

Choosing Doctors and Other Providers



Depending on your coverage, you will have different considerations when choosing health care providers like doctors, hospitals, or medical equipment suppliers. Let's review some of these factors, so you can get your care covered at the lowest cost.

Even with this information in hand, remember to trust yourself and your feelings when choosing your health care providers. For instance, just because a provider is in network doesn't mean they will be a good fit for you. You may have to try multiple providers before finding one who you trust and who fits your needs.

If you have Original Medicare, choose a participating provider.

There are three types of providers, and each has a different relationship with Medicare. To pay the least for your care, see a participating provider when possible.



Participating providers accept Medicare and always take assignment. Taking assignment means that the provider accepts Medicare's approved amount for health care services as full payment. Participating providers must submit a bill to Medicare when you receive care. Medicare then processes the bill and pays the provider 80% of the cost of your care. You are then responsible for the other 20% of the cost.



Non-participating providers, on the other hand, accept Medicare, but do not have to take assignment. This means they can charge up to 15% more than Medicare's approved amount for services. In other words, you could owe up to 35% of the cost of Medicare's approved amount for services instead of just 20%.



Opt-out providers do not accept Medicare at all. These providers have signed an agreement to be excluded from the Medicare program. Medicare will not pay for care you receive from an opt-out provider, except in emergencies, and will not reimburse you. These providers can charge whatever they want for services, following certain rules.

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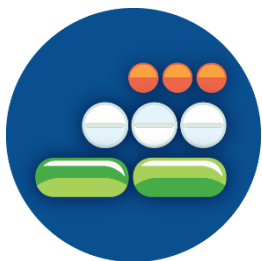
If you have Medicare Advantage, choose an in-network provider.



A network is a group of doctors, hospitals, and medical facilities that contracts with a plan to provide services. Each type of Medicare Advantage Plan has different network rules. There are various ways a plan may manage your access to specialists or out-of-network providers. For example, if you see a provider who is outside your plan's network, you may have to pay more than you would for an in-network provider. You could also be responsible for paying the full cost of your visit, depending on what type of Medicare Advantage Plan you have.

Remember that your costs are typically lowest when you use in-network providers and facilities, regardless of your plan type. It's important to note that not all Medicare Advantage Plans work the same way. Make sure you understand a plan's network and coverage rules before enrolling. If you have questions, contact your plan for more information.

If you have Part D, choose an in-network pharmacy and look for pharmacies with preferred cost sharing.



Part D plans generally have networks of pharmacies that they contract with to provide you with covered medications. Many pharmacy networks include pharmacies that offer lower "preferred" cost sharing. You typically pay less for your prescriptions at these pharmacies. If you need to find an in-network pharmacy or if you have any issues accessing your covered medications at the pharmacy, contact your Part D plan.

Need help finding doctors and other providers?

- If you have Original Medicare: Call 1-800-MEDICARE (633-4227) or use Medicare's online [Care Compare tool](#).
- If you have Medicare Advantage: Contact your plan for a list of in-network providers.
- For more assistance, contact the Ohio Senior Health Insurance Information Program (OSHIIP). Contact information is on the last page of this document.

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Protect yourself from pharmacy and prescription drug fraud, errors, and abuse.

Medicare pharmacy or prescription drug fraud occurs when Medicare is billed for a prescription that you did not receive, or if you are purposefully given a different medication than the one your doctor prescribed. Examples of suspected pharmacy or prescription drug fraud, errors, or abuse include:



A provider billing Medicare for drugs you never received.



A pharmacy providing you with expired drugs or automatically refilling a prescription you no longer need and billing Medicare.



A pharmacy providing you with less medication than you were prescribed.



A company offering you “free” or “discount” prescription drugs without a prescription and then billing Medicare.

Always read your Explanation of Benefits (EOB) from your prescription drug plan to make sure you recognize the names of the providers and prescriptions listed on the notice.



If you suspect potential pharmacy or prescription drug fraud, errors, or abuse, contact the **Ohio Senior Medicare Patrol (SMP)**.

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Who can I contact for more information?

- **Ohio Senior Health Insurance Information Program (OSHIIP):** OSHIIP can provide you with one-on-one counseling around your Medicare options and questions.
- **Ohio Senior Medicare Patrol (SMP):** Report potential Medicare fraud, errors, or abuse to us.

Ohio Senior Health Insurance Information Program	Ohio Senior Medicare Patrol
800-686-1578	800-293-4767
OSHIIPmail@insurance.ohio.gov	mgallagher@proseniors.org
insurance.ohio.gov	www.proseniors.org/ohio-smp
To find a SHIP in another state: Call 877-839-2675 (and say “Medicare” when prompted) or visit www.shiphelp.org	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org
SHIP Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2023 Medicare Rights Center www.medicareinteractive.org	
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