



# SMP SNAPSHOT

The Peach Edition

Georgia Senior Medicare Patrol

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## ***MEDICARE SUMMARY NOTICES ARE CHANGING - HERE'S WHAT YOU NEED TO KNOW***

A core tenant of Senior Medicare Patrol's educational message on detecting Medicare fraud is urging beneficiaries to check their Medicare Summary Notice (MSNs) for inaccurate and potentially fraudulent information. With this in mind, we wish to update beneficiaries on a significant change Medicare has made with the frequency you should expect to receive these statements. While formerly mailed out quarterly, you will now receive these MSNs every 6 months. This change reduces paper use and mailing costs, but it also means longer gaps between updates for beneficiaries. With fewer mailed notices, it may take more time to identify:

- Billing errors (services you didn't receive)
- Fraudulent claims (unauthorized charges)
- Overcharges or duplicate billing

The longer these issues go unnoticed, the more difficult they can be to fix. Catching problems early is one of the best ways to prevent fraud, waste, and abuse in the Medicare system. Even with this change, one way to stay on top of your claims more frequently is to sign up for electronic MSNs through [Medicare.gov](https://www.Medicare.gov). With electronic delivery, you can:

- View claims sooner—often within days of processing
- Check your activity more regularly
- Spot suspicious charges early

### **How to Sign Up for Electronic MSNs**

1. Visit [Medicare.gov](https://www.Medicare.gov)
2. Log in or create a secure account
3. Select "eMSN" (electronic Medicare Summary Notice) delivery
4. Opt in to receive email alerts when new claims are posted

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## MEDICARE SUMMARY NOTICES, continued

Switching to electronic MSNs gives you near real-time access to your information, helping you stay informed and better protected against fraud. If you are uncomfortable or unable to make an account online to check your Medicare charges more frequently, it is all the more important to keep records of your medical visits in a healthcare journal or planner so you can compare these visits to what Medicare is paying for once the statements do arrive. For more tips on how to help detect fraud in Medicare or to report potential Medicare fraud, you can call our toll-free SMP Hotline at 877-272-8270.

### MEET OUR NEW SOUTHWEST GA COMMUNITY OUTREACH SPECIALIST

To ensure GA SMP reaches all 159 counties in Georgia with our mission of Medicare fraud prevention, we have team members strategically placed across our state. Shantrell Harrison, based in Albany, Georgia, recently joined our Community Outreach Specialist team to cover communities in Southwest Georgia. Shantrell was born and raised in rural Pelham, Georgia and is a proud mother of two girls (Ashanti and Aziah) and a devoted wife to her spouse Adrain. She has called the city of Albany home since the fall of 1991 when she began her studies at Albany State University, earning a Bachelor of Science in Sociology and later, continued her education with a master's degree in Post Secondary Education with a concentration in Psychology at Troy State University.



Shantrell brings to our team a passion for serving older adults, a dedication for long life learning, and seasoned experience in community engagement. We are thrilled to have her step into this role with us, where she aims to empower Medicare beneficiaries with the knowledge of how to prevent, detect and report Medicare fraud. If you are located in Southwest Georgia and wish to set up an educational presentation for your center, group, house of worship, or community with Shantrell, give us a call at 877-272-8270.

### THE MEDICARE SCAMMER SLAMMER

Each quarter we feature a case of Medicare fraud local to Georgia, which highlights the type of schemes your reports can ultimately help uncover.

**Georgia based Urology Clinic to pay \$14 million for Fraudulent Medical Billing**

[www.justice.gov/opa/pr/georgia-man-sentenced-24m-kickback-and-medicare-fraud-conspiracy](http://www.justice.gov/opa/pr/georgia-man-sentenced-24m-kickback-and-medicare-fraud-conspiracy)



SAVE THE DATE

Webinar Wednesdays w/ SMP:

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

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

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

877-272-8720



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**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](mailto:smp@advisewell.org)



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Click on links above to register.

