Payer Contract Negotiation Checklist

Six review areas, 27 checks. Work through each one before signing a new payer agreement or letting an existing one renew.

PAYER _____

REVIEWER _____

DATE _____

1. Reimbursement Rate Review

- [ ] Confirm current reimbursement rates for your top 20 billed CPT codes by volume
- [ ] Compare proposed rates against Medicare fee schedule as a baseline benchmark
- [ ] Check for carve-outs or exceptions on high-volume or high-cost codes
- [ ] Confirm whether rates are a flat fee, percentage of billed charges, or percentage of Medicare
- [ ] Verify the rate effective date and whether it applies retroactively or prospectively

2. Payment Terms Review

- [ ] Confirm timely filing limits for initial claims
- [ ] Confirm timely filing limits for corrected claims and appeals
- [ ] Check prompt payment / interest penalty provisions for late payer payment
- [ ] Review claims processing timelines and whether they're enforceable
- [ ] Confirm electronic payment (ERA/EFT) is supported and required

3. Contract Risk Review

- [ ] Identify auto-renewal clauses and required notice periods to opt out
- [ ] Check for unilateral rate change provisions (can the payer change rates without your agreement?)
- [ ] Review termination clauses, including termination without cause
- [ ] Check for most-favored-nation clauses that could limit future negotiations with other payers
- [ ] Review any value-based care or risk-sharing provisions and how they're measured

4. Protective Language Checklist

- [ ] Confirm the contract explicitly lists which services and codes are covered
- [ ] Confirm language addressing new or unlisted CPT codes added after signing
- [ ] Confirm language protecting against post-authorization claim denials
- [ ] Confirm dispute resolution and appeals process is clearly defined

5. Administrative Burden Review

- [ ] Review prior authorization requirements by service category
- [ ] Review documentation requirements for claims submission
- [ ] Confirm credentialing and recredentialing timelines tied to the contract
- [ ] Review any reporting requirements tied to value-based arrangements

6. Renewal and Renegotiation Triggers

- [ ] Set a calendar reminder at least 90 days before any auto-renewal or opt-out deadline
- [ ] Flag contracts with reimbursement rates unreviewed in more than 2 years
- [ ] Flag contracts where denial rates have risen since signing
- [ ] Flag contracts predating major changes to your service mix or patient volume