



The **Health Care Fraud (HCF) Unit** focuses on prosecuting complex health care fraud matters and cases involving the illegal prescription, distribution, and diversion of controlled substances. The HCF Unit’s core mission is to protect federal health care programs and the public fisc, and to guard against patient harm, including through the illegal prescription and diversion of controlled substances. In 2025, the HCF Unit operated 8 Health Care Fraud Strike Forces in 26 federal judicial districts across the United States. The HCF Unit is also a leader in using advanced data analytics and algorithmic methods to identify newly emerging health care fraud schemes.

## HCF Unit Statistics | 2025

**\$15 bn**  
in **ALLEGED LOSS**  
2025

 **194**  
**Individuals CHARGED**  
2025

The HCF Unit had a record-setting year in 2025—leading the largest ever National Health Care Fraud Takedown, charging more than \$15 billion in alleged loss, forfeiting and returning to the public fisc more than \$560 million, and bringing four corporate matters. The HCF Unit is composed of more than 75 experienced white-collar prosecutors dedicated to identifying and eliminating fraud affecting government-sponsored health care programs and protecting patients from harm. Established in 2007, the HCF Unit operates eight Strike Forces across the United States—including in Los Angeles, Florida, Texas, New England, the Northeast, the Midwest, and the Gulf Coast, and through the National Rapid Response Strike Force (NRRSF), whose prosecutors are strategically located nationwide. These Strike Forces work with U.S. Attorneys’ Offices, the Department of Health and Human Services Office of Inspector General (HHS-OIG), the Federal Bureau of Investigation (FBI), the Drug Enforcement Administration (DEA), and other federal and state law enforcement agencies to prosecute the nation’s most complex health care fraud schemes, including large-scale fraud involving Medicare, Medicaid, TRICARE, and other benefit programs,

as well as the illegal prescription, distribution, and diversion of opioids and other controlled substances. In 2025, the HCF Unit pursued a strategic, multi-pronged approach to protect patients, safeguard taxpayer-funded programs, and combat fraud across the health care system. The centerpiece of these efforts was the Department’s largest-ever National Health Care Fraud Takedown in June 2025, which targeted hundreds of defendants, including licensed medical professionals and transnational criminal actors, and involved billions of dollars in intended losses. Some of the Unit’s cases involved egregious instances of patient harm in addition to loss to taxpayers, including prosecutions involving illegal opioid or stimulant distribution that fueled addiction across the country and fraudulent misdiagnoses by a rheumatologist who administered toxic medications to his patients. As part of its focus on corporate enforcement, the HCF Unit secured two corporate resolutions, holding companies accountable for defrauding patients and regulators, and indicted two companies for distributing controlled substances. In addition, the Unit announced two forward-looking initiatives: the expansion of the New England Strike

Force to enhance regional enforcement, and the creation of a Health Care Fraud Data Fusion Center to improve data sharing, leverage advanced analytics, and detect emerging fraud schemes. Together, these and other priorities detailed below reflect a comprehensive, interagency approach to preventing fraud and abuse, ensuring compliance, and protecting patients and taxpayers. The Unit's work in 2025 demonstrates that the Department will continue to use every tool at its disposal to root out health care fraud and bring criminals to justice, regardless of their location or the complexity of their schemes.

**SOURCE:** <https://www.justice.gov/criminal-fraud/health-care-fraud-unit>

*ADDITIONAL HCF UNIT INFO —Page 2*

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## 2025 NATIONAL HEALTH CARE FRAUD TAKEDOWN

In June 2025, the Fraud Section led the largest National Health Care Fraud Takedown in Department of Justice history, a coordinated nationwide effort to combat and deter health care fraud. The HCF Unit, U.S. Attorney's Office partners, and State Attorneys General Offices charged 324 individuals—including 96 licensed medical professionals—in 50 federal districts and 12 state jurisdictions. These cases involved alleged participation in health care fraud schemes with an intended loss exceeding \$14.6 billion. Law enforcement seized over \$245 million in cash, luxury vehicles, cryptocurrency, and other assets, while the Centers for Medicare and Medicaid Services (CMS) prevented more than \$4 billion in fraudulent payments and suspended or revoked the billing privileges of 205 providers in advance of the Takedown. Civil charges were also filed against 20 defendants for \$14.2 million in alleged fraud, and civil settlements totaled \$34.3 million from 106 defendants. The charges alleged included those brought in five districts against 19 defendants as part of Operation Gold Rush, an over \$10 billion scheme that was orchestrated by a transnational criminal organization and involved the submission of fraudulent health care claims to Medicare for urinary catheters and other durable medical equipment; charges against seven defendants, including

