

THE SENTINEL

A PUBLICATION OF THE CENTER OF SERVICE AND INFORMATION FOR
SENIOR MEDICARE PATROL (SMP) PROJECTS

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AoA Update

Conferences, Evaluations, MSNs and One Big Award

By Barbara Dieker

Director, Office of Elder Rights, U.S. Administration on Aging



Barbara Dieker

The leaves are turning, there's a chill in the air and the holidays are quickly approaching. Where did the summer go?! Most of you would agree that it was spent in a flurry of activity – preparing applications for new grant funding to expand your program capacity, participating in your SMP regional conference (alright – three in my case!), training the many new volunteers that have come your way due to our increased program visibility in the press and much more. As we look ahead, the upcoming months promise even more new activities and challenges that will keep us jumping.

First, a word about the SMP regional conferences. I want to thank each of you who shared your program innovations, successes and challenges. The interactive exchange of information and ideas among SMPs, AoA project officers and speakers really made our conferences dynamic and fun! Please don't forget to go to the SMP website at <http://www.smpresource.org/Content/NavigationMenu/ResourcesforSMPs/Training/2010RegionalMeetings/default.htm> to check out conference handouts, PowerPoints and other information from all three conferences. While Day 2 and 3 presentations on volunteer management/risk management and on targeting Hispanic populations were the same for all three conferences, you may find additional useful information on referrals, fraud trends and SMP management practices from conferences other than the one you attended.

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AoA Update *(continued from page 1)*

In early October, AoA launched a contract for design of the first-ever evaluation of the SMP program. The program evaluation has three overarching goals:

1. To assess the effectiveness of the SMP program in fulfilling its mission and goals
2. To determine ways to improve the effectiveness and efficiency of the program
3. To aid the SMP program planning process with realistic goals built on reliable information

While the research questions and design focus have not been developed, the evaluation will seek to address such areas as:

the effectiveness of the SMP program structure, variables impacting SMP program performance, how SMART FACTS data collection can enhance program management and performance and

appropriate measures of SMP program value/ impact. We are very excited to begin the process of designing the evaluation. The Center will participate in this effort, and it is anticipated that AoA will seek SMP stakeholder input during the process.

Recently I had the good fortune to hear CMS Deputy Administrator for Program Integrity Peter Budetti speak on health care fraud prevention initiatives at the National Medicare Education Program meeting. His presentation conveyed his

Center for Program Integrity (CPI) strategic goals, mission and direction. He discussed the history, work and expanded funding of the SMP program as part of his focus on new resources to fight fraud. Mr. Budetti also discussed the CMS redesign of the Medicare Summary Notice (MSN) to make it simpler to understand and spot fraud based on beneficiary feedback. He noted that CMS had conducted an open door forum with SMPs to catalog beneficiary common complaints with the MSNs. CMS will be piloting new MSNs in beneficiary focus groups throughout the winter and spring; the redesigned MSN is targeted for circulation during Winter 2011/2012.

Shirley Merner and I look forward to traveling to Las Vegas November 17 to accept the National Health Care Anti-Fraud Association's (NHCAA) Excellence in Public

Awareness Award for the SMP program. We have been provided a few minutes for acceptance remarks, which we plan to use to share the mission, work and successes of the SMP program with the expected 1,200 NHCAA conference participants. And, of course, we will accept the award on your behalf – you SMPs who have worked so hard to educate Medicare beneficiaries and the general public about health care fraud prevention. Congratulations to each of you for your excellent outreach and education efforts! ●



Dr. Berwick, SMP Speak to New Orleans Seniors

By Julie Mickles Agan

SMP Coordinator, EQ Health Solutions, Louisiana

When Dr. Donald Berwick, administrator for the Centers for Medicare & Medicaid Services, visited New Orleans October 7 to speak to a group of seniors about the Affordable Care Act, I had the honor of sharing the podium with him.

My schedule for that day was already full, but when your AoA project officer asks if you can speak at an event with the CMS administrator, well, you just clear your calendar.

The event, held at the Central City Senior Center in New Orleans, provided more than 100 Medicare beneficiaries an opportunity to share their concerns about the Medicare system with a top official. New Orleanians have a reputation for being outspoken and these seniors peppered Dr. Berwick with their concerns and complaints. They told him they are tired of filling out forms each time they visit a new doctor. They spoke of the confusion that arises when they receive different prescriptions from different doctors. They complained about Medicare Advantage premiums changing. Dr. Berwick, taking it all in stride, listened patiently and then addressed their concerns. While scheduled to speak for 15 minutes, Dr. Berwick was still answering questions after 30, giving precious time to the seniors.

