

FINANCIAL & INSURANCE SOLUTIONS

www.artrisksolutions.com



2024 ARTRISK

ACA 2025 ART Risk ACA Services and Process

Number of years **ART RISK SOLUTIONS** has been helping to create families.





6K/YR **Donor Cycles** placed

Policy Validations

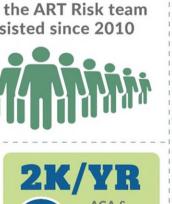
completed by **ART** Risk



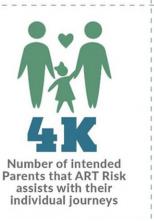


Births by surrogacy (PER YEAR) in the ART community





ACA & Maternity only policies placed







ART Risk assists with at least one phase of the journey for



of the ART community



In 2001, ART Risk Solutions began as there was a need to provide knowledge and superior insurance products that allowed risk reduction for the Assisted **Reproductive Technology** community. We

understand not everv agency, attorney, clinic, Intended Parent, or Surrogate has the same journey. Our highest priority is to work hand in hand with each client to evaluate the risk. educate the client. and **empower** all individuals with the

necessary information to make confident decisions and develop attainable strategies to best protect all parties involved. We provide a straightforward approach with each of our clients and don't believe in insuring beyond the necessity. Our client satisfaction and referrals prove time and again that ART Risk Solutions is the only insurance expert you need for your ART journey, family, clients or business.

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Show Me What You're Working With!

Services* Process* Agency, IP, GC, and ART Risk Guidance* Pregnancy QLE* Important Dates* Open Enrollment Webinar Schedule* Questions*

01 ACA ENROLLMENT SERVICES

ACA Policy Placement

ACA Policy Placement - \$525

Service Includes:

- Verification of Surrogacy Friendly Language
- Initial Phone Consultation
- Confirmation of In-Network Preferred Provider and Hospital
- Plan Choice Guidance with Side-by-Side Plan Comparison
- Coordination of Benefit verification when requested
- Phone Appointment with GC to complete applications
- On-going communication to specified parties
- Confirmation of active policy
- Confirmation of monthly premium payments for the first 2 months
- Block Policy Validation after Policy Activation
- If there is ever an issue with a suggested plan that is placed by ART Risk, we will always work to fix the problem at hand.

We stand behind EVERY policy that we place!

Anthem of CA comes with a warning!!!

05 ACA ENROLLMENT SERVICES

ACA Premium Bill Monitoring

ACA Premium Bill Monitoring (PBM)- \$350 for one year and \$550 for two years

Service Includes:

- Set up Automatic Payment if requested this is ONLY done if PBM service is chosen
- Insurance carrier confirmation of payment each month of service
- Late Payment Notification to pertinent parties 3 notification Late, Past Due, Risk of Cancellation
- Oversee and Rectify Premium Issues
- Renew policy and get all new policy design numbers Included if signed up for 2 years of PBM or can be done with 1 year of PBM - \$150 Renewal Fee to apply
- Manage Policy Cancellations If submitted to ART Risk by the 20th of the Month. Otherwise, instructions will be emailed to you. If not enrolled in PBM, and you would like ART Risk to cancel the policy – cancellation fee is \$150
- Client Portal for transparency on your PBM cases
- May be paid on a per month basis if using service less than 6 months \$50/month months of service to be paid up front.
- Escrow cards do not provide the same protection. Escrow cards help make payment of premium easier. It is not a safeguard against premium issues.
- Provider verifications may be requested throughout journey. If not enrolled in PBM provider checks
 are done with ACA Policy Placement and if needed during journey \$150 Provider Check Fee will apply

01 ACA ENROLLMENT SERVICES

Maternity Claims Management

Especially important if the GC has more than one policy. This service has saved intended parents over \$2m in erroneous bills.

Maternity Claims Management - \$1750 includes Premium Bill Monitoring for 1 Journey

Service Includes:

- Coordination of Benefits findings
- Gathering of all needed HIPAA Releases
- Review of all insurance claims
- Review of all providers bills to determine correct payment needed
- Approved bills sent to paying party
- Routine Communication with insurance carrier(s) and providers
- Rectify any issues with claims, including but not limited to Coordination of Benefit, Incorrect Coding, Denial of Bills, Duplications of Bills, Incorrect or lack of processing of claims, <u>HMO Medical Group Issues.</u>
- Zero balance statements from all known providers
- Final report delivered to all pertinent parties upon completion of service
- Anthem of California NEEDED TO DEAL WITH ALL THE ISSUES

Cancellation Provisions

ACA Policy Placement

- If policy is cancelled after quote is received and prior to application being complete cancellation fee of \$250 will apply
- If policy is cancelled after completed application the full fee of \$525.00 will be considered earned.

