

BLUEPEAK IS WITH YOU EVERY STEP OF THE WAY

CLAIMS END-TO-END REVIEW:



BENEFIT ACCURACY

Review claim samples for application of the enrollee's contractual benefits and cost sharing as outlined in the Evidence of Coverage (EOC) and as required by Centers for Medicare and Medicaid Services (CMS) Medicare Advantage regulations.



CLAIMS PROCESSING ACCURACY

Target claim types (such as preventative, inpatient, outpatient, urgent/emergent, and plan directed care) to determine accuracy of claims processing.



CLAIMS DENIAL PROCESSING ACCURACY

Review claims to determine the appropriateness of denial determinations and application of member liability.



CLAIMS TIMELINESS ACCURACY

Review claims effectuation and notification timeliness accuracy based on CMS Audit Protocol.



REIMBURSEMENT ACCURACY

Contracted (CP) and Non-Contracted (NCP) Provider Reimbursement Accuracy – Review paid claims to ensure accurate claim reimbursement per the contractual provisions or the Medicare allowed reimbursement rates.



PROVIDER OUTREACH ACCURACY

Review developed claims to determine if the process is being followed accurately for provider outreach to ensure timely and accurate adjudication of the claims.



DOCUMENTATION REVIEW

Review Policies and Procedures (P&P), training documentation or Desk-Level Procedures (DLP) to ensure adherence with CMS guidance. Assist with documentation development, as needed.



BEST PRACTICES

Review operational procedures and provide efficiency opportunities, best practices and any identified risks.

BLUEPEAK CAN REVIEW YOUR:



Non-Contracted Provider approved claims that have applicable cost share based on the EOC



Non-Contracted Provider denied claims that have applicable member liability



Provider denied claims review to ensure appropriate denial reason(s) based on Medicare and plan benefits.



Contracted provider targeted claims review for contractual pricing and applicable cost share claims processing.



Provider approved claims that have \$0 cost share applied but based on the EOC have an applicable cost share for the service rendered



Provider developed claims with all documentation containing notes from the provider outreach attempt(s)