomes the unifying goal for all of the programs.

What will it mean?

Over the course of the coming year, AoA and the National Consumer Protection Technical Resource Center will be undertaking an aggressive national outreach campaign to promote the "SMP" program and its activities and accomplishments, including conference exhibits, newsletter articles, and more. A coordinated national and local campaign to announce the change will effectively bring greater public awareness to our programs.

Embrace the change!

It could eventually result in permanent funding by AoA!

REGIONAL PARTNERS
2006 - 2007

El Dorado RSVP
Linda Fitts
824 Camp Street
El Dorado, AR 71730
870-864-7080

EOA of Washington County RSVP
Katy Young
614 E. Emma Ave.
Suite M401
Springdale, AR 72764
479-872-7479

The Literacy Council of Jefferson County
Jennifer Hurst
402 E. 5th St
Pine Bluff, AR 71601
870-536-7323

Texarkana RSVP
Ermer Pondexter
3rd & Walnut Streets
PO Box 2711
Texarkana, AR 71854
870-779-4983

WestArk RSVP
Susie Reehl
401 North 13th Street
Fort Smith, AR 72901
479-783-4155

The Arkansas SMP is federally funded by the AoA

IN THE SPOTLIGHT! …
Literacy Council of Jefferson County

As an Arkansas SMP Regional Partner, the Literacy Council of Jefferson County is reaching out to Medicare beneficiaries in their area in a new direction. Staff and volunteers are getting the word out about Medicare Part D and providing personal, confidential counseling to assist local beneficiaries in selecting the appropriate Prescription Drug Plan through Medicare Part D.

Since being established in 1982 the Literacy Council has been reaching out to adults and at-risk juveniles in the county in an effort to enable them to improve learning skills needed to become successful, contributing citizens. Imagine a world where you are unable to read
and understand basic information such as a job application, a utility bill, even medical instruction or, in many cases for Medicare beneficiaries, the Medicare Summary Notice. For 33% of Jefferson County residents, this is a reality, according to Jennifer Hurst, Executive Director for the program.

As Executive Director of the Literacy Council of Jefferson County, Jennifer Hurst is responsible for the overall program, supervising a staff of 12 and a number of volunteers. It is Jennifer (M.Ed, Adult Education, and B.S. Psychology) who creates the educational programs that meet the needs of their diverse community.

Jennifer accepted the challenge of the Arkansas SMP Grant Program, funded by federal funds from the Administration on Aging, to extend the Council's educational services to include information about Medicare and the need for beneficiaries to understand how the program works.

THANK YOU, Jennifer, and the staff and volunteers of the Literacy Council of Jefferson County, for your dedication to community service and the betterment of the lives of the many citizens you serve through your organization.

The Literacy Council of Jefferson County Pine Buff, Arkansas

WARNING TO SENIORS OF COLLECT CALL SCAMS

November 20, 2006

A report has come in regarding scammers making collect calls to seniors claiming they are from Medicare or the Centers for Medicare and Medicaid Services. The caller asks to verify personal information (i.e., name, address, Medicare number and bank routing numbers).

Please **DO NOT** accept a collect call from anyone claiming to work with Medicare.

Anyone who suspects Medicare fraud, error or abuse should call Arkansas SMP at 1-866-726-2916 and the Arkansas SMP will forward the information to the appropriate agency for further investigation.

The Arkansas SMP warns seniors to be aware of telemarketers and door-to-door salesmen claiming to work for Medicare or the Social Security Administration; salesmen pressuring you to make decisions about your healthcare and insurance benefits; and companies seeking you to offer "free" services and requesting personal information. People with Medicare should be on guard and protect themselves.

Arkansas SMP
Empowering Seniors To Prevent Healthcare Fraud

Arkansas SMP
1-866-726-2916

Remember! Medicare does not make calls to private citizens!

"SOCIAL SECURITY" E-mail Sc@m

Jo Anne Barnhart, Commissioner of Social Security, and Patrick O'Carroll, Jr., Inspector General of Social Security, issued a warning today about a new email scam that has surfaced recently.

The Agency has received several reports of an email message being circulated with the subject "Cost-of-Living for 2007 update" and purporting to be from the Social Security Administration.

