January 2008
Quarterly Publication

Arkansas SMP
Empowering Seniors To Prevent Healthcare Fraud

NEWSLETTER

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

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Medicare Advantage Plans still an issue.
See Page 9 for Q & A beneficial for Medicare beneficiaries interested in enrolling into a Medicare Advantage Plan

New York Times Examines Efforts to Stop Deceptive Marketing Practices for Medicare Advantage Plans

The *New York Times* (www.nytimes.com/2007/12/17/us/ 17medicare.html) on Monday examined deceptive or fraudulent practices used by insurance agents to enroll older U.S. residents in Medicare Advantage plans. In an effort to stop deceptive practices, the Bush administration has instructed insurers to "monitor their agents more closely, several companies have been fined, and the government sends 'secret shoppers' to some advertised sales events to check the accuracy of agents' statements," according to the *Times*. Acting CMS Administrator Kerry Weems said, "There are substantially fewer violations, and those violations are of substantially lower severity than in previous marketing periods."

However, insurance experts say that the "extent of the problem almost surely exceeds official data because many victims never file complaints or report their experiences," the *Times* reports.

"Compounding the problem, many agents sell Medicare Advantage plans for two or more insurance companies, and some work for independent marketing organizations, so the lines of responsibilities may be blurred," according to the *Times*.

In addition, the *Times* notes that although states "license insurance agents ... they have a limited ability to regulate the private Medicare plans." L. Darriel Pulliam -- an insurance agent in Columbus, Miss. -- said, "Medicare has a pile of new rules, but the rules are not making a heck of a lot of difference" (Pear, *New York Times*, 12/17).

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The Arkansas SMP is federally funded by the Administration on Aging

YOUR MEDICARE DOES MATTER. PROTECT IT!

For months we have been warning beneficiaries in Arkansas of the deceptive practices of some unscrupulous, overly aggressive, and perhaps even greedy health insurance sales representatives who have made the already difficult process of getting the right healthcare coverage even worse for our seniors. We've been helping many beneficiaries who were enrolled in plans that did not meet their needs to re-enroll in plans that would provide them with proper coverage.

We have been on statewide television and radio programs and in various news publications across the state telling about the problem, but until now, we have not been able to provide seniors with a "hands on tool" that would empower them to protect their Medicare coverage while determining which plans are right for them. To many seniors, it is a very difficult decision that requires careful consideration of the coverage and an understanding of who is authorized to provide their healthcare services! . . . What is the name of the plan? . . . Is their doctor in the plan? . . . Will their hospital or clinic accept the plan? . . . Does the plan cover their medications? . . . etc., etc., etc. . . .

Through a collaborative effort by the Arkansas SMP, the Senior Health Insurance Information Program (SHIIP), and the Office of Arkansas Attorney General Dustin McDaniel, the ***MEDICARE PROTECTION TOOLKIT*** was adapted to assist Medicare beneficiaries in the process of determining whether they should enroll into a Medicare Advantage Plan. The message is simple and contains (1) questions to ask your sales person and yourself; (2) facts on Medicare Advantage plans and how they work; (3) Red Flags to look for when considering a plan; and (4) important steps (listed below) to safeguard your Medicare.

BEFORE MAKING ANY CHANGES in Medicare coverage, beneficiaries should follow the steps outlined in the Toolkit:

Making any change to your Medicare is a very serious matter! Safeguard your Medicare by completing these FOUR STEPS before you make any decision to change coverage:

ASK QUESTIONS!

- Have the sales person complete the "Get Information" form.
- You complete the "Ask Questions" form.
- Keep both forms for your records.

TAKE YOUR TIME!

- Take enough time to make your decision.
- Know what is being offered to you, and how it will affect you.

UNDERSTAND!

- Make sure you understand the plan before making any changes.
- Get paperwork first, and consult with someone you know and trust **before** enrolling.

