

Boost practice revenue with MPV Phynance

Negotiate better contracts, monitor payor performance and increase cash flow

Payment errors cost U.S. medical groups billions of dollars annually. A \$25 million practice typically loses up to a million dollars a year on claims paid at less than the contract rate alone — not to mention the cost of invalid denials and payment delays.

Practice management systems cannot correct this problem because they are not designed to identify or track contractual payment errors. Solving it requires valuation of all services according to the complex terms of today's health care contracts — including service carve-outs, global fee periods, multiple surgery reductions, modifier multipliers, code edits, site-of-service payment adjustments and constant government and private payment rule changes.


MPV Phynance™ is the solution. This suite of innovative financial tools and expert consultative services allows you to accurately value the claims you file according to the terms of your payor contracts. With Phynance you can accurately identify, appeal and recover underpayments, and evaluate overall contract performance. And by working with MPV, you have access to best practices for appeals and claims workflow.

Why accept underpayments and contract uncertainty as costs of doing business? Get Phynance today.

Phynance provides solutions for:

- **Contract analysis and management** — know in detail the financial terms of your contracts and monitor their performance
- **Identifying contractual appeal opportunities** — know which claims you need to appeal, and stop wasting time on those you don't
- **Driving and managing contract-based appeals™** — appeals succeed when you document the specific contract terms associated with each line-item underpayment
- **Creating sophisticated claim reports** — manage your claims processes and identify and correct repeated payment errors
- **Modeling the financial implications of alternative contracts** — negotiate more-favorable contracts by using what-if analyses to know how alternate terms will improve payment

Phynance simplifies the tangled web of contractual agreements, insurance rules and regulations. We understand contracts from both the provider and payor perspectives and continually monitor public policies and the ever-changing US health care reimbursement process, so you don't have to. Let Phynance give you control over your contracts, claims and payments.



*Phynance can
substantially boost
revenues through
contract-based
appeals — and that's
just the beginning.*

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Medical Present Value

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Take control of your reimbursement process

Phynance features:

- **Expert contract definition** — our team of seasoned contract analysts maintains a database of your specific contract terms, fee schedules and payment policies and continually updates Medicare and other standard payment rules, so your claim pricing remains accurate
- **Powerful claims valuation engine** — every line of every claim is priced according to contract terms, taking into account other line items, so you know what you're owed and can correct claims even before they are filed
- **Extensive claim management capabilities** — monitoring charge accuracy and identifying, appealing and recovering contractual payment errors are enhanced by focused reporting and tracking tools that can isolate patterns and sources of errors
- **Contract modeling and performance monitoring** — sophisticated tools model the financial impact of alternative contracts and evaluate payor compliance with contract terms
- **Secure, Web-based deployment** — remote data processing and storage allows 24/7 access to Phynance with no capital investments, no downtime and no added cost for software or data updates
- **Seamless integration** — Phynance pulls selected claims data directly from your practice management system, eliminating the need for duplicate data entry
- **Full compliance** — with HIPAA, Medicare payment rules and other regulations

Phynance benefits:

- **Increased revenue through underpayment recovery** — contractual underpayments of 3% to 7% of practice revenues are identified
- **Higher contract rates** — modeling contract terms gives comparative contract information to negotiate higher rates or eliminate unfavorable contracts
- **Improved tracking of charge master accuracy** — daily monitoring of charges and allowables enables you to adjust your charges to capture health plan maximum allowances
- **Quicker payment** — identifying and correcting claims errors before filing cuts denials, lowering accounts receivable by as much as 20 days
- **Lower billing costs** — accurate appeals and fewer denials means less staff time wasted refile and appealing claims
- **Lower contract administration costs** — automated management and eliminating underperforming contracts cuts the cost of negotiating, monitoring and servicing the contracts

About MPV

MPV helps medical groups maximize the value of their payor contracts and improve revenue cycle efficiency through a comprehensive set of financial tools and services designed to optimize contract performance, identify and recover underpayments, correct front- and back-office errors, negotiate better contracts and reduce patient write-offs.