Welcome

- California Senior Medicare Patrol
- Monthly educational webinar
- Fraud prevention for senior advocates and professionals
- No charge; funded by grant from DHHS
- California Health Advocates (non-profit)
California Health Advocates

Providing quality Medicare and related healthcare coverage information, education and policy advocacy

www.cahealthadvocates.org

- **Policy** – Conduct public policy research to support recommendations for improving rights and protections for Medicare beneficiaries and their families

- **Training** – Provide timely and high-quality information on Medicare through our website, fact sheets, policy briefs and educational workshops

- **Advocacy** – Bring the experiences of Medicare beneficiaries to the public, and especially legislators and their staff at federal and state levels, through media and educational campaigns

- **Senior Medicare Patrol Program** – educating beneficiaries, their families, caregivers about Medicare fraud prevention
Today’s Program

- Healthcare Fraud, Medicare Marketing Violations, Financial, Physical and Psychological Abuse against Seniors
  - It’s All Elder Abuse

- Part 1: Medical Identity Theft and Healthcare Fraud

- Part 2: Marketing Violations involving Medicare Advantage Plans

- Part 3: The Universal Epidemic of Elder Abuse
Medical Identity Theft and Healthcare Fraud
Medical Identity Theft

- 2015
- Security breaches affecting millions of patient records
- A potential compromise of 112 million health records
- Personal information is used for criminal purposes

- Medicare Number is Social Security Number
- Until 2019
Medicare Fraud, Abuse & Waste

- U.S. government estimates:
  - False claims, errors and waste account for loss of $60–$90 Billion/year
- Fraud is not a victimless crime
- Fraud jeopardizes healthcare benefits and peoples’ lives
“First, Do No Harm”

- Intentionally diagnosed healthy people
- Gave healthy patients chemo drugs
- Billed Medicare for $91 million (2009–2014)
- “Just to make money”
Diagnostics lab owner not licensed doc
Billed Medicare & Medicaid $28 million over 4 years
Hired fake doctors to review x-rays
Mis-diagnoses resulted in patient deaths
Who Commits Medicare Fraud?

- **Providers:** e.g., hospitals, doctors, nurse practitioners, physical therapists, occupational therapists, ambulance companies, medical laboratories, hospice agencies

- **Suppliers:** Durable medical equipment

- **Pharmacies**

- **Beneficiaries**

- **Insurance Agents**
Common Types of Medicare Fraud

- Fraudulent Billing for:
  - Services not rendered
  - “Drive–by” Visits in hospitals, nursing homes
  - A higher service than was delivered
  - Services not medically necessary

- Podiatrists Bill Medicare Fraudulently:
  - Give free pedicures & take Medicare numbers
  - Bill Medicare for incision and drainage of abscesses and hematomas
Medicare Fraud

- Durable Medical Equipment Infomercials
- Postcard mailers with urgent eligibility notices
- Genetic Testing
- A “New” Hospice Benefit
Medical Equipment Fraud

- Ads for durable medical equipment
  - “FREE” or “100% covered by Medicare”
  - Senior calls the 800#, gives up personal info
  - Vendor faxes authorization, bills Medicare
    - Medicare pays; beneficiary billed 20%

- Postcard mailers claim urgent eligibility
  - Call now or else lose your benefits!
Genetic Testing Fraud

- Medicare covers genetic testing only in very special cases
- **BUT** fraudsters offer ice cream socials to lure seniors
- Perform cheek swabs, take Medicare #s
- Bill Medicare for expensive diagnostics
Medicare Hospice Fraud

- Medicare covers hospice benefit if
  - Patient is terminal, certified by doctor
  - **BUT** illicit hospice agencies enroll beneficiaries in hospice
    - “No need to be terminal!”
    - “All you need – no cost to you”
  - Offer $300 cash to doctors for placing patients into their hospice company
Who is Senior Medicare Patrol (SMP)?

- 54 SMP programs across the country
- Fraud prevention education
  - **PROTECT** Medical Identity
  - **DETECT** fraudulent billing
  - **REPORT** suspicions, concerns, complaints
- www.smpresource.org
Partnering with SMP Program

- Medicare and Medi-Cal are complex systems
- Working together – we advocate for our seniors and disabled
- To educate them about fraud prevention
- To better their lives and their health outcomes by arming them with accurate, timely information
What We Do

- Partner with advocacy organizations
- Educate Medicare beneficiaries, their families and caregivers statewide
- Staff a 24/7 statewide hot line
- Refer fraud cases to law enforcement
- Conduct monthly educational webinars
- Publish fraud advisories in 7 threshold languages

Sign up for webinars and fraud alerts - jsuo@cahealthadvocates.org
Beware of Postcards Advertising “Free” Braces to Relieve Pain

We’re getting several reports of Medicare beneficiaries receiving urgently marked postcards with a special notice of pending eligibility to receive a Medicare-covered back brace or knee support system.

We urge you NOT to respond to these mailers and advise you to talk to your doctor FIRST about any pain you are experiencing. Medicare only covers braces and other durable medical equipment (DME) that is medically necessary with a doctor’s prescription.

Scammers, however, hope you don’t know that. They just want your Medicare number to bill Medicare for equipment you never receive, or to bill Medicare for much more expensive equipment than you receive.

If you or someone you know comes across such scams, let us know. Together we can stop fraud!

