



# 'Care Share

## Some Things to Know

Senior Medicare Patrols (SMPs) empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse. This includes providing education. Some of the cases that come through our door are things that could've been prevented, or in the very least, cleared up easily, if only the beneficiary had a little information ahead of time. Here are a few of those scenarios.

### **Errors related to Coordination of Benefits:**

Medicare Secondary Payer (MSP) is the term used when the Medicare program does not have primary payment responsibility – that is, when another entity has the responsibility for paying. Make sure to alert your provider if your visit is due to a car accident or work comp claim and give them your third-party liability insurance information, otherwise they may bill Medicare automatically. Likewise, if the visit is due to an accident but the insurance has been exhausted, make sure you provide a letter of denial from your third-party liability insurance so they can include that and bill Medicare. If Medicare

pays and believes another payer may be responsible, they consider this a conditional payment and may then send you a bill down the road, long after you thought everything was settled.

**Errors due to wrong coding:** If you read your Medicare Summary Notice and see services that are wrong, but no one seems to be able to fix them, understand that you need to speak to the provider. The billing person is not the person who is able to change codes, rather the provider is and would then send it on to billing.

**Ambulance bills:** Denied ambulance bills are common. To be covered, ambulance services must be medically necessary according to Medicare. That is established when the patient's condition is such that use of any other method of transportation is contraindicated. If transportation other than an ambulance could be used without endangering the individual's health, whether such other transportation is available, it would cause a denial. As an example, if the ambulance is called and they arrive and

stabilize a patient and then transport to the hospital, it is likely the trip could be denied if they simply drove someone to the hospital with no medical intervention along the way. The ambulance will automatically take you to the hospital regardless and you will need to pay for the trip out of pocket if it isn't considered medically necessary.

**Your Part B and D premiums have gone up significantly:** Medicare Part B and D premiums are a monthly base amount; however, there is a scale of rates based on set income levels. If your premium has gone up significantly it could be due to IRMAA = Income-Related Monthly Adjustment Amount. This is an amount you may have to pay in addition to your Part B or Part D premium if your income is above a certain level. Temporary increases can happen if you sell a rental property for example.

If you believe you should not pay IRMAA, your circumstances have changed, or your IRMAA was miscalculated, you have the right to request that Social Security Administration lower or eliminate your premium increase.

**Charges for prescriptions after outpatient hospital stay:** When you are admitted to the hospital as an inpatient, everything will be covered through Medicare Part A or your

Medicare Advantage hospital coverage, minus copays, or deductibles. However, if you are admitted as an outpatient, you will receive a bill for prescriptions. The hospital will not submit claims to the Prescription Drug Plan, and you will either need to submit the bill or the receipts directly to your plan yourself.

**Receiving a bill after a wellness visit:**

Providers can bill for both a preventative visit that is 100% covered by Medicare, and an office visit which is subject to deductibles and copays, when they are performed during the same appointment. If the beneficiary also has acute complaints or chronic problems which require additional evaluation, they may receive a bill for what they thought would be a free visit. The wellness visit is to develop or update a personalized prevention plan and perform a health risk assessment. If your provider performs additional tests or services during the same visit, they can bill for it separately. When you make your appointment, let the office know you would like to schedule your annual wellness visit and repeat this when you speak to the doctor during the visit. If anything is not to be covered by this visit, let them know you would like to know ahead of time.

For assistance, call MT SMP at 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).