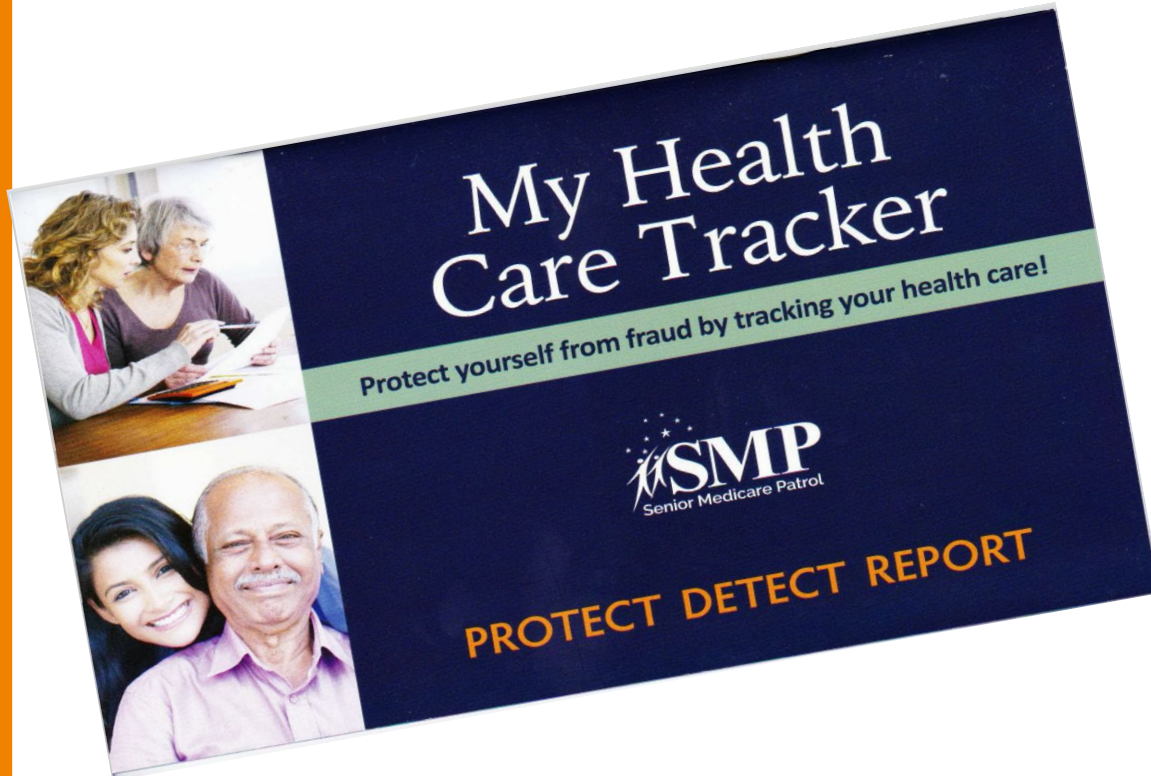


# Massachusetts Senior Medicare Patrol (SMP) Program


## Empowering Seniors to Prevent Health Care Errors, Fraud, and Abuse

### *Protecting Beneficiaries from Becoming Victims of Healthcare Errors, Fraud, and Abuse*



Massachusetts Health Care Training Forum (MTF)  
July 2023

# Senior Medicare Patrol (SMP) Program

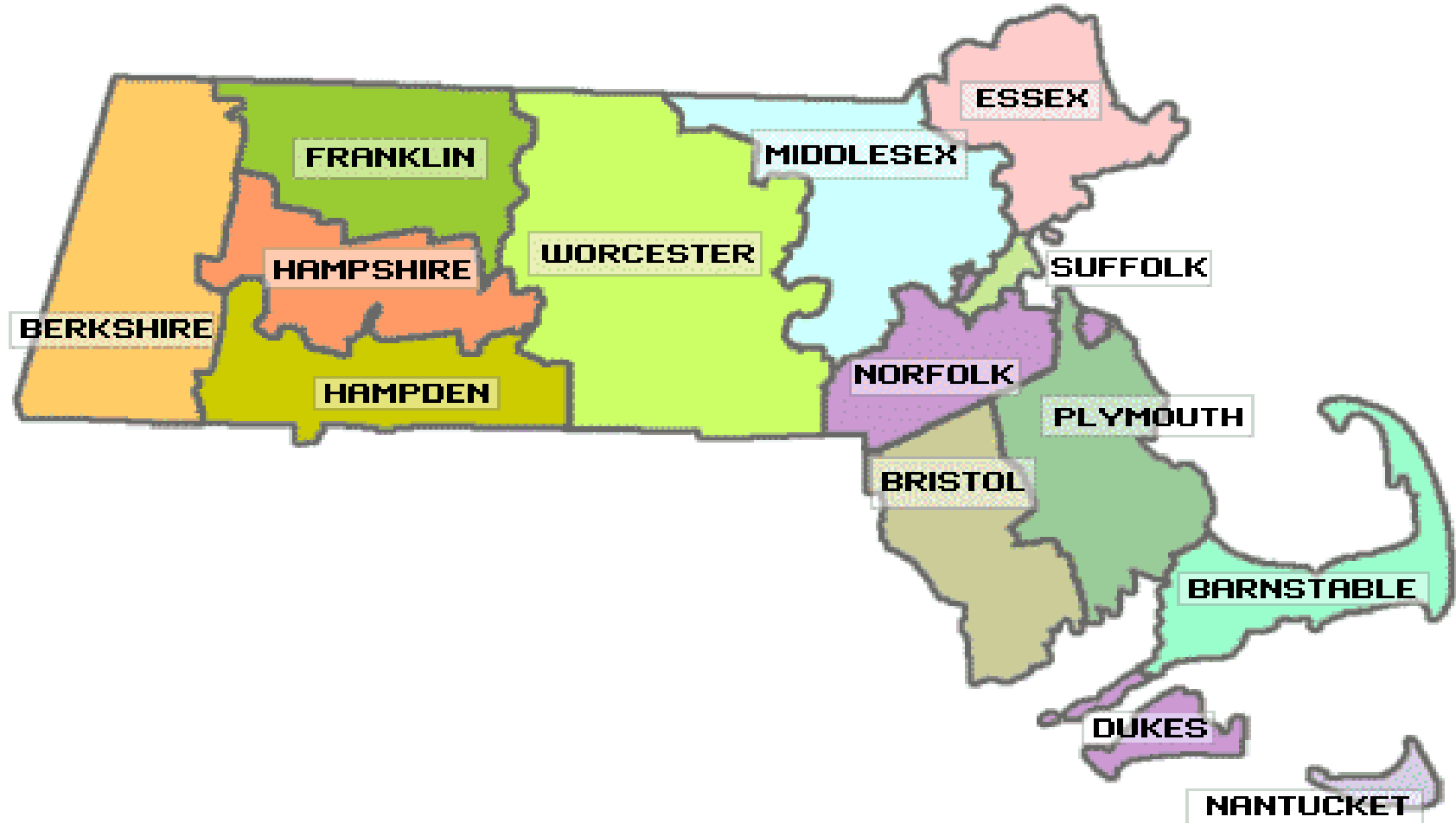
- 
- **A federal program - 54 programs:**  
*SMP was created in 1997 to prevent, detect, and report healthcare errors, fraud, and abuse.*
    - 50 States
    - Guam
    - Puerto Rico
    - US Virgin Islands
    - Washington DC

# SMP Program Mission:

- Empower and assist Medicare beneficiaries, their families, life partners and caregivers to prevent, detect, and report healthcare errors, fraud, and abuse through outreach, education, and counseling.



# MA SMP Program



# MA SMP Program Vision

**Reach, educate, and activate** Medicare and Medicaid beneficiaries, family members, life partners, caregivers and professionals on the importance of being engaged healthcare consumers.





# What is Fraud?

- **Fraud** is when someone **intentionally, knowingly, and willingly** lies in order to be reimbursed for services not provided or rendered.
- **Over \$60 billion is lost to Medicare fraud annually.**
- This represents 10% of the total Medicare budget.



**Fraud is always intentional deception or misrepresentation.**



# What are Errors and Abuse?

- An **error** is an unintentional deviation from what is the correct practice or the result of inaccurate billing.
- An **abuse** involves wrongly or improperly performing tests or procedures that are not consistent with sound medical, business, or fiscal practices.
- **Errors** and **abuse** can result in payment for services that fail to meet professionally recognized standards of care or are not medically necessary.




# Top Medicare Fraud Schemes:

- Services Not Rendered
- Drug Diversion
- Upcoding and Unbundling
- False Front Provider Offices
- Identity Theft/Medical Identity Theft
- Telehealth
- DME Braces Scams
- **COVID-19** Related Concerns
- Genetic Testing





# Examples of Errors, Fraud, and Abuse

- 
- **Incorrect Bill/Not the beneficiary's bill**
  - **Incorrect Medications:** Wrong amount, duplicate and/or unnecessary
  - **Lab Tests:** Billing for tests not performed or performed unnecessarily
  - **X-rays:** Unnecessary or wrong body part
  - **Surgery:** Unnecessary, wrong part of the body, or more elaborate than needed
  - **Telehealth:** DME, etc.

