Audit payer compliance against contract terms and boost revenue

With **Contract Management**, medical groups can verify line-item contractually allowed amounts for all applicable claims, monitor payer compliance with contract terms and model the financial implications of proposed contracts.

**Contract Analysis** seamlessly integrates with Contract Management to give medical groups the data they need to know exactly how proposed contract terms will affect the bottom line — before signing on the dotted line.

**Benefits**

- **Validate reimbursement accuracy**
  Accurately adjudicate claims and compare expected payment to actual reimbursement

- **Simplify contract management**
  Experian Health maintains and updates contract terms on your behalf

- **Recover underpayments**
  Find lost revenue with data-driven insight

- **Streamline workflow**
  Audit claims across an entire organization with a single solution to improve overall payer contract management efficiency

- **Negotiate better contracts**
  Use real claims data to analyze financial impacts of proposed changes and prepare for emerging reimbursement structures

**How it works**

Contract Management’s remote data processing and storage provides medical groups with secure, 24/7 Web-based access to the solution with no capital investments and no added cost for software or data updates. The Experian Health team of seasoned contract analysts, defines your specific contract terms, fee schedules, carve-outs and payment policies within the system. Experian Health also continually monitors and updates Medicare and other payer-specific reimbursement rules, so your pricing remains accurate.

**Advanced Reporting**

With new Advanced Reporting options, medical groups can further reduce contractual payment discrepancies using revenue cycle business intelligence, which include interactive graphs that allow drill-down and drill-through functions to expose source claim data, as well as practice management system specific data attributes.

Contract Management offers a powerful multi-payer claims valuation engine so every claim is priced according to your specific payer contract terms. Valuation is performed at the line item and claim level, taking into account complicated rules such as multiple procedure reduction and global period policies. Contract Management can identify contractual appeal opportunities so you know which claims to appeal, and can efficiently file mass appeals when needed.

A comprehensive set of online dashboards and out-of-the-box reports, including an ad hoc report generator, lets you monitor reimbursement without involving your IT department. When used in conjunction with Experian Health **Payer Alerts**, you can improve reimbursement workflow by receiving daily updates about payer policy and procedure changes specific to your payers and specialties. Accurate appeals and fewer denials mean less staff time wasted re-filing and appealing claims.
Increase your negotiation leverage

With Contract Analysis, medical groups can approach payer contract negotiations armed with data to boost reimbursement and avoid costly rule changes. This solution allows you to utilize your own claims history to run a variety of contract modeling scenarios.

Contract Analysis enables medical groups to run real-world “what if” scenarios, so they can better understand how various contract terms will affect payment for the precise mix of services provided, even down to how much individual providers stand to gain or lose. It also empowers you to proactively spot unfavorable contract terms, determine targeted negotiation strategies and compare competing contracts.

Simplify contract management

Contract Management and Contract Analysis comply with HIPAA, the HITECH Act, Medicare payment rules and other regulations and help simplify the tangled web of contractual agreements, insurance rules and regulations. Experian Health continually monitors public policies and the ever-changing U.S. healthcare reimbursement landscape — so you can devote more time to delivering top-quality patient care.

Claims data is displayed to easily identify claim variances and allow users to drill-down to determine root causes and mitigate claim issues within the application.

Simplified views of contracts by payer allow for full analysis of claims adjudications against contract terms across your organization.