CMS 批准的 C 部分福利說明範本

HMO，季度摘要版本

# General Instructions

This is a Centers for Medicare and Medicaid Services (CMS) approved Part C Explanation of Benefits (EOB) template. CMS views Part C EOBs as ad-hoc information materials; therefore, they are not subject to CMS review and approval. However, CMS reserves the right, as with other ad-hoc communication, to request and review a sample of the materials to ensure compliance with our requirements.

* Organizations that choose to send per claim EOBs must also send this quarterly summary document to non-dual eligible members.
* Plans are not required to send an EOB to dual eligible members.
* Plans are responsible for ensuring that members receive appeal rights within the timeframes specified by CMS. If notification with an EOB would hinder the plan’s ability to provide timely notification, it must be delivered separately, within the required timeframes specified in the MA program regulations.
* The quarterly EOB must be sent to members each quarter there is claims activity, whether or not there is member liability.

**HPMS submission:**

* All plans may be required to submit a Part C EOB to HPMS. CMS will provide more information when available.

Format Instructions

* Organizations that choose to send per claim EOBs may use their own format for those.
* Minor grammar or punctuation changes, as well as changes in font type or color, are permissible.
* Text and numbers must be in font size 12 or larger.
* With the exception of charts, which should generally be in landscape formation, either landscape or portrait may be used.
* With the exception of the chart that gives the details on claims, the remaining sections of the document are to be formatted as two-column or three-column text (the main title of a section may extend beyond the first column) to keep line lengths easy to read. Plans may adjust the width of the columns in the template.
* The document may be printed double-sided and, in lieu of a paper mailing, may be sent electronically to members who elect the paperless format.
* The document must have a header or footer that includes the page number. In addition, if desired, plans may also include any of the following information in the header or footer: member identifiers, month and year, title of the document.
* Charts that continue from one page to the next should be marked with “continue” at the bottom on the page that continues. In an actual EOB, rows of a chart should not break across the page. Note: in the template language in this document, rows sometimes break across a page because of the instructions and substitution text.

Content Instructions

* CMS encourages MAOs to use the HCPCS code descriptors and American Medical Association’s CPT code descriptors, followed by the HCPCS or CPT billing code shown in parentheses. Other appropriate billing codes, such as ADA approved dental codes, Medicare revenue codes for in-patient facility claims, and other widely recognized code descriptors may also be used.
* When providing claim information, plans may use date ranges to combine multiple occurrences of a service or item into a single row.
* All claim information provided in the EOB must be HIPAA compliant to protect member health information.

Claims that must be included within the EOB:

* Plans must include all Part C claims processed during the reporting period, including all claims for Part A and Part B covered services, mandatory supplemental benefits, and optional supplemental benefits. If applicable, claims for optional supplemental benefits are to be displayed separate from medical and hospital claims. Information for all claims includes: billing codes and descriptors, amount providers have billed the plan, total cost (amount the plan has approved), plan’s share, and member’s share (your share). Any benefit information that cannot be included timely must be accounted for in a subsequent reporting period.
* For plans that need additional time to develop systems for obtaining cost information from capitated entities, we are delaying until January 1, 2015 the required implementation of reporting that information in the “Total cost” and “Plan’s share” columns of the templates. In lieu of dollar amounts in the “Total cost” and “Plan’s share” columns, plans may use the following sentence: “This rate has been pre-negotiated. For more information, please contact your health care provider.”

Instructions within the template:

* All black text is required information that must be included as shown in the attached EOB template.
* Italicized blue text in square brackets is instruction and guidance specifically for MA plans. This information is not to be included in the beneficiary’s EOB.
* Non-italicized blue text in square brackets is text to be inserted as applicable.
* The first time the plan name is mentioned, the plan type designation (i.e., HMO, PPO, etc.) must be included.
* When instructions say “*[insert month]*”, use a format that spells out the full name of the month, e.g., “January.”
* Plans should make every effort to use a reporting period that aligns with a complete calendar month, however, if your plan uses a reporting period that does not correspond exactly to a calendar month, you may substitute the date range for your reporting period (e.g., “1/1/12 to 2/3/12” OR “January 1 – February 3, 2013”) whenever instructions say to “*[insert month] [insert year]*.”

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| [*Insert start month for reporting period*] 至 [*Insert end month for reporting period*] *[insert year]* 您的醫療和醫院賠付的自付費用摘要  適用會員 *[insert member name]*  *[If desired, plans may also insert a member ID number and/or other member numbers typically used in member communications.]*  **此報告並非賬單：**   * 此份報告顯示了我們已處理賠付的總額。它說明計劃已支付了什麼以及您已支付了多少自付費用（或預計將收取哪些費用）。 * 如果您欠付任何費用，您的醫生及其他醫療服務提供者會向您寄送賬單。 * 此報告僅涵蓋醫療和醫院護理。 *[MA-only plans omit the next sentence.]* 我們將單獨寄送 D 部分處方藥報告。 * 如果您發現可能是虛假賬單的可疑情況，您可以隨時致電 1-800-MEDICARE (1-800-633-4227) 報告。（聽障人士可致電 1-877-486-2048。）   *[Plans may include the member’s mailing address on this cover page.]* |  | [Insert plan name and/or logo]  *[Insert Federal contracting statement]*  *[Plans may insert their Web site URL]* |
|  |
| *[Insert plan name]*會員服務部  如您有疑問，請致電我們：*[Insert phone number]*  我們可隨時提供幫助*[insert days and hours of operation]*。  僅聽障/語障人士可致電：*[Insert TTY/TDD number]* *[Plans may insert other Member Services numbers, e.g., a Spanish customer service number]*  --------------------------  [*Plans that meet the 5% threshold, insert:* This information is available for free in other languages. Please contact Member Services at the number above.] 會員服務部[*plans that meet the 5% threshold, insert:* also]為不說英語的人士提供免費的翻譯服務。  *[Plans that meet the 5% threshold, insert the disclaimer about the availability of non-English translations in all applicable languages.]* |
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| 在此提供之福利說明為簡易摘要，並非完整之福利敘述。如需更多資訊，請聯絡本計劃。*[Omit terms in the following sentence that are not applicable to the plan:]*福利、處方藥一覽表、藥房網絡、醫療服務提供者網絡、保費、共付額和共同保險每年都可能有所變化。  *[Insert material ID]*已接受 |

