

Save The Clock Tower

Preparation For Payer Negotiations- Looking Back- The Foundation For Future Improvement

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**Guiding the business
side of healthcare**



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Learning Objectives

- Assemble payer agreements, amendments and fee schedules
- Prepare payers' schedules in need of renegotiation
- Develop renegotiation strategy



Goal for this session

Turn Back Time, Find & Inventory Past Documentation

Building the FOUNDATION for your Daunting Payer Contracting Renegotiation Project... to improve the bottom line and manage the process going forward.

- No more excuses!
- Take Charge!
- You can do this!
- And you can do it right!



What We'll Cover to Get There

- Gather your current contracts/addenda and rates
 - Inventory the contracts
 - Inventory the rates
- Gather Utilization Data to use in Analysis
- Examples of Comparative Analysis to Determine **WHICH** contracts need tackling and **WHEN** contractually possible to renegotiate
 - Initiate the Renegotiations Properly

N LATER SESSION TODAY

- Preparing Offers and Counters
- Key Language in and beyond the rate exhibit
- Laws that can help or hinder
- Manage timelines –
 - notices
 - terminations
 - extensions or rescissions
 - effective dates
- Tips to Tackle Unexpected Obstacles

Before we delve in... a couple of Important NOTES

- CPT is the trademark of the American Medical Association (AMA) and may be referenced on several pages of this presentation
- Discouraging Process: Perseverance Needed
- Getting started on a payer contracting project is frustrating. Expect it to take:
 - ~ 2 months just to gather info covered in this session if you are diligent
 - ~ A year to complete your first few re-negotiations and
 - ~ 2 years to feel you have a solid handle on most/all
 - Then plan on maintenance

Gathering Your Contracts, Rates and Utilization

- Find all of your current FULLY EXECUTED (Both Practice and Payer/Network signed) agreements filed at the office
- Find all the Addenda/Amendments between original effective date and present
- If you cannot find, don't be embarrassed... you are in the majority and can blame the manager before you. 😊
- Request from payer or network
 - Each payer has its unique means of requesting copies of agreements and fee schedules...everchanging
 - Ask Rep
 - Portals
 - Fax #s or Email Address
 - 800 Request lines



What Payers/Networks to Include In Contract and Schedule Gather Stages

- Commercial (BCBS, Aetna, UHC, Cigna, Humana, etc.)
- Government (No contract for Mcr and Mcd, per se, but get Fee Schedules)
 - Medicare
 - Medicaid
 - Tricare as of Jan 2018 – HealthNet = West AND Humana Military = East
 - VA – tend to be at 100% Natl Mcr
- Government Replacement
 - Medicare Advantage Organizations (MAO) – Differ from Supplements
 - Medicaid Managed Care Organizations (MCO)
- Workers Comp/Auto
 - Find state FS if appropriate for your specialty and if one applies – few states based on UCR
- Networks – rented by payers and TPAs – ex: Multiplan and TRPN

Can you negotiate with Tricare Contractors or Medicare/Medicaid MAOs and MCOs? YES

- Tricare:
 - Tricare Max Allowable essentially = Mcr rates
 - % discount is not required by Dept of Defense but DOD contractors (HealthNet & Humana Military) often require 10% to 25% discount
 - Usually “Lesser of” % of Max Allowed or % of Billed Charges
 - Example: **Lesser of** 75% Max Allowed or 80% Billed Charges
- Medicare Advantage MAOs:
 - CMS does not require rates be same as Mcr
 - Plans can cover services not covered by Mcr
 - Sequestration reduction not implied—See CMS May 2013 Memorandum & Covid Guidelines
- Medicaid MCOs: Administered by states with significant variation by state
 - Most states have Mcd fee schedule and MCOs offer % of these – most at 100% Mcd, but not all
 - Some states like TN do not have Mcd FS; MCOs offer % Mcr
 - If you’re OON, some states protect MCOs... Ex: 95% of Mcd max

Inventory Your Agreements

Distinguish Individual vs Group and Direct vs IPA/PHO

Show All
Hide Termed Contracts
Embed PDF File

Sort Sort Sort Sort

Contracted through IPA Term Tied to Notice Notice Due Notice Reimbursement Rates Rep Contact Info Notice Address Termination Contract Link

Original Efftv. Date Anniversary Date Days to Aniv. Term (years) Anniv.? Days Date Notes Reimbursement Rates Rep Contact Info Notice Address Termination Date Contract Link

Contract Efftv. Date Date Days to Aniv. Term (years) Anniv.? Days Date Notes Reimbursement Rates Rep Contact Info Notice Address Termination Date Contract Link

Contract	Original Efftv. Date	Anniversary Date	Days to Aniv.	Term (years)	Anniv.?	Days	Date	Notes	Reimbursement Rates	Rep Contact Info	Notice Address	Termination Date	Contract Link
Payer 1 (Group)	05/01/15	05/01/21	179	1	N	60	3/1/2021	60 days anytime	Commercial: Lesser of Billed Charges or 100% of Payer Market Fee Schedule MedAdv: 100% of Payer MedAdv Fee Schedule (2% Sequestration Reduction)	Provider Relations (P) 800-123-4567	Payer 1 LLC 123 Street, Suite 2 PPO Town, USA 02220 Attn: Contracting Department		Payer 1 Grp. Agrmnt. Fully Payer 1 Amend. Eff.
Payer 2 (Indv. Dr. Adam)	03/15/14	03/15/21	132	1	Y	180	9/15/2020	180 days tied to anniversary	All: 112% of 2014 MCR	Sally Jones S.Jones@Payer2.com (P) 270-567-8933	Payer 2 4000 Starway Blvd Atlanta, GA 35444		Payer 2 Indv. Agrmnt. Part.
Payer 2 (Indv. Dr. Barry)	01/15/18	01/15/21	73	1	Y	120	9/15/2020	120 days tied to anniversary	All: 109% of 2016 MCR	Sally Jones S.Jones@Payer2.com (P) 270-567-8933	Payer 2 4000 Starway Blvd Atlanta, GA 35444		Payer 2 Indv. Agrmnt. Part.
Payer 3 (through ABC IPA)	07/01/12	07/01/21	240	1	N	90	4/1/2021	90 days anytime	Commercial: 130% of Payer RBRVS	Bob Smith SmithB@ABCIPA.com	Payer P.O. Box 1234 Orlando, FL 32801		ABC IPA Summary Rate
Payer 4 (Group)	09/15/08	09/15/21	316	1	N	90	6/15/2021	90 days anytime	Commercial: 130% of CY MCR MedAdv: 105% of CY MCR MCD: 105% of State MCD FS WC: 100% of State WC FS	Provider Relations Provider.Relations@Payer4.com	Payer 4 1542 W. Elm, Bldg 1400 Nashville, TN 37201		Payer 4 Grp. Agrmnt. Fully

Contracts Sample Contract1 Sample Contract2 Sample Contract3 Other Tools +

Finding Your Current Rates

While there are lots of sources

... Easier said than done

- Vague Contract Exhibits referring to undefined standard market schedules and not always clear re to which products rates apply
- Rates change over the years due to amendment and proprietary market schedules or CY Mcr based schedules
 - Jcodes/Injectibles can often be changed anytime w no notice required
- Special Fax and Email queries
- **Web Portals – becoming MOST COMMON way to find rates**
- EOB Allowables – NOT most reliable way to determine contract rates
- Request population of CPT* list by rep – ideal if they will do it
 - Always verify the \$ amounts provided against any formula in the contract

Create a List of All CPT Codes Performed Annually with Modifiers and Fac/Non-Fac columns

- Create MS Excel Spreadsheet with ALL Practice Codes with Modifier and Place of Service (Facility or Non-Facility) for each product (HMO, PPO, Med Adv, Exchange, Medicaid, etc)

- | | | HMO | HMO | PPO | PPO | Med Adv | Med Adv |
|-----|-----|-----|---------|-----|---------|---------|---------|
| CPT | Mod | Fac | Non Fac | Fac | Non Fac | Fac | Non Fac |
| | | | | | | | |

- *If primary care Non-Fac only; if surgical specialty Fac and Non-Fac needed*
- If not accessible on Portal or if Portal product names confusing - Send to rep to populate the dollar amount of your current reimbursement by product
- Typical responses:
 - Rep populates sometimes or limits to top/sample codes
 - Rep sends FULL fee schedule for you to cull your CPTs
 - Rep sends you to a web-portal/email/fax #
- If payer rates on portal, pull \$ amounts for ALL Codes in practice utilization & by product (HMO/PPO ETC)
- Sometimes Portal is missing labs, jcodes and other codes so ask rep to fill in these gaps

Web Portals for Rates Reliable but...