# Durable Medical Equipment



# How SMP Helped Rita Viens

- *An 89 years old diabetic*
- *Relies on a 10-year-old “power chair” that needed a new battery for mobility*
- Replies to “glossy” advertisement for a Medicare covered \$4,000 motorized wheelchair
- Was up-sold a high-end chair that was too big and too fast for use in her apartment resulting in cuts on legs and a broken toe



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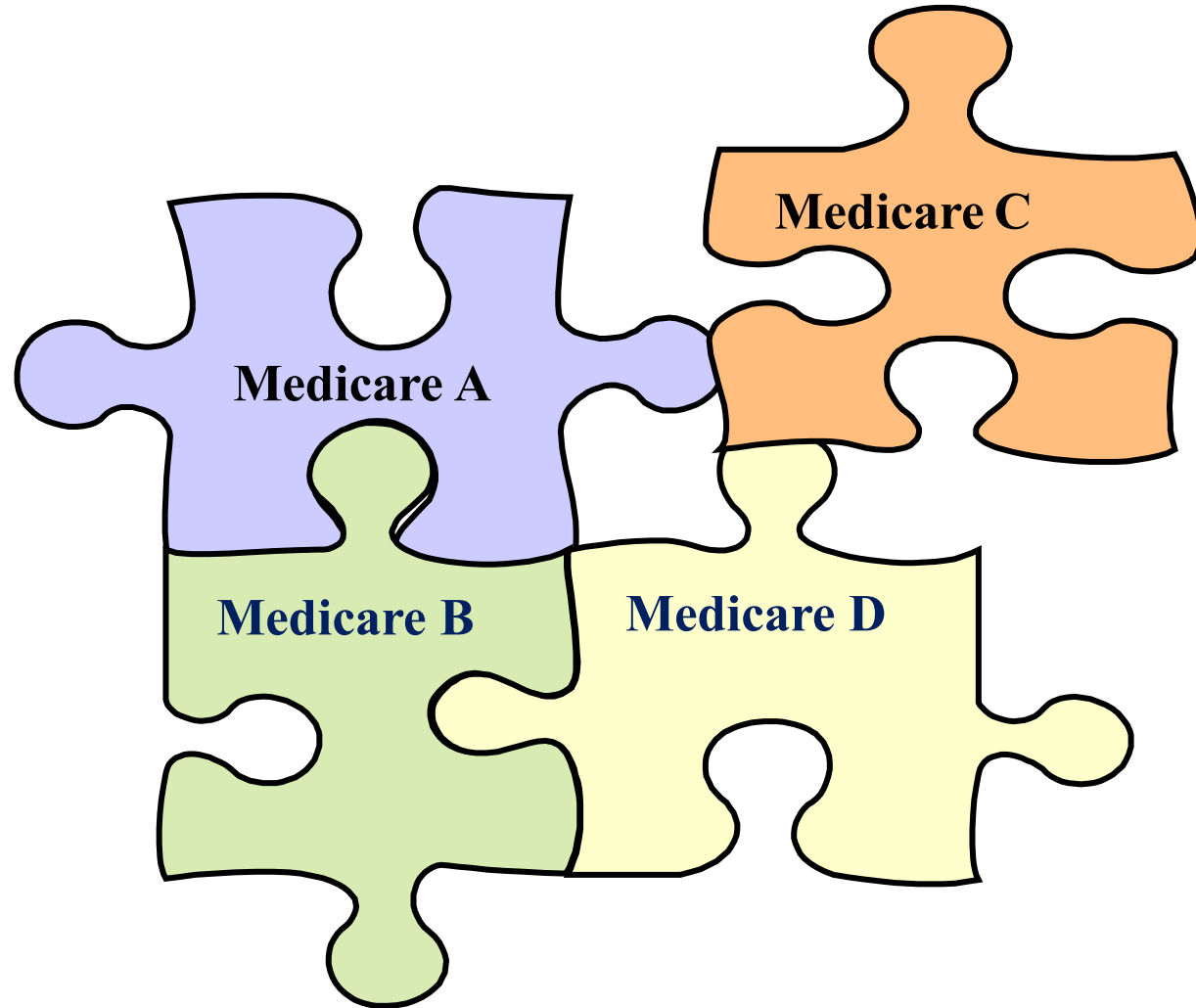
**It took MA SMP intervention to get these issues resolved and Rita moving again in a new wheelchair that met her needs.**

# Home Health Fraud

- Billing for home health care when Medicare criteria is not met. For example, consumer is not homebound or does not need skilled services
- Billing for skilled services not provided or provided unnecessarily
- Billing for more visits or services than provided



