

# 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**

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  
Administration on Aging

**CMS/ Centers for Medicare & Medicaid Services**

CMS Office of Public Affairs  
Press Release  
Friday, June 15, 2007

**PLANS ADOPT STRICT  
GUIDELINES IN  
RESPONSE TO  
DECEPTIVE  
MARKETING  
PRACTICES**

The Centers for Medicare and Medicaid Services (CMS) announced today that in response to concerns about marketing practices, seven health care sponsors have signed an agreement to suspend voluntarily the marketing of Private-Fee-For-Service (PFFS) plans. This suspension for a given plan will be lifted only when CMS certifies that the plan has the systems and management controls in place to meet all of the conditions specified in the 2008 Call Letter and the May 25, 2007 guidance issued by CMS. The signatories include: United Healthcare, Humana, Wellcare, Universal American Financial Corporation (Pyramid), Coventry, Sterling, and Blue Cross/Blue Shield of Tennessee.

"While we note that most health insurance agents are helpful and responsible in describing and explaining choices to beneficiaries, there are a few bad actors that need to be removed from the system for good," said Leslie V. Norwalk,

Esq., Acting Administrator of CMS. "This voluntary agreement demonstrates that CMS and the plans are stepping up to ensure that deceptive marketing practices end immediately, and that beneficiaries understand what they are purchasing."

"Through a variety of methods, including our 'secret shopper' program that uses trained individuals to attend marketing events and report back on the insurance agents' activities, and the eyes and ears of our thousands of partners throughout the nation, CMS is proactive in protecting beneficiaries from rogue agents. Although the 2700 agent complaints we logged from December 2006 to April 2007 represent less than one half of one percent of the 1.3 million members enrolled in individual PFFS plans, we can always do better," added Norwalk.

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## A MESSAGE FROM THE PROGRAM ADMINISTRATOR...

### WHY DO SO MANY PEOPLE DEFRAUD MEDICARE?

On average, \$1 out of every \$10 in Medicare payments is estimated to be fraudulent! In fact, in some areas of the country, the costs of fraud may be as high as \$3 out of every \$10 in claims paid. In 2006 alone, an estimated \$19 billion was lost to fraud and abuse, and Medicare costs related to fraud continue to skyrocket out of control.

Basically, the problem is Medicare is a “backwards” system. With Medicare, the beneficiary never sees the bill before it is paid by the government, and only rarely will a beneficiary catch fraudulent charges on their own statement. This is especially true, when the services may have been provided as long as three months before the beneficiary receives their summary notice (MSN).

Medicare is a system “ripe for plunder” . . . Fraud is too easy . . . Getting caught is rare . . . Prosecution is even rarer . . . and, to make matters worse, 2 of every 3 Americans tolerate insurance fraud to varying degrees because, in part, they believe fraud and waste does not always personally affect them or other beneficiaries and taxpayers. An estimated 2 in 5 Americans want little or no punishment for

those who cheat insurers because they “believe most insurance companies are unfair”.

Medicare is a huge and complex system. Over 1 billion annual claims are processed nationwide through Medicare. There are over 40 million Medicare beneficiaries and more than 1 million providers. Since Medicare regulations are, in many cases, “vague and unclear”, these beneficiaries and providers often face ever-changing and inconsistent policy interpretations from various contractors and from numerous federal agency offices with overlapping jurisdictions. Sometimes Medicare personnel even (inadvertently) tell providers how to cheat the system through “up-coding”.

Those beneficiaries and providers who do seek technical assistance from Medicare are often frustrated, after having waited on their telephone for extended periods of time, because their questions sometimes go unanswered. Those in rural or hard to reach areas, or those with low literacy levels, often have their problems compounded when told they can get their answers from the Medicare web site or by reading from the most current edition of *Medicare and You*.

So, what can Americans do? We have to help to change the mindset that “. . . the cheapest way to process a claim is to pay it.” Massive abuse is NOT just the “cost of

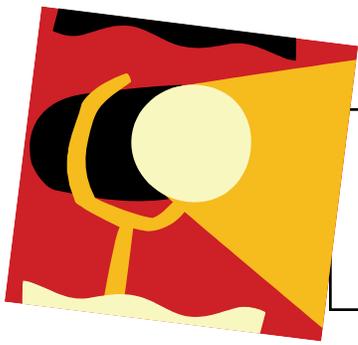
doing business”. Fraud control programs like the Administration on Aging’s SMP projects should not have to compete against productivity and beneficiaries’ services for resources.

