

# Value Based Payment (VBP) Medical Plan Highlights

Computershare offers a unique medical plan known commonly as the Value-Based Payment (VBP) medical plan. In other documents such as the Benefits Guide or summary plan description, the VBP plan appears under its formal name: PHCS/MultiPlan/VBP. You can find out more details on page 9 of the Benefits Guide.

This plan offers traditional plan components as well as components that may be new to you.

## TRADITIONAL PLAN COMPONENTS

This plan offers traditional features, such as a network of providers for physician office visits and ancillary services such as labs and X-rays in a physician's office or at a standalone imaging center.

## NON-TRADITIONAL PLAN COMPONENTS

The biggest difference between the VBP plan and traditional plans that you may be used to is in the way the plan handles services provided at:

- Hospitals
- Surgery centers
- Dialysis centers
- Chemical dependency and behavioral health treatment facilities
- Skilled nursing facilities
- Imaging facilities in hospitals
- Other facilities where patients receive outpatient or inpatient care (other than physician's offices and standalone lab or imaging centers).

Together these are defined as "facilities services" in the plan.

All these hospitals and other medical facilities, other than physician's offices and standalone lab or imaging centers, are considered to be part of an open-access network.

This means there is no "in-network" or "out-of-network" status for services at these facilities. You pay your portion for any deductible, coinsurance and/or copays, and the plan pays its portion of the services at any of these facilities.

## HOW THE VBP PLAN HELPS CONTROL COSTS FOR YOU AND FOR COMPUTERSHARE

The VBP structure is specifically designed to help control medical costs. The plan's third-party administrator, Lucent Health, will negotiate directly with hospitals and other medical facilities on behalf of plan participants as needed, in an effort to keep charges at or below the reasonable and allowed amount.

The specific team that provides this support is called the Patient Advocacy Center (PAC). This group of experts helps navigate the questions, concerns and whatever else may be resulting in an interruption with the provider. Many

Computershare employees have worked with this group as part of the VBP plan over the four years that this plan has been offered and have found the team to be dependable and successful with resolution.

### **WHERE YOU MAY NEED TO TAKE AN ACTIVE ROLE**

In most cases, medical facilities work directly with VBP plan representatives for pre-certification and pricing and, once services are provided, claims are processed without any need for involvement by the plan participant or Computershare.

Occasionally, however, we have found that facilities providing the services either do not understand or do not initially accept the plan design, and plan participants have had to become involved. If you choose the VBP plan, here are a few tips to keep in mind to make sure claims processing goes smoothly.

First of all, when you make your appointment let Lucent know immediately if the provider is asking you to prepay. Prepayments should not be requested by providers.

After your procedure, when you receive any bills from the facility, be sure to:

- Review all **Explanation of Benefits (EOBs)**, and once your provider has issued a bill, pay your provider the "patient responsibility" amount reflected on your EOB, as this is what you owe. All EOBs will be issued by Lucent.
- If you receive a bill from a provider that indicates you owe more than the "patient responsibility" amount reflected on your EOB, please contact Lucent immediately at the number on your insurance card or on your EOB, *especially* if the invoice you have received from the provider indicates that your insurance has already paid an amount toward the bill. This type of bill is called a "balance bill", because it reflects what the provider believes to be a balance owing after the insurance payment.
- Once you contact Lucent, they will contact the provider and advocate on your behalf.
- Lucent may also reach out to you regarding any additional steps you may need to take.
- Depending upon the specific claim, you may be asked by Lucent to request an appeal or work with the Patient Advocacy Center (PAC).