# ABCD's of Medicare





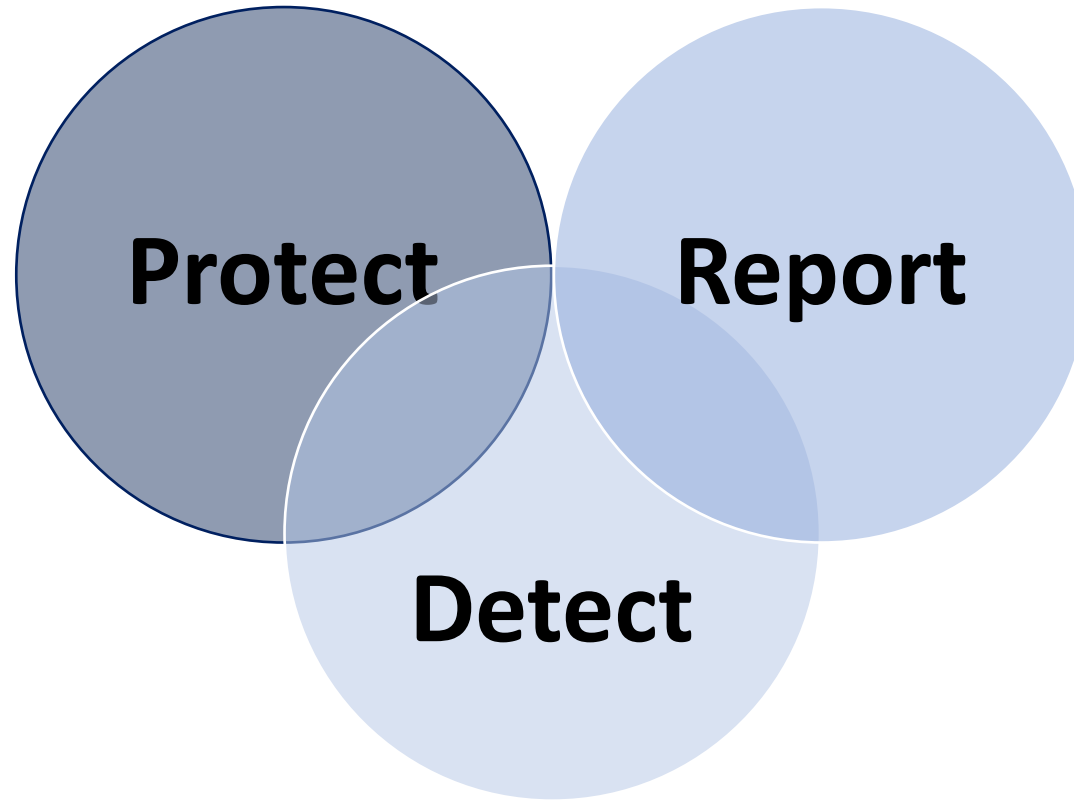
# Medicare Basics



Part of Medicare	What it covers...
<b>Part A</b>	<b>Inpatient care, skilled nursing facility, hospice care, home health care for homebound beneficiaries</b>
<b>Part B</b>	<b>Doctors, outpatient care, home health care, physical therapy, occupational therapy and durable medical equipment</b>
<b>Part C</b>	<b>Medicare Advantage Plans</b> (Health Maintenance Organizations HMO or Professional Provider Organizations PPO)
<b>Part D</b>	<b>Prescription Drug Coverage</b>
<b>Medigap Plans</b>	<b>Private Supplement Insurance</b> Goes with Medicare A and B

**Recommended Reading: 2023 [“Medicare and You”](#) Book**

# You can help



# Protect

- Medicare Card
- Medicaid/MassHealth Card
- Social Security Card
- Credit Cards



## Carry Cards **ONLY** when needed:

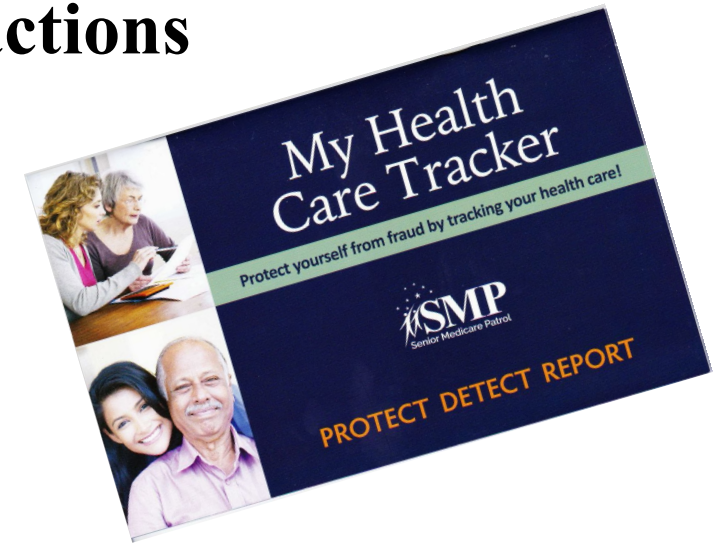
- Doctor's visit
- Visit to Hospital/Clinic
- Pharmacy Purchase



