



PROTECT • DETECT • REPORT

WHAT IS A MEDICARE SUMMARY NOTICE?

The **Medicare Summary Notice**, also called an **MSN**, is a report of doctor visits, services or supplies billed to Medicare in your name. It is mailed every 3 months and is also available online. The MSN explains the charges that will be paid by Medicare and those that will be paid by you or other insurance (like Medigap or employer insurance). MSNs are mailed to people enrolled in Medicare Part A and/or Part B.

The MSN states in large print that it is NOT a bill.

Using Your MSN to Detect Errors, Fraud, and Abuse

- Reviewing your MSN is one of the best ways that you can help detect potential errors, fraud, and abuse. It is important to open and read your MSN as soon as you get it to make sure that you received all of the services listed.
- Keep a record of medical visits, tests, receipts for services, and equipment you have received. A Personal Health Care Journal, which you can get from your local SMP, can help you keep a record of services.
- Review your MSN and compare it to your receipts, records and Personal Health Care Journal. If you notice any mistakes, or have questions, report them immediately! Call your provider with your questions. If you still have questions or need help, call your local SMP.
- Protecting your personal information is your first line of defense against fraud. Save your Medicare Summary Notices and related statements until they are no longer useful. But, don't just throw them in the trash-- be sure to shred them. Shredding important documents like your MSN and other health care bills will ensure that thieves cannot get their hands on your private information.
- Medicare only mails MSNs every three months, but you can view your MSNs 24 hours a day by visiting MyMedicare.gov. Registering for access to Medicare's free, secure online service allows you to review all bills processed within the past 36 months.

For assistance, contact the **VI SMP Program** at
Legal Services of the Virgin Islands : 1-877 -784-0228 or 340-718-2626
For more information, visit www.lsvilaw.org or www.smpresource.org

What information should you look for on your MSN and related statements?

Plan	Coverage	Statement	Information to look for
Medicare Part A (Hospital Insurance)	Inpatient Hospital, Skilled Nursing Facility, Home Health, and Hospice Care (the MSNs for each of these is a bit different)	MSN (Quarterly or Online)	<ul style="list-style-type: none"> • Date of Service • Provider Name and Address • Benefit Days Used • Claim Approved? (Yes or No) • Non-Covered Charges • Amount Medicare Paid • Maximum You May Be Billed • Notes for claim • Appeals Information
Medicare Part B (Medical Insurance)	Outpatient Services (doctor visits, lab tests, medical equipment, ambulance, immunizations, screenings and more)	MSN (Quarterly or Online)	<ul style="list-style-type: none"> • Date of Service • Provider Name and Address • Service Provided & Billing Code (or Quantity & Service Provided) • Service Approved? (Yes or No) • Amount Provider Charged • Medicare-Approved Amount • Amount Medicare Paid • Maximum You May Be Billed • Notes for claim • Appeals Information
Medicare Part C (Medicare Advantage)	According to your plan	Statement from the private insurer	Your Medicare Advantage company may provide you with a statement which provides an explanation of the benefits that it has covered.
Medicare Part D	Prescription Drugs	Explanation of Benefits (EOB) from drug plan (Monthly, if benefits are used)	<ul style="list-style-type: none"> • Year-to-date costs in the drug plan • Total out-of-pocket and drug costs • Current coverage information (deductible, coverage gap, etc.) • Summary of claims since last EOB • Any updates to plan's formulary
Supplement Insurance (Medigap)	Benefits covered by private insurers	Explanation of Benefits (EOB) from Medigap company	<ul style="list-style-type: none"> • Total charges • What Medicare paid • What Medigap paid

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