



Delaware Senior Medicare Patrol **Medicare Fraud Informer**

March, 2016 Volume 1, Issue 4

SMP MISSION STATEMENT *to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.*

March 2016

National Consumer Protection Week

March 6-12, 2016

Sponsored by the Federal Trade Commission

Find out more at: <https://www.ncpw.gov/> and
FDA.GOV/HEALTHFRAUD

SMP Staff

Andrea Rinehart, Project Director Statewide

Andrea.Rinehart@state.de.us

Steven O'Neill, Volunteer Services Coordinator Statewide

Steven.O'Neill@state.de.us

Ann Marie Desardouin, Outreach and Education Coordinator NCC

AnnMarie.Desardouin@state.de.us

Kay Meade, Outreach & Education Coordinator Kent and Sussex Counties

Kay.Meade@state.de.us

Call Toll Free: 1-800-223-9074

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DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

SMP Informer Newsletter

Designed and Edited by:



**LaVonda Lamb, SMP
Volunteer**





Message from SMP Project Director

Andrea Rinehart



Medicare can feel like a maze of confusion about which way to turn to get the right answers. There are many things to learn when you are a Medicare beneficiary, including the benefits to which you are entitled and how to identify what Medicare has paid and what you may owe your provider. These uncertainties can seem overwhelming and frustrating at times, but there is help.

Two excellent resources stand at the ready to help you find your answers:

- ⇒ 1-800-MEDICARE
- ⇒ The Delaware Senior Medicare Patrol (SMP) – 1-800-223-9074
- ⇒ To learn more about your benefits I recommend that you get a copy of the most recent version of the “Medicare and You” Handbook. This can be obtained by calling 1-800-MEDICARE and requesting a copy to be mailed to you. If you prefer to save on paper you can also go to the Medicare website and read the handbook online. You can access the handbook by following the link: <https://www.medicare.gov/medicare-and-you/different-formats/m-and-y-different-formats.html>

Or, you can type in “**Medicare and You**” **Handbook 2016** in your browser and you will be able to access the handbook from the links provided.

Once you have read your handbook you will have a clearer understanding of your benefits. Understanding your benefits will assist you when you are preparing to go to your provider because you will be better able to create a list of questions related to the services you are being provided.

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**Medicare
&
You
2016**



Message from SMP Project Director

Andrea Rinehart

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One of the greatest tools you receive from Medicare is the Medicare Summary Notice (MSN). The MSN is an explanation of the benefits you were provided, the cost of your services, and the amount you may owe the provider. The MSN document is also your way of identifying whether or not you actually received the service that was charged to Medicare. There are many tools available to help you become more comfortable with reading your MSN. The Delaware Senior Medicare Patrol is here to help! We provide presentations and one-on-one assistance on this very topic. I encourage you to call us, the Delaware SMP (800-223-9074), for help regarding any confusion you may have in working with your MSN.

Here are a few quick tips to assist you when you are examining your MSN:

- ⇒ Check the name of the Medicare beneficiary to be sure it is you.
- ⇒ Verify the Date of Service listed on the MSN. Did you see your provider on that date?
- ⇒ Do you recognize the name of the provider?
- ⇒ Identify at the top of the notice if the charges were billed to Medicare Part A or Part B. (You can reference your “Medicare and You” handbook to understand what services are covered under part A or part B)
- ⇒ Read the description of the service provided and determine whether or not you received that service. If not, be sure to call the provider listed and ask why Medicare was billed. It could be a simple billing error. If it is a billing error, the money Medicare paid should be returned to Medicare to avoid wasteful spending. You should look for a correction on a subsequent MSN, reflecting that the payment made in error was returned to Medicare.
- ⇒ If you are not pleased with the answer you receive from the provider, call the Delaware Senior Medicare Patrol at 1-800-223-9074 and review your MSN with one of the counselors. Your call is confidential. The SMP will assist you with your questions and help determine the next step.

Not all questionable billing circumstances are an indication of fraud or abuse. The SMP can help you through the process of analyzing your billing statements to determine a resolution to the suspicious charges and provide helpful tips on how to read the MSN for future reference.



HOW TO VIEW MEDICARE SUMMARY NOTICES ON YOUR COMPUTER

By Fay Durk, SMP Volunteer Counselor

If you wish to view a Medicare Summary Notice (MSN) that has been processed by Medicare without waiting for the quarterly notice to be mailed to you, and you have some familiarity with using the internet, follow the directions below to use the government-provided service.

To get started, you must sign up for this service.

Open your browser (example: Google or Yahoo) and go to www.mymedicare.gov.