five medical professionals, in connection with approximately \$1.1 billion in fraudulent claims for amniotic wound allografts; a \$703 million scheme in which the defendants allegedly used artificial intelligence to create fake recordings of Medicare beneficiaries purportedly consenting to receive certain products; a \$650 million scheme to prey upon vulnerable individuals in need of addiction treatment by fraudulently billing Arizona Medicaid for substance abuse treatment services; and charges against 74 defendants, including 44 licensed medical professionals, across 58 cases in connection with the alleged illegal diversion of over 15 million pills of prescription opioids and other controlled substances, resulting in addiction and patient harm. The charged schemes targeted multiple areas of federal health care programs, demonstrating the variety and scope of fraud impacting patients and taxpayers. Alleged opioid and other controlled substance schemes involved unlawful prescriptions and patient recruitment fraud. Telemedicine and laboratory billing fraud schemes allegedly generated hundreds of millions of dollars in improper claims. Fraudulent home health, hospice, and durable medical equipment schemes allegedly billed Medicare and Medicaid for unnecessary or never-provided services. This Takedown also exposed the expanding reach of transnational organized crime in health care fraud.

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## American Heart Month in the USA 2026

February 1, 2026—February 27, 2026



**What is Heart Month 2026?** Heart Month 2026 is a month-long initiative focused on heart health and cardiovascular disease prevention. It aims to educate individuals about the importance of maintaining a healthy heart and making lifestyle choices that support cardiovascular well-being. Heart disease remains a leading cause of death worldwide, and this observance seeks to reduce its impact through awareness and action.

### MEDICARE'S COVERAGE OF CARDIOVASCULAR DISEASE SCREENINGS:

Cardiovascular disease screenings check for problems with your heart and blood vessels, and find out if you're at risk for heart disease.

Medicare's coverage includes blood tests for cholesterol, lipid, triglycerides levels to help detect conditions that may lead to a heart attack or stroke.

You pay nothing (\$-0-) for the tests if your doctor or other qualified health care provider accepts assignment.



# MEDICARE

## Part A: Hospital Insurance

What's New in Medicare

## WHAT'S NEW IN 2026?

### Part A Premium

Free if you've worked 10 years or more  
\$311 per month if you've worked 7.5 to 10 years  
\$565 per month if you've worked fewer than 7.5 years

### Part A Hospital Deductible

\$1,736 each benefit period

### Part A Hospital Coinsurance

\$0 for the first 60 days of inpatient care each benefit period  
\$434 per day for days 61-90 each benefit period  
\$868 per lifetime reserve day\* after day 90 in a benefit period

\*You have 60 lifetime reserve days that can only be used once.  
They're not renewable.

### Skilled Nursing Facility Coinsurance

\$0 for the first 20 days of inpatient care each benefit period  
\$217 per day for days 21-100 each benefit period



## Part B: Medical Insurance

### Part B Premium\*

\*For individuals with incomes below \$109,000  
or couples with incomes below \$218,000

\$202.90 is the standard premium

### Part B Deductible

\$283 per year

### Part B Coinsurance

20% for most services Part B covers

## Part D: Prescription Drug Coverage

### Part D Premium

\$38.99 per month

### Part D Maximum Deductible

\$615 per year

### Catastrophic Coverage\*

\*You will owe \$0 on covered  
drugs after reaching this cap.

\$2,100



## SHIP

State Health Insurance  
Assistance Program

Your SHIP is available for any  
Medicare-related questions or  
concerns. SHIP counselors

offer trusted, unbiased counseling at no cost to you.  
Visit [www.shiphelp.org](http://www.shiphelp.org) for more information!



This graphic is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,000,000 with 100% funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, ACL/HHS or the U.S. government.

**ARKANSAS SHIP—800-224-6330**



## I Got Hooked!!

I consider myself to be savvy when it comes to spam email, because, after all, I know this stuff! In my job, I educate

others about what to look for and how to stay away from online predators.

Let me share with you what happened to me...

When applying for Medicare several years ago, I went to [www.SSA.gov](http://www.SSA.gov). I was so excited about being able to apply online, but, I know how critical it is to be cautious about entering sensitive information. I completed my Medicare application, and it was quite simple. The whole online process only took me about 30 minutes. They stated that I would receive my Medicare card within 15 business days. I printed the confirmation and was all set!

Or, so I thought...

A few days later I received a very legitimate-looking 'do not reply' email from what appeared to be Social Security (from a ssa.gov email address) stating something like this:

*"Thank you for your recent application for your new Medicare card! You can expect to receive your card within 15 business days. We noticed that you have entered a cell phone number and we are sending you this email to make sure we have the correct cell phone number attached to this email account. **Please click on this link below and you will receive a confirmation text message.**"*

I clicked on the link and immediately received a text message, but it was marked as a "potential scam" message. Right away I became alarmed. The text was from Salinas, CA and stated my claim had been received and I could expect a call from a representative for more information, and that it might be outside of office hours.

I tried to call the number that the text came from, and a recorded message said to Push 1 if you know the party, and press 2 for all else. I pushed 2 and nothing happened. I then pushed 1 and it asked for a 9-digit code. At that point, I hung up.

