

# STOP HEALTH CARE

# FRAUD

## Campaign Fact Sheet

Health care fraud, waste, and abuse costs American taxpayers nearly \$60 billion each year. The national Senior Medicare Patrol (SMP) program is working to strengthen Medicare by recruiting and training retired professionals and other senior citizens to recognize and report both health care billing errors and suspected instances of health care fraud. Each year nearly 4,500 volunteers, trained by regional SMP offices conduct community outreach and peer-to-peer training to help Medicare consumers:

- Identify potential scams and other fraudulent activity
- Protect their personal information including Medicare and Social Security numbers
- Detect errors on their Medicare Summary Notices (MSNs) or Explanations of Benefits (EOBs)
- Report suspected fraud or abuse to the proper authorities

The Centers for Medicare and Medicaid Services (CMS) have recently provided additional funds to double SMP program efforts. To implement this expansion, the U.S. Administration on Aging (AoA) has awarded \$9 million in additional funds to the nationwide network of SMPs to enhance their volunteer programs and outreach efforts. SMP programs in the six states identified as having the most fraud (FL, CA, TX, NY, LA and MI) were provided the highest level of funding, in part to support greater collaboration with the Health Care Fraud Prevention and Enforcement Action Teams (HEAT) Joint Strike Forces in those areas. The HEAT Joint Strike Forces

include investigators from the Departments of Justice and Health and Human Services, as well as local level law enforcement. The HEAT Joint Strike Forces work jointly to increase the capture and conviction rate for perpetrators of Medicare fraud in these high fraud areas. With these funds, SMPs will develop a variety of new strategies for collaboration, outreach, and referral of Medicare/Medicaid consumers to HEAT Joint Strike Forces.

Medicare and Medicaid consumers are an essential element in national fraud fighting efforts. Consumers are best positioned to detect and report abuse and the Senior Medicare Patrol aims to empower them to do so through education and advocacy. Grantees will implement programming to expand their reach and magnify their impact as they educate and empower health care consumers. The increased funds will enable grantees to:

- Expand and enhance their volunteer workforces
- Augment outreach and education to Medicare and Medicaid beneficiaries within their state
- Enhance their ability to quickly and effectively manage beneficiary inquiries and complaints
- Improve state-level SMP program and volunteer management



[www.StopMedicareFraud.gov](http://www.StopMedicareFraud.gov)

Funded in part by the U.S. Administration on Aging

**Join the Senior Medicare Patrol. Help stop Medicare fraud in its tracks.**

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## Quick Facts:

- Approximately \$60 billion is lost annually to health care fraud, waste, and abuse.
- \$9 million in grants have been awarded to SMP programs to expand efforts to raise public awareness of the high costs of Medicare fraud and abuse.
- SMP programs nationwide are implementing innovative new programs to raise awareness of health care fraud.
- The U.S. Administration on Aging is rolling out a public service campaign to educate consumers about Medicare fraud. Additionally, SMPs are conducting media outreach at a local level to support this campaign.
- The Department of Health and Human Services and Department of Justice are working with local law enforcement in a joint effort to address Medicare fraud and abuse through multiple programs.
- Fifty-four SMP programs in the United States and U.S. territories are educating consumers to protect against, detect, and report health care fraud.
- Some 4,500 SMP volunteers, most of whom are Medicare beneficiaries, donate their time to teach peers how to protect their personal information, identify and report possible fraud or abuse, and detect errors on Medicare Summary Notices and other health care statements.
- Seven inter-agency HEAT Joint Strike Forces are operating in Miami, Los Angeles, Detroit, Houston, New York City, Tampa Bay, and Baton Rouge.
- The Affordable Care Act of 2010 provides a number of new tools and resources to prevent fraud and strengthen Medicare. The law improves analysis of health care claims data to flag potential scams, strengthens the screening process for health care providers that wish to participate in Medicare and Medicaid, and provides increased penalties for those committing fraud. These new fraud-fighting tools will help the government identify false claims faster, prosecute health care fraud more effectively, and help prevent fraud from occurring in the first place.

## Additional information:

### The U.S. Administration on Aging SMP Program

[http://aoa.gov/AoARoot/AoA\\_Programs/Elder\\_Rights/SMP/index.aspx](http://aoa.gov/AoARoot/AoA_Programs/Elder_Rights/SMP/index.aspx)

### SMP Resource Center

[www.smpresource.org](http://www.smpresource.org)

### Stop Medicare Fraud

[StopMedicareFraud.gov](http://StopMedicareFraud.gov)



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