Arkansas SMP
Empowering Seniors To Prevent Healthcare Fraud

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NEWSLETTER

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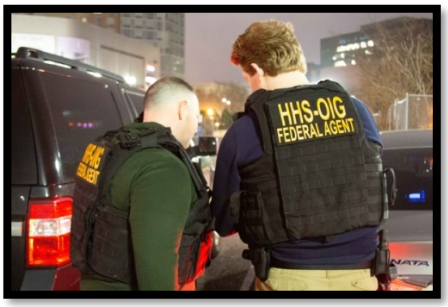
Nationwide



In this photo provided by the Department of Health and Human Services, Office of Inspector General, HHS Office of Inspector General agents, and other law enforcement officers, take part in arrests Tuesday, April 9, 2019, in Queens, N.Y., as they break up a billion-dollar Medicare scam that peddled unneeded orthopedic braces to hundreds of thousands of seniors nationwide, **using a network of foreign call centers.** (Department of Health and Human Services, Office of Inspector General via AP)

Brace Scam

The Department of Health and Human Services Office of Inspector General, with our law enforcement partners, announced in April 2019 our efforts in dismantling one of the largest healthcare fraud schemes ever investigated, in terms of amount billed to Medicare.

Twenty-four defendants in 17 Federal districts were charged for allegedly participating in the scheme, in which fraudsters submitted over $1.7 billion in Medicare claims and were paid $900 million. In the alleged scheme, medical professionals working with fraudulent telemedicine companies received illegal kickbacks and bribes from medical equipment companies. In exchange, the medical equipment companies obtained prescriptions for medically unnecessary orthotic braces and used them to fraudulently bill Medicare. This enforcement action demonstrates the positive impact OIG is making to fight fraud and protect HHS programs and beneficiaries.

SOURCE:https://oig.hhs.gov/newsroom/media-materials/2019/bracescam/

U.S. Department of Health and Human Services
Office of Inspector General

Fraud Alert:

Nationwide Brace Scam

The U.S. Department of Health and Human Services Office of Inspector General is alerting the public about a fraud scheme involving orthotic braces and other medical equipment.

Scammers are offering Medicare beneficiaries orthotic braces that are supposedly free to them and covered by Medicare. Fraudsters (1) may call beneficiaries directly to offer braces or (2) use television or radio advertisements to encourage beneficiaries to order free braces by calling the phone number provided.

If a beneficiary provides or verifies personal or Medicare information, a brace is sent even if it is not requested by the beneficiary or medically necessary. Often, a beneficiary receives multiple braces. Medicare is then billed for each brace using the beneficiary's information.

If a beneficiary has received unwanted or unneeded braces, and that equipment is billed to Medicare, then Medicare may deny a brace that the beneficiary needs in the future.

GO TO LINK BELOW TO WATCH A VIDEO FROM THE U.S. OFFICE OF INSPECTOR GENERAL—Gary Cantrell, Deputy Inspector General for Investigations: https://www.youtube.com/watch?time_continue=3&v=rtcZ_TvvqGs

Protect Yourself

- If you receive a call from someone offering you a free brace that will be billed to Medicare, hang up immediately.
- If medical equipment is delivered to you, don't accept it unless it was ordered by your physician. Refuse the delivery or return it to the sender. Keep a record of the sender's name and the date you returned the items.
- Be suspicious of anyone who offers you free medical equipment and then requests your Medicare number. If your personal information is compromised, it may be used in other fraud schemes.
- A physician that you know and trust should approve any requests for equipment to address your medical needs.

SOURCE: https://oig.hhs.gov/fraud/consumer-alerts/alerts/bracescam.asp

VIEW A DETAILED GRAPHIC OF HOW THE PERPETRATORS CARRY OUT THIS SCHEME:

https://oig.hhs.gov/fraud/consumer-alerts/alerts/brace-scheme_infog-horz.png

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INSIDE MEDICARE—

The eMedicare initiative's goal is to provide a seamless online health care experience to meet the growing expectations for this generation of Medicare beneficiaries.

eMedicare initiatives that CMS launched are:

- A simplified log in for the Medicare Plan Finder (https://www.medicare.gov/find-a- plan/questions/home.aspx) tool using their online account (instead of the current process of entering 5 pieces of information to authenticate);
- Giving beneficiaries the ability to print their Medicare card online;
- Launching consumer-facing Blue Button (https://www.medicare.gov/manage-your-health/medicares-blue-button-blue-button-20) features in Mymedicare.gov;
- Providing an online version of the Medicare & You Handbook (https://www.medicare.gov/medicare-and-you) in a mobile-friendly format. We've also added simple, graphical explanations at the beginning of the Medicare & You handbook;
- Enhancing social media presence—Medicare's Facebook page (https://www.facebook.com/medicare/) has grown to almost a half-million followers;
- Distributing the electronic version of the Medicare Summary Notice, allowing people with Medicare to view their explanation of benefits in a more timely manner online at https://www.mymedicare.gov/ (https://www.mymedicare.gov/); and
- The eMedicare initiative will expand and improve upon current consumer service options. People with Medicare will continue to have access to paper copies of the *Medicare & You* handbook and the Medicare Summary Notice.

