Frequently Asked Questions
Open Access Plan with Value-Based Pricing

The Open Access Plan (OAP) with Value-Based Pricing is supported by the following:

- **UMR/Healthscope or HealthFirst is the third-party administrator (TPA).** This means they process medical claims, send payments to providers, and send you Explanation of Benefits (EOB) documents.

- **Quantum Health provides customer services.** Quantum Health was selected for their industry-leading care coordination services. The Quantum Health Care Coordinators will help you find providers, manage complex diagnoses, and answer claims, benefit and billing questions.

Q. **What is different about the OAP?**

A. There are some important differences between the new medical plan and a traditional Preferred Provider Organization (PPO) plan. The new plan was chosen to help guide employees to Ardent facilities, as well as to reduce costs for care received outside of the Ardent network.

The OAP offers similar benefits to PPO plans. This plan does not require a referral from your primary care physician and has copays, coinsurance, and deductibles.

With this plan, you'll have access to the Ardent Network. You can also select contracted providers through Partners Direct Health (PDH) and have the freedom to see any provider with built-in price protection (i.e. Value-Based Pricing). This means, when you see a non-Ardent provider your medical claims will be reviewed to make sure you only pay what's fair and reasonable.

Q. **What does it mean that my health plan includes value-based pricing?**

A. When you see a non-Ardent provider your medical claims will be reviewed to make sure you only pay what's fair and reasonable. Health care providers can charge drastically different prices for the same procedure. For example, the cost of an MRI might range between $900- $5,000 or more. Value-based pricing eliminates the difference in pricing with a set amount and ensures that patients receive quality care at a more affordable cost, while paying the providers a fair payment for their services.

While some providers may receive a payment lower than what they billed, most accept the plan's payment. If you are ever billed for more than the out-of-pocket responsibility that is listed on your EOB, or if you have a question about a bill, contact your Care Coordinators right away at the number on your Benefits ID card.

Q. **Is preventive care covered in my new plan?**

A. Yes, your health plan includes preventive care, which is an important step you can take to manage your health. Please note that coverage for screenings vary by health plans. For a list of preventive services covered by your health plan, contact your Care Coordinator at the number on your benefits ID card.

Q. **How do I know which providers work well with my plan?**

A. The OAP features the great care you'll receive when visiting an Ardent physician or facility. Out-of-pocket cost is determined by the tier in which the healthcare provider is included. This plan offers two network tiers:

- **Tier 1:** The Ardent Network offers employees the best costs at facilities and providers that are part of our company and you will pay the least when you see Ardent providers.

- **Tier 2:** Open Access allows you to select contracted providers through Providers Direct Health (PDH). You can also see any other provider, with built-in price protection to make sure you don't overpay for care.

Q. **What if I need to find a non-Ardent provider?**

A. While the OAP plan was designed to guide you to Ardent facilities, you do have the ability to see any provider. The Quantum Health Care Coordinators can help you choose providers outside of the Ardent Network. They will help you compare providers based on their location, quality ratings and estimated cost so you can make an informed choice.

Q. **What should I do if a provider says they don't recognize or accept my insurance?**

A. It's possible that the office staff will not recognize your ID card, but they simply have to call the number on your ID card to verify your benefits. Our team has multiple options available to help support you in getting care. Please contact Quantum Health and a Care Coordinator will help you resolve the issue.

Q. **What if the provider asks me to pay for my procedure upfront?**

A. The only out-of-pocket expense you should pay at the time of service is a copay or deductible (if applicable). Please contact your Care Coordinators at the number on your Benefits ID card to confirm amounts or if the facility will not perform treatment without additional payment. This is important because the value-based pricing feature of the OAP includes the review of provider claims for errors and overcharges. If you do pay upfront, you may overpay and it is likely that the facility will not reimburse you.

Q. **If I receive a provider bill that doesn't match my EOB, what should I do?**

A. If you see a provider outside of Ardent, your medical claims will be reviewed for errors or overcharges. While some providers may receive a payment lower than what they billed, most accept the adjusted payment. Sometimes they may bill you the difference between what they charged and what the plan paid. This is called a "balance bill." If you receive one, contact your Care Coordinators at the number on your Benefits ID card and they'll start the process of working to resolve it on your behalf.

There is a team of advocates to help resolve billing issues and contact providers. You simply need to look out for balance bills and notify a Care Coordinator.

Q. **How do you help with balance bills?**

A. If you receive a balance bill, contact your Care Coordinators at the number on your Benefits ID card. With your permission, they'll engage the specialized team at ELAP Services (ELAP). ELAP will work on your behalf to resolve billing issues directly with the provider. A dedicated advocate will manage provider communications and keep you updated throughout the process. Free legal support is provided, if needed. It is very important that you send Quantum any bills or notices as you receive them so they can get to work on your behalf right away.

We're here for you with expert service and support.
Call your Care Coordinator at the number on your Benefits ID card.

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