

Auxiant®

Independent Solutions > Real Results

POWERED BY 

## BALANCED EDUCATION PACKET

# The More You Know

*A Learning Series from Auxiant and AMPS*



Your Plan has partnered with Advanced Medical Pricing Solutions (AMPS) to help combat rising healthcare costs by paying Providers what is fair and reasonable for healthcare services.

## How Does AMPS Help Control Costs?

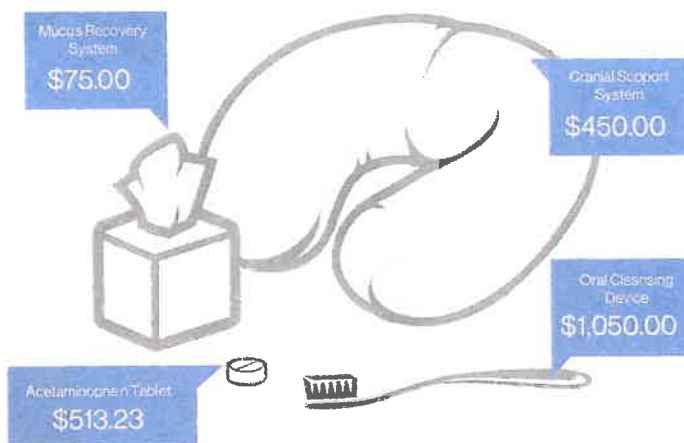
AMPS audits each and every claim submitted by your Plan. AMPS backs up the price with a **Physician Review** to find additional savings. By utilizing Physicians, AMPS uses their expertise to identify unreasonable charges and billing errors.

AMPS billing review and pricing processes will result in lower costs for your Plan, which also means lower out-of-pocket costs for you.

### Physician Review

Board-certified Physicians review each claim for errors and help identify unreasonable charges.

## ACTUAL EXAMPLES FOUND BY AMPS



Did you know  
**90%**  
of bills contain errors?



## Patient Responsibility is Critical

You are only responsible for the Patient Responsibility shown on your Plan's Explanation of Benefits such as your deductible and/or coinsurance.

## What Happens After My Visit?

You will receive an **Explanation of Benefits (EOB)** from Auxiant that notifies you of your Patient Responsibility. Always compare your **Patient Responsibility** to what the Provider states is due. If the Provider bill states you owe more than your Patient Responsibility on your EOB, this is a **Balance Bill**.

*Example: Your EOB states you owe \$135. However, the Provider bill states you owe \$835. This would be a balance bill.*

## Who Can You Call With Questions?

If you think you've received a balance bill, **contact Auxiant**. They can connect you with an AMPS Member Advocate who can answer any questions you may have about balance billing. If a potential Balance Bill is confirmed, an AMPS Member Advocate will send you a **HIPAA Authorization Form** to start communications with the Provider.

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**96%** of the time there is not an issue with balance billing.

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## **TIMELY COMMUNICATION IS KEY**

Once an initial Balance Bill has been confirmed, your case will immediately transition to AMPS Negotiations Team to settle bill with Provider.

### What We Need To Get Started

- ✓ Copy of Explanation of Benefits
- ✓ Copy of Itemized Bill/Statement
- ✓ Proof of Paid Patient Responsibility
- ✓ Signed HIPAA Authorization Form

## Need Help With A Balance Bill?

Call Auxiant at 800.279.6772

### Explanation of Benefits (EOB)

A document explaining the bill and what your Plan and Patient are responsible for paying. This document will be supplied from Auxiant.

### Patient Responsibility

The portion of the bill you are responsible for paying.

### Balance Bill

A bill that states the Patient owes more than what is stated in their Explanation of Benefits.

### HIPAA Authorization Form

Document that needs to be signed to give AMPS the right to speak to the Provider on your behalf. Known as the HIPAA and Claims Delegate Authorization Form.

# The Claims Process

After you visit a Provider, the Provider will generate a bill for your healthcare services. This is called a claim.

1

## **Review and Payment**

Your claim is sent to Auxiant to validate coverage and then sent to AMPS for repricing. AMPS analyzes over 16 years of claims data to review claims, as well as repricing acceptance rates for Providers across 50 states. AMPS uses this data to price the claim using reference-based pricing approach. After Auxiant receives AMPS pricing recommendation, Auxiant will make payment to Provider.

2

## **A Balance Bill/Collections Letter**

96% of the time, the Provider accepts the payment from Auxiant. However, there are some Providers with billing systems configured to automatically generate balance bills to Patients if they receive a payment for less than the initial billed charges. Some Providers may contact you for collections.

If you happen to receive a bill that doesn't match the amount stated on your Explanation of Benefits (called a "balance bill") or a collections letter/call, contact Auxiant immediately at 800.279.6772.

