



JUSTICE DEPARTMENT RECOVERS OVER \$2.8 BILLION FROM FALSE CLAIMS ACT CASES IN FISCAL YEAR 2018

NOTE: The 2018 False Claims Act statistics can be found [here](#).

The Department of Justice obtained more than \$2.8 billion in settlements and judgments from civil cases involving fraud and false claims against the government in the fiscal year ending Sept. 30, 2018. Recoveries since 1986, when Congress substantially strengthened the civil False Claims Act, now total more than \$59 billion.

The nearly three billion dollars recovered by the Civil Division represents the Department's continued commitment to fighting fraudsters and cheats on behalf of the American taxpayer."

"The Department of Justice has placed a high priority on rooting out and pursuing those who cheat government programs for their own gain", said Assistant Attorney General Jody Hunt

Of the \$2.8 billion in settlements and judgments recovered by the Department of Justice this past fiscal year, \$2.5 billion involved the health care industry, including drug and medical device manufacturers, managed care providers, hospitals, pharmacies, hospice organizations, laboratories, and physicians. This is the ninth consecutive year that the Department's civil health care fraud settlements and judgments have exceeded \$2 billion. The recoveries included in the \$2.5 billion reflect only federal losses but, in many of these cases, the Department was instrumental in recovering additional millions of dollars for state Medicaid programs.

In 1986, Congress strengthened the Act by increasing incentives for whistleblowers to file lawsuits alleging false claims on behalf of the government. These whistleblower, or *qui tam*, actions comprise a significant percentage of the False Claims Act cases that are filed. If the government prevails in a *qui tam* action, the whistleblower, also known as the relator, receives up to 30 percent of the recovery. Whistleblowers filed 645 *qui tam* suits in fiscal year 2018, and this past year the Department recovered over \$2.1 billion in these and earlier filed suits.

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 enforcement

efforts recover money for federal programs that fund health care for our nation's most vulnerable and deserving citizens, 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 those who might otherwise try to cheat the system for their own gain.

The largest recoveries involving the health care industry this past year came from the drug and medical device industry.

In one matter, AmerisourceBergen Corporation and certain of its subsidiaries paid \$625 million to resolve allegations that they sought to circumvent important safeguards intended to preserve the integrity of the nation's drug supply and profit from the repackaging of certain drugs supplied to cancer-stricken patients. <https://www.justice.gov/opa/pr/amerisourcebergen-corporation-agrees-pay-625-million-resolve-allegations-it-illegally>.

In another matter, the medical device manufacturer Alere paid \$33.2 million to resolve allegations that it sold a materially unreliable testing device that was intended to aid clinicians in the diagnosis of drug overdoses, acute coronary syndrome and other serious conditions. <https://www.justice.gov/opa/pr/alere-pay-us-332-million-settle-false-claims-act-allegations-relating-unreliable-diagnostic>.

The Department has investigated efforts by drug manufacturers to facilitate increases in drug prices by funding the co-payments of Medicare patients. Congress included co-pay requirements in the Medicare program, in part, to serve as a check on health care costs, including the prices that pharmaceutical manufacturers can demand for their drugs. This year, pharmaceutical company United Therapeutics Corporation, a seller of pulmonary arterial hypertension (PAH) drugs, paid \$210 million to resolve allegations that it used a foundation as an illegal conduit to pay the co-pay obligations of thousands of Medicare patients taking its PAH drugs. <https://www.justice.gov/usao-ma/pr/united-therapeutics-agrees-pay-210-million-resolve-allegations-it-paid-kickbacks-through>. In addition, the drug manufacturer Pfizer paid approximately \$23.85 million to resolve claims that it used a foundation as a conduit to pay the co-pays of Medicare patients taking Pfizer drugs. The government alleged that Pfizer raised the price of one of those drugs by 40 percent in just three months. <https://www.justice.gov/opa/pr/drug-maker-pfizer-agrees-pay-2385-million-resolve-false-claims-act-liability-paying-kickbacks>.

