



How To Read Your **MEDICARE SUMMARY NOTICE**

**THIS BOOKLET SHOWS EXAMPLES OF WHAT YOU MAY SEE ON YOUR MEDICARE SUMMARY NOTICE (MSN)
AND HELPS YOU UNDERSTAND HOW TO READ YOUR SUMMARY NOTICE.**

Your Medicare Summary Notice (MSN) explains services and supplies that were billed to Medicare for a 30-day period.
You get a Medicare Summary Notice when you get healthcare services that Medicare Part A or Part B covers.
It is important that you check your summary notice to be sure you received all of the services,
medical supplies, or equipment that providers billed to Medicare.

The MSN is not a bill. DON'T pay unless you get a bill from the provider.



This booklet is provided to you by the Arkansas SMP.
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How To Read Your Medicare Summary Notice Part A

Part A services include:

- Inpatient hospital care;
- Some skilled nursing facility care;
- Hospice care; and
- Some home health care

Below is a sample MSN for Part A services and information on how to read it.



Medicare Summary Notice

June 30, 2006

4 Name
Street Address
City, State ZIP Code

2 CUSTOMER SERVICE INFORMATION

3 Your Medicare Number: 111-11-1111-A

If you have questions, write or call:
Medicare (#12345)
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Hospital Services
TTY users should call: 1-877-486-2048.

5 **BE INFORMED:** Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 3/15/06 through 6/15/06.

6 PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

| Dates of Service | Benefit Days Used | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|---|-------------------|---------------------|----------------------------|-------------------|-------------------|
| Claim number 12345-84956-84556 | 10 | 11 | 12 | 13 | 14 |
| Hospital Name, Street Address, City, State ZIP Code | | | | | |
| Referred by: Paul Jones, M.D. | | | | | |
| 04/07/06-05/09/06 | 14 days used | \$0.00 | \$876.00 | \$876.00 | a, b |

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THIS IS NOT A BILL – Keep this notice for your records.

- #1 – Date—this is the date the MSN was sent to you.
- #2 – Customer Service Information—this is information about who to contact with your questions about your MSN. You will need to provide your Medicare number (#3), the date of the MSN (#1), and the date of the service you have a question about (#9).
- #3 - Your Medicare Number—the number on your Medicare card.
- #4 – Name and Address—make sure this is correct. If incorrect, contact the Social Security Administration at 1-800-772-1213. If you have Railroad Retirement Benefits, call your local RRB office or 1-800-808-0772.
- #5 – Be Informed—this is a message about ways to protect yourself and Medicare from fraud and abuse.
- #6 – Part A Hospital Insurance – Inpatient Claims. (If outpatient, it would be in the “Part B Medicare Insurance –Outpatient Facility Claims” section of the MSN). Note: On the notice above this section it is stated “This is a SUMMARY of claims processed” for that particular inpatient stay—dates given.
- #7 – Claim Number – the number that identifies this particular claim.
- #8 – Provider’s Name and Address—this is the name and address of the facility who processed the claim on your behalf. The address shown is the billing address, which may be different from where you actually received the services.
- #9 - Dates of Service – these are the actual dates the service was provided. You should compare these dates with the bill you receive from the hospital. Check here for extra days tacked on to your inpatient stay, or if you were in the hospital for an outpatient procedure but it was billed as an inpatient stay.
- #10 – Benefit Days Used – this shows the amount of days used in the benefit period. The back of the MSN will explain benefit periods. (Remember on the Part B MSN this column shows “Amount Charged” – or the amount the provider billed Medicare.)
- #11 – Non-Covered Charges – this shows the charges for services that were denied or excluded by Medicare for which YOU may be billed.
- #12 – Deductible and Co-Insurance – this is the amount applied to your deductible or coinsurance.
- #13 – You May Be Billed – this is the total amount the provider is allowed to bill you. It combines the deductible, coinsurance and any non-covered charges. This is where any supplemental insurance you have will pay all or part of this amount. Do not pay this amount from your MSN. Wait on a bill from the provider.
- #14 – See Notes Section – if a letter appears in this column, see the back of the MSN (#15) for more detailed explanation.

Part A continued on next page

15**Notes Section:**

- a You have 46 full days remaining in this benefit period.
- b \$876.00 was applied to your inpatient deductible.

16**Deductible Information:**

You have met the Part A deductible for this benefit period.

17**General Information:**

Please notify us if your address has changed or is incorrect as shown on this notice.

18**Appeals Information - Part A (Inpatient)**

If you disagree with any claims decisions on Part A of this notice, your appeal must be received by November 1, 2006.

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1. (You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone Number (____) _____

#15 – Notes Section – this is the section that gives you a more detailed explanation about a particular claim.

#16 – Deductible Information – tells how much of your Part A deductible has been met for the benefit period.

#17 – General Information – important Medicare news and updated information.


