



SMP Briefs

The SMP (Senior Medicare Patrol) Program educates and empowers people receiving Medicare to identify and report health care fraud and resolve errors.

There is a SMP Program in every state, the District of Columbia, Guam, U.S. Virgin Islands, and Puerto Rico. Nebraska's SMP Program serves the entire state through a network of eight local coordinators and over 100 volunteers. Visit www.dhhs.ne.gov/smp or call 1-800-942-7830

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SCAM ALERT! Some latest scams you should be aware of are listed below. Scams often cross state lines and quickly proliferate throughout the nation.

Numerous scams surfaced in **Nebraska** this spring. In April, the Better Business Bureau (BBB) reported that a Lincoln grandmother was scammed for \$2,000 in what is called the “Grandparent Scam.” A woman in her 80s received a phone call from a young man purporting to be her grandson who was in trouble while in Peru. The caller asked her to wire him \$2,500 to keep him from going to jail. The grandmother went to the bank in the grocery store, wired \$2,000 and paid a \$121 service fee for the transaction. She reported the incident to the Lincoln Police Department, the Nebraska attorney general’s office and the BBB. The incident received city-wide media coverage. Utah SMP shared information on a fraud unit at Western Union that takes these types of complaints. The website address is www.westernunion.com/stopfraud and the fraud hotline number is 1-800-448-1492. In another scam, the Omaha police reported that an 85-year-old-man was told he had won \$2.8 million in the Australian Lottery. He gave the company \$3,000 in “fees,” not realizing it was a scam. Some seniors in Northeast Nebraska received a postcard regarding an American Community Survey questionnaire. The survey asked for personal information including Social Security Number. The survey was signed by Robert Groves, Director of Census Bureau. Although the American Community Survey is a legitimate ongoing survey conducted by the Census Bureau, the survey does not ask for personal identifying information such as the Social Security Number. The SMP Project Director contacted the Nebraska Data Center to verify this. It was treated as a scam and SMP volunteers were notified to spread the

Inside this Issue:

Scam Alert.....	Page 1
Medicare Fraud Bust	Page 2
Medicare Coverage of DME	Page 3
New Administration	Page 4
Medicare Fraud Tidbits.....	Page 4
NE SMP Receives Funding	Page 5
Staff Assignments	Page 6
Meet Our Partners	Page 6
Office of Health Disparities & ...	Page 6
Health Equity	
Coordinator’s Corner	Page 8
Medicare Fraud Disguises	Page 9
Medicaid Managed Care.....	Page 10
Federal Trade Commission	Page 11
Upcoming Events	Page 12

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www.dhhs.ne.gov/smp

word. An employee at the Eastern Nebraska Office on Aging received an e-mail from U.S. Bank about a new check card that had been issued to her asking her to contact an 877 phone number. She didn't have an active account with this bank so she called the bank and they told her to forward it to their fraud division. She also reported it to the DHHS Help Desk. She noticed that many of the e-mail addresses that were also copied on this e-mail had dhhs.ne.gov addresses. A durable medical equipment (DME) company, used high pressure sales tactics to schedule presentations on pain and arthritis at all senior centers for Aging Partners AAA and Blue Rivers Area Agency on Aging. The company sales person asked for Medicare numbers when talking to clients at the senior centers. SMP was alerted and is working on resolving the case.

In April, the Federal Bureau of Investigations (FBI) reported that the Jury Duty scam was occurring in many states.

Iowa SMP received a report from a beneficiary who had a visitor at the home from a company selling pharmaceuticals via mail order with purported benefits of lower cost to her. During the interview, they also attempted to get other personal information from her. **Montana** SMP received scam reports related to the Veterans' Affairs division similar to the scam that occurred in Nebraska last year. See the fall 2010 SMP Briefs at www.dhhs.ne.gov for more information. **Colorado** SMP reported that Veterans are selling their Medicare number for cash. A new fact sheet has been developed to educate seniors about this practice.



