

# OHIC NATIONAL CONFERENCE

July 15–18, 2024 | New Orleans, Louisiana

2  
0  
2  
4

## Trending Issues from the Network

July 16, 2024

# Today we'll talk about...



Program Year in Review: SHIP, MIPPA, SMP

SMP Hot Topics: Health Care Fraud Trends



SHIP Hot Topics

Collecting and Disseminating Insights



# SHIP: Grant Year 2023

Apr. 1, 2023 – Mar. 31, 2024

## Outreach

- **2,304,656** people reached via **40,561** events

## One-On-One Contacts

- **1,7,48,070 contacts** with Medicare beneficiaries, their families or caregivers
- **12%** with individuals **under 65** receiving Medicare due to disability
- **84%** include **enrollment assistance**

## Team Members

- **11,212 team members**; **46% volunteers**, **35% in-kind** (i.e. not paid for with SHIP dollars)
- **52%** (5,872) team members have been with SHIP **more than 5 years**

# MIPPA: Grant Year 2022

Sept. 1, 2022 – Aug. 31, 2023



**1,803,541 individuals reached** via **28,369** outreach and enrollment events



**1,026,793 individual contacts with Medicare beneficiaries**, their families or caregivers

**151,675** with individuals under 65

**245,239** with individuals residing in rural areas

**6,388** with individuals identified as **Native American Medicare**

**69,056** with individuals speaking **English as a Second Language**



**74,958 contacts included enrollment assistance** into Medicare Part D Extra Help (LIS) or Medicare Savings Programs

# SMP: Calendar Year 2023

Jan. 1, 2023 – Dec. 31, 2023

## Outreach & Education

- **22,356** group outreach and education events
- **1,244,697** estimated reach through outreach and education events

## Individual Interaction

- **270,348** individual interactions with, or on behalf of, a Medicare beneficiary

## Medicare Recoveries

- **\$111,277,683** in expected Medicare recoveries

## Team Members

- **5,532** team members;



**SMP**

Senior Medicare Patrol

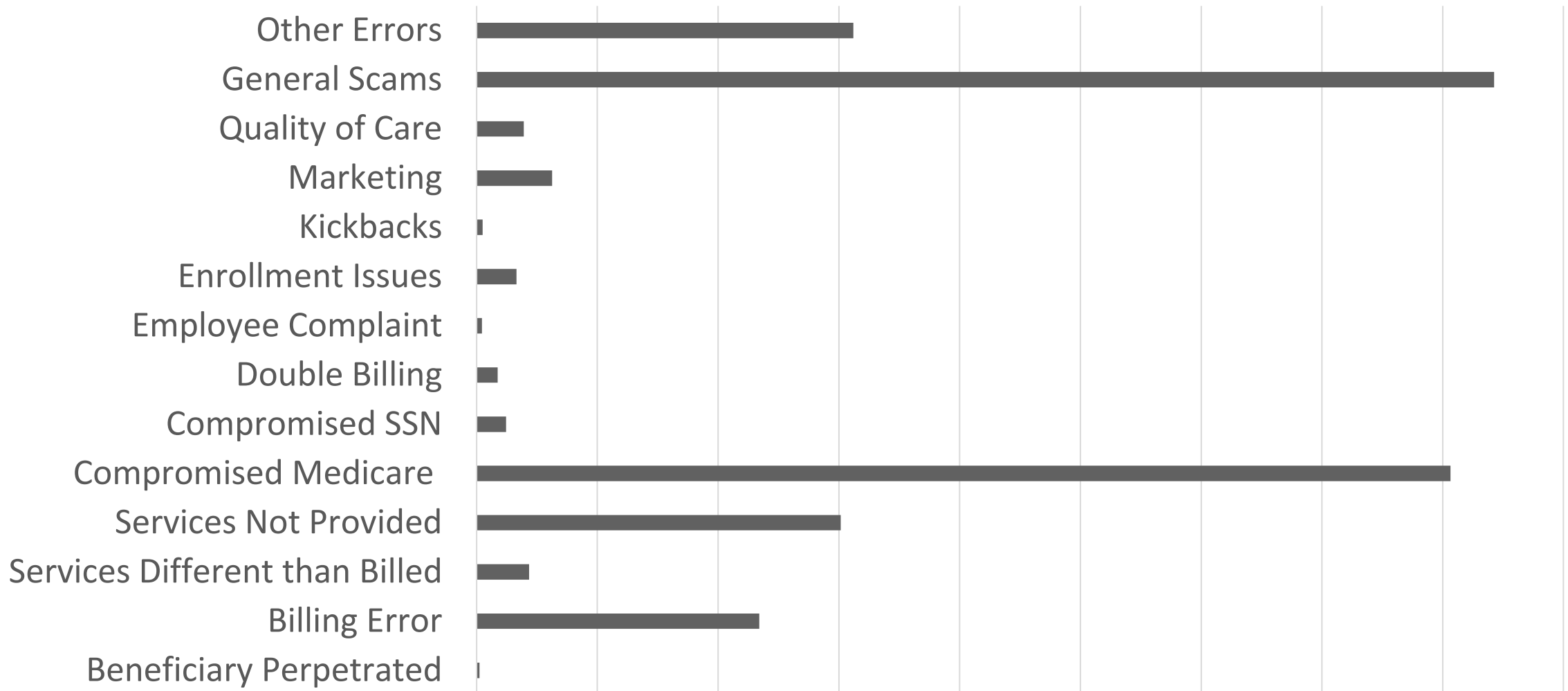
Preventing Medicare Fraud

# SMP Hot Topics Health Care Fraud Trends

---

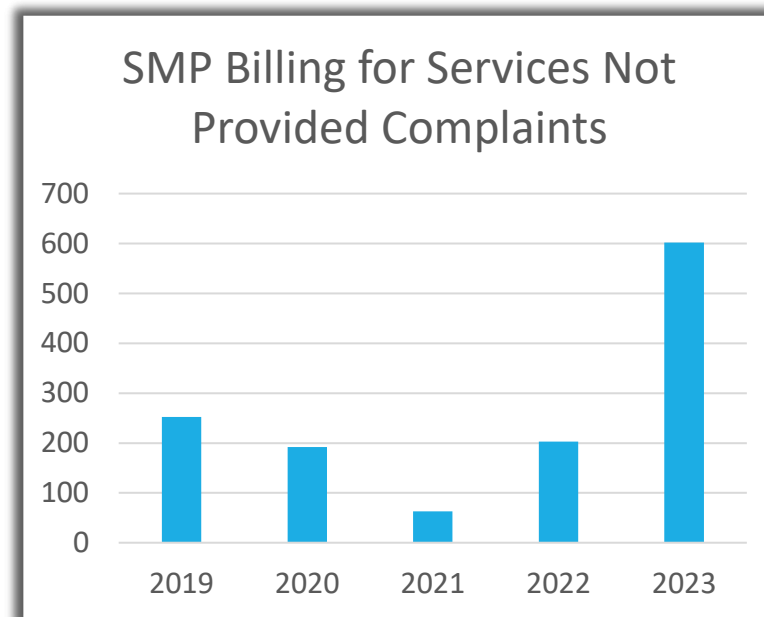
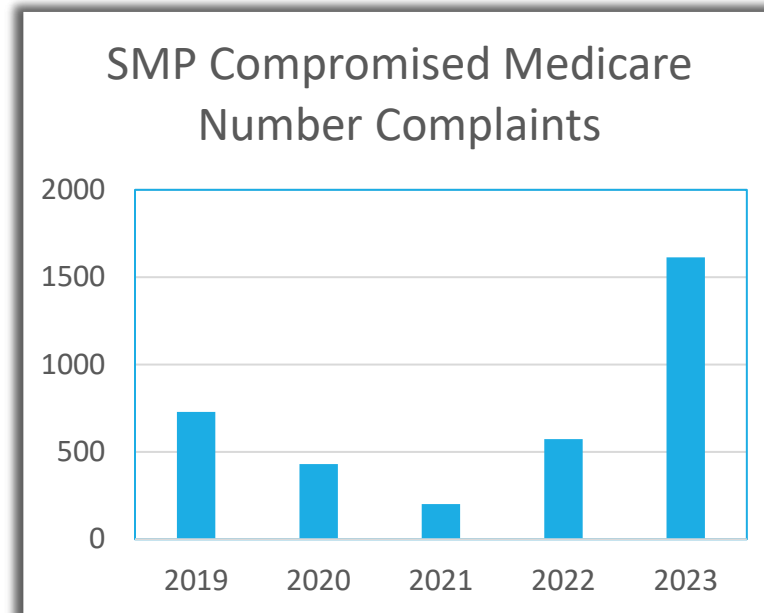
Jennifer Trussell, Fraud Prevention Consultant (SMP)