Later that day, I received the REAL email from SSA. I went back and blocked the other number and deleted the email.

### **What was the outcome?**

I've had many spam texts since that time. Thankfully, as each year goes by they become less and less. On average, I receive 30 spam emails and 2-4 spam texts daily.

### **What have I learned from this experience?**

Just because you think you know what could happen, doesn't prevent it from happening. I now approach things more cautiously than ever before.

I also include this scenario in my SMP presentations when speaking to senior groups, because I don't want anyone else to "get **HOOKED!**"

Be careful, it could happen to you. If it does, call the AR SMP—866-736-2916.

Dee Edwards  
AR SMP Complex Case Manager

## **Repeal the 3-Day Hospital Stay Requirement for Care in a Skilled Nursing Facility**

Since Medicare was enacted in 1965, the statute has limited coverage in a skilled nursing facility (SNF) to beneficiaries who first spent at least three consecutive days in an acute care hospital. The requirement has increasingly become both irrelevant and a limitation on SNF coverage for beneficiaries in the traditional Medicare program. **Beginning January 1, 2026 and running through December 31, 2030, CMS is implementing a demonstration waiving the three-day rule for beneficiaries who have one of five surgical procedures:** lower extremity joint replacement; surgical hip femur fracture treatment; spinal fusion; coronary artery bypass graft; and major bowel procedures.

The Center for Medicare Advocacy repeats its recommendation that the statutory requirement for a three-day inpatient hospital stay be totally repealed.

For a detailed explanation of the reasons to waive the three-day requirement, see [medicareadvocacy.org/repeal-the-3-day-hospital-stay-requirement-for-care-in-a-skilled-nursing-facility/](https://medicareadvocacy.org/repeal-the-3-day-hospital-stay-requirement-for-care-in-a-skilled-nursing-facility/)

## See What's Covered

### Looking for ways to stay on top of your health in 2026?

#### Medicare covers many preventive and screening services.

These services can help you stay healthy by finding health problems early, when treatment is most effective. Talk with your doctor about which services might be right for you.

If you have Original Medicare (Part A and/or Part B), **log into your secure Medicare account** to see a personalized list of current and upcoming preventive services.

If you don't already have an account, **it's easy to sign up**.

If you're in a Medicare Advantage Plan, contact your plan for their list of covered preventive services. Medicare Advantage Plans must cover all the same preventive services as Original Medicare, and some plans may offer additional services.

## Understanding and Avoiding Identity Theft

### WHAT IS IDENTITY THEFT?

When someone uses your personal or financial information without your permission.

### 2025 FTC REPORT

According to a Jan-Sept 2025 Federal Trade Commission (FTC) Consumer Sentinel Network report, there were a total of **1,157,315 identity theft reports** across the United States.

The most common type of identity theft was **credit card fraud**, with **503,450 reports**, followed by **other identity theft** at **379,980 cases**. **Loan or lease fraud** accounted for **178,210 reports**, while **bank account fraud** totaled **96,522 cases**. **Employment or tax-related identity theft** reached **74,171 reports**, and **phone or utilities fraud** accounted for **67,675 cases**. The least reported category was **government documents or benefits fraud**, with **57,390 reports**.

Overall, financial-related identity theft—especially credit card and financial account fraud—continues to be the most prevalent form of identity theft nationwide.

### WHAT DO THIEVES DO WITH YOUR INFORMATION?

- Buy things;
- Get new credit cards;
- Open accounts;
- Use your health insurance;
- Get unemployment benefits.

### HOW DO YOU KNOW IF YOUR IDENTITY HAS BEEN STOLEN?

- Read your credit card statements; bank account statements; and Medicare Summary Notices.
- Check your mail.
- Check your free credit report.

Get your free credit reports, available once a week, here:

THE ONLY FREE credit report: [AnnualCreditReport.com](https://www.annualcreditreport.com)



# Be aware of **SCAMS**

Report all scams to the Arkansas SMP — **866-726-2916**

## Artificial Intelligence (AI) Makes Healthcare Scams More Realistic.

Artificial Intelligence (AI) Makes Healthcare Scams More Realistic. What would you pay for a supplement that would not only treat Alzheimer's disease, but also reverse it? The promise of once more seeing recognition in the eyes of someone you love would be worth any amount, right? That's the enticement of an infomercial that appeared on the internet recently narrated by Dr. Sanjay Gupta, following an introduction by Anderson Cooper. Dr. Gupta extolled the virtues of a product called Neurocept and said that it had received a special guaranteed efficacy seal from the FDA. The infomercial included an endorsement from a Nobel Peace Prize winner and the daughter of actor Bruce Willis, as well as a video of Willis himself saying that his condition had improved so much while taking Neurocept that he was going back to acting. Too good to be true? Unfortunately, yes. The video circulating online is a scam using deepfake technology, part of a deceptive advertising campaign to sell Neurocept to unsuspecting victims who report being charged hundreds of dollars after watching the

video and ordering the product. Dr. Gupta has publicly denied any involvement with Neurocept. The video is a fabricated AI-generated endorsement using his likeness without consent. However, although the infomercial has been removed from the Internet, Neurocept maintains two websites (us-neurocept-us.com and en-us-neurocept.com) and continues to be offered for sale by



multiple vendors on Amazon.com. Neurocept is now a moving target, with claims ranging from: “enhances cognitive health through natural neuro-nutrition and research-backed ingredients” to “promotes overall well-being and supports a sense of general wellness.” The claim that Neurocept can reverse the symptoms of Alzheimer's has disappeared.

