

Medicare Minute Script – December 2018 Speaking with Your Providers

Communication is key in building good relationships with your health care providers and getting the best possible care. Today you will learn valuable tools for speaking with your Medicare providers.

Point 1: Learn how to communicate effectively with your health care providers.

To help you communicate effectively with your providers, take these steps:

- **Be prepared:** Arrive at your doctor's office prepared with any relevant insurance cards, a copy of your health history, and a list of questions you want to ask your doctor. Bring a pen and paper to take notes, and consider bringing another person, like a caregiver, to your appointment if you think they can help.
- **Share information:** Tell your doctor about symptoms you are having and any trouble you are having with activities of daily living. Tell them about other providers you have seen and any treatments they recommended.
- **Ask questions:** If you do not understand something your doctor says, ask them to explain it.
- **Get it in writing:** Ask your doctor to write down what you should do between now and your next visit, including instructions for how to take medicines, specialists you should see, and/or lifestyle modifications.
- **Follow up:** If you experience any problems after your appointment, call your doctor's office to schedule a follow-up. Ask your doctor's office if they use e-mail or an online portal to communicate with patients.

Point 2: Know what to do if your provider does not believe your care will be covered.

If you have Original Medicare and your provider believes that Medicare will not pay for a service, they may ask you to sign a document before you receive that service. It is called an Advance Beneficiary Notice, or ABN. The ABN allows you to decide whether to get the care in question and to accept financial responsibility if Medicare denies payment. The notice must say why the provider believes Medicare will deny payment. Providers are not required to give you an ABN for services or items that are never covered by Medicare, such as hearing aids. Note that your providers are not permitted to give an ABN all the time, or have a blanket ABN policy. **If you have a Medicare Advantage plan**, you or your provider should contact your plan and request a formal determination about whether an item or service will be covered. If the plan denies coverage before you receive the service, you should get a Notice of Denial of Medical Coverage within 14 days of requesting the determination. If you request an expedited appeal and your plan approves your request, the Notice of Denial is due within 72 hours. Follow the instructions on the notice to appeal your plan's determination. Ask your doctor to submit evidence to the plan that you meet the coverage criteria for the item or service and that it is medically necessary.

Point 3: Understand Medicare's coverage of second and third opinions.

A second opinion is when you ask a doctor other than your regular doctor for their view on symptoms, an injury, or an illness you are experiencing in order to better help you make an informed decision about treatment options. **If you have Original Medicare**, it covers second opinions if a doctor recommends that you have surgery or a major diagnostic or therapeutic procedure. It will not cover second opinions for excluded services, such as cosmetic surgery. Medicare will also cover a third opinion if the first and second opinions differ. The second and third opinions will be covered even if Medicare will not ultimately cover your procedure (unless it is an excluded service). If the first and

second opinions were the same but you want a third opinion, you may be able to see a third doctor for a confirmatory consultation. Medicare may cover a confirmatory consultation if your doctor submits the claim correctly and the service is reasonable and medically necessary. **If you have a Medicare Advantage plan**, your plan may have different cost and coverage rules for second and third opinions. Contact your plan for more information about costs and restrictions.

Take action:

1. Prepare for your visits with your doctors by making a list of symptoms you are having and questions you need answered. Consider bringing a friend, relative, or caregiver if you need assistance or support.
2. Call your Medicare Advantage Plan to learn about their coverage rules and restrictions.
3. Contact your State Health Insurance Assistance Program (SHIP) if you need help understanding Medicare’s coverage rules or filing an appeal.
4. Contact your Senior Medicare Patrol (SMP) if you believe you have been a victim of Medicare fraud or attempted fraud.

Local SHIP Contact Information	Local SMP Contact Information
<p>SHIP toll-free: SHIP email: SHIP website: To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org.</p>	<p>SMP toll-free: SMP email: SMP website: To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.</p>
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