



SMP SNAPSHOT

LOUISIANA SENIOR MEDICARE PATROL

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HOT TOPIC: DME Fraud & Scams

Have you or someone you know ever received phone calls from someone offering you a free back or knee brace? Those calls are from people trying to send you durable medical equipment that you might not want or need.

Durable Medical Equipment, or DME, is medical equipment and supplies prescribed to you by your doctor that is reusable and has a usable life of at least three years. It is usually equipment mainly used in the home and for a medical reason. Examples of this type of equipment are back braces, therapeutic shoes and scooters, among others.

DME scams have been on the rise. Many people are getting calls from "suppliers" offering "free" equipment or they are getting supplies in the mail without having ordered any supplies/equipment. Examples of DME fraud includes billing for equipment that you never received, billing for equipment different than what you received, and giving false or misleading information, such as offering "free" equipment when they are going to bill Medicare. Some other potential DME scams or schemes that lead to fraud are:

- Getting calls or visits from people saying they represent Medicare and trying to sell you products or services.
- Many television and radio ads run targeting beneficiaries to get them to order "free" DME. These ads don't have the beneficiaries best interest at heart, so don't fall for it!
- Aggressive marketing by DME suppliers. Don't let anyone persuade you or pressure you into switching suppliers. Talk to your supplier first because you may not need to make the change.

If you think you or someone you know has been a victim of this or any other type of healthcare fraud, you should report it to SMP. If Medicare pays for equipment that you never ordered or never received, when you need the equipment, Medicare will deny it because they will show that you have already received it. If you suspect DME fraud, you must report it.

Medicare is complicated...

by Lynn Rosenblatt, RN, CCM & SMP Volunteer

The SMP program educates beneficiaries, their care givers, families and the public at large on how to prevent, detect, and report suspected Medicare fraud, errors, and abuse. Part A (inpatient services, skilled nursing, and home health) and Part B services for outpatient visits and procedures are paid differently by Medicare Administrator Contractor or MAC. Most hospitals provide lab, radiology and diagnostics as outpatient services for better utilization of these departments and are billed under Part B. Only services provided by a hospital to a beneficiary who has been admitted to an inpatient bed are billed under Part A.

What most beneficiaries do not realize is that services provided in the ER and on short term Observation Units or as Ambulatory Surgery or Chemotherapy are also billed under Part B as the patient is not admitted to an inpatient bed. A Medi-Gap policy is essential for Fee-for-Service (FFS) beneficiaries. Part C (Advantage Plans) usually have co-pays that cover the beneficiary's responsibility under the plan for every type of service provided.

Voluntary Enrollment in Medicare Part C is when a beneficiary who is enrolled in Part A & B may select to have Medicare coverage referred to as Medicare Advantage. These plans are offered by private insurance companies regulated by the state in which they are sold. While specifics and cost differ, the plan must include all the benefits available under original FFS Medicare; but also, may include extras that Medicare Part A & B does not cover. Most Advantage Plans also cover prescription drug benefits (Medicare Part D) as part of the plan's provisions. Under FFS a beneficiary must enroll in a Part D plan separately or through a retirement plan.

About the Author: Lynn Rosenblatt, RN, CCM became interested in volunteering for the SMP program when she retired in 2021 after many years in healthcare case management and utilization. Her expertise in Medicare and it's various components and extensive regulations prompted Lynn to seek a volunteer position that would benefit from her time and knowledge. She will be a regular contributor to our newsletter, sharing important information about the Medicare program and more.

Hard Facts about Medicare

Medicare generally won't call you, except in limited circumstances. One such exception is if you have called 1-800-MEDICARE and requested a return call. Also, Medicare will never call or come to your home uninvited to sell products or services, so don't answer the door to unsolicited vendors. Social Security Administration (SSA) representatives may call Medicare beneficiaries if they need more information to process applications for Social Security benefits or enrollment in certain Medicare Plans, but, again, this is rare. If a phone call is needed, you'll receive an official letter from the SSA to arrange a telephone interview. Remember, Medicare cards do not expire, so be wary of someone saying they need to send you a new one or they need to update or verify information. If your card is lost or destroyed, contact the SSA directly to request a replacement. Finally, if you think someone else is fraudulently using your Medicare card, call SMP directly at 1-877-272-8720 to report it.

Virtual Bingo w/ SMP:

July 21st: 10:30a & 2:00p
August 18th: 10:30a & 2:00p
September 15th: 2:00p



Webinar Wednesdays w/ SMP:

July 20th, 10:30a: DME Fraud & Scams
August 31st, 10:30a: Pharmacy & Prescription Drug Fraud
September 28th, 10:30a: Home Health & Hospice Fraud

Click on links above to register.



877-272-8720