

Reference Based Pricing Education Guide

Contents

3 WELCOME!

Reference Based Pricing overview and key points.

4 PROVIDERS & FACILITIES

View member specific information such as deductibles, statements and more!

5 COMPASS CONNECT

Find medical providers in your area by name or specialty.

6 TALKING TO PROVIDERS: HELPFUL HINTS

Tips on how to explain your Reference Based Pricing plan to your providers.

7 BALANCE BILL

What to do if you receive a balance bill.

Welcome!

Welcome to Reference Based Pricing with HealthEZ!

This guide will review everything you need to know about Reference Based Pricing with HealthEZ. Here are a few key points before diving in to different processes:

Who is HealthEZ?

HealthEZ is the Claims Administrator. This means that all providers and facilities will send claims to HealthEZ for processing. Once the claim is received, payment will be sent to the provider/facility on behalf of the employer health plan.

HealthEZ Client Services: 844-855-0617, 7am - 7pm CST, Mon. - Fri.

What is Reference Based Pricing?

A Reference Based Pricing (RBP) plan pays facilities and providers based on a percentage of Medicare.

A medical network is not in place; members can choose any provider or facility, as long as they accept the terms of Reference Based Pricing.

Who is Payer Compass?

HealthEZ partners with Payer Compass Patient Advocates for things like:

- Referrals to facilities and providers
- Education to members and providers about the RBP Plan
- Advocacy on your behalf between you and your providers
- Outreach to your providers in effort to gain acceptance of the Plan's terms

Payer Compass Patient Advocacy: 855-719-3763, 8am - 6pm EST, Mon. - Fri.

Providers & Facilities

There are several ways to confirm that your preferred provider or facility will accept the terms of Reference Based Pricing. Listed below are a couple different options you can use to help with this.

It is recommended that you contact Payer Compass Patient Advocacy at least 10 days prior to your visit.

Option 1: Call Payer Compass Patient Advocacy

Call 855-719-3763 (8am – 6pm EST, Mon. – Fri.) to speak to a Patient Advocate.

Option 2: Email Provider Outreach Form

Fill out the Provider Request Form, and email to: providerrequest@payercompass.com.



Utilizing either of the two methods above will prompt Payer Compass to check to see if the requested provider/facility is on the Safe Harbor list.

If the provider/facility is on the Safe Harbor list, then they accept the terms of Reference Based Pricing, and an appointment can be scheduled.

If the provider/facility is NOT on the Safe Harbor list, Payer Compass will reach out to gain acceptance of the Reference Based Pricing terms. After outreach:

- If the terms are accepted, an appointment can be scheduled.
- If the terms are not accepted, Payer Compass will offer a referral from the Safe Harbor List, or offer outreach to other providers/facilities.

Option 3: Compass Connect

Use the portal to search for a participating provider/facility.

Visit Healthez.Connect.PayerCompass.com

More information on this tool can be found on the next page.

CompassConnect

CompassConnect is a tool for finding medical providers in your area by name or specialty.

Using this tool, prior to making an appointment, you will know if a provider accepts your healthcare benefits plan, whether the provider specializes in a particular type of care, their location and contact information, and their quality rating.

Set up your CompassConnect account:

1. Have the following information from your ID card available:
 - Subscriber Number
 - Group Number
2. Visit Healthez.Connect.PayerCompass.com
3. Click on "New Member ? Register Now".
4. Create your account. You will receive an email asking you to confirm your email address.

Using your CompassConnect account:

1. Visit Healthez.Connect.PayerCompass.com
2. Login using the credentials you provided during the registration process.
3. On the *HOME* tab, enter the name of the provider or the type of specialty, and the zip code.
Note: To search by city and state instead of postal code, click on the *PROVIDER* tab.
4. Click Search. The providers that match your search criteria will be displayed.

Understanding your search results:

The search results will display the following information about the providers that meet your search criteria:

- Name
- Distance from the location entered (*postal code*)
- Address
- Phone Number
- Quality rating (*if enough data exists*)

Quality Rating

Above each provider's name is a colored icon that indicates the provider's likelihood of accepting your health program/plan:

- Green: Agreed to accept the program's health plan, and is listed as "safe harbor".
- Yellow: The provider has accepted the program's health plans in the past.
- Red: Has refused to accept in the past or has sent the member a balance bill.
- Gray: Not enough information exists

Talking to Providers: Helpful Hints

If you prefer to contact your facility directly about whether or not they will accept your Reference Based Pricing plan, the following information may assist you in the process and explain how the new plan works:

Contact your facility's office to let them know your benefit plan is a Reference Based Pricing plan, and you would like to make sure they are aware.

The facility's staff may direct you to call your "insurance company" to find out if they are accepted by the plan or are "in-network." If this occurs, explain that your plan doesn't use a PPO network and you can go to any provider of your choice. YOUR PLAN ACCEPTS ANY PHYSICIAN – it's a beautiful thing!

When your facility's office asks for the name of your insurance company, tell them your plan is a self-funded plan through your employer and administered by HealthEZ.

You may be asked if you are a Medicare participant. The answer is, "No. The plan does use the Medicare fee schedule, but simply as a benchmark to determine the allowable amount for my plan. An additional percentage will be added to the Medicare fee schedule allowable amount."

It's possible the person you are speaking with doesn't know whether they will accept the plan. In that case, ask to speak with the billing manager or office manager. They are typically the decision makers or can easily identify the appropriate person(s).

Once your facility's office agrees to accept your Reference Based Pricing plan, let them know that all the information about the plan is on your ID card, which you will bring at the time of your next appointment.

Be sure to also let your Patient Advocate know that your facility is accepting the plan so that they can potentially refer other employee plan members to this facility's practice for their medical needs.

If your facility's office is reluctant to accept your plan or still has questions, notify Patient Advocacy. Your Patient Advocate will call the provider on your behalf, and they may need to assist you in finding another provider who will accept the plan's reimbursement as payment in full.

Balance Bill

A Balance Bill is the amount that a provider may attempt to collect from a plan member. This is the difference between what the provider billed and the amount paid by the health plan, minus any copay or deductible paid by you if applicable.

It is not a Balance Bill if:

- You are responsible for any remaining amount to be applied to your deductible
- You owe a copay
- You have coinsurance to be applied to the outstanding claim amount

If you receive a Balance Bill from your provider, contact HealthEZ Client Services at 844-855-0617 (7am - 7pm CST, Mon. - Fri.).

HealthEZ will request a copy of the bill, and will review it to make sure it's an actual Balance Billing scenario and not something such as owed copays, deductibles, or coinsurance.

If it's a true Balance Bill, HealthEZ will forward the information to Payer Compass Patient Advocacy. A Patient Advocate will contact the provider, addressing the Balance Bill, in the form of letters and possibly phone calls.

The Payer Compass Patient Advocate communicates with the provider in an effort to write off or lower the Balance Bill amount. Throughout the process to resolve the bill, we will keep you informed of the status.

Example 1:

Doctor's charges = \$100
Plan allowance at a certain percentage of Medicare = \$70
Plan deductible = met
Service Copays = none

If the provider bills you the \$30 difference, this is a true Balance Bill.

Example 2:

Doctor's charges = \$200
Plan allowance at a certain percentage of Medicare = \$180
Plan deductible = met
Service Copays = \$20

If the provider bills you the \$20 difference, this is **NOT** true Balance Bill.