In a matter that concluded in both a civil recovery and criminal plea, the former hospital chain Health Management Associates (HMA) paid over \$216 million to resolve civil allegations that it billed government health care programs for more-costly inpatient services that should have been billed as observation or out-patient services, paid illegal remuneration to physicians in return for patient referrals to HMA hospitals, and inflated claims for emergency department facility fees. In addition to these civil recoveries, HMA's subsidiary, Carlisle HMA Inc., pleaded guilty to one count of conspiracy to commit health care fraud arising from illegal conduct designed to aggressively increase admissions to the hospital and paid a \$35 million monetary penalty. <https://www.justice.gov/opa/pr/hospital-chain-will-pay-over-260-million-resolve-false-billing-and-kickback-allegations-one>.

In another matter, William Beaumont Hospital, a regional hospital system based in the Detroit, Michigan area, paid \$84.5 million to resolve allegations of improper relationships with eight referring physicians intended to induce patient referrals. <https://www.justice.gov/opa/pr/detroit-area-hospital-system-pay-845-million-settle-false-claims-act-allegations-arising>.

As some of the matters described illustrate, the Department continued to place great importance on enforcing the safeguards contained within the Anti-Kickback Statute (AKS). This law was enacted to ensure that clinical decisions and medical services are provided to patients based on their medical needs and not on the improper financial considerations of providers. Congress has made clear that claims submitted to federal health care programs in violation of the AKS are "false" claims for purposes of the False Claims Act.

SOURCE: <https://www.justice.gov/opa/pr/justice-department-recovers-over-28-billion-false-claims-act-cases-fiscal-year-2018>

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INSIDE MEDICARE—

WHAT YOU NEED TO KNOW—2019

PREMIUMS

In 2019, the standard Medicare Part B premium will be \$135.50 per month, up from \$134 per month in 2018.

People with higher incomes will pay higher Part B and Part D premiums, individuals with incomes over \$85,000 (\$170,000 for couples) will pay the higher premiums.

People who did not enroll in Part B or Part D when they were first eligible may also have higher premiums as a result of premium penalties.

PART D COSTS

The average Medicare prescription drug plan premium is expected to stay at about \$32.50 per month in 2019, down from \$33.50 in 2018. However, premiums for specific plans and regions vary from year to year. It is important for you to examine the Annual Notice of Change (ANOC) carefully to determine if and how your plan's costs or benefits are changing, and if it makes sense to explore other options. You should receive your plan's ANOC by September 30 each year.

Part D formularies (lists of covered drugs) often change from year to year. Drugs and restrictions can be removed or added. It is important for you to check your plan's new formulary. The ANOC should include a summary of the new formulary.

In 2019, Medicare beneficiaries will have a 75% discount on the cost of their brand-name drugs during the coverage gap (donut hole). The discount for generics during the donut hole will increase from 56% to 63%.

DMEPOSE Competitive Bidding GAP

Starting January 1, 2019, there will be 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.

FOR MORE INFORMATION:

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

The New Medicare Advantage (MA) Open Enrollment and Disenrollment Period (MADP)

Beginning in 2019, the new Medicare Advantage Open Enrollment and Disenrollment Period (MADP) will last from January 1 through March 31 each year.

During this time, only people who are on a Medicare Advantage plan may make the following changes one time:

- Switch between MA plans; Or
- Switch to Original Medicare with or without Part D

Changes made during this period take effect the first of the month following the month you enroll. For example, if you switch to a new Medicare Advantage Plan in February, your new coverage begins March 1.


NOTE: If you have a Medicare Advantage Plan and a separate Part D plan, you can switch to a Medicare Advantage Plan that does not include drug coverage or Original Medicare, but you cannot change Part D plans.

REVIEW YOUR OPTIONS

DID YOU KNOW?

If you have a Medicare Advantage or Part D plan, you should review all of your coverage options each year, even if you are happy with your current coverage, because plans change their costs and benefits every year.

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.

WHAT SHOULD YOU DO WITH EXPIRED OR UNUSED MEDICATIONS?

