CONCENTRIX™

PAYMENT INTEGRITY ANALYTICS

Control Costs in Healthcare with Payment Integrity Analytics

The US healthcare system is massive. The Centers for Medicare and Medicaid Services reports spending **reached over $4.3 trillion** in 2021.[1] Considering **nearly 80% of medical bills contain errors**, significant money spent on healthcare is wasted.[2] Therefore, it's important to take preventive measures to stop or identify and recover overpayment.

The frequency of billing errors suggests an unmet need for reducing the waste of redundant or inaccurate healthcare charges. Payers are elevating Payment Integrity (PI) into a core strategic function governed by a unified vision and directed by top executives, knocking down silos and aligning organizational efforts to ensure the right claim is paid at the right time for the right amount.

PI defines activities in the healthcare claims payment continuum to ensure claims are accurately paid. Healthcare providers often struggle with erroneous claims, overpayment or inaccurate payments, and leakage in payment methods. All payers use some form of payment integrity to achieve savings, but their efforts are centered around post-payment identification and scattered across departments, meaning savings being realized today are just a portion of the opportunity. This results in systemic revenue loss, provider/member relationship abrasion, reliance on manual error-prone interventions, inefficient business intelligence practices and compliance issues.

$285-570B
in wasteful administrative spending in the USA[3]

3-7%
of all US healthcare claims have a payment integrity problem resulting in billions of dollars lost[4]

[1] "Statistics Trends and Reports," CMS - Centers for Medicare & Medicaid Services.

[2] "How Common Are Medical Billing Errors?," The LBL Group, September 25, 2020.
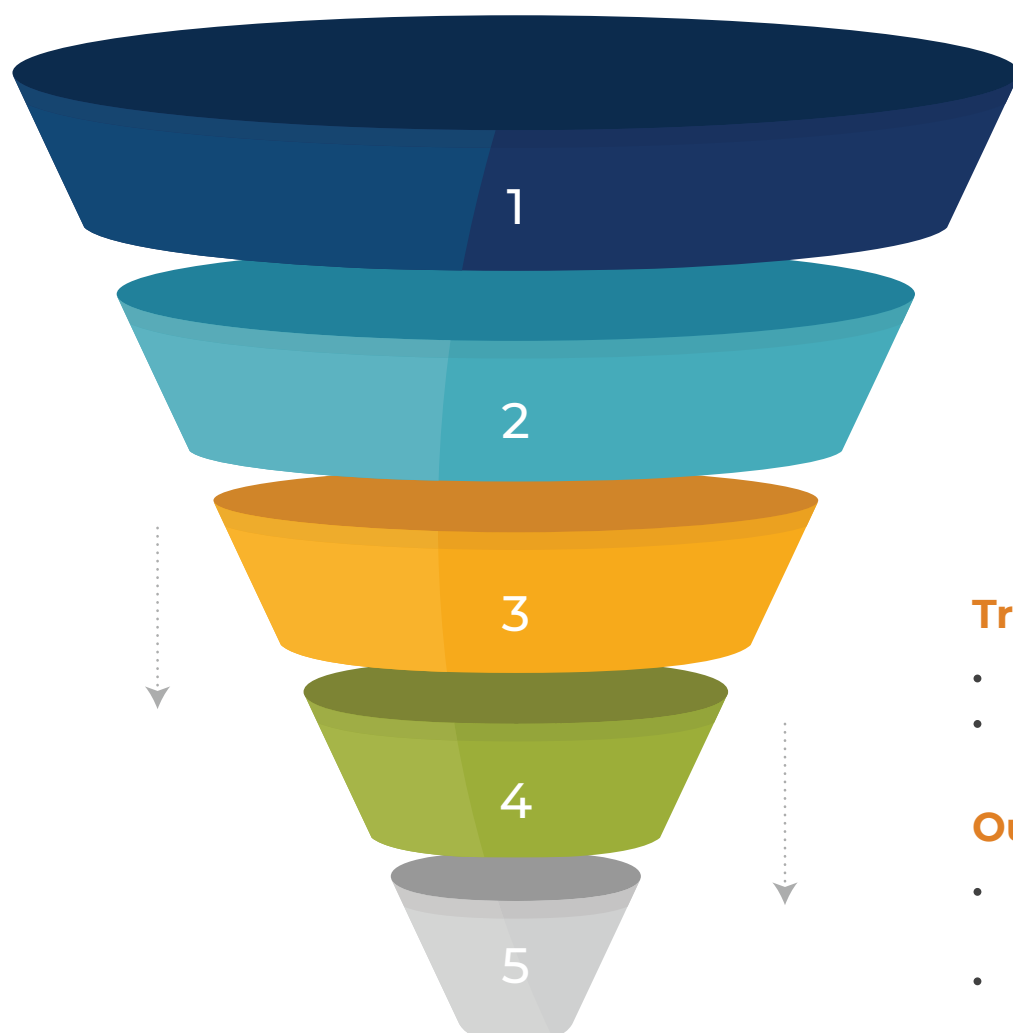
[3] "The Role Of Administrative Waste In Excess US Health Spending," HealthAffairs - October 6, 2022.

