



SMP SNAPSHOT

LOUISIANA SENIOR MEDICARE PATROL

IN THIS NEWSLETTER:

WHO CARES?
PAGES 01 & 02

**MEDICARE FRAUD
PREVENTION WEEK**
PAGE 02

UPCOMING EVENTS
PAGE 02

WHO CARES?

My job is talking to people. As a Community Outreach Specialist with SENIOR MEDICARE PATROL, I talk, teach, listen, and learn. I had the recent pleasure of meeting with a CAREGIVERS support group in Calcasieu Parish. I was there to educate the group about Medicare fraud, but I got a surprising, unexpected, heartfelt education on CAREGIVING.

My first piece of knowledge came from one of the group's members who shared that "each of us will one day be a CAREGIVER or need a CAREGIVER." I was touched by that insightful statement. I did not have to think about what it meant, who it was meant for, or how to apply it to life. It was a simple truth that resonated and applied to everyone.

As a member of a different kind of support group, I was familiar with the usual format of a support group meeting. Seated around a table, the group began introducing themselves. What I did not expect were the feelings each person invoked in me. I did not expect to be so moved, so emotional, and so in awe of their stories.

The introductions included their names, their relationship to the person they care for, how long they have been caring for the person, and any other relevant information they cared to share. There was humor, laughter, tears, and a lot of love around that table.

I looked at the face of each CAREGIVER as they spoke. Each of them captured my attention. I saw love, respect, honor, kindness, fear, stress, guilt, and exhaustion. For many, support groups are their moment to exhale, their social activity, their self-care, their outlet. It is an opportunity to laugh, to release the guilt sometimes associated with CAREGIVING, and to recharge before returning to their daily routines caring for the people they love so dearly.

(continued page 02)

WHO CARES?, cont.

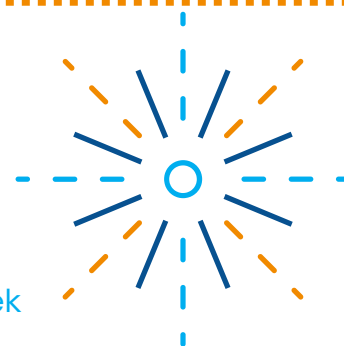
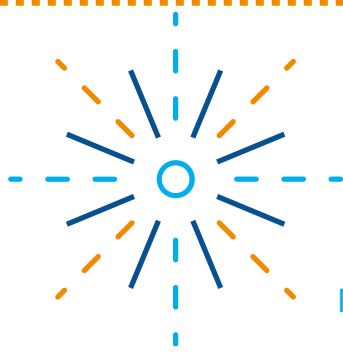
When it was my turn to speak, I introduced myself and told them I personally understood their journeys. I shared that I had been a caregiver for my mother during a terminal illness, and I had also been cared for during a serious illness of my own. The sentiment I wanted most to convey was one of RESPECT and HONOR. CAREGIVING is a labor of love and one that does not always feel like a blessing. It is an act of selflessness, a spiritual gift, and those who answer the call to be CAREGIVERS are special people who have the gift of grace.

We went on to discuss the role of family members and CAREGIVERS in the prevention, detection, and reporting of Medicare fraud. CAREGIVERS are responsible not only for the day-to-day care of loved ones, but also business, financial, and health-related matters. Medicare fraud should not be another concern on the plate of a CAREGIVER. I concluded a 30-minute presentation with these takeaways:

- Do not answer calls from numbers or people you do not recognize.
- Medicare does not call beneficiaries.
- Do not give personal information (name, DOB, Medicare #) to unknown callers.
- Check your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) for any charge for services you did not receive.
- Report any discrepancies, unauthorized charges, or concerns to SMP.

Take a moment to thank the CAREGIVERS you know and tell them YOU CARE!

by Yulandera Moody, SMP Community Outreach Specialist



Let's Celebrate!

Medicare Fraud Prevention Week

Join **Senior Medicare Patrol** in the fight against Medicare fraud, waste, and abuse!

Celebrate with us **June 1st - June 5th** by attending presentations and participating in other activities in your area, and join us for virtual bingo on Friday, June 5th. Click [here](#) to register. You can also scan the QR code to learn more about our activities for the week.



Virtual Bingo w/ SMP:

May 21st 2:00 pm
June 5th 2:00 pm



Webinar Wednesdays w/ SMP:

May 20th 10:30CT/11:30ET - Protecting Your Loved Ones from Scams
June 24th 10:30CT/11:30ET - Answer the Call: SMP Needs You!
July 29th 10:30CT/11:30ET - Did my doctor order this? DME Scams

Click on links above to register.



