



Strategy to Address Non-Contracted Payer Plans

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What are Non-Contracted Payer Plans?

Plans sold to members and employers that provide an illusion of health insurance and hold out incorrectly that “**everyone is participating**”.

- **Reference Based Pricing** - Payers pay % above Medicare typically pay 50% of par payers.
- **Practitioner Only** or **Practitioner & Ancillary** - Covers prof. claims but there is ZERO hospital payment.
- **Limited Benefit** - Most have near ZERO facility payment.
- **Minimum Essential Coverage** - Basically preventive visits, ZERO coverage for facilities.
- **No Inpatient Coverage** - There is no coverage so ZERO payment (*challenging to identify on ID card*).
- **Sharing Plans** - ID cards even identify “it’s not insurance”, and typically pay 50% of par payers.
- **Reasonable & Allowable** - Whatever the payer determines is appropriate, typically pay 50% of par payers.
- **Fixed Indemnity** - Some pay \$100 a day for hospital stays (essentially ZERO payment).
- **Discount Only** - Provide “discount” of the network to the member with ZERO payment from insurance.
- **BCBS Out of State** - Without “Travel Benefits” there is ZERO payment (Exchange and HMO plans).

Several of these plans ID cards explicitly state “THIS IS NOT HEALTH INSURANCE”

Impact is >10% of Commercial Volume, and DIFFICULT to identify.

Why Non-Contracted Plans Work for Payers

- The products are sold without full disclosure (misrepresentation & fraud).
- The ID cards appear to be similar to those offered by legitimate payers.
- Employers, brokers, lawyers and TPAs defend what is listed as limited in the “Summary Plan Document”, which is required to be filed for any ERISA plan.
- Hospitals write off the losses since fighting the individual claims cost too high.
- Hospitals are too nice by providing courtesy billing, then fall right into the trap.

Falling into the Non-Contracted Payer Trap

- Accepting patients with non-contracted plans for non-emergent care.
- Providing courtesy billing for those accepted (patient insistence).
- Payers mail patients EOB's misrepresenting the hospital as overcharging, and incorrectly stating to the patient they are not responsible for the differences.
- Employers and patients are told by these plans, TPA's and brokers
“...Everyone is In-Network...” WHICH IS NOT TRUE.

Example of EOB Sent to Patient by Payer

Dates of Service	Service	Billed Charges	Repriced Amount	% Saved	Ineligible	Annual Unshared Amount	Eligible for Sharing	% Shared	Amount Shared	Remark Code(s)
03/19/2021	Emergency Room	\$2.00	\$0.73	64%	\$0.00	\$0.00	\$0.73	100%	\$0.73	09
03/19/2021	Emergency Room	\$130.00	\$47.72	63%	\$0.00	\$0.00	\$47.72	100%	\$47.72	09
03/19/2021	Emergency Room	\$99.00	\$36.34	63%	\$0.00	\$0.00	\$36.34	100%	\$36.34	09
03/19/2021	Emergency Room	\$1,155.00	\$423.97	63%	\$0.00	\$0.00	\$423.97	100%	\$423.97	09
03/19/2021	Emergency Room	\$595.00	\$218.41	63%	\$0.00	\$0.00	\$218.41	100%	\$218.41	09
Need Totals:		\$1,981.00	\$727.17	63%	\$0.00	\$0.00	\$727.17		\$727.17	

Your remaining responsibility to your provider: \$0.00

IMPORTANT: If the amount shared has been sent to you, the member and you have already paid your provider, this is a reimbursement for your medical expenses. If you have not paid your provider, please contact them to make a payment. Ineligible amounts may be the patient's responsibility.

Remark Code(s)

Codes	Messages
09	AMPS: Charge excessive based on RBRVS, Redbook, AWP, Acquisition Cost, CMS and other published cost, charge data.

Member Responsibility

This amount reflects the portion of the Annual Unshared Amount not yet met, and the amount of ineligible medical needs, and for member of our Solidarity Primary program, the 30% that is not shareable.

Notice

This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy.

EOB Instructs Patient NOT to Pay Bal. Bill

If you Receive a Balance Bill:

Solidarity HealthShare utilizes the services of Advanced Medical Pricing Solutions ("AMPS") to review and evaluate medical bills to help ensure that you are not charged beyond what is fair and just. Certain charges included in your medical bill may have been determined to be ineligible or excessive. If so, the amount shared to your healthcare provider was less than their original billed charges. This is not uncommon as many bills contain errors and improper or excessive charges, but it is possible that the provider may send you a bill for the balance of unreasonable charges, or a "Balance Bill."

Solidarity HealthShare is not an insurance company or insurance program. Solidarity HealthShare provides voluntary contributions for the sharing of healthcare expenses between their members. The Sharing Limitations of eligible healthcare expenses are set forth in the Sharing Guidelines and supports this Reference Based Pricing Analysis ("RBPA"). The RBPA is based on an average of 150% of Medicare allowable (IPPS/OPPS/ASC), for the services in the geographic region, or 135% of costs as reflected in the hospitals latest Medicare cost report, not to exceed 175% of Medicare allowable (IPPS/OPPS/ASC) reimbursement% of Medicare allowable (IPPS/OPPS/ASC).

References Considered

- Medicare (IPPS/OPPS/ASC) Based Allowable = \$638.65
- Cost Based Allowable (from Medicare cost to charge data) = \$815.68
- Not to Exceed Medicare (IPPS/OPPS/ASC) Based Allowable = \$745.10
- AMPS' Physician Calculated Recommendation (Based upon RBRVS and other considerations) = Not Applicable
- **Based upon the above cited references, the Allowable = \$727.17**

Additionally, healthcare cost has been reviewed for clinical and correct coding.

EOB also instructs patient to contact them if provider does balance bill the patient.

Google: ProPublica & Liberty HealthShare

≡ **PROPUBLICA**

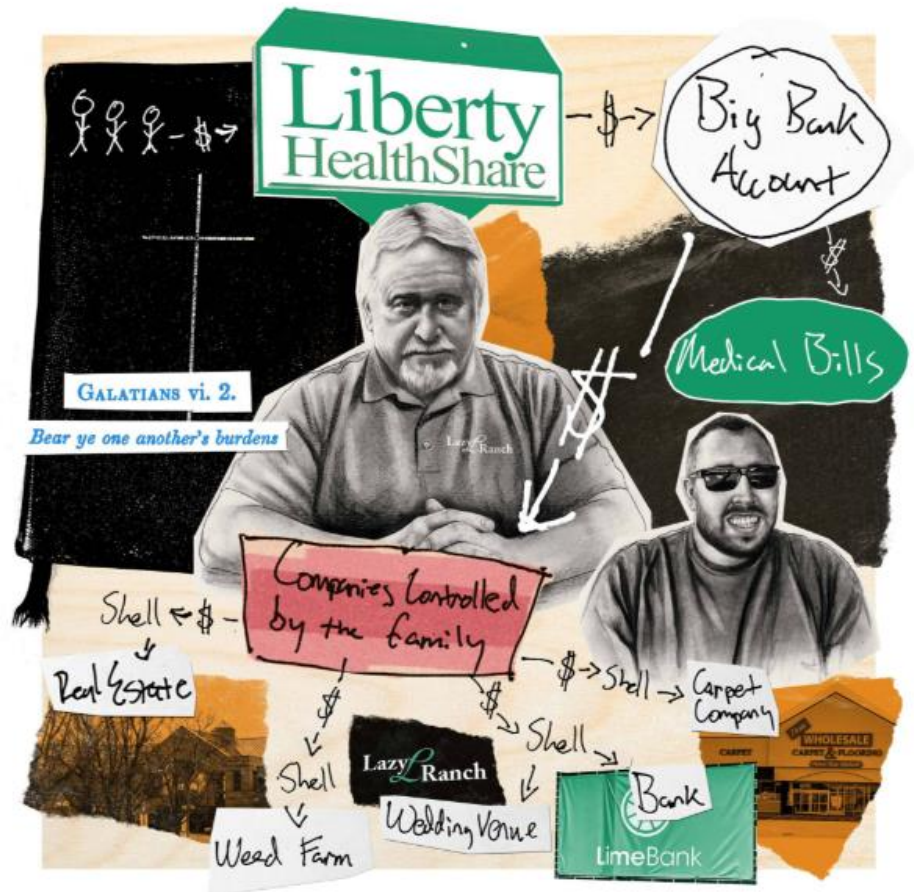
Donate

Health Care

A Christian Health Nonprofit Saddled Thousands With Debt as It Built a Family Empire Including a Pot Farm, a Bank and an Airline

