



## JUSTICE DEPARTMENT RECOVERS OVER \$3.7 BILLION FROM FALSE CLAIMS ACT CASES IN FY 2017

**T**he Department of Justice obtained more than \$3.7 billion in settlements and judgments from civil cases involving fraud and false claims against the government in the fiscal year ending Sept. 30, 2017, Acting Assistant Attorney General Chad A. Readler of the Justice Department's Civil Division announced. Recoveries since 1986, when Congress substantially strengthened the civil False Claims Act, now total more than \$56 billion.

"Every day, dedicated attorneys, investigators, analysts, and support staff at every level of the Justice Department are working to root out fraud and hold accountable those who violate the law and exploit critical government programs," said Acting Assistant Attorney General Chad A. Readler of the Justice Department's Civil Division. "The recoveries announced today are a testament to the efforts of these valuable public servants and a message to those who do business with the government that fraud and dishonesty will not be tolerated."

Of the \$3.7 billion in settlements and judgments, \$2.4 billion involved the health care industry, including drug companies, hospitals, pharmacies, laboratories, and physicians. This is the eighth consecutive year that the department's civil health care fraud settlements and judgments have exceeded \$2 billion. The recoveries included in the \$2.4 billion reflect only federal losses. In many of these cases, the department was instrumental in recovering additional millions of dollars for state Medicaid programs.

In addition to combatting health care fraud, the False Claims Act serves as the government's primary civil remedy to redress false claims for government funds and property under government programs and

contracts relating to such varied areas as defense and national security, food safety and inspection, federally insured loans and mortgages, highway funds, small business contracts, agricultural subsidies, disaster assistance, and import tariffs.

### Health Care Fraud

The department investigates and resolves matters involving a wide array of health care providers, goods and services. The department's health care fraud recoveries restore valuable assets to federally funded programs, such as Medicare, Medicaid, and TRICARE. But just as important, the department's vigorous pursuit of health care fraud prevents billions more in losses by deterring others who might otherwise try to cheat the system for their own gain.

The largest recoveries involving the health care industry this past year – over \$900 million – came from the drug and medical device industry. Shire Pharmaceuticals LLC paid \$350 million to resolve allegations that Shire and the company it acquired in 2011, Advanced BioHealing (ABH), induced clinics and physicians to use or overuse its bioengineered human skin substitute by offering lavish dinners, drinks, entertainment and travel; medical equipment and supplies; unwarranted payments for purported speaking engagements and bogus case studies; and cash, credits and rebates. In addition to these kickback allegations, the settlement also resolved allegations brought by relators that Shire and ABH unlawfully marketed the skin substitute for uses not approved by the FDA, made false statements to inflate the price of the product, and caused improper coding, verification, or certification of claims for the product and related services. The settlement included \$343.9 million in federal recoveries, and another \$6.1 million in recoveries to state Medicaid programs.

In another important case, drug manufacturer Mylan Inc. paid approximately \$465 million to resolve allegations that it underpaid rebates owed under the Medicaid Drug Rebate Program by erroneously classifying its patented, brand name drug

EpiPen – which has no therapeutic equivalents or generic competition – as a generic drug to avoid its obligation to pay higher rebates. Between 2010 and 2016, Mylan increased the price of EpiPen by approximately 400 percent yet paid only a fixed 13 percent rebate to Medicaid during the same period based on EpiPen's misclassification as a generic drug. Mylan paid approximately \$231.7 million to the federal government and \$213.9 million to state Medicaid programs.

The department also reported substantial recoveries from other health care providers. Life Care Centers of America Inc. and its owner agreed to pay \$145 million to settle allegations that it caused skilled nursing facilities to submit false claims for rehabilitation therapy services that were not reasonable, necessary, or skilled. This was the largest civil settlement with a skilled nursing facility chain in the history of the False Claims Act. The government alleged that Life Care instituted corporate-wide policies and practices designed to place beneficiaries in the highest level of Medicare reimbursement – known as "Ultra High" – irrespective of the clinical needs of the patients, resulting in the provision of unreasonable and unnecessary therapy to many beneficiaries. Life Care also allegedly sought to keep patients longer than necessary in order to continue billing for rehabilitation therapy.

