October 2007
Quarterly Publication

Arkansas SMP
Empowering Seniors To Prevent Healthcare Fraud

NEWSLETTER

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

Contact the SMP REGIONAL PARTNER in your area:

El Dorado Connections RSVP
LINDA FITTS
824 Camp Street
El Dorado, AR 71730
870-864-7080

EOA of Washington County RSVP
GARY MORRIS
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

RSVP of Central Arkansas
JACKIE HALE
1920 Main St
North Little Rock, AR 72114
501-604-4527

THE HENRY J. KAISER FAMILY FOUNDATION kaisernetwork.org

Last Updated: Tuesday, October 02, 2007 12:20 PM ET

Medicare Part B Premiums To Increase by 3.1% in 2008 to $96.40 Per Month

CMS on Monday announced that the standard monthly premium for Medicare Part B, which covers physician visits and outpatient hospital care, will increase by $2.90, or 3.1%, to $96.40 in 2008 -- the smallest increase since 2000, when the premium remained the same, the *New York Times* reports. Most of the 43 million Medicare beneficiaries pay the standard monthly premium. About 5% of higher-income Medicare beneficiaries -- those with annual incomes that exceed $82,000 for individuals or $164,000 for couples -- pay a higher monthly premium on a sliding scale.

According to CMS, individual Medicare beneficiaries with annual incomes that exceed $205,000 and couples with annual incomes that exceed $410,000 will pay a monthly premium of as much as $238.40 in 2008. Individual Medicare beneficiaries with annual incomes between $102,000 and $153,000 will pay a monthly premium of $160.90 in 2008, CMS said. The annual deductible for Medicare Part B will increase from $131 to $135 in 2008, according to CMS (Pear, *New York Times*, 10/2).

In addition, the annual deductible for Medicare Part A -- which covers inpatient hospital care, hospice care and short stays in nursing homes - will increase by $32 to $1,024 in 2008. Medicare Part A does not have a monthly premium (Freking, *AP/Houston Chronicle*, 10/2).

Reasons for Increase

Acting CMS Administrator Kerry Weems attributed the increase in the standard monthly premium for Medicare Part B in part to growth in certain areas of the fee-for-service program (Carey/Reichard,*CQ HealthBeat*, 10/1). In addition, he cited increased reimbursements to private Medicare Advantage plans and a decline in average health among beneficiaries enrolled in such plans (*New York Times*, 10/2).

However, the standard monthly premium did not increase by as much as experts expected, in part because CMS officials decided to correct an accounting error -- in which Part B in 2005 began to pay for hospice care covered by Part A -- that would have increased the premium by $2.50 in 2008. In addition, the formula used to calculate the standard monthly premium included a scheduled 10% reduction in Medicare physician reimbursements in 2008, but Congress likely will pass legislation to prevent the reduction, a move that could lead to increases in the premium in future years (*AP/Houston Chronicle*, 10/2).

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The Arkansas SMP is federally funded by the Administration on Aging

A MESSAGE FROM THE PROGRAM ADMINISTRATOR...

Medicare Part D: A Progress Report?

A recent study of over 16,000 seniors by the Tufts-New England Medical Center, with support from the Kaiser Family Foundation and the Commonwealth Funds, indicates that Medicare's Part D prescription drug plan has succeeded in extending prescription drug coverage to the majority of beneficiaries who previously lacked it.

According to study findings, fewer than 10% of seniors lacked prescription drug coverage in the fall of 2006, compared with one-third who said they had no drug coverage in 2005. However, the study shows that the new benefit provides less help than private insurance coverage, and has failed to reach many of the elderly who could benefit most. Even with the availability of Low Income Subsidies (LIS), too many low-income seniors are still without drug coverage. Recent estimates indicate that **3.4 to 4.7 million eligible beneficiaries are not receiving the LIS**.

In the online edition of *Health Affairs*, it was reported that those enrolled in Part D plans pay more out-of-pocket costs than those with employee-sponsored coverage or VA benefits and are more likely to skip meds due to those costs. Not surprisingly, seniors without any prescription coverage are about twice as likely to skip their meds.

