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HEALTH PLANS, PROVIDERS, AND PAYMENT CHALLENGES

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INTRODUCTION

- OON Reimbursement Trends and Problems
  - Different Rules for Different Claims
  - OON Patient Management
- 340B and Managed Care
- Payment Disputes
- MA Payment Matters
- Questions

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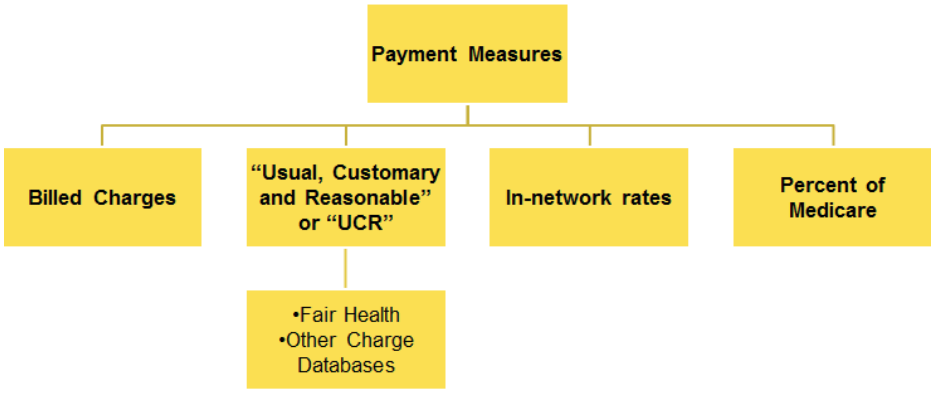
DIFFERENT RULES FOR DIFFERENT CLAIMS

KEY QUESTIONS IMPACTING NON-CONTRACTED LEVEL OF PAYMENT

- Is the health plan insured or self-funded?
- Is the coverage under a group health plan or individual insurance policy?
- Is the health plan at issue governed by ERISA?
- Does the claim involve emergency services?
  - Are the services at issue all outpatient/delivered in ED?
  - Was the patient also admitted?
- What pre-authorization did the provider receive from the insurer/health plan?

INSURERS USE A WIDE RANGE OF PAYMENT METHODOLOGIES TO PAY OUT-OF-NETWORK CLAIMS



THE SAME INSURERS CAN USE MULTIPLE METHODOLOGIES FOR PAYING OUT-OF-NETWORK

aetna

How we determine what to pay for out-of-network care

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Your plan may base the allowed amount on:

- Medicare-based rates, which are determined and maintained by the government
- "Reasonable,", "usual and customary" and "prevailing" charges, which are obtained from a database of provider charges
- Other types of rate schedules

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