

## Medicare Notices and Appeals

### What is an appeal?

If you have been denied coverage for a health service or item you may file an appeal. An appeal is formal request to ask Medicare or your plan to reconsider its coverage decision. How you appeal depends on whether you have coverage under Original Medicare or a Medicare Advantage Plan.

### Original Medicare

**Medicare Summary Notice (MSN):** A summary of claims made by Original Medicare for health care services processed for you during the previous three months. The MSN is not a bill. MSNs are mailed four times a year and contain information about submitted charges, the amount Medicare paid, and the amount you are responsible for. If Original Medicare will not pay for care you received, you will find this out when you receive your Medicare Summary Notice (MSN).

To understand your MSN:

- ☐ Read the definitions and descriptions of services carefully.
- ☐ Check the notes section. This is where Medicare may further explain its payment decisions or give you other important information.
- ☐ If a service you received is not covered, you should appeal. Instructions and deadlines regarding appeals will be on the final page of your MSN, titled "How to Handle Denied Claims or File an Appeal."
- ☐ If you are unsure of anything on your MSN, call 1-800-MEDICARE (800-633-4227).

**Original Medicare Appeals:** There are two types of Original Medicare appeals. The first type is a post-service **standard appeal**. This is an appeal you file if you already received a health care service or item and your Medicare Summary Notice (MSN) indicates that Medicare did not pay for the service you received.

The second type of appeal is an ending care **expedited appeal**. This is filed if your care from a hospital, skilled nursing facility (SNF), comprehensive outpatient rehabilitation facility (CORF), hospice, or home health agency is about to end.

## Medicare Advantage Plans

**Explanation of Benefits (EOB):** A summary of the services or items you have received and how much you may owe for them. It tells you how much your provider billed, the approved amount your plan will pay, and how much you have to pay. The EOB is not a bill. You only receive an EOB if you have a Medicare Advantage Plan or a Part D plan.

To understand your EOB:

Read the information and the services listed in the notice carefully.

- ☐ Check the notes section, including any footnotes. This is where the plan may explain its payment decisions.
- ☐ If a service you received is not covered, you should appeal. Instructions on appealing the plan's decision are either listed at the end of the EOB, or sent to you in a separate notice called "Notice of Denial of Payment."
- ☐ If you are unsure of anything on your EOB, call your insurance plan using the phone number on the back of your plan insurance card.

**Medicare Advantage Appeals:** If your Medicare Advantage Plan denies a health service or item before or after you received it, you can appeal to ask your plan to reconsider its decision. If you need care right away, you can file a fast-track (**expedited**) request. If your plan approves your request to expedite, it should issue a decision within 72 hours.

You can also file an expedited appeal if you receive care from a hospital, skilled nursing facility (SNF), comprehensive outpatient rehabilitation facility (CORF), hospice, or home health agency and are told that your Medicare Advantage Plan will no longer pay for your care.

## Tips for Appealing

- ☐ Sometimes you have the option of starting an appeal in writing or over the phone. **We recommend writing an appeal letter.** The address where you send the appeal should be on the denial notice. Look below where it says "Important Information About Your Appeal Rights." If you are unable to locate the address, call your plan or 1-800-MEDICARE for assistance.
- ☐ If you have the option to fax an appeal, consider both mailing and faxing your appeal. **Keep photocopies and records of all communication**, whether written or oral, with Medicare concerning your denial. Send your appeal certified mail or delivery confirmation.
- ☐ Be brief and concise in your appeal letter. Clearly state which denied service you are appealing.
- ☐ In most cases, having a doctor's letter of support is helpful for your appeal. The letter should state why your health service, item, or medication is medically necessary.

## Tips for Appealing Continued

- ☐ Keep a copy of everything you send to your plan and detailed records of everyone you talk to.
- ☐ Keep the receipts if you pay out of pocket for your services. You will be reimbursed if you win your appeal.
- ☐ There are multiple levels of the appeal process. If Medicare or your plan denies your appeal, you can continue appealing by following the instructions on your denial notice.
- ☐ If you missed the deadline to appeal at any level, you can ask for a Good Cause Extension. Common reasons for requesting a Good Cause Extension are:
  - You did receive a denial notice, or you received it late
  - You were seriously ill and this prevented you from filing an appeal
  - An accident destroyed your records
  - You were unable to obtain the documents you needed within the time frame
  - You could not understand the documents

The list above is not comprehensive. If you have a good reason for not appealing in a timely way but it is not on this list, request the extension anyway.

## Where to Go for Help

Contact your State Health Insurance Assistance Program (SHIP) for help understanding the appeals process, making coverage changes, understanding your coverage options, or understanding the various enrollment or election periods that apply to you.

Contact your Senior Medicare Patrol (SMP) if you receive suspicious charges and to discuss potential errors, abuse, or fraud.

Contact your plan or 1-800-MEDICARE if you need assistance with an appeal.

Local SHIP Contact Information	Local SMP Contact Information
<b>SHIP toll-free:</b>	<b>SMP toll-free:</b>
<b>SHIP email:</b>	<b>SMP email:</b>
<b>SHIP website:</b>	<b>SMP website:</b>
<b>To find a SHIP in another state:</b> Call 877-839-2675 or visit <a href="http://www.shiptacenter.org">www.shiptacenter.org</a> .	<b>To find an SMP in another state:</b> Call 877-808-2468 or visit <a href="http://www.smpresource.org">www.smpresource.org</a> .

*The production of this document was supported by Grant Numbers 90ST1001 and 90NP0003 from the Administration for Community Living (ACL). Its contents are solely the responsibility of the SHIP National Technical Assistance Center (SHIP TA Center) and Senior Medicare Patrol National Resource Center and do not necessarily represent the official views of ACL.*