Thank you for your interest in the SMP volunteer program. The contents of this application packet are designed to help answer common questions about the SMP program and to provide some information about what you can expect as a volunteer. SMP relies heavily on volunteers to accomplish its mission to educate and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. Because the work is important, the SMP takes seriously its responsibility to carefully select and place volunteers in positions that match up well with their background, skills, and interests.

Volunteers are essential to the work of the SMP program. They assist with administrative tasks, distribute information, staff information booths at outreach events, make presentations, help people who have questions about health care fraud and abuse, and much more. Without volunteers, the program could not function.

The SMP program has high standards for its paid staff and volunteers alike. We aim to provide timely and helpful information, and to answer questions accurately and objectively. To that end, the SMP provides thorough training and supervision for its volunteers. They receive orientation and training to enable them to carry out the tasks of their respective positions. Those whose work involves direct contact with Medicare beneficiaries through presentations and counseling receive intensive subject matter and skills training. Most volunteer positions require a national criminal background check and a motor vehicle check. SMP pays for this screening and it is done only after the volunteer has given permission.

Beyond training, SMP volunteers can expect their designated supervisor, or “coordinator of volunteers,” to provide ongoing support that includes answering questions, providing constructive feedback and direction, and checking in. Supervisors in the SMP program strive to give support that relies on positive, constructive, and success-oriented guidance for volunteers as they work to fulfill the SMP program’s mission. We want them to have a positive and productive volunteer experience.

The work is challenging, interesting, and ultimately rewarding. Please take some time to review the materials in this packet. If you have any questions or concerns, please call me at 877-272-8720. We will need for you to complete the Volunteer Application and return it if you are interested in moving forward. Thanks again for your interest. We look forward to hearing from you.

Best Regards,

Sunny Lawless
Volunteer Coordinator
Senior MEDICARE Patrol
Frequently Asked Questions
About Medicare Fraud

The Senior Medicare Patrol (SMP) asks the tough questions to stop fraud in its tracks. You may have some questions too. This fact sheet may provide the answers.

You can go a long way in preventing Medicare fraud by remembering these three things: Protect, Detect, Report.

What is the Senior Medicare Patrol?
The Senior Medicare Patrol (SMP) is a group of highly trained volunteers who help Medicare and Medicaid beneficiaries prevent, detect, and report health care fraud. SMP volunteers teach Medicare beneficiaries how to protect their personal information, identify and report errors on their health care statements, recognize scams—such as illegal marketing, providing unnecessary services, and charging for services that were not provided—and report fraud and abuse to the proper authorities. There are SMPs in every state and many U.S. territories.

What do I do if I have been scammed?
If you have detected suspicious or erroneous activity on your Medicare Summary Notice or Part D Explanation of Benefits, you should contact your provider or plan. If you are not comfortable calling your provider or plan or you are not satisfied with the response you get, call your local SMP. To find your local SMP, click on “Locate an SMP in your area” at www.smpresource.org, or call: 1-877-808-2468.

How do SMPs prevent health care fraud?
SMPs conduct outreach in their communities by presenting to groups, hosting exhibits at community events, providing one-on-one counseling, and answering calls to the SMP help lines. SMP volunteers also help Medicare and Medicaid beneficiaries who are unable to address fraud by themselves, and, if necessary, SMPs will refer beneficiaries to outside organizations that can investigate.

How can I protect myself against Medicare fraud?
Protect your personal information. Don’t give sensitive information to someone you don’t know. Your Social Security, Medicare, and bank account numbers can be used to defraud you.

You also should avoid sending personal information on the phone or over an unsecure Internet connection. Never purchase items from a website that you’ve found from an e-mail link. If you know the name of an organization you want to do business with, go to the website on your own.

Fund in part by the U.S. Administration on Aging

Join the Senior Medicare Patrol. Help stop Medicare fraud in its tracks.

www.smpresource.org
Don’t give any sensitive information out over the phone. Beware of people who say they’re from an organization such as Medicare and they need to know your Medicare number. If they truly were from Medicare, they wouldn’t need to ask. Nor would they call or visit your home unless you called them first. Also consider getting on the federal Do Not Call list.

How can I detect fraud and identify errors?
Here are a few simple steps you can take to detect possible fraud.

Keep records of your health care visits, services, and equipment provided, significant lab work, etc. Also, file copies of any bills or notices from insurance companies, doctors, hospitals, pharmacies, etc., as well as canceled checks.

Always review your Medicare Summary Notice or Part D Explanation of Benefits, and compare these notices to your own records and receipts to make sure they are correct.

