

cencora

# Reimbursement Insights through InfoDive

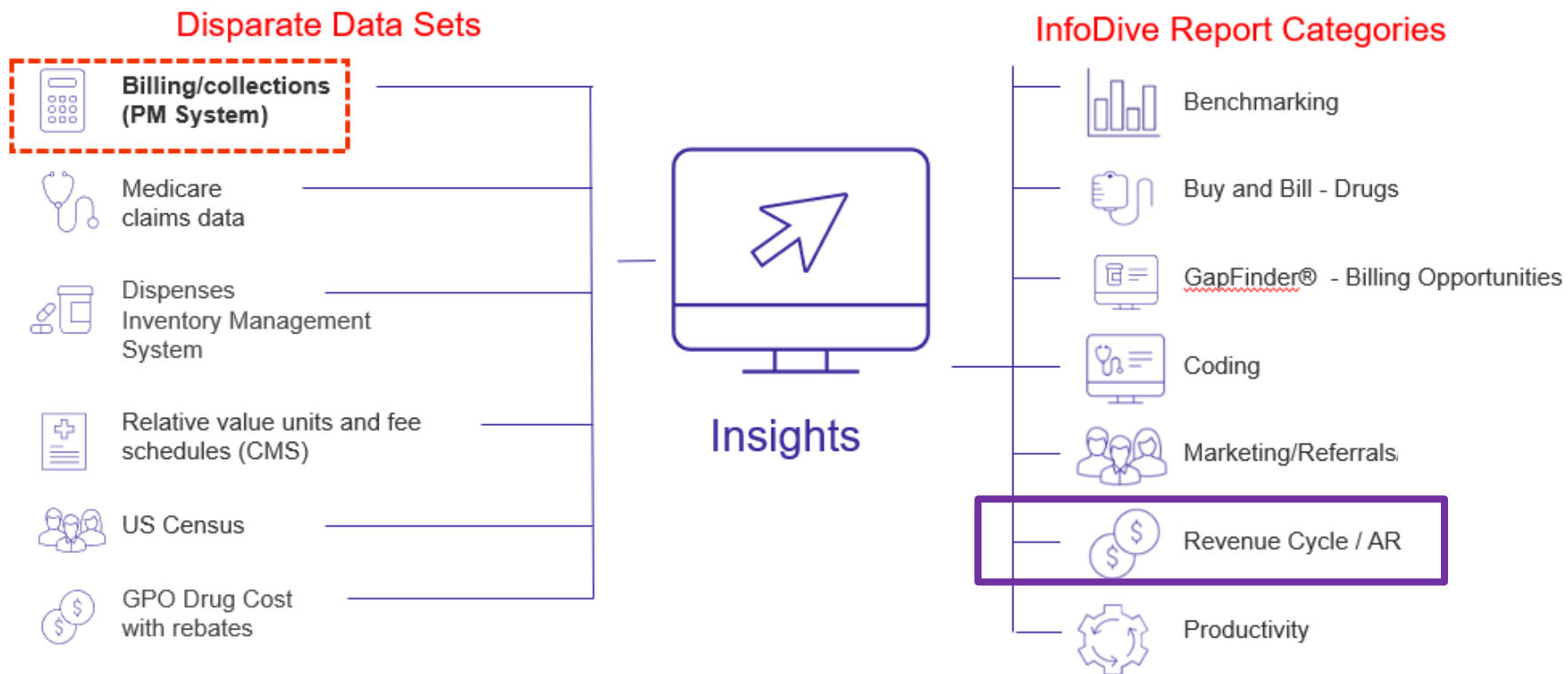
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# Disclaimer

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# InfoDive<sup>®</sup> overview and data sources



Ability to bring together data from multiple PM datasets to provide aggregated, enterprise level, cross platform reporting

# Evaluate Payer Analytics to bring power to Payer Negotiation

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# Identify Payer to Analyze?