CALL SMP, SHIIP, AG's OFFICE or 1-800-MEDICARE

- ASMP – 1-866-726-2916
- SHIIP – 1-800-224-6330
- Arkansas Attorney General – 1-800-482-8982

Remember,
It's your Medicare – Protect it!

Call, or go online to get your *free* copy of the Medicare Protection Toolkit!

1-866-726-2916

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

IN THE SPOTLIGHT! …

RSVP of Central Arkansas

RSVP of Central Arkansas, along with our sponsoring agency Future Builders Inc (Linder Conley & Rick Collins serve as Co-Executive Directors) is standing on a foundation of approximately 1,088 volunteers. Of the 1,088 volunteers more than 500 volunteer members actively serve 40 hours or more each week. RSVP of Central Arkansas is proud to partner with SMP of Arkansas in the Medicare/Medicaid fraud initiative. The RSVP volunteer members play a crucial role in meeting the needs of the communities through the partnership of more than 50 non-profit agencies within the Central Little Rock, North Little Rock, Sherwood, Jacksonville, Lonoke, Stuttgart, and Benton County areas.

The RSVP of Central Arkansas Advisory Council Chairperson, Judy Ramer, and Vice Chairperson, Gus Swain, along with the council members, expressed great excitement concerning the partnership between RSVP of Central Arkansas and SMP of Arkansas, as they recognized the possibilities that exist, and the importance of creating awareness that seniors and individuals with disabilities need to protect their personal information, detect any fraud by being observant of their surroundings, asking questions and reporting suspicious activities. Because of the council's foresight on this important issue, the following steps have been activated:

Director, Jackie Hale

To recruit as many senior RSVP members as possible (The RSVP & SMP Membership is Free, there is an Insurance & Social Benefit available with your free membership) to assist in creating awareness among seniors, individuals with disabilities, and the communities in which they live.

To provide adequate Medicare training to the newly recruited RSVP members in order for them to provide clear and precise information regarding Medicare fraud.

To provide the recruited volunteers with current information, and resources.

The first step was activated November 1 – 3 with an intense "train the trainer" workshop, which was conducted by Mr. John Pollett, ASMP director, and Melisa Simpson, SHIIP (Senior Health Insurance Information Program) resulting in 5 current RSVP members becoming new SMP counselors.

The RSVP of Central Arkansas SMP volunteers are excited to receive the new publication "Medicare Protection Tool Kit", which they will help to distribute statewide. Our volunteers will be using the "toolkit" in assisting beneficiaries with questions regarding enrollment into a Medicare Advantage plan.

Fraud is a problem that affects every individual from zero to 100 plus. Fraud is a problem that will require each of us to be proactive in order to prevent us from being "robbed". RSVP of Central Arkansas and SMP of Arkansas invite you to come and help STOP the Medicare/Medicaid thief! Call today 501-604-4527, or email me @ jazzyjackie@netzero.com, or fax your interest to 501-604-4528! We Need Your Help! Please Call Today!

QUESTION:

What if I'm over 65 and did not enroll in Medicare Part B during my Initial Enrollment Period?

ANSWER:

Your Initial Enrollment Period starts 3 months before you turn age 65 and lasts for 7 months. Except in certain cases, if you do not enroll in Medicare Part B during your Initial Enrollment Period, you will have to wait until the next General Enrollment Period to enroll. General Enrollment Periods are between January 1 and March 31 each year. When March 31 falls on a non-business day, the General Enrollment Period is extended to the next business day. If you sign up for Medicare Part B during a General Enrollment Period, your coverage starts on July 1 of that year. **Your Medicare Part B premium may go up 10 percent for each 12 month period that you could have had Medicare Part B, but did not take it.**

To enroll in Part B, call the Social Security Administration at 1-800-772-1213.

Do You Need Medicare-Covered Durable Medical Equipment, Prosthetics, Orthotics, or Supplies (DMEPOS)?

