
NEW VENTURES

A Newsletter published by Yale Health Plan for Medicare Participants

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Payment Responsibility for Routine Screenings

Medicare pays for diagnostic tests ordered by your physician to evaluate signs or symptoms of a specific problem or when treatment of a disease or injury is being monitored. As part of a check up or annual exam, your physician may order laboratory tests for routine screening purposes that are not covered by Medicare but he or she feels are necessary to make a complete assessment of your health.

The physician ordering these tests, and in some cases the laboratory, will advise you that they are not

covered by Medicare. You will then be asked to sign an Advanced Beneficiary Notice stating that you have been informed the tests are not covered by Medicare and that you are responsible for payment. *You do have the option to refuse to have these tests performed. However, tests ordered for screening purposes can be the key to early detection of potential health problems and we urge you to follow the advice of your physician.*

Bills for Laboratory Tests

When you receive a bill for laboratory tests, please review it carefully. It usually indicates the reason you are being billed. One of the reasons you may be billed is you simply need to provide them with your Medicare number. If the reason you are being billed is that Medicare has denied the test(s) as routine, then you are responsible for paying the amount due. If you think that the tests denied by Medicare were not part of a routine screening, send the bill to Margaret Hionis, the YHP Medicare Coordinator. She will arrange to have the test(s) reviewed with the provider who ordered them to see if the claim was submitted correctly to Medicare. Please allow three weeks for a response. Margaret will tell you if the bill will be resubmitted to Medicare, or if you must pay it.

If you are responsible for payment, please pay the provider of services as soon as possible. Once

payment has been made, you may wish to submit it to Connecticut General (CG) for consideration. They do provide coverage for some services denied by Medicare. Include a claim form, a copy of the bill for the diagnostic test(s) and a copy of the Medicare Explanation of Benefits (EOB) denying the service to CG for processing. If the service is covered you will receive 80% of the charges once your annual \$100 deductible has been met.

Not all tests denied by Medicare are covered by CG. Medicare recently tightened their diagnostic test coverage and this information has been passed along to the University Benefits office, who oversees the CG plan. Margaret will advise you of any changes and additions to the list of services covered by CG.

Attention New Medicare Recipients

If you have not scheduled an orientation with Margaret (432-8134), please do so as soon as possible. Bring your Medicare and ITT Hartford cards with you to this appointment. If you have received a red claim form for services at Yale Health Plan and are now a Medicare recipient, please send the form back to the Margaret with a copy of your Medicare Card. This will allow us to bill Medicare for these services.

Replacing Lost Membership Cards

If you have lost or misplaced your Medicare or ITT Hartford membership card, please call one of the following numbers directly to receive a replacement.

ITT Hartford - 203-949-1738
Identify yourself as a Yale Retiree in:
Group - AGP-1816

Medicare - 1-800-772-1213 ext: #4

Have your Medicare number ready before you call. You will find it on any of your Explanation of Benefits. Remember, it is not always your Social Security number.

A Word from Connecticut General

- Please submit your claims on a quarterly basis. When claims are submitted covering long periods of time, processing takes longer and it slows down the CG reimbursement system.
- Following an inpatient hospital stay or a one-day outpatient surgical procedure, prescription charges for a 6 month period are reimbursed at 100% for the first \$500 in expenses. You must include the Medicare Explanation of Benefits for the hospital services when sending claims for prescription charges in order to receive full reimbursement.

Please allow 3 weeks for claims to be processed. If you do not receive a response you can call (1-800-826-2348, ext. #4) to obtain information. Always keep a copy of all items submitted.

In order to expedite your refund, please submit claims directly to:

Connecticut General Life Insurance Company
Agent for: Yale University
P.O. Box 901
Plainville, CT 06062

The Medicare Coordinator can assist you if the amount of reimbursement is incorrect or with first time claim submissions. It is a very simple process and we are happy to get you started.

Note: *Information is not yet available whether Viagra will be a covered prescription item.*

Medicare Explanation of Benefits Changes

To reduce Medicare costs, an Explanation of Medicare Benefits (EOMB) is now sent to you only when you are responsible for paying some portion or all of the charges submitted. You will not receive an EOMB if Medicare pays 100% of the charges. Please save any EOMB's that you receive as they are essential in resolving supplemental insurance issues.

Explanation of Benefits for Yale Health Plan Services

Yale Health Plan implemented a new computer system last fall. One of the many features of this system is automated Medicare billing. As with any new system there are always a few bugs to work out.

Many of you have not received Explanation of Benefits for services at Yale Health Plan since last year. We have recently started to catch up on our Medicare billing and you may have received a number of EOMB's. It is not necessary to contact Yale Health Plan when you receive these notices unless they are for services that you did not receive. If Medicare is denying the services as routine, please do not be concerned. The Yale Health Plan Billing Department, upon receipt of the denial, will review your chart, provide Medicare with additional information and submit it to Medicare for reconsideration.

We Apologize

You may have received notices from Medicare stating that Yale Health Plan was billing for preventive medicine services. These services were charged in error and we encourage our Medicare Participants to continue to use the programs provided by the YHP Preventive Medicine Department.

Bills Incurred Outside Yale Health Plan

If you receive a bill for services incurred outside Yale Health Plan you should immediately contact the provider billing you. The phone number is always on the statement. Be prepared to give your Medicare and supplemental insurance information. Most of the time that is all that is needed to expedite payment. If you continue to receive a bill you may contact the Medicare Coordinator for assistance at 203-432-8134.

Please Schedule Appointments in Advance

Due to the large volume of Medicare participants in need of assistance, Margaret asks that you call for an appointment (203-432-8134) in advance. Each consultation takes an extended period of time and she wants to avoid having members who walk-in wait unnecessarily. Scheduling appointments will also enable Margaret to work on other programs that will be beneficial to you.

New Ventures ***Editorial Staff***

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