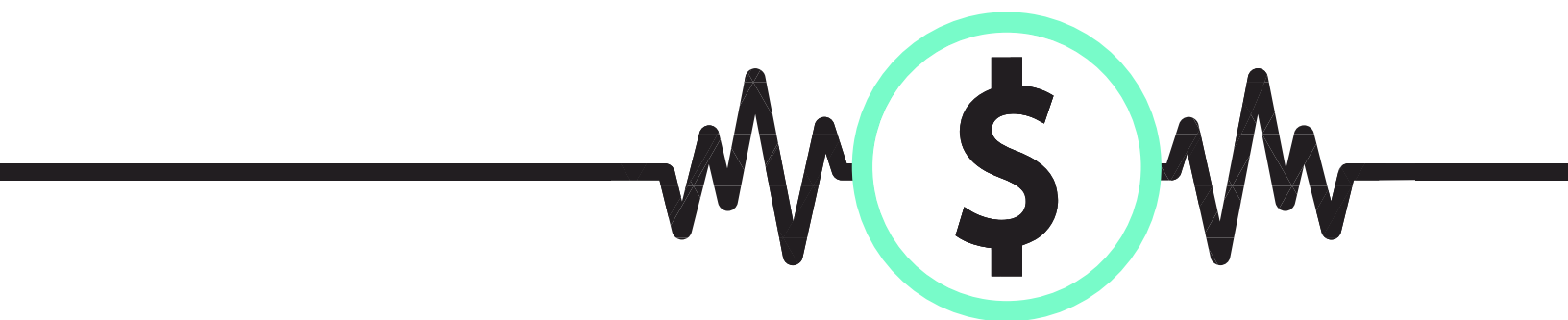# Transparency Builders

Deeper Dive into <u>The Pulse of Payment Integrity</u>

Foreword

In an era where transparency is paramount, acknowledging hurdles within payment integrity cannot be overstated. Innovative Strategies may be necessary to overcome these hurdles In payers' pursuit of clarity and openness, five pivotal challenges need to be addressed to optimize payment integrity. This article delves into the heart of these challenges and focuses on strategic vantage points. . By dissecting issues, we aim to empower stakeholders in the healthcare sector with the insights they need to forge a path towards greater transparency, efficiency, and, ultimately, enhanced payment integrity.

Transparency Builders key excerpt from The Pulse on Payment Integrity:
With transparency top of mind across the industry, it is important to recognize the challenges in payment integrity that hinder transparency and techniques to overcome those challenges.
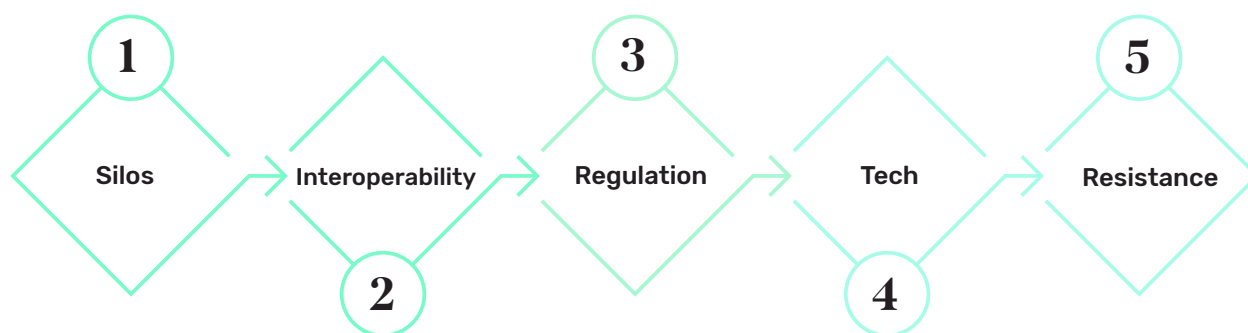
5 key challenges can hinder transparency in payment integrity, including:

1   A fragmented and siloed organizational structure limits collaboration and coordination among different departments and stakeholders making it difficult to achieve a holistic view of payment accuracy and integrity.

