SHIP State Health Insurance Assistance Program
Technical Assistance Center

SMP Senior Medicare Patrol
Resource Center

On the Front Lines with SMP: Medicare Fraud Trends

SPEAKER

Jennifer Trussell

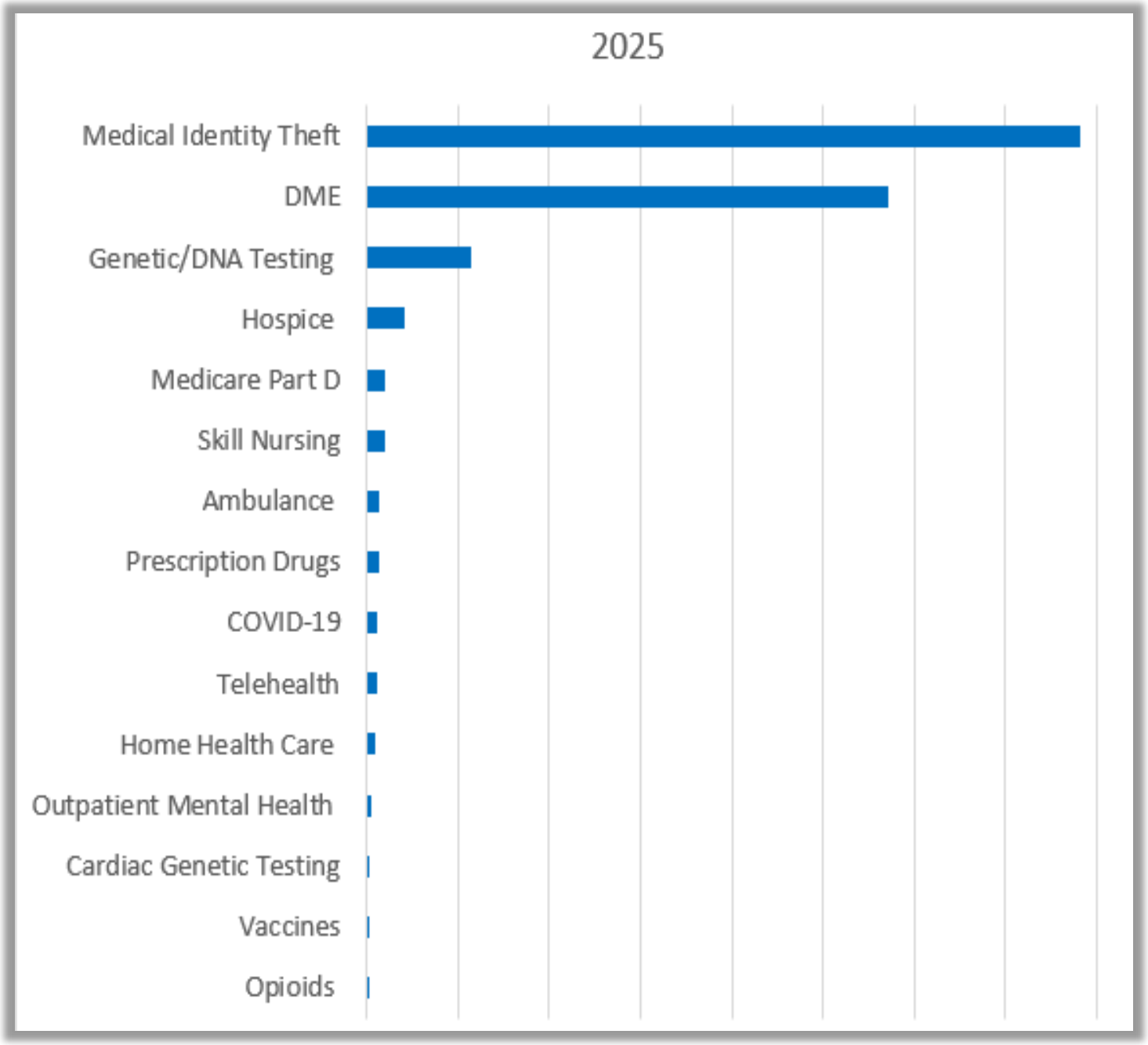
Fraud Prevention Consultant

June 2026

Agenda

- ✓ SMP Statistics
- ✓ Top Fraud Trends
- ✓ Special Categories of Fraud
- ✓ How to Be a Fraud Fighter

