

NEWSLETTER (SHASTA, LASSEN, SISKIYOU, MODOC, TRINITY)

PSA 2 AAA HEALTH INSURANCE COUNSELING ADVOCACY PROGRAM (HICAP)

Volume 3 / Issue 2 / April-June 2022

AN OVERVIEW

The Health Insurance Counseling & Advocacy Program (HICAP) is a state-sponsored, volunteersupported program that provides FREE counseling to people with Medicare about their benefits, rights and options, and other health insurance related questions.

HICAP provides unbiased information to help you make an informed decision for your individual health care needs.



APRIL IS VOLUNTEER RECOGNITION MONTH

Are you retired? Would you like something to do with your spare time after the house is clean, garden is in? Please consider volunteering. April is Volunteer Recognition Month; as providers of the volunteers, we take April to show appreciation to our precious volunteers that give of themselves to the programs.

We at HICAP, need volunteers in each of the five counties we serve – Shasta, Lassen, Siskiyou, Modoc, and Trinity. Please consider contacting Pam Smith-Jimison about volunteering with us.

Below are comments from our HICAP clients ommeuus have already recommended HICAP to - who will cleand I FOUND NANCY to be EXTREMELY HelPful going Above and beyonop 2 appts And phone calls. I Am so grateful she really Knows her stuff And she has a warm personality. TAM So gratefu We ARE SO LUCKY to have Deople Like HEE Comments: Call HICAP at 530-223-0999 / 800-434-0222

May is Mental Health Awareness &

Stroke Awareness Month June is Elder Abuse Awareness Month

Call HICAP at 530-223-0999 / 800-434-0222

HICAP does not sell, endorse, or recommend any specific insurance product.

Ask about Medicare's Preventive Services Medicare pays for preventive services to keep you healthy.

Medicare Fraud Alert Beware of Scams



Do not respond to offers for free medical equipment or services.

Oheck your medical statements routinely for services not provided.

Share your Medicare number ONLY with your trusted providers.

© Report Medicare Fraud to California Senior Medicare Patrol call 855-613-7089

Don't be a target of Medicare Fraud



Some Medicare Fraud and Scam Tactics

- Durable Medical Equipment: Free knee braces, back braces
- Hospice
- Genetic Testing
- COVID-19
- Home Health Care
- Medicare Marketing Violations and Enrollment Fraud
- Nursing Home Care
- Outpatient Mental Health Care
- Telehealth
- Pharmacy and Prescription Drug
- Ambulance

Report

When Medicare beneficiaries are unable to act on their own behalf to address suspected Medicare fraud, errors, or abuse, the SMPs work with them, their family caregivers, and others to address the problems, and, if necessary, make referrals to outside organizations to intervene. SMPs educate beneficiaries to report suspected fraud, errors, or abuse immediately!

Here are steps SMPs recommend beneficiaries take to report their concerns:

- 1. **Call the health care provider.** Call the provider or supplier first to question the charge. If it was a mistake, ask them to correct it.
- 2. **Call the company that paid the bill.** If the provider or supplier can't answer the question, contact the company that paid the bill. Their contact information can be found on your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB).
- 3. **Contact the SMP.** If you are not satisfied with the response you get from a provider, supplier, or billing company, you can contact your local SMP. The SMP helps beneficiaries understand the difference between suspected fraud, errors, or abuse. SMPs also assist beneficiaries in addressing suspected errors. If fraud or abuse is suspected, SMPs refer cases to the proper authorities for further investigation.





Medical identity theft occurs when a beneficiary's Medicare number is misused, either by a provider, a supplier, or by



someone posing as the real beneficiary in order to receive medical care. Such Medicare numbers are considered "compromised." A beneficiary whose number is compromised may be affected forever by false claims against his or her Medicare number.

Health Impact

Receiving health care from a fraudulent provider can mean the quality of the care is poor, the intervention is not medically necessary, or worse: The intervention is actually harmful. A beneficiary may later receive improper medical treatment from legitimate providers as a result of inaccurate medical records that contain:

- False diagnoses
- Records showing treatments that never occurred
- Misinformation about allergies
- Incorrect lab results

Additionally, because of inaccurate or fraudulent claims to Medicare, beneficiaries may be denied needed Medicare benefits. For example, some services have limits. If Medicare thinks such services were already provided, they will deny payment.

Personal Financial Losses

Medicare fraud, errors, and abuse can all result in higher out-of-pocket costs for beneficiaries, such as copayments for health care services that were never provided, were excessive, or were medically unnecessary. Beneficiaries may also find themselves stuck with bills for services from providers who should have billed Medicare but instead billed the beneficiary for the entire cost of that service.

If you believe your Medicare number has been misused, contact your <u>local Senior Medicare Patrol (SMP)</u> at **855-613-7089**



Protect Yourself and loved ones from Medicare fraud

Senior Medicare Patrols (SMPs) empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse.

Emerson of the second state of the second stat Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent officialAdministration for Community Living policy."

Redding, CA 96002 1647 Hartnell Avenue, Suite 8 Health Insurance Counseling Advocacy Program (HICAP) Contact Us

parts of Medicare (A, B, C, and D). In other words, you are not allowed to enroll or disenroll whenever you want.

January 1-March 31

- Initial Enrollment Period (IEP) Parts A & B
- General Enrollment Period (GEP) Parts A & B
- Annual Election Period (OEP) Parts D and C (C=MA)
- Special Enrollment Period (SEP) Parts B, D, MA-PD
- Medicare Advantage (MA) Open Enrollment Period January 1-March 31

Call HICAP at 530-223-0999 / 800-434-0222

Medicare Enrollment Periods

There are certain periods when you can join, change or drop the different

GEP SEP IEP **Begins three Eight-month** If you miss your months before the window that IEP, you can sign month of your 65th begins when up for Medicare birthday and your employer between January continues for three coverage ends 1st and March 31st months after of each year



HICAP services are free and include individual counseling and

assistance as well as community education services.