

BillAssist

# Cutting Costs, *Not Care:*

A Health Plan Leader's  
Guide to Fixing  
Member Experience



# Many of your members are one accident or illness away *from financial devastation.*

Even with health insurance, unexpected hospital bills and high out-of-pocket costs leave many member struggling to access or afford care. This isn't just a personal burden; it creates barriers to better health outcomes, drives member dissatisfaction and threatens your plan's ratings.

Health plans have a critical opportunity to step in. By integrating medical bill assistance into your offerings, you can reduce members' financial stress, improve their experience with your plan and strengthen your commitment to health equity.

## \$2,500 to \$10,000+

is the average deductible members must now cover out-of-pocket

## 38%

of Americans have at some point been unable to afford rent, groceries or utilities because of medical bills

## 86%

of Americans who have experienced medical debt have put off care due to the anticipated cost

## 40%

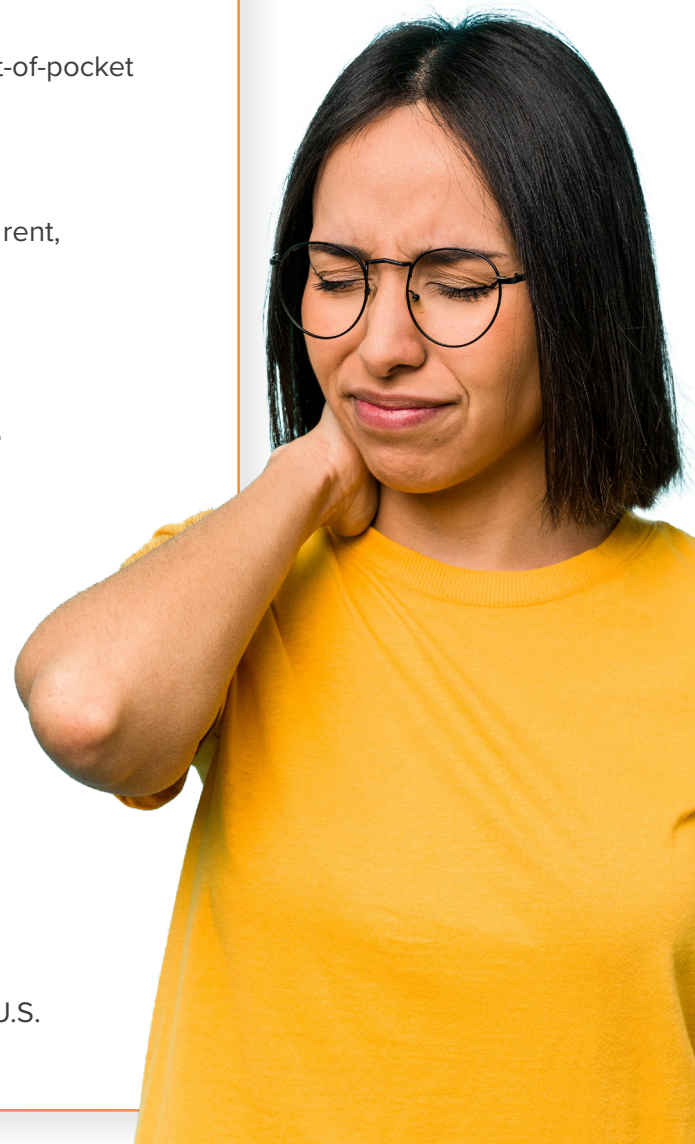
of Americans say they have experienced medical debt

## 47%

of those Americans who are currently in medical debt owe more than \$2,500

## #1

Medical debt is the leading cause of bankruptcy in the U.S.



## Addressing Costly Medical Bills: The Missing Piece of Health Plan Offerings

Healthcare benefits are designed to safeguard members' medical and financial well-being—but is your health plan addressing the complete picture?

Even with robust insurance coverage, many Americans are just one unexpected medical event away from financial hardship, often due to high deductibles, out-of-network bills and other unforeseen charges.

**37%** of Americans can't afford an unexpected expense of over \$400

### The Solution: Integrating Bill Reduction into Your Health Plan

By incorporating tools like 501(r) hospital financial assistance, bill review, negotiation and payment plans into your offerings, you offer more than just healthcare—you provide a financial safety net.