- Large Commercial Payer
- Payer with a low percent of Medicare (Specific to CPT Class)
- Payer with growth in your market

Service Month: Recent 12 Months

## Reimbursement by CPT Class

Payer Primary	Total		E&M		Surgery		Medicine		HCPC		All Other	
	Payments	% of Medicare	Payments	% of Medicare	Payments	% of Medicare	Payments	% of Medicare	Payments	% of Medicare	Payments	% of Medicare
BCBS	\$1,211,720	98.0%	\$115,845	81.7%	\$468	4.0%	\$130,168	110.4%	\$957,889	100.2%	\$7,351	81.5%
Choice	\$731,093	79.0%	\$85,430	88.6%	\$1,134	10.2%	\$61,802	89.4%	\$582,654	78.7%	\$73	0.9%

# How InfoDive assists in analyze payer payments?



InfoDive does not load fee schedule BUT  
calculates mode (most common amount collected – contract rate?)

Why might you see a low % match to mode and/or mode % of Medicare?

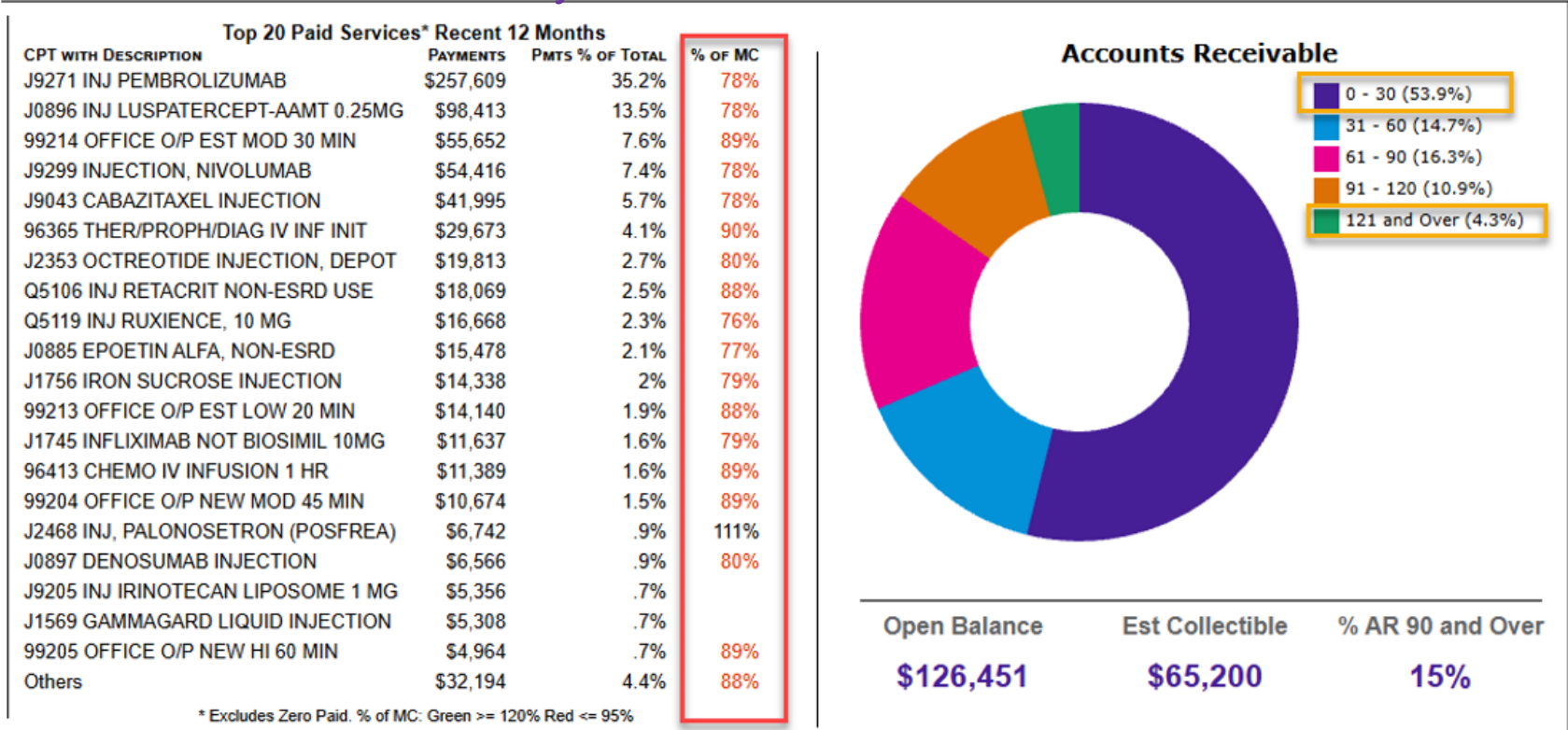
- Inconsistent payer payment
- Payment differs by provider (MD/Mid Level)
- Different patient plan within payer
- Failure to collect patient/secondary payment
- Change in contract rate during service period
- Over/Under - payment/adjustment

