

ELAP Advocacy Condensed.mp4

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THIS GUARANTEES YOU ARE  
NOT OVERPAYING

Balance Bills Explained.mov

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# Frequently Asked Questions About ELAP Services

## How does ELAP work with my health plan?

Overinflated hospital bills cause health plans to raise rates and members to pay more. ELAP works with Trustmark Health Benefits to ensure hospital and facility payments do not exceed your plan's limits. Claims are audited to reduce excessive markups that are often seen on facility bills, reducing your healthcare spend.

## What types of medical bills does ELAP review?

ELAP focuses on expenses from facilities including hospitals, outpatient surgery centers and skilled nursing facilities.

## How do I know ELAP reviewed my claim?

You will receive a notice from Trustmark if ELAP has audited a claim for services rendered to you. The letter will list the date of service and facility. If you receive a bill from the hospital or facility for money outside of your member responsibility (i.e. balance billing) please contact Trustmark at the number on your ID card. Do not pay the bill.

## What should I do if a facility requests payment up front?

The only out-of-pocket expense that you should pay to the facility in advance of or at the time of service is a copay (if applicable). You can contact your plan to confirm copay and/or deductible amounts.

Since ELAP will often reduce the amount you owe after auditing a bill, you could overpay by paying up front and the facility will not reimburse you.

## What if the facility denies care?

If the facility will not perform treatment, then you should contact Trustmark immediately at the number on your ID card and request to speak with a representative who will work with the facility on your behalf.

## When do I have to contact ELAP?

Sometimes a hospital or other facility does not accept the payment that we approve as fair and reasonable. In this case, they may bill you for the balance. This is called "balance billing" and when it happens, you need to call Trustmark at the number on your ID card and they will contact ELAP on your behalf.

## What happens when I contact ELAP about balance billing?

You will receive assistance from an ELAP Member Services Advocate throughout the balance billing process. ELAP's legal team will also go to work right away to handle the billing issue with healthcare facilities. It is **very important** that you send ELAP any bills or notices as you receive them.

**Questions About Your Hospital/Facility Bill?**  
**Contact Trustmark at the number on your ID card**



# Trustmark + ELAP

## Your partners for fairness and affordability.

Overinflated healthcare bills cause health plans to raise rates and members to pay more. By partnering with ELAP Services we eliminate this problem so that everyone pays what's fair.

### When life takes you here...



- Hospital
- Doctor Visit
- Emergency Room
- Outpatient Surgery

### ELAP eases the financial pain...



**Supporting claim limits:** ELAP helps your plan set fair limits on what it will pay for healthcare services to avoid wasteful spending.



**Reviewing all provider bills\*:** ELAP examines every bill line-by-line to catch over-charging.



**Resolving billing issues:** If your plan is overcharged, we will let you know that we're reducing payment. That's when we need you to look out for **balance billing**...

\*Providers include but are not limited to physicians, hospitals and outpatient surgical centers.

## Know what you owe.

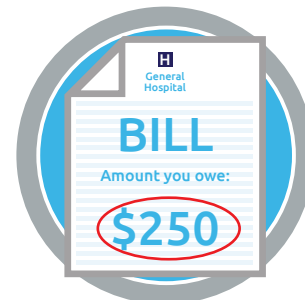
### Make sure your EXPLANATION OF BENEFITS (EOB)...



#### From Trustmark (not a bill)

Shows you what your plan covered and what you'll owe. If you owe money, you'll get a bill from the provider.

### ...Matches your BILL



#### From the hospital/facility

If this does not match your EOB, call the number on the top of your ID card. We'll take care of it.

Most of the time, you'll never have a reason to contact us about a bill.  
But if you do, our advocacy team is here to support you.

**Questions About Your Healthcare Bill?**  
Call the number at the top of your ID card.



# Advocating for Members and Their Families



Personal and proactive outreach is the hallmark of the **Member Services team**. When you work with our team, you'll never stand alone in the face of resolving a bill for healthcare services that exceed your responsibility.

## How will you know if you're being charged too much?

After receiving medical care, you will get an Explanation of Benefits (EOB) from your plan administrator specifying what you owe for services. If you receive a bill for more than this amount, immediately contact ELAP.



## What will ELAP do for you?

Once ELAP receives your bill, you and your family are assigned a personal Member Services Advocate who will provide you with support every step of the way. After you give us written permission to advocate on your behalf, our team begins working to resolve the claim with your healthcare provider.

## Who can you call with questions?

Your dedicated Advocate is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Call or email your Advocate at any time. You'll get a response within 24 hours. We are always here to help you better understand your plan benefits.



## Keep an Eye on Your Mail

If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

Your Advocate will take it from there, keeping you in the loop throughout the process.

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**Our Motto: Advocate, Engage, Empower.**

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**Members and their families are at the center of all we do.**

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