# Detect – Encourage Beneficiaries to be Engaged Healthcare Consumers by Keeping a Personal Health Care Journal

## Document All of Their Healthcare Interactions

- Appointments or Visits to their doctor/s
- Diagnostic Test/s
- Procedures
- Care Plans
- Medications
- Questions for their healthcare providers as well as their answers



# Detect

- Prepare questions for medical appointments and record the responses from doctor/s and other health care providers.
- Take their SMP “My Health Care Tracker” to every appointment and record all doctors’ visits, diagnostic testing, procedures, medications, etc.
- Compare their statements with their entries in “My Health Care Tracker” before paying bills.
- Carry their “My Health Care Tracker” when traveling and keep an updated list of medications.
- Keep Medicare Summary Notices (MSN), Explanation of Benefits (EOB) and other statements for at least three years.





## 5 Questions

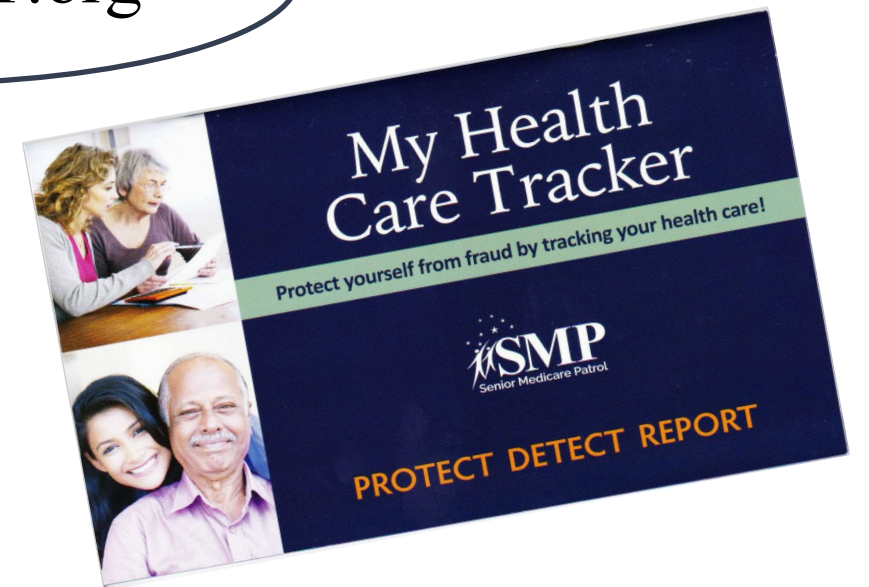
Five questions to be asked one's provider/s before having any test, treatment, or procedure:

1. Do I really need this test or procedure?
2. What are the risks or side effects?
3. Are there simpler, safer options?
4. What happens if I don't do anything?
5. How much does it cost and will my insurance pay for it?




# How to Request “My Health Care Trackers”

- Call **800-892-0890** and ask for the MA SMP Program.
- Send an email to **Info@MASMP.org**
- Order off our website  
[www.MASMP.org](http://www.MASMP.org)
- Orders outside of Massachusetts  
visit [www.SMPResource.org](http://www.SMPResource.org)



# Medicare Summary Notice





## Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

Page 1 of 5

**THIS IS NOT A BILL**

**Facility Name**  
Your Name Here  
Street Address  
City, State 12345-6789

**Notice for Your Name**

Medicare Number: XXX-XX-1234A

Date of This Notice: September 10, 2011

Claims Processed Between: June 15 - September 15, 2011

**Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part B Deductible:** You have now met \$85 of your \$162 deductible for 2011.

**Be Informed!**

Register at [www.MyMedicare.gov](http://www.MyMedicare.gov) for direct access to your Original Medicare claims, track your preventive services and print an "On the Go" report to share with your provider. Visit the Web site to sign up and access your personal Medicare information.

**Your Claims & Costs This Period**

Did Medicare Approve All Services? **NO**

Number of Services Medicare Denied: **1**

See claims starting on page 3. Look for **NO** in the "Service Approved" column. See the last page for how to handle a denied claim.

**Total You May Be Billed: \$150.86**

**Providers with Claims This Period**

June 18, 2011  
Jane Doe, M.D.

June 28, 2011  
John Doe, M.D.

June 29 - June 30, 2011  
Any Doctor, M.D.

¿Sabes que puede recibir más dinero y otros tipos de ayuda de Medicare en español? Llame y habla con un agente en español.  
 1-800-4MEDICARE. 1-800-4MEDICARE. 1-800-4MEDICARE. 1-800-4MEDICARE. 1-800-4MEDICARE. 1-800-4MEDICARE. 1-800-4MEDICARE. 1-800-4MEDICARE.

