

## INSIDE THIS ISSUE:

SMART FACTS	2
HISPANIC PILOT PROGRAM	4
SERVICE COORDINATORS	7
NATIONAL POLICY UPDATE	8
FLORIDA FRAUD	11
SMP LETTER	13
NATIONAL VOLUNTEER TRAINING PROGRAM	14
FTC ANTI-FRAUD FOCUS	16
FBI NOTE	17
NATIONAL CONFERENCE REGISTRATION	18

## Volunteer Stories Wanted

Have an exemplary volunteer you'd like to introduce to the SMP network? Celebrate success with an article in *The Sentinel*.

Contact Maureen Patterson:  
mpatterson@hvaaa.org  
319-351-9753

## AoA Update

### 2009 National SMP Conference: Embracing Excellence

By Barbara Dieker

Director, Office of Elder Rights, U.S. Administration on Aging



Barbara Dieker

Not since December 2006 have we had the opportunity to host everyone from the nationwide SMP network here in Washington, D.C.; we certainly look forward to another memorable and pivotal event August 18 to 20 at the Omni Hotel. Underlying the theme of the 2009 conference, Embracing Excellence, is our focus on continually improving the SMP program while maintaining a high level of achievement in combating health care fraud, waste and abuse. During this conference, we will embrace excellence by highlighting successful SMP practices, tools, strategies and staff and volunteer efforts – the things that make our program great. We will also share new ideas, plans and resources that will further enhance program excellence in the years to come. After 12 years of experience as a national network empowering seniors to prevent health care fraud, waste and abuse, there is much to celebrate and much yet to accomplish.

In 2006, we unveiled SMART FACTS, which standardized data collection and reporting, and also introduced a national SMP logo and the “Protect, Detect, Report” outreach materials (SMP brochure, Personal Health Care Journals, video and Radio PSAs). In 2009, a new initiative will be unveiled: a national volunteer training program. Further information about the national volunteer training program is provided later in this newsletter.

The 2009 National SMP Conference will also offer an opportunity for honoring the creativity that provides local and regional flavor to each project. We will showcase exemplary SMP outreach practices and recognize outstanding SMP volunteers. In addition, we will learn the crucial role of managing risk in our volunteer programs from Linda Graff, an international expert on this subject. Other conference sessions will focus on how to best reach and serve SMP targeted populations, hone your SMART FACTS skills, address health care fraud and much more.

**AoA Update** (continued from page 1)

As detailed in your SMP cooperative agreements, attendance by all SMPs is expected. Because there is a focus this year on volunteers and volunteer training, please consider bringing your program staff who are responsible for conducting or coordinating volunteer training. If you haven't registered yet, please register online through the conference website: [www.2009smpconference.org](http://www.2009smpconference.org). Registration closes July 20.

In the coming months, more information will be provided to you about SMP volunteer awards and how to nominate volunteers from your state for recognition at this conference. There will also be a selection process for SMPs who are interested in demonstrating their approach to group education. More information about that process will also be provided soon. You can expect this information to arrive by e-mail and also to be posted to the conference website. Please contact the SMP Resource Center at 877-808-2468 with your questions. I look forward to seeing all of you in August as we Embrace Excellence together in 2009 and beyond! ●

## SMART FACTS: Simple Inquiry vs. One-on-one Counseling

By Heather Flory

Program Specialist, National Consumer Protection  
Technical Resource Center

One common question SMPs have about data entry in SMART FACTS has to do with the difference between a Simple Inquiry and a One-on-one Counseling session. According to the OIG definitions:

- A **Simple Inquiry** is brief contact initiated by a consumer and/or beneficiary that is resolved with minimal time and research or review. Simple Inquiries typically do not require individual demographic or private personal information such as a Medicare number or information about a medical condition.
- A **One-on-one Counseling** session is a meeting between an SMP representative and an individual beneficiary and/or his or her family for the purpose of discussing or gathering information about potential health care fraud, waste or abuse. One-on-one Counseling Sessions may include beneficiary counseling, information gathering or information sharing.

### Beyond the OIG Definitions

You've probably seen these definitions many times before, yet there is still some confusion about which category some conversations with beneficiaries fall into.

One clarification was noted at the July 2008 OIG Report Web Conference: *A conversation could also be considered a One-on-one Counseling Session if the topic relates to scams, identity theft, inappropriate marketing or consumer fraud.*

For further guidance, use this simple checklist to help determine whether a conversation is a Simple Inquiry or a One-on-one Counseling session. Most importantly, keep in mind that your SMP doesn't get more or less credit for a Simple Inquiry vs. a One-on-one Counseling session. Both types of SMP activity go on the OIG Report, and both are good. If it's too close to call, just use your best judgment – either way is fine!

*continued*

**SMART FACTS** *(continued from page 2)*√ **Is the conversation the result of SMP Outreach and Education activities?**

One-on-one Counseling sessions are typically the direct result of a group educational session or other outreach activity.

√ **Did the conversation take place face-to-face or by phone?**

Most phone conversations are Simple Inquiries; however, if a phone conversation is a follow-up to a group educational session it could be considered a One-on-one Counseling session.

