

# 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  
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### Texarkana RSVP

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### WestArk RSVP

*Susie Reehl*  
Fort Smith, AR 72901  
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### 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

*Patty Haak*  
Bella Vista, AR 72715  
479-876-5960

### Tri-County Rural Health Network

*Naomi Cottoms*  
Helena, AR 72342  
870-338-8900

## For most, Medicare premiums won't rise in 2009

September 20, 2008

Medicare premiums will hold steady in 2009 for the vast majority of the 44 million U.S. beneficiaries, the first time since 2000 that rates haven't gone up. Monthly premiums for about 95 percent of elderly and disabled Medicare recipients will be \$96.40 next year, the Centers for Medicare and Medicaid Services reported Friday.

The announcement may seem surprising, given the fact that medical costs continue to outpace inflation. But Medicare officials said many unusual factors contributed to what will be just the sixth year without a premium increase since Medicare began in 1965.

Premiums have risen in recent years - more than 17 percent in 2005 - in part because Medicare had to build up reserves to offset changes made by Congress to adjust physician payments. Those reserves finally have reached adequate levels.

"It was painful to catch up, but now we have one year in which we can get rid of the catch-up amount and use that to offset the premium increases that otherwise would have happened," said Richard Foster, Medicare's chief actuary, estimating that next year's increases would have been about 8.5 percent.

In addition, the government also discovered an accounting error that benefits next year's rates.

*'News that health care premiums are not going up is rare these days'*

Robert Hayes,  
President  
Medicare Rights  
Center

From 2005 to 2007, about \$9.3 billion in hospice payments mistakenly had been taken out of the portion of Medicare that beneficiaries pay premiums for, which includes outpatient doctor visits, home health services, physician-administered drugs and medical equipment. Those payments should have come out of Medicare's Part A hospital fund and have been repaid this year to the fund supported by premiums, known as Part B.

Because of the one-time events that led to next year's premium relief, Medicare officials expect 2010 rates to rise.

"Next year is going to be a little ugly, I'm afraid," said Foster, adding that much of the problem is due to an antiquated formula that causes annual reductions in physician payments. Congress adjusts the payments each year, but that causes accounting hassles for Medicare.

Foster said the formula is on track to create a 20 percent reduction in physician payments for Part B Medicare services in 2010.

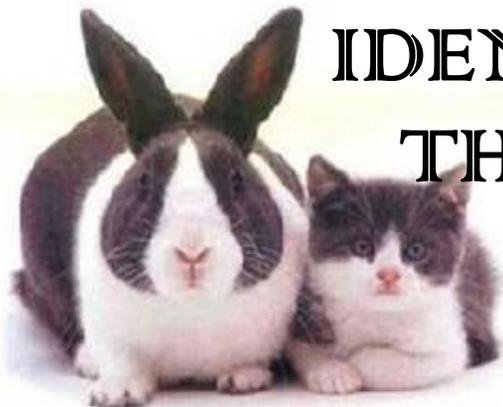
Medicare advocacy groups welcomed the news about next year's stabilization in premiums, at the same time acknowledging the one-time technical reasons for the freeze.

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# BEWARE OF IDENTITY THEFT!



DO's  
and  
DON'T's



- ⇒ **Don't** let anyone borrow or pay to use your Medicare card
- ⇒ **DO** Treat your Medicare card like a credit card!
- ⇒ **Don't** join a plan over the telephone unless you called the plan;
- ⇒ **Don't** let any uninvited door-to-door sales people into your home to talk to you about a Medicare drug plan or Medicare Advantage Plan;

- ⇒ **Don't** give your bank account information over the phone unless you made the call;
- ⇒ **Don't** send payments to plans over the telephone or Internet.

For more information about how to protect yourself from identity theft, visit : **consumer.gov/idtheft**  
Federal Trade Commission  
(FTC) 1-800-438-4338

## Measure Would Remove Beneficiaries' Social Security Numbers From Medicare Cards

Aug 11, 2008

Legislation (HR 6600) recently introduced in the House would remove beneficiaries' Social Security numbers from Medicare cards to help prevent identity theft, *CQ HealthBeat* reports. The measure, introduced by Rep. Lloyd Doggett (D-Texas), would require that Medicare remove, code or embed

beneficiaries' Social Security numbers in their cards.