# Type of SMP (FEA) Complaints 2023



# SMP Complaint Trends

- The top three SMP complaints (related to fraud, errors, and abuse) from 2021 – 2023 are
  - Compromised Medicare Number
  - Billing Error
  - Billing for Services not Provided
- A five year look back includes marketing fraud as the third highest complaint category, followed by billing for services not provided
- Compromised Medicare numbers saw a 181% increase in the last two years
- Billing for services not provided saw a 196% increase in the last two years, although not as high in volume as compromised numbers



**CHANGING MEDICARE PLANS?**

WATCH OUT FOR  
**PHONE SCAMS**

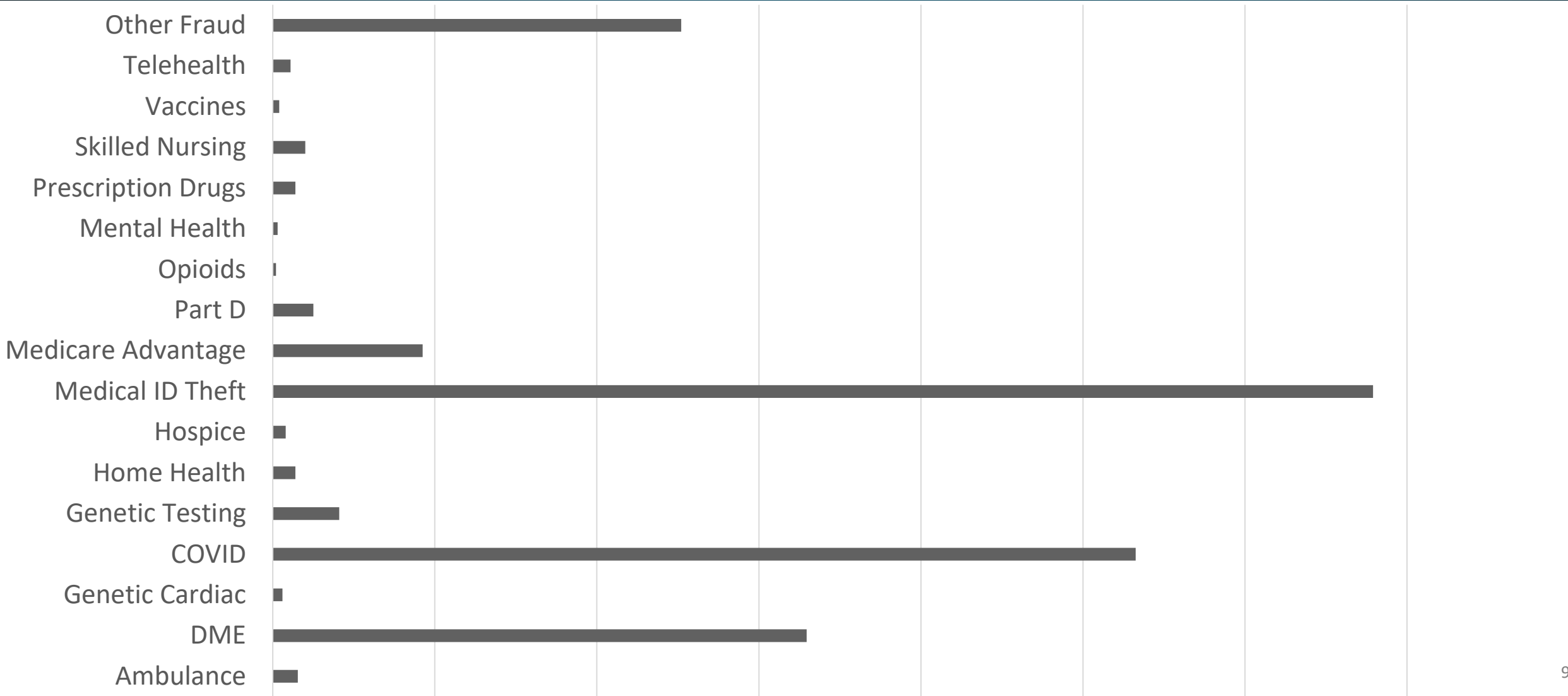
Agents can't threaten to take away your benefits if you don't sign up for a plan. They also can't offer you gifts if you agree to sign up.

**SMP**  
Senior Medicare Patrol

Preventing Medicare Fraud  
**877.808.2468**  
**SMPRESOURCE.ORG**  
SUPPORTED BY GRANT # S0MPC0002 FROM ACL

