Quantum Health

Who is Quantum Health and what do they do?
Quantum Health is the industry-leading healthcare navigation and care coordination company. Quantum helps employees and their family members navigate their health insurance plans, as well as the cost and complexity of healthcare. They work with healthcare providers and third-party medical plan administrators to make sure you get the best care for the best cost, and that medical claims are paid correctly. Quantum Health also can help members with any other benefits, such as dental, vision, life and disability insurance. Ardent partners with Quantum Health to provide you with one place to start when you need help with healthcare or benefits,

Who are the Quantum Care coordinators?
Care coordinators are your personal team of nurses and benefits experts working with you and your providers to make your care simpler and more affordable. When you need help finding a provider in your network, solving a claims issue, learning about your benefits, and anything that can make your healthcare easier, your care coordinators are the ones to contact.

What can Care coordinators help with?
Care coordinators can help you with anything related to your healthcare and benefits. Whether you have a question about your claims or bills, need help knowing what's covered under your health plan, can't remember who administers your disability plan, want to prepare for an upcoming doctor's visit, or just need a new ID card, care coordinators are here for you. No question is too big or too small.

Can Quantum Health explain my medical bill?
The care coordinators are experts at explaining benefits and helping you understand even the most complex medical bills. If something is wrong on your bill, we'll help you fix it.

What if I don't have my medical plan ID card?
Just give Quantum a call or log in to your account online to request a new one, and they will get a replacement to you right away.

What's the difference between in-network and out-of-network?
A great way to avoid surprise fees is to verify that your doctor is in your plan's network prior to your appointment. In-network providers agree to specific fee reimbursements for various services and procedures. They bill your plan and typically won't require payment from you up front (other than a copay or coinsurance, if applicable). When you visit providers who aren't in your network, the services you receive will be billed at an out-of-network price and you'll be responsible for a larger percentage or all the total cost. Out-of-network providers may require payment up front for all your care. Before considering an out-of-network provider, contact your care coordinators.

What if I have questions about something my doctor recommended?
It's OK to have questions about your diagnosis or treatment plan. Get help and guidance from a Nurse Care Coordinator whenever you are uncertain about your care. They will work with you and your doctor to provide assistance with prescriptions, specialist referrals, medical plan coverage and more.

What is a precertification/preauthorization?
Before you receive certain medical services or procedures, your medical plan requires a doctor to confirm these services are medically appropriate. This verification process is called prior authorization, preauthorization, prior certification or precertification (precert). Some of the services that require preauthorization are listed on your ID card, but you should always confirm with your care coordinators before a procedure. The preauthorization process helps you learn whether a service will be covered before you get billed.

How do I contact my Care coordinators?
Your medical plan ID card lists the contact information for you along with the contact information if your healthcare provider needs to reach them.