CMS launched the initiative with a new video https://youtu.be/YUiHOnmun8s.

If your doctor, provider, or supplier doesn't accept assignment—

Non-participating providers haven't signed an agreement to accept assignment for all Medicare-covered services, but they can still choose to accept assignment for individual services. These providers are called "non-participating."

Here's what happens if your doctor, provider, or supplier doesn't accept assignment:

- You might have to pay the entire charge at the time of service. Your doctor, provider, or supplier is supposed to submit a claim to Medicare for any Medicare-covered services they provide to you.
- They can't charge you for submitting a claim. If they don't submit the Medicare claim once you ask them to, call 1-800-MEDICARE.
- They can charge you more than the Medicare-approved amount, but there's a limit called "the limiting charge ". The provider can only charge you up to 15% over the amount that non-participating providers are paid. Non-participating providers are paid 95% of the fee schedule amount.

  The limiting charge applies only to certain Medicare-covered services and doesn't apply to some supplies and durable medical equipment.

Click here to:
Find out if your doctors and other healthcare providers accept assignment or participate in Medicare.

SOURCE:
https://www.medicare.gov/your-medicare-costs/part-a-costs/lower-costs-with-assignment

Arkansas Medicare recipients have received their new Medicare cards — **if you have not received yours,** please call the AR SMP at 866-726-2916.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies **(DMEPOS) Competitive Bidding GAP**

January 1, 2019 was the start of a temporary gap in the Competitive Bidding Program that CMS expects will last until December 31, 2020.

During this period, beneficiaries can get DMEPOS items from any Medicare enrolled supplier.

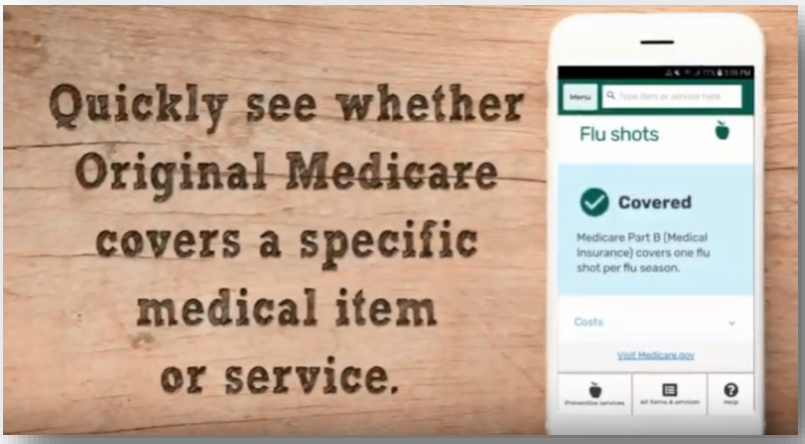
Please make sure the company you choose is a Medicare-approved DME supplier who "takes Assignment."

FOR MORE INFORMATION:
https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/DMEPOS-Temporary-Gap-Period-Fact-Sheet-Beneficiary.pdf

New App Displays What Original Medicare Covers

Find out whether Medicare covers a specific medical item or service, on the go, *even without WiFi or data*!

CLICK HERE TO ***WATCH VIDEO***
for more details and instructions:
https://play.google.com/store/apps/details?



GO TO: https://www.medicare.gov/sites/default/files/2019-01/12035-whats-covered-app.pdf

SIGN UP FOR MEDICARE EMAILS at Medicare.gov

eMedicare
Medicare.gov

THE *ONLY* **"FREE"** CREDIT REPORT:
Annualcreditreport.com

Elder LGBTQ Information

IMPACT TO YOU

Section 3 of the Defense of Marriage Act (DOMA) provided for purposes of federal law, the term "spouse" could not include individuals in a same-sex marriage.

Because the Medicare Secondary Payor (MSP) Working Aged provisions only apply to subscribers and their spouses, the Working Aged provisions did not apply on the basis of spousal status to individuals in a same-sex marriage.