2   The lack of standardization and interoperability in healthcare data makes it difficult to track payment information, identify trends and patterns, and detect errors and waste.

3   The complex and ever-changing regulatory environment can make it difficult for healthcare organizations to stay current with payment requirements, which can lead to confusion in the payment integrity process.

4   A lack of technology and analytic tools can limit an organization's ability to effectively monitor accuracy and make it difficult to identify areas for improvement.

5   Resistance to change and a lack of stakeholder support can make it difficult to implement new processes and technologies that effectively promote transparency and accountability.

Foreword continued

By addressing these challenges, payers can promote greater transparency in their PI efforts, contributing to lower total cost of care and improved outcomes. Transparency-building techniques should be a part of continuous improvement in every payer's PI playbook

This deeper dive article looks further into transparency-building techniques initially outlined in our Pulse on Payment Integrity white paper. We hope our in-depth analyses continue to provide tools to help you enhance payment integrity success.

Greg Dorn
President

Mark Johnson
SVP, Product Management

A Deeper Dive into Transparency

The top 5 practices that we have seen enhance the transparency factor include:

```
   1                    3                    5
Communication   Data Sharing   Data        Regular      Interaction
                               Collection   Assessments
                    2                    4
```

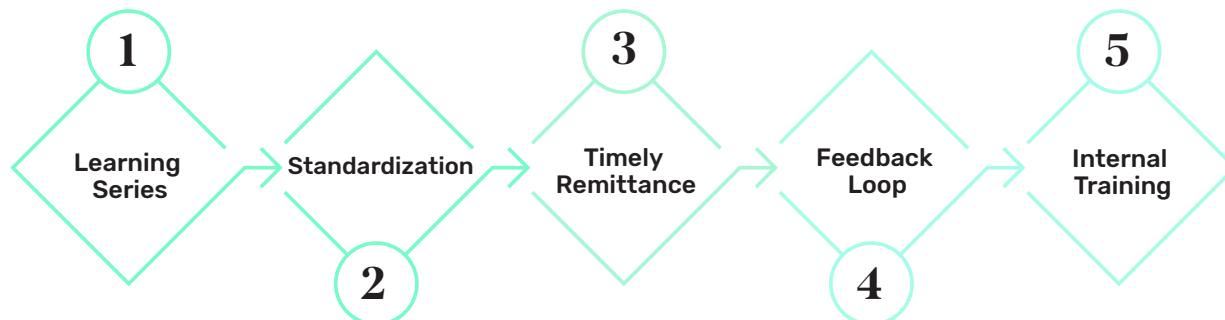5 key challenges can hinder transparency in payment integrity, including:

1 Clearly communicating payment policies, procedures, and expectations to all stakeholders, including providers, members, and payers, ensures everyone understands the process and their role.

2 Sharing data and information about payment trends, patterns, and anomalies with stakeholders to identify errors and promote a culture of transparency and accountability.

3 Improving data collection and reporting systems by providing a more complete and accurate picture of payment accuracy to identify areas for improvement for everyone.

4 Regular audits and assessments ensure payment processes are operating effectively and efficiently and follow regulations and industry standards.

5 Engaging providers and members in the payment process builds trust and accountability and promotes a culture of cooperation.

Implementing these transparency-building practices promotes greater cohesion in payment integrity efforts and ensures payments are accurate and appropriate – ultimately contributing to lower health-care costs and improved patient outcomes.

Clear Communication

Payers can implement various processes and strategies to communicate payment policies, procedures, and expectations to all stakeholders. The goal is to ensure that providers involved understand the payment process and their respective roles.

```
  1              3              5
Learning    Standardization    Timely       Feedback      Internal
Series                        Remittance      Loop         Training
        2                              4
```

1   **Provider Learning Series:** Establish clear policies and conduct regularly scheduled or pre-taped educational sessions or workshops for providers. Developing a cadence to a learning series ensures awareness of the latest guidelines and submission of accurate claims.

