



# Data-Driven Deal Making:

## How Analytics Strengthens Payer Contract Negotiations



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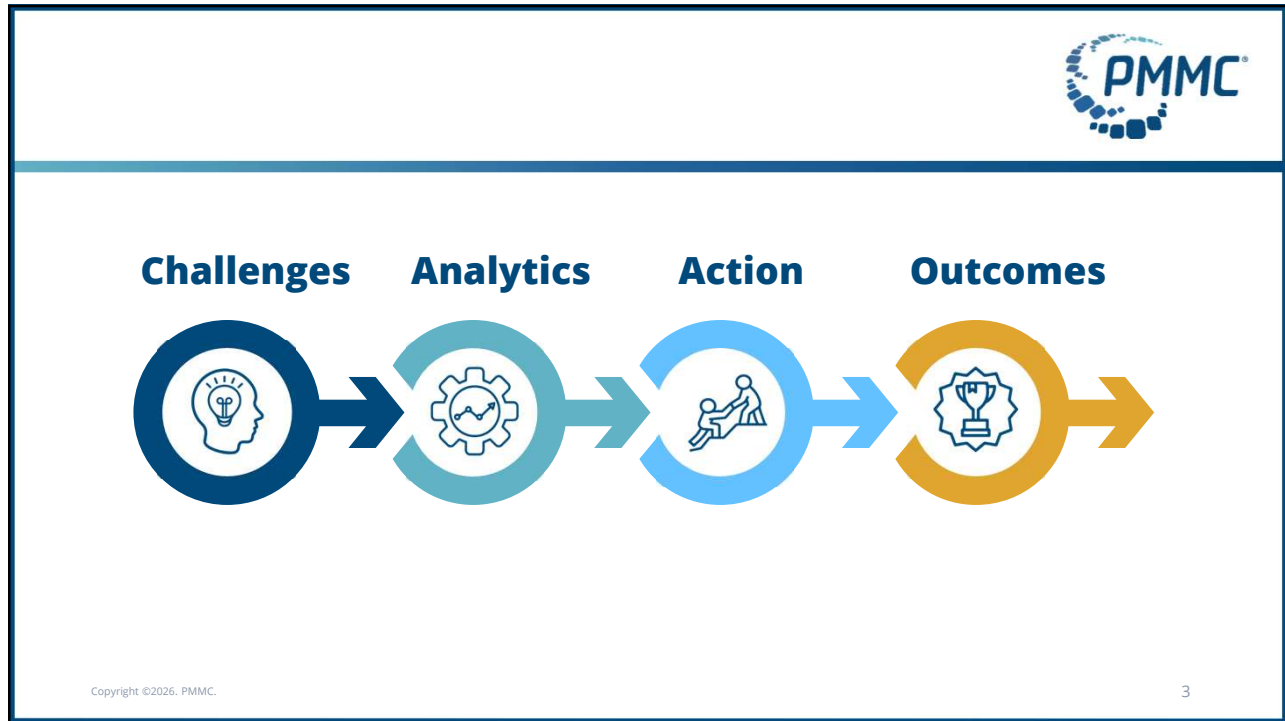
# Agenda

- 1** How We Bring Data Together to Present & Negotiate
- 2** Best Practice Recommendations
  - #1: Using Payer Scorecards to Drive Accountability
  - #2: Measuring Results Against Expectations
  - #3: Leveraging Negotiated Rate Data via MRFs
  - #4: Modeling Proposed Contractual Changes
  - #5: Continuously Monitor Payer Trends Beyond Negotiations
  - #6: Aligning Analytics with Finance
  - #7: Aligning Analytics with Operations
- 3** Quiz

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**Best Practice 1**  
Use Scorecards to Drive Accountability

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# What Scorecards Do:

- ✓ Benchmark payor performance objectively
- ✓ **Metrics tracked:**  
AR >90 days, admin burden, appeals, reimbursement vs contract
- ✓ Helps identify top-performing vs underperforming payors
- ✓ Moves negotiations from anecdotes to data-driven discussions

