

What We Do

- Review all types and sizes of medical bills
- Ensure comprehensive review, including coding, bundling, unbundling, duplicate bill logic, and pharmacy bill review
- Assign Paladin physicians to bills with complex clinical procedures
- Integrate bill review processes with our utilization review system so clients pay only for authorized procedures
- Verify that charges conform to PPO discounts and state fee schedules
- Build customized workflows that incorporate client requirements and preferences
- Ensure compliance with government policies and HIPAA guidelines

Medical Bill Review

Lower Claims Costs, Uncompromising Care

Paladin's Medical Bill Review saves every possible dollar for our clients without compromising patient care. The service combines the medical coding expertise of bill review analysts with efficient, technology-driven processes that automatically flag PPO discounts and conflicts with state fee schedules.

As with all our managed care services, we use physicians in a way that returns the most value to our clients. Physicians review surgical and hospital bills, as well as many bills involving multiple procedures or providers. In addition, whenever a bill review analyst identifies a problem with a medical service or fee, the bill is escalated to a Paladin physician for in-depth clinical review. As trained clinicians, physicians can pinpoint problems, negotiate with treating physicians, and arrive at a fair decision that everyone can agree on.

ACHIEVING BETTER RESULTS FOR OUR CLIENTS

Paladin's Medical Bill Review service not only results in lower claims costs, but clients can count on savings that stick because of our low appeal rates. A sampling of our bill review results¹ includes:

- **Client Savings:** An average 75.92 percent in defensible savings, which represents a 10 percent improvement over the country's largest managed care service provider.
- **Return on Investment (ROI):** \$66.51, or 6,650 percent, in ROI for every \$1 spent on bill reviews.
- **Disputes:** Only 1.90 percent of all bill review results are questioned by originating providers, which is below the industry average. Of those, only a 0.5 percent require additional payment to the medical provider.
- **Turnaround Times:** 98 percent of the time, our medical bill reviews are completed faster than state-mandated turnaround times.

¹ Research conducted July 1, 2014, through June 30, 2015 by Paladin Managed Care Services, Inc., a subsidiary of Enstar Group Limited. The research compared Paladin's bill review results for clients to those produced by the same clients' previous service providers. All figures represent the average outcome for Paladin medical bill reviews. Results may vary depending on the circumstance of each client.

HOW MEDICAL BILL REVIEW WORKS AT PALADIN

For clients who subscribe to both Standard and Clinical Bill Review, the review processes are integrated electronically to prevent duplicate efforts and double-billing. Here's how each service works:

STANDARD BILL REVIEW

Step 1: Each bill goes directly into our technology-driven bill review system. The system automatically flags discrepancies with state fee schedules and PPO discounts, and forwards the bill to the appropriate bill review analyst based on the type of medical procedure, jurisdiction, and health care provider.

Step 2: The Paladin analyst reviews any flagged discrepancies, then runs the bills through multiple databases of codes for providers, facilities, and out-of-scope fees. (Most managed care service providers use a much smaller data set of codes from a single database or their proprietary system.)

Step 3: As required, the analyst gathers additional information for questionable codes and discrepancies.

Step 4: If all is in order, the analyst renders a decision. If there's an issue that can benefit from clinical review, the analyst escalates the bill to a Paladin physician.

CLINICAL BILL REVIEW

Step 1: The Paladin physician compares the medical billings to their corresponding procedures.

Step 2: As needed, the physician contacts the treating physician to discuss concerns and resolve issues. (In our experience, the peer-to-peer credibility of doctors talking to doctors can result in quick resolution and considerable savings.)

Step 3: If the treating physician is a member of a PPO that Paladin works with, the bill goes to that PPO for re-pricing based on its discounts. If the treating physician is not in a Paladin-affiliated PPO, we may negotiate the final resolution with the provider's billing office.

ANCILLARY SERVICE PARTNERS FOR ADDITIONAL SAVINGS

In addition to PPO affiliations, Paladin also partners with highly respected organizations that specialize in ancillary medical services not always covered by state fee schedules. As needed, specialty services include verifying the usage and costs of MRIs, CT scans, and other imaging diagnostics; hospital beds, wheelchairs, and other types of durable medical equipment; rehabilitation therapies; dental procedures; surgical hardware implants; and patient transport services.

CONTACT PALADIN MANAGED CARE SERVICES TODAY

Paladin is setting the industry standard for managed care services by involving physicians in every service. This unique approach incorporates the medical expertise of physicians at the level where it can do the most good — for our client, the patient, and the policyholder paying the premium. Our full set of physician-guided managed care services covers Clinical and standard Medical Bill Review, Case Management, Rx Utilization Management, Physician Guide, Utilization Review, and Claims Analysis.

To learn more, call us at 800.559.5556, email us at info@paladinmc.com, or visit us at www.paladinmc.com.