

**February 5, 2025**

**PROVIDER ALERT: MedStar Family Choice District of Columbia  
Payment Integrity Update**

As you are aware, MedStar Family Choice has partnered with Advanced Medical Pricing Solutions (AMPS) and Alaffia Health to perform prospective (pre-payment) and retrospective (post-payment) high-dollar inpatient Medical Bill Review (MBR) and Itemized Bill Review (IBR) reviews. In addition, AMPS is also providing prospective (pre-payment) and retrospective (post-pay) claims editing services. Post payment MBR and IBR services for both Advanced Medical Pricing Solutions and Alaffia Health consists of a one-time lock back period of 24-36 months.

Medstar Family Choice continues to review policies and procedures related to the Payment Integrity program as well as feedback from the provider community. As a result, MedStar Family Choice has made several changes to the process to ease to reduce the burden on providers. The timeframe to submit the requested documentation has been extended from 30 days to 60 days (calendar days). In addition, the AMPS process has been updated to provide providers with a findings letter and summary as well as the option to submit a rebuttal prior to the claim being setup for recoupment.

**MBR/IBR Post Pay Process**

- The Payment Integrity vendor will contact the provider to request the itemized bill (IB) or medical record (MR) for review.
- Providers will have 60 days to submit the requested documentation.
- If a discrepancy is found, the Payment Integrity vendor will send an overpayment letter and findings summary notifying the provider of the error(s) and applicable overpayment amount.
- The provider will have 30 days to request clarification or submit additional documentation to the Payment Integrity vendor before the claim is setup for adjustment.
- If the provider fails to submit documentation within the allotted 60 days, the claim will result in a technical denial and the entire payment will be retracted until the requested documentation is received and reviewed.

In addition to the findings letter and summary, all claims that are setup for recoupment will auto generate an overpayment letter indicating the reason for the overpayment and the option for facilities/providers to submit a refund check. If a check is not received



# MedStar Family Choice

DISTRICT OF COLUMBIA

within 30 days from the date of the overpayment letter, the overpayment amount will offset from future claims.

## **MBR/IBR Pre Pay Process**

- The Payment Integrity vendor will contact the provider to request the itemized bill (IB) or medical record (MR) for review.
- Providers will submit the requested documentation to the respective Payment Integrity vendor for review based on the denial reason contained on the provider remit.
- The Payment Integrity vendor will review the claim and perform a review of the submitted documentation to validate accuracy and coding.
- Upon review of the documentation, the Payment Integrity vendor will submit findings to the Claims team to process the claim according to their findings.
- The claim will be adjusted and the provider will receive payment and an explanation of payment via the remit.

Providers may follow the MedStar Family Choice payment dispute or appeals process once retractions are processed. Thank you for your patience as we continue to ensure we are processing claims timely and accurately.

For questions concerning this Provider Alert, please contact the MedStar Family Choice DC Provider Customer Services Department, Monday through Friday, 8 a.m. to 5:30 p.m.

Telephone: **800-261-3371**

Or

Email: **[mfc-dc-providerrelations@medstar.net](mailto:mfc-dc-providerrelations@medstar.net)**