We must help spread the word that prevention of Medicare fraud and abuse is significantly more cost effective than fighting it through law enforcement and criminal prosecution . . . We have to step up our efforts to recruit and train more volunteers to “*Empower seniors to prevent health care fraud.*”

John Pollett, Arkansas SMP  
Program Administrator

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

*(The preceding is based on a presentation and research by Dr. Mark Grey, Professor and Executive Director, Iowa Center on Immigrant Leadership and Integration, University of Northern Iowa; and Dr. Michele Yehieli, Associate Professor and Executive Director, Iowa EXPORT Center of Excellence on Health Disparities, University of Northern Iowa.)*



IN THE SPOTLIGHT! ...

# TEXARKANA RSVP



Ermer Pondexter, Director

The Greater Texarkana RSVP has served a nine county area in Southwest Arkansas and Northeast Texas for thirty-four (34) years. The program is sponsored by the Twin Cities – Texarkana, Arkansas and Texarkana, Texas. The support enables RSVP to maximize services through volunteerism and grants to support seniors in a variety of services. The Senior Medicare fraud Patrol has been a part of the RSVP program since 2001.

The program applied for VISTA members through AmeriCorps to support and serve isolated communities and to expand and make available the same services that are available in larger areas. Thirty-four (34) VISTA and volunteers have been trained by the SMP staff to assist communities with techniques to look for fraud and abuse and how not to be victimized by scam artists.

*“The program focus is to combat and eradicate irregularities that prey on senior citizens in our catchment area.”*

RSVP serves Bowie and Cass Counties in Texas and Miller, Hempstead, Lafayette, Nevada, Little River, Howard and Sevier Counties in Arkansas. In many of these areas, ‘Help Desks’ have been established where senior citizens and/or disabled individuals can contact for information about SMP or other programs available. The ‘help desks’ are manned by volunteers who are knowledgeable about different program and are sponsored by local officials.

RSVP networks with senior citizens activity facilities, Area Agencies on Aging, retired teachers associations, public housing for senior and disabled citizens, health departments, Social Security Administration and local development councils in order to further impact on the community. Literature from SMP is obtained and distributed at local events where seniors congregate and for training volunteers.



Local media is used to keep the community informed about SMP. The program focus is to combat and eradicate irregularities that prey on senior citizens in our catchment area.

# Health Tip!

Afraid of arthritis? **One in five Americans** have been diagnosed with this painful condition and half of those over the age of 75 report symptoms, making arthritis **the number one cause of disability** in the country.

If you are disabled, and have been so for some time, you may qualify for Medicare before you turn 65.

Faced with the same national problem, Australian researchers surveyed 8,700 women between the ages of 48 and 79 over a three-year period to study the benefits of physical activity in preventing arthritis. And findings published in *Arthritis Research and Therapy* last month indicate that **exercise—even if it is only for an hour and 15 minutes a week—can prevent the painful symptoms of arthritis** for women in their 70s who are not yet affected.

Although researchers can't yet explain why, there is clear evidence that **the more these women exercised, the less pain they experienced** in the following years.

# Just for Fun!

Unscramble these 8 words, which all have to do with senior fitness.

When finished, rearrange the highlighted letters to find the goal of keeping active!  
(Answers at bottom of page)

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## Nutrition for Older Adults

The older body has unique nutritional requirements. It really boils down to four things:

### 1. Eating quality food.

Along with the usual recommendations to consume more fruits, vegetables and protein, mature adults particularly should be aware of the dangers of undernutrition and obesity.

### 2. Choosing the right nutritional supplements.

Certain vitamins, minerals and antioxidants can help in the fight to retain bone mineral density, fend off cancer and even protect your eyesight.

### 3. Reducing alcohol consumption.

Research has shown that even light drinking signifi-

cantly raises blood pressure in middle-aged and elderly subjects (ages 40-69). Consider hydrating with water as a healthy alternative.

