

How To Read Your

MEDICARE

SUMMARY

NOTICE





Preventing Medicare Fraud

Protect

Your personal information — Medicare Number, Social Security Number, Bank Account Information, etc.

Detect

Fraud and errors by reading your Medicare Summary Notice (MSN)

Report

Fraud and errors to your Arkansas SMP — **866-726-2916**

Reviewing your MSN is one of the best ways that you can help detect potential errors, fraud, and abuse.

It is important to open and read your MSN as soon as you get it to make sure that you actually received all of the services and products listed, and that the providers who have already been paid for their services or products should have been paid.

Pay attention to messages from Medicare about preventive services and recommendations for your health care.

This booklet shows examples of what you may see on your **Medicare Summary Notice (MSN)** and helps you understand how to read your MSN. You receive an MSN quarterly when you get healthcare services that Medicare Part A or Part B covers. It is important that you check your MSNs to be sure you received all of the services, medical supplies, or equipment that providers billed to Medicare. Reviewing the MSN is the only way to detect errors or possible fraud. Scammers count on the fact that a lot of people do not review their MSNs, which allows scammers to continue to cheat Medicare and fill their own pockets. Be sure to review all statements and REPORT discrepancies to the AR SMP — 866-726-2916.

How to Read a Medicare Summary Notice (MSN)

The Medicare Summary Notice (MSN) is a report of doctor visits, services, or supplies billed to Medicare in your name. It is mailed to you every three months when a claim for services has been filed with Medicare. The MSN explains the charges that will be paid by Medicare and those that will be paid by you or your other insurance. **YOUR MSN IS NOT A BILL – BUT DO NOT THROW IT AWAY!** You should file it along with your medical records. After you have verified all claims and no longer need your MSN, shred the notice *before* you throw it away.

Make special note of the column that reads “**Maximum You May Be Billed.**” **This is the most important column on your MSN.** This amount is the most a provider can bill you. This amount may include deductibles, co-insurance, and non-covered charges. The provider may **NOT** bill you more than this amount! If you have Medicare supplemental insurance, it may pay all or a portion of this amount.

If you have already paid the provider, check to make sure that what you paid matches the amount in the “Maximum You May Be Billed” column on your MSN. If you paid more than what is listed on your MSN, contact your provider’s billing department to request a refund.

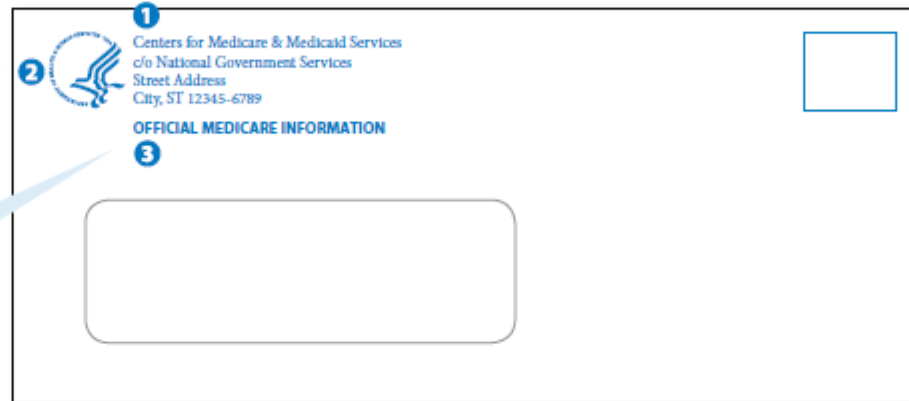
If you have questions about reading your MSN, or you notice something that may be fraud or error, contact the **Arkansas SMP** (Senior Medicare Patrol) at **866-726-2916**. **We are happy to assist you!**

The Envelope

1 From Medicare
Make sure your mail is coming from us.

2 DHHS Logo
The redesigned envelope has the official Department of Health & Human Services (DHHS) logo.

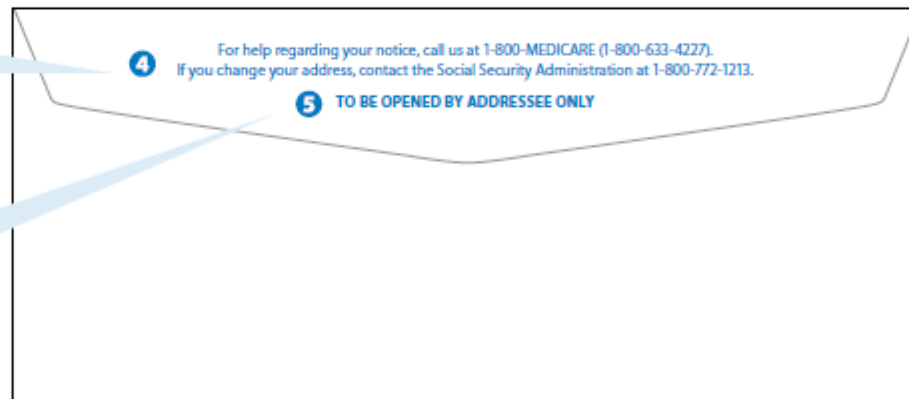
3 Official Information
The new envelope will have this phrase to let you know this mail is official Medicare information from the government.