Largest Medicare Fraud Bust in History: 107 Doctors, Nurses, and Social Workers Charged

In early May, federal authorities charged 107 doctors, nurses and social workers in seven major cities with Medicare fraud in a nationwide crackdown on several scams that allegedly billed the tax-funded program \$452 million, which is the highest dollar amount in a single Medicare bust in U.S. history.

U.S. Health and Human Services Secretary Kathleen Sebelius and Attorney General Eric Holder partnered in 2009 to increase enforcement by allocating more money and staff and creating strike forces in fraud hot spots. Subsequently, a website was developed to highlight the joint efforts of the two agencies, www.stopmedicarefraud.gov.

Hundreds of federal agents spread around the country, raiding businesses, seizing documents and charging 107 suspects in Miami, Los Angeles, Houston, Detroit, Chicago, Tampa and Baton Rouge. The government suspended payment to 52 providers as part of the investigations.

Among those arrested were Hoor Naz Jafri and Roslyn Dogan, owners of two community mental health centers in Baton Rouge, who were charged with fraudulently billing Medicare for \$225 million. They allegedly recruited vulnerable patients, such as elderly people, drug addicts and the mentally ill. The patients' charts were doctored to indicate services that were billed to Medicare. Authorities suspended their companies in May 2011, but the pair continued billing Medicare after purchasing another fraudulent company. When the feds shut down that company, the pair tried to sell their "beneficiaries" to other providers for financial gain.

Over 50 defendants were arrested in Miami for scams totaling \$136 million involving community mental health centers and home health care agencies. Scams in this field have grown more sophisticated using patient recruiters who are paid kickbacks for recruiting patients. "Medicare fraud also exposes some of our most vulnerable citizens to identify theft, and, in some cases, endangers patients' lives," said Gary Cantrell, Deputy Inspector General for Investigations for HHS.

Source: The Huffington Post (May 2, 2012)

Medicare Coverage of Repairs and Maintenance of Durable Medical Equipment

The following article is printed with permission from the Nebraska SHIP E-Newsletter

How Original Medicare covers repairs and maintenance of durable medical equipment (DME) depends on who owns the equipment.

When the supplier owns the DME, the supplier is responsible for maintenance, repairs and replacement parts. While Medicare is paying the supplier a rental fee, the supplier cannot charge a separate fee for repairs and maintenance.



When a Medicare beneficiary owns the equipment, they are responsible for getting maintenance, repairs and replacement parts. Medicare will not pay anything for "routine" maintenance and servicing of DME, such as cleaning and checking the equipment. Medicare will pay 80 percent of the Medicare-approved amount for "non-routine" maintenance and repairs once the beneficiary has met their deductible, as long as they go to a supplier who takes assignment. The beneficiary will pay the balance if the repairs are not covered by a warranty.

For oxygen equipment, after a 36-month rental period ends, the beneficiary will no longer have to pay a rental fee, but the supplier will continue to own the equipment. The beneficiary can keep the DME for two additional years as long as it is still medically necessary.

During this time, the supplier must keep the equipment in good working condition and provide supplies, parts and maintenance free of charge in most cases. The beneficiary may be charged a fee under certain circumstances.

For more information, download the Centers for Medicare and Medicaid Services (CMS) booklet on DME at <http://www.medicare.gov/publications/pubs/pdf/11045.pdf>

New Administration for Community Living Formed

A new Administration for Community Living (ACL) was created in April to bring together the Administration on Aging (AoA), the Office of Disability, and the Administration on Developmental Disabilities within the Department of Health and Human Services. The single agency is charged with developing policies and improving support for both seniors and people with disabilities. The creation of ACL will help streamline the operations of these agencies toward the goal of providing long-term services and supports across abilities and lifespan thereby strengthening the efforts to help individuals fully participate as members of their local communities.

Medicare Fraud Tidbits

The following information was taken from an article by Nancy Aldrich and Bill Benson in The Sentinel, May 2012.

Improper payments by Medicare and Medicaid programs were estimated at \$68.8 billion for fiscal year 2011, according to the U.S. Government Accountability Office (GAO). According to the GAO report, Medicare/Medicaid improper payments constitute more than half of all government-wide improper payments (\$115.3 billion in FY 2011).

