



- providing current information on health care industry issues and legislation

The H.H.C. Group Claim Review System

Negotiation - H.H.C. Group has 15 years' of successful negotiation experience and our expertise can be seen in our monthly examples of savings (see Page 2). Our financial case managers are lawyers, law school graduates, and nurses, and all are licensed medical claims adjusters. Their skilled review of medical claims involves a comparison with other charges in a given geographical area, and a review for unbundling and upcoding. If a review determines that the charges are unreasonable, our financial case managers will contact the provider and seek to reach a settlement on the charges. If successful, the provider will sign a one-page Agreement reducing the charges. Savings range from 5 to 70 percent with an average savings in the mid 20 percent range.

Medical Bill Review - If a provider will not negotiate, and **H.H.C. Group** determines that the charges are unreasonable, we will conduct a "prescreen" at no charge. The prescreen allows us to determine if the claim is a good candidate for an audit. We will contact our client with the results of the prescreen to determine if the case warrants an audit, which is also referred to as a line-item bill review. The line-item bill review involves a detailed review and check of the coding, costs, and services performed in a case. We then make a recommendation on payment, and provide a detailed report of our findings for submission to the provider. Results of our successful bill reviews can be seen on Page 2 of this newsletter each month.

Repricing: We have contracted with national and regional Preferred Provider Organizations (PPOs) and have access to over 220 wrap PPO networks that can reprice out-of-network claims. Further, **H.H.C. Group** has its own proprietary network of over 7,000 contracted providers; known as its 3 Star network. Results from our repricing can be seen on page two of this newsletter each month.

DRG validation - DRG validation by a Certified Coding Specialist ensures that hospital bills reflect the appropriate classification of the Diagnosis Related Group (DRG). Hospital billing departments rely on DRG codes to determine the reimbursement level for each claim. A DRG validation by a certified coding specialist is an in-depth review of a patient's medical records and claim to ensure that the proper DRG code was assigned to each medical procedure received by the patient. **H.H.C. Group's** coding staff are Certified Coding Specialists who are experienced medical coding professionals with formal DRG coding training and credentials.

CONTENTS

- 1 **H.H.C. Group** Claim Review System
- 2 Industry news briefs
- 3 MRP case examples
- 3 Notable Savings
- 4 New 3 Star Providers
- 4 HSA/HRA Consumer Product Announcement

HEALTH CARE REFORM UPDATES FROM THE CAPITOL . . .

Obama's Question and Answer Session on Health Care Reform at Town Hall Meeting held in Northern Virginia



President Obama held an hour long town meeting at Northern Virginia Community College on July 2, before an audience of students, professors, administrators, and community residents. He spoke of health care reform as a moral and economic imperative. The President called randomly on audience members and responded to a question from a 53 year-old woman from Appalachia, VA, who complained that she was in fragile health and could not get treatment for a recently discovered tumor. She noted that she had to wait nine years to become eligible for government aid. The President promised to "find out what we can do within existing law" and called the woman a "perfect example" of the kind of person his health plan is intended to help.

Obama also took video questions from submissions made to the White House web site, and one was from a citizen who asked why Obama did not simply advocate a "single payer" plan that would involve the government insuring all Americans. Obama then explained the evolution of the American health-care system and described how difficult he thinks it would be to shift to one based on a European model. "For us to transition completely from an employer-based [system] . . . could be hugely disruptive," he said, adding "we should be able to find a way to create a uniquely American solution to this problem."

Source: Washington Post, July 2, 2009

AMA Supports public-private model

Dr. J. James Rohack, the President of the American Medical Association (AMA), told CNN that the AMA supports an "American model" that includes both a private system and a public system, working together. Rohack explained that the AMA is open to a government-funded health insurance option for people without insurance and suggested the Federal Employee Benefit Program available to Congress and federal employees could be expanded as a public option. He said further that the AMA opposed expanding Medicare coverage for seniors into a broader general public plan, noting that the plan is "going broke" and fails to cover the costs of participating doctors. Finally, Rohack called 2009 "the year we need to have affordable health insurance for all Americans."