## How to avoid becoming a victim of healthcare scams:

If a healthcare product for sale online seems suspicious (for example, has amazingly attractive properties), pause before buying. Websites with a clock ticking down the seconds until the offer goes away manufacture a false sense of urgency. This fear of missing out is used by scammers who don't want to give you time to think it over. Time is not on the scammers' side because sooner or later they will be busted, and their website will be taken down. As with Neurocept, healthcare scams are a moving target.

You may consider one quick way of determining if a product is a scam by asking Microsoft Copilot, an AI chatbot developed by a division of Microsoft. If Microsoft Copilot answers that it is a scam, you get a 'yes' with a comprehensive account of why this is the case. If it is not, you get a 'no' answer with a thorough explanation of how the product delivers on the benefits advertised. If you have encountered the video mentioned above, or made a purchase, report the scam to the Arkansas Better Business Bureau ([www.bbb.org/local-bbb/bbb-serving-arkansas](http://www.bbb.org/local-bbb/bbb-serving-arkansas)) or Federal Trade Commission ([ReportFraud.ftc.gov](http://ReportFraud.ftc.gov)) and dispute charges with your bank or credit card provider.

Medicare scammers are getting smarter.

**But so am I.**



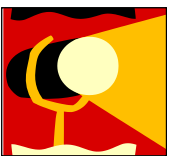
Medicare.gov



Callers say they are helping beneficiaries get a new Medicare card with a chip in it, but these cards don't exist.

*This is a scam to get your Medicare number.*

Never give out your Medicare number over the phone.



# SMP IN THE SPOTLIGHT!

## Really Special and Valuable People!



SMP is on the road again... we presented Fraud Bingo with the seniors at the McAuley Senior Center in Hot Springs Village on Tuesday, January 6. We learned about how to protect, detect, and report suspicious claims. Everyone had a grand time and we all were winners by the end of the presentation! Thank you, Charlene, Laura and Annette!



We had a great time in Murfreesboro last week! AR SMP played Fraud Bingo with the seniors, and we had a room full of winners! Thank you to Charlene and Vicky for letting us come present!



AR SMP is traveling again to train our partners to present SMP Fraud Bingo! Last week we presented at the Grant County Senior Center in Sheridan. We had a fabulous time training Charlotte and Tracie with the UAMS South Central Center on Aging located in White Hall. They will be presenting SMP Fraud Bingo in all of their counties. We appreciate the opportunity to have worked with them in Sheridan., Brenda Lain for allowing us to come!

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The AR SMP presents Fraud Bingo with senior groups in every county in Arkansas! We will come to a location near you.

Call us for the opportunity to share the simple 3-step

message of PROTECT, DETECT, REPORT. We also cover the latest scams trending in our state.

**Calling all Seniors!**  
*Did someone say let's play BINGO?*

**SMP Fraud Bingo that is!**  
While we know that Medicare fraud is a very tough subject to talk about... playing a game while learning takes the bite out of the message!



We play, we win prizes, and we learn together! Bring a friend with you and enjoy!

**To schedule a fraud bingo presentation for your senior group  
Call AR SMP for details!  
866-726-2916**

**Serve your community.  
VOLUNTEER for the Arkansas Senior Medicare Patrol.  
Free Training Available!**

AR SMP is currently recruiting volunteers to speak to small groups of their peers and help provide Medicare education at community events (exhibit booths at community health fairs). The role of volunteers is to share information that can help others PREVENT, DETECT, and REPORT Medicare fraud, waste, and abuse.

Go to: [www.aid.insurance.smp@arkansas.gov](mailto:www.aid.insurance.smp@arkansas.gov) or call 866-726-2916

# Fraud Prevention's Finest Award Recipient



## Dee Edwards, Arkansas, November 2025

Dee received this award because of the fantastic SMP casework that she does for the Arkansas SMP! Dee joined the SMP in 2016 and remained until 2021, when she attempted to “retire.” However, her commitment to the SMP mission brought her back in July of 2024 – and she immediately hit the ground running as if she had never left! Although being a complex interactions specialist was a new role, Dee quickly mastered it. She is never hesitant to reach out to the Center or other SMPs for advice or collaboration on challenging cases. This year alone, she has worked on 336 complex cases, referred 35 cases to the OIG via ACL, and successfully closed 161 cases in SIRS. And that’s not all! She has also represented the Arkansas SMP at over 30 SMP exhibit booths and Fraud Bingo presentations.