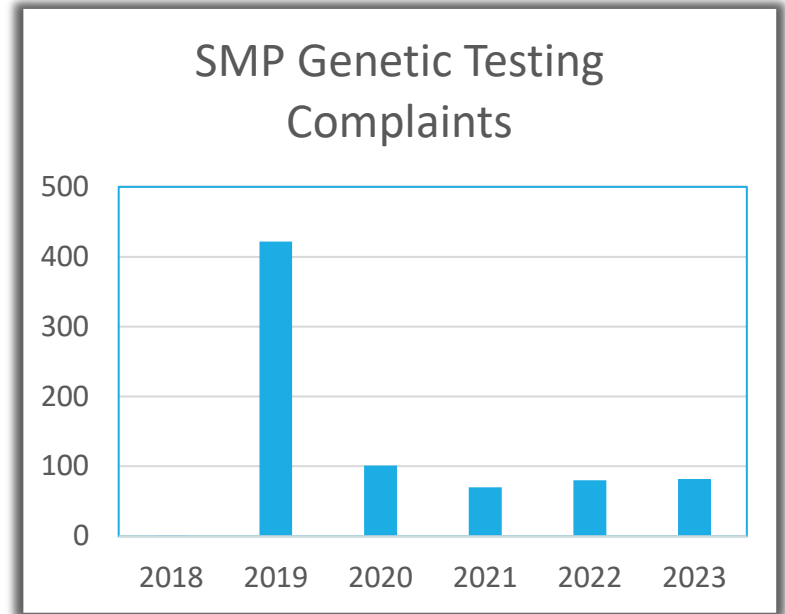


# SMP Complaint Detail 2023

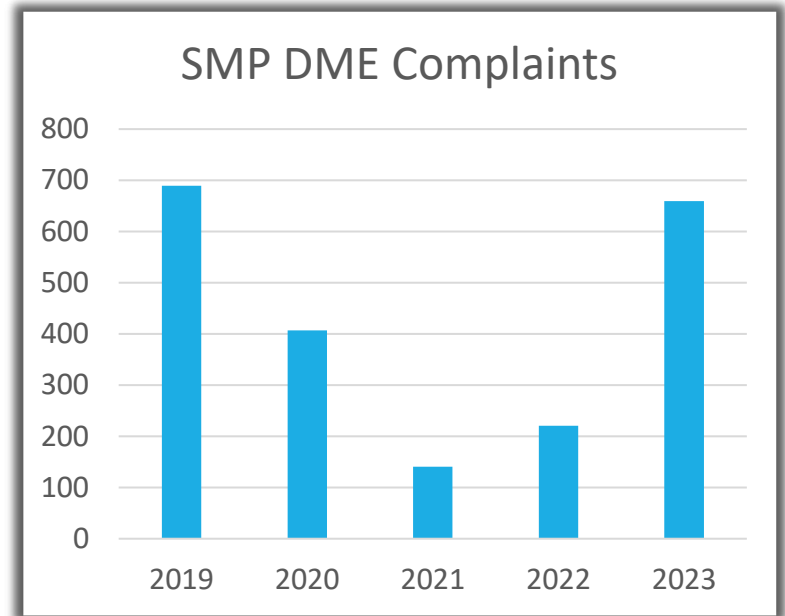


# SMP Complaint Detail Trends

- The top five SMP complaints (related to fraud, errors, and abuse) from 2021 – 2023 are
  - Medical Identity Theft
  - COVID-19
  - DME
  - Medicare Advantage
  - Genetic Testing



- A five year look back includes Medicare card scams
- In the last two years:
  - DME - 198% increase
  - Medical Identity Theft - 291% increase
  - COVID – 1400% increase



**PROTECT YOURSELF AGAINST**  
*Marketing Violations*

**Companies and agents selling Medicare Advantage and Prescription Drug plans cannot claim to be coming from or sent by Medicare.**

**SMP**  
Senior Medicare Patrol  
Preventing Medicare Fraud  
SUPPORTED BY GRANT # H999RC0022 FROM A.C.I.

877.808.2468 SMPRESOURCE.ORG

# Method of Contact



**SMP SCAM WATCH**

**REPORT POTENTIAL TELEHEALTH FRAUD, ERRORS, OR ABUSE IF:**

- You receive an unsolicited phone call from someone wanting to verify your pain symptoms
- You receive an unsolicited phone call from someone wanting to verify your family history of cancer

**SMP**  
Senior Medicare Patrol  
Preventing Medicare Fraud  
SMPRESOURCE.ORG  
877.808.2468  
SUPPORTED BY GRANT # 2018PC0002 FROM ACL

Mail & Print (1269)

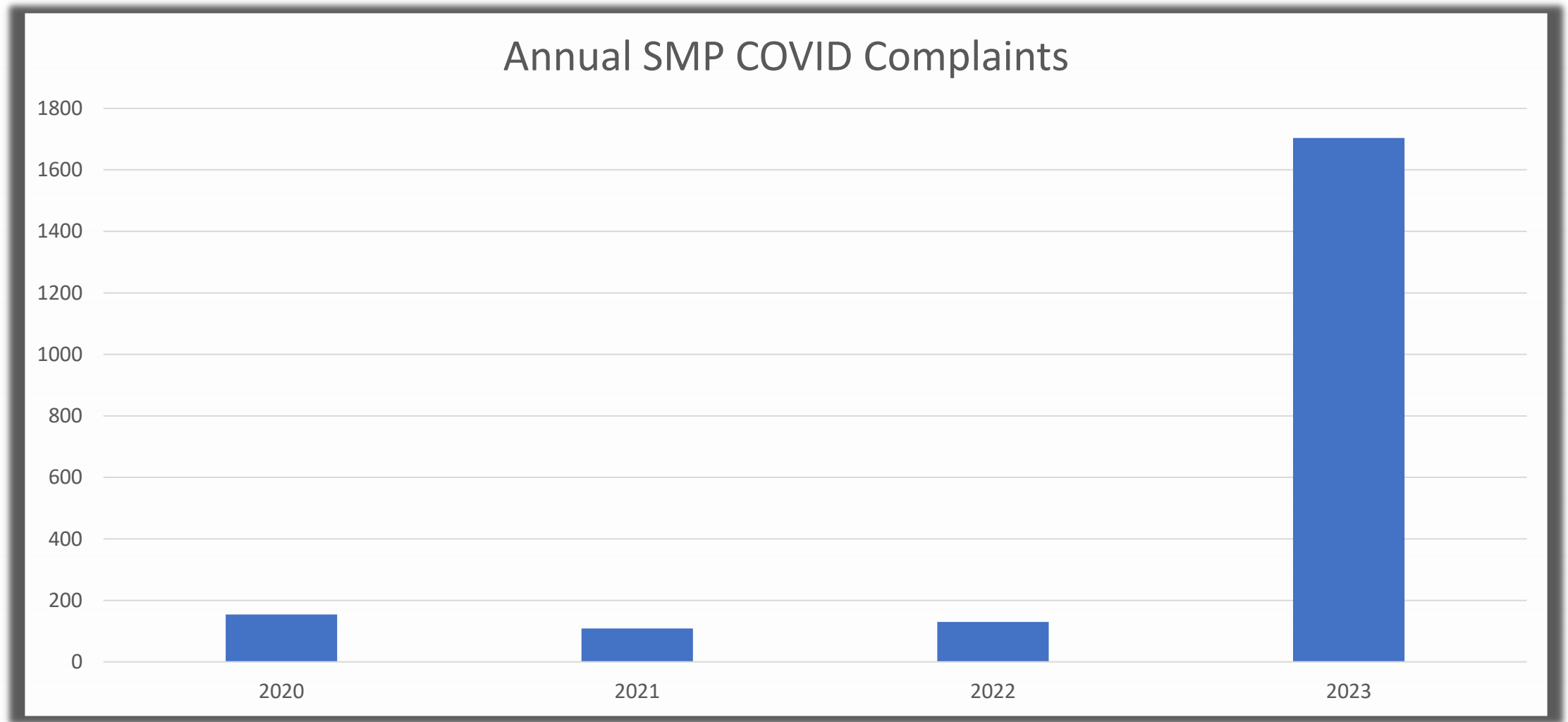
Text & Telephone & Fax (686)

In-Person (305)

Internet & Media (32)