Based on analysis of the survey responses, seniors lacking drug coverage fell into two groups: (1) those who are potentially vulnerable but hard to reach; including people aged 75 or older, African Americans, people at or below 150% of the federal poverty level, those with less than a high school education, or those living in hard-to-reach rural areas; (2) and seniors currently in good health.

Only half of the low-income seniors who did not receive the LIS said they were aware of the program, a clear sign that the government's education and outreach efforts need to be improved. . . **even more clear that we must increase our efforts to "get the word out".**

So, we should all pledge to work harder to seek opportunities to reach out to seniors through contact with our local media, one-on-one counseling, group meetings, senior centers, volunteers, and local advocates for seniors to create better public awareness of this benefit for seniors in need of help.

With the Medicare Part D annual enrollment period starting November 15, 2007, it is our hope that everyone involved with the Arkansas SMP will make every effort to encourage and help LIS eligible seniors to apply for the benefits they deserve.

By: John Pollett, Arkansas SMP Program Administrator

To Volunteer
Call Toll-Free
1-866-726-2916

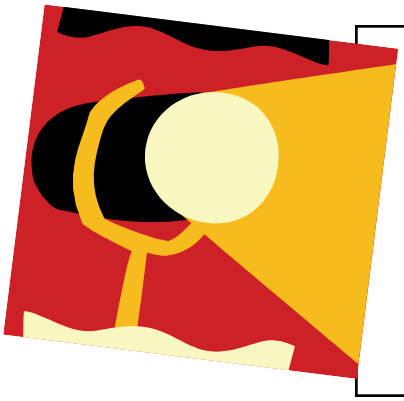
Welcome!

RSVP OF CENTRAL ARKANSAS

We have *rolled out the red carpet* to welcome our newest Program Subgrantee for the 2007-2008 funding period, Jacqulyn Hale, Project Director of the **RSVP OF CENTRAL ARKANSAS** located in North Little Rock. The main focus of the program is to provide a viable connection between older Arkansans and the community. The RSVP currently has a three-person staff and 966 volunteers, the majority of whom range in age from 65-85+ and each give 5-19 hours per week.

"Jazzie Jackie", as she is known by email, took on the position of Director of the RSVP in 2006 and has brought with her a wealth of experience and enthusiasm and we are excited about what she and her staff and volunteers will offer the SMP Program this coming year!

Welcome to the Arkansas SMP, Jackie!



IN THE SPOTLIGHT! . . .

EOA Of Washington County RSVP

Really Special and Valuable People!

Gary Morris, Director

Building on a volunteer base of 400+ active and caring individuals, the RSVP program of Washington County is proud to serve as a partner with SMP in the Medicare Fraud initiative.

Stretching from Winslow to Springdale, this Northwest Arkansas army of volunteers serves over fifty non-profit agencies in the county, delivering over 50,000 hours to volunteer service to their success. RSVP is an integral component within the non-profit community, and our volunteers literally represent almost every major service category—from senior centers to area hospitals to libraries and tourist centers—you name it, and an RSVP volunteer is usually active and on-site. This penetration of presence within our region adds significantly to the success of our SMP partnership as the network of participating public organizations is available to us. Fifty specially designed Plexiglas brochure racks have been developed for each of our stations to distribute Medicare information, current alerts, and other information.

In addition to the informational outreach at each RSVP volunteer station, the local Jones Television family station in Springdale has taken up the Medicare fraud cause. They broadcast the national awareness public service program regularly and have done in-studio interviews with RSVP director Gary Morris on the "Your Family's Health" program hosted by prominent cardiologist and Jones Center for Families Executive Trustee Dr. Joel Carver.

SMP/SHIIP Training Attendees

RSVP Directors, Jackie Hale and Sandra Hilliar, and Volunteers Barbara Hughes and Elsie Cope

The addition of the SMP partnership has resulted in the first day-long seminar to empower volunteers to feel more comfortable regarding Medicare issues and become resources of information for others. Over 30 Northwest Arkansas participants attended the six hour workshop on September 19, and over 20 complete the day by "answering the call" by ASMP Director John Pollett to be a resource for others. These individuals will be receiving a comprehensive volunteer support kit containing virtually every available tool a person might need to solve Medicare questions.

