FACILITATOR GUIDE, MODULE 02: MEDICARE AND MEDICAID BILLING FRAUD

How to teach the one about *the notice*

Everything a volunteer needs to deliver this module competently: what to do in the twenty minutes before, how to run each segment, what the exercise is actually testing, what to do when somebody says it happened to them, and what never to do regardless of how much it would help.

THE SHAPE OF THIS SESSION — 45 MINUTES · FOUR FIXED PARTS

0:04 to 0:12

PART 01

How the scheme works

Four steps, ending on the one that matters: the beneficiary finds out last, and only if they open the mail.

0:12 to 0:20

PART 02

The specific signals

Set A in the approach, Set B on the notice. Set B is what they will actually use.

0:32 to 0:38

PART 03

The single action

If someone you did not call asks for your Medicare number, the conversation is over.

0:38 to 0:43

PART 04

Where to report

Senior Medicare Patrol said out loud, and the rest of the contacts on the handout.

The exercise sits between parts 02 and 03, from 0:20 to 0:32. It is the longest single block in the session and the first thing a nervous facilitator cuts. Do not cut it. Everything before it is explanation, and explanation on its own has never got anybody to open an envelope they would otherwise have filed.

COVERS	TEACH IT TO	PREPARATION
Module 02 only Each module has its own guide	**Medicare and Medicaid beneficiaries** And family caregivers, who need the survivor segment	**90 minutes, first time** 20 minutes each delivery after
SESSION LENGTH	**THE MODULE**	**VERSION**
45 minutes 30 minute cut included	`[LINK]` Read it before this guide	`[VERSION]` Published `[DATE]`
LICENSE	**GOVERNING RULES**	
CC BY 4.0 Copy, adapt, and teach it	**Your host organisation's** Where they differ from this, theirs win	

What this guide is

Written so that the author is not required

Material that only works when its author is in the room is a service. Material a stranger can pick up and deliver well is something else. This guide exists to make the second thing true of Module 02.

The module is derived from fraud detection work on healthcare claims: it takes an operational description of how provider billing fraud is constructed and turns it around into what that scheme looks like from the inside. That derivation gives the material its specificity. It does not, on its own, make the material teachable, which is a separate problem with a separate answer.

That answer is the fixed structure shown above. Every module in this series answers the same four questions in the same order, so a facilitator who has run one session knows where everything is in the next. The content is new each time. The floor under your feet is not.

Two things follow, and both are worth saying to anyone about to deliver this. You do not need to know anything about medical billing. You need to run the shape and be honest about the edges of what you know. And the genuinely difficult part of this session is not technical, it is the thirty seconds after somebody says this happened to me, which is why that section of this guide is the longest.

> **WHERE THIS GUIDE DOES NOT GOVERN**
>
> If you are delivering under the auspices of an organisation, that organisation's conduct rules, safeguarding policy, and escalation procedure take precedence over everything

written here, without exception. Read theirs first. This guide is written to sit underneath such policies, not to substitute for one.

This module in particular

Four things that make this one harder than it looks

Read these before your first delivery. Each is a place where a well intentioned facilitator reliably goes wrong, and each has a specific fix.

Nobody in the room loses money

THE MOTIVATION PROBLEM

There is no missing withdrawal and no bill demanding payment. The loss lands on the Medicare and Medicaid programmes, and the beneficiary's stake appears to be paperwork. That makes this the hardest module to make anyone care about.

The fix: do not lead with the taxpayer. Lead with what it does to them: a benefit exhausted before they need it, an equipment item on their record so the real one gets denied, a diagnosis they do not have. Then mention the programmes.

Asking about a bill feels like accusing a doctor

THE RESISTANCE PROBLEM

The variant participants resist hardest is the one where a provider they genuinely like bills for something that did not happen. They will decline to look rather than suspect somebody.

The fix: never ask them to suspect anyone. Ask them to check whether a line matches what happened, and say that a real share of these turn out to be ordinary billing errors that one phone call resolves.

