

## AGENDA

### **Introduction** (5 minutes)

- Today's Presenters
- Advanced Medical Pricing Solutions

## THE PROBLEM

### **Healthcare System** (10 minutes)

- The Problem
- The Process Issue

## THE SOLUTION

### **AMPS Process** (15 minutes)

- 16 Year History
- Medical Bill Review (MBR)
- Sample Claims
- AMPS Results

## POTENTIAL ROAD BLOCKS

### **AMPS Legal Support and Advocacy** (10 minutes)

- Hospital Appeals – Your Right to Audit
- Member Impact
- Network Impact

## GETTING STARTED

### **ERS Financial Impact** (5 minutes)

- Proof of Concept

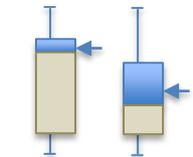
# AMPS

## 16 Years – Cost Management

- **Medical Bill Review** (+1,600 groups)
  - **Reference Based Reimbursement** (+975 groups)
  - **Out of Network** (average 73% discount in Texas)
  - **Care Connex** (+1.7m Providers)
  - Physician-led, Technology Driven
  - Largest Group: 182,000 Employees
  - # of Hospitals
- 
- Multiple F500 Clients
  - 500k claims processed in last 12 months



**Medical Bill  
Review**



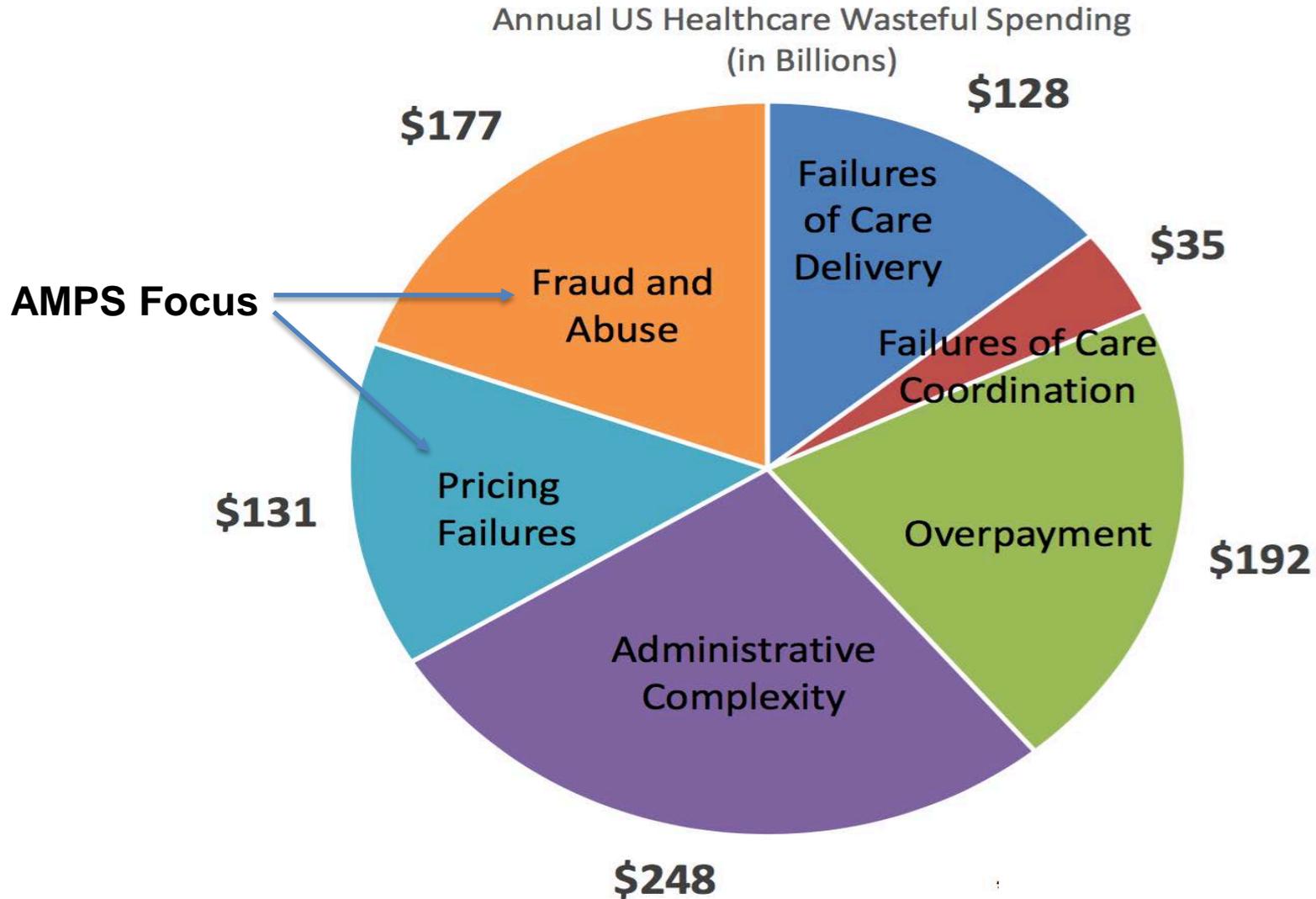
**Reference  
Based Pricing**



**Care Connex**

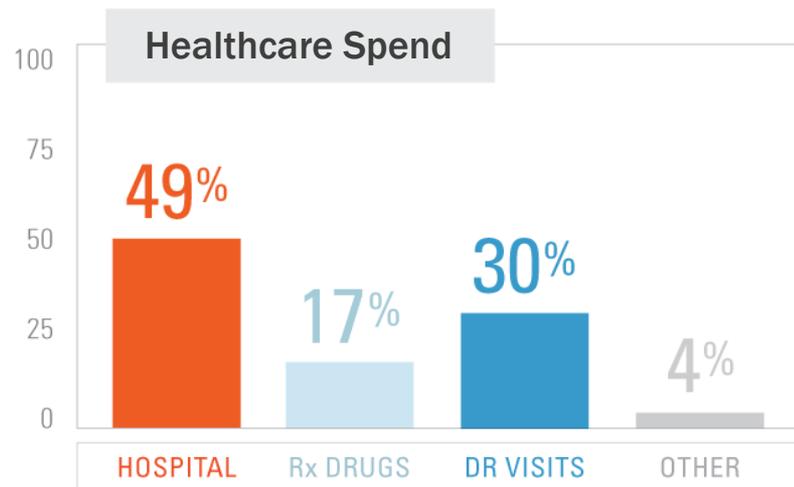


**Work Comp  
Specialty Review**

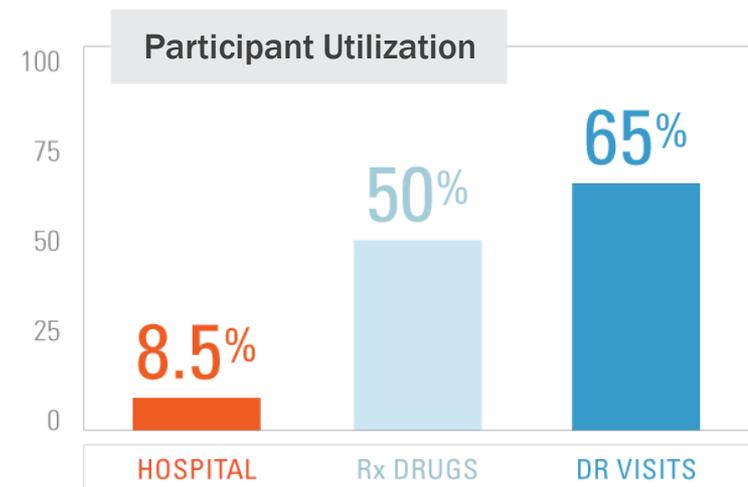


\*Journal of American Medicine

## Costs Concentrated In Hospital Use



For average Medical Plans, hospital claims account for **nearly half** of its total annual healthcare costs...

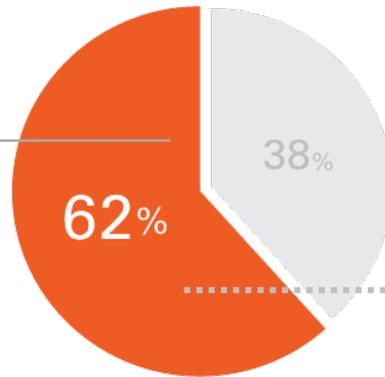


...yet are used by **only 8.5%** of its participants

## Costs Concentrated in Claims >\$20k

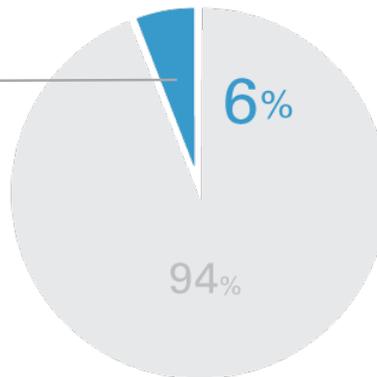
**62.6%**

of total hospital spend comes from claims >\$20,000, yet this cost comes from only



**6.3%**

of total hospital claims filed.