√ **How much time did you spend actually discussing the question or issue?**

If the amount of time addressing the question or concern is brief, it is more likely to be a Simple Inquiry. If it is not brief, it's more likely to be a One-on-one Counseling session.

**These are Simple Inquiries**

- A beneficiary calls and wants to obtain a *Medicare and You* handbook. Your program does not stock copies of the handbook but you give her the phone number of the state SHIP program to obtain a copy.
- A beneficiary calls and wants a copy of a publication that your SMP project recently released. You request the caller's name and address to send the publication.
- A beneficiary calls with a question about the effective date of his Part D plan enrollment because of the Annual Enrollment Period.

**These ARE One-on-one Counseling**

- A beneficiary requests SMP counseling about her concern after or during an SMP-sponsored event.
- A beneficiary calls, after having attended an SMP-sponsored event, with personal concerns about possible fraud, waste or abuse.
- An SMP staff member or volunteer offers proactive one-on-one outreach to provide information, ask questions and/or offer assistance.

**These are NOT One-on-one Counseling**

- Answering questions in front of the entire group after a presentation
- Providing basic SMP information to individuals at an exhibit (unless the conversation evolves into discussion of their unique circumstances)
- Handing beneficiaries SMP brochures or tip sheets routinely after SHIP counseling sessions and mentioning they should call if they have fraud concerns - this is a dissemination activity!

**NOTE:** Carefully following the definitions and guidelines for One-on-one Counseling will not only ensure OIG Report accuracy but also will reduce data entry burden. Entering dissemination activities as One-on-one Counseling increases data entry work load.

For other examples of Simple Inquiries, One-on-one Counseling sessions and Complex Issues, see the *SMART FACTS Operations Manual* (Chapter 3: pages 3, 7 and 8; Chapter 6: page 19) and/or view the SMART FACTS FAQs recording at [www.smpresource.com](http://www.smpresource.com). (Click on SMP Resources, then SMART FACTS.) ●

## Pilot Program Fights Fraud in the Hispanic Community

*Replication planned for other vulnerable populations*

By María Eugenia Hernández-Lane, MSM/MBA  
Vice President, National Hispanic Council on Aging

A new pilot program funded by the U.S. Administration on Aging (AoA) in September 2008 is taking up the fight against Medicare fraud on behalf of the nation's older Hispanic Americans. The National Hispanic Council on Aging's (NHCOA's) National Hispanic Senior Medicare Patrol (NHSMP) is an innovative program working to develop a model that would close the gap in Medicare fraud education between Hispanic older adults and mainstream populations.

The program aims to reach and serve the hard-to-reach older Hispanic adult population

through community-based programs already serving this population in five diverse Hispanic communities across the United States. It will provide technical assistance and education to these community-based organizations while promoting collaboration between local stakeholders and finding ways to establish program sustainability. A major focus is to find the common needs among communities in relation to Medicare fraud prevention, detection and reporting and to develop consistent tools and materials for dissemination nationwide. AoA and NHCOA believe the program will prove easy to replicate on behalf of other vulnerable groups in the United States.

AoA has long recognized that Medicare fraud is one of the most serious problems facing

U.S. older adults. Taking many forms, Medicare fraud not only costs the U.S. government millions of dollars each year, it also squeezes the funds of some of the nation's most vulnerable citizens – defrauding them of money that should go to food, housing and legitimate health care expenses. Worse, those older adults

Rachanna Rodriguez from NHCOA's affiliate in Rio Grande Valley, Texas, gives a talk to a group of seniors.



*continued*

## Hispanic Community *(continued from page 4)*

most likely to fall prey to fraud are also those who have limited retirement monies or are poor, have lower formal education levels, are limited-English-proficient and have few culturally and linguistically competent sources of advice and support. The Hispanic older adult population has a high level of all these risk factors, making it the population most in need of a program like NHSMP. It's also one of the populations least likely to recognize Medicare fraud and to know how to report it without intervention.

Hispanic older adults are a notoriously difficult population to successfully reach and serve. Many efforts to serve them have included translating outreach and education materials into Spanish. Simply translating materials, however, has not been found to be very effective with Hispanic older adults. Translated materials often do not address cultural presumptions among Hispanic adults in reference to the material at hand or they may assume a greater understanding of the Medicare and U.S. health care system than many Hispanic older adults possess.

The task of successfully reaching and serving Hispanic older adults has gained critical importance with the rapid growth of the Hispanic older adult community. One of the fastest growing population groups in the nation, it is expected to comprise more than 11 percent of the entire older adult population by 2030. NHCOA, with more than 30 years of experience, is the national expert in reaching and serving Hispanic older adults.

Born from a highly successful NHCOA SMP implemented in the state of Texas, the NHSMP builds on its years of experience to reach out to SMPs across the country that serve Hispanic older adults and their families. The focus of NHSMP tech-

nical assistance to SMPs will revolve around culturally and linguistically appropriate ways to help older Hispanic adults detect and report Medicare fraud. The NHSMP also will continue its outreach work in the Rio Grande Valley.