ACA Premium Bill Monitoring

- If policy is cancelled after quote is received and prior to the third month of enrollment a full refund of \$350 for the current year will apply and if second year was purchased refund of \$200 for the second year will apply.
- If policy is cancelled prior to month 6 a prorated amount will be returned and if second year was purchased refund of \$200 for the second year will apply.
- If policy is cancelled between month 6 and month 12 the fee will be considered fully earned; if second year was purchased refund of \$200 for the second year will apply.

Claims Management

• If confirmation of pregnancy has occurred and service is cancelled due to a miscarriage, we will evaluate refund/credit dependent on work rendered for current journey.

ACA Services

SERVICE	FEE	
Policy Validation – Maternity Gestational Carrier's policy	\$300	5 business day turnaround
	^{\$} 500	2 business day turnaround
ACA Policy Placement	\$525	ACA Placement only
	\$775	ACA Placement + Rush Fee 1
	\$ 1025	ACA Placement + Rush Fee 2
Re-Quote Fee	^{\$} 250	Additional to ACA Placement Fee
Cancellation of Quote Request	^{\$} 250	In lieu of ACA Placement Fee
Premium Bill Monitoring (PBM)	\$350	1 year of service
	^{\$} 550	2 years of service
Journey Claims Management	^{\$} 1750	Includes PBM for (1) journey Overseeing all claims, provider bills, from COP to Postpartum
RENEWAL FEE of ACA POLICY	^{\$} 150	(included with 2 years of PBM service)
Provider Checks Outside of Open Enrollment	^{\$} 150	For up to 4 Providers per GC



STATUS OPTIONS

- I. New
- 2. Intake Verified
- 3. Provider Checked
- 4. Issues
- 5. Hold
- 6. Quoted
- 7. Policy Selected
- 8. Set Appointment
- 9. Appointment Scheduled
- 10. Applied Applied Binder Failed, Applied No Binder, Applied Cancel as Never Effective

- II. Active
- 12. Audit Complete
- 13. ACA Policy Placement Complete
- 14. Cancelled
- 15. Cancelled Quoted

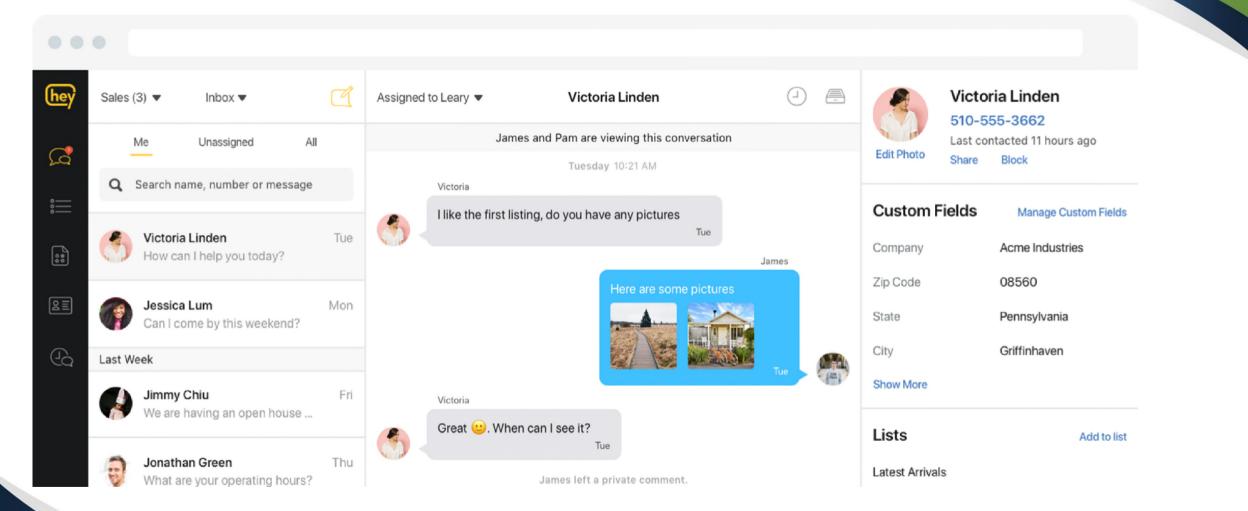
- I. Quote Sheet Intake Process
 - a. ART Risk receives quote sheets and CC form via Portal
 - a. Email sent by ART Risk to quote sheet sender clarifying ambiguous information or to get CC auth if needed
 - b. We will not move forward until service fee payment type is known and we have the proper documentation i.e. credit card authorization.
 - c. Status in portal is "NEW"
 - i. unless there is no provider preference.
 - d. If no provider preference, status in portal is "PROVIDER CHECK".
 - e. Status is Changed to "INTAKE VERIFIED" once we have combed through the request and it is ready to get provider checked
 - f. Quotes are handled on a first come, first served basis.
- 2. Provider Checks
 - a. Provider checkers do provider checks for all entries in portal that have a provider preference "NEW"
 - b. Provider checker changes the status in the portal to "PROVIDER CHECK" once complete

