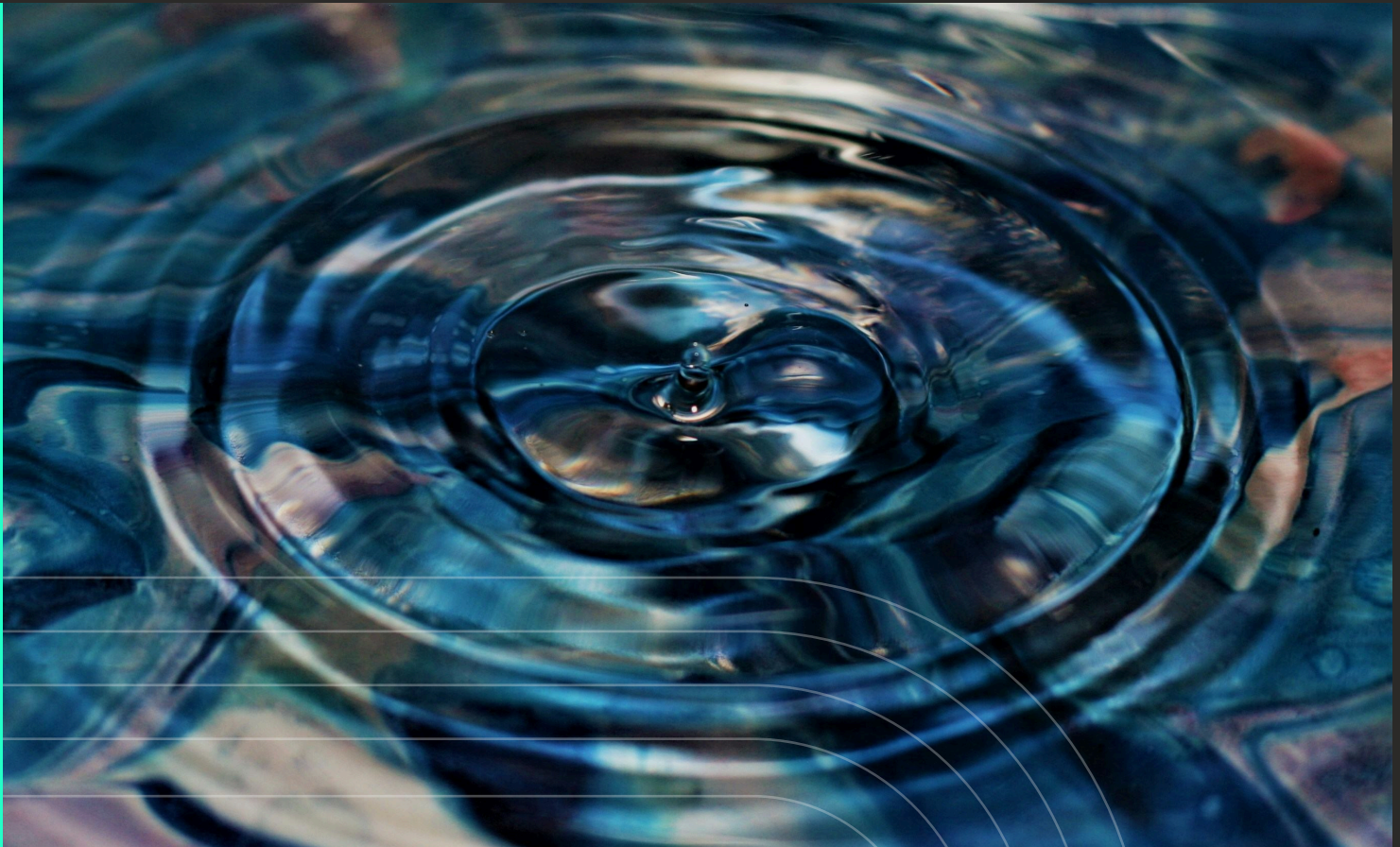


WHITE PAPER

The Ripple Effect

Prepay Accuracy Driving Member Experience,
Provider Relations, and Operational Advantages



Foreword

In today's competitive healthcare market, prepay accuracy is no longer just a tool for preventing inaccurate payments; it is a catalyst for broader payer success. This article explores how intelligent prepay strategies create a ripple effect that extends well beyond immediate cost avoidance and begins influencing a broader range of payer operations.

We outline three key areas where these benefits have the most impact:

1. Member Experience: Upfront accuracy minimizes friction, builds trust, increases loyalty, and improves outcomes.
2. Provider Trust: Clean, timely payments strengthen relationships, align with value-based care goals, and ease administrative burdens.
3. Operational Advantages: Preventing errors before payment reduces downstream costs, accelerates processing, and ensures compliance.