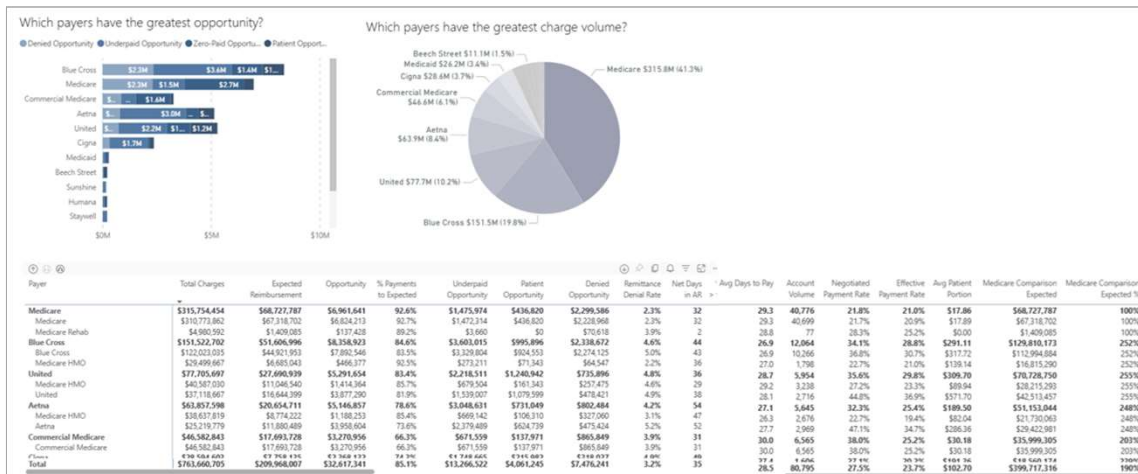
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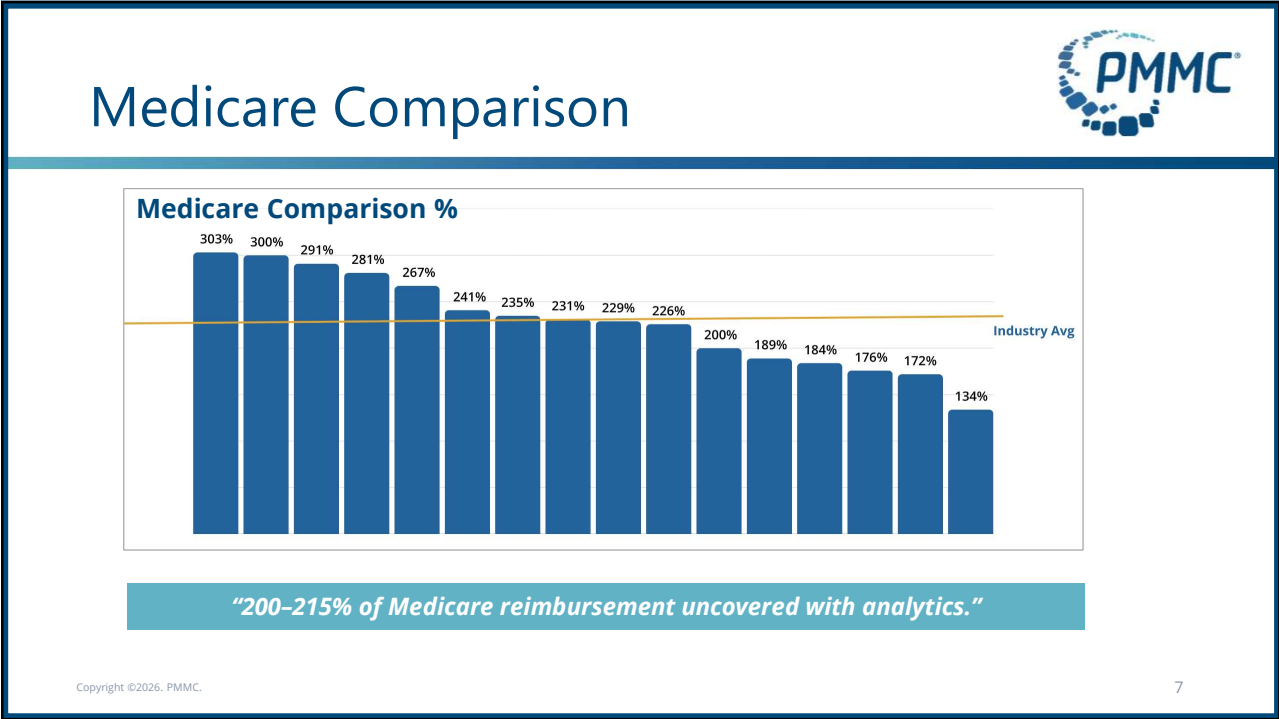
# Example Scorecard Visualization



