

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)

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|--|--------|
| 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:

|  |     |
|--|-----|
| <ul style="list-style-type: none"> <li>Update member and TPA of resolution</li> </ul>    | 6DH |
| <ul style="list-style-type: none"> <li>Document RBP accepting provider in CRM</li> </ul> | 6DH |
| <ul style="list-style-type: none"> <li>Close case</li> </ul>                             | 6DH |

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

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

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

|  |     |
|--|-----|
| <ul style="list-style-type: none"> <li>Document provider as non-RBP accepting in CRM</li> </ul>                              | 6DH |
| <ul style="list-style-type: none"> <li>Work with client, and Medical Mgmt. if necessary, to identify an alternate</li> </ul> | 6DH |
| <ul style="list-style-type: none"> <li>Reach out to alternate provider to verify acceptance (same steps as above)</li> </ul> | 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"> <li>PSS collects provider information and anticipated codes to be billed</li> </ul>           | 6DH |
| <ul style="list-style-type: none"> <li>PSS works with claims team to estimate reimbursement based on plan structure</li> </ul>   | 6DH |
| <ul style="list-style-type: none"> <li>PSS notifies provider of reimbursement amount (prior to member responsibility)</li> </ul> | 6DH |

|  |    |
|--|----|
| If provider denies insurance, Medical Management refers to 6DH | MM |
|--|----|

|   |     |
|---|-----|
| Build case in CRM, hard file, electronic file | 6DH |
|---|-----|

|   |     |
|---|-----|
| Provider contacted with attempt to resolve access issue | 6DH |
|---|-----|

#### If further education resolves access issue:

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

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

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

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

|  |     |
|--|-----|
| <ul style="list-style-type: none"> <li>Document provider as non-RBP accepting in CRM</li> </ul>                              | 6DH |
| <ul style="list-style-type: none"> <li>Refer case back to Medical Management to identify an alternate provider</li> </ul>    | 6DH |
| <ul style="list-style-type: none"> <li>Reach out to alternate provider to verify acceptance (same steps as above)</li> </ul> | 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    |
| Two-week 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"> <li>2 months after sending letter, change to monthly follow-ups</li> </ul>               | 6DH |
| <ul style="list-style-type: none"> <li>5 months after sending letter, case will be closed</li> </ul>                        | 6DH |
| <ul style="list-style-type: none"> <li>Case will be re-opened if additional communication received from provider</li> </ul> | 6DH |

### If additional balance bill is received, begin negotiation process:

|   |     |
|---|-----|
| <ul style="list-style-type: none"> <li>Submit settlement letter and LOA to provider</li> </ul>                        | 6DH |
| <ul style="list-style-type: none"> <li>Active negotiation within the plan's determined authority threshold</li> </ul> | 6DH |

### If settlement reached within the authority threshold:

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

|  |     |
|--|-----|
| • Submit LOA to TPA for additional payment to be processed   | 6DH |
| • TPA processes additional payment   | 6DH |
| • TPA sends copy of EOB to 6 Degrees Health  | 6DH |
| • 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 follow-up continues to determine if provider is escalating claim  | 6DH |
| • If claims are escalated, progress to options 1 or 2  | 6DH |