Your Name Here

THIS IS NOT A BILL | Page 3 of 5

## Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

**Definitions of Columns**

**Service Approved:** This column tells you if Medicare covered this service.

**Amount Provider Charged:** This is your provider's fee for this service.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

**Amount Medicare Paid:** This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

**June 18, 2011**  
Jane Doe, M.D., (XXX)XXX-XXXX  
Physical Therapy, Main Street, Any Town, Any State XXXXX

Service Provided & Billing Code	Service Approved <sup>1</sup>	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes (97110)	Yes	\$45.00	(\$28.54)	(\$22.83)	\$5.71	
<b>Total for Claim #99-99999-999-999</b>		<b>\$45.00</b>	<b>(\$28.54)</b>	<b>(\$22.83)</b>	<b>\$5.71</b>	<b>A</b>

**Continued →**

**Notes for Claims Above**

**A.** Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

# Medicare Summary Notice (continued)

**June 28, 2011**

**Craig I. Secosan, M.D., (555) 555-1234**

Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	<b>\$21.59</b>	
Computerized mapping of corneal curvature (92025)	Yes	0.00	0.00	0.00	<b>0.00</b>	<b>B</b>
<b>Total for Claim #02-10195-592-390</b>		\$143.00	\$107.97	\$86.38	<b>\$21.59</b>	<b>C</b>

**Notes for Claims Above**

- B** This line is for reporting purposes only. You should not be charged. If there is a fee listed, you do not have to pay.
- C** **Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina.** Send any questions regarding your benefits to them.
- D** **This service was denied.** The information provided does not support the need for this service or item.
- E** Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of LCD #L27490.



# Medicare Summary Notice - Right to Appeal

THIS IS NOT A BILL | Page 5 of 5

## How to Handle Denied Claims or File an Appeal

### Get More Details

If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

### If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal with 120 days from the date you get this notice.

We must receive your appeal by:

December 14, 2020

### If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your facility: Ask your facility for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

### Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

### File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following

Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your facility for any information that will help.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
c/o National Government Services, Inc.  
P.O. Box 7111  
Indianapolis, IN 46207-7111

## Medicare Non-Payment Appeals

Beneficiaries must sign the back of their *Medicare Summary Notice (MSN)* and return it to the Claims Office address indicated on their MSN within 120 days from the date of notice.





# Medicare Advantage Plans - EOBs

Instead of Medicare Summary Notices (MSN), Medicare Advantage plans send out an **Explanation of Benefits (EOB)**.



**For example:**

**Blue Cross Blue Shield**

**Cigna**

**Humana**

**UnitedHealth and others**

# Right to Appeal and File Quality of Care Complaints



- **Call KEPRO (888-319-8452) to Appeal:**
  - Hospital Discharge
  - Skilled Nursing Facility Discharge
  - and*
  - **To File Quality of Care Complaints**

# Steps to take to report healthcare errors, fraud, and abuse:

- Call the provider
- Call Medicare: 1-800-Medicare  
(1-800-633-4227)
- ***Call the MA Senior Medicare Patrol (SMP) Program at 1-800-892-0890***
- Call the Office of the Attorney General:  
Medicaid Fraud Control Unit, Insurance &  
Financial Services Helpline at  
1-888-830-6277



# SMP Reporting System — National Database



Fraud Error or Abuse - ACL

https://smpship.acl.gov/etk-hhs-acl-prod/tracking.update.request.do

HOME TRACKING INBOX SEARCH REPORTING CONFIGURATION

Tracking Inbox » Interaction (Cape Cod Health Care MA-23-2899) » Individual Interaction Listing » Individual Interaction

Individual Interaction Subject

Beneficiary Name and Contact Information

Beneficiary First Name: Jane

Beneficiary Last Name: Doe

Beneficiary Phone: 508-123-4567

Beneficiary Email:

Beneficiary Address: 16 A Street

Beneficiary City: S. Boston

Beneficiary State: Massachusetts

Beneficiary Zip Code: 02132

Beneficiary Demographic Information

Race

- American Indian or Alaskan Native \*
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Not Collected

Gender: Female \*

Was Beneficiary Date of Birth Collected:  Yes  No \*

Date of Birth: 07/08/1959 (mm/dd/yyyy)

Beneficiary Age Group: 65-74 \*

How Did Beneficiary Learn About SMP: Partner Agency \*

Assignment: SMP Director - [User]   
 Select Assignment

Printer Friendly Format

Windows taskbar: 10:33 PM 5/3/2023

# Steps to take to report Scams:

- Call the MA Attorney General's Elder Hotline:  
(888) 243-5337 or (617) 727-8400
- Call the MA Senior Medicare Patrol (SMP)  
Program's Report a Scam line at (978) 946-1243 or  
email [ReportaScam@MASMP.org](mailto:ReportaScam@MASMP.org).
- Federal Trade Commission (FTC) Theft Hotline  
877-438-4338 or visit [www.FTC.gov/IDTheft](http://www.FTC.gov/IDTheft)