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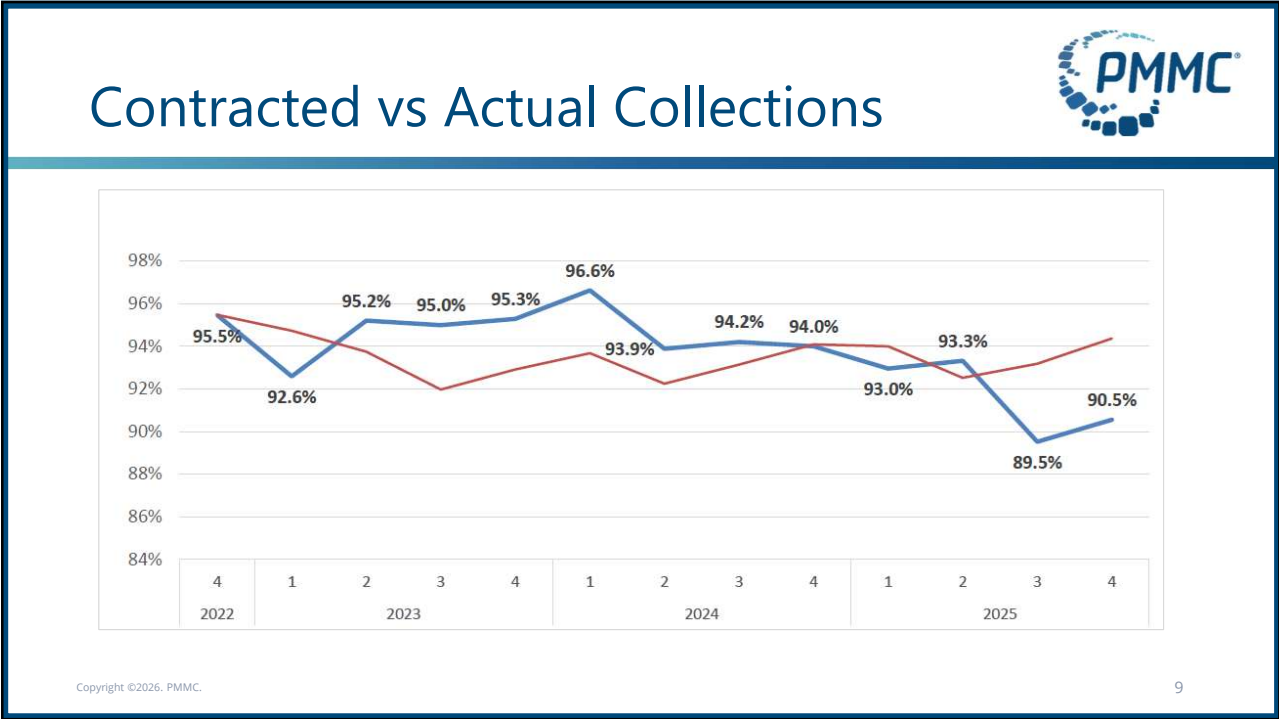
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## Best Practice 2

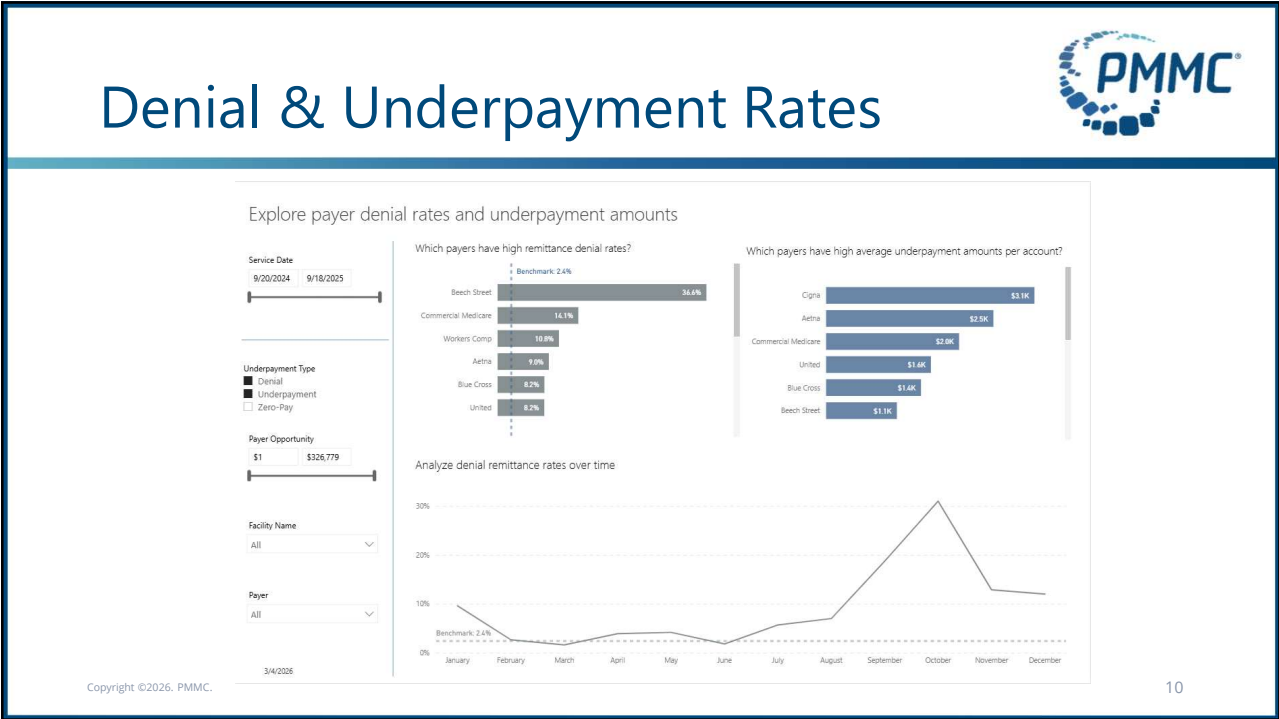
### Measure Results Against Expectations

