



'Care Share

Understanding the Medicare Advantage Explanation of Benefits (EOB)

There is a multitude of information available to help you understand how to read a Medicare Summary Notice, however not as much on Medicare Advantage EOBs. There are many reasons to read your Medicare and Medicare Advantage statements thoroughly, and one is to ensure your services are charged and are charged correctly. If you aren't charged correctly and don't notice it, you could end up surprised a year or more later to receive a collections notice for an unpaid bill.

The following is an excerpt from the Medicare Rights Center, Medicare Minute Teaching Materials.

What is an Explanation of Benefits (EOB)?

An Explanation of Benefits (EOB) is the notice that your Medicare Advantage Plan or Part D prescription drug plan typically sends you after you receive medical services or items. You only receive an EOB if you have a Medicare Advantage Plan or a Part D prescription drug plan. An EOB is not the same as a Medicare Summary Notice. It is also important to remember that an EOB is not a bill.

EOBs are usually mailed once per month. Some plans give you the option of accessing your EOB online. Your EOB is a summary of the services and items you have received and how much you may owe for them. It tells you how much your

provider billed, the approved amount your plan will pay, and how much you have to pay the provider.

While all EOBs provide the same information, the layout and other specifics may vary by plan. If your EOB shows that an item or service is not being covered, look for a section that includes notes, comments, footnotes, or remarks to find out the reason why. There will also be instructions about how to file an appeal.

Contact your plan if you have any questions about your EOB. You should also contact your plan for more information if any of your services or items were not covered. You may decide to file an appeal, depending on what your plan tells you. If you need assistance filing an appeal, you can contact your local SHIP at 1-800-551-3191 in Montana.

Try to save your EOBs until you have reconciled every service paid with a provider bill. You might need them in the future to prove that payment was made if a provider's billing department makes a mistake or if you claimed a medical deduction on your taxes. If you lost your EOB or you need a duplicate copy, call your MA or Part D plan.

Why would my EOB or MSN say I am responsible for a charge?

There are a few reasons that your MSN or EOB may say you are responsible for a charge. Remember, MSNs and EOBs are not bills. If you still owe anything, you should receive a bill directly from your doctor or other provider who performed the service.

Some reasons you may be responsible for a bill include:

- You have not yet reached your deductible, the amount you must pay for health care expenses before your health insurance begins to pay. Once you reach your deductible, your plan will begin paying for part or all of the covered services.
- You owe a copayment, or copay, which is a set amount that you pay each time you receive a service. You may have already paid this when you were leaving the doctor's office.
- You are responsible for a coinsurance, which is a percentage of the cost of an item or service you received.
- Medicare or your plan is denying your coverage. If you are denied coverage for a service that you believe should have been covered, you should appeal this decision.
 - Your MSN or EOB will include notes that explain the reason that Medicare coverage of an item or service was denied. A common explanation for denial based on medical necessity, for example, is "The information provided does not support the need for this service or item." When you appeal, you and/or your provider will need to understand and address the reasons for denial.
 - The final page of your MSN or EOB should include instructions for appealing this decision. For more assistance with appealing, you can contact your SHIP.

How can I use my MSN or EOB to protect myself against Medicare fraud?

Medicare fraud occurs when someone knowingly deceives Medicare to receive payment when they should not, or to receive higher payment than they should. A provider commits fraud if they knowingly:

- Bill Medicare for services you never received
- Bill Medicare for services that are different from the ones you received (usually more expensive)
- Continue to bill Medicare for rented medical equipment after you have returned it
- Offer or perform services that you do not need in order to charge Medicare for more services
- Tell you that Medicare will pay for something when it will not
- Use another person's Medicare number or card

Since your MSN and/or EOB lists all of the items and services for which your provider billed Medicare or your Medicare health or drug plan, you can use it to ensure that they are only billing for the procedures you actually received. Keep a calendar or list of your doctors' appointments and services and check it against your MSN or EOB when you receive it. If there are any services listed that you did not receive, or any providers whose names you do not recognize, you should call the provider's billing department right away to check if an error has been made.

You can also compare your EOB or MSN with bills you have received from or amounts you have paid at your pharmacy or provider's office. If your provider charged you for more than the amount listed in the "maximum you may be billed" section of your MSN or the "Your Share" section of your EOB, you should contact your provider's office or your plan to see if there has been a mistake.

To report fraud, contact 1-800-MEDICARE and **Montana SMP at 1-800-551-3191.**

The Senior Medicare Patrol (SMP) helps to educate Medicare beneficiaries about ways to prevent, detect, and combat Medicare fraud. For more information about Medicare fraud, visit the Stop Medicare Fraud website at www.stopmedicarefraud.org.