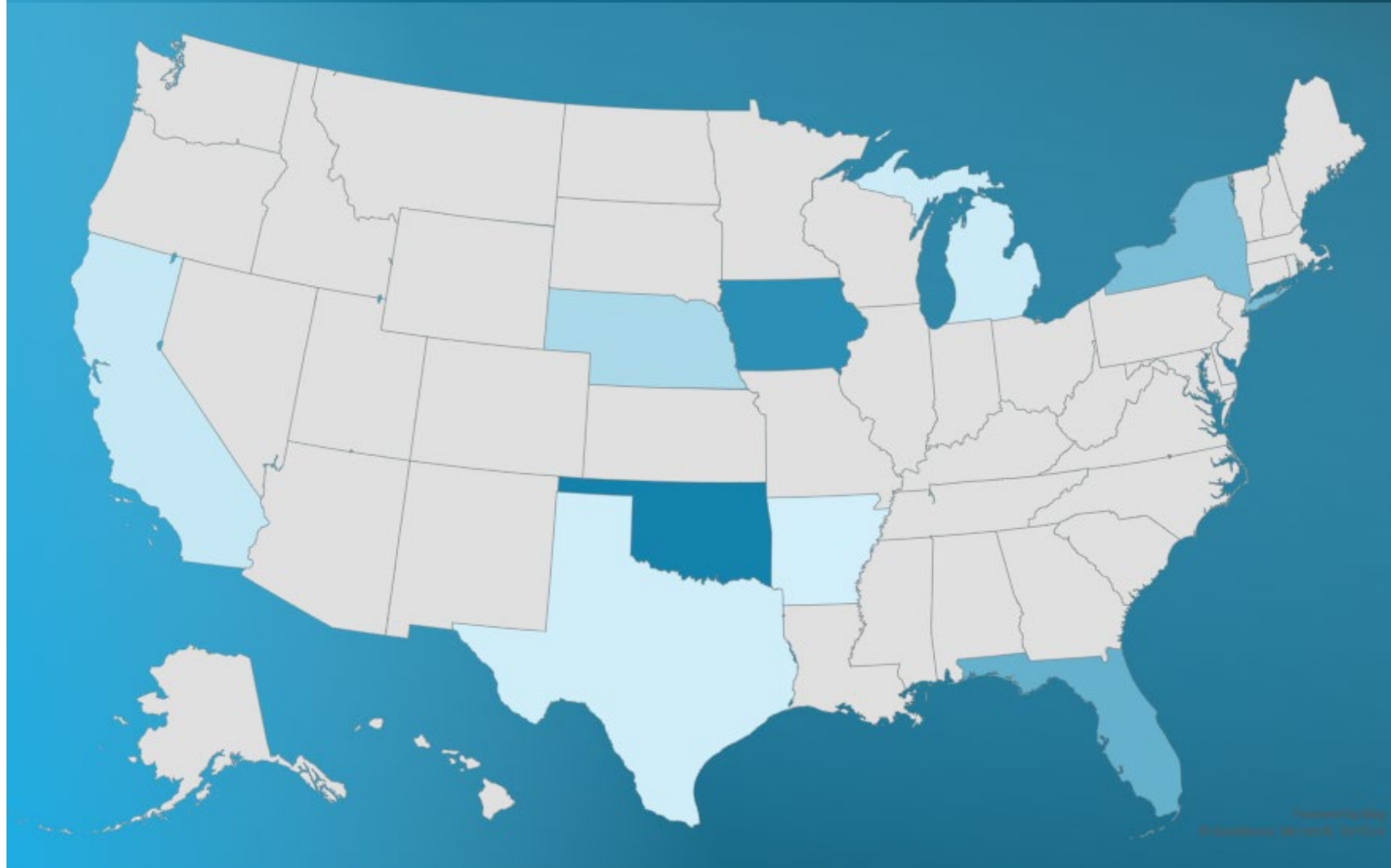
Email (32)

# COVID Complaints Reported to the SMP Mar 2020 - Mar 2024



**Oklahoma**  
**Iowa**  
**Florida**  
**New York**  
**Nebraska**  
**California**  
**Michigan**  
**Texas**

## Top States for SMP COVID Complaints Mar 2020 – Mar 2024



# Urinary Catheter Fraud

- Latest fraud trend
  - Approximately billing of \$150 million annually prior to spike in 2022
  - May be as high as \$2.8 billion currently
- Concern regarding medical identity theft
  - Medically unnecessary
  - No patient relationship with referring provider
  - Supplies often billed but not delivered
- Occasionally combined with other fraudulent billing such as COVID test kits
- Possible criminal enterprise involvement
  - Companies with red flag indicators
  - Companies often involved in other DME fraud schemes
  - Name of company in SIRS is important

**CONSUMER ALERT** **Urinary Catheter Scams**

**SCAMMERS** are targeting Medicare enrollees by offering free services, medical equipment, or gifts cards in order to obtain their Medicare number to commit fraud.

Scammers target Medicare enrollees through various communication methods to obtain enrollee's personal information.

Scammers steal or obtain Medicare numbers and other personal information.

Scammers then bill Medicare for medical equipment that's unnecessary or not provided.

**REPORT FRAUD: TIPS.HHS.GOV | 1-800-447-8477**  
OIG.HHS.GOV

<https://oig.hhs.gov/fraud/consumer-alerts/consumer-alert-catheter-scam/>











# REMOTE MONITORING

## Remote Patient Monitoring (RPM) Fraud Tips for Protecting Yourself and Medicare

Remote patient monitoring (RPM) is the ability for health care providers to monitor certain parts of a person's health from their home. Providers collect and analyze different physiologic data (like heart rate, blood glucose, breathing rate, etc.) and then use it to make and oversee a person's treatment plan. RPM can be good for people with short- and long-term conditions because it can cut down on travel costs and reduce the risk of getting an infection or illness.

**Note:** Medicare uses the term "remote physiologic monitoring" in its coding and billing language.

### What Can RPM Help Track?

<b>Hypertension</b> (high blood pressure) 	<b>Diabetes</b> (blood glucose levels) 	<b>Weight</b> (gains or losses) 	<b>Heart conditions</b> (congestive heart failure) 
<b>Sleep apnea</b> (stopping breathing during sleep) 	<b>COPD</b> (lung disease) 	<b>Asthma</b> (hard to breathe) 	<b>Temperature</b> (high or low) 

### Medicare Coverage for Remote Patient Monitoring (RPM)

- ✓ A relationship **must** have been established between the doctor and the patient/beneficiary, meaning the beneficiary would have needed to have had past appointment(s) with the provider before they start billing for RPM services.
- ✓ A beneficiary **must** consent to receiving RPM services.
- ✓ RPM **must** be used to monitor short-term (acute) care or a long-term (chronic) condition.
- ✓ Physiologic data (like heart rate, blood glucose, breathing rate, etc.) **must** be electronically collected and uploaded to a safe place where the data can be reviewed and understood by the doctor who is billing for it.
- ✓ The device used to collect and transfer the data **must** meet the definition of a medical device by the Food and Drug Administration (FDA).
- ✓ Data **must** be collected for at least 16 days out of 30 days each month.

