

# Balance Billing

Balance billing is upsetting to Members because they receive a bill for medical services after they believe everything is paid for under their plan.

- A balance bill occurs when Members are billed by Providers or facilities after deductibles, coinsurance or copayment are paid, and Prime has paid allowable costs. Prime works to protect and defend Members from balance billing.
- **If prior authorization or required referrals are not obtained**, then Prime is unable to prevent the Providers and facilities from billing our patients. Like all Health Plans, Prime is obligated to follow the terms of our SPD and its equal application across all our Members. We can't make exceptions.

## Top Reasons for Balance Billing

Balance bills are most likely when Members receive services:

- outside Prime's Provider network: A doctor, hospital, or other facility that has no contract or relationship with Prime.
- that are *not* covered by Prime benefit plan, even if they are from a Prime Network Provider.
- without required referral and prior authorization approval.
- from out-of-network Providers who may be working at in-network facilities.



# Help Members Avoid Balance Billing - 1

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Helping Members avoid balance billing in a two-part process.  
First is the action you take. Second is how you guide Members.

## 1. Please ensure that your medical group:

- ✓ Understands the procedures for referral, prior authorization, and other requirements under the EPO plan, and follows them **before the Member receives care**.
- ✓ Knows that all labs rendered outside of Prime hospital facility at Tier 2 BCBS contracted lab vendor require authorization. Also, that lab services rendered by a non-par (neither Tier 1 nor Tier 2) lab vendor is **not** a covered benefit and **is denied**.
- ✓ Refers and directs Members always to Tier 1 Prime Network Providers whenever possible. Use the current Provider directory available online.
- ✓ Works closely with Prime UM as they assist Members by redirecting the referral to Prime Tier 1 Providers when available and appropriate.
- ✓ Encourages use of only Prime facilities and the Prime Tier 1 Provider Network to protect Members from higher cost care.

# Help Members Avoid Balance Billing - 2

By guiding Members to better understand the employee health plan, you improve their EHP experience – and yours.

## 2. Please help Members understand that:

- ✓ if services are provided by Tier 2 facilities, Tier 2 costs are often **significantly higher** than Tier 1 costs.
- ✓ they should ask Providers to provide **options for care** within the Prime network.
- ✓ their **Summary Plan Description (SPD)** tells them about required referral and prior authorization, Member costs for non-Prime utilization, exclusions and limitations, and Member responsible cost share.
- ✓ their **Explanation of Benefits (EOB)** is not a bill. It is an explanation of the benefit and how it was applied. It can help them know the costs that are the Member's responsibility and plan for them.