- **Never Flush any medications!**
- **Do Not Throw Away any medications in the trash!**



FOR SAFE MEDICATION DISPOSAL—

- ♦ Take any unused or expired medications to a local drop box! To find a drop box location near you, go to <https://www.artakeback.org/take-back/collection-sites/> and type in the city or zip code; **Or**
- ♦ Find a drop box at local police departments and participating local pharmacies. Always available are 24-hour secure drop boxes at some collection sites such as local police stations and pharmacies.

GO TO A TAKE BACK EVENT —

Take-Back events (a.k.a. Operation Medicine Cabinet) are offered in various locations statewide in an effort to not only get the public to dispose of unused or expired medications, but to educate as many people as possible about the dangers prescription medications can pose.

Go to: <https://www.artakeback.org/> for an event near you.



Arkansas Governor Asa Hutchinson said the opioid epidemic is “One of the deadliest drug epidemics in American history, affecting every sex, race, class, and age” and that 1,893 people have died in Arkansas from a drug overdose since 2013.

DOES MEDICARE COVER TREATMENT FOR ALCOHOL AND SUBSTANCE ABUSE?

Medicare covers **alcoholism and substance abuse treatment** in both inpatient and outpatient settings if:

- Provider states that the services are medically necessary.
- Provider is a Medicare-approved provider or facility.
- Provider sets up a plan of care.

Some of the services covered by Medicare include, but are not limited to:

- Patient education regarding diagnosis and treatment
- Psychotherapy
- Post-hospitalization follow-up
- Prescription drugs administered during a hospital stay or injected at a doctor's office
 - Methadone may be covered in inpatient hospital settings, but it is not covered in outpatient clinics where it is supplied orally.
 - Outpatient prescription drugs covered by Part D.
 - Part D plans must cover medically necessary drugs to treat substance abuse.

★ Part D plans cannot cover methadone or similarly administered medications to treat substance abuse, but they can cover methadone for other conditions, such as pain.

★ Structured Assessment and Brief Intervention (SBIRT) services provided in a doctor's office or outpatient hospital. SBIRT is covered by Medicare when an individual shows signs of substance abuse or dependency. SBIRT treatment involves:

- Screening: Assessment to determine the severity of substance abuse and identify the appropriate level of treatment.
- Brief intervention: Engagement to provide advice, increase awareness, and motivate an individual to make behavioral changes.

Referral to treatment: If an individual is identified as having additional treatment needs, provides them with more treatment and access to specialty care. Inpatient care will be covered by Part A and cost-sharing rules of an inpatient hospital stay should apply. If care is received at an inpatient psychiatric hospital, Medicare only covers a total of 190 lifetime days. If all 190 lifetime days are used and further inpatient care is needed, patient should seek Medicare-covered care at a hospital.

If outpatient treatment is received, Part B will cover the care. Original Medicare covers **mental health services**, including treatment for alcoholism and substance abuse, at 80% of the Medicare-approved amount.

SOURCE: https://www.medicareinteractive.org/get-answers/medicare-covered-services/mental-health-services/treatment-for-alcoholism-and-substance-abuse?mc_cid=b663dadf05&mc_eid=c71b8b2e1c

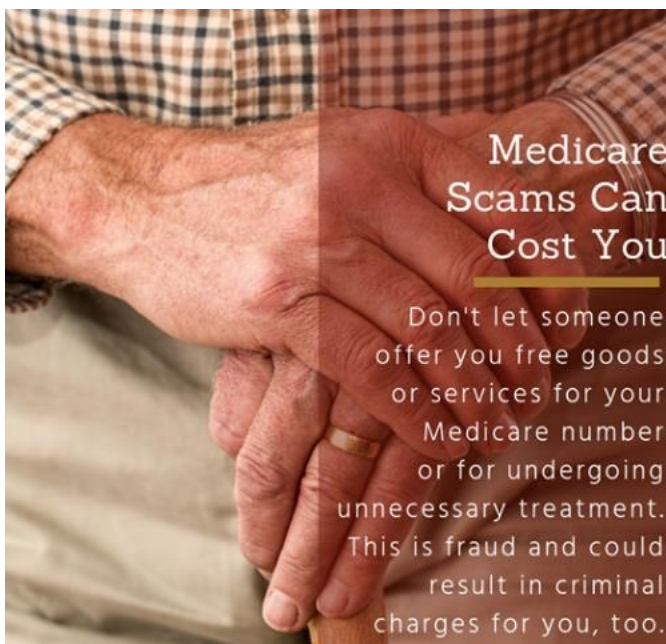
VOCABULARY—

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.

