

Virginians Fight Back! Prevent, Detect, Report Health Care Fraud



**The Virginia Senior Medicare Patrol Project (SMP)
The Virginia Association of Area
Agencies on Aging**

Dear Medicare Beneficiary:

The Medicare program and Medicare beneficiaries lose an estimated \$60 to \$90 billion each year to health care fraud as older adults are increasingly targeted by scam artists. This affects beneficiaries by wasting Medicare money that could be used to increase and improve health care services AND it affects everyone who pays taxes by wasting billions of taxpayer dollars.

We understand making choices each year about your Medicare can be confusing. These choices can create the potential for being misinformed and misguided. This toolkit contains information to help you protect your Medicare and provide examples of Medicare fraud.

The Virginia Senior Medicare Patrol (SMP) can help you with questions and concerns. If you have questions about this toolkit or think you may have experienced Medicare fraud or abuse, contact the **Virginia SMP Program at 1-800-938-8885**. SMP volunteers are the heart of our program. SMP Volunteers help empower caregivers and seniors to **PROTECT, DETECT** and **REPORT health care fraud**. Trained volunteers are available for local presentations and community events.

Virginia SMP works in partnership with local Area Agencies on Aging across the Commonwealth. Two statewide partners – the **VICAP Program** and the **State Corporation Commission Commonwealth of Virginia Bureau of Insurance**, provide counseling and education to Medicare beneficiaries and caregivers across the state. These agencies listed below, along with the agencies listed on the last page of this booklet, will provide assistance to you, your family members and beneficiaries.

The Virginia Association of Area Agencies on Aging (V4A) would like to thank the National Consumer Protection Technical Resource Center – www.smpresource.org for permission to include SMP Center Fact Sheets on Medicare Fraud, Medicare Summary Notice, Home Health Care Fraud, Durable Medical Equipment, and Medicare Advantage Plans.

The V4A would also like to thank the 25 local Area Agencies on Aging offices, staff and volunteers for their continuous dedication while serving thousands of Virginia's older adults and caregivers across the Commonwealth.

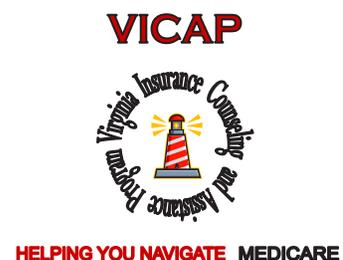
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1-800-938-8885



1-877-310-6560



1-800-552-3402

What is Medicare Fraud?

Fraud occurs when an individual or organization deliberately deceives others in order to gain unauthorized benefit.

Medicare and Medicaid fraud generally involves deliberately billing for services that were not received, or billing for a service at a higher rate than is actually justified.

What is Medicare Abuse?

Medicare abuse occurs when providers supply services or products that are not medically necessary or that do not meet professional standards.

Examples of Fraud and Abuse

- Billing for services and supplies that were not provided
- Obtaining Medicare number for “free” services
- Billing for equipment not delivered
- “Up coding” - improper coding to obtain a higher payment
- Unneeded or excessive x-rays and lab tests; claims for services that are not medically necessary
- Billing for excessive medical supplies
- Using another person's Medicare card to obtain medical care; supplies or equipment

Prevention Tips

To help prevent Medicare from losing valuable funds, and to prevent inappropriate care, it is important to report all suspected instances of error, fraud and abuse and pay attention to the following do's and don'ts.

DO:

- Use a Health Care Journal to keep record of the dates of Medicare services received

DON'T

- Give out your Medicare number except to your doctor or other Medicare provider
- Accept “free” medical or other services in exchange for your Medicare or Social Security number
- Give your Medicare number to telephone callers or door-to-door solicitors (Medicare does not go door-to-door)

What is a Medicare Summary Notice?

The Medicare Summary Notice, also called an MSN, is a quarterly report of Medicare services received by beneficiaries. The MSN lists detailed information about the beneficiary's Medicare claims. MSNs are mailed to beneficiaries enrolled in Medicare Part A and/or Part B.