The message provides information about the 3.3 percent benefit increase for 2007 and contains the following: "NOTE: We now need you to update your personal information. If this is not completed by (certain date), we will be forced to suspend your account indefinitely." The reader is then directed to a website designed to look like Social Security's Internet website.

"I am outraged that someone would target an unsuspecting public in this manner," said Commissioner Barnhart.

"I have asked the Inspector General to use all the resources at his command to find and prosecute whoever is perpetrating this fraud."

Once directed to the phony website, the individual is asked to register for a password and to confirm their identity by providing personal information such as the individual's Social Security number, bank account information and credit card information.

"I am outraged that someone would target an unsuspecting public in this manner," said Commissioner Barnhart.

Inspector General O'Carroll recommends people always take precautions when giving out personal information. "You should never provide your Social Security number or other personal information over the Internet or by telephone unless you are extremely confident of the source to whom you are providing the information," O'Carroll said.

To report receipt of this email message or other suspicious activity to Social Security's Office of Inspector General, please call the OIG Hotline at 1-800-269-0271. (If you are deaf or hard of hearing, call the OIG TTY number at 1-866-501-2101). A Public Fraud Reporting form is also available online at the OIG's website: www.socialsecurity.gov/oig

10 "Quick Fixes" for Elder Home Safety

Press Release
Thu Nov 2, 2006

Falls are the leading cause of injury and accidental death in adults over the age of 65, according to the American Occupational Therapy Association. Fengyi Kuo, assistant professor of occupational therapy at the University of Indianapolis, says the remedy to this problem at home is safety awareness and implementation of prevention practices.

1. Increase lighting in the home, particularly along pathways to the bathroom and on stairs.
2. Use nightlights, especially in bedrooms, hallways and bathrooms.
3. Remove throw rugs and loose carpet, or secure them firmly to the floor.
4. Be cautious when walking on thick carpet.
5. Install handles or railings in bathtubs and showers to prevent slipping.
6. Use non-slip or rubber mats or install non-slip strips on tub and shower floors.
7. Take your time when getting into or out of bathtubs and showers.
8. Arrange furniture so there is plenty of room to walk freely.
9. Remove electrical cords from walkways by placing them under rugs or furniture or stapling them along walls and baseboards.
10. Keep phones in every room of the house and by the bed and keep emergency numbers by each phone.

Beneficiaries who enroll in a plan they do not want because of marketing scams or misinformation, may be entitled to a special enrollment period (SEP) to change to the plan of their choice. These SEPS are awarded by CMS on a case by case basis. Advocates should therefore contact the CMS regional office to apply for this SEP.

For more information, contact attorney Vicki Gottlich (*vgottlich@medicareadvocacy.org*) in the Center for Medicare Advocacy's Washington DC office at (202) 216-0028

Words To Know

- A **"PREMIUM"** is the money you pay each month for Medicare coverage.
- The **'DEDUCTIBLE"** is the amount you pay out of your pocket for healthcare before Medicare starts to pay.
- **"CO-PAYMENT"** is the amount you pay for a doctor visit or for hospital services. It is sometimes called "co-insurance".

For older adults who are at high risk, a flu shot Can reduce hospitalizations by as much as 70 percent and deaths by 85 percent.

Please consult with your doctor first.

<u>You can still get your flu shot as late as February!</u>

CASE FLASH

MID-YEAR CHANGES TO DRUG COVERAGE

Ms. V has both Medicare and Medicaid and takes more than 30 different prescriptions each month. In January 2006, she chose the Medicare drug plan that covered the greatest number of her prescriptions. Recently, one of Ms. V's prescriptions was taken off of her drug plan's list of covered drugs ("formulary"), and when she tried to pick up a refill at the pharmacy, Ms. V was told that her plan would no longer help her pay for that drug. Ms. V called her local State Health Insurance Assistance Program (SHIP) for help.

A SHIP counselor told Ms. V that the information that she got from her Medicare drug plan was wrong. Once you have been stabilized on a drug (you have filled a prescription for it at least once before, and a long period of time has not passed between prescriptions), your drug plan must continue to cover that drug for you even if the plan takes it off of its formulary. Ms. V's drug plan should not have denied her coverage for her prescription because she had been taking that drug consistently since she first joined the plan.

