

CHECKLIST

Is Your Practice in the Pre-Payment Review 'Penalty Box'? Key Questions to Ask.

Pre-payment review means your facility must submit medical records with each affected claim before the payer will agree to pay or otherwise adjudicate the claim. This process increases administrative costs, delays payment and insinuates there are concerns with a provider's billing practices. <u>Learn more</u>.

☐ Ask questions of the payer

- > "Can you describe in detail the criteria used to conduct the review and the analysis employed to determine pre-payment review was appropriate?"
- > "What are the criteria that will be used in evaluating whether to continue or terminate the pre-payment review status?"

☐ Appeal the decision

- > Do you understand the appeal process and timelines?
- > Have you prepared comprehensive documentation in support of your appeal?

☐ Enhance your own documentation practices

> Are all medical records thorough, accurate and up to date?

☐ Request a reconsideration

- > Do you need to present the case to an independent review board?
- > Could you propose a change in payment methodology to remove the payer's incentive to downgrade claims? E.g., A blended case rate for ER visits regardless of the E/M level.

☐ Maintain communication

- > Are you regularly following up to ensure that the appeal is being processed?
- > Have you taken the opportunity to address any additional questions or concerns?

☐ Master your contract language

- > Do you understand your rights as a Contracted Entity and obligations to strictly adhere to CMS guidelines?
- > Are you entering into contract negotiation? If so, demand transparency and a robust appeal process should the payer wish to impose a pre-payment review status.

☐ Consider dispute resolution or litigation

- > Have you reviewed the terms of your contractual agreement with the payer to understand the dispute resolution or litigation options available?
- Have you engaged legal counsel to help navigate this process and ensure your rights are protected?

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