This booklet shows examples of what you may see on your Medicare Summary Notice (MSN) and helps you understand how to read your MSN.

You receive an MSN quarterly 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.
Protect
Your personal information — Medicare Number, Social Security Number, Bank Account Information

Detect
Fraud, errors and abuse by reading your Medicare Summary Notice (MSN)

Report
Fraud, errors and abuse to your Arkansas SMP — 866-726-2916

Reviewing your MSN is one of the best ways that you can help detect potential errors, fraud, and abuse. It is important to open and read your MSN as soon as you get it to make sure that you actually received all of the services and products listed, and that the providers who have already been paid for their services or products should have been paid. Pay attention to messages from Medicare about preventive services and recommendations for your health care.
How to Read a Medicare Summary Notice (MSN)

The Medicare Summary Notice (MSN) is a report of doctor visits, services, or supplies billed to Medicare in your name. It is mailed to you every three months when a claim for services has been filed with Medicare. The MSN explains the charges that will be paid by Medicare and those that will be paid by you or your other insurance. YOUR MSN IS NOT A BILL – BUT DO NOT THROW IT AWAY! You should file it along with your medical records. Medicare prefers that you keep your MSNs 7-10 years. When you no longer need your MSN, shred the notice before you throw it away.

Make special note of the column that reads “Maximum You May Be Billed.” This is the most important column on your MSN. This amount is the most a provider can bill you. This amount may include deductibles, co-insurance, and non-covered charges. The provider may NOT bill you more than this amount! If you have Medicare supplemental insurance, it may pay all or a portion of this amount.

If you have already paid the provider, check to make sure that what you paid matches the amount in the “Maximum You May Be Billed” column on your MSN. If you paid more than what is listed on your MSN, contact your provider’s billing department to request a refund.

Some improvements have been made and there is a new look to the MSN:

- Larger text size and wider spacing to make reading easier
- A “snapshot” on the first page of:
  - how much of your Part A or Part B deductible you have paid this year;
  - the names of providers who filed claims during the reporting period; and
  - whether Medicare approved all of your claims.
- Brief, easy to understand descriptions of your medical procedures
- Information on how to report fraud
- Notes about preventive medical services and other important reminders
- Easy instructions on how to file an appeal

If you have questions about reading your MSN, or you notice something that may be fraud or error, contact the Arkansas SMP (Senior Medicare Patrol) at 866-726-2916.
The Envelope

1. From Medicare
   Make sure your mail is coming from us.

2. DHHS Logo
   The redesigned envelope has the official Department of Health & Human Services (DHHS) logo.

3. Official Information
   The new envelope will have this phrase to let you know this mail is official Medicare information from the government.

4. Contact Numbers
   Who you can call if you have any questions or you change your address.

5. Addressee Only
   Your MSN is only for you and your caregiver.

For help regarding your notice, call us at 1-800-MEDICARE (1-800-633-4227).
If you change your address, contact the Social Security Administration at 1-800-772-1213.

TO BE OPENED BY ADDRESSEE ONLY
Sample of Part B Claims

Page 1 – Your Dashboard

1. DHHS Logo
   The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

2. Your Information
   Check your name and the last 4 numbers of your Medicare number, as well as the date your MSN was printed and the dates of the claims listed.

3. Your Deductible Info
   You pay a yearly deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!

4. Medicare Summary Notice
   The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

5. Title of your MSN
   The title at the top of the page is larger and bold.

6. Total You May Be Billed
   A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

7. Providers You Saw
   Check the list of dates and the doctors you saw during this claim period.

8. Help in Your Language
   For help in a language other than English or Spanish, call 1-800-MEDICARE and say “Agent.” Tell them the language you need for free translation services.
Making the Most of Your Medicare

1. **How to Check**
   Medicare offers helpful tips on what to check when you review your notice.

2. **How to Report**
   Help Medicare save money by reporting fraud!

3. **How to Get Help**
   This section gives you phone numbers for where to get your Medicare questions answered.

4. **Medicare Preventive Services**
   Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:
   - Talk to your doctor.
   - Look at your “Medicare & You” handbook for a complete list.

5. **Preventive Services**
   Remember, Medicare covers many preventive tests and screenings to keep you healthy.

6. **General Messages**
   These messages get updated regularly, so make sure to check them!
Amount Provider/Supplier Charged —
This is the maximum amount the supplier charges someone with no insurance. However, Medicare has its own negotiated reimbursement rate for each product or service. This may not be the amount Medicare will pay the provider/supplier or what you or your insurance will owe.
Page 1 – Your Dashboard

1. **DHHS Logo**
The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

2. **Your Information**
Check your name and the last 4 numbers of your Medicare number, as well as the date your MSN was printed and the dates of the claims listed.

3. **Your Deductible Info**
You pay a Part A deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!

4. **Medicare Summary Notice**
This is the official summary of your Medicare claims from the Centers for Medicare & Medicaid Services.

5. **Title of your MSN**
The title at the top of the page is larger and bold.

6. **Total You May Be Billed**
A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

7. **Facilities You Went To**
Check the list of dates for services you received during this claim period.

