

GUIDE

How to Read Your Medicare Statements



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

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 better understand your Medicare benefits and manage your health care costs. A bill will be sent separately from the provider.

It is important that you compare your MSNs and EOBs with your medical bills to **check for signs of fraud or errors**. A common method of fraud is billing someone for services they did not receive. Errors can also be made, resulting in the wrong service charges showing up on your statement. In this guide, you will learn how to read your MSNs and EOBs and what to check for as you compare these statements with your medical bills.

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 will 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 every three months. The only time you won't receive a MSN is if you didn't have medical services or ordered any medical supplies during the three month period.

Depending on your preference, you can receive printed copies of your MSN or access them online through your Medicare account. If you choose to receive your MSNs online, then you will get a monthly email when your MSNs are available.

MSN SAMPLE

Your MSN will have four pages that include a summary page, resource page, claims page and an instruction page for how to handle denied claims. Part A, Part B and Part B (DME) statements will look very similar. Here are key details to help you identify the difference:

- The plan type (Part A, B, etc.) will be stated at the top and in the body copy.
- On the resource page, terminology will adjust according to the plan (ie: medical services vs. hospital).
- Claims columns for Part A and Part B on the claims page will adjust based on the services you receive.

On the next page, we'll go over the key details for Part A (hospital).

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

How to Handle Denied Claims or File an Appeal

Get More Details
If a claim was denied, call or write the hospital or

File an Appeal in Writing
Follow these steps:
the service(s) or claim(s) you disagree on this notice.
in writing why you disagree with this notice. Include your explanation on this page. If you need more space, attach a separate page to this notice.
all of the following:
or your representative's full name (print)

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

Your Inpatient Claims for Part A (Hospital Insurance)

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.

Definitions of Columns
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.

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

Jennifer Washington **THIS IS NOT A BILL** | Page 2 of 4

Making the Most of Your Medicare

How to Check This Notice
Do you recognize the name of each facility? Check the dates.

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.

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.

Jennifer Washington **THIS IS NOT A BILL** | Page 1 of 4

Medicare Summary Notice for Part A (Hospital Insurance)

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

Notice for Jennifer Washington

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

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

Facilities with Claims This Period

June 18 - June 21, 20XX	Otero Hospital
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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 \$1,164.00 deductible for inpatient hospital services for the benefit period that began May 27, 20XX.

Be Informed!
Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿Qué es lo que puede recibir más tarde y otro tipo de ayuda de Medicare en español? Llame y hable con un agente bilingüe, 请来电咨询 Medicare 的援助, 请电 800-772-1213, 或电 800-325-0778

Centers for Medicare & Medicaid Services
U.S. Social Security Administration
Street Address
City, ST 12345-6789


OFFICIAL MEDICARE INFORMATION

Samples are sourced from Medicare.gov.

How to Read Your MSN

PART A (HOSPITAL) / SUMMARY PAGE

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Medicare Summary Notice for Part A (Hospital Insurance)

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

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

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.

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Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

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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

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
You can request your MSN in different languages or accessible formats like large print or Braille.

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.

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.

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.

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)

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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 drug plan** summarizing a description of your plan, 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:

INSURANCE
LOGO

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

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

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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