Part A



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.

C Medicare Summ	Page 1 of 4	Jennifer Washington	THIS IS NOT A
for Part A (Hospital		Making the Most of Your Me	dicare
	re Claims from the Centers for Medicare & Medicaid Services	How to Check This Notice	🖩 Your Benefit Periods
JENNIFER WASHINGTON TEMPORARY ADDRESS NAME STREET ADDRESS CITY, ST 12345-6789	THIS IS NOT A BILL	W 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	Your benefit Periods Your hospital and skilled nursing fa stays are measured in benefit days is periods. Every day that you spend i SNF counts toward the benefit days period. A benefit period begins the receive inpatient hospital services on
Notice for Jennifer Washington Medicare Number XXX-XX-1234A Date of This Notice September 15, 2013 Claims Processed June 15 -	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	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.	circumstances, SNF services, and en haven't received any inpatient care it inpatient skilled care in a SNF for 66 Inpatient Hospital: You have 56 o benefit days remaining for the ber began May 27, 2013.
Between September 15, 2013 Your Deductible Status	Facilities with Claims This Period	D 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	Skilled Nursing Facility: You have covered benefit days remaining fi period that began May 27, 2013. See your "Medicare & You" handbo
Your deductible is what you must pay each benefit period for most health services before Medicare	Otero Hospital	medical services or billing you for Medicare services you didn't get. If we determine that your tip led to	information on benefit periods.
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	-	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	Your Messages from Me Get a pneumococcal shot. You may in a lifetime. Contact your health cr aetting this shot. You pay nothing i
May 27, 2013.		reported suspicious activity to Medicare.	provider accepts Medicare assignm To report a change of address, call
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		How to Get Help with Your Questions 1-800-MEDICARE (1-800-633-4227) Ask for "hospital services." Your customer-service code is 05335.	at 1-800-772-1213. TTY users shoul 1-800-325-0778. Farly detection is your best protect
namina for your control to the set of the se		TTY 1-877-486-2048 (for hearing impaired) Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-555-555-555.	your mammogram today, and rem Medicare helps pay for screening m Want to see your claims right awa Original Medicare claims at www.l usually within 24 hours after Medis claim. You can use the "Bkue Button
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	kor en opskil Liner y hiek om en opskil en og om en opskil 6 t ^{er} Manlem ¹ , i som MERCARI (røde ed) - 4227)	Page 2	
age 1	THIS IS NOT A BILL [Page 3 of 4	Jennifer Washington	
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age 1	THESE NOTA BULL [Page 3 of 4 art A (Hospital Insurance) And Correct Charges: The is the amount Medicare paly over sen in table during the Medicare paly over sen in table during the Medicare paly over sen in table during the billing over the patient during to billing over the patient during to the patient during the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient over the patient during to the patient during to the patient over the patient during to the patient during to the patient during to the patient during the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during the patient during to the patient during to the patient during to the patient during to	Jennifer Washington	s or File an Appeal File an Appeal in Writing Folow these steps: 1 Circle the service(s) or claim(s) y with on this notice. 2 Explain in writing why you disa the decision. Include your expl notics or (by on end more spa separate page to this notice. 3 Fill in all of the following:
Agge 1 Jennifer Watshington Your Inpatient Claims for Pac Part A Inpatient Hospital Insurance helps pay for impointer hospital area inputient cargo hospital care, and hospic care. Definitions of Columns Headin Day Codes: The operation of correct barret days you and charing each beging a ladder akting imaging facility ang (care) beging a ladder akting and au annuary of your beendit periods).	THESE NOTA BULL [Page 3 of 4 art A (Hospital Insurance) And Correct Charges: The is the amount Medicare paly over sen in table during the Medicare paly over sen in table during the Medicare paly over sen in table during the billing over the patient during to billing over the patient during to the patient during the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient over the patient during to the patient during to the patient over the patient during to the patient during to the patient during to the patient during the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during the patient during to the patient during to the patient during to the patient during to	Jennifer Washington How to Handle Denied Claim Get More Details Field in use deside, all off or write the heapted of facility and ak for as iteratived statement for any claim. Middle user they use in the right information off the yiddin, ak the facility to contact are claims off to the statement of any arrive or claims off at the statement of the statement fit of the statement of the statement of the statement of the statement If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, for Cala Appendi	s or File an Appeal in Writing Follow these steps: 1 Octo the service(a or damino) with on this notice. 2 sprain in writing why you dia the decision. Include your expli- notice or, if you need more spa- suparate page to this notice. 3 File in all of the following: Your or your representative's fur
Agge 1 Jamier Washington Your Inspatiant Laboratory of the second	THESE NOTA BULL [Page 3 of 4 art A (Hospital Insurance) And Correct Charges: The is the amount Medicare paly over sen in table during the Medicare paly over sen in table during the Medicare paly over sen in table during the billing over the patient during to billing over the patient during to the patient during the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient over the patient during to the patient during to the patient over the patient during to the patient during to the patient during to the patient during the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during to the patient during the patient during to the patient during to the patient during to the patient during to	Jennifer Washington How to Handle Denied Claim How to Handle Denied Claim Cet More Details Has denied, all of write the keepital or facility and as for an itemated statement for any claim. Nakes ure they ean in the right information office to orrect the error. You can ask the facility for an Bennied statement for any write or dain. Call 1400-XHDRAR (1400-63)-4227) for more information about a coverage portune decision on the anotic, including have a policies used to make the decision. If You Dicagrees with a Coverage Decision, Payment Decision, or Payment	s or File an Appeal in Writing Follow then step: 1 Critic the service(id) or claim(id) writing this context of the service(id) or claim(id) writing this context or you fail for the service of the service of the service instead of you are drawn space instead of you are presentative's fail tour or your representative's fail tour to space presentative's failed of the service tour stepponen number
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Agge 1 Jamier Washington Your Display and the second secon	<section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Institute of the second s	s or File an Appeal in Writing Follow these steps: 1 Grieb the service: 1 Grieb the service of a clambidy 1 Grieb the service of a clambidy 1 Grieb the service of a clambidy and the folder of a flow and the service of a clambidy notice of a flow and the following: We or a your representative following: Wour or your representative following: Wour service rounder
Agge 1 Sentier Vashington Terrer Vashington Terr	<section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header>		s or File an Appeal in Writing Follow these steps: 1 Gibos these steps: 2 Gibos these steps: 2 Gibos these steps: 3 Gibos the service(s) or clam(s) with an thin action steps of the notice. 3 Gibb and the decision in the decision in the decision in the decision. 3 Gibbs and the decision in the Glowing: Your or your representative's for Your complete Medicare numbe 4 Include any other information should your appeal. You can all a for any information that will be 9 Wite capies of this notice and documents for your represent.
ge 1 monter Washington Tour Inpaction Claims for Pace and Register Mongeland Insurance holys pay for participation of the state of th	<section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Exercise Variantization Construction Constru	s or File an Appeal in Writing Follow these steps: 1 Circle the service() or claim() with on this notice. 2 Epiden in writing withy you di the device. In works with the device of the device. In which we have a start of the device. In which we have a start start and the device. 3 File in al of the following: Your or your representative's f Your or your representative's Wour to your representative's Your complete Medicare number I work or your appeal. You can a for any information that will have a brudue any other information a both your appeal. You can a for any information that will have 9 With accepted of this notice and documents for your records. 9 Mathies capital of this notice and all support documents the following a
ge 1 ander Washington Tour Inspace of the second se	<section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header>	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><text><text><text><text><text></text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	s or File an Appeal File an Appeal in Writing Follow these steps: 1 Cale the servicely or calmidy white on the nords: 2 Option is writing with yourse on 2 option is writing with yourse on 3 fill and of the following: 1 File and a following: 2 File and a following: 1 Multi be one of the nodes and 2 Multi be one and a success