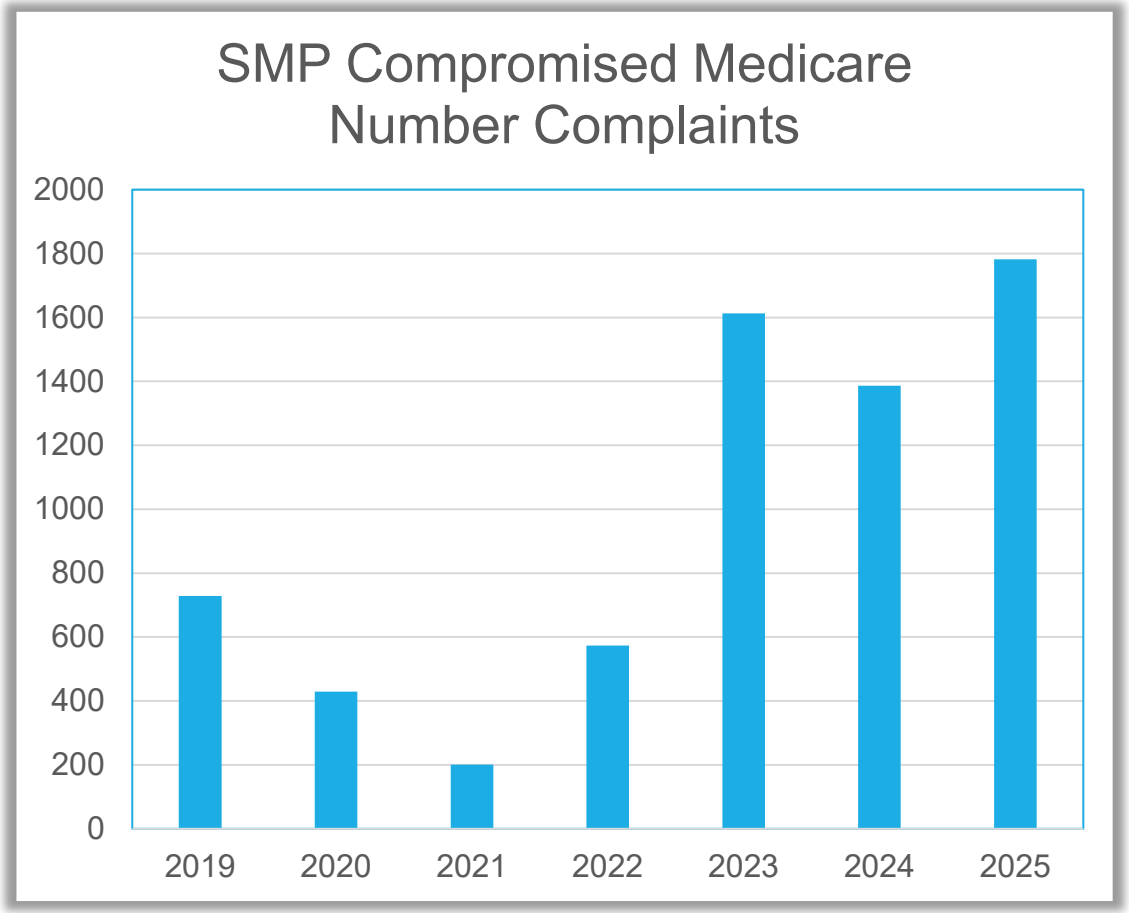

SMP
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Preventing Medicare Fraud
SMP Statistics

