New Hospitals and Healthcare Providers Join Successful, Cutting-edge Federal Initiative That Cuts Costs and Puts Patients at the Center of their Care

Medicare accountable care organization initiatives to improve how the health system cares for patients

Today, the Centers for Medicare & Medicaid Services (CMS) announced 121 new participants – representing 49 states and the District of Columbia – in an innovative initiative – Medicare Accountable Care Organizations (ACO’s) – designed to improve the care patients receive in the health care system and lowers costs.

Weston, WV – Stonewall Jackson Memorial Hospital was selected as one of 100 new Medicare Shared Savings Program Accountable Care Organizations (ACOs), providing Medicare beneficiaries with access to high-quality, coordinated care across the United States, the Centers for Medicare & Medicaid Services (CMS) announced today. That brings the total to 434 Shared Savings Program ACOs serving over 7.7 million beneficiaries.

Stonewall Jackson Memorial Hospital was also selected to participate in the ACO Investment Model (AIM) which was designed to encourage ACO formation in low penetration and rural locations. This model provides ACOs access to the capital to invest in the infrastructure necessary to successfully implement population care management. All AIM ACOs also participate in the Shared Savings Program. Participating in both programs provides ACOs with additional resources to achieve lower costs and higher quality of care for beneficiaries.

Doctors, hospitals and health care providers establish ACOs in order to work together to provide higher-quality coordinated care to their patients, while helping to slow health care cost growth. Stonewall Jackson Memorial Hospital will be one of 434 ACOs participating in the Shared Savings Program as of January 1, 2016. Beneficiaries seeing health care providers in ACOs always have the freedom to choose doctors inside or outside of the ACO. ACOs receive a portion of the Medicare savings generated from lowering the growth in health care costs as long as they also meet standards for high quality care.

“People across America are going to be better cared for when they go to their health care providers, because these hospitals and providers have made a commitment to innovation, a commitment to change how they do business and care for patients,” HHS Secretary Sylvia Matthews Burwell said. “Medicare, and the health care system as a whole, is moving toward paying providers based on the quality, rather than just the quantity of care they give patients. The three new ACO initiatives that are being launched today mark an important step forward in this effort.”

Since ACOs first began participating in the program in early 2012, thou-
ACO

Continued from last page

thousands of health care providers have signed on to participate in the program, working together to provide better care to Medicare’s seniors and people with disabilities. The new and renewing ACOs will bring approximately 15,000 additional physicians into the ACO program starting January 1, 2016.

ACOs are delivering better care, and they continue to show promising results on cost savings. In 2014, they had a combined total net program savings of $411 million for 333 Medicare Shared Savings Program (Shared Savings Program) ACOs and 20 Pioneer ACOs. Based on 2014 quality and financial performance results for Shared Savings Program ACOs who started the program in 2012, 2013, and 2014, ACOs that reported in both 2013 and 2014 improved on 27 of the 33 quality measures, including patients’ ratings of clinicians' communication, beneficiaries’ rating of their doctors, screening for tobacco use and cessation, screening for high blood pressure, and Electronic Health Record use. Shared Savings Program ACOs also outperformed group practices reporting quality on 18 out of 22 measures.

Ultimately, today’s announcement is about delivering better care, spending dollars more wisely, and having healthier people and communities. ACOs drive progress in the way care is provided by improving the coordination and integration of health care, and improving the health of patients with a priority placed on prevention and wellness.

More information about the Shared Savings Program is available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html?redirect=/sharedsavingsprogram/.

For a list of the new and renewing ACOs announced today, visit the Shared Savings Program News and Updates webpage: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/News-and-Updates.html.

9th Weston 5K Run and Wellness Walk

Sat. April 16 @ 10 a.m.
Center Avenue and East Second Street, Weston, WV

Prizes: $150-$75-$25 Winners in Mens and Womens

Age Groups: Under 11; 11-15; 16-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70+

$15 Pre-Registration and $20 Day Of

Floating Punchbowl

Fri., Feb. 12 - 2 to 4 p.m.
Presented by the Theresa Snaith Hospital Auxiliary in the SJMH Classroom
United Way of Gilmer, Lewis & Upshur Elimination Dinner

$1,000 Drawing

Friday, March 18, 2016
Stonewall Resort Roanoke WV
Social 6:30 – Dinner 7:00 – Drawing 8:00

$35 Donation - Per Person
Ticket holder entitled to one admission, one dinner
One chance to win all the prizes.
Need not be present to win.