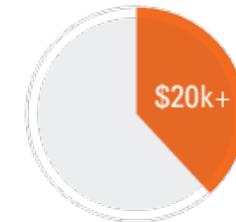


**A CLOSER LOOK**

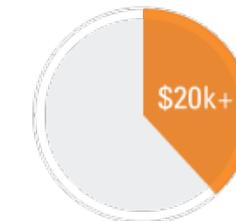
Category Spend % Over \$20,000



**92.4%**  
INPATIENT



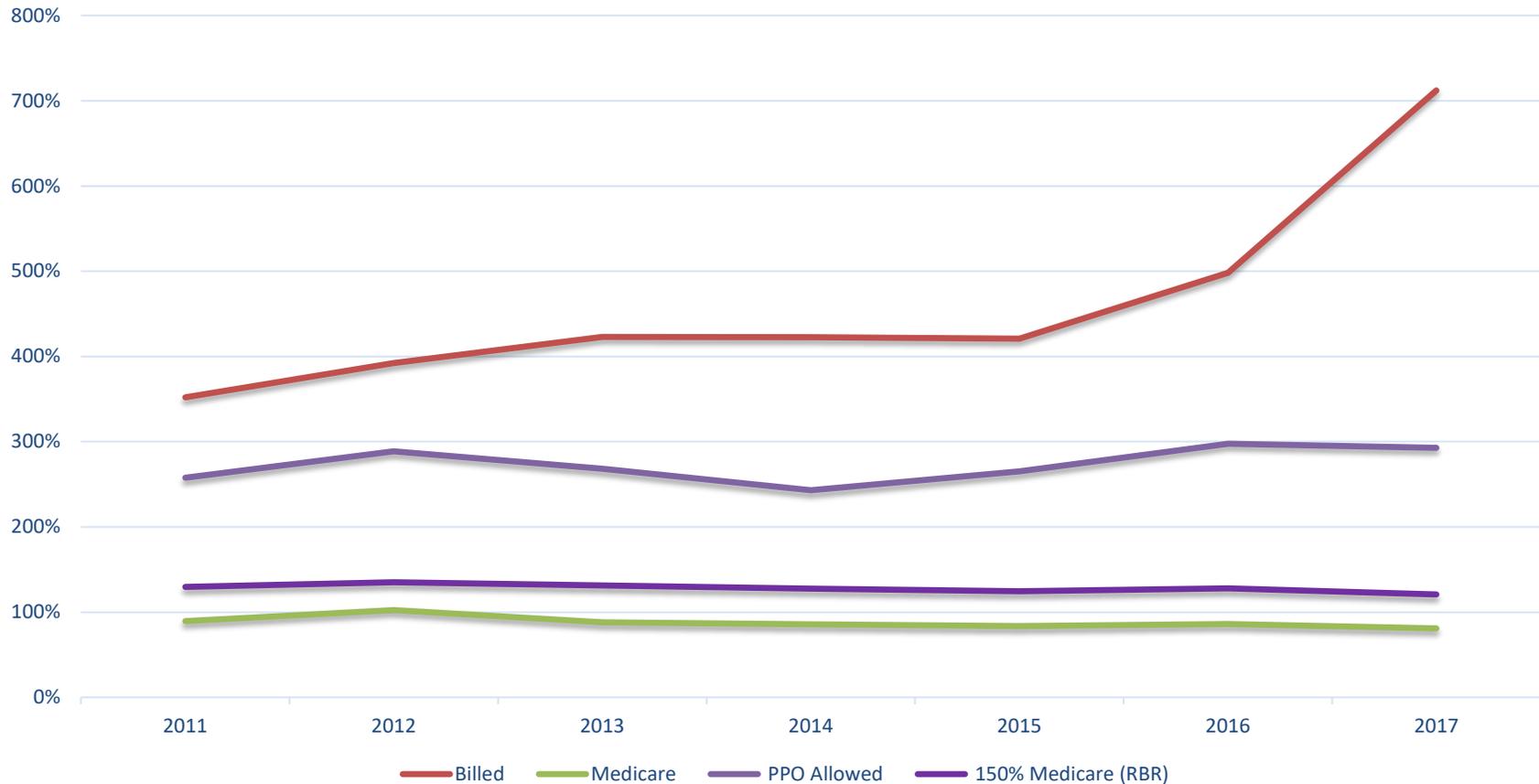
**38.7%**  
OUTPATIENT



**38.7%**  
AMBULATORY

# Hospital Costs Flat, Charges Billed Increasing

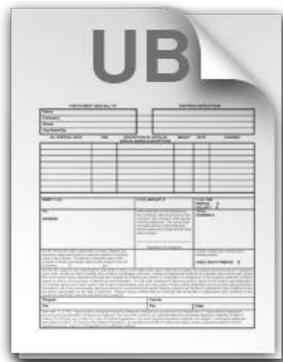
Facility Statistics as % Cost



Source: AMPS MBR Database (1,600 Hospital 100,150 Claims)

# The Process Problem

## *Hospital Document Issue*



### Universal Bill

- Summary charges
- 1-3 pages
- Generally utilized for immediate payment



### Itemized Bill

- Complete description of charges
- Varies in length



### Medical Chart

- Complete Records
- Combination of physician/nurse notes, and test results
- Often 500+ pages
- Key Data

## UB used to pay your members' hospital bills

\* 7% to 12% of charges are in error but can't be seen on this invoice

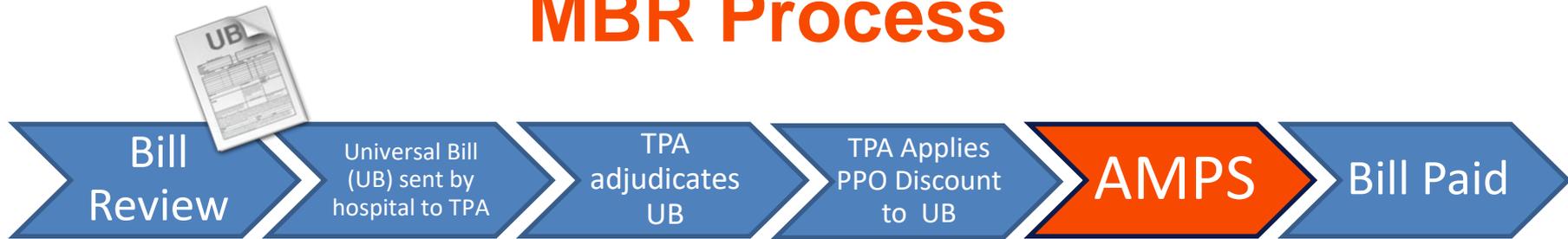
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# AMPS Solution - MBR



- The U.S. General Accounting Office has estimated that there are overcharges on 99% of all hospital bills
- A review of 40,000 hospital bills in a national study by Equifax Services found errors on over 97% of bills
- Software is used to quickly pay claims with errors, resulting in overpayment
- Board Certified Physician Review Saves 7-12% off Gross Billed Charges
- Detailed Findings Reports retain 98.75% of Savings, post-appeal

# MBR Process



- **Clinical:** Not clinically indicated – unnecessary test, experimental (not FDA approved), ICU bed not needed etc
- **Integral:** Unbundled/Re-bundled: Integral to more inclusive procedure / service
- **R&C:** Reasonable and Customary (R&C) charge instead of Usual and Customary (U&C)
- **Errors:** Duplicate charges, charges for services not rendered
- **Never Events:** Broken hip or pneumonia?

