



# Redesigned Medicare Summary Notice Workshop

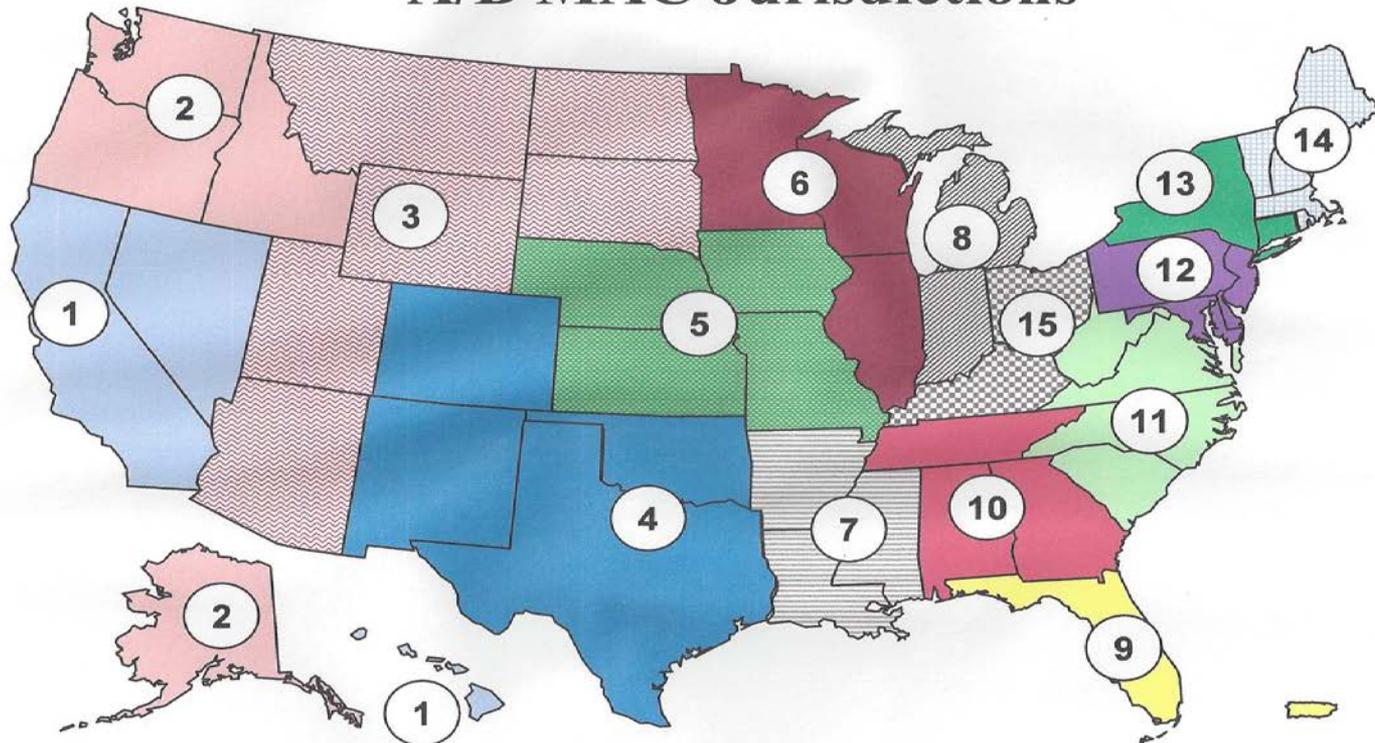
Presented by: Nila Morgan  
Medicare Information Office and Anchorage Senior  
Activity Center  
Fraud Education Coordinator  
Volunteer Coordinator

# What is the Medicare Summary Notice?

- Not a bill
- Quarterly Statement of Medicare Part A & Part B claims and their status
- Available on online at [MyMedicare.gov](https://www.mymedicare.gov)
- Comes from the Medicare Administrative Contractor (Noridian).
- Provides information on how to initiate an appeal.

