

# FAQ

## Frequently Asked Questions *for Employers*



### ■ Who is NX Health Network?

A *High Value PPO Network* giving Employers a cutting edge alternative to the standard “any willing provider” networks that offer limited ability to manage provider and plan costs. Unlike the current PPO option, **NX Health Network** is creating *Client Specific* networks nationwide that direct patients to choose from a select list of providers, while also offering quality and cost-effective services.

### ■ What are the benefits of using NX Health Network rather than a traditional carrier or rental PPO?

Unlike traditional PPOs that focus on including every provider within a geographic area, **NX Health Network** is contracting with a focused group of physicians, hospitals and ancillary providers to insure reasonable access to quality providers, while also generating industry leading savings on medical bills.

Instead of simply applying a percentage off billed charges, or 20 year old fee schedules, **NX Health Network** contracts with providers based on a percentage of Medicare. This enables Clients to offer competitive benefit Plans while also reducing the financial impact on the plan and the employee. And because we will build the network around the specific needs of a Client within a geographic area, the Client can define the Plan benefits to include, but not limited to:

- ▶ Single-tier program with **NX Health Network** and no out-of-network benefits.
- ▶ Two-tier program with **NX Health Network** and an out-of-network benefit, payable at Medicare Plus, UCR or other option that meets the objectives of the Client.
- ▶ Three-tier program with **NX Health Network** as the first tier with highest benefits and greatest savings, a second level of benefits using a national or regional PPO, and an out-of-network benefit.

Additionally, unlike the traditional carriers, **NX Health Network** does not require you to utilize specific utilization management or PBM companies.

### ■ Why would I recommend NX Health Network instead of eliminating their PPO and paying at a percentage of Medicare?

Though there are aggressive cost advantages to eliminating the PPO and paying providers a very low percentage of Medicare, there are also a number of potential pitfalls, including significant patient balance billing. Instead, **NX Health Network** offers the best of all worlds:

- ▶ Dramatic savings on medical bills for both the plan and employee.
- ▶ Peace of mind for employees that they will not be subject to balance billing (excluding copays, deductibles, coinsurance and non-covered services).
- ▶ Eliminates additional Plan financial exposure from provider balance billing and potential legal action.

It is also important to note that in the recent FAQ, the Federal Government suggested that they may require companies offering Medicare Plus options to insure there is reasonable access to providers who are willing to accept the payment without balance billing; in essence, a network such as ours. We take the hassle out of identifying those providers that are willing to participate with this payment method.

### ■ What kind of savings can I anticipate from NX Health Network?

**NX Health Network** bases its contracts on a percentage of Medicare. The percentage may vary based on provider type, geographic location, and the number of providers available with whom we can contract. The greater the number of providers, the more likely we can negotiate a more favorable percentage of Medicare. The result is an increase in savings over and above traditional PPOs ranging on average from 20-30%.

### ■ Is NX Health Network a full service PPO or a specialty network?

**NX Health Network** will contract with all necessary providers (physicians, hospitals, ancillary providers, etc.) to offer a full service PPO.



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### ■ Do Primary Care and Specialty Services require Authorization?

**NX Health Network** does not require pre-authorization for primary care or specialty services. Individual Benefit Plans may require authorization or pre-certifications for certain specialty services to help insure that covered individuals receive only medically-necessary and covered services. This provides peace of mind for both the employee/member and the provider. To determine if authorization is required, medical providers will be directed to call the customer service number on the back of the members ID card, as each plan is different.

### ■ Are NX Health Providers required to refer patients to participating providers?

Yes. Our contracts require **NX Health Network** participating providers to refer to other participating providers. If for some reason there is no participating provider for the care that is needed, **NX Health Network** will work with the Client, TPA and referring physician to identify and contract with an appropriate provider.

### ■ Is NX Health Network a credentialed PPO?

Yes. All participating providers will undergo a rigorous credentialing process. **NX Health Network** uses URAC accreditation standards to credential all participating providers. An online directory of all participating providers will be available to all members, providers and groups.

### ■ Does NX Health Network require specific benefit differentials?

Yes. In order to deliver the highest savings, our provider contracts require that there be a minimum of 20% benefit differential between **NX Health Network** as the Primary PPO, and the next level of benefits.

### ■ What fee does NX Health Network Charge?

**NX Health Network** typically charges a PEPM for access, which includes repricing. There is no set up fee, but there is a minimum contractual requirement of one year.

### ■ Does NX Health Network offer a solution for discounting out-of-network medical bills?

Yes. **NX Health Network** has teamed up with **United Claim Solutions** to provide industry leading savings on out-of-network medical bills. They will also have the ability to Audit/Review in-network medical bills.

### ■ Does NX Health require all claims be sent to them to reprice?

Yes. We do have the ability to accept paper and EDI claims directly from the providers. When working with our cost-containment partner UCS, we can reprice in-network and out-of-network claims, apply bill edits and audits prior to sending the claims to the Payer for adjudication. Additionally, we can also set up an EDI connection with the Payer to accept claims for repricing via EDI.

### ■ How do I get started?

Contact your Sales Associate or Account Manager to set up a meeting to discuss the Client opportunity. This will include determining the information needed for **NX Health Network** to create an analysis and recommendations of the best options for contracting to meet the objectives of the Client. Typically, we can develop a network between 120 and 150 days from the completion of the analysis and final approval by the Client.

**Please contact us at (800) 834-2312 to learn more about the  
NX Health Network and how you can provide access for your employees!**