



Payment Integrity

Get the most out of your payment integrity program by switching to prepay.

In the healthcare claims industry, **payment integrity** – verifying and paying claims in an accurate and timely fashion while minimizing fraud, waste, and abuse – is the central goal, **so finding the right solution is critical**. Much of the industry operates in the post-pay space, but this approach has major drawbacks.

Drawbacks to Post-Pay

- A lot of money is lost through waste and error, and try as they might, health plans can never recover all of it
- It can take months for cost savings to be realized
- There are far more claims appealed compared to prepay reviews, and many denied claims are not resubmitted
- Post-pay reviews come with “provider abrasion,” taking money directly out of their pockets and forcing them to spend more time on administrative tasks and less on patient care

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Under a prepay model, claims are paid correctly the first time. Prepay also provides more savings, faster turnaround times and an improved provider experience. In a world where 97% of all hospital claims (reimbursed at percent of charge) contain undetected charge errors, a prepay system can consistently identify and remove those errors before network contracts are applied, providing accountability on top of network discounts.

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The Prepayment Model: Key Benefits and Considerations

It's challenging to transition from an established post-pay system to a pre-pay model. A change like that involves working with multiple platforms and editing tools. Key things to consider as you evaluate your current system and envision a new pre-pay environment could be:

- Claims-pending status and procedures for routing claims to and from the solution (such as a service bureau or SaaS)
- Turnaround times and performance guarantees
- Defensibility of reviews and supporting policies
- Notification requirements for provider networks
- Engaging internal stakeholders – claims, finance, network, and medical directors to name a few – on the prepayment solution
- Defining how to measure savings (cost avoidance) with finance and healthcare economics teams
- The impact of prepay solutions on other payment integrity programs, including coordination of benefits and claim editing systems

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**Greater
accuracy**

**Performance
guarantees**

**Active
engagement**

**Measured
savings**



The Immediate Benefits of Prepay

If you're ready to consider these factors and commit the expertise and resources, transitioning to a prepay solution makes a lot of business sense. Immediate benefits include:

- Greater claim payment accuracy
- Reduced provider abrasion by paying the claim correctly the first time
- Improved savings by avoiding costs vs. paying and chasing overpayments
- Defined service level agreements, defined turnaround times, and supporting policies that incentivize fast turnaround times
- Fewer claims appealed and greater defensibility in the event of an appeal. This applies to all lines of business – Commercial, Medicare, Medicaid, etc.
- An opportunity to complement internal solutions already deployed in clinical review programs or claim processing teams

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When the payment integrity process is streamlined, both payers and providers can operate much more efficiently and cost-effectively. With 30 years of experience in both pre- and post-pay claim review and repricing, CERiS is ready to help you manage the challenges of moving to prepayment.

To learn more, visit our website:

www.ceris.com or email us at marketing@ceris.com