

Dear SMP:

I have recently retired and been transitioned to Original Medicare by my former employer. Now that I am home during the day, I am getting a lot of concerning phone calls regarding my Medicare enrollment. I have several questions regarding the detection of fraud and a friend referred me to SMP. What is SMP and how is it involved in Medicare? Please help answer my questions.



Carol

What is Senior Medicare Patrol and is it legitimate? Yes, the SMP is a federally funded program sponsored by the Department of Health and Human Services and the US Administration for Community Living. SMPs operate programs in the 50 states, the District of Columbia, Guam, Puerto Rico, and the US Virgin Islands to empower Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse through outreach, counseling, and education.

Why is SMP necessary? Billions of federal dollars are lost annually due to health care fraud, errors, and abuse. SMPs work to resolve beneficiary complaints of suspected health care fraud in collaboration with state and federal partners, including the U S Department of Health & Human Services Office of the Inspector General, Centers for Medicare & Medicaid Services, state Medicaid fraud control units, and state attorneys general.

What are the primary functions of SMP staff and volunteers? SMP is a volunteer-driven program with professional staff oversight. The various team members are trained to promote community awareness of health care fraud, errors, and abuse and disseminate consumer education materials about Medicare fraud through presentations, health fairs, and other community events.

What is the difference between Medicare fraud, errors, and abuse? Medicare fraud, waste, and abuse cause massive financial losses and negatively affects the integrity of the healthcare system. Understanding the differences between these categories and knowing how to spot and report them is critical for patients and providers. The legal definition of each is listed below:

- **Fraud:** Intentionally submitting false claims or making misrepresentations to obtain unauthorized Medicare payments. Examples include billing for services not provided or falsifying diagnoses to receive higher reimbursements. This is frequently criminal intent and punishable with prison and/or heavy fines if convicted.
- **Waste:** The overutilization or misuse of services that results in unnecessary costs to Medicare. This typically stems from poor business or medical practices, rather than intentional criminal intent.
- **Abuse:** Practices that are inconsistent with sound medical or fiscal practices, resulting in unnecessary costs or improper payments. Examples include "upcoding" (charging for a more complex service than was performed) or billing for medically unnecessary items. This too is likely scam behavior and can be found as illegal billing activity.

Examples of Medicare fraud, waste and abuse include:

- **Billing for services or items not received:** Unscrupulous providers charge Medicare for treatments or durable medical equipment (DME) that the beneficiary never received.
- **Kickbacks:** Offering or accepting money or gifts in exchange for patient referrals.
- **Identity theft and card sharing:** Using another person's Medicare card, or allowing someone else to use yours, to receive health care services or prescriptions.
- **Misrepresentation of diagnoses:** Exaggerating or misstating medical conditions to justify higher payments or unnecessary tests.

Can you explain how scams work, as that is what I expect all those calls I am receiving are?

- First, there is the hook. Scammers try to gain your trust either by phone calls, text messaging, pop up ads online, or even door-to-door. They may even try to convince you they are from Medicare. Common offerings are free medical equipment, genetic testing, or new Medicare card.
- Then the scammer will ask for your Medicare number, stating that they need to verify your identity before sending out equipment or a new card.
- Now the fraud, as they have your Medicare number and can bill Medicare for services or supplies you never needed or received.
- This is why you need to read your Medicare Summary Notice (EOB for Advantage Plans) carefully as fraud puts your health and benefits at risk. It can also lead to identity theft and financial loss.

What can I do to protect my Medicare?

- **Safeguard your Medicare card:** Treat your Medicare card and number like a credit card. Only share it with trusted healthcare providers or authorized representatives.
- **Review your statements:** Regularly check your Medicare Summary Notices (MSNs) or Explanation of Benefits (EOBs). You can track your claims securely by logging into MyMedicare.gov.
- **Be cautious of scams:** Never accept medical services or equipment offered at "free" promotional events and be wary of unsolicited callers asking for your Medicare number.

If you suspect Medicare fraud, your local Senior Medicare Patrol (SMP) program can help. Call 877-272-8720 or visit www.stopmedicarefraud.org for help. If you live outside of Georgia, Louisiana, Mississippi, or Vermont, visit www.smpresource.org or call 877-808-2468 for more information on your local SMP.

Lynn Rosenblatt, RN (retired) & SMP Volunteer



Do you have a Medicare fraud or scam question for SMP?
If so, please email ASK SMP to smp@advisewell.org



Webinar Wednesdays w/ SMP:

August 26th 10:30CT/11:30ET - Home Health & Hospice Fraud

September 30th 10:30CT/11:30ET - Fraud-Free Enrollment

Click on links above to register.

