

CASE STUDIES

MANAGED CARE: PHYSICIAN



Patient Access Jeopardized by Hometown Payor

PROBLEM: Imagine if your insurance company told you that you no longer have access to your doctor. Or worse yet, what if your child lost access to the life-saving care they need? This was a reality for thousands of patients in the southeast, when a local physician group – representing more than 400 primary and specialty care physicians – was trapped in a contentious contract battle with the state’s largest insurance company. Adding to the drama: the battle would be fought in the backyard of the payor’s corporate headquarters.

As a new physician group in its first contract battle, our client faced many uphill battles. With brand recognition low and credibility not yet established, the insurance company challenged our client’s existence and its authority to negotiate for all physicians. In fact, many physicians were already dropped by the insurance company, leaving many patients with little to no health care options, potentially pitting physicians against our client.

STRATEGY: With a lot of ground to make up and little time, Revive developed a plan that targeted communication coverage for each major audience. We hit hard with direct mail letters, phone calls, emails, an advocacy website, employer and broker meetings, media, and editorial boards.

RESULTS: The payor’s CEO received hundreds of emails and phone calls from angry patients, employers, and elected officials, resulting in a competitive contract that met our client’s needs. The rate increase over the three-year contract was within 4% of the client’s goal. In fact, the ROI for the effort was 28-to-1, calculating the cost of the campaign against the rate increase secured above the payors “best and final” offer. Best of all, the client developed a reputation with payors as a force to be reckoned with.



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Grassroots Support Yields Fair Contract for Physicians

PROBLEM: Enduring a battle with any health plan is tough, but battling a payor that covers more than a quarter of patients can be downright daunting. For one Southern California physician group, a major national payor offered a new contract with no increase in reimbursement rates. The insurance company wanted to make this physician group an example, in an effort to tighten its grip on providers across California. The physician group faced the prospect of a forced termination of its contract. They needed an aggressive plan to change the tone of the negotiations and secure rates to avoid the financial impact and a domino effect with other payors.

STRATEGY: In its “take it or leave it” approach to physician reimbursement, the payor didn’t consider the enormous outrage that disruption in access would cause among members. After all, the relationship between doctors and patients is sacred, something not to be disrupted for any reason. We made the most of the physician-patient relationship, developing a grassroots communications campaign that put patients in direct contact with physicians.

RESULTS: The communications effort encouraged patients to demand continued access to their physicians from the insurance company – an effort that netted 400 letters from patients and approximately 100 phone calls to the payor’s CEO. The result was a fair contract with favorable reimbursement and terms, without any negative media attention for the physician group. The total ROI for the engagement was 16-to-1, and the entire effort was designed and implemented for less than \$60,000.

