

GUIDE

How to Read Your Medicare Statements



SHIP
State Health Insurance
Assistance Program

1-800-351-4664
www.shiip.iowa.gov

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Why It's Important to Review Your Medicare Statements

If you are enrolled in Medicare and are receiving care or benefits, you most likely have received statements such as Medicare Summary Notices (MSNs) or Explanation of Benefits (EOBs).

These statements are NOT bills but rather notices that help you understand your Medicare benefits and manage your health care costs. All bills will be sent separately from the provider.

It is important that you compare your Medicare Summary Notices (MSNs) or Explanation of Benefits (EOBs) with your medical bills to check for signs of fraud or errors. A common method of fraud is billing someone for services or supplies they did not receive. Errors can also be made, resulting in the wrong service charges showing up on your statement.

QUESTIONS?

Reading these statements can be confusing. If you get stuck or have additional questions after reviewing this document, please call your local SHIP-SMP counselor or 1-800-351-4664



REVIEWING YOUR Medicare Summary Notices (MSNs)

Before you learn how to read your Medicare Summary Notice (MSN), let's review what a MSN is and what to expect.

WHAT IS A MSN?

A MSN is a notice from Medicare that summarizes how much Medicare paid for services you received and your potential out-of-pocket costs. These statements show services billed to either Medicare Part A (Hospital Insurance), Part B (Medical Insurance) or Part B Durable Medical Equipment (DME).

- Part A will show services billed to Medicare for hospital, hospice care and home health care services.

- Part B will show services billed by Medicare for doctor services, outpatient care, preventative service and other medical services.
- Part B (DME) will show equipment and supplies.

WHEN WILL I RECEIVE A MSN?

You will receive a MSN by mail every 180 days (twice a year) if you receive services or supplies. If you do not have any medical services or order any medical supplies, you will not receive a MSN.

You can create or log in to your account a Medicare.gov to view claims in real time rather than waiting for paper mail. You will receive an email letting you know that your MSN is ready.

MSN SAMPLE

You may receive a MSN for Part A services (inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care services), Part B medical services (doctors' visits, hospital outpatient care, home health care, preventive services, and other medical care) or Part B DME (durable medical equipment) billed to Medicare.

Each MSN will have the following sections:

- Page 1: A summary of the notice
- Page 2: Helpful tips on how to review your notice
- Page 3: Your claims information
- Page 4: Information on how to handle denied claims.

On the next page we will go over the key details for a Part A MSN.

Medicare Summary Notice for Part A (Hospital Insurance)
 The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

THIS IS NOT A BILL

Your Claims & Costs This Period

Did Medicare Approve All Claims?	YES
Total You May Be Billed	\$2,062.50


Your Deductible Status
 Part A Deductible: You have now met your \$1,164.00 deductible for inpatient hospital services for the benefit period that began May 27, 20XX.

Facilities with Claims This Period
 June 18 - June 21, 20XX
 Otero Hospital

Samples are sourced from Medicare.gov.

How to Read Your MSN

PART A (HOSPITAL) / SUMMARY PAGE

 **Medicare Summary Notice**
for Part A (Hospital Insurance) **1**

Page 1 of 4

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

FIRST AND LAST NAME
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

2

Notice for Jennifer Washington

Medicare Number	1A23BC4DE56
Date of This Notice	September 15, 20XX
Claims Processed Between	June 15 – September 15, 20XX

3

Your Deductible Status

Your deductible is what you must pay each benefit period for most health services before Medicare begins to pay.

Part A Deductible: You have now met your **\$1,184.00** deductible for **inpatient hospital** services for the benefit period that began May 27, 20XX.

4

Your Claims & Costs This Period

Did Medicare Approve All Claims?	YES
See page 2 for how to double-check this notice.	
Total You May Be Billed	\$2,062.50

5

Facilities with Claims This Period

June 18 – June 21, 20XX
Otero Hospital

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¿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)**

1 Plan Type
This is where you will see if your notice is for Part A, Part B or Part B (DME).

2 Personal Information
This is where you can check your name, Medicare number, the date your MSN was printed and when the claims were processed.

3 Your Deductible Status
Your deductible status will tell you what you must pay before Medicare will start paying. It will either show you that you have met the deductible or how much you have paid toward your deductible.