BE AN INFORMED CONSUMER AND TAKE THE TIME TO PROTECT YOUR HEALTH BENEFITS

I think we can all agree that the largest Medicare bills that will ever be paid for most beneficiaries are hospital bills. For this reason, it is important that you request itemized bills after every hospital stay or emergency room visit, and carefully examine both the itemized bills and the summarized charges on your quarterly Medicare Summary Notice (MSN).

This is particularly important in light of a new Medicare policy change that says that Medicare will no longer pay the extra costs of treating preventable errors, injuries and infections that occur in hospitals.

Mark McClellan, head of the Centers for Medicare and Medicaid Services (CMS), told the U.S. Senate Finance Committee that Medicare should stop paying for hospital mistakes. He questioned why hospitals should be allowed to keep "billions and billions of dollars" that result from charges for substandard care. Meanwhile, civil lawsuits are being filed nationwide against hospitals that charged Medicare millions of dollars for fixing mistakes made by hospital staffers, a move that capitalizes on a federal law that lets individuals sue on behalf of the federal government to recoup Medicare overpayments.

Here in Arkansas, one of our SMP volunteers was taken to the emergency room of a local hospital suffering from severe dehydration that led to a fall requiring stitches. The preliminary blood work indicated that she was having a heart attack. However, the patient was later informed that this was a laboratory error. Nevertheless, the itemized hospital bill and quarterly MSN showed almost $2,000 for repeating the lab work three times and for special tests to assess damage from a heart attack that didn't happen.

After several letters from our determined volunteer, the charges were removed. This incident, and all the follow-up correspondence, happened before CMS announced its new policy, showing once again how powerful we can be if we are informed consumers willing to take the time to protect our health benefits from fraudulent charges.

By: Gloria Gordon
Advocate for Seniors and Disabled Persons

IT'S THAT TIME OF YEAR!

Your Medicare Part B provides coverage of some **vaccines** for 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, a disease (skin rash) common in people over the age of 60 caused by the same virus that causes chicken pox. You may still get shingles after being vaccinated, but you may have less pain.

Shots such as tetanus and rabies are only covered if medically necessary for you to receive the vaccine (i.e., if you step on a rusty nail or have been bitten by a dog)

You should check with your Part D plan (before getting a vaccine) to see if it covers other vaccines not covered by Part B. You can ask your doctor to request an exception for the vaccine to be put on the plan's formulary.

WHAT COLOR WAS THE LETTER YOU RECEIVED?

GREY Letter – ***LOSS OF DEEMED STATUS LETTER.*** This letter was mailed mid September to beneficiaries who automatically qualified for extra help in 2007**,** but NO LONG AUTOMATICALLY QUALIFY for the subsidy in 2008. This mailing includes an application for extra help with a postage paid envelope to return to Social Security Administration.

ORANGE Letter – ***CHANGE IN EXTRA HELP CO-PAYMENT LETTER.*** This letter was mailed in early October to beneficiaries who CONTINUE TO QUALIFY FOR EXTRA HELP IN 2008, BUT WILL HAVE A CHANGE in their co-payment level.

BLUE Letter – ***RE-ASSIGNMENT LETTER.*** In early November, this re-assignment letter will be mailed to beneficiaries who:

1. MEDICARE enrolled into a prescription drug plan, WHO CURRENTLY HAVE EXTRA HELP AND CONTINUE TO QUALIFY FOR EXTRA HELP as of January 1, 2008, whose Medicare Prescription Drug Plan premium in 2008 would increase above the regional low-income premium subsidy amount by more than $1— this letter tells you which plan Medicare assigned you unless you decide to join a new plan on your own; AND
2. To Beneficiaries who qualify for the full premium subsidy whose Medicare Prescription Drug Plans are leaving the Medicare Program.

YELLOW Letter - ***AUTO-ENROLLMENT LETTER.*** Monthly this notice goes out to Medicare beneficiaries who qualify for Medicare and Medicaid and have not joined a Medicare drug plan. It explains that Medicare will enroll them in a drug plan if they don't enroll themselves.

