

## LAST MINUTE THINGAMABOBS (I have plenty)

We understand that the information we provide to you, the Intended Parents, and the Gestational Carriers can sometimes feel overwhelming, because let's face it- there is just a lot of documents and information.

It is done with care and with a goal to ensure that through the various channels we offer—whether it's webinars, emails, or one-on-one conversations—you gain a clear understanding of the process. This will help everyone feel more prepared, manage time efficiently, and reduce stress during Open Enrollment. We also encourage you to ask questions and share feedback, as we value your input and use it to continuously improve our processes for everyone's benefit.

### POLICY VALIDATIONS

- 1) You will receive a confirmation email if your PV is submitted successfully. If you do not receive this confirmation – then it did not go through.
- 2) Anything submitted is for the year 2024 unless specifically stated. We are unable to verify any changes for the year 2025 unless the insurance company has a 2025 booklet available. If your plan operates on a calendar-year schedule, we strongly recommend reviewing the policy again in 2025.
- 3) Some booklets may take longer than usual to obtain. Some may take up until April/May.
- 4) Be aware of the deadlines for a PV!
  - a. For January 1<sup>st</sup> effective date:
    - i. NOV 27 Policy Validation Deadline - Standard
    - ii. DEC 2 Policy Validation Deadline - Rushed
  - b. For February 1<sup>st</sup> effective date:
    - i. DEC 30 Policy Validation Deadline - Standard
    - ii. JAN 2 Policy Validation Deadline - Rushed
  - c. For March 1<sup>st</sup> effective date:
    - i. JAN 15 Policy Validation Deadline - Standard
    - ii. JAN 18 Policy Validation Deadline – Rushed
- 5) The day that a Policy Validation is submitted is day 0 – **not** day 1. The following day starts the 1-5 standard, or 1-2 business days rushed.
- 6) Make sure that GC's are aware that we may reach out to make a call to their insurance company and will need their verbal authorization.
- 7) **Very important!** Please make sure that the GC's information is correct including but not limited to date of birth, phone

## PORTAL

- 1) If paying the ART Risk service fee with a SeedTrust card, select Agency as the payer and SeedTrust as the payment method.
- 2) If paying the Binder with a SeedTrust card, select GC as the payer and SeedTrust as the payment method.
- 3) If you select an existing Case when submitting a request, please ensure the email addresses for the IPs are correct. If they need to be updated, please leave a note in the Additional Information section on the request form.

## PREMIUM BILL MONITORING – RENEWALS

- 1) We will only confirm renewal information for cases that have Premium Bill Monitoring for the upcoming 2025 year. The cost to add 1-year of Premium Bill Monitoring is \$200, or \$50 per month if needed for less than 6 months.
- 2) If you would like for us to obtain renewal information for your gestational carrier's policy and not add Premium Bill Monitoring, the service fee would be \$150.
- 3) ART Risk's Premium Bill Monitoring services run on a per calendar year basis. PBM will conclude 12/31/24 unless additional Premium Bill Monitoring is purchased for the upcoming year.
- 4) Please contact your designated agent or Premium Billing Coordinator to add additional monitoring for your GC's policy so that our accounting team can send an invoice for the service. Additional months of monitoring will be added after the invoice has been paid.

## CLAIMS DEPARTMENT:

- 1) Watch/remind for GCs asking about renewal letters forward to ART for review if your enrollment is passive or not.
- 2) Providers Change contracts during OE too, if your GC's are Pregnant ask them to ask their providers to verify nothing is changing for 2025
  - a) If GC forward you a letter from insurance or provider that they are leaving the network, we can assist with submitting a Continuation of Care as long (as they are in the 2nd trimester) \*follow up on submission is hourly.
- 3) Anthem CA
  - a) Asking for OB list is not accurate, we will be sending, PCP lists filtered by the requested hospital if possible and medical group options.
  - b) If you don't choose a hospital we will also send that list
  - c) GC will need hourly CM at COP so we can assist in getting GC in right med group, PCP and with the hospital requested if possible. (ideally before OB appt)
  - d) Full MCM is not possible with Anthem as med groups refuse HIPAAs, deny preapprovals and referrals incorrectly often, expect issues. We can assist at hourly rate

## AGENTS

- 1) Re-Quote Reasons – Different providers wanted, DOB incorrect, address incorrect, has current insurance that was not previously disclosed on request for quote, will not remove themselves from Medicaid/Medi-Cal and policy does not allow for dual coverage, simply does not want this carrier. Anything that would cause ART Risk to have to re-quote. If there is a one-off situation – let us know. As always we are here to work with you!
- 2) Employer policies with liens and them/IPs wanting an ACA and how that does or doesn't work.

## APPOINTMENT SETTING

- 1) Letting a GC know which policy they will be applied for
  - a. letting the GCs know if their preferred OB and Hospital are in network before they are scheduled for an appointment.
- 2) Communicating with GC on how binder will be paid.