Her director stated, “While these numbers are impressive, what truly makes Dee exceptional is her spirit and heart. Her professionalism, compassion, empathy, and genuine care for older adults and community partners shine through. Dee’s love and consistent dedication for the SMP program are evident in everything she does, making her a truly deserving recipient of this award.”

## ARKANSAS SENIOR MEDIARE PATROL—A YEAR IN REVIEW—2025

January 1, 2025—December 31, 2025:

- Number of team members reporting = 44
- Number of hours submitted by team members = 4,694
- Number of Presentations AND exhibit booths = 226
- Number of people reached through presentations, exhibit booths, one on one assistance = 9,000
- Savings—Cost Avoidance on behalf of Medicare, Medicaid, Beneficiaries = \$55,000
- Expected Medicare recoveries = over \$1,600
- Actual savings to Beneficiaries = over \$1,700
- \*Other savings = over \$2,700

\*Other savings refers to money recouped to an entity other than Medicare, Medicaid, or a beneficiary (e.g., secondary insurance, drug plan).

## Medicare Advantage Open Enrollment Period (MA OEP)



- **January 1 through March 31 each year**
- **Beneficiaries enrolled in Medicare Advantage Plans may make one change:**
  - Switch between MA Plans
  - Or, switch to Original Medicare with or without Part D
- **Change is effective first of the following month**

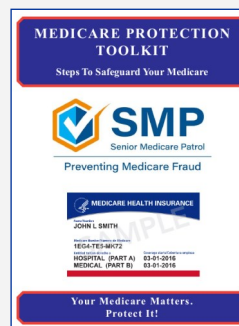


[www.Facebook.com/ARSeniorMedicarePatrol](http://www.Facebook.com/ARSeniorMedicarePatrol)

**CALL FOR YOUR FREE COPY!  
866-726-2916**

## MEDICARE PROTECTION TOOLKIT!

The Medicare Protection Toolkit provides information you need to protect your Medicare. It gives you important tools to use to help you make an informed decision. Make sure you have this toolkit when you sit down with anyone to discuss your Medicare.





## **Medicare Improperly Paid Suppliers \$22.7 Million Over 7 Years for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Provided to Enrollees During Inpatient Stays (OAS-24-09-005)**

[According to the Health and Human Services Office of Inspector General (OIG)] the OIG found Medicare improperly paid \$22.7 million to suppliers for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) during inpatient stays from 2018 to 2024. In addition, suppliers may have also collected up to \$5.9 million in deductible and coinsurance amounts from enrollees or from someone on their behalf. We conducted this audit as a followup to a prior [2018 audit](#) that found \$34 million in similar overpayments. Under Medicare policy, suppliers should not be paid separately for DMEPOS provided during inpatient stays; these items must be furnished by the facility or through formal arrangements with it. Despite the Centers for Medicare & Medicaid Services implementing system edits in 2020, \$4.5 million in improper payments continued. OIG made five recommendations, including recovering payments, refunding enrollees, and refining system edits to prevent future errors.

*SOURCE:* U.S. Department of Health and Human Services Office of Inspector General:

[Medicare Improperly Paid Suppliers \\$22.7 Million Over 7 Years for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Provided to Enrollees During Inpatient Stays](#) | Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services

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## **Attorney General Griffin Announces 2 Arrests for Medicaid Fraud**

LITTLE ROCK – 11.4.25 Attorney General Tim Griffin announced that two individuals from Helena were recently arrested following an investigation by the Medicaid Fraud Control Unit. On October 29, both were charged with Medicaid fraud, a Class C felony. One of the individuals, employed as an aide for a personal care agency, allegedly submitted false billing records by clocking in and out of shifts at the other individual’s residence while actually working at the Arkansas Department of Corrections. The two reportedly shared the proceeds from the fraudulent activity.

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### **Attorney General Tim Griffin announced two convictions and an arrest made by his office’s Medicaid Fraud Control Unit:**

“On November 12, a female from Lead Hill, was found guilty of Medicaid fraud, a Class A misdemeanor. She was sentenced to one year of jail (suspended) and ordered to pay \$1,211.61 in restitution, a \$100 fine, and court costs. She billed Medicaid, falsely claiming to have provided services to a beneficiary while the beneficiary was in a hospital.

“On November 12, a female of North Little Rock, was found guilty of Medicaid fraud, a Class A misdemeanor. She was sentenced to 30 days of jail (suspended) and ordered to pay \$393.75 in restitution, a \$500 fine, and court costs. While working for a personal care agency, she falsely claimed to have provided services to a Medicaid beneficiary in Beebe while working for Amazon in North Little Rock.

“On November 13, a female from Rector, was arrested and charged with Medicaid fraud, a Class B felony. While employed as a caregiver for a local agency, she submitted claims for in-home personal care services that were allegedly not provided as documented. Electronic visit verification records indicate that she was not at or near beneficiary residences during the times she reported delivering care. As a result, Medicaid was improperly billed \$11,576.32.