by Ryan Gabrielson and J. David McSwane, graphics by Kolin Pope

Feb. 25, 5 a.m. EST



Recent Examples of Losses

Hospital Claim #1 - No Inpatient Coverage

\$ 166,871 Charges

\$ 1,828 Insurance Payment **(should be about \$158,000)**

\$ 164,887 Patient Responsibility (next slide is the actual EOB)

\$ 156,000 Reduced Revenue to WVUM

Hospital Claim #2 - Reference Based Pricing

\$ 966,708 Charges

\$ 234,463 Insurance Payment **(should be about \$ 870,000)**

\$ 0 Patient Responsibility

\$ 635,000 Reduced Revenue to WVUM

Just these two claims reduced WVUM revenue ~ \$791,000

Patient Statement from Insurance (EOB)

MultiPlan - Professional & Ancillary Plan

Claim#:

Patient:

Dates of Service	Proc Code	Svs Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
12/16-01/03/2022	R730	6	\$151.00	\$151.00	28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals			\$166,811.47	\$164,887.47		\$96.20	\$1,827.80	\$0.00	\$0.00	\$1,827.80		\$1,827.80
Patient's Responsibility:			\$164,887.47							Other Credits or Adjustments		\$0.00
											Total Net Payment	\$1,827.80

See comments:

INPATIENT HOSPITAL SERVICES ARE NOT COVERED

1	PRIVATE ROOM & BOARD	28	Your plan does not cover this type of service.
4	INTENSIVE CARE ROOM	46	Bill has been discounted by your PPO/EPO network.
6	HOSPITAL MISCELLANEOUS		
63	HOSPITAL EMERGENCY ROOM		
RS	RESPIRATORY THERAPY		

Search MultiPlan Practitioner & Ancillary Online



Don't choose hospital, hospital services are not included, choose lab or radiology.

[Back](#)

Do you see any of these statements on your benefits ID card?

(Statement usually appears below the logo)

[Limited Benefit Plan](#)

[Practitioner Only](#)

[PPO](#)

[Practitioner & Ancillary](#)

[Preventive Services Only](#)

[Specific Services](#)

[Medicare Advantage](#)

[I don't see any of these statements](#)

Directory information last updated earlier today.

129 results for 'Hospital' near 19107

Philly

Refine Results

Apply Filters

Reset Filters

Location

Within 20 Miles

Handicap Accessible

☒ All

☐ Handicap Accessible (24)

Telemedicine Services

☒ All

☐ Telemedicine Services (7)

[Printer Friendly](#)

[Email Results](#)

Sort by Distance (approx.)

[View Virtual/National Providers](#)

[Magee Rehabilitation Hospital](#)

Psychiatric, Acute Rehabilitation, Physical Therapy, 96 Beds

1513 Race St
Philadelphia, PA 19102
[215-587-3000](#)

0.27 Miles

[Thomas Jefferson University Hospital](#)

Urgent Care, Clinic, Psychiatric, Radiology

111 S 11th St
Philadelphia, PA 19107
[215-955-6000](#)

0.39 Miles

[Thomas Jefferson University Hospital](#)

Laboratory

111 S 11th St
Philadelphia, PA 19107
[215-955-6000](#)

0.39 Miles

[Thomas Jefferson University Hospital](#)

Radiology

925 Chestnut St
Philadelphia, PA 19107
[800-321-9999](#)

0.52 Miles

[Thomas Jefferson University Hospital](#)

Laboratory

33 S 9th St
Fl 2
Philadelphia, PA 19107
[215-955-7113](#)

0.54 Miles

[Thomas Jefferson University Hospital](#)

Radiology

909 Walnut St
Philadelphia, PA 19107

0.54 Miles

Why is ANY hospital participating in a plan that offers ZERO payment for hospital services?

“Flag” in Epic for Registration Staff in Process

- Flag in Epic alerting patient registration at clinics in process
 - Will start with non-participating employers which can be identified by group numbers
- Non-par employers are listed on internal and external WVUM websites
- Many of these patients have been accessing WVUM
- Most of these patients **believe** they have health insurance
- However, **WVUM does not participate** with these plans
- Other parties misrepresent WVUM participation for their benefit
- Has been good for payers, employers & patients, but not for WVUM

Examples of Non-Participating ID Cards on Next Slides

Example of “Not Health Insurance” ID Card

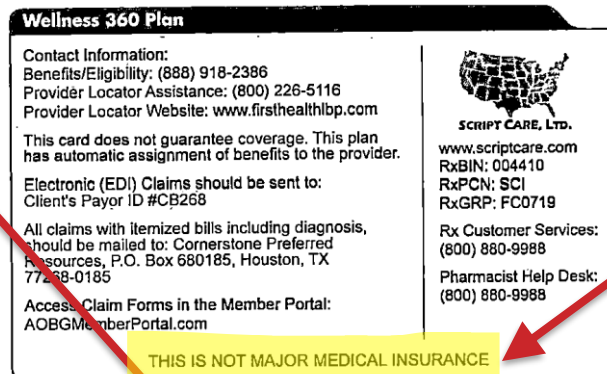
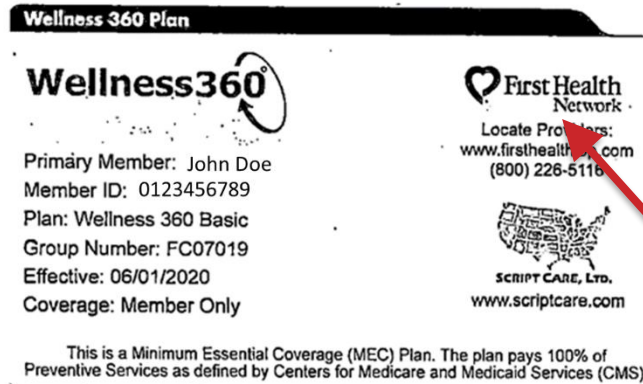


WVUM participates with MultiPlan, but **not with plans** that are not health insurance

