



EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST



May 1, 2017



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Current

Claims Administration

Meritain

Provider Network

Aetna

Pharmacy

Scrip World/CVS

Customer Service

Quantum

New

Claims Administration

HealthSCOPE Benefits

Provider Network

PHCS – Physician
HST/Medwatch - Hospital

Pharmacy

Express Scripts

Customer Service

HealthSCOPE Benefits
Enhanced Customer Service

The HealthSCOPE Benefits' Difference

The strength of a national platform.

The flexibility of an independent administrator.

NATIONAL PLATFORM

500,000 Members

in all 50 States

\$1.6 Billion Paid Claims

INDEPENDENCE

Drives our flexibility to build
custom solutions and power

Total Health Management

RESULTS

2.6% Average Annual Medical

Trend for our clients since 2005

CUSTOMER SERVICE

Enhanced Customer Service Program

Over 96% Client retention

95% First call resolution

HST Profile



Who We Are

HST is at the forefront of Value-Based Payments (VBP) also known as Reference Base Pricing (RBP). Since 2009, we have helped reduce our clients healthcare costs.



Our Goal

To revolutionize provider reimbursement for medical services through a transparent and rational pricing methodology.

Value-Based Payments

A transparent reimbursement methodology that uses objective databases such as Medicare to establish fair reimbursement for medical services.



- Transparent
- Rational
- Defensible

MedWatch Profile



Who We Are

Nationwide full-spectrum accredited care management company that has been providing health and wellness programs to hundreds of thousands of members just like you since 1988.



Philosophy

Confident, professional and personalized healthcare management should meet the clinical needs of the members first while also managing the costs of health care for both the plan and their plan members.

Our Goal

To provide you with the most appropriate health care programs and services that Manage the Care Process, Monitor the Cost and Measure the Quality, resulting in your achieving the best possible outcome.

