

EDUCATION PACKET

The More You Know

A Learning Series from AMPS





Your Program 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.

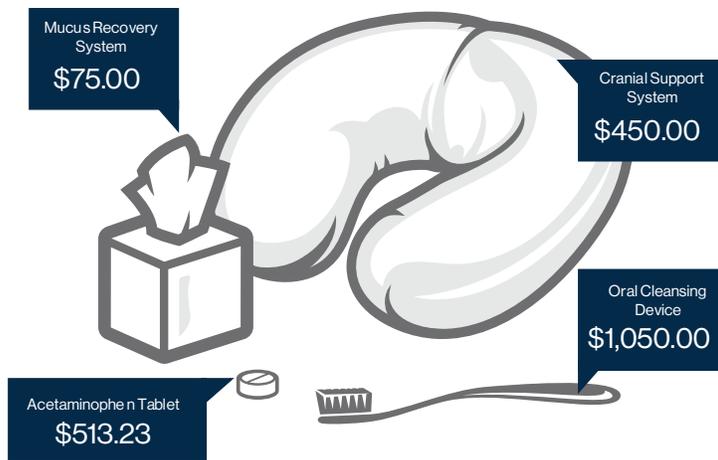
How Does AMPS Help Control Costs?

AMPS audits each and every medical expense need submitted by your Program. 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 Program, which also means lower out-of-pocket costs for you.

Physician Review
Board-certified Physicians review each medical expense need for errors and help ensure unreasonable charges and errors are removed.

ACTUAL EXAMPLES FOUND BY AMPS



Did you know
90%
of medical expenses contain errors?



Primary Responsibility Amount (PRA) is Critical

You are only responsible for the Primary Responsibility Amount (PRA) shown on your Program's Explanation of Benefits such as your deductible and/or coinsurance.



What Happens After My Visit?

You will receive an **Explanation of Sharing (EOS)** from Impact Health Sharing that notifies you of your Primary Responsibility Amount (PRA). Always compare your **Primary Responsibility Amount (PRA)** to what the Provider states is due. If the Provider bill states you owe more than your Primary Responsibility Amount (PRA) on your EOS, this is a **Balance Bill**.

Example: Your EOS 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 receive a balance bill, an AMPS experienced Member Advocate is here to help. They answer questions about balance billing and make you aware of your rights in the dispute process. If a dispute is filed, they will send you a **Balance Bill Kit** and handle communications with the Provider.

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

Explanation of Sharing (EOS)

A document explaining the bill and what your Program and Patient are responsible for paying. This document will be supplied from Impact Health Sharing.

Primary Responsibility Amount (PRA)

The portion of the bill you are responsible for paying.

Balance Bill

A bill that states the Patient owes more than their responsibility stated in their Explanation of Sharing.

Balance Bill Kit

Documents that help explain the dispute process and gives AMPS the right to speak on your behalf to the Provider

60 DAYS

Under the Fair Credit Billing Act (FCBA), a consumer has 60 days to dispute an invalid balance. Disputes filed after 60 days are not protected under the FCBA. The 60 days starts from the date on the first statement you are sent, not the date of service.

What We Need To Get Started

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

What We Need To File a Dispute

- ✓ Proof of Paid Primary Responsibility Amount
- ✓ Signed Balance Bill Kit

Need Help With A Balance Bill?

Call Impact Health Sharing at 855.378.6777

The Medical Expense Needs Process

After you visit a Provider, the Provider will generate a bill for your healthcare services. This is called a medical expense need.

1

Review and Payment

Your claim is then sent to Impact Health Sharing and AMPS for processing and payment. Impact Health Sharing validates eligibility for sharing and AMPS checks each claim using a Physician review process. AMPS then prices the claim using a reference based reimbursement approach, which results in more reasonable charges. AMPS analyzes over 15 years of medical expense bills data when reviewing medical expense needs, which is combined with repricing acceptance rates for Providers across 50 states. Impact Health Sharing will then send payment to the Provider with an explanation of the Physician review, if needed.

2

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.

3

A Balance Bill/Collections Letter

96% of the time, the Provider accepts the payment from Impact Health Sharing. 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 your Primary Responsibility Amount (PRA) (called a "balance bill") or a collections letter/call, contact Impact Health Sharing immediately at 855.378.6777.