Afterward, I took the stage. "Sixty billion dollars

that is supposed to be used for your health care is going to crooks and we need that to stop," I told the crowd. "Unfortunately, these crooks need your help to steal the money, so they trick you into giving them your Medicare numbers. Today, I'm going to give you a few of your own tricks so you keep the Medicare system safe."

I directed the seniors to the AoA *Don't be a Target* brochures that were on each chair and taught them how to protect, detect and report. I received positive feedback from CMS staff members and Dr. Berwick.

I was honored to have been able to represent the SMP program and the great work that we do every day. 🍷



Julie Mickles Agan



Above: Dr. Donald Berwick addresses seniors at an event in New Orleans. Left: Berwick and Julie Mickles Agan.

States Host First Medicare Border Events

Belinda J. Jones

SMP Coordinator, GeorgiaCares

On July 14, Tennessee SMP LaNelle Godsey and I held an exciting one-day state border collaborative. The purpose of this coevent was to educate beneficiaries on health care fraud and on how to apply for state and federal financial assistance programs. By working together, we achieved our goals, which were to inform attendees on health care scams, screen for benefits, recruit volunteers and provide awareness of the SMP and State Health Insurance Assistance Program (SHIP) to beneficiaries in these rural areas.

In addition, local radio stations in both Georgia and Tennessee assisted with outreach efforts by broadcasting the press release, enabling us to broaden our target audience. Trusted supporters such as the local media, senior center

and merchants were valuable assets to the success of these events. Games such as fraud bingo and scam skits proved to be useful tools in promoting the prevention of health care fraud and abuse.

We would like to extend special acknowledgements to Susan Green and the staff at the Copper Basin Senior Center for their drive and enthusiasm that encouraged individuals to participate. We were also fortunate to have Gladys Green-Long serve as a Spanish interpreter to assist. She informed people of the event and was on hand to provide interpretation services.

Because of the positive feedback received from this collaborative, we hope to duplicate these efforts in all bordering states.

For more information on how to organize a multistate Medicare border event, contact me or LaNelle Godsey. 🍷



Belinda Jones

On the Border

Pictured at the Georgia/Tennessee border are, left: Belinda Jones, Joyce Wright, Robert Foster and LaNelle Godsey. Below are, front, Erika Lawson, Joyce Wright and Robert Foster. Back row are Elizabeth Pyron, Jeni Coyne, Belinda Jones, LaNelle Godsey, Katherlyn Geter and Shannon Jones.



Utah's Centenarian Celebration 2010

By Darren Hotton

SMP Project Director, Utah Division of Aging and Adult Services

On Sept. 10, 2010, the Utah Division of Aging and Adult Services held the annual Governor's Century Club of Utah Celebration. This celebration was restricted to ladies and gentlemen ages 100 and over. This year, 50 centenarians plus family members attended. The governor and lieutenant governor attended the celebration and personally met with each centenarian. Laura Hendricks, age 106, was honored with the "most matured" lady award and Warren Shurtleff, age 104, was honored with the "most matured" man award. Each centenarian received a copy of the *Governor's Century Club of Utah Yearbook, 2010*, which contains photos and life stories of 98 of Utah's 139 centenarians. They also enjoyed an afternoon that included lunch, music and socializing. The Utah

Senior Medicare Patrol provided an informational table with SMP flyers (*Don't be a Target of Healthcare Fraud*) and flyers on other aging services. During the celebration I helped set up the sound system and provided wheelchair assistance.



Darren Hotton

Each centenarian was alive in 1910, the year the Boy Scouts of America was founded, the first female pilot received her license and the summit of Mount McKinley was reached for the first time. It was the year President Taft started the tradition of throwing out the first pitch on baseball's opening day. Halley's Comet made an appearance that year, and Father's Day was celebrated for the first time. 1910 saw the electric washing machine patented and the Yellow Cab Company founded. 1910 was also a rough year for the stock market. It lost 18 percent of its value that year, plummeting from a January high of 99 points all the way down to 81! Finally, 1910 saw the United States complete

1,000 miles of concrete road, up from 144 miles of road 10 years previously. 🟡



Utah centenarians enjoy lunch, music and socializing.