Half the room does not get a Medicare Summary Notice

THE DOCUMENT PROBLEM

Anyone on Medicare Advantage or a Part D plan gets an Explanation of Benefits from their plan instead. A facilitator who only names the Medicare Summary Notice loses those participants entirely, and they are a large share of most rooms.

The fix: name both documents every time you name either, from the first mention onward. It costs four words.

The caregivers need a different segment

THE AUDIENCE PROBLEM

Billing after a death only reaches survivors, and the adult children in the room are the only people who can act on it. It is also the clearest case where the detection side and the participant side are the same fact.

The fix: ask early, by show of hands, who is here for themselves and who is here for a parent. Then decide how much weight to give that variant.

First delivery

Before you teach this one for the first time

About ninety minutes, once. Everything after this is the twenty minute routine in the next section.

Step 1

Read the module end to end

Including its facilitator notes, which are the part people skip. Do not jump to the run sheet. The reasoning behind the wording is what lets you answer a question the module did not anticipate.

Step 2

Do the specimen notice cold

Before reading the answers. You will probably flag the unfamiliar lab, and that experience is what stops you dismissing a participant who does the same.

Step 3

Find one real notice

Your own, or a relative's with their permission, or a blank sample. Knowing where the claims list actually sits on the page, and how many pages come before it, is worth more than any description.

Step 4

Call the Senior Medicare Patrol line yourself

Before you send a room to it. You will then be able to say what happens when somebody calls, which is what turns a phone number into an action.

The five sentences to be able to say without notes

If you can say these without looking down, you can run the session even when the projector fails and the printouts did not arrive.

- [ ] "If someone you did not call asks for your Medicare number, the conversation is over. You do not have to be sure."
- [ ] "Free and covered by Medicare cannot both be true. If Medicare is billed, it is not free, it is paid for."
- [ ] "Read down the list and ask one question about each line: did this happen?"

- [ ] "Nobody minds a call about a line that turns out to be legitimate. That call is the system working."
- [ ] "I do not know, and here is who does."

Every delivery

The twenty minutes before

Short, and not optional. Two of these are the items that actually go wrong: an unfilled state Medicaid contact, and a facilitator who has not read their own organisation's escalation procedure.

- [ ] **Fill in the state Medicaid contact on the handout.** The module leaves it bracketed on purpose because it differs by state. Fill it in before printing, not from memory in the room.
- [ ] **Verify the Senior Medicare Patrol number and 1-800-MEDICARE.** Programmes get consolidated and numbers get reassigned. A number read confidently and answered by nobody undoes the session.
- [ ] **Read your organisation's escalation procedure,** specifically for suspected coercion, cognitive decline, or exploitation by a family member or a caregiver.
- [ ] **Print the handout at 14 point or larger,** and bring the specimen notice as a separate sheet. Bring more than you think you need.
- [ ] **Bring a pen and paper for yourself.** You will need to write down a question you cannot answer, in front of the person who asked it. Doing that visibly is part of the answer.
- [ ] **Check the room.** Can everyone hear you from the back with the door open? Is there glare on the screen? Fix it now, not at minute ten.
- [ ] **Decide who takes a disclosure** if you are co facilitating, so one of you can step out with somebody without the session stopping.
- [ ] **Put your own phone away.** A facilitator checking a screen during a session about paying attention to your own paperwork is a worse look than it sounds.

IF YOU ARE DELIVERING VIRTUALLY

Say at the very start that nobody should type or read out a Medicare number, because in a virtual room somebody eventually will. Put every phone number in the chat as well as saying it, expect that some participants cannot see the chat, and say each number slowly twice regardless. Send the handout in advance rather than after, and send the specimen notice as a separate file so people can hold it while you talk.

Segment by segment

Running the forty five minutes

The module carries the run sheet. This is the annotated version: what to say, what to watch for, and where facilitators reliably lose time.

0:00 to 0:04

OPEN

Hold up the line before you name the topic

Read the specimen claim line: a custom fitted back brace, eighteen hundred dollars. Then ask: "This person never ordered a back brace. How would she know?"

