

AssuredExcellence Patient FAQs

Referral:

Q – How is my eligibility for surgery determined?

A – The employee or covered dependent completes an AssuredExcellence information form which includes demographic, employment, insurance and pertinent medical information. That information is sent to an AssuredExcellence Provider as a referral. The referral is received by the Provider and assigned to a dedicated Medical Concierge. Clinical eligibility for surgery is determined by the Provider's medical team(s) when your records are reviewed.

Q – Who gets my medical records to the AssuredExcellence Provider?

A – The AssuredExcellence Medical Concierge with the provider's office will work with you to identify the providers already involved in your care in order for your medical record to be collected for review by the appropriate AssuredExcellence specialist(s). AssuredExcellence providers work with a medical records collection vendor in order to obtain the needed records as quickly as possible.

Q – Do I need a consultation?

A – Based on the review of your medical records by the appropriate clinical team(s), a determination will be made as to whether or not an in-person consultation is required before being formally accepted for surgery. Most cases will require an in-person consultation before the surgery determination may be made.

Consult

Q – Who schedules my consultation?

A – Your AssuredExcellence Medical Concierge will work with the surgical team's administrative staff in order to assist in getting your consultation appointment scheduled. If you are seen for an in-person consultation prior to being scheduled for surgery, AssuredExcellence will bill your regular insurance.

Q – After my consultation am I guaranteed approval for surgery?

A – At your consultation, the clinical team will discuss your condition with you and what the next best step might be. This may or may not include surgery. Our clinical teams use shared decision making which is an open discussion between the patient and surgeon that includes all potential treatment options including surgery and medical management. You decide as a team what the next best step might be for your individual case.

Q – Who pays my deductible and coinsurance?

A – For the consultation with AssuredExcellence providers at one of the facilities, this will not run through your normal group benefits and there will be no cost to you. In addition, you will be reimbursed with a stipend for travel expenses anywhere between \$150 – 5,000. This stipend amount depends on the kind of surgery you have and which facility performs the surgery.

Q – Do I have to save receipts and submit an expense/reimbursement form to my employer?

A – While you do not have to save receipts, we recommend saving them for tax purposes. Any questions you have about taxes related to the reimbursement should be directed toward your accountant.

Surgery

Q – Who schedules my surgery?

A – Once you have been formally accepted for surgery after your in-person consultation, you will work directly with the surgical team's administrative staff to schedule your surgery for a date that works best for you. Surgery scheduling is determined by clinical urgency, surgeon availability and patient date preference.

If you are accepted for surgery based on record review alone, the AssuredExcellence Medical Concierge will work with the surgery clinical and administrative staff to hand you over to them for scheduling.

At the time you are scheduled, the AssuredExcellence Provider will work with the surgical team's administrative staff to be sure your case is set up under the AssuredExcellence bundled fee billing information.

AssuredExcellence Patient FAQs *continued*

Surgery *continued*

Q – What is a bundled surgery and why is it covered in full?

A – Normally, hospitals and doctors bill for surgery individually and it is referred to as fee for service billing. Under a bundled rate surgery contract, the hospital and doctors bill one flat fee that includes all services, no matter what the costs are. Bundled rate contracts allow your employer to provide you with access to the highest quality of care while understanding their financial liability up front.

Q – Will there be a possibility I am subject to my deductible and coinsurance?

A – Based on the review of your records and consultation, the planned surgery is anticipated to be coded for billing purposes as a bundled procedure. In the unlikely event an additional procedure needs to be performed or other care is required which changes the way the hospital care needs to be coded for payment, you will be subject to your normal medical benefit for claims resulting from the non-bundled procedure.

In addition to receiving the authorization from AssuredExcellence for your surgery, an AssuredExcellence Provider also obtains prior-authorization from your insurance company. This dual authorization process is done to safeguard you in the unlikely event your surgery falls outside the coding for the bundled procedure by being sure the surgery and admission were fully authorized.

If you are on a qualified high deductible health plan (HDHP), you must meet up to \$1,650 for individual coverage or \$3,300 for family coverage toward your annual deductible. You will be responsible for the difference of your required deductible amount and the amount you have already incurred this plan year.

Q – Why is it different if I'm covered under a HDHP?

A – The IRS requires the first \$1,650 for individual coverage or \$3,300 for family coverage

Q – Can I take a family member with me for my surgery?

A – A caregiver is required for all patients having surgery at an AssuredExcellence Provider facility under this program. You are asked to bring a trusted adult to act as your care partner/health buddy with you for surgery.

Q – Am I reimbursed for my surgery travel and days spent in the hospital/hotel?

A – Yes, you are reimbursed a flat amount based on type of surgery and how many inpatient days the surgery requires.

Q – Do I have to save receipts and submit an expense/reimbursement form to my employer?

A – While you do not have to save receipts, we recommend saving them for tax purposes. Any questions you have about taxes related to the reimbursement should be directed toward your accountant.

Q – What services are covered under this program?

A – Only the surgery itself (the surgeon and facility fees) and the pre-service consultation are covered under the AssuredExcellence program without patient cost sharing. Claims for pre-operative testing, lab and/or diagnostic testing, physical therapy, durable medical equipment (DME) or any other associated services are submitted to your "regular" insurance.

Post-Surgery

Q – About how long will it take to get my reimbursement check?

A – Generally the reimbursement for surgery will take 30-60 days to reach you.

Q – Will there be any follow up consultation post-surgery?

A – Once you are cleared by your AssuredExcellence Provider care team to return home after surgery, most of the communication with your local physicians will be done via telephone or fax. You are expected to have a local physician willing to follow you at home. In some cases, the Provider's team will need to see you after you have returned home. In this case, when the follow up visit is within 30 days of your hospital discharge, it will be included in the bundled fee. Any care that occurs after the 30 days, will be billed to your regular insurance and be subject to any applicable deductible and coinsurance.



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