Q & A: Risk and Volunteer Management Project

By Linda Graff, President, Linda Graff and Associates

Steve McCurley, Consultant

During the regional conferences we were asked some questions about improving the volunteer infrastructure at SMPs. We thought we would pass along some answers to the more frequent inquiries in order to provide quick solutions while we continue to work on customized volunteer management tools.

How can I find trained volunteer management staff?

A key to a successful volunteer program is someone who knows what he or she is doing and has time and responsibility to do it. Most highly successful volunteer programs have a designated coordinator of volunteers who oversees how volunteers are involved and works with partner agencies to ensure that the SMP has volunteers who are appropriately screened, trained and supervised for the work they do. For more information on finding a qualified coordinator of volunteers:

1. Look locally to see if you have a volunteer center or HandsOn Network affiliate (www.handsonnetwork.org/actioncenters/map). These organizations specialize in helping agencies involve volunteers, often providing training programs for new coordinators. They can help you advertise if you are looking for a coordinator of volunteers and can also help in volunteer recruitment. If you don't have a volunteer center

then either the United Way or the Red Cross are good sources for networking.

2. Many communities have local associations of coordinators of volunteers who meet just like any other professionals. You can find a listing of many at www.energizeinc.com/prof/dovia.html. This list isn't comprehensive so if you don't find one for your locality don't give up hope – ask some of the coordinators of volunteers in any of your larger local nonprofits and they can tell you whether there is a formal or informal networking group.

3. You can also advertise nationally via the Internet. CyberVPM is the largest U.S. listserv for coordinators of volunteers. You will see frequent postings from those who are trying to recruit experienced and qualified staff. You can join CyberVPM at groups.yahoo.com/group/cybervpm/. There is no cost and it has lots of archived material on good volunteer program management practice.

For tips on what to look for in a prospective coordinator of volunteers, remember that we've already posted a model position description on the Resource Center website (second bullet under Resources): http://www.smpresource.org/AM/Template.cfm?Section=Volunteer_Management&Template=/CM/HTMLDisplay.cfm&ContentID=3262

Where would I learn more about conducting background checks?

First, keep in mind that a "background check" generally means more than a criminal records check. It can include identity verification, references and a Social Security number. A

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Risk, Volunteer Management *(continued from page 6)*

thorough “screening,” especially for positions of trust like most of those at SMP, means more than just doing a criminal records check. You should consider using: an application form, an interview (in person where possible), reference checks, driver’s record check when the volunteer will be driving and so on. For a quick overview of the “why” and “how” of volunteer background checks, go to the Privacy Rights Clearinghouse: www.privacyrights.org/fs/fs16d-VolunteerScreening.htm. If you want a more thorough examination of the full range of screening options and how to choose among them for various volunteer positions, then we can cheerfully recommend Linda’s comprehensive book *Beyond Police Checks* at www.lindagraff.ca.

Each state has its own system of conducting criminal records checks. There is no comprehensive listing of exactly how each system works. The easiest way to find out is to talk to agencies that really take this seriously, such as Big Brothers/Sisters or the Court Appointed Special Advocates (CASA) in your community (To find your local programs, visit the national websites: www.bbbs.org and www.casaforchildren.org). They can walk you through the procedures for your state and show you what they do. You can modify that to fit your volunteer position requirements.

Where can I find some resources to get started on best practices, including templates and forms?

There are two ways to approach this:

1. If you generally know what you are looking for (a sample “volunteer application form,” for example), then a basic Google search will provide

dozens of examples. Volunteer programs – like everyone else – often post a lot of their stuff online. Your biggest problem will be sorting through the vast number of responses.

2. If you prefer one-stop shopping then try the mother lode of volunteer management information: www.energizeinc.com. This site is the global central repository of volunteer management material. You’ll find everything from introductory material to in-depth coverage, as well as dozens of publications. Steve is too modest to refer to his book *Volunteer Management*, which is the textbook in the field and is available via the Energize site – but don’t buy it until the third edition comes out later this year.

As a complement to either of these approaches, remember that if you send samples of your own materials to the Resource Center they can post them to the website and you’ll be able to look at what other SMP programs are doing.

We are delighted that you have been motivated to move ahead on these important volunteer program management strategies: professional staffing, appropriate screening, program infrastructure. At the November Volunteer Risk and Program Management steering committee meeting, the first set of draft policies and practices relating to risk exposures will be on the table, to be followed early in the new year with the first set of draft policies and practices on volunteer program management. As these vehicles work their way through the review and approval process, we will be working on the development of a range of tools to accompany their implementation. So stay tuned. There’s lots of help coming to you in the foreseeable future. ●

Attention!

