


## INSURANCE CONTRACT NEGOTIATIONS - How to Negotiate Like a Pro


Laurie Sittig Bouzarelos, MHA, CPC  
Healthcare Consultant

4:15 – 5:15 pm  
September 13, 2018

  
**PHYSICIANS' ALLY, INC.**  
*Health Care Consultants*

All Rights Reserved.


1. Overview
2. How to get started
3. Gather practice data
4. PREPARE – understanding reimbursement
5. Payer negotiations
6. Educate and Monitor
7. Questions

  
**PHYSICIANS' ALLY, INC.**

© 2015 TriZetto Corporation

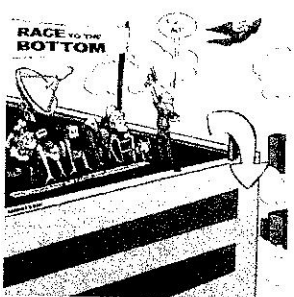
<https://www.physicians-ally.com/>

Healthcare Consulting	Billing
Contract Negotiation	Staff Training
Compliance	HIPPA
Chart Audits	OSHA
Revenue Cycle Audits	

  
**PHYSICIANS' ALLY, INC.**


© 2015 TriZetto Corporation

## The result of the Race to the Bottom




[www.7robots.com](http://www.7robots.com)

5



- Consultant
- Account Executive
- CPC & national speaker at AAPC
- Bachelor of Science from Colorado State University
- Master of Health Administration from Cornell University

  
**PHYSICIANS' ALLY, INC.**

© 2015 TriZetto Corporation

## Providers are forced to be involved in contract negotiations



[www.doctorscrossing.com](http://www.doctorscrossing.com)

6

# WHY BOTHER?

7

A typical vision exam that reimburses:

## \$45 - \$60

10 | © 2015 T-Zeta Corporation

PHYSICIANS AID, INC.

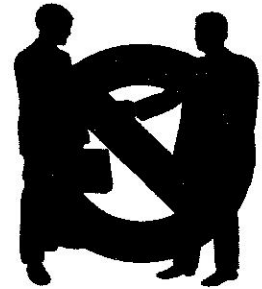
### It's your practice's paycheck



You might have more leverage than you think

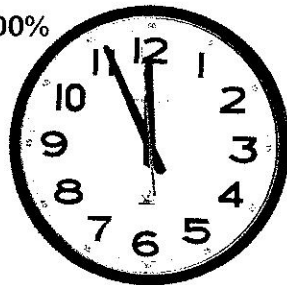
8

**NOTE:**  
Mandated  
fee  
schedules  
are not  
negotiable



### Time commitment (minimum)

- Don't delegate 100%
- 100 hours
- 6 months



9

The market  
place is  
getting  
smaller –  
payor  
consolidation



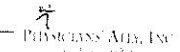
**WORLD DOMINATION**  
Soon you will all bow before me.

# Colorado Payors circa 20015

- Aetna
- Affordable
- Alliance
- Anthem BCBS
- Antero Health Plan
- Beech Street
- Colorado Access
- Community Care Network (CCN)
- Community Health Plan of the Rockies (CHPR)
- CorVel
- Concentra
- CIGNA Health Care
- CompreCare
- Coventry Health Care
- First Choice of the Midwest
- First Health
- GEHA/PPO USA Network
- FOCUS
- Great-West
- Humana, Inc.
- Kaiser
- MedRisk
- MetLife
- Mountain Medical Affiliates (MMA)
- Mutual of Omaha
- MultiPlan (Viant)
- One Health Plan
- PacificCare
- Private Healthcare Systems
- Prudential
- Rocky Mountain Health Plans
- Sloans Lake
- Take Care
- Western Health Plan
- United Healthcare

Market Share by Line of Business - Health

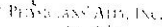
Year	State	Line of Business	Company Name	Market Share	Market Share	Market Share	Market Share	Market Share	Market Share
2015	CO	Health	Aetna	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%
2015	CO	Health	Humana	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%
2015	CO	Health	United Healthcare	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%
2015	CO	Health	Antero Health Plan	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
2015	CO	Health	Community Care Network	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%
2015	CO	Health	Other Companies	38.5%	38.5%	38.5%	38.5%	38.5%	38.5%