According to a release from Doggett, other than Social Security cards, the Medicare card is the most commonly issued government document displaying a person's Social Security number. The measure is in response to a May report from the Social Security Administration

"Their savings and credit should not be put at risk if someone steals their Medicare card"

Lloyd Doggett

Office of Inspector General that recommended Social Security numbers be removed from Medicare cards, according to the release. Doggett in the release said, "Forty-four million Americans carry in their wallet or purse something that makes them needlessly more vulnerable to identify theft -- it's their Medicare card," adding, "Their savings and credit should not be put at risk if someone steals their Medicare card" (*Naresh, CQ HealthBeat, 8/8*).

Medicare covers custom-molded shoes, depth shoes and inserts for people with severe diabetic foot diseases, including poor circulation. However, in order for Medicare to cover diabetic shoes, the **prescribing doctor needs to provide evidence** that the patient has one of these severe conditions.

### Your registration will not expire.

Telephone numbers placed on the National Do Not Call Registry will remain on it permanently due to the Do-Not-Call Improvement Act of 2007, which became law in February 2008.

Read more:

<http://www.ftc.gov/opa/2008/04/dncfyi.shtm>



## Help preserve Medicare

- 95% of Americans aged 65 or over have health insurance; before Medicare, half had no health insurance;
- Medicare has helped to increase life expectancy - In 1950, the average life expectancy at age 65 was another 13.9 years. By 2004, that number had increased to 18.7 years;
- Medicare keeps older people out of poverty;
- Medicare relieves the next generation of the worry and reality of having to pay their parents' medical bills at the expense of their own needs;
- Private Medicare plans are 13% more expensive to taxpayers than the public Medicare program.

You can go to the following website: [http://salsa.democracyinaction.org/o/777/campaign.jsp?campaign\\_KEY=25430](http://salsa.democracyinaction.org/o/777/campaign.jsp?campaign_KEY=25430) and ask the presidential candidates to preserve Medicare as a dependable, valued public program.

A resource provided by the Medicare Rights Center, *Medicare Interactive Counselor*, claims to be the largest independent source of health care information and assistance for people with Medicare.

Log onto [www.medicareinteractive.org](http://www.medicareinteractive.org)

## Medicare Part D and the Late Enrollment Penalty

Medicare Part D is a voluntary program but beneficiaries who do not enroll when first eligible and who do not maintain other creditable coverage will incur a late enrollment penalty should they ever choose to enroll in a Medicare Part D plan. The Centers for Medicare and Medicaid Services (CMS) will keep track of who has incurred penalties and the amount of each penalty. Late enrollment penalties will affect the premiums that beneficiaries have to pay for their Medicare Part D prescription drug coverage. CMS has some discretion in how the penalty is calculated but for right now it is 1% of the base beneficiary premium for each uncovered month. The base beneficiary premium is a number compiled annually based on national Medicare Part D cost data. For 2008, the base beneficiary premium is \$27.93. An uncovered month means that a Medicare beneficiary who was eligible for Medicare Part D, was not enrolled, and did not have other creditable coverage.

CMS has issued guidance requiring Medicare Part D prescription drug

plans to make creditable coverage determinations for all enrollees. This means that for people applying, the plan is required to determine if they had gaps in creditable coverage that would warrant the late enrollment penalty. If the plan discovers gaps in coverage, the plan reports the number of uncovered months to CMS, which then assesses the penalty.

Beneficiaries who are assessed a late enrollment penalty have an opportunity to challenge that determination. Plans are required to send notice to the beneficiary prior to assessing a penalty that give the beneficiary the opportunity to dispute any uncovered months. Enrollees who can successfully dispute the number of uncovered months should do so upon receipt of this request from the plan. If the evidence is satisfactory, they will not be assessed a penalty for covered months. Beneficiaries who fail to dispute the plan's calculation will receive notice that they will be assessed a penalty. This notice can be appealed by filing a Request for Reconsideration. Each notice of penalty should include this form as well as instructions on how to do it. Beneficiaries can challenge this determination for inaccurate calculations, failure of

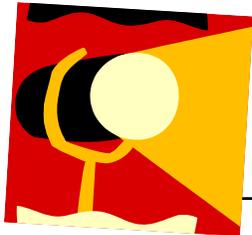
the plan to consider evidence of creditable coverage, a lack of adequate creditable coverage notice, or for an incorrect calculation of the amount of subsidy assistance for those receiving the subsidy and late enrollment penalty. Beneficiaries have 60 days from the date on the letter informing them of the late enrollment penalty to request reconsideration of the penalty. Enrollees who fail to request reconsideration in that time can request a good cause extension. Reconsideration requests will be considered by the independent review entity. The independent review entity's decision is final and not appealable.