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## Ground Ambulance Transport Coverage Requirements

Medicare Part B covers a medically necessary transport of a beneficiary by ambulance to the nearest appropriate facility that can treat his or her condition when any other methods of transportation are contraindicated. Under certain circumstances, ambulance transports may be covered and payable as a beneficiary transportation service under Part A. The below coverage requirements apply to ground ambulance transports in order for it to be a Medicare-covered service. Of particular interest is “the transport is medically reasonable and necessary. See below:

- The transport is medically reasonable and necessary
- A Medicare beneficiary is transported
- The destination is local
- The facility is appropriate



### The Transport Is Medically Reasonable and Necessary

A medically reasonable and necessary ground ambulance transport must meet these requirements:

- Due to the beneficiary’s condition, the use of any other method of transportation is contraindicated;
- The purpose of the transport is to obtain a Medicare-covered service or to return from obtaining such service;
- A signed Physician Certification Statement (PCS) must be obtained from the beneficiary’s attending physician; however, in some circumstances, this statement does not, in and of itself, demonstrate that an ambulance transport is medically reasonable and necessary;
- The ambulance transport is not covered if some means of transportation other than ambulance could be used without endangering the beneficiary’s health, regardless of whether the other means of transportation is actually available.

### CONTINUED from Page 1

In addition, eClinicalWorks (ECW) – a national electronic health records software vendor – and certain of its employees paid \$155 million to resolve allegations that they falsely obtained certification for the company’s electronic health records software by concealing from its certifying entity that its software did not comply with the requirements for certification. For example, rather than programming all the required standardized drug codes into its software, the company allegedly “hardcoded” into its software only the drug codes required for testing. As a result of the deficiencies in its software, ECW allegedly caused physicians who used its software to submit false claims for federal incentive payments. The United States also alleged that ECW paid unlawful kickbacks to certain customers in exchange for promoting its product.

“While we encourage voluntary reporting of suspected federal violations through self-disclosures, compliance guidance, and corporate integrity agreements, the False Claims Act holds accountable those health care organizations unwilling to comply with law,” said Daniel R. Levinson, Inspector General of the U.S. Department of Health and Human Services. “Large health care recoveries benefit vulnerable Medicare and Medicaid beneficiaries as well as the taxpayers who support these programs.”

### Individual Accountability

The department continued to ensure individual accountability for corporate wrongdoing by pursuing False Claims Act

and other civil remedies to redress fraud by individuals as well as corporations.

In some cases, individual owners and executives of private corporations agreed to be held jointly and severally liable for settlement payments with their corporations.

... The department obtained more than \$60 million in settlements and judgments with individuals under the False Claims Act that did not involve joint and several liability with the corporate entity. For example, after 21st Century Oncology LLC paid \$19.75 million to resolve allegations that it billed federal health care programs for medically unnecessary laboratory tests, the department secured separate settlements with various individual urologists, including a \$3.8 million settlement with Dr. Meir Daller, resolving allegations that the physicians referred unnecessary tests to a laboratory owned and operated by 21st Century Oncology. Other examples include Dr. Robert Windsor, a pain management physician who agreed to the entry of a \$20 million consent judgment to resolve allegations that he billed federal health care programs for surgical monitoring services that he did not perform and for medically unnecessary diagnostic tests;

Dr. Gary L. Marder, a physician and the owner and operator of the Allergy, Dermatology & Skin Cancer Centers in Port St. Lucie and Okeechobee, Florida, who agreed to the entry of an \$18 million consent judgment in connection with the performance of radiation therapy services; Joseph Bogdan, the owner of AMI Monitoring Inc. (also known as Spectacor), who agreed to pay \$1 million to resolve liability for his alleged involvement in billing Medicare for higher and more expensive levels of cardiac monitoring services than requested by the ordering physicians; and Siddhartha Pagidipati, the former CEO of Freedom Health, who agreed to pay \$750,000 to resolve liability for his alleged involvement in an illegal scheme to maximize payment from the Medicare Advantage program.