*SOURCE:* <https://arkansasag.gov>

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## **State alleges Medicaid fraud, seeks \$124M in repayments**

Jan 28, 2026

A state agency is seeking \$124 million in Medicaid repayments from the owners of two New Jersey nursing homes following an investigation into allegations that the two owners intentionally understaffed two facilities and diverted tens of millions in Medicaid funding intended for resident care to themselves over a period of five years. The report further alleges the two men own 46 nursing homes in four states. An investigation was initiated after the New York Attorney’s General Office sued the nursing home owners for an alleged \$83 million Medicaid and Medicare fraud scheme. In November 2024, the two men agreed to pay \$45 million to settle claims of fraud and patient neglect at four nursing homes in that state.

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## **In an update to a June 16, 2023, story, Dr. Becerril was convicted of conspiring to defraud Medicare.**

An indictment says that Dr. David Antonio Becerril participated in a scheme and conspiracy to obtain millions of dollars by falsely billing Medicare for medically unnecessary genetic tests and durable medical equipment, including back, knee, shoulder, and ankle braces. It alleges that he signed false and fraudulent orders for genetic tests and braces for elderly Medicare beneficiaries who he was not treating and with whom he never spoke, nor interacted. He allegedly reviewed orders for as little as 11 seconds before signing them and falsely attesting to their medical necessity, and never once declined to sign an order.

*SOURCE:* Department of Justice [press release](#)

# Cost-of-Living Adjustment (COLA) for 2026

Monthly Social Security benefits and Supplemental Security Income (SSI) payments for 75 million Americans **will increase by 2.8 percent in 2026.**

## SMP Word Search Puzzle

Before the scam even begins, scammers have to choose their plan of attack. Unfortunately, thanks to modern technology, they have a lot of tools to help them pull it off. Figure out this word scramble, and then use the numbered letters to create the final word at the bottom!

**Hint: Prevent, detect, \_\_\_\_\_ fraud!**

1    2    3    4    5    6

Answers: spoofing, phishing, calls, emails, texts, robocalls, threats

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WITH ALL THE SNOW ON THE GROUND DURING JANUARY, WE THOUGHT YOU MAY WANT TO FIX SOMETHING WARM TO EAT! ENJOY and STAY WARM! (SEE BELOW RECIPE FOR BEEFY NACHO SOUP:

## Food for Thought

### Beefy Nacho Soup

#### Ingredients:

- 1 lb. lean ground beef
- 1 Tbsp. Old El Paso Taco Seasoning Mix (from 1-oz package)
- 1 can condensed nacho cheese soup
- 1 can diced tomatoes and green chilies, undrained
- 1 1/2 cup milk
- 1/4 cup shredded sharp cheddar cheese
- 1/2 cup crushed corn tortilla chips



#### Directions:

1. In 2-quart saucepan, cook beef over medium heat 5 to 7 minutes, or until crumbled and cooked, drain off any excess fat.
2. Reduce heat to medium. Stir in remaining ingredients except shredded cheese and tortilla chips. Cook 8 to 12 minutes or until thoroughly heated, stirring frequently. Top individual servings with shredded cheese and tortilla chips.

Additional topping ideas: chopped tomatoes, bell pepper, green onions, sour cream, guacamole, or ripe olives.

SOURCE: [Beefy Nacho Soup Recipe - Pillsbury.com](https://www.pillsbury.com/recipes/beefy-nacho-soup)




**There are 3 steps to combatting fraud and scams! ALL 3 steps are necessary in protecting YOU and the integrity of Medicare!**

