

Frequently Asked Questions (FAQs) BHC Clinic Business Model

General Questions

Why did BHC transition to an all-cash business model?

BHC's aim is to achieve financial sustainability by simplifying the billing process and eliminating inefficiencies related to insurance reimbursement costs and claims denials. This ensures that more BHC resources are focused on quality patient-centered care.

When will these changes take effect?

The transition began in June of 2024. As insurance payor contracts expire, affiliated patients will be transferred to the cash pay model. BHC expects all insurance contracts will be terminated by late spring 2025. This includes Medicare and Medicaid. Updates will be reflected in the attached document or on our website.

How does the new business model work?

BHC has eliminated the annual membership fee. Patients will prepay per visit. Fees are structured based on the complexity of the visit, categorized as: **simple, mild to moderately complex, and highly complex**. The previous terms were short, standard, and extended visits. BHC adjusted to reflect standard billing terms.

Will I need to sign any new agreements?

Yes, all patients will be required to sign an updated *Terms of Engagement (TOE)* to reflect the new business model.

How can I contact BHC if I have additional questions or concerns?

- For general inquiries or appointments: patients@batemanhornecenter.org
- For financial assistance or billing questions: (801) 359-7400 option 6

Insurance Questions

Will my visits still be covered by insurance?

BHC no longer accepts private insurance. Different insurance contracts end at varying times, and all contracts will be terminated by the end of April 2025. We will notify patients ahead of their appointments when their specific insurance coverage ends. Once a patient's insurance contract has ended, the patient will be responsible for paying

directly for services. However, patients may request a *superbill* to submit claims to their insurance independently.

A *superbill* is a detailed receipt that BHC can generate upon request, containing the necessary information for insurance reimbursement. Please note that not all insurance plans provide reimbursement for *out-of-network* services. We recommend checking with your insurance provider to determine if reimbursement is an option. For further questions, please contact BHC's billing office.

Will visits be covered if I have Medicare and/or Medicaid?

Medicare

BHC is no longer accepting Medicare. Patients with Medicare will need to pay directly for services. Patients must sign a form acknowledging that they understand they cannot seek reimbursement. BHC will provide this form. If you have questions about financial assistance, please contact our billing office.

Can I use a supplemental insurance plan or an Advantage plan for reimbursement?

No, qualified Medicare cannot be used or submitted for reimbursement for BHC services

Medicaid

BHC will discontinue accepting Medicaid coverage in the spring of 2025. While the exact date is not yet determined, we will notify Medicaid patients in advance once the transition date is confirmed. Medicaid patients will need to pay directly for services. Medicaid does not allow reimbursement for cash-pay services. If you have questions about financial assistance, please contact the BHC billing office.

Payment, Reimbursements, and Financial Assistance

Can I use HSA/FSA cards or other payment methods?

Yes, BHC accepts major credit cards, debit cards, and HSA/FSA (health savings account/flexible spending account) cards. BHC is also exploring options for electronic transfers (e.g., Venmo, Zelle) as a payment method.

Will I be reimbursed for the unused portion of my 2024 annual membership fee?

Yes, any unused portion will be prorated by full months remaining and either applied as credit to your account or refunded. If there is an open balance in your account, any refundable prorated fees will be first applied to any past due amounts.

Are labs and medications still covered by insurance?

Yes, labs, tests, and medications ordered by your provider will continue to be billed directly to your insurance by the lab or pharmacy.

Will financial assistance be available?

Yes, financial assistance is available on a sliding scale based on federal guidelines, which consider family size and income. Applicants must provide proof of income and complete a financial assistance application. For more information, please contact our billing office.

Care and Visit

How many visits are required to maintain active patient status?

It is recommended to have at least one visit per year to maintain active status. Patients who have not had a visit in two years and want to resume care at BHC, will need to reestablish as a new patient, which includes new patient fees.

Can I schedule in-person visits?

Yes, in-person visits are available upon request.

What happens if I decide to discontinue care with BHC?

If you choose to discontinue care with BHC, please schedule an appointment with your provider as soon as possible to discuss a transition care plan.

Can I continue my prescriptions under the new model?

Yes, but the frequency of visits required for prescription renewals will depend on the type of medication and your provider's assessment. Controlled substances require more frequent visits.

How will communication through the patient portal be managed?

Routine follow-up related to recent visits is included in the visit charges. However, complex or new issues may require scheduling an additional visit.

Special Services

Are there additional fees for services like disability paperwork?

Yes, services such as completing disability forms will be charged based on complexity. An estimate will be provided, discussed, and must be paid before the document is completed. Charges for other services will be posted here as they arise.