

How to read your EOB



A UnitedHealthcare Company



PO BOX 30787 SALT LAKE CITY UT 84130-0787
1-888-200-1167
www.mchcp.org



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Page 1
Dist Code: MD

| | |
|------------------------|--|
| 1 Employee Name | JOE PATIENT |
| Employee Address | 123 ABC LANE ANYTOWN, MO 99999 |
| Member ID | 00000000 |
| Patient Name | JOE PATIENT |
| Notice Date | 03-18-16 |
| Employer Name | Missouri Consolidated Health Care Plan |
| Employer Number | 7670-00-410425 |

2

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: XYZ LAB

3 Patient Account:

4 Claim Control Number:

| Service Description | Dates of Service From: | To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Co-Pay Amount | Allowable Amount | % | Plan Benefit Amount | Amount Paid | Provider May Bill You |
|---------------------|------------------------|----------|---------------|--------------------|------------------|-----------------|---------------|------------------|-----------|---------------------|-------------|-----------------------|
| DIAGNOSTIC LAB | 01-14-16 | 01-14-16 | \$181.35 | \$90.67 | 908 | | | \$90.68 | 100 | \$90.68 | \$90.68 | |
| DIAGNOSTIC LAB | 01-14-16 | 01-14-16 | \$131.36 | \$115.09 | 908 | | | \$16.27 | 100 | \$16.27 | \$16.27 | |
| 5 | | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | | | | | | | | | | | | 16 |
| | | | Totals | \$312.71 | | \$0.00 | \$0.00 | \$106.95 | | \$106.95 | \$106.95 | \$0.00 |

17 Note Section

908 Provider negotiated discount. You are not responsible for this amount. Your Claim was processed at the In Network Level of Benefits.

18 Payment To: XYZ LAB

Payment Date: 03-07-16

Payment Amount:

\$106.95

| Benefit Period | Benefit Level | Applied To Date |
|----------------|---------------------------------------|-----------------|
| 01-01-16 | \$1,200 OUT NET IND CAL YR DEDUCTIBLE | |
| 01-01-16 | \$2,400 OUT NET FAM CAL YR DEDUCTIBLE | |
| 01-01-16 | \$600 IN NET IND CAL YR DEDUCTIBLE | |
| 01-01-16 | \$1,200 IN NET FAM CAL YR DEDUCTIBLE | |
| 01-01-16 | \$1,500 IN NET IND OUT-OF-PCKT | 19 |
| 01-01-16 | \$3,000 IN NET FAM OUT-OF-PCKT | |
| 01-01-16 | \$3,000 OUT NET IND OUT-OF-PCKT | |
| 01-01-16 | \$6,000 OUT NET FAM OUT-OF-PCKT | |

- 1** Member information used to process claim.
- 2** Health care provider that performed the services.
- 3** Account number assigned by the health care provider.
- 4** UMR claim control number
- 5** Services performed by the health care provider.
- 6** Dates(s) services were performed
- 7** Amount charged for the services by the health care provider.
- 8** Charges not allowed according to the Plan – See code in next column for explanation.
- 9** Refers to codes used to explain charges that were not allowed – see Note Section.
- 10** Allowable amount applied to the deductible.
- 11** Amount charged for your co-payment.
- 12** Charges allowed for payment – this is the difference between the “Amount Billed” and the “Amount Not Payable” and/or “Less Deductible” columns.
- 13** Percentage at which the Allowable charges are paid.
- 14** Amount payable by the Plan.
- 15** Amount that UMR paid to the provider.
- 16** Amount you are responsible to pay to the health care provider, if applicable.
- 17** Explains codes provided in the “See Note Section” column.
- 18** Member or provider to whom payment was issued.
- 19** Provides benefit period and benefit levels, amounts applied to individual/family deductibles, out-of-pocket and lifetime maximums, if applicable.

Continued on back...

Cover Page Explanations:

- 1 UMR toll-free telephone number for members to call with questions regarding the Explanation of Benefits.
- 2 Web address for members to access regarding eligibility and claim information.
- 3 Indicates the specific time frame for members to file appeals. Also indicates the member's right to file civil action.
- 4 Telephone number for members to call with questions regarding appeal.
- 5 Toll-free telephone number for members to call if they suspect illegal activity regarding claims.
- 6 Indicates the specific time frame for a member to file an appeal request using an external, independent, third party.



