

Understanding Your Explanation of Benefits

When you receive services from a provider, you or your provider must submit a claim for those services in order to receive reimbursement. EBMS handles the processing of those claims on behalf of your benefit plan. To make sure that the claim is paid correctly, EBMS uses numerous resources, including your plan document, billing practice resources, and claim payment practice guidelines. You and your provider will receive an Explanation of Benefits (EOB) notification of the outcome for the processing of the claim. Below is an example of the front page of a standard EBMS Explanation of Benefits. **The standard EOB includes additional information regarding your rights to appeal any final decision on the submitted claim.**

Employee Benefit Management Services
As Administered by EBMS
PO Box 21367
Billings MT 59104-1367

Forwarding Service Requested

*****SNGLP 630 1
1 1 SP 0-460
MARY SAMPLE
4321 MY STREET
BILLINGS MT 59999-9999

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service
If you have any questions, please call
800-777-3575
or visit www.ebms.com
Visit **miBenefits**
at www.ebms.com to receive
your EOB electronically!

**24/7 ACCESS TO ALL
CURRENT AND
HISTORICAL
CLAIMS INFORMATION
THROUGH MIBENEFITS**

Date: 9/4/2013
Employee: MARY SAMPLE
Division: BIL BILLINGS

TYPE OF CLAIM

Document #: 1324700004
Patient: MARY SAMPLE

Patient #: ID #: 999999999
Provider: PROVIDER NAME

Date(s) of Service	Nature of Service	Billed Amount	Discount / Adjustment	Ineligible Amount	Reason Code	Eligible Amount	Deductible Amount	Co-pay Amount	Paid At	Total Payable By Plan
09/01-09/01/2013	OFFICE VIS	\$350.00	\$0.00	\$70.47	1	\$279.53	\$0.00	\$0.00	100%	\$279.53
Column Totals		\$350.00	\$0.00	\$70.47			\$0.00	\$0.00		\$279.53

Patient's Responsibility: \$70.47
AMOUNT YOU MAY BE BILLED BY YOUR PROVIDER

Reason Code Description
1 - 999 - Amounts over usual, customary and reasonable (UCR) are excluded as defined by the plan. Please refer to the Plan Document.
2 - 800 - Provider of service does not participate in benefit plan's network.

DEDUCTIBLE INFORMATION
REASON CODE INFORMATION

Other Carrier Payment
Total Net Payment
THIS IS THE PAYMENT AMOUNT THE PLAN WILL MAKE TO YOU OR YOUR PROVIDER

Accumulators

Patient Medical Deductible Met to Date (PPO)	1250.00
Family Medical Deductible Met to Date (PPO)	2500.00
Patient Medical Out of Pocket Met to Date (PPO)	3000.00
Family Medical Out of Pocket Met to Date (PPO)	6000.00

*** Reflects accumulators as of this claim.
Please visit www.ebms.com or call for the most current accumulator total.

Payment Details

Paid To	Check No.	Amount
PROVIDER NAME	99999	\$279.53

**IF THERE IS NO CHECK, PLEASE REFER TO THE "PAYMENT" FIELD.
THE CHECK MAY HAVE BEEN SENT DIRECTLY TO THE PROVIDER.**

Appeal Language

THESE ARE YOUR RIGHTS TO APPEAL ANY FINAL DECISION ON THE CLAIM

Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact us at (800) 777-3575 if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to pay for an item or service (in whole or in part).

How do I file an appeal? You may submit an appeal letter with written comments, documents, records and other information regarding the claim within 180 days from the date of this notice. Direct your appeal to the Plan Administrator or Claims Administrator at: EBMS, Appeals Department, PO Box 21367, Billings, MT 59104. Your appeal should include, at a minimum, your plan name and ID number, your name and contact information, the claim number and the reason for appeal.

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When you receive an EOB, you may notice a message code located beside some of the charges in the ineligible column. Each of these codes will mean something different to the outcome of the claim. Some you will need to follow up on, some are the provider's responsibility, and others are related to the way the provider billed. Here is a list of the most frequently used message codes that you will see. If you see a message code on your EOB that is not listed below, please feel free to contact EBMS for additional clarification.

MED: The Plan has a provision relating to Medical Necessity. To apply the provision to your claim, we need medical records. The provider should have received a letter indicating the information needed. For further consideration, please provide the requested information within 45 days of this notice. If not provided within 45 days, this notice constitutes formal determination of the claim.

This message indicates that the services provided must be reviewed to make sure they are medically necessary. This is accomplished through a review of the medical records. EBMS uses standards of care and medical reviews to determine medical necessity. Your provider will typically respond with the needed information. However, if you choose, you may expedite the receipt of needed information by contacting your provider. The provider may then send the information to EBMS for proper processing of the claim.

SOT: The Plan has a provision relating to Medical Necessity. To apply the provision to your claim, we need the initial evaluation report from the speech or occupational therapy provider for this course of therapy. For further consideration, please provide the requested information within 45 days of this notice. If not provided within 45 days, this notice constitutes formal determination of the claim.

The message indicates that your Plan Document requires that the billed treatment must meet medical necessity, which is established by the evaluation. Your provider of the therapy will typically respond with the needed information. However, if you choose, you may expedite the receipt of needed information by contacting your provider.



The Benefit of Balance

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OIC: We are in receipt of correspondence that indicates that there may be other insurance coverage in place. In order to correctly apply this plan's coordination of benefits provision, an immediate update is required. A letter has been sent requesting specific information. Please provide this information within 45 days of this notice. If the requested information is not provided within 45 days, this constitutes formal determination of the claim.

This code will appear on your explanation of benefits when we have received information with a claim (such as an EOB from another insurance company) that indicates the possibility of other insurance.

EOB: The Plan has a provision relating to Coordination of Benefits. To correctly apply this provision to your claim we need a copy of your primary insurance plan's explanation of benefits. For further consideration, please provide the requested information within 45 days of this notice. If not provided within 45 days, this notice constitutes formal determination of the claim.

This message indicates that EBMS has a record of other insurance available that should pay this claim first. If that is not the case, please contact EBMS to update your other insurance record. There will be additional information necessary to process the claim, which may include the date the other insurance coverage terminated, reason for termination, and other

pertinent information. If you do have other insurance, please submit the EOB provided by the other insurance company. Your provider may also have a copy of this information. You or the provider may then send the information to EBMS for proper processing of the claim.

ITM: The Plan has a provision relating to how to submit a claim. In order to correctly apply this provision to your claim, we need an itemized bill for the above services. For further consideration, please provide the requested information within 45 days of this notice. If not provided within 45 days, this notice constitutes formal determination of the claim.

This message indicates that an itemization of the charges is needed to properly process the claim. Typically this is only necessary for claims that have billed charges over \$25,000. Your provider will typically respond with the needed information. However, if you choose, you may expedite the receipt of needed information by contacting your provider. The provider may then send the information to EBMS for proper processing of the claim.

To access an electronic version of your EOB, visit EBMS' online claims portal, miBenefits, at www.ebms.com.

**Questions regarding your EOB?
Call 1-866-XXX-XXXX.**