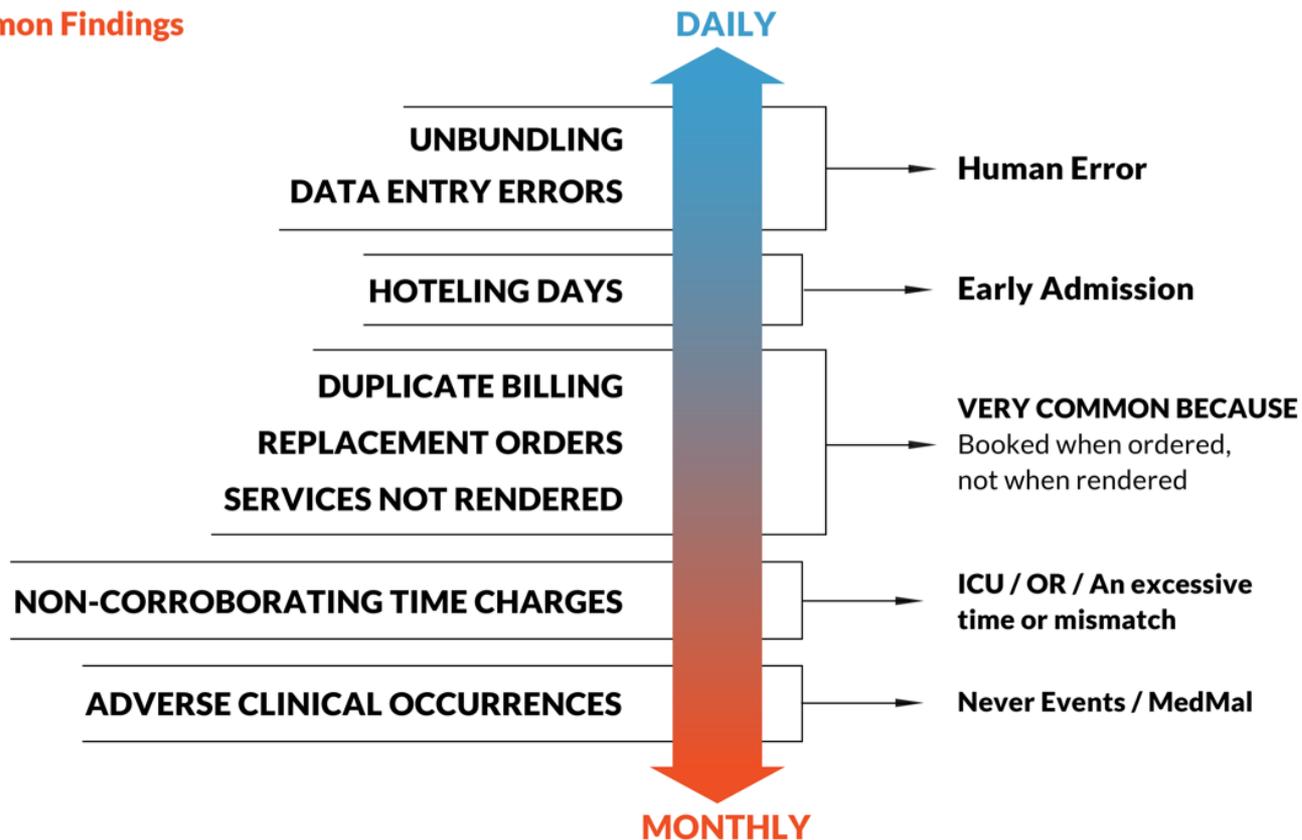
# Physician Panel Review

- Board-Certified Physicians
- Multi-Perspective
  - By Procedure/Event
  - By Timeline
  - By Line Item Type
- Case-specific Analysis and Decisions
  - Clinical Necessity
- Fairness and Reasonability
  - Medicare Aggregate
  - Medicare / Commercial CCR
  - Nearest Neighbor
  - Previously Accepted
- Physicians Compensated by Hour, not % of Savings



# Medical Bill Review Results

## Common Findings



# MBR Claim Sample

**Found: 5.8% (\$6,629) Additional Savings (Duplicate Charges)**

**454060** – \$113,786 GBC / \$107,156 Allowed (5.8% AMPS Additional Savings)

- \$6,352 Duplicate Charge
- \$277 Unbundling (per CMS, fee included in package rate)

**AMPS** Advanced Medical Pricing Solutions **Medical Bill Review**  
Report of Reimbursement  
Date: 01/22/2018

**Claim Information**

Number	454060	Service Dates	12/01/14 - 12/01/14	Rate	\$113,786.24
Account No.	00000000000000000000	Contract	000000	Rate Reimbursement	\$107,156.00
Invoice	00000000000000000000	Provider	00000000000000000000	Reason for Denial	CMV: 000000
Bill Type	181 (Hospital Outpatient, Admit Through Discharge Claim)	Reason for Denial	CMV: 000000	CMV: 000000	CMV: 000000

**Doctor Recommendation**

\*\*\*\*\*09/22/2014 PA Complete, RPT\*\*\*\*\*  
Clinical findings are below. Use Clinical & PPD.  
Outpatient surgery for insertion of a cerebral neurostimulator for a 65 year old male with Parkinson's disease.  
After physical examination, no further review recommended.

**Initial Review**

Category	Description	Subtotal	Amount
POSITIVE BILLING / CODING MODIFICATION		0	\$6,352.00
POSITIVE INTEGRAL TO CARE / PROCEDURE		1	\$277.00
			\$6,629.00
Grand Total by Reason:			\$6,629.00

**Overview of Adjusted by Revenue Code**

Rev Code	Description	Rev Code Total	Amount
80K	Operating Room Services		\$6,352.00
8000	910 - Charge for bundled structure on the bill		\$6,629.00
80K	Physician - Extension of GSA		\$277.00
8000	91000 - Integral component of comprehensive service charged elsewhere, CMS or other Reference		\$277.00
Grand Total by Rev Code:			\$6,629.00

# MBR Claim Sample

## 29% AMPS CLINICAL Savings

**484615** – \$230,546 GBC / \$117,638 Allowed

- \$64,345 In NICU up coding
- \$38,175 Adjusted from NICU Level IV down to Level III
- \$26,170 Adjusted from NICU Level IV down to Level II
- \$2,453 due to Unbundling and Duplicate Charges

**AMPS** Advanced Medical Pricing Solutions  
432 Technology Parkway  
Suite 200  
Norcross, GA 30092

**Medical Bill Review**  
Report of Reimbursement  
Sent on 07/27/2016

**Claim Information**

Account #	Service Dates	Bill #	Balance
1111111111	07/27/16 - 08/02/16	484615	\$17,961.00
Adjuster	Contract	Rate	Rate
1111111111	1111111111	1111111111	1111111111
Patient	Provider	Provider ID/Number	Auto. Renewal
1111111111	1111111111	1111111111	1111111111
Bill Type	111 (Hospital Inpatient (Part A), Adult Through Discharge Claims) The provider uses this code for a bill encompassing an entire inpatient course of treatment for which it expects payment from the payer on which will not be deductible for inpatient on Part B claims when Medicare is secondary to an EOB.		