[4] "Offering Streamlined Solutions for Payment Integrity," AMR, August 8, 2019.

The Concentrix Payment Integrity Analytics Solution

The Concentrix Payment Integrity Analytics (PIA) solution provides end-to-end capabilities that ensure the correct payment is made to the right person, at the right time, through the right program. It encompasses all measures of fraud, waste, and abuse, reducing the need for manual intervention and having to recover erroneous or fraudulent payments.

Payment Integrity Analytics (PIA) Approach

1. **Claims Data Analysis**
2. **Deterministic Rules**
3. **Machine Learning Algorithms**
4. **Claims Flagging**
5. **Claims Audit & Validation**

Traditional PI Solution Components
- Dependent on manual methods
- Conservative approach

Our Approach
- Combination of advanced analytics techniques and manual intervention
- Conservatvive approach

PIA uses a modern analytics engine, data mining, BI insights, reporting, and a 360-degree dashboard providing actionable insights. It utilizes pre-built rules, machine learning and predictive modeling for increased accuracy and identification of erroneous claims that can't be identified through traditional, manual processes. It supports all claim types—outpatient, inpatient, physician, hospital, and facility. PIA can be applied anywhere in the payment cycle to generate value and financial savings and improve the quality of service.

Challenges Solved with Payment Integrity Analytics

Cost Containment

Proactively identify, detect, stop, and prevent bad claims before they happen to avoid "pay and chase"

Provider Network Analysis

Social network analysis capabilities that identify recipients with multiple providers