4 Your Claims & Costs This Period
Remember, this is NOT a bill and shows what you **may** owe. It will also show your approved and denied claims.

5 Facilities with Claims This Period
Simply put, this is when and where you received your services. **Use this information to check for fraud or errors by comparing your bills and your calendar or notes from your visit.**

6 Different Languages
Call 1-800-Medicare (1-800-633-4227) for help in additional languages.

How to Read Your MSN

PART A (HOSPITAL) / CLAIMS PAGE

Jennifer Washington THIS IS NOT A BILL | Page 3 of 4

Your Inpatient Claims for Part A (Hospital Insurance) 1

Part A Inpatient Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care, and hospice care.

Non-Covered Charges: This is the amount Medicare didn't pay.

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 other charges.

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

Definitions of Columns 2

Benefit Days Used: The number of covered benefit days you used during each hospital and/or skilled nursing facility stay. (See page 2 for more information and a summary of your benefit periods.)

Claim Approved?: This column tells you if Medicare covered the inpatient stay.

June 18 – June 21, 20XX
Otero Hospital, (555) 555-1234
 PO Box 1142, Manati, PR 00674
 Referred by Jesus Sarmiento Forasti

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 20XX	4 days	Yes	\$0.00	\$4,886.98	\$0.00	
Total for Claim #20905400034102			\$0.00	\$4,886.98	\$0.00	A,B

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.

1 Plan Type
This is where you will see if your notice is for Part A, Part B or Part B (DME). In this sample it's for Part A, this will tell you if it's for inpatient or outpatient services.

2 Definition of Columns
If you don't know or are confused by some of the column terms, this section will help define what the columns mean in your claim.

3 Your Visit Information
These are the dates you went to the hospital or facility. **This is another piece of information to compare with your bills and notes.**

4 Claim Approved?
This column will tell you if your claim was approved or denied.

5 Maximum You May Be Billed
This is the amount for each service and total amount that the facility can bill you.

6 Notes
Explanations for items and supplies you received for your visit. Notes for the claims will be listed at the bottom of the page.

REVIEWING YOUR Explanation of Benefits (EOBs)

Before you learn how to read your Explanation of Benefits (EOBs), let's review what these are and what to expect.

WHAT IS AN EOB?

An EOB is a notice for either a **Medicare Advantage** or **stand-alone prescription drug plan** summarizing the services you received, what your plan covered and potential out-of-pocket costs. This notice is generated and sent to you when your insurance provider submits a claim.

WHEN WILL I RECEIVE AN EOB?

Typically, you will receive an EOB monthly or after receiving health care services. At the end of each quarter, you will also receive a summary statement. The insurance provider may not send you a notice if there's no claim during a reporting period or if you're a dual eligible member (a person eligible for both Medicare and Medicaid).

EOB SAMPLE

Below is a sample of what your EOB could look like. The overall look may vary depending on your plan provider, but it will include similar information. On the next few pages, we'll dive into the different sections of the EOB.

Explanation of Benefits (EOB)

Customer Service: 1-800-XXX-XXXX

Statement Date: MM/DD/YYYY
Document Number: XXXXXXXXXXXX
THIS IS NOT A BILL

Name:
Address:
City, State, Zip:



Subscriber Number: XXXXXXXX ID: XXXXXXXX Group: ABCDE Group Number: XXXXXXXX

Patient Member Name Date Received: MM/DD/YYYY	Provider: Healthcare Provider Name	Claim Number: XXXXXXXX Date Paid: MM/DD/YYYY
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Claim Detail		What Your Provider Can Charge You			Your Responsibility			Total Claim Cost		
Dates of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Deductible	Copay	Coinsurance	Paid by Insurer	You May Owe	Notes
MM/DD/YYYY - MM/DD/YYYY	Medical Care	Paid	\$30.50	\$2.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PDC
MM/DD/YYYY - MM/DD/YYYY	Medical Care	Paid	\$175.56	\$50.35	\$0.00	\$30.00	\$0.00	\$20.35	\$30.00	PDC
TOTALS			\$206.06	\$52.50	\$0.00	\$30.00	\$0.00	\$20.35	\$30.00	

Notes PDC: This is a dollar amount that may or may not be the responsibility of the member. If the Provider is participating, the Provider is liable PDC for this amount. If the provider is non-participating, the member is liable for this amount.

