



CMS Announces New Enforcement Authorities to Reduce Criminal Behavior in Medicare, Medicaid, and CHIP

The Centers for Medicare & Medicaid Services (CMS) today issued a final rule that strengthens the agency's ability to stop fraud before it happens by keeping unscrupulous providers out of our federal health insurance programs. This first-of-its-kind action – stopping fraudsters before they get paid – marks a critical step forward in CMS' longstanding fight to end "pay and chase" in federal healthcare

fraud efforts and replace it with smart, effective and proactive measures. Today's action is part of the Trump Administration's ongoing effort to safeguard taxpayer dollars and protect the core integrity of the critical Medicare and Medicaid programs that millions rely on.

The final rule, Program Integrity Enhancements to the Provider Enrollment Process (CMS-6058-FC), creates several new revocation and denial authorities to bolster CMS' efforts to stop waste, fraud and abuse. Importantly, a new "affiliations" authority in the rule allows CMS to identify individuals and organizations that pose an undue risk of fraud, waste or abuse based on their relationships with other previously sanctioned entities. For example, a currently enrolled or newly enrolling organization that has an owner/managing employee who is "affiliated" with *another* previously revoked organization can be denied enrollment in Medicare, Medicaid, and CHIP or, if already enrolled, can have its

enrollment revoked because of the problematic affiliation.

The rule also includes other authorities that will effectively improve CMS' fraud-fighting capabilities. Similar to the affiliations component, these authorities provide a basis for administrative action to revoke or deny, as applicable, Medicare enrollment if:

- A provider or supplier circumvents

"For too many years, we have played an expensive and inefficient game of 'whack-a-mole' with criminals – going after them one at a time -- as they steal from our programs. These fraudsters temporarily disappear into complex, hard-to-track webs of criminal entities, and then re-emerge under different corporate names. These criminals engage in the same behaviors again and again," said CMS Administrator Seema Verma. "Now, for the first time, we have tools to stop criminals before they can steal from taxpayers. This is CMS hardening the target for criminals and locking the door to the vault. If you're a bad actor you can never get into the program, and you can't steal from it."

program rules by coming back into the program, or attempting to come back in, under a different name (e.g. the provider attempts to "reinvent" itself);

- A provider or supplier bills for services/items from non-compliant locations;
- A provider or supplier exhibits a pattern or practice of abusive ordering or certifying of Medicare Part A or Part B items, services or drugs; or
- A provider or supplier has an outstanding debt to CMS from an overpayment that was referred to the Treasury Department.

The new rule also gives CMS the ability to prevent applicants from enrolling in the program for up to 3 years if a provider or supplier is found to have submitted false or misleading information in its initial enrollment application. Furthermore, the new rule expands the reenrollment bar that prevents fraudulent or otherwise problematic providers from re-entering the Medicare program. CMS can now block providers and suppliers who are

revoked from re-entering the Medicare program for up to 10 years.

Previously, revoked providers could only be prevented from re-enrolling for up to 3 years. Additionally, if a provider or supplier is revoked from Medicare for a second time, CMS can now block that provider or supplier from re-entering the program for up to 20 years.

These important new authorities and restrictions, effective November 4, 2019, ensure that the only providers and suppliers that will face additional burdens are "bad actors" — those who have real and demonstrable histories of conduct and relationships that pose undue risk to taxpayers, patients and program beneficiaries. This new rule ushers in an important new era of smart, effective, proactive and risk-based tools designed to protect the integrity of these vitally important federal healthcare programs we rely on every day to care for millions of Americans.

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INSIDE MEDICARE—

—MEDICARE OPEN ENROLLMENT —

OCTOBER 15, 2019—DECEMBER 7, 2019

The Medicare Open Enrollment Period begins October 15 through December 7. During this period, Medicare individuals can **make changes** to their existing plans such as switching from their Original Medicare to a Medicare Advantage Plan or vice versa, switching from one Medicare Advantage Plan to another, and may also make changes regarding Medicare Part D Prescription Drug Plans.

IMPORTANT!

