

NEWSLETTER

Editor, Kathleen Pursell
Arkansas SMP Program Coordinator

NEW TECHNOLOGY TO HELP FIGHT MEDICARE FRAUD

*Technology is Similar to Tools Used by
Credit Card Companies, Builds on White
House Campaign to Cut Waste*

On the heels of the White House launch of the Campaign to Cut Waste - an administration wide initiative to crack down on waste, fraud and abuse, the Centers for Medicare & Medicaid Services (CMS) announced today that starting July 1, it will begin using innovative predictive modeling technology to fight Medicare fraud. Similar to technology used by credit card companies, predictive modeling helps identify potentially fraudulent Medicare claims on a nationwide basis, and help stop fraudulent claims before they are paid. This initiative builds on the new anti-fraud tools and resources provided by the Affordable Care Act that are helping move CMS beyond its former “pay & chase” recovery operations to an approach that focuses on preventing fraud and abuse before payment is made.

“President Obama is committed to hunting down and eliminating waste, fraud and abuse throughout the federal government,” said HHS Secretary Kathleen Sebelius. “Our work to fight Medicare fraud is an important part of the Obama Administration’s effort to root out wasteful spending and change the way government does business.”

This new technology will help us better identify and prevent fraud and abuse before it happens and helps to ensure the solvency of the Medicare Trust Fund.

CMS Administrator
Donald Berwick, M.D.

“Today’s announcement is bad news for criminals looking to take advantage of our seniors and defraud Medicare,” said CMS Administrator Donald Berwick, M.D. “This new technology will help us better identify and prevent fraud and abuse before it happens and helps to ensure the solvency of the Medicare Trust Fund.”

Original Medicare claims will be analyzed using innovative risk scoring technology that applies effective predictive models, an approach similar to that used by the private sector to successfully identify fraud. For the first time, CMS will have the ability to use real-time data to spot suspect claims and providers and take action to stop fraudulent payments before they are paid.

Northrop Grumman, a global provider of advanced information solutions, has been selected through a competitive procurement to develop CMS’ national predictive model technology format using best practices of both public and private stakeholders. Northrop Grumman has partnered with National Government Services (NGS) and Federal Network Systems, LLC, a Verizon company (FNS), to leverage the wealth of claims data and its information to fight health care fraud. CMS used industry guidance, innovative ideas from private and provider entities and related data in developing the scope of work for this national fraud prevention program. Given the importance of this contract to CMS’ overall anti-fraud efforts, this contract is being implemented nationally and ahead of schedule.

“CMS has worked with public and private stakeholders throughout the process of developing this program, and the key insight they shared on their successes and innovations have helped ensure it will significantly help us address fraud in the Medicare program,” said Peter Budetti, M.D, J.D., director of CMS’ Center for Program Integrity (CPI).

Northrop Grumman, through the use of proven predictive models and other advanced analytics, will move rapidly to implement the new technology. Northrop Grumman will deploy algorithms and an analytical process that looks at CMS claims – by beneficiary, provider, service origin or other patterns — to identify potential problems and assign an “alert” and assign “risk scores” for those claims. These problem alerts will be further reviewed to allow CMS to both prioritize claims for additional review and assess the need for investigative or other enforcement actions.

“Predictive modeling is a revolutionary new way to detect fraud and abuse, integrating effective and timely actions with protections and savings for Medicare and taxpayers,” Dr. Budetti said.

More information on the predictive modeling and HHS’ effort to detect fraud and abuse are available www.HealthCare.gov/news/factsheets/fraud03152011a.html and through its news portal at www.HealthCare.gov, made available by the US Department of Health and Human Services.

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INSIDE THIS ISSUE:

MSN ‘Decoder’ _____	Pg 2
Fraud TIPS _____	Pg 3
EHC’s _____	Pg 4
Medicare Savings Programs _____	Pg 6
Scams _____	Pg 7
Fraud in the News _____	Pg 8
SMP Calendar _____	Pg 10
Important Phone Numbers _____	Pg 11



A VETERAN is someone who, at one point in his life, wrote a blank check made payable to 'The United States of America' for an amount of 'up to and including my life.'

Remembering those who have served and are currently serving our country — Happy 4th of July!

New to Medicare?

4 Things TO DO NOW:

1. Schedule a free "Welcome to Medicare" exam with your doctor.
2. Register at www.myMedicare.gov for easy access to your benefits and claims information.
3. Mark open enrollment on your calendar: Oct. 15 - Dec. 7, 2011
4. Visit www.medicare.gov to make sure you get the most out of your benefits.

ANNUAL ENROLLMENT PERIOD: Medicare beneficiaries can add, drop or change their Medicare plans during the Annual Enrollment Period which this year is from **October 15 to December 7, 2011**. Any changes to coverage made during this time will be effective January 2012.

For assistance in making changes to your coverage, contact the Senior Health Insurance Information Program (SHIIP) through the state's Department of Insurance: **1-800-224-6330**

Home Health *Face-to-Face* Requirement

The face-to-face requirement is designed to reduce fraud, waste, and abuse by assuring that physicians and other healthcare providers have actually met with potential beneficiaries to ascertain their specific healthcare needs.