Look for three things on your billing statement:
1) Charges for something you didn’t get
2) Billing for the same thing twice
3) Services that were not ordered by you or your doctor

Is it okay to dispute information on my Medicare Summary Notice or Part D Explanation of Benefits?
Your health benefits are yours, and it is perfectly acceptable to ask questions of your provider or plan if something does not make sense or may be incorrect. You should contact your provider or plan if:

- You do not understand the charges billed
- You do not think you received a product or service that appears on your statement
- You feel a service was unnecessary

To report possible Medicare fraud, call 1.877.272.8720
www.stopmedicarefraud.org
8440 Jefferson Highway, Suite 101
Baton Rouge, LA 70809
What Do I Want in a Volunteer Position?

This exercise will help you determine if Senior Medicare Patrol offers the type of volunteer opportunities you desire. Select the answer that best describes your interest.

1. I am most interested in a volunteer position that is:
   - Long Term: These on-going or continuous positions offer service opportunities at regular intervals for a year or longer
   - Short Term: These positions have a start and end date, usually not exceeding 6 months
   - Episodic: These positions provide service opportunities at irregular intervals over the course of one year or many years.

2. I am most interested in a volunteer position that allows me to:
   - Work alone
   - Work with others
   - Either

3. I am most interested in a volunteer position that allows me to:
   - Work behind the scenes with other volunteers or organization staff
   - Interact with the public
   - Either

4. I enjoy a volunteer position that:
   - Requires me to report to the same site each time I volunteer
   - Provides a variety of sites where I will provide the same service
   - Either

5. I prefer volunteering with an organization that:
   - Has a very definite focus, method and policy
   - Has a definite mission that can be accomplished in many ways, some of which might not yet be enacted
   - Either

6. Select one that best describes you:
   - I am interested in finding an organization where I will be a volunteer for many years.
   - I am interested in finding an organization where I will be a volunteer for a few years.
   - I am interested in finding an organization where I will be a volunteer for a year or less.

7. I am interested in a volunteer position that:
   - Requires me to use skills I have honed and perfected over the years
   - Requires me to learn new skills
   - Both

Now that you have recorded your answers, let’s determine if SMP is a match for you.
1. Disregard any yellow answers
2. Count up your red answers. Count up your green answers.
3. If you have more green answers than red answers, SMP may be able to provide the type of volunteer opportunity you seek.
4. The more green answers you have, the better fit SMP is for you.
5. If your answers indicate that SMP may be right for you, please read through the additional materials included in this packet.
6. If you would like to proceed in becoming a volunteer, please return this page with your Volunteer Application. It will help us place you in a role that best suits your desires.
About the SMP Volunteer
Application & Screening Process

1. What are the steps in the application and screening process?
   At a minimum, the process requires a completed application form, an interview, and three reference checks. Depending on the position, the screening process may also include a criminal records check, driving record check, and checks on education or employment background. Some applicants may be asked to provide a physician’s certification of their ability to perform certain tasks. Others may be asked to verify that they have the necessary credentials to take on certain tasks.

2. Why are there so many steps in the process?
   The SMP program takes seriously the safety of the program’s beneficiaries and volunteers. Many of the people who use the program’s services are in a vulnerable position due to illness, infirmity, and dependence. A thorough screening process enables the SMP to maintain a safe and productive community service program with trustworthy and reliable volunteers who do not present a risk of harm to themselves and others.

3. Who reviews my application form?
   The Coordinator of Volunteers and the Program Manager will review your application form.

4. Why do you ask about conflicts of interest in the application form?
   The program strives to provide objective and unbiased information and services involving Medicare and other health insurance programs. Objectivity is important to building trust with individuals and a reputation of trustworthiness in the community. To build a volunteer workforce that provides objective information and services, we ask applicants to declare if they have a financial, personal, or philosophical interest that may present a conflict with the SMP program’s interest in maintaining its reputation for objectivity.

5. Why do you check references and conduct a criminal records check (for some positions)?
   We check at least three personal and work references because they provide relevant information for the managers who make the acceptance and placement decisions. We check criminal records for all applicants for volunteer positions of trust (See SMP Standard Volunteer Roles hand-out). We will inform you of the screening steps required for the position for which you have applied, and conduct them only with your consent.
6. **What will you do with the sensitive personal information that I provide?**
   We will respect and protect any information that you give us in confidence. We will share the information only with people who have a need to know it. We destroy information such as Social Security and driver license numbers when we no longer need it in the screening process.

7. **How will I learn if I have been accepted for placement as an SMP volunteer?**
   You will receive a letter that notifies you of our decision. If we accept you for placement, the letter will also inform you about orientation and training program for new volunteers.