SMP volunteer knows how to work an audience

By Maureen Patterson

SMP Resource Center Media Manager

Ohio resident Gene Bishop likes to tell his wife that he's never met a stranger, only people he hasn't met yet.

The SMP volunteer has given speeches to thousands of people from all walks of life since joining the program 8 years ago. He comes prepared with updated information about the latest scams and a mental list of topics a mile long.

But he puts that aside temporarily when he walks through the door. He has a trick to grab an audience: Use examples from people in attendance. "I interact with people as they're coming in so I'm not always telling stories about people someplace else," he says. One day a man who was headed in explained how he doesn't worry about identity theft or fraud because he's diligent about everything. "I used him as an example. I said, 'You're the perfect target because you don't ever think anything's going to happen to you.'"

That hook, says Ohio SMP volunteer coordinator Jane Winkler, is one of the reasons Bishop makes an impact. "He's really good at pulling in personal experience of what's happened and examples of things that have happened to make it come to life more," she says. Audiences are impressed

with him and grateful for the information.

Bishop, 66, retired 11 years ago. He had a good career and wanted to give back. He started volunteer work in the Executive Service Corps, a management consulting company for nonprofits. He also volunteered at a leadership program in Clermont County, OH. Bishop first learned about SMP when Winkler and SMP Anne Fredrickson gave a presentation to the group. Bishop's mother at the time was on Medicare, and he wanted to know more. He got educated and started doing presentations.



Gene Bishop

As documented in the video *Joining the Good Guys* (http://www.smpresource.org/Content/NavigationMenu/ResourcesforSMPs/Videos/Don_t_be_a_Target_of.htm), Bishop received a statement a few years after his mother died saying that Medicare had recently paid to have her transported from a nursing home. He was informed and prepared to take care of the problem, and was able to recover the money for Medicare. He also knew what to do several years later when he saw a bill for medical services for his mother-in-law; she had died in May and the bill was for services in September. He was once again able to recover the charges and has not received any other bills on the matter.

"Well informed" is a term that fits Bishop perfectly. He is active in the Miami Township Citizens Police Academy Alumni Association and gives

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OH Volunteer *(continued from page 8)*

presentations with the police department. He's also attended a Federal Bureau of Investigation (FBI) citizens academy. "I get a lot of information. I get e-mails, probably five or six a day from different locations and different places on what's the new scam, what's the new fraud," he explains.

He also has a tremendous network, one that yields many requests for speaking engagements. Says Winkler, "When he first started he got all his own gigs. He'd talk anywhere, and it was great. He probably has the most depth in that way of any of our volunteers." Ohio currently has 54 volunteers.

Bishop has served as president of the Southern Ohio Umpires Association, umpired for more than 40 years, teaches martial arts and mentored a dozen high school students at risk for dropping out, watching every one of them graduate. Awards include United Way's 2004 Volunteer of the Year, Clermont 20/20 Salute to Leaders Award, Miami Township Citizens Award and the President's Volunteer Service Award from President George Bush.

His depth of volunteer work allows him access to emergency personnel, whom he educates on SMP issues. For example, he shows emergency medical technicians (EMTs) what a Personal Health Care Journal looks like and tells them to look for it when inside the home of an older person. "I'm saying, 'If you go into a person's home look for this because it has all their information in it. It has their

allergies, it has their medicines, it has everything on it,'" he says. He also talks about the importance of the journals to seniors at his events, where he also distributes them. "I tell the people, 'Keep it on your nightstand or keep it on your end table or something like that because I'm training EMTs to look for that as well.'"

In other words, Personal Health Care Journals can save lives.

To make the quality of people's lives better, Bishop talks to seniors about keeping track of their health in detail in the journals and to compare visits to Medicare Summary Notices and insurance statements. Finally, he emphasizes that people should share important papers and information such as doctor names and insurance policies with a trusted individual. "You need to have that information written down someplace so if anything does happen somebody knows where to go to take care of things for you."

Bishop and SMP volunteers like him across the country help seniors protect themselves and each other.