Let the room answer badly for a moment. Somebody will say the bank would tell her, or she would see a bill. Neither is true, and that is the session.

WATCH FOR

Do not announce the topic first. Starting with "today we are talking about Medicare fraud" gives everybody permission to decide it does not apply to them.

0:04 to 0:12

PART 01

Four steps, weighted toward the last one

Walk the four steps briskly and then stop on step four. The beneficiary finds out last, on a document most people file unopened, months after the fact.

Say what it does to them before you say what it does to the programmes. A benefit exhausted, an equipment item on the record, a diagnosis they do not have.

> *"Nobody in this chain has any reason to tell you. The only place it shows up is a piece of mail most of us file without reading. That's the whole problem, and it's also the whole solution."*

NAME BOTH DOCUMENTS

From the first mention onward: the Medicare Summary Notice, or the Explanation of Benefits if they are on Medicare Advantage or Part D. A large part of most rooms is on the second one.

0:12 to 0:20

PART 02

The signals, approach then paperwork

Read three of the quoted lines aloud, in the caller's voice rather than off the page. Ask who has heard something close to one of them. Hands go up, and that is the moment the room engages.

Cover Set A briskly. Slow down for Set B, because those are the signals they will actually use, and they arrive in an envelope.

WATCH FOR

This is where an unplanned disclosure usually happens, and where resistance to the "your own provider" variant surfaces. Do not push it. Restate that the ask is whether a line matches what happened.

0:20 to 0:32

EXERCISE

The specimen notice, in pairs then together

Hand out the specimen. Four minutes to circle anything they would ask about, alone or in pairs. Then take answers from the room and write every flagged line on the board, including the wrong ones. Reveal only after that.

The full walkthrough of what each line is testing is in the next section of this guide.

> **DO NOT REVEAL EARLY**
>
> Revealing before collecting answers turns the exercise into a lecture and the room stops participating for the rest of the session.

0:32 to 0:38

PART 03

The action, then the monthly habit

State the single action once, plainly, then have the room say it back to you. Then walk the five review steps against the specimen they have just marked up, so the habit is attached to a page they are holding.

> *"If someone you didn't call asks for your Medicare number, the conversation is over. You don't have to be sure. You don't have to be polite about it."*

> **SAY THE REASSURANCE OUT LOUD**
>
> That nobody is embarrassed for calling about a line that turns out to be legitimate. Without it, the fear of looking foolish stops the call, and the call is the entire point.

0:38 to 0:43

PART 04

One number, said out loud

Point at the Senior Medicare Patrol line, say the number, and describe what happens: a free counsellor who will sit with them and go through the notice line by line, and who will do the reporting.

The handout carries the other five contacts. One number said aloud beats six printed.

0:43 to 0:45

CLOSE

Close on the call being the system working, then stay

Close on the sentence about calling being the system working. Then say you will stay for ten minutes, and stay.

> THE MOST IMPORTANT TEN MINUTES
>
> Most disclosures come after the close, not during. Leaving promptly costs the session its most important conversations.

> THE 30 MINUTE CUT
>
> Drop the variant list to three (the free screening, the free brace, the card replacement call), cut Set A to the first three signals, and run the exercise for six minutes instead of twelve. **Do not cut the exercise or the reporting segment.** A session that explains the problem and stops leaves people worried and unequipped.

The exercise

What each line in the specimen notice is testing

Seven lines from one quarter. Three should not be there. The other four are there to teach that unfamiliar is not the same as fraudulent, which is the actual skill.

ANSWER KEY AND TEACHING PURPOSE

LINE	VERDICT	WHAT IT IS TEACHING
Jan 09 · Office visit, Meridian Family Practice, $128	**Fine**	A baseline. Participants need at least one obviously ordinary line so the exercise is a discrimination task rather than a hunt.
Jan 22 · Genetic testing panel, $6,412	**Ask about it**	Two signals stacked: an amount far out of line with what she experienced, and a test offered to everyone at a booth rather than to her for a reason. She remembers the swab and not the form.

