

WELCOME TO YOUR

Medicare Scoop

A quarterly publication



DID YOU KNOW?

Medicare covers Preventive services

Preventive care is the care you receive to prevent illness, detect medical conditions, and keep you healthy. Medicare covers a wide range of preventive services, including cancer screenings, obesity, and substance abuse counseling, and screenings for other chronic conditions. These services can consist of exams, shots, lab tests, screenings, counseling, health monitoring, and health education to help you understand and promote your health and well-being.

Medicare coverage for preventive and screening services includes a “Welcome to Medicare” physical exam during the first year of enrollment in Part B and an “Annual Wellness Visit” after that to create or update a personalized prevention plan, including screenings for certain types of cancers, and screenings for conditions such as depression, alcohol misuse, heart disease, glaucoma, and osteoporosis. Part B also covers four vaccinations without cost-sharing: COVID-19, influenza, hepatitis B, and pneumococcus.

New Coverage Alert

MEDICARE PART D NOW COVERS THE SHINGLES VACCINE!

Starting 2023, the Inflation Reduction Act eliminated all out-of-pocket costs for vaccines that the CDC's Advisory committee on Immunization Practices recommends for adults, whether you have drug coverage from Part D or from a Medicare Advantage plan. That includes the Shingles vaccine!





Are preventive services free?

THE ANSWER CAN VARY...

If you have Original Medicare, you pay no coinsurance or deductible for certain preventive services when you see a healthcare provider participating in Medicare. Medicare Advantage Plans must also cover the total cost for these services as long as you see an in-network provider.

You may have costs for some of these preventive services if your doctor makes a diagnosis during the service or does additional tests or procedures. For instance, during your preventive visit, your provider may discover and need to investigate or treat a new or existing problem. This additional care may be diagnostic, and you may be responsible for cost sharing, even during a preventive visit. You also may be responsible for paying a facility fee, depending on where you receive the service.



What is the "Welcome to Medicare" Preventive Visit?

The Welcome to Medicare preventive visit is a one-time appointment with your doctor or other healthcare providers that helps you understand how to get the most out of your Medicare coverage. It typically includes reviewing your medical history, current health problems, and screening tests for diabetes and high blood pressure. Your provider may also talk to you about lifestyle changes to help improve your overall health. The Welcome to Medicare preventive visit is not a head-to-toe physical.

What is the "Annual Wellness" Visit?

The Annual Wellness Visit (AWV) is a yearly appointment with your primary care provider (PCP) to create or update a personalized prevention plan to help prevent illness and detect any potential health problems early on. During the AWV, your PCP will review your medical history, perform routine screenings, provide preventive services such as immunizations, discuss lifestyle changes that may benefit you, and answer any questions about your overall health. Medicare Part B covers the Annual Wellness Visit if you have had Part B for over 12 months and have not received an AWV in the past 12 months. Additionally, you cannot receive your AWV within the same year as your Welcome to Medicare preventive visit. This service is also not a head-to-toe physical. It is separate from the one-time Welcome to Medicare preventive visit.

Know the difference...

Preventive care is different from diagnostic care!

The classification of services as preventive versus diagnosis is crucial because it affects your out-of-pocket costs. A service is considered preventive if you have no prior symptoms of the disease. On the other hand, diagnostic services address symptoms or conditions that you already have. For example, suppose your doctor removes a polyp during a colonoscopy. In that case, the colonoscopy will be considered a preventive service. Still, removing the polyp is diagnostic, as is treating a problem that the doctor discovered during the colonoscopy, and cost-sharing – like coinsurance or copay – will apply.

What can you do if you are inappropriately charged for a preventive service?

Contact your healthcare provider first if you are charged for a preventive service. If you cannot resolve the problem by contacting your healthcare provider, you can contact your local HICAP, and a HICAP Counselor will help you. You must review your quarterly Medicare Summary Notice (MSN) to identify service claims submitted to Medicare by your provider. If your healthcare provider bills Medicare for services you never received, you may be a victim of Medicare fraud or abuse. You can help detect fraud by carefully reviewing these notices that Medicare sends for those with Original Medicare and by your Medicare Advantage plan if you are enrolled in a Part C plan.



IS THIS PREVENTIVE SERVICE COVERED AT 100% BY MEDICARE?

Part B covers many preventive services with no cost-sharing, as long as you meet the eligibility requirements and follow the guidelines below.

✓ Is this one of the services that Original Medicare covers at 100% of the Medicare-approved amount?

Preventive services recommended by the U.S. Preventive Services task force are covered with zero cost-sharing, so you will not owe any deductible or coinsurance when you receive them. You can find a list of those services on [Medicare.gov](https://www.medicare.gov)'s page on Preventive & Screening Services.

✓ Do you meet the coverage criteria?

For many of the covered preventive services, you have to meet certain criteria based on your age, gender, or certain risk factors. Your health care provider should be able to tell if you qualify.

✓ Are you seeing the right kind of provider?

Original Medicare: To get preventive services with no cost-sharing, you should ask your provider in advance if they accept Medicare. If you see a non-participating provider, you may be responsible for part or all of the cost.
Medicare Advantage: Ask your provider if they are in-network for your plan or contact the plan to learn which providers are in-network. If you go out-of-network, you might be responsible for part or all of the cost.

Get in touch with HICAP today!
1.800.434.0222



Contact your local HICAP office at 1.800.434.0222 to learn more about Medicare preventive services, to obtain help with improper billing, or to report Medicare fraud. HICAP Counselors are certified and trained to provide individualized, unbiased Medicare information and community education. HICAP also offers virtual and in-person appointments for those who require a more personalized counseling experience.

Don't miss our Free Educational Seminar

MEDICARE COVERAGE OF PREVENTIVE SERVICES

Preventive care is care you receive to prevent illness, detect medical conditions, and keep you healthy. During this virtual Seminar, we'll look at Medicare's coverage of preventive services and review the screenings, vaccines, and counseling that can help you stay on top of your health.

DATE AND TIME
FRIDAY, MARCH 31, 2023
10:00 - 11:00 AM



SCAN TO GET DIRECT ACCESS TO THE ZOOM LIVE SEMINAR

If you need help accessing the seminar, learning how to use Zoom or for free technical assistance the day of the seminar please call or text Kanayo Emenike at 661-448-2540

aginginfo@kerncounty.com

[HTTPS://WWW.KERNCOUNTY.COM/HICAP](https://www.kerncounty.com/hicap)

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