

# Medicare Newsletter April 2018

## Reading your Medicare Summary Notice (MSN)

If you have Original Medicare, you typically receive an MSN from Medicare every three months. Your MSN is not a bill. To understand your MSN:

- Read the definitions and descriptions of services carefully.
- Check the notes section. This is where Medicare may further explain its payment decisions or give you other important information.
- If a service you received is not covered, you should appeal. Instructions and deadlines regarding appeals will be on the final page of your MSN, titled "How to Handle Denied Claims or File an Appeal."
- If you are unsure of anything on your MSN, or if you lose an MSN or need a duplicate copy call 1-800-MEDICARE or visit www.mymedicare.gov.

### This is what one section of your MSN might look like:

The date you received the service. The total amount that your provider can Keep your bills and compare them to bill you. You will receive a separate bill your MSN to check that you from your provider for any charges you received all the services listed. owe. Remember, the MSN is not a bill. January 21, 2013 Craig I. Secosan, M.D., (555) 555-1234 Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187 Medicare-Approved Amount Service Service Provided & Billing Code \$143.00 \$86.38 \$107.97 Eve and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014) Destruction of skin growth (17000) NO 68.56 0.00 0.00 68.56 Total for Claim #02-10195-592-390 \$211.56 \$107.97 \$86.38 \$90.15 This column says if your claim was approved or Note: You will not receive an denied. If your claim was denied when you don't believe it should have been, you should MSN during a quarter if Medicare appeal. has not been billed for any services you have received in that quarter.

#### **Additional** Resources

To schedule an appointment with a Medicare Specialist:

Call

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



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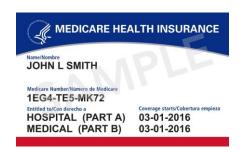
### Reading your Explanation of Benefits (EOB):

If you have a Medicare Advantage plan or a Part D prescription drug plan, you typically receive an EOB from your plan each month. Your EOB is not a bill. Although each insurance plan has its own format for an EOB, there is certain information that must be included in each notice. To understand your EOB:

- Read the information and the services listed in the notice carefully.
- Check the notes section, including any footnotes. This is where the plan may explain its payment decisions.
- If a service you received is not covered, you should appeal. Instructions on appealing the plan's decision are listed at the end of the EOB. You can also contact your State Health Insurance Assistance Program (SHIP) to for help making an appeal. To find your local SHIP, call 877-839-2675 or visit www.shiptacenter.org.
- If you are unsure of anything on your EOB, call your insurance plan using the phone number on the back of your plan insurance card.

Call your Medicare Advantage Plan or Part D prescription drug plan if you have any questions or if you need a new copy of your EOB.

# **New Medicare cards are coming!**



- From April 2018 to April 2019, every Medicare beneficiary will receive a new Medicare card with a new Medicare number
- Your new Medicare number will not be based on your Social Security number
- As long as Social Security has your up-todate address, you don't need to do anything to get your new card
- Once you get it, keep it safe and bring it to your providers so they can begin using it to bill Medicare

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