**ARE YOU DOING YOUR PART?**

## IMPORTANT PHONE NUMBERS:

<b>AANHR</b> —AR Advocates for Nursing Home Residents	<b>501-548-8423</b>
<b>Acentra Health</b> (Quality Improvement Org.)	<b>1-888-315-0636</b>
<b>AFMC</b> —AR Foundation for Medical Care	<b>1-888-354-9100</b>
<b>Area Agency on Aging</b>	<b>1-800-986-3505</b>
<b>AG—Attorney General</b> (Consmr Prot Div)	<b>1-800-482-8982</b>
<b>AG Medicaid Fraud Hotline</b>	<b>1-866-810-0016</b>
<b>APS</b> —Adult Protective Services (DHS)	<b>1-800-482-8049</b>
<b>Alzheimer’s Arkansas</b>	<b>501-224-0021</b>
<b>Arkansas Rehabilitation Services</b>	<b>1-800-981-4463</b>
<b>AR SMP</b> (Healthcare Fraud & Scams)	<b>1-866-726-2916</b>
<b>Better Business Bureau (BBB)</b>	<b>501-664-7274</b>
<b>CareLink (Pulaski Co)</b>	<b>501-372-5300</b>
<b>CMS</b> —(Medicare)— (Centers for Medicare and Medicaid Services) (1-800MEDICARE)	<b>1-800-633-4227</b>
<b>Community Health Centers of AR</b>	<b>1-877-666-2422</b>
<b>Coordination of Benefits</b>	<b>1-855-798-2627</b>
<b>DHS</b> (Customer Assistance Unit)	<b>1-800-482-8988</b>
<b>DHS Resource Center</b>	<b>1-866-801-3435</b>
<b>Do Not Call Registry</b>	<b>1-888-382-1222</b>
<b>Elder Care Locator</b>	<b>1-800-677-1116</b>
<b>El Dorado RSVP</b>	<b>1-870-864-7080</b>
<b>Federal Trade Commission</b> Report STOLEN IDENTITY	<b>1-877-438-4338</b>
<b>ICan</b> —Increasing Capabilities Access Network	<b>501-666-8868</b>
<b>LGBT Elder Hotline</b>	<b>888-234-SAGE</b>
<b>Medicaid</b> —(Claims Unit)	<b>1-800-482-5431</b>
<b>Medicaid Inspector General (OMIG)</b>	<b>1-855-527-6644</b>
<b>MEDICARE</b> (CMS 1-800MEDICARE)	<b>1-800-633-4227</b>
<b>Medicare Part D</b>	<b>1-877-772-3379</b>
<b>Medicare Rights Center</b>	<b>1-800-333-4114</b>
<b>Oaklawn Foundation/Center on Aging</b>	<b>501-623-0020</b>
<b>OIG</b> —Nat’l Medicare Fraud Hotline (OIG) Office of Inspector General	<b>1-800-HHS-TIPS</b> <b>1-800-447-8477</b>
<b>OLTC</b> —Office of Long Term Care	<b>1-800-LTC-4887</b>
<b>OLTC</b> —Abuse Complaint Section	<b>501-682-8430</b>
<b>Ombudsman</b> —State Ofc of Long Term Care	<b>501-682-8952</b>
<b>Resource Center (ADRC)</b> (DHS’S Choices in Living Resource Center)	<b>1-866-801-3435</b>
<b>SHIIP</b> (Senior Health Ins. Info Program)	<b>1-800-224-6330</b>
<b>SMP Locator</b> —(locate an SMP outside AR)	<b>1-877-808-2468</b>
<b>SSA</b> (Social Security Administration) Little Rock Office	<b>1-800-772-1213</b> <b>1-866-593-0933</b>
<b>SSA Fraud Hotline</b>	<b>1-800-269-0271</b>
<b>Texarkana Regional Center on Aging</b>	<b>1-870-773-2030</b>
<b>UALR Senior Justice Center</b>	<b>501-683-7153</b>
<b>UofA Cooperative Extension Service</b>	<b>501-671-2000</b>

## HELPFUL WEBSITES:



**AR Advocates for Nursing Home Residents**  
(AANHR)—[www.aanhr.org](http://www.aanhr.org); *email*: [Info@aanhr.org](mailto:Info@aanhr.org)

**AR Long Term Care Ombudsman Program**—  
[www.arombudsman.com](http://www.arombudsman.com)

**Arkansas Attorney General**—[www.arkansasag.gov](http://www.arkansasag.gov)

**Arkansas Attorney General Consumer Protection Division**—*email*: [Consumer@ArkansasAG.gov](mailto:Consumer@ArkansasAG.gov)

**Area Agencies on Aging**—[agingarkansas.org](http://agingarkansas.org)

**Arkansas Foundation for Medical Care**—[www.afmc.org](http://www.afmc.org)

**Arkansas SMP**—[aid.insurance.smp/Arkansas.gov](http://aid.insurance.smp/Arkansas.gov)

**BBB (Better Business Bureau)**— *scams and alerts*—  
[www.bbb.org/scamtracker](http://www.bbb.org/scamtracker)

**Choices in Living Resource Center** (DHS)—  
[humanservices.arkansas.gov/divisions-shared-services-aging-adult-behavioral-health-services/choices-in-living-resource-center/](http://humanservices.arkansas.gov/divisions-shared-services-aging-adult-behavioral-health-services/choices-in-living-resource-center/)

**CMS (Medicare) Centers for Medicare and Medicaid Services**—  
[www.cms.gov](http://www.cms.gov)

**Do Not Call**—[www.donotcall.gov](http://www.donotcall.gov)

**Report Unwanted Calls**—  
<https://consumercomplaints.fcc.gov/hc/en-us>

**Do Not Mail**—[www.DMAchoice.org](http://www.DMAchoice.org)

**Sage**—[www.sageusa.org](http://www.sageusa.org)

**Elder Care Locator**—[www.eldercare.acl.gov/home](http://www.eldercare.acl.gov/home)

**Federal Trade Commission**—[www.reportfraud.ftc.gov](http://www.reportfraud.ftc.gov)  
(and) [www.identitytheft.gov](http://www.identitytheft.gov)