Effective in January 1, 2011 a physician who certifies a patient as eligible for Medicare home health services (care at home as an alternative to extended hospital or nursing home care) must see the patient. The law also allows a non-physician practitioner (NPP) to see the patient, when the NPP is working for or in collaboration with the physician.

The physician must document that the physician or NPP saw the patient, and document how the patient's clinical condition supports a homebound status and need for skilled services.

The face-to-face encounter assures that the physician's order is based on current knowledge of the patient's

condition and must occur within 90 days prior to the start of home health care, or within 30 days after the start of care.

In addition to allowing NPPs to conduct the face-to-face encounter, Medicare allows a physician who attended to the patient but does not follow patient in the community, such as a hospitalist, to certify the need for home health care based on their face to face contact with the patient in the hospital and establish and sign the plan of care.

Medicare will also allow such physicians to certify the need for home health care based on their face to face contact with the patient, initiate the orders for home health services, and "hand off" the patient to his or her community-based physician to review and sign off on the plan of care.

Finally, in rural areas, the law allows the face-to-face encounter to occur via telehealth, in an approved originating site such as:

NEW

AARP'S ON-LINE INTERACTIVE MEDICARE SUMMARY NOTICE 'DECODER'

AARP has created two easy-to-use Medicare Summary Notice "decoders": one for Part A , the other for Part B.

PART A:

www.aarp.org/health/medicare-insurance/info-05-2011/popup-part-a-medicare-summary-notice.html

PART B:

www.aarp.org/health/medicare-insurance/info-05-2011/popup-part-b-medicare-summary-notice.html

Follow the decoder instructions:

1. Click on a number to open its pop-up window.
2. When done reading, click on another number.
3. To hide a window, tap its 'Close' button.

THE MEDICARE BLOG:

<http://blog.medicare.gov/>

If you are a blogger...you may be interested in logging on to blog.medicare.gov/ by CMS (Centers for Medicare & Medicaid Services)! Check out this blog post: *Keeping The System Clean: Fighting Medicare Fraud.*

TOPICS INCLUDE:

- STRENGTHENING MEDICARE
- MEDICARE COVERAGE
- SHARE THE HEALTH
- AFFORDABLE CARE ACT

- ♦ physician or practitioner's office;
- ♦ hospital (inpatient or outpatient);
- ♦ critical access hospital;
- ♦ rural health clinic;
- ♦ federally qualified health center (FQHC);
- ♦ hospital-based or critical access renal dialysis center;
- ♦ skilled nursing facility;
- ♦ community mental health center.

www.cms.gov/HomeHealthPPS/Downloads/HH_Face_to_Face_heads_up_notice.pdf

FRAUD TIPS

NEVER do business with someone who contacts you on the phone or comes to your door.

Durable Medical Equipment companies that contract with Medicare are not allowed to conduct unsolicited marketing—phone calls, door-to-door marketing, or emails; therefore, anyone making such calls is already in violation of Medicare’s rules;

Home health agencies must verify “medical necessity” for their services before signing someone up. If you need home health services, obtain an appropriate referral from your doctor.

Use MyMedicare.gov to check your claims online. The claims are usually accessible with a day or two of processing. You don’t have to wait for your MSN (Medicare Summary Notice) to arrive in the mail!

The sooner you spot errors, the faster they can be corrected!

**Report suspected fraud by calling
1-866-726-2916**

READ YOUR MEDICARE SUMMARY NOTICE (MSN) to keep track of the care you receive — and to HELP FIGHT MEDICARE FRAUD!

DID YOU KNOW?

Before you get a power wheelchair or scooter, you must have a face-to-face consultation with your doctor. You must have a medical need in order for Medicare to cover a power wheel chair or scooter!

After the doctor reviews your needs and determines that it is medically necessary that you have a wheelchair or scooter, then the doctor will submit a written order telling Medicare why you need the device and that you’re able to operate it.

Remember, you must have a medical need for Medicare to cover a power wheel chair or scooter.

Medicare won’t cover this equipment if it will be used mainly for leisure or recreational activities, or if it’s only needed to move around outside your home.

To find a supplier approved by Medicare visit:

www.medicare.gov/supplier or call 1-800-MEDICARE (1-800-633-4227) for more information.

How to Detect DME Fraud and Abuse!

You can help stop durable medical equipment (DME) fraud and abuse by watching for the following:

Providers or suppliers who—

- offer a ‘free’ wheelchair or scooter.
- offer to waive the copayment.
- bill Medicare for equipment you never received.
- bill Medicare for home medical equipment after it has been returned.

**GUARD
YOUR
CARD!**

HOW TO REPORT ALL TYPES OF FRAUD IN ARKANSAS:

www.fraudguides.com/report/arkansas.asp

Although telemarketing scammers may seem friendly, what they are really trying to do is worm their way into your wallet. You can stop them by keeping your information to yourself —no matter how tempting the offer.

JUST HANG UP THE PHONE!

