TIPS TO PREVENT MEDICARE FRAUD

By Charles Clarkson, Project Director
Senior Medicare Patrol of New Jersey

No one likes to think of himself or herself as being susceptible to scams and unethical practices. However, not considering the possibility results in exposure to widespread fraud, waste, and abuse. Take, for example, the true story of a Medicare beneficiary admitted into a hospital for a routine procedure. Everything went smoothly, and she returned home to recuperate. Ninety days later her Medicare Summary Notice arrived. The amount indicated was enormous. The beneficiary realized hospital stays were expensive, but her charges seemed over-the-top. Although it was not in her nature to complain, curiosity reigned and she phoned the hospital to request an itemized statement, something every hospital patient should insist on. Upon request, hospitals have to produce an itemized statement. A week or so later it arrived. Scrutinizing the statement she noticed some extraordinary expenses, including a charge for sheets and towels, which should be included in the price of a double room, a mucus recovery system that turned out to be a $129 box of tissues, and a charge for a crib. It had been over forty years since the delivery of her youngest child. An unusual story? No, not really. Errors occur all the time.

Some of the most common frauds are billing for services never provided, double billing (charging twice for the same service), and up-coding (assigning a medical billing code for a more expensive procedure than the one provided). If you do not check your Medicare Summary Notice, it is a pretty safe bet that eventually you will be cheated.

According to the Kaiser Family Foundation, Medicare alone makes up 15% of the federal budget and cost taxpayers $632 billion in 2015.

In an effort to combat fraud, waste, and abuse and to preserve the integrity of Medicare, the Senior Medicare Patrol program was created. The Senior Medicare Patrol of New Jersey (SMP) is a federally funded, statewide initiative operating under the auspices of JFS of Middlesex County. SMP provides education and outreach to Medicare/Medicaid beneficiaries to help protect them from becoming victims of health care fraud, waste, and abuse.
SMP NJ offers some simple steps you can take to protect yourself.

NEVER:
- give your Medicare/Medicaid number to someone you don’t trust.
- give your Medicare/Medicaid number to anyone offering a “free” service.
- accept medical supplies/equipment from a door-to-door salesperson.
- provide information to someone on the telephone claiming to be from Medicare. Medicare does not call beneficiaries unless you call it first.
- keep mail in your mailbox overnight. People steal personal information from mailboxes.

ALWAYS:
- review your Medicare Summary Notice.
- shred important documents before throwing them away.
- keep a calendar with your doctors’ visits and medical tests. Compare your calendar to your Medicare Summary Notices.
- count your pills. Short pilling is a problem. If you are short pilled, complain to your pharmacist.
- report possible fraud.

Not every mistake constitutes fraud; however, if you suspect fraud or abuse, or if you have questions about your Medicare Summary Notice, the SMP is here to help. Call the SMP hotline, toll free at 877-SMP-4359 (877-767-4359) or contact JFS of Middlesex County at 732-777-1940 and ask for the SMP office.

If you would like the SMP to do a presentation for your senior group or club, please call us. There is no charge, and we cover the entire state of New Jersey. If you live in another state, call your state Senior Medicare Patrol. Every state has one.

**Chronic Care Management Services**

*By Edward Campell,*  
**Coordinator of Complex Interactions**  
**Senior Medicare Patrol of New Jersey**

In 2012, the Centers for Disease Control and Prevention (CDC) noted, “Among Medicare fee-for-service beneficiaries, people with multiple chronic conditions account for 93% of total Medicare spending.” Medicare’s response was the ***Chronic Care Management Services (CCMS)** benefit that began in 2015. This new program is one of the value-based services that are meant to improve care. Payment is based not on the quantity of service provided but on the quality and effectiveness of the service received.
To qualify for CCMS, a beneficiary must have the following:

- two (2) or more chronic conditions expected to last at least one year or until death
- that place the patient at significant risk of death or decline and
- a comprehensive care plan established to be implemented, revised, or monitored.

The following providers are allowed to bill for CCMS:

- Physicians
- Certified Nurse Midwives
- Nurse Practitioners
- Physician Assistants.

