

BRMS Cost Containment Programs

Out of Network Savings

BRMS Out of Network Savings Program identifies non-par claims incurred by your health plan and identifies the lowest cost outcome for you and your members.

BRMS Out of Network Savings Program Suite of Services:

Out of Network Services

Out of Network Services offers a multiple layer approach to non-par claims. By performing an analysis through our data, tools and scalable technology, we determine the net cost of the claim and approach claims from a cost up perspective.

Negotiation Process

The negotiation process incorporates a comprehensive line-by-line review of the charges, along with skilled medical negotiators reviewing appropriateness of services rendered. The team then aggressively negotiates with non-network hospitals, physicians and ancillary healthcare providers to help reduce our clients' and their employees' healthcare expenses. Our medical review negotiation team is supported in the negotiation process by a variety of cost databases, claims utilization history databases and reference tools to substantiate their negotiations.

Bill Review & Audit

Our Bill Review and Audit service is comprised of a team of healthcare professionals who perform chart audits on high dollar medical claims in order to uncover errors and anomalies to determine the appropriateness of billing. We utilize clinical, financial and medical necessity reviews to produce the highest level of cost reduction for our clients.

Established Reimbursement Schedule (ERS)

The Established Reimbursement Schedule (ERS) was developed to calculate a reasonable and acceptable reimbursement for all medical procedures. The process uses multiple data points to calculate savings and is far more comprehensive than most solutions can offer. We use:

- Cost-to-charge ratios
- Historically acceptable reimbursements
- Geographic adjustments
- Commercially available benchmarks
- PPO contractual reimbursements
- Medicare reimbursements
- CMS-provided statistics

