Topics

Collect Rx Out-of-Network Background
General Out-of-Network Issues
Payment Processing
Policies
Negotiating Settlement Offers
Appealing Underpayments
Third-Party Rental Network Agreements
Collect Rx
Out-of-Network Expertise
Collect Rx: The Out-of-Network Experts

- **Focus**: helping providers maximize reimbursements on out-of-network bills
- **Started in**: 2006
- **More than 1,300 customers nationwide**
- **Customers include**: ambulatory surgery, physician groups, hospitals, and labs
- **Created**: CRXIS™ proprietary OON database
- **Built team of experts** who formerly worked for insurance companies and their vendors
FAQs: General
Definitions

- **Out-of-Network** – the provider has *not* negotiated a contracted rate for reimbursements with the payer

- **Repricing** – payer reimburses lower than the provider’s full billed charges

- **Vendors** – companies used by payers to reduce payments to providers

- **Single case rate agreements** – payment offers negotiated by the payer and provider before payment is made
What is the #1 key to successful out-of-network negotiations?

Persistence
If I am currently OON and there is no Third-Party Rental Agreement, is there still a strategy to negotiate?

Yes: negotiate or appeal
What’s the best way to negotiate with payers: phone, email, or fax?

Phone
Is it worth the trouble negotiating if we don’t see a lot of OON?

Yes
Can I do anything if the bill was denied for no authorization?

Sometimes
Why would I want to be Out-of-Network?

More Money
FAQs: Payment Processing
Frequently Asked Questions: Payment Processing

How do payers determine what to pay?

Employer preference
How can 2 patients with the same treatment and the same insurance company have 2 different reimbursements?

Reimbursements levels are determined by the employer group.
My revenue cycle team insists that “Usual & Customary” is limited to 150% of Medicare or lower for OON. What are your thoughts?

UCR is misconstrued by many providers.
Frequently Asked Questions: Payment Processing

How do you collect more than Usual & Customary?

Data, policies, and expertise
FAQs: Policies
What is a limited benefit policy?

Puts restrictions on the calculation of reimbursements.
What are examples of limited benefit policies?

- United Healthcare MNRP
- Cigna MRC
How do I know if the patient has a limited benefit policy?

Ask during benefit verification
Can cases involving international patients be negotiated?

Yes
FAQs: Negotiating Settlement Offers
What is the incentive to agree to any of these proposals when the provider is OON with the payer?

Maximize reimbursements
Why would I negotiate offers from companies like Multiplan? I expect 100% of my charges.

Bill minimization tactics allow payers to reimburse at a fraction of your charges.
Frequently Asked Questions: Negotiating Settlement Offers

Any tips for negotiating the single-case agreements?

Persistence and data
Frequently Asked Questions: Negotiating Settlement Offers

What do you think about our strategy of never accepting more than 10% discounts?

Bill minimization tactics allow payers to reimburse at a fraction of your charges.
Won’t negotiating aggressively ruin my relationship with these vendors?

They are not your friend.
Is it appropriate that vendors often give me less than a day to negotiate?

Some expiration dates are real, some are not.
Once we agree to a discount, can the payer change their mind?

Yes
If we decline a single case agreement, can we bill the patient?

Yes
If we accept a single case agreement, can we bill the patient for the discounted amount?

No
Is it better to decline an agreement if we don’t agree with the reimbursement amount?

Yes and no
Is it good to sign up with third-party portals?

No
FAQs: Appealing Underpayments
As an OON provider, can we appeal low reimbursements for claims?

Yes
What’s the best way to successfully appeal underpaid bills?

Resources
Data
Method
Persistence
Frequently Asked Questions: Appealing Underpayments

What are best practices to appeal an underpayment?

Rigorous appeal process
Appeal Process

- UB / CMS1500
- EOB
- AOB
- Billing Notes
- Collections Notes

Docs
Frequently Asked Questions: Appealing Underpayments

Appeal Process

- Verify patient info
- Verify bill info
- Verbal explanation of reductions
Frequently Asked Questions: Appealing Underpayments

Appeal Process

- Gather facts & data
- Formulate arguments to the payer
Frequently Asked Questions: Appealing Underpayments

Appeal Process

- Call everyday
- Write letters everyday
- Escalate
- Takes several weeks
**Frequently Asked Questions: Appealing Underpayments**

**Appeal Process**

- **Docs**
- **Payor Verification**
- **Strategy**
- **Payor Engagement**
- **Settlement & Follow-up**

- Make sure you are paid in the correct amount!
Frequently Asked Questions: Appealing Underpayments

What is an Assignment of Benefits?

Ensures you are paid
Any tips on the Assignment of Benefits?

(1) Assigns the provider all rights under the insurance policy
(2) Refers to the provider as the patient's authorized representative
(3) References ERISA and a full and fair review of claims
What about insurance companies paying initially, but then recouping the money later?

Appeal the refund request
FAQs: Third-Party Rental Agreements
What is a Silent PPO (or Third-Party Rental Agreements)?

An insurance company tactic to lower reimbursements by accessing the discounted rates of another insurer, typically without the provider’s knowledge.
How do I know when a Third-Party Rental Agreement is going to be applied?

You don’t
Why do so many providers contract with 3RD Party Rental Agreements / Silent PPO’s?

It’s easy
Why don’t the payers always use my third party contract?

The contracts are caps on reimbursements
Why does the EOB sometimes state the third-party contract was used, but the bill was not reimbursed according to the contract?

Vendors employ various cuts
How do I track if my Third-Party Rental Agreements are being applied correctly?

Check your EOBs
Why do I receive settlement offers when I have a contract?

Payers are trying to beat the contracted rate.
A Word About Outsourcing
Richa Singh, EVP
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Note: This presentation is not providing any legal advice and viewers should consult with their own lawyer for legal advice.
How can an insurance company create an “Allowed” amount that is different than the patient’s plan document?
We have seen OON reimbursements decrease for the same procedures over time. How is that possible?
Should I outsource out-of-network negotiations?

Provides more time for patient care
What should I take into account
What is a single case agreement?

Negotiate after services, but before payment.