

GUIDE

How to Read Your Medicare Statements





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 SHIIP-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.

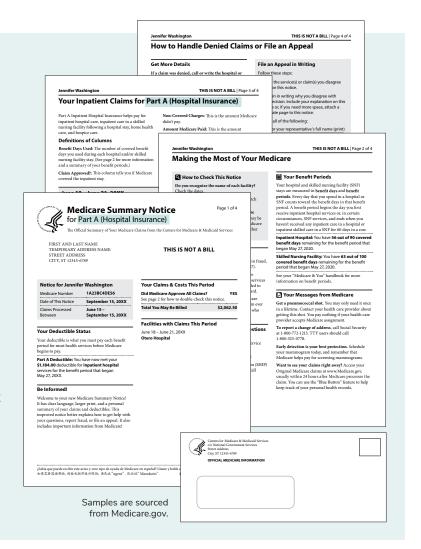
Depending on your preference, you can receive printed copies of your MSN or access them online through your Medicare account. If you choose to receive your MSNs online, then you will get a monthly email when your MSNs are available.

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:

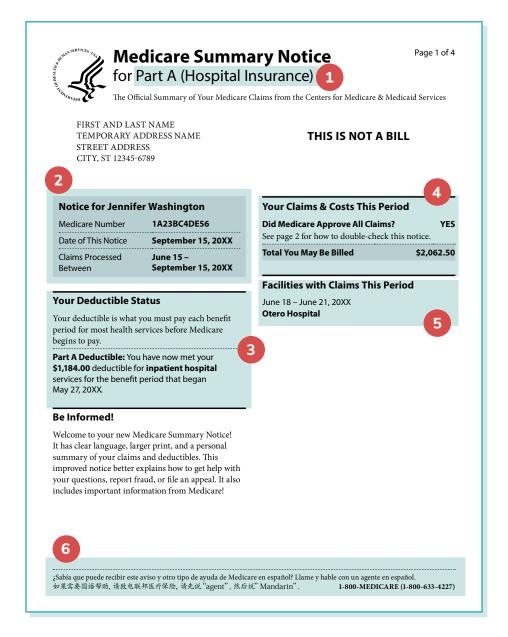
- The plan type (Part A, B, etc.) will be stated at the top and in the body copy.
- On the resource page, terminology will adjust according to the plan (ie: medical services vs. hospital).
- Claims columns for Part A and Part B on the claims page will adjust based on the services you receive.

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



How to Read Your MSN

PART A (HOSPITAL) / SUMMARY PAGE



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

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

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.

Your Claims & Costs This Period
Remember, this is NOT a bill and shows what

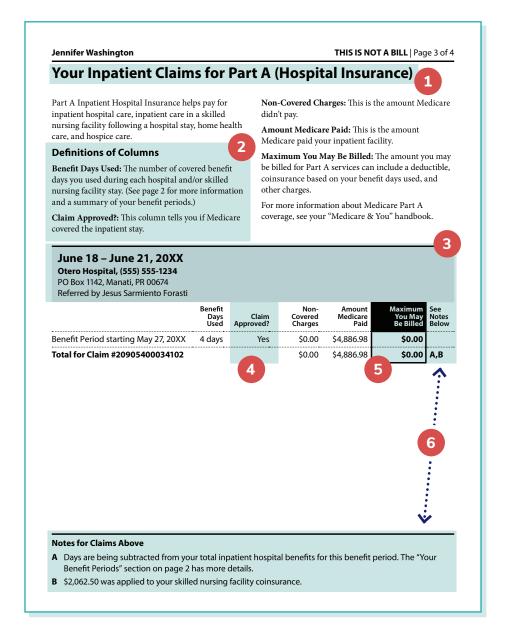
you **may** owe. It will also show your approved and denied claims.

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.

Different LanguagesYou 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



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.

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.

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.

Claim Approved?

This column will tell you if your claim was approved or denied.

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

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 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)

ID: XXXXXXX

Statement Date: MM/DD/YYYY Document Number: XXXXXXXXXX

THIS IS NOT A BILL

Name: Address: City, State, Zip:

Group: ABCDE Group Number: XXXXXX

Patient Member Name

Subscriber Number: XXXXXXX

Date Received: MM/DD/YYYY

Provider: Healthcare Provider Name

Claim Number: XXXXXXX Date Paid: MM/DD/YYYY

Customer Service: 1-800-XXX-XXXX

INSURANCE

LOGO

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.

How to Read Your EOB

Customer Service: 1-800-XXX-XXXX **Explanation of Benefits (EOB)** Statement Date: MM/DD/YYYY Document Number: XXXXXXXXXX Name: INSURANCE Address: LOGO City, State, Zip: THIS IS NOT A BILL ID: XXXXXXX Group: ABCDE Subscriber Number: XXXXXXX Group Number: XXXXXX Patient Member Name Provider: Healthcare Provider Name Claim Number: XXXXXXX Date Received: MM/DD/YYYY Date Paid: MM/DD/YYYY Claim Detail What Your Provider **Total Claim Cost** Your Responsibility Can Charge You 9 4 10 Dates of Service Claim Provider Allowed Paid by You May Deductible Service Description Status Charges Charges Copay Coinsurance Insurer Owe Notes MM/DD/YYYY -Medical Paid \$30.50 \$2.15 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 PDC MM/DD/YYYY PDC MM/DD/YYYY -Medical Paid \$175.56 \$50.35 \$0.00 \$30.00 \$0.00 \$20.35 \$30.00 MM/DD/YYYY Care \$206.06 \$52.50 \$0.00 \$30.00 \$0.00 \$20.35 \$30.00 **TOTALS** 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.

- Your Plan Description
 Includes information about you and your plan.
- Dates of Service
 This is a date or date range of when you received health care services.
- 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).
- Provider Charges
 The amount that your health care provider charged you for the service.
- 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.

- Copay
 A payment that you pay when you receive certain medical services. This is in addition to the payment made by an insurer.
- Coinsurance
 When you've paid for your deductible,
 coinsurance is the percentage you pay for covered
 medical services. (20%, for example)
- 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.)
- 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

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

lowa 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 lowa 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.

SHIP-SMP counselors are ready to assist with personal, one-on-one support. A network of certified and trained volunteers work through local SHIP-SMP sites in nearly every lowa 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 lowans 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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