The Medicare Summary Notice is NOT a bill.

Using your MSN to Detect Errors, Fraud, and Waste

Reviewing your MSN is one of the best ways that you can detect potential errors and fraud. It is important to immediately open and read your MSN to make sure that you have received all of the services listed.

Use a Health Care Journal, which you can obtain from SMP, to keep a record of medical visits, tests, receipts for services, and equipment you have received.

Be aware that although Medicare only mails MSNs every three months, you can view your MSNs 24 hours a day by visiting WWW.mymedicare.gov. Registering for Medicare's free, secure service allows you to review all claims processed within the past 15 months.

Review your MSN and compare it to your receipts, records and Personal Health Journal. If you notice any mistakes, or have questions, report them immediately! Call your health care provider or health plan with your questions. If you still have unanswered questions, call SMP.

Review Your Medicare Summary Notice (MSN)

- Did you receive the service or the product?
- Did the doctor order this service, product or test?
- Were you billed for the same service more than one time?
- Is the charge or service related to your condition or treatment?

of Your Medicare Par



Summary of this no

Total charges:
Total Medicare app

We paid your provi
Your total responsil

Home Health Care Fraud

The risk of fraud in Medicare home health care is high. An estimated \$250 million is lost to purposeful health care fraud each year. In addition, another \$209 million may be lost due to “improper payments” - meaning the care was not necessary or the bill was wrong. While this is not purposeful fraud, it still wastes Medicare money. You can help prevent this!

What Is Home Health Care?

Home health care fraud often occurs because older adults do not know the requirements for home health. A home health agency is a company that sends nurses and other therapists to care for you in your home. You may be able to get home health care if:

- You need skilled care (an IV, physical therapy, diabetes care, etc.)
- You are unable to leave your home
- Your doctor orders the care
- You only need care for a short amount of time and a few hours each week



What are examples of Home Health Care Fraud?

- Billing for patients who do not meet Medicare's definition of “homebound” or for services that are not medically necessary
- Charging for services not provided or billing for more visits than provided
- Offering kickbacks to doctors to certify someone as homebound
- Billing for housekeeping as skilled nursing or other therapy
- Offering things such as FREE groceries or a free ride in exchange for your Medicare number or for switching to a particular home health agency
- Creating fake records or not keeping the right medical records
- Charging a copayment for home health services (people who have Medicare have no copayment except on medical equipment)

How to Protect Yourself & Medicare from Home Health Care Fraud

- Refuse anything offered for “free” in exchange for your Medicare number and be suspicious of anyone offering home-delivered meals, non-medical transportation, housekeeping (billed to Medicare) when not related to a plan of care approved by a doctor – especially from strangers that call or knock or come to your door
- Check with your doctor. Make sure your doctor has seen you in person and certifies that you are unable to leave your home to obtain the care or therapy
- Before your home health begins, be sure the home health agency has told you IN WRITING how much of your bill Medicare will pay and you will owe
- Never sign a blank form from your home health provider



Durable Medical Equipment

In 2009, Medicare spent more than \$10 billion on durable medical equipment. More than half of that was improperly spent – meaning the equipment was unnecessary or the bill was wrong.

What Is Durable Medical Equipment?

Durable medical equipment, or DME, is medical equipment prescribed by your doctor that is reusable. It includes hospital beds, walkers, wheelchairs, home oxygen equipment, scooters and prosthetics.

Medicare only covers DME if you get it from a supplier enrolled in the Medicare program.

What are Examples of DME Fraud?