Market Share by Line of Business - Health

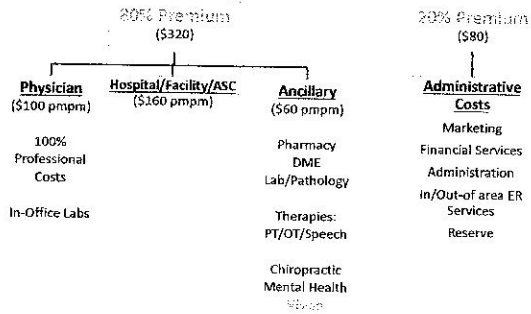
Market Share by Line of Business - Health

Year	State	Line of Business	Company Name	Market Share	Market Share	Market Share	Market Share	Market Share	Market Share
2015	CO	Health	Aetna	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%
2015	CO	Health	Humana	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%
2015	CO	Health	United Healthcare	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%
2015	CO	Health	Antero Health Plan	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
2015	CO	Health	Community Care Network	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%
2015	CO	Health	Other Companies	38.5%	38.5%	38.5%	38.5%	38.5%	38.5%



## HMO

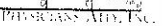
Medical Loss Ratio: \$400 estimated monthly premium



Market Share by Line of Business - Health

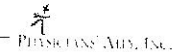
Market Share by Line of Business - Health

Year	State	Line of Business	Company Name	Market Share	Market Share	Market Share	Market Share	Market Share	Market Share
2015	CO	Health	Aetna	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%
2015	CO	Health	Humana	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%
2015	CO	Health	United Healthcare	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%
2015	CO	Health	Antero Health Plan	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
2015	CO	Health	Community Care Network	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%
2015	CO	Health	Other Companies	38.5%	38.5%	38.5%	38.5%	38.5%	38.5%




## Payor EyeCare Third Party Provider

Aetna	Eye Med
BCBS	Eye Med
Cigna	VSP
Humana	Humana Vision Care Plan
United	Medical services under UHC, routine is Spectera



## Aetna CEO Compensation 2017

<https://www1.salary.com/Mark-T-Bertolini-Salary-Bonus-Stock-Options-for-AETNA-INC.html>



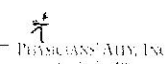
Mark T. Bertolini		
Base Pay	Bonus + Incentive Comp	Total Cash Compensation
\$1,200,000	\$2,079,600	\$3,279,600
Stock Award Value	Option Award Value	Total Equity
\$6,534,208	\$8,399,195	\$14,933,403
		Total Other
		\$489,989
		<b>Total Compensation</b>
		<b>\$18,702,992</b>

The chart on this page features a breakdown of the total annual pay for Mark T. Bertolini, Chairman and Chief Executive Officer at AETNA INC as reported in their proxy statements.

19

- United owns Spectera
  - Having rate differential could apply to both
- There's no guarantee that VSP and EyeMed won't get purchased by a Payor

22 © 2015 TriZeta Corporation



## UNITED HEALTHCARE

<https://www.bakershoopitalreview.com/leaver-issues/unitedhealth-stock-hits-all-time-high.html>

### UnitedHealth stock hits all-time high

Written by Morgan Haefner | August 28, 2018 |  
Print | Email | inShare

UnitedHealth Group's stock hit a 52-week high of \$264.76 on Aug. 27, according to Zacks.com.

As of Aug. 28, the stock surpassed \$268. Over the past month, UnitedHealth's stock has increased 2.8 percent. Since the beginning of the year, the health insurer has gained 19.9 percent.

UnitedHealth's stock has outperformed its sector due to consistently positive earnings. The health insurer has not missed Zacks.com's earnings consensus in the last four quarters. By the end of this fiscal year, UnitedHealth is projected to record earnings of \$12.72 per share on \$224.86 billion in revenues.

