

Medicare Minute Script – November 2024 Medicare Preventive Care

Preventive care helps prevent illness, detect medical conditions, and keep you healthy. A service is considered preventive if you have no prior symptoms of the disease. In contrast, diagnostic services address symptoms or conditions that you already have. Today we will discuss how Medicare covers preventive care.

Point 1: Know how Medicare covers preventive services.

Medicare Part B covers many preventive services, such as screenings, vaccines, and counseling. To find out if Medicare covers your test, service, or item you can visit <u>www.medicare.gov</u>, call 1-800-MEDICARE, or read your *Medicare & You* handbook. If you meet the eligibility requirements and guidelines for a preventive service, the service is covered whether you have Original Medicare or a Medicare Advantage Plan, although a plan's network rules may apply. You should pay nothing for most preventive services so long as you see the right provider. During your preventive visit, your provider may discover and need to investigate or treat a new or existing problem. This additional service may be diagnostic or treatment. Medicare covers diagnostic and treatment services differently than preventive services, and you may be charged coinsurances or copays. You also may be responsible for paying a facility fee, depending on where you receive the service.

Point 2: Prepare for your Welcome to Medicare and Annual Wellness Visits.

Medicare covers one Welcome to Medicare preventive visit in your first year of having Medicare Part B, then one Annual Wellness Visit per year after that, with zero cost-sharing as long as you see the appropriate providers. Keep in mind that these visits are not head-to-toe physicals. During the Welcome to Medicare Visit, your provider will review your medical and social history as well as your health status and risk factors. Your provider will then give you resources related to your risk factors and health needs and will give you a checklist or written plan with information about other preventive services you may need. Annual Wellness Visits, which Medicare will cover once you have had Part B for 12 months, are yearly appointments with your primary care provider to create or update a personalized prevention plan. This plan can help prevent illness based on your current health and risk factors. For both kinds of preventive visit, be prepared with information about your medical history, family history, doctors, medications, and durable medical equipment you use.

Point 3: See the right types of providers.

You pay nothing for most preventive services if you see the right type of provider. If you see other types of providers, then charges may apply to preventive care services that otherwise would not have cost you anything.

• If you have Original Medicare, you should receive preventive services from providers who accept assignment. These providers accept Medicare's approved amount for a service as payment in full. For preventive services that Medicare covers at 100%, you owe no deductible or coinsurance when you see a provider who accepts assignment. And if you receive services that do have a cost, these providers cannot charge you more than the Medicare-approved deductible and coinsurance.







• If you are in a Medicare Advantage Plan, you should not be charged for preventive care services that are free for people with Original Medicare, if you see providers who are in-network for your plan.

Point 4: Learn to prevent, detect, and report genetic testing fraud, errors, or abuse.

Genetic testing fraud and abuse can occur when Medicare is billed for genetic screenings or tests that are not medically necessary and were not ordered by your treating physician. We often see scammers offering cheek swab tests to obtain your Medicare information, which the scammers can then use for fraudulent billing or medical identity theft. You may hear these cheek swabs or genetic tests also called DNA testing, hereditary cancer screening, dementia test, or Parkinson's screening. To prevent genetic testing fraud and abuse, make sure to work with your trusted health care provider on your preventive health. Do not give out your personal information or accept genetic screenings or tests from a person or company you meet at a public event or over the phone. Always read your Medicare statements, noting words like "gene analysis," "molecular pathology," or "laboratory" that may indicate questionable genetic testing. And finally, if you received a cheek swab or genetic screening/test that was not medically necessary, report your concerns to your local SMP.

Take Action:

- 1. Contact your doctor if you would like to schedule preventive care.
- 2. Keep a calendar of your preventive care and plan ahead for when you should have your next visits.
- **3.** Contact your State Health Insurance Assistance Program (SHIP) if you would like to learn more about how Medicare covers preventive services.
- **4.** Contact your Senior Medicare Patrol (SMP) if you believe you have experienced potential Medicare fraud, errors, or abuse.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: 800-247-4422	SMP toll-free: 800-247-4422
SHIP email: idahoshiba@doi.idaho.gov	SMP email: idahoshiba@doi.idaho.gov
SHIP website: shiba.idaho.gov	SMP website: https://aging.idaho.gove/stay-safe/senior-medicare-patrol-fraud-prevention
To find a SHIP in another state: Call 877-839-2675 and say "Medicare" when prompted or visit <u>www.shiphelp.org</u> .	To find an SMP in another state: Call 877-808-2468 or visit <u>www.smpresource.org</u> .

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