Explanation of Benefits (EOB)

Customer Service: 1-800-XXX-XXXX

Statement Date: MM/DD/YYYY
 Document Number: XXXXXXXXXXXX
THIS IS NOT A BILL

1

Name:
 Address:
 City, State, Zip:



Subscriber Number: XXXXXXXX ID: XXXXXXXX Group: ABCDE Group Number: XXXXXXXX

Patient Member Name Date Received: MM/DD/YYYY	Provider: Healthcare Provider Name	Claim Number: XXXXXXXX Date Paid: MM/DD/YYYY
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Claim Detail		What Your Provider Can Charge You			Your Responsibility			Total Claim Cost		
2	3	4	5	6	7	8	9	10		
Dates of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Deductible	Copay	Coinsurance	Paid by Insurer	You May Owe	Notes
MM/DD/YYYY - MM/DD/YYYY	Medical Care	Paid	\$30.50	\$2.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PDC
MM/DD/YYYY - MM/DD/YYYY	Medical Care	Paid	\$175.56	\$50.35	\$0.00	\$30.00	\$0.00	\$20.35	\$30.00	PDC
TOTALS			\$206.06	\$52.50	\$0.00	\$30.00	\$0.00	\$20.35	\$30.00	

Notes PDC: This is a dollar amount that may or may not be the responsibility of the member. If the Provider is participating, the Provider is liable PDC for this amount. If the provider is non-participating, the member is liable for this amount.

1 Your Plan Description
 Includes information about you and your plan.

2 Dates of Service
 This is a date or date range of when you received health care services.

3 Service Description
 The type of health care service you received. This could be medical visit, lab tests, screenings or drug costs (if you have a Part D drug plan).

4 Provider Charges
 The amount that your health care provider charged you for the service.

5 Allowed Charges
 The amount covered by your Medicare Advantage Plan or stand alone drug plan.

6 Deductible
 The amount you need to pay before your plan starts to pay.

7 Copay
 A payment that you pay when you receive certain medical services. This is in addition to the payment made by an insurer.

8 Coinsurance
 When you've paid for your deductible, coinsurance is the percentage you pay for covered medical services. (20%, for example)

9 You May Owe
 Once your benefits have been paid, this is the dollar amount that you are responsible to pay. Remember, EOBs are statements **not** bills. You will not pay your portion until your bill arrives. (This column can also be known as Your Responsibility or What You Owe.)

10 Notes
 Explanations from your insurance plan of costs, charges and paid amounts for your visit. (Also, known as Remark Code)

Free. Confidential. Objective.

Medicare Counseling Services for Iowans

Iowa Insurance Division's SHIIP-SMP volunteer counselors help Iowans understand the complexities of Medicare, save on health care costs, and prevent fraud.

Iowa has a resource specifically for people on Medicare, or those becoming eligible for Medicare — the Senior Health Insurance Information Program (SHIIP) and the Senior Medicare Patrol (SMP). SHIIP-SMP is administered by the Iowa Insurance Division and is supported through state and federal funding. The service is completely free and confidential and counselors do not sell or promote any insurance companies, agents or products.

SHIIP-SMP counselors are ready to assist with personal, one-on-one support. A network of certified and trained volunteers work through local SHIIP-SMP sites in nearly every Iowa county. Meetings can take place however you are most comfortable — in-person, on the phone, or through video conferencing. **For an appointment visit www.shiip.iowa.gov today.**

Whether you are preparing to enter the Medicare system or are navigating existing benefits, SHIIP-SMP can guide you toward solutions that best fit your needs, now, and in the future.



Did you know?

SHIIP-SMP counselors are trained in fraud control.

Through our Senior Medicare Patrol outreach, we work to educate Iowans on how to prevent, detect and report health care fraud, errors and abuse. If you suspect you or a loved one may have been a victim of Medicare fraud, call us to report it at 1-800-351-4664. We can help you get the answers and support you need.

Help may be available if you cannot afford your Medicare premiums.

If you struggle to pay for your coverage, you may be eligible for financial support. Contact SHIIP-SMP at 1-800-351-4664 for more information. If you qualify, we can help you apply for assistance.



SHIIP-SMP is a service of the State of Iowa. It does not sell or promote any insurance companies, policies or agents.

1-800-351-4664
www.shiip.iowa.gov



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