Your doctor must first decide that you need one of these items and then write a prescription for it. It's important to rent or buy these items from a reputable, accredited or certified supplier. The Centers for Medicare/Medicaid Services (CMS) will be starting a new program soon which will make it easier to keep dishonest suppliers from participating in the Medicare Program. **Through this accreditation process, beneficiaries are provided a layer of protection from fraud.** The program will be phased in over several years. Payment rates for the first phase of competitive bidding will go into effect in July, 2008. This competitive bidding program, when fully implemented, is projected to save you on out-of-pocket costs and Medicare about $1 billion annually.

Additional Information:
http://www.cms.hhs.gov/CompetitiveAcqforDMEPOS/

Examples of DMEPOS:

DME (walkers, wheelchairs)

Prosthetics (artificial legs, eyes)

Orthotics (leg braces)

Supplies (diabetes strips, needles)

DME FRAUD!

You can help protect yourself and Medicare from **D**urable **M**edical **E**quipment fraud committed by unscrupulous suppliers!

- make sure you only receive equipment that is medically necessary
- make sure that Medicare doesn't pay for more advanced equipment than you need or that you actually receive (check your MSN)
- make sure you get the equipment that best fits your medical needs.

2008 Prescription Drug Co-Payment Amounts for Dual Eligibles and LIS Recipients

The adjusted amount in 2008 for drug costs for dual eligibles is $1.05 for generic and $3.10 for brand name drugs.

For most LIS recipients, the co-payment adjustment will be $2.25 for generic and $5.60 for brand name drugs.

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:

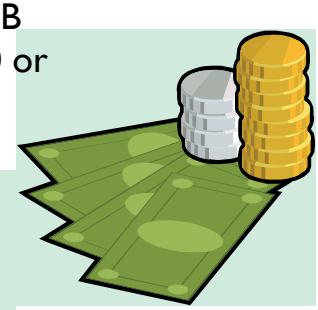
www.arkansas.gov/dhhs/aging/asmp.html

General Enrollment Period

January 1
Through
March 31

EACH YEAR

You will pay $96.40 in 2008 for your Part B Premium if your yearly income is $82,000 or below filing an individual tax return; and $164,000 if you file jointly.



$ 96.40

2008 Part B Premium

Obligations of Plans Receiving Dual Eligibles and LIS by Automatic Assignment

Part D plans that are taking dual eligibles and LIS upon reassignment will be required to meet a number of requirements with respect to drug coverage for these individuals.

They must:

provide an automatic 30-day refill of any existing prescription WITHOUT imposing utilization management such as prior authorization, step therapy or quantity limits; and

provide a 90-day transition period for any current or new prescription before attempting to enforce any existing utilization management technique such as prior authorization or step therapy.

In addition, it is important to note that any dual eligible beneficiary that wishes to switch to a different Part D plan can do so, at no cost, at any time during 2008, so long as the plan is at or below the regional "benchmark" level.

$135.00

2008 Medicare Part B Annual Deductible

How to Spot Durable Medical Equipment (DME) Fraud and Abuse

You can help protect yourself and Medicare by looking out for the following:

- Suppliers who offer you free equipment
- Suppliers who want you to use their doctors
- Anyone you don't know asking for your Medicare or Social Security Number
- Calls from companies you didn't give your phone number to
- Charges shown on your Medicare Summary Notice for products or services you didn't get

NATIONAL DO NOT CALL REGISTRY

1-888-382-1222

Call your **State Health Insurance Information Program (SHIIP) (1-800-224-6330)** for personal counseling on Medicare benefits and options.

Call **Social Security (1-800-772-1213)** for questions about enrolling in Medicare or applying for Extra Help!

Call **Arkansas SMP (1-866-726-2916)** if you suspect Medicare/Medicaid fraud, waste or abuse or if you have any other questions regarding your Medicare.

REMEMBER!

Medicare will NEVER ask you for your bank account number!

Medicare does not go door-to-door!