The United States Supreme Court has invalidated this DOMA provision. Thus, the Centers for Medicare & Medicaid Services (CMS) is no longer prohibited from applying the MSP Working Aged provision to individuals in a same-sex marriage.

What You Need to Know:

Effective January 1, 2015, the rules below apply with respect to the term "spouse" under the MSP Working Aged provisions. This is true for both opposite-sex and same-sex marriages:

If an individual is entitled to Medicare as a spouse based upon the Social Security Administration's rules, that individual is a "spouse" for purposes of the MSP Working Aged provisions.

If a marriage is valid in the jurisdiction in which it was performed including one of the 50 states, the District of Columbia, or a U.S. territory, or a foreign country, so long as that marriage would also be recognized by a U.S. jurisdiction, both parties to the marriage are "spouses" for purposes of the MSP Working Aged provisions.

Where an employer, insurer, third party administrator, Group Health Plan (GHP), or other plan sponsor has a broader or more inclusive definition of spouse for purposes of its GHP arrangement, it may (but is not required to) assume primary payment responsibility for the "spouse" in question. If such an individual is reported as a "spouse" through the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) Section 111, Medicare will pay accordingly and pursue recovery, as applicable.

Disclaimer: This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2013 American Medical Association.

Drop Off Your Unused Prescription Medications
DRUG TAKE BACK EVENT — April 27th

Drop off your unused and expired prescription medications at the 15th Annual Arkansas Drug Take Back Day from 10 a.m. to 2 p.m. on Saturday, April 27th. **The service is *FREE* and *ANONYMOUS*, no questions asked.** Sites cannot accept liquids or needles or sharps, only pills or patches.

For more information about the disposal of prescription drugs or about the April 27 Take Back Day event, go to www.DEATakeBack.com.

I can.
You can.
We can.
Save a life with Narcan!

With the launch of the nARcansas app coinciding with the 17th Arkansas Drug Take Back Day, the theme is "I can. You can. We can. Save a life with Narcan!"

VOCABULARY—

MEDICARE FRAUD Defined:

Medicare fraud occurs when someone knowingly deceives Medicare to receive payment when they should not, or to receive higher payment than they should. Committing fraud is illegal and should be reported. Anyone can commit or be involved in fraud, including doctors, other providers, and Medicare beneficiaries.

A provider is committing fraud if they:

→ Bill Medicare for services you never received;

→ Bill Medicare for services that are different from the ones you received (usually more expensive);

→ Continue to bill Medicare for rented medical equipment after you have returned it;

→ Offer or perform services that you do not need in order to charge Medicare for more services;

→ Tell you that Medicare will pay for something when it will not;

→ Use another person's Medicare number or card.

To report fraud, contact 1-800-MEDICARE (633-4227); the Senior Medicare Patrol (SMP) Resource Center (877-808-2468); the **AR SMP at 866-726-2916**; or the Inspector General's fraud hotline at 1-800-HHS-TIPS (1-800-447-8477).

Medicare will not use your name while investigating if you do not want it to.

NEW MEDICARE CARD NUMBERS—
Still vulnerable to Medical Identity Theft!

Medical identity theft is when someone steals or uses your personal information (like your name, Social Security number, or Medicare number), to submit fraudulent claims to Medicare and other **health** insurers without your authorization. **Medical identity theft** can disrupt your **medical** care, and wastes taxpayer dollars.

TREAT YOUR NEW MEDICARE CARD LIKE YOU WOULD A CREDIT CARD!

REPORT
MEDICAL IDENTITY THEFT!

866-726-2916

CMS Policies and Safe Use of Opioids

Starting January 1, 2019, Medicare drug plans will employ the following safety alerts at the pharmacy:

- 7 day supply limit for opioid naïve patients: This is a policy to limit an initial opioid prescription supply to 7 days or less until the pharmacy gets an override from the plan for Medicare patients who have not recently filled an opioid prescription (e.g., within 60 days). The pharmacist can fill part of the initial prescription (e.g., a 7 day supply) per state and federal regulations. If a prescriber writes another prescription for the remainder of the days-supply, or any subsequent prescriptions, those prescriptions are not subject to the 7 day supply limit because the patient is no longer considered opioid naïve. However, if a prescriber believes that an opioid naïve patient will initially need more than a 7 day supply initially, the prescriber can contact the plan to request a coverage determination on behalf of the patient attesting to the medical need for a supply greater than 7 days. The prescriber can also request an expedited or standard coverage determination in advance of prescribing an opioid.