- Payer specific portal or NaviNet/Availity with ID/PW
 - Often portal is not “enabled” for FS lookup – get FS lookup enabled
 - Numerous product/plan names that do not match contract plan names, ugh! – which apply?
 - Unclear if contractual percentage has been applied
 - Limit the # codes you can retrieve at one time to 10 or 20... tedious cut and paste
 - Often labs and/or injectibles are limited or not there

Find Medicare & Contract Values for All Codes include Lab, Supplies & Injectibles

Understand Doses & Know Costs

Payment Allowance Limits for Medicare Part B Drugs

Effective April 1, 2020 through June 30, 2020

Note 1: Payment allowance limits subject to the ASP methodology are based on 4Q19 ASP data
 Note 2: The absence or presence of a HCPCS code and the payment allowance limits in this table indicate whether Medicare covers a drug. These determinations shall be made by the local Medicare contractor processing the claim.

HCPCS Code	Short Description	HCPCS Code Dosage	Payment Limit	Vaccine AWP%	Vaccine Limit	Blood AWP%	Blood limit	Class
90371__1__	Hep b ig im	1 ML	117.829					
90375__5__	Rabies ig im/sc	150 IL						
90376__6__	heat treated Bcg vaccine intravesical	1 EAC						
90586__6__	Hepa vaccine adult im	1 ML						

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) January 2020 Fee Schedule

HCPCS	Mod	Moda	JURIS	CATG	Ceiling	Floor	WA (NR)	WA (R)	Description
A4216			0	06	0.51	0.48	0.48	0.00	Sterile water/saline, 10 ml
A4217__			0	01	1.64	1.09	1.64	0.00	Sterile water/saline, 500 ml
A4217__		AU	0	06	1.64	1.09	1.64	0.00	Sterile water/saline, 500 ml

2020 Clinical Diagnostic Laboratory Fee Schedule

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YEAR	HCPCS	MOD	EFF_DATE	INDICATOR	RATE2020	SHORTDESC
2020	0001U		20200101	N	00720.00	Rbc dna hea 35 ag 11 bld grp
2020	0002M		20200101	N	00503.40	Liver dis 10 assays w/ash
2020	0002U		20200101	N	00025.00	One clint 3 ur metab alg plp
2020	0003M		20200101	N	00503.40	Liver dis 10 assays w/nash
2020	0003U		20200101	N	00950.00	One over 5 prtn ser alg scor

Determine Impact Comparing Current to Proposed

Weighted by Utilization

- Physician Medicare Fee Schedule
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched>
- Injectables and Immunizations- Medicare Part B Drug Average Sale Price (ASP)
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index>
- Labs- Clinical Laboratory Fee Schedule (CLAB)
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Laboratory-Fee-Schedule-Files>
- Supplies- Durable Medical Equipment, Prosthetics/Orthotics, and Supplies Fee Schedule (DMEPOS)
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule>

You think you know your rates but Rates Change – How can this happen? Two primary ways...

- Amendment provisions often allow the payer or network to modify the rates without the written consent of the provider
 - Sometimes notice is required but silence = acceptance
 - Sometimes no notice is required at all, especially on Payment Policy Changes (i.e. 25 modifier) and Injectibles
- Rates are tied to a *payer's proprietary* Market or Standard Fee Schedule or RBRVS.
- As the payer decides to modify its market schedule in your market, your practice has essentially agreed to accept that modification without signature, sometimes no notice required, especially for injectibles.
- *Therefore, make sure you have updated the rates very recently and if assigned to staff, verify with **from where and when** exactly the schedules were pulled and to what products they apply.*

Take Your Annual Utilization Data from PMS

- Select a recent but mature one-year period
- ALL billed codes and new codes should be addressed
- Include CPT, Mod, Payments, Charges, Place of Service (Facility/Non-Facility)

and Marry it with your rates

Run a 12 Month Utilization Report

with **ALL** CPT Codes by Facility (Hosp/ASC) and Non-Facility (Office)
 Total All Payers Most Important; Payer Specific Helpful

Code	Modifier	Description	% of Medicare	% of Medicare	Non-Facility	Facility	TOTAL UTILIZATION	NON-FACILITY UTILIZATION	FACILITY UTILIZATION
			100.0%	100.0%	Conversion Factor	Conversion Factor			
			Non-Facility	Facility	RBRVS	RBRVS			
20520		Removal of foreign body	\$204.72	\$147.09	\$204.09	\$146.64	9	5	4
20525		Removal of foreign body	\$484.96	\$247.16	\$483.46	\$246.40	12	6	6
20526		Ther injection, carp tunnel	\$76.63	\$56.93	\$76.39	\$56.76	19	18	1
20550		Inj tendon sheath/ligament	\$59.12	\$41.62	\$58.94	\$41.49	430	428	2
20551		Inj tendon origin/insertion	\$60.58	\$42.71	\$60.40	\$42.58	32	32	0
20552		Inj trigger point, 1/2 muscl	\$55.38	\$37.87	\$55.21	\$37.75	36	35	1
20600		Drain/inject, joint/bursa	\$47.52	\$35.49	\$47.38	\$35.38	42	40	2
20605		Drain/inject, joint/bursa	\$49.70	\$36.94	\$49.55	\$36.82	201	198	3
20610	50	Drain/inject, joint/bursa (50)	\$89.72	\$68.37	\$89.44	\$68.16	193	193	0
20610		Drain/inject, joint/bursa	\$59.81	\$45.58	\$59.62	\$45.44	1919	1897	22
20612		Aspirate/inj ganglion cyst	\$60.97	\$41.64	\$60.79	\$41.52	15	15	0
20670		Removal of support implant	\$388.04	\$148.05	\$386.85	\$147.60	1	1	0
20680		Removal of support implant	\$621.10	\$420.87	\$619.19	\$419.57	92	46	46
20690		Apply bone fixation device	\$586.84	\$586.84	\$585.03	\$585.03	6	3	3
20692		Apply bone fixation device	\$1,109.40	\$1,109.40	\$1,105.98	\$1,105.98	2	1	1
20900		Removal of bone for graft	\$424.65	\$187.94	\$423.34	\$187.37	8	4	4

Create a Side-By-Side Line Up of all your Payers' and Medicare Rates Best to Include Charges, Max Allowable and Utilization too