### Recoveries in Whistleblower Suits

Of the \$3.7 billion in settlements and judgments reported by the government in fiscal year 2017, \$3.4 billion related to lawsuits filed under the qui tam provisions of the False Claims Act. During the same period, the government paid out \$392 million to the individuals who exposed fraud and false claims by filing a qui tam complaint. ...

For additional information:

**Source:**

<https://www.justice.gov/opa/pr/justice-department-recovers-over-37-billion-false-claims-act-cases-fiscal-year-2017>

“Whistleblowers are often essential to uncovering the truth. The Department’s recoveries this past year continue to reflect the valuable role that private parties can play in the government’s effort to combat false claims concerning government contracts and programs.”

Acting Assistant Attorney General Chad A. Readler of the Justice Department’s Civil Division

# INSIDE MEDICARE—

## New Card! New Number!

Mailing  
in 2018

### Current Medicare Card

**MEDICARE HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4222)

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER  
**000-00-0000-A**

SEX  
**FEMALE**

IS ENTITLED TO  
**HOSPITAL (PART A)**  
**MEDICAL (PART B)**

EFFECTIVE DATE  
**07-01-2016**  
**07-01-2016**

SIGN HERE *Jane Doe*

### NEW Medicare Card

**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

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

Entitled to/Con derecho a  
**HOSPITAL (PART A)**  
**MEDICAL (PART B)**

Coverage starts/Cobertura empieza  
**03-01-2016**  
**03-01-2016**

CMS Product No. 12009-P  
September 2017

## You're getting a new Medicare card!

Cards will be mailed between April 2018 – April 2019

You asked, and we listened. You're getting a new Medicare card! Between April 2018 and April 2019, we'll be removing Social Security numbers from Medicare cards and mailing each person a new card. This will help keep your information more secure and help protect your identity.

You'll get a new Medicare Number that's unique to you, and it will only be used for your Medicare coverage. The new card won't change your coverage or benefits. You'll get more information from Medicare when your new card is mailed.

### Here's how you can get ready:

- Make sure your mailing address is up to date. If your address needs to be corrected, contact Social Security at [ssa.gov/myaccount](http://ssa.gov/myaccount) or 1-800-772-1213. TTY users can call 1-800-325-0778.
- Beware of anyone who contacts you about your new Medicare card. We'll never ask you to give us personal or private information to get your new Medicare Number and card.
- Understand that mailing everyone a new card will take some time. Your card might arrive at a different time than your friend's or neighbor's.

<https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>



To receive services under VA benefits, a person must receive their health care at a VA facility OR have the VA authorize services in a non-VA facility. Veterans could be subject to a penalty for enrolling "late" for Medicare Part B, even if they are enrolled in VA health care.

Call 1-866-726-2916 to receive the quarterly SMP Newsletter.  
You can read new and archived issues on our website  
—[www.daas.ar.gov/arsmp.html](http://www.daas.ar.gov/arsmp.html)—

## 2017 Medicare FFS Improper Payment Rate Below 10 Percent for First Time Since 2013

CMS is re-examining existing corrective actions and exploring new and innovative approaches to reducing improper payments. Due to the successes of actions already in place to reduce improper payments, the Medicare Fee-For-Service (FFS) improper payment rate (claims incorrectly paid) decreased from 11.0 percent in 2016 to 9.5 percent in 2017, representing a \$4.9 billion decrease in improper payments.

This is the first time since 2013 that the improper payment rate is below the 10 percent threshold.

### TERMINOLOGY:

#### TRICARE and TRICARE FOR LIFE—

For most people with Medicare, Medicare is their primary payer, meaning Medicare pays first on their health care claims. One situation where Medicare is the primary payer is with TRICARE.

