HealthTrust Incentive Program

How often do you take a careful look at your medical bills and your processed medical claims statements from Anthem Blue Cross and Blue Shield (Anthem)? HealthTrust would like your answer to be “always.” Billing errors can be costly. That’s why HealthTrust is willing to reward you if you catch errors on your bills or statements. With the HealthTrust Incentive Program, you may be eligible to receive 50 percent of the savings for each claim error that you identify and have corrected – up to $1,000 per error, as long as Anthem paid all or part of the claim. If no payment was made by Anthem (for example, the claim expense was applied toward your deductible) no incentive program payment will be made.

Here are steps to take to make sure you have been billed properly and claims were processed correctly.

1. Each time you receive medical care, obtain and study your itemized hospital/doctor bill or statement of services. Check for duplicate services or services listed that you didn’t receive.

2. Log in to your secure account at www.healthtrustnh.org and click on the Anthem button. Scroll down to the “Recent Claims” section of the page or click on the “Claims” tab at the top of the page. You will see a list of the most recent claims that Anthem has processed for you and/or your covered family members. Click on the “EOB Form” link on the far right of each claim listing to access your Explanation of Benefits* form. Review and compare the Explanation of Benefits to the bill or statement of services from the provider. Then, ask yourself the following questions:
   a. Did you receive all the medical services you were billed for?
   b. Did Anthem pay for any services you did not actually receive?
   c. Did you have an outpatient procedure that was billed as an inpatient stay?

3. If you find an error or discrepancy, report it to Anthem by calling the “Member Services” toll-free phone number listed on the back of your Anthem medical plan ID card. You can also write to: Anthem Blue Cross and Blue Shield, Claims Department, PO Box 533, North Haven, CT 06473-0533. Anthem will investigate the discrepancy and, when appropriate, reprocess the claim.

4. Once the claim is reprocessed, submit a copy of both the original and corrected Explanation of Benefits, or the printed claims payment, plus a completed HealthTrust Incentive Program Reimbursement Request Form to: HealthTrust Incentive Program, PO Box 617, Concord, NH 03302.

NOTE: You may be mailed Internal Revenue Service Form 1099 for any incentive payment that is not considered tax-exempt.

*Anthem BCBS provides Explanation of Benefits forms for services that require an Enrollee cost share beyond a copayment. However, you can log in to your secure account at www.healthtrustnh.org and click the Anthem button anytime to review all of your claims history or request an Explanation of Benefits.
HealthTrust Incentive Program
Reimbursement Request Form

☐ I may qualify for a cash award through HealthTrust’s Incentive Program.

Name: _____________________________________________________________________________________

Street: ______________________________________________________________________________________

Town/City: ___________________________________________State: __________________Zip: ____________

Phone number: _______________________________ Email: _________________________________________

Group number: ______________________________________________________________________________

Identification number*: ________________________________________________________________________

Employer/Group name: ________________________________________________________________________

*Identification number can be found on your Anthem medical ID card.

Description of the billing error: __________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Signature: ______________________________________________Date: ________________________________

☐ Enclosed are copies of my original bill, statement of services, or Anthem Explanation of Benefits (original and corrected one).

Mail this completed form with all documentation to: HealthTrust Incentive Program
P.O. Box 617 • Concord, New Hampshire 03302
Toll-Free: 800.527.5001
Fax: 603.226.2988
www.healthtrustnh.org