# Remote Patient Monitoring


- The use of technology to digitally collect, store, and/or transmit a patient's physiologic data
- RPM encompasses Remote Physiologic Monitoring and Remote Therapeutic Monitoring (RTM)
- Originally a home health benefit, but codes added in 2019 to monitor outside the home (increased during pandemic)
- Concerns include:
  - Medically unnecessary services for volume revenue
  - Inappropriate and misrepresented devices
  - Unqualified providers monitoring and/or billing
  - Cyber fraud concerns
  - Numerous health care service types with strong potential for duplicate services
    - Diabetic care, cardiac services, chronic care management
  - Can result in patient harm

<https://smpresource.org/medicare-fraud/fraud-schemes/remote-patient-monitoring-fraud/>

# Compression Treatment Items

Compression treatment items for lymphedema and other conditions

- Sleeves, stockings, hose, socks, boots, and wraps
- Can be custom fitted
- Compression bandaging systems and supplies
- Accessories (zippers, linings, paddings, or fillers)
- Should see measurements, fitting services, training (on/off), item/garment/device care, adjustments
- Medicare coverage began in 2024, but pneumatic compression devices covered previously
- Medicare Part B/20% co-insurance/DME supplier
  - Can bill for lymphedema compression treatment items for more than one body part or area per patient
  - Can bill for both a daytime and nighttime garment for the same body part or area per patient (gradient compression)



## Lymphedema Compression Treatment Items: Implementation

Related CR Release Date: **January 24, 2024** Revised MLN Matters Number: MM13286  
Effective Date: January 1, 2024 Related Change Request (CR) Number: [CR 13286](#)  
Implementation Date: January 2, 2024 Related CR Transmittal Number: **R12471CP**

Related CR Title: Implementation of New Benefit Category for Lymphedema Compression Treatment Items

**What's Changed:** We made no substantive changes to the Article other than to update the web address of the CR transmittal.

### Affected Providers

- Physicians
- Suppliers
- Therapists billing Medicare Administrative Contractors (MACs) for DMEPOS they provide to Medicare patients

### Action Needed

Make sure your billing staff knows about the new Medicare DMEPOS benefit category starting January 1, 2024, including:



- Codes
- Billing
- Payment

### Background

Section 4133 of the [Consolidated Appropriations Act](#) (CAA), 2023, establishes a new Medicare DMEPOS benefit category for standard and custom-fitted compression garments and additional lymphedema compression treatment items to service a medical purpose.

Starting January 1, 2024, authorized practitioners may prescribe these items to treat lymphedema. Medicare didn't cover compression garments for treating lymphedema before the CAA legislation as there was no benefit category.

Page 1 of 4



<https://www.cms.gov/files/document/mm13286-lymphedema-compression-treatment-items-implementation.pdf>



# Be On the Look Out (BOLO)

- Fourteen current/former employee “whistleblower” type complaints reported to the SMP since 2023
  - Immediately notify the SMP Resource Center and/or ACL on these high priority complaints
- New or unique trends, including multiple or combined services
  - Such as “continuous monitoring” consisting of fall detection, personalized health assessments and behavioral and physical therapy
- Joint program complaints such as Medicare, Medicaid, Tricare



# Medical Identity Theft

- A medical identity is often more valuable than a stolen credit card
- Telemarketing and robocalls target vulnerable seniors
- Increase in cybercrime, including criminal enterprises and transnational organized crime
  - Health care entities often targeted
- Sophisticated social engineering including building of an identity theft portfolio
- Effective fraud prevention messaging:
  - “Guard your card”
  - Don’t answer unsolicited calls



