

Efficiently manage provider contracts and compliance

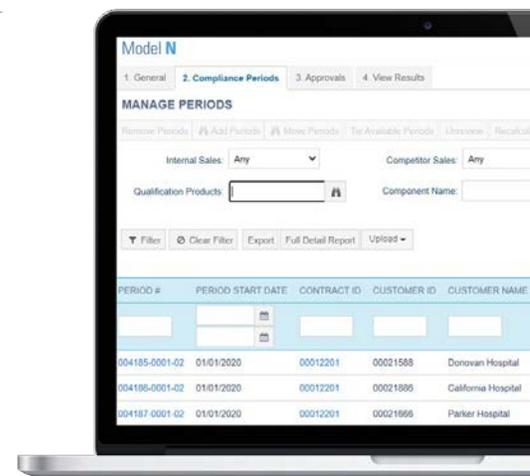
Healthcare providers are important customers of pharmaceutical and medtech manufacturers. To ensure you get a fair net price for your products, you must be able to find the right combination of upfront net pricing agreements, pricing value drivers, and periodic backend rebates. But managing different pricing and agreements for group purchasing organizations (GPOs), integrated delivery networks (IDNs), health systems, and hospitals is no small task.

Without timely, accurate data and real-time visibility into the hundreds, or potentially thousands of institutional contracts you have in place, non-compliance, errors, and overpayments can significantly impact your revenue. With Model N Provider Management, you get the insight and controls that enable you to efficiently manage your contract pricing, accurately process chargebacks and rebates, and enforce compliance – enabling your company to optimize revenue with automation and precision.

Contract management and compliance

Agreements with providers should support your company's go-to-market strategy. To ensure you have the information you need to make strategic decisions on pricing and discounting, you need to constantly measure and monitor tiered pricing. This process, commonly known as tiered pricing compliance, is often left to a combination of sales data pulls, spreadsheets, and homegrown reporting frameworks that are inflexible and expensive to build and maintain. Provider Management can help you develop and manage effective provider agreements more efficiently. Through the application, you can configure endless types of tiered pricing calculations, including market share, growth over baseline, volume, revenue, and more.

As healthcare providers may have multiple contracts with your company via local agreements, a GPO, or an IDN, it's crucial that you're able to communicate the correct price (commonly known as the winning price) to



The screenshot displays the 'Model N' software interface. At the top, there are navigation tabs: '1. General', '2. Compliance Periods' (which is active), '3. Approvals', and '4. View Results'. Below the tabs, there are several filter and action buttons: 'Remove Periods', 'Add Periods', 'Move Periods', 'To Available Periods', 'Unassign', and 'Recalculate'. There are also dropdown menus for 'Internal Sales' (set to 'Any') and 'Competitor Sales' (set to 'Any'). A search bar for 'Qualification Products' and a text field for 'Component Name' are also visible. Below these are buttons for 'Filter', 'Clear Filter', 'Export', 'Full Detail Report', and 'Upload'. The main part of the screenshot is a table with the following columns: 'PERIOD #', 'PERIOD START DATE', 'CONTRACT ID', 'CUSTOMER ID', and 'CUSTOMER NAME'. The table contains three rows of data:

| PERIOD # | PERIOD START DATE | CONTRACT ID | CUSTOMER ID | CUSTOMER NAME |
|----------------|-------------------|-------------|-------------|---------------------|
| 004185-0001-02 | 01/01/2020 | 00012201 | 00021588 | Donovan Hospital |
| 004186-0001-02 | 01/01/2020 | 00012201 | 00021886 | California Hospital |
| 004187-0001-02 | 01/01/2020 | 00012201 | 00021886 | Parler Hospital |

Compliance

Track each customer's performance against their tier commitment to ensure they receive the correct price.

providers and distributors and extend that same price when the order is placed and adjudicated. Using rules you configure in the application, Provider Management helps you determine what the correct price should be, so your customers always get charged the right amount, right from the start.

Real-time visibility into contract performance enables you to review customer purchasing activities and proactively warn customers of unfulfilled purchasing commitments before the contract expires.

Chargeback calculations

Chargeback inaccuracies can represent a significant reduction in your gross-to-net calculations, as well as negatively impact your relationship with distributors and wholesalers. Furthermore, because rebate and fee calculations often depend on chargeback transactions, recording chargebacks accurately and on a timely basis is crucial. Automating your chargeback process provides a current view into chargeback balances, reduces the risk of overages, and enables more successful chargeback matching.