Examples of fraud:

- Billing Medicare for services never received.
- Billing Medicare for services that are different from the ones received (usually more expensive).
- Continuing to bill Medicare for rented medical equipment after it has been returned.
- Performing medically-unnecessary services.
- Misleading Medicare recipients stating that Medicare will pay for something when it will not.
- Using another person's Medicare number or card, with or without their permission.

If you accept free items, services, or money in exchange for your Medicare number and you know you shouldn't, this is Medicare fraud. Giving out your Medicare number in exchange for "free" items is called a kickback and is a crime.



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.

REPORT
MEDICAL IDENTITY THEFT!

866-726-2916

Medicare Advantage Open Enrollment Period

During the Medicare Advantage Open Enrollment Period (MA OEP), you can switch from your Medicare Advantage Plan (excluding Medical Savings Accounts, cost plans, and PACE) to another Medicare Advantage Plan or to Original Medicare with or without a stand-alone prescription drug plan.



The MA OEP occurs each year from
January 1 through March 31.

You can only use this enrollment period if you have a Medicare Advantage Plan. Changes made during this period are effective the first of the following month.



**THE ONLY "FREE"
CREDIT REPORT:**
[Annualcreditreport.com](https://annualcreditreport.com)



Report unwanted calls at
ftc.gov/complaint

SOMETHING YOU SHOULD KNOW!

PAYMENT IN FULL, UP FRONT

If your provider asks you to pay in full for services —

When seeing a participating provider, your provider can collect your Part B deductible and coinsurance at the time of service, but they should not ask you to pay in full.

All Medicare-enrolled providers are required to submit claims, even if they believe coverage will be denied. You can appeal if Medicare denies coverage. A refusal to bill Medicare at your expense may be Medicare fraud or abuse and should be reported. Ask your provider to submit a claim to Medicare.

Medicare should let you know what you owe after it has processed the claim. If the provider refuses to file a claim with Medicare, contact the AR Senior Medicare Patrol 866-726-2916.

If you need to, you may also consider contacting the state medical licensing board to report the issue.. Arkansas State Medical Board at 501-296-1802; or go to: <https://www.armedicalboard.org/Public/FileAComplaint.aspx>.

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!

What if my provider doesn't think a service will be covered?

If you have Original Medicare and your provider believes, based on Medicare's coverage rules, that Medicare will not pay for an item or service, they may ask you to sign an Advance Beneficiary Notice (ABN) before you receive that service.

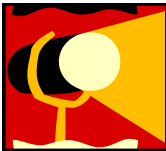
The ABN allows you to decide whether to get the care in question and to accept financial responsibility for the service if Medicare denies payment. The notice must explain why the provider believes Medicare will deny payment. Providers are not required to give you an ABN for services or items that are never covered by Medicare, such as hearing aids.

Your providers are not permitted to give you an ABN all the time or to have a blanket ABN policy.

Every time an old person dies, it's like a library has burned down." — Ken Dychtwald



www.facebook.com/arsmp



SMP VOLUNTEERS IN THE SPOTLIGHT!

Really Special and Valuable People!



SMP Volunteer, EDITH BROWN
Presenting the SMP message—We love our presenters!
Thank you Edith! Great job with a large crowd!



SMP Volunteer,
SARILEA DEATON
at Maumelle Center on
the Lake.

