



Be prepared and have a plan

BALANCE BILL CHALLENGER

NAVIGUARD™

Balance Bill Challenger Guide

A balance bill occurs when an out of network provider or facility bills the patient any remaining balance not covered by an insurance payment. In-network providers have negotiated contracts with providers and providers cannot bill higher than the allowed amount or your patient responsibility (like a deductible). Out of-network providers do not have these negotiated rates with insurers so if their charges are greater than the allowed amount this can be passed on to the patient as a balance bill.

This guide is to help you get prepared and to begin a negotiation process with your provider to attempt to lower you balance bill amount. This is a high level guide and provides links to our other worksheets for step by step instructions.



The Balance Bill Challenger Guide

1

Confirm you have a balance bill

First confirm that you have a balance bill and you don't just owe your normal patient responsibility as outlined in your insurance plan.

I'm sure I owe a balance bill

2

Is your story easy to tell?

It is important to know your story and have all your facts straight before you take any next steps to talk to your providers office.

I know my story

3

Do you have competitive facts?

Looking at other consumer rates and even how Medicaid rates are used in calculating insurance payments can help you understand if you were charged a fair price for medical services.

I know market rates for services I received

4

Are you in the right frame of mind?

Being calm, organized and focused will make any conversations and next steps with providers and insurers go smoother. Be prepared to take notes during each call.

What next? Read on.



I NEED TO CONFIRM MY BILL

Check out of our [Balance Bill Confirmation Worksheet](#) to make sure what you have is in fact a balance bill.



I NEED TO PUT MY STORY TOGETHER

Is your story concise? Could you tell it in a few minutes? People are more likely to help when you get to the point quickly. Also, you may have to tell this story several times. Make it easier on your self and be brief. Use our [Know Your Story](#) worksheet.



I WANT TO DO SOME RESEARCH

Visit fairhealthconsumer.com to see the market rates in your location. You may be surprised by what you find. This will help you make your case for lowering a charge. Use our [Competitive Research](#) worksheet.



I NEED TO GET CALM

Put your anger and frustration on hold and try to have a calm approach. The person on the other end of the line will be less defensive and more eager to help if you are calm and organized.

The Balance Bill Challenger Guide

I have a balance bill. I know my story and competitive facts. I am calm and ready to move forward.

5

Know what you want.

Do you want a reduced bill? Better payment terms? Be able to articulate exactly what you are wanting from the person on the other end of the phone line.



I AM NOT SURE WHAT I WANT

Before you call anyone, be clear on what you are asking for. People always respond to someone who is clear about what they are asking. See our [Negotiating Tactics](#) worksheet.

DO YOU WANT A REDUCED BILL?

There are 5 tactics for reducing your bill (See our [Negotiating Tactics](#) worksheet)

- Ask for a discount – straight up!
- Ask for a “Pay in Cash” discount
- Ask for a “Self Pay” Rate
- Ask for a “Pay Today” discount
- Ask for a “Self Pay” Rate
- Ask for a more competitive rate (check out our [Competitive Research](#) Worksheet)

DO YOU WANT BETTER PAYMENT TIMING AND PLANS?

- Ask to make a smaller payment today and defer your next bill
- Ask for an interest free payment plan
- Ask about financial assistance and hardship applications

Balance Bill Confirmation Worksheet

The purpose of the Balance Bill Confirmation sheet is to make sure the bill you received is a balance bill and that all insurance claims have been processed correctly based on any out of network benefits you may have.



Identify a Balanced Bill

- The service was provided by an out-of-network provider or facility
- The amount you owe is greater than your co-insurance, co-pay and remaining deductible
- The claim looks to be processed correctly, per your EOB

Quick Consideration: Is this bill for a doctor or service that was one of many during an encounter or procedure? If so, did you receive an EOB from the facility where you had your procedure. Sometimes the order in which claims are processed with your insurer matters. If your facility was in network then often the providers within the facility should also be in network, but can show up as out of network if they sent their claim in first. It is not always the case, but it is worth checking!



Step 1: Is this a bill for an out-of-network service, provider or facility?

WHAT HAPPENED

Check your EOB for an out of network indicator in the Remarks or Notes section, or see if it is listed next to the providers name.

Call the number on the back of your insurance card and ask the billing department to confirm this was out of network.
Tip: make sure to have your insurance carrier and plan type available.

If the out-of-network status is a surprise to you, think about the following

Was this bill for a downstream service or provider, meaning you didn't schedule directly?
(Examples include labs, radiology, anesthesiology, ER doctors)

Did you have a procedure in an in network facility but the provider you saw is billing out of network?

