

FREQUENTLY ASKED QUESTIONS REGARDING MEDICAL CLAIMS DETERMINATION STATEMENTS IN THE AEU BENEFIT PLAN
LIQUIDATION

WHY DID I RECEIVE THIS?

As a member in the AEU Benefit Plan OR as a provider of medical services to a member of the AEU Benefit Plan you have received a Medical Claims Determination Statement as a part of the process of liquidating the AEU Benefit Plan. You have previously submitted medical claims or a provider submitted claims on your behalf for payment of medical services.

WHAT INFORMATION IS ON THIS FORM?

The Medical Claims Determination Statement shows the status of all unpaid claims submitted to the third party administrators of the AEU Benefit Plan. It shows how these claims were processed, the allowed amount of the claim, the discounts taken, the amount of the member's responsibility and the amount that is the AEU Benefit Plan's responsibility.

WHAT SHOULD I DO IF I DISAGREE WITH WHAT THE MEDICAL CLAIMS DETERMINATION STATEMENT SAYS?

If you disagree in any way with the information on the Medical Claims Determination Statement, YOU MUST NOTIFY US IN WRITING BY MAIL. If you believe the claim was not processed correctly, if the deductible amount is wrong, if you believe you had coverage but the Medical Claims Determination Statement says you did not, if your name is incorrect, if your social security or tax id number is incorrect, if your address is incorrect, if there are claims that should be on the statement but are not, **YOU MUST NOTIFY US IN WRITING BY MAIL.** **IN COMMUNICATING WITH US ALWAYS REFERENCE YOUR TRACKING NUMBER SHOWN ON THE MEDICAL CLAIMS DETERMINATION STATEMENT THAT RELATES TO YOUR CORRESPONDENCE. YOU HAVE UNTIL NOVEMBER 28, 2018 TO NOTIFY US IN WRITING BY MAIL. SEND ALL WRITTEN REQUEST/APEALS TO:**

AEU BENEFIT PLAN
C/O RECEIVERSHIP MANAGEMENT INC.
1101 KERMIT DRIVE, SUITE 735
NASHVILLE, TN 37217

(Be sure to send by certified mail to confirm our receipt of your appeal)

DO I AS THE MEMBER OWE THE PROVIDER THE AMOUNT LISTED AS MY RESPONSIBILITY?

YES YOU OWE THE MEDICAL PROVIDER THE AMOUNT THAT IS LISTED AS YOUR RESPONSIBILITY UNLESS YOU FILE AN APPEAL WITH RECEIVERSHIP MANAGEMENT CONTESTING THE AMOUNT AND SUPPLYING INFORMATION THAT THE CLAIM HAS BEEN PROCESSED INCORRECTLY. Your medical provider is entitled to collect this payment from you unless it is appealed. If the appeal is not ruled in your favor, the amount will be due to the provider as reported on the form.

WHY DO I HAVE MORE THAN ONE MEDICAL CLAIMS DETERMINATION STATEMENT?

The AEU Benefit Plan utilized seven (7) third party administrators over its 2 ½ year existence. Because data transition among the seven third party administrators became impracticable, you are receiving a Medical Claims Determination Statement reflecting the claims submitted to each third party administrator. For some members they could receive multiple Medical Claims Determination Statements, each with a unique tracking number.

WHY IS THERE NO LISTING OF EXPLANATION CODES AND WHAT DO THE CODES MEAN?

An error in the printing of the Medical Claims Determination Statement failed to list the definitions of the explanation codes referenced on the Medical Claims Determination Statement. These codes are listed on the website www.receivermgmt.com/aeubenefitplan.htm

WHAT IS THE DEADLINE FOR AN APPEAL/REQUEST FOR CORRECTIONS OF MEDICAL CLAIMS DETERMINATION STATEMENTS?

You have 180 days from June 1, 2018 (November 28, 2018) to update us regarding the information on your Medical Claims Determination Statements or to file an appeal of a claim on the Medical Claims Determination Statement.