MENU
Greens with Tomato, Cucumber & Shredded Carrot, Choice of Dressing.

Penne with Grilled Chicken Breast, Roasted Cherry Tomatoes &
Four Cheese Alfredo

Sliced Roast Beef with Scratch Gravy

Broccoli & Cheddar Casserole

Potatoes O’brien

Apple Pie & Chocolate Mint Cake

Contact Diane Ocheltree at 269-98094 or Derek Garrett at 997-8646 For Your Ticket
What is a Tier?
A copy of the Summary of Benefits for SJMH Medical Insurance has been posted on the Home Page of the Intranet under HR Forms. Let’s review the potential out-of-pocket costs with using the medical insurance. First we have what is referred to as Tier I, Tier II and Tier III levels of coverage.

**Tier I** = Out-patient Procedures, Labs, Radiology, Rehab, etc. completed at SJMH hospital and employed physician offices.

Tier I has a $100 individual calendar year deductible / $200 family deductible. All other costs will be covered 100% for remainder of calendar year.

Tier I physicians have either a $10 Primary or $20 Specialist Co-pay at time of visit.

**Tier II** = Office Visits, Labs, Radiology, Procedures completed at Non-employed, but preferred physician offices. This includes Foundation Radiology and Roberts Orthodics/Prosthetics.

Tier II has a $250 individual calendar year deductible / $500 family deductible. All other costs will be covered 100% for remainder of calendar year. Tier II physicians have either a $10 Primary or $20 Specialist Co-pay at time of visit. Refer to the PPO list as of 1/1/2016 to determine if your physician is a Tier I, Tier II or Tier III. List is available in the HR Forms section of the Intranet Home Page, and on the next page of this General.

**Tier III** = All Office Visits, Labs, Radiology, Rehab, etc. completed at any facility/physician considered outside of our PHO Network. This would include but not limited to Able Eye Clinic, UHC, WVU, Radiological Associates and Mt. State Dermatology.

ALL Tier III services require a prior Referral form approved through HR. Once approved, the employee should receive a letter from Highmark BCBS stating exactly what was approved and the time period for which it was approved.

Tier III has a $1,000 individual calendar year deductible / $2,000 family deductible. All other costs will be covered 80%, member will owe the remaining coinsurance of 20% until costs reach $4,000 individual / $8,000 family. If and when all Co-pays (both physician & drug), deductibles and co-insurance add up to $6,600 individual / $13,200 family all other costs will be covered 100% for remainder of calendar year. This is considered your “Total Maximum Out-of-Pocket”.

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From Jessica in HR

Please help me in wishing a very happy birthday to Peggy Smith, Accounting, and Leigh Ann Burkhammer, Radiology. You may each pick up your birthday Sheetz Gas Cards in my office as soon as you would like.

Thank you, and again, Happy Birthday!
S J M H PPO PHYSICIAN/SERVICES MEMBERS

AUDIOLOGY – Hearing
*Diana Daugherty, Au.D.  ENT Office

CARDIOLOGY – Heart disorders, cardiac catheterizations, angioplasty
Abdulmalek Sabbagh, M.D.

FAMILY PRACTICE – Medical care for all age groups
*Bennett Orvik, M.D.
*Robert Snuffer, D.O.
*Miral Gibson, FNP
*Virgil Waid McMillion, D.O.  (Lively Healthcare)
*Michael Gregory, D.O.  (Lively Healthcare)
*Lynne Shaver, PA-C
*Michael Hildreth, PA-C
*Carol Williams, PA-C
*Dana Pauley Persinger, D.O.
Jeremy Williams, M.D.
Junemarie Williams, FNP
Mohamed Sabbagh, M.D.

GENERAL SURGERY –  
*Ron Pearson, M.D.  Buckhannon and Weston offices and SJMH hospital
*Paula Galloway, D.O.

INTERNAL MEDICINE – Treats disorders of internal organs other than by surgery
*Khalid Mahmoud, M.D.
*Brian Hornsby, D.O.
Abdulmalek Sabbagh, M.D.
Frank Scattaregia, M.D.

NEUROLOGY – Nervous system and its diseases
Adnan Alghadban, M.D.

NEPHROLOGY – Weston office only
Abdallah Geara, M.D.

ONCOLOGY/HEMATOLOGY – Weston office only
Yaser Homsi, M.D.