- Suppliers who offer free equipment but bill Medicare
- Suppliers who want you to use their doctors (who then prescribe unnecessary medical equipment)
- Doctors or suppliers who provide medical equipment you never needed or requested, or charge for items you never received
- Companies that bill for duplicate orders
- Suppliers who bill Medicare for people who have passed away.
- Suppliers who deliver a generic or off-the-shelf product but bill Medicare for a more costly product
- Older adults who willingly accept unnecessary equipment or supplies, or allow their Medicare number to be used in exchange for money or other things

How to Protect Yourself & Medicare from DME Fraud

- Always read your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) to look for any charges for equipment you do not need or did not receive.
- Know that Medicare suppliers are not allowed to make unsolicited telephone calls or send e-mails to sell you equipment unless you've done business with them in the last 15 months.
- Never sign a blank form from your health care provider or equipment supplier.
- Refuse and report anyone offering “free” equipment, supplies or services in exchange for your Medicare number.
- If you rent and return medical equipment, always get a dated receipt.
- Report your concerns about billing mistakes or possible fraud and abuse to Medicare or your local SMP.



Medicare Advantage Plans

You can get your Medicare coverage through Original Medicare or by joining a Medicare Advantage plan.

What are Medicare Advantage plans?

Medicare Advantage plans are approved by Medicare but are run by private companies. These companies provide Medicare Part A and Part B covered services and may include Medicare drug coverage too. Medicare Advantage plans are sometimes called “Part C” or “MA” plans. MA plans are not supplemental insurance.

MA plans may not be free. It is important to understand the cost sharing of each plan's premiums, deductibles and copayments. MA plans may require you to use only doctors and hospitals in their network.

How do Medicare Advantage Plans Work?

- Medicare-covered services are provided through the plan.
- Medicare Advantage plans may include prescription drug coverage.
- Members may be required to use only those doctors and hospitals participating in the plan.
- Members may pay an additional monthly premium and copayments and coinsurance for services.
- Like any insurance plan, show your Medicare Advantage plan card to all of your health care providers.

Know Your Rights When Shopping for a Medicare Advantage Plan

Medicare Advantage plans MUST:

- Only use marketing materials approved by CMS (Centers for Medicare and Medicaid) and provide information in a professional manner
- Comply with Do Not Call Registry
- Comply with state regulations on who may market plans

Medicare Advantage plans may NOT:

- Offer cash payments as an inducement to enrollment
- Provide free gifts or meals when trying to sell plans
- Misrepresent or use high-pressure sales tactics
- Solicit Medicare beneficiaries door-to-door or send unsolicited emails
- Enroll people by phone – unless the person calls them

Making Changes to Your Medicare

Making any change to your Medicare is a serious matter.

If you are thinking about changing your Medicare coverage, make sure it is right for you. Complete this form with your understanding of your plan, and have the sales agent complete the information on the back. Keep this form for your records. Contact your local VICAP Program if you have questions or you need help (See the following page).

What is the name of the plan I am interested in? _____

How did I hear about the plan? _____

The plan I am interested in is a:

- Medicare Advantage Plan – Health Coverage ONLY
- Prescription Drug Plan
- Medicare Advantage Plan – Health and Prescription Drug Coverage
- Medicare Supplement Plan

Has the Agent given me a written description of the plan? YES NO

If the plan is a Medicare Advantage Plan:

Does the plan include Prescription Drug (Part D) coverage? YES NO

How much will my new Premium payment be? \$_____ (Old Premium Payment \$ _____)

Will I still have to pay my Part B premium? \$_____ (Old Amount \$ _____)

What will my co-payments be for doctor visit? \$_____ Old Amount \$ _____)

What will my co-payments be for hospital stay? \$_____ (Old Amount \$ _____)

YES NO Will I have to pay for rehabilitative care?

What will my co-payments be for prescription drugs? \$_____ (Old Amount \$ _____)

YES NO Have I asked all my medical providers (doctors, hospitals, etc.) if they accept the plan?

YES NO Can I return to Original Medicare at any time?

YES NO Have I contacted the local VICAP Program for assistance?

If you have questions about the completion of this form contact your local VICAP Program (See VICAP Programs in Virginia and on the Health & Consumer Resources page) or Call 1-800-552-3402.