Limited Indemnity Health Insurance limits payments to very low preset amounts

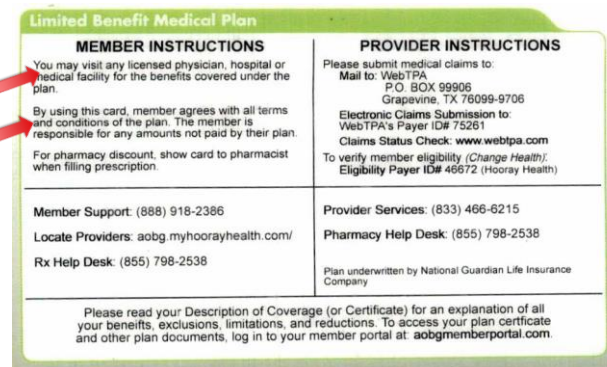
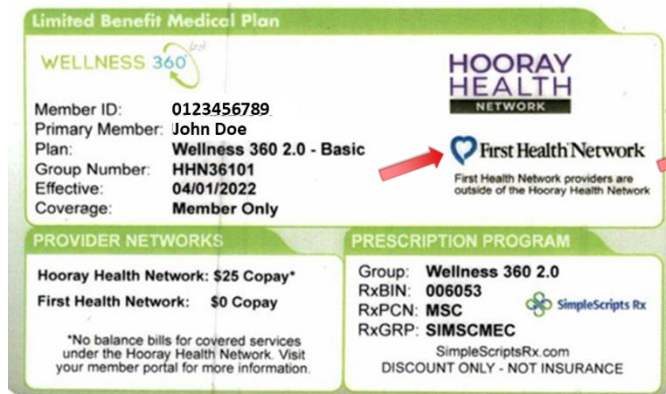
ID card states “Discount networks provided through AWA are **not health insurance**, therefore **non-participating**, patient is responsible for all charges

Example of ID Card Evolution - Same Patient



Old ID card stated clearly THIS IS NOT MAJOR MEDICAL INSURANCE.

Par with First Health but not without insurance.



Newer card mimics major medical cards, states you can visit anyone.

So, Wellness 360 & Hooray Health are Identified as Non-Par Payers.

Charges of \$5,000, Paid ZERO
NOT MAJOR MEDICAL INSURANCE

Payers Push Low Copay & Federal Rates



MAGNACARE™ **Totalplan**
CONCEPTS
Submit facility claims to Payer ID: 80900

PHYSICIAN ONLY
Payer ID: 11303

GROUP NAME: COMPLETE CARE
GROUP #: 318
NAME: JOHN DOE
MEMBER ID #: 0123456789

To verify eligibility benefits and claim information
call (877) 435-2063 or visit us at totalplanpa.com

Smi+hRx

Rx Bin: 019025 PCN: 8001002

Eligibility: To verify eligibility benefits and claims information
call (877) 435-2063.

Precertification: Call (866) 840-2655 to obtain authorization.

Important: Failure to obtain precertification will result in reduced
payment by the plan.

Pharmacy Support: SmithRx
Provider (844) 512-3030
Member (844) 454-5201

Providers: For Magnacare providers locations near you, visit us
@ Magnacare.com or call (800) 235-7267

Facility/Hospital: www.planlimit.com/complete-care-LLC

Mail completed facility claims to: Payer ID 80900
Claims Mailing Address: P.O. Box 9763, Arnold, MD 21012

Possession of this card does not certify eligibility or guarantee payment.

Question: (Email Received from WVUM Patient Access)

*I called about this insurance and was told that **they pay federal rates** and the only thing the patient would pay and be billed for would be the \$50.00 copay for the specialist visit. This is billed through **ELAP** which is a third-party administrator. My question is based off of this information and the insurance card scanned do we take this insurance. Please advise. Thank you.*

Answer:

There is no network on the ID card that is par with WVUM, so this is **non-participating**.

Any non-contracted rate (like “Federal Rates”) is **non-participating** for a commercial member.

ELAP is **non-participating** on Payer Par Chart.

ANY of the three items above would render the plan **non-participating**.

A Fixed Indemnity Health Plan Example with United Healthcare Choice Plus Network

Leverages Name
Recognition...

Actually, utilizes the
UnitedHealthcare
Choice Network

No indication on the
front or back of the
member ID card
indicates this is a
fixed indemnity
PPO, paying stated
benefit amounts,
regardless of
expenses.

US HEALTH GROUP
A UnitedHealthcare Company

Insurance underwritten by
Freedom Life Insurance Company of America

Control #: 52X5291890 Plan #: 78-800132

Member #: Effective: 03/02/2022

0123456789 John Doe
9876543210 Jane Doe

UnitedHealthcare®
Choice Plus Network

OPTUMRx™
Rx Bin: 610279
Rx PCN: 9999
Rx GRP: USHG

For Members: www.myUSHG.com 866-780-8744

For Pharmacies: 888-290-5416

For Providers:
Eligibility and Benefits provider.ushealthgroup.com 866-745-8744
Precertification 800-999-3404

Precertification of inpatient hospital confinements must be obtained within the time specified in your contract.

Electronic Claims Payer ID: 39026
Paper Claims Address: UMR P O Box 30541, Salt Lake City, UT 84130-0541

This card does not guarantee coverage. Expenses mistakenly paid under any section or provision of the contract shall not constitute a waiver of any conditions, terms, definitions or limitations contained in the contract.

From their website...

PremierAdvantage PPO Plans | U x +

ushealthgroup.com/product/premieradvantage/

Utilization Manage... Camden-clark Mem... How to Unprotect P... How do I circumve...

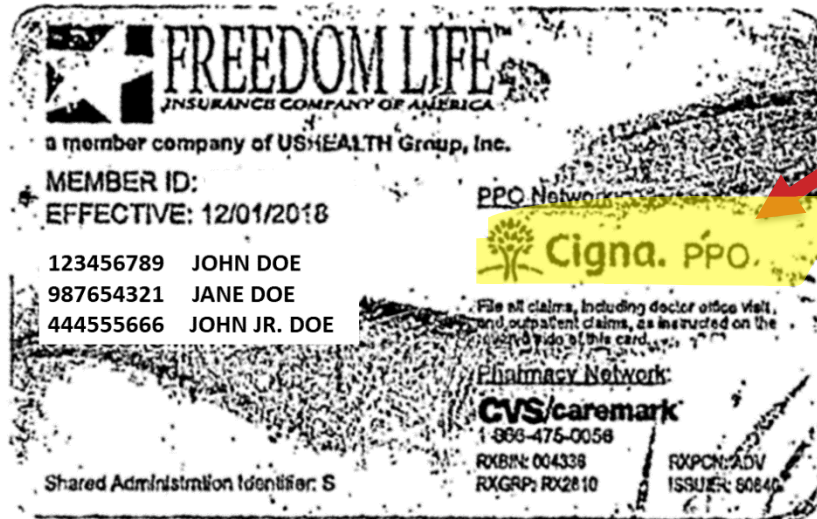
US HEALTH GROUP
A UnitedHealthcare Company

Insurance underwritten by:
Freedom Life Insurance Company of America
National Foundation Life Insurance Company
Enterprise Life Insurance Company

PremierAdvantage - Fixed Indemnity PPO

The PremierAdvantage Fixed Indemnity Plans provide first dollar payments for covered healthcare services without a calendar year deductible having to be first satisfied. These plans utilize the nationwide UnitedHealthcare Choice Plus Network and pay the stated benefit amount, regardless of expenses incurred. Plus, you can buy more coverage if you need it, through PremierMed without additional underwriting!