# High level Payer Review



## Payer Dashboard

Payer Primary: Choice



# Issue: Mode – low match and % of Medicare, why ...



Payer Primary: Choice  
 CPT Class: HCPCS  
 Start Month: 2025-10  
 End Month: 2025-12

## Payment Statistics by CPT

Analysis Based On Closed Claims Only

CPT	Modifier Class	RVU Assigned Status	Site Of Service	Units	Service Lines	Lines with Match to Paid Mode	Lines without Match to Paid Mode	% Match to Mode	Charge Per Unit	Paid Mode per Unit	Medicare Allowable per Unit	Paid Mode per Unit % of Medicare
J0896		Unadjusted	Not Applicable	1,300	5	3	2	60.0%	\$74.00	\$32.91	\$41.98	78.4% ●
J9271		Unadjusted	Not Applicable	800	4	2	2	50.0%	\$75.00	\$47.27	\$60.29	78.4% ●
J1745		Unadjusted	Not Applicable	160	4	2	2	50.0%	\$178.00	\$24.37	\$31.09	78.4% ●
Q5106		Unadjusted	Not Applicable	560	14	7	7	50.0%	\$25.00	\$6.93	\$7.85	88.3% ●
J0885		Unadjusted	Not Applicable	600	13	6	7	46.2%	\$23.00	\$6.02	\$8.54	70.5% ●

Patient ID	Service Date	CPT	Payer	Charges	Payments	Adjustments	Units	Medicare Allowable	Paid % of Medicare	Payments Insurance	Payments Patient	Payments per Unit	
				\$14,000.00	\$3,832.32	\$10,167.68	560	\$4,396.56	87.2% ●	\$3,667.55	\$164.77		
	79 2025-11-11	Q5106	CARE	\$1,000.00	\$278.28	\$721.72	40	\$314.04	88.6% ●	\$221.72	\$56.56	\$6.96	
	43 2025-12-02	Q5106	CARE	\$1,000.00	\$278.22	\$721.78	40	\$314.04	88.6% ●	\$224.49	\$53.73	\$6.96	
		2025-12-01	Q5106	CARE	\$1,000.00	\$277.14	\$722.86	40	\$314.04	88.2% ●	\$277.14	\$0.00	\$6.93
	30 2025-12-18	Q5106	CARE	\$1,000.00	\$277.14	\$722.86	40	\$314.04	88.2% ●	\$277.14	\$0.00	\$6.93	
	75 2025-10-01	Q5106	CARE	\$1,000.00	\$268.04	\$731.96	40	\$314.04	85.4% ●	\$213.56	\$54.48	\$6.70	



Low payment (not collecting patient portion, poor contract?)

