

NEBRASKA SHIP NEWSLETTER

Medicare and Preventive Services

Medicare covers many preventive services at no cost. Preventive services can help find health problems early, when treatment works best.



Preventive services include exams, shots, tests, and screenings. Programs are also available for health monitoring, counseling, and education to help people take care of their own health. People with Medicare should talk their doctor or provider to find out which preventive services are right for them and how often they need them.

Are Preventive Services Free?

Medicare pays for many preventive services to promote good health and wellbeing. People with Original Medicare will pay no coinsurance or deductible for certain preventive care services, when seeing a healthcare provider that accepts Medicare assignment. Providers that accept assignment cannot charge more than the Medicare-approved amount for services.

People with a Medicare Advantage plan also have access to preventive services at no cost, as long as an in-network provider is seen and the service is free for people with Original Medicare.

Preventive services received from a provider outside of an Advantage plan's network will typically have charges apply.

Preventive Services vs. Diagnostic Services

Preventive services can sometimes be provided alongside care that is diagnostic or with other health care services. A service is considered preventive if a person has had no prior symptoms of the disease.

In some cases, Medicare may only cover preventive services if a person has certain risk factors. For example, Medicare covers a one-time Hepatitis C screening test if a person meets at least one of the following conditions:

- Have a current or past history of illicit injection drug use.
- Have had a blood transfusion before 1992.
- Were born between 1945 and 1965.

In contrast, diagnostic services typically address symptoms or conditions that a person already has. This could include treatment for specific symptoms, risk factors, ongoing care, and lab or other tests needed to manage or treat a medical issue or health condition. The distinction of preventive vs. diagnostic is important because it affects a person's out-of-pocket costs. Generally, a person is responsible for costs in relation to diagnostic services.

Do you REVIEW?

Medicare Advantage Open Enrollment Ends March 31.

CALL NEBRASKA SHIP AT 1.800.234.7119

Medicare and Preventive Services

What is a Welcome to Medicare visit?

The Welcome to Medicare visit is provided within the first 12 months a person is newly enrolled into their Medicare Part B. All people new to Medicare qualify for this visit.

The Welcome to Medicare visit is designed to map out a person's health needs and create a preventive service plan or checklist to help keep the individual healthy. This visit includes:

- Review of medical and social history.
- Review of the potential for depression or other mental health conditions.
- Review of a person's ability to function safely.
- Check of height, weight, blood pressure, and body mass index.
- Education, counseling, and referrals related to risk factors.

People receiving their Welcome to Medicare visit should remember that it is not a head-to-toe physical. If a person receives any additional services or screenings that are not on Medicare's list of covered preventive care, additional charges will likely apply.



What is an Annual Wellness Visit?

The Annual Wellness Visit is similar to the Welcome to Medicare visit. During this annual visit, individuals discuss their plan for preventive care for the coming year. During this visit a doctor may:

- Update medical records.
- Check weight and blood pressure.

- Screen for cognitive issues.
- Update list of risk factors and conditions.
- Provide health advice and referrals to health education or preventive counseling services or programs.

The Annual Wellness Visit cannot be received in the same year a person has had their Welcome to Medicare exam. The Annual Wellness visit is not a head-to-toe physical. Additional services may be charged for separately.

Are Vaccines Preventive Services?

Most vaccines are covered by Medicare Part D. People should contact their plan to get information about the coverage their plan provides. Part B does cover some vaccines that are considered preventive services, such as the flu, pneumonia, and hepatitis B vaccines. Part B may also cover vaccines after exposure to a dangerous virus or disease. For example, Part B may cover a tetanus shot if a person stepped on a rusty nail.

What can be done if a person believes they have been incorrectly charged for a service?

If a person believes that they have been charged for a preventive service and should not have been, they should first contact the healthcare provider. Generally, human error or unfamiliarity with Medicare-covered preventive services could be the cause of incorrect billing.

If contacting the provider does not resolve the problem, contact Nebraska SHIP, the state of Nebraska's source of local help for Nebraskans with Medicare. SHIP helps people with Medicare work through billing issues and helps determine what steps are available to resolve an issue.

CALL NEBRASKA SHIP AT 1.800.234.7119

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UNDERSTANDING MEDICARE & IDENTITY THEFT

WHAT CAN YOU DO?

Identity theft happens when someone uses your personal information without consent to commit fraud or other crimes. Personal information includes a person's name, Social Security number, Medicare number, credit card or bank account numbers.

Protect Your Card

Only give your Medicare number, and other personal information, to trusted individuals or offices. You should not share your Medicare number or other personal information with any unsolicited person who contacts you by phone, email, or in person. Medicare, like other government agencies, does not contact you unless you have initiated the contact first.

Detect Potential Theft

When you receive healthcare services, record details like the date of the service, the doctor seen, services or tests received, such as X-rays, blood draw, equipment, or prescriptions in a healthcare journal. When you receive your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB), compare the information to detect potential issues. You can also log into (or create) your secure Medicare account at Medicare.gov to view your Medicare claims if you have Original Medicare. Claims are generally available online within 24 hours after processing.

Report Concerns

Contact your provider or Nebraska SHIP/SMP if:



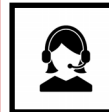
- You need help comparing your healthcare journal to your MSN or EOB.



- You have identified charges on your MSN or EOB for visits, tests, equipment, or prescriptions you did not receive or that were not ordered by your doctor.



- You were billed twice for the same visit, test, equipment, or prescription.



- You contacted the provider about a mistake, suspicious charge or asked a question and you are not satisfied with the response.

Nebraska SHIP/SMP helps people prevent, detect, and report Medicare fraud, errors, and abuse through outreach, counseling, and education.

NEBRASKA
SHIP



Report suspected Medicare fraud
to the Nebraska SHIP!

1-800-234-7119

PROTECT Personal Information | **DETECT** Fraud and Scams | **REPORT** Your Concerns

Medicare Educational Events

Nebraska SHIP hosts a number of Medicare educational events to help people understand their Medicare benefits.

People with Medicare, their families, and/or friends are welcome to attend or contact Nebraska SHIP to request education for their group or organization. Nebraska SHIP is available through its statewide hotline at 1.800.234.7119 or by visiting www.doi.nebraska.gov/ship.

Welcome to Medicare:

Webinar—February 15

Nebraska City—February 16

Lexington—February 24

Lincoln—March 8

Webinar—March 16

Kearney—March 21

Scottsbluff—March 23

Find these words:

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PREVENTIVE

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EDUCATION

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WELLNESS

VACCINES

PROTECT

DETECT

REPORT

NEBRASKA
SHIP

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Local help for Nebraskans with Medicare.

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