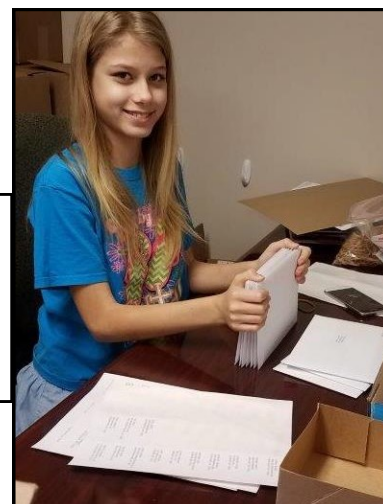
Hosting this SMP
information kiosk at
the Center was
Sarilea's idea!

This is her first one,
which proved to be
**VERY
SUCCESSFUL!**
She plans to host one
at the Center on a
regular basis!

Thank you Sarilea for
thinking outside the
box! We applaud
you!



SMP Volunteer, JUNE BROWN, helps in the
SMP office by mailing our Personal Healthcare
Journals. Great work June, Thank You!



Our youngest SMP Volunteer,
JENNIFER ROBERT helps in the
SMP office by mailing Personal
Healthcare Journals. Thanks
Jennifer for your **HARD WORK!**
We appreciate you!

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

COME JOIN THE FUN!

Call Dee Edwards, Volunteer Coordinator
1-866-726-2916

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



Fraudulent Sleep Studies

Alexandria, VA —

A sleep study business owner was sentenced to seven years in prison for health care fraud and tax charges for operating a fraudulent sleep study clinic. She directed her employees to solicit patients who had been referred to her clinic for legitimate sleep studies for supplemental but medically unnecessary studies. To conceal the scheme, she instructed employees not to send the results of the fraudulent studies to the patients' doctors and lied to patients by telling them they did not have to pay copays or coinsurance. The owner used the fraudulent proceeds to purchase a Rolex watch, mink coats, several luxury vehicles, and a \$1 million home, as well as five condominiums worth more than \$2.9 million.

SOURCE: Department of Justice [press release](#) and a [news story](#).

\$1M WHISLEBLOWER CASE

Lake Worth Doctor Charged with Medicare Fraud

Palm Beach FL—

Lavish lifestyle raised suspicion

An employee at the Clear Vue Eye Center in Palm Beach Florida noticed suspicious billing, including upcoding, bundling and billing for services never rendered, and filed a complaint under the False Claims Act. A \$1 million settlement resulted, and as a result, the reporter was awarded \$200,000 for blowing the whistle on this case. If you see something, say something! You can help the fight against Medicare fraud by calling your local AR SMP at 866-726-2916.

[Watch this news clip:](#)

<https://www.youtube.com/watch?v=zV3RhiiMh5Q>

DME Conviction, Settlement Announced

Here are two separate cases involving durable medical equipment (DME):

In the first, a federal jury found the owner of a medical equipment company guilty of multiple counts of Medicare fraud and identity theft. The scheme involved items that were never provided to patients and never ordered by a physician. 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. Read a Department of Justice [press release](#).

In another case, a company agreed to pay more than \$1.6 million to settle False Claims Act allegations. Complaints were based primarily on allegations surrounding the company's use of a telemarketing scheme to sell knee and back braces to Medicare beneficiaries. The United States alleged that the company violated Medicare's prohibition against telephone solicitation of covered products to beneficiaries. Read a Department of Justice [press release](#).

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

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

SOCIAL SECURITY IMPERSONATOR SCAM —

The AR SMP has continued to receive numerous calls on our helpline and complaints from Medicare recipients that this scam is rampantly ongoing! Not only in Arkansas, but SMPs nationwide are also experiencing a rise in this scam. Arkansans are receiving calls from a scam artists posing as Social Security Administration (SSA) employees. The caller warns that the beneficiary's Social Security number or card has been found (usually in another state) and was involved in criminal activity and instructs them to contact a provided phone number immediately to resolve the issue. The caller concludes by threatening that if the person does not call the number provided, the person will be arrested or their assets will be frozen until the alleged issue is resolved.

Remember, Social Security will not call you and ask for personal information or threaten you!

