



CLAIMS MANAGEMENT SERVICES



Self Insured Plans LLC

Discover the Benefits

FOR EFFICIENT SERVICE... FINANCIAL INTEGRITY AND MORE.

Prompt claims turnaround, accuracy, and monetary control are just three criteria by which you should evaluate a third party administrator. Our range of services has expanded significantly over the years. Today, our people take an active role not only in designing and managing your benefit plan, but also in working with your employees to help them understand the full program of benefits available.

We communicate your plan effectively, in language which covered employees understand. We emphasize cost and value. And when change is underway or new strategies introduced, we help your employees adapt.

Employee communications continues well after enrollment is complete. It is an on-going process, practiced every time a covered employee inquires about benefits or submits a claim. That's the level of expertise you need at the other end of the phone.

Claims Administration Means Maximum Output With Maximum Accuracy

In a self-funded environment where claims can represent as much as 95% of overall plan costs, no employer should settle for less than maximum output with maximum accuracy.

To accomplish these goals, we begin with talented, experienced claims professionals and support them with state-of-the-art computerized benefits administration technology.

Whether fully insured, self-funded or managed care, you can rely on us to provide totally automated service, including billing, claims processing and management reporting. Following are just a few of the procedures we perform to control costs:

- *Employee eligibility is monitored regularly and verified instantly.*
- *Plan funds and checking accounts are tracked automatically; employers are notified when minimum levels are near.*
- *Duplicate claims payments are avoided through coordination of benefits with other group health plans.*
- *Medical logic technology and a team of clinical support nurses and physicians are available to monitor physician claims for compliance with currently accepted medical practice standards.*
- *Timely financial information is provided, including specific and aggregate stop-loss statistics.*
- *Provider payment information is automatically updated as payments are posted.*
- *Payment calculation capabilities range from reasonable and customary on surgery (HIAA, CRVS, FRVS, CPT) to defined benefit schedules.*
- *Performance of claims analysts is monitored through regular auditing.*

In this day of increased government regulation, your administrator must be able to meet complex billing and regulatory requirements. Our computerized systems are parameter-driven, which means we are able to tailor billing procedures to your specific needs. We can direct billing to specific locations or divisions within your organization. The following functions also are available for each self-funded program we administer.

Complex Billing & Compliance Simplified

- *We can bill multiple locations or divisions within your organization and maintain individual loss statistics or fund balances.*
- *We can facilitate your compliance with COBRA, which requires extending health care benefits to eligible departing employees, spouses and dependents.*
- *We can assist in issuing COBRA letters, notices and coverage applications, and in collecting and disbursing payments.*





Claims Management Is The Most Crucial Step In Controlling Costs

When claims are settled promptly and professionally, your employees gain confidence in your benefit plan. They realize its full value. When the claims function is carefully managed, proper monetary control is achieved. Waste is eliminated.

***Prompt, accurate turnaround...
monetary control and timely
information. Benefits you can
count on day in and day out.***

Timely Management Information

With annual health care costs at more than \$4,000 per American worker, the need has never been greater for timely and easily understood plan and provider data. Our company has earned an excellent reputation for providing client employers with reports on:

- *eligibility — monthly payments issued — monthly claims paid*
- *benefit analysis — coverage analysis — lag studies and cash analysis — 1099s and W-2s — provider payment analysis*

We also make available special reports to assist employers in monitoring plan performance, tracking providers, and identifying managed care savings. Examples may include:

Coverage

reports summarizing various coverage cost categories

Benefit Utilization

to help examine charges and payments by major benefit categories

Managed Care

reports examining network cost performance and savings

Diagnostic Categories

reports to help examine cost by diagnostic or disease category

Many of our available reports focus on critical areas of hospital care, which consume the greatest share of your health plan dollars.

Proven Expertise...

As a professional benefits administration firm, we have the resources and experience to respond to virtually any employee benefit-related need you may have. From day-to-day administration of a self-funded group health plan to identifying a provider network in another locale, we'll help you find a solution that's right for your people and your bottom line.

Find out how our services and expertise can help you manage your employee benefit program today and in the future.

Discover the benefits.



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