

Information partners can use on:

## Helping people with Medicare Part C & Part D understand their “Explanation of Benefits” (EOB)

### What’s the Part C EOB?

The Part C Explanation of Benefits (EOB) gives Medicare Advantage (MA) enrollees clear and timely information about their medical claims to support informed decisions about their health care options. **The Part C EOB isn’t a bill.**

### What does a Part C EOB include?

- Clear contact information for member services
- Instructions on how to report fraud
- Language about denied claims and appeals
- Detailed claims information for all Part C claims (Part A and Part B covered services, including Part B drug coverage, preventive services, mandatory supplemental benefits, and optional supplemental benefits) processed during the reporting period
- Clear information about the plan’s maximum out-of-pocket (MOOP) spending limit
- The enrollee’s accumulated out-of-pocket costs to date in relation to their plan’s MOOP
- Detailed description of the plan’s deductible(s)
  - As applicable: totals for the month
  - Totals for the quarter (if the enrollee’s plan sends EOBs on a per claim basis, rather than on a monthly schedule)
  - Totals for the year
  - Member out-of-pocket spending totals

## When do enrollees get a Part C EOB?

MA plans are required to give EOBs to their enrollees. MA plans have a choice between sending EOBs out to their enrollees monthly **or** on a per claim basis, with additional quarterly summary statements. Individual providers aren't required to send EOBs.

### MA plans aren't required to send EOBs in specific circumstances, including:

- To enrollees who haven't had claims activity during a reporting period
- To dual eligible members
  - "Dual eligibles" are eligible for both Medicare and Medicaid.
  - People who have Medicare and full Medicaid coverage are likely to have most of their health care costs covered.

## What should enrollees do with the Part C EOB?

### Check for mistakes

Enrollees should keep their EOBs for their records and check them for accuracy. The easiest way to do this is to save their receipts and check them against the claims listed on their EOB. If they have questions, find mistakes, or want to file an appeal, they can contact their plan. State Health Insurance Assistance Programs (SHIPs) can help with filing an appeal. SHIPs also provide free health insurance counseling and personalized help. To get the most up-to-date SHIP phone numbers, visit [shiptacenter.org](http://shiptacenter.org) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Senior Medicare Patrol (SMP) programs can help if an enrollee suspects mistakes or fraud. To locate the SMP program in their area, they can use the SMP locator at [smpresource.org](http://smpresource.org), or call 1-877-808-2468. If they suspect Medicare fraud, they can also call the Medicare Drug Integrity Contractor (MEDIC) at 1-877-7SAFERX (1-877-772-3379).

### Check their deductible and maximum out-of-pocket (MOOP) information

Plan deductibles must be clearly presented, so the enrollee can track their progress toward satisfying their required deductibles. Both plan level and service category deductibles must be clearly identified.

The plan's MOOP amount must be stated. Each EOB must present an accounting of the dollar amount the enrollee has spent on deductibles and other cost sharing in relation to the plan's MOOP. If the plan excludes cost sharing for supplement benefits from counting toward the MOOP, a listing of the excepted items and services must be presented in each EOB.

## Where can I or others go for more information about the Part C EOB?

If you have questions or concerns about the EOB, contact the MA plan's member services number found on the EOB.

## What's the Part D EOB?

The Part D EOB provides enrollees in Medicare Prescription Drug Plans with clear and timely information about any prescriptions filled during a month that's covered by the enrollee's prescription drug plan. This includes information about the enrollee's current Part D drug payment stage—which determines how much they will pay for Part D prescription drugs. **The Part D EOB isn't a bill.**

## What does a Part D EOB include?

- A summary of the claims processed during the monthly reporting period, including the name(s) and cost of drug(s)
- A summary of payments made by the enrollee (out-of-pocket), the plan, and other programs or organizations (if applicable)
- Information about the enrollee's current drug payment stage (deductible, initial coverage, coverage gap, or catastrophic coverage stage)
- A record of the enrollee's total out-of-pocket costs and total drug costs transferred from their previous plan(s) (if they changed plans during the year)
- Any adjustments for that plan year (like for a reversed claim or wraparound payment) or corrections (like a clerical error) to an enrollee's total out-of-pocket costs and total drug costs that aren't shown in a previous EOB (if applicable), like:
  - As applicable: totals for the month
  - Totals for the year
  - Enrollee out-of-pocket spending totals
  - Any updates to the drug plan's formulary that will affect the drugs an enrollee is currently taking (if applicable)
  - Contact information for member services
  - Language instructing enrollees about reporting fraud
  - Language informing enrollees about what to do if they disagree with the plan's coverage decision or if they think their EOB is wrong

## **When do enrollees get a Part D EOB?**

Enrollees should get an EOB by the end of the month, following the month they fill a prescription using their drug plan coverage. For example, if an enrollee fills a prescription in June using their drug plan coverage, they should get an EOB by the end of July.

## **The Part D EOB reports claims for drugs covered by the prescription drug plan**

The Part D EOB includes all drugs covered by a particular prescription drug plan. It doesn't include information on drugs or supplies covered by Part A and/or Part B (Original Medicare) or covered by a Medicare health plan (like a Medicare Advantage plan).

## **What should enrollees do with the Part D EOB?**

### **Check for mistakes**

Enrollees should keep their EOBs for their records and check them for accuracy. The easiest way to do this is to save their receipts and check them against the claims listed on their EOB. If they have questions, find mistakes, or want to file an appeal they can contact their plan. State Health Insurance Assistance Programs (SHIPs) can help with filing an appeal. SHIPs also provide free health insurance counseling and personalized help. To get the most up-to-date SHIP phone numbers, visit [shiptacenter.org](http://shiptacenter.org) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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### **Monitor spending at different stages in coverage**

The EOB provides monthly and year-to-date summaries of an enrollee's drug plan costs. These summaries include a breakdown of the drug plan costs paid during each drug payment stage. This helps enrollees know how much they have left to pay in their current drug payment stage before they move to the next stage.

## **Check for updates to their plan's formulary**

When a plan changes its formulary and the change will affect an enrollee's coverage or cost, their EOB will have information about the change. Plans may remove drugs from their formularies, change a drug's formulary tier, and/or add rules about if and when the plan covers certain drugs throughout the year. Some changes won't affect an enrollee's coverage for a particular drug for the rest of the year. Other changes are effective 60 days after an enrollee gets notice of the change.

The EOB provides information on options enrollees have, including talking to their doctors to find out if they can take other covered drugs instead, or requesting an exception to the plan's coverage change. The EOB includes more information on what an enrollee can do if he or she has a question about updates to their plan formulary.

## **Where can I or others go for more information about the Part D EOB?**

If you have questions or concerns about the EOB, contact the drug plan's member services number found on the enrollee's EOB.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html](https://www.medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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