

Understanding your Medicare Benefits

Policies and Procedures

We are happy to have the opportunity to provide care for Medicare patients. As you know, Medicare is a government administered program designed to ensure that people in need have access to health care. To monitor this program, the government has several processes and forms in place that may be new to you. We are required to strictly adhere to the Medicare requirements detailed below. On this site you will find some educational materials we have put together to help you better understand some of the forms and questions you may encounter as a Medicare beneficiary. These items are briefly described below. Please review each brochure included within and contact us or Medicare with any questions.

Medicare as a Secondary Payor Questionnaire (MSPQ):

Medicare is not always the first to pay for your healthcare bills. Sometimes other insurers or government agencies are required to pay first. As a Medicare provider, Associated Physicians is **required** to obtain and complete Medicare Secondary Payer (MSP) information, from every Medicare beneficiary (patient) at least every 90 days. At the time of your visit we are required to ask you some questions to determine if Medicare should pay your bills first. A paper version of this questionnaire is enclosed in this packet. The receptionist will ask you for this information at the time of your visit but you can choose to complete this questionnaire in advance to expedite the process.

Medicare Wellness Benefits:

Associated Physicians provides three services to our patients which are often confused: A Full Physical (performed by a physician), a Welcome to Medicare Visit (performed by a physician), and a Medicare Wellness Exam (performed by a nurse with the physician's supervision). New Medicare beneficiaries are eligible for the Welcome to Medicare Exam within 12 months of obtaining Medicare. There is a more detailed description of each of these visit types and what they include in the enclosed brochure.

Advanced Beneficiary Notification (ABN):

Medicare has established guidelines, called medical review policies, which determine whether or not certain tests, procedures and supplies will be paid for through the Medicare program. In some cases the diagnosis or reason for ordering the test, procedure or supply, determines whether or not Medicare will pay for it. In other cases, coverage may be based on the frequency of performing the test or procedure. When we suspect that Medicare will not cover one of the services we are providing for you, we will present you with an ABN form that informs you of the price of the service and requests you to acknowledge your acceptance of the service. If Medicare does not pay for the services and you do not have another coverage that covers the services, you will be responsible for the costs incurred.

Medicare as a Secondary Payor Questionnaire

As a Medicare provider, Associated Physicians is **required** to obtain and complete Medicare Secondary Payer (MSP) information, from every Medicare beneficiary (patient) at least every 90 days. The receptionist will ask you for this information at the time of your visit but you can choose to complete this questionnaire in advance to expedite the process.

Please Answer Each Question to the Best of Your Knowledge			
1. Are you receiving Black Lung Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
2. Are services to be paid by a government research program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
3. Are you entitled to benefits through the Dept. of Veterans Affairs for your treatment today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
4. Was the illness/injury due to a work-related accident/condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
5. Was the illness/injury due to a non-work-related accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
a. Please provide the date of the accident:	_____ Date		
b. Is No Fault Insurance available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
c. Is Liability Insurance available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
6. Are you eligible for Medicare due to:			
a. Age	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
b. Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
c. End Stage Renal Disease (ESRD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
7. Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
8. Are you retired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
a. Please provide your retirement date:	_____ Date		
9. Is your spouse or other family member employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
10. Is your spouse retired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
a. Please provide your spouse's retirement date:	_____ Date		
11. Are you covered by an employer group health plan (EGHP) from your own or family member's CURRENT employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
a. If you answered "Yes," to question #11, does the employer that sponsors the EGHP have 20 or more employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
b. If you answered "Yes," to question #11, does the employer that sponsors the EGHP have 100 or more employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

*Frequently asked questions and their answers are printed on the back of this form for your reference.

Date of Appointment at Associated Physicians: _____

Signature: _____

Printed Name: _____

Frequently Asked Questions

*Medicare is not always the first to pay for your healthcare bills. Sometimes other insurers or government agencies are required to pay first. Associated Physicians needs to know if you are covered by other insurance. **At the time of your visit we are required to ask you some questions to determine if Medicare should pay your bills first.** To help you better understand the “Why” behind the questions we have listed some of the situations where Medicare does not pay first.*

What is Black Lung and why does my health care provider ask if I have it?

Black lung is a disease of the lungs that is most commonly seen in people that worked in a coal mine. If you worked in a coal mine and are disabled due to Black Lung then the Federal Black Lung Program is the first to pay. For all other health care not related to Black Lung, Medicare is the first to pay.

Why does my health care provider need to know if a government program, such as a research grant, covers the services I am receiving?

There are some diseases or illnesses that the government has provided grants to some teaching hospitals to study. In these cases all services related to the study would be paid through the research grant, rather than by Medicare.

Why does my health care provider ask if I am a veteran?

If you have Medicare and receive veteran benefits, you can choose to get treatment under either program. Medicare cannot pay for services received at the Department of Veteran Affairs (VA) hospitals. Also, Medicare generally cannot pay if the VA pays for VA-authorized services that you get in a non-VA hospital or from a non-VA physician.

Why does my health care provider need to know if my illness or injury is work related?

If you receive treatment for a work-related illness or injury the workers' compensation insurer should pay first.

Why does my medical provider ask if an Auto Medical, No-Fault, or Other Liability insurer can pay for my injury or illness?

If you have an accident or illness that another party is responsible for, such as an auto accident, food poisoning, or medical malpractice, Medicare is not the first to pay. You should give your medical provider as much information as you can about the accident or illness. You will need to give them the date the accident or illness occurred, the name and address of the insurance company, the claim or policy number, and the name of the person insured. If you have an attorney, you should also give his or her name and address.

What is End Stage Renal Disease (ESRD) and who pays first if I have group health coverage?