877-272-8720

This project in Louisiana is supported by the Administration for Community Living (ACL), US Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$509,005.00 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the US Government.

Dear SMP:

I have seen many articles in the news about Medicare and Medicaid fraud but how likely is that to affect me. I am a 72 year old retired school teacher who lives in the New York area 8 months out of the year and in Florida in the winter. Most of my physicians are in my home state but I do see a doctor in Florida for my prescriptions. Several of my winter neighbors have told me that when they returned home last year there were charges on their Medicare that they could not associate with any services they had received when at their condo community. Is it realistic to think that I might actually become a victim of Medicare fraud?



Doris

Dear Doris,

According to the Centers for Medicare & Medicaid Services (CMS), Medicare fraud and improper payments cost an estimated \$54.3 billion to over \$60 billion annually with improper payment rates in Original Medicare Fee-for-Service (Part A & B) reaching 6.55% or \$28.83 billion, compared to the FY 2024 reported rate of 7.66%, or \$31.70 billion. Major schemes involve telemedicine, genetic testing, and durable medical equipment, often leading to billion-dollar take downs by the Medicare Fraud Strike Force.

Medicare Advantage (Part C) was created to expand choice and improve care within Medicare. However, ongoing concerns about payment accuracy persist, with some analyses estimating that Medicare Advantage plans receive about 6% more in payments than traditional Medicare - roughly \$23.67 billion annually - though estimates vary depending on the source and methodology. Medicare Drug Coverage (Part D) is another funded product through insurance companies and generates 4.00% or \$4.23 billion. Both Part C and Part D plans have experienced increased fraudulent payments in 2025 over 2024 statistics. Whereas the FY 2025 estimate for Part A/B marks the ninth consecutive year this figure has been below 10%.

Recent trends have found that genetic testing with 35 individuals charged in schemes involving over \$2.1 billion in losses, telemedicine and equipment with 24 individuals charged in cases involving over \$1.2 billion in fraudulent billings and opioid schemes, and over \$160 million in fraudulent claims linked to illegal distribution. The Medicare Fraud Strike Force has charged over 4,000 defendants in fraudulent schemes totaling billions of dollars. The average prison sentence for healthcare fraud is 27 months, with 74.7% of convicted individuals receiving prison time.

Improper payments are not exclusively fraud and may include payments that did not meet billing requirements, lacked documentation, or were made to ineligible beneficiaries. Fraud is intentionally billing for services not rendered or not medically necessary. These include billing for unnecessary genetic tests or durable medical equipment (DME); upcoding or billing for a more expensive service than provided; and telemedicine companies paying for prescriptions without patient contact.



Where you live and the physicians you use are also significant factors. Medicare and Medicaid fraud rates are significantly higher in certain states, often referred to as a "fraud belt" along the sun belt, including Florida, California, and Texas, and with New York, and New Jersey, which together account for 44% of flagged providers. Fraud often follows high elderly populations, with many cases centered in Florida and Southern California. Studies have shown that physicians with dishonest billing practices concentrate on communities where beneficiaries live "part-time" and use physicians out-of-state on a more consistent basis. This pattern makes billing fraud more difficult to tract as the winter address the beneficiary gives at the time of service is not the one registered with Medicare.

Yes, it is realistic to think that you might actually become a victim of Medicare fraud. As a "snow-bird" you are a target. To assure you don't, be watchful. Register with [Medicare.gov](https://www.medicare.gov) and check your Medicare statements frequently especially if you are being seen by physicians outside your usual network. For Medicare Advantage Plans, you must use network providers for a claim to be paid and you should notify your plan in your hometown when you plan to reside elsewhere for any extended period. Be wary of deliveries of DME to your winter address as that may be a fraudulent scheme.

The Senior Medicare Patrol (SMP) is active in many localities and can assist with resolving your concerns. To avoid becoming a victim of fraud or if you think you've been a victim, you should follow Senior Medicare Patrols message which is to **Prevent, Detect and Report!** It is very important that you know what is going on with your Medicare benefits. You should carefully review your Medicare Summary Notice (MSN) for Original Medicare or Explanation of Benefits (EOB) for Medicare Advantage Plans. Any services that you did not receive or were not provided by your healthcare provider may be an error or a fraudulent billing. If you suspect that to be the case then contact your local SMP by clicking [here](#) for assistance in clarifying the claim. In Georgia, Louisiana, Mississippi, and Vermont click [here](#).

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:

May 20th 10:30CT/11:30ET - Protecting Your Loved Ones from Scams

June 24th 10:30CT/11:30ET - Answer the Call: SMP Needs You!

July 29th 10:30CT/11:30ET - Did my doctor order this? DME Scams

Click on links above to register.