VIDEOS WORTH WATCHING!

www.youtube.com/watch?v=A2Pu7vDqrCk&feature=relmfu

Medicare’s Most Wanted—Inside E Street—This link shows a video of fraud in Florida and the Florida SMPs involvement. The background report contains exclusive footage of a recent HHS Office of Inspector General bust in Miami and an interview with Deputy Inspector General Gerald Roy; and

www.youtube.com/watch?v=riMIM9CGves&feature=relmfu

Fighting the Medicare Crime—Inside E Street featuring Peter Budetti, Director of the Center for Program Integrity of CMS who talks about the goals of the new regulatory authorities’ goals established March 23, including:

- ✦ measuring the number of people who apply and don’t belong to the program,
- ✦ measuring the number of suspected fraudulent people detected and kicked out of the program;
- ✦ Amount of money not paid when fraud is suspected

“SENIORS ARE —RECYCLED TEENAGERS!”

PRAIRIE COUNTY
 EXTENSION HOMEMAKERS SPRING COUNCIL MEETING
 Hazen AR / April 26, 2011

Encourage & Empower



“NOBODY
 CAN DO
 EVERYTHING,
 BUT
 EVERYONE
 CAN DO
 SOMETHING!”

Author Unknown

ARKANSAS COUNTY
 EXTENSION HOMEMAKERS SPRING COUNCIL MEETING
 De Witt, AR / April 21, 2011



THANK YOU, EHCs,
 for allowing the
 Arkansas SMP
 the opportunity to speak at
 several of your council meetings
 these past few months and to
 exhibit at your state Conference!
 SMP Staff



The Madison County **RECORD**

"News of the Week Since 1879"

201 Church Street Huntsville, AR 72740 Phone: 479-738-2141



Arkansas SMP (Senior Medicare Patrol) Project Administrator John Pollett discusses ways to avoid Medicare fraud with a group of about 30 members of the Madison County Extension Homemaker Council during the group's April 19 meeting. Pollett discussed different methods by which scammers try to steal seniors' Medicare information. These can include scammers going door to door or making cold calls where free goods or services in exchange for a senior's Medicare information or financial data. "We get calls from seniors every day who tell us that they got offered a free 'diabetic screening or something in exchange for their Medicare number and bank account information,'" Pollett said. "Don't fall for it because Medicare doesn't offer free services, and an actual Medicare representative would already have your Medicare number on file." Those wanting to learn more about avoiding Medicare fraud can call the SMP hotline at 1-866-726-2916 or the Madison County Cooperative Extension Service at 479-738-6826.

(Photo by Matt Shelnett for The Record)

YOUR SOCIAL SECURITY CARD

DO NOT CARRY YOUR CARD WITH YOU: You should not carry your Social Security Card with you! The reason it is NOT OK to carry your card with you is that if it is lost or stolen and your identity is stolen, you cannot change your number!

DO NOT LAMINATE YOUR CARD: Social Security is required to issue cards that cannot be counterfeited, including highly specialized paper and printing techniques, some visible—some not. Lamination can cause damage to the card making the counterfeit details illegible. Some may not accept your card as legitimate if laminated.

Medicare's Preventive Services—more than five million Americans with traditional Medicare – or nearly 1 in 6 people with Medicare – took advantage of one or more of the preventive benefits now available under Medicare's Annual Wellness Visit at no cost to beneficiaries!

Medicare Reminder

While the majority of people with Medicare get their health coverage from Original Medicare, some people get their benefits from a Medicare private health plan, sometimes called a "Medicare Advantage" plan.

These private health plans contract with Medicare and are paid a fixed amount to provide Medicare benefits. They are generally "managed care plans." The most common types are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO) and Private Fee-For-Service (PFFS) plans.

You may also see Medicare Advantage plans called Special Needs Plans (SNP), Provider Sponsored Organizations (PSO) and Medicare Medical Savings Accounts (MSAs).

You still have Medicare if you join a Medicare private health plan. In most cases, you must still pay your Part B monthly premium (and your Part A premium, if you have one).

The plan must provide all Part A and Part B services but can do so with **different rules, costs and restrictions that can affect** how and when you can get care.

Medicare Watch
[medicarewatch@medicarerights.org]

SAVE your MSNs! You might need them to prove that payment was made or services were received if you claimed a medical deduction on your taxes!

Go to the Social Security website at www.socialsecurity.gov —there you can help someone you care about, file for retirement, disability, or Medicare. You can also learn about the *Extra Help* that is available to assist with Medicare prescription drug costs.

Medicare will only cover home health care if the person receiving the care is: homebound, needs skilled nursing care, has a signed home health certification from their doctor, and receives care from a Medicare-certified home health agency.

5

Medicare will not generally pay for routine eye care, but it will pay for some eye care services such as an **eye exam to diagnose potential vision problems**. If you are having vision problems that indicate a serious eye condition, Medicare will pay for an exam to see what is wrong, even if it turns out there is not anything wrong with your sight.



The high cost of prescription medication can be a burden on those who have limited income and resources. But there is *Extra Help* available through Social Security that could pay part of their monthly premiums, annual deductibles, and prescription co-payments.