A key component of the NHSMP program is the community comprehensive needs assessment. The assessment, designed to be carried out in states with high Hispanic populations, seeks to learn the unique characteristics and needs of each community. The first step in the needs assessment is a literature review that gathers information on local organizations servicing Hispanic seniors and on the resources currently available on Medicare fraud, detection and reporting. The second step is the implementation of a survey of community stakeholders – community organizations serving Hispanic older adults, organizations implementing SMPs, health care workers and categories of individuals. The third and final step of the assessment is in organizing open-participation community forums that bring together local stakeholders, including local groups, community leaders and Hispanic families, to discuss the problems of Medicare fraud and abuse in their communities. The findings of the assessment guide the development of effective tools and strategies for the provision of technical assistance to community-based organizations engaging in SMP work.

To date, the needs assessments have been carried out with the assistance of NHCOA's partner affiliate in the Rio Grande Valley: Senior Community Outreach Services (SCOS). In the course of the first program year, these needs assessments will be implemented in the Texas counties of El Paso, Pharr and Dallas and in the Houston metropolitan

### Hispanic Community *(continued from page 5)*

area. Over the next year, this effort will be expanded to California and the District of Columbia. Preliminary results of the needs assessments in Texas show that local organizations in Texas consider reaching out and serving Hispanic older adults to be extremely challenging. The challenges go beyond the inadequacy of printed education materials to a profound cultural disconnect between the organizations, the system and the population. Several organizations frankly expressed that they do not understand the older Hispanic population at all, including their outlook, how they learn and what they believe in. In addition, the organizations highlight the ineffectiveness of English outreach materials translated into Spanish. In some cases these materials fell short for the following reasons, among others:

- The materials were translated literally and do not make sense in Spanish.
- The materials are too long.
- The font is too small for older adults.
- Members of the older Hispanic population, having low levels of formal education, are functionally illiterate in Spanish.
- The text of the materials does not take into account cultural differences and level of the health care and Medicare system. These elements vary according to acculturation levels and country of origin.

During the coming months, NHCOA will develop effective technical assistance activities and tools responding to the findings of the Texas needs assessments. One activity will be a workshop focusing on reaching Hispanic older adults for SMPs to be presented at the national SMP conference in



Elvia Alvarado from NHCOA's affiliate in Rio Grande Valley, Texas

August. The workshop will be interactive and will include case studies and practice. In addition, NHCOA has established a toll-free line (1-866-943-7289) in the organization's regional affiliate office (SCOS) in Texas to respond to Simple Inquiries from Spanish-speaking beneficiaries. These tools are just the beginning as needs assessments expand to communities across the country. NHCOA envisions a range of tools and strategies that can help build the capacity of SMP organizations to reach Hispanic older adults and all Hispanic subgroups directly through a variety of formats (such as written and audio). The final NHSMP "toolbox" will be designed to create a consistent, effective, state-of-the-art method to reach and serve Hispanic older adults across the country in the prevention, recognition and reporting of Medicare fraud. ◆

# The Service Coordinators Connection

By Anne Fredrickson

Project Manager, Pro Seniors  
Ohio SMP

About 5 years ago, I was approached by a former colleague and friend of mine, Judy Zinsmister, to collaborate with her in providing educational programs about the Ohio SMP in many of the buildings where she was providing care. My friend, a registered nurse, was providing health and wellness screenings including blood pressure checks through her new home health organization to a low-income and highly acute senior population. Many of these buildings were located in inner city communities and most were subsidized housing projects. I learned very quickly these seniors were particularly vulnerable to scams, abuse and fraud.

What was so unique and such a great asset to these buildings was the presence of a service coordinator who was responsible for overseeing the well-being of these residents. I had not had much, if any, experience with service coordinators in the past. I was, however, familiar with their significance since I had kept touch with another dear colleague and friend of mine from many years ago in Toledo who was instrumental in establishing the presence and prominence of these fine professionals.

I accompanied Judy on her many visits to the many buildings to share the SMP message about fraud, waste and abuse and distribute SMP giveaways, including my SMP pot-holders, pens and Personal Health Care Journals. The folks would then follow up with a screening from Judy to determine if they needed a physician visit or referral or a medication refill or change. A collaboration that developed between Judy, the service coordinator and myself worked very well.

Service coordinators attended mine and Judy's programs and learned when to refer issues, clients and potential fraud situations to me. Particularly when Part D began, the service coordinators became my best allies, referring regularly to me for issues concerning sales agents, misconduct, inappropriate enrollments and a host of other abuses under the Part D program.

Now it seems when fall arrives, I can expect to hear from the service coordinators who have passed on my name to other service coordinators to provide education and outreach and to refer potential fraud complaints my way. I pack up my things, clear my calendar and get ready to "hit the buildings!" It's been a terrific partnership and one I can say just dropped in my lap! ◆



Anne Fredrickson

## Fast Fact

Service coordination began in 1978 with the Congregate Housing Services Program demonstration project. The American Association of Service Coordinators, incorporated and launched in 1999, was created in response to service coordinators' expressed need of a national voice to legitimize this pioneering profession. SOURCE: AASC

## National Policy Update

# Funding for Anti-Fraud Efforts and Other Measures

By Bill Benson and Nancy Aldrich

Health Benefits ABCs

**F**raud and abuse detection and prevention efforts will see continued support through several congressional and federal efforts this year. Here's a quick look at initiatives by the president, Congress and advocates in the area of fraud and abuse prevention.

