



Summarizing our system and value proposal in a single paragraph, is a feat previously described as impossible. However, the attempt below, while missing a lot of detail, should set up the basic concept to consider participation in a 40 minute presentation.

CRC offers, as an outside service, a process to appeal bad debt insurance claims (up to six years old) under federal ERISA law as a patient advocate. ERISA law defines a healthcare denial as “anything less than 100% payment of the claim”, meaning full charges (not the PPO amount). This has the potential to deliver substantial portions of the contractuals for any claim where the commercial insurance coverage was issued by an employer (government, church and a few other minor categories are accepted). CRC performs this process with no upfront fees and is paid a percentage of new payments delivered directly to the hospital. CRC’s staff performs all work and answers all correspondence. CRC’s approach has been utilized by hospitals and other providers for over ten years and they have clients from California to New York.

1. When an employer makes a promise to an employee, that’s a benefit and governed by federal ERISA law
 - a. ERISA law defines a healthcare denial as “anything less than 100% payment of the claim
 - b. ERISA carries civil and criminal penalties (just like STARK) for employers (and their agents the insurance companies) who violate ERISA law
2. A “defined Bennett Plan” for health insurance is an employee benefit and covered by ERISA
 - a. The decision to self fund or purchase an indemnity policy does not change the ERISA rule set.
 - b. The decision of whether to hire a TPA and self fund, ASO, or purchase an indemnity policy is NOT within the employees control, thus, any of those groups merely becomes an “agent” of the employer, the employer is most often, still the fiduciary.
 - c. If the benefit promised was 80/20 responsibility for health bills and the “agent only pays 40%, the remaining 40% that was not paid is a denial and appealable under ERISA rules
3. The US Supreme court has consistently ;
 - a. Upheld that if you dispute benefits paid from an employer sponsored health plan, you must follow ERISA claims/appeals procedures.
 - b. ERISA federal law supersedes ALL state law and all insurance company rules not consistent with ERISA

- c. As mandated by ERISA, the back of EVERY EOB states ; "...if you are dissatisfied...you have the right to APPEAL under ERISA".
- 4. CRC has developed an outside service to "exhaust the administrative appeal process defined by ERISA".
 - a. We charge NO up-front fees (all fees contingent on you receiving payments directly)
 - b. We require minimal involvement from hospital staff (forward claims and return mail).
 - c. CRC staff is highly trained in ERISA law and procedure. We initiate and answer all correspondence.
- 5. This process has been utilized by hospitals and practitioners all over the US for over 10 years and is tried and proven.
 - a. CRC has clients from California to New York.
 - b. Clients have vetted us through law firms and state Hospital Associations who affirmed our statements of ERISA law. (These results are proprietary to the client and not available, however, we are pleased to co-operate in any vetting scenario).
 - c. Our results are demonstrated.

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