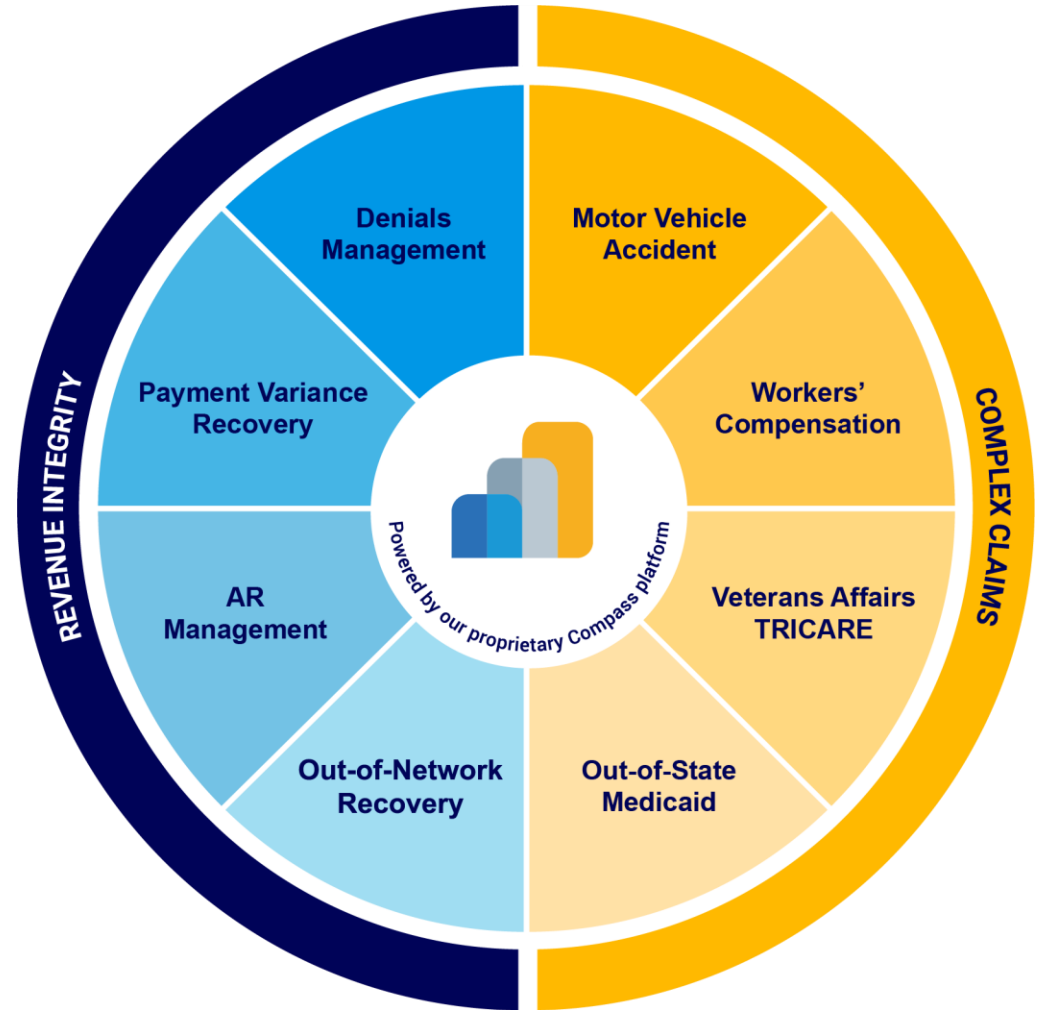


MEET ASPIRION

**Advanced Technology.
Expert Teams.
Optimal Results.**





Meet Our Presenter



**Liana
Hamilton**

President, Payment
Variance Recovery
Aspirion



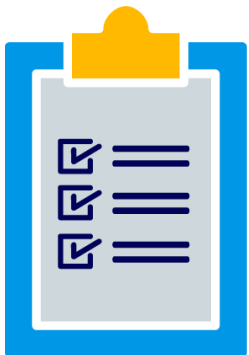
Winning Out-of-Network Revenue in the No Surprises Act Era

- 1** What's driving Out-of-Network (OON) revenue leakage
- 2** Operational frameworks and tech approaches to maximize recovery
- 3** How to build a scalable OON strategy that protects performance
- 4** Questions & Answers

The Volume & Payment Gap Reality

NSA Claims Volume

Over **10 million NSA-eligible claims** were processed in just the first nine months of 2023.