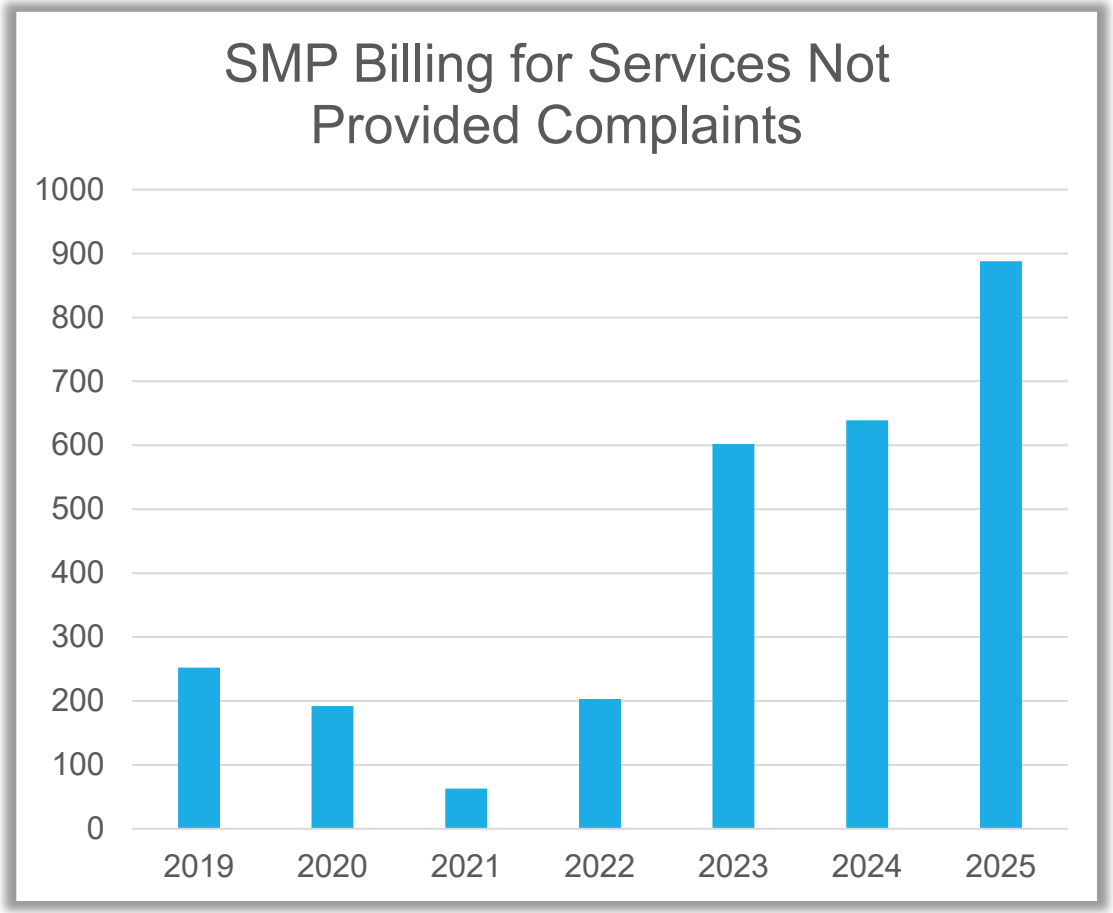


SMP Complaint Details 2025



SMP Complaint Trends Over Time





Methods of Contact

- Text/Telephone
- Mail/Print
- Internet/Social Media/TV
- Fax
- Email
- In Person




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Top Fraud Trends
4487.06
4292.14
4300
4200
4100
4000

What's the Color of the Year?

DME, DME, DME

DIAGNOSTIC TESTS

HOME HEALTH

HOSPICE

REMOTE PATIENT MONITORING

CARE MGMT SERVICES



Durable Medical Equipment (DME)



- Current Top Scams
  - Braces and orthotics
  - Diabetic supplies
  - Wound care and skin substitutes
  - Urinary catheters and ostomy bags
- Sometimes medically unnecessary DME is delivered, but Medicare often billed for products not provided
- Occasional beneficiary involvement
  - Victim vs co-conspirator
  - Ultra light wheelchairs (2025)
- The 2025 Be on the Look Out (BOLO) for compression garments is no longer theoretical – and urinary catheters are back!