- Opioid care coordination alert: This is an alert for pharmacists to review when the patient's cumulative morphine milligram equivalents (MME) reaches 90 mg or greater per day across all opioid prescriptions. Some plans use this alert only when the patient uses multiple opioid prescribers and/or opioid dispensing pharmacies. This 90 MME threshold identifies potentially high risk patients who may benefit from closer monitoring and care coordination. It is cited in the Centers for Disease Control and Prevention (CDC) Guideline (https://www.cdc.gov/drugoverdose/prescribing/guideline.html) as the level above which primary care prescribers should generally avoid. This is not a prescribing limit. In reviewing the alert, the pharmacist may contact the prescriber to confirm medical need for the higher MME. The pharmacist may talk with the prescriber about other opioid prescribers or increasing level (MME) of opioids. After that discussion to confirm intent, the pharmacist can fill the prescription. The prescriber who writes the prescription will trigger the alert and a pharmacist will contact the prescriber even if that prescription itself is below the 90 MME threshold. Once a pharmacist consults with a prescriber on a patient's prescription for a plan year, the prescriber will not be contacted on every opioid prescription written for the same patient after that unless the plan implements further restrictions. The new CMS policies also include drug management programs to encourage care coordination and safe use of opioids as required by the Comprehensive Addiction and Recovery Act of 2016. Starting in 2019, for patients who could potentially abuse or misuse prescription drugs - including opioids and benzodiazepines - a Medicare drug plan will contact prescribers through case management to review patients' total utilization pattern of frequently abused drugs and discuss the following coverage limitation tools:

- Requiring the patient to get these medications from a specified prescriber and/or pharmacy, or

- Implementing an individualized point of sale edit that limits the amount the drug plan covers for these medications.

This newsletter is paid for by a grant (#90MP0022101) from the Administration for Community Living. Its contents are solely the responsibility of the Arkansas SMP and do not necessarily represent the official views of ACL.

SOMETHING YOU SHOULD KNOW!

How to Spot Elder Abuse

Although recognizing elder abuse can be difficult, NCEA has identified the following warning signs that may be an indication that further attention and action is needed. An older adult may be experiencing elder abuse if it appears that they:

- are socially isolated or cut off from contact with friends and/or loved ones;
- are confused or depressed;
- are undernourished or dehydrated;
- appear dirty or have unexplained bruises or bed sores;
- are not receiving care for health problems—eyesight, dental, hearing, incontinence;
- are abusing drugs or alcohol;
- have trouble sleeping.

For other signs of elder abuse, visit https://www.nia.nih.gov/health/elder-abuse#signs

What to Do If You Suspect Elder Abuse

As with other forms of abuse, older adults who have experienced abuse tend to blame themselves.

If you observe any of the warning signs mentioned above and are concerned that an older adult shows signs of abuse, take the following actions:

- Talk to the person you suspect is being abused. NCEA recommends asking if elder abuse has occurred, whether the older adult is afraid of anyone or if they are being harmed by anyone. It is important to remind them that it is not their fault.
- Contact 911. If it appears that an older adult is in immediate danger due to suspected elder abuse, contact the police right away. • Contact Adult Protective Services. Each state's Adult Protective Services office has the authority to conduct an investigation of any suspected cases of elder abuse.
- Contact your state's Long-Term Care Ombudsman. For older adults residing in a licensed nursing home or assisted living facility, a state's Long-Term Care Ombudsman will act as an advocate for suspected victims of elder abuse and can provide information about the appropriate licensing, monitoring and regulatory agencies.
- Call the Eldercare Locator. The Eldercare Locator's trained staff can connect older adults and concerned caregivers with local reporting organizations.

National Center on Elder Abuse (NCEA)

DON'T BE A VICTIM OF IDENTITY THEFT!

DID YOU KNOW?

If you have been a victim of identity theft, close accounts that have been tampered with or fraudulently opened, and file a complaint with the FTC. The Arkansas Attorney General's office also offers an ID Theft Passport to help victims reestablish their good name, which requires that consumers first file a police report for financial identity theft.

DO YOU KNOW *WHY* YOU RECEIVED A NEW MEDICARE CARD WITH A NEW NUMBER?

The Centers for Medicare & Medicaid Services (CMS) was required by law to remove Social Security Numbers (SSNs) from all Medicare cards and replace the numbers with a new unique Medicare number in an effort to protect people with Medicare from fraudulent use of SSNs, which can lead to identity theft and illegal use of Medicare benefits.

TREAT YOUR NEW MEDICARE CARD LIKE YOU WOULD A CREDIT CARD!