2   **Standardized Forms and Documentation:** Implement standardized forms and documentation requirements for providers to simplify the claim submission process. This reduces errors and minimizes delays in processing claims.

3   **Timely Remittance Advice:** Provide timely remittance advice to healthcare providers that includes detailed and clear information about the payment, denials or adjustments, and reasons for decisions. This helps providers reconcile accounts quickly and address discrepancies promptly.

4   **Feedback Improvement Loop:** Regularly review feedback from providers and set organizational governance to update payment policies and procedures based on industry changes, feedback, and evolving best practices. A set process should be in place to proactively enhance processes to foster efficiency.

5   **Internal Staff Training:** Provide training to internal payer staff who interact with providers and members to ensure they are knowledgeable about payment policies, know and understand how to easily access the most up-to-date information, and can effectively address inquiries or concerns.

By implementing these processes and strategies, payers can foster clear communication and understanding among providers resulting in smoother payment transactions and improved transparency within the healthcare ecosystem.

Data Sharing

To facilitate sharing data and information about payment trends, patterns, and anomalies with stakeholders, payers can implement various processes and initiatives that promote transparency and accountability.
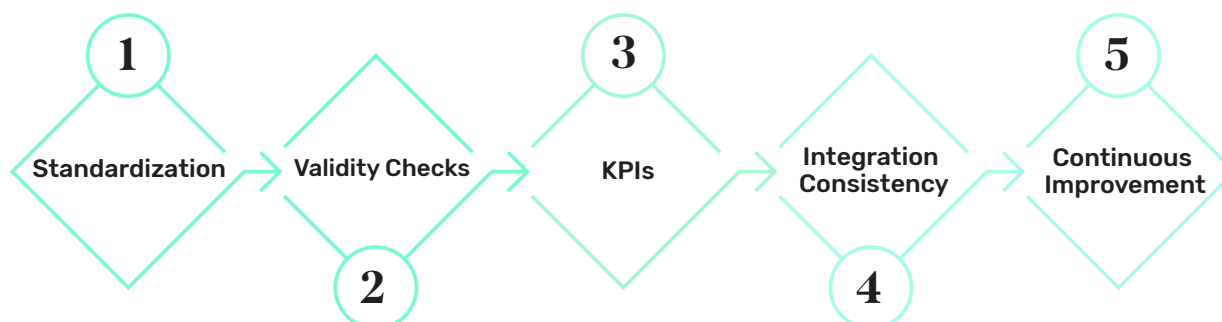
1 Data Interpretation

2 Consistent Cadence

3 Best Practices

4 Anomaly Detection

5 Privacy and Security

1 **Data Interpretation:** Data can be useless if it is not understood. Offer educational resources to providers to enhance the understanding of the payment data and how to use it effectively. This can include workshops, videos, lunch and learns on data interpretation and data-driven decision-making.

2 **Consistent Cadence:** A structured and scheduled process for sharing decision support data can be done through secure portals, data-sharing platforms, or customized reports. A consistent method that is understood by providers allows prompt identification of issues and faster action.

3 **Best Practices Benchmarking:** Compare trends and patterns across different providers and regions to identify best practices and areas for improvement. Sharing these benchmarking insights with providers encourages knowledge exchange and the adoption of efficient payment strategies.

4 **Anomaly Detection:** Develop algorithms or use AI to identify anomalies, such as unusual billing patterns or suspicious transactions. When anomalies are detected, it is important to have a consistent method to promptly investigate and share the findings with providers for further analysis and action.

5 **Data Privacy and Security:** Data Privacy and Security are mandatory in today's healthcare space. Security standards are changing with technology and increased data attacks in healthcare are occurring on a regular basis so it is important to review regularly how you are protecting sensitive information against data breaches.

