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FACT SHEET
KNOWLEDGE • RESOURCES • TRAINING

Original Medicare vs. Medicare Advantage

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

People with Medicare can get their health coverage through Original Medicare or a Medicare Advantage (MA) plan. This fact sheet describes what you, as a provider, need to know about how different coverage affects:

- Seeing patients
- Processing claims
- Filing appeals

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the CMS Office of Minority Health:

- Health Equity Technical Assistance Program
- Disparities Impact Statement

Seeing Patients

Original Medicare

If a patient has coverage through Original Medicare, and you accept assignment, you can treat a patient without a referral. Submit the claim directly to Medicare. By accepting assignment, you agree to charge the patient only the Medicare deductible and coinsurance amount. Ask your patient if they have Supplemental Insurance (Medigap) to help pay out-of-pocket costs (like the deductible and coinsurance). You'll usually wait for Medicare and Supplemental Insurance to pay its share before asking a patient to pay their share.

MA Plans

If a patient has coverage through an MA plan, like an HMO or PPO, they'll generally need to see providers who participate in their plan's network. Some plans allow patients to get non-emergency or non-urgent care out of network, but they'll pay a higher cost.

If you don't participate in a plan's network, let the patient know and explain how this affects their cost. You can also refer patients to their plan for a list of participating providers.

MA plans provide all Part A and Part B benefits excluding clinical trials, hospice services, and, for a temporary time, some new benefits that come from legislation or national coverage determinations. If a patient is getting hospice care or getting care in a clinical trial, Original Medicare will usually cover these costs. Some MA plans will cover hospice care through the Value-Based Insurance Design (VBID) Model. Most MA plans offer coverage for things Original Medicare doesn't cover, like fitness programs and some vision, hearing, and dental services. Check with the MA plan.

Processing Claims

Original Medicare

Medicare Administrative Contractors (MACs) process Original Medicare claims. After a MAC processes a claim, they'll send you a remittance advice that explains how the MAC processed the claim, indicates if forwarded to second coverage, and what to do if you have questions. The patient will get a Medicare Summary Notice (MSN) stating the MAC paid or denied the claim.

MA Plans

MA plans process all enrollee claims through their own claims and payment procedures.

Like with Original Medicare, the MA plan will send you a remittance advice after they process a claim. The patient will get an Explanation of Benefits (EOB) with their claim information.

Filing Appeals

People with coverage through Original Medicare or an MA plan have the right to file an appeal if they disagree with a coverage or payment decision. You may be able to file claims for your patients. You can also help your patients by providing any information and documentation that could help your patient's case.

Original Medicare

Read the Medicare Parts A & B Process booklet.

Visit Original Medicare Appeals.

MA Plans

Visit Medicare Managed Care Appeals & Grievances.

Get more information about MA grievances in the Parts C & D Enrollee Grievances, Organization/ Coverage Determinations, and Appeals Guidance.

Resources

- Dually Eligible Beneficiaries Under Medicare and Medicaid booklet
- Internet-Only Manuals
- Local Coverage Determinations
- MA Plan Directory
- Medicare Coverage Database
- Medicare Managed Care Manual
- Medicare.gov
- Provider Enrollment and Certification