By using Provider Management, you can achieve high clean first-pass rates of channel sales information when processing chargebacks. A robust verification process reviews data provided by wholesalers and distributors to confirm that they sold the product for the correct price and that the requested chargeback amount is accurate. Among the things that Provider Management looks for are incorrect price submissions, unrecognized customer IDs, and contract IDs that don't match submissions.

Should a dispute occur, Provider Management tracks communications with the wholesaler or distributor through a process called electronic data interchange (EDI):

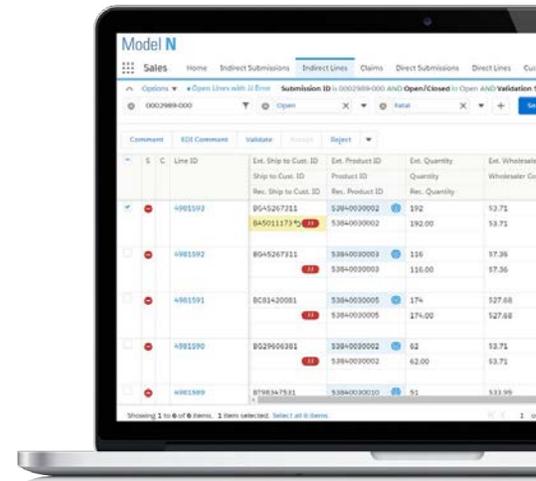
- EDI 844 is the incoming data flowing through the chargeback process.
- EDI 849 is the outgoing reconciliation data.
- EDI 845 is the bid award that communicates indirect prices to wholesalers and distributors so they can charge providers the correct price.

Rebates and fees processing

Rebates can be extremely complex to manage. The process of gathering data and determining customer eligibility is often manual and requires multiple sources. And those sources, which are often error-prone reports and spreadsheets, can be easily manipulated or changed without proper controls. Then there's the actual rebate calculation. Amendments happen often, and calculations must be updated to match the new time period

98%+

Reach greater than 98% clean first-pass rates in chargeback processing in accordance with Healthcare Distribution Alliance best practices.



Sales

Automatically validate the accuracy of indirect sales transactions sent by wholesalers and distributors prior to processing chargebacks.

and terms. Before payment is issued, proper approvals and any supporting documentation must be collected.

Provider Management automates the entire process, which not only helps ensure accuracy but also eliminates the likelihood of overpayments. The application determines which sales are eligible for rebates through established controls for the data used to conduct the calculations. All calculations are backed by our powerful Strategy Designer calculation framework, which allows you to configure any rebate your salespeople draw up. Common types of rebates that Provider Management handles include tiered, growth, and market share rebates calculated in aggregate or at the member level.

Once you've analyzed and approved the calculations, the application automatically and accurately processes the rebates, incentives, and accruals. The application also processes administrative fees for GPOs, including netting out rebates paid if that is the methodology you follow. Provider Management ensures that your organization has the proper level of traceability that can withstand an internal or external audit.

Provider Management integrates directly with your ERP system to facilitate prompt payments. Payments can be made in the aggregate (e.g., to the IDN) or to individual facilities.

By automating your rebate process, you can track results in real time. Sales teams can use this information to proactively converse with their customers at any point during the rebate period. This level of visibility empowers finance teams to accurately calculate rebate accruals, preventing the variability in net sales that impacts sales forecasts and rep compensations and causes unwanted financial adjustments.

Managing membership and eligibility

With our Advanced Membership Management module, you can ensure customer profiles and parent-child relationships are accurate and complete. Advanced Membership Management automatically adds and maintains key customer data elements, including identifiers, addresses, and class of trade, while providing the ability to automate customer creation, update, and hierarchical relationship processes.

Sophisticated matching logic determines if each customer in the file is a new record or requires updates to an existing customer record. If an update or addition is required and the change is approved, changes are automatically applied to the master data, membership data, and associated contracts.

\$1M

Through Advanced Membership Management, you can significantly reduce error-prone manual tasks, freeing up to six full-time employees and saving as much as \$1 million in operational efficiencies.

Streamline the end-to-end contracting process

-  **Ensure everyone gets the correct price, right from the start.**
-  **Proactively address customer purchasing behavior to ensure compliance with contract commitments.**
-  **Audit every rebate and chargeback claim, not just a sample, to reduce risk of errors and overpayment.**
-  **Accurately calculate all types of rebates, fees, chargebacks, distributor commissions, and accruals.**
-  **Gain actionable insight into contract performance and compliance to support better decision-making.**

Schedule a demonstration to learn how Model N Provider Management can help you optimize revenue and ensure compliance with your provider contracts.