



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Minute Script – September 2015 Making Sense of Your Medicare Statements

Statements about your Medicare coverage contain important information about the costs of medical care and prescriptions you have recently received. This Medicare Minute will explain two main types of Medicare statements: the Medicare Summary Notice (MSN) and the Explanation of Benefits (EOB). It is important to note that **MSNs and EOBs are not bills**. Rather, they provide a summary of health care services you have received during the previous months and should be saved for about seven years, as you might need them in the future to prove that a payment was made.

Point 1: Know which statement you will receive about your Medicare health services.

If you have Original Medicare, you will receive an MSN in the mail every 3 months for your Medicare Part A and Part B covered services. Keep in mind that Medicare often provides separate MSNs for Part A and Part B covered services. The MSN will list the services or supplies that providers and suppliers billed to Medicare during the 3-month period, what Medicare paid, and the maximum amount you may owe the provider. If you do not receive any services or medical supplies during that 3-month period, you will not get an MSN for that particular 3-month period. You can also create an account at www.mymedicare.gov and view your MSNs online at any time.

If you have a Medicare Advantage Plan, you may receive EOBs on a monthly basis (if you received services). Other plans send an EOB for each claim and then a quarterly summary of your health claims, and give you the option of creating an online account that allows you to access your EOB any time. Your EOB tells you how much your provider billed, the approved amount your plan will pay, and how much you have to pay. While all EOBs provide the same basic information, the layout and other specifics may vary. If your EOB shows that an item or service is not being covered, look for a section that includes footnotes, comments, or remarks to find out the reason why. You should contact your plan to get more information if any of your services or items were not covered.

Point 2: Understand the statements you receive about your Medicare Part D coverage.

In addition to an EOB or MSN that details your Medicare health coverage, you will also receive a summary statement for your Medicare Part D plan. These statements are also called EOBs. Remember, if you have Original Medicare, you must get your Medicare Part D prescription drug coverage through a private stand-alone prescription drug plan. If you are enrolled in a Medicare Advantage Plan, your Medicare Part D prescription coverage is generally provided through your Medicare Advantage Plan. Regardless of how you get your Medicare benefits, you will get a separate EOB for each month in which you had prescriptions filled.

Point 3: Keep track of what you may owe for your health and drug benefits, and identify if additional action is needed.

When reviewing your Medicare statements, identify the services or medications you have received and your share of the cost for each item. Your statement will clearly mark the services received, the amount that Medicare or your plan will cover, and the maximum amount that you can be billed for the service. These statements will also list if Medicare or your plan has denied coverage for care or medications you have received. It is important to check your statements for any denials of coverage. Your provider will also send you a separate bill for any fees you owe.



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If you see a denial, call your provider to ensure that the service was billed to Medicare correctly. If the service was billed correctly and is being denied, follow the instructions on your statement to file an appeal. If you need assistance with denials, appeals, or understanding your coverage, contact your State Health Insurance Assistance Program (SHIP). If you do not think you received the service, item, or medication outlined on your MSN or EOB, contact your provider to inquire about a possible error. If you are unable to resolve the issue with your provider, contact your Senior Medicare Patrol (SMP) to discuss potential abuse or fraud.

Take Action:

- 1) Review each MSN or EOB you receive to determine how much your provider billed, the approved amount covered, and how much you have to pay.
- 2) Check your statements for accuracy and any denials of coverage, then call your provider or your plan with any questions.
- 3) For one-on-one assistance and counseling regarding your Medicare coverage, denials, or appeals, contact your State Health Insurance Program (SHIP) program.
- 4) For one-on-one assistance and counseling regarding suspicious services, items, or charges, contact your Senior Medicare Patrol (SMP).

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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