

# Part A What is in your "Medicare Summary Notice"?



# Your New MSN for Part A – Overview

Your Medicare Part A MSN shows all of the services billed to Medicare for inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care services.

# **Each Page with Specific Information:**

**Page 1:** Your dashboard, which is a summary of your notice,

Page 2: Helpful tips on how to review your notice,

Page 3: Your claims information,

Last page: Find out how to handle denied claims.

# **Bigger Print for Easy Reading**

Page titles and subsection titles are now much larger. Using a larger print throughout makes the notice easier to read.

## **Helpful Tips for Reading the Notice**

The redesigned MSN explains what you need to know with user-friendly language.

C Medicare Summ	ary Notice Page 1 of 4	Jennifer Washington	THIS IS NOT A		
for Part A (Hospital		Making the Most of Your Me	edicare		
The Official Summary of Your Medicare	e Claims from the Centers for Medicare & Medicaid Services	How to Check This Notice	🖬 Your Benefit Periods		
JENNIFER WASHINGTON TEMPORARY ADDRESS NAME	THIS IS NOT A BILL	Do you recognize the name of each facility?	Your hospital and skilled nursing fac		
STREET ADDRESS CITY, ST 12345-6789	THIS IS NOT A BILL	Check the dates. Did you get the claims listed? Do they match	stays are measured in <b>benefit days</b> a <b>periods</b> . Every day that you spend is		
CI11, S1 12345-6/89		those listed on your receipts and bills?	SNF counts toward the benefit days period. A benefit period begins the		
		If you already paid the bill, did you pay the right amount? Check the maximum you may be	receive inpatient hospital services or circumstances. SNF services, and er		
Notice for Jennifer Washington	Your Claims & Costs This Period	billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other	haven't received any inpatient care i inpatient skilled care in a SNF for 6		
Medicare Number XXXXX1234	Did Medicare Approve All Claims? YES See page 2 for how to double-check this notice.	insurer. That plan may pay your share.	Inpatient Hospital: You have 56 o		
Date of This Notice September 15, 2020 Claims Processed June 15 -	Total You May Be Billed \$2,062.50		benefit days remaining for the ber began May 27, 2020.		
Between September 15, 2020		How to Report Fraud If you think a facility or business is involved in fraud,	Skilled Nursing Facility: You have		
Your Deductible Status	Facilities with Claims This Period	call us at 1-800-MEDICARE (1-800-633-4227).	covered benefit days remaining f period that began May 27, 2020.		
Your deductible is what you must pay each benefit	June 18 – June 21, 2020 Otero Hospital	Some examples of fraud include offers for free medical services or billing you for Medicare services	See your "Medicare & You" handbo information on benefit periods.		
period for most health services before Medicare begins to pay.		you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.			
Part A Deductible: You have now met your		You can make a difference! Last year, Medicare	Get a pneumococcal shot. You may		
\$1,184.00 deductible for inpatient hospital services for the benefit period that began		saved tax-payers \$4.2 billion—the largest sum ever recovered in a single year—thanks to people who	in a lifetime. Contact your health ca		
May 27, 2020		reported suspicious activity to Medicare.	getting this shot. You pay nothing it provider accepts Medicare assignment		
Be Informed!		How to Get Help with Your Questions	To report a change of address, call at 1-800-772-1213. TTY users should		
Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal		1-800-MEDICARE (1-800-633-4227) Ask for "hospital services." Your customer-service	1-800-325-0778.		
summary of your claims and deductibles. This improved notice better explains how to get help with		code is 05535.	Early detection is your best protect your mammogram today, and reme		
your questions report fraud or file an appeal. It also		TTY 1-877-486-2048 (for hearing impaired) Contact your State Health Insurance Program (SHIP)	Medicare helps pay for screening m Want to see your claims right awa		
includes important information from Medicare!		for free, local health insurance counseling, Call 1.555,555,555	Original Medicare claims at www.N		
		1-303-333-3333.	usually within 24 hours after Medic claim. You can use the "Blue Buttor keep track of your personal health i		
	coren nepekel (Jamy ) bake one magnine enepekel. Sir <sup>C</sup> Mandarin <sup>*</sup> . <b>1460 MEDICARE</b> (14 <b>80 431-4227</b> )	Page 2			
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	THIS IS NOT A BULL   Page 3 of 4	Page 2			
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#### Last Page

# 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!

Will William The Office	cial Summary of Your Medicare	Claims from the Centers for Medicare & Medicaid S	ervices
JENNIFER WASHINGTON TEMPORARY ADDRESS NAME STREET ADDRESS CITY, ST 12345-6789		THIS IS NOT A BILL	
Notice for Jennife Medicare Number	XXXXX1234	Your Claims & Costs This Period Did Medicare Approve All Claims?	YE
Date of This Notice Claims Processed Between	September 15, 2020 June 15 – September 15, 2020	See page 2 for how to double-check this notic Total You May Be Billed \$2	ce. <b>2,062.5</b>
Your Deductible St Your deductible is what y period for most health se begins to pay.	ou must pay each benefit	Facilities with Claims This Period June 18 – June 21, 2020 Otero Hospital	
Part A Deductible: You \$1,184.00 deductible fo services for the benefit   May 27, 2020. Be Informed!	r inpatient hospital		
Welcome to your new M It has clear language, larg summary of your claims improved notice better e: your questions, report fr			

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español. 如果需要国语帮助, 请致电联邦医疗保险, 请先说 "agent", 然后说" Mandarin". 1-800-MEDICARE (1-800-633-4227)

# **4** Title of your MSN

The title at the top of the page is larger and bold.