New Medicare Card Transition Period Ends January 1, 2020

Starting January 1, 2020, Medicare will only accept claims submitted with the Medicare Beneficiary Identifier (MBI). Medicare will reject any claims submitted with the Health Insurance Claim Number (HICN), with a few **exceptions**. **Your provider will need your new Medicare number to submit claims.**

MEDIGAP POLICY CHANGES for those newly eligible for Medicare.

As of January 1, 2020, Medicare Supplement Plans C and F are being eliminated.

If your Original Medicare A and B start by December 31, 2019 and you have Medicare Supplement Plan C or F, you may keep it.

Those with current Medicare supplement plans may also switch to a different company as long as you medically qualify or make the change during Open Enrollment or a Guaranteed Issue time.

If you enroll in Medicare on or after January 1, 2020, you **WILL NOT BE ABLE TO PURCHASE MEDICARE SUPPLEMENT PLANS C OR F.**

WHAT IS AN ABN?

The Advance Beneficiary Notice of Noncoverage (ABN) is **exclusive to Original Medicare**. Medicare providers and suppliers (notifiers) must give ABNs to their patients in Original Medicare when they expect Medicare to deny a claim because medical necessity or other key coverage criteria won't be met.

The ABN's purpose is to inform a Medicare beneficiary, before he or she receives specified items or services that otherwise might be paid for, that Medicare certainly or probably will not pay for them on that particular occasion, as a forewarning to patients of impending out-of-pocket expenses.

Protecting Yourself from Enrollment Fraud

Enrollment fraud occurs when a plan agent or representative purposefully tricks you into enrolling in **their** plan, regardless of whether it is the right plan for you. They may do this by telling you misleading or false information to get you to enroll. Some may even enroll you without your knowledge.

Watch out for people who:



Ask for your Medicare number, Social Security number, and/or bank information just to provide you with information. Someone can use this personal information to enroll you in a plan without your permission. Plans cannot request this personal information at an educational event and cannot call you to ask for a payment over the phone — they must send a bill.



Pressure you with time limits to enroll in their plan. You can use the entire Open Enrollment Period to make your decision. You will not receive extra benefits for signing up early for a plan.



Say they represent Medicare. Plans are never allowed to suggest they represent or are preferred by Medicare or any other government agency. People who say they represent Medicare may also be identity thieves, not representatives of any plan.



Offer you gifts to enroll in their plan. Gifts must be given to everyone regardless of their enrollment and cannot be worth more than \$15.



Threaten you with the loss of your Medicare benefits unless you sign up for their plan.



FACILITY/CLINIC FEES:

“Is this allowable?” Is this fraud?”

The AR SMP is frequently asked these question during presentations and on our helpline when a beneficiary has noticed a clinic or facility fee listed on their Medicare Summary Notice (MSN); or they may have even been charged out of pocket for the fee. The short answer is “YES” it is allowable; however, the provider should provide the beneficiary with a notice of possible coinsurance charges.

See the below explanation regarding the facility fee coinsurance notice:

When patients receive services from a hospital-based doctor, the hospital bills Medicare for an outpatient visit (with a facility fee) *and* the physician visit, meaning that the beneficiary incurs coinsurance charges for both.

Hospital-based entities (including physician offices and clinics owned by hospitals), must provide written notice before delivering services that will potentially result in the beneficiary paying facility fees, and the notice must include an estimate of the cost.

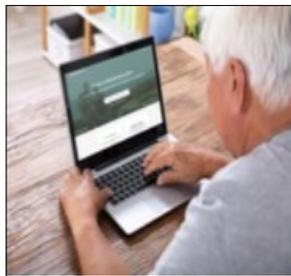
CMS has not issued a model facility fee coinsurance notice, so providers are required to draft and deliver the notices in accord with CMS guidance, although many providers are unaware of this requirement.

The guidance advises providers need not issue the facility fee notice when beneficiaries have no deductible or coinsurance liability, as with Medicare’s “free” prevention and screening benefits.

Please note, rural health clinics are exempt from the facility fee notice obligation.