If you're ever in the Cincinnati area, drop in to see Gene Bishop. He's not a stranger, just a friend you haven't met yet. 🟡

Video

See a video story on Gene Bishop at:

[http://www.smpresource.org/Content/NavigationMenu/ResourcesforSMPs/Videos/Don't be a Target of.htm](http://www.smpresource.org/Content/NavigationMenu/ResourcesforSMPs/Videos/Don't%20be%20a%20Target%20of%20Healthcare%20Fraud%20Joining%20the%20Good%20Guys.htm)



Q & A: Referrals to PSCs and ZPICs

By Ginny Paulson

SMP Resource Center Director

This article is intended for Senior Medicare Patrol (SMP) staff and volunteers who use SMART FACTS, the web-based SMP data management and referrals tracking system, and who refer complaints of potential Medicare fraud and abuse to PSCs (Program Safety Contractors) and ZPICs (Zone Program Integrity Contractors). PSCs and ZPICs are responsible for receiving referrals from SMPs about potential fraud and abuse in Medicare Part A and Part B. The Centers for Medicare & Medicaid Services (CMS) is in the process of transitioning to a national ZPIC system and will gradually phase out PSCs. Currently, some SMPs are served by PSCs and some are served by ZPICs.

***M**y PSC had to send my case to a ZPIC in another state for further investigation because the provider in question was not in my PSC's jurisdiction. How will I find out when the case is resolved and who will enter the resolution information in SMART FACTS?*

PSCs and ZPICs are only allowed to have access to those states in SMART FACTS assigned to them by CMS. In the past, PSCs and ZPICs were unsure about whether or not they could share case resolution information with each other for security reasons. SMPs were unsure how to answer questions from the PSC or ZPIC who couldn't access their state in SMART FACTS but wanted to close the case.

Now, CMS has decided to have PSCs and ZPICs collaborate in order to close the information

feedback loop with SMPs. The PSC who originally received the SMP referral is responsible for completing the status data entry in SMART FACTS. This requires the PSC who received the complaint and the ZPIC who resolved the complaint (or referred it to another entity to be resolved) to share information with each other. This CMS decision has brought much-needed clarity and has further streamlined the referrals process.

***I** noticed there are new fields in SMART FACTS for the PSCs, ZPICs and MEDICs to complete. I now see they may refer a case to the MAC/AC/FI (claims processors) or to another entity for further investigation. What does this mean for SMPs?*

CMS recently authorized the addition of these two new "Open" status fields in response to the need for greater clarity in the referrals process. There had been confusion on the part of PSCs, ZPICs and MEDICs about what was meant by the term "Closed" in SMART FACTS. Some had been marking a case as "Closed" when they had to refer it elsewhere for final resolution. Of course, from an SMP perspective, the term "Closed" means that the case is fully resolved.

The new "Open" status options allow PSCs, ZPICs and MEDICs to communicate to SMPs that a case is still open, though in the hands of another entity. The Center has explained to all PSCs, ZPICs and MEDICs that the "Closed" status should not be selected until a case is fully resolved. PSCs, ZPICs and MEDICs will be responsible for circling back with SMPs about the final resolution of cases, even if it takes years and has long been out of their hands. ●

Beefed-Up Anti-Fraud Provisions Are Key Component of Affordable Care Act

By Nancy Aldrich and Bill Benson

Health Benefits ABCs

The Patient Protection and Affordable Care Act (Public Law No. 111-148) – more commonly called the “Affordable Care Act” or “ACA” – offers important new tools to combat health care fraud, waste and abuse. Some of the fraud and abuse prevention provisions are already in effect and many others go into effect over the next 2 years.

Better Screening and Oversight. The ACA requires new procedures for screening, oversight and reporting of providers and suppliers that participate in the Medicare, Medicaid and CHIP (Children’s Health Insurance Program) programs. Effective Jan. 1, 2012.

Provider ID Numbers. The new law requires all Medicare and Medicaid providers and suppliers to use their national provider identification number on all applications and claims, starting no later than Jan. 1, 2011. The Centers for Medicare & Medicaid Services (CMS) also will create a process for each state Medicaid plan to provide the national provider identifier and other information for any medical provider or supplier that is terminated from participation.

License and Background Checks. Medical providers and suppliers will have to undergo mandatory license checks. As determined by the U.S. Department of Health & Human Services (HHS),

certain categories of providers and supplies – including durable medical equipment (DME) suppliers, home health agencies and community mental health centers – will also be subject to criminal background checks, fingerprinting, unannounced site visits, pre-enrollment site visits, database checks across states, etc. Most providers will have to pay a fee, ranging from \$200 to \$500, for this screening. Effective March 23, 2011, for new providers/suppliers and March 23, 2012, for previously enrolled providers/suppliers.

