

The Bill Management Service Guide

Anabaptist Brotherhood offers a *Bill Management Service* to support other church sharing plans and medical aid programs. This third-party administrative solution offers accounting, bill processing, negotiation, and payment services. It is *not* insurance and does *not* utilize insurance contractors.

It empowers medical aid plans with services based on **Reference-Based Pricing**—using industry benchmarks, correcting medical billing errors, and negotiating fair payments. These services rely on advanced software and a dedicated office team. While Brotherhood oversees its own Medical Aid and Alms Plan, this initiative is designed to collaborate with and support other medical aid plans, helping churches maintain autonomy of their closely connected aid plans while outsourcing the complex world of medical bill processing to a trusted third partner.

The service is built on three foundational values:

Truth

Discount-based billing often gives the illusion of savings, but even substantial discounts can still be above industry norms. Brotherhood's approach clears the fog of inflated prices by anchoring charges to reliable pricing benchmarks. True, fair, and reasonable pricing is established with software that analyzes billing codes and medical pricing data—ensuring price integrity.

Transparency

Third-party medical data is used to reprice bills and ensure accurate medical coding. The result: an **Explanation of Sharing (EOS)** that demystifies the numbers. With transparent, benchmarked pricing, providers and plans can negotiate more effectively and confidently.

Trust

When truth and transparency guide pricing, trust can flourish. The service offer twelve features (see below) that streamline medical payments thereby stewarding financial resources.

This guide is designed to help your medical sharing plan understand how the Brotherhood's Bill Management Service works and how to effectively integrate into your administrative processes. The service will reduce administrative burden, ensure fair pricing, and provide transparent support to your members.

I. Key Features and Services

The Bill Management Service performs the following functions to support your medical aid plan and members:

- a. **Member ID Cards:** Provides and manages Member ID cards.
- b. **Electronic Member Verification:** Verifies member eligibility with providers.
- c. **Medical Coding Review:** Trained coders review and correct billing errors to ensure integrity.
- d. **Reference-Based Pricing:** Bills are adjusted based on your Plan's rules to meet Medicare rates plus a set percentage based on your guidelines.
- e. **Bill Processing and Payment:** The service handles all the billing processing and payments to providers.
- f. **Explanation of Sharing to Providers:** Providers and plan administrators receive a detailed explanation of how a bill was evaluated and priced.
- g. **Explanation of Sharing to Member:** Members and plan administrators receive a detailed explanation of the bill amount and the member's portion to pay, if any.
- h. **Bill Negotiation:** The service handles all balance billing and collections issues, relieving your Plan and members of this stressful burden.
- i. **Reduced Administrative Workload:** By outsourcing complex billing and negotiation tasks, your administration is better able to focus on governance issues and serving the spiritual and emotional needs of your members, while a trusted third-party manages financial issues behind the scenes.
- j. **Financial Savings:** Reference-based pricing and negotiation lead to fairer prices and lower overall medical costs.
- k. **Provider MOUs:** The service establishes Memorandums of Understanding (MOUs) with providers in your community to streamline pricing and payment processes.
- l. **Financial and Plan Reports:** The service provides complete accounting reports and summary reports of medical treatments of members and providers used.

II. Getting Started: The Onboarding Process

- a. **Contract and Agreement:** Finalize your agreement with the Bill Management Service by signing the Service Agreement.

- b. **Member Enrollment:** Provide a complete membership roster and contact information to implement the service. This information is used to issue **Member ID cards** for everyone on your plan. If you need assistance gathering member information, Brotherhood can provide you with a Member Information Form.
- c. **Plan Structure:** Provide the unique set of rules, such as eligible and ineligible expenses, caps, and member responsibilities. These standards need to be embedded into the Service's software database to ensure accurate payments and reports.
- d. **Software Development:** It can take several months of software programming to embed your unique set of rules and achieve the functionality to serve your plan.
- e. **Establish Communication Channels:** Designate a point of contact within your plan's administration to liaise with the Brotherhood's office team. This ensures smooth communication for questions, report delivery, and problem resolution.
- f. **Establish a bank account:** The service sets up a bank account for receiving contributions and making payments.

III. The Day-to-Day: How the Service Operates

a. For Your Members:

- 1. **Member's Guide:** Brotherhood provides a simple guide for members to quickly learn how to navigate using our third-party administration service.
- 2. **Member ID Cards:** The Member's Guide will inform members how to use Member ID cards whenever they receive medical services. This card gives providers the necessary information to bill the plan electronically.
- 3. **Presenting to Providers and Pharmacies:** Brotherhood provides detailed instructions in the Member's Guide on how to present to Providers and Pharmacies. The guide provides instruction to your members in how to use the Member ID card with providers and pharmacies.
- 4. **Understanding Their Bill:** After a payment is made, Brotherhood provides a Member-Explanation of Sharing (EOS). This document can be sent directly to the member or to the plan administrator to be forwarded to the member. Any member communication related to the EOS should be directed to the plan's administrator, not Brotherhood. The EOS clearly breaks down:

- The amount paid.
- The amount shared.
- Any ineligible amounts.
- The member's personal responsibility, if applicable.

5. **Mailing contributions invoices (if applicable).** The service provides invoices to members for their monthly or quarterly contributions.

b. **For Your Plan's Administration:**

1. **Communication with Members:** Your administration handles all communication with your members, with two exceptions:
 - Problems with Member ID card usage (e.g., if a provider needs confirmation about information on the card).
 - Billing issues such as balance billing and collection notices sent directly to the member by the provider.
2. **Rules of Your Plan:** Keep the Bill Management Service updated on your plan's rules, such as eligible expenses, caps, and member responsibilities, to ensure smooth operations.
3. **Financial Management:** The Bill Management Service will pay providers directly within 10 business days from the Plan's dedicated account. For larger bills, Brotherhood will alert the Plan for input on special pricing and necessary funding. It is important that your plan has adequate financial reserves to fund larger bills.
4. **Reserve Funds:** To ensure that funding is available to pay bills within 10 business days, your plan must maintain adequate reserve funds.
5. **Reporting:** The service will provide various accounting and plan reports. This data is crucial for informed decision-making and responsible stewardship of plan funds. These reports offer a wide variety of data for your administrators and board members, including:
 - Financial numbers of the Plan.
 - Summary of medical data of the Plan's healthcare treatments and usage.
6. **Service Fee:** Your Plan is responsible for paying the service fee of 5% (or the equivalent in \$\$/household/year)

Summary

Brotherhood's Bill Management Service is a third-party service designed to serve behind the scenes and remove the confusion and frustration related medical billing. From member ID cards to accounting reports, this service offers an efficient, fair, and faith-guided approach—one that's expected to reduce administrative labor and produce financial savings.

Eligibility Requirements

1. **Alms Support Clause.** Medical Aid plans that serve Social Security-exempt individuals must provide reasonable economic support for widows, disabled members, and low-income.
2. **Minimum size and reserves.** Aid plans must be of sufficient size and maintain adequate financial reserve funds to ensure resilience to bill-related volatility.

Contingency Statement

The *Bill Management Service* outlined above is an untested prototype that is scheduled to be field tested with a church aid plan in the first quarter of 2026. It will likely be modified significantly with field testing. If it proves effective, the *Bill Management Service* will be offered to other medical aid plans later 2026.