## Medicare

**Medicare Program Integrity.** President Obama's FY 2010 budget plan addresses the need for resources to improve oversight and program integrity for the Medicare Part D prescription drug program, Medicare Advantage and Medicaid, including:

- Helping the Centers for Medicare & Medicaid Services respond to emerging program integrity vulnerabilities, identify excessive payments and establish new processes for correcting problems
- Minimizing inappropriate payments, closing loopholes and providing greater value for program expenditures to beneficiaries and taxpayers

**Health Information Technology (IT).** The Obama administration will promote the adoption and implementation of health IT: an essential tool to modernize the health care system. Computerizing health

records can help improve health care quality, prevent unnecessary health care spending and reduce medical errors. The president's budget request proposes temporary incentives starting in 2011 to physicians and hospitals participating in Medicare for using a certified electronic health record followed by financial penalties starting in 2015 for failure to use such a system. The economic stimulus package signed into law in March includes \$19 billion for that effort. In addition, the stimulus package requires the federal government to take a leadership role in health IT, such as electronic health records. The economic stimulus measure requires establishing standards by 2010 to allow for the nationwide electronic exchange and use of health information to improve quality and coordination of care.

**Medicare Low-Income Subsidy.** The economic stimulus package also extends the Qualified Individual (QI) program that pays Medicare Part B premiums for certain low-income Medicare beneficiaries. It extends the QI program one additional year through Dec. 31, 2010. This program pays Part B premiums (currently \$96.40 per month) for eligible Medicare beneficiaries – those with incomes between 120 to 135 percent of poverty (that is, between \$12,996 and \$14,620 per year for an individual) and limited resources. The program has been extended annually since it expired in 2002. Beneficiaries eligible for QI (and the other Medicare Savings Programs: QMB and SLMB) are also automatically eligible for the Medicare Part D Low-Income Subsidy.

*continued*

## National Policy Update *(continued from page 8)*

**Beneficiary Protections.** The recently signed FY 2009 omnibus appropriations bill includes \$45 million for State Health Insurance Programs. It also includes \$198 million for FY 2009 (FY 2008 funding was zero) from the Medicare trust fund for health care fraud and abuse control (including funding for CMS to expand its efforts to link Medicare claims and public records data and to initiate new demonstration projects using data mining technologies).



U.S. Capitol

**Research Agenda.** New Medicare and Medicaid demonstration and pilot projects will evaluate payment reforms, identify ways to provide higher quality care at lower costs, improve beneficiary education and understanding of benefits offered and better align provider payments with costs.

## Elder Abuse

**Protective Services.** In a Feb. 25, 2009, letter to President Obama, the Leadership Council of Aging Organizations (LCAO) – a consortium of 56 national aging advocacy organizations – called for the following measures to help protect frail elders:

- Ensure adequately funded and trained state-based ombudsman programs and Adult Protective Services infrastructures
- Establish an entity to enable coordination of planning among all levels of government
- Create programs to address the special needs of older persons who are at-risk for victimization
- Provide resources for detecting and investigating cases of elder abuse and for assisting elder abuse victims

**Older Americans Act.** For FY 2010, LCAO is seeking funding increases of 12 percent for the Older Americans Act (OAA) program. That would be an increase of about \$246 million. The OAA funds critical programs and services to keep older adults independent, including meals, home- and community-based care and elder abuse prevention. Federal funding for these programs has not keep pace with inflation or the growth in the older population.

## National Policy Update *(continued from page 9)*

The FY 2009 appropriations measure just signed into law includes \$21.4 million for the Older Americans Act's protection for vulnerable elders program, up from \$20.6 million in the prior year. The FY 2009 amount includes \$16.3 million for the long-term care ombudsman program, which protects residents in nursing, assisted living and other facilities and holds funding for the prevention of elder abuse, neglect and exploitation program at \$5.1 million.

## Social Security

**Extra Social Security Payments.** Nearly 55 million Social Security and Supplemental Security Income beneficiaries will receive a one-time payment of \$250 each under the economic stimulus measure. Similar benefits will go to VA (Veterans Affairs) and Railroad Retirement beneficiaries. Nursing home residents who are receiving Medicaid will not receive the additional payment.

These payments will be separate from regular monthly benefit payments. They will be sent out by late May or early June 2009 at the latest. The extra payment will not count toward eligibility for federally funded entitlement benefits (Medicaid, Extra Help, SNAP or housing subsidies) for 9 months following the month in which the payment is received.

These extra payments will be automatically sent to those eligible without the beneficiary having to take any action. It is not even necessary to file a federal income tax return to receive these payments. One official letter from the government will

notify each beneficiary that the additional money will be delivered in the usual manner in which payments are received (whether by check or electronically).