HHS can disenroll providers and suppliers for violations. Effective Jan. 1, 2010. HHS also has the authority to delay certain new providers from joining the Medicare or Medicaid programs and to withhold payment during an investigation of credible fraud allegations. Effective March 23, 2010.

Disclosure

Financial Relationships. The law requires disclosure of financial relationships among doctors, hospitals, pharmacists and other health care providers and manufacturers/distributors of covered drugs, devices, biological and medical supplies. Effective March 31, 2013.

Affiliations. An applicant provider or supplier must also indicate any affiliation with someone who has been: a) suspended under a federal health care program, b) excluded from participation in Medicare or Medicaid, c) has had its billing privileges denied or revoked or d) has uncollected debt. If HHS determines this affiliation

continued

Anti-Fraud in Affordable Care Act *(continued from page 11)*

(previous or current) “poses an undue risk of fraud, waste or abuse,” then the application can be denied. Effective March 23, 2011.

Penalties and Recaptures. The law makes obstructing a fraud investigation a crime and makes it easier for the government to recapture money obtained through fraud. The ACA will:

1. Set enhanced sanctions and civil monetary penalties for Medicare Advantage (MA) or prescription drug (Part D) plans that: (1) enroll individuals in an MA or Part D plan without their consent; (2) transfer an individual from one plan to another solely to earn a commission; (3) fail to comply with marketing requirements; or (4) employ or contract with an individual or entity that commits a violation. Effective Jan. 1, 2010.

2. Impose penalties of \$50,000 per violation, up to \$250,000, for providing false or fraudulent information. Effective Jan. 1, 2010.

3. Create administrative penalties for Medicare *beneficiaries* who knowingly participate in a health care fraud scheme.

4. Have the United States Sentencing Commission review the sentencing guidelines and policy statements applicable to persons convicted of federal health care offenses and increase penalties based on the dollar amount of the offense.

5. Require that Medicare and Medicaid overpayments to providers/suppliers be returned within 60 days. Effective March 23, 2010.

continued



President Barack Obama, Vice President Joe Biden and senior staff react in the Roosevelt Room of the White House as the House passes the health care reform bill, March 21, 2010. (Official White House Photo by Pete Souza)

Anti-Fraud in Affordable Care Act *(continued from page 12)*

Other Provisions that help reduce fraud and abuse:

1. Require physicians to provide documentation when referring patients to programs “at high risk of waste and abuse” (such as DME or home health). Effective Jan. 1, 2010.
2. Require physicians to document that they met face to face (or via telehealth) with patients within the prior 6 months before prescribing or recertifying DME or home health. Effective Jan. 1, 2010, for home health and March 23, 2010, for DME.
3. Reduce the period in which a Medicare claim can be submitted from 3 years to 1 year. Effective Jan. 1, 2010.
4. Ask the National Association of Insurance Commissioners to develop a model uniform reporting form for private health insurance issuers to refer suspected fraud and abuse to state insurance departments or other responsible state agencies for investigation.
5. Expand the Recovery Audit Contractor (RAC) program to apply to Medicaid, Medicare Advantage and Medicare Part D prescription drug programs. Effective Dec. 31, 2010.
6. Require the Office of Inspector General’s (OIG) fraud, waste and abuse oversight responsibilities to include the new CLASS (Community Living Assistance Services and Supports) plan – a voluntary insurance program for employees to help pay for their future long-term care and support services at home. Effective Jan. 1, 2011.

Better Data Integration Provisions to Reduce Fraud and Abuse

- Improve and integrate CMS data repository to include information from Medicaid, Veterans Affairs, Department of Defense, the Social Security Administration (SSA), Indian Health Service and Contract Health Service program. Effective March 23, 2010.
- Requires a data-matching agreement between HHS and SSA.
- Give the Department of Justice clearer access to CMS claims and databases. Effective March 23, 2010.

