claritev™

# Patient Advocacy Center (PAC)

## Balance Bill Workflow

1

If you receive a balance bill for an amount above your responsibility, send a copy of the bill and Explanation of Benefits (EOB) to the PAC via email, fax, or the HST Connect® app or website. We will contact the hospital on your behalf and work to avoid having excessive charges passed on to you.
HST Connect Mobile App or HSTconnect.com

2

When your case is opened, your dedicated PAC advocate will send you their contact details and information about the services available.

3

Your patient advocate will contact the provider to explain our services and negotiate the balance bill on your behalf.
If negotiations are successful, the plan will issue a new EOB, which may require an additional out-of- pocket expense in the form of deductibles and/or coinsurance.

4

Your advocate will call you to confirm you received the introductory letter and guide you through the PAC process. You are only responsible for paying the patient responsibility amount referenced on your Explanation of Benefits (EOB). Please make sure you pay your patient responsibility, or we will be unable to provide PAC services.

5

15

When negotiating balance bills, it takes an average of 15 business days for the provider to review and respond to us.

6

45

The average time to resolve a balance bill is 45 days, depending on the provider's responsiveness.

7

Billing collection statements from the provider do not affect your credit report. Although we tell the provider to put your account on hold, you may continue to receive statements and calls from the provider. If this happens, provide them your patient advocate's contact information and send us copies of any additional notices you receive.

8

During negotiations, your patient advocate will follow up with you at least every 10 business days by phone, email, or text message* to keep you updated on your case status. Your patient advocate will notify you once the case is closed.
*Enrolling in text messaging updates allows the most efficient communication between you and your advocate.

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## UNWILLING TO NEGOTIATE

**9**

If the provider is unwilling to accept the plan's payment or negotiate a settlement during the initial discussions, we may need to send you a letter to review and sign. This letter is designed to potentially protect your credit under the Fair Credit Reporting Act. It requests that the provider communicates directly with PAC and gets you out of the middle. We will continue to work on your behalf to help avoid excessive charges being passed on to you.

**10**

The provider has 30 days to review and respond to the letter. If the provider is unresponsive, a follow up call is made every five business days to confirm that the letter has been received and reviewed. If we still don't receive a response, we will escalate the matter to discuss a settlement.

**11**

Dealing with unexpected bills can be intimidating and aggravating. We are here to support you. As a reminder, **do not pay the balance bill** (or any amount greater than your listed patient responsibility). If you are not sure about next steps, or the provider continues to hassle you, please reach out to your patient advocate. We'll take it from there.

**12**

If the dispute has not been resolved within 180 days, we will call your health plan to determine how they'd like to move forward. Your patient advocate will follow up to inform you of the plan's decision.

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Phone: (888) 837-2237

Email: pac@claritev.com

Monday-Friday, 5:30 am - 5:00pm PST

Download the HST Connect app

SCAN HERE TO DOWNLOAD