DURABLE MEDICAL EQUIPMENT (DME) SCAMS—

Unwanted and unneeded items are received in the mail all the time by senior citizens who are constantly harassed by telemarketers offering free products or supplies in exchange for a Medicare number. Sometimes these callers allege to be taking a survey or performing a healthcare evaluation/assessment and ask a lot of questions about pain levels associated with the back or knees. The callers harass these seniors, confuse them and take advantage of them.

After these phone calls, one or multiple shipments may be received at the home of the unsuspecting senior. The shipments may include back braces, knee braces, ankle braces, elbow, hand and wrist braces. These supplies are usually shipped by out-of-state doctors of whom the recipient has never heard, nor had any communication with.

These types of telemarketing scams are rampant in Arkansas and nationwide.

If you receive a call like this from a telemarketer, just hang up! If you need any type of DME product, please contact your doctor and ask for advice, and if medically necessary, your doctor will write a prescription. Report scam calls to the AR SMP at 866-726-2916.

NOTE: IF YOU RECEIVE A PACKAGE WITH ITEMS YOU DID NOT ORDER, RETURN THE UNOPENED PACKAGE TO THE POST OFFICE—GET A RETURN RECEIPT—AND CHECK YOUR MEDICARE SUMMARY NOTICE FOR CHARGES FOR ITEMS THAT YOU DID NOT ORDER. THEN CALL THE AR SMP—866-726-2916.

URBAN LEGEND: "Retirement is Bad for Your Health"

The urban legend is that retirement causes people to get sick and die. **But it's not true.**

Gerontological Society of America, Professor David Ekerdt recognizes that the meaning of retirement is an open question. "Most people define themselves by their job," Ekerdt says. "When they retire, they need a narrative about who they are now. Finding that answer is important for the next phase of your life."

Gwen Paulson, a career and retirement coach, counsels her retiring clients to nourish their mind, body and spirit. For the mind, that can mean reading, taking up a new language, traveling, "anything that requires the brain to do more than be on autopilot." For the body, getting seven to eight hours of sleep, exercising and eating well-balanced meals are important. And for spirit, she says, "faith-based activities, yes, but also meditation, volunteering, getting involved in a cause."

SOURCE:

TEACHING GERONTOLOGY Newsletter (August 24, 2018) / clturturro@ualr.edu

HAVE YOU EVER HAD TROUBLE TRYING TO GET A COPY OF YOUR MEDICAL RECORDS?

After receiving a large volume of complaints about records' cost and accessibility, the Office for Civil Rights of the U.S. Department of Health and Human Services, issued new guidelines in January 2016. For electronic records, the guidelines prohibit per-page charges and recommend a maximum cost of \$6.50 for consumers. They also clarify patients' right to have records sent to third parties, including family members or professionals advocating on their behalf.

If your hospital or doctor's office declines to make your records available, print out materials about your rights and use them to advocate on your behalf. "Tell staff, 'I'm entitled to a copy of my records: This is my legal right, as explained here,'" said Pamela Lane, vice president of policy and government relations for the American Health Information Management Association.

A good resource is a model medical records release form created by the American Health Information Management Association last year, which people can copy and bring with them to help make their case, Lane said. A summary of your right to share medical information with family, friends or other authorized third parties can be found here.

And take a look at the "Get Your Data" section of the GetMyHealthData website, which includes a clear summary of your rights, how to request your medical records, and troubleshooting suggestions if you encounter obstacles. A helpful two-page summary is available here.

SOURCE—KAISER HEALTH NEWS (KHN)—
https://khn.org/news/in-days-of-data-galore-patients-have-trouble-getting-own-medical-records/?utm_campaign=KHN%3A%20Daily%20Health%20Policy%20Report&utm_source=hs_email&utm_medium=email&utm_content=66972197&hsenc=p2ANqtz-8TULBE2BXziUqk1RFWxFqA4nVfrRuuuHN4_CCRfl2mWaZhEkqSOxqbMNhiJy3t1YBXicQdoEMPCO6jW8Nmyuj0ziZudJD5l7YTsM_SC3HqIZqgLn4&hsmi=66972197

