

What Makes ClaimDOC Unique?



10 Reasons to Explore a Relationship with ClaimDOC

Finding the right partners in the emerging field of reference based pricing can be difficult. Inexpensive models often come with liability gaps, while pricier vendors bridge gaps yet fail on service expectations. ClaimDOC, a leader in the pursuit of fair payments for self-funded health plans, is setting a new standard. Here are 10 reasons

- 1 COMPREHENSIVE.** Our claim audits are completed by licensed healthcare professionals. We're on the lookout for everything – from billing errors to medical appropriateness and egregious pricing.
- 2 CONNECTED.** The ClaimDOC implementation process is quick and painless, thanks to our seamless electronic data interchange (EDI) connectivity to top third-party administrator (TPA) partners.
- 3 FEE STRUCTURE.** Our fees are the most straight forward in the industry. Relative to claims-based competitors we have the lowest rates, most comprehensive use of fee caps and no upcharges for select services which will inevitably be needed.
- 4 DIRECT.** Our expert staff negotiates claims and direct-to-employer agreements to enhance member experience.
- 5 MEMBER-CENTRIC.** Our member advocates have an unparalleled commitment to addressing member issues with urgency and consideration. They develop relationships with members to ensure they always receive an exceptional service experience.
- 6 AN HR EXEC'S BEST FRIEND.** ClaimDOC communication and education campaigns make life easier for HR. Podcasts, printed materials, even boots on the ground, show members the value of their health plans.
- 7 BALANCE BILL EXPERTS.** Our staff knows what it takes to execute for both provider claims and facility bills.
- 8 TOUGH DEFENDERS.** In the rare circumstance of a lawsuit, ClaimDOC's in-house legal team provides full legal management of disputes by taking claims to settlement or through the legal process.
- 9 APPEAL ADVOCATES.** As co-fiduciary to the health plan, ClaimDOC handles the appeal process according to ERISA and the plan document language.
- 10 STOP LOSS SPECIALISTS.** ClaimDOC fees are included as part of the claim and are counted in the specific and aggregate deductibles. Many carriers also extend the contract basis to allow for the most effective mitigation of disputed or appealed claims.

All provider/physician claims under \$2,000 are processed at no cost.

DISCOVER THE DIFFERENCE

Typically, the largest expense for companies after paying their employees is taking care of them. With ClaimDOC in the mix, employers realize the benefits of a self-funded health plan faster and in a more meaningful way. Our team of experts function as co-fiduciary, prioritizing employee trust and advocacy to ensure a plan's long-term success.

There are many vendors operating in today's explosive reference based pricing marketplace, but only one that provides the flexibility, care and expertise to transform self-funded plans from good to great. Take a look below to see how ClaimDOC compares to six of our closest competitors.

CLAIMDOC VS. "THE OTHER GUYS"

All comparisons are based on standard core services that do not require additional fees.

	ClaimDOC	1	2	3	4	5	6
Litigation Defense	✓	✓					
Patient Contracts @ Pre-cert	✓	✓	✓	✓	✓		
Line-by-Line Audit	✓	✓					
Co-fiduciary	✓	✓					
Facility Balance Bill Defense	✓	✓					
Provider Balance Bill Defense	✓						
Direct Contracting Team	✓	✓	✓	✓			✓
PEPM			✓	✓	✓	✓	✓
Fee Caps	✓		✓				
Dedicated Advocacy Team	✓						

"ClaimDOC's approach to building relationships with both providers and members has set them apart from the competition. Most importantly to us, reinsurers that understand their model apply large discounts"

– Kent Thomas

Carolina Health Alliance America

"ClaimDOC has done exactly what they said they would do, which is unique. They are talented people who don't shy away from tough situations"

– Chris Charron

Benefit Design Consultants Houston, TX