Have the Insurance Agent Complete

Agent/Broker/Company Information

Agent/Broker Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-mail: _____

My Virginia license number is: _____

The plan I am offering is: _____

- Medicare Advantage (MA) Plan Health Coverage ONLY
- Medicare Advantage Plan – Health and Prescription Drug coverage
- Prescription Drug Plan
- Medicare Supplement Plan (Medigap)

If the plan is a Medicare Supplement Plan:

Which plan is it? _____

How much will my premium be? _____

How often will my premiums increase? _____

What will the plan cover that Original Medicare does not? _____

If you are purchasing a Prescription Drug Plan:

How much will my premium be? \$_____ What will my co-payments be? \$_____

Are all my drugs covered? Yes No

Do any of my drugs require prior authorization, step therapy, or quantity limits?

Yes No If so, which drugs? _____

What are the rules? _____

VICAP Programs in Virginia

Mountain Empire Older Citizen -276-523-4202 (Counties of Lee, Scott, Wise and City of Norton)

Appalachian Agency for Senior Citizens – 276-964-4915 (Counties of Buchanan, Dickenson, Russell and Tazewell)

District Three Senior Services - 276-676-2148 (Counties of Bland, Carroll, Grayson, Smyth, Washington, and Wythe, Cities of Galax and Bristol)

New River Valley Agency on Aging - 540-980-7720 (Counties of Floyd, Giles, Montgomery, Pulaski and City of Radford)

LOA Area Agency on Aging - 540-345-0451 (Counties of Alleghany, Botetourt, Craig, and Roanoke Town of Clifton Forge, Covington, Salem and Roanoke)

Valley Program for Aging Services - 540-949-7141 (Counties of Augusta, Bath, Highland, Rockbridge, Rockingham and Cities of Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro)

Shenandoah Area Agency on Aging - 540-635-7141 (Counties of Clarke, Frederick, Page, Shenandoah and Warren, City of Winchester)

Arlington Agency on Aging - 703-228-1700 (County of Arlington, City of Alexandria)

Fairfax Area Agency on Aging - 703-324-5851 (County of Fairfax, Cities of Fairfax and Falls Church)

Loudoun County Area Agency on Aging - 703-777-0526 (County of Loudoun)

Prince William Area Agency on Aging - 703-792-4156 (County of Prince William, Cities of Manassas and Manassas Park)

Rappahannock - Rapidan Community Services - 540-825-3100 (Counties of Culpeper, Fauquier, Madison, Orange and Rappahannock)

Jefferson Area Board for Aging - 434-817-5248 (Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson, City of Charlottesville)

Central Virginia Area Agency on Aging - 434-385-9070 (Counties of Amherst, Appomattox, Bedford, Campbell, Amelia, Buckingham, Cumberland, Nottoway and Cities of Bedford and Lynchburg)

Southern Area Agency on Aging - 276-632-6442 (Counties of Franklin, Henry, Patrick and Pittsylvania, Cities of Martinsville and Danville)

Lake Country Area Agency on Aging – 434-447-7661 (Counties of Brunswick, Halifax, Mecklenburg, Lunenburg, Charlotte and Prince Edward)

Capital Area Agency on Aging - Senior Connections - 804-343-3014 (Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent and Powhatan, City of Richmond)

Rappahannock Area Agency on Aging - 540-371-3375 (Counties of Caroline, King George, Spotsylvania, Stafford and City of Fredericksburg)

Bay Aging - 804-758-2386 (Counties of Essex, Gloucester, King William, King and Queen, Lancaster, Mathews, Middlesex, Northumberland, Richmond, Westmoreland, James City, York and Cities of Williamsburg, Newport News, Hampton, and Poquoson)

Crater District Area Agency on Aging - 804-732-7020 (Counties of Dinwiddie, Greensville, Prince George, Surry and Sussex, Cities of Colonial Heights, Emporia, Hopewell and Petersburg)