Social Security has an easy-to-use online application that anyone can complete at:

www.socialsecurity.gov. Just select the link on the left of the page that says, "**Get extra help with Medicare prescription drug costs.**"

To apply by phone or have an application mailed to you, call Social Security at **1-800-772-1213** and ask for the **Application for Extra Help with Medicare Prescription Drug Plan Costs** (SSA-1020).

You can also go to the nearest Social Security office.

MEDICARE SAVINGS PROGRAMS (MSP)



Call 1-866-801-3435 / 1-800-224-6330

MSP is a state program that helps folks on limited incomes save money.

It may pay your Medicare deductible and coinsurance too!

Even if you think you may not qualify—apply anyway!

WHEN IN DOUBT...FILL IT OUT!

Medicaid to Quit Paying for Preventable Events

On June 1, 2011, The Centers for Medicare and Medicaid Services (CMS) announced that hospitals and healthcare providers will no longer be reimbursed for treating their **MEDICAID** patients for illnesses, injuries, or readmissions **that should have been prevented** — Conditions that are deemed "reasonably preventable". Included in what is preventable:

"As we reduce the frequency of these conditions, we will improve care for patients and bring down costs at the same time."

CMS Administrator
Donald Berwick, MD

- transfusing the wrong blood type;
- falls that result in dislocation, fractures, or head injuries;
- burns and electric shocks;
- catheter-associated urinary tract infections;
- surgical site infections after bariatric surgery or coronary artery bypass; and
- manifestations of poor glycemic control.

In addition, CMS stated that Medicaid won't pay for "never events" - those which should never happen - including: performing the wrong procedure; performing the procedure on the wrong body part, or performing the correct procedure, but on the wrong patient.

CMS predicts the rule will result in significant cost savings and will also motivate providers to improve quality practices at their facilities.

TAKEN IN PART FROM: Medpagetoday | June 1, 2011 | Emily P. Walker / www.medpagetoday.com/PublicHealthPolicy/Medicaid/26808

"We anticipate that these provisions will prompt healthcare providers to adopt quality programs that would limit the risk of providing services or using resources, in error, that will not be reimbursed," the agency said in the final rule.

Pre-Existing Condition Insurance Plan (PCIP): *Arkansas*

Eligible Arkansans can apply for coverage through the state's Pre-Existing Condition Insurance Plan program run by the Arkansas Comprehensive Health Insurance Pool. To qualify for coverage:

- You must be a citizen or national of the US or residing in the US legally.
- You must have been uninsured for at least six months before you apply.
- You must have a pre-existing condition or have been denied coverage because of your health condition.

The Pre-Existing Condition Insurance Plan covers a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs. All covered benefits are available for you.

To learn more about this program, please call 1-800-285-6477; go to www.chiparkansas.org; or email chiparkansas@arkbluecross.com.

Call **1-866-726-2916** to receive your copy of the quarterly **SMP Newsletter** in the mail!

Do You See Changes to Your Medicare Claims?

You may see changes to some of your Medicare claims, since Medicare adjusted how they pay for certain services in 2010. Your provider may owe you a refund for services you got in 2010, or you may have to pay your provider more coinsurance.

Check your Medicare Summary Notice for any changes to your claims. Your provider will let you know what to do next. They may send you a bill for any extra amounts you owe, or they may credit your account or send you a check for any refunds you're due.

Contact your provider with any questions.

CMS / ASK MEDICARE: May/June 2011

Prescription medicine should not be tossed in the trash or flushed down the toilet, as both of those methods pose health and safety hazards. A complete list of collection sites is available at artakeback.org—
www.artakeback.org/index.php?option=com_storelocator&view=map&Itemid=3



Be aware of the following **SCAM(S)**:

SMPs Nationwide Report Current Scams:

MISSOURI — This is a new twist on the “grandparent’s scam”. The Missouri SMP received a call from a lady stating that she had received a call from someone claiming to be “a University” calling because her grandson was in need of funds for his education.

UTAH — A beneficiary reported a call from a company claiming to offer new types of healthcare plans. The caller requested bank information. Upon research, the Utah SMP found that this caller/company was using the name of a legitimate company, but with the words in the name in the reverse order.

NEW JERSEY — A beneficiary reported receiving a postcard claiming that because of all the Medicare updates, Medicare supplement providers were going to raise their rates. The caller claimed that many beneficiaries were changing to HMOs, etc. (This sounds similar to typical marketing techniques that sellers of Medicare Advantage plans use to get round not being able to make cold calls to beneficiaries).

ARKANSAS — A beneficiary reported a call from someone claiming that Medicare is going broke and that there are other alternatives and then asked for personal information. Similar calls have been reported to **Kansas SMP** with the claim that they are connected with the tea party movement. **Massachusetts SMP** has also had second hand reports of such calls.

HELPFUL INFORMATION FOR SENIORS WHO ARE SCAMMED into giving their personal information (bank account information, Medicare number, Social Security number, etc.) by mail, telephone, or any other means of communication:

- ◆ Contact the local police and file a report (the report will be critical later if someone tries to use the information for illegal activity, including billing Medicare for services they have not received).
- ◆ Contact their bank and have an alert placed on their bank account (Typically, the bank will close the compromised bank account and open a new bank account).
- ◆ Contact all three credit bureaus: (1) TransUnion, (2) Experian, and (3) Equifax.
- ◆ If their Medicare number was given contact your SMP. The SMP will refer the matter to the Medicare contractor and the Medicare number will be added to a Medicare-compromised beneficiary database. (This step will provide additional protection of the beneficiary’s Medicare identification number against potentially fraudulent Medicare billing).