Kaiser Daily Health Policy Report

Medicare Prescription Drug Benefit Enrollment Deadline Will Be Extended for Seniors Who Did Not Receive Timely Information About Their Current Coverage, CMS Says [Jan 02, 2007]

Medicare beneficiaries who did not receive timely information about benefit and cost changes for their current Medicare prescription drug plans will have until Feb. 15 to select coverage for 2007, *Reuters* reports (*Reuters*, 12/29/06). Beneficiaries had until Dec. 31, 2006, to enroll in or change Medicare drug plans, although administration officials had urged beneficiaries to act by Dec. 8, 2006, to avoid problems. Federal officials told private insurers that sponsor Medicare drug plans that they had to send "annual notice-of-change" documents to beneficiaries by Oct. 31, 2006, informing them of any changes to their plans (Pear, *New York Times*, 12/27/06). UnitedHealth Group, one of the largest sponsors of Medicare drug plans, and possibly other insurers did not send the documents on time, acting CMS Deputy Administrator Herb Kuhn said. About 250,000 beneficiaries were affected and will have until Feb. 15 to make changes to their drug plans, Kuhn said (*Reuters*, 12/29/06). CMS spokesperson Jeff Nelligan said the extended deadline applies to beneficiaries who did not receive the documents by Nov. 15, 2006, the start of the open-enrollment period (Erikson, *Arizona Daily Star*, 12/28/06). UnitedHealth spokesperson Peter Ashkenaz said that about 200,000 of the insurer's enrollees did not receive the documents by Oct. 31, 2006. Ashkenaz said the documents were delayed because some of the notices contained erroneous information that had to be corrected and because there was "a fire that delayed production" at a facility that printed the documents (*New York Times*, 12/27/06). Kuhn said CMS is working to identify other insurers who might not have sent the documents on time (*Reuters*, 12/28/06). Nelligan said, "There could be penalties for plans that did not send out the annual notice of change on time" (*New York Times*, 12/27/06). CMS sent a letter to insurers that sponsor Medicare drug plans notifying them that they have until Jan. 5 to inform affected beneficiaries of the extended deadline, Nelligan said (Querna, Bergen *Record*, 12/29/06).

The Upcoming
Medicare Advantage Plans
Enrollment Period is
January 1 – March 31, 2007

GOOD COMMUNICATION =HEALTHY PATIENTS

Ask Me 3™

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?**

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

NEW!

If you LOSE Extra Help
you get a one-time Special Enrollment Period (SEP) to switch plans between January 1–March 31, 2007

Open Enrollment Period (OEP)
(Jan 1 – Mar 31 each year)

✦Cannot get Medicare drug coverage for the first time or drop drug coverage unless you have Special Enrollment Period
✦Only change health plan. May change drug plan as a result of changing health plan (i.e. MA-PD to Original Medicare + PDP)
✦Only make ONE change
✦Effective first of month after you enroll

Welcome to My.Medicare.gov

Welcome to Medicare's free, **secure** online service for accessing your Medicare information. As a registered user of My.Medicare.gov, you will have access to personalized information regarding your Medicare benefits and services. You may use My.Medicare.gov to:

- View claim status (excluding Part D claims),
- Order a duplicate Medicare Summary Notice (MSN) or replacement Medicare card,
- View eligibility, entitlement and preventive services information,
- View enrollment information including prescription drug plans,
- View or modify your drug list and pharmacy information,
- View address of record with Medicare and Part B deductible status,
- Access online forms, publications and messages sent to you by CMS.

Go to Medicare.gov—click on My.Medicare.gov—click on
"CLICK TO REGISTER HERE"
allow up to 2 weeks to receive your password!

