



## Billing

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Thank you for contacting Graham Behavior Services. This video will help you understand how billing works here at GBS.

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As you heard in our intro to insurance benefits video, Graham Behavior Services is an out of network provider with all insurance companies. This does mean that you may be paying more for services overall, since you will most likely be using your out of network benefits.

So what's the difference between in network and out of network? In network providers have contracted with the insurance companies to provide services to their members at a specific reimbursement rate. Out of network providers are not contracted with the insurance company, and have not agreed to the specific reimbursement rates, but are rather paid at the allowed amount set by the payor.

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What is the allowed amount? The allowed amount is the total amount a health plan determines a provider should be paid for a service. Here is an example for a member with a 30% coinsurance. The billed amount is \$100, but the allowed amount is \$50. This is what the insurance believes the service is worth, and is the most they will pay for the service. The coinsurance is then 30% of the allowed amount, which comes to \$15. The remaining 70% is covered by the insurance, and so they pay \$35. The \$50 difference between the billed amount and the allowed amount is the balance bill amount. When an individual uses out of network benefits, they are often balance billed for that amount. In this case, that would make the total patient responsibility \$65. It's important to note that the balance bill amount *does not* go towards your out of pocket maximum. If your plan requires balance billing by us, then the total amount you pay for the year will exceed your out of pocket maximum.

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The majority of our patients are not balance billed by GBS. For those who are not balance billed, your total cost for the year will not exceed your deductible and out of pocket maximum. Some plans have a deductible that goes towards the out of pocket maximum, while others have a deductible in addition to their out of pocket maximum. You should see on your benefits information whether your deductible goes towards your out of pocket maximum or not. If it does not, you will add your deductible and OOPm together to find your total maximum expenses for the year.

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While we typically do not balance bill at GBS, there are some exceptions. The insurance plans listed below currently require balance billing. Please note, that these are only for these specific plans, not general Horizon Blue Cross Blue Shield or Aetna. Additionally, some out of state Blue cross blue shield plans and some united healthcare plans will require balance billing because the reimbursement rate is not high enough to sustain the high level staff we employ.

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When it comes to billing, Graham Behavior Services wants to make your life as simple as possible. Since most families will hit their out of pocket maximum by using ABA therapy, we offer a payment plan option. Payment plans are set up by dividing your out of pocket maximum by the remaining months in the year, and then scheduling automatic monthly payments for that amount. This allows families to pay a set amount each month towards that out of pocket maximum. If your plan requires balance billing, we can set up a payment plan for your out of pocket maximum, and then send a separate monthly invoice with your balance billed amount.

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We highly recommend utilizing our payment plan option to keep the cost of services predictable and consistent. Here you can see the average time frame for a single date of service to be processed. You receive ABA therapy on January 1st. Here at GBS, we submit claims to the insurance company every 2 weeks, so you can expect that claim to be sent around January 15th. The insurance then takes 30-60 days to process the claim and send out the explanation of benefits and patient responsibility. That means, for the service that took place on January 1st, we won't know your patient responsibility until February 15th at the earliest, and possibly as late as March 15th. We then send invoices on a monthly basis, so you won't see that date of service on your bill until April. The explanation of benefits that the insurance sends is what dictates the amount to charge toward your deductible and coinsurance or copay. Without it, we cannot send you a bill.

As you can see, there can be an extremely long gap between the date of service and when you will actually receive an invoice for services. This also doesn't account for claims that are processed incorrectly by insurance, and may need to be resubmitted or appealed. In those cases, it can sometimes take 3 months or more for the patient responsibility to show on your invoice. Because of this, invoices can vary dramatically from month to month, and can often be unpredictable. The payment plan alleviates this uncertainty so families can have a reliably set amount due each month.

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You may be wondering if GBS is similar to other out of network providers you may have used. Most of the time, out of network providers bill the patient directly, and then the patient submits for reimbursement to their insurance company. This requires a lot of money out of pocket for families, as well as a lot more work for you.



Here at Graham Behavior Services, we want your experience with us to be as easy as possible. That's why we submit all of the claims on our end, wait for payment from the insurance company, and then bill you for your patient responsibility. You'll never have to worry about submitting claims or waiting on reimbursement.

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Since most out of network providers have patients pay up front, the insurance company may accidentally send payment to your family instead of to Graham Behavior Services. These checks are not a reimbursement for you, since you have not actually paid that money to GBS. They are payment for services delivered to us, and must be forwarded on to us. You can either sign the back of the check, write "pay to the order of Graham Behavior Services", and mail it to us, or you can deposit the check and send GBS an EFT (electronic funds transfer, such as zelle) or a personal check. Credit cards are *not* accepted as payment for checks sent by the insurance company. Please be sure to send us the explanation of benefits that came with the checks, whether via mail or email to [billing@grahambehavior.com](mailto:billing@grahambehavior.com)

#### Slide 10

Join our next video for some frequently asked questions and information on all the services we have to offer. Be sure to follow us on social media for more helpful information!

