



Christian Health Aid Newsletter



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A word regarding the future of Diamond Care and Emerald Care

The Diamond Care and Emerald Care programs have been in operation for five years. Those have been five years of learning, adapting, and adjusting within the ever changing climate of health care.

These programs have become difficult to administer, largely because of the difficulties pointed out in the following article about the self-pay model. This set of challenges seems to have compounded in the recent past. We have providers who are becoming frustrated by the various ways our different programs operate. Some are refusing to bill CHA at all, even if a member is on Traditional Sharing, because of the confusion caused by the self-pay billing issue with Diamond and Emerald Care. Other providers are taking advantage of our members.

Another challenge we face is making these programs work financially. Although we have continued to raise the monthly

shares every year, over the lifetime of these programs they have lost CHA nearly \$300,000.

All things considered, it was felt at our last board meeting that the future of these programs is limited. We are hard at work, looking at possibilities for some changes for 2024. We believe that we can offer something better with enough choices to fit most everyone's needs. Stay tuned for further updates before renewal season in October.

Why the 'Self-pay' model does not work well for CHA

1) In the medical provider world, the term 'self-pay' carries the meaning that the patient is paying these bills out of their own pocket with no assistance from any outside source. Many facilities have a set rate that they bill self-pay patients for any particular procedure and this rate is often non-negotiable. When a patient checks in as self-pay, they are flagged in the system and the bills are routed

through a different channel than those that may be paid by a third party. There is often little that can be done by CHA's repricing team to ensure fair billing on these charges.

2) In the event that the facility *is* willing to negotiate on a self-pay bill, chances are that their self-pay rates have been grossly inflated to begin with, so that even with a significant discount, the bill may still be higher than what is reasonable for the service they provided.

For example, a provider recently billed a member \$189,000 under the self-pay rate, then gave an 80% discount, leaving a bill of \$37,800. Sounds wonderful, right? However, once our repricing team contacted the provider, they agreed to settle for \$30,300. That is 16% of the original amount billed!

Another member recently self-paid \$5,103 for a CT scan on the day it was performed. For whatever reason, the hospital also sent the bill to CHA. Not realiz-

ing this bill had already been paid, we forwarded it to our repricing team, who were able to obtain a discount of \$4,668, reducing the bill to \$435. This equals 8% of the original amount billed.

- 3) The billing statements, invoices, and receipts that providers issue directly to patients are not nearly as detailed as the bills they send third party payers such as insurance or health care sharing ministries. The CHA office staff and repricing team are often very challenged to obtain the information necessary to process self-pay bills. Providers feel that the patient does not need that level of detail if he is paying the bill himself. Furthermore, if they are of the understanding that the member is paying the bill, they see no reason to provide that information to CHA either. Without the detail provided on a standard health insurance claim form, it is very difficult if not impossible for our repricing team to determine fair pricing.
- 4) Since Diamond Care and Emerald Care share at 100% after the member responsibility has been satisfied, there is little incentive for the member to obtain a discounted price. Negotiating discounts can be daunting and a bit unpleasant, so we find that many Diamond and Emerald Care members are simply paying

their bills at the time of service at the full self-pay price and are not attempting to get discounts on their bills. This ultimately drives the cost up for all CHA members.

Show your card when you go to the doctor

Members sometimes ask if they should show their card to the medical provider, or if they should not mention CHA and tell their provider they are self-pay.

The answer to this question is, "Yes—show your card and tell your provider that you have CHA, even if you are enrolled in the Diamond Care or Emerald Care program."

There are several reasons for this:

- 1) Providers may feel they have been misled if members claim to be self-pay and later the provider finds out they are getting reimbursed from CHA.
- 2) As explained earlier in this newsletter, the "Self-pay" model is not working well for CHA, so we are trending back to having providers direct bill CHA as much as possible.
- 3) CHA now has an electronic data interchange (EDI) number, which means that we can receive medical bills electronically. Some providers who in the past have refused to bill CHA because they had to send paper bills

will now bill us electronically.

All CHA members should have received new wallet cards this year which have CHA's EDI number printed on the back of the card. You would do well to point this out to your medical providers as this may simplify their billing process. If for some reason you have not received a new card this year, or your card does not have CHA's EDI number on it, please contact the office for new cards.

Explaining Diamond Care or Emerald Care to your provider

By now, you may be wondering, "How am I supposed to handle my bills if I'm a member of Diamond Care or Emerald Care?" That is a really good question and one that we grapple with a lot.