Diagnostic Tests



- Often add-on tests unknown to patient
- May be added by laboratory or provider (possible kickback scenarios)
- Genetic testing
  - PGx (medication metabolism)
  - CGx (hereditary cancer screening)
- Other
  - Respiratory Pathogen Panels (RPP)
  - Molecular Diagnostic Services
  - Neurological Testing
  - Vitamin Level (B-12, Folate, etc) Testing
  - Immunodeficiency/Autoimmune Tests
- Wellness diagnostics requested by patient

Home Health Services

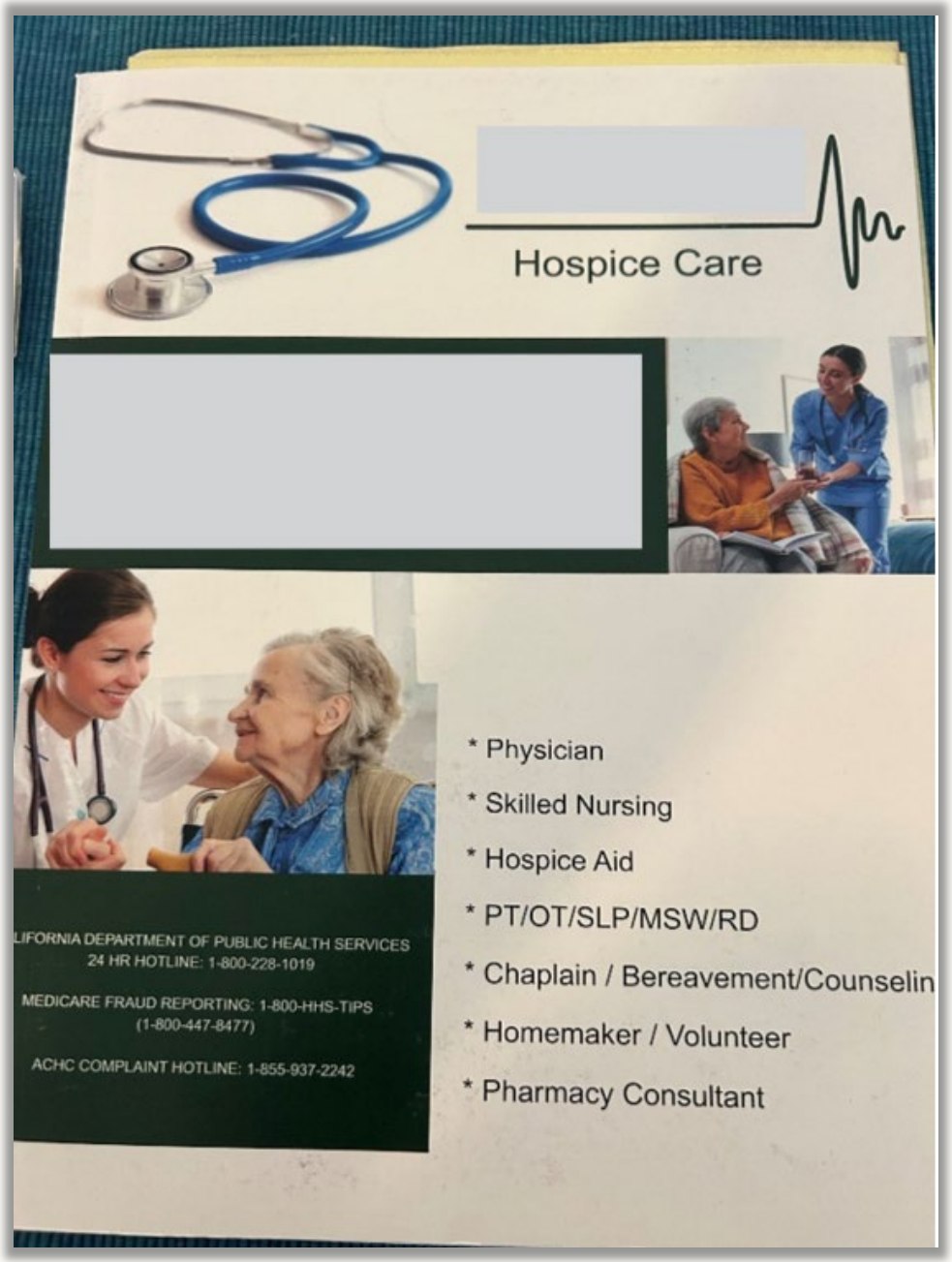
- Inadequate and medically unnecessary services
- Unrendered visits (ghost services)
- Abuse and neglect
- Identity theft and embezzlement
- Training and certification fraud
- Housekeeping services
- Specific services
  - Skin grafts and substitutes
  - Remote Patient Monitoring
  - Duplicate billing of care management services
  - Virtual visits documented as in-person

