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## Value-Based Plan Member Frequently Asked Questions

### 1. What are Value-Based Payments (VBP)?

VBP determines the value for a specific treatment or service by referencing Medicare payment and actual cost.

### 2. How does my Value-Based Plan work?

Your Value-Based Plan pays providers a percentage above what Medicare would pay. This establishes a fair and reasonable price that is beneficial for you and your family, the Plan and the provider.

### 3. What percentage of Medicare does my Value-Based Plan use?

Your plan will pay hospital and ancillary providers 140% of Medicare, or 40% more than they accept from Medicare for those services.

### 4. Is Value-Based Plan payment applied to all medical claims?

No, it applies only to facility claims such as hospitals, surgery centers, outpatient facilities, lab, imaging, and dialysis. Use the **PHCS Practitioner-Only PPO** network for physician services. Find physicians at [www.multiplan.com/search](http://www.multiplan.com/search).

### 5. Can you give me an example of how my Value-Based Plan would work?

For example, if a Medicare patient gets an x-ray, Medicare pays \$45 for that x-ray under federal law. If you go to that same provider for an x-ray they might charge you \$593 for the same exact x-ray, or 1300% above what Medicare pays. The Value-Based Plan would allow approximately \$63. This reduces the cost by roughly \$530 or 90%.

### 6. What is the benefit to having a Value-Based Plan?

We're always checking to make sure providers are charging you a fair and reasonable price for your medical services. You may compare prices for medical services the same way you would shop for any major household purchase.

### 7. Will my provider accept Value-Based Plan payment?

Providers are required to adhere to your benefit plan and may obtain clarification of your coverage by calling the telephone number indicated on your identification card.

### 8. What happens if a provider balance bills me?

Immediately contact the Patient Advocacy Center (PAC) at 888-837-2237 or [patientadvocacy@hstechnology.com](mailto:patientadvocacy@hstechnology.com). The PAC works directly with the provider to resolve the bill. The Federal Fair Credit Reporting Act mandates the provider may not threaten the patient's credit rating or report them delinquent while a claim is in discussion with the PAC. Do not pay the balance bill, as the PAC and TCC will resolve the claim under your plan benefits at no cost to you.

### 9. How does VBP benefit me?

- Your benefits go farther by paying fair and reasonable prices for medical services.
- Appropriate and fair medical pricing minimizes your out-of-pocket expenses.
- The Patient Advocacy Center intercedes to resolve balance billing issues with a Value-Based Plan claim.
- You can now use comparative shopping for medical services for the right care at the right price.