20

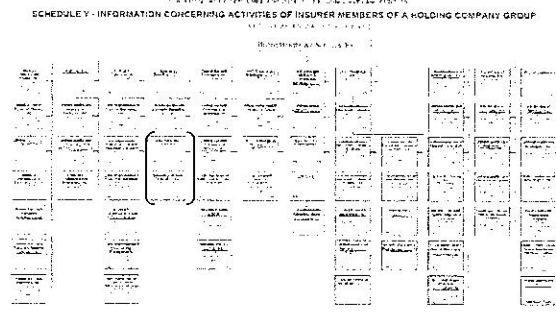
# HOW TO GET STARTED



23

## United Org Chart

SCHEDULE 1 - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP



21

**HMO:** your state's Department of Insurance

**PPO:** proprietary, broker or employer advocacy group


**Medicare Advantage:** Medicare beneficiary website

**IPAs/PHOs:** hospital websites, under "Payors we Accept"

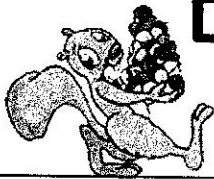
**Workers' Compensation Carriers:** Department of Workers' Compensation

**Auto/Lien Payors:** claims adjustor for large insurers, like State Farm; lawyers with non-insured cases

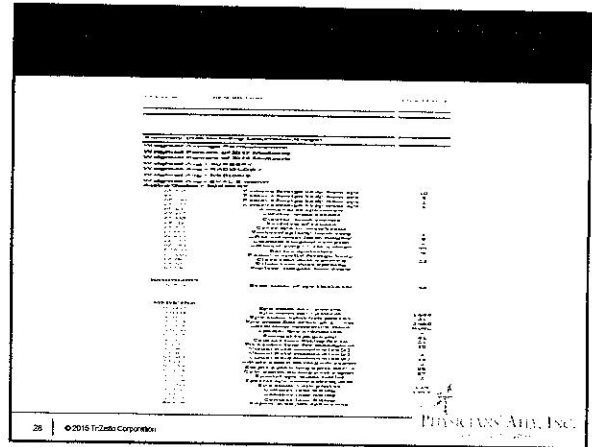
24 © 2015 TriZeta Corporation



# GATHER PRACTICE DATA



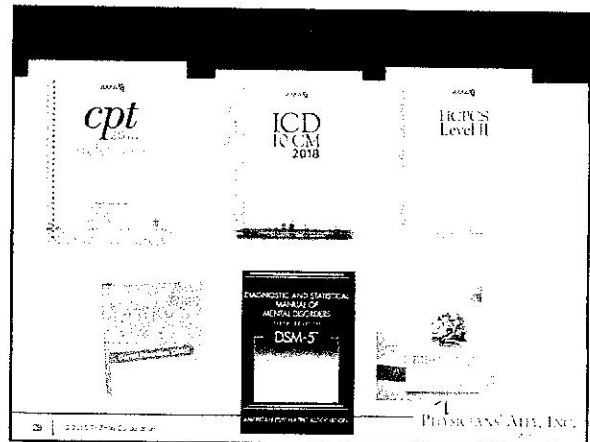
25



- Tax ID
- Copies of existing payer agreements
- Current fee schedule with charges for all CPT codes
- Frequency count of CPT code (for a given period, like 2017)
- Frequency count of ICD-10 codes (for example, 2017)
- Payer mix (revenue by payor, helps to know by insurance products or product line, such as Medicare Advantage, HMO, PPO)

26 | © 2015 TriZeta Corporation

PHYSICIANS' ALLIANCE, INC.



28 | © 2015 TriZeta Corporation

PHYSICIANS' ALLIANCE, INC.

- Identify the organization's TAX ID Number(s)
  - Contracts under old tax IDs ?
- Locate copies of your existing contracts
- Request contracts if you cannot find copies

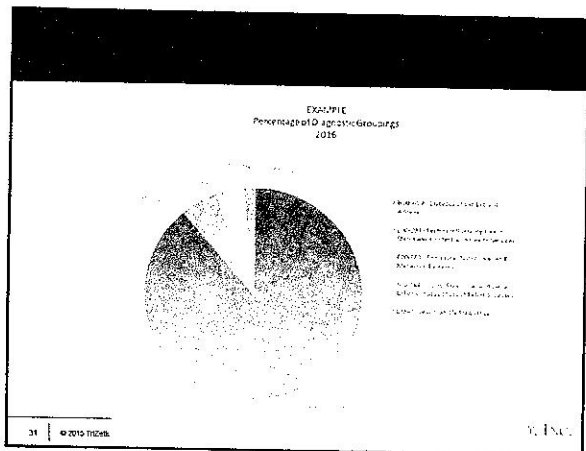
27 | © 2015 TriZeta Corporation

PHYSICIANS' ALLIANCE, INC.

