

The key to increasing your revenues and improving profitability is to maximize payer reimbursements.

After completing this course, participants will understand what third party payers “don’t want them to know” and specific methods to increase revenues on commercial payer contracts. This class is perfect for hospitals, practices, ASCs, and any vendor of medical equipment, medicines or supplies.

Class can be customized and delivered on-site or online!

At the conclusion of this course, participants should be able to:

1. Analyze and negotiate contracts to increase reimbursements to improve revenue and profitability.
2. Define managed care terms used in contracting.
3. Evaluate a managed care contract proposal and prepare a SWOT analysis to identify opportunities and threats on behalf of their urology practice.
4. Carry out a managed care proposal reimbursement analysis utilizing software to compare proposed reimbursement rates to similar providers in geographic area and to compare payer fee schedules.
5. Learn new techniques for negotiating “win win” arrangements with managed care companies.
6. Manage business operations that track actual reimbursements compared to contracted payment expectations to insure that you are not underpaid.
7. Evaluate in network vs. out of network options and maximize your billed charges to UCR levels.
8. Audit charge masters to be sure that charges are set at UCR levels and that the “lesser of” language will not cause a medical provider to lose reimbursement.
9. Identify and negotiate key operational language in payer agreements.

Increase your revenues!

Student Post-Seminar Exercises, “Homework”:

Following each class, students receive homework assignments to reinforce the concepts taught in the most recent session:

- Each participant will be encouraged to participate and to focus on one agreement to perform actual negotiations.
- Rules for electronic information exchange that avoids anti-trust issues and or client confidentiality will be promulgated prior to launch of any online information exchanges.
- Healthcents to be a resource for participants to effectively complete negotiations.
- Evaluation: Healthcents, Inc. to evaluate participant performance based on homework assignments.

- **Faculty:** Susan Charkin, President of Healthcents, Inc., Steve Selbst CEO and COO of Healthcents, Inc., Regina Vasquez, VP of Accounts, Healthcents, Inc.
- **Four Sessions:** Each session will be 1.5 hours. Each course is limited to the first 50 students who register. Students participate via homework assignments and in class discussions and exercises.
- Course participants will use the Healthcents’ RevolutionSoftware™ Web Service for benchmarking and analyzing contracts to prepare for negotiations. Registered students receive a four month license as part of their course fee.
- **Estimated CME Value: 6 hours Category I**

A Blueprint for Success: Effectively Negotiating Commercial Payer Agreements

As the costs of running a hospital, practice, ASC and medical supply company increases, physicians, executives and office administrators (prospective class participants) need to understand the techniques and tools to use to maximize and expand in network payer reimbursements. Commercial payer agreements usually account for 60%+ of a medical provider's revenues and, as such, medical providers can substantially increase revenues by using our proven techniques and patent pending IP to negotiate commercial payer agreements.



HEALTHCENTS™

RevolutionSoftware

www.healthcents.com
e-mail: info@healthcents.com
Toll Free: 1-800-497-4970



SESSION I: Overview: Build a Solid Foundation for Managed Care Basics

- History of Managed Care
- Is contracting worth the effort? Why?
- Critical Success Factors:
 - ✓ Analysis (Quadrant Analysis, Value Based Contracting, Data Analytics)
 - ✓ Winning Solutions for maximizing payer contracts
 - ✓ Payer Contracting Process
 - ✓ Understanding and matching provider's and payer's objectives
 - ✓ Handling potential "Landmines", including what to do when a payer will not negotiate
 - ✓ Contract Language "Cover Your Contracts"
 - ✓ How to sell your practice to payers and to employer groups

SESSION II: Data Acquisition and Analysis; Prepare for Negotiations

- Perform a benchmarking analysis of payer fee schedules using RevolutionSoftware™ to set fee schedule proposals
- Identify and define patterns in reimbursement to use in an overall negotiation strategy
- Analyze and benchmark billed charges against an established minimum percentage of Medicare

reimbursement to avoid being paid less than any contracted rate and to maximize your cash based business

- Compare any two of your payer fee schedules on a "normalized code" and volume base to benchmark against each other
- Learn and use a practical technique for comparing claims' payments to contracted rates and assess whether or not you are being "under reimbursed"
- Objectively assess in network versus out of network reimbursement

SESSION III: SWOT Analysis, Proposal Letter and Contracts' Negotiations

- Perform a SWOT analysis of your practice to identify strengths, weaknesses, opportunities and threats to your practice in your market with each payer
- Apply findings of SWOT and prepare persuasive payer proposal letter that highlights their strengths and opportunities to bring added value to the payer network
- Conduct contract negotiations
 - ✓ How to handle various payer responses
 - ✓ Learn how to handle payer objections and shut downs
- Handle escalations and other options

SESSION IV: Language Review, Claims Monitoring, ACOs / Capitation and Wrap Up

- Finish contract negotiations process
 - ✓ Operational Language Review
 - ✓ Monitor Claims and remember to renegotiate
 - ✓ ACOs and Capitation
- Bringing it all together with the 10 Best Practices, review of:
 - ✓ How to evaluate a managed care fee proposal
 - ✓ Preparing a SWOT analysis to identify opportunities and threats to a practice's reimbursements
 - ✓ Conducting a managed care proposal reimbursement analysis used for benchmarking, pattern identification and business modeling
 - ✓ Evaluate in-network vs. out-of-network options and maximize your billed charges to uniform, customary & reasonable (UCR) levels
 - ✓ Techniques for negotiating "win-win" agreements with managed care companies
 - ✓ Simple techniques for monitoring claims payments and comparing these to your contracted rates insure that you are not underpaid and that you are receiving proper payments