

NEBRASKA SHIP NEWSLETTER

TROUBLESHOOTING MEDICARE COVERAGE PROBLEMS

People with Medicare could experience coverage or billing problems. The cause of these problems may be a simple mistake or could be related to a larger issue. A person experiencing coverage or billing problems will need to determine why.

If a bill was received that was not expected, ask these questions:

Is it a mistake?

Individuals should first contact the provider of the services to determine if there was a mistake regarding services received and what needed to be billed for. Typically, a billing code error could be the reason for the problem and can be fixed by the provider.

Is there other insurance that should be paying?

People with Medicare and other health insurance or other coverage may encounter issues when it comes to the billing process. Each type of coverage is called a “payer.” When there is more than one payer, coordination of benefits’ rules will determine which payer pays first. The primary payer will pay up to the limits of its coverage. The secondary payer will only pay if there are costs the primary payer did not cover and may not pay all the uncovered costs. If employer insurance is secondary to Medicare, enrollment into Medicare Part B may be necessary before the employment insurance will pay.

Are the services covered by Medicare?

There are two main categories of services in which Medicare may not provide coverage:

- Services not deemed medically reasonable and necessary
- Non-covered services

Services that are not deemed medically reasonable or necessary may include services that a person wants more frequently than what Medicare allows or services that are not necessary under the circumstances.

Non-covered services by Medicare can include a number of services and items like:

- Long-term care (custodial care)
- Most dental care
- Dentures
- Cosmetic surgery
- Hearing aids and exams
- Routine foot care
- Eye exams related to prescribing glasses

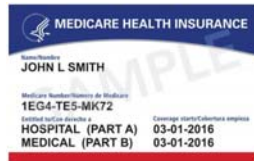
In the event that a service or item is believed to be denied by Medicare, the provider or hospital should provide the individual with an Advanced Beneficiary Notice (ABN). The ABN will list the items or services for which Medicare is not expected to pay and an estimate of the cost and the reason why Medicare may not pay. The ABN allows an individual to make an informed decision about whether to receive an item or service, understanding that they may be responsible for payment. Non-covered services do not require an ABN since the services are never covered by Medicare.

CALL NEBRASKA SHIP AT 1.800.234.7119

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Does the provider accept Medicare?

Certain doctors and other health care providers may decide not to work with Medicare and may “opt out.” Medicare does not pay for items/services received from an opt out provider.



Instead, the provider will bill the individual directly. Medicare.gov provides a database that people may search to determine what providers may have opted out of the Medicare program.

Most doctors, providers, and suppliers accept Medicare, but there is a distinction that a person needs to be aware of. There are providers who accept Medicare Assignment and others that do not. Assignments means that the doctor, provider, or supplier agrees to accept the Medicare-approved amount as full payment for covered services. Providers that do not accept Medicare Assignment may charge a person up to 15% more than the Medicare-approved amount. This is called “the limiting charge,” but does not apply to some supplies and durable medical equipment.

Is the provider refusing to bill Medicare?

A refusal to bill Medicare without an explanation could mean Medicare fraud. Medicare fraud occurs when someone knowingly deceives Medicare to receive payment when they should not or to receive a higher payment than they should. This activity is illegal and should be reported.

Medicare fraud can be reported to Nebraska SHIP which provides local help for Nebraskans with Medicare and administers the state’s SMP

Is the provider refusing to bill Medicare? (continued)

(Senior Medicare Patrol) program. Nebraska SHIP is a member of the national SHIP network and provides trusted, unbiased, one-on-one Medicare counseling and assistance in all 50 states and U.S. territories. It is a division of the Nebraska Department of Insurance.

Was the hospital stay inpatient or outpatient?

In the event of hospitalization, people with Medicare need to be aware of their hospital status, whether they are an inpatient or an outpatient, since this distinction affects how much the person will pay for hospital services. The individual’s hospital status may also affect whether Medicare will cover care in a skilled nursing facility following the hospital stay.

Outpatient status, paid for by Part B, is a person’s status while getting emergency services, observation services, lab tests, or any other hospital services. Inpatient status, paid for by Part A, is determined by the treating doctor and is typically appropriate when a person is expected to need two or more midnights of medically necessary hospital care.

The Medicare Outpatient Observation Notice (MOON) will inform the individual that they are an outpatient in the hospital and explains how this status could affect costs and care after leaving the hospital. The MOON should be provided to a person who is getting outpatient observation services for more than 24 hours.



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UNDERSTANDING SPAM TEXT MESSAGES

How to Recognize and Avoid Them

WHAT IS A SPAM TEXT MESSAGE?

- Scammers send fake text messages to trick you into giving them your personal information like your password, account number, or Social Security number. If they get that information, they could gain access to your email, bank, or other accounts. Or they could sell your information to other scammers.
- The scammers use a variety of ever-changing stories to try to rope you in. They may:
 - ⇒ promise free prizes, gift cards or coupons.
 - ⇒ offer you a low or no interest credit card.
 - ⇒ promise to help you pay off your debt.
- Scammers send fake messages that say they have some information about your account or a transaction. The scammers may:
 - ⇒ say they've noticed some suspicious activity on your account.
 - ⇒ claim there's a problem with your payment .
 - ⇒ send you a fake invoice and tell you to contact them if you didn't authorize the purchase.
 - ⇒ send you a fake package delivery notification.

Help Avoid SPAM Text Scams! 4 Ways to Protect Yourself:



- **Your Phone** may have an option to filter and block messages from unknown senders or spam.



- **Your Wireless Provider** may have a toll or service that lets you block calls and text messages.



- **Call Blocking Apps** let you block unwanted text messages.



- **Report Spam Text Messages by:**
 - alerting your messaging app
 - copy the message and forward it to 7726 (SPAM) or
 - report it to the FTC at [ReportFraud.ftc.gov](https://www.ftc.gov/report-fraud).

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NEBRASKA
SHIP



Report suspected fraud or scams
to the Nebraska SHIP/SMP!

1-800-234-7119

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

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Medicare Educational Events

- **Welcome to Medicare:**

- Webinar—July 13
- Lincoln—July 15
- Scottsbluff—July 21
- West Point—July 28
- Ainsworth, Norfolk, O’Neill, & South Sioux City—July 29

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 to sign up for an event.

- **Navigating Medicare.gov:**

- Webinar—July 20
- Lincoln—July 22

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REPORT

NEBRASKA
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Contact Nebraska SHIP with questions
about your Medicare benefits.

1-800-234-7119

Local help for Nebraskans with Medicare.