

FOREIGN SERVICE BENEFIT PLAN

2023 Guidelines for Direct Reimbursement to Health Care Providers



FOREIGN SERVICE BENEFIT PLAN

Caring For Your Health Worldwide®

Health Plan Accredited by



The **FOREIGN SERVICE BENEFIT PLAN** has
Health Plan Accreditation from the Accreditation
Association for Ambulatory Healthcare, Inc.

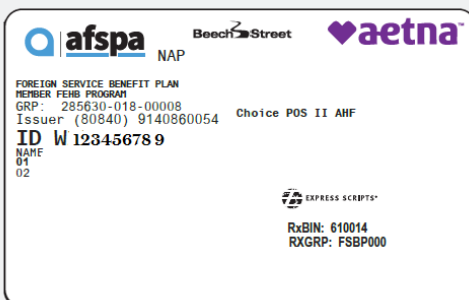


FSBP Guidelines for Direct Reimbursement

The American Foreign Service Protective Association (AFSPA), self-funded carrier of the **FOREIGN SERVICE BENEFIT PLAN (FSBP)**, has entered into a direct billing arrangement for covered services with you. This arrangement allows you to accept **FSBP** members for treatment of covered services without prepayment, and allows **FSBP** to reimburse you directly.

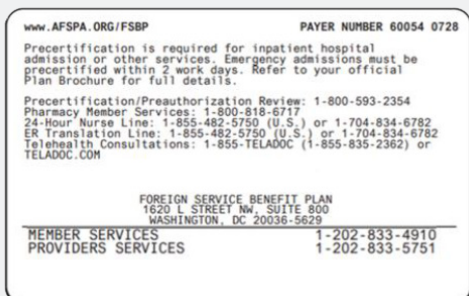
These guidelines will assist in:

- How to identify an **FSBP** member
- How to send claims or correspondence to **FSBP**
- What a claim needs in order to be processed
- How to get paid for **FSBP** covered services
- How to submit your question(s) to us
- **FSBP** Benefits and Coverage for Direct Billing Arrangements



How to identify an FSBP Member?

- Ask the member for their ID Card. It should contain the name of our Plan, Group ID Number, Member Name, and Member ID Number.
- Ask the member to show you their ID Card using the Aetna Health App on their phone or tablet.
- Ask the member to show you a copy of a recent **FSBP** Explanation of Benefits (EOB).



How to send claims or correspondence to FSBP?

Option 1

Submit Electronically

Secure, fast, and easy

1. Go online to www.afspa.org/fsbp/OverseasPartnersBillingForm
2. Fill in all the mandatory fields on the secure form
3. To upload claims or correspondence, click “browse” to select your file(s).
Uploaded files must be in PDF format. PDF files cannot exceed 25 MB in size.
4. Complete your submission by clicking “Submit” at the bottom of page.
5. The next page will be a confirmation that states, “Your secure message was delivered to our secure server.” This verifies that we have received the submitted claims or correspondence.

Option 2

Submit by Mail

If you need to submit paper claims, please send to:

FOREIGN SERVICE BENEFIT PLAN

ATTN: Shalonda Hunter, Manager, Direct Billing & Correspondence & Quality Assurance

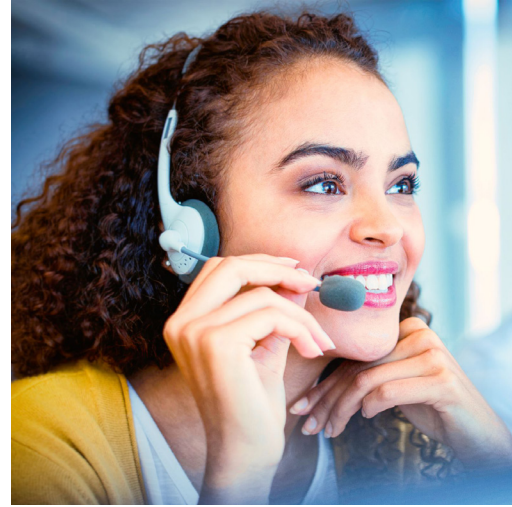
1620 L Street, NW, Suite 800

Washington, DC 20036 USA

What does a claim need in order to be processed?