*This article is reprinted with permission of the Coalition of Wisconsin Aging Groups' Legal Services*

Beginning October 15  
you can compare 2009 plans  
on [www.medicare.gov](http://www.medicare.gov)

### WHICH PLAN IS RIGHT FOR YOU?

You are encouraged to review how your plan may be changing and what other options are available to you by comparing plans to determine which plan best meets your needs!



## IN THE SPOTLIGHT! . . . Really Special and Valuable People!

### Welcome Marsha and Kay!

The EOA OF WASHINGTON COUNTY RSVP, has two new additions! Marsha King, Assistant to RSVP Director and Kay Jones, with the Experience Works program.

Together with Gary Morris, Director of the RSVP in Springdale, they will work closely with the SMP program and volunteers. We are very happy to have them on board!



Marsha King

Kay Jones



The new SMP sign displayed on the outside of the building at the new location of the RSVP of NWA on Park Street in Springdale! Another step in giving visibility and name recognition to the SMP program!

"News that health care premiums are not going up is rare these days. The stability in the Part B premium is good news for people with Medicare struggling to cope with rising prescription drug costs and medical bills," said Robert Hayes, president of the Medicare Rights Center. "Congress and the next president should look closely at the Medicare program as a model for health reform in 2009."

The AARP also called for Medicare reform, along with an overhaul of the U.S. health system.

"The average 73-year-old in Medicare has seen his or her premium double since joining the program," said Nancy LeaMond, AARP's executive vice president. "Americans old and young continue to struggle with skyrocketing health care costs. And the weakening economy is only making it harder for people - especially retirees on fixed incomes - to pay their health care bills."

*This article appeared on page C - 1 of the  
San Francisco Chronicle*

By: Victoria Colliver, Chronicle Staff Writer

### 2009 Medicare Parts A and B Costs

Part B monthly premium \$96.40  
Part B annual deductible \$135.00

Part A hospital deductible \$1,068  
Part A hospital daily co-pay \$267.00 (for days 61- 90)  
Part A hospital lifetime reserve co-pay \$534.00 per day,  
(days 91 - 150)  
Part A Skilled Nursing Facility co-pay \$133.50 per day,  
(days 21 - 100)

## SSA Redetermination Mailings

### “SSA Review of Your Eligibility for Extra Help”

CMS has developed a [2008 Mailings Chart](http://www.cms.hhs.gov/LimitedIncomeandResources/Downloads/2008Mailings.pdf) that provides an overview of materials people with Medicare may receive from CMS, SSA and plan sponsors, along with instructions on what you need to do if you receive one of these letters. Hyperlinks to these mailings are referenced in the chart available at <http://www.cms.hhs.gov/LimitedIncomeandResources/Downloads/2008Mailings.pdf>.

These reference tools will help your planning efforts and activities during the open-enrollment period. Medicare consumers are provided the assistance they need to enroll in a drug plan, make changes to health care and drug coverage and apply for extra help — Call 1-800-Medicare; SMP @ 1-866-726-2916; or SHIP @ 1-800-224-6330 for assistance.

### YOU MAY BE ABLE TO GET HELP PAYING YOUR MEDICARE DRUG COVERAGE?

**Extra Help:** A Federal program administered by Social Security that helps people with Medicare, who have low incomes and assets, pay for their Medicare drug coverage (including coinsurance, deductibles, and premiums). **Even if you think you may not qualify, apply anyway!** Applying is easy & FREE!

If you have Medicaid, receive Supplemental Security Income (SSI), or are enrolled in a Medicare Savings Program (MSP), then you are automatically eligible for Extra Help. Contact your local Social Security Office to apply over the phone, or go online to apply at [www.socialsecurity.gov](http://www.socialsecurity.gov). You can find your local SS office on the above website under 'Find a Social Security Office'; or call 1-800-772-1213. You can call the SMP @ 1-866-726-2916 or SHIP @ 1-800-224-6330 for assistance.

## **Standards for MA and PDP Marketing**

- Prohibits plans (and their representatives) from providing meals to prospective enrollees at promotional and sales events.
- Prohibits plans (and their representatives) from contacting potential enrollees directly without the potential enrollee first initiating contact. Unsolicited direct contact like door-to-door solicitation, outbound telemarketing, approaching beneficiaries in parking lots, or follow-up calls about mailings without prior consent are some examples of the activities that are prohibited.
- Prohibits plans (and their representatives) from cross-selling non-health care related products during Medicare sales or marketing activities.
- Prohibits plans (and their representatives) from conducting sales presentations or distributing and accepting plan applications in provider offices or other places where health care is delivered, except in the case where such activities are conducted in common areas in health care settings.
- Prohibits plans (and their representatives) from conducting sales presentations or distributing and accepting plan applications at educational events.