OBSTETRICS & GYNECOLOGY – Management of Women’s Health
*Antoine Naim, M.D.
*Vicki Smith, C.N.M
*B. Jerry Henson, M.D.

ORTHOPEDICS – Bones, Joints including bunions
*Joseph Sneader, M.D.
*Shafic Sraj, M.D.
*Doyle Sickles, M.D.
*Ryan Franceschelli PA-C
*Freddie Persinger, D.O.

ORTHOTICS - Braces, Diabetic Shoes and Artificial Limbs
Roberts Orthotics & Prosthetics

OTOLARYNGOLOGY – Ears, Nose & Throat (ENT)
*John Wyllie M.D.

PEDIATRICS – Care of children, newborn to 18 years
Christopher A Borchert, M.D.
*Pragnesh Mistry, M.D.

PODIATRY – Care for Feet
David Anderson, D.P.M.

PULMONOLOGY – Care for Lungs
*Mostafa Kurdi, M.D.

RADIOLOGY – Reading of X-rays
Foundation Radiology is the company that reads all Radiological testing from SJMH and SJMH related physicians. This is Tier II with $250 deductible.

SLEEP DISORDERS – Sleep apnea, snoring, etc.
*Khalid Mahmoud, M.D.
*Mostafa Kurdi, M.D.

UROLOGY – Urinary and male genital tracts
*Peter Edgerton, M.D.

VEIN CENTER – Treats problems with veins/venous disease
*Paula Galloway, D. O.
*Brian Hornsby, D.O.

*Denotes Tier I Employed physician with OV Co-Pay, $100 Annual deductible on other services beyond OV then 100%, but could incur deductible with Foundation Radiology. All others are Tier II physicians with OV Co-Pay, $250 annual deductible on services beyond OV then 100%. Both Tiers’ OV Co-Pays are $10 PCP, $20 Specialist. Physicians NOT on this list are considered Out-Of-Network & will require Physician Referral forms completed and Pre-approved by Human Resources

Revised 01/01/2016
## Stonewall Jackson Memorial Hospital

**SUMMARY OF BENEFITS**

Providers outside the PHO Network must be approved by HR to be considered under the insurance plan. Out of pocket expenses for services approved by HR, but rendered by a provider that does not participate in the Blue Cross Blue Shield Network do not accumulate toward the total maximum out of pocket.

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>September 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Period</td>
<td>January 1 through December 31 (Calendar Year)</td>
</tr>
</tbody>
</table>

### Deductible (Cross applies to PHO Network and All Other Providers)

<table>
<thead>
<tr>
<th>Individual</th>
<th>SJM Hospital</th>
<th>SJMH PHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (may be met collectively)</td>
<td>$100</td>
<td>$250</td>
</tr>
<tr>
<td>Carry-Over Deductible Period</td>
<td>$200</td>
<td>$500</td>
</tr>
</tbody>
</table>

### Coinsurance Limit:

<table>
<thead>
<tr>
<th>Individual</th>
<th>SJM Hospital</th>
<th>SJMH PHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (may be met collectively)</td>
<td>Does Not Apply</td>
<td>Does Not Apply</td>
</tr>
</tbody>
</table>

### Total Maximum Out-of-Pocket (Includes Deductible, Copays, and Coinsurance per Benefit Period, Network only)

| Individual | $6,600 |
| Family (may be met collectively) | $13,200 |

### Non-Network Liability

Unlimited

### Lifetime Maximum Benefit for all Covered Services

Unlimited

### BENEFIT HIGHLIGHTS

<table>
<thead>
<tr>
<th>Medical Office Visit / Office Consultation</th>
<th>SJM Hospital</th>
<th>SJMH PHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Deductible unless otherwise specified</td>
<td>$10 Primary, $20 Specialist, No Deductible</td>
<td>$10 Primary, $20 Specialist, No Deductible</td>
</tr>
</tbody>
</table>