Infographic offered in ten languages



<https://smpresource.org/medicare-fraud/fraud-schemes/medical-identity-theft/>

# SHIP Hot Topics

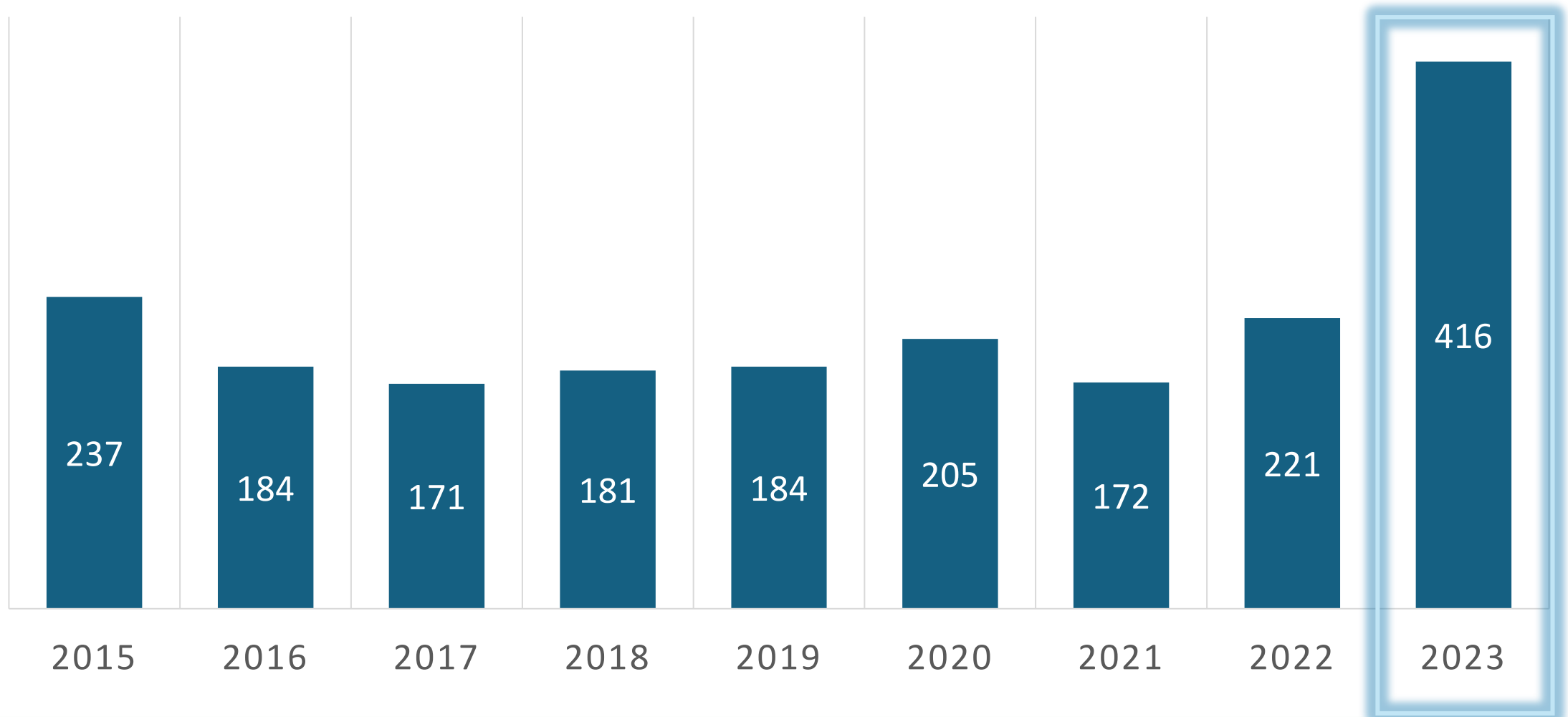
Shea Corti

# Medicare Help inbox

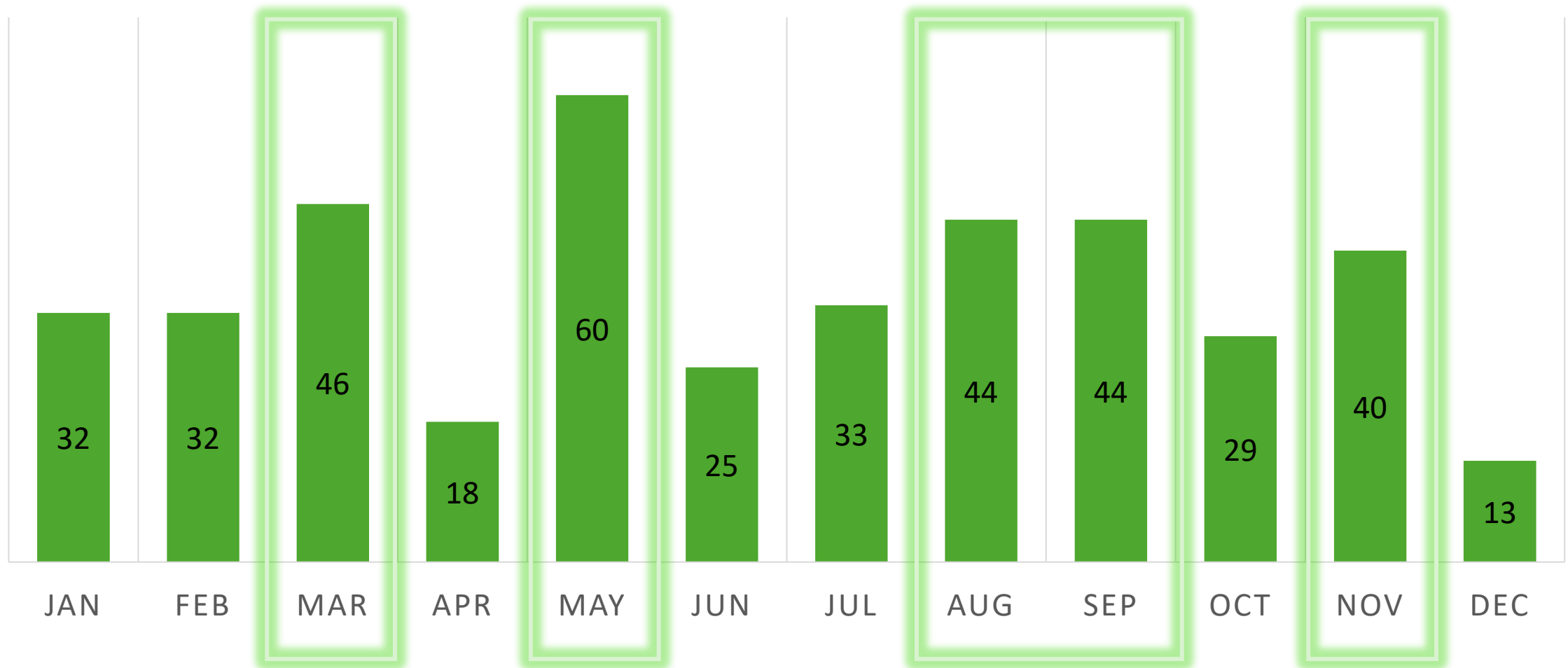
[medicarehelp@shiptacenter.org](mailto:medicarehelp@shiptacenter.org)

- Created in 2015 by the SHIP TA Center
- Provides SHIPs with Medicare technical assistance and casework
- Used by SHIP staff, administrators, and directors
- Managed by Medicare Rights Center staff

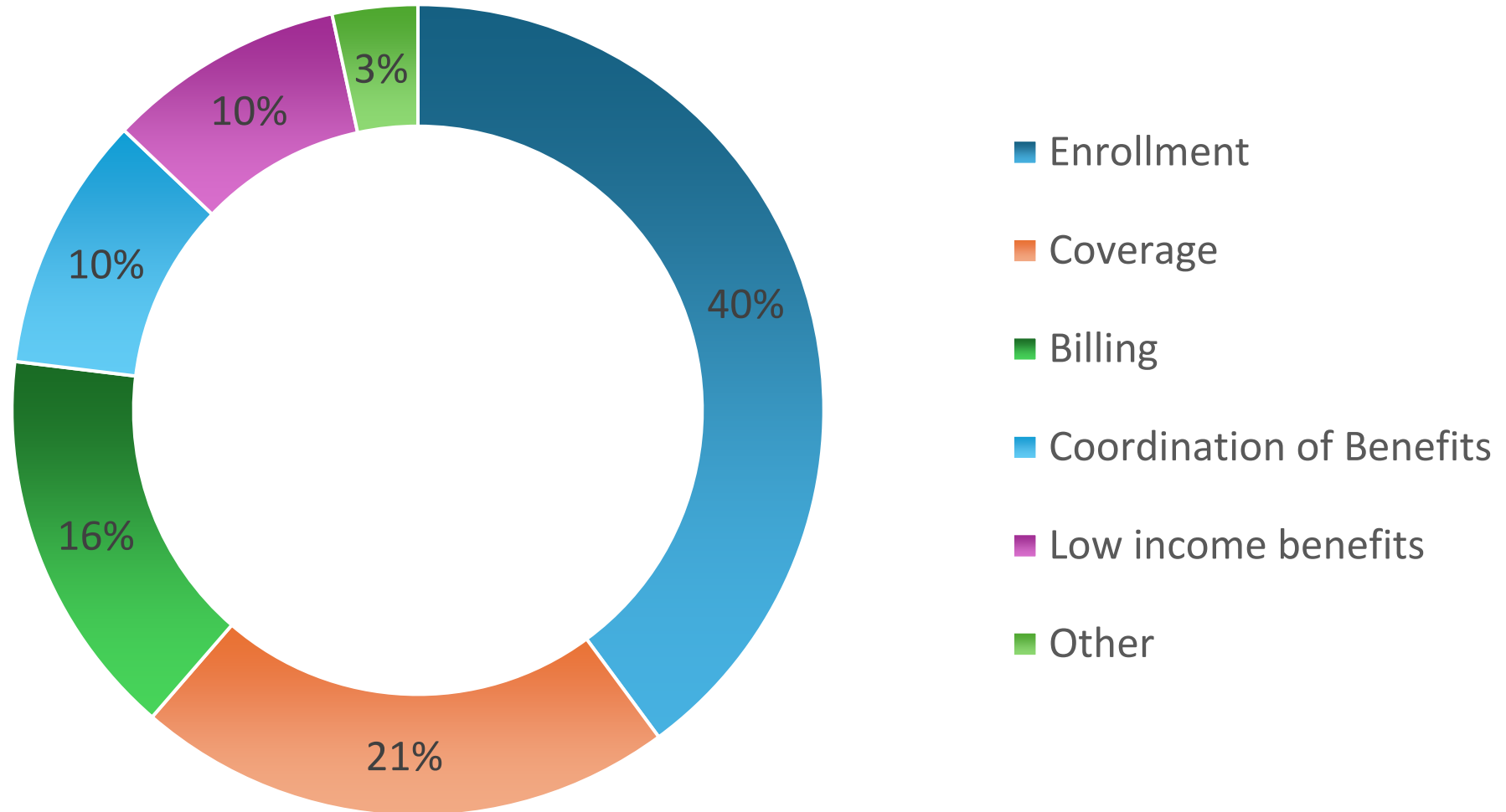
# How many emails does the inbox get?