was only 755 ICD-9 codes

Chapter	Code Range	# of Codes	Description
1	000-099	1,058	Certain infectious and parasitic diseases
2	100-149	1,620	Neoplasms
3	200-299	238	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
4	300-399	675	Endocrine, nutritional and metabolic diseases
5	400-499	724	Mental, behavioral and neurodevelopmental disorders
6	500-599	591	Diseases of the nervous system
7	600-699	4,252	Diseases of the circulatory system
8	700-799	642	Diseases of the ear and mastoid process
9	800-899	1,254	Diseases of the respiratory system
10	900-999	336	Diseases of the digestive system
11	000-099	705	Diseases of the skin and subcutaneous tissue
12	100-199	769	Diseases of the musculoskeletal system and connective tissue
13	200-299	6,335	Diseases of the genitourinary system
14	300-399	591	Pregnancy, childbirth and the puerperium
15	400-499	2,155	Certain conditions originating in the perinatal period
16	500-599	417	Congenital malformations, deformations and chromosomal abnormalities
17	600-699	790	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
18	700-799	639	Injury, poisoning and certain other consequences of external causes
19	800-899	39,869	External causes of morbidity
20	900-999	6,812	Factors influencing health status and contact with health services
21	000-099	1,178	Factors influencing health status and contact with health services

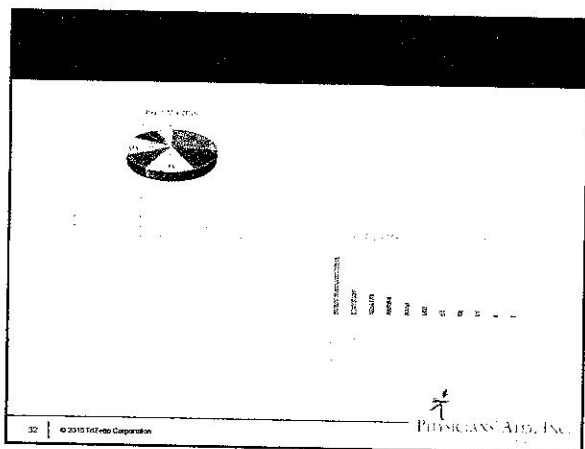
30 | © 2015 TriZeta Corporation



**Address Material Change Notices**  
Respond:

- Is the payor:
  - ... Bundling codes together
  - ... Freezing your rates on a fixed year of Medicare
  - ... Lowering payments for specific procedures
  - ... "Enhanced Service Model"

© 2015 TriZetto Corporation



**Determine how your Participation Agreements are held**

- For each physician
- Individually, Group, IPA

© 2015 TriZetto Corporation

▪ **Cost-of-Living increase Argument:**

- Malpractice premiums
- Rent
- Own health insurance
- Staff salaries

© 2015 TriZetto Corporation

**'Red Light/Green Light'**

Payer / Network	Participation Status	Products
Cigna	<input type="checkbox"/> Participating	<input type="checkbox"/> Commercial
	<input type="checkbox"/> NOT Participating	<input type="checkbox"/> HMO Select
		<input type="checkbox"/> LocalPlus
	Agreement Type:	
	<input type="checkbox"/> Group	
	<input type="checkbox"/> Individual	
	Contracting Entity:	
	<input type="checkbox"/> Direct	
	<input type="checkbox"/> IPA	

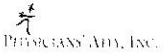
© 2015 TriZetto Corporation

# PREPARE, PREPARE, PREPARE



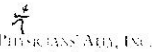
37

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>



40 © 2015 iZebra Corporation

# REIMBURSEMENT



38 © 2015 iZebra Corporation

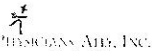
# EXAMPLE MEDICARE ALLOWABLES

South Dakota, Area 02, 2016 Medicare Part B Fee Schedule  
(Effective January 1, 2016)

Notes	Procedure Code	Modifier	Per Fee	Modifier Fee	Limiting Charge	ENR Limiting Charge	PORS Limiting Charge	ENR - PORS Limiting Charge
	99211		\$21.74	\$0.00	\$23.75	\$23.03	\$9.28	\$22.27
#	99211		\$9.14	\$6.53	\$9.98	\$9.88	\$9.79	\$9.49
	99212		\$43.76	\$41.57	\$47.81	\$46.37	\$46.85	\$45.41
#	99212		\$5.04	\$23.79	\$27.35	\$26.64	\$26.81	\$26.01
	99213		\$72.54	\$66.99	\$78.34	\$76.95	\$77.75	\$75.92
#	99213		\$30.66	\$48.13	\$66.35	\$63.69	\$64.25	\$63.50
	99214		\$102.24	\$131.33	\$137.10	\$133.64	\$134.82	\$131.37
#	99214		\$77.72	\$73.83	\$84.00	\$82.35	\$83.20	\$80.72
	99215		\$144.30	\$127.09	\$157.65	\$152.93	\$154.50	\$149.67
#	99215		\$109.74	\$104.25	\$118.80	\$116.29	\$117.50	\$113.97

