What is New on Your Redesigned “Medicare Summary Notice”?

You’ll notice your “Medicare Summary Notice” (MSN) has a new look. The new MSN will help to make Medicare information clearer, more accessible, and easier to understand. Based on comments from people like you, we have redesigned the MSN to help you keep track of your Medicare-covered services.
Your New MSN for Part A – Overview

Your Medicare Part A MSN shows all of the services billed to Medicare for inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care services.

Each Page with Specific Information:
- **Page 1**: Your dashboard, which is a summary of your notice.
- **Page 2**: Helpful tips on how to review your notice.
- **Page 3**: Your claims information.
- **Last page**: Find out how to handle denied claims.

Bigger Print for Easy Reading

Page titles and subsection titles are now much larger. Using a larger print throughout makes the notice easier to read.

Helpful Tips for Reading the Notice

The redesigned MSN explains what you need to know with user-friendly language.
DHHS Logo
The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

Your Information
Check your name and the last 4 numbers of your Medicare number, as well as the date your MSN was printed and the dates of the claims listed.

Your Deductible Info
You pay a Part A deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!

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, 2013.

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

JENNIFER WASHINGTON
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington
Medicare Number XXX-XX-1234A
Date of This Notice September 15, 2013
Claims Processed June 15 – September 15, 2013

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, 2013
Otero Hospital

Help in Your Language
For help in a language other than English or Spanish, call 1-800-MEDICARE and say “Agent.” Tell them the language you need for free translation services.
Jennifer Washington

Making the Most of Your Medicare

How to Check This Notice
Do you recognize the name of each facility? Check the dates.
Did you get the claims listed? Do they match those listed on your receipts and bills?
If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud
If you think a facility or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227). Some examples of fraud include offers for free medical services or billing you for Medicare services you didn’t get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, Medicare saved tax-payers $4.2 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Help with Your Questions
1-800-MEDICARE (1-800-633-4227)
Ask for “hospital services.” Your customer-service code is 05535.
TTY 1-877-486-2048 (for hearing impaired)
Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-555-555-5555.

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, 2013.

Skilled Nursing Facility: You have 63 out of 100 covered benefit days remaining for the benefit period that began May 27, 2013.

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.MyMedicare.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.
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 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.

<table>
<thead>
<tr>
<th>Benefit Period starting May 27, 2013</th>
<th>Benefit Days Used</th>
<th>Claim Approved?</th>
<th>Non-Covered Charges</th>
<th>Amount Medicare Paid</th>
<th>Maximum You May Be Billed</th>
<th>See Notes Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 days</td>
<td>Yes</td>
<td>$0.00</td>
<td>$4,886.98</td>
<td>$4,886.98</td>
<td>$0.00</td>
<td>A,B</td>
</tr>
</tbody>
</table>

**Total for Claim #20905400034102**

- **Amount Medicare Paid:** $0.00
- **Maximum You May Be Billed:** $0.00

**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.
Get More Details
Find out your options on what to do about denied claims.

If You Decide to Appeal
You have 120 days to appeal your claims. The date listed in the box is when your appeal must be received by us.

If You Need Help
Helpful tips to guide you through filing an appeal.

Get More Details
If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim. Make sure they sent it in the right information. If they didn’t, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.

Get More Details
Follow these steps:
1. Circle the service(s) or claim(s) you disagree with on this notice.
2. Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
3. Fill in all of the following:
   - Your or your representative’s full name (print)
   - Your or your representative’s signature
   - Your telephone number
   - Your complete Medicare number
4. Include any other information you have about your appeal. You can ask your facility for any information that will help you.
5. Write your Medicare number on all documents that you send.
6. Make copies of this notice and all supporting documents for your records.
7. Mail this notice and all supporting documents to the following address:

File an Appeal in Writing
Follow these steps:
1. Circle the service(s) or claim(s) you disagree with on this notice.
2. Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
3. Fill in all of the following:
   - Your or your representative’s full name (print)
   - Your or your representative’s signature
   - Your telephone number
   - Your complete Medicare number
4. Include any other information you have about your appeal. You can ask your facility for any information that will help you.
5. Write your Medicare number on all documents that you send.
6. Make copies of this notice and all supporting documents for your records.
7. Mail this notice and all supporting documents to the following address:

Appeals Form
You must file an appeal in writing. Follow the step-by-step directions when filling out the form.

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.