Sharing data and information about payment trends, patterns, and anomalies helps identify errors and promotes decision-making, leading to improved effectiveness in the healthcare payment ecosystem. An exception to this would be sharing data with providers who are under investigation for potential fraud.

Data Collection

Payers can implement several measures and processes around data collection that can ensure a more complete and accurate picture of their payment practices.
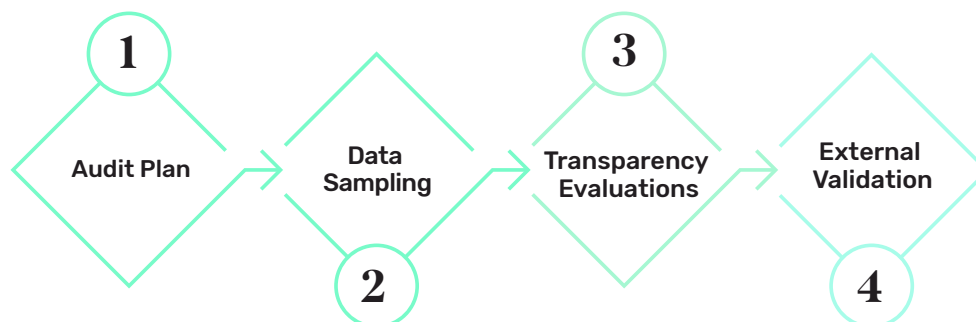

1   **Standardization:** Implementing standardized data collection processes across the organization to ensure consistent and reliable data. Standardization helps avoid discrepancies in data interpretation and enhances the accuracy of reported payment information.

2   **Data Validation and Quality Checks:** Implementing robust data validation and quality checks to identify and correct errors or inconsistencies in the data ensures that enhancements can be made. Audits are an important part of ensuring all data being collected is accurate and complete.

3   **Key Performance Indicators (KPIs):** Having KPIs around metrics like claim denial rates, payment turnaround, and accuracy of reimbursement amounts keeps things on track and sets a goal for data collection procedures.

4   **Integration Consistency:** Educating providers on consistent and accurate data submission can positively impact payment accuracy. By building and sharing resources to assist providers with improving data submission consistency, overall data collection is more accurate.

5   **Continuous Improvement:** CQI processes should include data collection insights that lead to improvements across reporting and integration of multiple data sets.

Improving data collection and reporting can create a more accurate picture of payment accuracy and enhanced data sharing. A comprehensive view of data collection methods within a payer organization can identify areas for improvement, reduce errors, and ultimately enhance the efficiency and effectiveness of the payment process.

Regular Assessments

Payers can implement regular audits and assessments to ensure payment processes are operating effectively, efficiently, and in compliance with regulations and industry standards. These audits help identify weaknesses, discrepancies, or potential non-compliance issues within the payment system and allow for timely corrective actions.

```
     1                     3
  Audit Plan    Data         Transparency    External
                Sampling     Evaluations     Validation
                     2                     4
```

1   **Audit Plan Development:** Establishing a comprehensive internal audit plan that outlines the scope, objectives, and frequency of audits is an important step in developing full transparency. Plans should include various types of audits, such as claims processing, compliance, and financial audits. Regular external audits can also bring a fresh perspective and deliver new insights.

2   **Data Sampling:** Using random and targeted sampling methods to select claims and payment transactions for review builds a window of clarity around the entire payment process, and helps identify patterns and trends where improvements can be made.

3   **Transparency Evaluation:** In addition to evaluating data and processes, it is important to evaluate the transparency in all processes and identify bottlenecks and areas where transparency improvements can be made.

4   **Monitoring and Follow-Up:** Assessments should include the regular monitoring and follow up on actions implemented that come out of the assessments. Corrective action and improvement processes are important to ensure audit findings are being put into action. Follow-up audits can then verify the effectiveness of improvements made.