It is important to note that improper payments may include fraudulent claims, but not all improper payments are fraudulent. They may be due to errors or honest mistakes. GAO estimated improper payments (care was not necessary or the bill was wrong) as follows:

- Medicare fee-for-service (Original Medicare): \$28.8 billion, an 8.6 percent error rate, primarily due to medically unnecessary services and insufficient documentation
- Medicare Advantage: \$12.4 billion, an 11 percent error rate, primarily due to insufficient documentation, errors in the transfer/interpretation of data, and payment calculations
- Medicare Prescription Drug Benefit: \$1.7 billion, a 3.2 percent error rate, primarily due to errors, adjustments and program complexity
- Medicaid: \$21.9 billion, an 8.1 percent error rate, primarily due to ineligible or indeterminable eligibility status for Medicaid beneficiaries

Improper payments are defined by the Improper Payments Information Act of 2002 as follows:

- Payments that should not have been made or payments made in an incorrect amount (including overpayments and underpayments)
- Payments to an ineligible recipient
- Payments for an ineligible service
- Any duplicate payment
- Payments for services not received
- Payments for an incorrect amount

Estimates of Medicare Fraud are difficult to calculate for numerous reasons. Here are some:

- Broad Definitions: Estimates for misspent dollars may not distinguish fraudulent payments from those that involve waste or error. Or, they may focus on the entire health care system, not just Medicare fraud.
- Higher Stakes: The dollar amount that occurs in a single incidence of fraud is rising, according to the U.S. Department of Justice (DOJ), making it harder to estimate fraud based on prior statistics.
- Unknowns: Fraud is often undetected and therefore difficult to count. “It is not possible to measure precisely the extent of fraud in Medicare and Medicaid,” HHS Inspector General Daniel Levinson told the Senate Special Committee on Aging in 2009.

SMP staff and volunteers play an important role in combatting health care fraud, waste and abuse.

Peter Budetti, Deputy Administrator and Director of Center for Program Integrity at CMS, in his testimony to the U.S. Senate Committee on Finance in April said, “Recognizing that beneficiaries are vital partners in our fight against fraud, CMS has also enhanced its role in supporting the SMP over the past two years. Led by the HHS Administration on Aging, the SMP program empowers seniors to prevent, identify and fight fraud through increased awareness and understanding of Federal health care programs.

To support this work, CMS provided grant funding to SMP projects in recent years. As a result of these and other outreach and engagement efforts, 1-800 MEDICARE sent almost 50,000 inquiries for fraud investigation in 2011.” His entire statement is available at

[http://www.finance.senate.gov/imo/media/doc/FINAL%20--%20CMS%20Anatomy%20of%20a%20Fraud%20Bust%20testimony%20\(Budetti\)%204.24.12.pdf](http://www.finance.senate.gov/imo/media/doc/FINAL%20--%20CMS%20Anatomy%20of%20a%20Fraud%20Bust%20testimony%20(Budetti)%204.24.12.pdf)

Nebraska SMP Receives Continued Funding for the Program

In June, the Administration on Aging/Administration for Community Living approved the Nebraska SMP grant for a three-year period starting June 1, 2012 and ending May 31, 2015 and provided funding for FY 2013. The grant will enable Nebraska SMP to continue and enhance the program to educate beneficiaries to detect and report health care fraud.



Staff Assignments

Nebraska SMP thanks C.J. Roberts, local coordinator covering the areas in Aging Office of Nebraska and West Central Nebraska Area Agency on Aging for her service to the SMP program for the past several years. Nebraska SMP welcomes Caryn Long and Rhonda Godbey to the team representing Aging Office of Nebraska and West Central Nebraska Area Agency on Aging respectively. Both, Caryn and Rhonda are SHIIP representatives and bring a wealth of Medicare program knowledge and experience to the SMP program.

Meet our Partners!