### ***Licensing and appointment of marketing representatives***

Requires plans to appoint and use only State licensed representatives to conduct marketing activities in accordance with applicable State appointment laws.

### ***Disclosure of plan information***

Requires plans to disclose certain beneficiary information at the time of enrollment and 15 days before the annual coordinated election period.

**For more information:**  
[www.cms.hhs.gov/HealthPlansGenInfo/](http://www.cms.hhs.gov/HealthPlansGenInfo/)

## **What does the Medicare home health benefit NOT cover?**

Medicare's home health care benefit does not cover:

- ◆ **24-hour-a-day care at home.**
- ◆ **Medications, except for osteoporosis drugs in specific situations. To get Medicare to cover your medicines, you must elect the Medicare drug benefit (Part D), available only through private plans.**

◆ **Meals delivered to your home by meals-on-wheels and similar services.**

◆ **Respiratory care furnished by a respiratory therapist in your home.**

◆ **Personal care, such as bathing, feeding and giving medications, unless you also need skilled nursing or therapy care.**

## **E-PRESCRIBING**

### **BENEFITS**

Many people die each year as a result of medication errors resulting from such things as illegible handwriting, drug to drug interactions, or drug allergies. Electronic prescribing will eliminate problems with illegible handwriting and may provide warnings to the doctor or pharmacist about potential drug interactions or allergies. In addition, use of electronic prescribing may lead to lower drug costs for patients by alerting doctors to available generics for the drug the doctor would like to prescribe.

### **CONCERNS**

Even with these potential benefits, there are privacy concerns with electronic prescribing regarding the use and security of patient information. Currently, both the U.S. House of Representatives and the Senate are considering bills that would address privacy concerns when using electronic prescribing and electronic health records.

Look for your copy of the new  
**2009 MEDICARE & YOU**  
to be mailed out by CMS mid-October

## ANNUAL ENROLLMENT PERIODS!

**November 15—December 31**

(Part D) and (Medicare Advantage w/Prescription Drug)

**January 1—March 31**

(Medicare) and (Medicare Advantage)

You have a chance to join, switch, or drop prescription drug plans from November 15–December 31 each year. Your coverage will begin on January 1 of the following year.

Take the time to consider your options! Find the plan that is right for you! Go to **www.medicare.gov** and compare plans to find the one suited for your medical needs.

Only some Medicare Private Fee For Service Plans offer Medicare prescription drug coverage. In most Medicare Advantage Plans, if you want drug coverage and your plan offers it, you must get it from your Medicare Advantage Plan. If your Medicare PFFS Plan doesn't offer Medicare prescription drug coverage, you can join a Medicare Prescription Drug Plan to add prescription drug coverage to your plan during a valid enrollment period.

If you are eligible for a Medicare Advantage Plan, you can also join a Medicare Advantage Plan from January 1–March 31 of each year (except Medicare Medical Savings Account Plans). However, you can't add or change to a plan with prescription drug coverage during this time unless you already have Medicare prescription drug coverage. In certain situations, you may be able to join, switch, or drop Medicare Advantage Plans at other times (like if you move out of the service area, have both Medicare and Medicaid, or live in an institution).

### BEWARE!

of insurance reps coming door-to-door uninvited or calling over the phone! Be informed and educated! Get your FREE Medicare Protection Toolkit! Available at all DHS County Offices! Call 1-866-726-2916

## MARKETING OF 2009 PLANS NOW IN EFFECT

**There are new marketing guidelines for plans to follow!**

**For more information log onto: [www.cms.hhs.gov/HealthPlansGenInfo/](http://www.cms.hhs.gov/HealthPlansGenInfo/)**

Starting October 1, 2008, marketing for the new 2009 plans began. Effective 9-18-08, the Centers for Medicare & Medicaid Services (CMS) released new regulations that will protect Medicare beneficiaries from deceptive or high-pressure marketing tactics by private insurance companies and their agents during the upcoming 2009 Medicare Advantage and prescription drug open enrollment period. The regulations also include other non-marketing related Medicare Advantage and prescription drug plan provisions. October 1 was deadline for all plans to adhere to these guidelines. You may report any suspected violations of these guidelines to 1-800-Medicare.

