

Client Experience Snapshot

INDUSTRY

Senior Living Facility

SIZE

3,550 Employees

REGION

Northeast

ANALYSIS

After partnering with ClaimDOC, this employer quickly recognized the savings and was able to increase headcount by 7% and ultimately lower overall Plan costs by 36%. This translated into a 22% increase in EBIDTA year one.

Actual Program Data Analysis

	PPO/PBM 2017-2018	ClaimDOC/ExpressScripts 2018-2019
Stop-Loss & Admin	\$4,288,104	\$3,644,800
RX Claims	\$7,498,272	\$5,315,576
Medical Claims	\$29,980,767	\$19,973,209
Total Medical Plan	\$41,767,143	\$28,933,585
Avg. EE Count	3,266	3,487
Avg. PEPY	\$12,792	\$8,298
		Program Savings: \$12,833,558

On-Going Project Cost Comparison

	Current Lives	Average PEPY	Projected Annual Cost
PPO Program	3,487	\$12,792	\$44,605,704
ClaimDOC Program	3,487	\$8,298	\$28,933,585
			Projected Savings: 35%



WHAT IS CLAIMDOC®?

ClaimDOC provides claim review and auditing services for self-funded health plans. Our team provides:

- Medical claim pricing using objective industry data as a basis for fair and reasonable payments to providers.
- Line-by-line claim auditing for medical necessity and billing accuracy.
- ERISA appeals management.
- Member advocacy, including defense of balance bills.
- An HR extension, providing benefit support to employees and their families.

WHY THE NEED FOR CLAIMDOC?

Employers are struggling to manage healthcare costs, the second-largest expense behind payroll.

- Employees often feel lost in a complex system that largely ignores their financial health.
- HMO/PPO discounts are charge-based, not cost-based which creates a false sense of cost savings.
- A lack of transparency in medical pricing coupled with zero regulation around the provider's charge creates a financially risky imbalance between providers and patients.

HOW DOES THE CLAIMDOC MODEL WORK?

Whereas traditional healthcare insurance companies are beholden to contracts that forbid claim audits, ClaimDOC reviews every facility's claim that comes through our system. We are not obligated to pay a bill based on unregulated, often inflated, pricing simply because it's what the Charge Master dictates.

ClaimDOC negotiates 100 percent of all claims on behalf of our employer clients and their members. We do this by applying a proprietary reimbursement methodology that ensures fair, ethical and effective payments to the people and facilities who care for our members.

Aside from standing up to the rampant shell-game tactics of the mainstream healthcare system, our fine-toothed claim review and auditing services help employers avoid losing money to billing errors or unnecessary goods and services.

The partnership with ClaimDOC completely replaces the need for a network as part of the health plan, which leads to more consistency at renewal. Plan sponsors enjoy the savings and no more unexpected changes to pricing or network benefits year after year for employees. And best of all, members can go to their doctor or facility of choice without the worry of a financial penalty.

For more information and stories from our partners, visit claim-doc.com.

"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

BenefitDesign Consultants Houston, TX