



DIRECTCONNECT
MEDICAL NETWORK

DIRECTCONNECT

Smart Healthcare Made Simple

An Overview of DirectConnect Capabilities



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MEDICAL NETWORK



Our Goal

Direct Connect removes the uncertainty of typical Reference Based Pricing through negotiated agreements with accessible providers and ensures reimbursement rates comparable to that of Medicare.



Best In Class

Understanding our customers and responding with best in-class service, support and intelligence



Customized Care

Plans focused on local and effective care professionals at the lowest possible contract cost



Innovating to Protect You

Innovating to deliver services that protect members and the your bottom line

DirectConnect

WITH REFERENCE-BASED PRICING





PPO Versus Reference- Based Pricing

Typical
PPO
Problems

Out-of-Control Chargemasters Set by Hospitals and Facilities

Typical charges:

200-2000% of Medicare

Average billed charges:

500% of Medicare

Example:

\$10,000 Medicare allowable billed by provider at \$50,000

Most PPO Contracts are Based on Percentage Reduction Off Billed Charges

Example:

A PPO discount of 50% translates to an allowable amount of \$25,000,
or 250% of Medicare

RBP
Solution

Reference-Based Pricing Pays Provider at Pre-Determined Rate

Example:

RBP rate of 140% of Medicare reduces allowable to \$14,000
72% savings off of billed charges



RBP Significantly
Decreases
Claims Cost

Reference-Based Pricing for Hospitals & Facilities

72% Discount

- When repriced at 140% of Medicare

68% Discount

- When repriced at 160% of Medicare

64% Discount

- When repriced at 180% of Medicare

Compared to...

45% Discount

- Typical PPO discount



Why Use DirectConnect

WITH REFERENCE-BASED PRICING

- Reference Based Pricing (RBP) replaces the standard PPO network for hospitals and facilities **but can sometimes result in balance billing for the membership**
- Through DirectConnect you have access to contracted facility alternatives which accept agreed upon medicare-comparable reimbursement levels

DirectConnect provides the savings of medicare-comparable reimbursement without the risk of balance billing

Claim#: XXXXXXXX
Patient: XXXXXXXXXXXX
Reference #: 22003834

Dates of Service	Proc. Code	Amount Billed	Not Covered	Rmk Code	Ineligible Charge	Allowed Amount	Deductible Amount	Co-pay Amount	Covered Amount	Paid At	Payment Amount
	U0250 (q)	\$0.70	\$0.00	MU	\$0.00	\$0.70	\$0.70	\$0.00	\$0.00		\$0.00
	U0258 (q)	\$135.00	\$0.00	ze,MU	\$101.69	\$33.31	\$33.31	\$0.00	\$0.00		\$0.00
	U0258 (q)	\$47.00	\$0.00	ze,MU	\$33.89	\$13.11	\$13.11	\$0.00	\$0.00		\$0.00
	U0270 (q)	\$53.91	\$0.00	ze,MU	\$41.43	\$12.48	\$12.48	\$0.00	\$0.00		\$0.00
	U0272 (q)	\$49.99	\$0.00	ze,MU	\$37.67	\$12.32	\$12.32	\$0.00	\$0.00		\$0.00
	U0300 (q)	\$36.77	\$0.00	MU,ze	\$26.37	\$10.40	\$10.40	\$0.00	\$0.00		\$0.00
	U0301 (q)	\$228.98	\$0.00	MU,ze	\$173.28	\$55.72	\$55.72	\$0.00	\$0.00		\$0.00
	U0301 (q)	\$45.74	\$0.00	ze,MU	\$33.89	\$11.85	\$11.85	\$0.00	\$0.00		\$0.00
	U0301 (q)	\$64.45	\$0.00	MU,ze	\$48.96	\$15.49	\$15.49	\$0.00	\$0.00		\$0.00
	U0305 (q)	\$61.49	\$0.00	MU,ze	\$45.20	\$16.29	\$16.29	\$0.00	\$0.00		\$0.00
	U0336 (q)	\$620.93	\$0.00	ze,MU	\$478.34	\$142.59	\$142.59	\$0.00	\$0.00		\$0.00
	U0336 (q)	\$271.24	\$0.00	MU,ze	\$207.15	\$64.09	\$64.09	\$0.00	\$0.00		\$0.00
	U0510 (q)	\$140.40	\$0.00	ze,MU	\$105.48	\$34.94	\$34.94	\$0.00	\$0.00		\$0.00
	U0636 (q)	\$37.87	\$0.00	ze,MU	\$26.37	\$11.50	\$11.50	\$0.00	\$0.00		\$0.00
	U0636 (q)	\$47,009.50	\$0.00	MU,ze	\$36,271.05	\$10,738.45	\$2,565.21	\$0.00	\$8,173.24	70%	\$5,721.27
	U0637 (q)	\$10.02	\$0.00	ze,MU	\$7.54	\$2.48	\$0.00	\$0.00	\$2.48	70%	\$1.74
Column Totals		\$48,813.99	\$0.00		\$31,668.27	\$11,175.72	\$3,000.00	\$0.00	\$8,175.72		\$5,723.01
Patient's Responsibility:		\$5,452.71		Other Credits or Adjustments				Total Payment		\$5,723.01	