LINE	VERDICT	WHAT IT IS TEACHING
Feb 03 · Metabolic panel, Quantrix Clinical Labs, $47	**Fine, and unfamiliar**	The most useful line in the set. Her doctor sent blood to an outside lab and patients rarely know the name. Somebody flagging this is behaving correctly, and the answer is "good catch, and here is how you would check", never "no".
Feb 17 · Back brace, custom fitted, $1,842	**Ask about it**	Point at the words "custom fitted". The description often claims a level of service that did not occur, and the participant is the only person alive who knows nobody fitted anything.
Feb 28 · Knee brace, same supplier, $1,190	**Ask about it**	The repeat is the teaching point. One item can be an error. The same supplier billing again eleven days later is the pattern, and it is visible to anyone reading two lines together.
Mar 06 · Physical therapy, $96	**Fine**	Ongoing care she attends weekly. Date and duration match what she remembers.
Mar 20 · Physical therapy, identical, $96	**Fine**	Deliberately placed after the duplicate braces. An identical line two weeks later is the next appointment, not a duplicate. Run this against the brace pair so the room learns the distinction rather than a rule about repeats.

HOW YOU KNOW IT WORKED

Somebody flags the lab line or the second therapy visit, and leaves understanding both that their instinct was reasonable and that the answer was a phone call rather than a judgment. A room that flags only the three fraudulent lines has learned an answer key. A room that flags five and then sorts them has learned the skill.

The hard part

When somebody says it happened to them

In a group of thirty older adults, assume at least one. Reread this before every delivery. It is the part where an ordinary session can do real harm, and a good one can do more good than the other forty minutes combined.

START HERE

Somebody indicates, out loud or quietly, that this has happened to them.

IF

They have a notice with them

Common in this module. People bring their paperwork to sessions like this, and they will hold it out to you.

1. Look at it **in their hands**, without taking it and without writing anything down from it.
2. Say which line you would ask about and why, using the language from the exercise.
3. **Do not tell them whether it is fraud.** You do not know, and a real share of these are billing errors.
4. Give the Senior Medicare Patrol number and describe what happens when they call it.
5. Offer to sit with them while they call, if your organisation permits it and you are willing.

IF

They say it in front of everyone

Usually during the signals segment, when the quoted caller lines are read aloud.

1. **Believe it out loud, first.** "That sounds like exactly what we have been describing." Before any advice.
2. Take the blame off them in a sentence addressed to the room rather than to them: these operations are staffed, scripted, and rehearsed against thousands of people.
3. **Do not ask for details.** Not the provider, not the amount, not what they signed.
4. Offer the private route: "Can you stay after and we will go through it?"
5. Move on within about thirty seconds. Lingering turns the person into the exhibit.

IF

They tell you privately afterwards

The most common case, and the reason for staying ten minutes.

1. Listen first, and longer than feels necessary. Most people have not told anyone.
2. Watch for shame and name it directly: being taken in by one of these is not a failure of intelligence.
3. Give the referral and **describe what happens when they use it**, because a described service becomes an action and a phone number stays a phone number.
4. If the provider is one they know and like, say plainly that calling the billing office first is reasonable and that most such calls resolve an error.
5. **Do not promise an outcome.** You do not know whether a claim is reversed, whether anyone is prosecuted, or how long any of it takes.

IF

Something else is going on

Signs of coercion, confusion beyond the topic, or a family member or paid caregiver who appears to be the source.

1. **Do not investigate.** Do not question the person about their family, their care arrangements, or their memory.
2. Do not confront anyone present, including a caregiver who has come with them.
3. Follow your organisation's escalation procedure, which you read before the session.
4. If you have no organisation behind you, know in advance which local agency handles adult protective concerns in your area, and have that number with you.
5. Record only what you observed, in your own words, without identifiers you were not given.

NEVER, IN ANY BRANCH

- Never let anyone read a Medicare number aloud. Interrupt if it starts.
- Never write down or photograph anyone's number, notice, or statement, however much it would help you help them.
- Never call a provider, a plan, or Medicare on somebody's behalf, or speak as them.
- Never give legal or medical advice. Naming who does is the correct answer and a complete one.
- Never tell somebody a line is fraud, or that a provider has done something wrong. You do not know.