| Virtual Visit Originating Site | 100% | 100% |

<table>
<thead>
<tr>
<th>Prescription Drugs – No Benefits for Mail Order</th>
<th>SJM Hospital</th>
<th>SJMH PHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Deductible unless otherwise specified</td>
<td>Up to 34 day supply</td>
<td>$15 Generic Copay, $25 Brand Copay</td>
</tr>
<tr>
<td>Benefits available from these Home Host Pharmacies Only</td>
<td>No Benefits at SJMH Pharmacy Must use Home Host Pharmacies</td>
<td>35-90 day supply $25 Generic Copay, $40 Brand Copay</td>
</tr>
<tr>
<td>Kroger Pharmacy – Buckhannon, WV</td>
<td>304-472-0715</td>
<td></td>
</tr>
<tr>
<td>Kroger Pharmacy – Clarksburg, WV</td>
<td>304-623-1482</td>
<td></td>
</tr>
<tr>
<td>CVS – Weston, WV only</td>
<td>304-269-1125</td>
<td></td>
</tr>
<tr>
<td>Fast &amp; Friendly Pharmacy – Weston, WV</td>
<td>304-269-3737</td>
<td></td>
</tr>
<tr>
<td>Country Rx – Jane Lew, WV</td>
<td>304-884-7890</td>
<td></td>
</tr>
<tr>
<td>Rite Aide – Weston, WV</td>
<td>304-269-7963</td>
<td></td>
</tr>
<tr>
<td>Wal-Mart Pharmacy – Weston, WV</td>
<td>304-269-2443</td>
<td></td>
</tr>
<tr>
<td>Wal-Mart Pharmacy – Buckhannon, WV</td>
<td>304-472-2589</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Prescription Deductibles, Copayments and/or Coinsurance amounts apply toward the Total Maximum Out-of-Pocket. If you choose Brand over Generic, you will pay the difference between the Brand and Generic Allowance, in addition to your Coinsurance, unless the physician writes “brand necessary” (DAW) on the prescription, or if no generic equivalent exists.

### Additional Preventive Prescription Benefits

Guidelines as determined by certain Governmental Agencies. You may access this information at [www.healthcare.gov](http://www.healthcare.gov). You may also contact Member Services.

No Benefits 100%, No Deductible
The staff at Stonewall Jackson Memorial Hospital’s Cardiac Rehab Department is dedicated to helping patients recover from cardiac events. Not everyone can get into the program - it takes a special diagnosis to be a patient there. Cardiac rehab patients must have had a heart attack; heart condition; or a heart procedure such as stenting, coronary bypass surgery, valve replacement, or implantation of a pacemaker for acceptance into the program.

The program is accredited and patients who complete it are very happy with the care they receive from the very personable staff, which includes Kristi Gannon, George Butcher, Leslie Sprouse, Susan Carpenter, Peggy Burkhammer, Erin Hunt, and Tiffany Lowther, Katie Sumpter. The SJMH Cardiac Rehab program provides education and counseling services to help patients increase physical fitness, reduce cardiac symptoms, improve health and reduce the risk of future heart problems, including heart attack. The SJMH program is held on the ground floor of the Route 33 facility and was started more than two decades ago by nurse Jo Orvik.

The SJMH cardiac program includes important components to help the patient bounce back from their life-changing experience. Those components include:

- A medical evaluation to figure out the patient’s needs and limitations. The medical staff uses this information to tailor a rehabilitation program for each patient.
- A physical activity program tailored to his/her needs. The heart rate and blood pressure are monitored during physical activity. The patient learns how to check heart rate and levels (intensity) of activity.
- Counseling and education to help understand the patient’s condition and how to manage it. Counseling may also help cope with depression, anger and stress during recovery.
- Regular physical activity helps the heart and the rest of the body which reduces the chances of future heart problems, including heart attack.
- Counseling and education can help a patient quit smoking, eat right, lose weight, and lower blood pressure and cholesterol levels. Counseling may also help learn to manage stress and to feel better about one’s health.

Pictured above left to right, are members of the SJMH Cardiac Rehab Staff during a Cardiac Rehab Graduation for John Bruffy. They are Peggy Burkhammer, Erin Hunt, Tiffany Lawther, Kristi Gannon, Bruffy, and Susan Carpenter.

Valentines
Chocolate Lovers Feast
Enticing all chocolate lovers

All kinds of Chocolate! Chocolate beverages, bon-bons, cookies, cakes, pie, candies, chocolate covered nuts, elegant variations and so much more. Live music, eat all you wish, takeout is available for an additional cost.

Saturday, February 13, 2016
1 pm – 3 pm

Inside the Glass Museum 230 Main Ave, Weston
Children 6 and under are free, ages 6-12 are $4, ages 12- adult are $8.00 per person OR $4.00 if you arrange in advance to donate homemade chocolates.
Advance tickets available For more information contact Fay Bell or Sheila Sivire
304-263-4761
The patient has the advice and close supervision of the SJMH healthcare professionals to help improve one’s health and lower the risk of future problems.