## **Member Outreach**

3

After AMPS receives your claim, AMPS Member Advocates will contact you via a Welcome Letter and/or phone call. AMPS is there to assist you should you receive any additional requests for payment from the Provider.

## **Member Advocacy**

4

Once AMPS is notified of a balance bill or collections attempt, and confirmation of patient responsibility has been paid, a HIPAA Authorization Form will be sent to you for signature. This allows AMPS Member Advocacy to work directly with the Provider regarding Plan, payment determination and optional appeal process. AMPS Member Advocacy will keep you updated on communications with the Provider and answer any of your questions that may arise.

## **Negotiations Process**

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Once the bill is confirmed to be a true balance bill, HIPAA Authorization Form has been signed, and patient responsibility has been paid, the claim will be sent directly to AMPS Negotiation team to work directly with the Provider to settle the claim as quickly as possible.

## **Stand Firm**

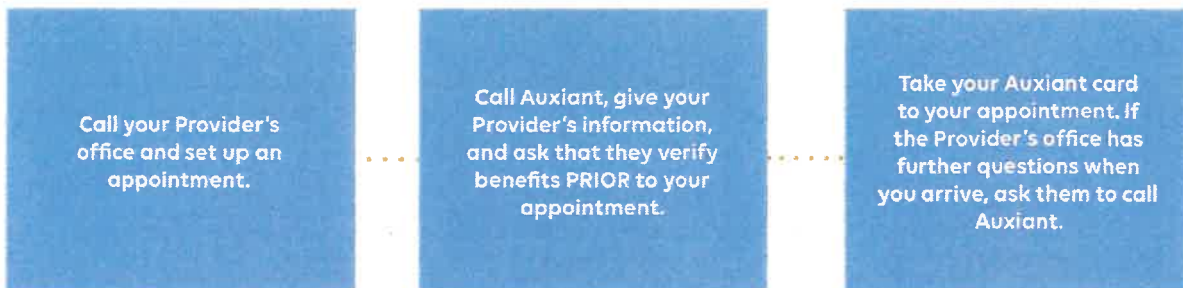
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The most important and most difficult task on your part is to stand firm. The length of time it takes to reach resolution will be dependent on the specifics of your claims. Remember: Provider bills are automatically generated – you may even receive one while AMPS is negotiating the additional charges on the balance bill.

## Care Navigation | Find

AMPS Care Navigators can help you find Providers in your local market that are accepting of your Program. These Providers are ranked based on AMPS historical data which accounts for cost, quality, location, and prior utilization.

When you're in need of care and assistance in finding a Provider, Contact Auxiant and ask to speak with an AMPS Care Navigator. Keep in mind, using an AMPS Care Navigator to locate a Provider is completely optional. Whether you utilize an AMPS Care Navigator or not, make sure to follow the path below when scheduling any appointments with your Medical Provider.



*DISCLAIMER: The information provided by AMPS Care Navigation should only be used as a guide when choosing care and is only intended for informational purposes only. AMPS Care Navigation does not practice medicine and cannot make any judgment or recommendation for treatment or diagnosis. No responsibility is assumed by AMPS, nor anyone connected with AMPS, for the use of this information. AMPS does not provide guaranties of any kind including accuracy of data, Plan coverage and treatment. All decisions of where a Member should seek treatment is solely up to the Member.*

## COMMON QUESTIONS



### Didn't have a chance to contact Auxiant prior to your visit?

Not a problem. When you arrive at your appointment, give the office staff your ID card and continue with your needed care. Call Auxiant for any questions regarding your responsibility and benefits.

### What if the Provider has questions about your insurance?

Ask the Provider to call Auxiant to verify coverage and benefits. If the Provider refuses, call Auxiant and ask them to reach out to the Provider. Auxiant will notify you if they were able to resolve the issue. If not, they may give you alternate options.

