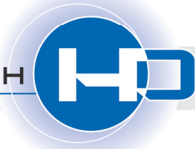


Planning for 2011

Presented by: Si Nahra, Ph.D., President

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Pioneering Specialists in Group Health Care

Post-Payment Administration for Over 20 Years

- First with 100% claim audits
- Introduced the use of claim audits for recovery
- Originated linking of enrollment reconciliation with claim audits
- Started dependent audits 15 years ago
- Revolutionized data intake with payer-defined downloads – always successful
- Unblemished track record – no HIPAA violations or employee issues

What does 2011 hold? Attendee Survey Responses

Mixed Support for Health Reform

39.4% oppose 33.4% support 27.2% neutral

Uncertainty

51.4% not sure what to expect from new appeal rights.

Fears expressed about adverse selection.

Potential for fraud from dependent coverage expansion.

More self-funding – or maybe less.

50%/50% on employer coverage replaced by single payer.

60%/40% on employers dropping coverage for exchanges.

Increased Costs

78.7% of respondents

Planning for 2011

The more things change, the more they stay the same.

The future holds risk for group health plans –
especially self-funded plans.

How will you and your plans deal with risk?

New roles for ABC.
(Advisors, Brokers and Consultants)

Planning for 2011

Everyone is heading in the same direction,
but not on the same path.

1. Continuing relationship with current payer.
2. Continuing relationship with multiple payers.
3. Competitive bidding this year.
4. New payer in place – prior payer data available.
5. New payer in place – prior payer data not available.

Planning for 2011

How you proceed depends on a willingness to act.

Five phases to successful plan execution.

1. Close out 2010 (or prior year).
2. Monitor monthly
3. Quarterly reviews
4. Mid-year assessment
5. Year end

21 ways Health Decisions can help.

Planning for 2011

1. Close out 2010 (or prior year)

If not in hand, get complete claims and enrollment history for the last 12-15 months.

- Establish YOUR baseline performance measures.
- Establish measurable goals for 2011.
- Identify overpayments with recovery potential.
- Verify enrollment
 - Employee/retiree classifications
 - Dependent eligibility documentation
 - Open enrollment data transfer accuracy
- Provider Payment Scorecard for last plan year

Planning for 2011 2. Monitor Monthly

Establish control of facts with monthly data feeds
(NOT canned reports but actual data files)

- Dispute payment & enrollment errors as they occur.
- Update overpayment recovery results (and exert a powerful sentinel effect on recovery collection).
- Identify new enrollment life events for documentation.
- Confirm add/delete processing.
- Produce routine reports and user files.

Planning for 2011 3. Quarterly Updates

Summarize and Review Monthly Results for Early Indicators of Progress or Issues

- Recovery “receivables aging”
- Monthly trends
- Year-to-Year comparisons

Planning for 2011 4. Mid-Year Assessment

Management Review with Plan Managers, Payers and ABC

- Performance Benchmark Comparison to Prior Year Baseline and 2011 Goals (from Step 1).
- Overpayment Recovery: New Case Identification and Investigation.
- Provider Payment Scorecard Comparison to Step 1.

Planning for 2011 5. Year-End

With Competitive Bid

- Bid Solicitation and Review
- Performance Goals for 2012
- Bid Award

With Renewal

- 2011 Administrative Performance Results and Rewards
- Performance Goals for 2012

With Both

- Employee Communications
- Open Enrollment (positive response or passive response)

1. Close out 2010 (or prior year)	<ul style="list-style-type: none">• Establish YOUR baseline performance measures.• Establish measurable goals for 2011.• Identify overpayments with recovery potential.• Verify enrollment• Provider Payment Scorecard for last plan year
2. Monitor Monthly	<ul style="list-style-type: none">• Dispute payment & enrollment errors <u>as they occur</u>.• Update overpayment recovery results (and exert a powerful sentinel effect on recovery collection).• Identify new enrollment life events for documentation.• Confirm add/delete processing.• Produce routine reports and user files.
3. Quarterly Updates	<ul style="list-style-type: none">• Recovery “receivables aging”• Monthly trends• Year-to-Year comparisons
4. Mid-Year Assessment	<ul style="list-style-type: none">• Performance Benchmark Comparison to Prior Year Baseline and 2011 Goals (from Step 1).• Overpayment Recovery: New Case Identification and Investigation.• Provider Payment Scorecard Comparison to Step 1.
5. Year-End	<ul style="list-style-type: none">• With Competitive Bid: Bid Solicitation/Performance Goals for 2012/Bid Award• With Renewal: 2011 Performance Review/Performance Goals for 2012• With Both: Employee Communications/Open Enrollment (positive response or passive response)

Why Plan?

Without Planning

- Time-consuming crisis management
- Limited data access
- Payer controls who knows what, when.
- 1%-10%+ in Overpayments
- ABC role varies

With Planning

- 10-12 hours of HR staff time
- Client controls data access
- Client controls information
- 1%-3% hard recovery
- Prevent and correct all Overpayments
- ABC role critical to success

For More Information
Contact

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We offer no-cost consultations
to answer questions and discuss options.