Enhanced Personal Health Care

Saving Your Patients Money with In-Network Lab Referrals

For your patients, and for your practice, every dollar counts.

That’s why we want to remind you of one simple way to help keep down out-of-pocket costs for your patients.

Choosing an in-network lab when appropriate helps keep down costs to patients – and when you are participating in Enhanced Personal Health Care, it also means better potential for shared savings for your practice.

We know primary care providers don’t always have time or data to compare costs for lab tests, so you might not realize how significant the cost differences can be.

Here’s how the costs add up for patients:

Most of our members participate in benefit plans that have coinsurance or deductibles. After meeting an annual deductible, when they see in-network providers, these members pay a specific percentage of the contracted rate until an out-of-pocket maximum is reached. The most common plan designs set coinsurance at 20% for services provided by in-network providers. For members with out-of-network benefits, the percentage is most commonly set at 30% or more.

Members who have not reached their annual deductible are responsible for paying the full contracted rate for an in-network lab or 100% of the laboratory’s billed charges in the case of an out-of-network lab. As noted, even after reaching their deductible, these members will be obligated to pay the applicable percentage of the contracted rate (or 100% of the non-participating laboratory’s billed charges) until they reach their out-of-pocket maximum.

Not only is there potential savings in choosing an in-network lab, there can also be significant cost differences between in-network labs due to variation in contracted rates.

The table below gives you an idea of how using the most cost-effective lab can lower both your patient’s out-of-pocket costs and the overall costs that are the basis for any shared savings bonus under our program.
These examples are based on our average negotiated payment for in-network labs and average charges for out-of-network labs:

<table>
<thead>
<tr>
<th>Test</th>
<th>In-Network Independent Lab</th>
<th>In-Network Hospital Lab</th>
<th>Out-of-Network Independent Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Metabolic Panel</td>
<td>$9</td>
<td>$36</td>
<td>$48</td>
</tr>
<tr>
<td>Lipid Panel</td>
<td>$14</td>
<td>$65</td>
<td>$54</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>$15</td>
<td>$51</td>
<td>$52</td>
</tr>
</tbody>
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So what can you do?

When possible and clinically appropriate, order tests from an in-network, independent lab. For the majority of our members this would be LabCorp facilities. These labs also provide valuable services that can enhance your patient-centered care processes, including offering lab results that integrate into MMH+, our web-based longitudinal patient record. You can find more information about these laboratories’ available services at [www.LabCorp.com](http://www.LabCorp.com).

If you don’t already have an account or pickup schedule established with independent in-network labs, contact them directly. If you don’t know how to get started, you can find a list of our participating independent labs on our website at [www.bcbsga.com](http://www.bcbsga.com) by using the “Find a Doctor” tool and selecting the “Lab/Pathology/Radiology” search option. You can also speak with your Patient-Centered Care Consultant for help establishing a referral process in your practice.