

6 Degrees Health and the 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.

- Proactive Provider Outreach (pre-live)
- Access Issue (No Pre-Cert)
- Access Issue (Pre-Cert)
- Balance Bills
- Appeals

Proactive Provider Outreach (pre-live)

Send utilization to 6DH Account Manager 30+ days prior to Plan go-live date	TPA
Initial Outreach to educate the provider that this is an open access model and to confirm the provider will accept the plan	6DH
Document RBP accepting provider in CRM	6DH
Update client of resolutions	6DH

If provider denies access but will engage in contracting:

Contracting contact determined by Support Services	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 plan’s authority threshold	6DH
Update client of resolution	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
Refer case back to client to identify an alternate provider	6DH
Reach out to alternate provider to verify acceptance (same steps as above)	6DH

*Client could be Broker, TPA, and/or Medical Management depending on which party is involved

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 Support Services	TPA
6DH reaches out to member within 24 hours (if case not warm transferred)	6DH
Build case in CRM & electronic file	6DH
Provider contacted with attempt to resolve access issue	6DH
If accepting, update member and TPA of resolution	6DH
Document RBP accepting provider in CRM	6DH
Close case	6DH

If provider continues to deny access but will engage in contracting:

Support Services engages provider for Single Case Agreement (SCA) negotiation	6DH
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If negotiation reached within the plan’s authority threshold:

Obtain signed SCA with the provider	6DH
Update member and TPA of resolution	6DH
Close case	6DH

If negotiation can’t be reached within the plan’s authority threshold:

Support Services seeks plan approval	6DH
Plan reviews agreement to accept & sign	TPA
Obtain signed SCA with the provider	6DH
Update member and TPA of resolution	6DH
Close case	6DH

If provider is only willing to do broad contract:

Provider contracting contact determined by Support Services	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 plan’s 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

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

Document provider as non-RBP accepting in CRM	6DH
Work with member, client, and Medical Mgmt. if necessary, to identify alternate provider	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:

Support Services collects provider information and anticipated codes to be billed	6DH
Support Services works with claims team to estimate reimbursement based on plan structure	6DH
Support Services notifies provider of reimbursement amount (prior to member responsibility)	6DH
If provider denies insurance, Medical Management refers to 6DH	MM
Build case in CRM & electronic file	6DH
Provider contacted with attempt to resolve access issue	6DH
If accepting, update Medical Management of resolution	6DH
Document RBP accepting provider in CRM	6DH
Close case	6DH

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Support Services engages provider for Single Case Agreement (SCA) negotiation	6DH
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If negotiation reached within the plan's authority threshold:

Obtain signed SCA with the provider	6DH
Update member and TPA of resolution	6DH
Close case	6DH

If negotiation can't be reached within the plan's authority threshold:

Support Services seeks plan approval	6DH
Plan reviews agreement to accept & sign	TPA

Obtain signed SCA with the provider	6DH
Update member and TPA of resolution	6DH
Close case	6DH

If provider is only willing to do broad contract:

Provider contracting contact determined by Support Services	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 plan’s authority threshold	6DH
Update Medical Management contact of resolution	6DH
Load contract details into 6 Degrees Health’s claims system	6DH

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

Document provider as non-RBP accepting in CRM	6DH
Refer case back to Medical Management to identify an alternate provider	6DH
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 Support Services or submits electronically	TPA
Collect member and provider info, EOB, and provider communications	6DH
Build case in CRM & electronic file	6DH
Reach out to member within 24 hours (if case not warm transferred)	6DH
Contact provider to verify balance & to determine how to submit information on balance bill	6DH
Member notifies 6DH if they receive additional balance bill or provider communication	Member
Follow-up with member (timed according to provider billing cycle) to determine if additional balance bill or provider communication received	6DH

6DH begins negotiation process:

Active negotiation within the plan's determined authority threshold	6DH
Submit LOA to provider	6DH
Follow-up with member (timed according to provider billing cycle) to determine if additional balance bill or provider communication received	6DH
Regular follow up to the TPA with case status	6DH

If settlement reached within the plan's authority threshold:

Obtain signed LOA with the provider	6DH
Submit LOA to TPA for additional payment to be processed	6DH
TPA confirms receipt of LOA to 6DH & processes additional payment	TPA
Resolution communicated to member	6DH
Close case	6DH

If settlement can't be reached within the plan's authority threshold, plan is given up to 3 options:

1) Plan accepts settlement & agrees to pay negotiated amount	6DH
<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 confirms receipt of LOA to 6DH & processes additional payment 	TPA
<ul style="list-style-type: none"> Resolution communicated to member 	6DH
<ul style="list-style-type: none"> Close case 	6DH

2) Plan decides to engage outside legal counsel to fight the provider	6DH
<ul style="list-style-type: none"> 6 Degrees will help vet out counsel and walk them through the process 	6DH
<ul style="list-style-type: none"> *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
<ul style="list-style-type: none"> Member sends a Debt Validation Letter to debt collector 	Member
<ul style="list-style-type: none"> Member follow-up continues to determine if provider is escalating claim 	6DH
<ul style="list-style-type: none"> If claims are escalated, progress to options 1 or 2 	6DH

Appeal Process

First Level Appeal:

TPA escalates appeal to 6 Degrees Health Support Services 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:

Gather 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 or the Plan, TPA or broker direct 6 Degrees to preemptively settle a balance bill.	6DH