

THE ADVANCED RESOLUTION TEAM

ART



Navigating the difficult and often confusing insurance world truly is an **art**.

Insurance is complicated. It comes with a lot of moving parts and fine print. In the last three years alone, we found more than \$3.5 million worth of claims that needed to be resolved for employers and employees. Whether your employee is calling from the pharmacy or emailing from home about a billing issue, OneDigital's Advanced Resolution Team is ready to respond, act and resolve complex issues about their insurance plan that don't have out-of-the-box solutions. This creates happier employees and can even affect your bottomline.

UNDERSTANDING

Leave the confusion to the experts. ART understands the fine print in your insurance policy. They'll investigate, look for real answers and discover the best outcomes.

RESPONSIVE

ART is readily available to handle escalated issues pertaining to enrollments, terminations, changes, billing, plan eligibility and claims issues.

ACTION

We are a liaison between your employees and the carriers to solve the most difficult problems. We dig deep and work hard on behalf of you and your employees.

RESOLUTION

You expect results. ART's average response time is three times faster than contacting your insurance carrier directly with escalated issues.

2018

166

claims resolved

\$892,378

recorded savings for clients

\$5,375

average savings per claim

Making Up The Difference

[CASE STUDY]

Going to an in-network hospital, clinic or physician doesn't mean all the services provided are in network. This can result in big follow-up bills that the patient is responsible for paying or taking the time to appeal in order to have them paid by their insurance provider.

Recent member surveys found 57 percent of respondents had received a bill for medical services they thought would be covered by insurance, and 27 percent of families said they have delayed care in the last two years. A 2015 study by the Kaiser Family Foundation found that there were 1 million adults who declared medical bankruptcy even though 78 percent of them had insurance coverage.

Recently, an employee with a chronic condition had been receiving treatment for about a year until the member switched treatment providers. After receiving their first treatment, the employee received an explanation of benefits in the mail, showing an obligation of more than \$56,000 to the employee.

The employee requested an invoice from the treatment provider and contacted a representative with the carrier, who believed the claim may not have been processed correctly. The representative agreed to resubmit and expected the corrected claim in 30 days. In the meantime, the employee cancelled further treatments for fear of accumulating more than \$100,000 of debt due to non-coverage.

By seeking member advocacy fit for handling complex issues, the employee could find where in the claims process something went wrong.

In order to easily and quickly resolve the issue or make the decision to seek alternative care, the member contacted OneDigital's Advanced Resolution Team went to work and found out the provider was in network and had to obtain an authorization from the carrier for the service. However, the carrier had not attached the authorization to the claim. ART followed up with the carrier to let them know the provider obtained authorization, which would mean the claim was not the responsibility of the employee. There was hope once the claim reprocessed, the miscue would be fixed.

By finding the disconnect and coordinating the authorization between the provider and carrier, the claim was reprocessed and paid in full with zero obligation to the employee.

The \$56,000 claim was paid in full with zero obligation to the employee.