**Doctor Recommendation**  
Interimcode 7/27/16  
Use the Medical Review instead of the PPO.  
66 year old male presented to ED and admitted for 3 days for stroke evaluation.  
Received ST and ST and gait training prior to discharge.  
After physician assessment, no further review recommended.

**Initial Review**  
Overview of Adjusted by Reason

Category	Reason	Savings
<b>NICU(9) INTEGRAL TO CARE / PROCEDURE</b>	<b>98</b>	<b>\$7,368.88</b>
750 PHARMACY		\$51.34
756 IV SOLUTIONS		\$74.83
760 IV THERAPY		\$74.83
770 NUMBER SUPPLY		\$176.11
772 STERILE SUPPLY		\$29.80
800 LABORATORY		\$27.00
802 LABORATORY		\$44.00
850 IMAGING ROOM		\$2,062.00
860 POLYMERIZATION		\$204.30
880 DRUGS/OTAC CODE		\$1,028.43
<b>P00(7) EXCESSIVE CHARGES</b>	<b>98</b>	<b>\$43,642.79</b>
200 INTENSIVE CARE		

### AMPS - Doctor Recommendation:

“...Underweight newborn remains in hospital for nutritional and respiratory problems. However, many of these were resolved early in the hospitalization which then continued primarily for the baby to reach an age of maturity to be safe for discharge home. The room and board charges, starting on day eight, appear to be significantly up charged/overcharged according to information from the provider... No apparent complications or delays noted. Routine discharge to home.”

## MBR Claim Sample

**Found: 38% (\$17,639) Additional Savings (Data Entry Error)**

**327993 – \$46,380 GBC / \$17,639 Clinical findings (38% AMPS Savings)**

- \$15,990 Data Entry Error on IB for Knee Replacement (charged for 2 procedures)
- \$1,649 Unbundling

Rev Code	Description	Reason Code	Amount
27X	MediSurgical Supplies & Devices (also see 024X, an extension)		\$17,639.70
34X	Operating Room Services		\$900.00
Grand Total by Rev Code:			\$18,539.70

Date	Billed	Entered	Recommended	PCD	Reason	Rev	SB Description Provided
11/04/2015	\$805.00	\$805.00	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	260	516 CORDIACE GAGE
11/04/2015	\$51.15	\$51.15	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 LOWER NOON 2021A
11/04/2015	\$55.15	\$55.15	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 BRASS 2 1/2 5/16
11/04/2015	\$54.80	\$54.80	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 BRASS 2 ANTIAC
11/04/2015	\$77.30	\$77.30	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 CAST 1/2 SPECIAL
11/04/2015	\$19.00	\$19.00	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 STOCKNETS 5/8X5/8X1/4
11/04/2015	\$19.25	\$19.25	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 STAPLER SKIN PINS HEAD
11/04/2015	\$572.60	\$572.60	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 FLYE HELIUM
11/04/2015	\$15.00	\$15.00	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 CHLORSEP 3/8X1 1/2 1/2
11/04/2015	\$15.25	\$15.25	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 KIT, STERILE 1/2 SAFE PNE
11/04/2015	\$48.70	\$48.70	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 SUTURE PACE 1/2GROUP 024R
11/04/2015	\$17.15	\$17.15	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 TRAY CATHETER POLE 1/2PNE
11/04/2015	\$225.00	\$225.00	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	51621 TOURNOUET SINGLE BLADE
11/04/2015	\$18,772.30	\$15,989.70	\$3,782.60	PC019	93000 No available documentation supporting service	276	TOTAL KNEE ARTHROPLASTY
11/05/2015	\$0.11	\$0.11	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	280	THERAPEUTIC MULTIPLE UT
11/26/2015	\$0.11	\$0.11	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	280	THERAPEUTIC MULTIPLE UT
11/29/2015	\$0.12	\$0.12	\$0.00	PC005	93000 integral component of comprehensive service charged elsewhere; CMS or other reference	270	SODIUM CHLORIDE 0.9% 516

Knee Arthroplasty  
Charged for 2 procedures.  
No available documentation  
supporting service

# MBR Claim Sample

**Found: 95% (\$133,446) Additional Savings (Not Rendered)**

**301426** – \$138,071 GBC / \$4,625 AMPS Allowed (Savings: \$2,223 PPO (2%) vs \$133,446 AMPS (97%))

- \$118,630 Adenosine Stress Test Never Administered
- \$4,922 Unbundling & ER to Inpatient w/ Emergency Department left on bill
- \$9,894 Excessive charges adjusted

## AMPS - Doctor Recommendation:

1/24/2016 - Dr. Duke

All medical records were reviewed. The patient was seen on consultation by cardiology on 11/6 (day 2) to evaluate for chest pain. The consult notes indicate that the pain was not likely cardiac. The notes stated an adenosine stress test would be considered **but this test was never performed** most likely because the results of a previous HIDA scan showed biliary calculus deposits. The patients pain was attributed to this as all of his cardiac markers had remained unchanged including serial EKG's. ...the (adenosine) test was never performed and the MAR shows no administration of this medication and there is no adenosine stress test report included. Deny the entire charge for Adenosine.

**AMPS** Advanced Medical Pricing Solutions  
420 Technology Parkway  
Suite 200  
Norcross, GA 30092

**Medical Bill Review**  
Report of Recommendation  
Sent on 01/25/2016

**Claim Information**

AMPS ID	301426	Service Dates	11/05 - 11/15	Billable	\$138,071.00
Putback		Created	1/2/16	MBR Recommended	\$4,625.00
Bill Type	111 (Hospital Inpatient (Part AL Admit through Discharge Claim))	Provider		Provider Identifiers	

The provider uses this code for a bill encompassing an entire inpatient confinement or course of outpatient treatment, which it expects payment from the payer or which will update deductible for inpatient or Part B claims when Medicare is secondary to an ERIP.

