

OMG WTF EOB!

# Problem: Explanation of Benefits

## What does it mean?

- Understanding billing explanations
- Finding errors and inconsistencies

## What can I do about it?

- Unnecessary procedures or invalid diagnoses
- Incorrect codes
- Unresponsive insurance providers

Medical Service Detail	Your Provider Billed	Member Benefit			Amount Your Provider May Bill You					Reason Code (See below)
		Allowed Amount	Member Savings	Your Plan Paid	Copayment	Deductible	Coinsurance	Other Liability	TOTAL	
<b>Claim #: 90-020712-053-45</b>										
<b>Provider:</b> THIRU S ARASU MDPA <b>Date(s):</b> 01/30/2012- 01/30/2012	\$250.00	\$250.00	\$25.19	\$202.33	\$0.00	\$0.00	\$22.48	\$0.00	\$22.48	HRA
<b>Service:</b> OFFICE VISIT (99215)										
<b>Total for Claim # 90-020712-053-45</b>	\$250.00	\$250.00	\$25.19	\$202.33	\$0.00	\$0.00	\$22.48	\$0.00	\$22.48	

# Audience



## Targeted Users

- Chronic diseases (133M)<sup>1</sup>
- Rare Disease Patients (30M)<sup>2</sup>
- Little understanding of medical billing


## Frequency of Problem

- 1.2B visits to the doctor annually with each resulting in an EOB
- Average of 15.5% of claims are denied

<sup>1</sup> National Vital Statistics Report – CDC

<sup>2</sup> Global Genes Project

# Outsmarting EOBs Together



# Explanation of Benefits

January 2014

## Additional Information

Additional information about your plan can be found in the Summary Plan Description (SPD) and the Plan Document. These documents are available on the Blue Cross Blue Shield of North Carolina website at [www.bcbnc.com](http://www.bcbnc.com). You can also call 1-800-368-5828 for more information.

**Additional Information:** This Explanation of Benefits (EOB) is provided to you for informational purposes only. It is not a contract. The actual benefits you receive will be determined by the terms of your plan. For more information, please refer to the SPD and Plan Document.

## Need more information?

For more information on your plan, please contact:

**Customer Service Center:** Monday - Friday, 8:00 AM - 5:00 PM  
 1-800-368-5828  
 TDD: 1-800-368-5828  
 Email: [customer.service@bcbnc.com](mailto:customer.service@bcbnc.com)

**For more information on your plan, please contact:**

**Plan Administrator:** Monday - Friday, 8:00 AM - 5:00 PM  
 1-800-368-5828  
 Email: [plan.administrator@bcbnc.com](mailto:plan.administrator@bcbnc.com)

## Benefit Year Summary

Your benefit period ending 01/31/2014

Plan Period	Individual's Total Allowable Charge	Individual's Total Out-of-Pocket	Individual's Total Out-of-Pocket (Including Deductible)	Individual's Total Out-of-Pocket (Including Deductible and Co-insurance)	Individual's Total Out-of-Pocket (Including Deductible and Co-insurance and Co-payment)	Individual's Total Out-of-Pocket (Including Deductible and Co-insurance and Co-payment and Co-insurance)	Individual's Total Out-of-Pocket (Including Deductible and Co-insurance and Co-payment and Co-insurance and Co-insurance)
Individual's Total Allowable Charge	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Individual's Total Out-of-Pocket	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Individual's Total Out-of-Pocket (Including Deductible)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Individual's Total Out-of-Pocket (Including Deductible and Co-insurance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Individual's Total Out-of-Pocket (Including Deductible and Co-insurance and Co-payment)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Individual's Total Out-of-Pocket (Including Deductible and Co-insurance and Co-payment and Co-insurance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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[illegible]