New Medicare Plan Finder

Medicare’s redesigned Plan Finder makes it easier than ever to compare coverage options, shop for plans, and feel confident in your choice — even when you’re on-the-go. This mobile-friendly tool now works on your smart phone, tablet, and desktop. [Watch a video](#) about this exciting new way to compare Medicare coverage options and shop for plans.



You may view the September 5 [Plan Finder recorded webinar](#) or download the [Plan Finder PowerPoint slides](#).

Examples of Medicare Billing Issues:

- ◆ Billing for services that were not actually performed or provided;
- ◆ Billing for non-covered services using an incorrect diagnosis code in order to have services covered;
- ◆ Billing a patient more than the co-pay amount for services provided for under the health insurance plan;
- ◆ Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary;
- ◆ Upcoding - billing for a more costly service than the one actually performed;
- ◆ Unbundling - billing each stage of a procedure as if each were a separate procedure; and
- ◆ Waiving patient co-pays or deductibles and over-billing the insurance plan.

FIND ARCHIVED SMP NEWSLETTERS: <https://humanservices.arkansas.gov/about-dhs/daabhs/asmp/smp-newsletter-archive>

—CONTINUED FROM PAGE 1
New Enforcement Authorities

This new rule builds on CMS' previous successful efforts to protect beneficiaries and taxpayer dollars while limiting burden on our provider partners without whom we could not deliver high quality care to the millions of people we are honored to serve. "Every dollar that is stolen from federal programs is a dollar that will never contribute to paying for an item or service for seniors and eligible people who need them,"

said Administrator Verma. The Trump Administration's program integrity activities saved Medicare an estimated \$15.5 billion in Fiscal Year (FY) 2017, for an annual return on investment of \$10.8 to \$1. The 2018 Medicare fee-for-service (FFS) improper payment rate was 8.12%, the lowest since 2010. This translates to about \$4.5 billion less in estimated improper payments from 2017. For Medicaid, in FY 2018 CMS recovered \$10.5 billion in FFS improper payments. An improper payment is any payment that should not have been

made or that was made in an incorrect amount under statutory, contractual, administrative or other legally applicable requirements.

In addition to today's rule, CMS has implemented several new initiatives to increase provider and supplier transparency and accountability while reducing burden in the Medicare and Medicaid programs. To learn more, [click here.](#)

Know who pays first

If you have retiree insurance (insurance from former employment)...	Medicare pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has 20 or more employees ...	Your group health plan pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has less than 20 employees ...	Medicare pays first.
If you're under 65 and disabled, have group health plan coverage based on your or a family member's current employment, and the employer has 100 or more employees ...	Your group health plan pays first.
If you're under 65 and disabled, have group health plan coverage based on your or a family member's current employment, and the employer has less than 100 employees ...	Medicare pays first.
If you have Medicare because of End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)...	Your group health plan will pay first for the first 30 months after you become eligible to join Medicare. Medicare will pay first after this 30-month period.
If you have Marketplace coverage and then age into Medicare (and keep your Marketplace plan)...	Medicare pays first.

The information in the table is available at [Medicare.gov/supplements-other-insurance/how-medicare-works-with-other-insurance/which-insurance-pays-first](https://www.Medicare.gov/supplements-other-insurance/how-medicare-works-with-other-insurance/which-insurance-pays-first).

If you still have questions about who should pay or who should pay first:

- Check your insurance policy or coverage. It may include rules about who pays first.
- Call the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627. TTY users should call 1-855-797-2627.
- Contact your employer or union benefits administrator.

DOSE OF REALITY:

- ◇ **Most people who abuse prescription painkillers get them through friends or relatives — NOT their doctor, dentist or pharmacist.**
- ◇ **The greatest increase in drug-related deaths is due to the misuse of prescription drugs.**
- ◇ **1 in 3 Medicare recipients have received an opioid prescription.**

Visit: Dose of Reality for more information:

<https://doseofreality.adh.arkansas.gov/>.



If you witness an overdose,
DON'T RUN. CALL 911.

PARENTS and GRANDPARENTS: 4 out of 10 teens believe prescription drugs are less dangerous and less addictive than street drugs, and in **Arkansas**, the prescription painkiller death rate for those under 55 in 2016 was nearly 5 times higher than it was in 2001.

