Medicare Minute Script – November 2018
Original Medicare and Medicare Advantage Providers

Depending on how you get your Medicare coverage, you have different considerations when choosing health care providers. Today we will learn about the factors you should consider to get the coverage you need at the lowest cost.

**Point 1: Know the different kinds of Original Medicare Providers.**
If you have Original Medicare and after you have met your deductible, your Part B costs can vary depending on the type of provider you see. There are three kinds of billing agreements that physicians, medical equipment suppliers, and other Part B providers can have with Medicare. They are called participating provider, non-participating provider, and opt-out agreements.

- **To pay the least for services, see a Participating Provider when possible.** Participating providers accept Medicare and always take assignment. Taking assignment means that the provider accepts Medicare’s approved amount for health care services as full payment. The good news is, the vast majority of providers are participating providers. These providers are required to bill Medicare for care you receive. Medicare will process the bill and pay your provider directly for your care. If you see a participating provider, you are responsible for paying a 20% coinsurance for Medicare-covered services.

- **Non-participating providers** accept Medicare but do not agree to take assignment in all cases. They may do so only on a case-by-case basis. Non-participating providers can charge up to 15% more than Medicare’s approved amount for the cost of services you receive. This is known as the limiting charge. This means you could be responsible for up to 35% of Medicare’s approved amount for covered services instead of 20%.

- **Opt-out providers** do not accept Medicare at all and have signed an agreement to be excluded from the Medicare program. Medicare will not pay for care you receive from an opt-out provider except in emergencies. These providers can charge whatever they want for services, but they must follow certain rules to do so. An opt-out provider must give you a private contract describing their charges and confirming that you understand you are responsible for the full cost of your care and that Medicare will not reimburse you.

**Point 2: Understand the kinds of providers in a Medicare Advantage Plan.**
If you have a Medicare Advantage Plan, your plan must cover the same health care services and items as Original Medicare, but can do so with different costs and restrictions. Each type of Medicare Advantage Plan has different network rules. A network is a group of doctors, hospitals, and medical facilities that contract with a plan to provide services. There are various ways a plan may manage your access to specialists or out-of-network providers. For example, if you see a provider who is outside your plan’s network, you may have to pay a higher copayment or coinsurance charge than you would for an in-network provider. You could also be responsible for paying the full cost of your visit out-of-pocket, depending on what type of Medicare Advantage Plan you have. Remember that your costs are typically lowest when you use in-network providers and facilities, regardless of your plan. It is important to note that not all Medicare Advantage Plans work the same way. Make sure you understand a plan’s network and coverage rules before enrolling. If you have questions, contact your plan for more information.
Point 3: Get your prescription drugs from the right kind of pharmacy.
Medicare Part D is Medicare’s prescription drug benefit. Part D is offered through private companies either as a stand-alone plan for those enrolled in Original Medicare, or as a set of benefits included with your Medicare Advantage Plan. Part D plans generally have networks of pharmacies that they contract with to provide you with covered medications. Use a preferred, in-network pharmacy to fill your prescriptions. Many pharmacy networks include both preferred and non-preferred pharmacies. You typically pay less for your prescriptions at preferred pharmacies. If you need to find a preferred, in-network pharmacy, or if you have any issues accessing your covered medications at the pharmacy, contact your Part D plan.

Take action:
1. If you have Original Medicare, call 1-800-MEDICARE or visit www.Medicare.gov to find and compare providers who accept Medicare assignment.
2. If you have a Medicare Advantage Plan, contact your plan to find in-network providers and to learn about your plan’s rules and restrictions.
3. Contact your Part D plan to find preferred, in-network pharmacies where you can purchase plan-covered drugs.
4. Contact your State Health Insurance Assistance Program (SHIP) for help choosing Medicare coverage, finding providers, and appealing service denials. Contact your Senior Medicare Patrol (SMP) if you believe you have been the victim of Medicare fraud or attempted Medicare fraud. Examples include a provider who refuses to bill Medicare and won’t explain why, a provider who pressures you into signing a contract you don’t understand, or misleading plan marketing.

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<th>Local SHIP Contact Information</th>
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<td>SHIP toll-free:</td>
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<td>To find a SHIP in another state: Call 877-839-2675 or visit <a href="http://www.shiptacenter.org">www.shiptacenter.org</a>.</td>
<td>To find an SMP in another state: Call 877-808-2468 or visit <a href="http://www.smpresource.org">www.smpresource.org</a>.</td>
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