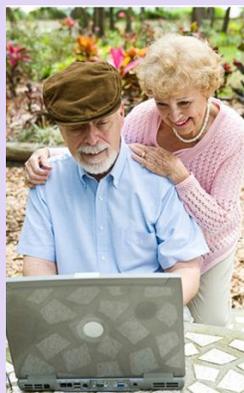
- ⇒ Scroll down the page until you see “New to MyMedicare.gov” on the left side. Click on the button just below labeled “Create an Account”.
- ⇒ You will see a new page requesting information: Medicare Number, Last Name, Date of Birth, Gender, Zip Code, and the Effective Date for Part A that is on your Medicare card. Fill in these boxes and the request to “Prove you’re not a robot”. Then click on the pop-up box regarding accurate information and agreement with rules if you wish to continue the sign-up process. Finally, press the Continue button.

The hardest part is done.

Once you have signed up to use this service, you can sign in at any time using your established ID and password. To do so, open the browser and go to www.mymedicare.gov.

- ⇒ Scroll down the page until you see “Secure Sign In” on the left side. Enter your username and password in the boxes and click on the “Sign In” button.
- ⇒ Acknowledge the authorized user notification popup message by pressing the “OK” button. A new page will appear showing the most recent claims processed by Medicare.
- ⇒ To view additional claims, click on “Select a Service Date Range”. Then select your choice from the pulldown menu and press “Submit”.

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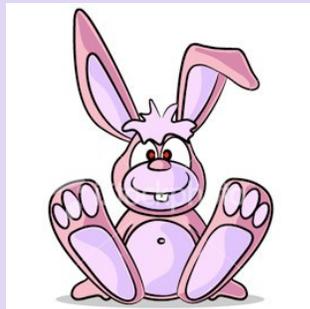
HOW TO VIEW MEDICARE SUMMARY NOTICES ON YOUR COMPUTER

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- ⇒ You will now be able to see a summary of charges for each MSN.
- ⇒ For a more detailed MSN summary, click on the claim of interest. The Claim Details will be shown.
- ⇒ Under Claim Information, you will see “View MSN” and “Order MSN”. Clicking on “View MSN” and it will display the MSN, although some details are not included in the online version. To order a duplicate copy of an actual MSN, click on “Order MSN” and follow the directions provided.
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Please note that information is not available online until processed by Medicare, which may take as long as a month from the date of service, although it is often posted more quickly. Also, individual lab test results are not listed separately in an MSN, whether online or received in the mail. This information may be available online if your doctor’s office participates in one of the “health portals” however the website must be provided to you by that office.





Tales from the Trenches

ASK JOANNA AND FAY

MSN's Demystified!

Since the theme of our March newsletter is “Understanding Medicare Summary Notices (MSN’s)”, we consulted SMP’s two volunteer counselors working out in the field at the Modern Maturity Center every Tuesday, Fay Durk and Joanna Gibson, to identify the most common areas of confusion that many of their counselees encounter in understanding their MSN’s. Below are some actual questions beneficiaries have had, and the explanations that have helped to untangle the confusion.

- 1. I don’t understand the dates on the first page! They are showing this date range, but I had my medical tests way before these dates.**

Why you might be confused is that this date range shows **the date the claim(s) was/were processed**, not the date you received your service.

On page 1, the Summary Sheet, a range of dates is provided for all Dates of Service (DOS). The specific DOS is on the right side of the first page—sort of. To get more information on an actual DOS for a specific medical visit, there are generally other online methods, such as mymedicare.gov and the online “patient portal” offered by many medical practices.

- 2. My Medicare Summary Notice shows that some of my services were denied, but I don’t understand why they weren’t covered.**

The first page shows all denied services accounted for in the current MSN; however, it is necessary to review the details of the services involved on the subsequent pages more carefully to understand what is actually being denied.

For example, my own last MSN reflected three (3) denied services, one of which was for part of my eye doctor’s bill. The doctor splits the claim into “eye exam” (covered by Medicare for medical reasons) and “vision test” (which Medicare never covers for anyone.) The doctor is required to differentiate these two services rendered in the single visit so that she can get paid for the eye exam charge. The other two denied services were for charges of 1 cent each and these are entered on the MSN for recording purposes only. It is important to read the associated notes at the bottom of the page to ensure that you are not being charged anything for such charges. (This practice is unnecessarily misleading.)

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Tales from the Trenches

ASK JOANNA AND FAY

MSN's Demystified!

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- 3. Looking at my MSN makes me nervous. All those charges! It makes me feel as though I'm being billed for big bucks...and I don't have big bucks!**

The MSN is NOT a bill.

Possibly the most frequently misunderstood column is "Maximum You May Be Billed". Since people with regular Medicare often/usually have supplement plans (Medigap) to help with charges that Medicare does not cover, this amount will be addressed when Medicare automatically sends the bill on to the supplement plan. This process is called "automatic cross-over. The patient does not need to do anything except to not pay anything until the supplement pays its part. If you still owe anything, you will be billed by your doctor/provider.

For a patient who does not have a supplement plan, no payment should be made until a bill is received from the provider's office.