End Stage Renal Disease is permanent kidney failure. If you are eligible to enroll in Medicare because of ESRD and have group health coverage, Medicare is not the first to pay for thirty (30) months after you are entitled to Medicare. This is true for all treatment that you receive during this period. After the thirty (30) months has ended, Medicare will be the first to pay.

Why does my health care provider ask if I have group health coverage if I am over 65?

If you are over the age of 65, have group health coverage based on your own or your spouse's current employment, and the employer has 20 or more employees, Medicare is not the first to pay.

Why does my health care provider ask if I have group health coverage if I am disabled?

If you are under the age of 65 and entitled to Medicare because you are disabled, Medicare may not be your first payor. If you have group health coverage based on your current employment or the current employment of a family member and the employer has 100 or more employees, the group health plan is the first to pay.

Additional Questions?

If you have additional questions we recommend you contact Medicare at 1-800-MEDICARE or visit medicare.gov.

Additional Questions?

We recommend that you follow up with Medicare at 1-800-MEDICARE or visit medicare.gov. If you have secondary coverage, you can also call your carrier to better understand what additional services may be covered through them.



4410 Regent Street
Madison, WI 53705

Phone: 608-233-9746
Fax: 608-233-0026

Yearly Physical Options

Not covered under Medicare Part B

Yearly Physical Exam

- ◆ Comprehensive History
 - ◆ Review personal, family, and social history
- ◆ Comprehensive Physical Exam
 - ◆ Routine vitals
 - ◆ BMI measurement
 - ◆ Review of all major systems such as cardiovascular, respiratory, gastrointestinal, and genitourinary
 - ◆ EKG if applicable
 - ◆ Screening breast and pelvic exam*
- ◆ Appropriate laboratory and diagnostic tests
 - ◆ Screening pap smear*
- ◆ Review medications and supplements
- ◆ Review allergies
- ◆ Age appropriate anticipatory guidance and counseling

Physical Exams are always conducted by your physician and are scheduled for an hour.

**Please note that Medicare will cover breast, pelvic and pap services every 24 months for asymptomatic patients and every 12 months for high-risk patients*

If a significant portion of the visit is focused on health concerns, there may be an additional charge.

Eligible during first 12 months of Medicare Part B

Welcome to Medicare Exam

- ◆ Review of medical and social history
- ◆ Review of risk factors for depression mood disorders
- ◆ Review of functional ability and safety level
- ◆ Abbreviated Physical Exam:
 - ◆ Routine Vitals
 - ◆ Visual Acuity Exam
 - ◆ BMI measurement
 - ◆ Other factors deemed appropriate based on individual
 - ◆ EKG if applicable
- ◆ Advanced care planning
- ◆ Educate, counsel and referral for other preventive services recommended

Eligible 12 months after Welcome to Medicare or Annual Wellness Exam

Annual Wellness Exam

- ◆ Review of medical and social history
- ◆ Review medication and supplements
- ◆ Update listing of all current providers and suppliers involved in your care
- ◆ Review risk factors for depression & mood disorders
- ◆ Update functional ability and safety level
- ◆ Abbreviated Physical Exam:
 - ◆ Routine vitals
 - ◆ Visual Acuity Exam
 - ◆ BMI measurement
 - ◆ Other factors deemed appropriate based on individual
- ◆ Detection of cognitive impairment
- ◆ Prepare a personal prevention plan
- ◆ Advanced care planning

Please note that this visit may not be conducted by a physician and are scheduled for no more than 30 minutes.

MEDICARE ABNS FAQ

*Understanding Advanced Beneficiary
Notifications*

Additional Questions?

We recommend that you follow up with Medicare at 1-800-MEDICARE or visit medicare.gov. If you have secondary coverage, you can also call your carrier to better understand what additional services may be covered through them.



4410 Regent Street

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Medicare ABNs

Associated Physicians may provide you with an Advanced Beneficiary Notice (ABN) as required by Medicare and related programs when a service may be non-covered. This form will provide you information about the service, why it may not be covered, and the estimated cost.

Why would my service be non-covered?

Medicare has benefit limitations that may prevent some services from being covered. This may include but is not limited to:

- Services that are not covered because of your diagnosis
- A service that Medicare considers experimental
- A service that you are getting too early or more frequently than Medicare allows, or
- Medicare's conditions for the service are not met.

Do I really need this service?

Your physician is recommending that you have this service, that is why he ordered it. If you would like to discuss the need for it further, you are welcome to decline it at this time, call the clinic to discuss it with your physician and come back for the service at another time.

Does this mean I may be financially responsible for the service?

Yes. If Medicare does not cover the service, you will be financially responsible.

If Medicare decides to cover the service, will I be informed?

Yes. This information will come on your explanation of benefits from Medicare. Medicare payment will be indicated for the date of service.

Will my secondary insurance pay for the service when Medicare does not pay?

If your secondary insurance is a Medicare supplement, it may not pay because it follows the Medicare benefits.

If your secondary insurance is another policy type, it may cover the service.

If you would like to check with your insurance prior to the service, we are happy to document the service for you so you can check with your carrier to see if the service will be covered.

Why are only some services listed on the ABN form when I am receiving other services today?

Medicare only requires notification for those services that may be non-covered. Associated Physicians will not list services that we expect Medicare to cover.

Can I decide to sign the ABN form later?

No. Medicare requires that the form is provided to you and you sign the ABN form before your service is received. Associated Physicians and Medicare agree that this is important so you can make informed decisions before you receive your service.

If my service is not covered by Medicare, can I appeal it?

You may contact Medicare but it is unlikely that Medicare will change its coverage decision. Medicare policies are uniform for all patients and benefits are strictly defined. You will still be financially responsible.