



SMP / Ombudsman Collaborative Webinar

March 22, 2011



Agenda

- **AoA: Big Picture about the SMP and Ombudsman Networks**
- **SMP / Ombudsman Joint Presentations**
 - Virginia
 - Washington
 - Nebraska
- **Discussion / Questions and Answers**



Guest Speakers

- **Administration on Aging**
 - Barbara Dieker, Director of Office of Elder Rights
 - Becky Kurtz, Director of Office of Long Term Care Ombudsman Programs
- **Virginia**
 - Susan Johnson, Senior Medicare Patrol program
 - Joani Latimer, Ombudsman program
- **Washington**
 - Ron House, Senior Medicare Patrol program
 - Louise Ryan, Ombudsman program
- **Nebraska**
 - Madhavi Bhadbhade, Senior Medicare Patrol program
 - Patty Pierson, Ombudsman program

Q&A Panelists

- Ginny Paulson, SMP Resource Center
- Lori Smetanka, National Ombudsman Resource Center



Long-Term Care Ombudsman
and Senior Medicare Patrol programs–
Opportunities for Program Collaboration



Barbara J. Dieker
Director, Office of Elder Rights, AoA
March 22, 2011



SMP Program Background

- 1995 – Congressional demonstration program, “Operation Restore Trust”: targeted federal, state & local resources to areas most plagued by abuse (5 states).
- 1997—Omnibus Consolidated Appropriations Act (P.L. 104-209): directed AoA to establish demonstration projects. Senator Harkin’s language:
 - “utilize the skills and expertise of retired professionals in identifying and reporting error, fraud and abuse.”
- 1997—HIPPA (P.L. 104-191) provided HCFAC funding to AoA
 - “Provider and consumer education” 1 of 5 primary purposes of HCFAC funding
- SMP funding sources (FY 2010):
 - \$9.4M in Older Americans Act funds—SMP project grants
 - \$3.279M in HCFAC funds—SMP capacity-building, support, technical assistance & infrastructure



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SMP Program: Empowering Seniors To Prevent Healthcare Fraud

- 12 local demonstration projects started in 1997
- Today: national program of statewide SMP projects in all 50 states, DC, Guam, Puerto Rico and the Virgin Islands
- Recruit and train senior volunteers to conduct outreach and education of seniors and caregivers about their Medicare
- Message: empowering seniors to prevent, detect and report health care fraud, error and abuse
- Receive, investigate and refer, as appropriate, beneficiary complaints of potential health care fraud, error and abuse

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SMP Program Activities

- Recruit, train and manage corps of senior volunteer advocates
- Volunteers educate their peers at the local community level on:
 - How to read and understand their MSNs;
 - How to detect potential fraud, errors or abuse;
 - How to protect their Medicare numbers; and
 - How/where to report potential fraud.
- Conduct group educational sessions at local sites
- Increase public awareness of fraud through media activities
- Assist beneficiaries with personal one-on-one counseling
- Receive and resolve inquiries for assistance
- Receive, investigate, and refer as appropriate complaints of potential health care fraud, error and abuse

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SMP/CMS Partnership: Referral of Potential Fraud Complaints to CMS contractors

- SMPs receive beneficiary complaints as a result of outreach
- Document the complaint in SMART FACTS system
- SMPs conduct initial research, investigations, resolving some provider issues, errors, etc.
- Instances of potential Medicare fraud are referred to the CMS Program Integrity contractors using SMART FACTS:
 - Program Safeguard Contractors (PSCs/ZPICs) (Parts A, B, DME, Home Health)
 - Medicare Drug Integrity Contractors (MEDICs) (Part C & D)
 - CMS Regional Office Liaisons (Part C & D marketing issues)
- PSCs/ZPICs & MEDICs conduct further investigation, refer to law enforcement, if appropriate and follow up on outcomes.
- SMPs record data on referrals and outcomes in SMART FACTS; compiled for OIG performance report semiannually.

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SMP Program Activities and Results

SMP Performance Data--2009:*

- 4,444 active volunteers
- Worked 122,000 hours
- Educated 217,227 beneficiaries in 7,177 group sessions
- Held 33,855 1-on-1 counseling sessions
- Conducted 5,684 community outreach events
- Resolved 59,938 inquiries for information or assistance
- Referred for further investigation over 966 complaints of potential fraud, involving \$3.762M in health care dollars
- Documented cost avoidances of close to \$565K (on behalf of Medicare, Medicaid or beneficiaries)

* Source: May 19, 2010 OIG Report of SMP Performance

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Empowering Seniors To Prevent Healthcare Fraud



SMP Program since 1997:

- Achieved national program coverage
- 70,000 volunteers trained
- Over 111,000 complaints handled
- 2.8 million people educated
- 75,000 group education sessions
- Over 1 million one-on-one counseling sessions
- Over 1.2 million media outreach activities
- Over \$105.94M in savings