Front

4 Contact Numbers
Who you can call if you have any questions or you change your address.

5 Addressee Only
Your MSN is only for you and your caregiver.



Back

Page 1 – Your Dashboard

1 DHHS Logo


The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

2 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.

3 Your Deductible Info

You pay a yearly deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!



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4

Medicare Summary Notice

for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

Page 1 of 4

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

THIS IS NOT A BILL

2 **Notice for Jennifer Washington**

Medicare Number	XXX-XX-1234A
Date of This Notice	March 1, 2013
Claims Processed Between	January 1 – March 1, 2013

3 **Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **\$85.00** of your **\$147.00** deductible for 2013.

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!

5 **Your Claims & Costs This Period**

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	1
<small>See claims starting on page 3. Look for NO in the "Service Approved?" column. See the last page for how to handle a denied claim.</small>	
Total You May Be Billed	\$90.15

6 **Providers with Claims This Period**

January 21, 2013
 Craig I. Secosan, M.D.

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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.
 如果需要汉语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”. 1-800-MEDICARE (1-800-633-4227)

4 Title of your MSN

The title at the top of the page is larger and bold.

5 Total You May Be Billed

A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

6 Providers You Saw

Check the list of dates and the doctors you saw during this claim period.

7 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.

Page 2 – Making the Most of Your Medicare

1 Section Title

This helps you navigate and find where you are in the notice. The section titles are on the top of each page.

2 How to Check

Medicare offers helpful tips on what to check when you review your notice.

3 How to Report

Help Medicare save money by reporting fraud!

4 How to Get Help

This section gives you phone numbers for where to get your Medicare questions answered.

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

1 Making the Most of Your Medicare

🔍 How to Check This Notice

Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?

Did you get the services 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 provider 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 "doctors 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.

🏥 Medicare Preventive Services

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your "Medicare & You" handbook for a complete list.
- Visit www.MyMedicare.gov for a personalized list.

📧 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.

5 Preventive Services

Remember, Medicare covers many preventive tests and screenings to keep you healthy.

6 General Messages

These messages get updated regularly, so make sure to check them!

Page 3 – Your Claims for Part B (Medical Insurance)

1 Type of Claim
Claims can either be assigned or unassigned.

2 Definitions
Don't know what some of the words on your MSN mean? Read the definitions to find out more.

3 Your Visit
This is the date you went to your doctor. Keep your bills and compare them to your notice to be sure you got all the services listed.

4 Service Descriptions
User-friendly service descriptions will make it easier for you to know what you were treated for.

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

1 Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

2 Definitions of Columns

Service Approved: This column tells you if Medicare covered this service.

Amount Provider Charged: This is your provider's fee for this service.

Medicare-Approved Amount: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

January 21, 2013
Craig I. Secosan, M.D., (555) 555-1234
Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	\$21.59	6
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	A
Total for Claim #02-10195-592-390		\$211.56	\$107.97	\$86.38	\$90.15	B 7

5 Approved Column
This column lets you know if your claim was approved or denied.

7 Notes
Refer to the bottom of the page for explanations of the services you got.

Notes for Claims Above

A This service was denied. The information provided does not support the need for this service or item.

B Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

6 Max You May Be Billed
This is the total amount the provider is able to bill you. It's highlighted and in bold for easy reading.

Amount Provider/Supplier Charged —

This is the maximum amount the supplier charges someone with no insurance. However, Medicare has its own negotiated reimbursement rate for each product or service. This may not be the amount Medicare will pay the provider/supplier or what you or your insurance will owe.

Page 1 – Your Dashboard

1 DHHS Logo


The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

2 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.

3 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!



4 Medicare Summary Notice for Part A (Hospital Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

Page 1 of 4

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

THIS IS NOT A BILL

2 Notice for Jennifer Washington

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

3 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.

5 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

6 Facilities with Claims This Period

June 18 – June 21, 2013
Otero Hospital

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!

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.
如果需要汉语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”. 1-800-MEDICARE (1-800-633-4227)

4 Title of your MSN

The title at the top of the page is larger and bold.