Nebraska SMP has an active Steering Committee that meets quarterly to discuss SMP related fraud and abuse issues and get updates from partner organizations. Representatives from the following organizations serve on the Steering Committee: SHIIP (Senior Health Insurance Information Program), AARP, TRIAD (a partnership of three organizations – law enforcement, senior citizens and community groups), CIMRO (a quality improvement organization), Medicaid Fraud Control Unit in the Attorney General’s Office, representative from the Consumer Protection Unit in the Attorney General’s Office, Department of Health and Human Services Program Integrity staff, Nebraska Medical Society, IntegriGuard Program Safeguard Contractor, Long-term Care Ombudsman, Adult Protective Services, Senior Center Association, Area Agencies on Aging, Aging and Disability Resource Center (ADRC), Better Business Bureau, Office of Health Disparities and Health Equity, and SMP Director and local coordinators.

Office of Health Disparities and Health Equity, Department of Health & Human Services By *Joshua Russo*

Nebraska’s population is growing more diverse every year. According to the U.S. Census Bureau, from 2000 to 2010, Nebraska’s total population change was +115,078 people, or 6.7 percent of the population. In that time span, the total minority population increased 109,819 people, or 50.7 percent. The largest minority population change was the Hispanic population with +72,980 or 77 percent. The white population total change was only +0.4 percent. Nationwide, the population of individuals over the age of 65 years is estimated at 30 million today and expected to explode to over 80 million by the year 2050, with women outnumbering men.

Demand for health care services by minorities is expected to increase as the percentage of minorities in the U.S. population grows. Therefore, the time physicians spend treating minority patients is expected to grow from 31 percent in 2000 to 40 percent by 2020. As the number of minorities grows their participation in the workforce will rise similarly, causing minority under-representation in healthcare to shrink. Also, according to Medscape.com, the overall health of the elderly population in America is improving, but minority elders are disproportionately affected by differences in access to care and are less likely to receive routine medical care. Research has shown that minority elders are a population that is receiving a markedly lower quality of care than their white counterparts. Consistency and equity of care should be promoted not only because it is just, but because healthcare disparities are costly and can lead to significant morbidity and disability.



The Nebraska Office of Health Disparities and Health Equity (OHDHE) is focused on these populations and trends. It is doing its part to improve health outcomes for culturally diverse populations in Nebraska, leading to a vision of health equity for all Nebraskans.

A disparity is simply a lack of similarity or equality. A health disparity occurs when one racial/ethnic group, gender, or group sharing a socioeconomic or geographic designation has poorer health outcomes – higher rates of morbidity (occurrence of disease) and mortality (death) – when contrasted with another group.

It is evident that persons from minority groups, including elders, have a higher incidence of developing certain diseases and do not receive the same healthcare as their white counterparts, according to information from Medscape.com. For example, African Americans are 62 percent less likely to receive anticoagulants after experiencing a transient ischemic attack, and Mexican Americans receive 36 percent fewer prescriptions post myocardial infarction.

The Office is currently working with the State Unit on Aging to work with senior populations and provide resources. If you have a comment on how OHDHE can work better with Nebraska's seniors, please contact our office at (402) 471-0152.

The services the Office can provide include training individuals in senior centers to give presentations on preventive health topics, and it would also like to provide training to groups and organizations on cultural competency. Cultural competency includes understanding health beliefs, practices, and folk remedies of different cultures. Contact the Office if you or your organization are interested in learning more.

The Office also would like to mention there is an essential preventive health guide for seniors available in both English and Spanish languages: Staying Healthy at 50+. The guide is designed to encourage seniors to actively participate in their preventive healthcare and contains easy-to-use charts to track personal health information and sample questions to ask healthcare providers, as well as other sources of health information for senior populations. The health information in this guide covers many topics, including: blood pressure, diabetes, depression, tobacco use, osteoporosis, hearing loss, menopause, and the pneumococcal and flu vaccines.

The guide for men can be found at www.ahrq.gov/ppip/men50.htm, and the guide for women can be found at www.ahrq.gov/ppip/women50.htm. Also, from the National Office of Minority Health, there is a link to research health topics in English and Spanish. The link is www.minorityhealth.hhs.gov/templates/search.aspx.

Please visit www.dhhs.ne.gov/healthdisparities to learn more about the Office of Health Disparities and Health Equity programs.