Why the restrictions are that strict

They look ungenerous on the page, and in the moment they will feel that way, because the person in front of you needs help and you could plainly give more of it. The reason to hold the line is that a volunteer holding somebody's Medicare number, or a photograph of their notice, has created a risk they cannot manage and a liability their host organisation did not agree to. It also puts you in the exact position the scheme in this module occupies, asking for the same number in the same reassuring voice, and participants notice that faster than you would expect.

What you can offer that nobody else in their week is offering is that you believed them immediately and you knew who to send them to. For most people that is the part that makes the call happen.

Room management

What tends to go wrong in this session

None of these are unique to this module. All are more likely in it, because the subject touches both health and money and invites confident misinformation about each.

LONG STORY

The participant with a full account to give

Say, warmly: "I want to hear all of that, and I want to make sure everybody gets the phone numbers. Can you stay after?" Then move. Nearly everyone accepts, and the ones who stay needed the private conversation.

EXPERT

The retired nurse or billing clerk

Often genuinely useful and occasionally wrong. If they are right, say so and thank them. If they are wrong, do not debate: "That is not what I have, and I would rather not give the room something I am unsure about."

PUSHBACK

"You're telling us to distrust our doctors"

Answer it directly, because it is a fair reading if you have been careless. Say the ask is whether a line matches what happened, that most discrepancies are errors, and that nobody is investigated on one phone call.

DISTRESS

Somebody becomes visibly upset

Stop the segment. Do not talk over it and do not spotlight them. Offer a break to the whole room, which lets them leave or compose themselves unwatched, then check privately.

GRIEF

The survivor segment lands on somebody

Billing after a death is a live wound for anyone recently bereaved. Say it plainly and move through it without dwelling, and check on anyone who goes quiet during it.

UNKNOWN

A question you cannot answer

Say you do not know, write it down in front of them, give the referral. Guessing produces confident misinformation that travels further than the session does.

Things not to say in this module

- × **"Never give your Medicare number to anyone."**
  Not true, and participants know it, because they give it at every appointment. An instruction that contradicts daily experience gets discarded whole. The rule is about who started the conversation.

- × **"Just use common sense."**
  It implies the victims in the room lacked some, and it teaches nothing. Replace it with the specific cue.

- × **"Medicare loses X hundred billion to fraud."**
  Improper payment estimates are not fraud estimates, and many are documentation errors. Overstating is the fastest way to lose the most attentive person in the room.

- × **Naming a real company as fraudulent.**
  Use the specimen names. You do not know the outcome of any real case, and your host organisation does not need the exposure.

- × **Anything that sounds like medical advice.**
  Including whether a test was necessary. "I do not know, and here is who does" is a complete answer.

- × **"You should have known better."**
  Including gentler forms: "didn't that seem odd?" A person who feels judged stops talking, and stops reporting.

Questions that come up, and short answers

Q I threw away my notices. Am I too late?

No. Claims are available in a Medicare account online, and 1-800-MEDICARE can go through them by phone. Notices can be reprinted. Nothing is lost by having discarded the paper.

Q I don't use a computer.

Everything in this session works on paper and by telephone, which is deliberate. Say it out loud, because participants who assume otherwise stop listening at the word "online".

Q Will I have to pay this back?

A beneficiary who did not receive a service is not the one who was paid for it. Do not promise an outcome. Say it is a specific question for 1-800-MEDICARE or a Senior Medicare Patrol counsellor, and a reason to call sooner.

Q What if it's my own doctor's office?

Most discrepancies at a familiar office are billing errors and one call to their billing department resolves them. If the answer does not make sense, or they would rather not ask, the reporting channels take it from there. Nobody is obliged to confront their own doctor.

Q I'm on Medicare Advantage, so this doesn't apply?

It applies. The document is an Explanation of Benefits from the plan rather than a Medicare Summary Notice, but it lists claims the same way and gets read the same way. Plan member services is the first call, and 1-800-MEDICARE and the Senior Medicare Patrol still take reports.