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# Denial Impact



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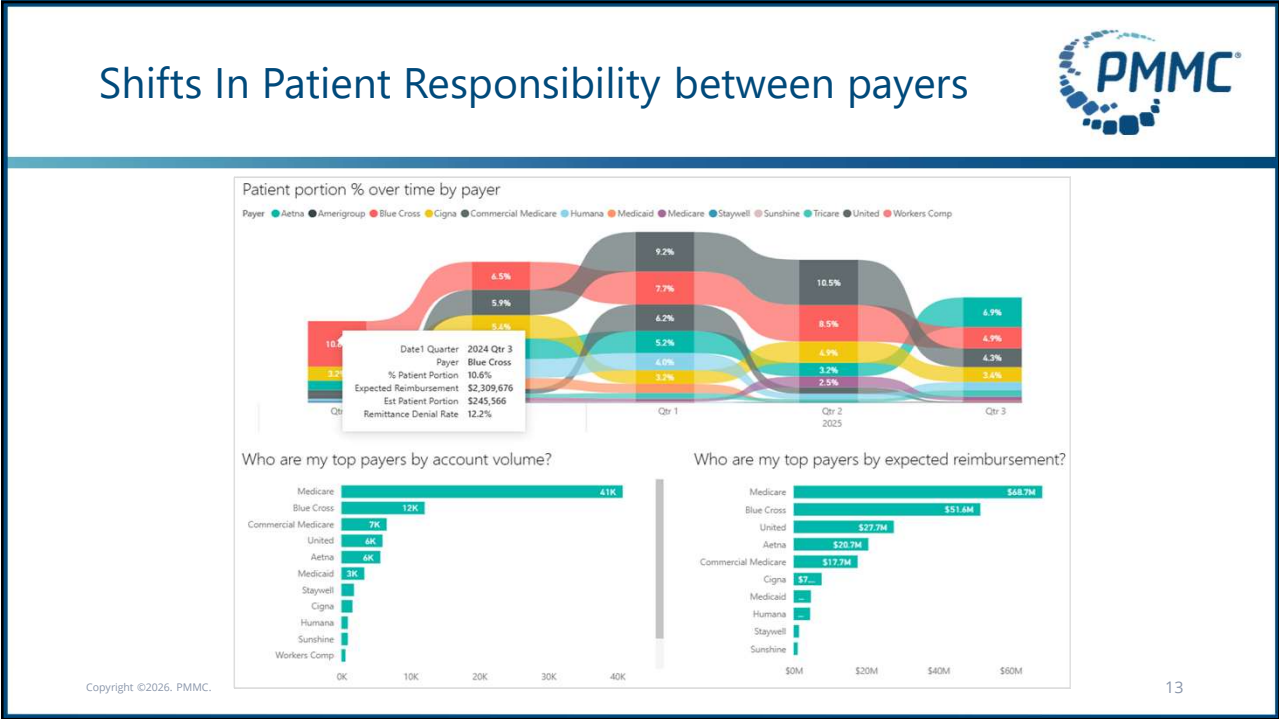
# Patient Liability & Bad Debt



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## Potential Lesser of Charges Impact

Procedure Code	Service Code	Gross Charge	De-identified max contracted rate	% Above/Below Max Negotiated
460	Inpatient	\$92,098	\$105,673	-15%
46050	Outpatient	\$2,237	\$4,117	-84%
46060	Outpatient	\$10,745	\$11,210	-4%
46083	Outpatient	\$780	\$1,033	-32%
46200	Outpatient	\$7,714	\$10,528	-36%
46250	Outpatient	\$10,460	\$14,402	-38%
46270	Outpatient	\$9,004	\$10,100	-12%
46275	Outpatient	\$10,437	\$10,958	-5%
46280	Outpatient	\$10,959	\$11,042	-1%
463	Inpatient	\$55,966	\$78,813	-41%
469	Inpatient	\$43,476	\$56,993	-31%
46922	Outpatient	\$9,646	\$10,019	-4%
46924	Outpatient	\$11,434	\$12,218	-7%
47000	Outpatient	\$1,905	\$2,096	-10%
47531	Outpatient	\$2,339	\$3,293	-41%
47562	Outpatient	\$20,061	\$23,540	-17%
480	Inpatient	\$84,591	\$99,331	-17%
49083	Outpatient	\$1,531	\$1,607	-5%
49180	Outpatient	\$1,171	\$1,493	-28%
49411	Outpatient	\$1,461	\$1,496	-2%
49418	Outpatient	\$3,633	\$3,655	-1%
49424	Outpatient	\$757	\$916	-21%
49440	Outpatient	\$1,577	\$1,681	-7%
49446	Outpatient	\$1,421	\$1,716	-21%
49450	Outpatient	\$1,092	\$1,253	-15%
<b>Total</b>		<b>\$6,585,969</b>	<b>\$9,480,457</b>	<b>-44%</b>