SMP's PERSONAL HEALTH CARE JOURNAL

(PHCJ) is used to keep track of your doctor appointments, medications and durable medical equipment. This is a valuable tool used for comparing claims on your Medicare Summary Notice to your notes taken while at your doctor visit. It is also a 2020 calendar!

Please call for your *free copy!*

866-726-2916



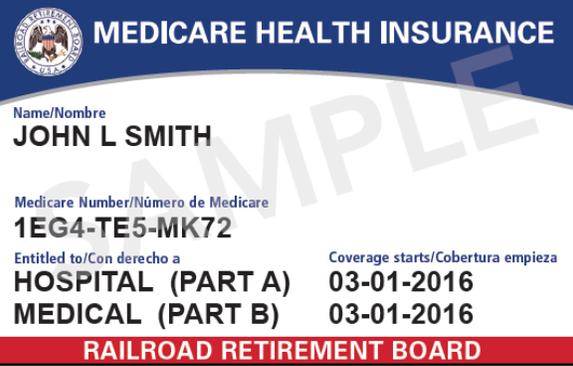
866-726-2916

Because senior citizens are the #1 target of health care fraud and scams, the goal of the Arkansas Senior Medicare Patrol (SMP) is to empower seniors, their families, friends and caregivers, to be protective of their Medicare and personal information.

The SMP offers free educational presentations about scams and how to recognize and report suspicious Medicare billing.

We discuss the importance of reviewing the Medicare Summary Notice (MSN), and we furnish free materials and tools to equip seniors with the resources they need to be better health care consumers.

Call 866-726-2916 for assistance in resolving any errors or suspicious charges found on the MSN or to schedule a free presentation in your area to learn about the latest fraud and scams and important information about the new Medicare card!



THIS IS WHAT THE NEW RRB MEDICARE CARD LOOKS LIKE. Notice the emblem at top left; and the red line at bottom shows Railroad Retirement Board.

REMINDER:
After December 31, 2019, your provider will no longer file claims on your behalf using your OLD Medicare number.

Still Waiting for Your New Medicare Card?

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

PROTECT — DETECT — REPORT

If you didn't receive your new Medicare card with a new Medicare number, there might be a problem that needs to be corrected, like updating your mailing address. If so, you will need to call your local Social Security office to update your address and order your new Medicare card.

You may also call the Arkansas Senior Medicare Patrol (SMP) for assistance with ordering your new card—866-726-2916.

In the meantime, you may use your old/current Medicare card until December 31, 2019. Starting **January 1, 2020**, you can no longer use your old Medicare card to get health care services.

TIRED OF ROBOCALLS AND SCAMMERS "SPOOFING" YOUR PHONE?"



AR Senate Bill 514

SB514 was adopted to regulate telecommunications service providers and third-party spoofing providers "to ensure that the citizens of this state are protected from the negative impact of illegal robocalls and to ensure that scammers and complicit telecommunications providers are held criminally accountable."

Read details of SB514: <http://www.arkleg.state.ar.us/assembly/2019/2019R/Bills/SB514.pdf>



- ◆ **DESTROY YOUR OLD MEDICARE CARD!**
- ◆ **DO NOT CARRY YOUR OLD MEDICARE CARD!**
- ◆ **DO NOT CARRY YOUR SOCIAL SECURITY CARD!**

New Medicare Card

MY FRIEND GOT HER CARD. WHERE'S MINE?

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

SOMETHING YOU SHOULD KNOW!

Real ID

Arkansas is taking part in the federal nationwide initiative to improve the security of state-issued driver's licenses and identification cards. This will help fight terrorism and reduce identity theft.

On October 1, 2020, anyone who boards a domestic flight or enters a federal building will either need an Arkansas REAL ID driver's license (DL) or Identification Card (ID) or will need to provide a regular identification and additional accepted forms of identification.

What does this mean for older adults?

Older adults need a REAL ID only for certain situations. The REAL ID is generally described as a requirement for accessing "Federal facilities, entering nuclear power plants and boarding commercial aircraft." However, it is important to clarify what is meant by "federal facilities." A federal facility generally means a *secure* federal facility or military base.

