

MEDICAL PLAN ACRONYMS TO KNOW

HST	HSTechnology	HST, a MultiPlan Company, has been at the forefront of providing Value-Driven Health Plan services that reduce healthcare costs while establishing sustainable benefit plans. HST's pricing technologies provide cost benchmarks to objectively determine the value of medical services and introduce pricing accountability.
THP	The Health Plan	THP manages the health plan, making sure medical bills are handled according to the fixed pricing rules. They also work with HST to help negotiate prices with healthcare providers. THIS IS YOUR MAIN CONTACT FOR QUESTIONS!
PHCS	PHCS Network for Value-Driven Health Plans	The PHCS Network for Value-Driven Health Plans is the only independently-contracted primary PPO network designed exclusively for use with HST's Value-Driven Health Plan services and to have been accredited by NCQA for credentialing – a status we've held continuously since 2001.
VDHP	Value Driven Health Plan	Value-Driven Health Plans services (VDHPs) establish price for services by reimbursing facilities based on the value and quality of care. The process is fully transparent and based on Medicare and Cost information plus a percentage. The end result is a price that is fair to both the facility and the member.
PAC	Patient Advocacy Center	An HST service available to you for those rare instances of balance billing. A balance bill is a bill you may receive for an amount above what is listed as the patient responsibility on your Explanation of Benefits. Please call The Health Plan to verify if it is a balance bill. If it is, THP will send the bill over to PAC and a PAC representative will reach out to you. The PAC representative will be your main contact after they contact you regarding your balance bill.
NSA	No Surprise Act	A Federal law designed to protect you from unexpected medical bills—commonly known as “surprise billing.” These typically occur when you receive care from an out-of-network provider or facility without realizing it, especially in emergencies
BBP	Balance Bill Protection	Balance Bill Protection adds layer of protection virtually eliminates the member's responsibility for covered charges beyond their plan co-pay, coinsurance and deductible. If your employees receive a balance bill, they should simply contact our Patient Advocacy Center—we'll take it from there
EOB	Explanation of Benefits	A document from your insurer that explains what medical services were covered and what you owe.

WHAT HAPPENS IF YOU GET A BALANCE BILL

Balance billing occurs when a provider charges the patient the difference between what the plan pays (the allowed amount) and the provider's total charge. This happens when a provider doesn't accept the reference price set by the plan, and the provider bills the patient for the remaining amount.

****DO NOT PAY IT! Immediately contact The Health Plan (THP)**

1	You receive a Balance Bill
2	Call THP 1-888-816-3096
3	Provide THP with your Balance Bill and EOB documents
4	THP will provide your information to PAC (HST's Patient Advocacy Center)
5	HST will open a case and assign you to a PAC team member who will be in contact to help you resolve the Balance Bill

If you have a question or receive a Balance Bill always call THP
But remember when PAC/HST calls that they are here to help
you!

*****Balance Bills need to be submitted within 90 days of receipt.**