### 4. Using extreme caution with prescription drugs.

One study estimates that among older adults, nearly 2 million adverse drug events - a half-million of which are preventable and 180,000 of which are fatal or life-threatening - are suffered annually in the U.S.

Your body is seeking better food and the right nutritional supplements to keep you active and vibrant. Supplying what your body needs and restricting what can harm it will go a long way toward giving you the highest quality of life for years to come.

<http://www.toyourhealth.com/mpacms/tyh/article>

# Think Positive!

Reports indicate the best cure for a negative self-image is positive, self-affirming thoughts, reminders of your personal strengths, and close relationships with a social support network. So, be kind to yourself and nurture the positive relationships in your life. *You deserve it!*

## Want to access all of your Medicare information in one place?

Register for a MyMedicare.gov account and see all of your Medicare information, including your claims, deductible status, and prescription and pharmacy information.

It's easy!

Answers: swim, walking, hike, weights, games, aerobic, dance, play. Final Phrase: "HEALTHY AGING"

### **THINGS TO KNOW WHEN CHOOSING A MEDIGAP POLICY:**

- ◆ Be careful about dropping retiree coverage; find out if you can get it back if you want it later.
- ◆ It's wise to buy a Medigap policy as soon as you get Medicare Part B.
- ◆ Medigap plans only fill gaps in Original Medicare.
- ◆ Shop around for a Medigap policy that meets your needs and budget.

### **DID YOU KNOW?**

Medicare was originally signed into law on July 30, 1965 by President Lyndon B. Johnson as amendments to Social Security legislation. At the bill-signing ceremony President Johnson enrolled former President Harry S. Truman as the first Medicare beneficiary and presented him with the first Medicare card.

Are you interested in  
**Volunteering?**



We need **YOU!**  
to help empower seniors to  
protect, detect, and report  
healthcare fraud, waste, and abuse!

Please call toll-free  
to find out how **YOU** can help!  
**1-866-726-2916**

Or Email:  
kathleen.pursell@arkansas.gov



## **Help is Just a Phone Call Away**

Spearheaded and managed by the United Ways of Arkansas, Arkansas **2-1-1** is a free, easy-to-remember telephone number that connects Arkansans in need with important community services.

#### **Services offered include:**

- Food banks, shelters, and rent/utility assistance
  - Health insurance programs, crisis intervention services, support groups, counseling, drug and alcohol rehabilitation
  - Employment support
- Support services for children and the elderly
- Volunteer opportunities and donations

For more information, visit

[www.arkansas211.org](http://www.arkansas211.org)

or call (888) 111-9999



# FRAUD IN THE NEWS...



## Neurosurgeon's Kickback Trial Set for June 25



By Mark Friedman  
*Arkansas Business*  
June 11, 2007

Doctors who knew Patrick Chan in Canada thought he was an excellent neurosurgeon.

"Patrick is a very energetic, hard working, loyal [and] moral" surgeon, Dr. J. Max Findlay, head of the division of neurosurgery at the London Health Science Centre in Ontario, wrote in a January 2000 letter to the Arkansas State Medical Board. "He is committed to [the] best medical practice and to excellent patient care."

After Chan received his Arkansas medical license in 2000, though, complaints started pouring in to the medical board about Chan, who specialized in neck and back surgeries at the **two Searcy hospitals that have since merged, Central Arkansas Hospital and White County Medical Center.**

By 2003, lawsuits started appearing in White County Circuit Court accusing Chan of malpractice and performing surgeries when they weren't medically necessary in an attempt to increase revenue.

But the biggest blow against Chan, 43, of Searcy, came in September when he was charged in U.S. District Court with four counts of taking kickbacks from medical suppliers to use their products in Medicare and Medicaid patients.

The charges center on Chan allegedly taking kickbacks on products distributed by Orthofix Inc. of McKinney, Texas, and other medical supplier companies. Chan allegedly cut a deal to receive half of all commissions Orthofix made off sales generated by Chan's surgeries, minus any amount necessary for tax purposes. ■



[US DHHS Press Release  
Jul 02, 2007]

## ***Demonstration Project Targets Fraudulent Business Practices in South Florida and Southern California***

HHS Secretary Mike Leavitt today announced a two-year effort designed to further protect Medicare beneficiaries from fraudulent suppliers of durable medical equipment, prosthetics and orthotics supplies (DMEPOS). The initiative is focused on preventing deceptive companies from operating in South Florida and Southern California.