# Which months are busiest for the inbox?



# What are the questions about?



# Medicare Advantage and Part D enrollment

For example:

- Our client enrolled in Part B in March, using the GEP. It was effective April 1. Can they enroll in an MA Plan now?
- Our client has had Part A for years and just enrolled in Part B. Can they enroll in Part D?



# Medicare Advantage and Part D enrollment

- Initial Enrollment Period (IEP): The 3 months before, the month of, and the 3 months following 65th birthday (or month of eligibility)
- Part D IEP: Often the same as Part B IEP, but not if one delays Part A and B enrollment—then it is the 7 months surrounding enrollment into Part A or Part B, whichever is first
- Initial Coverage Election Period (ICEP): For Medicare Advantage enrollment; begins 3 months before enrollment in both Parts A and B and ends either the last day of the second month after the month in which they are first entitled to Part A and enrolled in Part B, or the last day of the individual's IEP, whichever is later

# QMB improper billing

For example:

- Can a provider bill someone with QMB if the provider doesn't accept Medicaid?
- What if the QMB client is getting care out of state?
- What if the QMB client has a Medicare Advantage Plan?

# QMB improper billing

- Federal law prohibits Medicare providers from billing people enrolled in the QMB program for any Medicare cost-sharing, even if the provider does not accept Medicaid or is in another state
  - Original Medicare: Beneficiary shouldn't be billed for covered services from participating or non-participating providers (but can be billed for opt-out providers)
  - MA HMO: Beneficiaries shouldn't be billed for covered services from in-network providers
  - MA PPOs: Beneficiaries shouldn't be billed for covered services from in-network or out-of-network providers (who accept the plan's payment)

# QMB and Medigaps

For example:

- Can someone have both?
- Is having QMB the same as having a Medigap?

# QMB and Medigaps

- Medigaps cannot be sold to someone with QMB
- Antiduplication rule is a federal Medigap rule
- Someone who purchases a Medigap before they enroll in QMB can keep the Medigap
- Remember that QMB and Medigaps are not “the same”

# Training resources

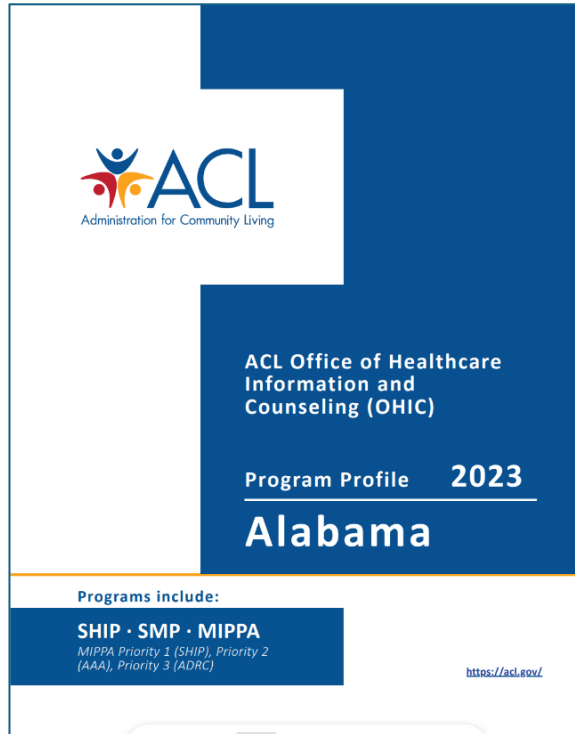
- The SHIP TA Center has tools to help fill these knowledge gaps
- For example:
  - **Counseling Tips** on Medicare Enrollment Periods
  - **Medicare Minute** on Medicare Savings Programs
  - **Online Counselor Certification Tool (OCCT)** Course 4.4 on Medicare Assistance Programs
- Please see the handout in your folder for more information

The SHIP TA Center is supported, in part, by grant number 90SATC0002 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

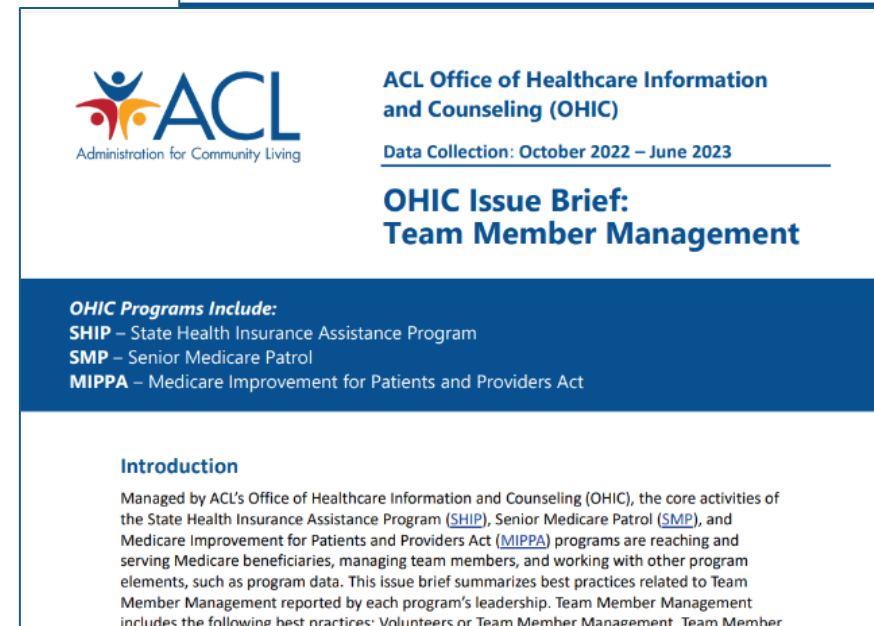
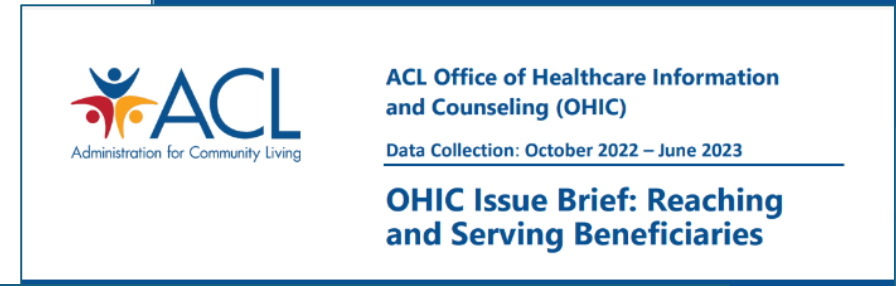
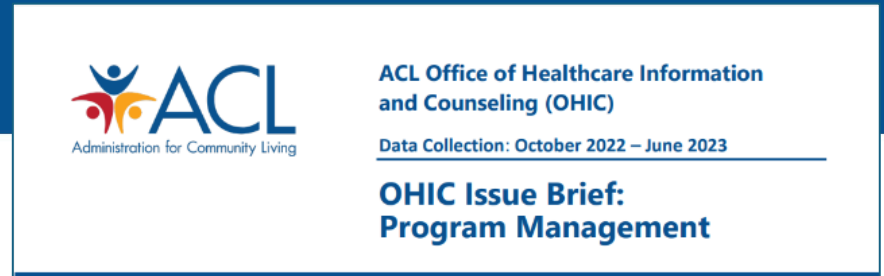
# Collecting and Disseminating Insights



# Learning from Peers



The OHIC profiles and issue briefs are in the resource libraries of the SHIP TA Center (OHIC Profiles - Issue Briefs) and the SMP Resource Center (Issue Briefs and Program Profiles).





