Be prepared by catching red flags

EOB DECODER

EOB Decoder Guide

The EOB is your Explanation of Benefits and is provided to you by your insurance company after they receive and process a claim from a provider. The purpose of this EOB Decoder Guide is to show you the steps to take to successfully read your EOB, determine if there are errors and prepare for a potential balance bill.

The guide shows at a high level what you should be thinking about and doing and offers links to our other worksheets for deeper analysis or step by step calculations.

Your EOB is your first look at how medical claims were processed and includes the amount your doctor or facility are charging, the amounts covered under your specific health plan, the amounts you owe as part of your deductible, co-pay or co-insurance and any remaining amount which could result in a balance bill.

The EOB is not a bill itself, but can provide you with clues on if a bill is coming your way.

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Understand your EOB

1 — Check the basics

80% of EOB's contain a mistake, yours could too! Use Naviguard's EOB Investigation Tool.

Is the provider/facility correct?
Is the service correct?
Are the dates of service correct?

I found an error

If you found an error, get it fixed

Call your provider right away so they can fix your claim and resbmit it to your insurer. There is plenty of time to do this. You don't have to pay anything until this gets fixed.

My EOB is correct

2 — Find Out of Network Items

Remarks, notes or comments listed by the Provider will tell you if this service is considered out-of-network.

Were you expecting to see an out-of-network provider or facility? Use Naviguard's EOB Investigation Tool to track multiple provider EOB's for the same appointment.

I am surprised by an out of network claim

Understand the cause

Some common issues that may cause claims to be processed out-of-network:

1. An appropriate referral was missing
2. An out-of-network provider submitted a claim before your in network facility did – if the facility is in-network often times that triggers the provider to also be in-network.
3. It was an emergency situation but was processed as a non-emergency.

Call the number on the back of your insurance card and ask them to explain your EOB. Let them know your concerns over why a provider/facility is showing up as out-of-network.

Yes, I was expecting an out of network claim

3 — Understand the Calculations

You want to be able to understand the math on your EOB. Use Naviguard's EOB Confirmation Worksheet.

The Charged Amount
The Allowed Amount
The Patient Responsibility

Confirm the math on your EOB

The Charged Amount

The amount the doctor or facility is charging for the service performed

The Allowed Amount

Amount covered by your plan – a combination of what insurance pays and what you pay based on your plan responsibility

```
    Your applied deductible
+   Co-pay
+   Co-insurance
+   Amount paid by insurance
=   ALLOWED AMOUNT
```

The Patient Responsibility

Amount you may pay based on your plan responsibility:

```
    Your deductible
+   Co-pay
+   Co-insurance
+   (Charged Amount - Allowed Amount)*
=   PATIENT RESPONSIBILITY
```

*possible balance bill amount for out-of-network claims.

What next? Read on.

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Take Action

Taking action now on any mistakes or information you find confusing could prevent a billing mistake. Contacting your provider or insurer with questions now allows for the claim to be re-processed ahead of receiving a bill.

Did you find a mistake?

If you see a mistake, call for a correction before the bill is generated!

What happened?	Resolve it!
☐ I think the out-of-network claim is incorrect	Call insurance
☐ My plan benefits were applied incorrectly	Call insurance
☐ I think I am missing a referral	Call provider

Are you in risk of receiving a Balance Bill?

If your patient responsibility was greater than the combination of your deductible, co-insurance and co-pay, and this was from an out of network provider, you may be at risk of receiving a balance bill. If you do, check out Naviguard's Balance Bill Challenger to learn more about how you can further validate your bill and learn more about your options, including using our Naviguard's Balance Bill Negotiation Quick Guide for tips on how to eliminate or reduce the amount due.

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EOB Investigation Worksheet

The purpose of this Investigation worksheet is to help you spot basic errors and to help you get organized if your encounter or procedure involved multiple providers and facilities who may submit separate claims.

Often your encounter involves what we call "dowstream" services, performed by providers such as anesthesiologists, pathologists, surgical assistants and so on. You might not think they are separate from your main provider, but oftentimes they are and they will bill your insurance separately.

Use this worksheet to confirm the basic information about your encounter and as a tool to track other EOB's you may receive.

The timing of claims submissions from all the providers and facilities is important also, especially as it relates to out-of-network claims processing.

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EOB Investigation Grid

EOB's and bills can be generated separately for each provider, service and facility involved in your treatment. Think about what happened that day and determine if this EOB covers the whole event, or if more are on the way.

Confirm the following on your EOB:	
Date of Service	
Patient	
Name of the Provider you saw	
Where did the service take place?	
What was the appointment/procedure for?	

Does the information on this EOB match what you remember? If not, could it be related to a downstream service (see below)? If you are not sure, call you insurer (the number on the back of your insurance card).

Often times your appointment or procedure involves downstream providers that you might not see or interact with. They are still part of your overall service and can bill you separately. Check to see if you can expect more EOB's for some of these other services!