The Reimbursement Challenge

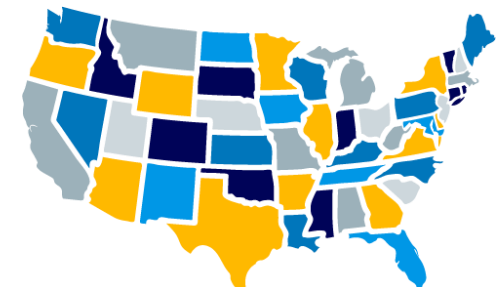
Non-contracted payers are reimbursing at **10% to 15% of billed charges**.



Geographic Concentration

Over **70% of disputes** were concentrated in **seven states**

(TX, FL, AZ, NJ, NY, TN)



The NSA Provider Impact

NSA creates hospital Out-of-Network (OON) payment challenges:

- ✓ Cash flow and payment delays
- ✓ Administrative burden and compliance costs
- ✓ Dispute resolution challenges
- ✓ Reimbursement rate reductions



What HealthCare.gov data reveals about QHP claim denials in 2023

19%

**In-Network
Claims Denied**

37%

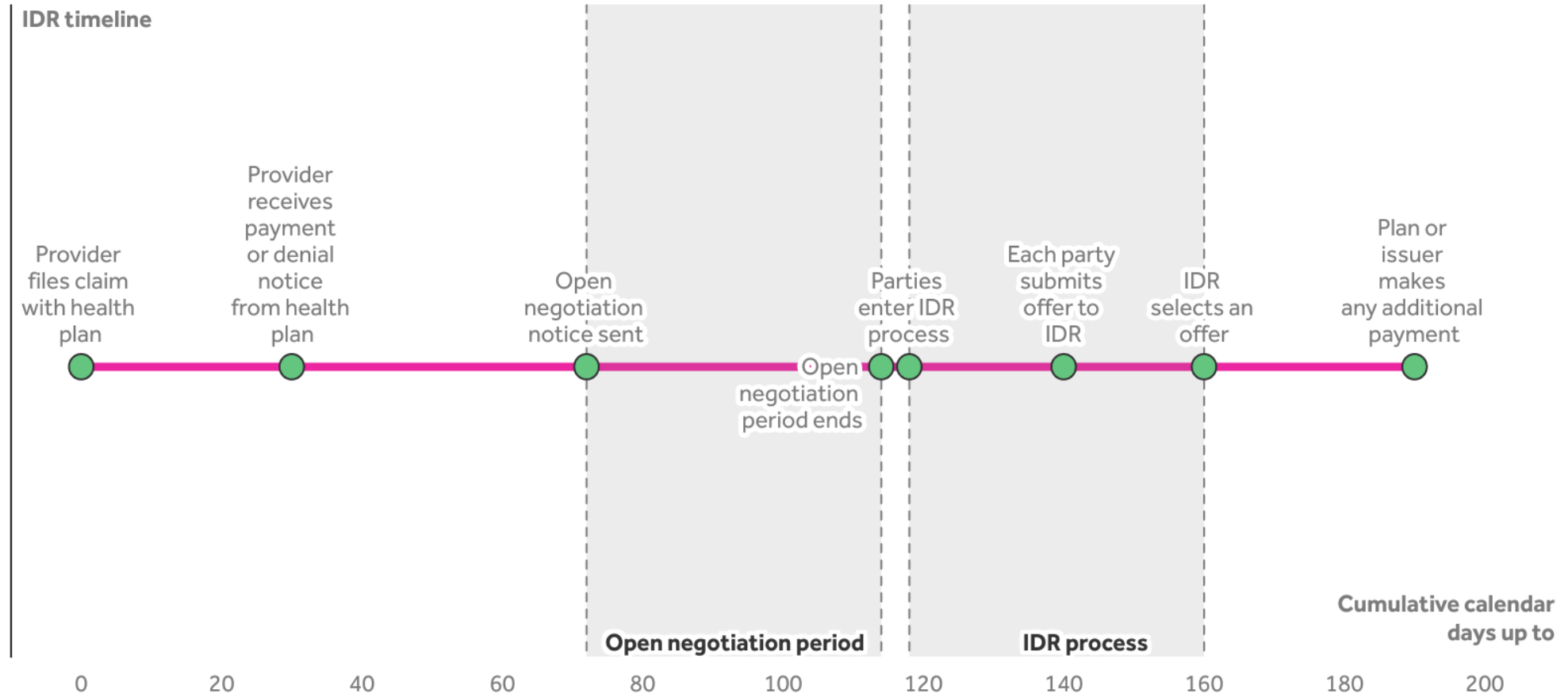
**Out-of-Network
Claims Denied**

20%

**Combined Average
All Claims Denied**

Insurers of qualified health plans (QHPs) sold on HealthCare.gov denied 19% of in-network claims in 2023 and 37% of out-of-network claims, for a combined average of 20% of all claims.

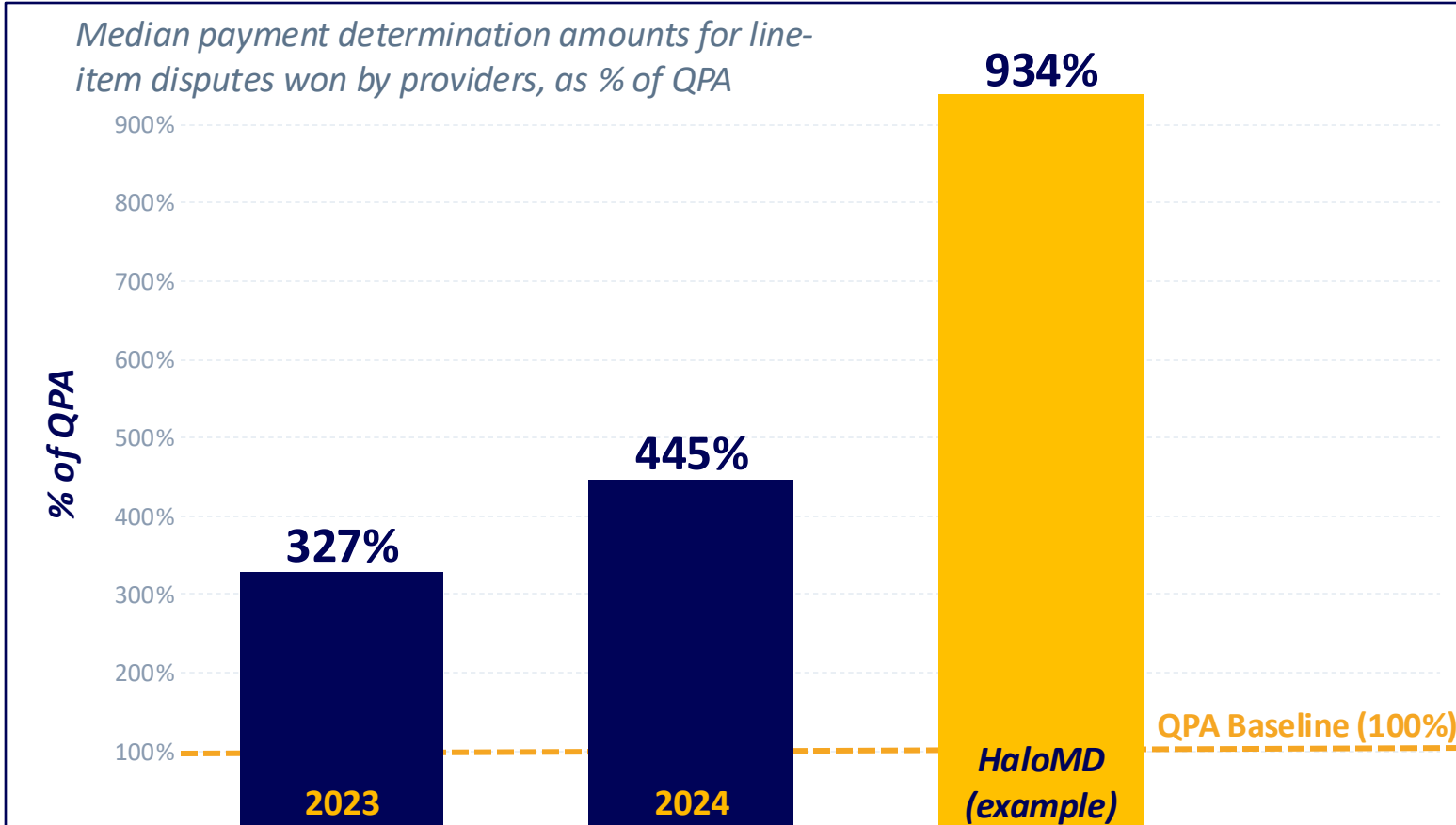
Timeline for the Federal Independent Dispute Resolution (IDR) Process



