

# From \$156k to \$430: A health bill win that earned member trust



Member bill support from Zelis not only reduced a massive out-of-network bill to just \$430 – it earned one national plan lasting member loyalty.

## Here's what changed:

- ✓ **Original out-of-network bill:** \$156,000
- ✓ **Final member responsibility:** \$430.47
- ✓ **Member savings:** \$155,569.53
- ✓ **Time to resolution:** ~3 months with consistent follow-up from Zelis' bill navigator
- ✓ **Health plan benefits:** Increased member and provider satisfaction



"The provider facility was really willing to work with me. From the beginning, they were appreciative and were very open to the questions I asked and the information I needed to assist with resolving this claim."

- Tasha Hill, Zelis Bill Navigator

## How Zelis Health Bill Assist® helped behind the scenes:



Resolved complex billing issues



Advocated for fair outcomes on behalf of member



Coordinated with providers and payers



Educated member on out-of-network benefits



Facilitated accurate documentation and timely claim reprocessing



A member of a national health plan received a shocking out-of-network bill: \$156,000 in charges after their No Surprises Act (NSA) claim was denied – twice. The reason? Missing documentation, including an itemized bill and additional medical records. Despite the member's efforts, the provider continued to pursue the full billed charges.

The member was frustrated, worried and unsure where to turn next. Making the situation worse: the health plan risked losing the member's trust.

## Solving the puzzle one document at a time

Thankfully the member's health plan already partnered with Zelis to provide member support through Zelis Health Bill Assist®. So when the member contacted Zelis Bill Navigator Tasha Hill, she was ready to help the member resolve this problem.

Unfortunately, she quickly discovered resolving this out-of-network bill would be no easy feat. Since the claim didn't come through the regular intake process, she had to research provider contacts, coordinate with the health plan and gather the necessary documentation.

The entire process took months, and Tasha worked closely with both the provider and payer to compare notes and confirm what had been submitted. After 12 emails, 16 phone calls and over two hours navigating conversations with the provider, health plan and member, she finally found the light at the end of the tunnel.

With the resolution in sight, Tasha ensured the claim was reprocessed accurately and kept the member informed

"The assuring thing was that I had an actual person that gave their number and always asked if I needed anything at all. Everything that Tasha said she was going to do, she did, which can be rare these days."

- Member who received the \$156k bill

throughout the entire process. This steady presence during a stressful time was immensely helpful for the member.

The best part? All her hard work paid off. The provider adjusted the member's bill from \$156,000 to just \$430.47.

**Thanks to Zelis Health Bill Assist, the member was spared an immense financial burden, the provider got paid faster and the health plan avoided a potential escalation.**



Visit **zelis.com** to learn more about how Zelis Health Bill Assist can help you improve your member's out-of-network experience.