ing the business side of healthcare

Code	Modifie Description	% of Medicare		Non-Facility		Facility		Utilization (2019)			Payer Max Allowable		Payer 1		Payer 2		Payer 2		Rec
		100.0%	100.0%	Conversion Factor	Conversion Factor	NF	FAC	Charges	NF	FAC	Commercial	MedAdv	All (Dr. Adam)	All (Dr. Barry)					
		36.0896	36.0896	RRBVS	RRBVS	Pulled FS from Avallity Portal on 6/15/2020		Calculated FS at % of MCR		Calculated FS at % of MCR									
		Non-Facility	Facility	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF			
99202	Office/outpatient visit, new	\$77.14	\$51.21	\$77.14	\$51.21	23	0	\$142.00	\$104.14	\$69.13	\$92.57	\$61.45	\$75.60	\$50.19	\$86.40	\$57.36	\$104.14	\$69.13	\$1
99203	Office/outpatient visit, new	\$109.16	\$76.66	\$109.16	\$76.66	1197	0	\$202.00	\$147.37	\$103.49	\$130.99	\$91.99	\$106.98	\$75.13	\$122.26	\$85.86	\$147.37	\$103.49	\$1
99204	Office/outpatient visit, new	\$166.55	\$131.12	\$166.55	\$131.12	4284	0	\$308.00	\$224.84	\$177.01	\$199.86	\$157.34	\$163.22	\$128.50	\$186.54	\$146.85	\$224.84	\$177.01	\$2
99205	Office/outpatient visit, new	\$210.37	\$171.30	\$210.37	\$171.30	50	0	\$387.00	\$284.01	\$231.26	\$252.45	\$205.56	\$206.17	\$167.87	\$235.62	\$191.86	\$284.01	\$231.25	\$2
99211	Office/outpatient visit, est	\$23.59	\$9.35	\$23.59	\$9.35	9	0	\$41.00	\$31.85	\$12.62	\$28.31	\$11.22	\$23.12	\$9.16	\$26.42	\$10.47	\$31.85	\$12.62	\$
99212	Office/outpatient visit, est	\$46.20	\$26.11	\$46.20	\$26.11	257	0	\$83.00	\$62.37	\$35.25	\$55.44	\$31.34	\$45.28	\$25.59	\$51.74	\$29.25	\$62.37	\$35.25	\$
99213	Office/outpatient visit, est	\$76.10	\$51.99	\$76.10	\$51.99	4580	0	\$137.00	\$102.74	\$70.19	\$91.32	\$62.39	\$74.58	\$50.95	\$85.23	\$58.23	\$102.73	\$70.19	\$
99214	Office/outpatient visit, est	\$110.36	\$80.05	\$110.36	\$80.05	8654	0	\$102.00	\$148.99	\$108.07	\$132.43	\$96.06	\$108.15	\$78.45	\$123.60	\$89.66	\$148.99	\$108.06	\$1
99215	Office/outpatient visit, est	\$148.17	\$113.11	\$148.17	\$113.11	103	2	\$333.00	\$200.03	\$152.70	\$177.81	\$135.73	\$145.21	\$110.85	\$165.95	\$126.68	\$200.03	\$152.70	\$1
99218	Observation care	\$101.07	\$101.07	\$101.07	\$101.07	0	13	\$160.00	\$136.45	\$136.45	\$121.29	\$121.29	\$99.05	\$99.05	\$113.20	\$113.20	\$136.45	\$136.45	\$1
99219	Observation care	\$137.53	\$137.53	\$137.53	\$137.53	0	12	\$263.00	\$185.67	\$185.67	\$165.04	\$165.04	\$134.78	\$134.78	\$154.03	\$154.03	\$185.66	\$185.66	\$1
99220	Observation care	\$187.33	\$187.33	\$187.33	\$187.33	0	13	\$384.00	\$252.90	\$252.90	\$224.80	\$224.80	\$183.59	\$183.59	\$209.81	\$209.81	\$252.90	\$252.90	\$2
99221	Initial hospital care	\$103.06	\$103.06	\$103.06	\$103.06	2	32	\$237.00	\$139.13	\$139.13	\$123.67	\$123.67	\$101.00	\$101.00	\$115.43	\$115.43	\$139.13	\$139.13	\$1
99222	Initial hospital care	\$139.44	\$139.44	\$139.44	\$139.44	0	82	\$322.00	\$188.25	\$188.25	\$167.33	\$167.33	\$136.65	\$136.65	\$156.18	\$156.18	\$188.25	\$188.25	\$1
99223	Initial hospital care	\$204.96	\$204.96	\$204.96	\$204.96	0	65	\$473.00	\$276.70	\$276.70	\$245.96	\$245.96	\$200.86	\$200.86	\$229.56	\$229.56	\$276.70	\$276.70	\$2
99224	Subsequent observation care	\$40.17	\$40.17	\$40.17	\$40.17	0	11	\$160.00	\$54.23	\$54.23	\$48.20	\$48.20	\$39.37	\$39.37	\$44.99	\$44.99	\$54.23	\$54.23	\$
99225	Subsequent observation care	\$73.66	\$73.66	\$73.66	\$73.66	0	16	\$132.00	\$99.44	\$99.44	\$88.39	\$88.39	\$72.19	\$72.19	\$82.50	\$82.50	\$99.44	\$99.44	\$
99231	Subsequent hospital care	\$39.80	\$39.80	\$39.80	\$39.80	0	19	\$96.00	\$53.73	\$53.73	\$47.76	\$47.76	\$39.01	\$39.01	\$44.58	\$44.58	\$53.73	\$53.73	\$
99232	Subsequent hospital care	\$73.29	\$73.29	\$73.29	\$73.29	0	101	\$171.00	\$98.94	\$98.94	\$87.95	\$87.95	\$71.82	\$71.82	\$82.09	\$82.09	\$98.94	\$98.94	\$
99233	Subsequent hospital care	\$105.62	\$105.62	\$105.62	\$105.62	0	26	\$246.00	\$142.59	\$142.59	\$126.75	\$126.75	\$103.51	\$103.51	\$118.30	\$118.30	\$142.59	\$142.59	\$1
99238	Hospital discharge day	\$74.07	\$74.07	\$74.07	\$74.07	0	2	\$170.00	\$99.99	\$99.99	\$88.88	\$88.88	\$72.59	\$72.59	\$82.96	\$82.96	\$99.99	\$99.99	\$
99243	Office consultation	\$0.00	\$0.00	\$125.63	\$98.23	0	2	\$313.00	\$169.60	\$132.62	\$150.75	\$117.88	\$123.11	\$96.27	\$140.70	\$110.02	\$169.60	\$132.62	\$1
99244	Office consultation	\$0.00	\$0.00	\$188.00	\$158.05	0	2	\$341.00	\$253.80	\$213.37	\$225.60	\$189.66	\$184.24	\$154.89	\$210.56	\$177.02	\$253.80	\$213.37	\$2
99251	Initial inpatient consult	\$0.00	\$0.00	\$50.45	\$50.45	0	2	\$123.00	\$68.11	\$68.11	\$60.54	\$60.54	\$49.44	\$49.44	\$56.50	\$56.50	\$68.11	\$68.11	\$
99252	Initial inpatient consult	\$0.00	\$0.00	\$76.39	\$76.39	0	3	\$190.00	\$103.13	\$103.13	\$91.67	\$91.67	\$74.87	\$74.87	\$85.56	\$85.56	\$103.13	\$103.13	\$
99253	Initial inpatient consult	\$0.00	\$0.00	\$117.95	\$117.95	0	28	\$290.00	\$159.23	\$159.23	\$141.54	\$141.54	\$115.59	\$115.59	\$132.10	\$132.10	\$159.23	\$159.23	\$1
99254	Initial inpatient consult	\$0.00	\$0.00	\$171.68	\$171.68	0	18	\$419.00	\$231.76	\$231.76	\$206.01	\$206.01	\$168.24	\$168.24	\$192.28	\$192.28	\$231.76	\$231.76	\$2
99282	Emergency dept visit	\$43.91	\$43.91	\$43.91	\$43.91	0	3	\$100.00	\$59.28	\$59.28	\$52.69	\$52.69	\$43.03	\$43.03	\$49.18	\$49.18	\$59.27	\$59.27	\$
99283	Emergency dept visit	\$65.70	\$65.70	\$65.70	\$65.70	0	4	\$153.00	\$88.70	\$88.70	\$78.84	\$78.84	\$64.39	\$64.39	\$73.58	\$73.58	\$88.70	\$88.70	\$

At this Stage, Stop and Evaluate Charges Why?

- All too often, practices have certain codes that fall below contract rates and almost all contracts have “lesser of charges or contract rate” provision
- Contracts that are primarily based on a percent off of charges will be devastating if ...
 - *Example: Charges are at 150% of CY Mcr and the agreement pays 50% of charges – you are agreeing to get paid 75% of CY Mcr.*
- Many agreements default to a very low % of charges if no value for a specific code is in payer FS
 - ...default often at 35 to 50% **of** billed charges
- _____
- Note: With few exceptions - Charge the same for all payers, even self-pay, for single analysis basis across all payer types... why?

How to Evaluate Charges

Add State Workers' Comp Schedule if Practice does considerable amt of comp

Code	Modifier	Description	% of Medicare	% of Medicare	Non-Facility	Facility	Utilization (6/1/2014-5/31/2015)			Charges	Charges as % of 2015 MCR	250% of 2015 MCR	Max Allowable of All Payers	Max of Current Rate, 250% of 2015 MCR and Max Allowable of
			100.0%	100.0%	Conversion Factor	Conversion Factor	Total	NF	FAC					
			Non-Facility	Facility	RBRVS	RBRVS								
10120	__	Remove foreign body	\$159.49	\$109.11	\$159.49	\$109.11	7	7	0	\$180.00	113%	\$398.73	\$253.92	\$398.73
11000	__	Debride infected skin	\$56.74	\$30.06	\$56.74	\$30.06	0	0	0	\$0.00	0%	\$141.85	\$88.28	\$141.85
12001	__	Repair superficial wound(s)	\$93.36	\$46.68	\$93.36	\$46.68	2	2	0	\$280.00	300%	\$233.40	\$273.61	\$280.00
99349	__	Home visit, est patient	\$132.06	\$132.06	\$132.06	\$132.06	1	1	0	\$246.00	186%	\$330.15	\$202.84	\$330.15
99350	__	Home visit, est patient	\$182.65	\$182.65	\$182.65	\$182.65	2	2	0	\$330.00	181%	\$456.63	\$299.00	\$456.63
99381	__	Prev visit, new, infant	\$0.00	\$0.00	\$114.75	\$79.56	220	220	0	\$155.00	135%	\$286.88	\$196.61	\$286.88
99382	__	Prev visit, new, age 1-4	\$0.00	\$0.00	\$119.89	\$85.06	83	83	0	\$165.00	138%	\$299.72	\$210.95	\$299.72
99383	__	Prev visit, new, age 5-11	\$0.00	\$0.00	\$124.64	\$90.18	109	109	0	\$175.00	140%	\$311.59	\$206.38	\$311.59
99384	__	Prev visit, new, age 12-17	\$0.00	\$0.00	\$141.16	\$106.70	31	31	0	\$185.00	131%	\$352.90	\$223.60	\$352.90
99385	__	Prev visit, new, age 18-39	\$0.00	\$0.00	\$137.14	\$102.31	1	1	0	\$195.00	142%	\$342.84	\$223.60	\$342.84
99391	__	Prev visit, est, infant	\$0.00	\$0.00	\$102.97	\$72.59	2731	2729	2	\$125.00	121%	\$257.41	\$148.05	\$257.41
99392	__	Prev visit, est, age 1-4	\$0.00	\$0.00	\$109.93	\$79.56	3131	3131	0	\$135.00	123%	\$274.84	\$165.26	\$274.84
99393	__	Prev visit, est, age 5-11	\$0.00	\$0.00	\$109.56	\$79.56	3097	3097	0	\$145.00	132%	\$273.91	\$162.98	\$273.91
99394	__	Prev visit, est, age 12-17	\$0.00	\$0.00	\$120.19	\$90.18	1691	1691	0	\$150.00	125%	\$300.48	\$179.61	\$300.48
99395	__	Prev visit, est, age 18-39	\$0.00	\$0.00	\$123.14	\$93.13	228	228	0	\$165.00	134%	\$307.85	\$181.91	\$307.85
99406	__	Behav chng smoking 3-10 min	\$14.69	\$12.84	\$14.69	\$12.84	0	0	0	\$0.00	0%	\$36.73	\$22.18	\$36.73
99429	__	Unlisted preventive service	\$0.00	\$0.00	\$0.00	\$0.00	2	2	0	\$75.00	#DIV/0!	\$0.00	\$5.95	\$75.00
99443	__	Phone e/m phys/ghp 21-30 min	\$0.00	\$0.00	\$41.44	\$39.96	0	0	0	\$45.00	109%	\$103.61	\$60.87	\$103.61

