Indiana SMP
Volunteer Packet

SMP Orientation Slides
Medicare Fraud and You

Prevent, Detect, Report

WHAT IS SENIOR MEDICARE PATROL?

Since 1997...

Senior Medicare Patrol programs, or SMPs, have been dedicated to preserving the integrity of Medicare by helping beneficiaries, and their loved ones and caregivers, to prevent, detect, and report health care fraud.
WHAT DOES SMP DO?

EDUCATES BENEFICIARIES ON HOW TO PREVENT, DETECT, AND REPORT MEDICARE FRAUD, ERRORS, AND ABUSE

PROTECTS AND PRESERVES THE INTEGRITY OF OUR MEDICARE PROGRAM

ENGAGES VOLUNTEERS TO HELP PERFORM SMP WORK

The 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.
WHAT IS SENIOR MEDICARE PATROL?

The SMP program

- Funded by Administration for Community Living (ACL)
- One in every state and Puerto Rico, Guam, Virgin Islands, and District of Columbia
- Work together for same cause across the nation
  - Share information
  - Best practices
  - Ideas

SMP counts on people like you

Because this work often requires face-to-face contact to be most effective, SMPs nationwide rely on approximately 5,000 volunteers who are active each year to help in this effort.
**SMP ACCOMPLISHMENTS**

Since inception, SMPs...

- Have engaged more than **45,000 volunteers**
- **Reached upwards of 30 million people** thru community outreach
- Referred a total dollar amount exceeding **$47 million** to federal agencies for further action
- **Saved more than $117 million** – including funds recovered by Medicare and Medicaid and savings to beneficiaries
- Saved beneficiaries and others **more than $7.1 million**.

**INSMP ACCOMPLISHMENTS**

In 2018 calendar year, Indiana SMP...

- Engaged more than **65 active team members**
  - Nearly 1/3 are volunteers!
- **Conducted over 426** group outreach and education events
- Conducted nearly **2500 individual interactions**
WHAT IS MEDICARE FRAUD?

Intentional billing of Medicare for services that were not received, or were billed at a higher rate than is actually justified is FRAUD.

WHAT IS MEDICARE ABUSE?

ABUSE occurs when providers supply services or products that are not medically necessary or that do not meet professional standards.
WHAT ABOUT ERRORS?

Health care services and billing are complicated and can lead to ERRORS – but only a review and investigation of the issue will determine if it is an error – or if it is actually fraud or abuse.

EXAMPLES OF FRAUD & ABUSE

- Billing for services, supplies, or equipment that were not provided
- Billing for excessive medical supplies
- Obtaining or giving a Medicare number in exchange for “free” services
- Improper coding to obtain a higher payment
- Claims for services that are not medically necessary – including x-rays, lab tests, etc.
- Using another person’s Medicare number, or letting someone else use your number, to obtain medical care, supplies or equipment
IMPACT OF MEDICARE FRAUD, ERRORS, AND ABUSE

- Costs taxpayers billions of dollars
- Risks health/welfare of beneficiaries – our neighbors, our loved ones, and ourselves
- Impacts our Medicare Trust Fund
  - Higher premiums
  - Less money for needed benefits
  - Quality of care

Roughly 10,000 Boomers will turn 65 and become a Medicare beneficiary every day for the next 19 years!

MEDICARE UNDER ASSAULT FROM FRAUDSTERS

Scammers have figured out how to bilk the system
by Joe Eaton, AARP Bulletin, April 2018

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FRAUD IS DIRECTLY HARMING THE HEALTH OF OLDER AMERICANS AND COMPROMISING THE PROGRAM.

- U.S. Government estimates the yearly amount of loss due to theft/waste is approximately $1,000 per Medicare Member per Year.
- Health Care Fraud Experts say the true amount lost to fraud, abuse or improper payments could be 20 percent, or even as high as 30 percent.
- Medicare beneficiaries pay higher deductibles and copayments, and suffer cuts to services and care.

Medicare beneficiaries should be outraged!
Fake billing is part of a patient’s health record, which is increasingly kept electronically. In an era fraught with the loss of personal medical information, fraudulent billing has the potential to affect things such as life insurance rates and future medical treatment.

THE ASTONISHING REAL COST OF MEDICARE FRAUD

The amount of tax dollars that are lost each year to Medicare fraud and waste is greater than the entire annual budget of some of the federal government’s most important programs and departments.

Here are just a few examples:

Source: April 2018 AARP Bulletin
**IMPACT OF MEDICARE FRAUD, ERRORS, AND ABUSE**

**Fraudulent use of your Medicare number may affect YOUR Medicare benefits!**
- If a Medicare number is stolen, it *can’t* be cancelled or changed by Medicare.
- Your file may be flagged *do not pay.*
- Errors in medical history records can result in benefits being denied later when you need them!

**Theft of your Medicare number may lead to...**
- Identity or medical identity theft
- Denied claims – if someone else uses your number, Medicare may deny benefits that have already been claimed/used fraudulently.
CURRENT FRAUD TRENDS

Genetic Testing Scam
Genetic/DNA testing scams are currently a widespread issue throughout the country.

- Scammers have been found exhibiting at senior center events, health fairs, etc.
- Ads are appearing on Facebook – using convincing language and images...don’t fall for it!
- Offering Medicare beneficiaries “free” cheek swabs for genetic testing/cancer screening – NOT FREE

Medicare only covers this type of testing in specific situations. The scammers may use your Medicare information for IDENTITY THEFT or fraudulent billing purposes.

Do not consent to any lab tests at senior centers, health fairs, or in your home.

Be suspicious of anyone claiming that genetic tests and cancer screenings are at no cost to you.