*[In the “totals” section, plans must insert the total amounts for all claims for Part A and Part B services and mandatory supplemental benefits. Amounts for claims for optional supplemental benefits should be excluded from the totals section.]*

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| **總計**  **適用於醫療和醫院賠付** | 提供者  向計劃  收取的金額 | 總費用（計劃已批准的金額） | **計劃應支付** | **您應支付** |
| **本季度總額**（對於從 *[insert reporting period start date]* 至 *[insert reporting period end date]* 處理的賠付） | $*[insert total billed amount for the reporting period]* | $*[insert total approved amount for the reporting period]*  *[Plans with capitated arrangements prior to January 1, 2015 may insert:* This rate has been pre-negotiated. For more information, please contact your health care provider.*]* | $*[insert total plan share amount for the reporting period]*  *[Plans with capitated arrangements prior to January 1, 2015 may insert:* This rate has been pre-negotiated. For more information, please contact your health care provider.*]* | $*[insert total member liability amount for the reporting period]* |
| ***[insert year]***（*insert reporting period end date]* 期間處理的所有賠付）**的總額** | $*[insert total billed amount for the year]* | $*[insert total approved amount for the year]*  *[Plans with capitated arrangements prior to January 1, 2015 may insert:* This rate has been pre-negotiated. For more information, please contact your health care provider.*]* | $*[insert total plan share amount for the year]*  *[Plans with capitated arrangements prior to January 1, 2015 may insert:* This rate has been pre-negotiated. For more information, please contact your health care provider.*]* | $*[insert total member liability amount for the year]* |

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| *[Plans with no deductibles, omit this section.]*  **自付扣除金：**  *[Plans with an overall deductible insert the text below. If the plan has both an overall deductible and service category deductible(s), insert information about both deductibles.]*  對於大多數承保服務，本計劃僅在您支付年度計劃自付扣除金後才會支付其應承擔的費用。  截至 *[insert reporting period end date]*，您已支付*[insert as applicable: [insert amount member has paid toward deductible if less than the full deductible amount][*toward *OR* the full amount of*]* *[insert deductible amount]* 的年度計劃自付扣除金。  *[Plans are permitted, but not required, to include a graphic, such as the one shown below, to illustrate the member’s progress toward the deductible:*  *条形图图例 ($0 – $250)*  $0 $250  = 您的年度計劃自付扣除金]  *[Plans with service category deductibles, include the text below about each.]*  本計劃僅在您支付了自付扣除金後才會支付其應承擔的*[insert service category]*費用。  截至 *[insert reporting period end date]*，您已就*[insert service category]*支付了 *[insert as applicable: [insert amount member has paid toward deductible if less than the full deductible amount][*到 *OR*全額的*]* *[insert deductible amount]* 自付扣除金。  *[Plans are permitted, but not required, to include a graphic, such as the one shown below, to illustrate the member’s progress toward the deductible:*  *条形图图例 ($0 – $250)*  $0 $250  = 您的 *[insert service category*]] 的自付扣除金 |  | **年度限額 – 此限額為您提供了財務保護** | |
| 此限額指明了在 *[insert year]* 年，您最多需要為[*insert as applicable:* medical and hospital services covered by the plan *OR* covered Part A and Part B services]支付的「自付費用」（*[Delete references to deductibles, copayments, or coinsurance if not applicable for the plan:]*共付額、共同保險和您的自付扣除金）。  此年度限額稱為您的「自付費用最高金額」。它提供了您必須支付金額的上限，但並未限制您可獲得多少護理。  您為[*insert service]*支付的自付費用將不計入您的年度自付費用最高金額。這表示：   * 一旦您的自付費用達到上限，**您就不再為所有服務支付自付費用，***[insert, if applicable:[insert service]*除外。 * 您可繼續獲取*[insert as applicable:*承保的醫療和醫院服務 *OR*承保的 A 部分和B 部分服務]，**本計劃將在該年剩下的時間內支付全部費用**。*[Insert if applicable:* Your out-of-pocket spending for services that are not covered by Medicare does not count toward your out-of-pocket maximum.] | 截至 *[insert reporting period end date]*，**您已支付了 *[insert amount paid toward MOOP as of reporting period end date]*** 自付費用，該費用計入承保服務的 *[insert MOOP amount]* 自付費用最高金額。  *[Plans are permitted, but not required, to include a graphic, such as the one shown below to illustrate the member’s progress toward the MOOP:*  **条形图图例 ($0 – $3,400)**  $0 $3,400 ] |