Miami and Los Angeles have been identified as high-risk areas when it comes to fraudulent billing by DMEPOS suppliers. HHS, working with the Department of Justice (DOJ), formed a Medicare Fraud Strike Force to combat fraud through the use of real-time analysis of Medicare billing data. In just three months, 56 individuals have been charged in the Southern District of Florida with fraudulently billing Medicare for more than \$258 million. The strike force is made up of federal, state and local investigators.

Last December federal officials contracted with the National Supplier Clearinghouse to conduct visits to 1,472 South Florida DMEPOS suppliers.

Continued next page

Through on site investigations, 634 supplier billing numbers were revoked, saving Medicare a projected \$317 million. Examples of products that are being billed at higher than normal rates are motorized wheelchairs; nebulizers and aerosol medications; artificial limbs; and wound therapy treatments. A similar initiative happened in the Los Angeles area last year. Investigations of 2,000 DMEPOS suppliers resulted in 770 having their billing privileges revoked. Like South Florida, Los Angeles has been a hotbed of fraudulent activity.

Under the initiative announced today, the Centers for Medicare & Medicaid Services (CMS) will implement a demonstration project requiring DMEPOS suppliers in South Florida and Southern California to reapply for participation in Medicare in order to maintain their billing privileges.

"Eliminating fraudulent suppliers in Medicare protects America's seniors and enhances their quality of care," Secretary Leavitt said. "This initiative is aimed at doing just that - stopping durable medical equipment fraud before it happens."

Letters will be sent out to suppliers asking that they resubmit applications to be a qualified Medicare DMEPOS supplier. Those who fail to reapply within 30 days of receiving a letter from CMS; fail to report a change in ownership or address; or fail to report having owners, partners, directors or managing employees who have committed a felony within the past 10 years; will have their billing privileges revoked.

The concept is straight forward and will be effective," CMS Acting Administrator Leslie Norwalk said. "Enhancing our review of these suppliers will go a long way to ferret

out those who do not meet the needs of beneficiaries and the promises of Medicare. CMS hopes to expand this effort nationwide."

HHS has several programs to help Medicare beneficiaries protect themselves against fraud. **The Senior Medicare Patrol program, established by the Administration on Aging, educates and assists beneficiaries in protecting their Medicare information, detecting Medicare billing errors and reporting potential health care fraud and abuse.**

Assistant Secretary for Aging Josefina G. Carbonell added, "The financial independence and security of older people through the identification and prevention of Medicare fraud is vitally important. **Senior Medicare Patrol volunteers** across the country have played and continue to play a crucial, frontline role in educating our older Americans and their caregivers on how to avoid and, if necessary, report suspected health care fraud."

Instances of potential Medicare fraud can be reported to the HHS Office of the Inspector General at 1-800-HHS-TIPS (800-447-8477) or [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov). In addition, a fact sheet on this issue is available at: [www.hhs.gov/news/facts/medicarefraud/](http://www.hhs.gov/news/facts/medicarefraud/).

# 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 mother needs help at home, but her doctor says that Medicare won't pay for it unless she needs a nurse. She really just needs help with getting around the house and with the cooking and cleaning. Will Medicare help her pay for this kind of care?

—Ella (Ann Arbor, MI)

## Dear Ella,

Unfortunately, no. Medicare will only pay for home health care if your mother is **homebound**, meaning it takes a considerable and taxing effort to leave her home; **and** needs skilled physical, speech or occupational therapy services, or skilled nursing on an intermittent (less than seven days a week) or part-time (less than eight hours a day) basis. If she **only** requires skilled nursing, she must either need it fewer than seven days a week (even as little as once every 60 to 90 days) or daily (seven days a week) for a short period of time (usually two to three weeks); **and** has a **doctor who certifies her need** for home care; **and** receives her care from a **Medicare-certified home health agency (HHA)**.

If your mother does not qualify for Medicare home health care, don't despair! There may be other options available to her.