Note: 30-business days were converted to 42 calendar days.

Source: KFF analysis of federal regulations

Providers Are Winning—And the Payouts Are Growing



2023 Median
327% of QPA awarded to winning providers

2024 Median
445% of QPA awarded +36% increase YoY

HaloMD High
934% of QPA — nearly 10x the baseline

The median payment determination has grown 36% in one year—and top performers are recovering nearly 10x the QPA baseline.

Source: Federal IDR Data Report, 2023–2024 | Exhibit 4

Key Implications

- Administrative costs comprise **40% of hospital expenses**, with billions spent annually appealing denials¹
- Overturning denials requires an average of three review rounds with insurers, each taking 45-60 days²

Resource Constraints

- 96% RCM execs report **lack of qualified workers harms organizational revenue**³
- 92% RCM execs cite **new staff errors negatively impact claims processing**³
- **Staffing gaps increase A/R days, denial rates, and reduce productivity**⁴

Key Finding:

Manual processes create bottlenecks in documentation retrieval and analysis, regardless of dispute type.

See appendix for sources

The Team That Makes the Difference



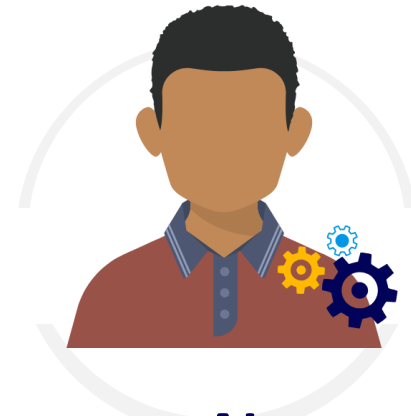
**Attorneys/
Legal Professionals**



Clinicians



**Claims
Specialists**



**AI
Engineers**

The question is not whether you can afford to invest in a strategic OON approach—it is whether you can afford not to.

The 3 Pillars to a Successfully Proven Operational Framework

Maximize out-of-network reimbursements with strategic resource allocation, advanced tech, and expert negotiation.

