

Fraud costs Medicare, other health plans, and American taxpayers over \$80 billion dollars each year. Through outreach, education and counseling, Senior Medicare Patrols (SMPs) empower and assist Medicare beneficiaries, their families, and caregivers to detect, report, and prevent Medicare fraud.

**Do you see
a billing error?
Do you see what
could be fraud?
Not sure?**

CONTACT SMP HAWAII

BY PHONE:

586-7281 or toll-free at
1-800-296-9422

BY EMAIL:

REPORT@SMPHAWAII.ORG

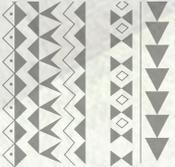
IN PERSON:

Executive Office on Aging
One Capitol District
250 S. Hotel Street, Suite 406
Honolulu, Hawaii 96813

For more information, visit us
online at www.smphawaii.org



The Senior Medicare Patrol is a program of the U.S. Administration on Aging that recruits and trains retired professionals to educate seniors, with the goal of "Empowering Seniors to Prevent Healthcare Fraud." Hawaii's SMP was established in 1997 and is sponsored by the State Executive Office on Aging.



This brochure was supported, in part, by grant number 90SP0012, from the U.S. Administration on Aging, Department of Health and Human Services. 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 on Aging policy.

OCTOBER 2014



TYPES OF MEDICARE FRAUD



SMP
H A W A I I
State Executive Office on Aging

Fraud is when people set out to steal from Medicare by sending in claims they know are false. Fraud is a crime. Here are some ways fraud happens:

PHYSICIANS/PRACTITIONERS

- Upcoding to a higher-level of service
- Billing for services not provided
- Repeatedly charging a patient more than the maximum allowed under their participating agreement with Medicare

MENTAL HEALTH SERVICES

- Using unlicensed staff to provide services
- Billing group therapy sessions as individual therapy visits
- Billing for psychotherapy for patients who cannot benefit from it such as those in a coma or in late stages of Alzheimer's Disease

HOME HEALTH AGENCIES

- Billing for visits not provided
- Billing housekeeping services or custodial care as skilled nursing or therapy services
- Billing for services to persons that do not meet Medicare's definition of "home bound"

HOSPICE

- Enrolling patients who do not have a terminal illness with 6 months or less to live
- Not providing needed in-home care to force the patient to enter a hospice facility
- Refusing to discharge a patient no longer eligible for hospice care or who wants to stop getting hospice care

CLINICAL/INDEPENDENT PHYSIOLOGICAL LABS

- Adding tests not ordered by the physician
- Splitting tests out of a panel and billing them separately for higher payment
- Using "rolling labs" to visit senior centers, elderly housing projects, or malls to offer "free" diagnostic tests and using Medicare numbers to bill Medicare

HOSPITALS

- Misrepresenting the patient's condition on the claim form to get higher payment
- Recruiting persons with Medicare to be admitted to the hospital when they do not need inpatient care
- Holding patients under observation status to get higher payment and not advising them that their days under observation status will not qualify for Medicare coverage in a skilled nursing facility after leaving the hospital

NURSING HOMES/SKILLED NURSING FACILITIES

- Billing for medical supplies not provided
- Making "gang visits" to visit most or all residents and billing for services not actually provided
- Billing recreational activities as psychotherapy

AMBULANCES

- Billing for trips never provided
- Billing for emergency runs for non-emergency trips and falsifying documents
- Billing for advanced life support services when basic life support was provided and giving false information

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

- Falsifying examination or lab test results, Certificates of Medical Necessity, or claims forms
- Billing for more-expensive equipment than what was delivered
- Offering free supplies or equipment to obtain Medicare numbers to bill Medicare

MEDICARE ADVANTAGE PLANS

- Withholding needed medical care to hold down costs
- Misrepresenting diagnoses to get higher monthly payment from Medicare
- Offering incentives such as cash or free items to get people to enroll in their plan