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# Best Practice 3

## Leverage New Public Data (MRF) for Competitive Negotiated Rates

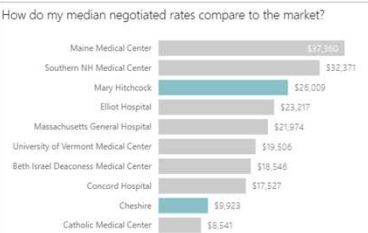
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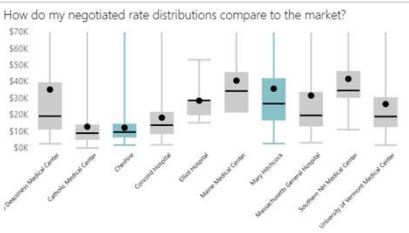
# Inpatient Negotiated Rate Analysis

**How do my median negotiated rates compare to the market?**



Hospital	Median Market Rate
Maine Medical Center	\$37,360
Southern NH Medical Center	\$32,371
Mary Hitchcock	\$26,009
Elliot Hospital	\$23,217
Massachusetts General Hospital	\$21,974
University of Vermont Medical Center	\$19,505
Beth Israel Deaconess Medical Center	\$18,546
Concord Hospital	\$17,527
Cheshire	\$9,923
Catholic Medical Center	\$8,541

**How do my negotiated rate distributions compare to the market?**



**How do my median negotiated rates compare to the market's rates by payer?**

Service Category	Dartmouth Facility Rate	Median Market Rate	% Above/Below Market
CV Surgery	\$64,063	\$49,909	28%
Orthopedics	\$26,782	\$21,147	27%
Neonates	\$26,256	\$21,582	22%
Gynecology	\$17,332	\$14,638	18%
Thoracic Surgery	\$36,764	\$31,095	18%
Cardiology	\$15,060	\$12,995	16%
Neurological	\$25,096	\$21,672	15%
General Surgery	\$22,376	\$20,613	13%
Obstetrics	\$13,244	\$11,851	12%
Urology	\$19,391	\$17,475	11%
Hematology	\$16,818	\$15,186	11%
Medicine	\$15,158	\$13,769	10%
Oncology	\$23,704	\$21,581	10%
Normal Newborn	\$2,607	\$2,970	-12%
<b>Total</b>	<b>\$21,761</b>	<b>\$19,090</b>	<b>14%</b>

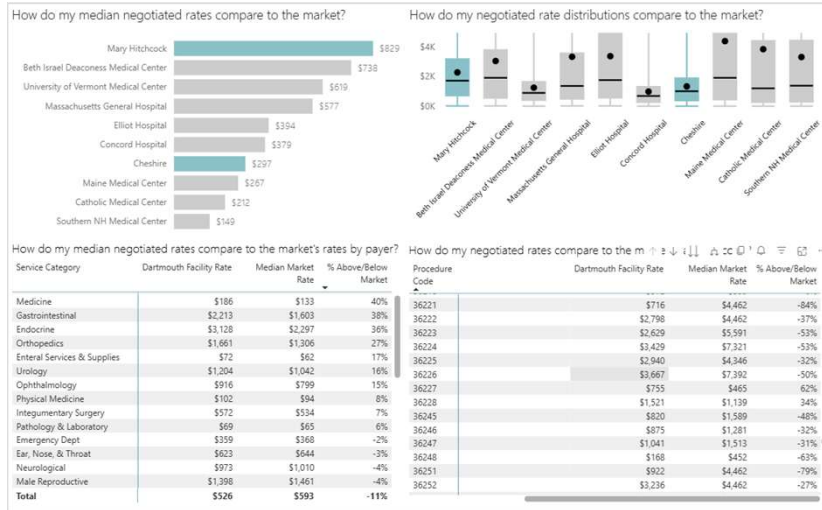
**How do my negotiated rates compare to the market's rates by procedure?**

Procedure Code	Dartmouth Facility Rate	Median Market Rate	% Above/Below Market
192	\$9,709	\$6,278	55%
193	\$17,938	\$11,929	50%
194	\$13,160	\$13,340	-1%
195	\$8,293	\$7,068	17%
196	\$22,922	\$16,846	36%
197	\$16,514	\$16,608	-1%
198	\$5,732	\$6,155	-30%
199	\$22,749	\$18,261	25%
200	\$14,712	\$15,917	-8%
201	\$11,155	\$7,199	55%
202	\$14,132	\$10,625	33%
203	\$6,816	\$8,132	-16%
204	\$13,174	\$8,350	56%
205	\$20,722	\$17,018	22%
206	\$13,655	\$10,666	30%

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# Outpatient Negotiated Rate Analysis Service Line



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# Outpatient Negotiated Rate Analysis Code Level



