Payer mix optimization report

Benchmarks your payer mix against peers and flags the contracts most worth renegotiating.

Prepared for	Report ID	Reviewed by
Westfield Family Medicine	CIQ-2024-1184	Anthonette Sparman, MD
4 providers - Family medicine	March 14, 2024	Founder, ClinicIQ

SAMPLE REPORT. Names, numbers, and findings are illustrative. Your delivered report is built from your own intake responses and benchmarked against your specialty + region.

EXECUTIVE SUMMARY

Your top commercial payer reimburses 18% below regional average. A targeted renegotiation is worth ~$96K/year.

The analysis below benchmarks your practice against peers in your specialty and region and quantifies the dollar impact of each opportunity. Findings are ranked by net contribution, then by time-to-launch. Every dollar figure carries a methodology citation in the appendix.

KEY FINDINGS

Payer	Reimb. vs. regional median	Renegotiation priority
BCBS PPO (32% of revenue)	**-18%**	HIGH - file amendment
United Commercial (21%)	**-9%**	MED - bundle w/ quality data
Aetna (14%)	**+3%**	LOW - hold
Cigna (11%)	**-12%**	MED - contract age 36 mo
Medicare (18%)	**Fee schedule**	n/a

IN YOUR DELIVERED REPORT

- Your payer mix benchmarked vs. specialty + regional peers (percentile rank per payer)

  Assumes: *Benchmarks pulled from MGMA + state-level commercial data where published; private-pay regional plans flagged as 'estimated'.*

- Rate-gap analysis on your top 10 CPT codes vs. market median ($ per encounter)

  Assumes: *Market median uses regional commercial benchmarks or Medicare × typical commercial multiplier when commercial data is thin.*

- Top 3 contracts ranked for renegotiation by likely $/year uplift × success probability

Assumes: *Success probability weights volume share, contract age, gap size, and your local market leverage (typically 30–70%).*

- Patient-acquisition tactics to shift mix toward your 2 highest-paying payers

Assumes: *Tactics scoped to digital + referral channels; does not include paid-search budget recommendations.*

- Renegotiation script + 2-page data packet you can send your top-priority payer

Assumes: *Script is a starting point — final tone and language should match your existing relationship with the payer rep.*

METHODOLOGY & SOURCES

1. We use regional commercial benchmarks (where published) and Medicare-equivalent ratios to estimate where each contract sits.

2. Renegotiation candidates are scored on volume share, contract age, and gap size — small low-volume contracts are deprioritized.

3. We never tell you to drop a payer without modeling the patient-volume impact first.

Benchmarks: MGMA DataDive 2023, CMS Physician Fee Schedule (current year), regional peer panel (n=42). All recovery estimates are directional and intentionally conservative.

Physician-reviewed - Anthonette Sparman, MD. This report is advisory and does not constitute legal, billing-compliance, or investment advice. Recovery estimates assume your reported volume and payer mix; actual results vary by execution.