**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**

**IMPORTANT PHONE NUMBERS:**

<b>AANHR - AR Advocates for Nursing Home Residents</b>	501-224-8431
<b>AFMC - Arkansas Foundation for Medical Care</b>	1-800-272-5528
<b>Arkansas Attorney General</b>	1-866-810-0016
<b>Arkansas Attorney General (Consumer Protection Division)</b>	1-800-482-8982
<b>APS Hotline - Adult Protective Services</b>	1-800-482-8049
<b>AR-GetCare</b>	1-866-801-3435
<b>Arkansas SMP (Empowering Seniors to Prevent Healthcare Fraud)</b>	1-866-726-2916
<b>CMS— Centers for Medicare and Medicaid Services (Fraud Unit)</b>	1-800-633-4227
<b>DHS Choices in Living Resource Center</b>	1-866-801-3435
<b>Do No Call Registry</b>	1-888-382-1222
<b>Federal Trade Commission - report STOLEN IDENTITY</b>	1-800-438-4338
<b>Medicaid (Fraud Hotline)</b>	1-800-482-8988
<b>Medicaid (Arkansas State)</b>	1-800-482-5431
<b>MEDICARE</b>	(1-800-633-4227) 1-800-MEDICARE
<b>Medicare Part D - (SAIC—West Region)</b>	(1-877-772-3379) 1-877-7SAFERX
<b>Medicare Rights Center—Medicare Assistance Hotline</b>	1-800-333-4114
<b>National Consumer Technical Resource Center</b>	1-877-808-2468
<b>National Medicare Fraud Hotline (1-800-HHS-TIPS)</b>	1-800-447-8477
<b>OLTC - Office of Long Term Care</b>	1-800-LTC-4887
<b>OLTC—Abuse Complaint Section</b>	501-682-8430
<b>OMBUDSMAN—Statewide—Office of Long Term Care</b>	501-682-8952
<b>SHIIP - State Health Insurance Information Program</b>	1-800-224-6330
<b>SSA (Social Security Administration)</b>	1-800-772-1213
<b>UALR Senior Justice Center</b>	501-683-7153



**HELPFUL WEBSITES:**

- AR-GetCare— [www.ARGetCare.org](http://www.ARGetCare.org)** (Statewide directory of community-based services)
- AR Advocates for Nursing Home Residents— [www.aanhr.org](http://www.aanhr.org); email: [Info@aanhr.org](mailto:Info@aanhr.org)**
- AR LTC Ombudsman Program— [www.arombudsman.com](http://www.arombudsman.com)**
- Arkansas.gov—** official website for the State of Arkansas
- Arkansas Attorney General— [www.arkansasag.gov](http://www.arkansasag.gov)**
- Arkansas Attorney General Consumer Protection Division— email: [consumer@ag.state.ar.us](mailto:consumer@ag.state.ar.us)**
- Area Agencies on Aging—[www.arkansas.gov/dhhs/aging/aaamap.html](http://www.arkansas.gov/dhhs/aging/aaamap.html)**
- Arkansas Foundation for Medical Care —[www.afmc.org](http://www.afmc.org)**
- (CMS) Centers for Medicare and Medicaid Services— [www.cms.hhs.gov](http://www.cms.hhs.gov)**
- Elder Care Locator— [www.eldercare.gov](http://www.eldercare.gov) (1-800-677-1116)**
- MEDICARE— [www.medicare.gov](http://www.medicare.gov)**
- Medicare Interactive Counselor— [www.medicareinteractive.org](http://www.medicareinteractive.org)**
- Hospital Compare— [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)**
- MyMedicare.gov— [www.mymedicare.gov](http://www.mymedicare.gov) (access to your personal Medicare information)**
- MyMedicareMatters.org (National Council on Aging)**
- Office of Long Term Care— [www.medicaid.state.ar.us/InternetSolution/general/units/oltc/index..asp](http://www.medicaid.state.ar.us/InternetSolution/general/units/oltc/index..asp)**
- Office of Inspector General— [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)**
- SMP—[www.arkansas.gov/dhs/aging/asmp.html](http://www.arkansas.gov/dhs/aging/asmp.html)**
- Social Security Administration— [www.ssa.gov/dallas/state\\_ar.html](http://www.ssa.gov/dallas/state_ar.html)**
- Working Disabled—[www.workingdisabled-ar.org](http://www.workingdisabled-ar.org)**

# 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](http://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>