When filing a claim for services, bills should be itemized and show:

- Member's name, date of birth, and address
- Member's ID number
- Provider's full name and address
- Dates that services or supplies were furnished
- Diagnosis/reason for visit
- Type of each service or supply
- Charge for each service or supply



In the absence of all the information mentioned here, **FSBP** may request it from you, which could delay the claim process.

Translations are *not* necessary. We translate all bills and records. If you do not supply us with an exchange rate, we will use the exchange rate based on the date of service.

**We want to help you
submit clean claims.**



How to get paid directly for covered services?

- **FSBP** makes payments to providers for covered medical services.
- **FSBP** makes payments to the hospital for covered professional charges or supplies that appear on the hospital bill.
- **FSBP** makes payments via Electronic Funds Transfer (EFT) in your native currency or U.S. Dollars (\$), if you have EFT with us. Otherwise, we make payments by check drawn on a United States bank in U.S. Dollars (\$). If you would like to sign up for EFT payments, contact us via email at compliance@afspa.org.
- **FSBP** makes payments directly to you upon receipt and processing of your itemized bill. If you receive EFT, we send you an Explanation of Benefits via email showing details of our payment. If you do not receive EFT, we send you your Explanation of Benefits in the mail.

Thank you for
your partnership
with **FSBP**.



How to submit a question to FSBP?

By a Secure Online Message:

- Go to **FSBP**'s Overseas Health Care Providers General Questions secure online form on our website at <https://www.afspa.org/fsbp/OverseasProviderQuestionForm>
- Enter your requested information into the online form
- Click "Browse" to select your PDF attachment to support your question. **Note:** We only accept documents in PDF format and it cannot exceed 25MB in size.
- Click "Submit." The next page will be a confirmation that states, "Your secure message was delivered to our secure server." This is a validation that we have received your submitted question.

FSBP Summary of Benefits and Coverage for Direct Billing Arrangements*

Benefit	Patient Pays	FSBP Pays	Limitations & Expectations
INPATIENT BENEFITS			
Room and Board and other hospital charges	Nothing	100% of the semiprivate room rate 100% of other hospital charges (Note: When surgeon, anesthesiologist and other professional charges appear on the hospital bill, we pay at 100%.)	None
Inpatient surgeon charges	10% of the billed amount	90% of the billed amount (Note: Gender reassignment surgery requires prior approval. You must contact the Plan for prior approval.)	None
Inpatient physician charges	10% of the billed amount (\$300 calendar year deductible applies)	90% of the billed amount	None
Inpatient maternity	Nothing	100% of the billed amount	None
OUTPATIENT BENEFITS			
Accidental Injury	Nothing	100% of billed amount for services received because of an accidental injury for: Outpatient Emergency Room (ER), ER physician's, or other health care professional's charges and ancillary services performed at the time of the ER visit; or Office visit and ancillary services performed at the time of the initial office visit for accidental injury (Note: After the initial ER or office visit, regular out-patient medical benefits apply.)	None
Outpatient surgery (includes endoscopy)	10% of billed amount (No deductible for physician's surgical services. Note: \$300 calendar year deductible applies for facility services, such as operating room, supplies, etc.)	90% of the billed amount	None

*Please note that some of the services referenced in these charts may not apply to your direct billing arrangement. All benefits are subject to the definitions, limitations, and exclusions in the **FSBP** Brochure. Certain covered expenses are summarized in these charts.