1 UTILIZE

**Dedicated
OON Team**

2 APPLY

**Purpose-Built
Technology**

3 EXECUTE

**Payer-Specific
Strategies**

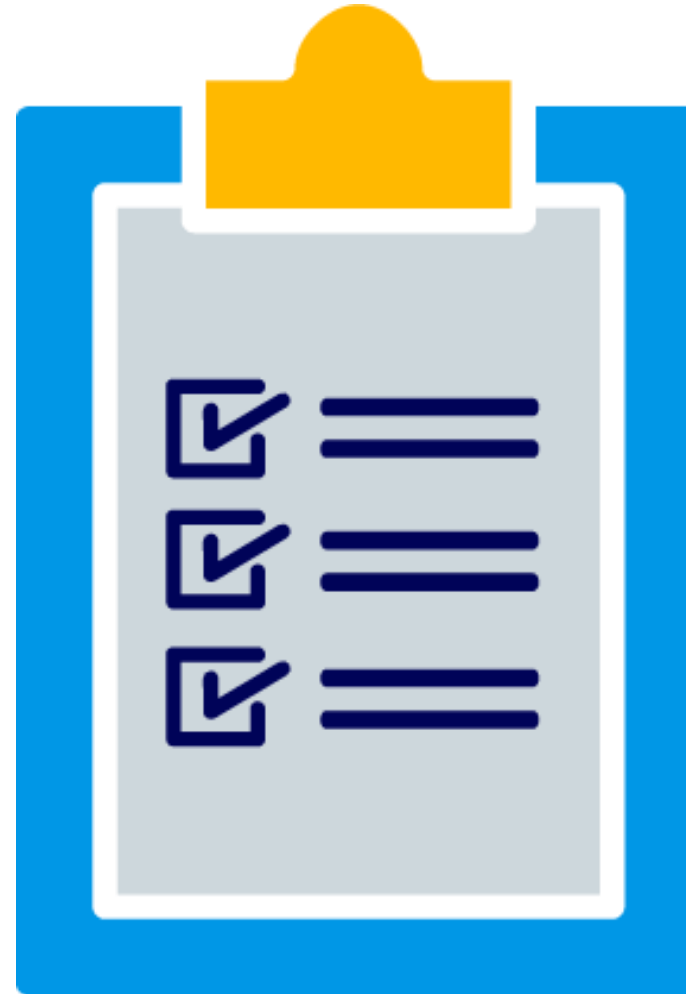
Keys to success...

- Optimize revenue cycle team performance
- Turn compliance challenges into opportunities



Beyond Checking Boxes...

- No Surprises Act & State Regulations
- Mitigate Risk
- Secure Your Financial Foundation