Source: CNN Wire, July 1, 2009

The examples below demonstrate recent savings achieved through our **Medical Review Program**. If a claim is unusually high and the provider will not negotiate or does not participate in any of our 220 plus contracted PPOs, the claim may be a good candidate for a **Line Item or Comprehensive Bill Review**. Please contact your sales representative or Linda Frances Loch, General Manager of Medical Review Programs, at 301-963-0762 ext. 163.

Medical Review Program Bill Review Examples

Line item bill review savings examples:

Case A: Treatment of cellulitis on face

Bill amount	Recommended Denial
Case A: \$67,989.29	\$34,038.40 or 50.06%

NEGOTIATION AND REPRICING SAVINGS EXAMPLES

The examples below demonstrate recent savings achieved through our Negotiation and Repricing Services. If you are currently using only one of our many services, contact your sales representative or email j_michaud@hhcgroup.com to find out how to access all of our health care cost containment services.

JULY 2009 EXAMPLES			
TYPE OF SERVICE	AMOUNT BILLED	% SAVED	SAVINGS
NEGOTIATION	\$155,478.98	28.00%	\$43,478.98
	\$112,152.16	35.00%	\$39,253.26
	\$77,908.00	39.70%	\$30,908.00
	\$76,859.52	30.00%	\$23,058.52
REPRICING	\$55,800.00	46.00%**	\$25,753.86
	\$65,785.80	20.00%**	\$13,157.16
	\$48,091.00	20.00%	\$9,618.20
	\$26,983.91	25.00%	\$6,745.98

** Repricing through **H.H.C. Group** 3 Star Network

3-Star Preferred Provider Program Additions

One of the strengths of **H.H.C. Group** lies in its relationships with providers. We are pleased to announce the following new program members.

1st Class Sleep Diagnostic, Germantown, MD	Greenberg Glen, Media, PA	Robert Conner, Fort Wayne, IN
Artemis Laser and Vein Center, Saint Louis, MO	Heart and Wellness Institute, Grand Rapids, MI	Rossi Chiropractic Centers Inc, Margate, FL
Cardiology Faculty Practices, New York, NY	Lake Travis Anesthesiology, Dallas, TX	Sonia Oquendo, MD, Hackensack, NJ
Cathy T. Larimore MD, Covington, GA	Larry Mackall, MD, Key West, FL	Sofia Lam, MD, Jenkintown, PA
Chidi I. Anukwuem, MD, Irvington, NJ	Northeast Arkansas Clinic, Jonesboro, AR	St. Louis Spine & Orthopedic, Town and Country, MO
Dept of Neonatology, Newark, NJ	Orthopedic Assoc Dutch Co, Poughkeepsie, NY	Tonawanda Medical Services, Buffalo, NY
Family Health Ctrs, Marlton, NJ	Pacific Cardiovascular Consultants, West Lake Village, CA	Vernose & McGrath Otolaryngology, Philadelphia, PA
Gastro and Liver Disease Ctr, Chattanooga, TN	Pain Care of North Texas, Allen, TX	West Mifflin Imaging Assoc., West Mifflin, PA
Gastroenterology Consultants, Carmel, IN	Pediatric Cardiology Assoc., Fort Wayne, IN	

CONTACT INFORMATION

Additional product/services information: visit
www.hhcgroup.com or 301-963-0762 ext. 110.

Repricing support/assistance: please contact
appeals@hhcgroup.com or 301-963-0762 ext. 212.

Medical Review Program support/information: please contact
mrp@hhcgroup.com or 301-963-0762 ext. 163.

CONSUMER PRODUCT FOR HSA and HRA PARTICIPANTS

If you administer **Health Savings Accounts (HSAs) or Health Reimbursement Arrangements (HRAs)**, our Consumer Product was designed for your members. Click on the link below to see our brochure, which explains our services in detail. We are very excited about offering our **Health Claim Negotiation services directly to the consumer** (www.hhcgroup.com/hhconsumer).

Should you have any questions or have further interest, please feel free to contact **Executive Vice President of Sales Joe Michaud**, at 800-836-8681 ext. 110 or 301-963-0762 ext. 110.

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