

Healthcare Networks of America Provides Members with Benefits: Negotiates Payments and Much more

Phoenix, Arizona—Healthcare Networks of America saw the following dilemma for today's physicians struggling to make a profit: The cost of operating a medical practice has increased significantly through the years, and physician reimbursements are declining steadily. Most physicians are overworking simply to break even, and in many cases, are making less than what they did in previous years. This is where Healthcare Networks of America intervened to create a solution. HNA formed to help physicians and their practice administrators negotiate high-paying fee-for-service contracts to increase the revenue for their practices. An example of what HNA does can be seen in its new contract with National Benefit Builders Incorporation. NBBI is a program especially designed to build the cash-paying portion of podiatric practices. Healthcare Networks of America was created to organize healthcare providers into national networks. The result of this combination was the negotiation of higher reimbursement, fee-for-service contracts with insurance carriers, PPOs, and other health plan payers. Since 1993, HNA successfully built a provider organization for over 18,000 healthcare professionals in all 50 states. HNA's multi-specialty network currently services 6,800 payers and 24.5 million patients nationwide. Healthcare Networks of America makes contracting simpler by acting as medical practices' insurance managed care contracting department. With over 20,000 payers in America (many of whom may be a vast resource of patients for a particular physician's practice), many doctors contract with the major carriers in their community and ignore thousands of others that may be the means of making their practice more lucrative. HNA's purpose is to solve this dilemma by marketing our network of providers to many different payers such as the following: PPOs, insurance carriers, self-insured employers, union health plans, medical discount cards, et cetera. HNA researches and finds payers both nationally and locally. HNA then contacts the payers to determine their provider needs. Taking the needs of the payer, it then matches its database of providers. HNA is the one who negotiates the contract between the provider and the payer and becomes the point-of-contact with the provider to deal with billing or other issues. This eliminates wasted time calling insurance companies. HNA also annually updates and renews provider contracts for member doctors/practices and keeps information up-to-date with payers and notifies doctors/practices of any changes in payer contracts. For further information, please contact Sherry Krueger, Executive Director, Healthcare Networks of America, 877-315-3338.

About the Author

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