If your mother has trouble with basic daily tasks, like getting to the store and preparing meals, there may be organizations or agencies in your area that can assist. You will have to do some homework to find the correct services for your loved one. Some places to try:

**Medicaid.** Most state Medicaid programs cover some services that can help your loved one with basic daily tasks. Your mother may qualify for Medicaid if she has income and assets below a certain level.

**Area Agency on Aging (AAA).** These agencies can suggest services and may offer free counseling.

**Local senior centers.** These centers may have programs that can deliver meals, provide transportation and shopping assistance, and offer case management. To find senior centers in your area, call your local AAA.

**Houses of worship,** such as churches or synagogues.

**Yellow pages.** Look under such headings as "senior," "elder" or "aging" or under the particular service you're looking for such as "meal delivery" or "laundry."

**211.** In areas where this phone service is available, you can call 2-1-1 and ask for referrals to community services in your area.

If all these options seem overwhelming, it may be worthwhile to look into hiring a geriatric care manager, a professional who specializes in helping older adults manage their increasing needs

—Marci

## Mark Your Calendars!



NEXT QUARTERLY  
ADVISORY COUNCIL  
MEETINGS

July 24, 2007

October 23, 2007

DHHS

Donaghey Plaza South Building

700 Main Street, Little Rock

10am - noon

## PLANS SUSPEND PFFS

### MARKETING .....Cont'd from Page 1

The agreement is effective five business days from today and will continue to apply to individual plans until they have demonstrated to CMS that they have the systems and management controls in place to ensure that they can meet all the CMS requirements. CMS review will begin as soon as plans indicate they are ready. Plans signing the agreement will be actively monitored to ensure they do not engage in marketing while the voluntary suspension is in place. Violations will be subject to a full range of available penalties, which can include suspension of enrollment, suspension of payment for new enrollees, civil-monetary penalties, and termination of the plan's involvement in the Medicare program. The full range of updated conditions will be in effect for all sponsors of PFFS plans beginning October 1, 2007, and violations of those conditions will be subject to the same types of penalties.

CMS is proactive in protecting beneficiaries from rogue agents

Primary provisions that the plans signing the agreement must meet to have the suspension lifted (and that all PFFS must meet beginning October 1, 2007) are summarized below:

All materials, including but not limited to advertisements, enrollment materials, and materials used at sales presentations by employees or contracted representatives of a health insurance company will include the model disclaimer language provided by CMS in its May 25, 2007 guidance.

- All representatives selling the product to beneficiaries on behalf of the plan sponsor will pass a written test that demonstrates their thorough familiarity with both the Medicare program and the product they are selling.
- A provider outreach and education program will be in place to ensure that providers have reasonable access to the plan terms and conditions of payment, and that provider relations staff are readily accessible to assist providers with questions concerning the plan.

- Outbound education and verification calls will be made to all beneficiaries requesting enrollment to ensure that they understand the plan rules.

- Lists of planned marketing and sales events provided to CMS will include events sponsored by delegated brokers and agents as well as those sponsored by the plan.
- When asked by CMS, plan sponsors will provide a complete list of all representatives marketing a PFFS product and authorize CMS to make that list available to State Insurance Departments on request.

"We want to underscore that Corrective Action Plans already in place will remain in effect until full compliance is attained and investigations underway involving fraud or criminal activity will continue to their appropriate conclusion," added Norwalk.

"In addition, once marketing resumes, CMS will actively monitor performance. Any violations of the requirements set forth in CMS guidance will be subject to immediate remedial action in accordance with standard procedures." ■

Would you like us to make a healthcare fraud prevention presentation in your area?

Please call toll-free 1-866-726-2916 !

### Your MEDICARE SUMMARY NOTICE

**DON'T THROW IT AWAY!!!  
READ IT!**

Call toll-free 1-866-726-2916 for your free copy of  
*How To Read Your Medicare Summary Notice*

## EXTRA HELP AND HEALTH PLAN COSTS

**Extra Help**, the federal program that helps people whose monthly income falls below a certain amount (in 2007, the amounts are \$1,276.25 for an individual and \$1,711.25 for couples), pays for most of the costs related to **Medicare Part D**.

