

From Our Constituent Services Desk...

This week, we wrap up our series on Medicare. As noted in last week's article, we reached out to our contact at the Center for Medicare and Medicaid Services (CMS) to obtain accurate information on inquiries we often receive. More frequently asked questions are answered below:

Why is my procedure/medication/durable medical equipment (DME) being denied by Medicare?

“Medicare may deny a claim for medical services, treatment, medication and/or DME for many reasons, including but not limited to not having Medicare coverage at the time of service, not meeting Medicare coverage criteria, untimely filing, etc.

“Medicare issues Medicare Summary Notices (MSNs) to beneficiaries explaining how a claim is paid or denied. An MSN is an easy-to-read statement that clearly lists a beneficiary's health insurance claims information. The MSN lists the details of the services a beneficiary received and the amount they may be billed. It also shows claims cross over information to a beneficiary's Medicare supplemental plan for possible secondary payment.

“Please note that MSNs are issued on a quarterly basis by our Medicare claims processing contractors. ...a beneficiary can order a duplicate copy of any MSN by calling 1-800-MEDICARE (1-800-633-4227) to place an order. There is no limit to the number of MSNs that can be ordered at one time.

“Also, a beneficiary can access their Medicare information 24-hours a day by going to our website, www.MyMedicare.gov. A beneficiary can view their MSNs and request a copy be mailed to them that will be issued within 5-7 business days of their request.”

What is Easy Pay?

“Medicare Easy Pay is a free, electronic payment option that allows people to have their Medicare premium payments automatically deducted from a savings or checking account each month.

“Anyone who gets a bill for their Medicare premiums from the Centers for Medicare & Medicaid Services (CMS) can sign up at any time. If a beneficiary is interested in the Medicare Easy Pay program, they must complete an Authorization Agreement Preauthorized Payments (Standard Form 5510) to enroll.

“The authorization agreement may be obtained by visiting our www.Medicare.gov website, clicking on the “Forms, Help, & Resources” tab, and printing the Standard Form 5510. Or it may be obtained by calling 1-800-MEDICARE (1-800-633-4227) and, upon request, the Customer Service Representatives will mail a Medicare Easy Pay Packet directly to [you].

“Please be aware that Medicare Easy Pay deductions are usually taken on the 20th of each month (unless the 20th falls on a weekend or a federal holiday). However, a beneficiary would continue to receive a monthly bill that will state “This is Not a Bill” and “This premium payment will be deducted from your bank account” as a reminder that a payment would be soon deducted.”

We hope this series has helped clear up some of the issues regarding Medicare. If you have any other questions, or a specific problem with Medicare, please contact our office at caseworkgal1@mail.house.gov or (770) 429-1776. We look forward to serving you should you need our assistance.