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The SHIP National Technical Assistance Center
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Local Help for People with Medicare.
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Medicare Minute Script
Speaking With Your Provider

Speaking with your provider is one of the best ways to understand your Medicare benefits and ensure you are receiving needed care. Today we will talk about three important items to discuss with your provider so that you have access to the best care at the lowest cost.

Point 1: Speak to your provider about which preventive care services you should receive this year.
Speaking with your provider about preventive care services can assist in the detection of dangerous illnesses. These services include routine shots, screenings, and diagnostic tests like colonoscopies and mammograms. They also include programs for health monitoring, counseling, and education, such as obesity counseling and smoking cessation interventions. Some preventive care services are covered once every few years, while others may be covered more frequently if they are needed to diagnose or treat an illness or condition. Speak to your provider about your eligibility for each service and about scheduling times for services you are eligible for.

- **If you are in Original Medicare,** you can receive most preventive care services with no coinsurance or deductible if you see a provider who accepts assignment. Providers who accept assignment cannot charge you more than the Medicare-approved amount.
- **If you are in a Medicare Advantage Plan,** you will not be charged for preventive care services that are free for people with Original Medicare, as long as you see in-network providers. If you see providers that are not in your plan's network, charges will typically apply.

Note: Although the preventive service itself may be free, you may be charged additional fees for certain services related to preventive care. You may have costs for some of these preventive services if your provider makes a diagnosis during the service or conducts additional tests or procedures. For example, if your provider finds and removes a polyp during a colonoscopy, the colonoscopy is diagnostic and costs will apply.

Point 2: Learn when Medicare will pay for a second opinion.
A second opinion is when a provider other than your regular provider gives his or her view about your health problem and how it should be treated. Medicare will pay for a second opinion if your regular provider recommends that you have surgery or a major diagnostic procedure. A diagnostic procedure—like a mammogram or colonoscopy—is used to help diagnose a disease or condition. If your provider says you need surgery to diagnose or treat a problem that isn't an emergency, you might consider getting a second opinion. Emergencies related to appendicitis, blood clots, aneurysms, or accidents may require immediate surgery. In these cases, waiting for a second opinion would be dangerous. Medicare doesn't pay for surgeries or procedures that aren't medically necessary, like cosmetic surgery.

Note: If you are in a Medicare Advantage Plan, different rules about second and third opinions may apply. Call your plan to find out the rules for getting second opinions.

Point 3: Know what to say to a provider who is unable or unwilling to bill Medicare.
If your Medicare provider does not think a service that is normally covered by Medicare will be covered for you, the provider should have you sign an Advance Beneficiary Notice (ABN) before providing you with the service. Before you sign the ABN, check the appropriate box stating whether or not you want your provider to submit a claim to Medicare for the service. **You should always select that you want your provider to submit the claim to Medicare.** If you do not, your provider is **not** required to submit the claim. If you sign an ABN, the provider is obligated to bill Medicare, and Medicare will make an official decision about coverage.

Note: If you see an opt-out provider, the above does not apply. Opt-out providers do not have to provide you with an ABN, nor will you receive any reimbursement from Medicare for services they provide. An opt-out provider must have you sign a form acknowledging that you will pay for their services out of pocket.

Remember, if your provider bills Medicare for services you never received, you may be a victim of Medicare billing fraud. You play a vital role in protecting the integrity of Medicare and can help detect fraud by carefully reviewing your summary of claims from Medicare or your plan. Claims summaries and medical bills can be confusing, so speaking with your provider is a crucial part of avoiding Medicare fraud. Call your provider's office to learn more about suspicious claims. If you are still suspicious, contact your state Senior Medicare Patrol (SMP). To find an SMP, call 877-808-2468 or visit www.smpresource.org.

Take Action: Keep track of the preventive care services for which you are eligible and understand the rules for obtaining these services. Speak to your provider about what services you may be able to receive at no cost this year. If you want to learn more about Medicare-covered preventive services, contact 1-800-Medicare, your Medicare Advantage Plan, or your SHIP program.

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