Large Bill Negotiations

Healthcare costs continue to escalate due to billing errors, duplicate charges and inflated or unnecessary billed charges. We have a team of expert negotiators whose sole purpose is to negotiate these charges on your behalf.

At CareWorks, our focus is on the negotiation of large medical bills (typically hospitals), with charges in excess of $10,000. According to research, the top 2% of medical bills contain over 50% of the medical costs, and 1% savings exceeds most fee differentials. By controlling these costs, we are able to provide maximum value for our clients.

NEGOTIATION FACTORS INCLUDE:
- Usual and Customary Reimbursement Data
- Centers for Medicare & Medicaid Services (CMS) TRICARE, Reimbursement Levels
- History of Reimbursement Results
- Proprietary Research & Data Aggregation
- Standard Clinical Edits
- Quick-Pay Discounts

RETROSPECTIVE SERVICES:
We have found that the key to driving retrospective savings is to:
- Exploit the artificial “gap between regulatory fee structures and the accepted reimbursement
- Marry WC specific expertise with knowledge of the reimbursement system to maximize savings
- Work collaboratively with the payor community
- Let information drive the bid/ask process of negotiation
- Take the time necessary to achieve the best possible savings

BENEFITS TO OUR LARGE BILL NEGOTIATION SERVICES

WE DELIVER REAL SAVINGS
Our inception-to-date performance is over 40% savings below eligible (fee-schedule and preaudit, etc.).

EXCELLENT RECONSIDERATION TRACK RECORD
To date we have had less than 1% reconsiderations. However, CareWorks automatically surrenders our fee in the event a provider opts to reject the agreement.
KEY HIGHLIGHTS

Signed Agreements
A majority of our negotiations are supported with signed agreements that virtually eliminate reconsiderations and disputes. Some of our clients opt to utilize only such agreements.

Value-Based Negotiations
We always audit invoices prior to negotiation. The audit process typically breaks down into an analysis of reimbursement as it is tied to proprietary reimbursement data, CMS, neighboring fee schedules, and large payor agreements, etc. Getting a value-based amount requires private and quasi-public data, along with the expertise to interpret it.

Results
Our inception-to-date performance is over 37% savings below eligible (fee-schedule and preaudit, etc.). This savings was generated across over 30,000 agreements and more than $500 million in eligible charges annually.

Technology
To date we have had less than 1% reconsiderations. However, CareWorks automatically surrenders our fee in the event the savings are “reversed.” The likelihood of a rejection is remote, but in the event it happens we will refund all associated fees.

Reconsiderations
CareWorks maintains a proprietary processing application called ARRAy, a cloud-based application with leading edge encryption and broad capabilities to exchange data and customize processing and output according to client needs. CareWorks uses a state-of-the-art system with an EDI Platform that handles bill submission, EDI bridges, and an electronic link to prospective products. Comprehensive reporting shows key analytics, trends and analysis and is available in both print and electronic formats. We also offer specialty audit and reviews.

About CareWorks
CareWorks’ national, custom managed care solutions include bill review, a national PPO network, case management, utilization review, IME, and ancillary services. We leverage technology and data analytics to improve outcomes and deliver superior results for our customers.

Get in touch
To learn more about how CareWorks can impact your program, please contact us.

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