5 Total You May Be Billed

A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

6 Facilities You Went To

Check the list of dates for services you received during this claim period.

7 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.

Page 2 – Making the Most of Your Medicare

1 Section Title

This helps you navigate and find where you are in the notice. The section titles are on the top of each page.

2 How to Check

Medicare offers helpful tips on what to check when you review your notice.

3 How to Report

Help Medicare save money by reporting fraud!

4 How to Get Help

This section gives you phone numbers for where to get your Medicare questions answered.

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

1 Making the Most of Your Medicare

2 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.

3 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.

4 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.

5 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.

6 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.

5 Your Benefit Period

This section explains benefit periods.

6 General Messages

These messages get updated regularly, so make sure to check them!

Page 3 – Your Claims for Part A (Hospital Insurance)

1 Type of Claim

Claims can either be inpatient or outpatient.

2 Definitions

Don't know what some of the words on your MSN mean? Read the definitions to find out more.

3 Your Visit

This is the date you went to the hospital or facility. Keep your bills and compare them to your notice to be sure you got all the services listed.

4 Benefit Period

This shows when your current benefit period began.

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

1 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.

2 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.

3 June 18 – June 21, 2013
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	6 Maximum You May Be Billed	See Notes Below
4 Benefit Period starting May 27, 2013	4 days	Yes	\$0.00	\$4,886.98	\$0.00	
5 Total for Claim #20905400034102			\$0.00	\$4,886.98	\$0.00	7 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.

- Part A services include:
- Inpatient hospital care;
 - Some skilled nursing facility care;
 - Hospice care; and
 - Some home health care

6 Max You May Be Billed

This is the total amount the facility is able to bill you. It's highlighted and in bold for easy reading.

7 Notes

Refer to the bottom of the page for explanations of the items and supplies you got.

Last Page – How to Handle Denied Claims

1 Get More Details

Find out your options on what to do about denied claims.

2 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.

3 If You Need Help

Helpful tips to guide you through filing an appeal.

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

How to Handle Denied Claims or File an Appeal

1 Get More Details

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

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

2 If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

July 13, 2013

3 If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your provider: Ask your provider for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Find Out More About Appeals

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

4 Appeals Form

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 provider 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:

Medicare Claims Office
c/o Contractor Name
Street Address
City, ST 12345-6789

4 Appeals Form

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

WHEN SHOULD I—File an Appeal?

You should file an appeal if a claim has been denied by Medicare and you disagree with the coverage or payment decision made by Medicare. You have the right to appeal any decision about your Medicare services.

For example, you can appeal if Medicare denies a request for a service or supply you think you should be able to get; or if Medicare denies a claim for services or supplies you already received.

You must file the appeal within 120 days of the date you get the MSN. To file an appeal, follow the instructions on the last page of the MSN; Keep originals and mail copies.

You will generally get a decision from the Medicare contractor (either in a letter or a Medicare Summary Notice) within 60 days after they get your request.

WHEN SHOULD I—File a Fraud Report?

You should file a fraud report by calling 1-800-Medicare or the **Arkansas SMP at 1-866-726-2916** if your Medicare Summary Notice (MSN) shows a charge for, or your provider was paid for, a service or supply you did not receive or order.

DOES YOUR PROVIDER "TAKE ASSIGNMENT"?

A provider who 'TAKES ASSIGNMENT' is a provider who accepts the Medicare-approved amount as payment in full on all claims! The provider cannot ask you to pay the difference between the amount charged and the approved amount.

If a provider doesn't accept assignment (the Medicare-approved amount as payment in full), their costs may be higher. They are allowed to charge up to 15% of the Medicare-approved amount on their services. This means you may pay more for Medicare-approved services.

You should find a physician who accepts Medicare or make sure your provider accepts assignment—

Go to: www.medicare.gov/Find-a-doctor/provider-search.aspx

To see *only* providers who accept the Medicare-approved amount as payment in full on all claims (Assignment), check the box that asks that question:

Yes, only show providers who accept the Medicare-approved amount as payment in full.

To search for providers who accept assignment, simply:

- enter a specialty; and
- city, state or zip; *OR*
- full or partial name.

Making the Most of Your Medicare

The Arkansas SMP recommends that you:

- ◆ Keep a record of medical visits, tests, receipts for services, and equipment you have received in a health care journal. Call the Arkansas SMP at 866-726-2916 to request a free Personal Health Care Journal.
- ◆ Review your MSN and compare it with your records to make sure they are accurate.
- ◆ Check your MSN for names of providers that you do not recognize.
- ◆ Check for services or products listed on the MSN that you did not receive, are different from what you received, or were not ordered by your doctor.

