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reasons to evaluate health claim payment integrity at an enterprise level

Want to multiply claims recoveries and build a stronger foundation for cost avoidance? Time to look at the **big picture**.

Think about establishing an oversight role or governance committee that can evaluate payment integrity functions at an enterprise level and help orchestrate improvements that drive bigger recoveries and more savings. **Here's why.**

Optimize investments

Healthcare payers' claims payment integrity groups typically operate independently with individual goals, budgets, and reporting systems. When you view payment integrity across all areas, you'll see opportunities to invest more strategically: Which areas are the strongest performers and which need improvement? Where can shared technology investments lead to increased productivity? Are you getting the best value from recovery vendors?



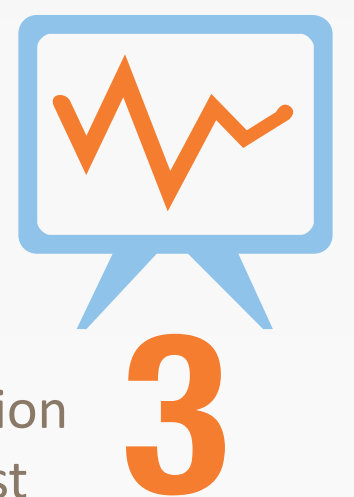
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Increase pre-payment cost avoidance

Though payment integrity areas operate independently, they still work with the same members and often the same information. An enterprise view will help you identify problems that lead to a reliance on post-payment claims recovery. Is inconsistent and outdated member eligibility data propagating payment errors across multiple business functions? Do departmental silos lead to unclear responsibilities and disorganized transitions? Are teams motivated by speed, rather than savings?

Maximize business value

When you manage payment integrity at the enterprise level, you get a better view of operations as a whole, including how recovery opportunities are identified and pursued, how resources (including vendors) are deployed, and how technology enables payment integrity processes. Does your organization actively pursue all opportunities to avoid or recover costs? Do you use the latest technologies to improve case identification and workflow? Are employees properly trained to reach optimal performance?



10% ▶ The number of healthcare payers that have an enterprise-wide payment integrity oversight role (estimate). We see this number starting to increase.

5-8% ▶ Commercial health plan claims payment error rate.

\$40 million ▶ Potential increase in payment integrity results identified during a Payment and Revenue Integrity Assessment for a 2-million member health plan.

Discovery Health Partners' Payment and Revenue Integrity Assessment helps healthcare payers achieve an enterprise view of health claim payment integrity. We foster collaboration across teams to measure and analyze performance of all areas, using industry benchmarks to set performance targets. Through our analysis of people, process, and technology, you may find opportunities to improve results by millions of dollars. Call us today.