# Program Evaluations

## Evaluation Goals

- Identify barriers to reach Medicare beneficiaries
- Gain better understanding of the current impact and reach
- Identify gaps in service
- Develop an action plan

## MIPPA

- Completed in 2023
- Implementation phase underway
- Contribute to what's next today at 10:45 at CG Breakout: MIPPA Program Improvements

## SMP

- Completed in early 2024
- Recommendation phase underway
- Contribute to what's next today at 2:45 at CG Breakout: SMP Key Findings and the Path Forward

## SHIP

- Beginning summer 2024
- Equity assessment and program evaluation underway
- Stay tuned in the coming year for ways to participate

# Sharing SMP Insights Nationally

- SMP OIG Report
- Consumer Fraud Alerts

## Consumer Alert: Medicaid Renewal Scams



Scams Wind Up as the COVID-19 Pandemic Winds Down

## SMP Consumer Fraud Alert: COVID-19



Fraud Surrounding COVID-19 is Increasing

## Consumer Alert: Genetic Testing



Genetic Testing Fraud Sweeps Nation

## SMP Consumer Fraud Alert: Hospice Fraud



Hospice Fraud is a Dangerous Fraud Trend

## SMP Consumer Fraud Alert: Hospice Fraud



### Hospice Fraud is a Dangerous Fraud Trend

Hospice fraud is largely unreported and can cause direct patient harm if undetected. The term "hospice fraud" covers a variety of different types of fraud that are each detrimental in their own way. Fraudsters are targeting assisted living facility and nursing home residents whose life expectancy exceeds six months and are using high-pressure and unsolicited marketing tactics to get them to agree to hospice services.

Hospice fraud is potentially more dangerous for beneficiaries because hospice care provides palliative care only. This means the focus of care switches from curative care (treating the illness) to comfort care (quality of life). For example, when a beneficiary is receiving chemotherapy treatment for cancer and their coverage switches to hospice, the chemotherapy is no longer a covered treatment as it is a curative treatment. While the beneficiary can discontinue their hospice benefit at any time, this may prove difficult if they are dealing with a fraudulent hospice enrollment. While waiting to be disenrolled, the inability to receive lifesaving or curative treatment could be detrimental for the beneficiary.

Other dangers of hospice fraud include:

- Receiving inadequate or incomplete services from a hospice worker. This can include no skilled visits in the last week of life or providing less care on the weekends and disregarding a beneficiary's care plan.
- Embezzling, abusing, or neglecting beneficiaries or medication theft by a hospice worker.
- Enrolling in hospice without the knowledge or permission of the patient or family.
- Falsely certifying or failing to obtain physician certification on plans of care.
- Providing gifts or incentives to encourage beneficiaries to elect hospice even though they may not be terminally ill.
- Billing for a higher level of care than needed or provided or for services not received.

The SMP recommends that beneficiaries should:

- Be sure their doctor has assessed their condition.
- Be sure their doctor has certified that they are terminally ill and expected to live six months or less if the disease runs its normal course.
- Never accept gifts in return for hospice services and be wary of "too-good-to-be-true" offers.
- Report quality-of-care complaints to their local SMP and the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) ([qioprogram.org/file-complaint](http://qioprogram.org/file-complaint)).

The Senior Medicare Patrol (SMP) is ready to provide you with the information you need to PROTECT yourself from Medicare fraud, errors, and abuse; DETECT potential fraud, errors, and abuse; and REPORT your concerns. SMPs help educate and empower Medicare beneficiaries in the fight against health care fraud. Your SMP can help you with your questions, concerns, or complaints about potential fraud and abuse issues. It also provides information and educational presentations. To locate your local Senior Medicare Patrol, call 1-877-808-2468 or visit [www.smpresource.org](http://www.smpresource.org).

◆ [www.smpresource.org](http://www.smpresource.org) ◆ [info@smpresource.org](mailto:info@smpresource.org) ◆ 1-877-808-2468

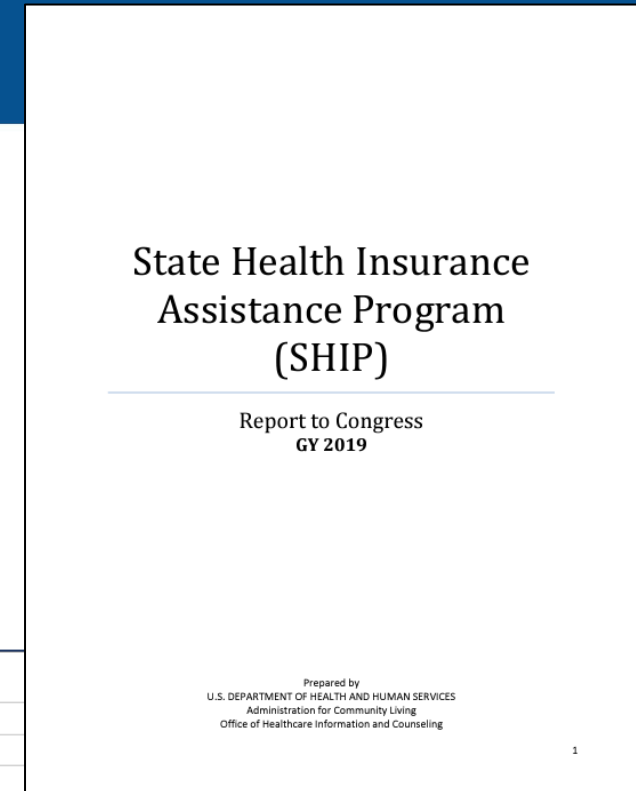
# Sharing SHIP Insights Nationally

## SHIP Report to Congress

- Activities and Outcomes
- Successes and Innovations
- Challenges with Medicare
- 2020 coming soon!

## Subrecipients report

- Subawards for delivering SHIP services



SHIP Sub-Recipients Report					
Grantee Name:					
State:					
Report Period:					
Total # of Sub-Recipients:					
Total Annual Sub-Recipient Amount (Federal SHIP Dollars Only):					
Subrecipient Name	Address	City	State	Zip	Annual Federal SHIP Amount

Available at <https://acl.gov/programs/connecting-people-services/state-health-insurance-assistance-program-ship>

# Questions?



Please raise your hand and wait for mic before asking to ensure all can hear.