**Doctor Recommendation**

Date: 1/24/2016  
Use the following:  
After physician consultation of this medication and there is no adenosine stress test report included. Deny the entire charge for Adenosine.

**Initial Review**

Category	Overview of Adjusted by Reason	Exclusions	Amount
PC005: INTEGRAL TO CARE / PROCEDURE		21	\$4,922.22
340: General Classification NUCLEAR MEDICINE or (NUC MED)			\$1,290.00
380: BLOOD			\$218.00
401: MAMMOGRAPHY			\$146.50
420: PHYSICAL THERP			\$240.00
430: OTHER PHYS THERP			\$190.00
442: SPEECH PATH/HOUR			\$972.46
451: ER/EMTALA			\$849.91
452: ER/EMTALA			\$118,629.84
453: ER/EMTALA			\$118,629.84
PC007: MEDICATION USAGE ADJUSTMENT		1	\$9,894.84
451: ER/EMTALA			\$118,629.84
PC017: EXCESSIVE CHARGES		95	\$9,894.84

# Payment Audit vs MBR

## Payment Audit

- Post Pay
- Universal Bill (UB)
- Duplicate Claims, Same Date
- Eligible Claim and
- Member - Rules Based
- Plan Document Enforced –  
Example - Non Covered  
Services Not Paid

## AMPS MBR

- Pre Payment
- Itemized Bill, SPD Review
- Inferential – Aberrant,  
Inaccurate, Outliers
- Physician Review - Care/Cost
- Billing errors
- Clinical mistakes
- Benchmarked For  
Reasonableness

## GBP cost management and cost containment detail

1. Considered Charges Plus Estimated Cost Avoided			\$10,483,877,090
2. Estimated Cost Avoided			
a. Medical	\$	92,586,657	
b. Pharmacy		17,986,004	110,572,661
3. Considered Charges			\$10,373,304,430
4. Less Ineligible Charges (Prepayment Claims Editing)			(\$1,318,438,100)
5. Eligible Charges			\$9,054,866,330
6. Less Reductions to Eligible Charges			
a. PDP Charge Reductions	\$	1,100,667,362	
b. Provider Discounts and Reductions		4,230,372,709	
c. Medical Copayments and Deductibles		116,562,929	
d. Medical Coinsurance		210,698,030	
e. PDP Cost Sharing		124,454,161	
f. Coordination of Benefits - Medical - Regular		21,725,116	
g. Coordination of Benefits - Medical - Medicare		130,736,003	
h. Coordination of Benefits - PDP		386,803	(5,935,603,113)
7. Gross Benefit Payments			\$3,119,263,217
8. Refunds, Rebates and Federal Revenue			
a. PDP Rebates	\$	306,912,032	
b. Federal Revenues - Medicare Part D		73,120,123	
c. Subrogation		7,276,535	
d. Pharmacy Audit Refunds		542,953	
e. PBM Audit Refunds		382,796	(388,234,439)
9. Net Benefit Payments			\$2,731,028,778

\*Amounts taken from:

- (1) Annual Statistical Review prepared by UnitedHealthcare
- (2) Annual Experience Accounting prepared by Caremark and SilverScript
- (3) HealthSelect Prescription Drug Plan data
- (4) ERS FY17 Comprehensive Annual Financial Report (Federal Revenues)