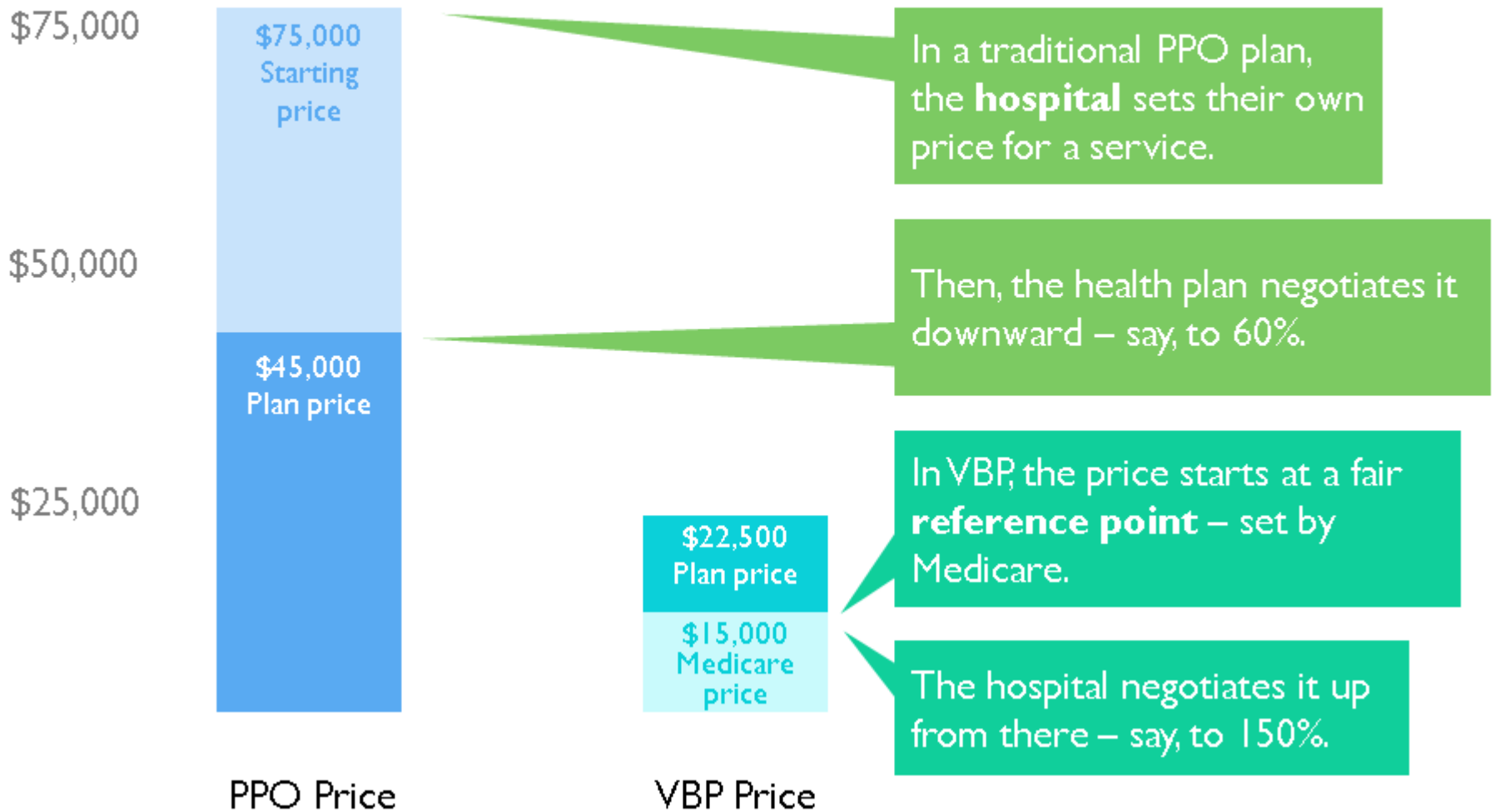
Slide 5

VL1

Bullet points

Valerie Limpus, 4/28/2017

How Value Based Payment Compares



Employee Experience

• For physicians



A physician network is utilized that has both in and out-of-network benefits for all physician services (primary care and specialists).

To look-up your physician on PHCS:

- Visit www.Multiplan.com
- Select “Search for a Doctor or Hospital”
- Select “Front of Card”
- Select Logo “PHCS Practitioner Only”

• For inpatient and outpatient claims

- For inpatient and outpatient services, you can use any facility you choose. VBP is open access.
- Any procedure that requires use of a medical facility must be pre-certified at least 7 days prior to service as indicated on your I.D. Card.
- Urgent and emergent care is treated like any other medical services in that VBP will be applied based on the plan guidelines.




EMPLOYER - ABC School
MEMBER # 999999999

GROUP ID - SMHMO
EMPLOYEE NAME - JOHN CHRISTOPHER DOE


Providers are reimbursed pursuant to the terms of the Plan Document up to the Reasonable and Allowable Amount (subject to reference pricing). Only Physician services may be subject to a PPO Network. The Plan will only consider an Assignment of Benefits (AOB) valid under the condition that the Provider accepts the payment received from the Plan as consideration in full for the services, supplies and/or treatment rendered, less any required deductibles/copays/coinsurance.

PHARMACY BENEFITS
RxBIN: 800004
RxBPCN: 8126
RxBGROUP: 10001326

Customer Service: 800-771-4648



This card is for identification only. It is NOT a guarantee of eligibility. To verify eligibility, benefits, or claims status, please call 1-800-883-0198.
www.healthscopebenefits.com



Submit Medical Claims to:
HealthSCOPE Benefits, P.O. Box 99005, Lubbock, TX 79490-9005
EDI #: 71063

PRECERTIFICATION is required for inpatient admissions, and other specific outpatient services. Please call 1-800-883-0198 for a complete service list and to pre-certify. Failure to pre-certify may result in a reduction of benefits

NOTICE: Obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed.

To located a PHCS physician go to www.multiplan.com or call 866-930-7427. You can use any facility inside or outside the PPO Network, as facility claims are not subject to the network provisions. Assignment of Benefits (AOB) is a waiver of the Provider's right to balance bill the patient. Depositing checks received from the Plan represents accord and satisfaction and will take precedence over any previous terms. Please see the Plan Document or contact HealthSCOPE Benefits at 1-800-883-0198.

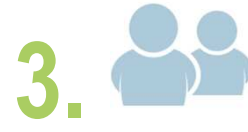
How does VBP work?