**TRICARE** is the Department of Defense health program for active-duty service members and their families.

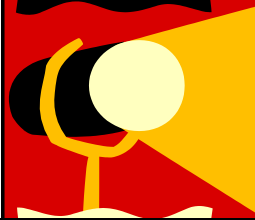
**TRICARE FOR LIFE** is the program for military retirees and their families.



Never accept "free" medical equipment or services from a call, a TV ad, or a postcard. Nothing is ever free.







# SMP VOLUNTEERS

## 7th ANNUAL VOLUNTEER &



*Velma Jones*  
**VOLUNTEER OF THE YEAR!  
CONGRATULATIONS!**





# ADVISORY COUNCIL APPRECIATION





## IMPORTANT INFORMATION ABOUT MEDICARE AND YOU!

**January 1 – February 14, 2018**

The **Medicare Advantage Disenrollment Period** begins January 1st and ends on February 14th . During this period you can disenroll from Medicare Advantage and return to an Original Medicare only with a prescription drug plan.

**January 1 – March 31, 2018**

The **General Election Period** (GEP) is January 1st through March 31st . Coverage will not start until July 1st for those who missed their Part B Enrollment.

**For more information on Medicare  
and these important dates,  
contact the Arkansas SHIP  
1-800-224-6330**

## WHAT IS AN MBI?

Your new Medicare Number is called a Medicare Beneficiary Identifier (MBI), and it is 11 characters in length. Your unique identifier will be made of numbers and uppercase letters.

This new MBI number will replace your old SSN-based Health Insurance Claim Number (HICN) to help protect you from identity theft.

## IMPORTANT TO KNOW!

Medicare beneficiaries who qualify for Medicare under the Railroad Retirement Board (RRB) will have an RRB logo on their new card!



## Join the Senior Medicare Patrol

Join our efforts by becoming a volunteer with the SMP program! To learn more about volunteer opportunities, please contact the Arkansas SMP!

As a volunteer you can be a vital part of our grassroots network to stop Medicare fraud and abuse through outreach and education.

Volunteers use their time and experience to help their peers protect their identity, read their Medicare Summary Notices, and avoid getting taken by scammers. They work one-on-one with beneficiaries, give presentations to groups, and represent the SMP at events.

SMP volunteers don't do it alone. SMPs prepare volunteers for this important work with seminars, personalized assistance, and information to take home to study.

To learn more about becoming a SMP volunteer, please email: [darwina.edwards@dhs.arkansas.gov](mailto:darwina.edwards@dhs.arkansas.gov); or call **866-726-2916**.

## TERMINOLOGY:

**Caller-ID spoofing** is a tactic used by scammers to disguise their true telephone numbers and/or names on the victims' caller-ID displays to conceal their identity and convince the victims that they are calling from a certain organization.

**Lead Lists** are lists of victims and potential victims. Scammers buy and sell these lists and use them to target consumers in future scams.

**Robocalling** is the process of using equipment to mechanically, as opposed to manually, dial phone numbers in sequence.

## Senior Health Insurance Information Program (SHIP)

Contact Arkansas SHIP  
**800-224-6330**

for free, unbiased personalized, one-on-one counseling and assistance with understanding Medicare!

They also help low-income seniors and adults with disabilities enroll in cost-saving benefits.

**HANG UP ON PHONE FRAUD!**



## Owner of home health company sentenced to 80 years in prison for Medicare fraud

Houston, TX — Eighty years in prison is the sentence given to the owner of a home health company for filing fraudulent tax returns using a name of a shell company, and for his role in a Medicare fraud scheme wherein he was paid \$13 million from Medicare for medically unnecessary home health services from February 2006 through June 2015. The scheme included payment and receipt of illegal kickbacks to patient recruiters and Medicare beneficiaries.

