

6 Degrees Health and the Patient Support Services team is ready to assist with any provider access issues, provider appeals, or member balance bills. To provide the members with excellent customer service, the below processes and responsibilities should be followed.

- Access Issue (No Pre-Cert)
- Access Issue (Pre-Cert)
- Balance Bills
- Appeals

Access Issue (No Pre-cert)

Member was denied an appointment or asked to pay upfront	Member
Member Calls TPA to report access issues	Member
Initial conversation is done with the provider to explain plan structure	TPA
If provider continues to deny access, case transferred to 6 Degrees Health PSS	TPA
6DH reaches out to member within 24 hours (if case not warm transferred)	6DH
Build case in CRM, hard file, electronic file	6DH
Provider contacted with attempt to resolve access issue	6DH

If further education resolves access issue:

• Update member and TPA of resolution	6DH
• Document RBP accepting provider in CRM	6DH
• Close case	6DH

If provider continues to deny access, case escalated to contracting:

• Contracting contact determined by PSS	6DH
• Case passed to 6 Degrees Health’s contracting department	6DH
• Contracts team reaches out to provider to begin contract negotiation	6DH
• Active negotiation continues to reach agreement within authority threshold	6DH
• Update member and TPA of resolution	6DH
• Document RBP accepting provider in CRM	6DH
• Load contract details into 6 Degrees Health’s claims system	6DH
• Close case	6DH

If provider will not accept plan and will not engage in contracting:

• Document provider as non-RBP accepting in CRM	6DH
• Work with client, and Medical Mgmt. if necessary, to identify an alternate	6DH
• Reach out to alternate provider to verify acceptance (same steps as above)	6DH

Access Issue (Discovered in Pre-cert)

Pre-cert request sent to Medical Management	MM
When approved, appropriate pre-cert letters with RBP language sent to providers	MM

If provider calls 6 Degrees to request reimbursement estimate:

<ul style="list-style-type: none"> PSS collects provider information and anticipated codes to be billed 	6DH
<ul style="list-style-type: none"> PSS works with claims team to estimate reimbursement based on plan structure 	6DH
<ul style="list-style-type: none"> PSS notifies provider of reimbursement amount (prior to member responsibility) 	6DH

If provider denies insurance, Medical Management refers to 6DH	MM
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Build case in CRM, hard file, electronic file	6DH
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Provider contacted with attempt to resolve access issue	6DH
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If further education resolves access issue:

<ul style="list-style-type: none"> Update Medical Management of resolution 	6DH
<ul style="list-style-type: none"> Document RBP accepting provider in CRM 	6DH
<ul style="list-style-type: none"> Close case 	6DH

If provider continues to deny access, case escalated to contracting:

<ul style="list-style-type: none"> Contracting contact determined by PSS 	6DH
<ul style="list-style-type: none"> Case passed to 6 Degrees Health's contracting department 	6DH
<ul style="list-style-type: none"> Contracts team reaches out to provider to begin contract negotiation 	6DH
<ul style="list-style-type: none"> Active negotiation continues to reach agreement within authority threshold 	6DH
<ul style="list-style-type: none"> Update Medical Management contact of resolution 	6DH
<ul style="list-style-type: none"> Load contract details into 6 Degrees Health's claims system 	6DH
<ul style="list-style-type: none"> Close case 	6DH

If provider will not accept plan and will not engage in contracting:

<ul style="list-style-type: none"> Document provider as non-RBP accepting in CRM 	6DH
<ul style="list-style-type: none"> Refer case back to Medical Management to identify an alternate provider 	6DH
<ul style="list-style-type: none"> Reach out to alternate provider to verify acceptance (same steps as above) 	6DH

Balance Bill Process

Member receives potential balance bill from provider	Member
Member calls TPA to report	Member
TPA confirms balance bill vs. patient responsibility	TPA
TPA warm transfers call to 6 Degrees Health PSS or submits electronically	TPA
Collect member and provider info, EOB, and provider communications	6DH
Build case in CRM, hard file, electronic file	6DH
Reach out to member within 24 hours (if case not warm transferred)	6DH
Contact provider to determine how to submit information on balance bill	6DH
Create initial response letter and submit to provider	6DH
One-week follow-up with member to determine if additional balance bill received	6DH
Continue weekly follow-up with member to determine if additional balance bill received	6DH

If no additional balance bills - continue member follow-ups:

<ul style="list-style-type: none"> 2 months after sending letter, change to monthly follow-ups 	6DH
<ul style="list-style-type: none"> 5 months after sending letter, case will be closed 	6DH
<ul style="list-style-type: none"> Case will be re-opened if additional communication received from provider 	6DH

If additional balance bill is received, begin negotiation process:

<ul style="list-style-type: none"> Submit settlement letter and LOA to provider 	6DH
<ul style="list-style-type: none"> Active negotiation within the plan's determined authority threshold 	6DH
<ul style="list-style-type: none"> Weekly follow up to the Member with status 	6DH
<ul style="list-style-type: none"> Regular follow up to the TPA with balance bill status 	6DH

If settlement reached within the authority threshold:

<ul style="list-style-type: none"> Obtain signed LOA with the provider 	6DH
<ul style="list-style-type: none"> Submit LOA to TPA for additional payment to be processed 	6DH
<ul style="list-style-type: none"> TPA processes additional payment 	TPA
<ul style="list-style-type: none"> TPA sends copy of EOB to 6 Degrees Health 	TPA
<ul style="list-style-type: none"> Resolution communicated to member 	6DH
<ul style="list-style-type: none"> Case closed 	6DH

If settlement cannot be reached within the authority threshold, plan is given 3 options:

1) Plan raises authority level and 6 Degrees continues to negotiate	6DH
• Active negotiation continues to reach settlement	6DH
• Obtain signed LOA with the provider	6DH
• Submit LOA to TPA for additional payment to be processed	6DH
• TPA processes additional payment	TPA
• TPA sends copy of EOB to 6 Degrees Health	TPA
• Resolution communicated to member	6DH
• Case closed	6DH
2) Plan decides to engage legal counsel to fight the provider	6DH
• 6 Degrees will help vet out counsel and walk them through the process	6DH
• *Process will be determined by counsel, provider, and claims involved	6DH
3) If member is not in jeopardy of having credit harmed, plan can elect to wait on appeal process or contracting process to conclude	6DH
• Member sends a Debt Validation Letter to debt collector	Member
• Member follow-up continues to determine if provider is escalating claim	6DH
• If claims are escalated, progress to options 1 or 2	6DH

Appeal Process

First Level Appeal:

TPA escalates appeal to 6 Degrees Health PSS or submits electronically	TPA
Send a First Level written response to the provider with confirmation that the claim was paid according to the plan document	6DH

Second Level Appeal:

Gathers appropriate information	6DH
Send a written response to the Provider	6DH

Open Appeals:

A case will stay open for six months before it will be closed	6DH
If any communication is received after time, the case will be reopened	6DH
No settlement offer is made unless the patient has received a balance bill	6DH