Provider calls for pre-certification



Provider is notified of **pre-priced amount for the service**



Medical treatment or services are received



The provider submits a bill for services

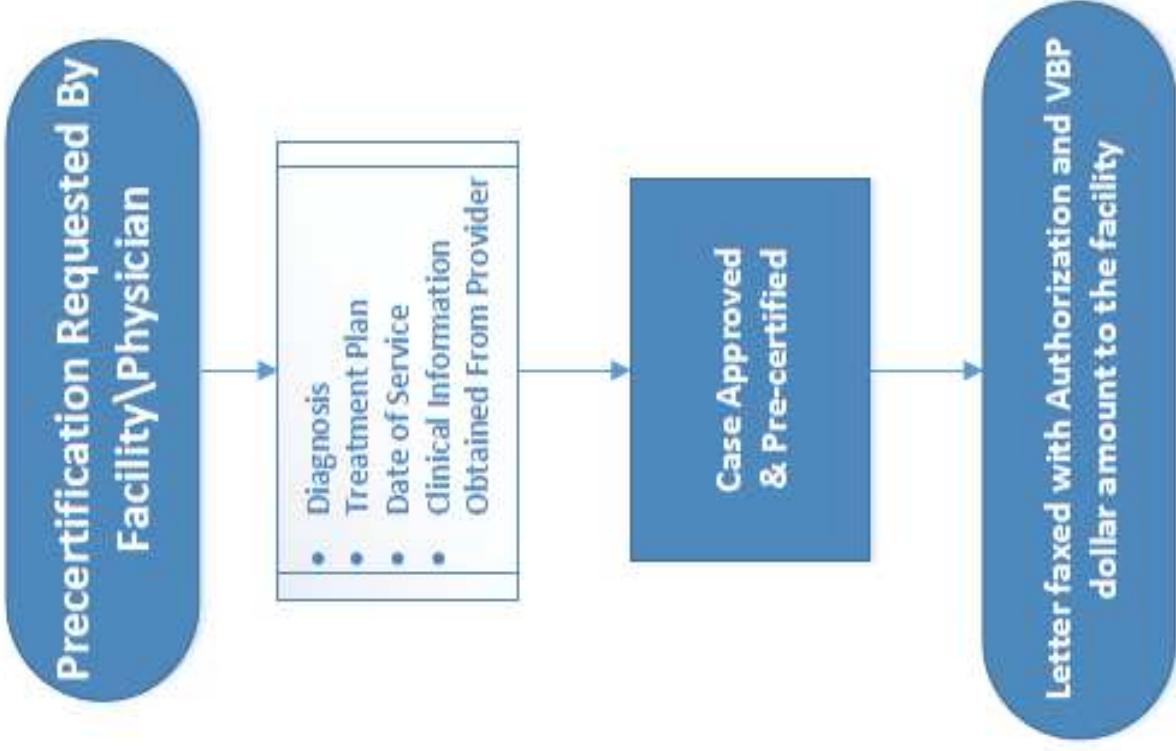


HealthSCOPE remits payment based upon the **pre-priced amount**.
Member pays deductible/co-insurance



TPA issues an Explanation of Benefit (EOB) to member and the provider

MedWatch's Precertification Integration with HST's Value Based Payment (VBP)



Employee Communication Tools



Member Communication

- Enrollment packet, benefits guide, newsletters and memorandums



Educational Videos



Patient Advocacy Center (PAC)

- Patient advocate to assist in dealing with unexpected medical costs and verify fair prices on medical services



HST Connect

- Mobile app offers you 24/7 access to your plan information, ID Card, eligibility and coverage



Welcome to Open Enrollment!

We work hard to provide you with an excellent health benefits package while keeping your costs as low as possible. Each year during the open enrollment period, you have the opportunity to elect, change, or waive your benefits. Please read this newsletter carefully to learn about your health plan options and the choices you can make.

Open enrollment runs from [date] to [date].

During this time, you can:

- Enroll in the health plan, if you are not already enrolled;
- Add or remove covered dependents such as a spouse or children;
- Waive your coverage, if you are receiving coverage elsewhere.

Remember, the next opportunity you have to make changes will be during next year's open enrollment period; unless you have a qualifying status change like a birth or marriage.

Value-Based Payments Saves You Money

Value-based payments is a new type of healthcare payment system, different from PPOs, HMOs, and other types of plans you may be familiar with. It is designed to lower medical costs for you and your employer.

The following pages explain:

- Value-based payments.
- How it saves you money.
- The difference between designated and non-designated hospitals.
- Any changes to your deductibles, coinsurance, and coverage.
- How the Patient Advocacy Center can help you.
- Where to go if you have questions.

Value-based payments (VBP) plans are becoming more popular, so you can expect to see more of them.

Sample of open enrollment newsletter