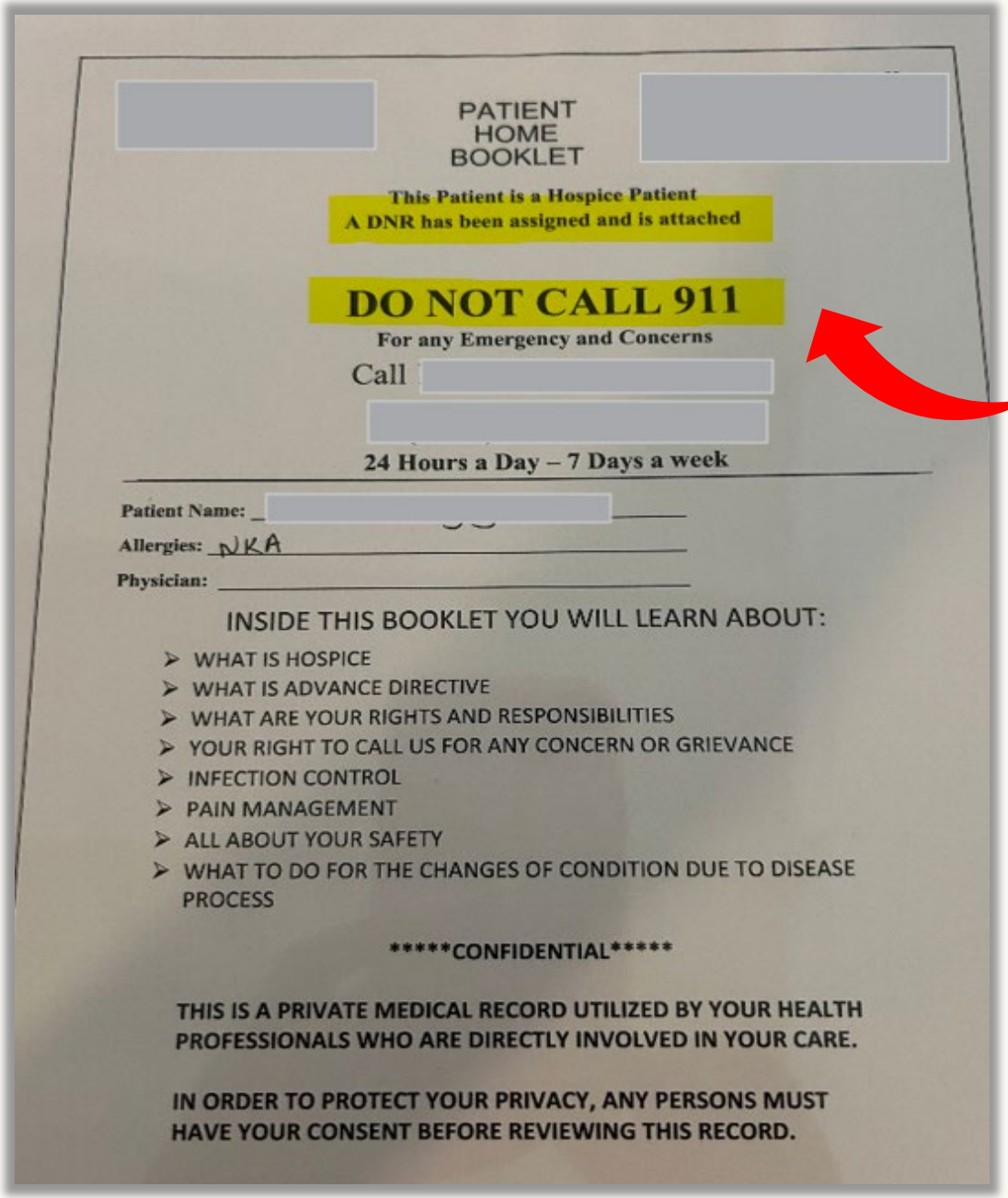


Hospice Fraud

- False diagnosis of terminal illness
- Targeting of assisted living, nursing home, and long-term care resident
- Paying kickbacks or bribes, for hospice referrals or services
- Billing for a higher level of care than was needed or provided
- Door-to-door solicitation offering gifts or incentives for 'free' housekeeping if you 'sign-up'
- Offering adult daycare, homemaker, or housekeeping services