High-cost medical bills impact more than wallets. They create stress and can lead to delayed care and further health complications. By addressing these challenges head-on, health plans can improve member outcomes, enhance satisfaction and differentiate their offerings in a competitive market.



### In this guide, we'll explore critical tools that can help your members manage and reduce medical bills:

- Leveraging hospital financial assistance to reduce out-of-pocket expenses to as low as \$0
- Spotting costly errors hidden in medical bills with bill review services
- Expert bill negotiation to lower medical bills
- Helping members navigate payment plans



# Hospital Financial Assistance: The Hidden Key to Reducing Medical Bills and Improving Member Satisfaction

Hospital financial assistance programs are an underutilized yet impactful way for health plans to help members manage overwhelming medical expenses.

Here are 5 things you need to know about this often-overlooked solution:

1

## Non-profit hospitals are required to offer free or discounted care based on patient income

Non-profit hospitals are legally obligated to offer financial assistance to patients who qualify under IRS Section 501(r). This means that individuals who meet certain income thresholds can receive free or significantly discounted care—even if they have insurance.

By educating members about these programs, health plans can reduce out-of-pocket costs, prevent unpaid medical debt and drive better member satisfaction.

2

## More people qualify than you might think

People tend to assume that hospital financial assistance programs only serve very low-income populations. While each hospital has their own financial assistance policy, eligibility criteria and application form, nearly 60% of people qualify for relief at most hospitals.

For example, a family of four making up to \$124,000 per year qualifies for at least partial financial assistance at most nonprofit hospitals nationwide. That means many of your members are likely eligible for significant hospital savings!

3

## Patients with insurance can still qualify for assistance

Having insurance does not mean one is adequately covered or ineligible for these programs. In fact, many people fall into the category of 'underinsured', where their insurance coverage leaves them with medical expenses they cannot afford to pay. This is especially true in cases of high deductibles, plans with limited hospital coverage or co-pays. Hospital financial assistance bridges these gaps, reducing the burden on members while indirectly lowering health plan costs associated with delayed care and medical debt.

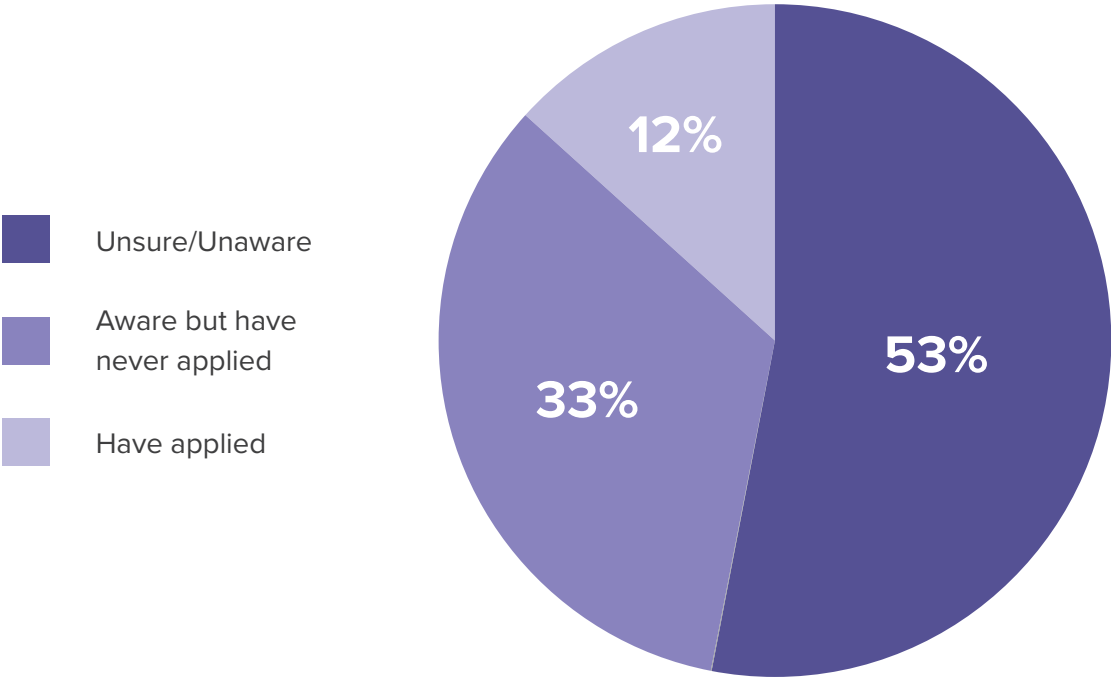
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**Most people don't know it exists or that they qualify**