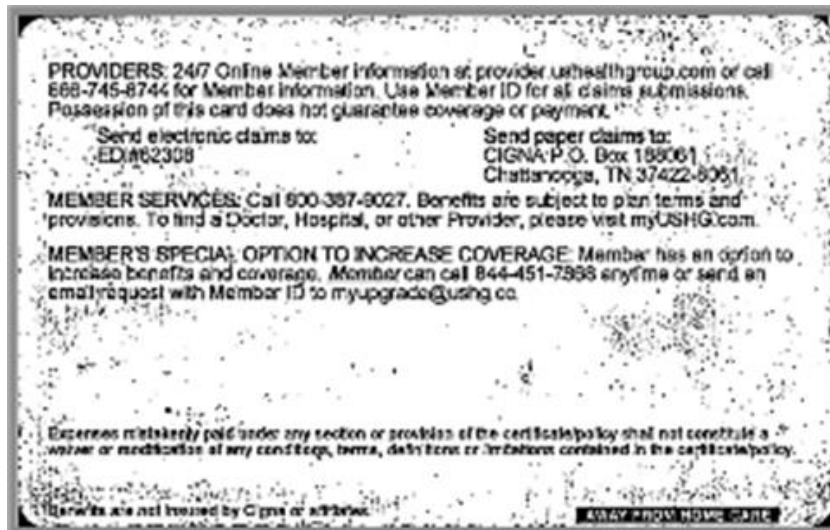
Freedom Life Also Utilizes Cigna Network



Nothing on the card indicates this is a very limited benefit plan or pays indemnity benefit.

PHCS, Multi-Plan and other networks are also utilized.

Typical claim payment on next slide.



Typical EOB from Freedom Life

Zero Payment and Patient Owes \$12,435

Charges	\$14,158
Discount	\$ 1,723
Excluded Charges	\$12,435
Patient Responsibility	\$12,435
Payment to Provider	\$ 0

EOB Statements:

- Condition **excluded** from coverage by the policy.
- Ambulatory Surgical Facility is **not covered**.
- PT, ST, OT are **not covered**.

That's Not One Cherry Picked Example

Almost \$1M in Claims Paid at \$56K

Freedom Life Insurance Company (US Health Group) a United Healthcare Company

Actual Claim Charges and Payments in 2022

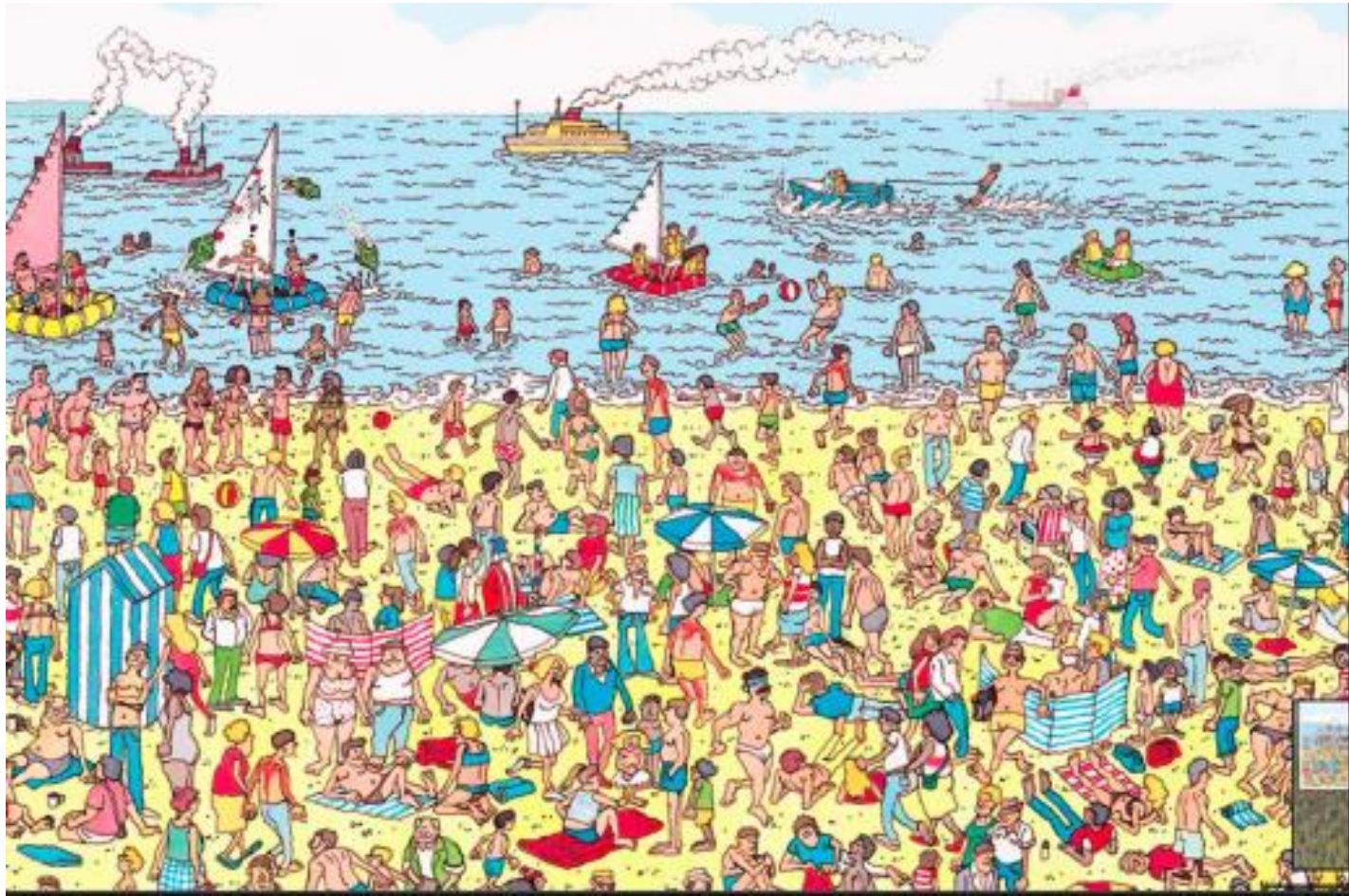
Service	Charge	Paid	Service	Charge	Paid	Service	Charge	Paid	Service	Charge	Paid
101 - Inpatient	\$145,438	\$10,500	157 - Hospital Ancillary	\$6,302	\$711	115 - Reference Lab	\$2,464	\$45	157 - Hospital Ancillary	\$847	\$0
104 - Observation	\$91,481	\$4,586	114 - Day Surgery	\$6,196	\$695	157 - Hospital Ancillary	\$2,320	\$0	00 - Not Specified	\$822	\$0
114 - Day Surgery	\$45,364	\$0	104 - Observation	\$6,000	\$0	114 - Day Surgery	\$2,291	\$0	102 - Outpatient	\$821	\$0
103 - Emergency	\$41,385	\$2,606	102 - Outpatient	\$5,870	\$1,373	00 - Not Specified	\$2,281	\$0	00 - Not Specified	\$808	\$0
104 - Observation	\$40,904	\$1,280	101 - Inpatient	\$5,714	\$0	102 - Outpatient	\$2,215	\$310	00 - Not Specified	\$786	\$0
102 - Outpatient	\$38,768	\$3,162	157 - Hospital Ancillary	\$5,561	\$210	00 - Not Specified	\$2,186	\$0	00 - Not Specified	\$711	\$0
114 - Day Surgery	\$37,718	\$0	157 - Hospital Ancillary	\$5,368	\$250	101 - Inpatient	\$2,162	\$0	00 - Not Specified	\$676	\$0
00 - Not Specified	\$22,682	\$0	103 - Emergency	\$5,237	\$450	157 - Hospital Ancillary	\$2,076	\$550	157 - Hospital Ancillary	\$672	\$45
114 - Day Surgery	\$22,470	\$0	103 - Emergency	\$4,817	\$887	102 - Outpatient	\$1,947	\$94	102 - Outpatient	\$644	\$0
114 - Day Surgery	\$20,299	\$0	103 - Emergency	\$4,803	\$2,273	103 - Emergency	\$1,884	\$280	114 - Day Surgery	\$598	\$0
103 - Emergency	\$20,100	\$2,609	102 - Outpatient	\$4,472	\$114	103 - Emergency	\$1,671	\$0	116 - UML Patient Bill	\$533	\$307
102 - Outpatient	\$19,392	\$657	103 - Emergency	\$4,470	\$325	102 - Outpatient	\$1,570	\$395	115 - Reference Lab	\$505	\$40
00 - Not Specified	\$18,984	\$0	102 - Outpatient	\$4,466	\$235	103 - Emergency	\$1,567	\$250	115 - Reference Lab	\$500	\$50
103 - Emergency	\$17,872	\$2,295	102 - Outpatient	\$4,396	\$0	101 - Inpatient	\$1,486	\$0	103 - Emergency	\$435	\$0
102 - Outpatient	\$16,759	\$159	00 - Not Specified	\$4,244	\$0	157 - Hospital Ancillary	\$1,475	\$0	157 - Hospital Ancillary	\$308	\$50
103 - Emergency	\$15,688	\$897	102 - Outpatient	\$4,138	\$650	115 - Reference Lab	\$1,460	\$30	104 - Observation	\$302	\$0
101 - Inpatient	\$15,574	\$2,150	103 - Emergency	\$3,901	\$0	103 - Emergency	\$1,413	\$330	102 - Outpatient	\$293	\$0
104 - Observation	\$14,540	\$0	157 - Hospital Ancillary	\$3,863	\$412	102 - Outpatient	\$1,371	\$0	103 - Emergency	\$267	\$0
114 - Day Surgery	\$14,518	\$25	157 - Hospital Ancillary	\$3,685	\$580	00 - Not Specified	\$1,304	\$0	103 - Emergency	\$267	\$0
102 - Outpatient	\$13,937	\$1,619	116 - UML Patient Bill	\$3,623	\$399	157 - Hospital Ancillary	\$1,257	\$0	157 - Hospital Ancillary	\$262	\$0
101 - Inpatient	\$13,846	\$0	104 - Observation	\$3,474	\$0	00 - Not Specified	\$1,227	\$0	122 - Radiation Oncology	\$253	\$0
101 - Inpatient	\$13,075	\$0	102 - Outpatient	\$3,377	\$188	102 - Outpatient	\$1,171	\$33	00 - Not Specified	\$244	\$0
114 - Day Surgery	\$12,055	\$1,200	102 - Outpatient	\$3,141	\$1,284	157 - Hospital Ancillary	\$1,133	\$0	114 - Day Surgery	\$236	\$0
102 - Outpatient	\$11,637	\$0	157 - Hospital Ancillary	\$3,097	\$150	103 - Emergency	\$1,083	\$350	103 - Emergency	\$225	\$214
102 - Outpatient	\$10,789	\$412	102 - Outpatient	\$3,096	\$340	103 - Emergency	\$1,063	\$0	157 - Hospital Ancillary	\$204	\$0
121 - Chemo	\$9,301	\$0	125 - Physical Therapy	\$3,024	\$129	103 - Emergency	\$1,020	\$0	00 - Not Specified	\$184	\$0
114 - Day Surgery	\$9,213	\$230	114 - Day Surgery	\$2,912	\$0	102 - Outpatient	\$974	\$230	00 - Not Specified	\$180	\$0
114 - Day Surgery	\$8,202	\$1,230	102 - Outpatient	\$2,827	\$500	102 - Outpatient	\$930	\$80	116 - UML Patient Bill	\$164	\$0
00 - Not Specified	\$7,767	\$0	114 - Day Surgery	\$2,740	\$0	121 - Chemo	\$914	\$0	157 - Hospital Ancillary	\$157	\$61
157 - Hospital Ancillary	\$7,718	\$280	157 - Hospital Ancillary	\$2,730	\$0	157 - Hospital Ancillary	\$895	\$0	157 - Hospital Ancillary	\$66	\$24
115 - Reference Lab	\$7,420	\$457	103 - Emergency	\$2,652	\$972	157 - Hospital Ancillary	\$884	\$150	102 - Outpatient	\$46	\$0
103 - Emergency	\$7,125	\$529	103 - Emergency	\$2,626	\$450	102 - Outpatient	\$873	\$61	115 - Reference Lab	\$10	\$0
102 - Outpatient	\$6,694	\$1,317	125 - Physical Therapy	\$2,611	\$0				Total	\$995,740	\$55,753