Standard Payer Name: All

Payer Name: All

Code Type: All

Reimbursement Method: All

Procedure Code: 74176


**How do my median negotiated rates compare to the market's rates?**

Standard Payer Name	Beth Israel Deaconess Medical Center	Catholic Medical Center	Cheshire	Concord Hospital	Mary Hitchcock	Massachusetts General Hospital	Southern NH Medical Center
AARP	\$270						
Aetna	\$868	\$2,161	\$220	\$6,819	\$3,465	\$1,000	
Aetna Medicare Advantage		\$245		\$158			\$281
Aetna Medicare Advantage			\$122				
AllWays Health Partners	\$619						\$559
Ambetter		\$280	\$249	\$1,367	\$256		
Amerihealth				\$1,082			
Anthem				\$230			
Anthem/BCBS							
BCBS	\$638	\$3,000	\$409	\$696	\$443		\$520
BMC HealthNet	\$421	\$400					
CareGroup	\$474						
CDHP Federal Government Employees							
CDHP							
Centers of Excellence							\$1,143
Champus/Ticare	\$270						
Cigna	\$945	\$825	\$409	\$2,917	\$1,962		\$1,044
Commonwealth Care Alliance	\$270						\$731
Conventry	\$270						
Coventry							
Empire BCBS							
Excelsus BCBS							
Fallon Health							\$861
Fidelis							
Harvard Pilgrim	\$474	\$769	\$508	\$2,048	\$1,239		\$633
Humana				\$230			\$1,402
John Alden Health	\$926						
Martins Point				\$230			
Martins Point Medicare Advantage		\$242					
Medicare		\$3,263		\$230			
<b>Total</b>	<b>\$474</b>	<b>\$824</b>	<b>\$417</b>	<b>\$276</b>	<b>\$593</b>		<b>\$793</b>

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# Best Practice 4

## Modeling Proposed Contractual Changes

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## Compare Simulations to Optimize Changes

### Simulation Comparison

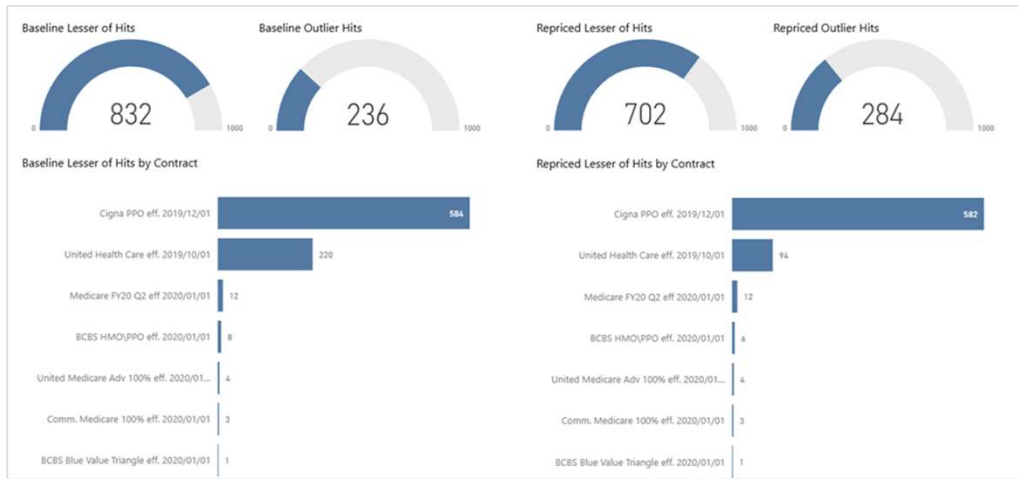
### Baseline Service Category Composition using Expected Reimbursement

Sim Name	# of Accounts	Baseline Charges	Trended Charges	Baseline Expected Reimbursement	Sim Expected Reimbursement	Baseline Effective Discount	Sim Effective Discount	Reimbursement Diff.	% Reimbursement Diff.
Sim 1: 5% Increase	6,975	\$46,820,174	\$49,161,183	\$21,842,044	\$22,628,357	53.3%	51.7%	\$786,314	3.6%
Sim 2: 2.5% Increase	6,975	\$46,820,174	\$47,990,879	\$21,842,044	\$22,235,201	53.3%	52.5%	\$393,157	1.8%
Sim 3: 2.5% Decrease	6,975	\$46,820,174	\$45,649,670	\$21,842,044	\$21,514,413	53.3%	54.0%	(\$327,631)	-1.5%
Sim 4: 5% Decrease	6,975	\$46,820,174	\$44,479,329	\$21,842,044	\$21,405,203	53.3%	54.3%	(\$436,841)	-2.0%

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# Compare Lesser-of and Outlier Impact



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# Understand the Expected Reimburse Calculation Modeling at the Account/Claim Level