# Medicare Administrative Contractors

**A/B MAC Jurisdictions**



# Why the Redesign

- Part of the new initiative, “Your Medicare Information: Clearer, Simpler, At Your Fingertips” which aims to make Medicare information clearer, more accessible, and easier for beneficiaries and the caregivers to understand.
- This redesign reflects more than 18 months of research and feedback from beneficiaries to provide enhanced customer service and respond to suggestions and input

# Protecting Medicare beneficiaries and Medicare dollars

- Consumer protection starts with making sure that consumers not only get timely and accurate information, but that they understand what services they're receiving from Medicare.
- The new notice empowers Medicare's seniors and people with disabilities to identify errors, fraud, and abuse.



# When will this be available?

- New electronic version can be accessed at My Medicare.gov January 1, 2013.
- New hard copy versions will begin being received by beneficiaries in early 2013.



# New features

- Emphasis on how to check for important facts, errors and fraud
- Larger fonts make the form easier to read
- Information on preventive services that are available to Medicare Beneficiaries
- Definitions of all terms used in the form
- Easier to check:
  - Deductible Status
  - List of providers seen
  - Status of Claims approval

# Your New MSN for Part B – Overview

Your Medicare Part B MSN shows all of the services billed by Medicare for doctors' services, hospital outpatient care, home health care, preventive services, and other medical services.

## Each Page with Specific Information:

**Page 1:** Your dashboard which is a summary of your notice,

**Page 2:** For helpful tips on how to review your notice,

**Page 3:** For your claims information,

**Last page:** Find out how to handle denied claims.

## Bigger Print for Easy Reading

Page titles and subsection titles are now much larger. Using a larger-sized font throughout makes the notice easier to read.

## Helpful Tips for Reading the Notice

The redesigned MSN explains what you need with user-friendly language.

Page 1 of 4



### Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

JENNIFER WASHINGTON  
TEMPORARY ADDRESS NAME  
STREET ADDRESS  
CITY, ST 12345-6789

**THIS IS NOT A BILL**

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**Notice for Jennifer Washington**

Medicare Number	XXX-XX-1234A
Date of This Notice	March 1, 2013
Claims Processed Between	January 1 - March 1, 2013

**Your Deductible Status**  
Your deductible is what you must pay for most health services before Medicare begins to pay.  
**Part B Deductible:** You have now met \$85.00 of your \$174.00 deductible for 2013.

**Be Informed!**  
Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

**Your Claims & Costs This Period**

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	1
<b>Total You May Be Billed</b>	<b>\$90.15</b>

**Providers with Claims This Period**

January 21, 2013  
Craig J. Secosan, M.D.

(Nota que puede recibir este aviso y otros tipos de avisos de Medicare en español. Llame o visite con un agente en español. 中文及國語服務、健康保險服務詳情、請電或「我的 Medicare」。 1-800-MEDICARE (1-800-633-4227)

Page 1

Page 2 of 4

Jennifer Washington

### Making the Most of Your Medicare

**How to Check This Notice**  
Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?  
Did you get the services listed? Do they match those listed on your receipts and bills?  
If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

**How to Report Fraud**  
If you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).  
Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.  
You can make a difference! Last year, Medicare saved taxpayers \$4 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

**How to Get Help with Your Questions**  
1-800-MEDICARE (1-800-633-4227)  
Ask for "doctors services." Your customer-service code is 9955.  
TTY 1-877-486-2048 (for hearing impaired)  
Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-555-555-5555.

**Medicare Preventive Services**  
Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:  
• Talk to your doctor.  
• Look at your "Medicare & You" handbook for a complete list.  
• Visit [www.Medicare.gov](http://www.Medicare.gov) for a personalized list.

**Your Messages from Medicare**  
Get a personalized alert. You may only need it once in a lifetime. Contact your health care provider about getting this alert. You pay nothing if your health care provider accepts Medicare assignment.  
To report a change of address, call Social Security at 1-800-325-6778.  
Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.  
Want to see your claims right away? Access your Original Medicare claims at [www.Medicare.gov](http://www.Medicare.gov), usually within 24 hours after Medicare processes the claim. You can use the "Blue Button" feature to help keep track of your personal health records.