Understanding the New Medicare NUMBER—

Your new Medicare number has 11 randomly-generated characters using the numbers 0-9, and all uppercase alphabet letters *EXCEPT:* S, L. O, I, B and Z, as these letters can be mistaken for numbers. The LETTER O is not used in the new Medicare number, so it will never be mistaken for a ZERO. If you have to ask yourself, "Is this an "O" or a "0?" it will ALWAYS BE A ZERO because the letter "O" is never used.

SMP VOLUNTEERS IN THE SPOTLIGHT!

Really Special and Valuable People!

Rosetta assisting players

SMP Volunteers Gloria Brewer, Gary Lipsitz and Rosetta Madison, SMP Volunteers leading SMP Fraud Bingo at Strachota Senior Center, Pine Bluff.

South Central Center on Aging team members received the BOOTS ON THE GROUND CHALLENGE WINNER TROPHY this quarter! These ladies won for MOST FRAUD BINGOs!

SMP Volunteers, (L-R) Judy Ramer, Melvin Jones and Gus Swain working the SMP booth at the Alzheimer's AR HOPE for the Future at Geyer Springs First Baptist Church. These three are long-time volunteers for the SMP program through our partner organization the RSVP of Central AR. Thank you for your continued dedication to the AR SMP!

L-R: Congratulations! Donna Taylor, Teresa Hamilton and Theresa Horton. We love you!

Margie Jones and Lisa Strain – RSVP of Central AR—calling fraud bingo.

(L) Beverly Maddox, Partner Spinsterhaven, presenting SMP Fraud Bingo at the Springdale Senior Center. (Middle) SMP Volunteer Dan Spear with Center Director Lori Proud; (R) Paula Blackard, with Spinsterhaven, double checking.

Beverly Maddox and Paula Blackard—with Spinsterhaven—presenting SMP Fraud Bingo at the Elkins Sr. Center.

Dearborn entrepreneur charged in $1M health care fraud—

Dearborn, MI—
Pharmacist cheated Medicare and Medicaid by charging for medications prescribed to dead people and by billing via interstate wires from Michigan for expensive medications that were not given to patients (including those used to treat asthma, acid reflux, arthritis, shingles and bipolar disorder) The medications totaled more than $1.2 million, for which the pharmacy did not have sufficient inventory to dispense. If convicted, he could spend up to 10 years in prison.

The Detroit News/December 31, 2018

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4 Charged, 130 DME Companies Affected, $1.2 Billion Lost

Executives and others associated with telemedicine and durable medical equipment (DME) companies were charged in one of the largest health care fraud schemes investigated by the FBI and the U.S. Department of Health and Human Services Office of the Inspector General (HHS-OIG). The alleged scheme involved the payment of illegal kickbacks and bribes by DME companies in exchange for the referral of Medicare beneficiaries by medical professionals working with fraudulent telemedicine companies for back, shoulder, wrist, and knee braces that are medically unnecessary. It involved 24 individuals responsible for over $1.2 billion in losses. Adverse administrative action was taken against 130 DME companies that had submitted over $1.7 billion in claims and paid over $900 million. Read a news story. Read a Department of Justice press release.

Providers Plead Guilty to Fraudulent Billing Scheme

February 27, 2019
Baton Rouge, LA—
A co-owner and medical director of a pain management clinic admitted he, a billing supervisor, and others conspired to submit fraudulent claims indicating that minor surgical procedures occurred on days subsequent to office visits when, in fact, the office visits and procedures took place on the same day. He admitted that this practice, commonly referred to as "unbundling," was done to defraud Medicare and other health care insurers for non-reimbursable office visits. He further admitted to falsifying and directing others to falsify records substantiating the fraudulent claims. Read a Department of Justice press release: https://www.justice.gov/opa/pr/baton-rouge-doctor-and-his-medical-billing-supervisor-plead-guilty-fraudulent-billing-scheme.

Woman Sentenced for Fraud Case

March 14, 2019
Houston, TX—
A Houston woman has been ordered to pay more than $15 million in restitution following her conviction of conspiring to commit $50 million in health care fraud as well as laundering money. She conspired with others to falsely bill Medicare and Medicaid for millions of dollars of medical tests that were either not performed or were medically unnecessary.
Most of these tests supposedly occurred at 28 testing facilities. To prevent Medicare from learning about the scheme, the woman hired "seat warmers" – young women paid to sit and answer phones in the nearly empty offices that comprised many of the "testing facilities." Read a Department of Justice press release: https://www.justice.gov/usao-sdtx/pr/houston-woman-sentenced-conspiring-commit-50-million-health-care-fraud-and-money

The Arkansas Senior Medicare Patrol (SMP) is a federal grant program administered by the AR Department of Human Services Division of Aging, Adult & Behavioral Health Services. This project was supported in part by grant number 90MPPG0031 from the U.S. Administration for Community Living a Department of Health and Human Services.

