



Senior Medicare Patrol

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Senior Medicare Patrol (SMP) Program Manager
Administration for Community Living

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About Senior Medicare Patrol

- Grant-based program administered by ACL since 1997.
- 54 State Projects:
 - One in every state, DC, PR, GU, and USVI.
 - 5,720 team members nationally.
- SMP is known as a trusted OIG & CMS partner and provides a direct link from Medicare beneficiaries to fraud investigators.



Preventing Medicare Fraud

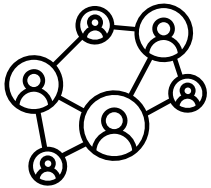
 [SMPResource.org](https://www.SMPResource.org)

 [@SMPresource](https://twitter.com/SMPresource)

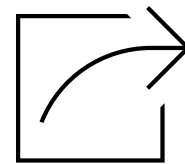
 [/SMPNationalResourceCenter](https://www.facebook.com/SMPNationalResourceCenter)

SMP Mission and Goals

To empower and assist Medicare beneficiaries, their families, and caregivers to **prevent**, **detect**, and **report** health care fraud, errors, and abuse through outreach, counseling, and education.



To prevent Medicare fraud before it happens via public outreach and one-on-one assistance.



To report suspected issues as quickly as possible to the proper investigators.

SMP's Role in Health Care Fraud Reporting



- SMP provides focused outreach and education designed to protect Medicare beneficiaries from Medicare fraud.
- As local, trusted connections in the community, SMP is often the first to hear of new issues as they begin to emerge.
- SMP provides in-depth, one-on-one assistance to Medicare beneficiaries.

Key Partnerships

National Partners

- Centers for Medicare & Medicaid Services (CMS)
- HHS Office of Inspector General (HHS-OIG)
- Administration for Community Living (ACL)
- Federal Bureau of Investigation (FBI)
- Federal Trade Commission (FTC)
- Federal Communications Commission (FCC)
- Consumer Financial Protection Bureau (CFPB)
- Social Security Administration (SSA)
- National Association of Insurance Commissioners (NAIC)
- AARP Fraud Watch

State Partners

- State Medicaid Agencies
- Medicaid Fraud Control Units (MFCUs)
- State Departments of Insurance
- Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)
- State Medical Boards
- State Long-Term Care Ombudsmen

Medicaid Unwinding: Medicaid Continuous Enrollment During COVID PHE

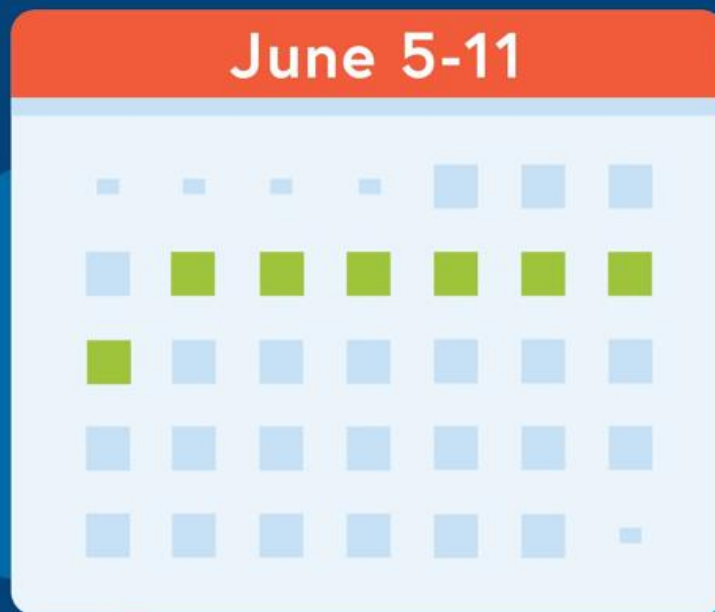
- During the COVID-19 Public Health Emergency (PHE) states halted disenrollment and redetermination activities for Medicaid and Medicare Savings Programs.
- Ended April 1, 2023
 - States have 1 year to conduct redeterminations for everyone on Medicaid
 - States are handling this in many different ways

Challenges with Medicaid Unwinding

- Missing/Incorrect Contact Information
 - CMS has directed states to try contacting individuals by at least two methods **but**
 - If a state cannot locate an individual, they will be disenrolled.
 - Very important for Medicaid & MSP enrollees to ensure the state has correct contact information for them.
- Scams & Potential fraud - Scammers have started contacting people using this scheme:
 - To gather Medicaid numbers and other PHI to steal identities
 - To try to get people to pay a fee to “keep” their Medicaid

PHE Ending Challenges/Scams

- Confusion on Tests and Vaccine Coverage
 - Beyond May 11, 2023 - Medicare will continue to cover tests and vaccines that are administered and/or ordered by a provider.
 - Some Medicare Advantage plans might still cover over-the-counter tests
- Scams – COVID -19 related scams increased 10x in April
 - Billing for tests not ordered or received
 - Tests arriving without beneficiaries requesting or needing them
- Reporting Reminder



Medicare Fraud Prevention Week

#MFPW

[MFPW Observance Webpage](#)

Contact Information

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