## Pill Mill Physician

Reno, NV — A cardiologist is potentially facing a more than 300-year prison sentence for charges of criminal drug distribution and other healthcare fraud charges. He is considered a “pill mill” physician dispensing large amounts of opioid medications with no medical purpose from May 2014 to September 2017. He routinely overprescribed fentanyl, hydrocodone and oxycodone for patients and fraudulently billed Medicare and Medicaid for medical tests that he did not perform.

## Resident of Webster, New York Pleads Guilty To Health Care Fraud

NEW YORK — The 54 year-old owner and operator of a therapy clinic pleaded guilty to health care fraud committed from 2006 – 2012. Payment was made by Medicare in the amount of \$41,127.89 for false claims filed for wound care services in an assisted living facility when services performed were actually non-covered routine foot care (e.g., toenail trimming, ingrown toenail repair and callus shaving).

## CVC Heart Center to Pay \$1.2 M to Settle Allegations of Billing Health Care Programs for Medically Unnecessary Nuclear Stress Tests

FRESNO, CA — Cardiovascular Consultants Heart Center (CVC Heart Center), a cardiology clinic with offices in Fresno and Clovis, and its shareholder physicians will pay \$1.2 million to resolve federal and state False Claims Act allegations that they improperly performed and billed federal and state health care programs for medically unnecessary cardiovascular diagnostic procedures between 2010 and 2015.

The CVC Heart Center submitted claims for cardiovascular nuclear imaging (nuclear stress tests) that were not medically necessary or reasonable. It is alleged that the CVC physicians automatically scheduled patients for nuclear stress tests on an annual basis without seeing the patients beforehand to confirm that the procedure was necessary. A nuclear stress test is an expensive procedure that exposes patients to a significant amount of radiation through the injection of radioactive dyes, as well as to the risk of invasive procedures based on false positive results. This risk is only justified if the nuclear stress test is medically necessary. A Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination prohibited the use of nuclear stress tests as a screening procedure.

### Tips from the United States Senate Special Committee on Aging for Avoiding Scams

- ♦ Con artists force you to make decisions fast and may threaten you.
- ♦ Con artists disguise their real numbers, using fake caller IDs.
- ♦ Con artists sometimes pretend to be the government (e.g. IRS).
- ♦ Con artists try to get you to provide them personal information like your Social Security number or account numbers.
- ♦ Before giving out your credit card number or money, please ask a friend or family member about it.
- ♦ Beware of offers of free travel!

### Core wisdom taught from people who are dying:

#### FOUR STATEMENTS THAT MATTER MOST—

**Please forgive me.  
I forgive you.  
Thank you.  
I love you..**

*Source:  
The Four Things that Matter Most: A Book About Living  
By Ira Bayock, M.D.*

If you want to take an active role, join the Senior Medicare Patrol (SMP), a nationwide network of volunteers who educate the public about Medicare fraud. Contact the Arkansas SMP for more information or to volunteer by calling 866-726-2916.

# Be aware of **SCAM(s)**:

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

## Medicare Fraud Alert

### New Medicare Cards Arriving in 2018

Scammers are calling and claiming to be from Medicare. They have various lines such as “they must confirm the Medicare number before sending a new card.”

**THIS IS A SCAM! MEDICARE WILL NOT CALL.** If you receive a similar call, hang up and call your AR SMP 866-726-2916.

#### THINGS TO KNOW:

- New Medicare number will not be tied to anyone's Social Security number.
- There is **NO CHARGE** for new cards
- Medicare will **NEVER** call for information.
- Your new Medicare number will still be as valuable to a thief as a credit card! Scammers will continue to try and steal your new Medicare number, but they'll never be able to steal your full identity with it again.
- Always read your Medicare Summary Notice to make sure no one is fraudulently billing for services in your name.
- **GUARD YOUR CARD!**



**1-866-726-2916**

### **DON'T BE A VICTIM OF MEDICARE FRAUD!**

Billions of dollars are stolen from seniors every year. Recognize and report instances or patterns of health care fraud, errors and abuse. it's YOUR money!

Be proactive by following three simple steps:

#### **PROTECT**

Protect your personal information.

#### **DETECT**

Review your Medicare Summary Notice (MSN).