Insurance underwritten by:
 Freedom Life Insurance Company of America
 National Foundation Life Insurance Company
 Enterprise Life Insurance Company

Also, National Life Insurance Company of America
 Enterprise Life Insurance Company

Searching ID Cards for Non-Par Status



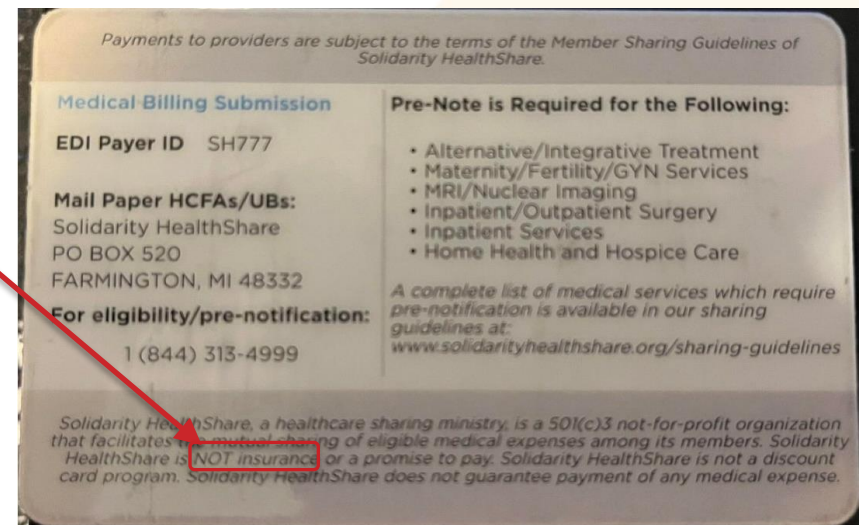
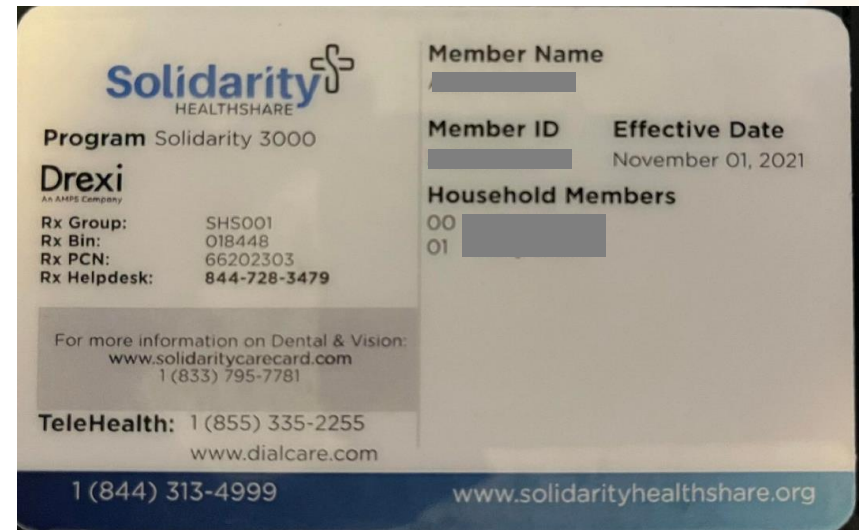
Is a little bit like “Where’s Waldo”