Hospice Care
LIFORNIA DEPARTMENT OF PUBLIC HEALTH SERVICES
24 HR HOTLINE: 1-800-228-1019
MEDICARE FRAUD REPORTING: 1-800-HHS-TIPS
(1-800-447-8477)
ACHC COMPLAINT HOTLINE: 1-855-937-2242
* Physician
* Skilled Nursing
* Hospice Aid
* PT/OT/SLP/MSW/RD
* Chaplain / Bereavement/Counselin
* Homemaker / Volunteer
* Pharmacy Consultant


PATIENT
HOME
BOOKLET
This Patient is a Hospice Patient
A DNR has been assigned and is attached
DO NOT CALL 911
For any Emergency and Concerns
Call
24 Hours a Day – 7 Days a week
Patient Name:
Allergies: NKA
Physician:
INSIDE THIS BOOKLET YOU WILL LEARN ABOUT:
WHAT IS HOSPICE
WHAT IS ADVANCE DIRECTIVE
WHAT ARE YOUR RIGHTS AND RESPONSIBILITIES
YOUR RIGHT TO CALL US FOR ANY CONCERN OR GRIEVANCE
INFECTION CONTROL
PAIN MANAGEMENT
ALL ABOUT YOUR SAFETY
WHAT TO DO FOR THE CHANGES OF CONDITION DUE TO DISEASE PROCESS
*****CONFIDENTIAL*****
THIS IS A PRIVATE MEDICAL RECORD UTILIZED BY YOUR HEALTH PROFESSIONALS WHO ARE DIRECTLY INVOLVED IN YOUR CARE.
IN ORDER TO PROTECT YOUR PRIVACY, ANY PERSONS MUST HAVE YOUR CONSENT BEFORE REVIEWING THIS RECORD.

DNC and DNR

Remote Patient Monitoring (RPM)



Total RPM billed to Medicare in the last five years over $2.5B

- The use of technology to digitally collect, store, and/or transmit a patient's physiologic and non-physiologic data
- Both RPM and Remote Therapeutic Monitoring (RTM)
- Concerns include:
  - Medically unnecessary services for revenue
  - Inadequate and misrepresented devices
  - Unqualified personnel
    - International monitoring
    - Supervision guidelines are changing
- Involves numerous health services types
- Duplicate services concerns
  - Cardiac, diabetic, and chronic care management
  - Over 600% increase with RPM/CCM combo enrollment
- Quickly growing field of medicine

Care Management (CM) Services

Old FRAMEWORK



Transitional CM
2013



Chronic CM
2015 (start of CM)



