

---

## Strategic Medical Bill Review for Medium-Sized Businesses (50-250 Employees)

Experience shows us that very few medical bills are 100% accurate. Incorrect units (e.g., number of days in the hospital, quantity of pharmaceuticals administered), excessive pain management, duplicate charges, and unbundling of a global service charge into individual charges all contribute to excessive medical bills.

What you should know about your current strategy:

- Which provider networks you use
- Whether your provider network discounts are the same for workers' compensation and group health
- The level of discount/savings you receive in each state
- Whether network discounts are applied to original billed charges or validated charges
- How you detect and address flukes, fudges and fraud on billings
- Whether medical bills are accurate and valid before the network discount is applied
- The percent of bills not covered by network contracts and the corresponding charges
- How you reimburse providers who are not in network
- How you verify that the billed charges accurately reflect the services provided, particularly before your deductible is met

Why you need to know:

Experience also shows us that 60-70% of medical bills are for routine care and preventive services. Generally speaking, charges on these bills contain the lowest incidence of abuse, whether from in-network or out-of-network providers. In- and out-of-network hospital and surgery center billings on the other hand, represent a disproportionate level of charges and the highest incidence of billing abuse. As much as 30% of your total charges can be driven by 10% of your out-of-network facility bills.

Some health care cost containment advisors recommend an arbitrary reduction or simply not paying the total charges and labels those amounts "savings". Unfortunately, provider disputes almost always occur, forcing individuals and businesses to go back and pay more on the same bill— otherwise known as paying additional allocations or paying on reconsideration (recon). Most often, there is little or no net savings after the additional payment and after their vendor or advisor fees are paid.

Most PPO networks do not have the systems in place to check or review a medical bill for errors or billing abuses prior to applying contracted discounts. True medical bill review requires systems and technology to identify and correct inaccuracies and abuses prior to applying contracted discounts. In addition, some network contracts do not provide a discount for workers' compensation medical bills – it only applies to group health medical bills. Others provide little or no discounts for any services.

Reimbursement must not only be accurate, but also should be dollar-based and consistent, logical and explainable.

In essence, analyze the areas of greatest cost outlay. In the states where you have the most employees, analyze your network discount(s) by provider, starting with the hospitals.

To take advantage of Qmedtrix's no-cost, no-obligation strategic consultation and sample review services, Please contact Debra Bell, Marketing Director (503) 963-3368 or email [dbell@qmedtrix.com](mailto:dbell@qmedtrix.com).

Visit our website at [www.qmedtrix.com](http://www.qmedtrix.com) and our subsidiary company website [www.uninsuredbillreview.com](http://www.uninsuredbillreview.com).