

EDUCATION PACKET

The More You Know

A Learning Series from 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.

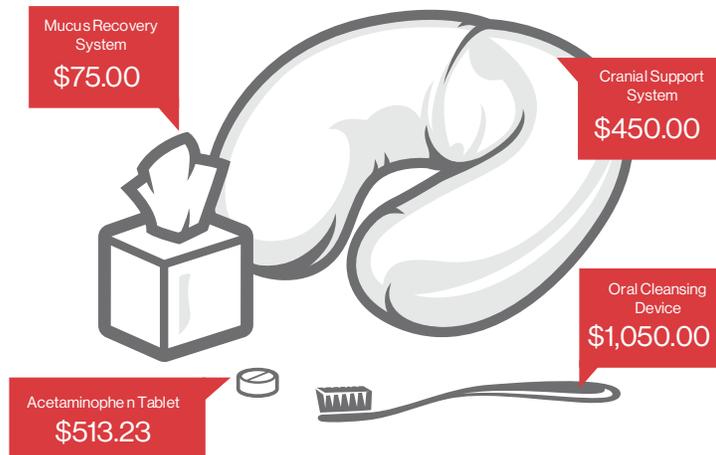
How Does AMPS Help Control Costs?

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 Vault Admin Services 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 Vault Admin Services**. 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.

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

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 Vault Admin Services.

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.

IMPORTANT

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

What We Need To Get Started

- ✓ Copy of Explanation of Benefits
- ✓ Copy of Itemized Bill/Statement

What We Need To File a Dispute

- ✓ Proof of Paid Patient Responsibility
- ✓ Signed HIPAA Authorization Form

Need Help With A Balance Bill?

Call AMPS at 800.425.9374



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 Vault Admin Services 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 Vault Admin Services receives AMPS pricing recommendation, Vault Admin Services will make payment to Provider.

2

A Balance Bill/Collections Letter

96% of the time, the Provider accepts the payment from Vault Admin Services. 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 AMPS immediately at 800.425.9374.

3

Member Outreach

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.

4

Member Advocacy

Once AMPS is notified of a balance bill or collections attempt, 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.

5

Negotiations Process

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

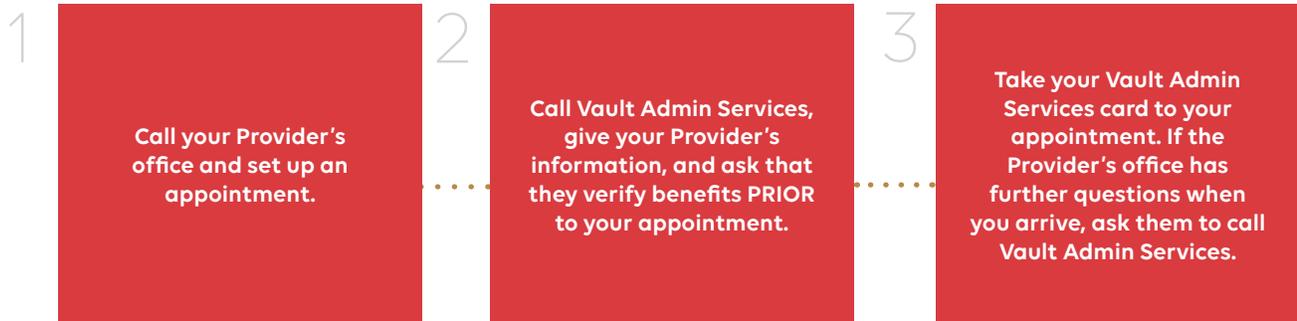
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Stand Firm

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.

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 Vault Admin Services 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 Vault Admin Services 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 Vault Admin Services for any questions regarding your responsibility and benefits.

your insurance?

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

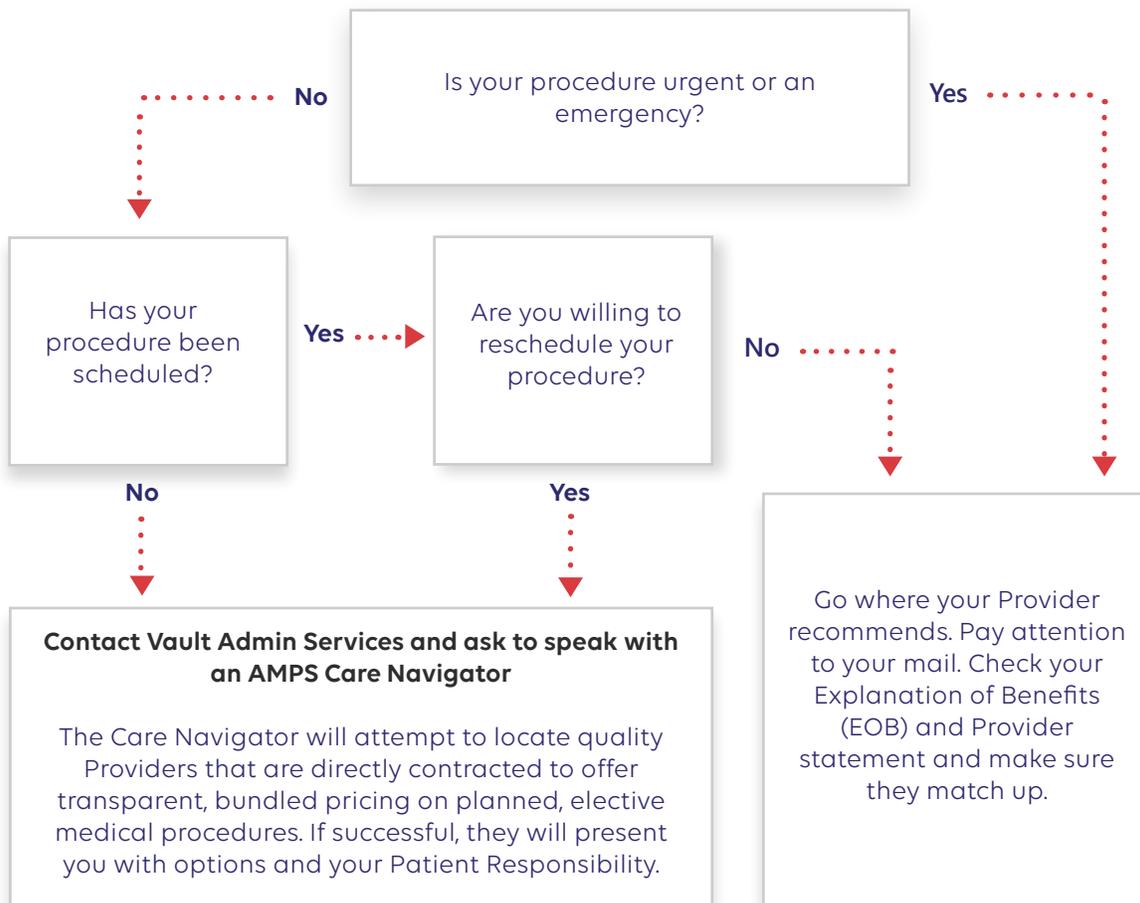
What if the Provider has questions about

Remember: Vault Admin Services's number is on your ID card



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 VAULT ADMIN SERVICES FOR DETAILS.



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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 AMPS at **800.425.9374**.

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 Vault Admin Services so they can speak to the Provider.

What should I do if I get a balance bill?

Contact AMPS immediately at **800.425.9374**. 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 notified of the dispute, 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.

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

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 Vault Admin Services 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 Vault Admin Services 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.

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 Vault Admin Services 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.