For older adults, the REAL ID is *not* needed to apply for or receive federal benefits, but older adults should remember that the REAL ID will be required to board a domestic flight starting October 1, 2020.

Additional information can be obtained from the U.S. Department of Homeland Security (<https://www.dhs.gov/real-id-public-faqs>)

Did You KNOW



The fight against robocalls took a potentially significant turn.

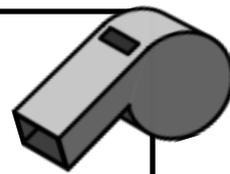
The Federal Communications Commission voted June 6, 2019 to allow phone carriers to start to take more aggressive steps to block suspected spam and scam calls and to make enrollment in their robocall-blocking services **automatic**, not something you have to opt in to.

Notably, the new FCC rule does not *require* the carriers to automatically enroll customers in robocall blocking—it merely allows them to do so, something they couldn't before for legal liability reasons.

Additional Information:

<https://www.consumerreports.org/robocalls/consumers-get-more-help-blocking-robocalls/>

A possible **whistleblower** with substantial proof of wrongdoing in Arkansas can contact the Whistleblower Center at 866-714-6466 or contact them via their website: <http://Arkansas.CorporateWhistleBlower.Com>.



Please refer to the January 2018 Department of Justice announcement about a lawsuit that resulted in a whistleblower reward: <https://www.justice.gov/opa/pr/scripps-health-pay-15-million-settle-claims-services-rendered-unauthorized-physical>

VOCABULARY —

NEWLY ELIGIBLE MEDICARE BENEFICIARY is defined as one of the following individuals:

1. A person who has "attained" age 65 on or after January 1, 2020. In plain terms the word "attains" means to "reach" or "arrive at" and so means one's actual birthdate.
2. A person who is entitled to benefits under Medicare Part A under section 226(b) of the Social Security Act. This section specifies a person who "has not attained age 65" and is entitled to disability insurance benefits.
3. A person who is entitled to benefits under Medicare Part A under section

226A of the Social Security Act. This section specifies a person who is medically determined to have end stage renal disease.

4. A person who is deemed eligible for benefits under section 226(a) of the Social Security Act. This section specifies a person who "has attained age 65" and is a qualified railroad retirement beneficiary or has qualified government employment.

REPORT SUSPECTED *MEDICAID* FRAUD to the MEDICAID INSPECTOR GENERAL (OMIG)

Elizabeth Smith, Inspector General

Hotline— 855-527-6644;

or online: <http://omig.arkansas.gov>



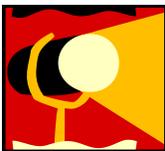
Said the little boy, "Sometimes I drop my spoon."
Said the old man, "I do that too."

The little boy whispered, "I wet my pants."
"I do too," laughed the old man.

Said the little boy, "I often cry."
The old man nodded. "So do I."

"But, worst of all, said the little boy, it seems grown-ups don't pay attention to me." And he felt the warmth of a wrinkled old hand. "I know what you mean," said the little old man.

—Shel Silverstein:
The Little Boy and the Old Man



SMP VOLUNTEERS IN THE SPOTLIGHT!

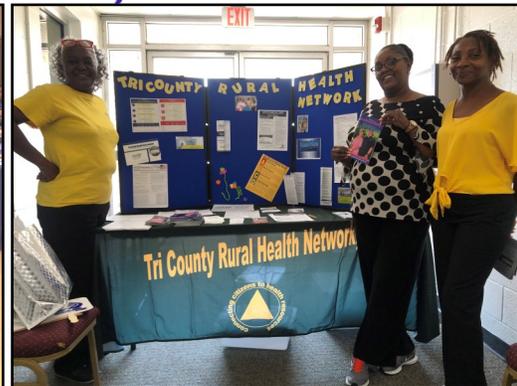
Really Special and Valuable People!



Beverly Maddox, SMP Volunteer (Spinsterhaven) Alzheimer's AR HOPE for the Future at Concordia in Bella Vista.