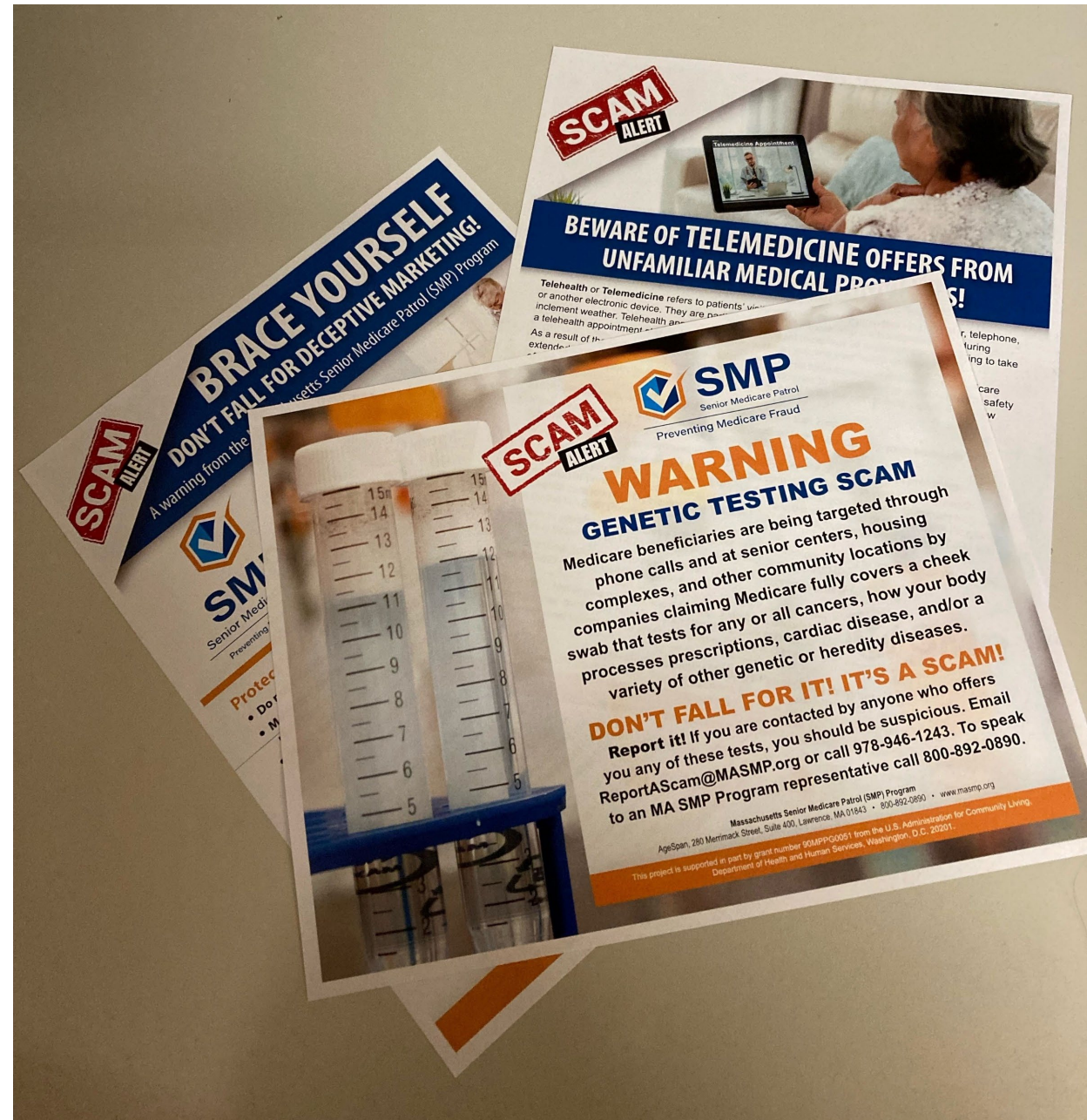




**SCAM  
ALERT!**


Protect beneficiaries from becoming victims of these and other types of scams:

In all cases scammers are trying to get beneficiary's Medicare number and/or other personal or financial information.





# Reasons Some People Don't Report

- 
- It's not impacting their pocketbooks
  - They don't want to bother their doctor.
  - They find the MSNs or EOBs confusing and are not sure what questions to ask.
  - They are part of a minority group/community (race, ethnicity, religion, disability, limited English proficient (LEP), sexual orientation, etc.) and have little or no support, disenfranchised and NOT comfortable asking for help.
  - “I'm probably the only person having this problem.”

# Important Information Beneficiaries and Family Members Need to Know:



## Massachusetts CARE ACT *Care, Advise, Record and Enable*

The law features three important provisions related to the family caregiver's role when their loved one is hospitalized:

1. The hospitalized patient may designate a family caregiver. This person is not necessarily the patient's health care proxy.
2. This family caregiver must be notified if the patient is to be discharged to another facility or back home.
3. The facility must provide **explanations** and **live instructions** of medical tasks such as medication management, injections, wound care, and transfers that the family caregiver will be performing for the patient at home.