- 3. Quoting
 - Quotes sent out using portal <u>READ ALL DOCUMENTATION THAT IS ATTACHED and PAY ATTENTION TO</u> <u>THE TOGGLES</u> (insert: highlight, underline, bold, italicized, fireworks, foghorn, sirens)
 - b. Agent will change the portal to "QUOTED" with a selection due date set for 3 days beyond the date quoted
 - c. After Quote Follow-Up to Get Plan Decisions 5 Touches IF TIME PERMITS
 - i. Touch I (Day 0) email quote.
 - ii. Touch 2 (Day 4) -email 4 days after 1st touch (Late). Add agency owner.
 - iii. Touch 3 (Day 6) -Call 2 days after Touch 2 and send confirmation email with details of call
 - iv. Touch 4 (Day 10) cancellation of the quote email (if we don't have all information by tomorrow at noon, quote will be cancelled + charge).
 - v. Touch 5 (Day 11) Quote Cancelled. Email recap all previous touches, and \$250 charge
 - I. IF an error let us know immediately
 - a. Plan is selected through the portal!
 - b. Status changes to "SET APPOINTMENT"

- 4. Setting Appointments
 - a. Appointment Setters
 - i. Call GC to confirm information is correct is correct:
 - 1. Address, email, current coverage, SSN (confirm if on quote sheet) Last 4 digits, provider selection, request driver license (CA ONLY), double check we have the correct payment info for carrier selected.
 - 2. NEW!!! If there is information that is received during this confirmation that causes us to have to requote the policy, there will be a \$250 fee. 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.
 - b. Once all above information is confirmed application appointment is set with GC and portal status is changed to "APPOINTMENT SCHEDULED"
 - c. Touches to set application appointment with GC
 - i. Touch I Call GC (leave message) + Send text letting them know we called them + call us back within 24 hrs + Email include Agency Coordinator
 - ii. Touch 2 Phone call 2 (leave message) + Send text letting them know we called again + call back within 24 hrs + Email include Agency Coordinator
 - iii. Touch 3 Phone call 3 (leave message) + Send text letting them know we called again + call back within 24 hrs + Email include Agency Coordinator

Touch 4 – Email GC letting her know that at this time her quote is cancelled due to no-response by GC OR by lack of binder payment info being provided. Email Agency letting them know that the quote is cancelled and there is a \$250 cancellation fee

Text System



- 5. Appointment Day!
 - a. **NEW!!!** If there is information that is received during this call that causes us to have to requote the policy, there will be a **\$250 fee**. 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 requote.
 - b. GC will be called up to 3 times during application appointment time
 - i. Touch I Call + email to GC and Agency (IP if independent)
 - ii. Touch 2 Call
 - iii. Touch 3 Call + email to GC and Agency
 - iv. If we are not able to get in touch with GC she will go back to the appointment setters and will run through that process.
 - c. We will set 2 appointments
 - If both appointments are no shows we will email GC and agency letting them know quote is cancelled and there is a \$250 charge
 - c. Upon Completion application broker will update in portal
 - i. change the status to "**APPLIED**"

- 6. Confirmation Emails
 - a. Confirmation emails are sent upon completion of application.
 - b. Information included in the confirmation email:
 - i. GC name
 - ii. Policy name
 - iii. Premium
 - iv. Effective Date
 - v. Payment info (last 4 or card if paid)
 - 1. If not paid reason it was not paid and the next steps to ensure payment is made

- c. Update billing portal
- d. Service Fee will begin to be charged upon completion of Application this is new.