PHONE SCAMs

Jacksonville, AR - A Medicare beneficiary in Jacksonville, AR received a call from a male, who spoke with an accent, who said he was with "the Medicare program "and needed to issue the beneficiary a new Medicare card and he would not have to pay the $96.40 monthly premium! The caller knew his name, address, phone number, name of bank, *and* Social Security number. The caller said all he needed was verification of the beneficiary's bank account number. The caller gave the beneficiary the first few numbers of his bank account but asked the beneficiary to furnish the remaining numbers. When he refused to give the number, the caller became angry and was very intimidating and repeatedly told the beneficiary "he was just trying to do his job". The beneficiary hung up without giving the caller any further information.

Missouri SMP—In November a lady received a call from "Union Consumer Benefits". The caller stated that this lady was eligible for a "free" medical card, but if anyone lived with her it would cost $399. They asked for her bank account number to verify her identity. Unfortunately, she did give them the information; however, she closed her bank account the same morning.

Pine Bluff, AR — A woman in Pine Bluff, AR received a call from someone at Pharmabay stating they could help her and all other seniors in her household with their prescription drugs for a one time fee of $389.00. The caller started asking for information regarding her bank accounts and it scared her and she hung up.

Don't give your personal information (Social Security, Medicare, bank account or credit card numbers) to anyone who comes to your home uninvited, or calls you, selling or offering "too-good-to-be-true" Medicare-related products.

Cont'd Page 1

The Bush administration, responding to earlier reports of deceptive marketing, has tried to crack down on such practices. Federal officials told insurers to monitor their agents more closely, several companies have been fined, and the government sends "secret shoppers" to some advertised sales events to check the accuracy of agents' statements.

In June, Ms. Clark said, when she went to a doctor for a colonoscopy, he told her that she owed $2,500 because he did not accept that plan. "I nearly fainted," she said. "There was no way I could pay that."

Ms. Clark moved here after Hurricane Katrina destroyed her home on the Gulf Coast of Mississippi. "I lost my house in Bay St. Louis and everything I own," Ms. Clark said. "Then I come to Columbus and get ripped off."

Kathryn M. Garner, a former cashier at a department store in Columbus, (COLUMBUS, Mississippi) said that she and her 82-year-old mother, Ondean Meadows, who does not read or write, had been enrolled in a private Medicare plan without their knowledge.

"I used to be a very trusting person," Ms. Garner said. "But I don't trust anybody any more."

Have you experienced a call like these?

If so, please let us know by calling our toll-free number 1-866-726-2916 or report it to the **Office of the Arkansas Attorney General Consumer Protection Division 1-800-482-8982**. By reporting your experiences, we will be able to alert others as well as advise others how to protect their personal information.

Dear *Marci*

Your trusted source for Medicare answers.

Dear *Marci*,
My son has health coverage through TRICARE. A few years ago, he suffered a traumatic brain injury and went on disability. He recently received notice that he's now eligible for Medicare.

Does he need to enroll in Medicare if he already has TRICARE? A representative at TRICARE told me that he doesn't need to enroll in Medicare because TRICARE would continue to pay for his medical expenses. Is this true?

—Kimberly (Galveston, TX)

Dear Kimberly,

You might have been misinformed. In general, if your son has TRICARE health insurance, he should enroll in Medicare Part B as soon as he becomes eligible for Medicare to avoid a gap in coverage. **Note:** If your son has TRICARE because he is **a family member of an active duty service member,** and he is under 65 and eligible for Medicare because of a disability, he does not need to enroll in Part B.

TRICARE is the Department of Defense's worldwide health care program for active duty and retired uniformed services members and their families. It provides its health benefits through three main health coverage choices. **See http://www.military.com/benefits/tricare/understanding-your-tricare-benefits.**

TRICARE will supplement your son's Medicare coverage by paying his Medicare deductibles and coinsurance.

TRICARE offers prescription drug coverage that is better than Medicare's drug coverage, so your son does not need to enroll in Medicare Part D (drug coverage). If he later wants to enroll in Part D, he will not have to pay a premium penalty.