With hospital financial assistance eligibility thresholds extending up to 400% of the Federal Poverty Level—and up to 600% in many urban hospitals—households earning up to \$180,000 annually could be eligible for significant discounts on medical care in some areas.

Most people, however, falsely believe that their income is too high, underscoring a critical need for more robust communication efforts to inform and educate potential beneficiaries about their eligibility.

**Members Who Likely Qualify for Hospital Financial Assistance Aren't Aware it Exists**



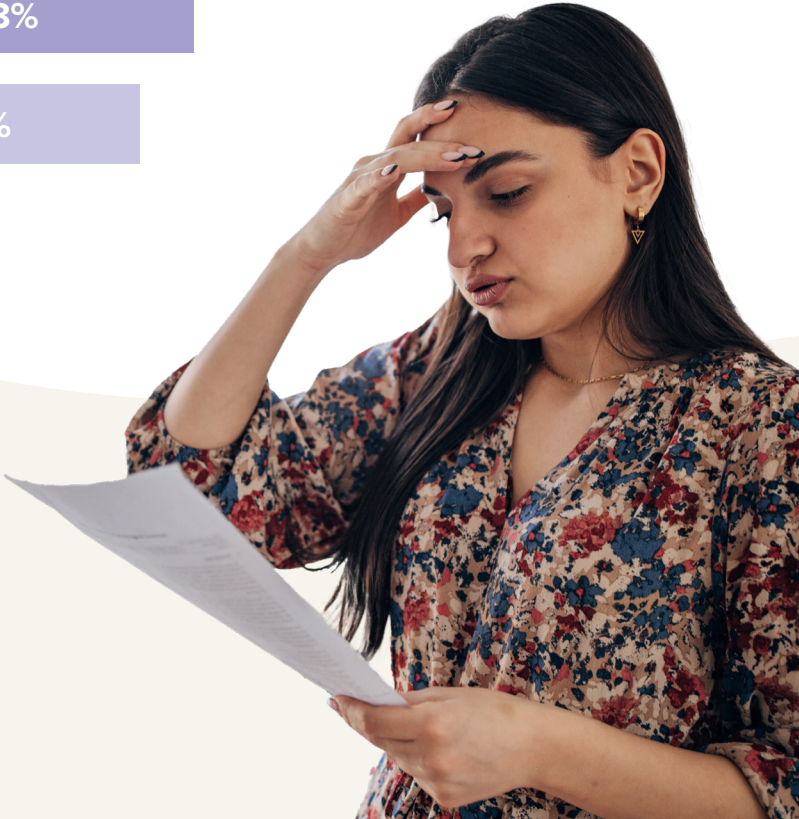
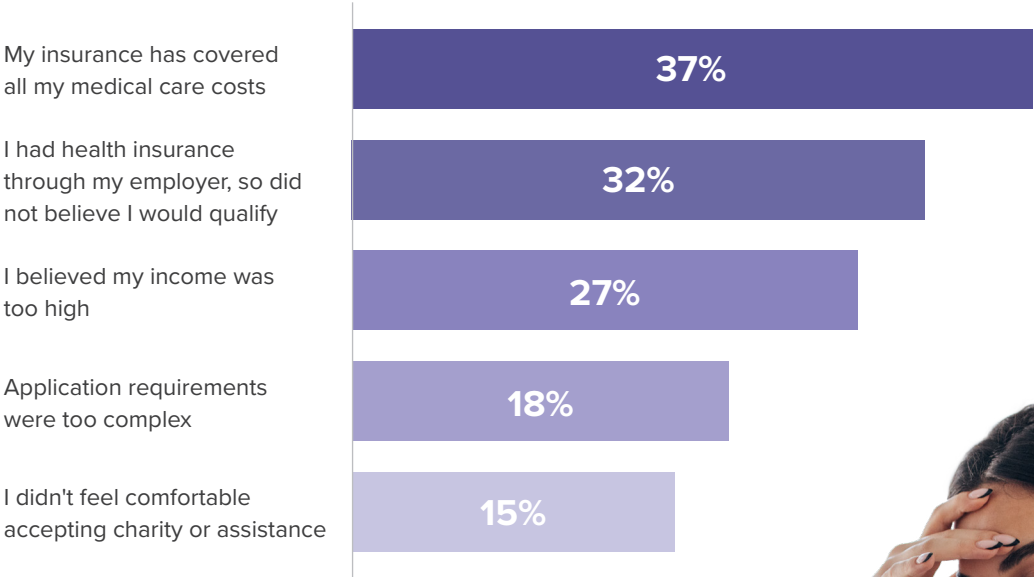
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### Complexity and stigma also prevent people from applying