- 7. Billing
 - a. Policy checkers will call the carrier and confirm the following information:
 - i. ID number, Effective Date, Binder POSTED date
 - b. Once all is confirmed Billing Department will change the portal status to "ACTIVE".
 - i. If unchecked billing will make the payment
 - c. If the binder WAS made at time of application, but payment fails:
 - i. Billing will email the agency and GC and let them know the binder payment failed.

- ii. Billing will make the binder payment again
- d. ALL statuses will remain "APPLIED" until the below has been confirmed
 - i. ID number, Effective Date, Binder POSTED date
- e. ONLY at that time will the status be changed to "ACTIVE"
- f. Complete Current Policy Info in Portal

Agency Guidance:

This guide is to help us work together in the best capacity. We want open enrollment to be successful for all parties.

- Know the following for your agency:
 - Will you have a main point of contact for ART Risk
 - Who will be submitting the ACA Quote Requests
 - Who is responsible for paying the service fee Agency or IP
 - Who will be responsible for paying the first months insurance premium?
 - Agency/IP/Escrow
 - Third Party Payer may not be allowed we will notify you of such situations within the receipt of the quote
 - If agency, we will send a link to complete so that we can keep the CC on file and you will not need to complete with each new request
 - The link to complete your agency credit card authorization will be received before October 15th
 - How will you handle paying the binder for carriers that do not allow Third Party Payments?
 - To keep things moving and not create a significant backlog, it is best for payments to reach GC within 2 days of plan selection.
 - Is there a level of service that you will be using for all of your clients?
 - Example: All clients will have Case Management (which includes PBM) + ACA Policy Placement

Agency Guidance

- Verifying your GC's information Address, Date of Birth, Emails, Phone Numbers, Current Insurance and willingness to drop if needed
- Use our helpful resources 😊
 - Webinars (yes, even the weekly ones!), How To Guides, Google Doc Dates and Deadlines, Documents Provided with Sent Quote, ART Risk Marketing Documents, ART Risk Google Folder (where all ACA resources will be provided).
- Confirm with GC /IP Preferred Providers OB and Hospital
- IF a GC is going to drop a current policy it is helpful to let us know in the notes section of the request for quote. Also, make sure the GC is aware of this too!
- Try to allow for a minimum of 5 days before any deadline when turning in your request for quote + CC form
- Prompt policy selection as prompt as you can we understand things come up!
- Double check the credit card numbers that you give us this will help us submit the insurance application without any delay
- Tell your GC about ART Risk and what we do! THIS IS SUPER IMPORTANT. Helpful hint from another agency! Have an ACA prep phone consult with your GC's they stated it significantly cuts down on their frustration and yours.
- Let you GC's know that we will be calling from a 661 area code so they are prepared to answer our call 🙂
- Stressing importance of KEEPING any appointment set with ART Risk We understand things can come up let us know so we can work to accommodate!
- Include GC First and Last name in email this is truly just an ask on our end. It helps us keep every straight and answer in a faster capacity
- Use the notes section of the request for quote to let us know any special information about your GC's or IP's tell us everything! Best time to call, work schedules, favorite animal
- If submitting request for quotes beyond our 1st ART Risk deadline it is helpful to inform GC and IP that there will be a tight turnaround and the date which the
 quote submitted and the drop deadline. This will keep everyone on the same page and help alleviate undue stress
- Provide feedback to us we are always on a journey to be a stronger partner for you and your clients

SET UP YOUR AGENCY OPEN ENROLLMENT MEET AND GREET 😂



Intended Parent Guidance

- Attend an Intended Parent ACA Webinar to help educate themselves before their appointment
- Inform Agency of anything specific that they are looking for
 - Providers/Hospital Preferences
 - HMO vs PPO Not guaranteed but good to know
- Schedule an appointment with a dedicated agent to answer all questions better us than you.
- Prompt policy selection