—Marci

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

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.

Just Joined A Medicare Drug Plan?

If you've just joined a Medicare drug plan for the first time or you switched to a new Medicare drug plan, there are some things you can do to make sure your first visit to the pharmacy goes smoothly.

Here's what you need to take with you to the pharmacy:

- Your red, white, and blue Medicare card
- A photo ID
- Your plan membership card, if you have one
- If you don't have a plan membership card, you can bring an acknowledgement or confirmation letter from the plan if you have one, or an enrollment confirmation number from the plan. (**Note:** Only confirmation numbers from the plan will work, not those from Medicare's Online Enrollment Center at www.medicare.gov on the web.)

DID YOU KNOW? ...That giving of yourself and of your time by

volunteering

can be good for your health!

The Health Benefits of Volunteering: A Review of Recent Research, from the Corporation for National and Community Service, has established that older volunteers not only receive greater benefits from volunteering, but also have lower mortality rates, greater functional ability and lower rates of depression later in life than those who do not volunteer.

The report also found that the greatest benefits were felt by those older volunteers who gave a considerable amount of time — approximately 100 hours per year (or 2 hours per week). Volunteering provides older adults with physical and social activity as well as a sense of purpose.

So, give as much as you can! You just might find you get a lot more in return!

If you 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**

This page is an excerpt from the "Medicare Protection Toolkit" adapted for use in this newsletter

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 SHIIP 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 _____

*** PART D ***

Social Security Will Automatically Refund Premium Overpayment!

If there is a premium overpayment, such as when a person changes to a lower premium plan and the premium change doesn't immediately go into effect, Social Security will automatically refund the premium overpayment. The person will get a refund check separate from his or her regular monthly Social Security benefit.

But, be aware — it may take two to three months to get a refund.

How to get reimbursed for out-of-pocket drug costs (before receiving plan card)

If you paid out-of-pocket for drug costs to fill a prescription because you did not have your plan membership card or confirmation letter, the Medicare drug plan will reimburse you. To get reimbursed, you will need to take the following steps:

1) Save the original receipt from the drug purchase. If you no longer have the original receipt, contact the pharmacy and ask for a replacement receipt or other proof of purchase.
2) Call the plan's customer service number on the membership card, read the plan's printed materials, or look on the plan's member website to find out about the reimbursement process.
3) Get a copy of the plan's claim submission or reimbursement form, if needed.
4) Fill out the form and submit it to the plan with the original or replacement receipt.

Continued LIS Outreach

As a reminder, in your continued outreach efforts, if you come across someone who may qualify for extra help, they can apply, and if they qualify, enroll in a prescription drug plan anytime throughout the year.

For more information on assistance for people who may qualify for extra help and helpful publications:

http://www.cms.hhs.gov/limited incomeandresources/

LIS

If you qualify for a full or partial low income premium subsidy amount and receive a notice that says you will be disenrolled for non-payment of premiums, you should call your plan's customer service number on the back of the membership card — plans have been directed not to disenroll LIS members for non-payment of premiums.

If the drug plan billed you and you should have received a reduced or $0 premium and you paid the premium, the Medicare drug plan will refund the correct amount as soon as possible.

Have you received your plan membership card yet?

If you have not yet received your plan membership card, let the pharmacist know the plan's name and take one or more of the following to the pharmacy in order to fill a prescription:

- A welcome letter from the plan
- The plan confirmation or acknowledgement letter
- An enrollment confirmation number from the plan
- A copy of an enrollment application
- If you are eligible for LIS you can provide the pharmacy with a copy of your yellow or green automatic enrollment letter from Medicare, your Medicaid card (if you have one), the approval letter from Social Security, or other proof that you qualify for extra help from the Federal government.

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
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 (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
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

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 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

P. O. Box 1437 Slot S530
Little Rock, AR 72203-1437
Toll-Free Hotline 1-866-726-2916
http://www.arkansas.gov/dhs/aging/asmp.html