41

PAYOR	EFFECTIVE DATE	PERCENT OF PRACTICE REVENUE	RATE
Payor 1	5/16/2011	50%	\$60 exam
Payor 2	Jun-12	9%	\$45 exam
Payor 3	1/1/2013	9%	\$49 (level 2), \$62 (level 4)
Payor 4	7/1/2009	16%	100% 1996 RBRVS
Payor 5	2/1/2010	16%	80% 2011 RBRVS



39 © 2015 iZebra Corporation

For South Dakota, go to your MAC:  
<https://med.noridianmedicare.com/web/jfb/fees-news/fee-schedules>

**NORIDIAN Jurisdiction F - Medicare Part B**

- Alaska, Arizona, Idaho, Montana, North Dakota, **South Dakota**, Oregon, Utah, Washington, Wyoming

**Need more information? FREE Webinar**

- [Understanding the Medicare Fee Schedule - 09/27/18](#)



42 © 2015 iZebra Corporation

**Noridian Medicare Administrative Contractor**

Optometry and Ophthalmology  
Access the below information from this page.

National Coverage Determinations (NCDs)  
Coverage  
Covered/Noncovered Services  
Billing  
Resources  
National Coverage Determinations (NCDs)  
Noridian processes claims following NCD guidelines. This link will take you to an external website, which include the below topics:

Hydrophilic Contact Lens for Corneal Bandage  
Photodynamic Therapy including Ocular Photodynamic Therapy (OPT)  
Photosensitive Drugs  
Hydrophilic Contact Lenses  
Scleral Shell  
Intraocular Photography  
Refractive Keratoplasty  
Keratoplasty  
Endothelial Cell Photography  
Computer Enhanced Refractive  
Phaco-Emulsification Procedure - Cataract Extraction  
Vitrectomy  
Intraocular Lenses (IOLs)

<https://med.noridianmedicare.com/web/ib/specialties/optometry-ophthalmology>

43

Locality: 01 - NORTH DAKOTA  
Provider Type: Ophthalmologists and Optometrists

**NOTE TO PRACTICE ADMINISTRATORS**  
Amounts listed on this web page do not reflect discounts regional contractors may negotiate with TRICARE network providers. They may differ from the amounts shown on your examination of benefits.  
Based upon the provided inputs, the CHAC allowable charges are:

Description	All				
Determination of refractive state of eyes, Eye exam and treatment, established patient	\$19.72	\$19.36	\$16.79	\$16.45	N/A
Eye exam and treatment, established patient	\$127.20	\$80.04	\$108.12	\$68.03	N/A
Eye exam and treatment, established patient	\$88.40	\$53.12	\$75.14	\$45.15	N/A
Eye exam with photos	N/A	N/A	N/A	N/A	\$57.88
Eye exam, new patient, comprehensive	\$152.18	\$99.98	\$129.35	\$84.98	N/A
Eye exam, new patient, intermediate	\$84.30	\$48.30	\$71.66	\$41.06	N/A

45

**South Dakota Medicaid Fee Schedule 2018**

EXCERPTS FROM THE VISION PROCEDURE CODES FEE SCHEDULE

99201	Office/Outpatient Visit New	\$34.91
99202	Office/Outpatient Visit New	\$53.93
99203	Office/Outpatient Visit New	\$80.16
99204	Office/Outpatient Visit New	\$113.83
99205	Office/Outpatient Visit New	\$145.18
99211	Office/Outpatient Visit Est	\$17.36
99212	Office/Outpatient Visit Est	\$31.36
99213	Office/Outpatient Visit Est	\$43.85
99214	Office/Outpatient Visit Est	\$68.72
99215	Office/Outpatient Visit Est	\$100.29

Rates displayed below do not reflect rates for codes billed containing modifiers.