#18 – Appeals Information – tells you how and when to request an appeal. Be sure to sign the form and make a copy for your records before sending it to Medicare. See back of MSN for detailed information on how to request an appeal.

How To Read Your Medicare Summary Notice Part B

Part B services include:

- Doctors' services;
- Outpatient hospital care; and
- Some other medical services that Part A does not cover (like some home health care)

Below is a sample MSN for Part B services and information on how to read it.



Medicare Summary Notice

June 30, 2006

4 Name
Street Address
City, State ZIP Code

2 CUSTOMER SERVICE INFORMATION

3 Your Medicare Number: 111-11-1111-A

If you have questions, write or call:
Medicare (#12345)
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Doctor Services
TTY users should call: 1-877-486-2048.

5 **BE INFORMED:** Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 3/15/06 through 6/15/06.

6 PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---------------------------------------|----------------|-------------------|------------------------|-------------------|-------------------|
| 7 Claim number 12345-84956-84556 | | 10 | 11 | 12 | 13 | 14 |
| 8 Doctor name, Street Address, City, State ZIP Code | | \$55.00 | \$44.35 | \$0.00 | \$44.35 | a b |
| 9 04/07/06 | 1 Office/Outpatient Visit, ES (99214) | | | | | |

15 THIS IS NOT A BILL – Keep this notice for your records.

- #1 – Date—this is the date the MSN was sent to you.
- #2 – Customer Service Information—this is information about who to contact with your questions about your MSN. You will need to provide your Medicare number (#3), the date of the MSN (#1), and the date of the service you have a question about (#9).
- #3 - Your Medicare Number—the number on your Medicare card.
- #4 – Name and Address—make sure this is correct. If incorrect, contact the Social Security Administration at 1-800-772-1213. If you have Railroad Retirement Benefits, call your local RRB office or 1-800-808-0772.
- #5 – Be Informed—this is a message about ways to protect yourself and Medicare from fraud and abuse.
- #6 – Part B Medical Insurance Assigned Claims—type of service received. See back of MSN for information about assignment. (Note: for unassigned services, this section is called “Part B Medical Insurance– Unassigned Claims.”)
- #7 – Claim Number—this number identifies the specific claim that was filed.
- #8 – Provider’s Name and Address—this is the name and address of the provider (Doctor, clinic, group, and/or referring doctor) who processed the claim on your behalf.
- #9 – Dates of Service—this is the date you actually received the service or supply. You may use these dates to compare with the dates shown on the bill you get from your doctor.
- #10 – Amount Charged—this is the amount the provider billed Medicare.
- #11 – Medicare Approved—this is the amount Medicare approved for the service or supply received.
- #12 – Medicare Paid Provider—this is the amount Medicare paid to the provider for that particular claim filed. (Please note: for unassigned services, this column is called “Medicare Paid YOU”.)
- #13 – You May Be Billed—this is the total amount the provider may bill you, including deductibles, co-insurance, and non-covered charges. If you have a Medicare supplement (Medigap) policy it may pay all or part of this amount. Do not pay this amount from your MSN. Wait on a bill from the provider.
- #14 – See Notes Section—if a letter appears here, look on the MSN for the explanation – refer to (#16) for the explanation.
- #15 – Services Provided—this is a **brief description** of the service or supply received.

Part B continued on next page

16

Notes Section:

- a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.
- b This approved amount has been applied toward your deductible.

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Deductible Information:

You have now met \$44.35 of your \$100 Part B deductible for 2006.

18

General Information:

Please notify us if your address has changed or is incorrect as shown on this notice.

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Appeals Information - Part B

If you disagree with any claims decisions on this notice, your appeal must be received by November 1, 2006.

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
- 3) Sign here _____ Phone Number (____) _____

#16 – Notes Section – this is a more detailed explanation of the claim (#14).

#17 – Deductible Information – this shows how much of your yearly deductible has been met.

#18 – General Information – this is important Medicare news and updated information.

#19 – Appeals Information – this tells you how and when to request an appeal. The back of the MSN will also give more information on how to get help with appeals requests. Be sure to sign the form and keep a copy for your records before sending it to Medicare.

WHEN SHOULD I—File an Appeal?

You should file an appeal if you **disagree with a coverage or payment decision made by Medicare**. You have the right to appeal any decision about your Medicare services.

For example, you can appeal if Medicare denies a request for a service or supply you think you should be able to get; or if Medicare denies a claim for services or supplies you already received.

You must file the appeal within 120 days of the date you get the MSN. To file an appeal, take the Medicare Summary Notice (MSN) that shows the item or service you're appealing and either follow the instructions on the back of the MSN; or fill out a **Redetermination Request Form**. You can download this form at: www.cms.gov/cmsforms/downloads/CMS20027.pdf. Send this form to the Medicare contractor at the address listed on the front page of the MSN.