ERS  
Estimated  
Savings

**\$113 Million  
in Savings**

# MBR Defense Plan



**ADVOCATE**

Communication  
Balance Bills  
Dispute Notice



**PARALEGAL**

Appeals  
Negotiations



**PHYSICIAN  
PANEL**

Reviews  
Findings



**PROVIDER  
RELATIONS**

Negotiations  
Settlement



**IN-HOUSE  
COUNSEL**

Contract  
Settlement



**ERISA  
SPECIALIST**

Counter Suits



**LITIGATION  
SPECIALIST**

Response  
Counter Suit



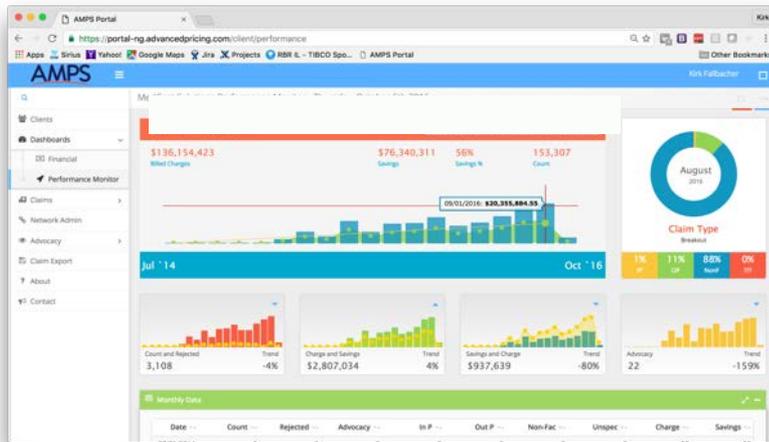
**CONSUMER  
CREDIT  
SPECIALIST**

Response  
Counter Suit

**Full Spectrum of Re-Enforcements**

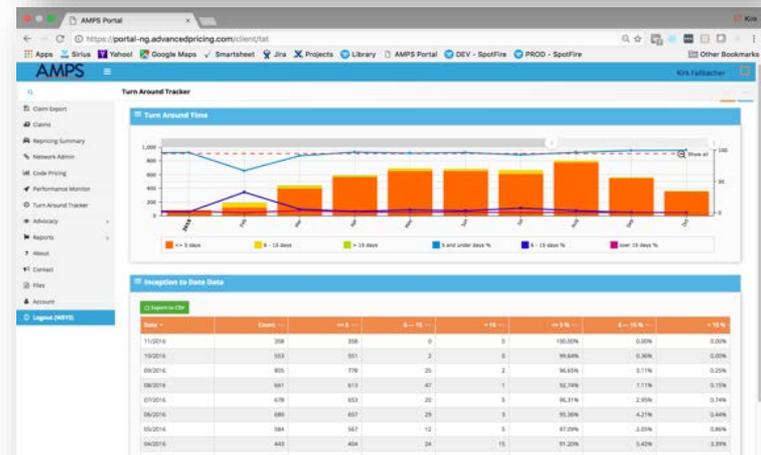
## On-Demand Portal

### Using Analytics to Achieve Transparency and Maintain Trust



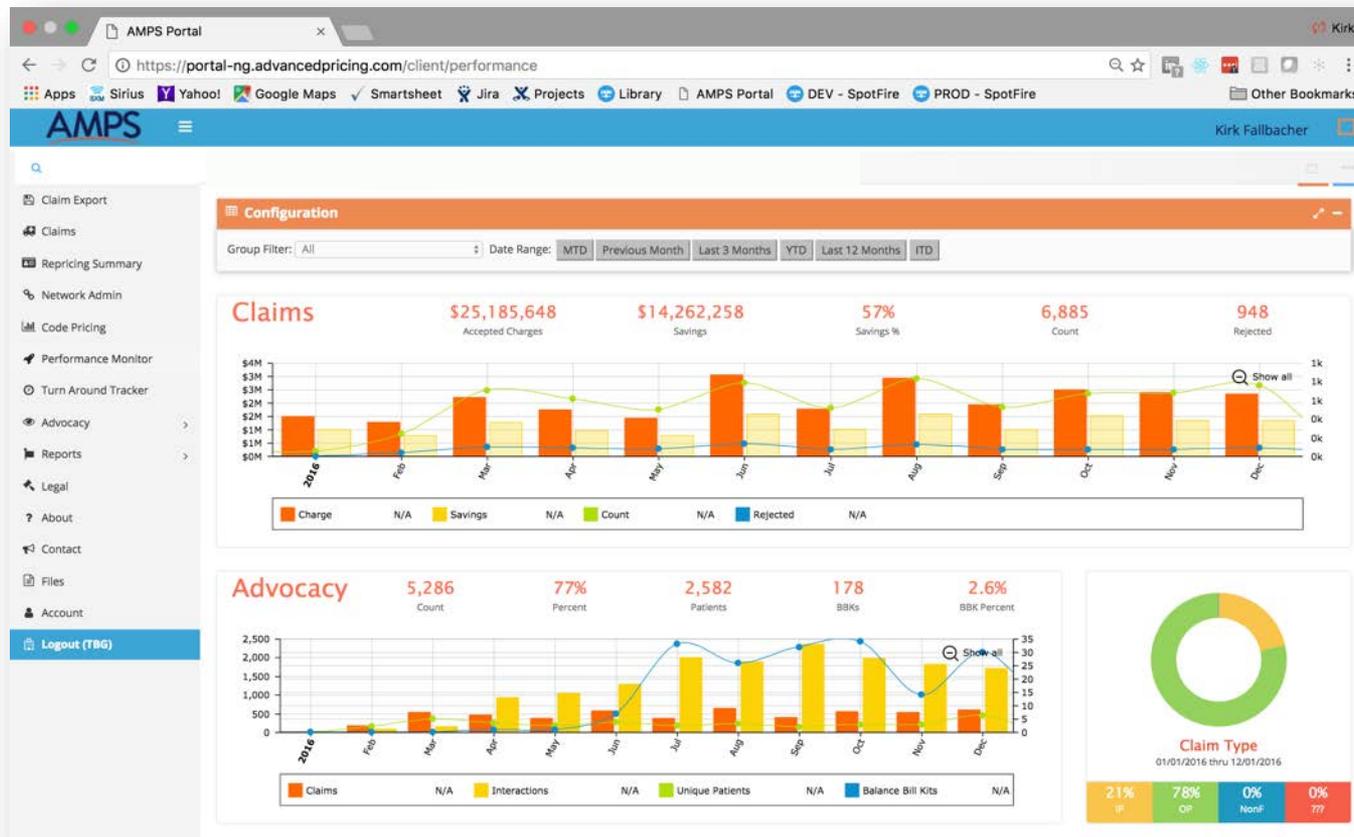
The Negotiation Details page for Claim 234530 provides comprehensive information about the claimant and the services provided. It includes fields for Patient Name, Member No./SN, Provider, Account Number, Primary Diagnosis, DRG / Group Code, Address, Age & Gender, Email, Phone, Create Date, Date of Service, and Follow-up Date. A table lists various services with columns for Procedure & Diagnosis, Date Service, Claim Modification, Appeal Status, and New DRG. A summary table at the bottom shows the Claim Charge Breakdown by Amount, Group Allowed, and Charge, along with a Non-reimbursement section.

The Network Administration page displays a 'Network List (16 contracts)' table. The table includes columns for NPI, TaxID, Effective, Termination, Pfy %, In %, Out %, Pfy GBC %, Fac GBC %, and Commands. The data shows various providers and their associated metrics, such as NPI 1358437681 with a 160% Pfy % and NPI 1750363461 with a 170% Pfy %.