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New Program Directions

- **New program visibility**
 - Secretary Sebelius a vocal supporter of SMP program
 - AoA full partner with CMS, OIG, DoJ at Departmental fraud summits, press conferences
 - Value of consumer education in fraud prevention recognized
 - Press coverage: AP, Wall Street Journal, AARP Bulletin, etc.
 - SMPs testify at Congressional hearings on Medicare fraud
- **CMS support for expanded SMP funding**
 - SMP funding doubled: \$9M in new grants to SMP projects
 - Two-pronged focus: new collaborative strategies in high fraud areas and expansion of program capacity—“more feet on the ground”
 - AoA administers grants in partnership with CMS

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Current SMP Program Activities & Initiatives

- **Volunteer training program**
 - Classroom
 - Self-paced
- **Volunteer Risk & Program Management Project**
 - Identify program risks
 - Develop policies, procedures, to help mitigate risk
 - Tools to assist SMPs in improving volunteer management
- **SMP Media Campaign (www.stopmedicarefraud.gov)**
 - PSAs
 - Media campaign toolkit
- **Unique ID Demonstration Project: 1-800-Medicare**
- **SMP National Conference—August 9-11, 2011**

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Long-Term Care Ombudsman Programs and Senior Medicare Patrol – Opportunities to Collaborate for Residents of Long-Term Care Facilities

Becky A. Kurtz
Director, Office of Long-Term Care Ombudsman Programs
SMP/Ombudsman Collaborative Webinar -- March 22, 2011



“Our nation has been conducting investigations, passing new laws and issuing new regulations relative to nursing homes

.....

If the laws and regulations are not being applied to [the individual], they might just as well not have been passed or issued.”

- *U.S. Commissioner on Aging Arthur S. Flemming, 1976*



Long-Term Care Ombudsman History



1972 -- Demonstration projects in 5 states

1978 -- Older Americans Act required every state to have an Nursing Home Ombudsman Program

1981 -- Older Americans Act amendments expanded coverage to include board and care homes. Nursing Home Ombudsman became Long-Term Care Ombudsman.

1992 -- Reauthorization created Title VII – Vulnerable Elder Rights Protection Activities Title, which includes LTC Ombudsman Programs



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Long-Term Care Facilities

(as defined by the OAA)



- nursing facilities
- board and care homes (i.e. personal care homes, adult family homes)
- assisted living facilities and
- similar adult care facilities



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Beyond the OAA: State Expansion of Program Scope

12 States are authorized or mandated under state law to expand services to in-home settings:

- Alaska
- Idaho
- Indiana
- Maine
- Minnesota
- Ohio
- Pennsylvania
- Rhode Island
- Vermont
- Virginia
- Wisconsin
- Wyoming



Source: "Home Care Ombudsman Programs," National Ombudsman Resource Center/NASUA (2007)



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Office of State Long-Term Care Ombudsman – Locations:

Inside State Unit on Aging (SUA): 36 states, 1 territory

Outside SUA but in state government: 6 states

Outside state government within non-profit agency:
8 states, DC, 1 territory



For contact information by state:

www.ltcombudsman.org



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LTC Ombudsman Functions under the Older Americans Act

- Work to resolve complaints on behalf of individual long-term care facility residents
- Advocate for changes at the local, state and national levels to improve residents' care and quality of life.



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The essential characteristics of an ombuds:

- independence,
- impartiality in conducting inquiries and investigations, and
- confidentiality.



Adopted by the American Bar Association (2004)



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“Complaint” same word, different process



- Not protective service worker:
LTCOs investigate to verify whether an issue exists to resolve, not to substantiate for purposes of regulatory or law enforcement action
- Not a regulator:
Primary focus is resolution for resident, not compliance of facility



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Confidentiality

- A LTC Ombudsman is a safe, confidential place for residents and complainants to tell their story and seek solutions to problems.
- LTC Ombudsmen are prohibited by OAA from revealing identity of residents and complainants without their permission.



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Last year, ombudsmen . . .

- Investigated 233,000 complaints (176,000 related to nursing homes)
- Resolved (or partially resolved) 76% percent of complaints to the satisfaction of the resident or complainant

In addition to complaint processing, ombudsmen provided . . .

- 327,000 consultations to individuals and 140,000 to facilities
- a regular presence in 81% of nursing homes and 45% of board and care, assisted living and similar homes



Source: Administration on Aging, FFY 2009



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Plus they . . .

- Provided more than 6,000 training sessions for facility staff
- Participated in more than 21,000 resident council and nearly 4,000 family council meetings.