What is the possible out-of-network impact?	EOB Received? Y/N	Provider Network Status	
Did you leave a **sample**? Possible impact: **LABORATORIES**		IN	OUT
Did you have a **biopsy**? Possible impact: **PATHOLOGY**		IN	OUT
Did you receive **anesthesiology**? Possible impact: **ANESTHESIOLOGY**		IN	OUT
Did you get **scanned**? Possible impact: **RADIOLOGY**		IN	OUT
Did you go **somewhere else**? Possible impact: **OUTSIDE FACILITY**		IN	OUT

*Depending on the **relationship between the service providers and the medical system,** you may get a single EOB with multiple CPT codes covered. Or you might get a lot separately!*

Order Matters! *If you were seen at an in-network facility but are receiving an EOB from an out-of-network downstream provider it could be that the provider submitted their claim to insurance first and therefore it did not process correctly. Call your insurance company to see if re-processing the claim is an option.*

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EOB Confirmation Worksheet

The purpose of this worksheet is for you to work through the calculations on your EOB to make sure your benefits have been applied correctly and you understand where you stand on the potential patient financial responsibility.

Breaking down the calculations will help you understand what your health insurance plan covers and how to apply your deductible, co-pay and co-insurance. It can also help you prepare and plan for a balance bill If the Charged Amount is greater than the Allowed Amount.

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Introduction

A balanced bill can come months after your EOB, looking for red flags now can help you be prepared later.

Remember, you could get an EOB from every provider, lab, facility or specialist (like radiology) who was involved in your care.

First the simple stuff!

Check for the following:

☐	The provider/facility is correct. *Tip! If you don't recognize the provider or facility – just give them a call. It could be your labs were sent off-site or a provider resource was brought in to support your procedure.*
☐	The dates of service are correct.
☐	The service is correct.
☐	Is this an out-of-network claim. *Tip! The remark code, or notes may indicate if this was processed as out-of-network.*

The more complex stuff… check the math!

Stuff you should know: *Tip! Check your policy or call the # on the back of your insurance card*				
☐ % of co-insurance *Tip! This may be different for in-network or out-of-network events*		% IN		% OUT
☐ $ co-pay *Tip! This may be different for in-network or out-of-network events*	$	IN	$	OUT
☐ Remaining deductible *Tip! This may be different for in-network or out-of-network events*	$	IN	$	OUT

Step 1: How much does the provider expect to get paid?

Find this information on your EOB

	Charges or Amount Claimed
–	Discounts or Provider Responsibility
=	**Total amount the provider wants** *Tip! For in-network providers this should be what your plan allows*

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Step 2: How much will insurance cover?

Tip! If you have out-of-network coverage it may not pay at the same rate as in-network.

	If you do not have any out-of-network coverage then your plan is out! [1]
	The Allowable amount is typically what is owed to the provider based on your plan [2]
−	Your co-insurance amount (%) (allowed amount * co-insurance %)
−	Your remaining deductible amount
−	Any co-pay $
=	What your insurance company is responsible for paying your provider.

[1] Your plan may pay zero if your deductible, co pay and coinsurance cover the allowed amount.
[2] If you don't see an Allowed Amount on your EOB, you can calculate it by adding up your applied deductible, co pay, coinsurance and the amount paid by insurance

Step 3: How much do you owe?

	Locate the Allowed Amount
	Apply your co-insurance % (if you have one)
+	Apply your remaining deductible
+	Apply any co-payment
=	Patient Responsibility
	For in-network claims, does this match the patient responsibility amount

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Step 4: For out-of-network claims, it's a bit more tricky

For out-of-network claims you may own an additional amount because there is no negotiated rate between your provider and insurance company. If your provider charges more than the allowed amount, that is the patient's responsibility.

Find this information on your EOB		
		Amount provider wants to get paid (charges – any discounts)
–		The Allowed amount
=		Equals the potential additional patient responsibility (balance bill)
+		Your deductible, co-pay and co-insurance
=		Potential total patient responsibility from this bill

This isn't a bill yet, but unless there are additional discounts applied by your provider this is the amount you may be expected to pay.

Call your insurer if you think your benefits were applied incorrectly.

"Hello, I just got an EOB for an out-of-network provider but I believe this was in-network. Can you help me understand?"

- You thought you were using an in-network provider, facility or service.

Call your provider if:

- You think there are mistakes or you have questions with the services and amounts outlined in the EOB

- You think there might be a missing referral causing a higher billed amount

- You have an unexpected patient responsibility amount (beyond your insurance policy responsibilities) and want to know if additional discounts are going to be applied.

- You have an unexpected patient responsibility and you have questions on the billed amount and comparables within your market.

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Get your head in the game

- Stay calm and focused when calling your insurer or provider. Your goal here is to get clarification and explanations of information on your EOB.

- When you call be clear you are asking about the EOB you received. Make sure to have the date of service and service type at your fingertips. *"Hello, I am calling with questions regarding an EOB I received, can you please direct me to someone who can help me?"*

- You can always ask for a general overview of the EOB, or you can ask spefic questions from your EOB review.

- Be prepared to talk to more than one person, especially if you have specific questions.

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