**MEDICAID**—[www.Medicaid.gov](http://www.Medicaid.gov)

**MEDICAID INSPECTOR GENERAL (OMIG)**—  
[ig.arkansas.gov/medicaid-inspector-general/](http://ig.arkansas.gov/medicaid-inspector-general/)

**MEDICARE**—[www.Medicare.gov](http://www.Medicare.gov)

**Medicare Interactive Counselor**—  
[www.medicareinteractive.org](http://www.medicareinteractive.org)

**Care Compare**—[www.medicare.gov/care-compare](http://www.medicare.gov/care-compare)

**Medicare Account**—[www.medicare.gov/account/login](http://www.medicare.gov/account/login)  
(Access to your personal Medicare claims information)

**National Council on Aging**—[www.noa.org/older-adults/benefits/healthcare/medicare](http://www.noa.org/older-adults/benefits/healthcare/medicare)

**Office of Long Term Care**— [humanservices.arkansas.gov/divisions-shared-services/provider-services-quality-assurance/office-of-long-term-care/](http://humanservices.arkansas.gov/divisions-shared-services/provider-services-quality-assurance/office-of-long-term-care/)

**AR SHIIP**— [insurance.arkansas.gov/consumer-services/senior-health/](http://insurance.arkansas.gov/consumer-services/senior-health/)

**SMP Locator**—[SMPResource.org](http://SMPResource.org) (locate an SMP outside of AR)

**Social Security Administration (SSA)**—[www.ssa.gov](http://www.ssa.gov)

**SSA—Report SS Fraud**— [oig.ssa.gov/report](http://oig.ssa.gov/report)

**TAP**—[dws.arkansas.gov/ar-rehabilitation-services/access-accomodations/telecommunication-access-programtap/](http://dws.arkansas.gov/ar-rehabilitation-services/access-accomodations/telecommunication-access-programtap/)  
(Telecommunications Access Program)

**UAMS Centers on Aging** — [UAMSCentersOnAging.org](http://UAMSCentersOnAging.org)

**UAMS Institute on Aging**—[aging.uams.edu](http://aging.uams.edu)

**UofA Cooperative Extension Service**—[www.uaex.uada.edu](http://www.uaex.uada.edu)

# SENIOR MEDICARE PATROL (SMP) MISSION

“To empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education.”

## TO PREVENT HEALTHCARE FRAUD—

### Protect Personal Information

- \* Treat Medicare/Medicaid and Social Security numbers like credit card numbers.
- \* Remember, Medicare will not call or make personal visits to sell anything!
- \* READ and SAVE Medicare Summary Notices (MSN) and Part D Explanation of benefits (EOB), but **shred** before discarding.

### Detect Errors, Fraud, and Abuse

- \* Always review MSN and EOB for mistakes.
- \* Compare them with your Personal Health Care Journal.
- \* Visit [WWW.MYMEDICARE.GOV](http://WWW.MYMEDICARE.GOV) to access your personal account online to look for charges for something you did not get, billing for the same thing more than once, and services that were not ordered and/or you never received.

### Report Mistakes or Questions

- \* If you suspect errors, fraud, or abuse, report it immediately! Call your provider or plan first.
- \* If you are not satisfied with their response, call the Arkansas SMP.

## TO RECRUIT & TRAIN VOLUNTEERS—

- \* Retired seniors;
- \* Retired health-care providers; or
- \* Retired professionals, *e.g.*, teachers, accountants, attorneys, investigators, nurses.



**SMP**

Senior Medicare Patrol

Preventing Medicare Fraud

## AR SMP PARTNERS

**AmeriCorpsSeniors RSVP / El Dorado**  
El Dorado, AR  
870-864-7080

**AmeriCorpsSeniors RSVP / Central AR**  
Little Rock, AR  
501-897-0793

**AmeriCorps Seniors RSVP/  
South East AR Educ Services Coop  
Foster Grandparent Program**  
Monticello, AR  
870-367-4819

### UAMS Centers on Aging (ConA)

#### ConA Northeast

870-207-7598

#### Delta ConA

870-714-3061

#### Schmieding ConA

479-365-2855

#### South AR ConA

870-881-8969

#### South Central ConA

870-879-1440

#### Texarkana ConA

870-773-2030

#### West Central ConA

479-478-8819

### Area Agencies on Aging (AAA)

#### White River AAA

870-612-3000

To receive the **Arkansas SMP Newsletter** call or email:

[aid.insurance.smp@arkansas.gov](mailto:aid.insurance.smp@arkansas.gov) — 866-726-2916



**SMP**

Senior Medicare Patrol

Preventing Medicare Fraud

Arkansas Senior Medicare Patrol (AR SMP)

Arkansas Insurance Department (AID)

1 Commerce Way—Ste 110

Little Rock AR 72202

Report Medicare Fraud, Error & Abuse

1-866-726-2916 / <https://insurance.arkansas.gov/SMP>