Claim Payment Transparency

It's time to evolve - Claim Payment Transparency represents a breakthrough in optimizing claim performance by addressing the root causes of payment variance.

Key Benefits:

- Improve provider and member relations

- Identification of root causes of claim payment errors

- Significantly reduce recovery fees

The Challenges

Health care costs remain on the rise; quality of service expectations are expanding; provider and member relations are facing increased strain; claim administration is becoming more costly and complex.

To overcome these challenges, payers must leverage the latest evolutions in cost containment to address weaknesses within their claim payment processes. Small inaccuracies in claim processing, when left unaddressed, can have a materially adverse financial impact. However, with greater transparency into claim administration, there exists the opportunity to identify payment errors and take measures to avoid costly reoccurrences.
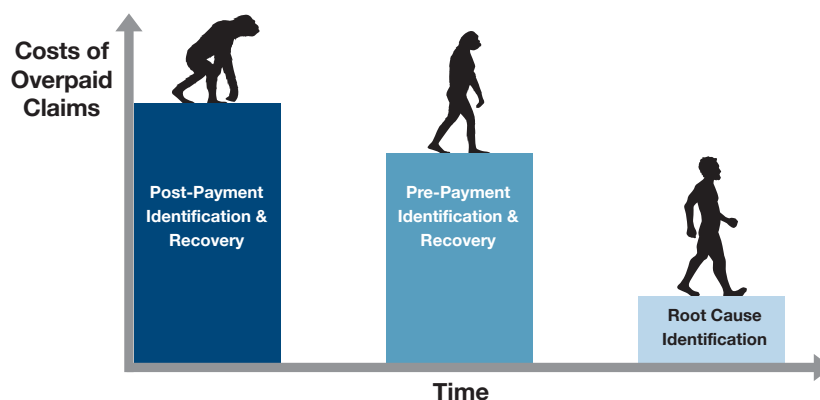
The Solution

ConSova has fully integrated its domain knowledge with the latest advances in data mining to deliver significant savings in claims processing. Through our Claim Payment Transparency service, ConSova enables payers to limit, or possibly eliminate, exposure to payment errors. In contrast to traditional claim audits, which only address the symptoms, Claim Payment Transparency addresses the root causes of payment variance. As a result, payers can:

- Minimize the volume of dollars spent
- Reduce costs associated with payment variance
- Avoid costly interest payments to providers

In addition to the compelling economic benefits, Claim Payment Transparency affords payers the opportunity to improve member and provider relations through greater payment accuracy.

The Next Evolution In Claim Payment Cost Efficiency

Costs of Overpaid Claims

Post-Payment Identification & Recovery

Pre-Payment Identification & Recovery

Root Cause Identification

Time

It's Time To **Evolve**

Not only does root cause identification enable payers to reduce the volume of overpayment dollars spent, it greatly reduces overpayment recovery vendor fees.

Claim Payment Transparency represents a breakthrough in optimizing claim performance. While data analysis methods used on a pre or post payment basis achieve success in recovering overpaid claims, the inventory of overpayment dollars remains static over time. Conversely, Claim Payment Transparency continuously monitors claim administration to identify and analyze costly claim administration inaccuracies, reducing the likelihood of reoccurrences. As a result, payers are able to substantially reduce overpayment dollars spent.

How It Works

Our comprehensive Claim Payment Transparency approach includes 6 phases:

Data Aquisition → Data Analysis → Integrated Results → Data Mining → Remediation → Monitoring

Data Acquisition
Obtain a historical claims file, paid and processed, from the past 18 months.

Data Analysis and Claims Auditing
Comprehensive data analysis and claim auditing is performed to evaluate and baseline the payer's current performance and identify suspect overpaid and underpaid claims, including contacting providers to verify claim errors, confirming dependent variables and gathering business intelligence.

Integrate All Audit Results
Once overpaid claims are identified from internal and external sources, all audit results are integrated to develop additional dependent variables, allowing ConSova to provide a holistic illustration of claim processing variation.

Create Data Mining Model and Illustrations
Using our intellectual capital, we employ data mining and analysis to develop client driven models and illustrations.

Develop and Apply Remediation Plan
As an optional feature, ConSova will provide monthly "report of root cause" observations to the claims management team and develop recommendations for improvement.

Continuous Improvement Monitoring
ConSova will work with the claims management team to prioritize payment errors and monitor future claim payment activity. Ongoing reporting will be provided to communicate the effectiveness of implemented changes, monitor established performance metrics, and continuously identify new root causes.

Case Study:

Some revealing observations from a recent client engagement:

Out of 65 claim examiners, 6 examiners were causing 60% of the payment errors.

Claim payment error rates for 2 examiners were over 50% for claims processed on Monday afternoons.

System pricing for place of service codes 65 and 24 were erroneous 22% of the time.

36% of claims were overpaid if the claim consisted of an End Stage Renal Disease, contained at least two line items, and exceeded $4,852 in total charges.

Take the next step...

To learn more about ConSova's Claim Payment Transparency services, visit us online at www.consova.com or call 1-866-529-9107.