

# Understanding your Medicare Benefits

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## *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.