Be aware of SCAM(s):

Report all scams to the Arkansas SMP — **1-866-726-2916**

Durable Medical Equipment (DME) SCAM—

HAVE YOU RECEIVED UNWANTED PACKAGE(S) CONTAINING Braces?

Senior Medicare Patrol (SMP) programs nationwide are seeing many cases where Medicare beneficiaries are receiving "DROP SHIPMENTS" of unwanted and unordered braces (ankle, back, knee, neck, shoulder, wrist, etc.) from out-of-state suppliers and ordered by out of state doctors that the beneficiary has does not know and has never seen. These are supplies your doctor did not order, you did not order, and you do not want!

Seniors are also receiving an alarming number of phone calls from scamsters who ask about joint pain and then offer braces to help—they just need your Medicare number! **This is a SCAM**. Remember, NEVER give your personal information (Medicare number-OLD or NEW, SS number, or your bank account number) to anyone who calls you. Even when you tell the caller you do not want the item(s), you may receive them anyway. Sometimes you may agree to one item, but when the package arrives, it includes MANY other braces you did not order.

If you are a victim of this scam, please take the following steps:

1. If possible, REFUSE PACKAGE at point of delivery.
2. DO NOT OPEN THE PACKAGE!
3. If package was dropped off on your doorstep, you may return the UNOPENED package to carrier, i.e. USPS, FedEx, UPS, etc.
5. Keep a return receipt as proof of the return. Medicare will ask for this when reporting the fraud.
6. Report receipt of any unordered DME items as FRAUD to 1-800-MEDICARE or to the **AR SMP—866-726-2916**. Copies of all documentation related to the item(s), i.e. MSN, return receipt, and all information related to supplier, will be required in order to assist with recoupment of payment to Medicare.
7. Be prepared for more phone calls, don't answer or—**JUST HANG UP!**
8. Be prepared for more items to arrive—**REFUSE or RETURN THE UNOPENED PACKAGE(S)!**

GENETIC TESTING — *When to suspect fraud*

GENETIC DNA SCREENING

Medicare **DOES NOT COVER** genetic testing (CHEECK SWABS) as part of a generic **GROUP SCREENING.**

Medicare will only cover such a diagnostic laboratory test for patients with a diagnosis of cancer, along with the person's personal physician's orders for such testing. Medicare only pays for DNA or genetic testing in rare circumstances where it is medically necessary for treatment or diagnosis of a certain medical condition.

These tests must be ordered by the patient's own physician or qualified practitioner when it is medically necessary for the diagnosis or treatment of the patient.

If you encounter people offering such group screenings stating that Medicare will cover it, do not give them your Medicare number or any personal information. They may be committing fraud!

ADVICE—

⇒ Do not agree to a DNA genetic testing (cheek swab) without first consulting your personal physician.

⇒ If you are a senior-centered organization, i.e. senior center, wellness center, senior housing community, independent living community, etc., please:

- Screen individuals or groups requesting a speaking/presentation or social event for your seniors. Make sure you are aware of the topic and contents of the information to be presented.
- Do not allow them to collect personal information or Medicare numbers from attendees.
- Do not agree to a group setting involving DNA / genetic / or cancer screening.