Page 2

Page 3 of 4

Jennifer Washington

### Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, substance services, and other health care services.  
**Definitions of Columns**  
Service Approved? This column tells you if Medicare covered this service.  
Amount Provider Charged: This is your provider's fee for this service.  
Medicare-Approved Amount: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.  
Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.  
Maximum You May Be Billed: This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

**January 21, 2013**  
Craig J. Secosan, M.D., (555) 555-1234  
Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Blountville, NC 28713-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Other Pages
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	\$21.59	
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	A
<b>Total for Claim #02-10195-592-390</b>		\$211.56	\$107.97	\$86.38	<b>\$90.15</b>	<b>B</b>

**Notes for Claims Above**  
A. This service was denied. The information provided does not support the need for this service or item.  
B. Your claim was sent to your Medicare Supplement Insurance (Medigap) policy, Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

Page 4 of 4

Jennifer Washington

### How to Handle Denied Claims or File an Appeal

**Get More Details**  
If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.  
Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including fees or policies used to make the decision.

**If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on This Notice, You Can Appeal**  
Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.  
We must receive your appeal by: **July 15, 2013**

**If You Need Help Filing Your Appeal**  
Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.  
Call your provider. Ask your provider for any information that may help you.  
Ask a friend to help. You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

**File an Appeal in Writing**  
Follow these steps:  
1. Circle the service(s) or claim(s) you disagree with on this notice.  
2. Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.  
3. Fill in all of the following:  
Your or your representative's full name (print) \_\_\_\_\_  
Your or your representative's signature \_\_\_\_\_  
Your telephone number \_\_\_\_\_  
Your complete Medicare number \_\_\_\_\_

4. Include any other information you have about your appeal. You can ask your provider for any information that will help you.  
5. Write your Medicare number on all documents that you send.  
6. Make copies of this notice and all supporting documents for your records.  
7. Mail this notice and all supporting documents to the following address:  
**Medicare Claims Office**  
c/o Contractor Name  
Street Address  
City, ST 12345-6789

**Find Out More About Appeals**  
For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.Medicare.gov/appeals](http://www.Medicare.gov/appeals).

# Page 1 – Your Dashboard

## 1 HHS Logo

The redesigned MSN has the official Health & Human Services (HHS) logo.

## 2 Your Information

Check your name and the last 4 numbers of your Medicare number as well as the date your MSN was printed and the dates of the claims listed.

## 3 Your Deductible Info

You pay a yearly deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!



**1**

**4**

## Medicare Summary Notice

for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

Page 1 of 4

JENNIFER WASHINGTON  
 TEMPORARY ADDRESS NAME  
 STREET ADDRESS  
 CITY, ST 12345-6789

**THIS IS NOT A BILL**

**2 Notice for Jennifer Washington**

Medicare Number	XXX-XX-1234A
Date of This Notice	March 1, 2013
Claims Processed Between	January 1 – March 1, 2013

**5 Your Claims & Costs This Period**

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	1
See claims starting on page 3. Look for <b>NO</b> in the "Service Approved?" column. See the last page for how to handle a denied claim.	
<b>Total You May Be Billed</b>	<b>\$90.15</b>

**3 Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part B Deductible:** You have now met **\$85.00** of your **\$174.00** deductible for 2013.

**6 Providers with Claims This Period**

January 21, 2013  
 Craig I. Secosan, M.D.

**Be Informed!**

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.  
 如果需要国语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”. 1-800-MEDICARE (1-800-633-4227)

## 4 Title of your MSN

The title at the top of the page is larger and bold.

## 5 Total You May Be Billed

A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

## 6 Providers You Saw

Check the list of dates and the doctors you saw during this claim period.

## 7 Help in Your Language

For help in a language other than English or Spanish, call 1-800-MEDICARE and say "Agent." Tell them the language you need for free translation services.

# Page 2 – Making the Most of Your Medicare

## 1 Section Title

This helps you navigate and find where you are in the notice. The section titles are on the top of each page.

## 2 How to Check

Medicare offers helpful tips on what to check when you review your notice.

## 3 How to Report

Help Medicare save money by reporting fraud!

## 4 How to Get Help

This section gives you phone numbers for where to get your Medicare questions answered.