Even when individuals qualify for hospital financial assistance, many never apply due to the overwhelming complexity of the process.

Navigating the financial assistance application process at hospitals can often feel overwhelming. With each hospital having its own set of financial assistance policies and procedures, ranging from archaic paper applications to convoluted online instructions, the journey towards financial relief is anything but straightforward. This complexity is a significant barrier, deterring many who qualify for free or discounted care from even applying.

## Reasons Your Members Aren't Applying for Hospital Financial Assistance



# 80% of Medical Bills Contain Errors

According to Becker's Hospital Review, 80% of all medical bills contain errors. **Yes, you read that right: 80%.**

In fact, for medical bills totaling \$10,000 or more, the average error costs patients an additional \$1,300.

And the unfortunate reality is that most people don't have the knowledge or context to thoroughly review their medical bills to catch these errors—leaving them vulnerable to overpaying for care they didn't receive or services that were billed incorrectly.

For health plans, addressing billing errors isn't just about reducing costs—it's about enhancing member satisfaction and trust. By implementing solutions to identify and correct billing inaccuracies, plans can provide tangible financial relief, improve member experience, and demonstrate a commitment to equitable care.



## Common Types of Billing Errors



### Duplicate Charges

A common billing error occurs when a provider bills for the same service, procedure, or medication more than once, often due to clerical errors. These are hard to catch without reviewing itemized statements and can delay claims, leading to higher costs.



### Incorrect Service Codes

Medical services, procedures and treatments are all labeled and charged with standardized codes. All it takes is one mistyped number or letter and a patient could walk away with a much higher bill than they were supposed to. This can also happen when out-of-date codes are used.



### Upcoding

Upcoding occurs when a member is billed for a more expensive service or procedure than what was provided. For example, our experts often see members being charged with an in-person, hospital-based visit when the actual service provided was a brief telehealth consult.