MEDICARE ADVANTAGE PLANS

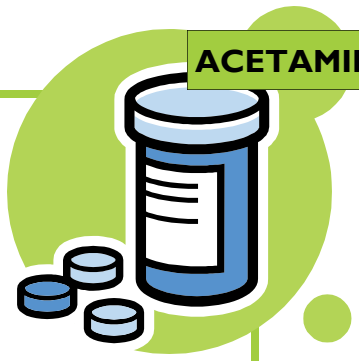
Medicare Advantage Plans are another way to get your Medicare coverage. The plans are offered by companies and organizations, but are still a part of Medicare. For a list of plans in Arkansas, and to view their benefits and costs, go to www.medicare.gov and click on "Compare Health Plans and Medigap Policies in Your Area". You can also call 1-800-MEDICARE (1-800-633-4227)

You can join, switch or cancel Medicare Advantage plans between **January 1, 2007—March 31, 2007**

IMPORTANT!! DO NOT withdraw from your current plan before you sign up for a new plan, or this will count as your one allowed change. When you sign up for the new plan, you will be withdrawn from your old plan.

Annual Medicare expenditures by the federal government are expected to grow by almost 45 % between 2006 and 2011, from $338 billion to $489 billion.

ACETAMINOPHEN



November 9 2006

NEW YORK (CNNMoney.com) -- About 11 million bottles of store-brand acetaminophen caplets are being recalled by the manufacturer over concerns some may contain small metal fragments.
Perrigo Co., one of the largest domestic makers of store-brand, over-the-counter drug and nutrition products, said it had found trace amounts of metal in a small number of 500 milligram caplets.
Consumers with questions can call Perrigo toll free at 877-546-0454

For the FDA list of stores affected log on to:
http://www.fda.gov/oc/po/firmrecalls/perrigo/perrigocustlist.html

Dear Marci

Your trusted source for Medicare answers.

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.

Dear Marci,

My doctor referred me to a specialist who doesn't take assignment, and the specialist made me pay up front. He said he would bill Medicare and I would be reimbursed, but when I got my paperwork from Medicare, it didn't include this appointment. Is the specialist required to file a Medicare claim? Do you think it was a scam?
–Mary Robin (Fort Wayne, IN)

Dear Mary Robin,

Most likely it is not a scam, but it is a good thing that you are reading your **Medicare Summary Notice (MSN)**.

The MSN is a **summary of claims for health care services that Original Medicare processed for you during the previous three months**. The statement includes submitted charges, the amount that Medicare paid and the amount you may be required to pay. The MSN is **not a bill**.

As a **non-participating provider**, a doctor who does not take assignment (Medicare's approved amount for services), your specialist is allowed to request that you pay in full and up front for services. **But he is still required to file a claim with Medicare.** If he doesn't, you won't be reimbursed 80 percent of the Medicare-approved amount (50 percent for mental health services) that you are owed. You should know that as a non-participating provider he is also allowed to bill up to 15 percent more than the Medicare-approved amount for most services. (For example, if Medicare approves $100 for the appointment, he can charge up to $115, of which you should be reimbursed $80 by Medicare.)

Note: Some states may have stricter restrictions on what doctors may charge you. For example, in New York doctors can only charge you 5 percent more than the Medicare-approved amount for most services. Call your State Health Insurance Assistance Program (SHIP) to find out more.

Generally, doctors file claims with Medicare soon after they provide services, but your specialist could just be behind in filing his claims. You should know that there is a limit on how long he can wait to file though. After you receive a service, your doctor generally must file a claim with Medicare by the end of the **next calendar year**. For example, if you received this service on June 15, 2006, then the doctor has until December 31, 2007, to file.

However, if the service was provided between October and December, your doctor has until the end of the **second calendar year** to file a claim with Medicare. So, if you received the service on October 1, 2006, then the doctor has until December 31, 2008, to file.

Because MSNs are now only mailed four times a year (quarterly), it may be some time before you see that the claim has been filed. You can wait and see if it is on your next MSN, or you can call and ask the doctor if the claim has been sent to Medicare. Should the specialist miss the filing deadline or if he refuses to bill Medicare, you should take action.

A refusal to bill Medicare at your expense is often considered to be Medicare fraud and should be reported. You can report the problem to

- the administrators at the clinic or hospital where your doctor works;
- your Medicare Part B carrier;
- your State Attorney General's office;
- your state medical licensing board.

To locate the appropriate contact in your area, see the link in Spotlight on Resources below.

Doctors will be reprimanded for their refusal to follow Medicare policy and may lose their right to bill Medicare altogether.

