



# 'Care Share

## Why Read Your Medicare Statements?

### Fort Worth Doctor Sentenced to 10 Years in Health Care Fraud Conspiracy

From a Department of Justice press release, Acting U.S. Attorney for the Northern District of Texas Prerak Shah announced that a Fort Worth osteopath who attempted to incinerate clinic records has been sentenced to 10 years in federal prison for his role in a \$10 million healthcare fraud.

**The defendant admitted he fraudulently billed insurers for services the clinic never actually rendered**, including physical therapy and psychotherapy, and required patients to attend these bogus appointments in order to receive Schedule II controlled substance prescriptions.

In plea papers, **Mr. Kuper acknowledged that he submitted claims stating that TCOSD had developed individualized physical therapy plans of care for each patient, knowing full well that the clinic had simply issued a boilerplate template, and for one-on-one physical therapy, even though the patients were actually meeting in groups with an athletic trainer who was not qualified to perform physical therapy.**

**Mr. Kuper further admitted that although he billed insurers for professional 60-minute psychotherapy sessions, most patients actually spoke with unqualified professionals for just 15 to 20 minutes – often when Mr. Kuper was out of the office.**

On multiple occasions, **Mr. Kuper billed as though he'd provided more than 100 hours' work in a single 24-hour day.** From 2014 to 2017, he submitted more than \$10 million in claims to Medicaid, Medicare, and TRICARE.

As the scheme unraveled, Ms. Kuper attempted to destroy TCOSD documents in an outdoor fireplace at their home. The blaze destroyed their residence, but firefighters were able to recover some of the charred records from the outdoor fireplace.

Mr. Kuper also tried to cover up evidence of the fraud by accessing hundreds of electronic patient records and altering the purported treatment notes to make them appear more comprehensive.

In addition to his guilty plea, Dr. Kuper and his clinic agreed to settle the False Claims Act lawsuit by entry of an agreed judgment against Dr. Kuper and his clinic in the amount of \$11,190,222. As part of the settlement, Dr. Kuper also agreed to liquidate his real estate portfolio and other assets to satisfy the civil judgment. **The whistleblower, Richard Brown, will receive 17% of the government's recovery.**

If you regularly read your Medicare Summary Notice or Medicare Advantage Explanation of Benefits, you would see if a provider were billing for services you never received or for different services than you did receive. Follow the guide on the next page and **call your local MT SMP at 1-800-551-3191** if you need assistance or to report fraud, waste or abuse.

Your Name Here

This page shows what services were billed to Medicare, it is not a bill itself. Always check this statement before paying a bill and only pay the amount on the provider's bill after you are sure everything is correct.

June 28, 2020

John Doe, M.D. (XXX)XXX-XXXX  
Eye Glass Center, Any Town, Any State XXXXX

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
<p>Read this information. If you do not recognize a service, ask questions. Mistakes happen and you are the one who knows what services you received. Also, the mistake may be on everyone else's as well. A \$9 duplicate charge returned \$1.37 million to Medicare when one woman in Iowa noticed and reported an error.</p>	Yes	Medicare generally pays 80% of what they approve and you owe the remaining 20%. If you go to a rural clinic they may pay the provider more than was billed, but you'll still owe the same 20%. If your provider does not accept Medicare assignment, you may owe up to 15% more.			<p>If this says you owe \$0.00, you owe \$0.00. Do not pay a bill when Medicare says you owe \$0.00, and never pay more than you see in this column.</p>	C
	Yes					B
<b>Total for Claim #99-99999-999-999</b>		<b>\$143.00</b>	<b>\$107.97</b>	<b>\$86.38</b>		

If you do not recognize the provider or the date, ask questions. If the information is incorrect it could mean someone has stolen your identity or is a simple mistake; but it needs to be corrected even if there is no charge to you.

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
<b>June 29, 2020</b>						
<p>Medicare processes over 5 million claims a day. You are more likely to find fraud or errors by reading your statement and asking questions if you do not understand a charge. The services should be easy to understand and would line up with your bill.</p>	This example shows denied services. If services were denied, it may be an error and you could pay more money out of pocket if you do not question something you do not understand. It would be a red flag if the denied service was also from a provider you don't recognize.					D
						D
<b>Total for Claim #99-99999-999-999</b>		<b>\$123.56</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$123.56</b>	

Always look at the notes section for why services were or were not covered.

**B This line is for reporting purposes only. You should not be charged. If there is a fee listed, you do not have to pay.**

Make sure the supplemental insurance is correct. If it is not and you haven't read your MSN, you may pay a doctor bill you don't owe.

If a service is denied, call your provider first. If you need help understanding what to do, contact your local SMP. You may need to file an appeal or it may be a simple mistake cleared up by a call to your provider.