Keeping it current

What you send back keeps this accurate

This module is revised when the underlying detection work identifies new patterns, and when facilitators report what the room actually said. The second source will not exist unless somebody sends it.

The most valuable thing to report is not whether the session went well. It is the exact sentence a participant reported hearing at a booth or on the phone, because that is a scheme variant arriving in a community room before it arrives anywhere it can be measured. Second most valuable is any number or web address you found out of date, because that failure will otherwise be repeated by every other facilitator using the same page.

> **WHAT TO SEND**
>
> Use the record on the following page, or simply write an email, to `[CONTACT]`. Send nothing that identifies a participant: no names, no Medicare numbers, no notices, no photographs, and no provider names from a real complaint. A count is enough where a count is relevant.

If you adapt the module, for a different state, language, or audience, that adaptation is worth sending too. The licence lets you change it freely and does not require you to tell anyone. It is simply useful if you do, so that the next facilitator with the same problem does not solve it again.

Form

Delivery record

One page, printable. Fill it in immediately after the session while it is fresh. Nothing on it should identify a participant or a provider.

Session record, Module 02

Medicare and Medicaid billing fraud · Complete after delivery · No participant or provider identifying information

DATE

FACILITATOR

HOST ORGANISATION

LOCATION

Town and state is enough

IN PERSON OR VIRTUAL

APPROXIMATE ATTENDANCE

MINUTES USED

Full, or the 30 minute cut

BENEFICIARIES OR CAREGIVERS

Rough split

APPROACHES PARTICIPANTS REPORTED EXPERIENCING

Paraphrase the wording. This is the most useful line on the form.

QUESTIONS ASKED THAT THE MODULE DID NOT ANSWER

NUMBERS OR WEB ADDRESSES FOUND OUT OF DATE

Which one, and what it did instead. Include the state Medicaid contact.

HOW THE SPECIMEN NOTICE EXERCISE WENT

Which lines were flagged, including the legitimate ones

DISCLOSURES REFERRED ONWARD

A count only. No names, no details.

HANDOUTS DISTRIBUTED

SUGGESTED CHANGE TO THE MODULE

Afterwards

What a session that worked looks like

Not applause, and not a room that looked interested. These are the observable things, and it is worth checking yourself honestly rather than kindly.

- [ ] Hands went up when you read the quoted lines. If nobody recognised anything, you probably read them rather than said them.
- [ ] At least one person flagged a legitimate line in the specimen notice, and left understanding why asking was still correct.
- [ ] Somebody could tell you the single action back in their own words without being prompted with the first half of it.
- [ ] Nobody left believing they had been told to distrust their doctor.
- [ ] Somebody stayed behind. An empty room afterwards more often means the session felt like a lecture than that nobody had anything to say.
- [ ] You said at least one honest "I do not know", and gave the referral instead.
- [ ] No Medicare number was spoken aloud, written down, or photographed, including by you.
- [ ] You finished on the ending rather than running out of time before reaching it.

> **AND THE ONE THAT MATTERS MOST**
>
> The measure of this session is not what people know at the end. It is whether anyone opens a notice they would previously have filed unread. You will usually never find out. Deliver as if you will.

Reuse, adapt, and teach this

This guide and the module it accompanies are published so that they can be delivered by people the author will never meet. Adapt the local numbers, translate them, change the specimen names, cut the session to thirty minutes. The only request is that the attribution stays on them, so that a participant who wants to check where the material came from can.

THIS GUIDE COVERS

- Module 02, Medicare and Medicaid billing fraud [LINK]
- Its participant handout [LINK]
- Other modules have their own guides

DERIVED FROM

Provider level claims anomaly detection for federal healthcare programmes. Reference implementation and feature dictionary: [LINK] · [DOI]

REVISION

Version [VERSION], published [DATE]. Revised on new detection findings and on facilitator reports. Changelog: [LINK]

SEND CORRECTIONS AND RECORDS

[CONTACT]. Nothing that identifies a participant or a provider.

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