The goal of cardiac rehab is to help a patient on how to learn to reduce the cardiac risk factors — such as smoking, high blood pressure, high cholesterol, physical inactivity, diabetes and being overweight — that increase the chances of future health problems.

The American Heart Association and the American College of Cardiology have developed national guidelines to help one reduce the risk of future problems. These guidelines can help a patient’s doctor develop a treatment plan — including medicines and lifestyle changes such as diet and physical activity — for all risk factors. The cardiac risks and goals for each are as follows:

SMOKING
Smoking is the leading preventable cause of death and disability in the United States. Cigarette smoking results in a much higher risk of dying of coronary heart disease. Smoking robs the heart of oxygen-rich blood and increases the effects of other risk factors, including blood pressure, blood cholesterol levels and physical inactivity. The goal is to quit for good.

BLOOD PRESSURE
Optimal blood pressure is less than 120/80 mm Hg (systolic pressure is 120 and diastolic pressure is less than 80). Prehypertension is systolic pressure from 120-139 systolic OR diastolic pressure from 80-89. High blood pressure is systolic pressure of 140 or higher OR diastolic pressure of 90 or higher.

When blood pressure is higher, the heart has to work harder. Changes in health habits such as losing weight, eating less sodium (salt) and enjoying regular physical activity can help lower blood pressure. If one has high blood pressure, staying on medicines is critical to prevent heart attacks, strokes, kidney disease and heart failure.

The goal is to have pressure of less than 140/90 or less than 130/80 mm Hg if a patient has diabetes or chronic kidney disease

CHOLESTEROL
High blood cholesterol occurs if the body makes too much cholesterol or if one eats foods that have too much saturated fat and trans fat. For patients with coronary heart disease that are at high risk, treatment focuses on reducing cholesterol. To lower cholesterol, one may need to change eating habits and lose weight. Speak with the doctor to see if one should be taking a cholesterol medicine along with making these lifestyle changes.

The goal is to have total cholesterol of less than 180 mg/dL.

PHYSICAL ACTIVITY
Regular physical activity has many benefits such as helping the patient quit smoking, lose weight, reduce stress, lower blood pressure and increase HDL cholesterol. Doing aerobic exercise — using large muscles of the legs and arms — helps the heart work more efficiently. Physical activities to improve strength, flexibility and balance helping the patient stay agile.

The goal is to have at least 40 minutes of moderate-intensity physical activity (brisk walking, jogging, cycling, etc.) at least 3 to 4 days per week

WEIGHT
Waist circumference not more than 40 inches for men and not more than 35 inches for women (Recommendations are lower for people of Asian descent: 37–39 inches for men and 31–35 inches for women.)

A 10-pound weight loss may help lower the blood pressure and improve both cholesterol and blood sugar. The tips and tools in this Web site can help a patient lose 5 to 10 pounds. Entering one’s height and weight in the Body Mass Index (BMI) calculator can help determine if one is overweight. The waist circumference also helps determine whether one needs to lose weight.

The goal is to have an ideal body mass index (BMI) is 18.5–24.9 kg/m²

BLOOD SUGAR (glucose)
The patient’s goal is to have a normal fasting blood glucose of less than 100 mg/dL

DIABETES
Managing diabetes is important to long-term health, especially with heart disease. Diabetes is best controlled by diet, weight loss, physical activity, medicines and regular monitoring of blood sugar. Many studies have shown that medicines such as statins, aspirin, ACE-inhibitors and beta-blockers, which lower the risk of future heart problems, have even greater benefit in people with diabetes. That’s why it’s important to start and continue taking these medicines. They will help to lower cholesterol and blood pressure, which will decrease risk of heart attack, stroke and kidney disease.

The goal, if one is diabetic, to have a HbA1c (glycosylated hemoglobin) at or below 6.5 to 7 percent.