Doctors who wish to charge their Medicare patients whatever they want must officially **opt out** of Medicare. These doctors do not submit any claims to Medicare and are not subject to the Medicare law that limits the amount doctors can charge patients. If you see one of these doctors, the doctor must have you sign a private contract that states that you understand you are responsible for the full cost of the services. **Medicare will not pay for any of the cost of services you receive.**

–Marci

Choose a provided who accepts Medicare's reimbursement rate as Full Payment

(this is called taking "assignment")

Call 1-800-842-2052

http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/MemoANOCTransition_11.01.06.pdf

TRANSITION SUPPLY

A **transition supply** is a temporary supply of a non-formulary drug or a formulary drug with utilization management.

Those eligible:

- New plan enrollees with an effective date of 1/1/07;
- Newly Medicare-eligible plan enrollees joining any time in 2007;
- Transfers from other Part D plans joining any time in 2007;
- Enrollees who remain in the same plan and experience negative formulary changes in 2007 or are on a drug as a result of an exception granted in 2006.

During the first 90 days after enrollment:

- One-time 30-day fill for outpatient
- Multiple 31-day fills during the first 90 days in long-term care

This gives you time to work with your provider to switch to a covered drug or request an exception

FILLING PRESCRIPTIONS BEFORE RECEIVING MEMBERSHIP CARDS!

* Take plan confirmation letter to the pharmacy or if you have not received a letter yet, give your pharmacist your welcome letter from the plan, or your enrollment confirmation number, or a copy of your enrollment application.

* If you qualify for extra help you can take your enrollment letter from Medicare or your Medicaid card and photo I.D., approval letter from SSA, or other proof.

SPECIAL ENROLLMENT PERIODS FOR INDIVIDUALS WITH LOW INCOME SUBSIDIES (LIS) in 2006 Who:

◊ Continue to qualify in 2007 have one additional opportunity to choose a Part D plan through the end of 2007 (continuous SEP if dual eligible)

◊ Lose LIS eligibility status as of 1/1/07 will have one opportunity to enroll or disenroll from a Part D plan 1/1/07 through 3/31/07

◊ Did NOT have LIS in 2006 and become eligible in 2007 have one opportunity to chose a Part D plan IF CMS facilitated enrollment, still have this SEP (continuous SEP if dual eligible)

http://www.cms.hhs.gov/partnerships/downloads/PartDSEPs

Why I Walk

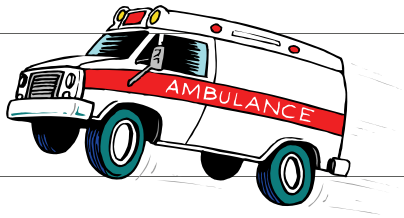
* I'd rather count miles than calories.
* It's easy.
* It lowers my bad cholesterol.
* It raises my good cholesterol.
* I can feel the wind on my face.
* I don't need a helmet, kneepads or goggles.
* I'm building stronger bones.
* It helps me sleep better.
* Hippocrates called walking "man's best medicine."
* No prescriptions are required.
* I don't have to be coordinated.
* Sweat is sexy!

TO REPORT **STOLEN IDENTITY**:

Federal Trade Commission ID Hotline:

1-877-438-4338

What is Ambulance Fraud?



A company offers or gives you a ride to the doctor or dialysis and bills Medicare when you do not qualify for this type of service. This is giving FALSE information to Medicare about your condition. These people are crooks and they are steeling money from Medicare and it is money that the government uses to pay for YOUR HEALTHCARE.

The more money Medicare loses to thieves, the more you will have to pay in the future when Medicare runs short of funds!

You qualify for an Ambulance ride IF YOU:

- Cannot get out of bed without help
- Cannot walk at all; or
- Cannot sit up in a chair

If you are on dialysis, your personal doctor or the doctor at the dialysis center has to give the OK to Medicare that you meet one of the conditions above.

What you can do to stop Medicare Fraud:

1. Don't give your Medicare number to people who offer "free" services or items
2. Check with your doctor before saying YES to strangers
3. Read your Medicare Summary Notice when it arrives and report any wrong information IMMEDIATELY!

REMEMBER!

Crooks don't care about your health!

