

INGENIX®

Fee Negotiation Services

Historically, our clients save an average of 20–25 percent with an average success ratio over 60 percent.

Executive Summary

Out-of-network medical claim costs represent substantial expenses for most payers. Options for addressing these challenges are limited to balance billing and repricing that can lead to lengthy appeals and financial loss, or to a negotiation process that strains provider relationships and complicates the expansion of your network. Most organizations lack the internal resources to effectively recapture lost revenue.

Ingenix can help. Ingenix Fee Negotiation Services can help you save on medical claims payments outside of traditional contracted providers, including non-network or non-participating providers as well as on ER admissions, acute care, skilled nursing, and home health cases. Our services provide:

- Complete and transparent claim resolution contracted in writing
- Complete bill review by expert clinicians and coders
- Skilled negotiators with years of experience working directly with providers nationwide
- Stronger working relationships with a direct, hands-on negotiation approach for each claim
- Contingency-based model for services

Overview

Ingenix Fee Negotiation Services offers two distinct contingency-based services: Pre-claim, typically performed before or during treatment, and Post-claim, typically performed after treatment but before payment. Whether you utilize one service or both, our cooperative strategy yields signed agreements, no appeals, and perhaps most importantly, stronger relationships with you and your providers and members. And that ultimately contributes to savings for your health plan or workers' compensation program.

Pre-Claim Fee Negotiation Service

In our Pre-Claim Fee Negotiation Service, management of the claim is typically initiated at the utilization management, care management, or pre-certification phase. Our highly skilled negotiators then work with the facility to contract favorable agreements and considerable discounts. With this focus on the front end of medical care, payers benefit from a substantial savings—historically averaging more than 30 percent.

The charts illustrate the significant contrast in Pre-claim negotiation results versus the conventional Post-claim fee negotiation results

PRE-CLAIM NEGOTIATION RESULTS EXAMPLES					POST-CLAIM NEGOTIATION RESULTS EXAMPLES				
Provider	DOS	Billed \$	Discount %	Savings \$	Provider	DOS	Billed \$	Discount %	Savings \$
Washington	9/15/2008	\$19,036.65	54.00%	\$10,279.79	Washington	4/10/2008	\$11,381.25	20.00%	\$2,276.25
Colorado	9/10/2008	\$22,927.14	44.00%	\$10,087.94	Colorado	2/5/2005	\$10,947.39	30.00%	\$3,284.22
California	8/7/2008	\$28,202.00	46.81%	\$13,201.36	California	2/14/2007	\$36,633.00	0.00%	\$0.00
California (Psych)	6/12/2008	\$53,466.84	57.92%	\$30,967.99	California (Psych)	5/3/2005	\$15,207.31	20.00%	\$3,041.46
Texas	6/22/2008	\$12,154.55	50.00%	\$6,077.28	Texas	8/25/2004	\$5,222.81	4.00%	\$208.91
New Jersey	7/11/2008	\$17,112.58	35.00%	\$5,989.40	Arizona	2/25/2007	\$1,397.63	20.00%	\$279.53

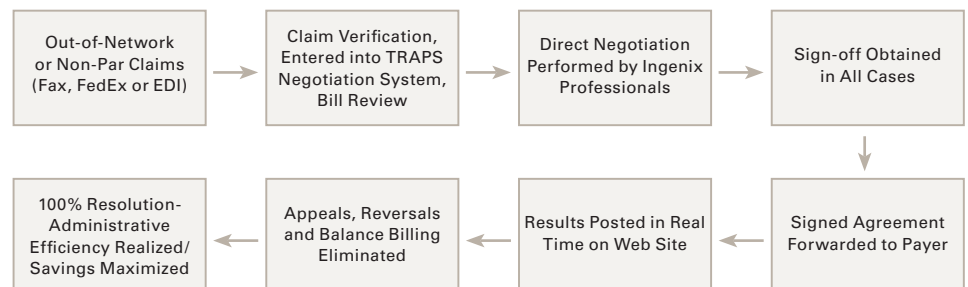
Post-Claim Fee Negotiation Service

In our Post-Claim Fee Negotiation Service, all received claims are reviewed and settled directly with the provider or facility. Our team of audit nurses and professional coders review each claim for possible overcharges, inappropriate charges, billing errors, and excessive charges. Using normative charges as a benchmark, these reviews are performed by comparing other providers' fees and by using historical proprietary data. Because we base negotiated amounts on plans' allowed charges, historically, we have been able to find a discount average of 23 percent on 60 percent of claims submitted while simultaneously eliminating balance billing and costly appeals as well as reducing overall administrative costs.

Direct Negotiation for Improved Provider and Member Relationships

Using direct negotiation on a case-by-case basis, we target inpatient, outpatient, and professional claims of almost all types over certain agreed-upon minimums. Setting recommended claim thresholds minimizes administrative investment and maximizes the savings yield. Our state-of-the-art reporting and case tracking web applications enable us to clearly communicate with clients to deliver results quickly, and all agreements are contracted in writing, with terms that are transparent to all parties, to facilitate total claims resolution. This approach leads to a consistent, credible, and value-added relationship—not just with our payer customers, but with the providers, facilities, and plan members as well.

Stronger relationships and a straight-forward process: Ingenix Fee Negotiation Service



Key Features ↙

Both our Pre-Claim and Post-Claim Fee Negotiation Services provide real-time reporting and case tracking web applications as well as:

- Claim status posted in real time
- Direct client report access
- Secure data environment
- Customized report applications

In addition, we utilize a proprietary database to effectively maximize savings on each claim. This database offers a clear advantage when negotiating with providers:

- System interface with historical provider data
- Code review and claim edits
- Provider profiles
- Benchmark pricing
- Cost-to-charge ratio benchmarks
- RN line-item reviews and audits

Ingenix Fee Negotiation Services can help you contain your out-of-network costs. For more information, call your Ingenix account executive for the details, or contact us at (800) 765-6034 or ingenuity@ingenix.com today.

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