Looking to the Future

Several newly elected members of Congress, as well as interest groups, state officials and ordinary citizens, are seeking to have the health care law struck down in federal court or repealed by Congress. Even if the new majority party in the House is successful in repealing the ACA, pundits expect that either the Senate may not have enough votes to support a repeal or the president will veto a repeal. It is unlikely opponents of the law could get the two-thirds majority needed to override a veto. A more likely scenario than repealing the ACA is that its opponents in Congress might have sufficient votes to block the appropriations needed to implement portions of the law. Others believe that there will be attempts to repeal part of the law but not all of it. It remains to be seen what will develop next year and whether these important fraud prevention provisions can take full effect. ●

2010-2011 Flu Season: No 'Free' Lunch

By Jolie Crowder, RN, MSN, and Bill Benson

Health Benefits ABCs

It's that magic time of year: There's a nip in the air, holiday decorations are lining the shelves and the pesky flu bug is just starting to raise its ugly head. The dreaded symptoms: fever, coughing, runny nose, sore throat and the vague sensation that you've been run over by a bus.

For Medicare beneficiaries, an ounce of prevention can mean the difference between life and death. According to the U.S. Centers for Disease Control and Prevention (CDC), seniors account for an estimated 60 percent of flu-related hospitalizations. According to the Centers for Medicare & Medicaid Services (CMS), about 24,000 people die from flu-related complications, 90 percent of whom are ages 65 and older. The CDC terms these deaths as "vaccine-preventable."

Even though Medicare Part B recipients can receive the flu vaccine at no cost, the latest estimates by the CDC show that only 65 percent of individuals 65 and older receive it.

As a trusted, local source, SMP staff and volunteers are in a position to serve as a knowledgeable resource for acceptable – and unacceptable – marketing and billing practices.

Here are some facts to help arm you for the 2010-2011 flu season:

- This year's vaccine protects against three flu viruses: H3N2, Influenza B and H1N1 (last year's troublemaker).
- This season, people 65+ have two flu shot options: the regular dose and a higher dose designed for people 65+. *Note: The CDC has not*

expressed a preference for either vaccine.

- Medicare Part B pays for one seasonal influenza immunization at no cost to beneficiaries. There is no coinsurance or copayment, and no deductible must be met.
- Medicare is the primary payer for the flu vaccine and will cover 100 percent of the cost.
- Medicare reimburses separately for the administration and the cost of the vaccine.
- All participating health care providers who administer the vaccine must take assignment (the Medicare-approved level of payment) on the claim for the vaccine.
- Nonparticipating health care providers who do not accept assignment can still administer the vaccine. However, they must submit an unsigned claim on the beneficiary's behalf and may collect payment for the difference directly from the beneficiary. These nonparticipating providers must accept assignment for the cost of the vaccine itself.
- Beneficiaries should not have to submit a claim to Medicare to be reimbursed for a flu shot.
- Health care providers cannot charge a Medicare beneficiary more for an immunization than they charge a non-Medicare patient.
- Health care providers cannot request or require a specific dollar "donation" for providing flu shots.
- Flu vaccines should not be marketed as "Free" if the health care provider intends to bill Medicare for any part (vaccine or administration).
- An MSN will be generated for flu shots for those in Original Medicare. Many Medicare Advantage plans also issue a beneficiary statement for the flu shot.

(Excerpted from the CDC website and the CMS 2010-2011 Immunizers' Question and Answer Guide.)

continued

Flu Shots *(continued from page 14)*

The timing of flu season varies but most often peaks in January or February and can stretch into spring. Right now, disease activity in the United States is low, but that can change fairly quickly.

Medicare's open enrollment season coincides with the National Influenza Vaccination Week December 5-11 and could provide opportunities for collaborative outreach with organizations promoting the importance of flu shots.

For More Information

Centers for Disease Control and Prevention (CDC)

- [Website](#)
- [Printable Materials](#)

Centers for Medicare & Medicaid Services (CMS)

- [Provider Information](#)
- [2010-2011 Immunizers' Question and Answer Guide](#) 🟡



2010 SMP Regional Meetings

Volunteerism • Vision • Vigilance

The U.S. Administration on Aging (AoA) hosted three regional SMP meetings in August and September 2010. Regional meetings are held every other year and provide SMPs the opportunity to keep current on fraud trends and referrals protocols, share new ideas and successful practices, discuss new SMP program initiatives and directions and be recognized for outstanding performance. The 2010 regional meetings were held in Kansas City, MO, Charleston, SC, and Scottsdale, AZ, with the common theme of Volunteerism, Vision and Vigilance.

Check out pictures on the next three pages.

