

MediShield

Full Legal Representation and Defense

A New Level of Support

MediShield was designed to step in when providers become unreasonable during the balance bill negotiation process. The product is available in all 50 states and provides full legal representation of the member, does not require the claim to be in collections, and provides defense in litigation regardless of the amount of the balance bill (i.e., no balance bill is too small or large).

6 Degrees Health will follow our standard internal negotiation process to partner with the provider, but if the provider is not willing to negotiate, then the case will be handed over to MediShield counsel.

When Would a Bill be Referred to MediShield?

If a provider is not willing to negotiate a settlement that is acceptable to the plan, then the bill would be referred to MediShield. Also, a bill would be referred to MediShield immediately upon receipt of a notice from a collection agency. It is important that MediShield be notified of any collection letters in a timely manner so that it can fully defend the bill and protect the member's rights.

Once the Bill is Referred to MediShield, What Else is Needed?

Once a bill is referred to MediShield, the member should not need to take any further action during the dispute process unless MediShield reaches out for additional information. Occasionally, a provider will continue to submit statements and communications regarding the referred bill.

Any communications received from a provider on a bill that has been referred to MediShield should be forwarded to MediShield. If a provider calls about a bill that has been referred to MediShield, please let us know, and we will reach out to the provider.

Once a Bill is Referred to MediShield, What Happens?

Once MediShield receives the referral, it initiates its dispute process. MediShield: (1) sends an acknowledgment letter to the member accepting the referral; (2) sends an engagement letter and HIPAA authorization form to the member; (3) calls the member; and (4) sends a dispute letter to the provider and/or collection agency requesting an itemized statement and all communications between the member and the provider.

MediShield

Claims Involving Litigation

2.4%

Clients with Derogatory
Mark on Credit Report

0.9%

Average Days to
Resolve Claims

297 Days

Average Claim Size

\$6,400

Savings % Off
Disputed Charges

95.5%

What if the Member Continues to be Billed?

MediShield continues to dispute the bill with the provider and/or collection agency until: (1) the bill is affirmatively written off; (2) no collection activity has occurred for a period of six months; or (3) a claim is settled with the provider and/or collection agency.

How Will the Status of the Dispute Be Communicated?

MediShield will provide customizable reports. Reports can include claim information (such as member names, provider and collection agency names, disputed amount, and billed amount) and claim status (general and detailed). The reports can be specific to one plan or multiple plans.

In addition to an initial call upon referral, MediShield calls each the member two weeks after the bill is referred and once a month thereafter to discuss the status of the bill and field any questions or concerns the member may have until the bill is resolved. Upon resolution of the bill, MediShield will send a disengagement letter to the member.

The disengagement letter terminates the representation as to the specific bill listed in the letter. If the member has multiple bills referred to MediShield, only the bills stated in the letter will be closed.

What Happens if a Collection Agency Reports the Bill to the Credit Bureaus?

While bills are rarely reported to the credit bureaus, it does occasionally occur. MediShield tracks whether a collection agency reports medical debt to the credit bureaus and will discuss this with the member at the appropriate time. MediShield advises the members to monitor their credit report and notify us if a derogatory mark appears on his/her report. Upon notification by a member that a derogatory mark has been placed on his/her credit report, we request that the member send the report showing the mark. We then provide the member with the forms required by the major credit bureaus (Equifax, Experian and TransUnion) to dispute the mark. Once we receive the forms back from the member (along with the required documentation), we submit a letter to each credit bureau, as well as a letter to the provider and collection agency, requesting removal of the derogatory mark. We then track the status of the request.

What Happens if the Provider Sues the Member?

If a member is sued (which in our experience rarely happens), MediShield, through its partnership with Koehler Fitzgerald LLC, provides representation to the member and provides a full and aggressive defense of the lawsuit. Koehler Fitzgerald demands a jury in every case where a jury is available. Koehler Fitzgerald retain an expert to provide opinions on the reasonableness of the payment and the billed charges.

**MediShield can be added to any
6 Degrees Health RBP Solution**



For more information or pricing email:
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