

UNDERSTANDING

Referenced-based pricing and balance billing



The overall cost of health care continues to rise, and your health care plan is not immune to escalating premiums. Your employer is offering a referenced-based pricing program to keep your premiums down and your benefits reasonable.

Your employer now offers a reference-based pricing model. If you enroll into this type of plan, there may be times when you receive a balance bill from a provider. The information that follows will help you know what a balance bill is and what to do in case you receive one.

What is reference-based pricing?

Reference-based pricing is a transparent method of determining how much your providers of care are paid for services (typically Medicare reimbursement, plus a percentage). HealthSCOPE Benefits receives the determined allowed amount from a reference-based pricing vendor. Using this price for services, HealthSCOPE Benefits applies your plan's cost share and makes any appropriate payments to your provider. You pay your cost share, if any, and the provider writes off any dollars they charged above the allowed price.

What does this mean for you?

This provides you the flexibility to use any provider or service, and also reduces your out-of-pocket expenses.

I have paid my required co-pay, deductible or out-of-pocket maximum reflected on my EOB; however, I have still received a bill from the provider of service.

This is referred to as **balance billing**. Balance billing is when a health care provider accepts the **allowed** amount from an insurance plan, and then bills the patient for the difference between the charge and the allowed amount.

HealthSCOPE Benefits has you covered in case you receive a balance bill.

DO NOT PAY A BALANCE BILL

If you receive a balance bill, contact a HealthSCOPE Benefits Customer Care representative. A patient advocate will take over your case and deal directly with your provider so you don't have to.

Call HealthSCOPE Benefits at the number on your ID card.



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What should I do if I receive a balance bill from a provider of care?

Your health care plan is based on fair and transparent pricing; therefore, you should not have to worry about unexpected bills. However, as with any plan, you may occasionally receive a medical bill above and beyond what you owe. If you receive a balance bill, simply contact a HealthSCOPE Benefits Customer Care representative at the number on your ID card. You can follow the phone prompts to be connected to the appropriate team to handle your balance billing situations - facility or physician. (Please have your balance bill with you when contacting Customer Care, as they will need to receive a copy to assist with your claim.)

HealthSCOPE Benefits will connect you with a Patient Advocacy Center (PAC) representative who will manage your balance bill directly with the provider. Your advocate will take over communications with any provider that is billing you more than you should owe.

In order for us to best serve you, it is important to contact HealthSCOPE Benefits as soon as you get your first balance bill. When you do that, it gives us ample time to explain the pricing to the provider and, if necessary, negotiate a new price. We will work through your claim until it is resolved, giving you feedback along the way.

HealthSCOPE Benefits and our advocate partners are here to take away the worry of a balance bill.

MAKE CHECKS PAYABLE TO		Statement Date 01/19/2018		Pay this amount \$70.00	Patient Acct# 123456	
ABC Medical Group P.O. Box 123 Little Rock, AR 72205		Show amount paid here:				
FOR BILLING INQUIRIES: 501-418-9999						
John Doe 789 Main Street, Apt. A Anytown, US 12345-6789		ABC Medical Group				
STATEMENT						
Date of service	Code	Description	Charge	Insurance paid	Patient paid	Balance
01/01/2018	98765	Office Visit	\$200.00	\$100.00	\$40.00	\$60.00
01/01/2018	12345	Blood Draw	\$20.00	\$10.00	\$0.00	\$10.00
TOTALS:			\$220.00	\$110.00	\$40.00	\$70.00
Current	30-60 Days	60-90 Days	90-120 Days	120+ Days	AMOUNT DUE: \$70.00	
\$70.00						

SAMPLE | Balance bill from ABC Medical Group

In this example, the member is being billed more than the patient responsibility as shown on the EOB. This is a **balance bill**.

Do not pay a balance bill.

Explanation of Benefits (EOB)

Why are you receiving this EOB?

First things first. **This is not a bill.** This is an overview of claims we've processed for you. You may receive a bill from your provider if you owe any remaining balance. Use this as a reference to compare to any bill you receive. Keep it for your records, or access a copy anytime on www.healthscopebenefits.com. If you have questions about this EOB, you can always call us at 1-800-XXX-XXXX or visit our resources 24/7 on www.healthscopebenefits.com.

Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).

Amount billed:	\$731.00	This is the total amount that your provider billed for the services that were provided to you.
Available Pricing Programs:	\$555.42	Your plan uses available pricing programs with providers and facilities to help save you money.
Your plan paid:	\$175.58	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	\$731.00	100% of your service was covered by pricing programs, your employer-sponsored benefits plan, or other amounts for which you are not responsible.
TOTAL YOU MAY OWE:	\$0.00	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.



If you receive a balance bill, call the Customer Care number on the back of your ID card.

A patient advocate will take over your case and deal directly with your provider so you don't have to.

