

Medicare Minute Script – December 2017 Troubleshooting Medicare

Today, you will learn about a few ways to avoid common Medicare coverage problems, as well as what you can do to address problems that have already occurred.

Point 1: Make sure your provider accepts Medicare or works with your plan.

If you see a provider who works with your Medicare coverage, you will not be responsible for paying the full cost for your care out of pocket. If you have Original Medicare, you should see a provider who accepts Medicare coverage and takes assignment. Taking assignment means the provider accepts Medicare's approved amount for a service as full payment. Some Original Medicare providers do not take assignment, which means they can charge you up to 15% more for services. You pay more out of pocket, but Medicare still covers some of the cost of the care you receive.

On the other hand, if you see a provider who has formally opted out of Medicare, you will be responsible for paying the full cost of the services you receive. Medicare will not pay for any care you get from a provider who has opted out, and these providers can charge any amount they wish for services. If you have a Medicare Advantage Plan, make sure you understand your plan's network. Many plans require you to use their network of providers to get covered care. If you have that kind of plan and you see an out-of-network provider, your plan may not cover some or all of the cost of your care. You will be responsible for the full out-of-pocket cost.

Point 2: Understand Medicare coverage rules.

You do not need to know all of Medicare's coverage rules, but there are two main rules to keep in mind. The first is that Medicare covers medically necessary care. The second is that Medicare excludes some services from coverage, such as cosmetic surgery. Before getting a service, check to make sure Medicare covers it and if there are any steps you must take to receive it. If Original Medicare or your Medicare Advantage Plan does not cover a service, it may be because you did not follow coverage rules. For example, Medicare only covers certain preventive screenings if you meet the criteria. Also, some Medicare Advantage Plans require a referral from a primary care physician before covering a visit to a specialist.

To learn about Original Medicare's coverage of a needed service, you can call 1-800-MEDICARE, visit www.medicare.gov, read the relevant sections of your *Medicare & You* handbook, talk to a SHIP counselor, or speak with your provider. When providers do not think Medicare will cover your care, they should give you a notice called an Advance Beneficiary Notice. To receive the care, you must sign the Advance Beneficiary Notice to accept responsibility for paying for the service if Medicare denies payment. If Medicare denies payment, you can appeal to ask Medicare to reconsider their decision.

To learn about how your Medicare Advantage Plan covers a needed service, call your plan, read your plan's benefits handbook, or speak with your provider.

DISTRIBUTED BY Iowa SMP 1-800-423-2449

SHIP National Technical Assistance Center: 877-839-2675, www.shiptacenter.org | info@shiptacenter.org

SMP National Resource Center 877-808-2468 | www.smpresource.org | info@smpresource.org

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Point 3: Know your right to appeal.

Original Medicare or your Medicare Advantage Plan may at some point deny coverage for a service or item you received in the past, such as a doctor’s office visit, or a service you want to receive in the near future, such as a lab test. You will receive a denial notice explaining why coverage was denied. When denials happen, you can appeal to ask that the service or item be covered. You can also ask your provider for help filing the appeal according to instructions on the denial notice. A SHIP counselor may also be able to help you.

If you are receiving certain care—such as inpatient hospital, skilled nursing facility, home health, or hospice care—your provider may decide to end your care because they do not think Medicare will pay for it. If this happens, you can appeal your provider’s decision if you think continued care is medically necessary. Appeal instructions will be on notices you receive about your care ending.

Take action:

1. Speak with your provider about Medicare’s coverage of the services you need. Call 1-800-Medicare, your Medicare Advantage Plan, or your State Health Insurance Assistance Program (SHIP) if you have any questions.
2. Contact your Senior Medicare Patrol if you receive any notices or bills that seem suspicious. SMP representatives can teach you how to spot and protect yourself from potential Medicare fraud.
3. Read notices you get in the mail to make sure your services were covered. If a service was not covered, you can follow instructions to appeal.

Iowa SHIP	Iowa Senior Medicare Patrol (SMP)
SHIP toll-free: 1-800-351-4664	SMP toll-free: 1-800-423-2449
SHIP email: shiip@iid.iowa.gov	SMP email: iowaSMP@nei3a.org
SHIP website: www.therightcalliowa.org	SMP website: www.iowasmp.org
To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org .	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

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