Now Let's Determine Who's Robbing You Most



the business side of healthcare

Code	Modifie Description	% of Medicare		Non-Facility		Facility		Utilization (2019)			Payer Max Allowable		Payer 1		Payer 2		Payer 2		Payer 3			
		100.0%	100.0%	Conversion Factor	Conversion Factor	Charges	Charges	Charges	Charges	Commercial	MedAdv	All (Dr. Adam)	All (Dr. Barry)	Commercial								
		36.0896	36.0896	RBRVS	RBRVS	NF	FAC	Charges	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC	NF	FAC
		Non-Facility	Facility	RBRVS	RBRVS	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges	Charges
99202	Office/outpatient visit, new	\$77.14	\$51.21	\$77.14	\$51.21	23	0	\$142.00	\$104.14	\$69.13	\$92.57	\$61.45	\$75.60	\$50.19	\$86.40	\$57.36	\$104.14	\$69.13	\$100.28	\$6		
99203	Office/outpatient visit, new	\$109.16	\$76.66	\$109.16	\$76.66	1197	0	\$202.00	\$147.37	\$103.49	\$130.99	\$91.99	\$106.98	\$75.13	\$122.26	\$85.86	\$147.37	\$103.49	\$141.91	\$9		
99204	Office/outpatient visit, new	\$166.55	\$131.12	\$166.55	\$131.12	4284	0	\$308.00	\$224.84	\$177.01	\$199.86	\$157.34	\$163.22	\$128.50	\$186.54	\$146.85	\$224.84	\$177.01	\$216.52	\$17		
99205	Office/outpatient visit, new	\$210.37	\$171.30	\$210.37	\$171.30	50	0	\$387.00	\$284.01	\$231.26	\$252.45	\$205.56	\$206.17	\$167.87	\$235.62	\$191.86	\$284.01	\$231.25	\$273.49	\$22		
99211	Office/outpatient visit, est	\$23.59	\$9.35	\$23.59	\$9.35	9	0	\$41.00	\$31.85	\$12.62	\$28.31	\$11.22	\$23.12	\$9.16	\$26.42	\$10.47	\$31.85	\$12.62	\$30.67	\$1		
99212	Office/outpatient visit, est	\$46.20	\$26.11	\$46.20	\$26.11	257	0	\$83.00	\$62.37	\$35.25	\$55.44	\$31.34	\$45.28	\$25.59	\$51.74	\$29.25	\$62.37	\$35.25	\$60.06	\$3		
99213	Office/outpatient visit, est	\$76.10	\$51.99	\$76.10	\$51.99	4580	0	\$137.00	\$102.74	\$70.19	\$91.32	\$62.39	\$74.58	\$50.95	\$85.23	\$58.23	\$102.73	\$70.19	\$98.93	\$6		
99214	Office/outpatient visit, est	\$110.36	\$80.05	\$110.36	\$80.05	8654	0	\$102.00	\$148.99	\$108.07	\$132.43	\$96.06	\$108.15	\$78.45	\$123.60	\$89.66	\$148.99	\$108.06	\$143.47	\$10		
99215	Office/outpatient visit, est	\$148.17	\$113.11	\$148.17	\$113.11	103	2	\$333.00	\$200.03	\$152.70	\$177.81	\$135.73	\$145.21	\$110.85	\$165.95	\$126.68	\$200.03	\$152.70	\$192.62	\$14		
99218	Observation care	\$101.07	\$101.07	\$101.07	\$101.07	0	13	\$160.00	\$136.45	\$136.45	\$121.29	\$121.29	\$99.05	\$99.05	\$113.20	\$113.20	\$136.45	\$136.45	\$131.39	\$13		
99219	Observation care	\$137.53	\$137.53	\$137.53	\$137.53	0	12	\$263.00	\$185.67	\$185.67	\$165.04	\$165.04	\$134.78	\$134.78	\$154.03	\$154.03	\$185.66	\$185.66	\$178.79	\$17		
99220	Observation care	\$187.33	\$187.33	\$187.33	\$187.33	0	13	\$384.00	\$252.90	\$252.90	\$224.80	\$224.80	\$183.59	\$183.59	\$209.81	\$209.81	\$252.90	\$252.90	\$243.53	\$24		
99221	Initial hospital care	\$103.06	\$103.06	\$103.06	\$103.06	2	32	\$237.00	\$139.13	\$139.13	\$123.67	\$123.67	\$101.00	\$101.00	\$115.43	\$115.43	\$139.13	\$139.13	\$133.98	\$13		
99222	Initial hospital care	\$139.44	\$139.44	\$139.44	\$139.44	0	82	\$322.00	\$188.25	\$188.25	\$167.33	\$167.33	\$136.65	\$136.65	\$156.18	\$156.18	\$188.25	\$188.25	\$181.27	\$18		
99223	Initial hospital care	\$204.96	\$204.96	\$204.96	\$204.96	0	65	\$473.00	\$276.70	\$276.70	\$245.96	\$245.96	\$200.86	\$200.86	\$229.56	\$229.56	\$276.70	\$276.70	\$266.45	\$26		
99224	Subsequent observation care	\$40.17	\$40.17	\$40.17	\$40.17	0	11	\$160.00	\$54.23	\$54.23	\$48.20	\$48.20	\$39.37	\$39.37	\$44.99	\$44.99	\$54.23	\$54.23	\$52.22	\$5		
99225	Subsequent observation care	\$73.66	\$73.66	\$73.66	\$73.66	0	16	\$132.00	\$99.44	\$99.44	\$88.39	\$88.39	\$72.19	\$72.19	\$82.50	\$82.50	\$99.44	\$99.44	\$95.76	\$9		
99231	Subsequent hospital care	\$39.80	\$39.80	\$39.80	\$39.80	0	19	\$96.00	\$53.73	\$53.73	\$47.76	\$47.76	\$39.01	\$39.01	\$44.58	\$44.58	\$53.73	\$53.73	\$51.74	\$5		
99232	Subsequent hospital care	\$73.29	\$73.29	\$73.29	\$73.29	0	101	\$171.00	\$98.94	\$98.94	\$87.95	\$87.95	\$71.82	\$71.82	\$82.09	\$82.09	\$98.94	\$98.94	\$95.28	\$9		
99233	Subsequent hospital care	\$105.62	\$105.62	\$105.62	\$105.62	0	26	\$246.00	\$142.59	\$142.59	\$126.75	\$126.75	\$103.51	\$103.51	\$118.30	\$118.30	\$142.59	\$142.59	\$137.31	\$13		
99238	Hospital discharge day	\$74.07	\$74.07	\$74.07	\$74.07	0	2	\$170.00	\$99.99	\$99.99	\$88.88	\$88.88	\$72.59	\$72.59	\$82.96	\$82.96	\$99.99	\$99.99	\$96.29	\$9		
99243	Office consultation	\$0.00	\$0.00	\$125.63	\$98.23	0	2	\$313.00	\$169.60	\$132.62	\$150.75	\$117.88	\$123.11	\$96.27	\$140.70	\$110.02	\$169.60	\$132.62	\$163.31	\$12		
99244	Office consultation	\$0.00	\$0.00	\$188.00	\$158.05	0	2	\$341.00	\$253.80	\$213.37	\$225.60	\$189.66	\$184.24	\$154.89	\$210.56	\$177.02	\$253.80	\$213.37	\$244.40	\$20		
99251	Initial inpatient consult	\$0.00	\$0.00	\$50.45	\$50.45	0	2	\$123.00	\$68.11	\$68.11	\$60.54	\$60.54	\$49.44	\$49.44	\$56.50	\$56.50	\$68.11	\$68.11	\$65.59	\$6		
99252	Initial inpatient consult	\$0.00	\$0.00	\$76.39	\$76.39	0	3	\$190.00	\$103.13	\$103.13	\$91.67	\$91.67	\$74.87	\$74.87	\$85.56	\$85.56	\$103.13	\$103.13	\$99.31	\$9		
99253	Initial inpatient consult	\$0.00	\$0.00	\$117.95	\$117.95	0	28	\$290.00	\$159.23	\$159.23	\$141.54	\$141.54	\$115.59	\$115.59	\$132.10	\$132.10	\$159.23	\$159.23	\$153.33	\$15		
99254	Initial inpatient consult	\$0.00	\$0.00	\$171.68	\$171.68	0	18	\$419.00	\$231.76	\$231.76	\$206.01	\$206.01	\$168.24	\$168.24	\$192.28	\$192.28	\$231.76	\$231.76	\$223.18	\$22		
99282	Emergency dept visit	\$43.91	\$43.91	\$43.91	\$43.91	0	3	\$100.00	\$59.28	\$59.28	\$52.69	\$52.69	\$43.03	\$43.03	\$49.18	\$49.18	\$59.27	\$59.27	\$57.08	\$5		
99283	Emergency dept visit	\$65.70	\$65.70	\$65.70	\$65.70	0	4	\$153.00	\$88.70	\$88.70	\$78.84	\$78.84	\$64.39	\$64.39	\$73.58	\$73.58	\$88.70	\$88.70	\$85.41	\$8		