These programs were designed to be "self-pay" programs in the regard that you would pay the bills yourself and then turn them in to CHA for sharing. For the reasons stated in the articles above, this is not working as well as we had hoped, and we are finding that it may be more advantageous for your provider to submit the bills directly to CHA, particularly on large bills and/or after you have satisfied your Annual Member Responsibility (AMR).

Following are a few tips to hopefully make it easier for you and your provider to understand.

Explain to your provider (especially if you are on Emerald Care) that your program has a high member responsibility (the equivalent of a deductible) and that you are responsible to pay that portion of the bill yourself before CHA will share on your bills.

You can tell them, "I'm self-paying the first portion of this bill because it is similar to a high deductible health insurance plan. However I am not a 'self-pay' patient (one who pays all their own bills out of their own pocket with no assistance). After I have satisfied my member responsibility, I would like you to submit my bills to CHA."

Keep your Summaries of Sharing until you have paid your medical bills

Medical bills are notorious for being confusing. We've scratched our heads over more than a few here at CHA, even though we work with them regularly.

Sometimes it is difficult for members to tell from looking at a bill they have received whether CHA has already paid their share, or whether the bill was even sent to CHA.

We suggest that you keep the summaries of sharing that you receive from CHA to match up with your medical bills when they arrive in order to make sure that the provider has properly applied any discounts or payments received from

CHA.

By default, you will receive a summary at the end of each month, showing all the medical bills CHA has shared for you in that month. If you prefer getting a summary every time we process a bill rather than once a month, please let us know and we will be happy to mail out a summary each time we process a bill for you.

If you have difficulty understanding the summary, please feel free to contact us and we'll be glad to go over it with you. We are working on revising our summaries to a format that will be clearer and easier to read.

"Thank you for calling The Aid Plans..."

As I write this, it is 4:30 PM and our office has handled 233 telephone calls so far today.

We would love to have our receptionist pick up the phone each and every time and give each of you the personalized service you deserve, directing your call to the appropriate person to serve your needs.

As you can imagine, those 233 calls have not all been evenly spaced, giving the receptionist time to complete one call be-

fore the phone rings again. Therefore, the inevitable has happened, and some calls have been picked up by our auto-attendant. Callers hear a recorded greeting that goes something like this, "Thank you for calling The Aid Plans. We are open, but the receptionist is not currently available to direct your call..."

When your call is answered by the auto-attendant, this does not mean that you have no option left but to leave a voice mail. Following the prompts the auto-attendant gives, you can often still reach a live person in the appropriate department to take care of your needs.

Should all the employees actually be busy on other calls or away from their desks, we ask you to please leave a detailed voice mail. We do our best to return calls within one business day. Leaving as many details as possible will enable our staff to be properly prepared to efficiently serve you when they call back.

Alternately, you may visit our website. Many services are offered online, such as applications, ACH enrollment, bill submission, paying monthly shares, release forms, and others.

CHA Quick Facts

Total Membership—9,613

Total Number of Bills Processed Year-to-date—22,409

Total Dollars Paid on Medical Bills Year-to-date—\$7,649,769

Brother-to-Brother Page

Some recent needs include:

A member who has been fighting a lengthy cancer battle and whose spouse suffers from dementia. After CHA shared on their bills and the congregation contributed over \$10,000 they were left owing \$18,000.

A young couple who had state aid to assist with a pregnancy, only to find out after the fact that the provider did not accept the state insurance they were using were left with childbirth bills of \$5,600.

A member with multiple health challenges who faced surgery which required pre-paying 50% of a \$130,000 procedure.

A member who had surgery and the bills exceeded the CHA sharing limit by \$16,000.

A baby who needed heart surgery. After CHA shared their limit on the bills, the parents were left with over \$88,000 to pay.

A child who was in an auto accident. After the auto insurance and CHA both did their share on the bills, there was a balance of \$12,000 to pay.

A heart attack patient who was left making payments on \$14,000 of bills after CHA shared.

A couple who are living on a very limited income and had bills exceeding CHA's sharing limit by \$10,500 to pay after a hospitalization.

A member with an ongoing medical condition who exhausted their savings and the congregation contributed to their needs, still leaving them with outstanding bills of \$37,500.



Your donation to the Brother-to-Brother fund can make a difference for members who are struggling with needs that are not met by normal sharing, as well as assisting those who are not able to pay their full monthly shares.

We appreciate you giving your confidence to the Board of Directors to decide how to disburse the donations received for the various needs published on this page. Please make

your donation check payable to
CHA Brother to Brother Fund and mail it to
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Bear ye one another's burdens, and so fulfil the law of Christ. Galatians 6:2

Email & Fax Directory

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