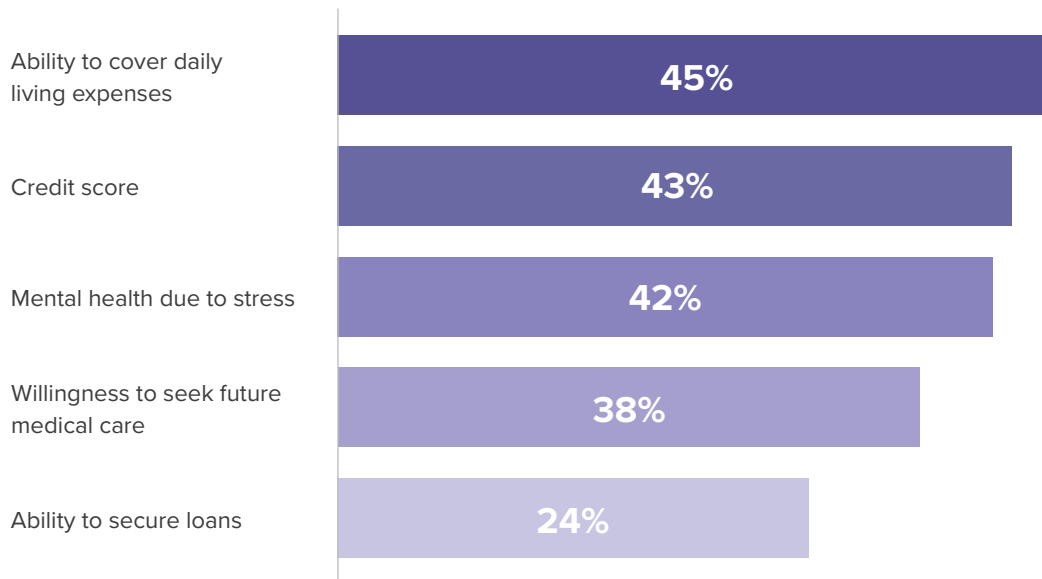
### Unbundling

Unbundling is when services that should be billed under one code are separated, inflating the overall cost. For instance, a knee replacement, which includes anesthesia and post-op care, could be billed as individual procedures instead of a single bundled charge.

## The True Cost of Billing Errors and Medical Debt

Medical billing errors are far more common than most realize, leading to significant financial strain for members—and ultimately impacting health plans through higher costs and member dissatisfaction.

### Medical Debt has Impacted



#### Member Burden

Billing errors force patients into a frustrating cycle of verifying benefits, calling insurers, and dealing with providers. This hassle can deter individuals from seeking essential care, like screenings or vaccines, due to fear of cost or complexity.

When errors go unresolved, members may face out-of-pocket expenses they can't afford, leading to reduced financial stability, damaged credit scores, and heightened mental health challenges. The emotional and financial toll can create long-term instability that goes far beyond the incorrect bill itself.



#### Plan Burden

For health plans, billing errors lead to significant operational challenges and member dissatisfaction. Plans frequently shoulder the administrative burden of resolving disputes, verifying claims, and addressing billing issues with providers, which diverts resources from other priorities. These errors often erode trust between members and their health plans, resulting in decreased satisfaction and increased attrition. Additionally, when members delay or avoid care due to billing issues, it often exacerbates health conditions, ultimately increasing overall healthcare costs for the plan.



## Bill Negotiation: Reducing Out-of-Pocket Healthcare Costs with Expert Help

Negotiating medical bills can be a critical tool for reducing the financial burden of high medical bills. This type of negotiation offers a vital path to relief, especially when financial assistance programs aren't an option or don't provide enough assistance.

Navigating medical bills requires expertise in healthcare billing, patient rights, and negotiation techniques, making it essential to work with professionals. Experts can identify errors, challenge out-of-network charges, and work with providers to lower costs, turning unmanageable bills into affordable ones.



### Benefits for Members

For members, the most immediate benefit of bill negotiation is reduced financial strain. Lowering out-of-pocket costs alleviates stress and removes financial obstacles, allowing members to prioritize their health and recovery without the constant worry of unaffordable bills. This reduction in financial burden can also lead to improved mental health and better overall care outcomes.



### Benefits for Plans

Bill negotiation helps health plans reduce members' financial burdens, leading to improved satisfaction and stronger loyalty. By addressing high out-of-pocket costs, plans can alleviate the strain of high-deductible coverage while also lowering administrative costs associated with billing disputes. Offering this support demonstrates a commitment to members' financial and overall well-being, enhancing trust and retention.

## The Importance of Navigating Payment Plans with the Right Support

While payment plans are a useful tool as a final defense against high-cost healthcare bills, fine print on the most common offerings makes this a tricky path to navigate. The most common culprits? High interest rates, hidden fees and negative impacts on credit scores.

Working with a healthcare partner can help your members sort through the complexities to find the right payment plan. With expert guidance, they can avoid costly mistakes and secure terms that are manageable and affordable.



# Elevate Your Health Plan *with BillAssist*

As a health plan administrator, you're tasked with growing your membership, improving quality ratings and enhancing member satisfaction. BillAssist helps reduce financial barriers, offering members real solutions to navigate healthcare costs and strengthening your commitment to health equity.