SMP Volunteers with Tri County Rural Health Network (TCRHN), SMP partner, hosts an exhibit booth distributing SMP materials on June 21 at the Marianna Housing Authority.



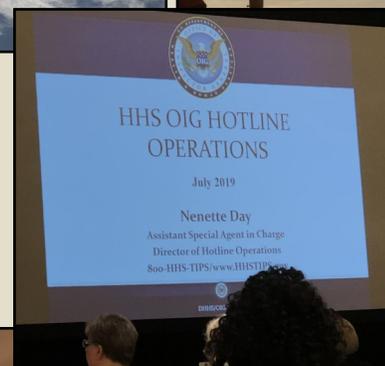
TCRHN SMP Volunteers in Marianna at HOPE For the Future September 6 at the Marianna Civic Center.



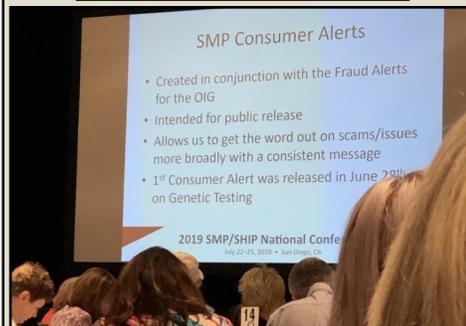
SMP Volunteers from Parkview Towers: L-R ANNIE, ORA, BETTY, and CAROLYN



BOOTS ON THE GROUND WINNER!
for MOST NEW VOLUNTEERS recruited! Congratulations Cheryl and Julia, with El Dorado Connections RSVP. We love you and appreciate all you do for the AR SMP in Columbia, Union and Ouachita counties!



2019 Annual SMP/SHIP National Conference, San Diego CA July 22-25, 2019





Justice Department Announces New Transnational Elder Fraud Strike Force

Law Enforcement Effort Will Coordinate Action Against Foreign Fraud Schemes that Target American Seniors

The Transnational Elder Fraud Strike Force is a joint law enforcement effort that brings together the resources and expertise of federal and international law enforcement and other government agencies focusing on investigating and prosecuting individuals and entities using analytical tools and other sophisticated investigation methods to identify and bring action against criminal abroad responsible for the foreign-based fraud schemes affecting American seniors; e.g., telemarketing, mass-mailing, and tech-support fraud schemes, which disproportionately target senior citizens.

The Transnational Elder Fraud Strike Force collectively brought criminal and civil actions against more than 500 defendants responsible for defrauding more than \$1.5 billion from at least 3 million victims.

Source: <https://www.justice.gov/opa/pr/justice-department-announces-new-transnational-elder-fraud-strike-force>

Feds break up multi-state drug ring, arrest 2 from CT

Illegal acquisition and distribution of oxycodone obtained through fake prescriptions

Connecticut — Blank prescription pads were obtained from employees of various medical practices and a doctor's signature was forged and the prescription filled out with personal information of recruited Medicare and Medicaid recipient's (called "runners") who then filled the fake prescriptions at various pharmacies using their own Medicare/Medicaid benefits and provided the pills to the fraudsters in exchange for \$50 per prescription. The three indicted were responsible for filling at least 150 fake prescriptions for oxycodone, almost all of which were for 30 mg pills. The pills were then sold on the streets to individuals with opioid addictions.

Source: https://www.journalinquirer.com/crime_and_courts/feds-break-up-multi-state-drug-ring-arrest-from-ct/article_dffe7bc4-b595-11e9-8d85-f75eb5f09299.html

Medical business owner sentenced to more than 10 years in federal prison for Medicare fraud

AUGUSTA, GA — The owner of a medical equipment company was sentenced to more than 10 years in federal prison for a wide-ranging Medicare fraud scheme. According to information presented in court documents and testimony, she submitted thousands of false claims, fabricated patient files, and falsified prescriptions from doctors for items such as heavy-duty wheelchairs while providing much cheaper standard wheelchairs to patients – and pocketing the substantial difference in cost. She used the money to pay for such things as jewelry, including a 1.5 carat diamond and a Rolex watch.