Siloed Data

Strong BI solution integrates data across disparate sources

Provider Effectiveness

Peer benchmarking reduces errors, fraud, waste, and abuse, whether intentional or unintentional
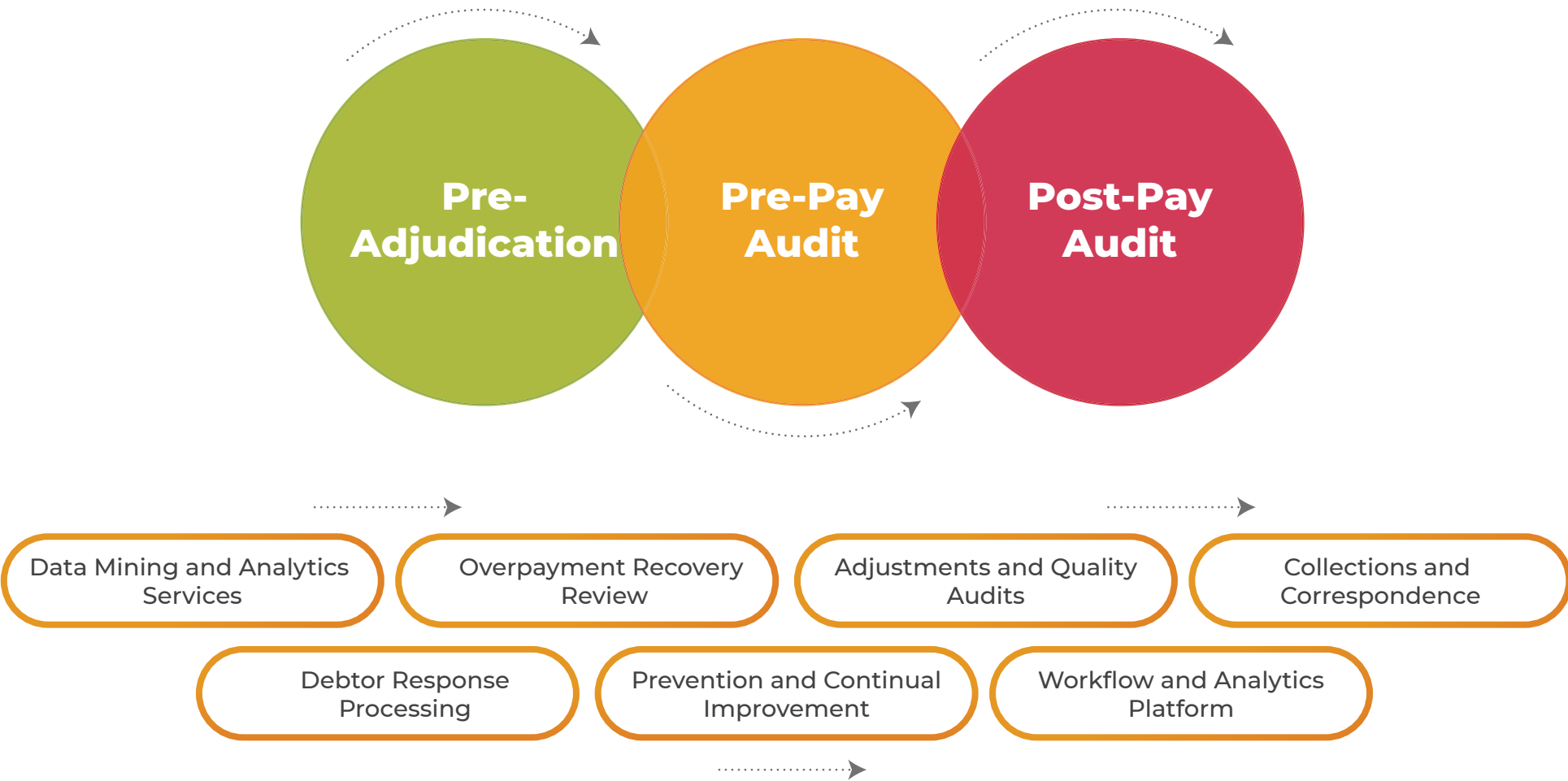
Manual Intervention

Automate data analysis with deterministic and probabilistic rules using prediction, data mining and machine learning

Lack of Real-Time Monitoring

Improve claims and payments, including pre-pay cost containment

Payment Integrity Analytics Delivery Model

Pre-Adjudication

Pre-Pay Audit

Post-Pay Audit

Data Mining and Analytics Services

Overpayment Recovery Review

Adjustments and Quality Audits

Collections and Correspondence

Debtor Response Processing

Prevention and Continual Improvement

Workflow and Analytics Platform

CLAIMS EDIT | PROVIDER CONTRACT | CLINICAL AUDIT | PAYMENT POLICY | CREDIT BALANCE

COORDINATION OF BENEFITS | FRAUD, WASTE AND ABUSE | HIGH DOLLAR | REFERRALS | SUBROGATION

KEY BENEFITS

> Improved Payment Accuracy

> Reduced Fraud, Waste, and Abuse

> Improved Regulatory Compliance

> Reduced Provider Abrasion

> Optimized Medical Loss Ratio

Control Healthcare Costs

Payment integrity represents a huge challenge for healthcare payers and providers. Concentrix Payment Integrity Analytics solution provides best-in-class overpayment savings, precision rate, low appeal rate, and improved efficiencies.

CONCENTRIX™

CONNECT WITH US

Learn more about how Concentrix Payment Integrity Analytics solution can help you improve healthcare operations.

+1 800-747-0583
www.concentrix.com/solutions/data-and-analytics