

INDEPENDENTS

JOURNEY CLAIMS MANAGEMENT

**BEST TIME TO PROCURE:
UPON MATCHING WITH
GESTATIONAL CARRIER**



FINANCIAL & INSURANCE SOLUTIONS

We take the burden off of you to solve insurance and provider issues that can arise for maternity and/or newborn claims. Often, correcting errors months after bills and claims are processed will only delay financial completion of the journey.

With Claims Management in place, you have the ART Risk team vetting all claims to ensure there is no unnecessary overpayment for medical care.

PERSONALIZED ASSISTANCE



Review of all insurance claims and provider bills to determine the correct payment needed from the IPs, Agency, or escrow account.

FINANCIAL CHECKS AND BALANCES



Routine communication with the insurance carrier(s) and providers to rectify denied claims, Coordination of Benefits issues, and incorrect coding. It is our responsibility to check for accuracy and confirm insurance is paying according to maximum plan benefits.

REPORT OF CLAIMS AND BILLS



Zero balances are requested from all providers and a final report is delivered to appropriate parties once all claims and bills are processed at the conclusion of the journey. You can rest assured there are no unpaid bills.

Over the course of a year, clients have been saved just shy of \$1.5M with ART Risk Solutions' claims management services.

1 866 433 4999

www.artrisksolutions.com






LIC# 0H38016



CALL TODAY!
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INDEPENDENTS JOURNEY CLAIMS MANAGEMENT

Did you know: customarily, agencies pay provider bills without checking for accuracy of processed insurance claims and provider bills? Our Claims Management Specialists solve the issues that repeatedly fall on the Intended Parents and Gestational Carriers.

REPEATED INSURANCE PROBLEMS	OUR SOLUTIONS
INCORRECT CODING FROM PROVIDERS	 Communicate with all providers to correct coding issues and resubmit claims to insurance carrier.
HMO MEDICAL GROUP ISSUES	 Coordinate with GC, insurance, and providers to appoint the correct medical group.
EMERGENCIES PROCESSED AS OUTOFNETWORK	 Dispute the out-of-network claims and have claims reprocessed as in-network.
INSURANCE PAYMENTS NOT APPLIED TO PROVIDER BILLS	 Work with the providers to revise the bills to the correct amount due.
NEWBORN CLAIMS ON THE GC—S INSURANCE POLICY	 Work with the GC, insurance, and providers to remove claims and apply to the correct insurance plan.



Gestational Carrier Local Monitoring
\$500
Service finished upon completion of cycle



Maternity Claims Management
\$2250*
Service completed 8-12 months post-birth (on average)



Newborn Claims Management
\$500
Service is complete upon discharge from the hospital and after the 1st well care visit



Maternity & Newborn Claims Management
\$2500*
includes Premium Bill Monitoring for GC's policy (if applicable)

*The Maternity Claims Management fee is \$2250 for up to two policies. Add \$500 for claims management of any additional policies.

Cancellation Policies:

If confirmation of pregnancy has occurred and Maternity and/or Newborn Claims Management is cancelled due to miscarriage, ART Risk Solutions will evaluate refund/credit dependent on work rendered for current journey, less a \$250 administrative fee. There will be no refunds upon birth of child. Maternity Claims Management service is complete when agency contract ends with the Gestational Carrier and/or final Claims Management Report is submitted to Agency/Intended Parent(s).

CASE STUDY

MATERNITY CLAIMS MANAGEMENT



OVERVIEW

- GC had an employer plan, validated by ART Risk, and it was found to be surrogacy friendly.
- Her claims were initially processed correctly by the insurance carrier.
- After deliver, the plan decided it was NOT surrogacy friendly, reprocessed all previously processed claims as denied.

PROBLEM

Insurance carrier should not have deemed the claims as denied and provider bills should not exceed Out of Pocket Maximum.

MATERNITY CLAIMS MANAGEMENT

\$2,250*

Includes Premium Bill Monitoring
*Includes up to (2) maternity policies. Add \$500 for an add'l policy in the GC's name.

\$7K SAVINGS

ART RISK'S CLAIMS MANAGEMENT SERVICE INITIATED & ACTION STEPS TAKEN

APPEAL #1:

To insurance carrier providing a thorough explanation and evidence that carrier verified surrogacy coverage during the Policy Validation process.

OUTCOME #1:

Appeal was approved, however carrier only reprocessed 1 claim correctly.

APPEAL #2:

Submitted, reiterating all claims needed to be reprocessed per the findings of the Policy Validation and record of reference call.

OUTCOME #2:

All claims were processed correctly with every provider confirmed as a zero-balance due for the GC.

THE RESULTS

120

Number of claims from this case that required auditing by the assigned ART Risk Claims Coordination Specialist.

40

Number of hours spent by our team to rectify the incorrectly processed claims.

3

Number of Appeals filed by our Claims Coordination team, including a letter sent to the state's Department of Insurance.

OUTCOME

All claims were processed correctly with every provider confirmed as a zero-balance due for the GC.

The IPs paid \$5K for their Out of Pocket portion due, which was less than the plan's maximum AND **\$7K less** than if they had settled with a cash pay due to claims issues.

\$25,500

was the total amount of all claims.

Had the IPs settled with a cash pay option because they weren't able to maneuver through the insurance claims, they would have paid more than **\$12,000**, which is **\$7K more** than necessary.

By initiating this service, the agency saved approx.

\$1000

(for this 1 case)

based on the number of staff hours needed to manage all claims and see the reprocessing through successfully.