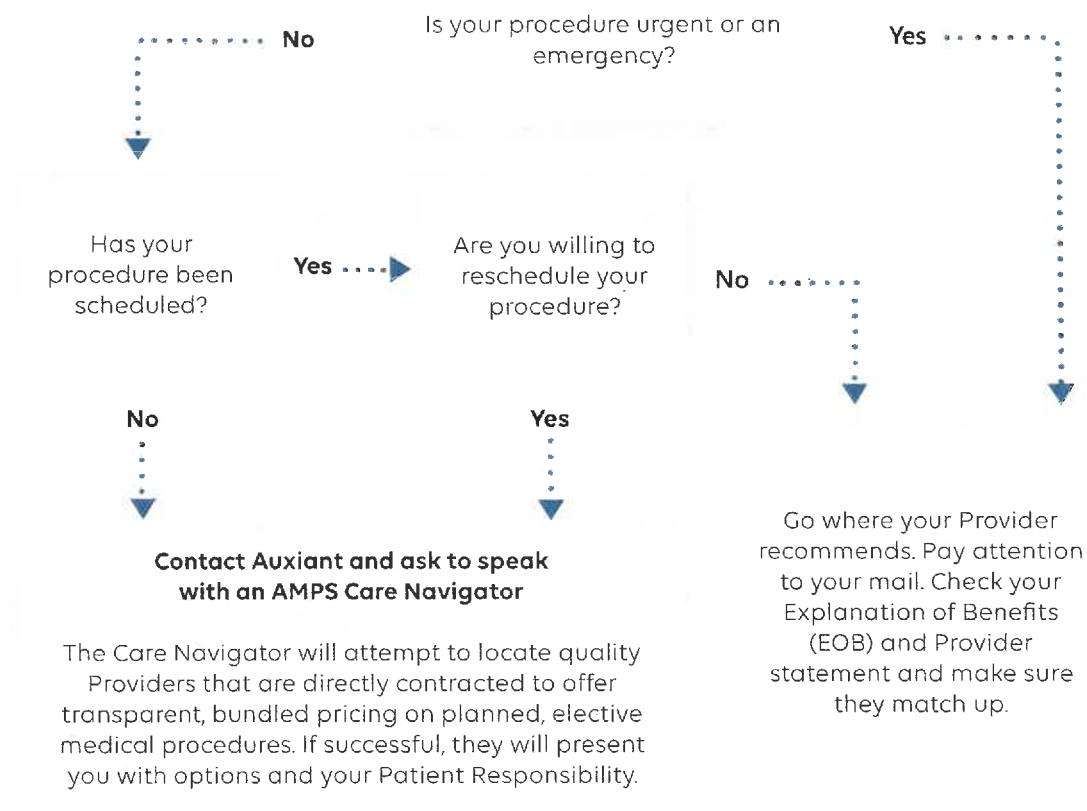
Remember: Auxiant's number is on your ID card



## Care Navigation | Schedule

AMPS Care Navigators can also assist you in scheduling an appointment with contracted Providers for high-cost diagnostic imaging and non-emergent, elective surgical procedures.

Knee replacement, colonoscopies, and hernia repairs are just some examples of elective procedures they can assist you with. Follow this chart to see if you qualify for the Care Navigation scheduling service.



**SEE REAL SAVINGS WHEN YOU SCHEDULE WITH A CARE NAVIGATOR. ASK AUXIANT FOR DETAILS.**

**50% SAVED ON MRI**



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## Frequently Asked Questions

A Provider stated they do not accept my insurance. What do I do?

Often this happens because the Provider does not recognize the logo on your ID card. Explain that your health benefits can be verified by contacting Auxiant at **800.279.6772**.

Could the Provider ask me to pay for services in advance?

The Provider may request payment from you in advance, but as the Patient, **you are only responsible for your out-of-pocket amount** (co-pay, coinsurance, and deductible). Pay your co-pay in advance as the coinsurance and deductible are not calculated until your administrator processes the claim.

What if the Provider asks me to pay more than my out-of-pocket?

Your Plan does not require you to pay for care in advance beyond your out-of-pocket Patient Responsibility. If the Provider refuses to treat you, please contact Auxiant so they can speak to the Provider.

What should I do if I get a balance bill?

Contact Auxiant immediately at **800.279.6772**. Be prepared to send a copy of the front and back of the Provider statement to your AMPS Member Advocate. Once the invalid balance is verified, your AMPS Member Advocate will send you a HIPAA Authorization Form.

Once in contact with AMPS Negotiations, will the Provider stop sending bills?

You may continue to receive statements from the Provider every month. Providers have automated billing, so it's very difficult for them to interrupt a single statement.

Can I ask a Provider or their representative to contact AMPS instead of calling me?

Yes. If you receive a call about the balance bill, ask the Provider to contact AMPS at 800.425.9373. Tell the caller that you have appointed AMPS as your Authorized Representative.

How long does it take to resolve an invalid balance bill with the Provider?

AMPS Negotiations team is working to settle the claim as soon as the balance bill is verified to be a true balance bill. The length of time it takes to reach resolution will be dependent of the specifics of your claim.

What if I need additional treatment at this Provider? Will I be turned away?

It has not been AMPS experience to have a Provider turn away a Member due to balance billing. If you encounter any admissions issues, please call Auxiant right away so that they and AMPS can work together to resolve the issue.

Should I make any payments on the bill I receive?

You are only responsible for the Patient Responsibility shown on your Plan's Explanation of Benefits such as your deductible and/or coinsurance.

Can my credit score be affected?

So long as Auxiant is notified of the balance bill, the likelihood of your credit being affected is extremely low. AMPS Negotiations team will have reached a settlement or are in negotiations with the Provider long before the bill would be sent to collections.

