Area IV Agency on Aging 1-800-551-3191

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'Care Share

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Unfortunately, You're Never Safe From Scammers, Even In Hospice

Medicare's hospice benefit covers comprehensive care you receive if you are terminally ill. Understanding the scope and limitations of Medicare's hospice benefit can help you better advocate for yourself and loved ones during this difficult time.

Medicare will provide coverage for your hospice care if you have Part A and meet all of the following:

- A hospice doctor and your primary care physician (if you have one) certify that you are terminally ill. That means you are expected to live six months or less, if your illness runs its normal course. Medicare will still pay for hospice care beyond 6 months if your illness does not run a normal course.
- You accept palliative care – pain and symptom relief -- instead of care to cure your terminal illness
- You sign a statement choosing hospice care instead of other Medicare-covered treatments for your terminal illness and related conditions
- You receive care from a Medicare-certified hospice agency

When you elect the hospice benefit, Original Medicare pays for all care related to your terminal condition, even if you have a Medicare Advantage Plan.

Hospice care is usually provided where you live, unless your hospice medical team determine you need short term inpatient stays for managing pain and symptoms. Once you begin hospice care, you will develop a plan of care with the hospice director and your physician.

The plan of care defines the specific services you will receive in hospice. Discuss with your doctor and the hospice provider whether the following services are appropriate for you:

- Skilled nursing services
- Pastoral care
- Skilled therapy services
- Nutrition and dietary counseling
- Aide and homemaker services
- Prescription drugs
- Durable medical equipment (DME)
- Pain management services
- Medical social services
- Respite care

Unlike most other Medicare-covered services, you pay almost nothing for hospice care. The only costs you can incur related to your terminal illness are a $5 copayment for outpatient prescriptions for pain and symptom management and, if you need inpatient respite care, 5% of Medicare's approved amount for respite.

The unique payment structure for hospice makes the service particularly vulnerable to fraud. Providers are paid a higher reimbursement rate for patients in "crisis care" than for those in routine hospice care. This creates incentives to certify that patients need higher levels of care than they actually require.

A 2009 Medicare Payment Advisory Commission report highlighted this issue, noting that the hospice payment system contained incentives that make very long stays in hospice profitable for providers and possibly

The Senior Medicare Patrol (SMP) helps to educate Medicare beneficiaries about ways to prevent, detect, and combat Medicare fraud. For more information about Medicare fraud, visit the Stop Medicare Fraud website at www.stopmedicarefraud.gov.

Never Safe From Scammers (cont.)

contributed to fraudulent billings. Based on this concern, the Affordable Care Act established rules that require documented face-to-face encounters with every hospice patient to certify continued eligibility.

Some fraudulent providers have also been known to offer gifts to beneficiaries to entice them to agree to a hospice level of care. Others have falsely certified that a patient is terminally ill. Another way that some individuals commit fraud is to bill for services you never received.

People on Medicare and their families are always the first line of defense against Medicare waste, fraud and abuse. Check your Medicare Summary Notices (MSNs) to ensure the services listed were necessary, were part of your plan of care, and were actually received. Also, never accept gifts in return for services! Report anything suspicious to your Senior Medicare Patrol (SMP).

Adapted from SMP Resource, Medicare Minute, November 2015

Is The Covered?

Have you ever been to visit a doctor or other health care provider and had them tell you that you should have a certain test or procedure? Of course, the first question to ask is "why do I need this?" But the next thing you may wonder is "does Medicare cover that?"

One easy way to answer that question is to visit Medicare.gov. There is a page entitled "Is your test, item or service covered?" There, you will find an extensive list of services that Medicare covers, each with a link to more detailed information about that service. You can also run a direct search for the service.

New Law Expands Fraud Protections for Seniors

The Elder Abuse Prevention and Prosecution Act was signed into law last October. The new law expands the definition of telemarketing fraud to include email marketing messages designed "to induce investment for financial profit, participation in a business opportunity or commitment to a loan."

This legislation will help prosecutors by matching the criminal statutes to the realities of 21st century scams and cons. In addition, it contains provisions for enhanced penalties and forfeitures for entities that prey on people over age 55. This vulnerable population is ill-equipped to recover financially from a scam artist who succeeds in stealing hundreds or thousands of dollars.

Forms of communication subject to the new law's stiffer penalties include telemarketing phone calls, email, text messaging and other electronic instant messaging systems. While the new law should help prosecutors to punish scammers more severely, it may not help seniors who are victimized if their assets can't be recovered. As always, the best advice is not to answer the phone unless you know who is calling and never respond to emails or text messages from someone you don't know who is asking for money.

National Headlines

Click on the links for more information. These are great stories to share.

Medical Identity Theft
New York Senior Medicare Patrol
Online video describing medical identity theft and how you can protect yourself

Doctor Bills Medicare For Unnecessary Procedures
Herald Tribune
Sarasota doctor settles with Medicare for $1.95 million for unnecessary ultrasounds

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