Did your surgery consent form state that all services and providers would be in network?
Tip: Call your hospital administrator if you have that clause in your consent form.

Is this a provider you have seen in the past as covered by in-network, did your insurance plan change?

Step 2: Were your out-of-network benefits applied correctly?

WHAT HAPPENED



Check your deductible balance. Could you have covered your deductible in a different medical event during a similar time period? *Tip: Call the number on your insurance card to check.*



Make sure your co-pay and co-insurance rates were applied correctly if you have out-of-network coverage *Tip: these may be different amounts than your In Network rates. Note: Your balance bill is the amount you owe beyond your deductible, co-pay and co-insurance amounts.*

Step 3: Was your claim processed correctly?

Tip: see [Naviguard's EOB Confirmation Guide](#)

Check you EOB to make sure the claim was processed correctly.

- Was this an emergency? Make sure your claim was processed as emergent.
- If you did not get an EOB, or if there is no insurance payment showing as a credit on your bill, and you know you have out-of-network coverage, call you provider to make sure the claim was submitted to insurance.
- Remember, if you owe an out-of-network deductible, that has to be met before insurance will pay!

If your review shows you do have a balanced bill situation there are things you can do to reduce your patient responsibility, or to negotiate more manageable payment terms.

Check out [Naviguard's Balance Bill Negotiation Quick Guide](#) for tips on how to eliminate or reduce the amount you may owe.

Know Your Story

The purpose of “Knowing Your Story” is to have a concise way to describe what happened and who you saw to the person you are asking to help you reduce your bill.

Often times you will have to speak to multiple people so doing this prep work ahead of time makes it easy to repeat your story. It also conveys that you are prepared and serious about discussing your charges.

We created a simple form to follow.



Know your story

Having the details of your story in order will make speaking to the insurance company, providers or billing companies much easier.

A	Date of service:	Patient:	Bill #:
B	What was the main reason for this encounter?		
C	Where did this take place?		
D	Name of the provider or facility balance billing?		
	<u>What did this specific provider do?</u>		
	<input type="checkbox"/> Facility	<input type="checkbox"/> Procedure _____ (CPT code)	
	<input type="checkbox"/> Surgeon	<input type="checkbox"/> Anesthesiology	
	<input type="checkbox"/> Physician _____ (type of physician)	<input type="checkbox"/> Pathology	
	<input type="checkbox"/> Assistant Surgeon	<input type="checkbox"/> Radiology	
	<input type="checkbox"/> Assistant Physician	<input type="checkbox"/> Laboratory	
E	<u>Why was this billed out of network?</u>		
	<input type="checkbox"/> I didn't schedule directly, this was scheduled as part of my surgery/ procedure "I didn't schedule directly with this provider so I am surprised they are showing up as out-of-network."		
	<input type="checkbox"/> I was at my primary doctor's office and assumed all tests/biopsys/scans were also in-network "This work was done at my regular clinic so I assumed all the tests we also going to be in-network"		
	<input type="checkbox"/> I was at an in network hospital or surgery center and assumed the doctors were also in network "I confirmed that the facility was in network so I am surprised the doctors were we not also in-network."		
	<input type="checkbox"/> It was an emergency and I didn't have a choice "I chose this ER because it was the closest and assumed it was in-network"		
	<input type="checkbox"/> I have been seen here before and it was covered "I have been seen here before and it was covered as in-network, I am surprised that is no longer the case"		
	<input type="checkbox"/> There were not any alternatives		
	<input type="checkbox"/> I was referred by a friend/co-worker/family member "I was referred by _____ who spoke highly of your services, I guess I assumed you would be in-network"		
<input type="checkbox"/> Other:			

Write out your story

It might help to write it out so you have a script to follow.

On _____ **A**
I/_____ had _____ **B**
at _____ **C**.

I just received a bill from

_____ **D**,

who was part of my procedure.

_____ **E**

On July 10th,
I had knee surgery at
Methodist Hospital in San Antonio, TX.
I just received a bill from Dr. Carlson,
an anesthesiologist, who was brought into
my procedure. I didn't schedule directly with
Dr. Carlson so I am surprised he is billing as
an out-of-network provider when
my surgeon and the hospital
are all in-network.

On March 23rd
my son Tyler had a biopsy
taken at our doctors office at Children's
Hospital in Denver, CO. I just received a bill
from Edson Pathology who did the analysis.
Since he was being seen at his
primary care facility I am surprised
an out-of-network facility was used.

