



Contract Manager and Contract Analysis for Medical Groups

Simplify the tangled web of contractual agreements, insurance rules and regulations

Are health plans paying you what you have contracted for? Audit payer compliance against contract terms and boost revenue.

With **Contract Manager** and Contract Analysis medical groups, you can verify your organization is getting the payer revenue they are due. These powerful solutions continuously audit payer contract performance so you're assured your collections align with negotiated terms.

When paired with **Contract Analysis**, you'll have the added negotiating power that comes with being armed with data you need to assure terms that optimize reimbursement.

How we do it

- Our team of contract analysts defines and maintains your contract terms, fee schedules, carve-outs and payment policies within the system
- We continually monitor and update Medicare and other payer-specific reimbursement rules so your pricing remains accurate
- Seamlessly integrates with most practice management systems used by medical groups
- A powerful multi-payer claims valuation engine makes sure every claim is priced according to your payer contract terms
- Remote data processing and storage provides medical groups with secure, 24/7 web-based access with no capital investment and no added cost for software or data updates
- Reimbursement is monitored without involving IT thanks to online dashboards and reports, including an ad hoc report generator
- Payment discrepancies are reduced with **Power Reporting**, which provides revenue cycle intelligence and interactive graphs that allow drill-down and drill-through functions to expose source claim data and practice management system specific data attributes

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

How we do it

- Real-world “what if” scenarios give you better understanding of how various contract terms affect cash flow for the precise mix of services you provide
- Unfavorable contract terms are easily spotted to help you better negotiate and compare competing contracts

What you get

- **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
- **Identify contractual appeal opportunities**
Know which claims to appeal and efficiently file mass appeals when needed

Works well with

Contract Manager and Contract Analysis for medical groups is often used in combination with other Experian Health solutions such as **Contract Manager and Contract Analysis for hospitals and health systems, Claim Scrubber for medical groups, Claim Scrubber, Payer Alerts, Patient Estimates, Eligibility, Denials Workflow Manager, and ClaimSource®**, our online claims platform.