Call the Senior Medicare Patrol at 1-855-613-7080.
Report – Medicare Fraud

- California toll-free hot line
  855-613-7080

- Printed on all SMP materials
- Brochures, Pens, Bookmarks
- Annual Open Enrollment Tips
¡Evite las estafas de mercadeo de Medicare!

¡Nunca revele su número de Medicare a ninguna persona que usted no conozca o que no sea de confianza!

Para reportar fraude llame a Senior Medicare Patrol (SMP) al (855) 613-7080

www.cahealthadvocates.org
Part 2

Marketing Violations Involving Medicare Advantage Health Plans
2017 Annual Open Enrollment

- October 15 to December 7
- Beneficiaries can review MA and Drug Plans
- Refer beneficiaries to State Health Insurance Programs (SHIP); in California, Health Insurance Counseling and Advocacy Programs (HICAPs)
- The Centers for Medicare and Medicaid Services (CMS) issues annual Marketing Misconduct Do’s and Don’ts:
Can They Do That?

- Education Means
  - Informing a beneficiary in an unbiased and accurate manner about Original Medicare, Medicare Advantage plans, Part D plans and Medicare Advantage plan products

- Marketing Does Not Mean
  - Engaging in favoritism, lack of independence, towards one specific plan, instead of presenting other available plans, any of which could best meet the medical needs of the potential enrollee
  - Misrepresenting self, benefits and/or cost
Can They Do That?
Sales vs. Educational Event

**OK**
- May provide refreshments and light snacks to potential enrollees at sales presentations
- Meal under $15 at educational event only
- Providing business card at educational event only if beneficiary gives permission
- Offer item $15 or less
- Beneficiary gives permission to be contacted

**Not OK**
- Meals to potential enrollees at sales presentation
- If it’s a marketing event, then should not be advertised as an education event
- Sign in sheets or other methods designed to collect beneficiary personal info at an education event
- Asking for contact info to participate for a prize
- Attaching business card to educational materials
Can They Do That? Beneficiary Contact

- **OK**
  - Permission to Contact
    - Business Reply/Lead Cards
  - Beneficiary gives permission to be contacted
  - The permission applies only to the plan or agent/broker the person that requested contact from, for the duration of that transaction, and for the scope of products

- **Not OK**
  - Door–To–Door
  - Outbound Calls
  - Approaching people with Medicare in common areas (i.e. parking lots, hallways, lobbies, sidewalks)
  - Sending unwanted emails, text messages, or leave voicemails
Can They Do That? Health Care Settings

- OK
  - Permission to Contact placed in public, common areas, not in areas where healthcare treatment given
    - Lead Cards
    - Business cards
    - Flyers
  - Common areas where public has access: lobby, cafeterias, conference rooms, community recreational rooms

- Not OK
  - Marketing activities and/or materials in non-public areas of medical offices
  - Approaching people with Medicare in common areas
  - Soliciting patients in treatment setting areas, including hallways, etc.
  - Posting marketing material for one plan with provider endorsement in medical office
Part 3

The Epidemic of Elder Abuse
To improve the national response to elder abuse, neglect, and exploitation by gathering, housing, disseminating, and stimulating innovative, validated methods of practice, education, research, and policy.

We will be the entity others look to when they need state-of-the-art information and we will push the field forward.
The Epidemic of Abuse

- Elder Abuse is increasing at alarming rates as our population ages and is vastly underreported. We need to travel together to stay on track.

Who is at risk?

Average age 78

67% of victims are female

50% of people with dementia are victims of some kind of abuse

Most common types of abuse

- Neglect: 58.5%
- Physical: 15.7%
- Financial: 12.3%
- Emotional: 7.3%
- Other: 5.1%
- Unknown: 0.06%
- Sexual: 0.04%

Financial Abuse

Definition

- The illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.
How is Medicare Fraud Elder Abuse?

- Taking advantage of our elders
- Using Medicare information to steal their identities
- Providing them with mis-information
- Possibly interfering with their current health care support system could have life threatening implications
Do Something Now! Take the Pledge

- I WILL DO EVERYTHING I CAN TO PREVENT AND REPORT ELDER ABUSE AND EXPLOITATION.
- I WILL never knowingly violate the trust of the elders with whom I come in contact.
- I WILL ensure that I know how to recognize elder abuse and exploitation and how to report it.
- I WILL strive to educate my family, friends and associates to know when, where and how to report suspected elder abuse and exploitation
  - “I WILL” - created by MEAPA, the Maricopa Elder Abuse Prevention Alliance, in partnership with the Arizona Association of Area Agencies on Aging
Additional resources

- Ageless Alliance http://www.agelessalliance.org/
- Contact NCEA at www.ncea.acl.gov

For more resources call: 1–855–500–3537 (ELDR)
Resources

- Senior Medicare Patrol (SMP)
  - 855–613–7080
  - [www.cahealthadvocates.org](http://www.cahealthadvocates.org)
  - mnozaki@cahealthadvocates.org

- California Department of Managed HealthCare (DMHC)
  - 888–466–2219

- DMHC new Dashboard pulls all data together in one spot for the consumer to be able to see about a plan

- Office of the Patient Advocate has Plan and Provider Report Cards – a great tool for individuals to use. See [http://www.opa.ca.gov/Pages/Home.aspx](http://www.opa.ca.gov/Pages/Home.aspx)

- Health Insurance Counseling & Advocacy (HICAP)
  - 800–434–0222

- National Center on Elder Abuse (NCEA)
  - [www.ncea.acl.gov](http://www.ncea.acl.gov)
  - Julie.schoen@med.usc.edu