Elder LGBTQ Information



One Step Closer to LGBT-Friendly Housing

In November (2018), SAGE celebrated the "topping out" of construction of Ingersoll Senior Residences. The topping out ceremony is when the last beam is placed atop a building, and marks a huge milestone in construction! SAGE celebrated with BFC Partners, our development partner, the construction crew, and constituents. Ingersoll will be the largest LGBT-friendly elder housing development in the country with 145 apartments and a state-of-the-art, ground floor SAGE Center. SAGE is also working with HELP USA to build the Crotona Senior Residences in the Bronx, which we expect to open in the fall of 2019. Are you interested in learning more about these LGBT-friendly housing developments?

Visit <http://sageusa.org/nychousing> to learn more and sign-up for information.

SOURCE: SAGE - info@sageusa.org

New report highlights challenges of LGBT people living with dementia

What unique issues arise when Alzheimer's and other dementias intersect with sexual orientation, gender identification and expression? LGBT and Dementia, a new brief developed by the Alzheimer's Association and SAGE, outlines the distinct hardships of older LGBT people who face Alzheimer's and other dementias. The brief identifies barriers to care and gives more than a dozen recommendations for improving care for LGBT elders living with dementia and their caregivers. [Learn more.](#)

Source: SAGE - info@sageusa.org - September 18, 2018

Knowledge is power!

If you believe someone's rights are being infringed upon - speak up and report to your local long-term care ombudsman office—https://theconsumervoice.org/get_help;
Arkansas State LTC Ombudsman—501-508-8857

Upcoming Arkansas SMP Activities

DATE	ACTIVITY	COUNTY
January 7	SMP Presentation — Saint Mary Regional Health System Auxiliary—Russellville	Pope
January 16	SMP Fraud Bingo—The Atrium—Hot Springs	Garland
January 17	SMP Presentation — Golden Age Apartments — Pine Bluff	Jefferson
January 22	SMP Presentation—Brookdale Senior Living (Forget Me Nots) — Russellville	Pope
January 24	SMP Presentation — Alzheimer's AR Lunch & Learn — Bryant	Saline
January 24	SMP Presentation — College Church of Christ (Senior Servants) — Searcy	White
January 25	SMP Presentation — Bradshaw Manor — Pine Bluff	Jefferson
February 5	SMP presentation — West Side Church of Christ (Prime Timers) — Russellville	Pope
March 8	SMP Presentation — Arkansas Hospice — North LR	Pulaski
March 8	SMP Exhibit Booth — Alzheimer's AR Hope for the Future Geyer Springs 1st Baptist Church — LRA	Pulaski
March 13	SMP Fraud Bingo—Springdale Senior Center	Washington
April 2	SMP Presentation — EHC Spring Council Meeting — Clarksville	Johnson
April 4	AR Gerontological Society (AGS) Spring Conference—UALR Student Center—LRA	Pulaski
April 12	SMP Exhibit Booth — Alzheimer's AR — Hope for the Future — Hot Springs Village	Garland
April 25	SMP Exhibit Booth — Spring Senior Expo — Riordan Hall — Bella Vista	Benton
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	Benton
June 18	SMP Presentation — Alzheimer's AR Lunch & Learn — NLR	Pulaski
June 28	SMP Exhibit Booth — Alzheimer's AR Hope for the Future — Conway	Faulkner
July 22-26	SMP / SHIP 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 18	SMP Exhibit Booth — Alzheimer's AR Hope for the Future — El Dorado	Union
November 7	SMP Presentation — Alzheimer's AR Lunch & Learn — LRA	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**
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**
LGBT Elder Hotline **888-234-SAGE**
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**
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**
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 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)
ICan AT4ALL—Tools for Life—www.ar-ican.org
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://](http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx)
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
Working Disabled—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

Current and archived newsletters available at:

<https://humanservices.arkansas.gov/about-dhs/daas/asmp/asmp-newsletter-archive>



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/ARSMIP](https://www.facebook.com/ARSMIP)

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
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