Useful tips to guard you from fraud in your home—

- Guard your Medicare and Social Security numbers. Treat them like you would treat your credit cards.
- Be suspicious of anyone who offers you free medical equipment or services and then requests your Medicare number. If it’s free, they don’t need your number!
- Do not let anyone borrow or pay to use your Medicare ID card or your identity. It’s illegal, and it’s not worth it!



HAVE YOU BEEN ON THE
ADMINISTRATION ON AGING’S
WEBSITE?

www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/SMP/index.aspx

On this website you can view articles such as:

- The Purpose of the SMP Program and How It Works;
- Data Highlighting Extensive Services Provided to Seniors;
- Funding History; and
- Resources and Useful Links

Why are seniors targets of fraud?

Because, often Medicare beneficiaries are:

- ★ Honest
- ★ Trusting
- ★ Don’t ask questions
- ★ Isolated
- ★ Vulnerable
- ★ Confused
- ★ Hearing impaired
- ★ Usually have savings accounts
- ★ If pressured, usually give in

REMEMBER, these scammers are professionals at knowing just how to get seniors to give out their personal information. Their goal is to first build trust and then the scammers ask for a Medicare number or bank account information.

Don’t Be Scammed!

Protect Your Personal Information!



NEWS RELEASE: ARKANSAS ATTORNEY GENERAL DUSTIN MCDANIEL ANNOUNCES SETTLEMENT REACHED WITH PHARMACEUTICAL COMPANY

State's proceeds will benefit Medicaid program

LITTLE ROCK -- Attorney General Dustin McDaniel announced that Arkansas, along with other states and the federal government, has reached a settlement with pharmaceutical manufacturer EMD Serono, Inc., over allegations of false or fraudulent claims submitted to the state's Medicaid program.

During the period from March 2002 through December 2009, EMD Serono paid remuneration to health care professionals for speaking engagements, advisory and consultant meetings, speaker training sessions, educational grants and charitable contributions. McDaniel claimed that at least one purpose of these payments was to induce those professionals to prescribe Rebif. The drug is used to treat multiple sclerosis.

Under the agreement, EMD Serono will pay a total of \$44.3 million, plus interest. Approximately \$19 million of the total settlement will be allocated to Medicaid programs nationwide.

Arkansas's Medicaid program will receive \$150,693.73 as a result of the settlement.

"Actions like these have a detrimental impact to our state's Medicaid program, and our Medicaid Fraud Control Unit will continue to investigate and work to prevent this type of activity," McDaniel said. "I applaud the states and federal government for working together to reach this settlement."

The settlement agreement was the result of a lawsuit filed in U.S. District Court in Maryland, alleging EMD Serono violated the Federal False Claims Act.

NEWS RELEASE: ARKANSAS ATTORNEY GENERAL DUSTIN MCDANIEL ANNOUNCES

NURSE PLEADS GUILTY IN PILL THEFT

Attorney General's Office investigated former nursing home employee

LITTLE ROCK – Attorney General Dustin McDaniel announced that Merrilee Tarpley, 41, of Malvern, pleaded guilty in Garland County Circuit Court to a felony charge of obtaining drugs by fraud.

McDaniel's office pursued charges against Tarpley after an investigation by the Attorney General's Medicaid Fraud Control Unit. Tarpley, a licensed practical nurse, admitted to an investigator that she had taken three hydrocodone tablets from her then-employer, Heritage of Hot Springs Health and Rehabilitation.

Tarpley was sentenced to three years' probation and \$995 in fines and court costs.

Tarpley's case has been referred to the Arkansas State Board of Nursing.

"We won't tolerate this or any other type of abuse in our state's nursing homes," McDaniel said. "It's my office's responsibility to investigate fraud and abuse of our Medicaid system, and we take that responsibility seriously. I would ask anyone who knows of any instances of Medicaid fraud, or abuse and neglect in our nursing homes, to call my office."

McDaniel's office was a special prosecutor in the case, assisted by Garland County Prosecutor Steve Oliver.

To report Medicaid fraud or abuse and neglect in nursing homes, call the Medicaid Fraud Control Unit's tip line, (866) 810-0016.

4 GUILTY IN \$5.2M MEDICARE FRAUD SCHEME IN HOUSTON

HOUSTON — Four people have been convicted in Houston of conspiring to defraud the Medicare program out of \$5.2 million over a three-year period.

A Justice Department statement identifies the four convicted Wednesday as 46-year-old Ezinne Ubani (eh-ZEEN' oo-BAH'-nee), 45-year-old Caroline Njoku (un-JOH'-koo) and 47-year-old Terrie Porter, all of Houston, and 55-year-old Mary Ellis of Missouri City.

