

The June SHIIP press release tackles one of the challenges people on Medicare face—making sense of the Medicare claims process. If you have questions or need additional information, please contact Kris Gross at kris.gross@iid.iowa.gov or 515-281-5705. [Siouxland Aging Services](#) is a local contact for SHIIP. Counselors are available to answer questions and assist beneficiaries with Medicare issues.

Mastering the Medicare Claims Process

One of the challenges for people on Medicare is mastering the claims process. “You need to understand the Medicare system, the insurance system, and how they interact, and that can be confusing,” says Kris Gross from the state of Iowa’s Senior Health Insurance Information Program (SHIIP). Here is SHIIP’s list of “10 Things You Need to Know about Medicare and Insurance Claims.”

- 1) All Medicare providers are required to file claims with Medicare for you. Providers are doctors, hospitals, or anyone from whom you get health care services.
- 2) Some Medicare providers accept “assignment.” That means they will accept the amount Medicare “approves” as full payment. You, or your insurance, pay for any deductibles or coinsurance amounts. Ask your providers if they accept assignment. When a provider doesn’t accept assignment you may be charged more than the approved amount. This is called “excess charges.” Most providers can’t charge more than 15% above the amount Medicare approves. One exception is durable medical equipment suppliers.
- 3) Medicare sends payments directly to providers who accept assignment. You get a statement every three months with a summary of your claims.
- 4) When a claim is not assigned, Medicare sends you the payment with the claims statement. You will receive the check and statement as soon as the claim is processed. You must use the money to pay your provider.
- 5) Do not pay your provider when you receive your Medicare statement stating, “This is not a bill.” Wait until you receive a bill from your provider and all insurance payments have been received.
- 6) Supplemental insurance claims can be handled a couple of ways. Some insurance companies have a “crossover” contract with Medicare. This means Medicare will send claims information to your insurance company for you. Without crossover you must file your own claims. Your insurance company may have a special claims form to use. If not, send them a copy of your Medicare statement (not the original).
- 7) You will have to pay deductibles, coinsurance amounts, and excess charges not covered by insurance. You will also pay for services not covered by Medicare or your insurance.
- 8) Should Medicare deny your claim, or if you disagree with Medicare’s payment, you have the right to appeal. Check with your provider first to see if the claim was filed properly. Your Medicare statement will explain how and when to appeal.
- 9) Medicare supplement insurance policies will not pay if Medicare does not approve the charges. (Some supplements do offer extra benefits not covered by Medicare.)
- 10) Keep copies of all forms for your records.

SHIIP has developed a “Claims Envelope” to help organize your Medicare and insurance statements. You can request a copy by calling SHIIP at 1-800-351-4664 (TTY 800-735-2942). SHIIP counselors are also available to help you understand and organize your Medicare and insurance statements. Call SHIIP for the counseling site nearest you. SHIIP is a service of the State of Iowa Insurance Division. All SHIIP services are free, confidential and objective.

Do you have questions about Medicare and health insurance? Contact us.



Iowa Senior Health Insurance Information Program

<http://therightcalliowa.gov>

1-800-351-4664

TTY 1-800-735-2942