Depending upon the complexity of the management problems, the care may be billed as Non-Complex Chronic Care Management or Complex Chronic Care Management. While these services are billed monthly, a monthly visit to the provider is **not** required. The provider must review and maintain the care plan monthly. Below is a list of examples of some but not all of the chronic conditions we are talking about.

<table>
<thead>
<tr>
<th>Alzheimer’s disease and related dementia</th>
<th>Cardiovascular disease</th>
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<tbody>
<tr>
<td>Arthritis (both osteo- and rheumatoid)</td>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
</tr>
<tr>
<td>Asthma</td>
<td>Depression</td>
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<tr>
<td>Atrial fibrillation</td>
<td>Diabetes</td>
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<tr>
<td>Autism spectrum disorder</td>
<td>Hypertension</td>
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<tr>
<td>Cancer</td>
<td>Infectious diseases such as HIV/AIDS</td>
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Before a patient begins CCMS, he or she must be advised and consent either in writing or orally to these services. The patient must be told that he/she is responsible for applicable cost sharing, that only one practitioner may provide and bill for CCMS, and that he/she has the right to stop the services at any time. Before giving consent, the patient should fully understand what services he/she is to receive and of what benefit they will be. If these services are recommended for you, the SMP of New Jersey (SMP) strongly recommends that they be provided by the person providing your care. It seems that many new programs may be used by providers who cannot provide you the maximum benefit for which the benefit was intended. We encourage you to always discuss with your primary physician any services that you receive from other providers who are not closely working with him/her.

In addition, the SMP is concerned that these services may be misused by providers and can lend themselves to fraud, waste, and abuse. Always read your Medicare Summary Notice to make sure you are receiving the services that Medicare is paying for. If you suspect fraud, waste, or abuse, call the SMP hotline at 877-SMP-4359 (877-767-4389) or 732-777-1940.
I received this question from a beneficiary:

**I am turning age 65 and now am eligible for Medicare benefits. Can I use both my employee and Medicare insurance to cover me?**

Yes, you can have both Medicare and employee coverage at the same time. When you turn 65 and either you or your spouse is still working, i.e. “actively employed” with health coverage, your current employer insurance is primary if the employer has 20 or more employees. Medicare will be secondary. If the employer has fewer than 20 employees, Medicare will be the primary insurance.

When you enroll in Medicare you should enroll in Part A (which is free to those who have 40 quarters of qualified work). You can choose to delay enrolling in Medicare Part B because you have employee coverage. Once you or your spouse is no longer actively employed, you will have a Special Enrollment Period to enroll in Medicare Part B, since Medicare will then become your primary coverage.

If your employee insurance is secondary to Medicare because your or your spouse’s employer has fewer than 20 employees, then you will have to enroll in Medicare Part B upon turning 65. Always speak to your benefits administrator at work to verify how your employee insurance works with Medicare.

If you have prescription drug coverage through your current employer and the coverage is considered creditable, i.e. coverage that is at least as good as the Medicare Part D drug plan, then you can keep the drug coverage from your employer and delay enrolling in a Part D drug plan without a penalty.

If you need further assistance on this or any other Medicare insurance coverage topic, you can also contact the State Health Insurance Assistance Program (SHIP) in New Jersey at 1-800-792-8820. SHIP is a federally funded program in every state. It is free and can help you decide what is the best coverage for you and/or your spouse. You do not need to call an agent or broker, who may not act in your best interest.

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Senior Medicare Patrol of New Jersey is seeking volunteer liaisons

Serve your community; learn about Medicare by volunteering for the New Jersey Senior Medicare Patrol

New Jersey SMP is currently recruiting Community Liaisons to speak to small groups of their peers and help provide Medicare education at community events.

The role of the Community Liaison is to share information that can help others PREVENT, DETECT, and REPORT Medicare fraud, errors, and abuse.

**FREE TRAINING AVAILABLE**
For more information, please contact Phyllis Freed, SMP Volunteer Coordinator, 732-777-1940 or phyllisf@fsmiddlesex.org
SMP - Empowering Seniors to Prevent Medicare Fraud

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