

This information is forwarded by the **Love Thy Neighbor Ministry** at Saint Rose of Lima Catholic Church, Milton FL.
Source of Information: The Catholic Foundation of Northwest Florida. Due to the many references, some may not be current but have many useful reference sources. Emails are sent using the Blind Carbon Copy (BCC) method.

This quality of life series focuses primarily on senior citizens plus other supplemental information. You do not have to be a Senior to make use of this information. If you know of a Senior, a parishioner or a neighbor who could use this information you are invited to give them a copy of this email. Fellowship through improved communications is guided by the second greatest commandment. Sometimes an act of kindness can be as simple as a phone call, a visit, or receipt of an email.

Suggestion: Create a separate folder of this information for ease of future reference.

For information about our Parish, click on the following link: <http://parishesonline.com/scripts/HostedSites/Org.asp?ID=14423>

Our parish spirit is rising, is rising.

What To Do When Medicare Says No

http://www.legacygifts.org/savvy_senior.jsp?WebID=GL2004-0129&D=200912

Dear Savvy Senior,

What do you do when Medicare won't pay for something that they've covered in the past?
Denied Dave

Dear Dave,

If you think Medicare should have paid for or did not pay enough for, an item or service you received, you can appeal. And you'll be happy to know that most people win, so it's definitely worth your time. Here's what you should know.

According to the Medicare Rights Center, 80% of Medicare Part A appeals and 92% of Part B appeals turn out in favor of the person appealing. The main reason for the high success rate is because many denials are a result of simple billing code errors made in the doctor's office. But it's also important to keep in mind that Medicare will only cover goods and services that are deemed "medically necessary."

How to Appeal

If you have Original Medicare (Part A or Part B) start with your Medicare Summary Notice (MSN) that you received in the mail. This statement should list all of the services, supplies and equipment billed to Medicare for your medical treatment. This notice should also tell you why any specific claim was denied. Circle the items you're disputing and the reason why. Then write "Please Review" on the bottom of your MSN, sign the back, and provide your telephone number and send it by certified mail or with delivery confirmation to the address on the form.

You'll also want to include any information (like a letter of support) from the doctor or hospital about why the disputed service was medically necessary. And be sure to make photocopies and records of all communications, whether written or oral, with Medicare concerning your denial, as a backup. You have 120 days from the date on the MSN to submit an appeal.

If you're unhappy with the response you get back from Medicare, you can appeal to the next level which is a Qualified Independent Contractor, and if you are still unhappy, you can take it to an Administrative Law Judge. The final internal step is the Medicare Appeals Court, but after that, denials still can be challenged in the

Federal District Court.

Private Appeals

If you're enrolled in Medicare Advantage (Medicare's private plans, like an HMO or PPO), the appeals process is slightly different. One difference is that you have only 60 days from the date on the denial notice to file an appeal. Your health plan will give you the steps you need to take to appeal a denied claim, with the first step going directly to the plan for reconsideration. If it doesn't decide in your favor, you can have it reviewed by an independent organization that works for Medicare, not for the plan.

Appealing Part D

If you're in a Medicare (Part D) prescription drug plan and you find out that your plan won't pay for a drug you think should be covered, you have options here, too. Your first step is for you or your doctor to call or write your drug plan and request a written explanation (called a "coverage determination") of why they won't cover your particular medicine. It's best to do it in writing with your doctor's statement explaining the medical necessity of your prescription. If you aren't satisfied with their answer, you can appeal directly to the plan. If that fails, you can request a reconsideration from an independent review entity. Check your plan's membership materials or contact your plan for details on how to appeal, or see www.medicare.gov/publications/pubs/pdf/11112.pdf.

Savvy Tips: For more information visit www.medicare.gov and click on "Medicare Appeals." You can also get help through your State Health Insurance Assistance Program (SHIP) which provides free Medicare counseling to beneficiaries and their families. They can help you understand the billing process and even file your appeal for you. To locate your local SHIP, go to www.shiptalk.org or call Medicare at 800-633-4227. Some other great resources that can help if you have a question or complaint are your Quality Improvement Organization (to find your area office see www.medqic.org - click on "QIO Listings") and the Medicare Rights Center which offers a consumer hotline at 800-333-4114.