

Contract Management & Analysis for Medical Groups

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.

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

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.

Contract Management | MEDG | Tuesday 21-Apr-2015 | Help | Logout

My Organization | Operations | Providers | Claims | **Contracts** | Reports | Dashboard | Payer Alerts | Support

Home | List | Contract Codes | Contract Groups | HCOs | Agreements | Documents | Analysis | Batch Requests | Data Tables

Contract Analysis No. 1942 | Select an action:

GENERAL

Name: Analysis
 Created By:
 Claims Filter: Cardiology Claims
 User Group: MEDG

STATUS

Started On: 04/20/2015 05:11 PM CDT | No. of Claims: 90,115
 Completed On: 04/20/2015 05:50 PM CDT | Claims Valued: 90,115
 Processing Time: 39 minutes | % Claims Valued: 100.00

RESULTS SUMMARY

	Code	Contract	Expected	Diff	% Diff
(1)	1102	1102 - Cigna HMO Classic (01/01/2014 - 12/31/2099)	\$15,749,201.52	\$752,020.40	5.01%
(2)	1103	1103 - Cigna POS (01/01/2014 - 12/31/2099)	\$14,997,181.12	\$0.00	0.00%
(3)	1104	1104 - Cigna POS Select (01/01/2014 - 12/31/2099)	\$13,621,379.26	-\$1,375,801.86	-9.17%
(4)	1105	1105 - Cigna PPO Preferred (01/01/2015 - 12/31/2099)	\$14,897,267.42	-\$99,913.70	-0.67%

Groups 1-25 of 984 | Show 25 | Page 1 of 40 | prev | next | GROUP BY

Provider	Count	Units	Charge	1102 (1)	Diff	% Diff	1103 (2)	Diff	% Diff	1104 (3)	Diff	% Diff	1105 (4)	Diff
Dolce MD, Wanda	277	287	\$38,147.96	\$19,207.06	-\$2,318.45	-10.77%	\$21,525.51	\$0.00	0.00%	\$20,433.71	-\$1,091.80	-5.07%	\$22,003.96	\$478.4
Reines, James	47	47	\$22,758.82	\$5,800.60	\$710.31	13.95%	\$5,090.29	\$0.00	0.00%	\$4,543.53	-\$546.76	-10.74%	\$5,034.15	-\$56.1
Nance MD, Analise	133	133	\$82,144.00	\$33,880.65	\$403.72	1.21%	\$33,476.93	\$0.00	0.00%	\$31,722.22	-\$1,754.71	-5.24%	\$34,005.28	\$528.3
Wilhelm MD, Fred	212	218	\$103,196.60	\$26,536.67	\$2,449.21	10.17%	\$24,087.46	\$0.00	0.00%	\$21,861.30	-\$2,226.16	-9.24%	\$23,857.40	-\$230.0
Remmert MD, Linore	140	180	\$45,062.00	\$14,042.86	-\$1,108.70	-7.32%	\$15,151.56	\$0.00	0.00%	\$14,350.81	-\$800.75	-5.28%	\$15,979.45	\$827.8

Contract Management | MEDG | Monday 20-Apr-2015 | Help | Logout

My Organization | Operations | Providers | **Claims** | Contracts | Reports | Dashboard | Payer Alerts | Support

Home | List | Groups | Zero-Valued | Variances | Recoveries | Batch Requests | Appeals | Statistics | Settings

Professional Claims | Facility Claims

Reference: | SEARCH | BULK

Filter: Cardiology Claims | REPLY | Focus: Claim Assigned | APPLY | CLEAR

All | Owned | Assigned

Claims 1-17 of 17 | Show 100 | Page 1 of 1 | Number of Claims Checked 0 | Select an action:

S	W	BAR	Acct	Patient	DOS	Updated	Charge	Expected	Allowed	Variance	Code
Total (all claims)							05/17/45 PM CDT	\$42,129.02	\$9,248.61	\$8,219.90	\$1,030.71
	S	0	V463512	Lynn, Martin	05/06/2014	05/29/2014	\$5,340.00	\$1,960.00	\$1,240.40	\$620.20	1103
	A	0	22883399	Davidson, Mark	04/24/2014	06/03/2014	\$886.00	\$420.32	\$350.13	\$70.19	1105
	0	0	D252828	Whitlock, Craig	07/20/2014	02/07/2014	\$5,047.60	\$756.43	\$672.85	\$83.58	1102
	0	3	0586020	Cameras, Glenn	04/24/2014	06/03/2014	\$1,048.00	\$339.95	\$322.93	\$17.02	1104
	S	3	0499989	Fluga, Regina	04/29/2014	06/05/2014	\$948.00	\$289.09	\$277.26	\$11.83	1104
	A	3	L428420	Decus, James	04/11/2014	05/31/2014	\$942.00	\$302.90	\$99.39	\$204.51	1104

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

Payment Certainty for Every Patient®