Jennifer Washington

THIS IS NOT A BILL | Page 2 of 4

## 1 Making the Most of Your Medicare

### 🔍 How to Check This Notice

**Do you recognize the name of each doctor or provider?** Check the dates. Did you have an appointment that day?

**2 Did you get the services listed?** Do they match those listed on your receipts and bills?

**If you already paid the bill, did you pay the right amount?** Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

### 🗨️ How to Report Fraud

If you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

**3** Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

**You can make a difference!** Last year, Medicare saved tax-payers **\$4 billion**—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

### 📞 How to Get Help with Your Questions

**4** **1-800-MEDICARE (1-800-633-4227)**  
Ask for "doctors services." Your customer-service code is 05535.

**TTY 1-877-486-2048** (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-555-555-5555.

### 🏠 Medicare Preventive Services **5**

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your "Medicare & You" handbook for a complete list.
- Visit [www.MyMedicare.gov](http://www.MyMedicare.gov) for a personalized list.

### 📧 Your Messages from Medicare **6**

**Get a pneumococcal shot.** You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

**To report a change of address,** call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

**Early detection is your best protection.** Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

Want to see your claims right away? Access your Original Medicare claims at [www.MyMedicare.gov](http://www.MyMedicare.gov), usually within 24 hours after Medicare processes the claim. You can use the "Blue Button" feature to help keep track of your personal health records.

## 5 Preventive Services

Remember, Medicare covers many preventive tests and screenings to keep you healthy.

## 6 General Messages

These messages get updated regularly, so make sure to check them!

# Page 3 – Your Claims for Part B (Medical Insurance)

## 1 Type of Claim

Claims can either be assigned or unassigned.

## 2 Definitions

Don't know what some of the words on your MSN mean? Read the definitions to find out more.

## 3 Your Visit

This is the date you went to your doctor. Keep your bills and compare them to your notice to be sure you got all the services listed.

## 4 Service Descriptions

User-friendly service descriptions will make it easier for you to know what you were treated for.

Jennifer Washington THIS IS NOT A BILL | Page 3 of 4

### 1 Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

### 2 Definitions of Columns

**Service Approved?**: This column tells you if Medicare covered this service.

**Amount Medicare Paid**: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

**Amount Provider Charged**: This is your provider's fee for this service.

**Maximum You May Be Billed**: This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

**Medicare-Approved Amount**: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

**January 21, 2013**  
**Craig I. Secosan, M.D., (555) 555-1234**  
 Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	<b>\$21.59</b>	6
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	A
<b>Total for Claim #02-10195-592-390</b>		\$211.56	\$107.97	\$86.38	<b>\$90.15</b>	B 7

4

5

6

7

## 5 Approved Column

This column lets you know if your claim was approved or denied.

## 6 Max You May Be Billed

This is the total amount the provider is able to bill you. It's highlighted and in bold for easy reading.

## 7 Notes

Refer to the bottom of the page for explanations of the services you got.

### Notes for Claims Above

- A This service was denied.** The information provided does not support the need for this service or item.
- B Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina.** Send any questions regarding your benefits to them.

## Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

### Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered this service.

**Amount Provider Charged:** This is your provider's fee for this service.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

**Amount Medicare Paid:** This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

**June 18, 2011**

**Dr. Susan Jones, M.D., (555) 555-1234**

Brevard County Physical Therapy Center, 32 Main Street, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes (97110)	Yes	\$45.00	\$28.54	\$22.83	\$5.71	
<b>Total for Claim #02-10195-592-677</b>		\$45.00	\$28.54	\$22.83	\$5.71	A

Continued →

### Notes for Claims Above

**A** Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.



## Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

### Definitions of Columns

**Item/Service Approved?:** This column tells you if Medicare covered this item or service.

**Amount Medicare Paid:** This is the amount Medicare paid the supplier. This is usually 80% of the Medicare-approved amount.

**Amount Supplier Charged:** This is your supplier's fee for this item or service.

**Maximum You May Be Billed:** This is the total amount the supplier is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

**Medicare-Approved Amount:** This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

May 9, 2011

Lincare Inc., (555) 555-1234

PO BOX 996, Blue Springs, MO 64013-0996

Ordered by John K Whalen

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 Oxygen Concentrator (E1390-RR) Rental	Yes	\$442.00	\$173.17	\$138.54	\$34.63	A
<b>Total for Claim #10334829487000</b>		\$442.00	\$173.17	\$138.54	\$34.63	B

Continued →

### Notes for Claims Above

- A** Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- B** Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.



## Your Home Health Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

### Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered the home health service.

