

# Brief Notes

News for  
Brokers and Consultants

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Three Penn Plaza East, Newark, NJ 07105-2200

**Applies to:** All products and markets\*, except Medicare Advantage and Federal Employee Program® (FEP®)

## Changes to Explanation of Benefits

Horizon Blue Cross Blue Shield of New Jersey is following guidance from the Centers for Medicare & Medicaid Services (CMS) by combining more claims onto Explanation of Benefits (EOBs). By including more claims on a single EOB, we will give members a more comprehensive view of the health care services they receive, making it easier for them to track their claims.

Beginning May 2, 2014, Horizon BCBSNJ's member EOBs will list up to 25 processed claims on a single EOB. Horizon BCBSNJ will also change the frequency with which EOBs will be produced, moving from five business days to up to 15 business days after the claims on the EOB are processed.

The first page of the EOB will include a summary of the claims. Claim details will be listed individually on the following pages. This new process is for EOBs that do not include a payment and does not impact prescription drug and dental claims. Additionally, for members with a Health Savings Account, the tracking of accumulations between medical and pharmacy plans will not be impacted.

This change to members' EOBs will not impact the frequency or format of how we process providers' Explanation of Payments (EOPs) or reimbursements; we will continue to reimburse our providers on a weekly basis. However, members who incur out-of-pocket costs may, in some limited instances, receive the bill from their provider before receiving an EOB from Horizon BCBSNJ.

Members will have the same access to their claim activity once signed in to Member Online Services at [HorizonBlue.com/members](http://HorizonBlue.com/members). By clicking the claim number in the *Claims* tab, members can view the claim activity and get information about any specifically processed claim, including any out-of-pocket costs, if applicable, prior to receiving the EOB.

*(Continues)*

Members can sign in to Member Online Services at [HorizonBlue.com](http://HorizonBlue.com) to manage their health care benefits and information.



Horizon Blue Cross Blue Shield of New Jersey



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Please encourage your clients and their employees to use Member Online Services to help manage their health care benefit information. When signed in to Member Online Services, members can:

- View claims activity, including out-of-pocket costs.
- Print a member identification (ID) card.
- Change a Primary Care Physician (PCP), if applicable.
- Update Coordination of Benefits (COB).
- And more.

Horizon BCBSNJ continues to find ways to make it easier for our members to manage their health care information. Horizon BCBSNJ believes this change to our EOB process will help our members by improving the tracking and viewing of their claims history.

For help understanding how to read an EOB, please share the *attached flyer* with your clients and their employees. For more details about this EOB change, please contact your sales executive or account manager.

\* The following National Account groups are out-of-scope: J&J, Hoffman LaRoche and Mercedes Benz.



# The ABCs of an EOB

## Understanding your Explanation of Benefits (EOBs)

To make the most of your health care coverage, it's a good idea to understand how your plan pays claims and your role in the process. Horizon Blue Cross Blue Shield of New Jersey is updating the way we present your claims information on your Explanation of Benefits (EOBs). An EOB will be available up to 15 business days after the claim is processed. A single EOB may show up to 25 processed claims. Your EOB will show claims and payment information for you and covered family members. The EOB will give you a comprehensive view of the health care services you and your dependents have received.

The sample EOB here provides an overview of that information and what it means to you.

You can also view your claims activity by clicking the claim number on the *Claims* tab or download and print your EOB from Member Online Services. Or, sign up for paperless EOBs to go green and stop the mail. To register or sign in to Member Online Services, please visit [HorizonBlue.com/members](http://HorizonBlue.com/members).

				CUSTOMER SERVICE 1-800-355-2583	DATE: 05/01/2014	PAGE 2 OF 2
Horizon Blue Cross Blue Shield of New Jersey PO BOX 420 NEWARK, NJ 07101-0420				<b>EXPLANATION OF BENEFITS</b> <b>THIS IS NOT A BILL</b>		
SUBSCRIBER NAME: JOHN DOE				SUBSCRIBER ID: 999999999		
<b>SUMMARY INFORMATION</b>						
PATIENT NAME JOHN DOE	RELATION SELF	CLAIM NUMBER 123456789000 00	GROUP NUMBER 111111	TOTAL CHARGE 105.00	HORIZON PAID 105.00	
<b>DETAIL INFORMATION</b>						
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
DATE OF SERVICE	PROVIDER TYPE OF SERVICE	BILLED AMT	ALLOWED AMT	YOUR COINS/COPAY AMT	YOUR DEDUCTIBLE AMT	OTHER CARRIER PAYMENT AMT
5/01/14	ANYTOWN COMMUNITY HEALTH	105.00				
<b>H</b>		<b>I</b>		<b>J</b>		<b>K</b>
NOT COV AMT		HORIZON PAID AMT		MESSAGE CODE		SUBSCRIBER RESPONSIBILITY
		105.00				0.00
<b>TOTAL:</b>		<b>105.00</b>		<b>105.00</b>		<b>0.00</b>

<b>A – Date of Service</b>	The date that services were provided to the patient.
<b>B – Type of Service</b>	A brief explanation of each service.
<b>C – Billed Amount</b>	Amount charged by the doctor or health care professional for each service on the claim.
<b>D – Allowed Amount</b>	The amount we approved for payment based on your plan benefits prior to the deductible, coinsurance, copayment or other member cost sharing (if applicable). For services obtained out of network, the difference between billed and allowed amounts will be included in the amount shown as subscriber responsibility (K).
<b>E – Your Coinsurance/ Copayment Amount</b>	The coinsurance or copayment amount that is your responsibility after you have met your deductible, if applicable. You pay this amount to the doctor or health care professional.
<b>F – Your Deductible Amount</b>	The amount applied for this service under your benefits contract. You are responsible for paying this amount to the doctor or health care professional.
<b>G – Other Carrier Payment Amount</b>	The amount paid by another insurance carrier, if applicable.
<b>H – Not Covered Amount</b>	Any amount of the fee charged for the service that is not covered by your plan; expenses not covered or in excess of your benefits. You may be responsible for this amount in addition to any deductible, coinsurance or copayment. Examples of expenses that may appear in this column are costs above the negotiated rate when using an out-of-network doctor or amounts for duplicate services.
<b>I – Horizon BCBSNJ Paid Amount</b>	The total amount paid by Horizon BCBSNJ for the services rendered. This amount may be paid to you, your doctor or health care professional or designated payee.
<b>J – Message Code</b>	A code in this column refers to specific messages below each claim that help explain how we calculated our payment.
<b>K – Subscriber Responsibility</b>	The balance due from the subscriber to the doctor or health care professional after the copayment, deductible, coinsurance and benefits have been applied.