- 4. Why aren't those lab tests I had showing on my MSN?**

Lab tests are **not** listed in the claims when they have been paid in full by Medicare. (If I had received a lab test bill that was not fully paid -- meaning I was responsible for some of the charge -- I would expect it to appear on the MSN but would have to check.)

- 5. Oh, no! I'm in big trouble. I lost my most recent MSN (or maybe it never came?) I was hoping my son could get another one for me, but he said he can't.**

Your son is correct. Neither he nor anyone else can get a replacement MSN for you without your written permission that Medicare keeps on file. However, you can call 1-800-Medicare yourself and request that they mail you a duplicate copy. This is no big deal; it happens all the time, and they will be happy to assist you.



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Tales from the Trenches

ASK JOANNA AND FAY

MSN's Demystified!

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6. How, exactly, should I go about checking that what I'm being billed and that what Medicare is paying is correct?

LEARN TO READ THE NOTES LABELLED "A" "B", etc. to the right of each listed charge. The key below corresponding to these letters explains what decisions were made concerning the payment of your specific charges...and based on this information; sometimes you can do something about denials. For example, the note may say that your doctor didn't provide enough information to substantiate your need for a specific procedure. If you know that the ordering physician considered your procedure medically necessary, contact him/her and request that the bill be resubmitted with additional justification.

CHECK THAT YOU ACTUALLY WERE AT THE APPOINTMENT SHOWN ON THE MSN, AND THAT EVERY ELEMENT OF THE CHARGE (provider, facility, procedure, date, etc.) IS CORRECT. In this review process, using the Medicare Health Care Journal Envelope and/or the Personal Health Care Journal or another system to document your health care usage can empower you to check effectively, because you will already have your appointment activity written down when the MSN arrives. It is important that the patient agrees that the claims shown on the MSN are truly his/hers. If not, contact the medical provider immediately. 1-800-Medicare can also help explain some of your charges and how coverage determinations were made.

Closely reviewing quarterly MSNs is a form of self-advocacy practiced by informed beneficiaries who have decided that neither Medicare nor they themselves are going to pay out a single penny that is not genuinely owed. The more you work with your MSN, the more familiar this document becomes, making it easier and easier to take charge of your own health care costs.

BEWARE OF IMPOSTER SCAMS

Imposter scams are on the rise. In one situation the scammers call pretending to work for Medicare. They say they need to verify your bank account number. They can sound very convincing. Some callers may even know the first few numbers of your account, and say you just need to verify the rest. If you give it to them you've given them access to your money for them to steal.

Tips:

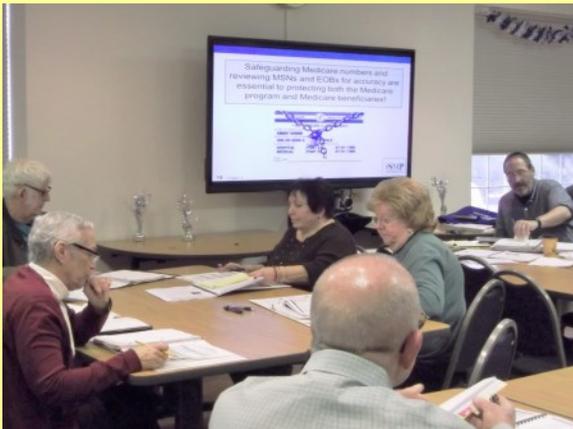
- ⇒ Hang up the phone or just don't answer it.
- ⇒ Never give your personal information to someone you don't know, not matter how appealing they are.
- ⇒ Protect your personal information like you would your credit card. All they need is your social security number and they are off to the races.





Delaware SMP Informer – Volunteer Voice

SMP's Line of Defense Against Medicare Fraud Just Got Stronger



Delaware SMP stands as the first line of defense against Medicare errors, abuse and fraud!

On February 3rd & 4th, 2016, the Delaware SMP hosted a 2-day workshop to welcome our newest volunteers in the fight against Medicare errors, abuse, and fraud. As with any workshop or training session it was extremely encouraging to have everyone participate in the group activities and discussions. However, the benefit of having volunteers with vastly different backgrounds and life experiences was never as evident as it was during this training.

For example, one of our volunteers had a question regarding the role of skilled nursing facilities and how they interact with Medicare. It was other volunteers participating in the workshop that gave additional information to fully answer the question based on their real-life work experience. Each new volunteer who joins SMP not only enriches their lives, but also strengthens Delaware SMP's front line of defense in the fight against Medicare errors, abuse and fraud.

I want to thank all who made the event possible and those who participated. It's events like this and our committed and diverse volunteers who make it easy to say...**I'M PROUD TO BE A SMP TEAM MEMBER!!!**

If you would like to learn about becoming a SMP volunteer, or have any questions, please contact:

Steven O'Neill (Volunteer Services Coordinator) at (302) 255-9383, or steven.o'neill@state.de.us.

