

Welcome to the Kempton Group Administrators, Inc. (KGA) Reference Based Pricing Guide.

This member education packet provides you with resources to navigate the Reference Based Price (RBP) benefits under your benefit Plan.

Here's what's included in your education packet:

- ✓ A Step-by-Step Guide to How Your Benefits Work
- ✓ FAQs
- ✓ How to Talk to Your Physician About Your Benefits
- ✓ Electronic Provider Request Form

Your out-of-network benefits are held to a **Reference Based Price (RBP)**. RBP is used to ensure that payments are reasonable. Plan payments to facilities and professional providers who are out-of-network are based on the Medicare fee schedule, plus an incentive bonus over and above current Medicare allowed amounts.

KGA has partnered with Payer Compass as another tier of Patient Advocacy. These Patient Advocates can assist you in several ways:

- Offer guidance and assistance finding a facility or physician that will accept your Plan's reimbursement rate as payment-in-full when a network provider is not an option.
- Educate you on your out-of-network providers about your Plan's payment methodology.
- Advocate on your behalf as a liaison between you and your providers about your out-of-network benefits.
- Reach out to an out-of-network provider to help gain acceptance of the Plan's reimbursement as payment-in-full.
- Provide assistance and support should you receive a balance bill from an out-of-network provider.

**TAKE NOTE - Assignment of Benefits (AOB)** means that you give your right to receive payment of eligible Plan benefits to your provider, less your personal responsibility for any deductibles, copays, or coinsurance.

If your provider accepts the AOB from you, their rights to receive benefits from the Plan are the same as yours. The Plan Document, your ID card, and other correspondence advises your providers that they can only accept AOB from you if they agree to treat the AOB as payment-in-full. Despite accepting AOB as payment-in-full, some facility providers may attempt to further collect funds from you, above and beyond the maximum amount payable by the Plan or any copay, coinsurance, or deductible you may owe. This is called **balance billing**.

**Remember - you are responsible for any amount applied to your deductible, copay, or coinsurance.**

Patient Advocates are available to answer your questions at the toll-free number (800) 324-9396.

## GUIDING YOU TO A BETTER UNDERSTANDING OF YOUR OUT-OF- NETWORK BENEFITS

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# HOW YOUR OUT-OF-NETWORK BENEFITS WORK

## Confidence and Care for Plan Members



Your Plan pays out-of-network providers based on the Medicare Fee Schedule plus an incentive bonus.



Call KGA for questions about your benefits and assistance with your providers. KGA will connect you with a Payer Compass Patient Advocate, if needed.

It's suggested you reach out to KGA at least 10 days prior to your scheduled appointment.



The Payer Compass Patient Advocates educate the provider on your benefits to help achieve their acceptance of the Plan's reimbursement rate as payment-in-full.

Providers are to contact Patient Advocacy for questions about your benefits.



Most out-of-network providers accept the Plan allowed amount as payment-in-full.

Should you receive a balance bill from a provider, *the difference between the Plan's allowed amount and the provider's charge*, there is a process in place to assist you.



If you receive a balance bill, contact KGA immediately at (800) 324-9396.



KGA will work with Payer Compass to connect you with a Patient Advocate. Your Payer Compass Patient Advocate will contact you with next steps.

## FREQUENTLY ASKED QUESTIONS ABOUT REFERENCE BASED PRICING PLANS

**Q: Is there a network or list of providers that I can choose from?**

A: Yes. Your health Plan has a PPO network. To search for an in-network provider, go to [www.kemptongroup.com](http://www.kemptongroup.com).

**Q: Can I still use my current physician?**

A: Yes. If you choose to use an out-of-network physician or facility, contact KGA at least 10 days prior to your visit so they can work with Payer Compass to proactively reach out to the provider and explain your benefits to help gain the provider's acceptance of the reimbursement rate as payment-in-full. Member materials also include how to discuss your benefits with your physician directly.

**Q: What if an out-of-network physician won't agree to accept the Medicare RBP reimbursement as payment-in-full?**

A: Contact KGA at the dedicated toll-free number on your ID card for assistance. KGA will work with Payer Compass to reach out to the provider or assist you in finding another provider that will accept the RBP amount.

**Q: Who is the Patient Advocate?**

A: Payer Compass can assign a Patient Advocate to you for support and guidance with out-of-network providers. Here are a few of the services the Payer Compass Patient Advocate can provide:

- Help you understand your Plan and how it works.
- Assist you in finding out whether an out-of-network provider will accept the RBP reimbursement rate as payment-in-full.
- Refer you to an accepting provider in your area for the specialty you need.
- Support if you receive a balance bill from an out-of-network provider.

**Q: What is a balance bill?**

A: When the provider bills you for any amount over your Plan's limitation for the service rendered. Example: Doctor's charges are \$100 and the RBP allowance at a certain percentage above their Medicare rate is \$70.00. If the provider bills you the \$30 difference, they are balance billing. You will be able to see the amount that exceeds RBP maximum, and the allowed amount on the Explanation of Benefits (EOB) received from Kempton Group Administrators, Inc.

**Q: What should I do if I receive a balance bill?**

A: Contact Kempton Group Administrators at (800) 324-9396. The Kempton Care Advocate will have you send a copy of the bill from your provider and will review the bill to make sure it's an actual balance billing scenario, and not something owed, such as copays, deductibles, or coinsurance. If it's a true balance bill, KGA will forward the information to a Payer Compass Patient Advocate. The Payer Compass Patient Advocate will contact the provider on your behalf. The Patient Advocate may send a letter to the provider addressing the balance bill, and you will receive a copy of that letter. Your Patient Advocate will keep you informed on the status of your balance bill.

Please feel free to contact KGA with any questions you may have about your benefits at (800) 324-9396.

## HELPFUL HINTS ON DISCUSSING YOUR BENEFITS WITH AN OUT-OF-NETWORK PROVIDER

If you prefer to contact your out-of-network physician directly about whether they will accept the RBP allowed amount, the following information will assist you in the process:

**Contact your physician's office to let them know that your out-of-network benefits are based upon a percentage above Medicare and that you would like to make sure they are aware of how they will be reimbursed.**

**The physician'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 self-funded Plan reimburses out-of-network providers based on a reference amount which is their current Medicare rate, plus an additional incentive.**

**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 allowed amount for out-of-network benefits. An additional percentage will be added to the Medicare fee schedule allowed 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 physician's office agrees to accept your Plan, let them know that all the information about the Plan is on your ID card, which you will bring in at the time of your next appointment. Be sure to also let KGA know that your physician is accepting the reimbursement so that they can potentially refer other participants to this physician's practice for their medical needs.**

**If your physician's office is reluctant to accept the reimbursement, or still has questions, notify KGA. They will connect you with a Payer Compass Patient Advocate who will call the provider on your behalf or assist you in finding a different provider who will accept the Plan reimbursement as payment-in-full.**



KGA is available to assist you Monday – Friday from 8:00 AM to 5:00 PM (CST) at (800) 324-9396.

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