If You Chose Your Own Plan in 2007:

Medicare will also be conducting an outreach in early November to beneficiaries who qualify for the full premium subsidy whose Medicare Prescription Drug Plan premium in 2008 would increase by more than $1 above the low-income premium subsidy amount—BUT, **Medicare isn't re-assigning these beneficiaries because THEY JOINED THEIR OWN PLAN**. This notice lets the beneficiaries know the cost of their drug plan premiums and their options to stay in their plan or join another plan, which may include a plan with no monthly premium.

December 8—Early Enrollment Cut-Off Date to confirm your new coverage will start by January 1

IF YOU DO NOT WANT INSURANCE REPRESENTATIVES CALLING YOU offering different plan options, you can register for the **"DO-NOT-CALL REGISTRY".** If you are on the do-not-call list, plans must comply with federal and state consumer protection laws for telemarketing.

NATIONAL DO NOT CALL REGISTRY

REGISTER BY CALLING 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.

Because Arkansas SMP is an Administration on Aging program, we take pride in the following article from ENews@AoA.gov dated September 27, 2007

AOA AND OAA PROGRAMS ACHIEVE HIGHEST RATING FROM WHITE HOUSE BUDGET OFFICE

The White House Office of Management and Budget (OMB) recently released the results of its Program Assessment Rating Tool (PART) assessment of Older Americans Act (OAA) programs.

AoA programs were classified as "Effective." This is the highest rating and it has been awarded to only 18% of the government programs evaluated by the Office of Management and Budget.

According to the assessment on Expectmore.Gov, AoA and OAA programs have a clear purpose and are well-managed, efficiently provide high-quality home and community-based services, and promote the well-being and independence of the elderly. This achievement is the result of the outstanding performance at all levels of the Aging Services Network. Thank you for working hard every day to improve the lives of older Americans.

About DME...

If you have returned your **D**urable **M**edical **E**quipment, your supplier should not continue to charge Medicare for rental fees or maintenance. Check your Medicare Summary Notice (MSN) carefully to make sure this is not happening.

IS IT COVERED? If you have any questions about whether or not a piece of equipment will be covered by Medicare call 1- 800-MEDICARE.

Dear *Marci*

Your trusted source for Medicare answers.

Osteoporosis. It's Beatable. It's Treatable.

Dear Marci,

Does Medicare cover screening for osteoporosis?

Yes. This screening is called a **bone mass measurement**, or sometimes a "bone density test. Your doctor must order the test because he or she believes you are at risk for osteoporosis.

Medicare will cover 80% of the cost of **one screening every two years** (24 months), after you pay your annual Part B deductible. Medicare will also cover follow-up measurements or more frequent screenings if your doctor prescribes them.

—Marci

Companies that offer Medicare private health and drug plans are required to follow certain rules when promoting their products. These guidelines are meant to prevent plans from deceiving you about what the plan offers and how much it costs. **Making any change to your Medicare is a very serious matter! Make sure the change is right for YOU.** Medicare Advantage Plans are approved by Medicare but run by private companies. Before you enroll in a new plan, you can avoid being misled or misinformed by recognizing these **RED** flags:

A sales person —

- Appears at your door uninvited;
- Contacts you in person or by phone and says they are with Medicare;
- Tells you the plan is a Medicare SUPPLEMENT plan and it will not affect your Medicare;
- Tells you your doctor accepts the plan;
- Wants to see your Medicare card and have you sign something;
- Wants you to make a decision TODAY.

REMEMBER !

You CAN tell the plan you will contact them once you have made a decision. You should **never feel pressured** to join any plan.

?'s To Ask

Before Joining a Medicare Private Health Plan:

- Do my doctors / hospitals accept this plan?
- What type of plan is this? HMO? PPO? PFFS?
- Does the plan include prescription drug coverage?
- Will this new plan provide my PRIMARY coverage instead of Original Medicare?
- Ask for name of Agent and written plan description.
- Ask for more time to go over plan description before making a decision.

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
OIG - Office of Inspector General	1-800-447-8477
OLTC - Office of Long Term Care	1-800-LTC-4887
OLTC—Abuse Complaint Section	501-682-8430
OMBUDSMAN—Statewide—Office of Long Term Care	501-682-8952
SHIIP - State Health Insurance Information Program	1-800-224-6330
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