

Troubleshooting Medicare

There are a few reasons why you may have experienced a Medicare problem, such as services that were denied or more expensive than you expected. These are some questions you can ask to troubleshoot your problem.

Did I see a provider who accepts Medicare or works with my plan?

If you see a provider who works with your Medicare coverage, you will not be responsible for paying the full cost for your care out of pocket.

The best way to learn if a doctor accepts Original Medicare or your Medicare Advantage Plan is to ask them directly.



If you have Original Medicare, you should see a provider who accepts Medicare coverage and takes assignment (taking assignment means the provider accepts Medicare's approved amount for a service).

If you have a Medicare Advantage Plan, make sure you understand your plan's network. Many plans require you to use an in-network provider for covered care. If you see an out-of-network provider, your plan may not cover some or all of the cost of your care. You will be responsible for the full out-of-pocket cost.

If you disagree with your facility's decision to end your care, start an appeal (see step 2 on next page) by contacting your Quality Improvement Organization (QIO) at the number listed on your Important Message or Notice of Medicare Non-Coverage.

Did I follow Medicare coverage rules?

You do not need to know all of Medicare's coverage rules, but before getting a service, check to make sure Medicare covers it and if there are any steps you must take to receive it. If Original Medicare or your Medicare Advantage Plan does not cover a service, it may be because you did not follow coverage rules.

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Additional Resources

To schedule an appointment with a Medicare Specialist:

Call

866-448-0160 or email medicare@connexioninsurance.com



To learn about **Original Medicare's coverage of a needed service**, call 1-800-MEDICARE or visit www.medicare.gov, read the relevant sections of your Medicare & You handbook, and or speak with your provider.

To learn about how your **Medicare Advantage Plan covers a needed service**, call your plan, read your plan's benefits handbook, and/or speak with your provider.

Can I appeal?

Original Medicare or your Medicare Advantage Plan may at some point deny coverage for a service or item you received.



If this happens, you can appeal to ask that the service or item be covered. You will receive a denial notice explaining why coverage was denied. You can ask your provider for help filing the appeal according to instructions on the denial notice.

If you are receiving certain care—such as inpatient hospital, skilled nursing facility, home health, or hospice care—your provider may decide to end your care because they do not think Medicare will pay for it. If this happens, you can appeal your provider's decision if you think continued care is medically necessary. Appeal instructions will be on notices you receive about your care ending.

Resources for help

State Health Insurance Assistance Program (SHIP): Contact your SHIP if you have questions about Medicare coverage rules or denial notices you have received. SHIP counselors can help explain Medicare coverage rules and guide you through the appeals process. Visit www.shiptacenter.org or call 877-839-2675 to contact your SHIP.

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1-800-MEDICARE: Contact Medicare with questions about how Original Medicare covers a service, or to find a provider or supplier who works with Original Medicare. You can also contact Medicare to ask for copies of coverage rules.

Medicare Advantage or Part D plan: Contact your plan with questions about your plan's coverage rules. A plan representative can also help you find an in-network provider.

Your provider: Contact your provider if you have questions about the insurance they accept or if you have questions about bills you received.

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