

Technical Requirement for Explanation of Benefits
Effective 10/1/12

Attachment P 6.3.2.1.B.ii is a model for PIHP's to utilize for the Explanation of Benefits requirement in Section 6.3.3 of the Contract. The following guidelines were developed to assist PIHPs:

1. The PIHP must ensure that the most complete picture of services be provided to the Consumer.
2. For the "Service Description" – The intent of the EOB is not to use specific procedure or diagnosis codes but rather a description of the service that is understandable for the consumer.
3. The EOB would include all services over a select or standard date range. The list could include services from many providers on a single document. Some services would be limited to a specific date. Some services would cover a range of dates. Other services are individually provided as encounters but occur multiple times over the selected date range. These could be grouped together with a first and last date of service. The last column reflects the count of these services (unique dates of services – encounters).
4. The "Unique Dates of Services" column interprets the services in each line into a count of unique encounters. This is NOT a unit count. For example:
 - a. Inpatient Community Hospital – Each stay is uniquely identified as a separate row in the EOB. The "Unique Dates of Services" will be the equivalent of the length of stay for that inpatient episode.
 - b. Partial Hospitalization is typically referred over a date range but the actual encounters may not be contiguous. In this case the "Unique Dates of Services" would indicate the count of encounters.
 - c. Specialized Residential – This would be the total count of days in Specialized residential over the time period.
 - d. In the case of other common services, the "Unique Dates of Services" is a total of all of those encounters over the EOB time frame.
5. It is recommended that the PIHP coordinate the development of a cover sheet introducing the documents.

PIHP :

EXPLANATION OF BENEFITS

CONSUMER NAME STREET ADDRESS CITY, STATE ZIP CODE	Your Medicaid # Your Consumer ID:
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THIS IS NOT A BILL – KEEP this notice for your records

SERVICES PROVIDED FROM:

THROUGH:

Service Provided By	Dates of Services	Service Description	Unique Dates of Service

General Information:

This list of services may not be a complete list as some services may not have been added to the chart prior to the running of this report.

You have the right to make a request in writing for an itemized statement which details each service you have received from your service provider. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you have received with those that appear on this Medicaid Summary Notice. If you have questions, call your service provider. If you feel further investigation is needed due to possible fraud and abuse, call the phone number in the Customer Service Information Box.

CUSTOMER SERVICE INFORMATION

If you have questions, please contact us at:

TTY for Hearing Impaired:

Or write to us at:

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IMPORTANT INFORMATION ABOUT YOUR SERVICES

WHEN OTHER INSURANCE PAYS FIRST: All services are covered on the condition that you have no other insurance or your insurance will pay for the services first. Type of insurance that should pay first include Medicare, any health plans, no-fault insurance, automobile medical insurance, liability insurance and worker’s compensation. Notify your provider right away if you have filed or could file a claim with your insurance.

HELP STOP MEDICAID FRAUD: Fraud is a false representation by a person or business to get Medicaid payments. Some examples of fraud include:

Offers of goods or money in exchange for your Medicaid Number.

Telephone or door-to-door offers for free medical services or items.

Claims for Medicaid services/items you did not receive.

If you think a person or business is involved in fraud, you should call the Customer Service telephone number listed in the “General Information” Section of this Summary of Services