For information on how modifiers will affect payment see ARSD § 67-16-02-03.02.

92002 Eye Exam New Patient \$64.85  
92004 Eye Exam New Patient \$121.99  
92012 Eye Exam Establish Patient \$68.20  
92014 Eye Exam & Tx Estab Pt 1/2-Vst \$99.36  
92015 Determine Refractive State \$11.26

SOURCE: <https://dss.sd.gov/medicaid/providers/feeschedules/dss/>

44

- When was your charge master or practice fee schedule last reviewed?
- Be sure you have all codes included – new CPT code books released annually in October
- Recommend a set % of Medicare
- Be sure your charge is higher than your highest contracted allowable

PHYSICIANS' AID, INC.

41 © 2015 TRICARE Corporation

- State Worker's Compensation Fee Schedule
  - the base unit value for a procedure code is multiplied by a conversion factor
- Tricare – CMAC Fee Schedule
  - HealthNet is the administrator for the Western US
  - Humana Military for the Eastern US
  - Carved out Vision to EyeMed
  - <https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/TRICARE-Allowable-Charges#resultsPanel>

Procedure Codes	Factor
97169-99071	\$ 6.57
99201-99450	\$ 8.00

PHYSICIANS' AID, INC.

40 © 2015 TRICARE Corporation

- COMPILE WHAT YOU KNOW
  - Government fee schedules
  - Existing payer rates
  - Practice charge master
  - Practice volumes by CPT code
- Create your ultimate negotiation and practice management tool...

PHYSICIANS' AID, INC.

40 © 2015 TRICARE Corporation



## "Payer Resource Manual"

CPT Code	DESCRIPTION	MEDICARE Non-Facility (NF)		MEDICARE Non-Facility (NF)		MEDICARE Non-Facility (NF)	
		2015 (1-1)	2015 (1-1)	2014	2013	2012	2011 (1-1)
<b>Summary</b>		0.5%	0.6%	0.6%	3.2%	2.7%	
<b>2015 Q1 Med. Payer Resource Manual</b>		\$97.50	\$97.15	\$97.73	\$97.15	\$94.15	\$99.81
<b>New Patients</b>							
92022	Eye exam, new patient	\$52.17	\$52.14	\$53.45	\$52.91	\$73.11	\$74.71
92024	Eye exam, new patient	\$153.94	\$150.16	\$157.74	\$161.22	\$144.45	\$152.76
92023	Office supervision, new patient	\$44.47	\$44.38	\$45.82	\$45.32	\$42.07	\$42.71
92022	Office supervision, new patient	\$70.11	\$71.74	\$74.77	\$74.37	\$72.34	\$70.51
92023	Office supervision, new patient	\$110.47	\$113.12	\$122.52	\$127.83	\$124.77	\$123.43
92024	Office supervision, new patient	\$159.23	\$167.39	\$173.84	\$183.87	\$159.94	\$165.20
92025	Office supervision, new patient	\$211.27	\$219.32	\$227.42	\$232.87	\$196.81	\$193.87
<b>Est. Patients</b>							
92022	Eye exam, established patient	\$48.91	\$48.43	\$47.41	\$47.34	\$62.40	\$74.12
92024	Eye exam, established patient	\$122.44	\$122.02	\$124.63	\$128.33	\$119.44	\$114.93
92023	Office supervision, established patient	\$29.53	\$29.20	\$29.14	\$29.43	\$19.75	\$19.52
92022	Office supervision, established patient	\$44.41	\$44.39	\$43.85	\$43.72	\$42.47	\$41.24
92023	Office supervision, established patient	\$73.80	\$73.93	\$73.32	\$73.65	\$70.20	\$68.29
92024	Office supervision, established patient	\$109.77	\$109.22	\$112.14	\$116.61	\$103.92	\$101.29
92025	Office supervision, established patient	\$149.20	\$147.47	\$144.78	\$142.81	\$136.14	\$134.74
92026	Office supervision, established patient	\$202.27	\$202.16	\$201.44	\$199.63	\$183.04	\$182.84

49

## Now what?

0% Identify Payer Contact	10% Draft & Send Health Plan Proposal	20% Follow-up with Payer	30% Receive Offer from Payer
70% Credentialing Packet Submitted	60% Signature on Contract	50% Language & Rates Acceptable	40% Read Language & Draft Revisions
80% Contract Returned Correctly	90% Credentialing Approved	100% Effective Date	Police Reimbursement for Accuracy

