

Medicare Minute Script – February 2018 Medicare Coverage of Preventive Care

Point 1: Know that Medicare covers the entire cost of some preventive services.

Preventive care is the care you receive to prevent illness, detect medical conditions, and keep you healthy. If you meet the eligibility requirements and guidelines for a preventive service, Part B of Original Medicare or your Medicare Advantage Plan must cover that service. Under Original Medicare, you pay nothing -- no deductible or coinsurance -- for preventive services recommended by the U.S. Preventive Services Task Force, as long as you see a health care provider who takes assignment. In other words, your share of the cost would be zero, which is often referred to as “zero-cost sharing.” If you have a Medicare Advantage Plan and you see an in-network provider, you pay nothing for preventive services that are covered with zero cost-sharing by Original Medicare, as long as you meet Medicare’s eligibility requirements for the service. Flu shots, many cancer screenings, and glaucoma tests are some examples of preventive services with zero-cost sharing. Call 1-800-MEDICARE, call SHIP, or visit www.medicare.gov to learn if a preventive service is covered. Your provider is another good source of information.

It is important to know that you may be charged for services you receive related to your preventive service, even if the preventive service itself is covered at 100% of the cost. During the course of your preventive visit, your provider may discover and need to investigate or treat a new or existing problem. This additional care is not considered preventive, and you may be responsible for the additional diagnostic and/or treatment costs.

Point 2: Know how to prepare for your Welcome to Medicare and Annual Wellness Visits.

Medicare covers one Welcome to Medicare preventive visit in your first year of having Medicare Part B, then one Annual Wellness visit per year after that, with zero cost-sharing, as long as you see the appropriate providers. Keep in mind that these visits are not head-to-toe physicals. During the Welcome to Medicare Visit, your provider will review your medical and social history as well as your health status and risk factors. Your provider will then give you resources related to your risk factors and health needs and will give you a checklist or written plan with information about other preventive services you may need. Annual Wellness Visits are yearly appointments with your provider to create or update a personalized prevention plan. This plan can help prevent illness based on your current health and risk factors.

For both types of preventive visits, be prepared with information about your medical history, your family history, the providers you see, the durable medical equipment you use, and the medications you take. Remember that if your provider discovers and needs to investigate or treat a new or existing problem, you may be responsible for related diagnostic and/or treatment costs.

Point 3: Know the type of providers you should see to minimize your out of pocket costs.

If you have **Original Medicare**, you should receive preventive services from providers who accept assignment. A provider who accepts assignment agrees to take Medicare’s approved amount as full payment, and not to bill you for anything more than the Part B deductible or coinsurance charge. If you are in a **Medicare Advantage Plan**, your plan should not charge you for preventive care services that are free for people with Original Medicare, as long as you see in-network providers. If you do not see a provider who accepts assignment or an in-network provider, charges will typically apply to your preventive care service. If you feel you have received bills for costs that should have been covered by Medicare, you can contact your Senior Medicare Patrol to discuss suspected fraud, errors, or abuse.

Take Action:

1. Call 1-800-Medicare or visit www.medicare.gov and search for “preventive services” to learn which Medicare-covered preventive services could be useful to you. Keep a calendar or notebook with the date and year that you receive each Medicare-covered preventive service.
2. Contact your State Health Insurance Assistance Program (SHIP) with questions about Medicare-covered preventive services.
3. Contact your Senior Medicare Patrol (SMP) if you have questions about bills for services you do not think you received.

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