# Issue: Low payment as % of Medicare, but ...



COMMON DRUG NAME	UNIQUE PATIENTS	ADMINS	UNITS	UNITS PER ADMIN	CHARGES	PAYMENTS CLOSED	COST	COST WITH REBATE	MARGIN	MARGIN WITH REBATE	CHARGES PER UNIT	PAYMENTS PER UNIT CLOSED	COST PER UNIT	COST WITH REBATE PER UNIT	MARGIN PER UNIT	MARGIN WITH REBATE PER UNIT	MEDICARE FEE PER UNIT	PAID % of MC
Retacrit (Q5106)	14	62	2,480.0	40	\$62,000.00	\$16,333.97	\$17,540.32	\$16,768.55	-\$1,206.35	-\$434.58	\$25.00	\$6.59	\$7.07	\$6.76	-\$0.49	-\$0.18	\$7.44	88.5%



Low payment is not covering drug cost even with rebate

# Issue: Mode – low match and % of Medicare, why ...



Payer Primary: BCBS  
 CPT Class: EVAL & MGMT  
 Start Month: 2025-10  
 End Month: 2025-12

## Payment Statistics by CPT

Analysis Based On Closed Claims Only

CPT	Modifier Class	RVU Assigned Status	Units	Service Lines	Lines with Match to Paid Mode	Lines without Match to Paid Mode	% Match to Mode	Charge Per Unit	Paid Mode per Unit	Medicare Allowable per Unit	Paid Mode per Unit of Medicare	% Collection on Charges (based on Mode)	Paid Avg	Paid Min	Paid Max	Payments	Payments % of Total
99214		Unadjusted	110	110	46	64	41.8%	\$268.00	\$81.05	\$123.95	65.4% ●	30.2%	\$96.82	\$81.05	\$158.67	\$10,651	43.9%
99213		Unadjusted	101	101	30	71	29.7%	\$182.00	\$54.26	\$87.84	61.8% ●	29.8%	\$69.02	\$54.26	\$120.28	\$6,971	28.7%
99204		Unadjusted	34	34	12	22	35.3%	\$407.00	\$128.03	\$162.69	78.7% ●	31.5%	\$152.90	\$128.03	\$212.69	\$5,199	21.4%
99205		Unadjusted	8	8	4	4	50.0%	\$515.00	\$160.03	\$215.39	74.3% ●	31.1%	\$178.56	\$160.03	\$221.58	\$1,428	5.9%

Patient ID	Service Date	CPT	Payer Primary	Charges	Payments	Adjustments	Medicare Allowable	Paid % of Medicare
				\$29,480.00	\$10,650.57	\$18,946.28	\$13,634.87	78.1% ●
	2025-10-14	99214	BCBS	\$268.00	\$81.05	\$186.95	\$123.95	65.4% ●
159	2025-10-16	99214	BCBS	\$268.00	\$103.67	\$164.33	\$123.95	83.6% ●
159	2025-12-11	99214	BCBS	\$268.00	\$103.67	\$164.33	\$123.95	83.6% ●
159	2025-11-13	99214	BCBS	\$268.00	\$103.67	\$164.33	\$123.95	83.6% ●
207	2025-11-06	99214	BCBS	\$268.00	\$81.05	\$186.95	\$123.95	65.4% ●
138	2025-10-21	99214	BCBS	\$268.00	\$81.05	\$186.95	\$123.95	65.4% ●
709	2025-12-18	99214	BCBS	\$268.00	\$81.05	\$186.95	\$123.95	65.4% ●



Paid differently based on patient (payer plan?)

