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Mastering Payer Contracting: Data, Policies, and Payment



The Verden Group



Why This Matters

- Insurance reimbursement is the lifeblood of pediatric practices
- Small changes in rates or policies can have large financial impacts
- Understanding and managing payer contracts is key to sustainability and growth



Understanding Your Contracts

- Locate/Request and Review Contracts
- Key Terms to Know:
 - Clean claim definition,
 - Timely filing limits,
 - Downcoding/upcoding,
 - Reimbursement model
 - Termination clauses
 - Renewal windows



Get Ahead of Changing Policies

- Monitor updates to vaccine reimbursement, billing guidelines (telehealth, screenings)
- Use payer portals, bulletins, newsletters, and listservs
- Payer will not update you directly unless they have to (hint: unless it's a material breach)



Payment Policy Pitfalls

- Fee reductions without notification due to policy changes
- Denials / bundling (e.g. BMI, screenings into visits)
- Credentialing delays affecting revenue
- Coding combinations
- Age-specific policies (varies between Payers, too)



Evaluating Payer Business

Use PCC EMR Reporting:

- Review Payer Mix
- Assess value by quickly looking at percentage of payment to charges
- Run RVU reports to assess utilization and payments by Payer
 - Then compare one to the other to develop a 'hit list' for low performing plans

Obtain, then review, your contracts

- What's your anniversary date?
- Is there a renewal window?
- What's your fee schedule based on?



Preparing a Payer Scorecard

Use a Scorecard to assess performance (1 to 3 year period):

Data

- % of visits / total
- % of revenue / total
- Avg payment per visit
- Denial rate

Track issues:

- Policy issues
- Negotiation priority



Building a Compelling Case for Better Terms

- Volume Leverage: patient numbers
- Access & Services: same-day visits, specialties
- Comparative Rates: payer-to-payer
- Financial Strain: e.g., vaccine cost
- Immunization & screening rates, Behavioral health integration
- Patient satisfaction & access metrics
- Operational efficiency: low no-show rates, EHR usage



Framing Your Proposal

If you don't ask, you can't receive!

- Make specific rate increase requests (open with an overall percentage)
- Use visual data comparisons to make your points
- Include justification points
- Timing matters: before renewal
- Build payer relationships
- Be persistent and professional
- Know your BATNA (Best Alternative To a Negotiated Agreement) – will you terminate? Seek other concessions?



Action Plan

- Audit current contracts
- Extract key data from PCC
- Build payer scorecards
- Target at least one payer this quarter
- Prepare your negotiation request
- Follow the Payers' processes
- Follow up, follow up, follow up... the squeaky wheel gets the oil!



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