#### **REPORT**

Report suspected fraud or errors.  
Call the Arkansas Senior Medicare Patrol (SMP)  
866-726-2916



### **CHECK IT OUT!**

**MYMEDICARE.gov**

The MyMedicare.gov website, which is Medicare's secure online service that allows you, or your designee, to access your personal Medicare information, health care claims, preventive services information, Medicare Summary Notices (MSNs), and more.



[www.facebook.com/arsmp](http://www.facebook.com/arsmp)



#### **SCAM TIP!**

*Government entities (Medicare and Social Security) will not call you and ask for personal information!*

## **WATCH OUT FOR SCAMS!**

Scam artists may try to get your current Medicare number and other personal information by contacting you about your new Medicare card. They often claim to be from Medicare and use various scams to get your Medicare number, including:

- ♦ Asking you to confirm your Medicare or Social Security number so they can send you a new card.
- ♦ Telling you there is a charge for your new card and they need to verify your personal information.
- ♦ Threatening to cancel your health benefits if you don't share your Medicare number or other personal information.

### **Things you should know about your new Medicare card:**

- ⇒ You don't need to take any action to get your new Medicare card.
- ⇒ The new card will not change your Medicare coverage or any benefits.
- ⇒ Medicare will never ask you to give personal or private information to get your new Medicare number or card.
- ⇒ There is no charge for your new card.
- ⇒ Your new card may arrive at a different time than your spouse's, or a friend's or neighbor's.
- ⇒ Your new Medicare card will no longer have a signature line.
- ⇒ Your new Medicare card will no longer show gender.



Question to retired person:

How many days in a week?

*Answer: 6 Saturdays, 1 Sunday*



## TO AVOID THEFT OF PERSONAL INFORMATION, USE A MICRO-CUT SHREDDER!

Great advice from the world's leading expert on outsmarting con artists, Frank Abagnale, subject of the film "Catch Me If You Can." Abagnale is currently an American consultant and lecturer for the FBI academy and field offices.



**Micro-Cut**

Sign up to receive SMP  
SCAM ALERTS  
by calling  
866-726-2916.

### SIX ETHICS OF LIFE.

Before you Pray—Believe  
Before you speak—Listen  
Before you spend—Earn  
Before you write—Think  
Before you quit—Try  
Before you die—Live

## GUARD YOUR CARD!



Con artists will try to get your Medicare number to commit Medicare fraud. Protect your medical identity and guard your card. New Medicare cards without social security numbers will be mailed starting in April.

Watch the new video released by CMS related to your new Medicare card—

<https://www.youtube.com/watch?v=5KZpPrqMqCc>

### Something to know:

During the transition period beginning April 1, 2018 through December 31, 2019 providers may use either the older HICN number or newer MBI number to file claims with your insurance. BEGINNING JANUARY 1, 2020, ONLY THE NEW MBI NUMBER CAN BE USED.

## What to Do if You Suspect You are a Victim of Identity Theft

### What to Do Right Away:

1. Call the companies where you know the fraud occurred.
2. Place a fraud alert with a credit reporting agency and get your credit report from one of the three national credit bureaus.
3. Report identity theft to the FTC.
4. File a report with your local police department.

### What to Do Next:

1. Close new accounts opened in your name.
2. Remove bogus charges from your accounts.
3. Correct your credit report.
4. Consider adding an extended fraud alert or credit freeze.

## ARE YOU A TARGET?

Senior Citizens are considered easy targets for scams/fraud. There are a few reasons:

- ♦ It is thought that seniors are a supply of wealth and they sometimes do not realize the value of their assets;
- ♦ If they have disabilities they often depend on others for assistance;
- ♦ They have predictable patterns of behavior;
- ♦ They are available because they are retired, less mobile, and at home for calls or drop-by visits;
- ♦ Isolated — friendships are limited making them vulnerable to 'friendly' callers;
- ♦ If they have mental capacity issues they often do not even realize something bad is happening;
- ♦ They are more trusting than other age groups in general;
- ♦ They are usually very embarrassed to admit they've been conned;
- ♦ Worst of all, most financial elder abuse is committed by family members or close friends.