# Issue: Medicare rate paid, but ...



Payer Primary: Kaiser Permanente  
 CPT Class: EVAL & MGMT  
 Start Month: 2025-10  
 End Month: 2025-12

CPT	Units	Lines with Match to Paid Mode	Lines without Match to Paid Mode	% Match to Mode	Charge Per Unit	Paid Mode per Unit	Medicare Allowable per Unit	Paid Mode per Unit % of Medicare	Paid Avg	Paid Min	Paid Max
99214	4,528	3,257	1,271	71.9%	\$271.00	\$117.34	\$119.25	98.4% ●	\$114.06	\$11.02	\$534.58

Provider Type: Physician

CPT	Units	Lines with Match to Paid Mode	Lines without Match to Paid Mode	% Match to Mode	Charge Per Unit	Paid Mode per Unit	Medicare Allowable per Unit	Paid Mode per Unit % of Medicare	Paid Avg	Paid Min	Paid Max
99214	3,352	2,904	448	86.6%	\$271.00	\$117.34	\$119.25	98.4% ●	\$116.97	\$11.02	\$534.58

Provider Type: Mid-Level

CPT	Units	Lines with Match to Paid Mode	Lines without Match to Paid Mode	% Match to Mode	Charge Per Unit	Paid Mode per Unit	Medicare Allowable per Unit	Paid Mode per Unit % of Medicare	Paid Avg	Paid Min	Paid Max
99214	1,174	703	471	59.9%	\$271.00	\$99.74	\$119.25	83.6% ●	\$105.75	\$79.47	\$374.34



Contract pays mid level 15% less than physician



Analyzed not ONLY drug payment based on  
mode/% of Medicare

BUT

Analyze if payment covers cost of drug  
at the claim level

# Drug Claims Paid Below Cost

## Drug: Entyvio



COMMON DRUG NAME	PATIENT ID	SERVICE DATE	PAYER LIST	UNITS	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	MC FEE TOTAL	% OF MC	COST	MARGIN	MARGIN WITH REBATE
Entyvio (J3380)	79	2025-04-03	HEALTH	300	\$13,800.00	\$4,307.76	\$9,492.24	\$0.00	\$6,348.60	67.9%	\$6,299.10	-\$1,991.34	-\$1,991.34

PATIENT ID	COMMON DRUG NAME	SERVICE DATE	UNITS	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	MEDICARE FEE TOTAL	% OF MC FEE	COST	MARGIN
Totals			1,800.0	\$82,800.00	\$40,035.87	\$42,764.13	\$0.00	\$38,828.70		\$38,014.20	\$2,021.67
79	Entyvio (J3380)	2025-11-19	300.0	\$13,800.00	\$7,032.63	\$6,767.37	\$0.00	\$6,393.30	110.0%	\$6,372.30	\$660.33
79	Entyvio (J3380)	2025-09-24	300.0	\$13,800.00	\$7,280.46	\$6,519.54	\$0.00	\$6,618.60	110.0%	\$6,372.30	\$908.16
79	Entyvio (J3380)	2025-07-30	300.0	\$13,800.00	\$7,280.46	\$6,519.54	\$0.00	\$6,618.60	110.0%	\$6,372.30	\$908.16
79	Entyvio (J3380)	2025-06-05	300.0	\$13,800.00	\$6,983.46	\$6,816.54	\$0.00	\$6,348.60	110.0%	\$6,299.10	\$684.36
79	Entyvio (J3380)	2025-04-03	300.0	\$13,800.00	\$4,307.76	\$9,492.24	\$0.00	\$6,348.60	67.9%	\$6,299.10	-\$1,991.34
79	Entyvio (J3380)	2025-01-22	300.0	\$13,800.00	\$7,151.10	\$6,648.90	\$0.00	\$6,501.00	110.0%	\$6,299.10	\$852.00



Reprocess claim? – appears paid incorrect as compared to other claims (even in the same quarter)

# Drug Claims Paid Below Cost

## Drug: Xolair



COMMON DRUG NAME	PATIENT ID	SERVICE DATE	PAYER LIST	UNITS	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	MC FEE TOTAL	% OF MC	COST	MARGIN	MARGIN WITH REBATE
Xolair (J2357)	3	2025-09-29	Medicare Part B (1)   BCBS	75	\$7,875.00	\$2,385.10	\$5,489.90	\$0.00	\$3,042.23	78.4%	\$2,984.93	-\$599.83	-\$599.83

