

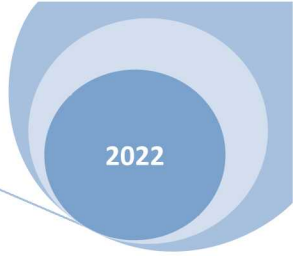
## 1-800 MEDICARE CSRs **CAN** Perform The Following Activities

Subject/Topic	Notes
<b>Claims Inquiries (Denials)</b>	The beneficiary or SHIP should check the MSN to understand what type of service is in question (i.e., Part A, Part B, DME). 1-800-MEDICARE CSRs can provide information on the reasons for the denial, details on suspended or rejected claims, and status of appeals.
<b>Claims Inquiries</b>	1-800-MEDICARE CSRs can handle claims inquiries (i.e., order duplicate MSNs, indicate whether a claim was approved or denied, provide information on the amount paid, and determine crossover). This information is also available on the 1-800 MEDICARE IVR and Medicare.gov accounts.
<b>Compare Drug Plans</b>	Plan Compare is available on the web to SHIPs and all public users: <a href="https://www.medicare.gov/plan-compare/">https://www.medicare.gov/plan-compare/</a>
<b>Competitive Bidding (Durable Medical Equipment)</b>	1-800-MEDICARE CSRs are able to provide information on the program, locate competitive bidding suppliers in the specific competitive bidding areas, and file complaints with the CBIC on various categories. This information is also available on <a href="http://www.medicare.gov">www.medicare.gov</a>
<b>Complex Claims Inquiries</b>	Certain inquiries will need to be referred to the Medicare Administrative Contractor (MAC) for further action. Examples would include reissuing checks, claims adjustments, fraud referrals. <i>Note:</i> <i>The CSRs will refer complex inquiries to the MACs through the desktop. This is not a live transfer. The claims processing contractor takes the appropriate actions offline.</i>
<b>Crossover</b>	1-800-MEDICARE CSRs can determine if crossover is set up and if a claim was selected to be crossed over. If the crossover is NOT set up, or if the secondary insurer is stating that the claims was not crossed over, the beneficiary must call the INSURER.
<b>Drug Coverage Fraud Marketing Sales</b>	If the beneficiary receives misleading or false information from an agent broker and/or marketing representative, the CSR can file a PDP complaint for Marketing Misrepresentation
<b>Fraud (Original Medicare)</b>	The 1-800-MEDICARE CSR can submit a fraud referral to the MAC, after screening to determine all of the details.  <i>Note: 1-800 MEDICARE does not receive any status information on ongoing fraud investigations.</i>
<b>Fraud (Prescription Drugs)</b>	If the beneficiary receives misleading or false information related to Prescription Drugs, the caller may be referred to the Medicare Drug Integrity Contractor (1-877-7SAFERX)
<b>IRMAA</b>	Social Security makes the income determination for IRMAA. If funds are available in the Social Security check they will be automatically deducted. If there are not sufficient funds, CMS will directly bill the beneficiary.

## 1-800 MEDICARE CSR Responsibilities

2022

Subject/Topic	Notes
<b>Low Income Subsidy Applications</b>	Low Income Subsidy applications are available on SSA’s website
<b>Low Income Subsidy Eligibility Information</b>	Low Income Subsidy eligibility status is available on the web (i.e., Plan Finder, Medicare.gov account) and in the 1-800 MEDICARE IVR to SHIPs and beneficiaries
<b>Medicare Secondary Payer</b> <i>(Simple Terminations – when a person retires or terminates group health insurance that pays before Medicare)</i>	1-800 MEDICARE is only permitted to perform “simple terminations.” If the record is incorrect or needs to be deleted, the caller will be referred to Benefits Coordination & Recovery Center (BCRC).
<b>Part D (or Part C) Complaints</b>	SHIP agents can file complaints directly with the plan via CTM. 1-800-MEDICARE CSRs can file complaints or provide information on the status of the complaint. <i>Note:</i> <i>The caller will be asked if the beneficiary has contacted the plan and the issue is still not resolved</i>
<b>Part D Enrollment Status</b>	Enrollment status is available on the web (i.e., Plan Finder, Medicare.gov account) and in the 1-800 MEDICARE IVR to SHIPs and beneficiaries
<b>Part D Premium Withhold</b>	1-800-MEDICARE CSRs can verify if the beneficiary is in premium withhold status and can verify the amount of the Part D (and/or Part C) premium. CSRs can file a complaint if the beneficiary is experiencing ongoing premium withhold problems.
<b>Prospective Disenrollment</b>	1-800-MEDICARE CSR determines if a disenrollment is applicable. <i>Note:</i> <i>If the caller is using the SHIP or SMP line, the caller will be transferred to another CSR to perform the disenrollment (unless the beneficiary wants to enroll in a new plan, which would automatically disenroll them from their previous plan).</i>
<b>SPAPs (State Pharmaceutical Assistance Programs) and PAPs (Plan Administered Pharmaceutical Assistance Programs)</b>	Information on SPAPs and PAPs can be found via <a href="http://www.medicare.gov">www.medicare.gov</a>



## 1-800 MEDICARE CSRs **CANNOT** Perform The Following Activities

Subject/Topic	Notes
<b>Enrollment Issues</b>	Working directly with the plan will result in the most expeditious resolution. 1-800 MEDICARE can file a complaint on behalf of the callers.
<b>Filing Low Income Subsidy Applications</b>	Low Income Subsidy determinations are made by SSA. For assistance in filling out Low Income Subsidy applications, contact SSA (1-800-772-1213).
<b>Low Income Subsidy Discrepancies</b>	Plans can review evidence of Low Income Subsidy and Dual Eligibility status and work with the CMS Regional Offices to get a beneficiary's status updated. Following the policy on Best Available Evidence, the plans can resolve discrepancies.
<b>Medicare Reconsiderations &amp; Appeals</b>	All appeal requests must be submitted in writing. Appeal rights and where to send the reconsiderations request are on the back of the MSN.
<b>Medicare Secondary Payer (i.e., Worker's Compensation, Liability, Disability)</b>	1-800 MEDICARE can only provide status of the beneficiary's record. If changes are required or updates needed, the caller should contact the BCRC for specific resolution.  <i>Note: If an attorney requires the "Payment Summary" form for settlements, these are available on <a href="http://www.medicare.gov">www.medicare.gov</a></i>
<b>Retiree Drug Subsidy</b>	Working directly with the plan will result in the most expeditious resolution. 1-800 MEDICARE can file a complaint on behalf of the callers.  <i>Note: Callers will want to also work with their benefits administrator to ensure changes will not impact other coverage.</i>
<b>Retroactive Enrollments/Disenrollments</b>	1-800 MEDICARE is only permitted to perform <b>prospective</b> enrollments.  Retroactive enrollments are handled by the CMS Regional Office staff.