**The Arkansas SMP is currently recruiting volunteers!**

**COME JOIN THE FUN!**

Dee Edwards, Volunteer Coordinator

**1-866-726-2916**

***SMP - Empowering Seniors to Prevent Medicare Fraud!***

Unreported fraud, waste, and abuse in  
Medicare and Medicaid  
can cost taxpayers millions each year.

**PROTECT, DETECT & REPORT**

**866-726-2916**

## Upcoming Arkansas SMP Activities

DATE	ACTIVITY	COUNTY
January 8	SMP Presentation — AANHR — North Little Rock	Pulaski
January 9	SMP Presentation — Temple B’Nai — Little Rock	Pulaski
January 30	SMP Presentation — Schmeiding Center — Springdale	Washington
February 6	SMP Presentation — Johnson Regional Medical Center Hospital Auxiliary Clarksville	Johnson
February 28	SMP Presentation — Forrest City Medical Center Auxiliary	St. Francis
March 1	SMP Presentation — Maumelle Center on the Lake	Pulaski
March 6	SMP Presentation — Fountain Place — Cherokee Village	Sharp
March 12	SMP Presentation — Northeast AR Baptist Memorial Auxiliary — Jonesboro	Craighead
March 13	SMP Advisory Council Meeting — Little Rock	Pulaski
March 14	SMP Presentation — Mena Regional Health System Auxiliary — Mena	Polk
March 14	Arkansas Gerontological Society (AGS) Spring Conference—LRA 4H Center	Pulaski
March 19	SMP Presentation — AR Methodist Medical Center Auxiliary — Paragould	Greene
April 6	SMP Exhibit Booth — Hope for the Future—Geyer Springs 1st Baptist Church LRA	Pulaski
April 10	SMP Presentation — EHC Cleburne County — Heber Springs	Cleburne
April 26	SMP Presentation — Helena Regional Medical Center Auxiliary Lunch & Learn	Phillips
April 27	SMP Presentation — River Valley Hope for the Future Dardanelle Community Center	Yell

We would welcome any opportunity to present the SMP message statewide.  
Please contact the Arkansas SMP to schedule a presentation in your area.

**AR SMP — 1-866-726-2916**

### **MEDICAL IDENTITY THEFT: PROTECT YOURSELF**

Medical identity theft occurs when someone steals your personal information (like your name, Social Security number, or Medicare number) to get medical care, buy drugs, or submit fake billings to Medicare in your name. Learn how to protect yourself from medical identity theft by contacting the Arkansas Senior Medicare Patrol for more information at 866-726-2916.

### **GUARD YOUR CARD!**

#### **And protect your personal information**

To help protect your identity, Medicare is mailing new Medicare cards. Your new card will have a new Medicare Number that’s unique to you, instead of your Social Security Number.

Don’t share your Medicare Number or other personal information with anyone who contacts you by phone, email, or by approaching you in person, unless you’ve given them permission in advance.

If someone calls you and asks for your Medicare Number or other personal information, hang up and call the Arkansas SMP at 1-866-726-2916.