Procedure Code Description

CE CHEMOTHERAPY

qj HOSPITAL MISC-OUTPATIENT

Remark Code Description

MU Paid in Accordance with Medicare Repricing. Patient is only responsible for amount shown under - Patients Responsibility. By accepting the Plan members Assignment of Benefits the Provider agrees to be bound by the rules and provisions set forth within the terms of the plan and accept the Plans payment of those benefits as full consideration for services, supplies and/or treatment rendered. The patients balance is satisfied in full after payment from the Plan based on the Plans selected percentage of the maximum allowable. Contact HealthSmart at 844.566.8292 before billing the patient more than the amount shown under Patients Responsibility.

ze DISCOUNT: ZELIS DISCOUNT AMOUNT APPLIED

Plan Status

All of your Individual OUT OF NETWORK DEDUCTIBLE has been met for 2020

\$5452.71 of your \$7900.00 Individual OUT OF NETWORK OUT OF POCKET has been met for 2020

\$3000.00 of your \$9000.00 Family OUT OF NETWORK DEDUCTIBLE has been met for 2020

\$5452.71 of your \$15800.00 Family OUT OF NETWORK OUT OF POCKET has been met for 2020

PPO EOB

Explanation of Benefits Page 1 of 1

Patient's Name	Type of Service	Service Date(s)	Total Charge	Ineligible	Codes	PPO Savings	PPO Co-Pay	Deductible	Total Eligible	Plan Pays	Total Benefits
XXXXXXXXXX Claim Number: XXXXXX-01 TIFT REGIONAL HEALTH SYSTEM INC											
PROCESSED BENEFITS		X/XX/XX	\$620.93			\$63.13	\$0.00	\$0.00	\$527.80	100%	\$527.80
PROCESSED BENEFITS		X/XX/XX	\$271.24			\$40.68	\$0.00	\$0.00	\$230.56	100%	\$230.56
PROCESSED BENEFITS		X/XX/XX	\$47,009.50			\$7,051.42	\$0.00	\$0.00	\$39,958.08	100%	\$39,958.08
PROCESSED BENEFITS		X/XX/XX	\$135.00			\$20.25	\$0.00	\$0.00	\$114.75	100%	\$114.75
PROCESSED BENEFITS		X/XX/XX	\$114.49			\$34.34	\$0.00	\$0.00	\$80.15	100%	\$80.15
PROCESSED BENEFITS		X/XX/XX	\$64.45			\$19.33	\$0.00	\$0.00	\$45.12	100%	\$45.12
PROCESSED BENEFITS		X/XX/XX	\$62.03			\$9.30	\$0.00	\$0.00	\$52.73	100%	\$52.73
PROCESSED BENEFITS		X/XX/XX	\$61.49			\$18.44	\$0.00	\$0.00	\$43.05	100%	\$43.05
PROCESSED BENEFITS		X/XX/XX	\$49.99			\$7.49	\$0.00	\$0.00	\$42.50	100%	\$42.50
PROCESSED BENEFITS		X/XX/XX	\$47.00			\$7.05	\$0.00	\$0.00	\$39.95	100%	\$39.95
PROCESSED BENEFITS		X/XX/XX	\$45.74			\$13.72	\$0.00	\$0.00	\$32.02	100%	\$32.02
PROCESSED BENEFITS		X/XX/XX	\$45.74			\$13.72	\$0.00	\$0.00	\$32.02	100%	\$32.02
PROCESSED BENEFITS		X/XX/XX	\$37.87			\$5.68	\$0.00	\$0.00	\$32.19	100%	\$32.19
PROCESSED BENEFITS		X/XX/XX	\$36.77			\$11.03	\$0.00	\$0.00	\$25.74	100%	\$25.74
PROCESSED BENEFITS		X/XX/XX	\$10.02			\$1.50	\$0.00	\$0.00	\$8.52	100%	\$8.52
PROCESSED BENEFITS		X/XX/XX	\$0.70			\$0.10	\$0.00	\$0.00	\$0.60	100%	\$0.60
			\$48,612.96	0.00		\$7,347.18	\$0.00	\$0.00	\$41,265.78	Benefit Payable	\$41,265.78
Patient Portion: \$0.00											

≈ \$30,000 Savings

Live Claim Comparison

Direct Connect with RBP vs. PPO Network

DIRECTCONNECT

WITH REFERENCE-BASED PRICING

COMPLETES THE RBP SOLUTION WITH
SAVINGS OVER 70%
IN HEALTHCARE PLAN SAVINGS

Does this interest you?



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