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DPSSSSPKG
JOE PATIENT
123 ABC LANE
ANYTOWN, MO 99999-9999



- 1 **QUESTIONS / CONCERNS** Contact 1-888-200-1167.
- 2 **INTERNET:** Online Services are available 24 hours a day at www.mchcp.org.
- 3 **APPEAL:**
You may file an appeal of the claim decision by sending a written request and pertinent information within 180 days from the date of this Notice to "**Claims Appeal Unit, P.O. Box 30546, Salt Lake City, UT 84130-0546**". Refer to your current benefit booklet for information on the appeal process. A printable appeal form may also be accessed at www.umar.com to attach to your request for appeal. You may supply additional information with your appeal. You may request copies (free of charge) of information relevant to your claim by contacting us at the above address.
- 4 **OTHER RESOURCES:**
For questions about your appeal rights, this notice, or for assistance, you can contact UMR, PO Box 30787, Salt Lake City, UT 84130-0787; call 888-200-1167, or visit www.umar.com, or contact MCHCP Member Services, PO Box 104355, Jefferson City, MO 65110-4355; call 800-487-0771 or visit www.mchcp.org. Additionally, a consumer assistance program can help you file your appeal. Contact the Missouri Department of Insurance, 301 W. High St., Room 830, Jefferson City, MO 65101; call 800-726-7390; visit www.insurance.mo.gov; or email consumeraffairs@insurance.mo.gov.
- 5 **HELP STOP FRAUD!** If you know or suspect any illegal activity concerning claims, contact our anti-fraud unit by calling 1-800-356-5803. You do not need to identify yourself.

Refer to your benefit booklet for more details on claim determination.

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6 Right to External Review

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

You may request an external review in writing by sending it electronically to <http://www.externalappeal.com>, by faxing it to 888-866-6190, or by mail to: HHS Federal Review Request, MAXIMUS Federal Services, 3750 Monroe Ave., Suite 705, Pittsford, NY 14534. If you have any questions or concerns during the external review process, you can call the toll-free number 888-866-6205. You can submit additional written comments to the external reviewer at 3750 Monroe Ave., Suite 705, Pittsford, NY 14534. If you submit additional information, it will be shared with UMR for reconsideration of the adverse benefit determination.

Notice of Privacy Act Rights:

In order to adjudicate an external review, the Office of Personnel Management (OPM) requires you to submit a form with your name, health insurance ID number, phone number and mailing address as well as your insurer's name and the claim number. Provision of this information is voluntary, but omitting any information that is necessary to decide your external review will mean that your external review will not be conducted.

OPM will use your information principally to adjudicate your appeal, provide you or your insurer with a record of the appeal, and general management of the appeals review system. OPM will use this information to initiate an external review of your adverse benefit determination or final internal adverse benefit determination, to determine whether you are eligible for external review, to decide your appeal, and to track and report on the external review program for the U.S. Department of Health and Human Services (HHS). Other possible routine uses of your records include the following: responses to Congressional inquiries initiated by you; for investigations of potential violations of law; for judicial or administrative proceedings where the Federal Government is a party to the administrative or judicial proceeding - to another agency, a court, an administrative body, or to the Department of Justice, when the information is arguably relevant to the proceeding; in the event of data breaches, for purposes of investigating the breach and mitigation response; to NARA or GSA for records management purposes; to program and policy staff within OPM for statistical and analytical studies or to assist in formulating health program changes; and topical issues.

HHS has the original authority to regulate insurance benefits appeals and to administer this program under Sections 2701 through 2763, 2791 and 2792 of the Public Service Act (42 USC 300GG through 300GG-63, 30GG-91, and 300GG-92), as amended. HHS has discretion under the Act in the manner in which it implements the external appeals process, and it has entered an agreement with OPM under the Economy Act, 31 U.S.C. Section 1535, to provide such services. Accordingly, OPM has authority to collect this information in order to administer external review on behalf of HHS.

Your social security number (SSN) may be disclosed to OPM on some of the documents that you, your healthcare provider, or your insurance plan may submit as part of an appeal to OPM. OPM will send a copy of any information you send to OPM to the Health Insurance Issuer that is involved in the relevant dispute. This may include documents containing your SSN. Your SSN may be needed to identify your unique records although disclosure of your SSN is not mandatory, failure to disclose it may prevent or delay the review of your claim. The authority for soliciting and verifying your SSN is Executive Order 9397.