You will generally get a decision from the Medicare contractor (either in a letter or a Medicare Summary Notice) within 60 days after they get your request.

WHEN SHOULD I—File a Fraud Report?

You should file a fraud report by calling 1-800-Medicare or the **Arkansas SMP (1-866-726-2916)** if your Medicare Summary Notice (MSN) shows a charge for, or your provider was paid for, a service or supply you did not receive or order.

ASK YOURSELF THESE QUESTIONS when checking your Medical Bills, Medicare Summary Notices (MSNs), and Explanation Of Benefits (EOBs):

- Were you charged for any medical services or equipment that you didn't get?
- Do the dates of services and charges look unfamiliar?
- Were you billed for the same thing twice?
- Have you received any collection notices for medical services or equipment you didn't receive?

*Call the Arkansas SMP—1-866-726-2916 for your free **Personal Health Care Journal!***

The Personal Health Care Journal is your personal calendar/medical journal to be used to log information about your doctor visits. It is a tool to make it easier to review your MSN for errors. Just compare your Journal with your MSN to verify that Medicare was billed for the services you actually received at the doctor's office.

DOES YOUR PROVIDER "TAKE ASSIGNMENT"?

A provider who 'TAKES ASSIGNMENT' is a provider who accepts the Medicare-approved amount as payment in full on all claims!

If a provider doesn't accept ASSIGNMENT (the Medicare-approved amount as payment in full), their costs may be higher. They are allowed to charge up to 15% more than the Medicare-approved amount on their services. This means you may pay more for Medicare-approved services.

You should find a physician who accepts Medicare or make sure your provider accepts assignment—

Go to: www.medicare.gov/Find-a-doctor/provider-search.aspx

To see *only* providers who accept the Medicare-approved amount as payment in full on all claims (Assignment), check the box that asks that question:

- ☒ Yes, only show providers who accept the Medicare-approved amount as payment in full.

To search for providers who accept assignment, simply:

- Enter a specialty; and
- City, State or Zip; *OR*
- Full or partial name.

When you don't receive a Medicare Summary Notice (MSN)—

You will generally receive a Medicare Summary Notice (MSN) every three months explaining recent claims that have been submitted to Medicare on your behalf.

Medicare will not send you a MSN when Medicare covers 100% of a claim for lab services.

If you have original Medicare A & B and you do not receive an MSN after you have gone to your physician, ER, or had a stay in the hospital, you should call 1-800-Medicare to ask why—your address may be wrong in Medicare's system, or there may be a miscommunication between Medicare and Social Security regarding your records; *OR*

Your physician may have used the wrong Medicare number when filing the claim(s), or have your Medicare number wrong in your files. You should call your provider to verify they have your accurate Medicare number on file.

Did you know you can get your Medicare Summary Notice in Spanish and in LARGE PRINT?

If you have lost your MSN or you need a duplicate copy, call 1-800-MEDICARE, or you can go online at www.mymedicare.gov and order a copy.

MyMedicare.gov

Access Your MEDICARE SUMMARY NOTICE online—don't wait for the MSN to come in the mail! —*It's Free!*

Register with Medicare's secure online service at www.MyMedicare.gov and you can:

- Track your healthcare claims
- Check what you've paid toward your Part B deductible
- Track your preventive services
- Get "Medicare & You" electronically

If you have not registered for MyMedicare.gov, you can register by clicking "Sign Up".

If you **enter an email address when you register online** you will receive the password immediately via email; otherwise, it may take 2 weeks to receive your password in the mail.

For questions about your MSN
Call 1-800-MEDICARE
OR
ARKANSAS SMP — 1-866-726-2916

OUR MISSION

TO EMPOWER SENIORS

- * Medicare/Medicaid beneficiaries
- * People with disabilities
- * Nursing home residents & their families
- * Caregivers



TO PREVENT HEALTHCARE FRAUD

Protect Personal Information

- * Treat Medicare/Medicaid and Social Security numbers like credit card numbers
- * Remember, Medicare will not call or make personal visits to sell anything!
- * READ and SAVE Medicare Summary Notices (MSN) and Part D Explanation of benefits (EOB), but **shred** before discarding

Detect Errors, Fraud, and Abuse

- * Always review MSN and EOB for mistakes
- * Compare them to prescription drug receipts and record them in your Personal Health Care Journal
- * Visit **www.mymedicare.gov** to access your personal account online to look for charges for something you did not get, billing for the same thing more than once, and services that were not ordered by your doctor, etc.

Report Mistakes or Questions

- * If you suspect errors, fraud, or abuse, report it immediately! Call your provider or plan first.
- * If you are not satisfied with their response, call the Arkansas SMP.

TO RECRUIT & TRAIN VOLUNTEERS

- * Retired seniors
- * Retired healthcare providers
- * Retired professionals, e.g., teachers, accountants, attorneys, investigators, nurses