5 Strategies that Transform OON Claims into Revenue Engines

1

Automate Claim Identification

2

Track Deadlines with Precision

3

Customize Payer Playbooks

4

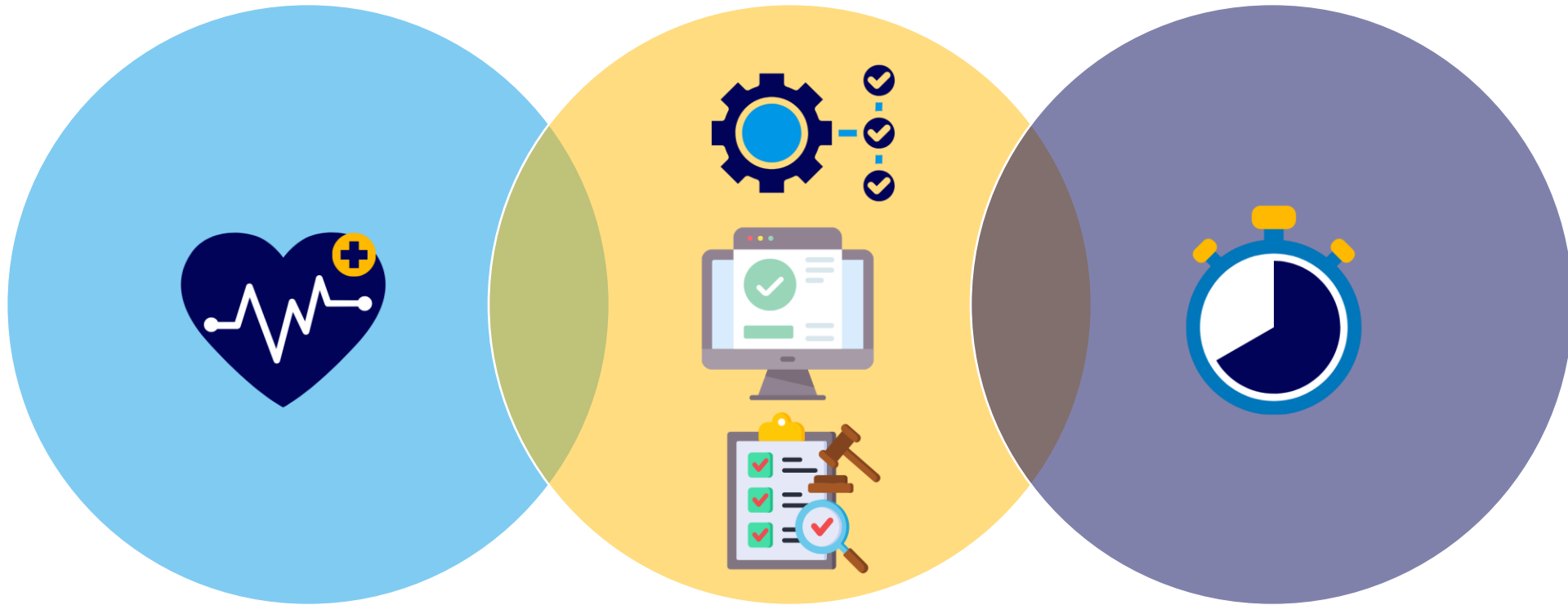
Leverage IDR Outcomes Systematically

5

Make Informed Build-vs-Buy Decisions

Strategy 1: Automate Claim Identification

Leveraging AI and automation to drive shared efficiencies.

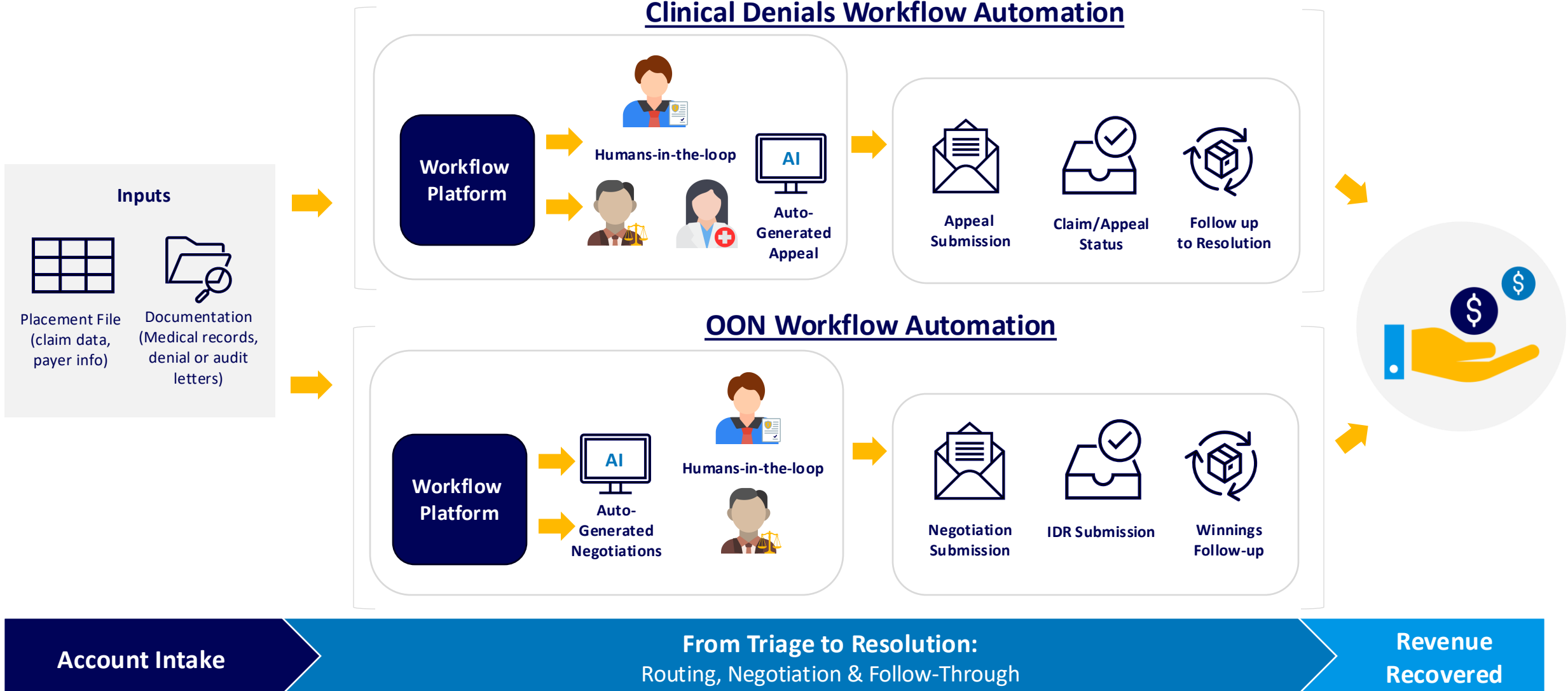


Clinical Denials

Shared Efficiencies

Out-of-Network NSA

Strategy 1: Shared Operating Model In Action



Strategy 2: Track Deadlines with Precision

Automated Tracking Systems to Include:

- ✓ Automated alert systems tied to payment posting
- ✓ Escalation workflows that prevent claims from falling through cracks
- ✓ Real-time dashboards showing approaching deadlines
- ✓ Integration with existing revenue cycle systems



Strategy 3: Build Payer-Specific Playbooks

Build payer playbooks to track:

- ✓ Historical outcome analysis by payer
- ✓ Customized negotiation tactics based on payer behavior
- ✓ Understanding which payers prefer single case agreements vs. IDR
- ✓ Documentation requirements specific to each major payer
- ✓ Identify state vs federal IDR process



Strategy 4: Leverage IDR Outcomes Systematically

Every IDR case you win becomes intelligence for your organization:

- ✓ Pattern recognition for similar future cases
- ✓ Leverage for in-network contract negotiations
- ✓ Benchmarking data for rate discussions
- ✓ Precedent building for payer relationships
- ✓ Strength of case identification



Strategy 5: Make Informed Build-vs-Buy Decisions

The smart approach involves analyzing:

- ✓ Your current out-of-network volume
- ✓ Available internal expertise (this isn't typical follow-up work)
- ✓ Technology infrastructure requirements
- ✓ Expected ROI for different approaches
- ✓ Scalability needs as NSA volumes continue growing



Risk Analysis for Strategic Options



Financial



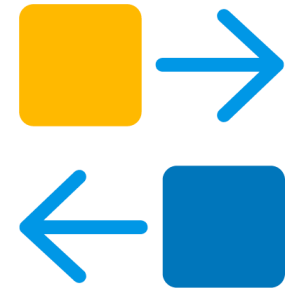
Legal



Operational



Reputational



Structural

Benefit Considerations for Strategic Options



**Capability &
Resources**



**Data &
Technology**



Cost



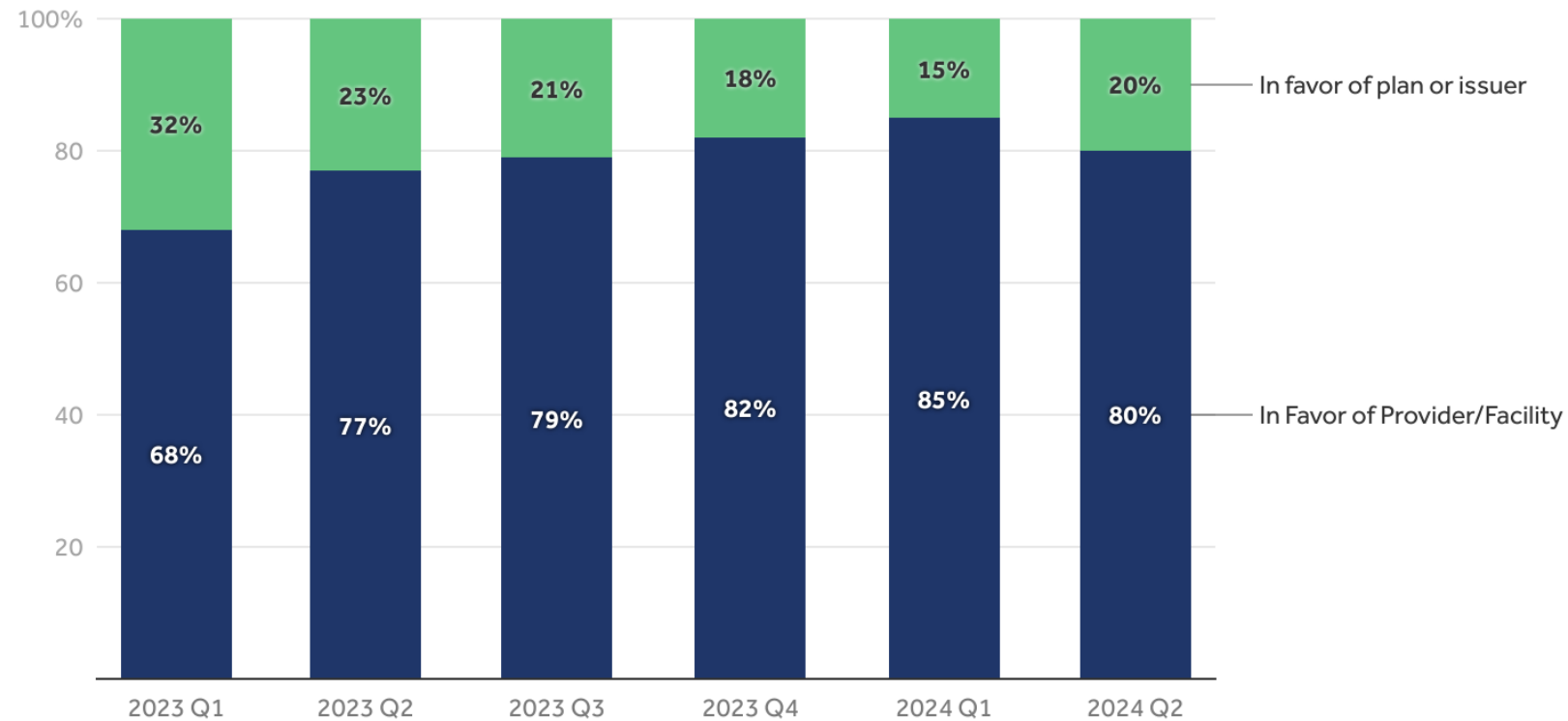
Speed



Revenue

Provider Win Rates are Climbing

Share of total payment determinations, by prevailing party, 2023 Q1-2024 Q2



Note: Split decisions and non-responses, which account for less than 0.01% of determinations, are excluded. Share only among emergency and non-emergency services.

Source KFF analysis of CMS data