Principal CM
2020

NEW FRAMEWORK 2025

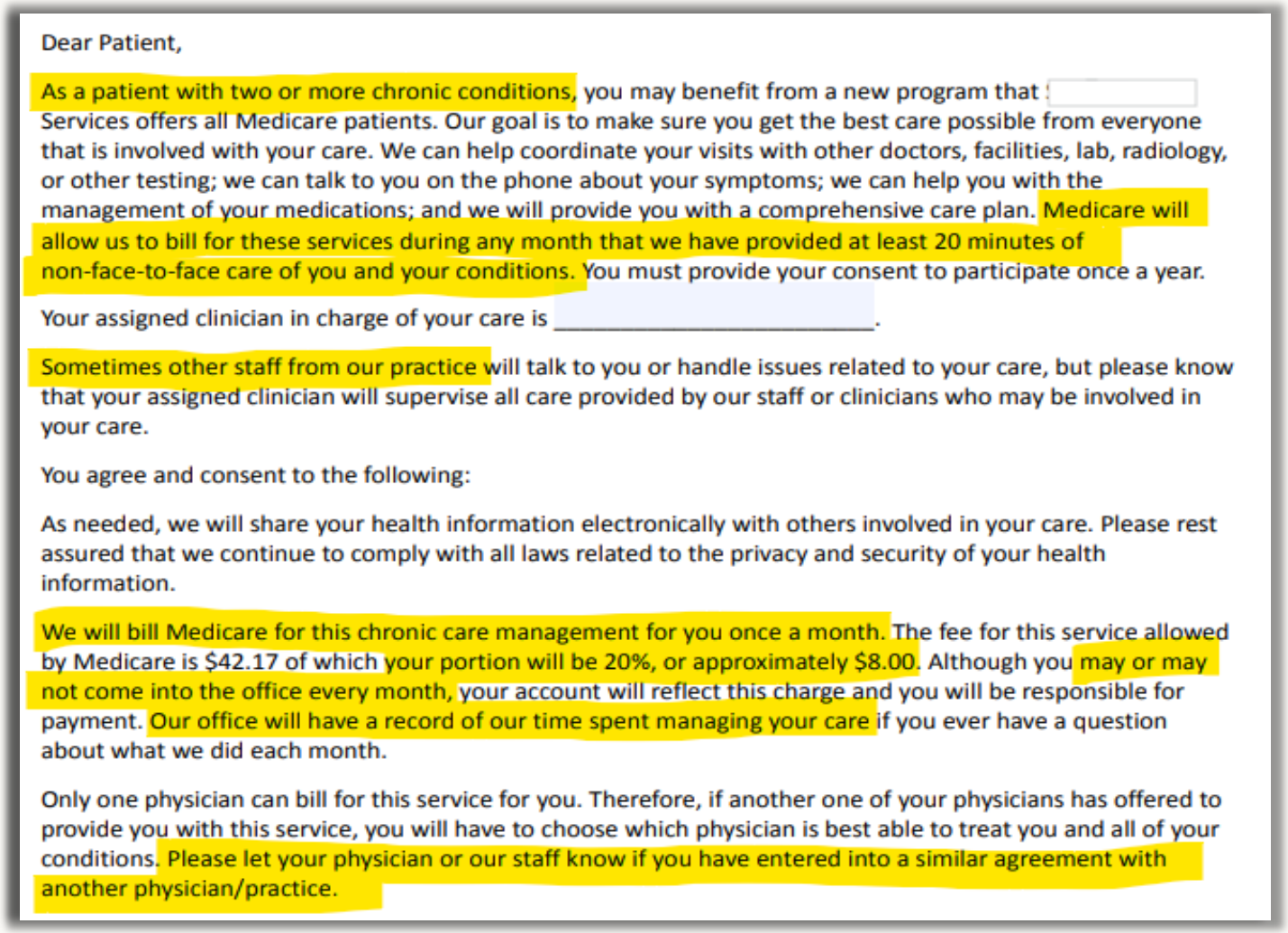
- Advance Care Planning
- Advanced Primary CM
- Behavioral Health Integration
- Transitional CM
- Principal CM
- Chronic CM
- Health Related Social Needs

Chronic Care Management (CCM)

- Total billed to Medicare last five years is approximately $7.6B
  - Increase of 140%
- Total paid by Medicare last five years is approximately $2.8B
  - Increase of 109%
- Concern regarding medically unnecessary and duplicate services
  - CCM for routine record reviews, occasional phone calls
  - Advance Care Planning rising rapidly
  - Unseen third party companies
  - AI generated treatment plans and documentation



Mobile Care Management



Dear Patient,

As a patient with two or more chronic conditions, you may benefit from a new program that [redacted] Services offers all Medicare patients. Our goal is to make sure you get the best care possible from everyone that is involved with your care. We can help coordinate your visits with other doctors, facilities, lab, radiology, or other testing; we can talk to you on the phone about your symptoms; we can help you with the management of your medications; and we will provide you with a comprehensive care plan. Medicare will allow us to bill for these services during any month that we have provided at least 20 minutes of non-face-to-face care of you and your conditions. You must provide your consent to participate once a year.

Your assigned clinician in charge of your care is _____.

Sometimes other staff from our practice will talk to you or handle issues related to your care, but please know that your assigned clinician will supervise all care provided by our staff or clinicians who may be involved in your care.