ID Card Review - HealthShare Example

3 Questions

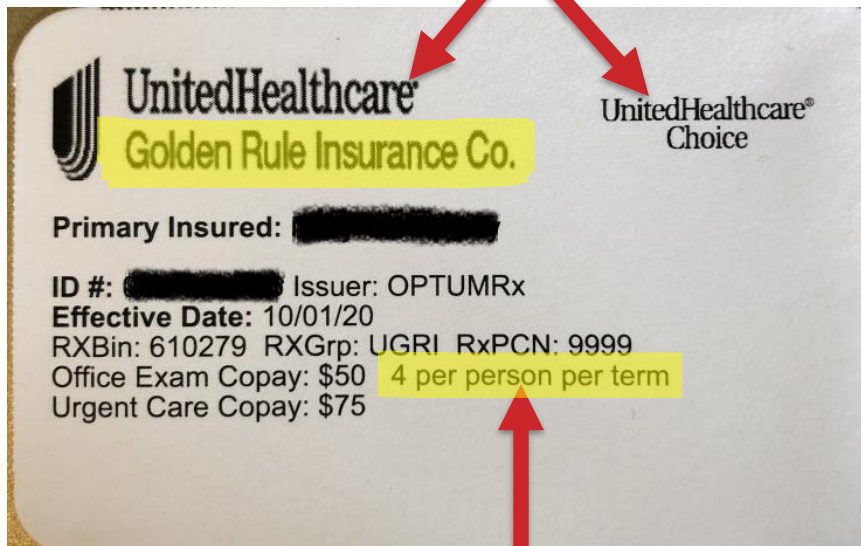
To Review an ID Card for Par Status
If any answer is Non-Par – **STOP – it's NON-PAR** (no need to go further)

1. Non-Par Payer or Employer?
Payer Par Chart Lists **Solidarity HealthShare** as **NON-PAR**
2. Reference to Medicare Payment, Discount or "...NOT Insurance"?
Bottom of back of card states **NOT insurance**. **NON-PAR**
3. WVUM participating MEDICAL network logo?
No par network Logo **NON-PAR**

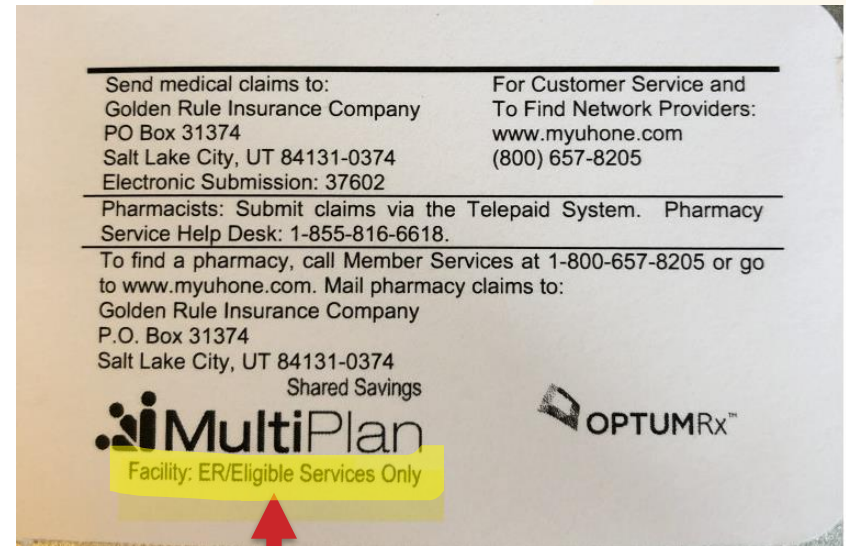


CONFUSION - Unless You Keep Track of Non-Par Plans

United Healthcare Prominently Displayed in TWO Locations
(Par with United Healthcare, but not with “*limited benefit*” plans)



Only 4 office visits allowed per person



No facility coverage beyond Emergency,
and only if those services are eligible...

Exchange Plans - Only Par In State Issued

Exchange Plans use parent company logos and networks – but most provide ZERO coverage outside the home state.

WVU Medicine providers in West Virginia receive ZERO payment for this United Healthcare Maryland exchange plan.

The image shows a United Healthcare insurance card. At the top left is the United Healthcare logo, and at the top right is the OPTUMRx logo. The card contains the following information:

- Member: Member Name
- Member ID: 00B000006
- Group Number: XXONEX
- UHC Bronze Value+Plan Name UHC Plan Name UHC UHC Plan Name UHC
- Eff Dt: 01/01/2022 Exp Dt: 12/31/23
- Payer ID: 87726
- PCP Required or PCP Name
- Copay: PCP: \$25 UC: \$100
- InPt/Hosp: \$\$\$\$ Spec: DED+40% ER: DED+50%
- Med INN - DED INDIV/FAM \$2000/\$5000 \$8000/\$10000
- Rx INN \$0000/\$0000
- PCP Referrals Required
- Fully Insured DOI-0508
- XX Individual Exchange Benefit Plan
- Underwritten by UnitedHealthcare of XXXXXXXXXXXX, Inc.

A box on the right side of the card contains the following information:

- Rx Bin: 610279
- Rx PCN: 7777
- Rx Grp: EXCXX

Below this box, it says: "Copay tiers: 50%/50%/50%/50%/50% *Deductibles apply."

Blue Cross & Blue Card (Travel Benefits, or NOT)

- **Blue Cross Organization**

- 34 separate and independent local BCBS companies

- **What is “Blue Card”**

- Nationwide provider network sharing between for these 34 BCBS local plans (vs. nationwide contracting) providing “Travel Benefits” outside of the member’s local plan area (i.e. suitcase logo).
- ONLY works when a member is OUTSIDE OF LOCAL PLAN AREA (does not work for an Ohio member in Ohio - provider must be contracted directly for those members).
- **NOT all BCBS plans have Blue Card “Travel Benefits”** which is the terminology often utilized by BCBS local plans (i.e. suitcase logo)
- Typically Out-of-State BCBS **Exchange plans** and **HMOs** do NOT have travel benefits and there is **ZERO payment** for services.

BCBS Out of State - Par vs. Non-Par

BlueCross BlueShield of Georgia		Blue Product	ALPHA
Member Name		Dependents	
Member Name		Dependent One	
Member ID		Dependent Two	
XYZ123456789		Dependent Three	
Group No.	0234567	Plan	PPO
BIN	997854	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
Plan Code	123	Deductible	\$54



PPO in a Suitcase (80% of cards)

Participating but coverages vary depending on plan design.

Non-Participating Plans

No Suitcase Logo (10% of cards)

No Travel Benefits, ZERO coverage outside of their local BCBS plan area, typically Medicaid, HMO's and exchange plans.



PPOB in a Suitcase (5% of cards)

Some Travel Benefits but under a PPO Basic plan, coverages vary.



Empty Suitcase (5% of cards)

Some Travel Benefits but under terms defined by the local BCBS plan. Check www.availity.com for specific coverages.

If an insurance card does not have a "PPO in a suitcase" logo, the member may not have coverage at WVUM except for emergency care.

Even with the PPO logo, a member **may not be covered or be subject to significant out-of-pocket expense** if the member has a narrow or tiered network benefit plan.

BlueCard members should always verify provider participation status directly with their home Blues plan.