Upcoming Arkansas SMP Activities

DATE	ACTIVITY	COUNTY
April 2	SMP Presentation — EHC Spring Council Meeting — Clarksville	Johnson
April 4	AR Gerontological Society (AGS) Spring Conference—UALR Student Center—LRA	Pulaski
April 4	SMP Fraud Bingo—Waychoff Senior Center — Heber Springs	Cleburne
April 5	SMP Exhibit Booth— AWC Rogers Wellness Fair— Rogers	Benton
April 9	SMP Presentation — The Cottages — Little Rock	Pulaski
April 10	SMP Fraud Bingo — Stonebridge — Pocahontas	Randolph
April 12	SMP Exhibit Booth — Alzheimer's AR Hope for the Future — Hot Springs Village	Garland
April 17	SMP Presentation — Cottages of the Delta — Clarendon	Monroe
April 18	SMP Fraud Bingo — Fayetteville Health & Wellness Center	Washington
April 19	SMP Fraud Bingo — Pangburn Senior Center — Pangburn	White
April 23	SMP Presentation — Christopher Homes — DeValls Bluff	Prairie
April 25	SMP Exhibit Booth — Spring Senior Expo — Riordan Hall — Bella Vista	Benton
April 30	SMP Fraud Bingo — Campus Towers Apts — Little Rock	Pulaski
May 3	SMP Presentation — AAA Russellville	Pope
May 3	SMP Fraud Bingo — Christopher Homes — Clarendon	Monroe
May 14	SMP Fraud Bingo — Stonebridge — Cabot	Lonoke
May 15	SMP Fraud Bingo — Wesley on the Ridge — Jonesboro	Craighead
May 16	SMP Exhibit Booth — NARFE Annual Convention — Embassy Suites — Little Rock	Pulaski
May 20	SMP Presentation — Christopher Homes — Brinkley	Monroe
May 21	SMP Fraud Bingo — Stonebridge — Heber Springs	Cleburne
May 21	SMP Presentation — S.A.L.T. — Bentonville	Benton
May 29	SMP Presentation — Alzheimer's AR Lunch & Learn — Mountain Home	Baxter
June 7	SMP Exhibit Booth — Alzheimer's AR River Valley Hope for the Future — Clarksville	Johnson
June 11	AR SMP Advisory Council Meeting — LRA	Pulaski
June 11	SMP Presentation — Concordia—Bella Vista — Senior Education Lecture (6 p.m.)	Benton
June 18	SMP Presentation — Alzheimer's AR Lunch & Learn — NLR	Pulaski
June 28	SMP Presentation / Exhibit Booth — Alzheimer's AR Hope for the Future — Conway	Faulkner
July 12	SMP Presentation — Alzheimer's AR Lunch & Learn—St Mary Wellness—Russellville	Pope
July 19	SMP Presentation / Exhibit Booth — Hope for the Future — St. Bernard's — Jonesboro	Craighead
July 22-26	SMP / SHIIP National Conference—San Diego CA	Out of State
July 26	SMP Exhibit Booth — Alzheimer's AR Hope for the Future — Hot Springs	Garland
August 16	SMP Exhibit Booth — Alzheimer's AR Hope for the Future — Concordia—Bella Vista	Benton
September 6	SMP Exhibit Booth — Alzheimer's AR Hope for the Future — Marianna	Lee
September 17	AR SMP Advisory Council Meeting — LRA	Pulaski
September 19	SMP Exhibit Booth — Apple-A-Day — Clarksville	Johnson
September 20	SMP Exhibit Booth — Alzheimer's AR Hope for the Future — Harrison	Boone
October 2	AHAA Convention — Embassy Suites — Little Rock	Pulaski
October 18	SMP Exhibit Booth — Alzheimer's AR Hope for the Future — El Dorado	Union
October 18	SMP Presentation — Alzheimer's AR Lunch & Learn—The Atrium — Hot Springs	Garland
November 7	SMP Presentation — Alzheimer's AR Lunch & Learn — LRA	Pulaski
December 11	SMP Volunteer Appreciation	Pulaski

We would welcome any opportunity to present the SMP message statewide. Please contact the Arkansas SMP to schedule a presentation in your area at **1-866-726-2916**.

IMPORTANT PHONE NUMBERS:

AANHR—AR Advocates for Nursing Home Residents **501-607-8976**
AFMC—AR Foundation for Medical Care **1-888-354-9100**
Area Agency on Aging **1-800-986-3505**
AG-Attorney General (Consmr Prot Div) **1-800-482-8982**
AG Medicaid Fraud Hotline **1-866-810-0016**
APS—Adult Protective Services (DHS) **1-800-482-8049**
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 **1-855-798-2627**
DHS (Customer Assistance Unit) **1-800-482-8988**
DHS Resource Center **1-866-801-3435**
Do Not Call Registry **1-888-382-1222**
Elder Care Locator **1-800-677-1116**
El Dorado RSVP **1-870-864-7080**
Federal Trade Commission
Report STOLEN IDENTITY **1-877-438-4338**
ICan—Increasing Capabilities Access Network **501-666-8868**
KEPRO -AR QIO(Quality Improvmnt Org.) **1-844-430-9504**
LGBT Elder Hotline **888-234-SAGE**
Medicaid—(Claims Unit) **1-800-482-5431**
Medicaid Inspector General (OMIG) **1-855-527-6644**
MEDICARE (CMS 1-800-MEDICARE) **1-800-633-4227**
Medicare Part D **1-877-772-3379**
Medicare Rights Center **1-800-333-4114**
Mid-Delta Community Consortium **1-870-407-9000**
Oaklawn Foundation/Center on Aging **501-623-0020**
OIG-Nat'l Medicare Fraud Hotline **1-800-HHS-TIPS**
(OIG) Office of Inspector General **1-800-447-8477**
OLTC—Office of Long Term Care **1-800-LTC-4887**
OLTC—Abuse Complaint Section **501-682-8430**
Ombudsman—State Ofc of Long Term Care **501-682-8952**
Resource Center (ADRC) **1-866-801-3435**
(DHS'S Choices in Living Resource Center)
RSVP of Central Arkansas **501-897-0793**
SHIIP (Senior Health Ins.Info Program) **1-800-224-6330**
SMP Locator—(locate an SMP outside AR) **1-877-808-2468**
SSA (Social Security Administration) **1-800-772-1213**
Little Rock Office **1-866-593-0933**
SSA Fraud Hotline **1-800-269-0271**
South Central Center on Aging **1-866-895-2795**
South East AR Center on Aging 1-**870-673-8584**
Texarkana Regional Center on Aging **1-870-773-2030**
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 Advocates for Nursing Home Residents
(AANHR)—www.aanhr.org; e-mail: Info@aanhr.org
AR Long Term Care Ombudsman Program—
www.arombudsman.com
Arkansas Aging Initiative—http://aging.uams.edu/?id=4605&sid=6
Arkansas 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)— scams and alerts—
https://www.bbb.org/scamtracker/arkansas/
CMS (Medicare) Centers for Medicare and Medicaid Services—
www.cms.hhs.gov
Do Not Call—www.donotcall.gov
Do Not Mail—www.DMAchoice.org
Elder Tree / Spinsterhaven—Spinsterhaven@gmail.com
Elder Care Locator—www.eldercare.gov
H.E.A.T—www.stopmedicarefraud.gov/
(Healthcare **F**raud **P**revention and **E**nforcement **A**ction **T**eam**)**
LGBT—-National Resource Center on LGBT Aging
https://www.lgbtagingcenter.org/about/updatesProcess.cfm
MEDICAID—www.Medicaid.gov
MEDICAID INSPECTOR GENERAL (OMIG)—
http://omig.arkansas.gov/fraud-form
MEDICARE—www.medicare.gov
Medicare Interactive Counselor—
www.medicareinteractive.org
Hospital Compare—www.hospitalcompare.hhs.gov
MyMedicare.gov—www.mymedicare.gov
(Access to your personal Medicare claims information)
MyMedicareMatters.org (National Council on Aging)
Office of Long Term Care—http://
humanservices.arkansas.gov/dms/Pages/oltcHome.aspx
Office of Inspector General (OIG)—email:
HHSTips@oig.hhs.gov
Pharmaceutical Assistance Program—
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 (SSA)—www.ssa.gov
SSA OIG—Report SS Fraud—https://oig.ssa.gov/report
TAP—www.arsinfo.org (**T**elecommunications **A**ccess **P**rogram)
UofA Cooperative Extension Service—www.uaex.edu

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SENIOR MEDICARE PATROL (SMP) MISSION

"To empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education."

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** before discarding.

Detect Errors, Fraud, and Abuse

* Always review MSN and EOB for mistakes.
* Compare them with 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 and/or you never received.

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; or
* Retired professionals, *e.g.*, teachers, accountants, attorneys, investigators, nurses.

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

Current and archived newsletters available at:
https://humanservices.arkansas.gov/about-dhs/daabhs/aging-and-adult-services/asmp/smp-newsletter-archive

AR SMP PARTNERS

El Dorado Connections RSVP
El Dorado, AR
870-864-7080

RSVP of Central Arkansas
Little Rock, AR
501-897-0793

Oaklawn Foundation
Hot Springs, AR
501-623-0020

Spinsterhaven
Fayetteville, AR
Spinsterhaven@gmail.com

Tri County Rural Health Network
Helena, AR
870-338-8900

Texarkana Regional Center on Aging
Texarkana, AR
870-773-2030

South Central Center on Aging
Pine Bluff, AR
870-879-1440

South East Arkansas RSVP
Pine Bluff and Stuttgart, AR
870-673-8584

Senior Health Insurance Information Program (SHIIP)
Little Rock, AR
800-224-6330

Arkansas Senior Medicare Patrol (SMP)
P. O. Box 1437 Slot S530
Little Rock, AR 72203-1437
FACEBOOK.COM/ARSMP
https://humanservices.arkansas.gov/about-dhs/daabhs/asmp

To Report Medicare Fraud, Waste & Abuse
Call the Toll-Free **Helpline** 8:00am—4:30pm
1-866-726-2916