*Fraud Alert:* SMPs should be aware of the opportunity for fraud in this area, as unscrupulous entities may try to trick beneficiaries into providing their secure information to "assist" them in getting their benefit check. Anyone notifying beneficiaries that they need to take some type of action in order to receive their money is probably engaged in fraudulent activity. ●

## Budget 101

*Budget Request:* The president issues his annual budget request in February.

*Budget Resolution:* Congress develops a budget blueprint and determines how much each committee can spend.

*Budget Reconciliation:* Congress sometimes uses this special procedure to facilitate the passage of deficit reduction, entitlement or tax legislation. This can be a controversial vehicle for legislation, as it passes with a simple up-or-down vote with limited opportunity for amendments and cannot be filibustered in the Senate. This year, health care reform legislation may be tied into the annual budget reconciliation measure.

*Appropriations Bills:* These are spending bills developed by Congress for each federal entity, such as the Department of Health and Human Services.



# Florida Fraud



*SMP, agencies work together to combat widespread Medicare abuse*

By Maureen Patterson

Media Manager, National Consumer Protection  
Technical Resource Center

**W**hen Sylvia Gaddis became an SMP Project Manager 5 years ago, Florida SMP served four counties in central Florida. While the Florida Department of Elder Affairs (DOEA) managed the contract, Gaddis was kept busy with outreach and education in a state that houses almost 10 percent of the Medicare population, the highest percentage of any state in the United States.

By the time DOEA's contract period was up in 2005, the U.S. Administration on Aging wanted statewide coverage for all of the SMPs. The Area Agency on Aging of Pasco-Pinellas was awarded the contract and Gaddis had to expand her scope to include South Florida, a part of the country notorious for health care fraud. "There's a light shining on the state right now because of how out of hand it's gotten," she says.

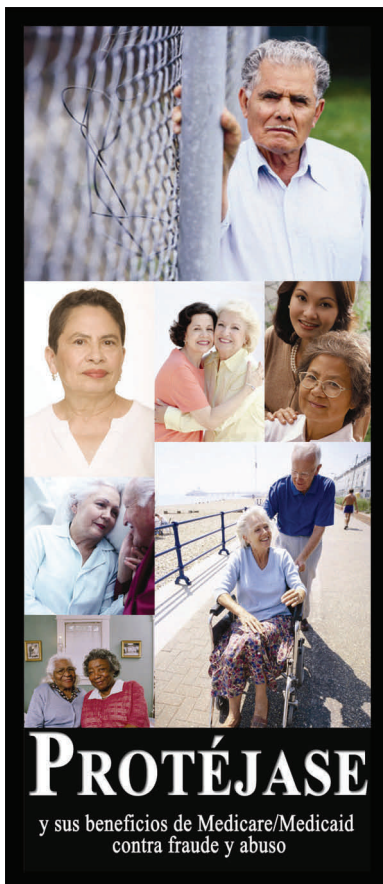
Fighting Medicare is still a relatively new concept. Safeguards weren't put into place until 1996. "The program went unchecked for 30 years," says Stephen Quindoza, Medicare operations coordinator at Jacksonville-based IntegriGuard LLC, a Program Safeguard Contractor (PSC).

Those decades took their toll. Medicare recipients were scammed out of benefits without their knowledge. A criminal culture grew and perpetuated itself. Stealing from the system became easy and safe: Why sell drugs when you can make money without being shot?

It's no surprise, then, that Gaddis went to South Florida often in her first years as a statewide SMP. She reached out to Sandra Colón, a health insurance specialist at the Centers for Medicare & Medicaid Services (CMS) Miami field office, the first such office in the nation. Colón was the outreach coordinator and now does investigations.

The two partnered at many events and presentations, working together some times and at other times sharing each others' information. "She would call me up and ask, 'Were you just on the radio or TV?' because every time I was on the radio or TV it would generate a lot of calls to her," Colón says with a laugh. Colón also gave a presentation at the 2008 Regional Conference in Orlando.

Most of the fraud is either in durable medical equipment (DME) or home health. Medicare is billed for products and services beneficiaries have not received. Wheelchairs were big at one time, then hospital beds, special mattresses and wound care. The list goes on.



This brochure is one of many materials that Gaddis distributes.

*continued*

**Florida Fraud** *(continued from page 11)*

In 2007 an investigative reporter at a TV station in Palm Beach called Gaddis about beneficiaries who were complaining about bogus charges on their Medicare Summary Notices (MSNs). Most hadn't known about the charges until they needed certain medical equipment, which was denied. The charges would be billed a couple months in a row, stop and then start 6 months or so later. After the station aired the story, it was flooded with calls of people with similar experiences. It hosted a forum on the topic, and Gaddis was a panelist. "Almost everybody that stood up had over \$9,000 or \$10,000 worth of fraudulent claims on their Medicare accounts," Gaddis says. Beneficiaries now receive MSNs monthly instead of quarterly in Florida.