- Genetic tests and cancer screenings must be medically necessary and ordered by your doctor to be covered by Medicare.
- Random genetic testing and cancer screenings aren't covered by Medicare.
- If you are interested in the tests, speak with your doctor.
**CURRENT FRAUD TRENDS**

**Durable Medical Equipment (DME) Scam**

Billing Medicare for a high quality piece of equipment but providing an inferior knee/back brace product to the beneficiary (such as one that can be purchased OTC for little money at a pharmacy).

- Brace/DME potential fraudulent activity continues
- Talk to your doctor if having pain
- DO NOT order ANYTHING from phone, postcard, TV or Facebook ads
Pharmacy/Drug Diversion Fraud

- Billing for expired/counterfeit meds that have been re-labeled and sold as legitimate.
- Bribing patients using money, drugs, freebies in exchange for use of their Medicare ID numbers.

Various Medicare Card Scams

- Guard your card!
- Only take it to a first visit to provider, otherwise keep it in a safe place!

Medicare Plan Scams

- Charging a fee or asking for financial information
- Selling plans that are not Medicare
- Threatening, pressuring...Medicare does not do this!
**FRAUD TRENDS**

**Unbundling**

Billing on different days
- Billing for a minor surgery on one day and an office visit on another when they actually happened the same day.

**Individual lab tests**
- Many routine lab tests have been grouped into panels and are billed as one panel. Billing for each test separately to get paid more.

**Part of same surgery**
- Using a “modifier” to falsely bill for a part of surgery separately when it was actually done during the surgery.

**Anesthesia not included**
- Billing for anesthesia separate from the surgery or procedure when it was already included.

*If you see it, report it!*

Procedures that are performed together are termed “bundled services,” and each individual procedure is reimbursed at a lower rate because Medicare is paying for the procedure as a whole. Unbundling to be reimbursed more is not allowed.

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**FRAUD TRENDS**

**Opioid Crisis**

*If you see it, report it!*

Over-prescribing drugs and prescribing drugs that are not medically necessary are illegal. Those drugs are then ending up in the wrong hands and aiding the opioid crisis.

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**Medical Director**
- Submitted fake claims for controlled substances and then distributed them to co-workers.
- Facing 50 years in prison and $2,500,000 fine.

**Health Care CEO**
- Obtained patients by prescribing unnecessary controlled substances to Medicare beneficiaries.
- Agreed to forfeit $51,396,917.70 and over $11.5 million in real estate.

**Nurse**
- Took pain medications from nursing home residents.
- Facing a maximum of 9 years in prison and $500,000 fine.

**Doctor**
- Wrote prescriptions for pain pills that were not medically necessary.
- Sentenced to 20 years in prison.
HANG UP ON
MEDICARE CARD SCAMS

MEDICARE REPRESENTATIVE
Scammers call claiming to be from Medicare and asking you to verify your personal information.

VERIFY INFORMATION
Scammers claim you need verify your Medicare number to receive or continue benefits.

COMPROMISED MEDICARE CARD
Your Medicare card was compromised so you need to move money from your bank account to a “safer” account.

PLASTIC MEDICARE CARD
Scammers offer you a plastic version of the Medicare card for a fee.

MEDICARE SCAMS ON
THE RISE

1. Claims that require people to join a Medicare prescription drug plan (Part D) or risk losing coverage. Medicare Part D is voluntary and not required.

2. Attempts to have people sign up for Medicare coverage anywhere else but SocialSecurity.gov.

3. Offers for alternative, discounted or supplemental coverage that require upfront payment or personal information.

4. Claims entitling Medicare recipients to a refund from last year’s care in an attempt to gather their bank account and credit card information.
**WHAT CAN YOU DO?**

*Get to know your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB)*
- Always review
- If suspicious, start by calling provider
- Create an account on MyMedicare.gov

**Be Aware!**
- Pay attention and be cautious

**Share what you know!**
- Word-of-mouth

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**Medicare Summary Notice**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Your Name Here</th>
<th>Street Address</th>
<th>City, State 12345-6789</th>
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**Your Medicare Number**

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**Date of This Notice**

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<th>Date of This Notice</th>
<th>March 1, 2019</th>
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**Claims Processed**

<table>
<thead>
<tr>
<th>Claims Processed &amp; Returned</th>
<th>January 1 to March 1, 2019</th>
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**Your Deductible/Coinsurance Information**

- Your deductible/coinsurance is $X.XX. This is the amount you pay before your Medicare benefit kicks in.
- Your out-of-pocket limit is $X.XX. This is the total amount you will pay for covered Medicare services in the current benefit period.

**Declarant**

Register at www.medicare.gov to access your Medicare Summary Notice online. Use your Medicare number and PIN to enroll and get your notice online. If you receive a paper notice, you can sign up for the Medicare Summary Notice Online at www.medicare.gov.

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**THIS IS NOT A BILL**

**Your Claim & Costs This Period**

<table>
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<tr>
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<th>Page 1 of 5</th>
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**Owner/Insurance Claimant**

<table>
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**To Whom**

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**Provider/Insurer**

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**Provider Name**

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Contact your SMP – a free and confidential service!

CONTACT INDIANA SMP
To report suspected fraud/abuse, request presentation, information or materials...

Call the Indiana SMP Office at 317.205.9201

Nancy Stone
SMP Director
nstone@iaaaa.org

or

Mary Wallace
State Volunteer and Training Coordinator
mwallace@iaaaa.org

Visit us online: www.iaaaa.org/smp.asp
Visit us on Facebook: www.facebook.com/INSMP
Call Toll-free: 1-800-986-3505

INSMP is always looking for new volunteers!