Beware BCBS Leased Networks with RBP

- **Various BCBS Plans Lease Their “Local Network” Access**
 - Most of the TPA's utilize RBP outside of the “Local Network”
 - Employees believe they have BCBS, when THEY DO NOT
- **More than SIX pages of CareFirst Leased Network Accounts online**

<https://provider.carefirst.com/carefirst-resources/provider/pdf/network-prefix-list-prd10651.pdf>



CareFirst Third Party Administrator (TPA)/Network Lease Accounts Only

CareFirst contracts with Third Party Administrators to the Network claims product. Please send all correspondence and non-claim inquiries to the TPA addresses below. Please submit claims electronically using EDI Payer Codes: Professional – 580, Facility – 190.

Prefix Group	Group Name	TPA Name & Address	Claims Filing Address	Claims & Benefit Contact Name	Phone Number	Filing Limit	Electronic Payer ID Number
A11	NCAS MULTIPLE GROUPS	NCAS PO Box 981610 El Paso, TX 79998	PO Box 981610 El Paso, TX 79998-1633	Customer Service	800-888-6227	Customer Service	Prof. 580/Inst. 190
A12 A121	Group Benefit Services Delta Chemical Group	Group Benefit Services 6 North Park Dr. Suite 310 Hunt Valley, MD 21030	P.O. Box 981633 El Paso, TX 79998-1633	Customer Service	410-832-1300	Call TPA	Prof. 580/Inst. 190

ID Cards of Leased Networks with RBP



NATIONAL HEALTH AND WELFARE FUND
66 Grand Avenue Englewood, New Jersey 07631

certifies that

John Doe
123456789

and all eligible dependants are enrolled in a program for
Health Care Benefits administered by the UFCW National

PRE-CERTIFICATION is required for Inpatient admissions.
Call Conifer Health Solutions at 1-866-292-8090

at least 10 days prior to non-emergency admissions,
and within 1 day following emergency admissions.
PRE-CERTIFICATION failure penalty may apply.

PRE-AUTHORIZATION required for CT Scans, MRIs and
EMGs (nerve tests). Call the Fund office at 1-888-773-8329.
Benefits are denied if you do not call as required above.

PROVIDERS submit claims to:

CAREFIRST NETWORK LEASING
P.O. BOX 981633
EL PASO, TX 79998-1633



**Maryland Electrical
Industry Health Fund**

Prescription/Medical ID Card	Group ID	2003
	Benefit Plan	PPO
	Prefix	A22
Member ID	Member ID	
Group: IBEWMD3	(enter prefix in front of Member ID on claims)	

Pharmacist Instructions: Process through NDC
bin No. 006558
Participating pharmacies must transmit prescription
claims on-line to Sav-Rx. For inquiries on electronic
claim submission, pharmacies may call Sav-Rx at 1-866-
233-IBEW (4239).

Send all correspondence to:
MEI Health Fund
9411 Philadelphia Road, Suite S
Baltimore, MD 21237

Pre-certification is mandatory before any hospital
admission or the next business day for emergency
admission. Failure to comply will reduce benefits.
Contact SupportLinc prior to mental health/
substance abuse services.

Benefits and Eligibility:	800.352.2741
Fax:	410.687.7600
To find a provider visit:	www.carefirst.com
or call	800-235-5160
Inpatient Pre-certification:	800-641-5566
SupportLinc EAP	888-881-5462

CareFirst BlueCross BlueShield provides network
access only and does not assume any financial
risk or obligation with respect to claims. No network
access is available from BlueCross and BlueShield
plans outside of the service area of CareFirst
BlueCross BlueShield. © Registered trademark
of the Blue Cross and Blue Shield Association. ©
Registered trademark of CareFirst of Maryland, Inc.

PBM: Sav-Rx	
Rx Member use only:	866-233-4239
Rx Pharmacist use only:	866-233-4239
Website:	www.savrx.com

Mail claims to:
CareFirst Network Leasing
PO Box 981633
El Paso, Texas 79998-1633
Or submit claims electronically to
Electronic Payer: Prof 580/Inst. 190

Local Network provided by:



Union Letter to Members Regarding WVUM



OFFICE OF THE SECRETARY
WILLIAM F. YELL, IV

Maryland Electrical Industry Funds

Suite S, 9411 Philadelphia Road – Baltimore, MD 21237

Phone: (410) 444-8516

Toll Free: (800) 352-2741

Fax: (410) 687-7600



TRUSTEES

CHARLES S. CURRIE
RONALD H. MARSHALL III
MICHAEL A. MICHALE
MICHAEL R. HARRIS, SR.
CARMEN F. WOOD

ROONEY E. RICE
JAMES H. CONNELLEY
BRYAN R. MILLER
WILLIAM F. YELL, IV
JEFFREY ADRIE

IMPORTANT NOTICE REGARDING WEST VIRGINIA UNIVERSITY MEDICINE

Dear Participant:

We have been notified by West Virginia University Medicine that the providers on the attached list will no longer accept the Maryland Electrical Industry Health Fund ("the Plan"). These providers are outside of Maryland and are considered out of network because they do not belong to the Carefirst – Network Leasing PPO. The providers on this list will no longer submit a claim on your behalf and you will be required to pay in full at the time of service and seek reimbursement from the Plan.

Since the Plan utilizes a PPO, you have coverage for both in and out of network providers. Out of network providers, however, are not required to accept the Plan and may be covered at a different rate. If your provider will no longer submit a claim on your behalf and you pay up front for services, you may submit an itemized claim form to the Fund Office containing the following information: Provider name, address and tax identification number, date of service, procedure code, diagnosis code and billed amount. Upon receipt of the necessary information, the Plan will reimburse you according to its terms.

Below are the instructions to find a participating provider in your area:

Carefirst Netlease

1. Type www.carefirst.com on your URL
2. Click on the "Search for Care" link (Bottom left of screen)
3. Click on the "Carefirst - Network Leasing" link (bottom left of screen)
5. You may search for a provider by: Name, Specialty, or Facility. Or chose the type of provider/facility you are looking for by clicking on: Primary Care Provider, OB/GYN, Specialists, Hospitals, Labs, Imaging Facilities, Immediate Care, or Other Providers/Facilities

Should you have any questions concerning this notice, please do not hesitate to contact the Fund Office.

Sincerely,
BOARD OF TRUSTEES

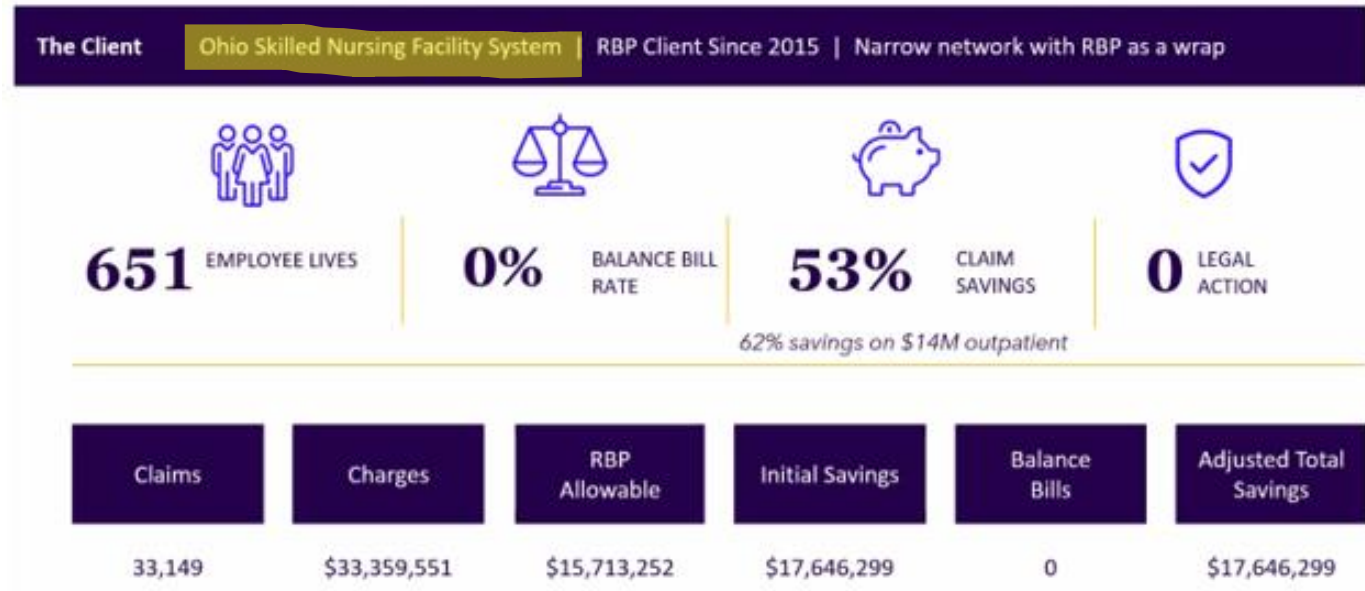
This plan is now moving to a BCBS plan for out-of-area claims (Flex Link / BCBS Blue card).