# Important Information to Know:

**Observation Status can have financial consequences for the beneficiary.**

## **Inpatient Admission vs. Observation Status**

- Hospitals must provide written and oral notification to Medicare beneficiaries with **Traditional Medicare** of their hospital admissions status using *Medicare Outpatient Observation Notice (MOON)*.
- Medicare Part A pays for inpatient admission; Part B pays for observation status.
- Medigap or Medicare Advantage coverage will impact beneficiary's financial responsibility.



# Ambulance vs. Chair Car

**Ambulance** services are covered by Medicare if:

- Transportation is **medically necessary**, meaning that an ambulance is the only safe way to transport the patient and the reason for your trip is to receive a service or to return from a service that the patient needs, and Medicare will cover.
- The supplier meets Medicare ambulance requirements.

**Chair Car Service** is **never** covered by Medicare.

For more information related to ambulance billing, the MA SMP Program can provide a comprehensive informational session on the topic.



# Important Information to Know: Hospital Acquired Conditions: Never Events

- Foreign Object
- Air Embolism
- Transfusion with wrong type of blood type
- Severe pressure ulcers

## *Fall and Trauma*

- Fracture
- Joint Dislocation
- Head Injury
- Crush Injury
- Burn
- Electrical Shock




# Help those you work with protect themselves from becoming victims of deceptive marketing

- **Hang up** when someone
- calls offering free products
- **Do not reply to:**
  - Postcards
  - Deceptive TV Ads
  - Phone calls
  - Questionable “Surveys”
- **Do not provide** Medicare Number or Social Security Number to *anyone they don’t know and trust.*





# What Beneficiaries Need to Know about Telehealth

- 
- Telehealth, sometimes called “telemedicine,” is healthcare that is delivered virtually. It is a consultation with *one’s healthcare provider(s)* on the telephone, computer, or other electronic device. Telehealth visits are billable like an office visits.
  
  - Telehealth has many positive aspects, **but beneficiaries need to beware:**
    - Be sure it is **THEIR provider on the** telehealth appointment.
    - If one receives a phone call from someone offering free testing, treatment, or supplies, encourage them to hang up. It is a scam!

**Beneficiaries should record all telehealth appointments in their SMP personal healthcare journal, “My Health Care Tracker”.**

# Advance Beneficiary Notice of Noncoverage

Beneficiaries on **traditional** Medicare may be asked to sign an **Advanced Beneficiary Notice of Noncoverage (ABN)** when a provider or supplier thinks Medicare may not cover the cost of the service.

## **Beneficiaries need to think about the following before signing the ABN:**

- Do they want the services or items listed on the ABN?
- If they choose to get the services or items, they will be asked to sign the form and by doing so, they have agreed to pay for the services and/or items if Medicare doesn't pay.
- The beneficiary may also get an ABN from a Skilled Nursing Facility (SNF) when the facility representative believes Medicare may not cover the stay.

**Reminder: ABNs are not formal notices of denial and the beneficiary always has the right to appeal.**



# Word of Caution!!!

Beneficiaries should **not** pay bills until they have compared them to their “My Health Care Tracker,” their MSNs and/or EOBs and other billing statements.



# The Gut Test!

If something does not feel or sound right, it probably isn't. **Encourage them to TRUST THEIR GUT!**

Contact the MA SMP Program  
by calling 1-800-892-0890 or  
visit [www.masmp.org](http://www.masmp.org).



# It Is Everyone's Responsibility!

*We all hold the key to preventing healthcare errors, fraud, and abuse by becoming fully engaged consumers and encouraging consumers, our friends, and loved ones to do the same.*



# Massachusetts Senior Medicare Patrol (SMP) Program Empowering Seniors to Prevent Health Care Errors, Fraud, and Abuse



## **Lucilia Prates-Ramos, Director MA SMP Statewide Director**

*Hosted by*

**AgeSpan**

**280 Merrimack Street, Suite 400**

**Lawrence, MA 01843**

**800-892-0890**

**[www.MASMP.org](http://www.MASMP.org)**

*This presentation is funded in part by Grant No. 90-MPPG0051 from the Administration for  
Community Living, US Department of Health and Human Services*



# Massachusetts Senior Medicare Patrol (SMP) Program

## Empowering Seniors to Prevent Health Care Errors, Fraud, and Abuse

(continued)

*Köszönettel*

*Merci*

Teşekkürler

Gracias

Vielen  
Dank

Obrigado!

THANK YOU

Bedankt

Grazie

ขอบคุณ

Ευχαριστώ

Díky

Hvala

شكراً

