Reference-Based Pricing (RBP) is an objective methodology used to calculate the amount a healthcare provider is paid for a specific service. Instead of using a negotiated PPO network discount (from what is often an inflated billed charge), an RBP-based plan pays claims based on a “maximum allowed charge” - defined as a percentage above what Medicare pays the provider for the same service. Medicare rates are the most commonly accepted payment methodology.

**WHAT IS REFERENCE-BASED PRICING?**

**EXAMPLE: KNEE REPLACEMENT IN A RBP-BASED MODEL**

You require a knee replacement procedure

You choose a provider

Contact your provider in advance and provide them with a copy of your ID card prior to your appointment.

Procedure is completed

Provider is paid based on a percentage above Medicare rates
**How Does It Work**

Reference-Based Pricing

**Reference-Based Pricing Workflow:**

1. **Contact your provider in advance and provide them with a copy of your ID card prior to your appointment.**
2. **Visit your provider.**
3. **Claim is submitted to Gilsbar.**
4. **Amount allowed by Medicare is determined.**
5. **Provider is paid based on a percentage above Medicare rates.**

**Provider accepts payment.**

If you receive a bill from the provider indicating you owe additional money:

1. **Call Gilsbar to report the invoice. Gilsbar will determine if the invoice is a balance bill from the provider.**
2. **If the invoice is a balance bill, a patient advocate will contact you and then reach out to the provider.**
3. **CareValent negotiates acceptable reimbursement.**
4. **ONLY 0.34% of members were balanced billed.**

**Provider accepts payment.**

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877.301.2988 | Monday - Friday 7AM - 7PM, CT
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IS THERE A SPECIFIC NETWORK I MUST USE?
This plan does not use a network, so you are allowed to use any provider of your choosing. If you are changing plans, please inform your provider of your new health plan before your next appointment in case they have any questions.

WHAT IF MY PHYSICIAN HAS QUESTIONS ABOUT MY PLAN OR WON’T AGREE TO ACCEPT THE MEDICARE REFERENCE-BASED REIMBURSEMENT?
Please have your provider call the number on your ID card. A Patient Advocate with CareValent will answer any questions regarding plan payments, and if necessary, they can assist you in finding another provider.

WHAT IF I RECEIVE A BALANCE BILL?
Please contact Gilbar at 877.301.2988, and we will review the bill to make sure it is a true balance bill and not an owed patient responsibility such as copays, deductibles or coinsurance. If it is a balance bill, we will have a Patient Advocate with CareValent contact the provider on your behalf, work to settle your bill and keep you informed of the status.

WHAT IS A BALANCE BILL?
It is when a provider bills you for any amounts over the plan’s allowance for the service rendered. For example: A doctor’s charge may be $100, but the plan allowance is $70. If the provider bills you the $30 difference, this is the balance bill. You will be able to see the amount that exceeds your plan maximum and the allowable amount on your explanation of benefits (EOB).