FSBP Summary of Benefits and Coverage for Direct Billing Arrangements*

Benefit	Patient Pays	FSBP Pays	Limitations & Expectations
OUTPATIENT BENEFITS			
Outpatient medical, laboratory, X-ray and other diagnostic tests	10% of billed amount (\$300 calendar year deductible applies)	90% of the billed amount	None
Telemedicine consultations			
Routine annual physical exam	Nothing	100% of the billed amount	None
Outpatient maternity care	Nothing	100% of the billed amount	None
Physical, Occupational and Speech Therapies	10% of billed amount (\$300 calendar year deductible applies)	90% of the billed amount	125 total combined visits per calendar year
Chiropractic care	Nothing up to the Plan maximum of \$60 per visit; and all charges above \$60 per visit and/or 50 visits per person, per calendar year	Up to the Plan maximum of \$60 per visit and up to 50 visits per person, per calendar year	Limited to 50 visits per person, per calendar year
MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS			
Inpatient hospital or other covered facility	Nothing	100% of the billed amount	None
Outpatient hospital and other outpatient services	10% of billed amount (\$300 calendar year deductible applies)	90% of the billed amount	None
Professional services including telemedicine consultations	10% of billed amount (\$300 calendar year deductible applies)	90% of the billed amount (Note: Assessment or treatment with Applied Behavior Analysis requires prior approval. You must contact the Plan for prior approval.)	None
ORTHOPEDIC AND PROSTHETIC DEVICES:			
Foot Orthotic Devices	10% of billed amount	90% of the billed amount	None
Artificial limbs and eyes	(\$300 calendar year deductible applies)		
Externally worn breast prostheses and surgical bras			
Adult hearing aid devices	Nothing up to the Plan maximum of \$4,000 per person or one replacement per person every 3 consecutive calendar years and all charges after the Plan maximum	100% of billed amount up to Plan maximum of \$4,000 per person or one replacement per person every 3 consecutive calendar years	Limited to one hearing aid or one replacement per person every 3 consecutive calendar years

*Please note that some of the services referenced in these charts may not apply to your direct billing arrangement. All benefits are subject to the definitions, limitations, and exclusions in the [FSBP Brochure](#). Certain covered expenses are summarized in these charts.

FSBP Summary of Benefits and Coverage for Direct Billing Arrangements*

Benefit	Patient Pays	FSBP Pays	Limitations & Expectations
DURABLE MEDICAL EQUIPMENT (DME)			
Wheelchairs Crutches Braces	10% of billed amount (\$300 calendar year deductible applies)	90% of the billed amount	None
Augmentative and alternative communications (AAC) devices such as: • Computer story boards • Speech aid prostheses • Magnifier Viewing System	Nothing up to one device per person, per calendar year up to the Plan allowance of \$1,000 per device, per person, per calendar year and all charges after \$1,000 per device	100% of the billed amount up to Plan allowance of \$1,000 per device, per person, per calendar year	Limited to one device per person, per calendar year
ALTERNATIVE TREATMENTS			
Acupuncture	Nothing up to the Plan maximum of \$60 per visit; and all charges above \$60 per visit and/or 50 visits per person, per calendar year	Up to the Plan maximum of \$60 per visit and up to 50 visits per person, per calendar year	Limited to 50 visits per person, per calendar year
Massage Therapy	Nothing up to the Plan maximum of \$60 per visit; and all charges above \$60 per visit and/or 50 visits per person, per calendar year	Up to the Plan maximum of \$60 per visit and up to 50 visits per person, per calendar year	Limited to 50 visits per person, per calendar year



*Please note that some of the services referenced in these charts may not apply to your direct billing arrangement. All benefits are subject to the definitions, limitations, and exclusions in the **FSBP** Brochure. Certain covered expenses are summarized in these charts.



afspa.org/fsbp

For more information or questions, please contact us:

FOREIGN SERVICE BENEFIT PLAN

1620 L Street NW, Suite 800
Washington, DC 20036

Secure Message: afspa.org/fsbp411

Website: afspa.org/fsbp

Telephone: 202-833-4910

Protective Association

Hours of Operation – Monday – Friday
8:30am to 5:30pm (EST)

Email: health@afspa.org

Website: afspa.org