



# 'Care Share

## Please Read Your MSN

Let's start the year off right. Please read your Medicare Summary Notice (MSN) every time. Reading your MSN is the number one way to stop Medicare fraud. Anything being billed in your name will show up, so you will be the first to know if someone is fraudulently billing for services in your name even when you don't receive a separate bill. It also assists to clear up billing errors or disputes. When used in coordination with a My Health Care Tracker, available at your local SMP office, it offers a straightforward way to detect errors and potential fraud, such as claims from providers you did not see, services you did not receive, double billing, or balance billing.

This article is an excerpt from [The Medicare Summary Notice: Read Before You Pay](#), written by Ariel Rabinovic, a SMP Complex Interaction Specialist in Pennsylvania

### Reading Medicare Summary Notices

Medicare sends beneficiaries an MSN every three months, but they are also available to view online through your Medicare.gov account. The MSN provides a complete record of services or items billed to Medicare, including details such as the billing entity, the amount billed, the contracted amount approved by Medicare, the amount paid by Medicare (80%), and the amount that is owed

by you (20%). This latter value is shown in a column titled "Maximum You May Be Billed," and is the bottom line as far as financial responsibility and is binding for both the provider and the beneficiary.

It is important to note that whether Medicare denies or approves a service does not correlate to payment responsibility to the beneficiary. In addition, for a potential dispute regarding this column, Medicare provides an appeals process for both providers and beneficiaries. In the case of an appeal, the results would then be the final say on financial responsibility.

### Case 1

The beneficiary was covered by Original Medicare and a Medicare supplement policy and received services from an anesthesia provider as part of a surgical procedure. One year after the surgery, the beneficiary received a bill for almost \$3,000 from the provider. They also received calls from a law practice hired to recover the funds. When the family reached out to the provider, they were told that the claim was submitted to and denied by Medicare shortly after the procedure. So, what did the MSN state? Astonishingly, Medicare denied the service because the claim was not submitted by the provider until 17 months after the procedure, which exceeds the 12-month time frame allowed to submit a claim. Most importantly, the same

MSN stated that the beneficiary owed no money for the procedure and the PA SMP was able to use that MSN to convince the provider to stop billing the beneficiary.

### **Case 2**

Another beneficiary received a replacement CPAP (continuous positive airway pressure) machine to replace the one he currently had, which was recalled. The supplier assured him that his new device would be covered. To his surprise, Medicare denied coverage for the replacement CPAP machine. He filed a timely appeal with Medicare and eventually received another denial, which stated that though the service did not meet Medicare's coverage criteria, it stated that since an Advance Beneficiary Notice (ABN) should have been filed, the supplier of the device is liable for payment. Subsequently, the supplier appealed this decision, but Medicare maintained that the supplier bears responsibility for payment. Sometime later the beneficiary received a bill from the supplier for \$2,100. Concerned, he contacted SMP to assist who reassured him that the provider violated the rules of Medicare assignment, and he owed no money.

### **Case 3**

When a beneficiary visited the emergency room at his local hospital in March 2022, he was operated on by a physician who, unbeknownst to him, did not participate in Medicare. However, the hospital where the services were received accepted Medicare assignment. Following the procedure, the beneficiary received surprise bills from the physician adding up to over \$7,000. He saw on the MSN that the services were denied

and that he does not owe any money. According to the MSN, Medicare denied the services because the provider was not eligible to receive Medicare payments. This finding was reaffirmed in two subsequent rounds of appeals. This was clearly communicated to the physician, and he stopped billing the beneficiary.

### **Conclusion**

In each of these scenarios, MSNs contained crucial and defining information toward getting resolution to these problems. Due to the systemic complexity of our current health system, which involves providers, facilities, and, often, multiple billing contractors, billing disputes can sometimes be a challenge for advocates to address. However, MSNs and Medicare appeals offer clear advocacy pathways. With that in mind, here are some best practices gained from our experience:

- 1.** Obtain and review your MSN. Pay particular attention to the column titled "Maximum You May Be Billed."
- 2.** Call the provider to see if they can. If they can't and you are not satisfied, let them know you are disputing the bill and ask them not to send it to collections. This lets them know that you are addressing the issue. It will also help to protect your credit rating.
- 3.** Call MT SMP. If you need assistance reading your Medicare statements, help with a billing dispute, or to report fraud, your closest MT SMP office can be reached by calling 1-800-551-3191.

The Senior Medicare Patrol (SMP) is ready to provide you with the information you need to PROTECT yourself from Medicare fraud, errors, and abuse; DETECT potential fraud, errors, and abuse; and REPORT your concerns. SMPs help educate and empower Medicare beneficiaries in the fight against health care fraud. Your SMP can help you with your questions, concerns, or complaints about potential fraud and abuse issues. It also provides information and educational presentations. To reach Montana Senior Medicare Patrol, call 1-800-551-3191 or visit [www.smpresource.org](http://www.smpresource.org).