In the last 2 years, a Medicare Fraud Strike Force has indicted 196 defendants who are alleged to have billed Medicare more than \$600 million in fraudulent charges. The strike force is supervised by the U.S. Department of Justice Criminal Division's Fraud Section and U.S. Attorney R. Alexander Acosta of the Southern District of Florida.

Gaddis has noticed the difference that the Medicare Strike Force and other outreach efforts have made in South Florida. "They're really cracking down on [fraud]. I would say that within the last year the call volume has gone down quite a bit because half of my calls were coming from the South Florida area," Gaddis says.

CMS has revoked the billing privileges of more than 1,100 medical equipment suppliers in South Florida. In addition, when the majority of calls to a hotline for infusion therapy fraud turned out to be about DME and other fraud, CMS opened the hotline to take all fraud-related calls.



Sylvia Gaddis

Gaddis partners with AAAs, SHIPs and all others that can help her spread the word about fraud and abuse. Of particular note is the Seniors vs. Crime Project, a program of the Florida attorney general in which seniors become involved in consumer protection prevention, detection and investigation. "When we went statewide I was trying to find volunteers that were already in place," she says. The group, with its troop of Senior Sleuths, has a hotline and storefront locations that allow for one-on-one help. It helped Gaddis grow statewide quickly.

Colón has seen the work that Gaddis and her volunteers do and is a big fan. She especially appreciates how they take the time to provide one-on-one attention to beneficiaries. "I think it's a great program. It's educational. They should be in everything. I am pro that program. It gives people what they really need down here," she says. ●



## SMP Letter

# Medicare Fraud Affects Everyone

**Editor's Note:** *In the February Sentinel, we requested that SMPs submit example SMP newsletter articles that might be of interest for reuse by other SMPs. Why reinvent the wheel? The following article was originally published in the Iowa SMP newsletter and submitted by Deb Yankey for the May Sentinel. Feel free to customize this information and publish it in your state.*

There was a topic mentioned in President Obama's speech to the nation and Congress on February 24 that is exactly what Hawkeye Valley AAA's SMP program is working on! "In this budget . . . we will root out the waste, fraud and abuse in our Medicare program that doesn't make our seniors any healthier . . ." Those three words – waste, fraud and abuse – are part of SMP's motto: working to protect the Medicare trust funds and to protect Medicare beneficiaries from the negative effects of money lost due to fraud and errors in Medicare payments.

This is not a Democratic or Republican issue. Medicare provides health insurance to 95 percent of America's population aged 65 and over. Medicare spent over \$430 billion in 2007 and health care spending is projected to grow by 5 to 6 percent each year for several years into the future. If you are a Medicare beneficiary, or a caregiver to someone who is, or if you are now working or worked in the past and paid Social Security/Medicare taxes, you are affected by Medicare fraud and payment errors! Doesn't one of those

descriptions fit almost every person?

This is not a problem just for Congress and the president to solve. You can take a bite out of crime! You can find Medicare payment mistakes or report suspicious charges. By talking to your medical provider, you can ask questions and report problems regarding payments made on your behalf by Medicare.



Deb Yankey

*This is not a problem just for Congress and the president to solve. You can take a bite out of crime!*

What if you have difficulty doing that? You are not alone. The Iowa Department of Elder Affairs' December 2008 survey *Service Needs of Older Iowans* found that up to 42 percent of older Iowans reported they have needed or expect to need help navigating government health programs. The U.S. Department of Health and Human Services Office of Inspector General (which investigates Medicare and Medicaid fraud)

plans to study how well people understand the Medicare Summary Notice (MSN); even the government itself recognizes how hard it is to interpret the information on the notices!

It's no news that life is challenging but that doesn't have to stop us. You can be Medicare "detectives." This means you shouldn't throw away those Medicare Summary Notices when they arrive in the mail every 3 months. Take a look to see if the dates of medical visits match up with your calendar, look at the description of the medical service to see if that's what you had done, look at

**SMP Letter** *(continued from page 13)*

the amount to see if it's about what you expected. If it's difficult to understand your notice, ask a family member or your caregiver to look at it with you, or take it with you the next time you go to the medical office that submitted the charges on that Medicare Summary Notice. If you believe Medicare has made an incorrect payment or you think Medicare paid for charges that weren't yours but you can't get it resolved with the medical provider, call our trained volunteer at 1-800-423-2449 for assistance.

You can help save Medicare funds and reduce the possibility that benefits will be reduced in the future or that premiums skyrocket. There are 43 million Americans on Medicare; if every person found just one \$10 mistake, we could save \$430 million!

That wouldn't be "government" saving some money, that would be YOU saving Medicare! ◆

## Preview: The National SMP Volunteer Training Program

By Ginny Paulson

Director, National Consumer Protection  
Technical Resource Center

**I**t is essential that the heart and soul of the SMP program – volunteers – be provided the skills, tools and resources to meet the needs of the people they serve. Widespread agreement with this principle is demonstrated by the many excellent volunteer training programs already in existence within the SMP network. Some SMPs have commented that a standardized volunteer training program would increase their efficiency.