B \$2,062.50 was applied to your skilled nursing facility

Last Page

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!

		2	Claims from the Centers for Medicare & Medicar	id Services
JENNIFER WASHINGTON TEMPORARY ADDRESS NAME STREET ADDRESS CITY, ST 12345-6789		DDRESS NAME SS	THIS IS NOT A BILL	
Notic	e for Jennife	r Washington	Your Claims & Costs This Period	5
Medic	are Number	XXX-XX-1234A	Did Medicare Approve All Claims?	YE
	of This Notice	September 15, 2013	See page 2 for how to double-check this n Total You May Be Billed	\$2,062.5
Claims Betwe	Processed en	June 15 – September 15, 2013		\$2,002.5
Your D	Your Deductible Status Your deductible is what you must pay each benefit period for most health services before Medicare begins to pay.		June 18 – June 21, 2013 Otero Hospital	6
period f	or most health se	* '	·	
period for begins to Part A I \$1,184.0	or most health se o pay. Deductible: You 00 deductible fo for the benefit p	* '		
period fe begins to Part A I \$1,184.0 services May 27,	or most health se o pay. Deductible: You 00 deductible fo for the benefit p	have now met your r inpatient hospital		

Title of your MSN

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

G 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.

O 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.

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

Page 2 – Making the Most of Your Medicare

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.

B 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

1 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 **4** 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.

THIS IS NOT A BILL | Page 2 of 4

6

6

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.

G 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 Jennifer Washington THIS IS NOT A BILL | Page 3 of 4 Claims can either be Your Inpatient Claims for Part A (Hospital Insurance) inpatient or outpatient. Non-Covered Charges: This is the amount Medicare Part A Inpatient Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled didn't pay. nursing facility following a hospital stay, home health Amount Medicare Paid: This is the amount care, and hospice care. **2** Definitions 2 Medicare paid your inpatient facility. **Definitions of Columns** Maximum You May Be Billed: The amount you may Don't know what some of Benefit Days Used: The number of covered benefit be billed for Part A services can include a deductible, coinsurance based on your benefit days used, and days you used during each hospital and/or skilled the words on your MSN nursing facility stay. (See page 2 for more information other charges. mean? Read the definitions and a summary of your benefit periods.) For more information about Medicare Part A coverage, see your "Medicare & You" handbook. Claim Approved?: This column tells you if Medicare to find out more. covered the inpatient stay. June 18 – June 21, 2013 Otero Hospital, (555) 555-1234 B **B** Your Visit PO Box 1142, Manati, PR 00674 Referred by Jesus Sarmiento Forasti This is the date you went to Benefit Non-Amoun Claim Days Used Covered Medicare the hospital or facility. Keep Approved? Charges Paid your bills and compare them 4 Benefit Period starting May 27, 2013 4 days Yes \$0.00 \$4,886.98 Total for Claim #20905400034102 \$4,886.98 \$0.00 to your notice to be sure you 5 got all the services listed. **G** Approved Column Benefit Period This column lets you This shows when your know if your claim was current benefit period approved or denied. **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.

began.

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.

Notes

6

You May Be Billeo

\$0.00

\$0.00 A,B

Notes

Below

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

Last Page – How to Handle Denied Claims

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

How to Handle Denied Claims or File an Appeal

1 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 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.

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.

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: January 21, 2014

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 facility: Ask your facility 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.

THIS IS NOT A BILL | Page 4 of 4

4

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:

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

Appeals Form

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