

How a Northeast health system recovered \$16.1 million using Contract Manager and a four-step contracting process

Results at a glance:

\$16.1 million recovered in 2025 (+8.7% YoY)

↑ 78.6% recovery rate (2025)

A consistent, repeatable process that strengthens payer negotiations

Health system profile:

Large Epic®-based health system in the Northeast

23 regional physician offices

6.9 million claims processed in 2025

\$6 million in total charges in 2025 for the medical group

The challenge of modern contracting

A large Epic®-based health system was facing a growing contracting burden. It managed hundreds of agreements, frequent renewals and constant amendments, all of which demanded continuous evaluation. The assistant vice president (AVP) of Contract Compliance and Enforcement noted, "The sheer volume and complexity of these contracts can be overwhelming."

Payer behavior has also shifted. According to the AVP, payers have become more assertive and often approach discussions with the mindset of "you need me more than

I need you." To respond effectively, the health system relies on accurate data, insight into payer performance and proactive monitoring. Contract Manager and Contract Analysis, supported by Enhanced Claim Status and Payer Alerts, provide the structure and visibility needed to negotiate from a strong position.

The organization developed a repeatable four-step contracting process in response to these challenges. This approach helped recover \$16.1 million in underpayments in 2025 and now guides every negotiation, reflecting years of experience managing payer relationships. It demonstrates how preparation, data and consistent oversight lead to measurable financial results. The following four steps illustrate how the process works in practice.

Steps of negotiation

The negotiation process follows a repeatable set of four steps designed to keep every contract discussion focused and consistent. Together, these elements form the foundation for a disciplined, data-driven contracting strategy. Step 1 begins with understanding the payer, the patient population and the internal benchmarks that shape every negotiation.

1. Pre-negotiation preparation: Know your counterpart

Understand your patient population

Identify who makes up the patient base, the employers they work for and the services they use most often. Batch

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functionality in Experian Health's Eligibility solution helps determine which patients remain active in their insurance plans and highlights major employer groups in the population. This information clarifies which insurers and employer groups carry the most weight and help the organization prioritize negotiation efforts.

Ensure internal parity

Evaluate whether a requested rate increase is necessary or whether a smaller adjustment aligns better with the contract portfolio. A rate may appear low on its own but may be strong when compared with other agreements. Contract Analysis models scenarios, identifies balanced rates and avoids letting any single plan drift too high or too low.

Identify problem areas

"To negotiate effectively, organizations need to be just as prepared as the payers," the AVP emphasized. "You have to leverage data that highlights trends, reimbursement delays and policy changes that could affect outcomes." Enhanced Claim Status supports this proactive approach by identifying and addressing these issues early before they escalate.

2. Active negotiation: Simplify the process with automation

Proposal management

Whether the payer sends the first proposal or the organization initiates it, an automated system is essential to manage the exchanges that follow. Contract Manager centralizes proposals, models alternative scenarios and maintains a clear record of every revision. This structure reduces confusion, prevents version control issues and keeps the contracting function aligned throughout the negotiation cycle.

Financial impact analysis

Modeling proposed terms and evaluating their financial impact at the service-line level strengthens the organization's negotiating position. Contract Analysis allows analysts to test different rate structures, assess how proposed changes affect reimbursement and identify the

most advantageous terms. It also audits payer performance to confirm that collections match the negotiated agreement.

Claims impact assessment

Contract Manager's claims-valuation engine and payer-specific logic provide a clear view of expected outcomes. Adding historical claims data through Contract Analysis increases accuracy and helps the organization anticipate real-world financial effects before agreeing to new terms.

3. Implementation: Verify what's promised

Many organizations have confirmed updates with payer counterparts only to discover later that the changes were never implemented. Even when payers confirm that rates have been loaded correctly, the responsibility falls on the health system to verify. Contract compliance must validate that rate increases were applied and claims were processed as promised.

"We really have to stay on top of things and double-check everything ourselves," the AVP emphasized. "Contract Analysis automatically tracks these issues through appeals functionality and work queues, making sure everything is implemented accurately."

This level of oversight confirms that negotiated terms are captured accurately in the contract and reflected in day-to-day reimbursement.

4. Monitoring: Understand the ongoing challenge

It may feel as though the work is finished once the contract is signed but the real work of monitoring is only beginning.

Unexpected issues can emerge quickly. A new policy may undermine the agreement, or a denial category may spike without explanation in claim status. These problems can escalate fast and disrupt reimbursement before they're detected.

Payers often introduce new and complex policies with little warning. The terms can be difficult to interpret, and tracking compliance across multiple payers adds even more complexity. Payer Alerts and Enhanced Claim Status, especially when paired with Contract Manager, keep the

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organization ahead of these changes. They support payer accountability and streamline communication across the contracting cycle.

Remain a formidable force in contract negotiations

With ongoing monitoring in place, the next step is to ensure the organization remains well positioned for future negotiations.

Using Payer Alerts and Contract Analysis alongside Contract Manager gives the organization reliable insight before entering discussions with a payer. Payer Alerts keeps users informed of policy changes without the need to search payer portals, allowing them to stay ahead of new issues. Contract Analysis makes it possible to model those changes and evaluate their impact on current agreements in the same way a new proposal would be assessed.

Together, these tools support compliance, strengthen strategic insight and ensure more-informed decision making. This positions the organization as a more competitive negotiator.

In summary

"We keep learning from every negotiation because policies, payers and the market are always changing," said the AVP of Contract Compliance and Enforcement.

"Signing the contract is just the beginning — ongoing oversight is what keeps rates fair and favorable."

— AVP of Contract Compliance and Enforcement

Organizations that invest in continuous monitoring, strong financial modeling and proactive policy awareness are better equipped to protect revenue and strengthen their negotiating position. With the right processes and technology in place, health systems can move from reacting to issues to shaping future negotiations with confidence.

Learn more on our [website](#) or send us an [email](#).

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About Experian Health

Experian Health serves more than 60% of US hospitals and more than 7,500 medical practices, labs, pharmacies and other healthcare providers. We help our clients simplify healthcare with data-driven platforms and insights to make smarter business decisions, deliver a better bottom line and establish strong patient relationships.

Contract Manager

This powerful solution ensures organizations receive accurate reimbursement from payers by continuously auditing contract performance and aligning payments with negotiated terms.

Contract Analysis

When used with Contract Manager, this data-driven solution helps secure terms that optimize revenue by delivering the insights needed to negotiate stronger contracts.