Kentucky Man Pleads Guilty to Representative Payee Fraud

ASHLAND, KY – an Ashland man pleaded guilty to one count of representative payee fraud admitting that, as part owner, he received representative payee benefits from the Social Security Administration on behalf of more than twenty individuals living in his personal care home between 2013 and 2017 totaling \$241,142. He spent the money on two rental properties and a personal farm. He agreed pay \$97,806 in restitution to be divided among the victims.

Source: https://oig.ssa.gov/audits-and-investigations/investigations/aug16-ky-rep-payee-fraud?utm_medium=email&utm_source=govdelivery

Man sentenced for role in DME scheme

As part of his guilty plea, a Nigerian man admitted that he and others paid cash kickbacks to patient recruiters and physicians for fraudulent prescriptions for durable medical equipment (DME) such as power wheelchairs for which the Medicare beneficiaries did not have a legitimate medical need. More than \$8 million was fraudulently billed to Medicare for DME. He was sentenced to 46 months in prison and ordered to pay \$1,076,893.15 in restitution. Read a Department of Justice [press release](#).

Billing for services on patients already deceased

OHIO — A man was indicted for defrauding Medicare and Medicaid of approximately \$2 million by billing for x-ray services that were not provided on 151 deceased people.

SOURCE: <https://www.justice.gov/usao-ndoh/pr/north-canton-man-indicted-defrauding-medicare-and-medicaid-out-2-million-including>

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

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

Imposter Scam Complaints Surge —

In May 2019, the Federal Trade Commission (FTC) says it received 46,000 imposter scam complaints. One of the most popular frauds is when scammers call pretending that they're Medicare representatives, Social Security representatives, or that they're from a medical supply company. They REALLY only want your personal information. Read a story from *Consumer Reports* including two phone calls that robbed an 81-year-old woman of her \$80,000 life savings! Log on to: <https://www.consumerreports.org/scams-fraud/robocall-scams-get-more-sophisticated-and-costly/>.

Avoid This Genetic Testing Scam —

Have you heard about the latest scam? Scammers are offering “free” genetic tests and claiming Medicare will cover it — so they can get your Medicare Number and use it to commit fraud and identity theft. They're targeting people through telemarketing calls, health fairs, and even knocking on doors. CMS warns that—**Only a doctor you know and trust should order and approve any requests for genetic testing.** If Medicare is billed for a test or screening that wasn't medically necessary and/or wasn't ordered by your doctor, the claim could be denied. That means you could be responsible for the entire cost of the test, which could be thousands of dollars.

Here's how to protect yourself:

- **Don't share your Medicare Number, Social Security Number, or other personal information** with anyone who offers to give you a "free" in-person genetic screening or cheek swab, or a DNA testing kit in the mail.
- If you get a genetic testing kit in the mail, **refuse the delivery or return to sender** unless your doctor ordered it.
- **If you suspect Medicare fraud, call 1-800-MEDICARE.**

LEARN MORE: https://oig.hhs.gov/fraud/consumer-alerts/alerts/genetic scam.asp?utm_campaign=20190904_gmd_frd_gal&utm_content=english&utm_medium=email&utm_source=govdelivery

How to Protect Yourself from Scam Callers

- Hang up. Don't engage with any robocallers; it can just end up in more calls.
- Don't trust caller ID. Scammers can make it look like their calls are coming from trusted institutions.
- Don't pay anyone who calls you over the phone. If you get a call trying to get you to pay money, it's almost certainly an unlawful robocall.
- Never pay by wire transfer, gift card, or prepaid card over the phone. No legitimate company or government agency is asking to be paid with Amazon, Google Play, or iTunes gift cards.
- Resist the urge to act immediately, no matter how dramatic the story is.
- Report scam calls to the FTC at donotcall.gov or by calling 877-382-4357. The more data the agency has, the more it can focus on enforcement.
- Register for the Do Not Call Registry. This may not reduce calls from criminals who ignore the registry, but it will reduce calls from lawful companies.

<https://www.consumerreports.org/scams-fraud/robocall-scams-get-more-sophisticated-and-costly/>

PEOPLE OF ALL AGES ARE AT RISK!