The federal jury in Houston acquitted 62-year-old Estella Joseph of Houston, all after a 15-day trial before U.S. District Judge Nancy Atlas.

Sentencing is scheduled for July 20-21. Ubani and Ellis could receive up to 20 years in prison, Njoku could get up to 15 years in prison, while Porter could get up to 10 years in prison. Seven others had previously entered guilty pleas.

www.chron.com/disp/story.mpl/ap/tx/7550897.html

PRESCRIPTION DRUG ABUSE is now considered the fastest-growing drug problem in the country! Criminals are trafficking mostly those meds used for pain relief, anxiety, and depression. How is it done? Here's just a few ways:

- ✦ Thieves are stealing legitimate shipments.
- ✦ Doctors are writing false prescriptions that dealers fill and then sell the contraband.
- ✦ Traffickers are recruiting Medicare beneficiaries to sell their scripts for cash.

Google Alert-Medicare Fraud

U.S. Treasury "Retires" Paper Checks

Effective May 1, 2011 paper checks are no longer an option for ***new Social Security benefit applicants***—Federal benefit payments are all-electronic! New applicants will choose one of the two electronic payment options recommended by the Treasury Department:

(1) direct deposit or **(2) Direct Express® Debit MasterCard®**

The retirement of paper checks is a part of the US Treasury Department's **Go Direct®** Campaign.

It is projected that receiving benefits electronically **will save taxpayers one billion dollars over the next ten years**. Call toll-free 800-333-1795 or visit the Treasury Department's **Go Direct®** Campaign website at www.GoDirect.org.

Older Adults Volunteer in the Fight Against Medicare Fraud

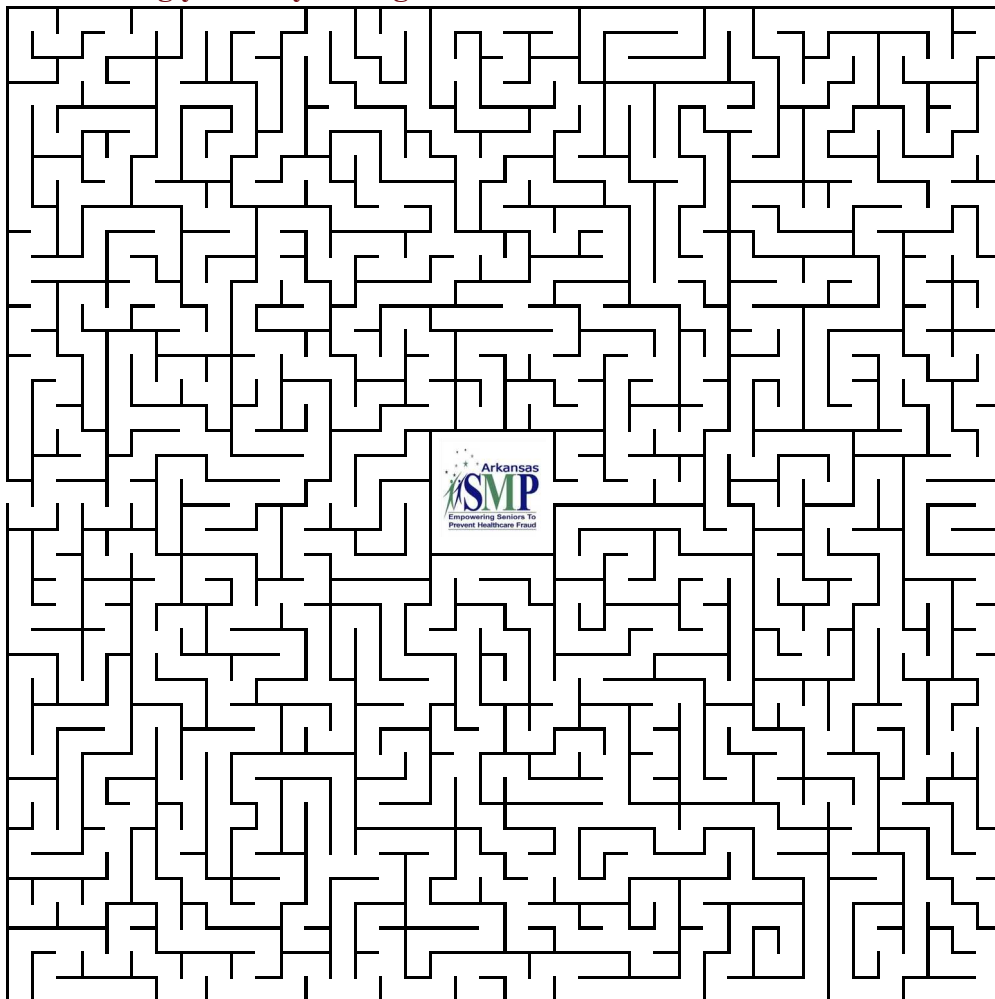
The Senior Medicare Patrol program's purpose is to educate older adults receiving Medicare and Medicaid benefits to prevent, detect, and report health care fraud. SMP programs nationwide recruit volunteers in the effort to empower older adults to protect themselves from fraud, and are funded by the U.S. Administration on Aging. For volunteer opportunities call **1-866-726-2916**.