For the past year and a half, The Center has been developing a national SMP volunteer training program as the first step in a long-term goal of a national SMP volunteer certification program. Volunteer curriculums designed by several SMPs were

reviewed during the early planning stage and form its foundation.

This effort is born from AoA's desire to strengthen the SMP program's visibility and consistency nationwide. You may remember hearing about it at your 2008 Regional SMP Conference, both during the SMP Resource Center conference presentation and also at the reception when SMP Volunteer Stakeholder Committee members were recognized. Progress has continued over the past months, and volunteer training, management and recognition will be a major focus of the 2009 National SMP Conference.

The curriculum being rolled out in August covers: 1) SMP program overview and the roles and responsibilities of SMP volunteers; 2) Overview of the Medicare program; and 3) Medicare fraud, error and abuse. Modules covering other topics are planned for the future.



Ginny Paulson

*continued*

## Volunteer Training Program *(continued from page 14)*

### Vision

The vision for the national SMP volunteer training program is basic: *to develop a corps of SMP volunteers who are qualified to engage in consumer outreach and education and consistently and effectively respond to beneficiary complaints or concerns related to health care fraud, error and abuse*

### Goals

Long-term program goals are to enhance: the **professionalism and expertise** of the SMP volunteer workforce; **beneficiary confidence** in and **reliability** of the information and assistance provided by SMP volunteers on health care fraud, error and abuse; the **credibility** of the SMP program at local, state and national levels

*The SMP program has evolved since its inception from a handful of diverse demonstration projects to a trusted national community resource.*

- 2010: SMP volunteer training available both as an online independent study program and as a self-paced independent study CD

Some SMPs may determine that their current training program is “as good or better” than the new program. SMPs wishing to continue using their existing volunteer training program can apply for an exemption. If approved, volunteers still must take the national program’s assessment, which verifies that a volunteer possesses adequate understanding of the information contained in the national training program.

AoA and the SMP Resource Center are also working to assess and address volunteer risk in the SMP program. You will hear more about this at the national conference. The Center will also provide additional training opportunities and technical assistance as needed to help SMPs successfully implement the program. In addition, implementation issues and best practices will be addressed as part of the ongoing mentor calls.

The national SMP volunteer training program is the result of the joint efforts of the staff at the SMP Resource Center, Barbara Dieker with AoA, consultants with Health Benefits ABCs, staff at the American Institutes for Research and the SMP Volunteer Stakeholder Committee. ◆

### What You Can Expect and When

- August SMP conference: 1) Demonstration of the national curriculum; 2) Volunteer training program binder (one copy per participant), complete with national curriculum implementation guide, trainer’s guide, training materials and volunteer manual; 3) More details about the vision of an SMP volunteer certification program
- August 2009: Bulk supply of volunteer manuals mailed to each SMP. Additional training program binders will also be mailed, if needed. (Center will take orders in June. Stay tuned for details.)

# FTC Shows Anti-Fraud Focus

By Bill Benson and Nancy Aldrich

Health Benefits ABCs

**H**ealth care fraud is among the most underreported types of fraud, according to the Federal Trade Commission (FTC). Consumers do not always realize that fraud has occurred, experts stated at a recent FTC Fraud Forum held in Washington, D.C. Older adults are less likely than others to complain when they think they have been victims of fraud, according to FTC data.

In 2008, FTC received 16,275 health care fraud complaints, according to the FTC's *Consumer Sentinel Network Data Book for January-December 2008*. These complaints comprised only 1 percent of all complaints it received last year.

While consumers of all ages are more likely to complain about identity theft, debt collectors, sales, Internet services and other types of fraud, older adults are less likely to be victims, according to the findings of a 2007 FTC survey (*Consumer Fraud in the United States: The Second FTC Survey*). Those between ages 65 and 74 were 32 percent less likely to report having experienced the types of fraud in the survey (weight-loss products, prize promotions, foreign lotteries, credit card insurance, pyramid schemes and similar fraud) than those ages 35 to 44. For those 75 and older, the likelihood of having experienced any of the frauds was 64 percent lower than for younger persons.

The few older adults who are victims of this fraud tend to succumb to prize promotion fraud and unauthorized buyers' club billing. Even so, only 1 percent of seniors reported experiencing these types of fraud, according to the 2007 survey.

## Role of Dementia

Speaking at the FTC Fraud Forum, Washington State Director for AARP Doug Shadel discussed an AARP study of older victims of lottery mail fraud where the victim has to mail a check to the fraud perpetrator to collect the anticipated "winnings." Social workers, who administered mental status exams to 45 of the victims, found that 80 percent of them had cognitive impairment or dementia beyond what would be expected for their normal stage of aging. "This confirms the hypothesis that this is who the bad guys" are profiling for lottery mailing fraud, Shadel said.

Peer counseling can help reduce fraud against older adults. Shadel described a "reverse boiler room" approach used in an AARP study conducted in 2003 for the Department of Justice. Senior volunteers contacted potential victims with a warning message and strategies for avoiding becoming a victim. The interventions helped reduce victimization rates by 50 percent.