Competitive Research Worksheet

The purpose of doing some competitive research is to confirm whether the amount your provider is charging is fair compared to similar services in your area. Fair Health[®] Consumer compiles average pricing for services by CPT code. CMS is a government site that shows the average reimbursement under the Medicare/Medicaid programs. Remember that commercial services are charged at a higher rate so for comparison purposes you need to add a multiplier.

You can use this information to see the following:

- Is my provider charging at much higher rates
- Did my out-of-network insurance policy already pay at a competitive rate. Meaning, is my balance bill amount greater than average pricing or just enough to get to average pricing when combined with what my plan paid.



Have some additional intel

You may be on the hook for a greater patient responsibility due to the out-of-network status, but you can still check to see if the services you received are being priced and billed competitively.

ADDITIONAL INTEL



Check Fair Health and other transparency websites for average procedure pricing in your area. Fairhealthconsumer.com



Check the CMS rate for your procedure. These are Medicaid premium rates so apply a 110%-150% increase as a starting point for commercial pricing. www.cms.gov/apps/physician-fee-schedule. You will have to accept terms in order to see the info.



Call you provider and ask what the non-insured price for the visit/service is.



Know how much your out-of-network policy did pay (if you have some OON coverage) – did they get some money? This might help your negotiation if you know they already were paid a certain amount.

Were you billed fairly?

FIND THIS INFORMATION ON YOUR EOB OR BILL. YOU CAN ALSO CALL YOUR INSURANCE COMPANY.

Procedure Code for Balance Bill:

Amount Charged by Provider: \$

CONSUMER TRANSPARENCY TOOLS – FAIR HEALTH® @ FAIRHEALTHCONSUMER.COM

Fair Health estimate for my zip code: \$

CONSUMER TRANSPARENCY TOOLS – CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)

@ WWW.CMS.GOVE/APPS/PHYSICIAN-FEE-SCHEDULE

CMS estimate: \$

CMS estimate X 150% = \$

(Commercial pricing is usually between 110% to 150% of the CMS rate so that is your comparison point.)

THE SELF PAY OR DIRECT PAY RATE – CALL YOU PROVIDER TO SEE THEY OFFER THE SERVICE AT A DIFFERENT PRICE IF YOU DON'T USE INSURANCE.

No insurance rate: \$

HAS YOUR INSURANCE ALREADY PAID SOME AMOUNT? IF THEY ALREADY RECEIVED A GOOD PORTION OF THE CHARGED AMOUNT THEY MAY BE MORE WILLING TO NEGOTIATE!

Insurance payment: \$

Negotiating Tactics Worksheet

Understanding why you are attempting to negotiate can help you determine which tactic may make sense for your situation. Your negotiation can center around lowering your owed amount or agreeing to new payment terms, or both.

Make sure you take notes of your negotiations, especially the day, time and person you are speaking with.

It is important to capture your new agreement in writing. You can ask that your provider send you an email or letter with the new terms, or a new bill if the amount was reduced.

Get Ready to Negotiate

Know why you are negotiating

ASK YOURSELF WHY YOU ARE NEGOTIATING

- I financially cannot afford to pay this bill
- This bill will cause some financial hardship, but I could manage it over time
- I can pay this, but I think this is unjust and not right
- This bill is way higher than the average I found in my research

What are your negotiation goals? \$_____ Balance Bill Amount

Which tactic are you going to try?

I AM GOING TO OFFER A REDUCED DOLLAR AMOUNT TO SATISFY THE BILL

\$_____ dollar offer/discount

Cash Discount – if they don't mention it, ask if they specifically offer a discount for paying cash.
"Do you offer a cash discount?"

Pay in Full Discount – ask if they would discount the amount if you paid it in full today
"If I paid this in full today would you be"

Self-Pay Rate – sometimes there is a self-pay rate that is actually better than your out-of-network benefits offer.
"Do you have a self pay rate that is lower than what my plan is resulting in? Can I pay that amount instead?"

Competitive Rate – if your research shows the same procedure at lower rates in your area, ask if they can lower their bill charge to be more competitive. Tip: with social media and online ratings, providers don't want to risk being seen as the more expensive option.

I AM GOING TO ASK FOR BETTER PAYMENT TERMS

Interest-free payment plan – try to get anywhere between 3 & 18 months to stretch out your payment into more manageable amounts.

Pay a small amount now – offer some form of payment now to pause the timeline your provider has before they look at the collections route.

Ask for a delay – if you need a bit more time ask if they can move your due date.

RESULTS! Tip: Get it in writing! Ask your provider's office to send you an email with the new amounts and terms.

New negotiated amount \$_____

New payment terms:

Get it Together

Being calm, organized and focused will make any conversations and next steps with providers and insurers.