Watch a fraud prevention video on YouTube: www.youtube.com/watch?v=R6B-dVDJf7A&feature=player_embedded

YOUR DOCTOR MAY REQUEST PAYMENT UP FRONT —

The only reason a provider can request full payment at the time of service is if the service is not covered (paid for) by Medicare, OR if your doctor 'does not accept assignment' (Medicare's approved amount as payment in full). Your doctor can charge you the 20% co-pay at the time you receive services.

Finding your way through the Medicare Maze! —Have Fun!



MEDICARE MAZE

If you would like to know more about the in's and out's of Medicare, join us for a **Medicare Maze** near you!

A Medicare Maze is an FREE, unbiased, educational/informational event presented by the Arkansas Insurance Department's SHIIP, the Arkansas Foundation for Medical Care, and the DHS Division of Aging & Adult Services' ARKANSAS SMP.

All the different aspects of Medicare are sometimes overwhelming! And weaving through the "Medicare Maze" is about as easy as finding your way through the maze to the left!

Attend the next Medicare Maze in your area:

See **page 10** for dates and Locations!

2011 SMP CALENDAR OF EVENTS:

MEDICARE MAZES are FREE Medicare informational/educational events presented by the Arkansas Insurance Department's SHIP (Senior Health Insurance Information Program), the Arkansas Foundation for Medical Care, and DHS's Arkansas SMP.

FOR MORE INFORMATION ON MEDICARE MAZES OR TO PRE-REGISTER—please call 1-800-224-6330

MEDICARE MAZES

- | | |
|---|--|
| JULY 22 — 8:30-11:30 am
Heber Springs City Hall Council Room
Heber Springs, AR | 1:30-4:30 pm
First Service Bank
Clinton, AR |
| AUG 18 — 8:30-11:30 am
First Baptist—Cordell
El Dorado, AR | 1:30-4:30 pm
Crossett Public Library
Crossett, AR |
| SEPT 22 — 8:30-11:30 am
Clarksville, AR (location TBD) | 1:30-4:30 pm
Ozark, AR (location TBD) |
| OCT 26 — 8:30-11:30 am
Berryville, AR (location TBD) | 1:30-4:30 pm
Harrison, AR (location TBD) |

SMP PRESENTATIONS and EVENTS

Call the Arkansas SMP if you would like us to come speak to your group! 1-866-726-2916

- JULY 8** — UAW of Northwest AR
Mountain Home, AR
- AUG 3** — Lincoln County Senior Health Fair
Star City, AR
- AUG 5** — SMP Presentation—AARP Chapter
Horseshoe Bend, AR
- AUG 9-11** — SMP National Conference
Washington, DC
- SEPT 15** — Johnson County
Senior Activity Center
- OCT 6** — Ashley County EHC
Hamburg, AR
- OCT 27** — Washington County EHC
Fayetteville, AR

PROTECTING ARKANSANS

PROTECTING ARKANSANS is an educational, town hall-type seminar sponsored by AARP in partnership with the Office of the Arkansas Attorney General, Arkansas Securities Department, Arkansas Insurance Department, and Arkansas Department of Human Services, *bringing state government to you with the message of consumer protection and fraud awareness.*

*September—DeQueen AR (Location TBD)
October—Springdale AR (Location TBD)*

Go to www.daas.ar.gov/asmp.html or call 1-866-726-2916 for upcoming dates and locations across Arkansas for *Protecting Arkansans* events in 2011!



Since more and more Seniors are texting and tweeting there is a need for the following STC (Senior Texting Code):

ATD: At The Doctor's
BTW: Bring The Wheelchair
BYOT: Bring Your Own Teeth
CBM: Covered By Medicare

CUATSC: See You At The Senior Center
IMHO: Is My Hearing-Aid On?
LMDO: Laughing My Dentures Out
LWO: Lawrence Welk's On!
LMGA: Lost My Glasses Again

IMPORTANT PHONE NUMBERS:

AANHR —AR Advocates for Nursing Home Residents	501-224-8431
AFMC —AR Foundation for Medical Care	1-888-354-9100
Area Agency on Aging	1-800-986-3505
Arkansas Attorney General Consumer Protection Division	1-800-482-8982
APS —Adult Protective Services (DHS)	1-800-482-8049
AR-GetCare —(Directory of Community-Based Services)	1-866-801-3435
Arkansas Rehabilitation Services	1-800-981-4463
AR SMP (Healthcare Fraud Complaints)	1-866-726-2916
Better Business Bureau (BBB)	501-664-7274
CMS —(Medicare)— (Centers for Medicare and Medicaid Services) (1-800MEDICARE)	1-800-633-4227
Community Health Centers of AR	1-877-666-2422
Coordination of Benefits	1-800-999-1118
DHS (Customer Assistance Unit)	1-800-482-8988
Do Not Call Registry	1-888-382-1222
Elder Care Locator	1-800-677-1116
Federal Trade Commission Report STOLEN IDENTITY	1-800-438-4338
ICan —Increasing Capabilities Access Network	501-666-8868
Medicaid —(Claims Unit)	1-800-482-5431
Medicaid Fraud Control Unit	1-866-810-0016
MEDICARE (CMS 1-800-MEDICARE)	1-800-633-4227
Medicare Part D	1-877-772-3379
Medicare Rights Center	1-800-333-4114
National Consumer Technical Resource Center	1-877-808-2468
National Medicare Fraud Hotline (1-800-HHS-TIPS) 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
Resource Center (ADRC) (DHS'S Choices in Living Resource Center)	1-866-801-3435
Senior Circle (Northwest Health System)	1-800-211-4148
SHIP (Senior Health Insurance Information Program)	1-800-224-6330
SMP Locator —(locate an SMP outside AR)	1-877-808-2468
SSA (Social Security Administration) Little Rock Office	1-800-772-1213 1-866-593-0933
SSA Fraud Hotline	1-800-269-0271
South Central Center on Aging	1-866-895-2795
Tri-County Rural Health Network	1-870-338-8900
UALR Senior Justice Center	501-683-7153
UofA Cooperative Extension Service	501-671-2000