Coordinators' Corner

Aging Office of Western Nebraska: C.J. Roberts, Nancy Steele and Dick Thompson conducted numerous presentations on the SMP program and provided one-on-one counseling to beneficiaries. These included nursing homes, long-term care facilities, Veterans' Home and a Kiwanis Club. A Provider appreciation event was held in Sidney in April.

Midland Area Agency on Aging: DeAnna Tuttle, local coordinator recruited and trained a bi-lingual volunteer in April. She made several group presentations at churches, SHIIP Update trainings in Grand Island and Hastings and reported new scams.

Blue Rivers Area Agency on Aging: Barb Ebke, local coordinator gave presentations at senior centers and nursing homes and put up posters in various small communities in an effort to recruit new volunteers. She advertised SMP in several local newspapers.

South Central Nebraska Area Agency on Aging: Lacey Cover, local coordinator recruited and trained a new volunteer using online training. Lacey did outreach in various small communities at senior centers and at the SHIIP Initial training.

Aging Partners: Tami Barrett, SMP coordinator made numerous presentations in communities including the Senior Companion and Foster Grandparent program. Her volunteers who serve on the speakers' bureau, also made presentations. Two volunteers staffed a booth at the Lifelong Living Festival with TRIAD. Several volunteers helped with outreach and education events and conducted one-on-one counseling sessions. Tami recruited a Spanish speaking bi-lingual volunteer for the program in May.

Eastern Nebraska Office on Aging: Staff, volunteers and a contractor conducted numerous outreach and education presentations at SHIIP trainings, New to Medicare workshops, senior centers, Homestead Exemption workshops, pharmacy student class, and senior fairs. Pat Wilcox recruited a new volunteer in May and participated in the AARP shred event along with two volunteers. SMP materials were distributed to over 500 cars that came through at the shred event. Volunteers were recognized in April.

North East Nebraska Area Agency on Aging: Bev Myers, local coordinator, aired the SMP ad on local cable television and hosted shred events in local communities. She conducted numerous outreach events at ElderFest, SHIIP trainings, and Alegent Health Fair. She reported several area scams that surfaced in April and May. A volunteer wrote an article on scams and fraud.

West Central Nebraska Area Agency on Aging: Rhonda Godbey recruited and trained six SHIIP volunteers to be SMP volunteers. She conducted group presentations on SMP at congregate meal sites and senior centers under the SMP Expansion Grant.

Northeast Nebraska AAA Holds Shred Events

Northeast Nebraska AAA SMP Coordinator, Bev Myers along with a volunteer's help hosted two shred events in Creighton and Randolph, both rural areas. Several nearby small towns were invited at these events. SMP materials were distributed to attendees. The events were very well received. Several other shred events are being planned in the coming fiscal year.

Medicare Fraud Disguises

By Tami Barrett, SMP Coordinator, Aging Partners

Throughout the year, Aging Partners' senior centers provide educational venues to promote and inform participants on many topics. Public and non-profit companies contact center managers directly to schedule these presentations. One such company contacted the Lake Street Center this past spring. It was explained that the primary topic would be on arthritis and pain management. Nothing was finalized since the center manager continued to ask for information, which was never given, to ensure the company was reputable.

Out of the blue one day, a salesperson from the company just showed up at the center. She looked like a health care provider, wearing her scrubs, but this didn't mean much. Soon she started passing out note cards asking for contact information. Once the cards were filled out they would be entered into a raffle to win nominal gifts. The real purpose was to get leads on new sales.

The center manager could sense the seniors were feeling somewhat uncomfortable in the presence of this salesperson. She, herself, also felt threatened when the center manager questioned why she needed confidential information, like Medicare numbers. The salesperson was completely focused on her sales and said unprofessional remarks behind the manager's back. If she was this driven how would she act alone with a potential, possibly vulnerable elder, in their own home while trying to make a sale?