PATIENT ID	COMMON DRUG NAME	SERVICE DATE	UNITS	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	MEDICARE FEE TOTAL	% OF MC FEE	COST	MARGIN
3	Xolair (J2357)	2025-11-12	75.0	\$7,875.00	\$3,291.18	\$4,583.82	\$0.00	\$3,344.70	98.4%	\$3,295.50	-\$4.32
3	Xolair (J2357)	2025-10-29	75.0	\$7,875.00	\$3,291.18	\$4,583.82	\$0.00	\$3,344.70	98.4%	\$3,281.70	\$9.48
3	Xolair (J2357)	2025-10-13	75.0	\$7,875.00	\$3,291.18	\$4,583.82	\$0.00	\$3,344.70	98.4%	\$3,281.70	\$9.48
3	Xolair (J2357)	2025-09-29	75.0	\$7,875.00	\$2,385.10	\$5,489.90	\$0.00	\$3,042.23	78.4%	\$2,984.93	-\$599.83
3	Xolair (J2357)	2025-09-11	75.0	\$7,875.00	\$2,993.55	\$4,881.45	\$0.00	\$3,042.23	98.4%	\$2,984.93	\$8.63
3	Xolair (J2357)	2025-08-21	75.0	\$7,875.00	\$2,993.55	\$4,881.45	\$0.00	\$3,042.23	98.4%	\$2,984.93	\$8.63



Reprocess claim? – appears paid incorrect as compared to other claims (even in the same quarter)

## Enter Negotiation with Payer



# Payer is proposing moving contract from 2023 to 2025 MPFS

## Analyze what is best for your practice



### Proposal

### Counter

Year 1: 2024 RVU Unadj GPCI, 102% of MC  
 Year 2: 2025 RVU Unadj GPCI, 103% of MC

Year 1: 2024 RVU Unadj GPCI, 102% of MC  
 Year 2: 2026 RVU Unadj GPCI, 102% of MC

CPT Class	Fee Total			
	2024	2025	+/-	% +/-
Total	\$245,161	\$240,729	\$-4,433	-1.8%
EVAL & MGMT	\$147,579	\$145,626	\$-1,952	-1.3%
RADIOLOGY	\$34,440	\$33,520	\$-920	-2.7%
MEDICINE	\$10,810	\$10,525	\$-285	-2.6%
SURGERY	\$45,567	\$44,421	\$-1,146	-2.5%
PATH & LAB	\$4,425	\$4,342	\$-83	-1.9%
HCPCS	\$2,341	\$2,295	\$-46	-2.0%

CPT Class	Fee Total			
	2024	2026	+/-	% +/-
Total	\$245,161	\$247,081	\$1,920	0.8%
EVAL & MGMT	\$147,579	\$153,630	\$6,051	4.1%
RADIOLOGY	\$34,440	\$33,744	\$-695	-2.0%
MEDICINE	\$10,810	\$11,177	\$367	3.4%
SURGERY	\$45,567	\$41,773	\$-3,794	-8.3%
PATH & LAB	\$4,425	\$4,333	\$-92	-2.1%
HCPCS	\$2,341	\$2,424	\$83	3.6%

# Analyzed Payer ROI:



## Payer Analysis

- Fee Schedule set too low
- Mid Level paid less than Physician
- Inconsistent/low payment per CPT by payer
- Failure to collect secondary/patient balance

## Drug Analytics

- Drug Payment Below Cost
- Billing Opportunities
  - Waste not billed (Single Dose Vial)
  - Dose removed from Inventory Management does not match billing



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# Question

Do you have a Business Analytic tool to assist leadership in gaining insights into your business?

Yes

No

No, but wish we did



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## Question

Would you be interested in having someone to assist you in navigating and analyzing your business analytics/performance?

Yes

No



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