HELPFUL WEBSITES:

ADRC —AR Aging & Disability Resource Center (DHS)— www.choicesinliving.ar.gov/
AR-GetCare — www.ARGetCare.org (Directory of Community-Based Services)
AR Advocates for Nursing Home Residents — www.aanhr.org ; e-mail: Info@aanhr.org
AR Long Term Care Ombudsman Program — www.arombudsman.com
Arkansas 2-1-1 — www.arkansas211.org (Get Connected. Get Answers)
Arkansas Aging Initiative — http://aging.uams.edu/?id=4605&sid=6
Attorney General — www.arkansasag.gov
Arkansas Attorney General Consumer Protection Division —e-mail: consumer@ag.state.ar.us
Area Agencies on Aging — www.daas.ar.gov/aaamap.html
Arkansas Foundation for Medical Care — www.afmc.org
Arkansas SMP — www.daas.ar.gov/asmp.html
BBB (Better Business Bureau)— www.bbb.org
BBB scams and alerts — http://arkansas.bbb.org/bbb-news/
CMS (Medicare-Centers for Medicare and Medicaid Services) — www.cms.hhs.gov
Do Not Mail — www.DMAchoice.org
Elder Care Locator — www.eldercare.gov
H.E.A.T — www.stopmedicarefraud.gov/ (Healthcare Fraud Prevention and Enforcement Action Team)
ICan AT4ALL — Tools for Life— www.ar-ican.org
MEDICARE — www.medicare.gov
Medicare Interactive Counselor — www.medicareinteractive.org
Hospital Compare — www.hospitalcompare.hhs.gov
MyMedicare.gov — www.mymedicare.gov (Access to <u>your personal</u> Medicare claims information)
MyMedicareMatters.org (National Council on Aging)
Office of Long Term Care — www.medicare.state.ar.us/InternetSolution/general/units/oltc/index.aspx
Office of Inspector General —e-mail HHSTips@oig.hhs.gov
Pharmaceutical Assistance Program — www.medicare.gov/pap/index.asp
Physician Compare — www.medicare.gov/find-a-doctor
SMP Locator — SMPResource.org (locate an SMP outside of AR)
Social Security Administration — www.ssa.gov/dallas/state_ar.html
South Central Center on Aging — http://southcentralcoa.org/
TAP — www.arsinfo.org (Telecommunications Access Program)
Tri-County Rural Health Network — communityconnecting.net/home.html
UofA Cooperative Extension Service — www.uaex.edu (or) www.arfamilies.org
Working Disabled — www.workingdisabled-ar.org



OUR MISSION

TO EMPOWER SENIORS

- * Medicare/Medicaid beneficiaries
- * People with disabilities
- * Nursing home residents & their families
- * Caregivers



TO PREVENT HEALTH-CARE 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** before discarding

Detect Errors, Fraud, and Abuse

- * Always review MSN and EOB for mistakes
- * Compare them to prescription drug receipts and record them in your Personal Health Care 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, etc.

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 health-care providers
- * Retired professionals, *e.g.*, teachers, accountants, attorneys, investigators, nurses

To receive the Arkansas SMP Newsletter electronically
email: kathleen.pursell@arkansas.gov

Current and archived newsletters available at:
www.daas.ar.gov/asmpnl.html

SMP PARTNERS

El Dorado Connections RSVP
El Dorado, AR 71730

EOA of Washington County RSVP
Springdale, AR 72764

Texarkana RSVP
Texarkana, AR 71854

RSVP of Central Arkansas
Little Rock, AR 72223

**Tri-County Rural Health
Network, Inc.**
Helena, AR 72342

UALR Senior Justice Center
Little Rock, AR 72204

**Literacy Council of
Jefferson County**
Pine Bluff, AR

**Senior Health Insurance
Information Program (SHIIP)**
Little Rock, AR

South Central Center on Aging
Pine Bluff, AR

**Arkansas Foundation for Medical Care
(AFMC)**
Fort Smith, AR



P. O. Box 1437 Slot S530
Little Rock, AR 72203-1437
<http://www.daas.ar.gov/asmp.html>

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