8. **Help in Your Language**
For help in a language other than English or Spanish, call 1-800-MEDICARE and say “Agent.” Tell them the language you need for free translation services.
Making the Most of Your Medicare

1. How to Check This Notice
   - Do you recognize the name of each facility? Check the dates.
   - Did you get the claims listed? Do they match those listed on your receipts and bills?
   - If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plus or other insurer. That plan may pay your share.

2. How to Report Fraud
   - If you think a facility or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).
   - Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.
   - You can make a difference! Last year, Medicare saved tax payers $4.2 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

3. How to Get Help with Your Questions
   - 1-800-MEDICARE (1-800-633-4227)
   - Ask for "hospital services." Your customer-service code is 0535.
   - TTY 1-877-486-2048 (for hearing impaired)
   - Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-555-555-5555.

5. Your Benefit Period
   - Your hospital and skilled nursing facility (SNF) stays are measured in benefit days and benefit periods. Every day you spend in a hospital or SNF counts toward the benefit days in that benefit period. A benefit period begins the day you first receive inpatient hospital services or, in certain circumstances, SNF services, and ends when you haven't received any inpatient care in a hospital or inpatient skilled care in a SNF for 60 days in a row.
   - Important: You have 56 out of 90 covered benefit days remaining for the benefit period that began May 22, 2012.
   - Skilled Nursing Facility: You have 56 out of 100 covered benefit days remaining for the benefit period that began May 22, 2012.

6. General Messages
   - These messages get updated regularly, so make sure to check them!
Part A services include:
- Inpatient hospital care;
- Some skilled nursing facility care;
- Hospice care; and
- Some home health care.
Last Page – How to Handle Denied Claims

1. Get More Details
Find out your options on what to do about denied claims.

2. If You Decide to Appeal
You have 120 days to appeal your claims. The date listed in the box is when your appeal must be received by us.

3. If You Need Help
Helpful tips to guide you through filing an appeal.

4. Appeals Form
You must file an appeal in writing. Follow the step-by-step directions when filling out the form.

KEEP COPIES OF THE APPEALS FORM AND ALL SUPPORTING PAPERWORK FOR YOUR RECORDS!
**WHEN SHOULD I—File an Appeal?**

You should file an appeal if your claim has been denied by Medicare, and you disagree with the 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, follow the instructions on the last page of the MSN; Keep originals and mail copies.

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 at 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.

**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! The provider cannot ask you to pay the difference between the amount charged and the approved amount.

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% of 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.

The column showing the amount Medicare paid the provider/supplier is the amount that Medicare paid the provider/supplier for that claim. It will often be 80% of the Medicare Approved Amount for Part B claims.

**Making the Most of Your Medicare**

The Arkansas SMP recommends that you:

- Keep a record of medical visits, tests, receipts for services, and equipment you have received in a health care journal. Call the Arkansas SMP at 866-726-2916 to request a free Personal Health Care Journal.
- Review your MSN and compare it with your records to make sure they are accurate.
- Check your MSN for names of providers that you do not recognize.
- Check for services or products listed on the MSN that you did not receive, are different from what you received, or were not ordered by your doctor.

**How to Report Fraud**

If there are discrepancies on your MSN or supplies or services listed that you do not understand, call your provider first and ask for an explanation. If the explanation is not satisfactory, call the Arkansas SMP at (866) 726-2916.

**Ask yourself these questions when checking your medical bills, Medicare Summary Notices (MSNs), and Explanation of Benefits (EOBs):**

- Are there charges for any medical services or equipment that you didn’t get?
- Are the dates of service accurate?
- Was Medicare billed for the same thing twice?
- Have you received any collection notices for medical services or equipment you didn’t receive?
When you don’t receive a Medicare Summary Notice (MSN)—

If you have Original Medicare A & B, you will generally receive a Medicare Summary Notice (MSN) every three months explaining recent claims that have been submitted to Medicare on your behalf during a 3-month period.

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.

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

If there is a letter in the last column of your MSN read the “Notes for Claim Above” section located at the bottom of the page for extra information about the service you received.

MyMedicare.gov

View your MEDICARE SUMMARY NOTICE (MSN) online—It’s Free!

Don’t wait for the MSN to come in the mail!

Register with Medicare’s secure online service at www.MyMedicare.gov to get your personalized information regarding your Medicare benefits and services. You must sign up to be a registered user. If you have not signed up, click on sign up to get started.

- Complete your “Initial Enrollment Questionnaire” (IEQ) so your bills can get paid correctly.
- Manage your personal information (like medical conditions, allergies, and implanted devices).
- Manage your personal drug list and pharmacy information.
- Search for, add to, and manage a list of your favorite providers and access quality information about them.
- Track Original Medicare claims and your Part B deductible status.
- Order copies of your MSN.

If you enter an email address when you register online you will receive a password immediately via email; once you have accessed your account with the password provided, you should change your password. By providing your email address, you will be sent an email when you are entitled to receive preventive services paid by Medicare.

Use the BLUE BUTTON on MyMedicare.gov. By using the Blue Button, you can download your Original Medicare claims, enter personal health information (like emergency contacts, medical conditions, and prescription drugs), and you can download your health information so you can examine it and share it with your health care providers, caregivers, and family members.
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