Calculating the “What If” Comparison

what if total utilization is multiplied by each payer’s utilization

CPT Code		NF Util.	Payer 1	Rates x Util.	Payer 2	Rates x Util.	Payer 3	Rates x Util.	Payer 4	Rates x Util.	Payer 5	Rates x Util.	Payer 6	Rates x Util.	100% of 2020 MCR	Rates x Util.
10060	Surgery	6	\$168.94	\$1,013.66	\$124.22	\$745.34	\$116.77	\$700.62	\$178.88	\$1,073.29	\$181.37	\$1,088.19	\$176.40	\$1,058.38	\$124.22	\$745.34
10120	Surgery	3	\$212.16	\$636.48	\$156.00	\$468.00	\$146.64	\$439.92	\$224.64	\$673.92	\$227.76	\$683.28	\$221.52	\$664.56	\$156.00	\$468.00
10160	Surgery	3	\$182.15	\$546.45	\$133.93	\$401.80	\$125.90	\$377.70	\$192.87	\$578.60	\$195.54	\$586.63	\$190.19	\$570.56	\$133.93	\$401.80
11055	Surgery	8	\$87.93	\$703.44	\$64.65	\$517.23	\$60.77	\$486.20	\$93.10	\$744.82	\$94.40	\$755.16	\$91.81	\$734.47	\$64.65	\$517.23
11056	Surgery	3	\$103.55	\$310.65	\$76.14	\$228.42	\$71.57	\$214.71	\$109.64	\$328.92	\$111.16	\$333.49	\$108.12	\$324.36	\$76.14	\$228.42
11720	Surgery	3	\$45.73	\$137.18	\$33.62	\$100.87	\$31.61	\$94.82	\$48.42	\$145.25	\$49.09	\$147.27	\$47.74	\$143.23	\$33.62	\$100.87
11730	Surgery	6	\$154.51	\$927.08	\$113.61	\$681.68	\$106.80	\$640.77	\$163.60	\$981.61	\$165.87	\$995.25	\$161.33	\$967.98	\$113.61	\$681.68
11750	Surgery	115	\$218.99	\$25,184.02	\$161.02	\$18,517.66	\$151.36	\$17,406.60	\$231.87	\$26,665.43	\$235.09	\$27,035.78	\$228.65	\$26,295.08	\$161.02	#####
12001	Surgery	3	\$126.26	\$378.79	\$92.84	\$278.52	\$87.27	\$261.81	\$133.69	\$401.08	\$135.55	\$406.65	\$131.84	\$395.51	\$92.84	\$278.52
12002	Surgery	3	\$154.25	\$462.75	\$113.42	\$340.26	\$106.61	\$319.84	\$163.32	\$489.97	\$165.59	\$496.78	\$161.06	\$483.17	\$113.42	\$340.26
20520	Surgery	4	\$295.80	\$1,183.20	\$217.50	\$870.00	\$204.45	\$817.80	\$313.20	\$1,252.80	\$317.55	\$1,270.20	\$308.85	\$1,235.40	\$217.50	\$870.00
20526	Surgery	53	\$109.72	\$5,815.41	\$80.68	\$4,276.04	\$75.84	\$4,019.48	\$116.18	\$6,157.50	\$117.79	\$6,243.02	\$114.57	\$6,071.98	\$80.68	\$4,276.04
20527	Surgery	14	\$118.44	\$1,658.19	\$87.09	\$1,219.26	\$81.86	\$1,146.10	\$125.41	\$1,755.73	\$127.15	\$1,780.12	\$123.67	\$1,731.35	\$87.09	\$1,219.26
20550	Surgery	465	\$76.21	\$35,439.70	\$56.04	\$26,058.60	\$52.68	\$24,495.08	\$80.70	\$37,524.38	\$81.82	\$38,045.56	\$79.58	\$37,003.21	\$56.04	#####
20551	Surgery	9	\$78.20	\$703.80	\$57.50	\$517.50	\$54.05	\$486.45	\$82.80	\$745.20	\$83.95	\$755.55	\$81.65	\$734.85	\$57.50	\$517.50
20552	Surgery	66	\$77.75	\$5,131.70	\$57.17	\$3,773.31	\$53.74	\$3,546.91	\$82.33	\$5,433.56	\$83.47	\$5,509.03	\$81.18	\$5,358.10	\$57.17	\$3,773.31
20600	Surgery	140	\$70.30	\$9,842.34	\$51.69	\$7,237.01	\$48.59	\$6,802.79	\$74.44	\$10,421.30	\$75.47	\$10,566.04	\$73.40	\$10,276.56	\$51.69	\$7,237.01
20605	Surgery	232	\$72.77	\$16,883.60	\$53.51	\$12,414.42	\$50.30	\$11,669.55	\$77.05	\$17,876.76	\$78.13	\$18,125.05	\$75.98	\$17,628.47	\$53.51	#####
20610	Surgery	2076	\$86.34	\$179,239.58	\$63.48	#####	\$59.68	\$123,886.18	\$91.42	#####	\$92.69	#####	\$90.15	\$187,147.21	\$63.48	#####
20612	Surgery	43	\$86.17	\$3,705.46	\$63.36	\$2,724.60	\$59.56	\$2,561.13	\$91.24	\$3,923.43	\$92.51	\$3,977.92	\$89.98	\$3,868.94	\$63.36	\$2,724.60
25600	Surgery	3	\$465.91	\$1,397.73	\$342.58	\$1,027.74	\$322.03	\$966.08	\$493.32	\$1,479.95	\$500.17	\$1,500.50	\$486.46	\$1,459.39	\$342.58	\$1,027.74
25605	Surgery	6	\$758.69	\$4,552.14	\$557.86	\$3,347.16	\$524.39	\$3,146.33	\$803.32	\$4,819.91	\$814.48	\$4,886.85	\$792.16	\$4,752.97	\$557.86	\$3,347.16
26341	Surgery	13	\$149.48	\$1,943.21	\$109.91	\$1,428.83	\$103.32	\$1,343.10	\$158.27	\$2,057.52	\$160.47	\$2,086.09	\$156.07	\$2,028.94	\$109.91	\$1,428.83
26600	Surgery	4	\$416.22	\$1,664.87	\$306.04	\$1,224.17	\$287.68	\$1,150.72	\$440.70	\$1,762.81	\$446.82	\$1,787.29	\$434.58	\$1,738.32	\$306.04	\$1,224.17
26605	Surgery	11	\$456.45	\$5,020.94	\$335.62	\$3,691.87	\$315.49	\$3,470.36	\$483.30	\$5,316.29	\$490.01	\$5,390.13	\$476.59	\$5,242.46	\$335.62	\$3,691.87
26725	Surgery	3	\$476.30	\$1,428.91	\$350.22	\$1,050.67	\$329.21	\$987.63	\$504.32	\$1,512.97	\$511.33	\$1,533.98	\$497.32	\$1,491.95	\$350.22	\$1,050.67

If Missing Rates for Any Payers – Exclude Code

Having a \$0 value for any payer for a code can inappropriately imply the payer pays \$0, and the amount might just be missing and not \$0, thus incorrectly understating that payer's aggregate fee schedule value in the comparison

If little-to-no utilization of code, don't sweat it unless you plan to do more in future.

