Welcome to the Accarent Health FAQs

If you have any questions about our services or processes that are not answered here, please feel free to contact us at 1(866) 771-0697 or visit our website at www.accarenthealth.com for more information.

Our Program

What is Accarent Health?

Accarent Health offers transparent, bundled pricing for over 300 medical procedures at top-tier hospitals nationwide, enhancing healthcare decision-making. Our comprehensive online platform provides clear insights into healthcare quality and costs. Central to our service are Nurse Case Managers who guide patients through their medical journey, coordinating care and managing communications. Our nurse advocates assist to ensure patients understand their care's financial and medical aspects. This approach provides stress-free, quality healthcare, often without co-pays or deductibles.

What procedures are available through Accarent Health?

We offer a wide range of procedures, from total knee and hip replacements to complex procedures such as cancer treatments, cardiovascular services, solid organ and bone marrow transplants, etc. Visit our website at www.accarenthealth.com to view our extensive list of available procedures.

How does Accarent Health select its network hospitals?

We partner with select academic medical centers and top-rated hospitals, ensuring excellence in care. Our network is chosen based on stringent criteria developed with Johns Hopkins Hospital, incorporating external credentialing, quality standards, and geographical diversity. For more details, please visit our website.

Our Process

What is the process after a patient registers with Accarent Health?

When a patient is referred to Accarent Health, we begin by verifying their eligibility as a plan member. Our team then supports the patient through every stage of their journey, from medical record collection to discharge, acting as a dedicated advocate. After this verification, an Accarent Nurse Case Manager reaches out to the patient to guide them through our process. The patient will receive an information packet and HIPAA forms; upon their completion and return, we facilitate the referral to the chosen hospital. Subsequently, the hospital contacts the patient for further consultation or evaluation, with continuous support from our team.

Accarent HEALTH

How is eligibility for a procedure determined?

Patient eligibility is verified with their underlying insurance carrier or plan payor by Accarent. Once approved, the process begins, and the chosen procedure and hospital are confirmed.

Who qualifies for a medical procedure?

Eligibility for a procedure is determined by the hospital after consultation and review of medical records. If the procedure is appropriate, it will be scheduled, or for transplants, the patient will be listed. The hospital coordinates with the patient and updates Accarent on the schedule.

Travel and Accommodation

How are travel arrangements handled?

Our concierge team provides assistance with lodging options and transport services near the selected hospital. Patients are responsible for booking their travel and lodging plans. For more information, contact our Case Management Department.

Will there be differences in hospital check-in?

Patients should bring their Accarent Identification Letter in lieu of the plan insurance card when checking into the hospital for evaluation, consultation, or procedure.

Coverage and Costs

What services are included in the Accarent Health Bundled program?

The Accarent program comprehensively covers all essential services associated with the bundled procedure within the bundled period, when under the care of an Accarent Provider. This includes not only facility and professional services but also all required supplies and equipment. Furthermore, it encompasses the treatment of any complications that may arise, as well as thorough outpatient follow-up care. Adding to the medical aspects, our program also provides personalized nurse case management, along with concierge and travel assistance, ensuring a comprehensive and supportive experience throughout.

Accarent HEALTH

What are the travel benefits?

Our optional travel benefit, applicable to consultations and procedures, offers a stipend that varies based on the type of procedure, the duration of time away, and the distance traveled. The stipend ranges from $250 to $2,500, and there's no need to submit receipts to receive it.

Will I have any out-of-pocket costs associated with services provided under the Accarent program?

If you are in a PPO program with a member district of LBT, there are no out-of-pocket costs associated with services performed through Accarent during the Bundled Period. This means that there are no office visit copays, and any deductible or coinsurance charges are waived. If you are in a Qualified High-Deductible Health Plan with a Health Savings Account, you may have to satisfy your annual deductible first, after which there are no out-of-pocket expenses for the patients. There may be required pre-procedure or post-surgical follow-up, such as rehab that can be completed at a local provider that is not included in the bundle period and these will be paid in accordance with your existing medical insurance plan.

Post-procedure Care

Who should patients contact for post-procedure issues?

For emergent medical issues, contact a local physician or 911. For administrative or general medical questions, contact your Accarent Nurse Case Manager or the hospital directly.

How is extended hospital stay or post-procedure complications handled?

Accarent case managers will continue as patient advocates, ensuring a smooth transition back to their referring provider. Complications related to the procedure within the bundled period are included under the original payment.

Feedback and Questions

For additional questions or feedback about these FAQs, please contact us at 1-866-771-0697 or visit visit us at www.accarenthealth.com.

Accarent HEALTH