

MCOs are required to notify enrollees of denials of payment. The Department had a waiver for this requirement for many years but we no longer do.

10.09.71.04 E Requires written notice of any action, action is defined as

(3) "Action" means:

(a) Denial or limited authorization of a requested service, including:

(i) The type or level of service;

(ii) Requirements for medical necessity;

(iii) Appropriateness;

(iv) Setting; or

(v) Effectiveness of a covered benefit.

(b) Reduction, suspension, or termination of a previously authorized service;

(c) Denial, in whole or part, of payment for a service;

(d) Failure to provide services in a timely manner;

(e) Failure of an MCO to act within the required time frames; or

(f) The denial of an enrollee's request to dispute a financial liability, including:

(i) Cost sharing;

(ii) Copayments;

(iii) Premiums;

They also have the option to use our model notice (*see attached*)

Priority Partners notice sent to their enrollee:



Understanding the Explanation of Benefits (EOB)

This year, Priority Partners members will begin receiving Explanation of Benefits (EOB) statements in the mail. So what is an EOB?

The first thing to know is that an EOB is not a bill. They are not asking for payment. An EOB tells the member what services they received and what their coverage was for the services. It provides information about how much a service cost and how much Priority Partners paid for the service.

This information helps members keep records of the services they have had and helps them understand how those services are covered and paid for. Any time a Priority Partners member receives health care, they will receive an EOB in the mail.

If you have any questions about an EOB, please call our Customer Service at 800-654-9728.

The EOBs from Priority Partners will look similar to this:

PRIORITY PARTNERS
 9794 Gatta Court
 Glen Burnie, MD 22188

Patient Name
 Patient Address1
 Patient Address2
 Patient City, State Zip

Your Explanation of Benefits

Customer Service Information:
 Phone: (410) 424-6000
 Fax: (410) 424-4885
 Website: www.ppmco.org

For more information on your coverage, log into your HealthLink@Hopkins account www.ppmco.org

THIS IS NOT A BILL. YOU CANNOT BE BILLED FOR THE BALANCE OF ANY COVERED SERVICE

Date of EOB Notice: 02/01/2018

Member Name: Patient Name		Member ID: 12113175		Member DOB: 12/14/1961								
Provider Name: Submitting Provider Name		Provider ID Number: 123456										
Claim # 123456789												
Date of Service / Line Item / Description	Billed Amount	Allowed Amount	Allow. Maximum	Not Covered	Deductible	Co-pay / Copayment	Other Ins. Paid	Member Liability	Discount	Paid Amount	Remarks	
2/8/2017-2/8/2017	100.00	444.00	50.00	444.00	0.00	0.00	0.00	444.00	0.00	0.00	8000	
Line 1 - MEDICAL SERVICES												
1/8/2017-1/8/2017	90.00	90.00	22.00	90.00	0.00	0.00	0.00	90.00	0.00	0.00	9000	
Line 2 - RADIOLOGY/IMAGING												
TOTALS			70.00	524.00	0.00	0.00	0.00	524.00	0.00			
										Amount Owed to Provider: \$24.00		