



LOCAL HELP FOR PEOPLE WITH MEDICARE

## Medicare Minute Script – March 2016 Medicare's Preventive and Screening Services

Learn about Medicare-covered preventive care and screening services to protect your health and save money.

**Point 1: Know which preventive and screening services Medicare covers.** For those new to Medicare, Medicare covers a one-time Welcome to Medicare visit within the first 12 months you have Part B. You are also eligible for an Annual Wellness Visit to manage your health care. Medicare's more specific preventive services that help detect potentially serious conditions include exams, shots (such as flu shots), lab tests, and screenings (such as HIV screenings). To help you take care of your own health, it also covers programs for health counseling (such as nutrition and smoking cessation counseling), and education (such as diabetes self-management training).

Some preventive care services are covered once every few years, while others may be covered more frequently if they are needed to diagnose an illness or condition. Speak to your provider about scheduling times to receive preventive services. It is important to know that Medicare covers preventive care services only if they are truly preventive in nature. If your doctor identifies a health issue during your preventive care visit and needs to provide care to address it, you may be responsible for certain costs, such as the Part B deductible and coinsurance. For more information on Medicare's preventive care services, contact your State Health Insurance Assistance Program (SHIP). You can also call 1-800-MEDICARE (1-800-633-4227), or visit [www.medicare.gov](http://www.medicare.gov) to find out if Medicare covers your test, service, or item.

**Point 2: Know how to prepare for your Welcome to Medicare and Annual Wellness Visits.**

Medicare covers a one-time, initial examination (also known as the Welcome to Medicare preventive visit) within the first 12 months you enroll in Part B. All people new to Medicare qualify for this visit. After you've had Part B for longer than 12 months, you can begin receiving Annual Wellness Visits. During each visit your provider will ask you to fill out a questionnaire, called a "Health Risk Assessment." Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. Note that you cannot receive your Annual Wellness Visit within the first year you are enrolled in Medicare or within the same year you have your Welcome to Medicare exam.

Before your visit, make a list of illnesses that run in your family, surgeries, medical problems, treatments, injuries, allergies, and vaccines you've had, especially if you're seeing a new provider. You should also make a list of all the medicines, vitamins, and supplements you use, including the doses and how often you take them. Remember to bring your lists with you and discuss them with your provider during your visit. Speaking with your provider is one of the best ways to make sure you receive the preventive and screening services you need.



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**Point 3: Know the type of providers you should see.**

If you have **Original Medicare**, you should receive preventive care services from providers who accept assignment. Assignment is an agreement by your provider to accept the payment amount Medicare approves for your health service or item, and not to bill you for any more than the Medicare-approved deductible and coinsurance. Part B now pays for most covered preventive and screening services at 100 percent of Medicare’s approved amount, so if you receive these services from a provider who accepts assignment, you will have no out-of-pocket costs. If you are in a **Medicare Advantage Plan**, your plan should not charge you for preventive care services that are free for people with Original Medicare, as long as you see in-network providers. In-network providers accept your Medicare Advantage Plan as insurance. If you do not see a Medicare-participating provider who accepts assignment or an in-network provider, charges will typically apply to your preventive care service.

Note: You play a vital role in protecting the integrity of Medicare and can help detect fraud by carefully reviewing your summary of claims from Medicare or your plan. Always call your provider’s office to ensure they did not make a billing mistake. If your call is unsuccessful or if your provider is uncooperative, call your local Senior Medicare Patrol (SMP).

**Take Action:**

- 1) Keep a calendar or notebook with the date and year that you receive each Medicare-covered preventive service.
- 2) Contact your SHIP if you need help making coverage changes or understanding your Medicare options.
- 3) If you receive suspicious offers or charges, contact your Senior Medicare Patrol (SMP) to discuss potential abuse or fraud.

Local SHIP Contact Information	Local SMP Contact Information
<b>SHIP toll-free:</b> <b>SHIP email:</b> <b>SHIP 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>SMP toll-free:</b> <b>SMP email:</b> <b>SMP website:</b> <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 and Senior Medicare Patrol National Resource Center and do not necessarily represent the official views of ACL.*