Empire BlueCross

An Anthem Company

Re: Billing procedures at your doctor's office

Dear WSWHE HRA plan member,

Your Empire BlueCross HRA (Health Reimbursement Arrangement) plan includes a $1500 / $3000 deductible with a 10% coinsurance after the deductible has been met. This means that we will not contribute to expenses until you have spent $1500 for an individual plan or $3000 for a family plan in medical costs. After this limit has been met, you pay 10% of medical costs.

This plan also includes a HRA account that your district funds to cover first $1,000 / $2,000 of the deductible for individual / family contracts.

We were recently notified that some of our participating providers have asked for payment upfront. We are writing to inform you about the proper billing procedures we expect your doctors to follow under contract with Empire.

Every doctor or facility (provider) that Empire contracts with is subject to the terms of a legal agreement. As part of that agreement, a participating provider should not bill you for services until after an explanation of benefits is mailed to you itemizing and explaining the charges for services rendered. Once you have received an explanation of benefits from Empire, the provider may mail you a bill for your portion of the payment.

Should you encounter a participating provider attempting to bill you upfront, please provide a copy of the enclosed letter to them. The letter provides information on billing procedures to follow under contract with Empire.

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Dear Empire participating provider:

Thank you for your participation with Empire BlueCross medical insurance. At Empire, part of our mandate is to ensure our members are not charged more for services than they owe. To that end, your provider contract with Empire has specific language prohibiting advanced billing of any member cost shares (i.e. deductible and coinsurance) except for any applicable copayments. These cost share amounts should not be billed until after you receive the explanation of benefits (EOB). This item is noted in section 3A, page 89, of the Empire provider manual, which reads:

> **Co-Payments and Cost-Sharing**
> Members are responsible for the co-payment amount indicated on their ID cards. Co-payments apply to home and office visits but do not apply to in-network Annual Preventative Care visits, Well-Child Care visits, or maternity care. There may be exceptions depending on the member's contract. Co-payments may be collected at the time of the patient's visit. Coinsurance and deductibles must be collected from members after you receive the explanation of benefits (EOB). Per the Empire Practitioner Agreement, physician or practitioner agrees to only seek payment from a member for a health service that is not covered under the member's benefit plan, whether it is not covered because it is specifically excluded, is not considered medically necessary or is considered investigational, when the physician or practitioner has obtained a signed, Empire Non-Covered Services Notification Wavier which can be found at empireblue.com.

Once you receive the EOB with the member's liability noted, you may proceed with billing the member for the amount owed. If you have questions about your contract, please contact your provider relations representative or contact the provider relations department at Empire at 1-800-992-2583.

Sincerely,

Provider Solutions