Just a few weeks prior to this encounter, I had educated the group on the Senior Medicare Patrol (SMP). "Protect your Medicare number and never give it to a provider who you don't know or trust," was some advice I gave. For over ten years SMP has been reaching community groups on ways to fight healthcare fraud. Scams and shady individuals like this one tend to spread like wild fire. This salesperson contacted all the other Aging Partners' centers. Soon she could be contacting other places where seniors live or congregate. Before scheduling any type of educational event, ask for a presentation outline. If they don't seem to be following it, interrupt them and ask them to get back on track. If it's a new group you've never heard of, ask them for the last three places where they spoke. Make sure to call them to get feedback on their presentation. Be careful of raffles. Usually this is just a means to get sales leads. If people are truly interested they will pick up the presenter's business card. NEVER give out Medicare numbers in a setting like this. NEVER believe a company that says you don't need to contact your own doctor to get approval for a product or service that Medicare covers.

For more information on understanding Medicare/Medicaid fraud or to schedule a free presentation, contact Tami Barrett with Aging Partners SMP at 402-441-7070 or tbarrett@lincoln.ne.gov.

Nebraska Medicaid Managed Care Program Changes

By Heather Leschinsky, Managed Care Program Coordinator

Nebraska Medicaid will be expanding Physical Health Managed Care statewide from the current 10 counties. The 10 counties operating currently include, Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward and Washington. The two Managed Care Organizations (MCO), Coventry Healthcare of Nebraska, Inc. (plan name: CoventryCares) and United Healthcare (plan name: United Healthcare Community Plan, formerly, Share Advantage) will continue to be offered in these counties.

Beginning July 1, 2012, Nebraska Medicaid will expand Physical Health Managed Care statewide to 83 additional counties. The two MCOs that will operate the health plans are; AmeriHealth Nebraska, Inc. (plan name: Arbor Health) and Coventry Healthcare of Nebraska, Inc. (plan name: CoventryCares). Enrollment for the expanded counties ended in June.

Managed Care Program Changes Effective July 1, 2012:

- a) Clients with Third Party Liability (TPL) will no longer be exempt from managed care.
- b) Clients receiving services through the Katie Beckett Program will no longer be exempt from managed care.
- c) Each year of the three-year contract, the MCOs in the expansion area will be expected to develop and support two new Patient-Centered Medical Homes.
- d) The types of providers eligible to be a Primary Care Provider (PCP) now includes APRNs and PAs in addition to MD or DO whose specialty is in Family Practice, General Practice, Pediatrics, Internal Medicine, and Obstetrics/Gynecology. The APRN or PA must be practicing under the supervision of a physician with one of these specialties.
- e) Co-payments by the MCOs are now allowable.
- f) Medical Transportation services are excluded from the managed care program.

Clients in the expansion area have been notified by direct mail several times and received a Client Guidebook and provider directory that provides them with information on how to enroll in Managed Care. Clients were informed that they need to call the Medicaid Enrollment Center at 1-888-255-2605 to choose a health plan and assign a Primary Care Provider (PCP). Enrollment ended June 26. If clients have questions about which plan to choose or with which plan(s) their doctor(s) and other Medicaid providers participate, they need to call the Medicaid Enrollment Center at 1-888-255-2605. The link to the DHHS Managed Care Program is:

http://dhhs.ne.gov/medicaid/Pages/med_medcontracts.aspx

Federal Trade Commission Seeks Public Comment on Identity Theft and Older Americans

The Federal Trade Commission is seeking information from the public on how identity theft impacts senior citizens, which the agency will use to inform its law enforcement agenda, policy initiatives and consumer education efforts.

The agency is particularly interested in data on the prevalence of identity theft targeting senior citizens; types of identity theft schemes and the extent to which thieves use them to target seniors; precautions seniors can take to protect their identity; and public and private sector solutions to senior identity theft.

Comments can be submitted through July 15, 2012. You can submit information electronically at http://www.ftc.gov/os/publiccomments.shtm?utm_source=NASUAD+Friday+Update+-+May+24%2C+2012+%28Holiday+Edition%29&utm_campaign=Friday+Update&utm_medium=email or in by mail to: Federal Trade Commission, Office of the Secretary, Room H-112 (Annex L), 600 Pennsylvania Avenue, N.W., Washington, DC 20580.



Upcoming Events