You agree and consent to the following:

As needed, we will share your health information electronically with others involved in your care. Please rest assured that we continue to comply with all laws related to the privacy and security of your health information.

We will bill Medicare for this chronic care management for you once a month. The fee for this service allowed by Medicare is $42.17 of which your portion will be 20%, or approximately $8.00. Although you may or may not come into the office every month, your account will reflect this charge and you will be responsible for payment. Our office will have a record of our time spent managing your care if you ever have a question about what we did each month.

Only one physician can bill for this service for you. Therefore, if another one of your physicians has offered to provide you with this service, you will have to choose which physician is best able to treat you and all of your conditions. Please let your physician or our staff know if you have entered into a similar agreement with another physician/practice.

- Auto enrollment in CCM
- Telehealth for acute matters
- Assumption of two or more chronic conditions
- “Medicare will allow us to bill” language
- Other staff from our practice (qualifications?)
- Notification of monthly co-pay
- Only one physician can bill for care management


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Special Categories

Combination Services

- Video health, clinical, and behavioral assessments
- Personalized therapy sessions
- Gait training and fall detection
- Pharmaceuticals and medication adherence
- “Continuous Monitoring”
- 24/7 365 virtual assistant
- Beneficiaries are easy targets for chiropractic care, massage, podiatry, acupuncture, behavioral health, supplements - all for miracle cures



Social Engineering Tactics

- Increasing in volume and complexity
- Medicare misrepresentation
- Front loading call with information to convince beneficiary of legitimacy
- Scammers may be building identity portfolios and sharing information
- Kind to aggressive tactics depending on beneficiary
- The importance of simple and effective messaging



AI and Health Care

- From deepfake x-rays to AI generated voice imposters (the longer you talk…)
- Opportunistic cyber fraud
  - Enter information on text or email link to stop shipment of unwanted medical supplies
  - Authorized Push Payment (APP) scams (such as Venmo, Zelle, PayPal)
  - Remote Access Tools (RAT) such as QR codes
- AI generated treatments notes from recorded visits – without verification
  - Immaculate documentation with convincing billing
- AI is here to stay – for committing fraud AND identifying the fraudsters




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Preventing Medicare Fraud
How to be a Fraud Fighter

Make it Memorable

- **Guard Your Card**
  - EXPLAIN: guard your bank, credit, SSN, and health insurance card
- **Slow Down**
  - The "voicemail rule" (anyone important will leave a message)
  - EXPLAIN: doctors hardly ever call directly
- **Hang Up or Delete**
  - Don't be next – delete the text
  - Think before you click the link
  - EXPLAIN: every time you answer the phone, you're put on a new call list
- **If they ask for something – they're up to something**
  - EXPLAIN: If it's too good to be true…it's likely a scam

Find a fraud buddy!

How to Be a Fraud Fighter

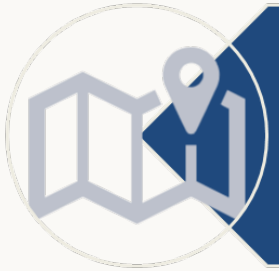
- Be on the Look Out (BOLO)
  - For all types of scams
  - In all types of locations
  - Medical identity theft often lead to other scams
- What's your elevator speech?
  - Report to protect others
  - Emphasize anyone can become a victim
  - What are the next steps for a victim?
    - https://www.identitytheft.gov/Steps
- Think outside the box
  - In addition to the SMP, who ya gonna call?
  - National Elder Fraud Hotline and Federal Trade Commission (FTC) are great resources



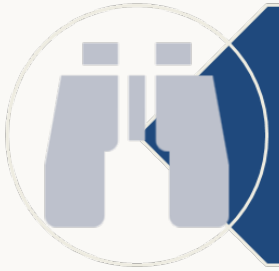




How to Be a Fraud Fighter



Search Google Maps for a physical address and contact information



Search the internet for reviews and complaints



Review the website, flyer, and/or social media presence for red flags

A small amount of time could protect life savings and quality of life

Thank you!

Jennifer Trussell
c/o Nicole Liebau
nliebau@smpresource.org

More resources available at:
www.smpresource.org





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