Patient ID	Service Code	Original Adj Total Charges	Adj Total Days	Adj Exp Rem	Original Expected Reimbursement	Expected Reim Difference	Percent Change	Reimbursement	Effective Discount	Service Category	ECR
32134235	Outpatient	\$4,097.00	1	\$2.42	\$2,227.00 (\$2,243.00)	-99.82 %	Per Case	99.96 %	ER Level 5	Episodic 1/1/2024 The expected reimbursement for ER Level 5 services was calculated based on the per case rate for the ER Level 5 CPT 99285 of \$2.42. Total Expected Reimbursement: \$2.42	
32151377	Outpatient	\$623.00	1	\$174.29	\$200.06 (\$25.77)	-12.88 %	Mixed	72.03 %	Lab_Path PS 07012023, Clinic Visit	Episodic 1/2/2024 Expected reimbursement included for Lab_Path PS 07012023 for Revenue Code: 0306 CPT: 87086 PO in the amount of \$0.38. Expected reimbursement included for Lab_Path PS 07012023 for Revenue Code: 0306 CPT: 87088 PO in the amount of \$0.38. Expected reimbursement included for Lab_Path PS 07012023 for Revenue Code: 0306 CPT: 87186 PO in the amount of \$0.41. Expected reimbursement included for Lab_Path PS 07012023 for Revenue Code: 0307 CPT: 81003 PO in the amount of \$0.11. Expected reimbursement included for Clinic Visit for 0510 in the amount of \$173.00. Total Expected Reimbursement: \$174.29	
32151397	Outpatient	\$158.00	1	\$158.00	\$158.00 \$0.00	0.00 %	Per Case	0.00 %	Other Therapeutic Services	Episodic 1/2/2024 Expected reimbursement included for Other Therapeutic Services for 0940 in the amount of \$158.00. The expected reimbursement was restricted to \$158.00 from \$350.00 and a commercial factor of 1.00 was applied based on the contract tie charges or terms. Total Expected Reimbursement: \$158.00	
32151494	Outpatient	\$200.00	1	\$173.00	\$173.00 \$0.00	0.00 %	Per Case	13.50 %	Clinic Visit	Episodic 1/2/2024 Expected reimbursement included for Clinic Visit for 0510 in the amount of \$173.00. Total Expected Reimbursement: \$173.00	
32151928	Outpatient	\$1,317.00	1	\$532.03	\$552.58 (\$20.55)	-3.71 %	Mixed	59.61 %	Lab_Path PS 07012023, Clinic Visit, Other Therap...	Episodic 1/2/2024 Expected reimbursement included for Lab_Path PS 07012023 for Revenue Code: 0300 CPT: 36419 PO in the amount of \$0.14. Expected reimbursement included for Lab_Path PS 07012023 for Revenue Code: 0301 CPT: 83655 PO in the amount of \$0.58. Expected reimbursement included for Lab_Path PS 07012023 for Revenue Code: 0305 CPT: 85027 PO in the amount of \$0.31. Expected reimbursement included for Clinic Visit for 0510 in the amount of \$173.00.	

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# Best Practice 5

## Continuously Monitor Payer Trends Beyond Negotiations

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# AR Liquidation Rate Trends

What are the payer and age breakdowns of accounts receivable?

Service Date  
9/20/2024 - 9/18/2025

Underpayment Type  
 Denial  
 Underpayment  
 Zero-Pay

Payer Opportunity  
 \$0 - \$326,779

Facility Name  
All

Payer  
All

3/4/2026

### Payer Opportunity

Aged AR Tranches expanded	Payer	<30 days			>60 days			>90 days		
		Payer Opportunity	% of Payer Total	Account Volume	Payer Opportunity	% of Payer Total	Account Volume	Payer Opportunity	% of Payer Total	Account Volume
Aetna	\$377,933	12.4%	197	\$132,082	16.8%	256	\$1,043,240	34.1%	381	
Amerigroup	\$314	17.2%	16	\$56	3.1%	4	\$255	14.0%	22	
Beech Street	\$4,706	51.7%	12	\$450	4.9%	1				
Blue Cross	\$63,502	1.7%	629	\$808,540	21.5%	406	\$1,475,153	39.3%	749	
Cigna	\$472,080	24.9%	118	\$292,114	15.4%	104	\$633,658	28.4%	195	
Commercial/Medicare	\$179,935	17.9%	267	\$53,005	31.7%	95	\$195,100	29.6%	82	
Humana	\$6,189	7.9%	61	\$440	0.6%	34	\$934	1.2%	119	
Medicaid	\$27,296	32.8%	150	\$11,341	13.5%	194	\$8,971	10.7%	112	
Medicare	\$683,389	44.8%	2,249	\$14,737	11.4%	1,873	\$724,466	14.8%	3,091	
Sunshine	\$5,324	3.7%	68	\$1,529	1.1%	78	\$122,990	84.9%	167	
Sunshine	\$637	0.5%	31	\$1,211	1.0%	35	\$96,724	76.4%	102	
Ticare	\$9,021	18.6%	34	\$241	0.3%	27	\$30,813	63.0%	47	
<b>Total</b>	<b>\$3,097,341</b>	<b>22.2%</b>	<b>4,419</b>	<b>\$2,201,548</b>	<b>15.8%</b>	<b>3,355</b>	<b>\$3,992,393</b>	<b>28.6%</b>	<b>6,037</b>	

