

Frequently Asked Questions for HPS Members

We recently surveyed HPS clients to hear about their experience with HPS and the experiences of their employees. A few common questions emerged from that survey, so we wanted to provide answers to those FAQs to all HPS members.

1

What is a SuperEOB[®] and why is it different from my normal medical bills?

The SuperEOB is a monthly easy-to-read billing statement that summarizes all in-network charges for your family, no matter how many different providers you visited. Instead of receiving multiple Explanations of Benefits and bills for each visit or procedure, all of that information is summed up in the SuperEOB, so you have just one bill to pay.

[Learn more about the SuperEOB](#)

[Learn how to read the SuperEOB](#)

2

Why do I only get one medical bill per month?

At HPS, our goal is to make your medical bills as simple as possible, so we work behind the scenes to consolidate all your bills and claims so you only get one monthly bill and only have to make one payment.

[Learn more about how HPS works](#)

[Learn more about the benefits of HPS for you and your family](#)

3 Why isn't claim information on my SuperEOB? Where can I find specific details on my claims?

The goal of the SuperEOB is to make it as easy-to-read and understand as possible. However, you can still access your specific claim information. The second page of your SuperEOB offers some claim detail, while even more is available in your member portal account.

[Learn how to read the SuperEOB](#)

[Learn how to view further claims detail
\(must have a member account to read\)](#)

[Learn the benefits of a member account & how to create one](#)

4 How do I know how much I've paid toward my deductible for the year?

The Third-Party Administrator (TPA) that was selected by your employer holds the balance of your deductible for you individually and for your family members. Please access their website at the address located on your HPS ID card or your SuperEOB.

5 How do I get in touch with HPS customer service to ask a question about a bill or claim?

[Our Member Portal offers self-serve resources, as well as the option to contact us directly](#)

[You may also contact us through our main website or via email: \[help@hps.md\]\(mailto:help@hps.md\)](#)

6 How do I pay my bill?

Via our [Member Portal](#)

Via our [main website](#)

7 How do I find a provider in my network?

Via our [Member Portal](#)
(Click [Find a Provider](#) on the home screen)

Via our [main website](#)

8 Why was my bill sent to collections?

Your bill may have been sent to collections for a variety of reasons if you have an outstanding balance due to HPS, including but not limited to:

- ✓ Our inability to come to a resolution on this outstanding balance
- ✓ Our inability to connect with you via email, phone or USPS mail to resolve your balance
- ✓ A failed dispute of your outstanding balance due and your lack of payment to us

Compared to the medical systems and providers, we have many options available to you to resolve your concerns over your medical expense. Please contact us at 1-866-705-2383 to work through this together.

9 Why was my claim denied?

We can't offer insight into any individual claim denial. However, if you identify discrepancies with how your claim was processed, you can file an appeal with your Third-Party Administrator (TPA).

HPS can work with you to understand why the claim was denied, and if desired, to contact your TPA and go through the appeal process. Contact us at help@hps.md.

10 Why do some providers in my network not use the SuperEOB?

All providers in the HPS Network should submit your medical claims to HPS for inclusion in the SuperEOB. If you receive a bill from an in-network provider in error, please contact us at help@hps.md to work through this together.

You may have gone to a provider that is not currently in the HPS Network. If you would like to nominate a provider to join our network please contact us at help@hps.md.

11 What are bundled medical services?

Under a bundled payment service, providers and/or healthcare facilities are paid a single payment for all the services performed to treat a patient undergoing a specific episode of care. An "episode of care" is the care delivery process for a certain condition or care delivered within a defined period of time. Examples of potential bundled services include common diagnosis of hip, knee and shoulder procedures.

In a bundled service situation, you would pay a single price for the entire service (such as a knee replacement), rather than getting multiple separate bills from the hospital, surgeon, anesthesiologist, etc. The bundle will be identified as such on your monthly SuperEOB.