

Why ClaimDOC?

Controlling Costs And Putting Money Back In Your Pocket

ClaimDOC provides health plans with greater cost control and transparency. Employers turn to us seeking to establish fair reimbursement rates for health insurance, allowing them to save money and provide richer benefits to their employees. Our approach creates strong and sustainable health plans and satisfied employees.

What is Reference Based Pricing?

Fair Payment Solutions For Health Plans

The cost savings component of the program is driven by the principles of reference based pricing (RBP). RBP is a generic term used to describe a type of medical claim pricing utilized by self-insured medical plans. Simply put, RBP works to lower the high costs of healthcare.

Traditional programs rely on a carrier or network with provider contracts. The lack of reference point consistency, along with outlier provisions, makes it impossible to understand the value of the discount or know the cost of services. RBP defines a consistent reference point, with Medicare rates being the most commonly used. PPO's have negotiated rates with insurance companies, and they pay without any auditing of the claims. ClaimDOC utilizes audits and multi-factored data to determine facility-specific payments. The principle of using a consistent reference point is what defines RBP and what drives savings to the plan.

Example: Broken Nose Procedure

The ClaimDOC Process:

1. **Identify** the actual cost of the service
2. **Claim Audit** using Medicare and reported cost
3. **Determine** an equitable payment and margin

	Average Charge	50% PPO Discount	Reported Cost	Medicare Pays	ClaimDOC
Hospital #1	\$1,065	\$533	\$198	\$238	\$297
Hospital #2	\$2,756	\$1,378	\$328	\$229	\$394
Hospital #3	\$5,543	\$2,771	\$145	\$245	\$306