What is RBR?

RBR stands for Reference Based Reimbursement. This is a method of reimbursement based on several pricing benchmarks including Medicare, true costs, and cost-to-charge data.

How will I know if I am being billed or if the amount on the Provider statement is my responsibility?

The EOB (Explanation of Benefits) from Auxiant contains a box that shows how much you owe. When you get the first Provider statement, compare the amount they are billing to your EOB. If the amount on the Provider statement is more than that on your EOB, you are being balance billed.





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# HAVE YOU RECEIVED A BALANCE BILL?

A Balance Bill is a bill from a hospital or facility that states the Patient owes more than what is stated in their Explanation of Benefits (EOB) from Auxiant.

## IF YOU RECEIVE A BALANCE BILL, PLEASE MAKE SURE TO:

### 1 Contact Auxiant immediately.

By Federal Law you have 60 days from the date of the initial balance bill to dispute erroneous charges. Disputes filed after 60 days are not protected under the Fair Credit Billing Act (FCBA). **Communication within 60 days is key!**

### 2 Pay your portion.

Make arrangements to pay your portion on time, including any deductibles, copays, coinsurance or non-covered services. Do not set up a payment plan above your patient responsibility.

### 3 Be responsive.

Respond quickly to direction from your AMPS Patient Advocate.

## AN EXPERIENCED AMPS MEMBER ADVOCATE CAN:



Help you understand your EOB and the dispute process, and send you a Balance Bill Kit for you to sign.



Assist you in dealing with any communication with the Provider and bill collection activity.



Answer any questions, provide guidance, and handle the entire dispute process.

Auxiant and AMPS are always here to support you.  
**MAKE SURE TO CONTACT AUXIANT FIRST AT 800.279.6772**



# AMPS Connect



# Auxiant<sup>e</sup>

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## Members will be able to:

- Search for “Friendly” Providers and view previous experience based on AMPS previous billing history and Member experience.
- Connect with the Care Navigation team for help scheduling elective medical procedures
- Digitally submit potential balance bills and supporting documents
- Sign Balance Bill Kit virtually
- Receive and view updates on active Balance Bills
- Available on Android, iOS and web
- Visit [AMPSConnect.com](http://AMPSConnect.com) or download in your app store today





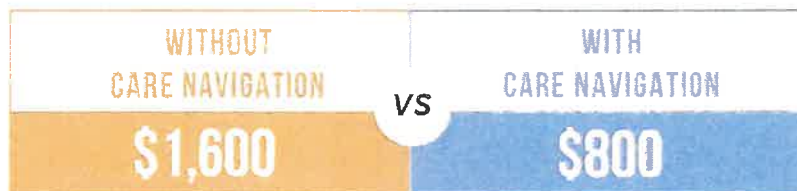
# LET Auxiant<sup>®</sup> SAVE YOU MONEY

Independent Solutions > Real Results

## ON YOUR NEXT MRI, CT OR PET SCAN!

Call before scheduling your non-emergency procedure and ask Auxiant about **Care Navigation**. It's a free benefit that could save you thousands, while still getting the same quality of care.

### 50% SAVED ON AN MRI WITH CARE NAVIGATION



### \$20,000 SAVED ON A KNEE REPLACEMENT



When you're informed you need a non-emergency MRI, CT, PET scan or surgical procedure, contact Auxiant and they will warm transfer you to an AMPS Care Navigator. The AMPS Care Navigator will attempt to locate quality medical providers with competitive pricing in your area. If successful, they will present you with options and other information including your financial responsibility.

**AMPS CARE NAVIGATORS WILL WORK WITH QUALITY MEDICAL PROVIDERS IN YOUR AREA TO SHOP THE BEST PROCEDURE PRICE.**

**CONTACT AUXIANT FIRST AT 800.279.6772**



# CARE NAVIGATION SCHEDULING

## Procedure Examples

The procedures listed below are examples. Eligibility for these procedures are determined by several factors including, location, time, contracting and Member Health. Keep in mind - travel may be required. Depending on health history and pain level, this service may not be a fit. We are providing this list as a starting point and will still need to verify the eligibility of each specific procedure for each member.

### IMAGING

- MRIs
- CT Scans
- PET Scans



### ORTHOPEDICS

- Hip Arthroscopy
- Total Hip Replacement
- Knee Arthroscopy
- Total Knee Arthroplasty
- Ankle Repair
- Total Ankle Repair
- Bunionectomy
- Arthroscopic/Open Rotator Cuff Repair
- Shoulder Arthroscopy
- Total Shoulder Replacement



### OTHER CATEGORY EXAMPLES MAY INCLUDE:

- GI (i.e Colonoscopies)
- General Surgery
- Bariatrics
- Spine
- Urology
- Women's Health / GYN
- ENT