Debra Deem, an FBI victim specialist, gave case examples of fraud committed against women with dementia. She worked with Adult Protective Services and law enforcement authorities. Most of these crimes are financial or involve "undue influence" – persuading someone to do what they would not ordinarily decide to do on their own.

For a list of FTC resources, contact Maureen Patterson: [mpatterson@hvaaa.org](mailto:mpatterson@hvaaa.org). ●



## FBI Note: Don't Put Your Health in the Hands of Crooks

It couldn't be easier – ordering prescription drugs online with a few clicks of the mouse and having them delivered right to your door, without ever having to see a doctor.

But is it safe? Is it legal? Often not. And you need to know the risks.

Yes, there are plenty of legitimate U.S. pharmaceutical companies and pharmacies (including online ones) that follow all the laws and regulations and put public safety first.

But there are many that don't – they are just out to make a fast buck at your expense. These shady businesses fill orders without prescriptions. They pay doctors just to take a quick glance at your brief medical questionnaire. They don't know if you are drug-addicted, underage or have another condition that their medications could make worse. And they don't care.

Worse yet, the products they peddle are questionable, at best. The drugs may be way past their expiration date. They may be counterfeit, mislabeled, adulterated or contaminated. And they may well be made from suspect raw materials in underground laboratories in the United States and abroad, far from the safety-conscious eyes of the U.S. Food and Drug Administration.

These illegal pharmacies are all over the Internet. More than 80,000 “portal” websites currently sell ad space for these medications and link to one of more than 1,400 “anchor” websites that allow customers to place orders through illegal pharmacies. You don't even have to search for these offers – they often come straight to your inbox as e-mail spam, enticing you with a cornucopia of drugs on the cheap. Are there ways to tell whether an online pharmacy is legal?

Definitely, and here's what to look for. Legitimate pharmacies: require a prescription from a licensed doctor, usually by mail (if they accept a fax copy, they will always call your doctor to verify the prescription); make you submit a detailed medical history; clearly state their payment, privacy and shipping fees on their sites, and use secure or encrypted website connections for transactions

Many legitimate online pharmacies are also certified by the National Association of Boards of Pharmacy – check its website ([www.nabp.net](http://www.nabp.net)) for a listing. Bear in mind, some of the larger Internet pharmacies may not be certified because of their already well-recognized names.

To help protect you, the FBI has made Internet pharmacy fraud one of its top health care fraud priorities. We work – and train – with federal investigators from our partner agencies. We also work closely with state and local law enforcement, and, because many illegal online pharmacies have global connections, we often coordinate with our overseas partners.

Just one example of a major crackdown: In August 2007, a San Diego grand jury handed down a 313-count indictment against 18 people, charging them with operating an illegal online pharmacy that netted more than \$126 million over a 2-year period. Incredibly, this network – which included everyone from doctors and druggists to credit card processors and affiliated websites that advertised the illegal wares – allegedly received over a million Internet orders from customers in all 50 states.

Our bottom-line advice: Do your homework and steer clear of illegal Internet pharmacies, even if the prices are tempting. It's your health, after all. ●

Visit us on the web at [www.smpresource.org](http://www.smpresource.org)

Phone: 877.808.2468

E-mail: [mpatterson@hvaaa.org](mailto:mpatterson@hvaaa.org)

For more information about the National Consumer Protection Technical Resource Center, please visit us at [www.smpresource.org](http://www.smpresource.org).

All newsletter submissions and inquires should be directed to [mpatterson@hvaaa.org](mailto:mpatterson@hvaaa.org).

Newsletter development is supported in part by funding from the Administration on Aging, Department of Health and Human Services. Grantees undertaking technical resource centers under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging policy.

## 2009 SMP National Conference: Registration Reminder

Registration for the 2009 SMP National Conference officially opened on 4/15/09, and more than 60 participants from 27 SMPs have already registered! For those who have not yet registered, here are some highlights:

### Registration

- All SMPs should attend this important conference!
- The registration deadline is July 20.
- Each SMP project may register three participants (or other number as indicated in the preconference attendance survey). To request additional participants for your SMP, contact Ginny Paulson at The Center.
- If more than one person from your SMP will be attending the conference, select a point of contact in your SMP to coordinate all of your registrations.

### Conference Website

The 2009 SMP Conference website is available at [www.2009SMPCConference.org](http://www.2009SMPCConference.org) or from the SMP Resources website by clicking the Calendar of Events. The conference website provides access to register for this year's conference and for the most current information about the conference, including:

- Conference timeline
- Links to a preliminary agenda, travel information, lodging and more

Updated information about the conference will be posted to the conference website as it is available throughout the spring and summer, including:

- Final conference agenda
- Volunteer nomination process details

If you haven't done so already, visit our 2009 SMP Conference website today to see all that this year's conference has to offer you! For more information about the 2009 SMP Conference website and how to register for the conference, a recorded tutorial is available on the SMP Resources website Calendar of Events page. For questions, please contact Ginny Paulson (319-358-9402) or Heather Flory (319-427-1022) . ●