If you have any questions about enrollment into Cardiac Rehab please call 304-269-8099 or email kgannon@stonewallhospital.net.
Winter Wellness Week

FEBRUARY 8 - 12, 2016

Monday - Free EKGs, 10 to 2 in Respiratory. Please Register

Tuesday - Tasty Tuesday, 10 to 2.
Enjoy healthy eating on the ground floor

Wednesday - Winter Wellness Checkup, 10 to 2
Blood Pressure • Pulse Ox • Bone Density • Blood Glucose
on the ground floor

Thursday - Tobacco Free Thursday
Information on quitting tobacco on the ground floor

Friday - Fat Free Friday
Display on Fat-Free Foods and Sugar on the ground floor

Receive a ticket when you participate for our FitBit Raffle
We are raising funds for our good friend and co-worker Pat Wamsley, on Med/Surg Night Shift. The staff at SJMH is having a Bake Sale and Hot Dog Extravaganza on Wed., Feb. 10 at the Hospital. The Bake Sale begins at 7 a.m. in the Hospital Lobby. We need lots of goodies to sell and lots of people to buy!!! The Hot Dog Sale begins at 11 a.m. on the ground floor and will end at 1 p.m. $1/hot dog or $3/2 dogs, drink, chips.

Call Traci Chapman at 8520 to donate.
Hospital Day at the Legislature

Members of the SJMH staff traveled to Charleston for Hospital Day at the Legislature. The group ate breakfast at the Cultural Center; met with our representatives; heard the Governor’s proclamation; and returned to the Cultural Center for lunch. It was a very nice and informative day.

Gym Special

SJMH continually wants to support our employees wellness goals. SJMH in partnership with Southside Fitness in Weston will be establishing a payroll deduction form for members that would wish to pay their dues in that way. Southside Fitness has offered $30/month memberships if you join with a “buddy” (does not have to be a hospital employee) as opposed to the normal $35/month. Any questions can be answered in regards to Southside Fitness at 304-439-6859.
**ASK THE GENERAL?!**

What to do when you receive a bill from a Provider that you or a family member recently visited.

1. Match this bill with the Explanation of Benefits (E.O.B.) that you would have received by mail from Highmark WV BCBS. The EOB could reach your first OR the bill could reach you first. If you have any cost share (deductible, Co-Pay, Co-Insurance) associated with the visit, you should definitely receive an EOB from Highmark WV. This is how the EOB will explain to you the financial responsibility you have with service(s) you received:
   
   a. **Provider’s name, Date of Service, Service Code**
   
   b. **Provider’s Charges**
   
   c. **Non-Billable to Member** – this is the amount BCBS is writing off due to the contractual agreement between BCBS and the Provider (this is why you want to see a Provider that participates with Highmark WV BCBS – lowers yours and SJMH’s costs)
   
   d. **Non-Covered Charges** – If there is an amount in this column then there is an associated Remark Code that explains why it was not covered. Often, it is because there was no approved referral on file, or it could be a non-covered charge according to our Plan’s Summary of Benefits – Chiropractic services would be an example of this.
   
   e. **Plan Allowance (Covered Charges)** – this is the difference between Provider Charges minus Non-Billable minus Non-Covered.
   
   f. **Your Deductible** – this is the amount that is applied to your Annual deductible(s).
   
   g. **Your Share of Amount Remaining** – This would be your 20% Co-Insurance for out-of-network providers.
   
   h. **Health Plan Pays** – this is the amount that Highmark WV BCBS will pay to the provider on your behalf. This could be 100% for in-network or 80% for out-of-network.
   
   i. **Amount You Owe Provider**

Please NOTE – not all EOB’s will have all of these columns. They will only have the columns necessary to explain how your benefits were charged and paid.

2. If you do not agree with the Bill and/or the E.O.B., please FIRST call Highmark WV BCBS at 1-800-654-5028. They can explain why items may not have been paid.
   
   a. If they tell you there was no “exception” – this refers to the Approved Referral Form.
      
      i. Please go back to your PCP and have them complete the referral form and fax to HR retroactively (304-269-8059). They need to encompass the Date of your service in the referral to be sure it is included in the approval. Approvals will only be made on eligible out-of-network services.
      
      ii. If you had an approved referral, received confirmation with a letter from Highmark WV and the claim was still denied – then simply call BCBS 1-800-654-5028 and remind them of the approval and ask them to re-process the claim. It could be they did not have time to flag your account prior to processing the charges.
      
      iii. If it is due to the service not being covered under the plan, then this would become your responsibility to pay.

3. You can also register and use the BCBS website. Please register on and use [www.mybenefitshome.com](http://www.mybenefitshome.com) – In this personal Portal, you can review all of your Medical claims and EOBs for every covered member. You can print your EOB from here if you have not received by mail yet.