If highly utilized code or a high reimbursement amount code, be diligent in asking rep for the code if not in portal

If issue is a new replacement code, replace old code in the data with the new code using old code utilization

Be cognizant that just because there is a rate in a schedule it does not mean it is a covered service

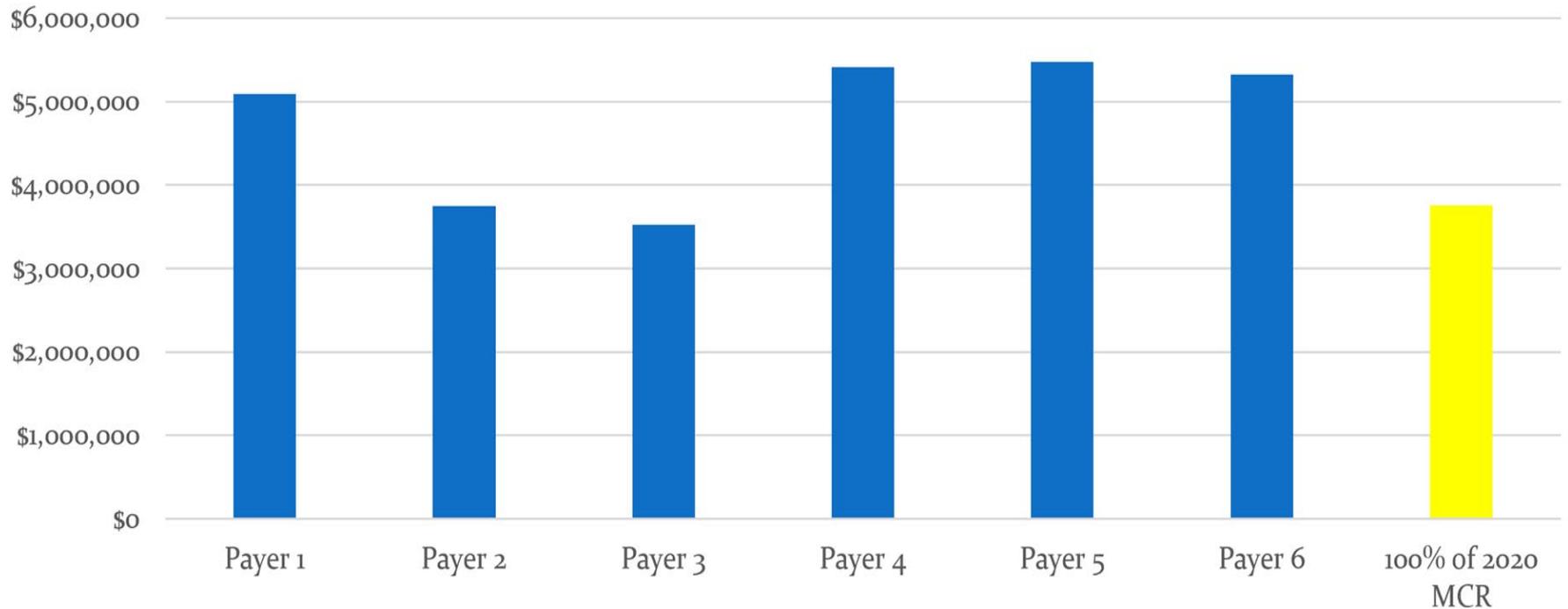
Roll Up Total ALL PAYER Utilization X Each Payer's FS

C	D	E	F	G	H	I	J
	Payer 1	Payer 2	Payer 3	Payer 4	Payer 5	Payer 6	100% of 2020 MCR
Surgery	\$445,224	\$327,371	\$307,728	\$471,414	\$477,961	\$464,866	\$327,371
Radiology	\$758,860	\$557,985	\$524,506	\$803,498	\$814,658	\$792,339	\$557,985
Lab	\$133	\$98	\$92	\$141	\$143	\$139	\$98
Medicine	\$6,083	\$4,472	\$4,204	\$6,440	\$6,530	\$6,351	\$4,472
E&M	\$2,974,865	\$2,187,401	\$2,056,157	\$3,149,857	\$3,193,605	\$3,106,109	\$2,187,401
Injectables	\$326,738	\$240,248	\$225,833	\$345,958	\$350,763	\$341,153	\$240,248
DME	\$632,105	\$464,783	\$436,896	\$669,288	\$678,584	\$659,992	\$464,783
Total	\$5,144,008	\$3,782,359	\$3,555,417	\$5,446,596	\$5,522,244	\$5,370,949	\$3,782,359

Payer Fee Schedule Comparison – Non Facility

All CPT Bands – What If Total Utilization X Each Payer FS

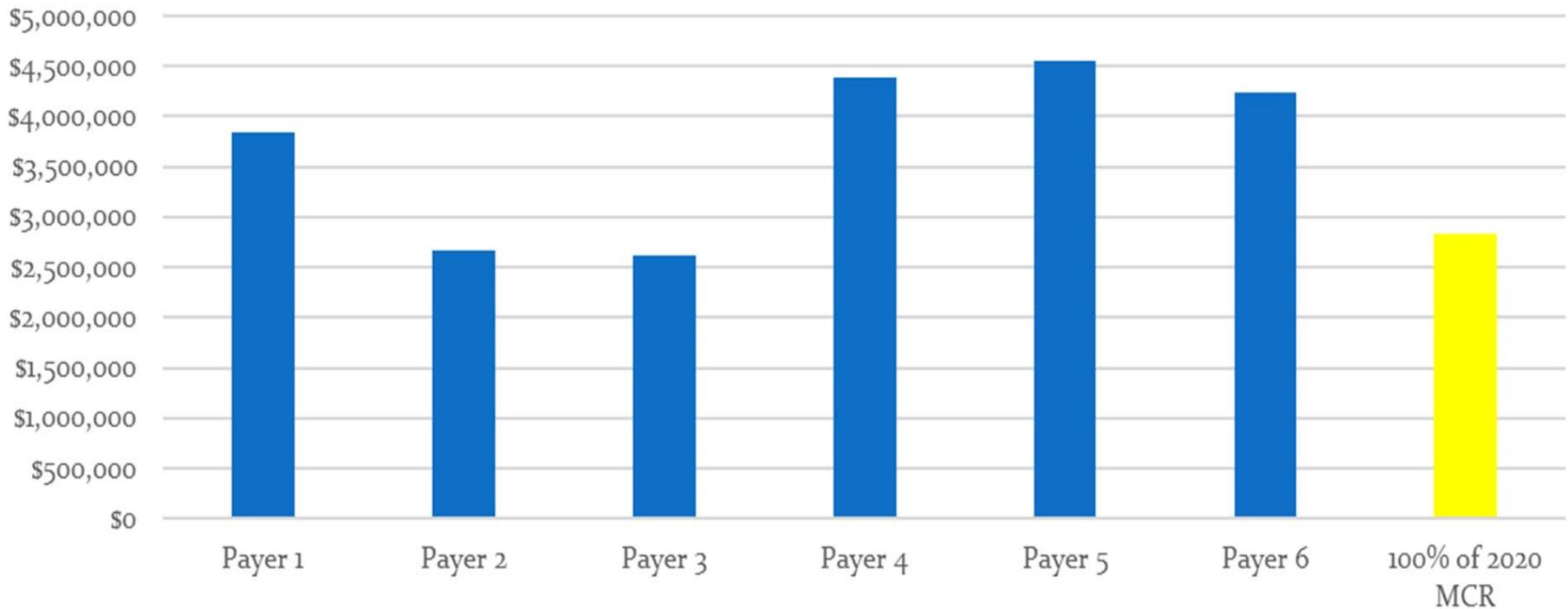
Total NF Utilization for CPT Codes Included in Analysis



