

Value Based Site-of-Care Benefit

The cost of health care has been increasing at unsustainable rates. Overpriced health care is taking money out of all of our pockets. It results in higher premiums, less money for salaries, and people moving to benefit plans with higher deductibles and co-pays. At SISC, we continually evaluate ways to limit unnecessary spending in an effort to keep benefits affordable without impacting access to high quality and safe care.

Hospitals and Ambulatory Surgery Centers (ASCs)

The facility fees for outpatient procedures at hospitals can be several times higher than at ASCs, for the same service provided to the same patient, by the same doctor with the same equipment, medications and supplies.

ASCs have established track records of providing quality outcomes that are at least as good as or better than hospitals. ASCs tend to be more specialized with less exposure to a wide range of infections. And infections can cause complications that create more problems for the patient and their recovery. In addition, hospitals tend to have more cumbersome check-in and check-out processes. Outpatient procedures can be safely performed at an ASC more quickly for a fraction of the cost.

Incenting the appropriate use of ASCs helps curb the out-of-control cost of health care.

SISC PPO plans limit the maximum benefit amount at an in-network outpatient hospital facility for the following five procedures:

	Arthroscopy	Cataract Surgery	Colonoscopy	Upper GI Endoscopy with Biopsy	Upper GI Endoscopy without Biopsy
Maximum benefit at an in-network outpatient hospital facility	\$4,500	\$2,000	\$1,500	\$1,250	\$1,000
There is no limit at an in-network Ambulatory Service Center (ASC)	There is no maximum benefit limit at an ASC.				

Note: The value-based site of care benefit applies to facility fees only. The fees paid to physicians and any other practitioners who assist in the procedure, such as an anesthesiologist or radiologist, are not affected by this change.

If you use an in-network ASC, you will only be responsible for the regular deductible and coinsurance.

If you use an in-network outpatient hospital facility, you will be responsible for the regular deductible and coinsurance **PLUS any amount by which the hospital charge exceeds the maximum benefit**.

The benefit includes a simple process to exempt the member if the physician provides clinical justification for using a hospital. It also allows exceptions when a member lives more than 30 miles from an ASC and a hospital that offers the service for less than the maximum benefit or if a procedure cannot be scheduled in a medically appropriate timely manner due to available ASCs not having capacity.

IMPORTANT: Most physicians have privileges at both hospitals and ASCs. If you need one of the outpatient procedures on the list shown above, it will be up to you to either request treatment at the in-network ASC or have your doctor obtain an advance certification from your health plan.