Senior Services of Southeastern Virginia - 757-222-4512 (Counties of Isle of Wight, Southampton and Cities of Chesapeake, Franklin, Norfolk, Portsmouth and Virginia Beach)

Eastern Shore Area Agency on Aging - 757-442-9652 (Counties of Accomack and Northampton)

Health and Consumer Resources

The Virginia SMP Program is one of 55 Administration on Aging grants that utilizes volunteers to educate Medicare and Medicaid beneficiaries about health care fraud, waste and error. Virginia SMP operates a toll-free number (**1-800-938-8885**) for anyone that would like to confidentially discuss questions about Medicare and Medicaid billings and report complaints. Trained staff and volunteers provide free presentations about Medicare fraud, waste and abuse. If you would like to help with SMP initiatives in your community, please call the **SMP Program at 1-800-938-8885**.

Virginia Department for the Aging – The Virginia Department for the Aging is responsible for planning, coordinating and evaluating programs and services funded through the Older Americans Act or the Virginia General Assembly. The Department assists in the development of state laws and policies that improve the lives of older Virginians by helping them maintain their independence at home. A network of 25 local Area Agencies on Aging plans coordinates and administers programs and services in planning and service areas throughout Virginia. Visit www.vda.virginia.gov or call 1-800-552-3402.

- **Virginia Insurance Counseling Assistance Program (VICAP)** – Virginia’s State Health Information Program is called VICAP. Volunteers and Area Agency on Aging staff are trained to assist older Virginians with Medicare and other types of health insurance, medical bills and patients’ rights issues such as grievances and appeals. Call 1-800-552-3402.

State Corporation Commission (SCC) Virginia Bureau of Insurance – The SCC Bureau of Insurance will assist consumers with complaints against insurance agents and advise if an insurance company is licensed in Virginia. Visit www.scc.virginia.gov or call toll-free 1-877-310-6560.

Office of the Attorney General – The Office of the Virginia Attorney General enforces state and federal consumer protection laws related to things like identity theft, consumer fraud and telemarketing scams, and enforce laws that protect businesses and consumers.

- **TRIAD** – TRIAD is a crime-fighting partnership between police, sheriffs and seniors. There are 226 TRIAD chapters throughout Virginia. A major purpose of TRIAD is to develop, expand and implement effective crime prevention and education programs for older Virginians. Visit www.oag.state.va.us/Consumer/TRIAD/index.html. You may email TRIAD at seniors@aog.state.va.us or call 804-786-9516.
- **Medicaid Fraud Control Unit (MFCU)** – The Virginia Attorney General’s MFCU investigates allegations of fraud by medical providers receiving payment from the Commonwealth’s Medical Assistance Program (Medicaid). The Unit also investigates allegations of abuse or neglect of elderly and incapacitated adults receiving benefits through the Medicaid program. Visit www.oag.state.va.us or call 1-800-371-0824.

Office of the State Long Term Care Ombudsman Program – The State Ombudsman office provides information about local ombudsmen programs throughout Virginia. The Ombudsman program receives, investigates, and resolves complaints made by or on behalf of persons residing in nursing homes, assisted living facilities and in community-based long term care services. Visit www.vaaaa.org or call toll-free 1-800-552-3402.

Virginia Health Quality Center (VHQC) – VHQC can assist Medicare recipients with questionable non-coverage notices and the reporting of inappropriate or poor care. Visit www.VHQC.org or call the VHQC’s Medicare Beneficiary Helpline number at 1-800-545-3814.

SeniorNavigator – SeniorNavigator provides an online database of over 21,000 health and aging resources both private and public- to seniors, caregivers, and adults with disabilities. Visit www.seniornavigator.org or call toll-free 1-800-393-0957.

Better Business Bureau – Offers consumers and businesses resources, including business and charity reviews, complaints involving businesses -online and offline, BBB Accredited and non-accredited Businesses, charities and non-profit organizations. Visit www.bbb.org.