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# Payer Trends Report

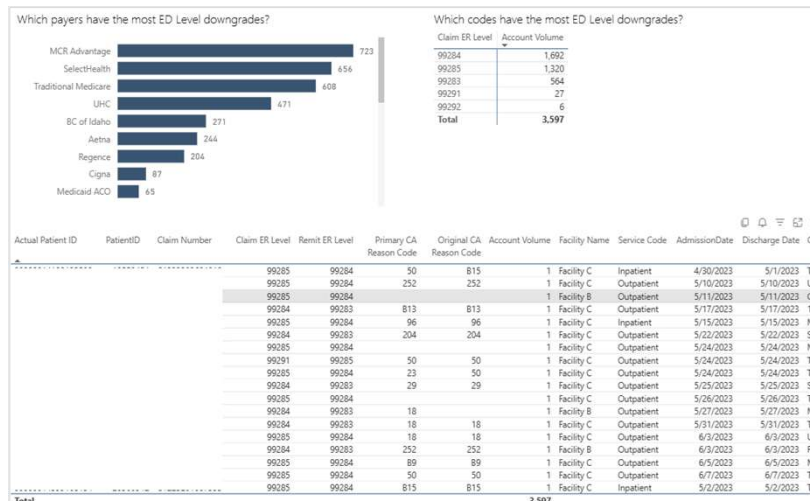


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# ED Level Downgrades



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## Best Practice 6

### Align Analytics with Finance

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## Align Analytics with Finance

- ✓ Enhance cash flow predictability
- ✓ Support accurate valuation
- ✓ Strengthen payer partnerships
- ✓ Elevate negotiation and contract alignment

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# Best Practice 7

## Align Analytics with Operations

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## Align Analytics with Operations

- ✓ Reduce administrative waste
- ✓ Improve operational efficiencies
- ✓ Embrace emerging technologies

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# Conclusions & Key Takeaways

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## Make Analytics a Long-Term Strategy

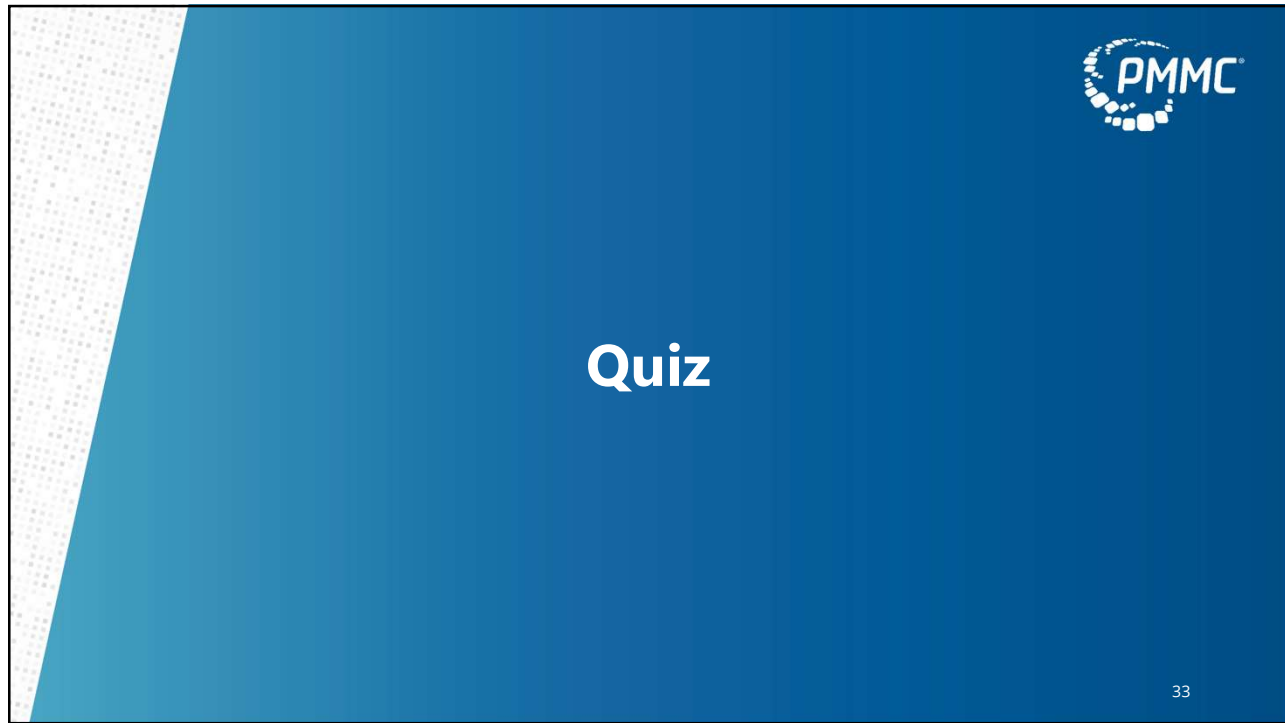
- ✓ Enhances cash flow and AR valuation.
- ✓ Reduces administrative waste.
- ✓ Strengthens payor partnerships with transparency.
- ✓ Informs contract negotiations and strategy.

*“The result is not only stronger financial performance, but also a more transparent and productive relationship with payers.”*

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# Quiz

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**At most conferences,  
when do Greg & Carter get coffee?**

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## What should the role of an analyst be?

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## Are payers paying correctly?

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**Give me one reason why we align analytics with other departments?**

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**What payer analysis report is most important to you?**

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# What's Greg's hobby?

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# THANK YOU FOR YOUR TIME

*If you have questions or would like additional resources, please contact Greg Kay or Carter Loesch.*

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