Medicare mailed letters to those who automatically qualify for extra help in May or June 2007. The Social Security Administration (SSA) sends extra help applications to those who do not automatically qualify. If you did not get an application and think you may qualify call 1-800-772-1213.

As of January 1, 2007, Medicaid will no longer pay for prescription drugs if you are entitled to Medicare. If you are a Medicaid recipient, you **MUST** receive your prescription drugs through a Medicare Part D plan. Individuals on Medicaid (including QMB, SLMB, and QI-1) will automatically qualify for Extra Help and will not be responsible for premiums or deductibles, but there will be a small copay (\$1-\$5).

Individuals with a **Medicare private health plan** (such as an HMO, PPO or PFFS) are responsible for paying:

- their monthly Medicare Part B premium;
- a premium for Medicare drug coverage if the plan provides it; and
- any extra premium that the plan may charge for its medical benefits.■

### FAST FACT



Medicare will distribute \$30 million to help fund State Health Insurance Assistance Programs (SHIPs), which provide counseling to people with Medicare. Funding will be based on each state's Medicare population ("Medicare Gives \$30M for Senior Counseling," United Press International, April 11, 2007)

## GOOD COMMUNICATION =HEALTHY PATIENTS



**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

### **IMPORTANT PHONE NUMBERS:**



<b>AANHR</b> - AR Advocates for Nursing Home Residents	501-224-8431
<b>AFMC</b> - Arkansas Foundation for Medical Care	1-800-272-5528
<b>AG Consumer Protection Division</b>	1-800-482-8982
<b>APS Hotline</b> - Adult Protective Services	1-800-482-8049
<b>AR-GetCare</b>	1-866-801-3435
<b>Arkansas SMP</b> (Empowering Seniors to Prevent Healthcare Fraud)	1-866-726-2916
<b>Arkansas Attorney General</b>	1-866-810-0016
<b>CMS</b> — Centers for Medicare and Medicaid Services (Fraud Unit)	1-800-633-4227
<b>Do No Call Registry</b>	1-888-382-1222
<b>Federal Trade Commission</b> - report STOLEN IDENTITY	1-800-438-4338
<b>Medicaid</b> (Client Assistance)	1-800-482-8988
<b>MEDICARE</b>	1-800-Medicare (1-800-633-4227)
<b>Medicare Part D</b> - (SAIC—West Region)	1-877-7SAFERX (1-877-772-3379)
<b>Medicare Rights Center</b> —Medicare Assistance Hotline	1-800-333-4114
<b>National Consumer Technical Resource Center</b>	1-877-808-2468
<b>OIG</b> - Office of Inspector General	1-800-447-8477
<b>OLTC</b> - Office of Long Term Care	1-800-LTC-4887
<b>OLTC</b> —Abuse Complaint Section	501-682-8430
<b>OMBUDSMAN</b> —Statewide—Office of Long Term Care	501-682-8952
<b>SHIIP</b> - State Health Insurance Information Program	1-800-224-6330
<b>Arkansas SMP Hotline</b>	1-866-726-2916
<b>SSA</b> (Social Security Administration)	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)
- Arkansas.gov**—official website for the State of Arkansas
- Area Agencies on Aging**—[www.arkansas.gov/dhhs/aging/aaamap.html](http://www.arkansas.gov/dhhs/aging/aaamap.html)
- (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)  
The first step to find resources that help older people
- MEDICARE** - [www.medicare.gov](http://www.medicare.gov)
- Member of the Family** - [www.memberofthefamily.com](http://www.memberofthefamily.com)
- My Medicare.gov** - [www.mymedicare.gov/](http://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](http://www.medicaid.state.ar.us/InternetSolution/general/units/oltc/index..aspx)
- Office of Inspector General** – [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)
- Office of Attorney General Consumer Protection Division**— [consumer@ag.state.ar.us](mailto:consumer@ag.state.ar.us)
- Social Security Administration** - [www.ssa.gov/dallas/state\\_ar.html](http://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](http://www.mymedicare.gov) to access your account online  
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



P. O. Box 1437 Slot S530  
Little Rock, AR 72203-1437  
**Hotline 1-866-726-2916**  
Fax: 501-682-8155