All of this work was accomplished by:

- 1,203 FTE staff ombudsmen
- Over 10,000 volunteers (8,661 certified ombudsmen; 2,322 other)

Source: Administration on Aging, FFY 2009



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Strengths of the Ombudsman Model

- Focus is on resident
- Flexibility in working towards resolution
- Residents' individual complaints and interests are translated into systems advocacy



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SMP and LTC Ombudsman Program Commonalities

- **Serve Medicare beneficiaries, vulnerable adults**
- **Address beneficiary/resident complaints**
- **Provide information, education on programs/issues**
- **Poor resident care and health care fraud are related**
- **Volunteer-based programs**
 - Inherent risks in working with vulnerable elders
 - Specialized training required
- **Rely on partnerships (CMS, state, community)**
- **Resource challenges**

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SMP – Ombudsman Collaboration Virginia



In Virginia



- Information about Virginia SMP is integrated into the Virginia Office of the Statewide Ombudsman annual state-wide two-day training.
- Opportunity to educate all Ombudsmen in Virginia from all planning and service areas across the Commonwealth.
- SMP Project Manager presents an overview about SMP – goals and objectives. How the SMP combats healthcare fraud, errors and abuse.
- Share common Medicare fraud / schemes examples – especially those related to nursing homes, home health agencies, durable medical equipment suppliers, ambulance services, etc.
- Emphasis on examples and cases that relate to quality of care and resident issues that also involve fraudulent billing, medical supply and/or home health scam issues.
- Disseminate SMP resource materials

Benefits of Combined Training

- Provides education to State LTC Ombudsman.
- Provides education to local Ombudsmen.
- Indirectly provides education to beneficiaries and caregivers in the Long-Term Care System on the SMP Program and how to report complaints.
- Increase complaints and referrals to the SMP toll-free complaint line.
- Help reach special populations and hard-to-reach populations about SMP, Medicare and Medicaid fraud and how to report complaints.

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Example #2 Provide Combined Training on Panel - “How to Rectify Health Care Complaints”

- Combined training provided together as part of a panel for Virginia conferences or and trainings. (Example-State TRIAD conference).
- Panel included Virginia SMP Program, State LTC Ombudsman, SHIP Director, and Virginia Medicaid Fraud Control Unit (MFCU) with the Office of the Attorney General.
- Panel provided 10-15 minute presentations with questions at the end of the presentation.
- Combined opportunity to educate staff and partners from across the Commonwealth together and disseminate program resources and materials.



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SMP – Ombudsman Collaboration: Washington State



Sponsored by the
Washington State Office of the Insurance
Commissioner

SMP – Ombudsman Collaboration

A cooperative effort for the
betterment of Nebraska's Seniors



State of Nebraska
Long-Term Care Ombudsman Program
Department of Health and Human Services



Agenda

- Conferences
 - Annual training
 - Joint trainings & presentations
- Outreach
- Stakeholders
- Steering Committee
- Case Referral



Conferences

- Annual Conference
 - Focus
 - Participants
 - Recognition
 - Presentations
 - Networking
 - Cross-training



Conferences

- Joint Trainings & Presentations
 - APS
 - Social Workers
 - Medicare Beneficiaries
 - Nursing Home Facility Staff



Joint Outreach



- State Fair
- Health Fairs
- Cultural Events
- County Fairs
- Husker Harvest Days
- Lifelong Living Festival

Stakeholders

- AARP
- Elder Rights Coalition
- ENAFA
- Medicare Coalition
- SHIIP



Stakeholders



- Joint presence at the Nebraska AARP Legislative Action Coalition providing:

Education
Program
Information
Relevant Case
Information
Consumer Protection

Stakeholders



- Elder Rights Coalition
 - Guardianship
 - Statewide Legal Approaches
 - Consumer Protection
 - Developed Collaborative Partnerships

Stakeholders

Medicare Coalition:

Originated initially to address Medicare

Part D

Has evolved to address:

- Medicare Changes
- Fraud Issues
- Healthcare Reform
- Long-term Care Issues



Stakeholders



SHIIP

Cross-training between:

SHIIP, SMP,
Ombudsmen

Volunteer Recruitment

Medicare Open
Enrollment

SMP Steering Committee

Partners:

Long-Term Care Ombudsman
Local Ombudsmen
Regional Ombudsman

Attorney General's Office:
MFCU
SAFE

Program Integrity
Better Business Bureau

Triad

AAAs

AARP

ADRC

SHIIP

CIMRO

PSC

Consortium for Dementia Alternatives

Nebraska Health Care Association

Nebraska Medical Association



SMP Steering Committee

Shred Event:



Collaborative effort of four programs

Distributed packets of fraud information

From Ombudsman Case to SMP Complex Issue

Case One:

Typical case received by State Long-Term Care Ombudsman:

Involuntary Discharge – State and Federal regulations state that the name and contact information of the SLTCO be included on the discharge notice.

Case Two:

Typical case received by local ombudsmen:

Questions regarding Medicare or Medicaid billing.

Thank You!

Patty Pierson, MPA

Madhavi Bhadbhade, MPA

Nebraska State Long-
Term Care Ombudsman

Nebraska SMP
Project Director

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Polling Questions

- **Which program are you with?**
 - SMP
 - Ombudsman
- **Which of the following collaborative efforts do you already have in your state?**
 - Joint participation in an advisory council, steering committee, coalition, etc.
 - Joint outreach events
 - Joint staff/volunteer training
 - Fraud referrals relationship
 - None of the above
- **How many other people are listening to this webinar with you (sharing your phone line and/or computer)?** ___