Materials and more meeting information can be found at: <http://www.smpresource.org/Content/NavigationMenu/ResourcesforSMPs/Training/2010RegionalMeetings/default.htm>

Kansas City

Charleston

Scottsdale

continued

2010 Regional Meetings

Kansas City



Amy Miller-Bowman, Ginny Paulson, Barbara Dieker, Barbara McGinity, Vera Watson, Erin Weir, Anne Fredrickson



Jim Varpness, Pat MacKinnon, Jo Murphy, Barbara Dieker, Jo Murphy, Lisa Gober, Erin Weir



Elvia Alvarado, Barbara Dieker, Maria Eugenia Lane, Rachanna Rodriguez, Jose Perez, Madhavi Bhadbhade, Barbara Dieker, Tami Barrett

2010 Regional Meetings

Charleston



Charles Clarkson, LaNelle Godsey, Barbara Dieker



Betty Balderston, Stephanie Bias, Dalila Rivera, Betty Balderston, Anita Oelfke, Rebecca Nurick, Heather Flory



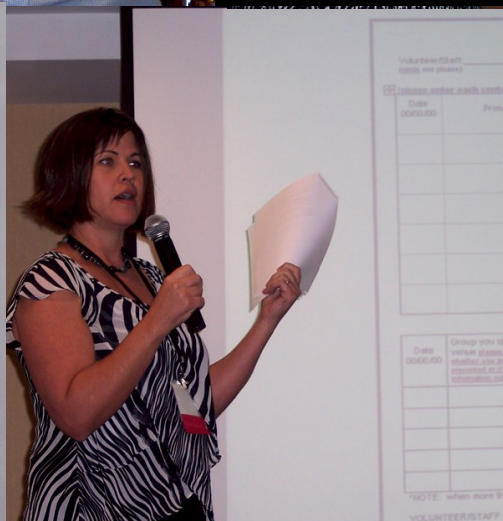
Dee White, Helene Gardel, Stephanie Bias

2010 Regional Meetings

Scottsdale



Chewon Lee, Barbara Dieker, Julie Schoen, Linda Madril



Judith Bendersky, Renee LaBrie-Shanks, Vicki Weld, Barbara Dieker, Anne Gray, Ada Leach



Esmerald Zamora, Nydai Santiago, Tonya Steel, Genii Hamilton, Donna Denney, Barbara Dieker, Vicki Weld, Barbara Dieker, Suzanne Sigona

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For more information about the National Consumer Protection Technical Resource Center, please visit us at www.smpresource.org.

All newsletter submissions and inquiries should be directed to mpatterson@hvaaa.org.

Newsletter development is supported in part by funding from the Administration on Aging, Department of Health & Human Services. Grantees undertaking technical resource centers under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging policy.

A Great Time for SMART FACTS Training

By Heather Flory

SMP Resource Center Training Manager

At the beginning of 2010, SMART FACTS changes allowed for batch entry of Simple Inquiries. This change was in response to urgent requests SMPs received for more than 2 years. The intent was to simplify data entry by allowing multiple Simple Inquiries to be entered on one form in SMART FACTS as long as they share certain traits (county, topic, month, etc.).

Entering data in batches requires attention to detail to ensure data integrity. We are noticing that data entry oversight is causing a high level of error for outcome No. 11 in the OIG Report.

Specifically, the relevant question on the Simple Inquiry form was previously “**Was** Simple Inquiry Resolved?” Now it is “**Number of** Simple Inquiries Resolved.” This change means that if you enter Simple Inquiries individually, a number “1” must be entered for each inquiry that is resolved. If you enter Simple Inquiries in batches, the total number of inquiries resolved for that batch must also be

entered. If no number is entered in this field, a zero appears by default, and your data will be incorrect for Outcome No. 11 of the OIG Report. We know that data entry errors are occurring because with the old phrasing SMPs usually reported that about 99 percent of Simple Inquiries were resolved. With the new phrasing, so far in 2010 SMPs have only reported that 75 percent of Simple Inquiries have been resolved.

A tip sheet is now available to help SMPs identify and correct these types of data entry error issues: [SMART FACTS Tip Sheet: Outcome #11 – “Number of Simple Inquiries Resolved”](#). Also, a new “Batch Entry” recording provides SMPs with instructions to correctly enter individual and batch data in SMART FACTS for both Simple Inquiries and One-on-one Counseling sessions. Both of these new resources, as well as training recordings and job aides for Simple Inquiries, Outreach and Education, My Work: Reviewing and Editing Data and more are available on the SMART FACTS Training Page of the SMP Resource Center Website: www.smpresource.org > Resources for SMPs > SMART FACTS > SMART FACTS Training. ♦