



Senior Medicare Patrol

What is the Senior Medicare Patrol?

Senior Medicare Patrol programs, or SMPs, help Medicare and Medicaid beneficiaries prevent, detect, and report health care fraud. They not only protect older persons, they also help preserve the integrity of the Medicare and Medicaid programs. Because this work often requires face-to-face contact to be most effective, SMPs nationwide rely on more than 5,100 volunteers who are active each year to help in this effort.

Tell me about SMP volunteers.

Protecting older persons from criminals and saving precious health care dollars at the same time is a mission that attracts many civic-minded Americans. Most SMP volunteers are both retired and on Medicare, so they are well-positioned to assist their peers.

How, exactly, do SMPs fight fraud?

SMP staff and volunteers work with individual beneficiaries to review Medicare Summary Notices for accuracy, make presentations to groups about how to avoid getting taken by scam artists, exhibit at community health fairs, and more.

Their primary goal is to teach Medicare beneficiaries how to protect their personal identity, identify and report errors on their health care bills and identify deceptive health care practices, such as illegal marketing, providing unnecessary or inappropriate

services, and charging for services that were never provided.

In some cases, SMPs do more than educate: When Medicare and Medicaid beneficiaries are unable to act on their own behalf to address these problems, the SMPs work to address the problems, making referrals to the Centers for Medicare & Medicaid Services (CMS) and their anti-fraud contractors; the Office of Inspector General (OIG); state attorneys general offices; local law enforcement; State Health Insurance Assistance Programs (SHIP); state insurance divisions; and other outside organizations that are able to intervene.

What is the background of the program?

In 1995, the U.S. Administration on Aging (AoA) became a partner in a government-led effort to fight fraud, error, and abuse in the Medicare and Medicaid programs through the implementation of a ground-breaking demonstration project called Operation Restore Trust (ORT). ORT's purpose was to coordinate and target federal, state, local, and private resources on those areas most plagued by abuse. Operation Restore Trust was announced at the 1995 White House Conference on Aging.

It created a partnership in the U.S. Department of Health & Human Services (HHS) between CMS, the OIG, and the AoA, which continue to work as a team in a coordinated anti-health care fraud effort at the local, state, and national levels.

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In 1997, because of the Omnibus Consolidated Appropriation Act of 1997 (Public Law 104-208), AoA established 12 local demonstration projects designed to recruit and train retired professionals such as doctors, nurses, teachers, lawyers, accountants, and others to identify and report error, fraud, and abuse. Senate Report 104-368 noted that “senior citizens are our best front line defense against these losses.”

Tell me about the scope of the SMP program today.

Based on the success of these demonstration projects, the SMP program is now in every state, as well as the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. Under Title IV of the Older Americans Act, approximately \$9.3 million in grants are provided annually. Beginning in FY2010, CMS provided additional funds to double SMP program efforts. To implement this expansion, the AoA has awarded \$9 million in additional annual funds to the nationwide network of SMPs to enhance their volunteer programs and outreach efforts.

What has the SMP program achieved over the years?

Since 1997 almost 28 million people have been reached during community education events, more than 5.3 million beneficiaries have been

educated and served, and more than 35,000 volunteers have been active.

Total savings to Medicare, Medicaid, beneficiaries and other payers attributed to the SMP projects is more than \$112 million. (Source: [July 2013 OIG Performance Report](#))

What are examples of fraud and waste seen by SMPs?

- Equipment or insurance plan providers tricking senior center participants into giving up their personal information (including Medicare numbers) on “sign-in” sheets
- Medicare Summary Notices showing billing for services or supplies that were never provided
- Equipment suppliers providing expensive “scooter” wheelchairs not ordered by a physician or needed by the beneficiary
- Luring beneficiaries into providing their Medicare numbers for “free” services, then billing Medicare
- Kickbacks — paying beneficiaries to receive service from a particular provider or company

Where can I learn more?

Go to www.smpresource.org for detailed information about fraud and abuse as well as the SMP program.