

OPINION

A gentle reminder to check-in

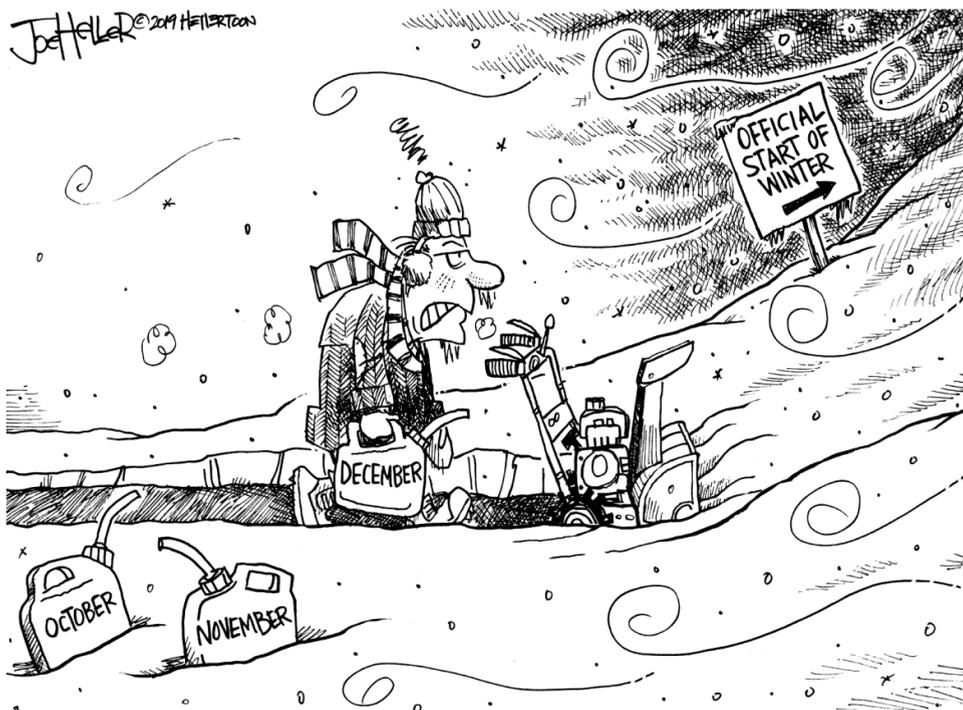
It's comforting to hear some say winter makes them happy because the holidays bring more family time or the snow blanketing the earth looks divine. It's soothing to me because it's a reminder to take in the season.

Yet, winter can still feel too dark for some of us. Dark because some are worried about getting the heating bill paid, the weather has been battering producers, or others are grieving the recent passing of a loved one.

Here's a gentle reminder to keep checking-in with family, friends, and neighbors if you haven't already. But also, check-in with yourself. Pay attention to how you feel when you wake up in the morning, on your drive to work, or when you get home after a long day, and how you're interacting with others. If something isn't quite right, make an effort to reach out if you need help. Your feelings are as important as anyone else's. You matter.



ARELY ANAYA
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Joe Heller © 2019 Heller/Icon

YOUR OPINION MATTERS!

WRITE US A LETTER



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ASK A TROOPER

Question: Can you give some advice on driving in fog? The fog became one car-length dense the other day and it became a dangerous situation.

Answer: Driving when the weather limits your visibility can be a challenge for all of us on the road. You can reduce your chances of being involved in a crash by eliminating distractions and by following a few safety tips.

Minnesota law states that every vehicle on a roadway shall display lighted headlights, lighted tail lamps, and illuminating devices from sunset to sunrise. The law also applies when it's raining, snowing, sleeting, or hailing and at any time when visibility is impaired by weather or insufficient light, at a distance of 500 feet ahead.

Basic automatic headlights work through sensors which detect how much light is outside. These sensors are located on the dash of the vehicle. The headlights turn on when the sensors detect a certain level of darkness or the level of ambient light.

The problem is there are limitations to automatic headlights. Sometimes they do not turn on during heavy



SGT. TROY CHRISTIANSON
MN State Patrol

rain, snow or fog, as the light sensor still detects some light.

Many drivers fail to physically turn on their headlights, which will also activate the rear taillights and marker lights. Some drivers assume the sensors will activate all of the vehicle's lights in reduced visibilities, but that is not always the case.