8. **How long does the screening process take?**
   The length of time may vary depending on our ability to schedule a phone interview, the availability of references to take calls and answer questions, and the response time of authorities who conduct driving record checks and criminal record checks. The process normally takes one – two weeks. We will update you if the process takes longer than we expect.
SMP Standard Volunteer Roles

Our SMP program operates with four standard volunteer roles. Information about the roles and the responsibilities connected with them are set forth in position descriptions. It is important to know that the screening process is more demanding for those roles identified as “positions of trust.” A position of trust is one in which a volunteer has access to another person’s protected personal, health care, or financial information. The four standard roles are:

- **Staffing Exhibits**: This role involves staffing information kiosks or exhibits (booths) at community outreach events. Volunteers who serve in this role are limited to providing general information about the SMP and Medicare/Medicaid fraud and abuse and do not engage in discussions of personal information or situations other than to answer simple inquiries. Requests for counseling are deferred to qualified SMP counselors.

- **Administration**: Volunteers assist the SMP through the administrative work but do not interact with the public or answer questions about specific issues or situations. Any request for information that might be received by administrative volunteers are referred to SMP Counselors or other qualified personnel. This volunteer role includes office assistance, data entry and other administrative work connected to the operation of the SMP.

- **Group Presentations**: This role involves giving substantive presentations on SMP topics to audiences, and offering an opportunity for interaction with audience members. Group presentations include delivery of complex information and/or opportunity for Q & A with the audience. Volunteers who serve in this role are limited to providing general information regarding the SMP and Medicare/Medicaid fraud and abuse and do not engage in discussions of personal information or situations other than to answer simple inquiries. Requests for counseling are deferred to qualified SMP counselors. It is a position of trust.

- **Distributing Information**: This role involves transporting and disseminating SMP (hard copy) information to sites and events; the role may also include reading or presenting prepared copy or performing scripted activities for outreach. This role does not involve engaging beneficiaries in individual discussions about personal information or situations. Any beneficiary requests for information or assistance that a volunteer receives while serving in this role are deferred to volunteers or staff who are qualified to handle simple inquiries and/or provide one-on-one counseling.
Volunteer Application Process—Online Training

Volunteer expresses interest in volunteering

Volunteer receives SMP Information Packet and completes application

Volunteer participates in telephone interview

Volunteer completes criminal background* and reference check

Volunteer receives and completes Online Training

Volunteer completes Orientation

Volunteer is released and connected to opportunities

*Criminal Background checks are repeated every 4 years after the initial check to become an SMP volunteer. Background checks may also be repeated if a volunteer changes roles.
Volunteer Application

Contact Information

Applicant name: ________________________________________________________________

Address: ______________________________________________________________________

City/Town _______________________ State ____________ Zip code __________

Home phone: (        ) ____- _____________  Cell: (          ) ______ -___________

Email address: _________________________________________________________________

Best method and time to reach you:   Home ☐   Cell ☐

Emergency Contact: _____________________________________________________________

Relationship: ____________________________

Home phone: (       ) ______ - ______________ Cell: (        ) ______ - ___________

Applicant Information

1. Do you speak any languages other than English?  Please list language(s):

___________________________________________________________________________
___________________________________________________________________________

2. Please tell us about your work experience, including paid and volunteer positions.

   If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the SMP volunteer position. If you need additional space, please attach another sheet of paper.

   A. Organization: _____________________________________________________________

      City/State: _____________________________________________________________

      Phone: ________________________________

Revised 06/18/2015
Position/Title: ________________________________________________________________

Type of work: ________________________________________________________________

Years: ___________ to ____________

Role: _____ Paid employee _____ Volunteer _____ Other

B. Organization: ________________________________________________________________

City/State: ________________________________________________________________

Phone: ________________________________________________________________

Position/Title: ________________________________________________________________

Type of work: ________________________________________________________________

Years: ___________ to ____________

Role: _____ Paid employee _____ Volunteer _____ Other

C. Organization: ________________________________________________________________

City/State: ________________________________________________________________

Phone: ________________________________________________________________

Position/Title: ________________________________________________________________

Type of work: ________________________________________________________________

Years: ___________ to ____________

Role: _____ Paid employee _____ Volunteer _____ Other

3. Please describe any skills or experience that would enable you to perform the duties of an SMP volunteer.

___________________________________________________________________________

___________________________________________________________________________
4. Do you have any medical conditions that may affect your ability to function as an SMP volunteer, or do you require any special accommodations that the SMP coordinator of volunteers should be aware of? _____ Yes _____ No

If yes, please describe:
___________________________________________________________________________
___________________________________________________________________________

5. Are you licensed and able to drive an automobile? _____ Yes _____ No

*If you will be driving to and from SMP events or to conduct SMP outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.*

6. Certain conflicts between personal interests and the interests of the SMP program may exist, and could prevent a person from serving as an SMP volunteer. One example is that of a licensed health insurance agent. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the SMP program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**Availability**

1. Please indicate the days and times that you are typically available.

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**Authorization and Certification**

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge.

Signature: ___________________________ Date: ________________

Revised 06/18/2015