

GLOSSARY

Adjudication- Adjudication your claim, Oncology Plus has sent your claim electronically for billing. For prescription plans the pharmacy will receive a response almost instant with a patient's responsibility.

Advanced Beneficiary Notice (ABN)- A Medicare form used to notify if a service is not covered for this Medicare beneficiary that is usually covered by Medicare. This will provide the Medicare beneficiary with the necessary information to make an informed decision about his/her treatment. Signature is required prior to treatment.

Assignment of Benefits (AOB)-Your signature instructs your insurance company to pay Oncology Plus for services rendered to you or your dependents. This form also states you understand you are responsible for any amount not covered by your insurance.

Calendar year-Your benefits with your insurance is from the beginning of the year until the end of year.

Co-insurance – This is a portion that is the responsibility of the patient. A co insurance amount is usually determined by shared benefits through the health plan. Your benefit level may be 80/20, this would mean that your insurance company will pay 80% of covered services and the patient is responsible for 20%.

Copay – Copay or copayment is basically a flat dollar amount you will pay for certain services or certain drugs. Your physician office may charge a flat copay for an office visit and the pharmacy may charge a flat copay for your antibiotics.

Coverage percentage – Insurance companies often share the cost of claims based on your plan. Your plan may show for certain visits that they cover 80%. This is the coverage percentage. For this scenario the patient responsibility would be 20% of the allowed charges.

Crossover Claims- A crossover claim is the transfer of processed claim data from Medicare and forwarded to your secondary/supplemental plan for continued processing.

Deductible – An amount that the member is responsible in paying before your insurance pays on a claim.

Diagnosis-Your physician uses the international classification of diseases for a diagnosis and identifying codes to report diagnoses of a patient condition. This information is needed to ensure coverage for services within your insurance plan.

Exclusions- Limitation put in place by your insurance plan/employer group.

Formulary - A list of medications that your insurance plan will cover and which drugs require prior authorization.

HIPAA (Health Insurance Portability and Accountability Act of 1996)/Privacy Practices-Information that Oncology Plus is required by HIPAA to take reasonable steps to protect the privacy of your Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to your Protected Health Information.

Insurance ID number - Your identification number on your insurance card that you received once you joined a health plan

Medicare – Medicare is health insurance for people 65 and older, people under 65 with disabilities and people of any age with End stage renal disease or permanent kidney failure requiring dialysis or a kidney transplants. There is Part A-hospital insurance and Part B for medical insurance.

Medicare Part D-Medicare prescription drug coverage that helps cover the cost of prescription drugs. The plans are offered through commercial insurances and not Medicare directly.

Out of Pocket Maximum - Maximum amount a member is responsible for that plan/calendar year. This amount may exclude the deductible amount.

Plan Year-Your benefits with your insurance can start anytime and end approx. a year later.

Pre authorization/Prior authorization-Information must be provided by your physician/pharmacy for your insurance company to review prior to the service/procedure or drug . An approval will be provided if the service/procedure and/or drug can be provided.

Pre Existing – When your insurance plan will not cover any services related to a pre-existing condition. If you have been diagnosed with a disease and changed insurance plans a pre-existing could be in effect.

Prescription/Order- Detailed written order with the drug name, concentration, dosage and frequency of administration and duration.

Release of Information-Your signature authorizes Oncology Plus to release necessary information to insurance carriers regarding your illness and treatments such as billing your insurance, use your signature in the process of billing for your medication.

Subscriber/card holder - The individual that enrolled in a health plan for themselves or family. Example: Adult enrolled in health plan through his/her employer for the family. The employee of the company is the subscriber/card holder.