4

Member Advocacy

Once AMPS is notified of a balance bill or collections attempt, a Balance Bill Kit will be sent to you for signature. This allows AMPS Member Advocates to work directly with the Provider regarding the Program, payment determination, and optional appeal process. AMPS will keep you updated on communications with the Provider and answer any of your questions that may arise.

5

Appeals Process

In most cases, the Provider accepts payment once the dispute is filed. However, as a fiduciary for your Program, Providers may appeal directly to AMPS for additional payment. AMPS will review and may adjust the payment if the Provider presents additional information to warrant added payment. Alternatively, the Provider may balance bill again for the denied charges. If that happens, make sure to alert your AMPS Member Advocate.

6

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 medical expense needs -- the typical time frame is 12-18 months. Providers billing you above what is fair for all parties can be frustrating. Remember: Provider bills are automatically generated -- you may even receive one while Impact Health Sharing and AMPS are disputing the additional charges on the balance bill.

7

Provider Overcharge Defense

Should the Provider attempt legal recourse to collect invalid balances, AMPS Legal Team will defend balance bills and any litigation at no cost to you.

Care Navigation | Find

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 Impact Health Sharing, and ask to speak with a Care Navigator. Keep in mind, using a Care Navigator to locate a Provider is completely optional. Whether you utilize a 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 Impact Health Sharing 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 Impact Health Sharing for any questions regarding your responsibility and health sharing guidelines.

Ask the Provider to call Impact Health Sharing to verify eligibility for sharing and health sharing guidelines. If the Provider refuses, call Impact Health Sharing and ask them to reach out to the Provider. Impact Health Sharing will notify you if they were able to resolve the issue. If not, they may give you alternate options.

If the Provider has questions about your unsharable/co-share amounts?

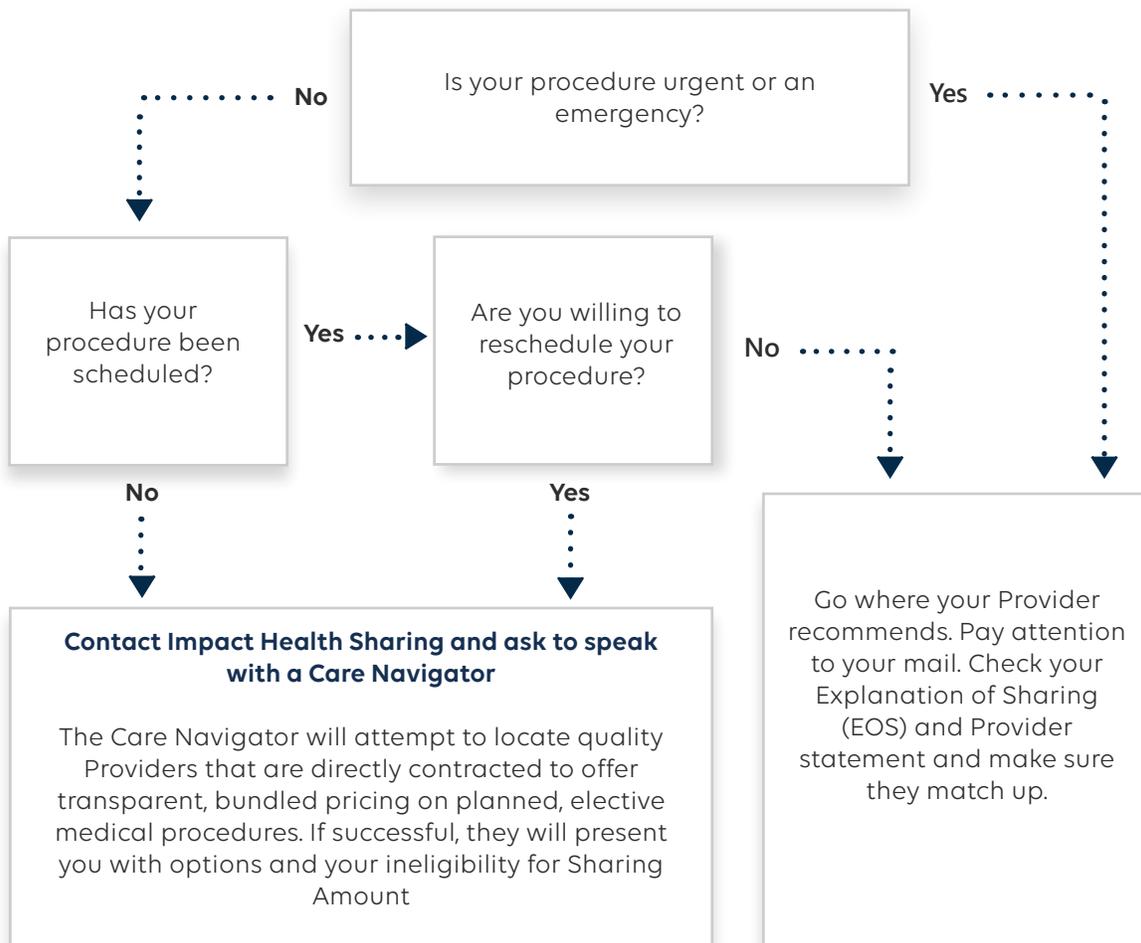
Remember: Impact Health Sharing's number is on your ID card



