



Preventing Medicare Fraud

# 'Care Share

## Care Management Schemes

Based on an article in the Medicare Messenger, March 2024 edition, by Jennifer Trussell, Fraud Prevention Consultant, [Be on the Lookout for Care Management Schemes](#).

When thinking about Medicare fraud, think about fraud trends, and future fraud trends to be exact. When one company figures out how to successfully defraud Medicare, soon others follow. We've seen it in covid test kit scams, and now urinary catheter scams. We've seen it in genetic test kits, and now be on the lookout for what may become care management services scams.

In August of last year, a complaint came in to the Georgia SMP from a beneficiary who resided in a group of senior apartments. The apartment manager invited a community health care company to visit the residents. They then offered the residents health monitoring equipment such as a blood pressure machine and smartwatch, however the residents had to provide their health insurance information to receive the items.

The health care company and a provider the one complainant had never seen then billed Medicare for multiple services. They tried billing for remote patient monitoring (RPM), an annual depression screening, a high-level established office visit, two technical RPM codes for equipment setup and patient education, as well as equipment supply. The Medicare Advantage plan denied all the claims because the patient did not have an existing patient relationship with the referring provider, however the health care company went on to bill for Covid test kits.

Those were paid. The resident did report this to the GA SMP; however, it is only because she never received the smartwatch she was promised, not from reading her statements to see what they tried to bill.

In the article Jennifer writes, "Billing for expensive office visits not rendered is a fraud scheme that's been around (yawn) since dinosaurs like me roamed the earth." Of note, Jennifer Trussell is a retired Inspector who spent her career investigating Medicare fraud.

Medicare has reimbursed chronic care management codes since 2014. From the article, they were originally introduced to ensure care coordination and better quality of care for those with multiple chronic conditions. Such individuals often see numerous providers, take several medications, have an increased risk of hospitalization, and may be affected by health care coverage gaps. However, she goes on, these are not codes that can be casually tacked onto a routine claim. They have several criteria and additional requirements for the provider.

According to Jennifer, "As with many health care fraud schemes, bad actors take advantage of good medicine. The greatest fraud risks with care management services are related to medically unnecessary services, inflated time, duplicate services, care provided by ineligible providers, and the fraud fan favorite: billing for services not rendered."

Please read your Medicare statements and report anything you don't recognize to your local MT SMP office at 800-551-3191.

## Identify Billing Errors

Health care providers and their billing departments sometimes make billing errors or honest mistakes. They should correct these errors if you tell them. If you think your doctor or their billing department made an error or mistake, contact them directly to resolve the issue.

You can spot these errors by keeping an appointment calendar or using a My Health Care Tracker to keep track of your medical appointments and services. You can call your local Senior Medicare Patrol (SMP) for a My Health Care Tracker if you don't already use one. The tracker can help you compare your appointments, services, and notes to your Medicare statements.

If something does not seem right on your Medicare statement, remember to first call your provider. Here are just a couple examples of potential errors:

- Your provider billed Medicare for an office visit on a day when you did not see them.
- Your provider billed you for a service that was different than what you received.

If your provider does not resolve the issue, or if you notice a pattern or errors, contact your local Senior Medicare Patrol (SMP) in Montana by calling 800-551-3191. They can assist to try to resolve the error. Your SMP can also help you identify Medicare fraud, errors, or abuse, and can help you report potential fraud to CMS and the correct authorities.

## Medicare statements:

- If you have Original Medicare, you should receive a Medicare Summary Notices (MSN) each quarter if you received services.
- If you have a Medicare Advantage Plan or Part D plan, you should receive an Explanation of Benefits (EOB) monthly if you received services.

These statements are not bills. MSNs and EOBs summarize the health care services and items you have recently received. They include the charges billed to Medicare and the amount you owe. Read these carefully to spot any potential billing errors.

*From April 2024 Medicare Rights Medicare Minutes*

### ONGOING ALERT

Medicare and "Medicare Providers" are not calling people. Medicare is not "updating" your Medicare card with a chip or a plastic card.

If you receive an unsolicited call, please do not give out your personal information. If someone asks you to "verify" your Medicare number or address, don't.

**READ YOUR MEDICARE SUMMARY NOTICES and call MT SMP if you notice anything out of the ordinary. 1-800-551-3191.**

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 reach Montana Senior Medicare Patrol, call 1-800-551-3191 or visit [www.smpresource.org](http://www.smpresource.org).