## Boost Quality Ratings & Member Satisfaction

BillAssist empowers your plan to address one of the most pressing challenges for your plan's members: **high-cost medical bills**. By connecting members to hospital financial assistance programs, reviewing and negotiating medical bills and arranging manageable payment plans, you can elevate your offerings, reinforce health equity and deliver peace of mind to your members.

*60% of Americans qualify for hospital financial assistance*



Bill Negotiation In Process

**Review negotiated discount**

Congratulations! Our team was able to reduce your bill!

[Review](#)

9:41

**Brightline Hospital Bill**  
Brightline Hospital / Feb 25, 2024

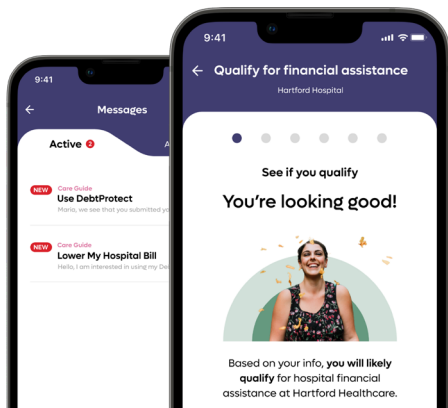
**Profile Info** Insurance: Cigna PPO  
Updated: 12:23pm on 4/18/24  
[Done](#) [Revisit](#)

**Bill Info** **\$4,000**  
Updated: 12:23pm on 4/18/24  
[Done](#) [Revisit](#)

**Bill Reduction** **-\$3,000**  
Updated: 3:40pm on 4/20/24 \$1,000  
[Done](#) [Revisit](#)

**New Total** **\$1,000**

[Question? Ask EM](#)



## Hospital bill? No Problem.

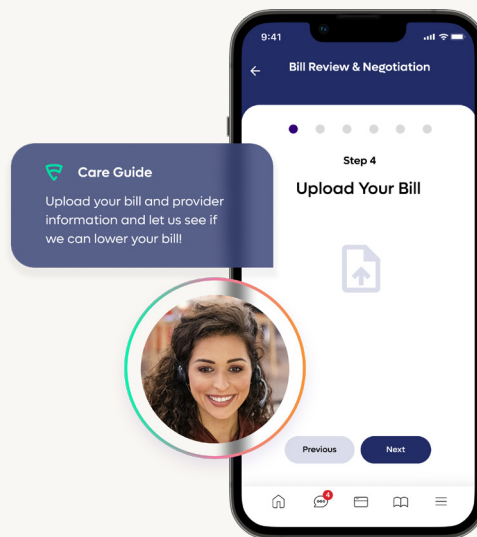
We seamlessly connect eligible members to hospital financial assistance programs, eliminating up to 100% of the bill for members who qualify.

- Check eligibility in minutes!
- Approved? Easily apply online
- Get on-demand help whenever you need it
- Confidential & HIPAA compliant process

## Don't qualify, or have a non-hospital bill?

Whether members are dealing with in- or out-of-network bills, our expert negotiators advocate on their behalf, lowering costs through negotiation and manageable payment plans.

- Review of medical bills to uncover errors
- Expert negotiation of out-of-pocket costs
- Help with setting up extended payment plans
- Practical advice for handling high-cost bills



We help our clients *and those they serve* realize more value from healthcare.

20+

record of success for over 20+ years in the industry

80%

success rate on negotiating out-of-network claims

35%

average savings on unadjusted & out-of-network claims

## Ready to invest in the financial well-being and productivity of your workforce?

To learn about how you can benefit from our solution, visit [emryhealth.com/billassist](https://emryhealth.com/billassist)



Case Study

# High-Cost Bill Review: Bill Negotiation

## Background

A member's benefit plan provided only limited coverage for hospital stays, leaving them responsible for a **\$43,868 bill after a medical emergency.**

## How Emry BillAssist Helped

Emry BillAssist guided the member through the hospital's financial assistance application process. The platform ensured all required documents were submitted correctly and worked closely with the hospital to confirm receipt and processing. As a result, Emry successfully secured full financial assistance, reducing the member's **final out-of-pocket cost to \$0.**



Total Out of Pocket Savings:

**\$43,868**



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