To Report Fraud Call:

1-866-726-2916

Are you interested in

Volunteering

your time educating seniors in consumer protection and healthcare issues as well as empowering seniors to protect, detect, and report healthcare fraud, waste, and abuse?

Please call toll-free

1-866-726-2916

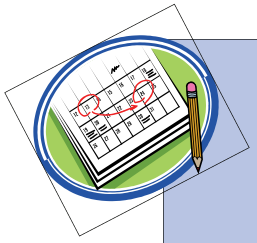
Or Email:

kathleen.pursell@arkansas.gov

If you are new to Medicare:

You can sign up for a drug plan at the time you become eligible for Medicare. You can also sign up ***three months before and three months after*** your eligibility month.

Mark Your Calendars!



NEXT QUARTERLY ADVISORY COUNCIL MEETINGS

January 23, 2007

April 24, 2007

July 24, 2007

October 23, 2007

DHHS Central Complex
5th Fl.
Donaghey Plaza South Building

700 Main Street, Little Rock

Conference Room 5368

10am - noon

By the year 2030, when the youngest of the baby boomers will have turned 65, the rolls of Medicare beneficiaries will have swelled to 78 million – almost double the 2005 enrollment.

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

NATIONAL DO NOT CALL REGISTRY

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

Go to: www.donotcall.gov to register; or

Call **1-888-382-1222** from the phone number you wish to register.

Tip

Let a family member or close friend know where you keep important papers, such as financial statements, advanced directives, and your will.

There were 3.9 workers for every Medicare beneficiary in 2004. by 2030, however, there will be only 2.4 workers paying taxes to cover each Medicare beneficiary for Medicare Part A, which covers most hospital care.

MEDICARE NEWS

January 9, 2007

NO MEDICARE PART D LATE FEE FOR LOW-INCOME ENROLLEES, CMS SAYS

CMS Acting Administrator Leslie V. Norwalk announced the elimination of the 2007 late enrollment penalty for any beneficiary eligible for the low income subsidy for a Part D plan even if they failed to sign up by the program's initial deadline.

"It is very important that we remove whatever barriers may be preventing low-income beneficiaries from taking advantage of this great, cost-saving program," said Ms. Norwalk.

Under this initiative, certain low-income Medicare beneficiaries can enroll in a Medicare prescription drug plan with no penalty through December 31, 2007.

The program is aimed at seniors who qualify for extra help paying for their Medicare prescription drug coverage. Certain other groups are also exempt from the late fee, such as those who qualify for Medicare for the first time in 2007 and enroll in a prescription drug plan during their initial enrollment period. There are two simple steps that a potential low-income beneficiary can take to secure Part D coverage. First, they can check with the Social Security Administration to determine eligibility for extra help paying for Medicare prescription drug coverage. Second, once the person is declared eligible for the low income subsidy, they can apply for drug coverage, with the late enrollment penalty waived.

"This is our most difficult population to reach and the one for which we continue to focus our efforts. By continuing to remove the fear of a late fee for those who may not be able to pay, we are taking a positive step aimed at broader

Those who qualify for the low-income subsidy can join a prescription drug plan anytime throughout 2007. If they do not enroll on their own, Medicare will enroll them in the prescription drug plan that is most suitable for them.

For more information, call the Social Security Administration at 1-800-772-1213, or visit www.socialsecurity.gov on the web. TTY users should call 1-800-325-0778

IT IS IMPORTANT TO REMEMBER THAT
MEDICARE WILL NOT CONTACT YOU TO ASK FOR ANY
PERSONAL INFORMATION.
IF ANYONE CONTACTS YOU ASKING FOR SOCIAL SECURITY OR BANKING INFORMATION

DON'T GIVE IT OUT!

CALL 1-877-7SAFERX (1-877-772-3379)

Arkansas SMP

P. O. Box 1437 Slot S530

Little Rock, AR 72203-1437

Hotline: 1-866-726-2916

Fax: 501-682-8155

john.pollett@arkansas.gov; 501-682-8504

kathleen.pursell@arkansas.gov; 501-682-8497

We're on the web!

www..state.ar.us/dhs/aging/asmp.html

The Arkansas SMP is federally funded by the AoA