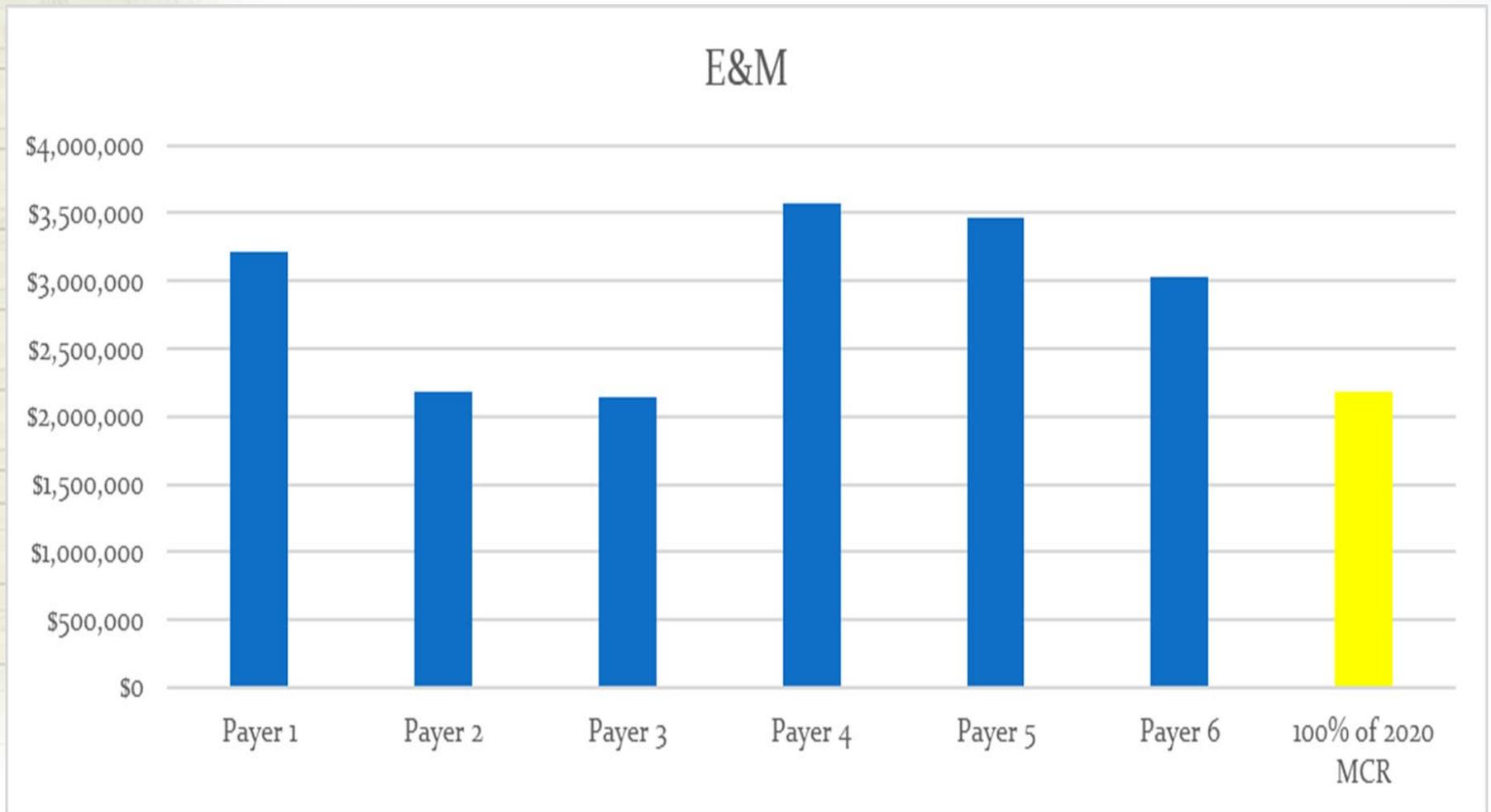
Payer Fee Schedule Comparison – Facility

All CPT Bands – What If Total Utilization X Each Payer FS

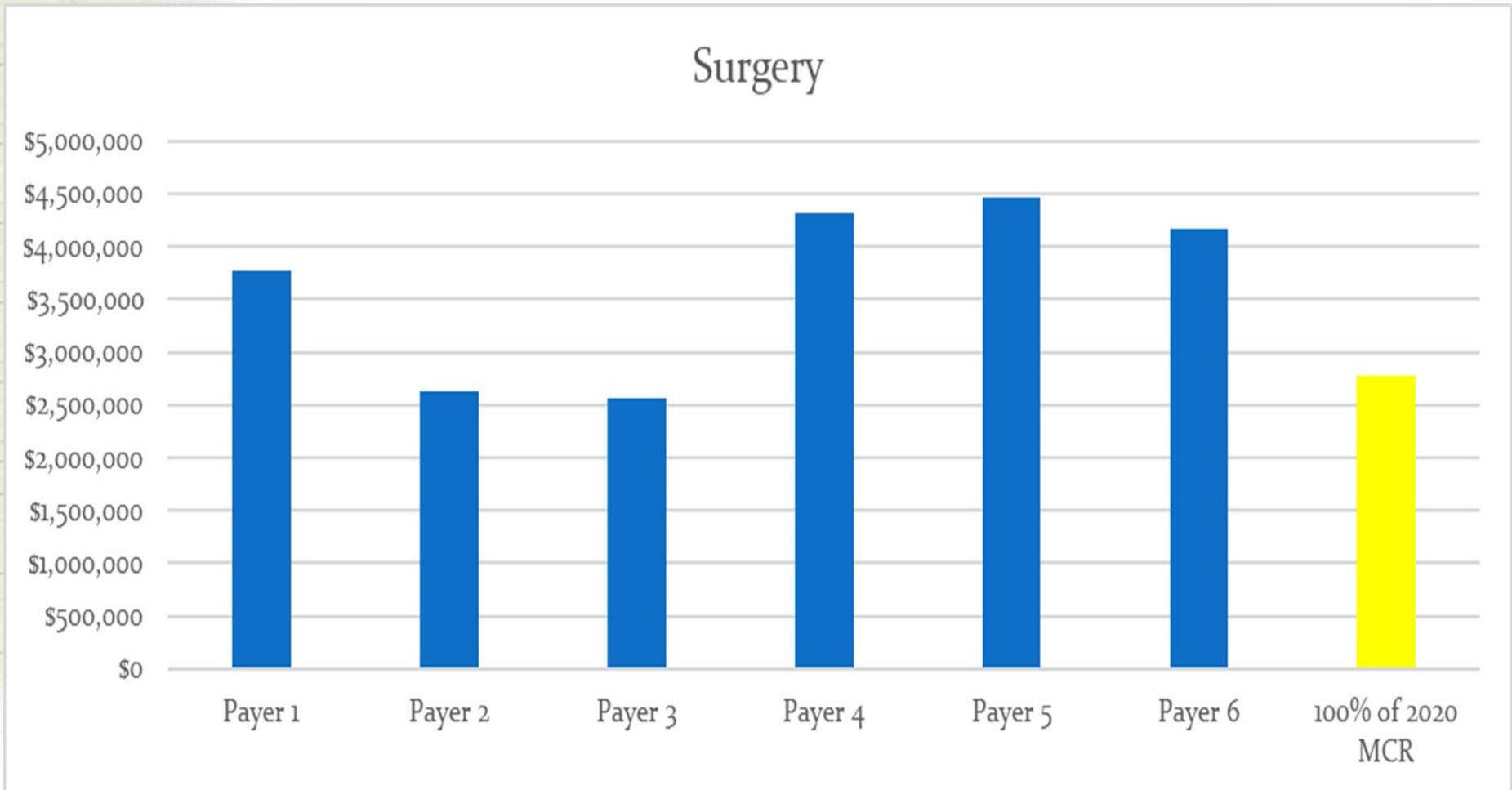
Total FAC Utilization for CPT Codes Included in Analysis