52

Plan Name	Plan Type	Effective Date	Contract Number	Contract Description	Contract Status
Alpha HMO	HMO	01/01/2015	1000000000	Alpha HMO Contract	Active
Beta PPO	PPO	01/01/2015	1000000000	Beta PPO Contract	Active
Delta Workers Comp	Workers Comp	01/01/2015	1000000000	Delta Workers Comp Contract	Active
Gamma Plan	Plan	01/01/2015	1000000000	Gamma Plan Contract	Active

50 | © 2015 TriZetto Corporation

PHYSICIANS' AID, INC.

Insurance Company Name	Contact Name	Title	Phone & E-mail Fax	Address
Alpha HMO				
Beta PPO				
Delta Workers Comp				
Gamma Plan				

53 | © 2015 TriZetto Corporation

PHYSICIANS' AID, INC.

## INITIATE CONTRACT NEGOTIATIONS PAYER NEGOTIATIONS

51 | © 2015 TriZetto Corporation

PHYSICIANS' AID, INC.

## Demographic Update for Payers

- Clean-up:
- Type of agreement (group, individual, etc.)
  - Providers listed under the Agreement/Tax ID
  - Office locations appearing under Tax ID
  - Fee Schedule being paid to each provider
  - What product lines are participating and/or request client listing

54 | © 2015 TriZetto Corporation

PHYSICIANS' AID, INC.

- Send in a written request.
- Define your practice to Payor.
  - Value proposition to the health plan & patients
    - # of patients seen
    - Extended hours, in-office services, etc.
- State your reimbursement needs.

Rank by Charges	ICPCS Code	Allowed Charges	Allowed Services
1	99214	\$10,235,967,697	\$99,920,492
2	99213	\$6,911,282,199	\$99,738,324
3	99232	\$3,501,947,066	\$48,610,986
4	99233	\$2,355,260,340	\$22,500,182
5	66984	\$2,249,805,681	\$3,307,921
6	99223	\$2,104,005,872	\$10,761,834
7	99285	\$2,021,544,810	\$11,658,970
8	99204	\$1,589,961,901	\$9,985,419
9	92014	\$1,478,250,425	\$12,135,781
10	97110	\$1,446,991,799	\$53,076,710
11	99215	\$1,348,955,110	\$9,800,941
12	99291	\$1,237,324,450	\$5,471,442
13	99203	\$1,162,036,280	\$11,272,604
14	88305	\$1,020,789,238	\$19,705,019
15	99222	\$949,882,387	\$9,942,363
16	93306	\$892,077,174	\$7,423,193
17	99309	\$760,624,193	\$8,822,987
18	99308	\$719,766,526	\$10,863,288
19	99284	\$680,667,409	\$5,894,886
20	90960	\$643,993,169	\$2,262,331

- Acquire verbal commitment.
- If no verbal agreement, ensure payor understanding.
- Represent Practice's unique circumstances.
  - Codes
- Ensure circumstances are represented in calculating acceptable rates.




- Review the contract language
- Review the reimbursement offer
- Compare language and terms to your existing agreement

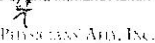
"I am unable to increase your current reimbursement as I show it is already above market in [city]. Please let me know if you would like to discuss."


For a Provider on the Health Plan's "Market Fee Schedule:"  
 "Our unit cost trends in [market] across the entire network are roughly 3%."


"I did review our proposal of [up \$1 on the conversion factor] and compared to other [specialty] groups we have contracted and that is a [Payor] market competitive rate. With that said, at this point – I do not believe it is warranted to give any more than what is already on the table. While this most likely is not the answer you were seeking – this is the position that [Payor] is going to take. I know it is a business decision you will have to make as to whether or not you remain contracted in our network and we hope that you do on behalf of your patients our members."


- Rates
- Timely Filing Limit
- Termination
- Amendment


 "[PAYOR] Market Fee Schedule"  
 "Payment for services . . . may be less than this based on Payor's then current payment policy."  
 **Products/Rates:**  
 25% off Provider's billed charges OR where federal or state mandated fee schedules applies, Provider agrees to 10% below federal or state fee schedule  
 120% Medicare (2010) for Surgery, Radiology, E&M, Medicine  
 100% Medicare for Routine Venipuncture (36415-6) and Immune Admin (90465-74)

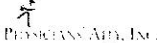



 © 2015 TriZeta Corporation


 "In the event payor makes a **material change** in the terms of this Agreement it shall provide at least ninety (90) days written notice to Provider of such change. Provider must object within XX days . . ."