## **IMPORTANT PHONE NUMBERS:**

**AANHR**—AR Advocates for Nursing Home Residents **501-450-9619**  
**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**  
**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** **1-800-438-4338**  
**ICan**—Increasing Capabilities Access Network **501-666-8868**  
**KEPRO -AR QIO**(Quality Improvmnt Org.) **1-844-430-9504**  
**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**  
**NCTRC** (Nat'l Consumer Tech Resrc Cntr) **1-877-808-2468**  
**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**  
**Senior Circle** (Northwest Health System) **1-800-211-4148**  
**SHIP** (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**  
**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/](http://www.choicesinliving.ar.gov/)  
**AR Advocates for Nursing Home Residents**—  
[www.aanhr.org](http://www.aanhr.org); e-mail: [Info@aanhr.org](mailto:Info@aanhr.org)  
**AR Long Term Care Ombudsman Program**—  
[www.arombudsman.com](http://www.arombudsman.com)  
**Arkansas 2-1-1**—[www.arkansas211.org](http://www.arkansas211.org)  
(Get Connected. Get Answers) —1-866-489-6983  
**Arkansas Aging Initiative**—<http://aging.uams.edu/?id=4605&sid=6>  
**Arkansas Attorney General**—[www.arkansasag.gov](http://www.arkansasag.gov)  
**Arkansas Attorney General Consumer Protection Division**—e-mail: [consumer@ag.state.ar.us](mailto:consumer@ag.state.ar.us)  
**Area Agencies on Aging**—[www.daas.ar.gov/aaamap.html](http://www.daas.ar.gov/aaamap.html)  
**Arkansas Foundation for Medical Care**—[www.afmc.org](http://www.afmc.org)  
**Arkansas SMP**—[www.daas.ar.gov/asmp.html](http://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](http://www.cms.hhs.gov)  
**Do Not Mail**—[www.DMAchoice.org](http://www.DMAchoice.org)  
**Elder Care Locator**—[www.eldercare.gov](http://www.eldercare.gov)  
**H.E.A.T**—[www.stopmedicarefraud.gov/](http://www.stopmedicarefraud.gov/)  
(Healthcare Fraud Prevention and Enforcement Action Team)  
**ICan AT4ALL**—Tools for Life—[www.ar-ican.org](http://www.ar-ican.org)  
**MEDICAID**—[www.Medicaid.gov](http://www.Medicaid.gov)  
**MEDICAID INSPECTOR GENERAL (OMIG)**—  
<http://omig.arkansas.gov/fraud-form>  
**MEDICARE**—[www.medicare.gov](http://www.medicare.gov)  
**Medicare Interactive Counselor**—  
[www.medicareinteractive.org](http://www.medicareinteractive.org)  
**Hospital Compare**—[www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)  
**MyMedicare.gov**—[www.mymedicare.gov](http://www.mymedicare.gov)  
(Access to your personal Medicare claims information)  
**MyMedicareMatters.org** (National Council on Aging)  
**Office of Long Term Care**—[http://](http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx)  
[humanservices.arkansas.gov/dms/Pages/oltcHome.aspx](http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx)  
**Office of Inspector General (OIG)**—email:  
[HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)  
**Pharmaceutical Assistance Program**—  
[medicare.gov/pap/index.asp](http://medicare.gov/pap/index.asp)  
**Physician Compare**—[www.medicare.gov/find-a-doctor](http://www.medicare.gov/find-a-doctor)  
**SMP Locator**—[SMPResource.org](http://SMPResource.org) (locate an SMP outside of AR)  
**Social Security Administration (SSA)**—[www.ssa.gov](http://www.ssa.gov)  
**SSA OIG**—Report SS Fraud—<https://oig.ssa.gov/report>  
**TAP**—[www.arsinfo.org](http://www.arsinfo.org) (Telecommunications Access Program)  
**UofA Cooperative Extension Service**—  
[www.uaex.edu](http://www.uaex.edu) (or) [www.arfamilies.org](http://www.arfamilies.org)  
**Working Disabled**—[www.workingdisabled-ar.org](http://www.workingdisabled-ar.org)



## 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](mailto:kathleen.pursell@dhs.arkansas.gov)

Current and archived newsletters available at:  
[www.daas.ar.gov/asmpnl.html](http://www.daas.ar.gov/asmpnl.html)



Arkansas Senior Medicare Patrol (SMP)

P. O. Box 1437 Slot S530

Little Rock, AR 72203-1437

<http://www.daas.ar.gov/asmp.html>

[FACEBOOK.COM/ARSMPL](https://www.facebook.com/ARSMPL)

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

## 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

### **Mid Delta Community Consortium**

West Helena, AR  
870-407-9000

### **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