We recommend what's called the 3-second-plus following distance rule. Watch the vehicle in front of you. When that vehicle passes an object such as a sign, pole,

bridge, etc., count off three seconds. You should not arrive at that spot sooner than your count to three. If you do, you are following too close! Also, you must add one second for every hazard that exists. Hazards include, but are not limited to, heavy traffic, rain, snow, fog, driving into the sun, etc. In some cases you might have to allow six, seven, or even more seconds, to be safe because of existing hazards.

We also recommend when driving in dense fog, heavy rain or snow to drive in the right lane of a two lane roadway going in the same direction. In the event that a vehicle is traveling the wrong way, chances are that they will be in your left lane as they approach and pass by you.

When visibility is reduced, slow down, increase your following distances, manually turn on your lights and eliminate all distractions.

You can avoid a ticket — and a crash — if you simply buckle up, drive at safe speeds, pay attention and always drive sober. Help us drive Minnesota Toward Zero Deaths.

SAVVY SENIOR: WHAT TO DO WHEN MEDICARE TELLS YOU NO

Dear Savvy Senior,
How do I go about appealing Medicare when they won't pay for something that they covered in the past?
Rejected Rhonda

Dear Rhonda,
If you disagree with a coverage or payment decision made by Medicare, you can appeal, and you'll be happy to know that around half of all appeals are successful, so it's definitely worth your time.

But before going that route, talk with the doctor, hospital and Medicare to see if you can spot the problem and resubmit the claim. Some denials are caused by simple billing code errors by the doctor's office or hospital. If, however, that doesn't fix the problem, here's how you appeal.

Original Medicare Appeals
If you have original Medicare, start with your quarterly Medicare Summary

Notice (MSN). This statement will list all the services, supplies and equipment billed to Medicare for your medical treatment and will tell you why a claim was denied. You can also check your Medicare claims early online at MyMedicare.gov, or by calling Medicare at 800-633-4227.

There are five levels of appeals for original Medicare, although you can initiate a fast-track consideration for ongoing care, such as rehabilitation. Most people have to go through several levels to get a denial overturned.

You have 120 days after receiving the MSN to request a "redetermination" by a Medicare contractor, who reviews the claim. Circle the items you're disputing on the MSN, provide an explanation of why you believe the denial should be reversed, and include any supporting documents like a letter from the doctor or hospital explaining

why the charge should be covered. Then send it to the address on the form.

You can also use the Medicare Redetermination Form.

See CMS.gov/Medicare / CMS - Forms / CMS - Forms/downloads/CMS20027.pdf to download it or call 800-633-4227 to request a copy by mail.

The contractor will usually decide within 60 days after receiving your request. If your request is denied, you can request for "reconsideration" from a different claims reviewer and submit additional evidence.

A denial at this level ends the matter, unless the charges in dispute are at least \$160 in 2019. In that case, you can request a hearing with an administrative law judge. The hearing is usually held by videoconference or teleconference.

If you have to go to the next level, you can appeal to the Medicare Appeals Council. Then, for claims of at least \$1,630 in 2019, the final level of appeals is judicial review in U.S. District Court.

Advantage and Part D Appeals

If you're enrolled in a Medicare Advantage health plan or Part D prescription drug plan the appeals process is slightly different. With these plans you have only 60 days to initiate an appeal. And in both cases, you must start by appealing directly to the private insurance plan, rather than to Medicare.

If you think that your plan's refusal is jeopardizing your health, you can ask for a "fast decision," where a Part D insurer must respond within 24 hours, and Medicare Advantage health plan must provide an answer within 72 hours.

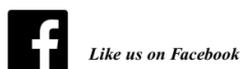
If you disagree with your plan's decision, you can file an appeal, which like original Medicare, has five levels. If you disagree with a decision made at any level, you can appeal to the next level.

For more information, along with step-by-step procedures on how to make an appeal, visit Medicare.gov and click on the "Claims & Appeals" tab at the top of the page.

Get Help
If you need some help contact your State Health Insurance Assistance Program (SHIP), which has counselors that can help you understand the billing process and even file your appeal for you for free. To locate your local SHIP, visit ShiptaCenter.org or call 877-839-2675. The Medicare Rights Center also offers free phone counseling at 800-333-4114.

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