 Payor may amend this Agreement upon sixty (60) days' written notice to Provider to comply with regulations . . .


 This Agreement may be amended in writing as mutually agreed upon by the parties.

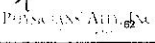



 © 2015 TriZeta Corporation

 "Group shall use best efforts to submit claim forms within thirty (30) days following the date of service, but in no event later than sixty (60) days following the date of service."

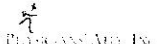
 At Company's request Group may be required to submit claims electronically. Group agrees that Company shall not be obligated to make payment for claims received over ninety (90) days from the date of service.


 Claims for covered services must be submitted within 180 days of the service, or if payor is the secondary payor, within 180 days of the date of explanation of service from the primary payor.





 © 2015 TriZeta Corporation


- Keep stakeholders apprised
- Commit everything to writing
- Ensure language is acceptable
- Print agreement
- Get signatures

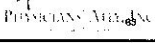



 © 2015 TriZeta Corporation

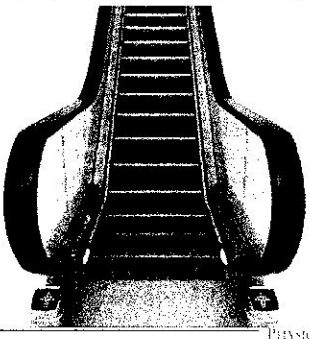
 "This agreement has an initial term of two (2) years."  
 Continuing care obligations after the agreement remains in effect. . . (provisions remain in effect)

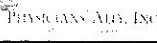
 **Evergreen:** This agreement shall be automatically renewed each Anniversary Date for additional periods of one (1) year unless either party provides the other with ninety (90) days prior written notice.


 Either party may terminate this Agreement without cause by providing the other party ninety (90) days prior written notice of termination.



 © 2015 TriZeta Corporation





 © 2015 TriZeta Corporation



CPT Code	DESCRIPTION	Payor One	Payor Two	Payor Three	Payor 4	Payor 5
<b>New Patients</b>						
92002	Eye exam, new patient	\$80.00	\$45.00	\$49.00	\$55.00	\$49.77
92004	Eye exam, new patient	\$80.00	\$45.00	\$62.00	\$67.50	\$111.51
92001	Office/outpatient visit, new				\$29.00	\$20.67
92002	Office/outpatient visit, new				\$29.00	\$56.25
92003	Office/outpatient visit, new				\$72.50	\$51.00
92004	Office/outpatient visit, new				\$170.00	\$124.95
92005	Office/outpatient visit, new				\$141.00	\$155.56
<b>Est. Patients</b>						
92012	Eye exam, established patient	\$60.00	\$40.00	\$49.00	\$55.00	\$63.30
92014	Eye exam & treatment	\$60.00	\$40.00	\$62.00	\$67.50	\$91.02
92011	Office/outpatient visit, est				\$16.00	\$15.66
92012	Office/outpatient visit, est				\$20.50	\$12.84
92013	Office/outpatient visit, est				\$48.00	\$54.83
92014	Office/outpatient visit, est				\$70.00	\$81.03
92015	Office/outpatient visit, est				\$85.00	\$169.00
92016	Refraction				\$13.00	\$21.04

## Billing Knowledge Assessment

The patient adjustment that you apply to the bill is:

10%  
 20%  
 30%  
 40%  
 50%

60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other


10%  
 20%  
 30%  
 40%  
 50%  
 60%  
 70%  
 80%  
 90%  
 100%

None  
 Other

10%  
 20%  
 30%

# QUESTIONS?


79



**Laurie Sittig Bouzarelos, MHA, CPC**  
*Healthcare Consultant &  
Account Executive*

**[lbouzarelos@physicians-ally.com](mailto:lbouzarelos@physicians-ally.com)**

Physicians' Ally, Inc.  
101 W. County Line Rd. #230  
Littleton, CO 80129  
(303) 586-9390  
Fax: (303) 586-9393

**PHYSICIANS' ALLY, INC.**  
Health Care Consulting