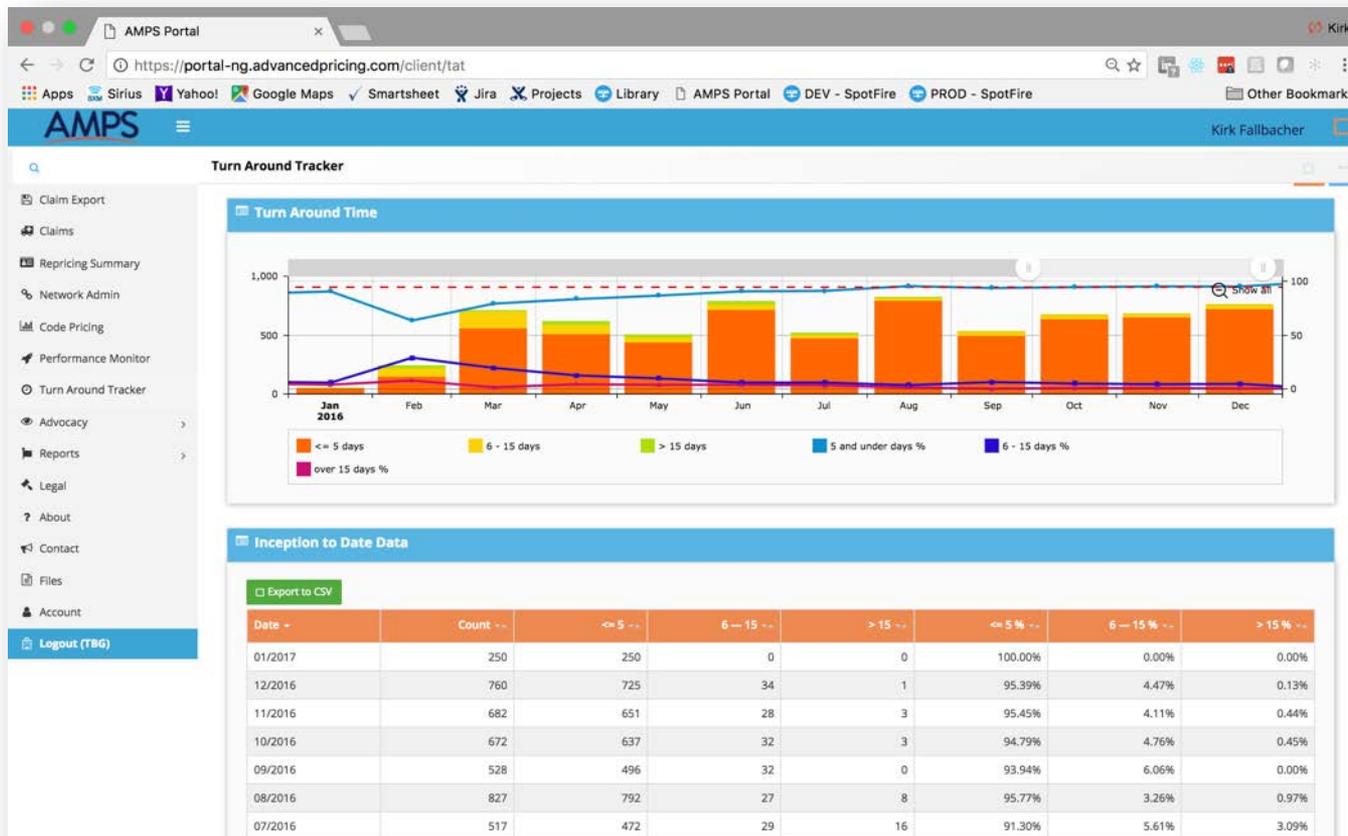
# Performance Review

## Overall Financial/Advocacy



# Performance Review

## Turn Around Time (TAT)



# Management Overview Dashboard

**AMPS Portal**  
Negotiation Details

Claim 234530 In Patient View Legal Status: N/A

**Patient Name**  
[Redacted]

**Member No. / SSN**  
[Redacted]

**Provider**  
TX HEALTH FORT WORTH (FORT WORTH, TX)

**Account Number**  
[Redacted]

**Primary Diagnosis**  
OTH REPAIR UNSP SEPT DEFECT

**DRG / Group Code**  
004

**Address**  
501 MAGNOLIA PKWY FORT WORTH TX 76126

**Age & Gender**  
60 Yo / male

**Email**  
[Redacted]

**Phone**  
[Redacted]

**Create Date**  
[Redacted]

**Date of Service**  
[Redacted]

**Follow-up Date**  
[Redacted]

**Claim Amounts**

Billed	\$	558,539.00
Allowed Amount	\$	0.00
Disputed Amount*	\$	0.00
Highest PPL	\$	178,732.48
Discretionary PPL	25 % \$	0.00
EE Responsibility	\$	0.00
Insurance Payment	\$	0.00
Patient Payments	\$	0.00
Balance Due	\$	0.00

**Medicare**

Amount	\$	120,214.68
Group Allowed	100 % of Medicare	\$ 120,214.68
Highest PPL	149% of Medicare	\$ 178,732.48
Charges	465% of Medicare	\$ 558,539.00

**Cost Change Ratio**

Amount	\$	142,985.98
Group Allowed	100 % of CCR	\$ 142,985.98
Charges	391% of CCR	\$ 558,539.00

[Back to List](#)

**Procedures & Diagnosis (13)** | Claim Events (13) | Claim Interactions (0) | Appeal Notes (0) | Files (13)

Type	Date	Code	Name	P.o.A.
Diagnosis	-	2689	UNSP VIT D DEFICIENCY	Y
Diagnosis	-	4821	TRANSABDOM PROCTOSIGMOIDOSCOPY	Y
Diagnosis	-	4010	MALIG ESSENTIAL HTN	Y
Diagnosis	-	78729	OTH DYSPHAGIA	Y
Diagnosis	-	58881	SEC HYPERPARATHYROIDISM(RENAL)	Y
Occurrence	Feb 20, 2013	11	Office	
Procedure	-	9672	CONT INVASIVE MECH VENT 96+ HRS	
Procedure	Mar 06, 2013	4311	PERC GASTROSTOMY (PEG)	
Procedure	-	4311	PERC GASTROSTOMY (PEG)	
Procedure	Feb 24, 2013	9672	CONT INVASIVE MECH VENT 96+ HRS	

**Recommendation**  
No recommendation on record

# Proof of Concept

AMPS to conduct MBR on 10 ERS claims

- Execute NDA, BAA
- ERS to provide UB, IB, EOB
- MBR findings delivered in 14 days

**Thank you**

Mark Matsock

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Advanced Medical Pricing Solutions

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