**Amount Provider Charged:** This is your provider's fee for this service.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged. Your provider has agreed to accept this amount as

full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

**Amount Medicare Paid:** This is the amount Medicare paid the provider. This is usually 80% of the Medicare-approved amount.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you. This is usually \$0. For durable medical equipment, it can include 20% of the Medicare-approved amount. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

### June 7 – August 3, 2011

**Albert Gallatin Home Care and Hospice Care, (555) 555-1234**

1368 Mall Run Road 628, Uniontown, PA 15401-2656

Referred by Richard J. Pish

Quantity & Service Provided	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
	Yes	\$1,450.00	\$1,450.00	\$1,450.00	<b>\$0.00</b>	
1 Occupation Therapy	Yes	150.00	150.00	150.00	<b>0.00</b>	
1 Speech Pathology	Yes	170.00	170.00	170.00	<b>0.00</b>	
11 Skilled Nursing	Yes	1,595.00	1,595.00	1,595.00	<b>0.00</b>	
<b>Total for Claim #21122000001804NYR</b>		<b>\$3,365.00</b>	<b>\$3,365.00</b>	<b>\$3,365.00</b>	<b>\$0.00</b>	<b>A</b>

### Notes for Claims Above

**A** Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Highmark Inc. Send any questions regarding your benefits to them.



## Your Hospice Claims for Part A (Hospital Insurance)

Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care, and hospice care.

full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

### Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered the hospice service.

**Amount Medicare Paid:** This is the amount Medicare paid the provider. This is usually 80% of the Medicare-approved amount.

**Amount Provider Charged:** This is your provider's fee for this service.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you. This is usually \$0, but can include copayments for outpatient prescription drugs, as well as 5% of the Medicare-approved amount for inpatient respite care. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged. Your provider has agreed to accept this amount as

### June 23 – June 30, 2011

Alina Health System, (555) 555-1234

1055 Westgate Drive, Suite 100, St. Paul, MN 55114-1451

Referred by Deb Burgymd

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Direct Skilled Nursing Services of a Licensed Nurse (LPN or RN) in the home health or hospice setting, each 15 minutes (G0154)	Yes	\$197.00	\$0.00	\$0.00	\$0.00	A
Hospice in SNF (Q5004)	Yes	1,301.92	1,301.92	1,301.92	0.00	A
Services of Clinical Social Worker in Home Health or Hospice settings, each 15 minutes (G0155)	Yes	218.00	0.00	0.00	0.00	A
Direct Skilled Nursing Services of a Licensed Nurse (LPN or RN) in the home health or hospice setting, each 15 minutes (G0154)	Yes	180.00	0.00	0.00	0.00	A
<b>Total for Claim #21122800455102MNR</b>		<b>\$1,896.92</b>	<b>\$1,301.92</b>	<b>\$1,301.92</b>	<b>\$0.00</b>	

Continued →

### Notes for Claims Above

**A** You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'Maximum You May Be Billed' column.



# Last Page – How to Handle Denied Claims

## 1 Get More Details

Find out your options on what to do about denied claims.

## 2 If You Decide to Appeal

You have 120 days to appeal your claims. The date listed in the box is when your appeal must be received by.

## 3 If You Need Help

Helpful tips to guide you through filing an appeal.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 4

## How to Handle Denied Claims or File an Appeal

### 1 Get More Details

If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

### 2 If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

July 13, 2013

### 3 If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your provider:** Ask your provider for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

### Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

### File an Appeal in Writing

4

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office  
c/o Contractor Name  
Street Address  
City, ST 12345-6789**

## 4 Appeals Form

You must file an appeal in writing. Follow the step-by-step directions when filling out the form.



# Help fight Medicare Fraud

- Know Your Rights
- Keep your information safe:
  - Your name, social security number, Medicare number, prescription drug card, & credit card and bank account numbers
- Help fight Medicare fraud.
- Get involved with other seniors with the Senior Medicare Patrol (SMP)
- Make informed Medicare choices.

Take advantage of Open enrollment to review our coverage for prescription medications and change plans if desired.



# Questions???

- The Medicare Information Office is happy to keep providing you with authoritative and current information on Medicare and how it works in Alaska.
  - 1-800-478-6065
  - (907) 269-3680
  - Monday – Friday
    - 9am – 5pm