Evaluation and Management **NF** – What If



Surgical **FACILITY**- What If

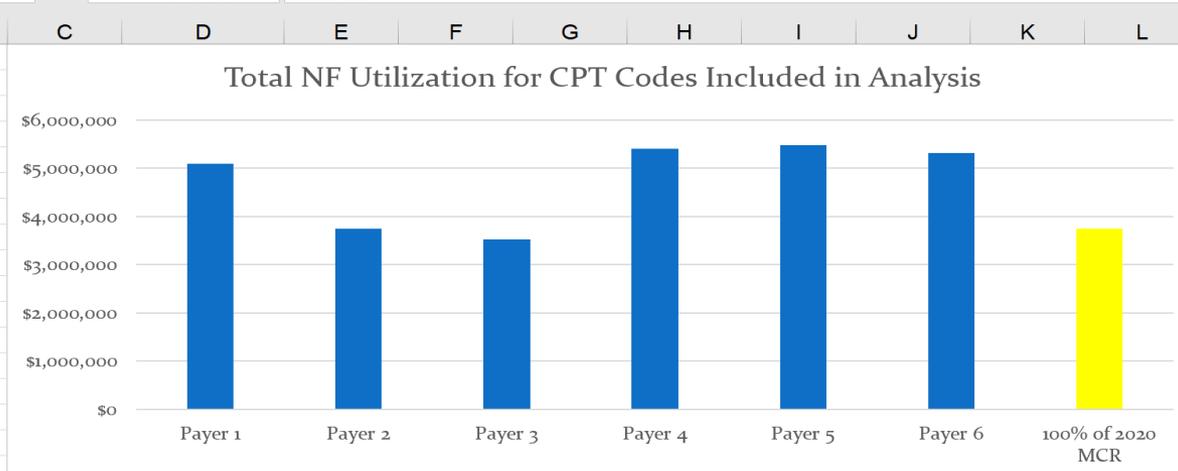


Do “What If” Analysis for All Major Bands as well

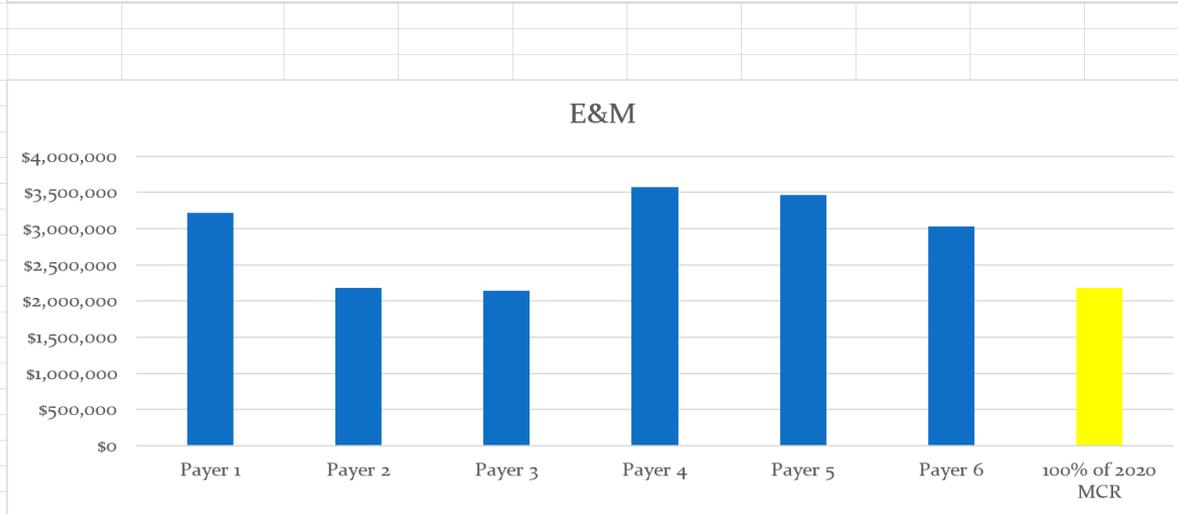
- E&M
- Surgical
- Medicine
- Lab
- Radiology
- Injectable Challenges – especially JCodes and Immunizations
- Sometimes use Specialty Band Subset – Examples:
 - Peds- subset analysis Preventive Visits, Immunization Admin
 - Derm – subset analysis of dermatopathology or Mohs
 - Rad – subset analysis of high tech MRI and CT
 - Oncology/Urology – Cull Radiation treatment out of rad band

ALL Codes and CPT Bands as % of Medicare

Pay close attention to locality



ALL CODES		% of 2020 MCR
Payer 5	\$5,477,476	146%
Payer 4	\$5,408,058	144%
Payer 6	\$5,320,756	142%
Payer 1	\$5,088,545	136%
100% of 2020 MCR	\$3,752,042	100%
Payer 2	\$3,748,125	100%
Payer 3	\$3,522,669	94%

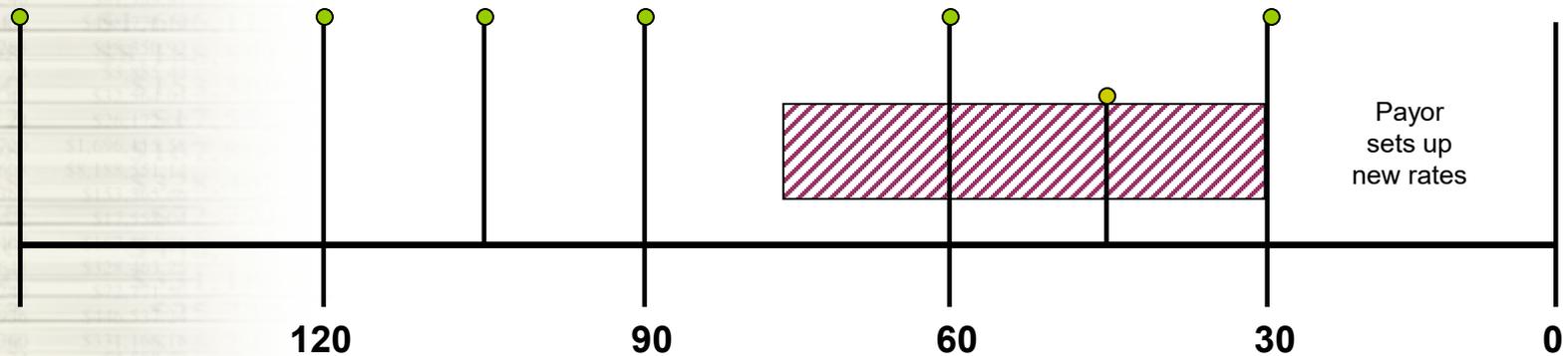


E&M CODES		% of 2020 MCR
Payer 4	\$3,570,906	163%
Payer 5	\$3,466,306	159%
Payer 1	\$3,219,698	147%
Payer 6	\$3,031,345	139%
100% of 2020 MCR	\$2,185,466	100%
Payer 2	\$2,185,463	100%
Payer 3	\$2,141,756	98%

Use Your Contract Inventory Notice Dates and Comparative Line Up of Rates and Utilization to determine what to tackle and when

- Which payers' rates need most attention
- Payer Mix – what % of business for each payer
- What date can you notify the payer or network
- Does contract allow off-anniversary notice
- Send notices to initial payers – don't negotiate too many at one time – overwhelming
- Get concurrence of your physicians/managers
- Send notices

Term and Termination Provisions Set Timeline For Re-Negotiations – Know when you can go to the table



Days prior to renewal

Example assumes 90-day notice is contractually required.



Major negotiation period

Getting the Notice and Negotiation Started

- Find notice terms and termination provisions – these drive when and how notice is to be sent
- Decide upon the payer or network with which to negotiate based on...
 - notice dates and
 - financial impact on practice of payer rates
 - both strength of schedule and % market share of payer
- You will be inclined to want to negotiate the whole darn bunch of them but generally don't tackle more than two major negotiations at one time

Challenges and Tips Regarding Renegotiation Notice

- Know #days notice required and if tied to anniversary
- Rarely a “renegotiation” clause – Use Term and Termination provision as the driver
- If Individual vs Group Agreement - all providers sign
- Info to include covered later in session
- Send w signature receipt required and SAVE proof
- Plan to follow up – you drive the timeline
 - Without Termination Date on Table – Payer is rarely in any hurry

What if you ask nicely without term notice?

- Sometimes the payer will come to the table in good faith and negotiate without the threat of termination - rarely, but if paper is old they want to get a compliant agreement done too.
- Agreements lack a “re-negotiation” clause so often termination is the only contractual mechanism to use
- Unfortunately, without term notice, there is no hurry on the payer’s or network’s part and so expect LONG delays in responses
- If termination is *tied to anniversary* and you try w/out termination, and then get frustrated with the negotiation, you may have to wait a year to get tougher because you just missed the notice period

Let's write your notice to Renegotiate/Terminate Send w Proof of delivery to Contract Notice Address and to Rep

- Practice name
- Practice TIN, Group NPI and Locations
- Physicians and Mid-levels w Individual NPI
- If Individual Agreements – signature of each provider
- **Intent to renegotiate but with termination date** if terms not agreed upon by given date
- Date by which you request a response
- On Letterhead
- Keep the delivery receipt until negotiations are done
- Save What Makes You Special for Negotiation

In Conclusion... Initial Phase of Project

- Start by gathering your agreements/addenda and rates for all codes
- Use ALL codes and Weight by All Payer Utilization to compare fee schedules “apples to apples” – payer to payer and Medicare
- Know When and How to initiate a negotiation and manage the timeline using contractual terms
- ... do it right!

Questions?

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