Across the market, payers are using a range of prepay integrity solutions to achieve these results. These include claim editing tools, clinical validation reviews, upfront DRG validation, coordination of benefits (COB) checks, subrogation screening, fraud and abuse detection, provider education programs, and predictive analytics to flag potential errors or inappropriate claims before payment. By selecting and integrating the right mix of these capabilities, payers can target both high-volume claim types and high-cost risk areas for maximum impact.

Together, these solutions elevate prepay accuracy from a payment integrity function to a strategic driver that creates lasting value for members, providers, and payers

The Member Experience Impact



Internally for the payer, the impact extends into member services teams, who face fewer escalations and grievances when claims are processed cleanly. This frees staff to focus on value-added interactions such as care coordination and engagement initiatives rather than troubleshooting billing concerns.

Key Payer Outcomes Include

- Reducing surprise bills and denied services – Correcting claim issues before payment helps prevent frustrating post-service disputes.
- Boosting confidence in the plan – When payments are accurate and timely, members trust their plan coverage and the payer's claims handling.
- Strengthening loyalty and retention – Members who feel payers are focused on resolving issues proactively are less likely to look for alternative solutions.

By addressing errors upfront, prepay solutions help payers prevent downstream disputes that delay care and frustrate members. This proactive approach improves accuracy across the claim lifecycle, leading to smoother, more transparent experiences. As a result, members face fewer hassles and more predictable out-of-pocket costs, factors that boost satisfaction metrics like CAHPS, enhance patient engagement, and build lasting loyalty. For payers, it's not just about reducing friction; it's about delivering the kind of trustworthy, streamlined experience today's consumers expect.

The Provider Trust Impact

When providers get paid right the first time, everyone benefits. Effective prepay solutions prevent errors before adjudication, reducing the back-and-forth of appeals, resubmissions, and documentation requests. The result is fewer administrative burdens, more predictable cash flow, and stronger collaboration between providers and payers.

For providers (especially those operating on thin margins) delayed or inaccurate payments create real strain. Timely, accurate reimbursement signals respect for their work, strengthens loyalty, and encourages continued participation in payer networks.

Inside payer organizations, fewer disputes translate into less pressure on network management and contracting teams. Not focused on firefighting, those teams can instead focus on building strategic partnerships and advancing value-based care. Over time, this not only improves provider satisfaction and loyalty but also strengthens the payer's competitive position in markets where relationships are a key differentiator.

Key Payer Outcomes Include

- Aligning with value-based care contracts – Accurate payments support quality-based reimbursement structures, reinforcing mutual goals.
- Reducing administrative friction – Minimizing unnecessary documentation requests and appeals improves provider satisfaction and efficiency.
- Improving network ratings – Positive payment experiences influence provider surveys and willingness to maintain plan participation.



Operational Advantages

The financial benefits of prepay solutions are easy to see: fewer overpayments, fewer recoveries, and lower administrative costs. But the real impact goes deeper, organizations simply run better. Claims teams spend less time chasing errors, compliance teams face fewer regulatory headaches, and leaders gain clearer insight into financial performance.

Today's regulators expect more. CMS, OIG, and state agencies are raising the bar for real-time monitoring and error prevention. Strong prepay accuracy not only keeps payers audit-ready, but it also reduces the stress of documentation and reporting while helping organizations stay ahead of shifting requirements instead of scrambling to catch up.

Most importantly it stops problems before they start and frees payers to grow. Instead of tying up resources in recoveries and appeals, they can focus on what matters most: innovating, engaging members, and building stronger provider partnerships. The result is a lasting advantage through lower costs, greater agility, and the capacity to pursue long-term strategic goals.

Key Payer Outcomes Include:

- Avoiding overpayments and downstream audits – Prevents errors upfront, reducing the need for costly recoveries later.
- Lowering administrative costs – Reduces costly administrative churn and dispute management.
- Accelerating claims cycle times – Addresses discrepancies before payment to speed up processing time and improve cash flow.
- Enhancing compliance and mitigating risk – Accurate payment processes strengthen regulatory adherence and reduce exposure.





Summary

As Medicare, Medicaid, and commercial markets continue to evolve under regulatory pressure, affordability concerns, and growing consumer and provider expectations, the role of prepay accuracy is expanding. Success can no longer be measured solely by avoided overpayments or claim-level savings. Forward-looking payers now recognize prepay solutions for their ability to improve satisfaction, strengthen partnerships, and unlock operational agility.

The next phase of prepay maturity will be defined by payers that quantify and demonstrate these broader benefits by tracking not only financial outcomes, but also member retention, provider satisfaction, and compliance readiness. By investing in more sophisticated prepay strategies, payers can position themselves to adapt quickly to policy changes, compete more effectively, and deliver a stronger value proposition across all lines of business.

The question for payers is not whether to expand prepay strategies, but how quickly they can scale and measure them across the enterprise.

CERIS partners with payers to accelerate their journey by helping scale prepay strategies, quantify their enterprise-wide impact, and build a lasting competitive advantage.



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