How to Report Fraud

If there are discrepancies on your MSN or supplies or services listed that you do not understand, call your provider first and ask for an explanation. If the explanation is not satisfactory, **call the Arkansas SMP at (866) 726-2916.**

The column showing the **amount Medicare paid the provider/supplier** is the amount that Medicare paid the provider/supplier for that claim. It will often be 80% of the *Medicare Approved Amount* for Part B claims.

Ask yourself these questions when checking your medical bills, Medicare Summary Notices (MSNs), or Explanation Of Benefits (EOBs):

- Are there charges for any medical services or equipment that you didn't get?
- Are the dates of service accurate?
- Was Medicare billed for the same thing twice?
- Have you received a collection notice for medical services or equipment you didn't receive?

When you don't receive a Medicare Summary Notice (MSN)—

If you have Original Medicare A & B, you will generally receive a Medicare Summary Notice (MSN) every three months explaining recent claims that have been submitted to Medicare on your behalf during a 3-month period.

Medicare will not send you a MSN when Medicare covers 100% of a claim for lab services.

If you have original Medicare A & B and you do not receive an MSN after you have gone to your physician, ER, or had a stay in the hospital, you should call 1-800-Medicare to ask why—your address may be wrong in Medicare's system, or there may be a miscommunication between Medicare and Social Security regarding your records ; OR

Your physician may have used the wrong Medicare number when filing the claim(s), or have your Medicare number wrong in your files. You should call your provider to verify they have your accurate Medicare number on file.

If you have lost your MSN or you need a duplicate copy, call 1-800-MEDICARE, or you can go online at medicare.gov to login or create an account to order a copy.

You will see a small letter in the last column of your MSN—"See notes below," please read the section located at the bottom of the page for extra information about the service/product you received.

CREATE a Medicare.gov Account

**View your MEDICARE SUMMARY NOTICE (MSN) online—It's Free!
It's Easy! Don't wait for the MSN to come in the mail!**

Create an account on Medicare's secure online service at www.Medicare.gov to get your personalized information regarding your Medicare benefits and services.

- ◆ Manage your personal information (like medical conditions, allergies, and providers).
- ◆ Manage your personal drug list and pharmacy information.
- ◆ Search for, add to, and manage a list of your favorite providers and access quality information about them.
- ◆ Track Original Medicare claims and your Part B deductible status.
- ◆ Order copies of your MSN.
- ◆ Order a new Medicare replacement card (if misplaced).
- ◆ Order a new Medicare *NUMBER* if your Medicare card is stolen. Report Identity Theft to the Federal Trade Commission (FTC) at 877-438-4338.

If you **enter an email address when you create an account**, you will receive a password immediately via email; once you have accessed your account with the password provided, you should change your password. By providing your email address, you will be sent an email when you are entitled to receive preventive services paid 100% by Medicare—no copay, no co-insurance.

OUR MISSION



SMP

Senior Medicare Patrol

Preventing Medicare Fraud

TO EMPOWER SENIORS

- * Medicare/Medicaid beneficiaries
- * People with disabilities
- * Nursing home residents & their families
- * Caregivers

TO PREVENT HEALTHCARE FRAUD

PROTECT Personal Information

- * Treat Medicare/Medicaid and Social Security numbers like credit card numbers
- * Remember, Medicare will not call or make personal visits to sell anything!
- * READ and SAVE Medicare Summary Notices (MSN) and Part D Explanation of benefits (EOB), but **shred** before discarding

DETECT Errors, Fraud, and Abuse

- * Always review MSNs and EOBs for mistakes.
- * Compare them to prescription drug receipts and record them in your Personal Health Care Tracker. Call for your free PHCT—866-726-2916.
- * Log in or Create an account by visiting www.medicare.gov. Access your personal account online to look for charges for something you did not get, billing for the same thing more than once, or services that were not ordered by your doctor, etc.

REPORT Mistakes or Questions

- * If you suspect errors, fraud, or abuse, report it immediately! Call your provider or plan first.
- * If you are not satisfied with their response, call the Arkansas SMP. We will assist.

TO RECRUIT & TRAIN VOLUNTEERS

- * Retired seniors
- * Retired healthcare providers
- * Retired professionals, *e.g.*, teachers, accountants, attorneys, investigators, nurses

For questions about your MSN call

1-800-Medicare (800-633-4227)

OR

ARKANSAS SMP — 1-866-726-2916

1 Commerce Way, Suite 110 / Little Rock AR 72202

Website: <https://insurance.arkansas.gov/SMP>

Facebook: www.Facebook.com/ARSeniorMedicarePatrol

Email: AID.Insurance.SMP@Arkansas.gov