The Federal Trade Commission (FTC) says that consumers under the age of 60 report losing money at higher rates than consumers over that age. But the **elderly are still the prime targets** because, according to the FTC, **older victims tend to lead to bigger paydays for crooks.**



Phone Scams
Red Flags

If you get a call from someone asking...

- For your credit card information
- For your banking information
- For your Medicare or Social Security number

OR

- For you to verify if the information they have is correct....

HANG UP!

SMP
Arkansas State Medicaid Program

Upcoming Arkansas SMP Activities

DATE	ACTIVITY	COUNTY
September 6	SMP Presentation & Exhibit Booth — Alzheimer's Arkansas HOPE for the Future — Tri-Delta Marianna Civic Center — Marianna	Lee
September 9	SMP Presentation—Arkansas Advocates for Nursing Home Residents (AANHR) —NLR	Pulaski
September 11-12	CMS Train-the-Trainer—Holiday Inn Presidential Hotel—Little Rock Medicare education from CMS Regional Office, Dallas TX	Pulaski
September 12	SMP Exhibit Booth —Apple-A-Day Health Fair—Clarksville	Johnson
September 17	AR SMP Advisory Council Meeting—Little Rock	Pulaski
September 20	SMP Presentation / Exhibit Booth — Alzheimer's AR HOPE for the Future — Harrison	Boone
September 24	SMP Presentation—Peach Tree Village—Eureka Springs	Carroll
September 26	SMP Exhibit Booth — Head-to-Toe Health Fair—Champagnolle Landing — El Dorado	Union
September 27	SMP Presentation — EAAA/UAMS Caregiver Conference—Jonesboro	Craighead
October 2	SMP Exhibit Booth — AHAA Convention — Embassy Suites — Little Rock	Pulaski
October 3	Medicare Training 101 — El Dorado Connections RSVP — El Dorado	Union
October 4	SMP Presentation / Exhibit Booth — Alzheimer's AR Hope for the Future — Second Baptist Church Student Center — Conway	Faulkner
October 4	SMP Presentation — First Baptist Church — Little Rock	Pulaski
October 8	SMP Presentation — S.A.L.T. Senior Safety Academy—Bella Vista	Benton
October 10	SMP Presentation — Park Hill Baptist Church — Widow(er) / Cancer Support Group — North Little Rock	Pulaski
October 12	Volunteer Recruitment Fair—Conference Center — El Dorado	Union
October 14	SMP Presentation — Good Shepherd Lutheran Church—Newcomers — Fayetteville	Washington
October 16	SMP Fraud Bingo — Peach Tree South — Fort Smith	Sebastian
October 18	SMP Exhibit Booth—Alzheimer's AR Hope for the Future—St. Mary's Episcopal Church Magnolia	Union
October 18	SMP Presentation — Alzheimer's AR Lunch & Learn —The Atrium — Hot Springs	Garland
October 22	SMP Exhibit Booth—Health Fair — Jacksonville Community Center —Jacksonville	Pulaski
October 22	SMP Exhibit Booth—AHAA 61st Annual Convention—Embassy Suites—Little Rock	Pulaski
October 25	SMP Fraud Bingo—Bradshaw Manor—Pine Bluff 9 (CANCELLED)	Jefferson
October 29	SMP Exhibit Booth — Annual ARTA State Convention — Hickory Square — Benton	Saline
November 1	SMP Presentation—First Assembly of God—AY Group (Always Young) — Russellville	Pope
November 7	SMP Presentation — Alzheimer's AR Lunch & Learn — 1st UMC — Little Rock	Pulaski
November 8	SMP Exhibit Booth — UAMS/NEA Center on Aging—Senior Expo— Nettleton Baptist Church—Jonesboro	Craighead
December 11	SMP Volunteer Update Training / Recognition	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.



www.facebook.com/arsmp

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 Improvmt 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 1-800MEDICARE) **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 Fraud Prevention and Enforcement Action Team)
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 (Telecommunications Access Program)
UofA Cooperative Extension Service—www.uaex.edu



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/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