Care Navigation | Schedule

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

50% SAVED ON MRI



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Frequently Asked Questions

A Provider stated they do not accept my healthcare sharing ministry card. What do I do?

Often this happens because the Provider does not recognize the logo on your ID card. Explain that your health sharing guidelines can be verified by contacting Impact Health Sharing at the toll-free number on the ID card.

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 medical expense needs.

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 Primary Responsibility Amount (PRA). If the Provider refuses to treat you, please contact Impact Health Sharing so they can speak to the Provider.

What should I do if I get a balance bill?

Contact Impact Health Sharing immediately at 855.378.6777. 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 Balance Bill Kit.

What is a Balance Bill Kit?

A Balance Bill Kit includes an Authorization Letter, Telephone Call, the Formal Notice Regarding Billing Errors and Dispute of Charges, and the "Know Your Rights" list. The Authorization and the Formal Notice should be signed and returned to AMPS as soon as possible.

Is there a deadline for disputing a balance bill?

Under the Fair Credit Billing Act (FCBA), you have 60 days to dispute an invalid balance with the Provider.

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.

Can I ask a Provider or their representative to contact AMPS instead of calling me?

Yes. If you receive a call about the disputed charges, 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?

It can be a lengthy process. Even working within the Federal guidelines, it can take several months to resolve an invalid balance. The length of time it takes to reach resolution will be dependent on the specifics of your medical expense needs. The typical time frame is between 12-18 months.

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 Impact Health Sharing right away so that they and AMPS can work together to resolve the issue.

Should I make any payments on the bill I receive?

Pay only the Primary Responsibility Amount (PRA) as stated on your EOS. If you can't pay the Primary Responsibility Amount (PRA) in full as shown on your EOS, then make a good faith effort and pay what you can. Never sign a payment plan or verbally agree to pay an amount that is greater than what your Primary Responsibility Amount (PRA) states you owe.

Can my credit score be affected?

If the dispute is filed within 60 days, the likelihood of your credit being affected is greatly reduced. Despite our efforts, you may still be contacted by bill collectors. Should this happen, refer to the "Know Your Rights" list included in the Balance Bill Kit, to be aware of your rights. The Provider will be notified that under the Fair Credit Reporting Act (FCRA) that it is a violation for them to report your account to a credit reporting agency or Credit Bureau.

What is RBR?

RBR stands for Reference Based Reimbursement. This is a method of reimbursement based on several pricing benchmarks including Medicare, true costs, and cost-to-charge data.

How will I know if I am being billed or if the amount on the Provider statement is my responsibility?

The EOS (Explanation of Sharing) from Impact Health Sharing contains a box that shows how much you owe. When you get the first Provider statement, compare the amount they are billing to your EOS. **If the amount on the Provider statement is more than that on your EOS, you are being balance billed.**

When does the 60-day timeline start for filing a dispute?

The 60-day time line begins on the date stamp on the envelope of the first Provider statement you receive. If you did not keep the envelope, it starts from the date on the first statement you are sent, not the date of service.

Can I still contact AMPS if my balance bill is older than 60 days?

Yes. However, our effectiveness is reduced outside the FCBA 60-day period. We will still fight to protect you as best we can.