HOWEVER, this is one plan on six pages of CareFirst leased networks.

ZOAP – Zelis Open Access Plan

Snippet from presentation touting great savings from RBP plan.

Client success study



At least \$5M-\$10M gone from Providers for just one employer.

ID Card from Ohio SNF Company with RBP

Zelis tells employers **not to reference RBP** on ID cards.

Medical/Rx Identification Card

Group #: 0121009

Rx Bin: 017688 Ind Deductible \$1500
Rx Grp: 19111 Ind Out-of-Pocket \$7900
Rx Pcn: 9743 Fam Deductible \$3000
Fam Out-of-Pocket \$15800

Member:
Member ID:

Quest Diagnostics
minute clinic

Important Contact Information

UR Notification is required for Hospital Admission, Outpatient Surgery, Dialysis, MRI's, CT Scans and PET Scans. Call AmeriBen at 1-888-438-0148 within 48 hours following an admission or surgical procedure. Possession of this card or UR Notification does not guarantee coverage or payment for the services or procedure reviewed.

Customer Service - benefit information, claims status, and procedure scheduling: myameriben.com or 1-888-921-0374
EAP - MetLife/Life Works: 1-888-319-7819
EmpiRx Prior Auth: 1-888-723-6001
EmpiRx TDD: 1-888-907-0020
EmpiRx Member Services: myempirxhealth.com or 1-877-241-7123
EmpiRx Pharmacy Assistance: myempirxhealth.com or 1-888-907-0050

Send Medical Claims to: PO Box 7186, Boise, ID 83707 - EDI# 75137

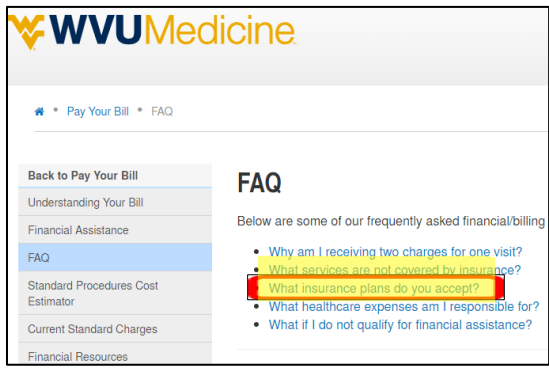
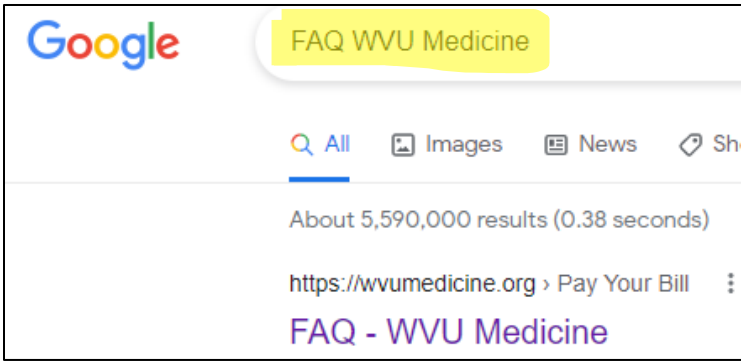
For Facility and Professional Claims, visit: planlinkit.com/health-care-facilities-staffing

12/2022

FOLLOW THE RULES ON SLIDE 19:

- WVUM has Communicare listed as a NON-PAR employer.
- There is no participating network logo.

External Website with General Insurance Information



Choose: What insurance plans do you accept?

The following employers are non-participating:

Allied Food Industries, Inc.	Flus Enterprise LLC	Plumbers & Steamfitters 489 or 602
American Producers Supply Co.	Freedom KIA Clarksburg	Prestige Healthcare
Applebees	GLC On-The-Go, Inc.	Pritchard Mining Company, Inc.
Beverly Seed and Equip	Greenfield Cabinetry	Rollins
Bob Evans	High Mountain Timber LLC	Rural King
Bradford Bros. Asphalt & Con.	Horizon Goodwill Industries	Sandvik Mining & Construction
Christy Machine	Hunt Forest Products LLC	Scott Electric
Cole Automotive	Jan-Care Ambulance	Shutler Cabinets
Commercial Holdings, LLC	Jarco Enterprises	Stonerise Healthcare LLC
Communicare	Lambert Trucking of WV	Structural Concrete Products
Corsi Group	Lancesoft	The Loading Zone
Deep Rock Disposal Solutions	Little Mountain Pipeline	United Anesthesia Inc.
Dennet Road Nursing Home	Maryland Electrical Industry Fund	Unlimited Energy
Dutch Miller Auto Group	Mountain State Pressure Svc.	Weimer Automotive
ESA Corp. – Nitro Electric	Mountaineer Products	Wells Home Furnishings
Express Employment Prof.	National Church Supply Co.	Wildcat LLC
Fairmont Eye Care, Inc.	Novelkeys	WVA Manufacturing LLC
FBG	Onboard Services, Inc.	
Flaherty Sensabaugh Bonasso	Physicians Business Office	

Non-participation applies regardless of otherwise participating healthcare ID card presented below due to employers' selection of non-participating reference-based pricing plans, non-participating Practitioner & Ancillary Only plans, or similar non-participating plans.



Non- Participating Employers are listed on WVU Medicine external website.

Participating plans are listed for Commercial, Medicare & Medicaid

Strategy to Address Non-Contracted Plans

- **Identified** many non-contracted plans (required substantial effort).
- Egregious examples supported operational changes needed.

Current WVUM Operational Changes in Process

- Treat non-emergent patients with these plans as non-par.
- Stopping Courtesy Billing for these non-participating plans.
- Training Patient Registration to identify non-par ID cards (tricky).
- Add Flags (from group #'s) to help identify these plans.
- Multiple departments (revenue cycle, patient registration, legal, compliance) have been involved in changes.

Recent Developments

Positives

- Success with some large employers who utilize RBP are switching away from RBP due to patient registration pushback as non-par
- Success with some TPA's and Payers to move clients off RBP or pay contracted rates
- As complaints are directed to Payer Relations education of local brokers about RBP and WVUM non-par status has been successful

Concerns

- RBP plans overall have had success and continue high growth
- Anthem rolling out a Reference Based Plan (RBP) to TPAs