# **G** 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.

## **6** Facilities You Went To

Check the list of dates for services you received during this claim period.

#### **O** 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.

# Page 2 – Making the Most of Your Medicare

### Section Title

This helps you navigate and find where you are in the notice. The section titles are on the top of each page.

### **2** How to Check

Medicare offers helpful tips on what to check when you review your notice.

#### **B** How to Report

Help Medicare save money by reporting fraud!

# **4** How to Get Help

This section gives you phone numbers for where to get your Medicare questions answered.

## Jennifer Washington

#### 1 Making the Most of Your Medicare

#### Rev 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) plan or other insurer. That plan may pay your share.

#### 🕖 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.

#### How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)

Ask for "hospital services." Your customer-service **4** code is 05535.

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.

#### 🛗 Your Benefit Periods

Your hospital and skilled nursing facility (SNF) stays are measured in **benefit days** and **benefit periods**. Every day that 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.

THIS IS NOT A BILL | Page 2 of 4

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6

**Inpatient Hospital:** You have **56 out of 90 covered benefit days** remaining for the benefit period that began May 27, 2020.

Skilled Nursing Facility: You have 63 out of 100 covered benefit days remaining for the benefit period that began May 27, 2020.

See your "Medicare & You" handbook for more information on benefit periods.

#### Your Messages from Medicare

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

**To report a change of address**, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

**Early detection is your best protection.** Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

Want to see your claims right away? Access your Original Medicare claims at www.Medicare.gov, usually within 24 hours after Medicare processes the claim. You can use the "Blue Button" feature to help keep track of your personal health records.

# **G** Your Benefit Period

This section explains benefit periods.

#### **6** General Messages

These messages get updated regularly, so make sure to check them!

# **Page 3 – Your Claims for Part A (Hospital Insurance)**

#### **1** Type of Claim Jennifer Washington Claims can either be Your Inpatient Claims for Part A (Hospital Insurance) inpatient or outpatient. Part A Inpatient Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled didn't pay. nursing facility following a hospital stay, home health care, and hospice care. **2** Definitions 2 **Definitions of Columns** Don't know what some of Benefit Days Used: The number of covered benefit days you used during each hospital and/or skilled the words on your MSN nursing facility stay. (See page 2 for more information other charges. mean? Read the definitions and a summary of your benefit periods.) Claim Approved?: This column tells you if Medicare to find out more. covered the inpatient stay. June 18 – June 21, 2020 Otero Hospital, (555) 555-1234 B PO Box 1142, Manati, PR 00674 Referred by Jesus Sarmiento Forasti This is the date you went to Benefit Non-Claim Days Used Covered the hospital or facility. Keep Approved? Charges your bills and compare them 4 Benefit Period starting May 27, 2020 4 days Yes \$0.00 Total for Claim #20905400034102 \$0.00 to your notice to be sure you 5 got all the services listed. **G** Approved Column This column lets you know if your claim was approved or denied. **Notes for Claims Above** A Days are being subtracted from your total inpatient hospital benefits for this benefit period. The "Your Benefit Periods" section on page 2 has more details.

B \$2,062.50 was applied to your skilled nursing facility coinsurance.

# Non-Covered Charges: This is the amount Medicare

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6

You May Be Billeo

\$0.00

\$0.00 A,B

Notes

Below

Amount Medicare Paid: This is the amount Medicare paid your inpatient facility.

Maximum You May Be Billed: The amount you may be billed for Part A services can include a deductible, coinsurance based on your benefit days used, and

For more information about Medicare Part A coverage, see your "Medicare & You" handbook.

Amoun

Medicare

\$4,886.98

\$4,886,98

Paid

**6** Max You May Be Billed

This is the total amount the facility is able to bill you. It's highlighted and in bold for easy reading.

#### Notes

Refer to the bottom of the page for explanations of the items and supplies you got.

# Benefit Period

**B** Your Visit

This shows when your current benefit period began.

# **Last Page – How to Handle Denied Claims**

#### **1** Get More Details

Find out your options on what to do about denied claims.

#### **O** 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.

#### Jennifer Washington

#### How to Handle Denied Claims or File an Appeal

#### **1** Get More Details

If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

#### If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by: January 21, 2021

#### 3 If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your facility:** Ask your facility for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

#### **Find Out More About Appeals**

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

#### •

THIS IS NOT A BILL | Page 4 of 4

4

#### File an Appeal in Writing

#### Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- **3** Fill in all of the following:

Your or your representative's full name (print)

Your telephone number								
Your complete	Medicare	numl	her					

#### 4 Include any other information you have about your appeal. You can ask your facility for any information that will help you.

- **5** Write your Medicare number on all documents that you send.
- **6** Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office c/o Contractor Name Street Address City, ST 12345-6789

# **4** Appeals Form

You must file an appeal in writing. Follow the step-bystep directions when filling out the form.