Gestational Carrier Guidance

- Join our GC Webinars
- Transparent in whom she wants access to during the pregnancy Hospitals and Doctors
- Answer the phone from a 661 area code
- Actively listen to the questions being asked by our appointment setters, they are confirming all needed information for the physical application
- If GC is paying for insurance binder payment they need to be ready with payment information and understand that money can be pulled SAME DAY
- Don't miss their application appointment or if they must, CALL us to reschedule ahead of time.
- Send us copy of ID card once received can text or email
- Send all insurance communication to agency or to us
 - We don't need EOB's unless enrolled in claims management
- Give us access to their member portal VITAL for Premium Bill Monitoring and Claims Management
- Sign the HIPAA release that is sent
- Call us for insurance related questions we are there broker too!
- Before changing providers and scheduling an appointment let us know about the new provider. We can run a provider check to ensure they are in network. A referral to a doctor is not a guarantee of an in-network provider.
- If they agreed to cancel a health insurance policy, it MUST be cancelled, or they will be in breach of eligibility and risk their policy being rescinded

ART Risk Responsibility

- Abide by the guidelines we set:
 - Turnaround times
 - Communication Steps
 - Availability to meet prior to quote deadlines
 - Quote policies that take into consideration all GC factors
 - Standard of Care
- Treat each client with dignity and respect while maintaining a supportive environment
 - Answering all questions GC included
 - Spending the appropriate time with our clients
 - Acting promptly on any issues
 - Being proactive in our process to avoid future complications/stress
 - Focus on education for empowered decision making
 - We stand behind the policies that we place.
 - We are an advocate for our clients.
 - Available to work through any larger scale issues.
 - Listen to and accept feedback and make needed changes

ART Risk Responsibility

- Checking all Evidence of Coverage booklets for the following information: Surrogacy friendly language, dual coverage, third party payer, coordination of benefits language, subrogation/right to reimbursement language, and abortion language.
- Provider Verification will be done by checking insurance portals and confirming the desired location/doctor/hospital is either in or out of network.
- Provide pregnancy appropriate quotes within 5 days of submitting your request for quote IF there is an issue, we will mark ISSUE as the status and notify of agency of the issue this will include updates.
- Reach out to GC multiple times and multiple ways to ensure appointments are made, kept, and insurance application is submitted by desired deadline.
- Confirm all enrollments and make sure policy has the desired effective date working through any issues that arise.
- We monitor ALL carriers throughout the year and into next year if there are any changes in language or availability we will notify the agency with specific GC's that will be affected.
- Be an ongoing advocate for policies that we place.

ART Risk Responsibility

- Standard of Care
 - Client-Centered Advice
 - Providing accurate and comprehensive advice tailored to specific needs, goals, circumstances
 - Prioritizing our clients needs above our relationships with insurers
 - Adequate risk assessment
 - Client profile to determine best options
 - Insurance carriers regarding their language surrounding coverage of a surrogate pregnancy, risk to a right to reimbursement, and coverage for abortion.
 - A further transparent look into each insurance policy:
 - Do they allow Dual Coverage?
 - Do they accept Third Party Payers?
 - Do they Coordinates Benefits?
 - Regulatory Compliance
 - Agency licensed in all states
 - All quotes, consultations, and applications will be done by a licensed agent.
 - Timely and Diligent Service
 - Transparent and frequent communication to agencies, IP's, and GC's
 - Timely policy placement
 - Prompt responses to inquiries
 - Ethical Conduct
 - No Misrepresentations
 - Maintain confidentiality of clients
 - Risk Management
 - Provide clients with advice and services on how to mitigate risks through safety measures and preventative strategies
 - Client Guides, Webinars, Premium Bill Monitoring, and Claims Management
 - Proper Documentation
 - Keeping accurate records of all communication, policy documents, applications, and changes to coverage
 - Documentation of advice provided to all clients and client instructions

Pregnancy as a Qualifying Event Triggering a Special Enrollment

Pregnancy is a qualifying event in the following state-run exchanges:

New York Connecticut District of Columbia New Jersey Maryland Maine Rhode Island Colorado Vermont

Illinois lawmakers passed legislation in 2024 (not yet signed into law as of July 2024) that will create a special enrollment period triggered by pregnancy starting in 2026, once Illinois is running its own Marketplace platform

Important Dates and Upcoming ART Risk Webinars:

OPEN ENROLLMENT LINK: Open Enrollment Dates and Deadlines

PROFESSIONAL WEBINARS:

• Getting Ready for Open Enrollment Webinar Series for our PROFESSIONALS - October 8th, October 24th, November 14th

• Weekly ACA Open Enrollment webinar for our PROFESSIONALS – November 21st – January 30th

INTENDED PARENT WEBINARS:

- Monthly webinar created specifically for Intended Parents that are beginning their surrogacy journey
 - Every 3rd Tuesday of the month at 10am PT.
 - October 15th will focus on ACA.
 - Bi-Weekly ACA Open Enrollment webinar for our INTENDED PARENTS October 22nd, 2024

GESTATIONAL CARRIER WEBINARS – NEW!:

- Monthly webinar created specifically for Gestational Carriers to build a stronger insurance foundation for their journey
 - Every 4th Thursday of the month at 4pm PT.
 - Bi-weekly ACA Open Enrollment webinar for our GESTATIONAL CARRIERS October 24th, 2024

02 WEBINAR SCHEDULE

- Open Enrollment 2025 Educational Series
 - AGENCIES/ATTORNEYS 8:00 am PT Weekly
 - Meant to be short, using this format to disseminate information as things change quick during OE
 - INTENDED PARENTS 9:00 am PT Bi-weekly
 - Purpose of this is to explain ACA, Enrollment Process, Expectations of ART Risk Insurance Carriers Networks, Q and A, Alleviate agencies being bombarded with questions.
 - **NEW** GESTAGTIONAL CARRIER 4pm PT Bi-weekly
 - Purpose of this is to explain ACA, Enrollment Process, Expectations of ART Risk , Insurance Carriers, Networks, Q and A, Alleviate agencies being bombarded with questions.
 - AGENCY EVERY THURSDAY- with a few exceptions noted below
 - November 21st
 - November 27th WEDNESDAY Thanksgiving week
 - December 5th
 - December 12th LAST ONE BEFORE JAN 1st ENROLLMENT ENDS
 - December 19th– OE RECAP, PAYMENTS, EXTENSIONS, DEADLINES FOR FEB 1st ENROLLEMENT
 - December 26th
 - January 2nd
 - January 9th LAST ONE BEFORE FEB 1st ENROLLMENT ENDS for most states!
 - January 16th
 - January 23rd
 - January 30th LAST ONE BEFORE FEB 1st A HANDFUL OF STATES

Cocktail

NAME: Deja Vu

INGREDIENTS

- 3 oz Vanilla Vodka
- 6oz Root Beer

METHOD

- Put ice into double old-fashioned glass.
- Add one or two shots of vanilla vodka.
- Add 6 oz. (half a can) of root beer or diet root beer.

Mocktail

NAME: Deja Vu

INGREDIENTS

- 12oz Root Beer
- 2 drops of Vanilla extract

METHOD

- Put ice into double old-fashioned glass.
- Add 12 oz. (full can) of root beer or diet root beer.
- Add two drops vanilla extract



FAMILY The ART family nurtures and protects your journey to building family.



INTEGRITY Knowing what is right, doing what is right, upholding the highest standards for our clients and ourselves.



We believe that every day is a gift. We approach every day with enthusiasm and a strong drive to seek solutions for ourselves and our clients.

SYSTEMS

Since 2001, we have the experience with well established procedures in place, yet are flexible enough to accommodate each part of a unique journey.



SERVICE We care about our customers, our community, our environment, and each other. We have a collective goal to ensure that each encounter provides the best experience.



LOVE We LOVE our ART community. We foster an environment of inclusivity and embrace the desire to grow families. We are dedicated to advocacy.

KNOWLEDGE/EDUCATION

We maintain a culture of innovation and continuous growth. Driving the industry forward, we empower those we serve by learning, growing, and sharing what we know.

COMMUNICATION

We listen to your questions, concerns, and needs. We promptly respond with transparency to keep you knowledgeable and informed.



ENTHUSIASM We are thrilled to be a part of your journey! We understand the complexity of the process and are excited to partner with you.



DEPENDABLE

We are accountable for our actions and our words. We are steadfast and consistent in our interactions and intentions.

TEAMWORK

We leverage collective excellence. Our dedicated and specialized teams are in place to ensure that our customers get the best service in the industry. We link arms, hearts, and minds every step of the way.



COMMITMENT

We pledge to honor our clients, the process, and each other through our dedication to our vision, mission, and points of culture.

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