



BeneServiceSM

Member Advocacy Program

Are your employees battling their health issues or the healthcare system?

When your employees or their family members are ill, they don't want to spend time and energy stressing about claims, networks, referrals or deductibles. They want an easy and accessible health insurance system that allows them to focus on returning to full health. Unfortunately, carriers and administrators are too often unable to resolve complex benefit issues, forcing frustrated employees to turn to their HR department. This presents challenges and takes the HR department away from their regular responsibilities.

That's why we introduced a proprietary solution called **BeneServiceSM**, a unique member advocacy program. With **BeneServiceSM**, your employees get direct access to our team of advocates – specialists committed to resolving healthcare difficulties – at every step in the process. Our highly trained Client Service Associates (CSAs) can help your employees with all their benefit needs including determining benefit eligibility, explaining claims processing, or helping appeal a coverage rejection. Such personalized service can help your members make more informed decisions and maximize their benefits.

Some of the benefits your members will enjoy include:

- 24/7 access to benefit specialists
- Faster resolution of issues/concerns
- Expert claims assistance
- Clarification on what is covered under the plan
- Assistance in finding medical providers
- Explanation of full scope of available benefits
- Multi-lingual assistance available 8:30 am – 5:00 pm, Monday – Friday.

In addition, as the employer, you will enjoy enhanced access to data and reporting as well as improved employee satisfaction.

For one **BeneServiceTM** hospital client with 700 employees, calls to our CSAs averaged 70 minutes in length over 12 months.

Other Services

BENEFITS ADMINISTRATION

- BenePortalSM
- Member Advocacy
- Communications

COMPLIANCE

- Form 5500 Reporting
- Plan Documents
- Claims Audit
- Dependent Verification Audit
- Compliance Audit

WELLNESS

- BeneFitSM
- Personalized Coaching
- Smoking Cessation

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Upon receiving a request for assistance, our Client Service Associates will obtain the necessary background information and research and resolve the inquiry within a timeframe established with the caller. Our CSAs handle inquiries quickly and professionally, with the utmost respect for the callers' privacy and confidentiality.

For one **BeneService™** restaurant client with 500 employees, our CSAs logged over 32,000 minutes of activity from 450 calls over a 12-month period. At an average of 71 minutes per call, this translates to approximately 10 hours per week of member advocacy for this one client. That's 10 hours per week the client's HR department was free to focus on their regular responsibilities.

BeneServiceSM CSAs take an estimated 140 calls per month or about 6 per day. While resolution timeliness varies, routine inquiries are usually closed by the end of a call. For more complex cases, the average talk time per call is between 25 to 30 minutes. These calls are followed by research, related out bound calls, final resolution, and call data entry in the **BeneServiceSM** system. Letters to participants are issued after closing the case, with 90% of complex cases resolved within 7-10 days. CSAs handle the "tough" cases that carriers are unable to fix. **BeneServiceSM** results are regularly reviewed to identify trends and opportunities. Individualized monthly "Advocacy Results" by client are also produced identifying top trends and providing a break out of issues with categories and closure.



CONTACT US FOR MORE INFORMATION.

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