Peterson-KFF
Health System Tracker

Aspirion's DocIQ Negotiation Letter Generation

Doc IQ
Home Documents Appeals

Generate Appeal

Appeal Generation

1
2
Step 3
Confirm Appeal

Let's make sure everything is correct.

Define the denial ✎

<p>Denial Category Payment Adjustment</p> <p>Treatment Type ER</p>	<p>Denial Type Unauthorized Discount</p>
--	---

General appeal details ✎

<p>Medical Record 3db7795c-9607-4dc0-bd6e-68726aedc06f-H12691492200_Provider_Notes.pdf</p> <p>Insurance Name UNITED HEALTHCARE INSURANCE COMPANY</p>	<p>UB-04 fa722c3c-292c-46fb-98d2-7afcd2287366-H12691492200_Original_Claim_Form.pdf</p> <p>Facility Name Kaiser Foundation Hospital</p>
--	--

Clinical argument details ✎

<p>Date of Birth 08/18/1991</p> <p>Discharge Date 05/15/2025</p>	<p>Admit Date 05/15/2025</p>
--	---

85%

NSA claims are successfully negotiated to **single case agreement**

50%+

of NSA dollars **require escalation to IDR**

From Open Negotiation to IDR: AI Accelerates Every Stage

Real results across NSA dispute resolution workflows.

2x

Over initial QPA return

3-4x

Over initial QPA return through the IDR

Open Negotiation Comparison (Manual vs. AI)

	Manual Submissions	AI-Generated Submissions
Days from Placement to Negotiation	5 Days	0 Days
Days from Placement to Closure	37 Days	21 Days

THANK YOU

Questions & Answers

Liana Hamilton

Payment Variance Recovery
President

Liana.Hamilton@aspirion.com



[Learn More](#)

Appendix

¹American Hospital Association (AHA) (2024) - [Skyrocketing Hospital Administrative Costs](#)

²Premier (2024) - [Trend Alert: Private Payers Retain Profits by Refusing or Delaying Legitimate Medical Claims](#)

³Experian Health Revenue Cycle Survey (2023) - [Impact of Healthcare Staffing Shortages on Revenue Cycle Management](#)

⁴MGMA DataDive Cost and Revenue Survey (2022) - [Bottom Line Impacts from Revenue Cycle Staffing Challenges](#)