The screenshot shows the WTF! Denials website. At the top, the navigation bar includes the site name "WTF! Denials?", a "Home" link, a "Submit Your Story" link, a "FAQ and Support" link, and a "About" link. The main header features the title "WTF! Denials?" in large black font, followed by the subtitle "Submitting legitimate denials to the government." Below this is a green button labeled "Understand an ICR" and another green button labeled "Get help with a denial". The content area has a light gray background and contains a search bar with the placeholder text "Search". Below the search bar are four icons representing different types of denials: "Housing", "Food", "Medical", and "Other". A section titled "Start a new topic..." is followed by a link "Choose topic, No fix chosen". A list of denial stories is displayed, each with a user profile picture, a title, and a date. The stories include: "2-14 PM Denial" by "D. S. S. S. S. S." with the title "Template for first appeal"; "10/28/2017 10:14 AM Denial" by "H. S. S. S. S." with the title "Help: 24 claims denied from BCBS North Carolina"; "10/28/2017 10:14 AM Denial" by "H. S. S. S. S." with the title "I had an MRI denied because the biopsy said cancer"; "10/28/2017 10:14 AM Denial" by "H. S. S. S. S." with the title "I don't know how to appeal my claim denial"; "10/28/2017 10:14 AM Denial" by "H. S. S. S. S." with the title "Received denial of just scan for 6 year old"; "10/28/2017 10:14 AM Denial" by "H. S. S. S. S." with the title "Help, How come they have approved the procedure, but they didn't pay anything?"; and "10/28/2017 10:14 AM Denial" by "H. S. S. S. S." with the title "Get answers about your coverage!". The footer of the page displays "© 2018, WTF! Denials".

4. Denials

# Redesigned FOB

Sep 2012**BILLED**

Total

Total billed by  
providers this EOB.

Year-to-date \$25,022.92

PAID

Claims approved and  
paid by your plan.

✓ Total paid

Year-to-date \$18,022.92

Year-to-date \$18,022.92

**! Total rejected \$502.56**

Year-to-date \$1,329.33

OWED

Expect a bill from your provider for this amount.

Total owed

**\$502.56**

## PARTICIPANTS

Bold participants are patients in current EOB.  
Shaded areas represent quotas.

		Network	
AMY	met	in \$2,402	\$2,500
	met	out \$0	\$3,000
ADAM	\$36	in \$1,602	\$2,500
	\$920	out \$0	\$3,000
MORGAN	met	in \$250	\$2,500
	met	out \$87	\$3,000

Deductible      Out-of-pocket

## Details that make sense

## PROCEDURE

### Chest x-ray

7125 Chest x-ray without contrast.  
CTP

## RESULTS

## Pneumonia

<b>480.1</b>	Pneumonia due to respiratory syncytial virus.
<b>ICD-9</b>	

# Frustration: Crowdsourced

## Community support

The screenshot shows the homepage of the WTF! Denied? website. At the top, there's a navigation bar with links: Home, Upload Private EOB, Track Changes, and About. The main heading is "WTF! Denials?" with the subtitle "Outsmarting Explanation of Benefits (EOBs) together...". Below this are two green buttons: "Understand an EOB" and "Get help with a denial". A search bar is located below the buttons. A sidebar on the left contains a "Log In" button and a "Start a new topic..." section. The main content area displays a list of community posts, each with a user profile picture, name, and a brief description of their denial or question. The footer indicates "© AREAL Health 2013".

This section is titled "Upload & Convert EOBs" and "Give and Receive". It features the heading "Manage the EOBs in your record..." followed by four buttons: "+ Add files...", "Start Upload", "Cancel Upload", and "Delete". A small text box below the buttons states: "By uploading your EOB here, we can help you understand it better, and track your spending. Over time, we will be able to help you find other insurance programs that may be a better fit." The footer shows "© AREAL Health 2013".

This section is titled "Track EOBs in one place". It displays a calendar interface for September 1, 2013, with a "Doc Visit 9" highlighted. Below the calendar is a map showing the location of the visit, with labels for "Doc Visit 4", "Doc Visit 5", "Doc Visit 6", "Doc Visit 7", "Doc Visit 8", "Doc Visit 9", "Lab Reports", and "Lab Results". The map includes a street view and a legend. The footer shows "© AREAL Health 2013".

The screenshot shows a community post titled "I don't know how to appeal my claim denial" by user joesmith. The post text reads: "My daughter needs a feeding tube and United Healthcare denied the claim. I have no idea how this process works and their website is very confusing. Can anyone help me figure out how to appeal the claim?". Below the text is a link to a "Screen Shot 2013-09-28 at 9". The post has 17h of engagement. A response from user volgirl71 is shown below, providing a list of information needed for an appeal: Date of service, Provider name, Claim amount, if applicable, Diagnosis code, Treatment code, Denial code (must include explanations of the meanings of the codes), Explanation of the standard used in making the decision, e.g. medical necessity, Appeal rights available, and Availability of any ombudsman/assistance services. The response also includes a link to "www.uhc.com/.../Appeals.pdf" and a note that the user can get an easier to understand EOB from this site on the home page by Clicking "Understand an EOB". The footer shows "© AREAL Health 2013".

# Team

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