5   **External Validation:** Seeking external validation from independent third parties, such as accreditation bodies or industry experts, adds a layer of credibility to transparency efforts. External validation demonstrates a commitment to impartiality and allows for an objective evaluation of payment processes.
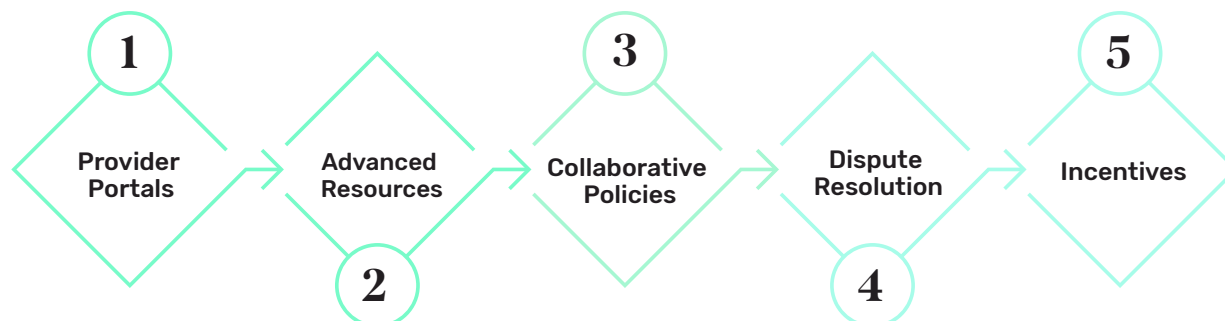
By incorporating these tactics into their practices, payers can drive substantial advancements in transparency, leading to improved outcomes, reduced costs, and heightened stakeholder trust. A proactive approach builds trust with providers, members, and regulatory authorities.

Provider Interaction

Engaging providers in the payment process is crucial for building trust, accountability and promoting a culture of transparency and cooperation within the healthcare ecosystem.

```
  1              3              5
Provider     Advanced   Collaborative   Dispute    Incentives
Portals     Resources     Policies    Resolution
       2                          4
```

1   **Provider Portal:** It is important to keep providers up to date by creating a secure online portal for providers where they can access real-time information about claims, payments, and payment policies within their existing workflow. Sharing details on performance helps providers identify areas for improvement.

2   **Advanced Resources:** Offering free resources, such as FAQs, video learning series, face-to-face lunch and learns, and webinars, can assist providers in navigating your payment process. Developing resources that are fun, easy to use, and highly informative is important to consider when looking at your resource outreach plan. Organizing provider engagement initiatives to solicit feedback and suggestions for improving processes fosters a sense of ownership and accountability.

3   **Collaborative Policy Development:** By Involving providers in the development of payment policies, payers can validate that the policies are seen as fair, equitable, incorporated within existing workflows, and easy to access and utilize. Utilizing surveys and active engagement fosters transparency and better relationships.

4   **Dispute Resolution:** It is important to have dedicated resources as well as a well-trained customer service staff focused on payment inquiries and disputes promptly. Offering responsive and empathetic support builds confidence among providers and mitigates repeating errors.

5   **Provider Incentives for Quality Care:** With many forms of value-based care, it is important to consider how to implement incentive programs that reward providers for delivering high-quality care as well as adhering to payment guidelines.

By implementing these tactics, a collaborative approach can foster more positive and transparent relationships, resulting in more efficient and effective healthcare payment experiences for everyone involved.

Summary

To remain competitive, payers must continually find new savings opportunities at every turn and continue to drive better member health outcomes. It is essential to incorporate payment integrity governance that supports the continued maturity of strategies to uncover all opportunities. A transparent model can help health plans increase annual savings on their total medical expenses through payment integrity functions.

CERIS has learned through our transformational payment integrity partnerships that the rising cost of care cannot be attributed to one variable. Cost drivers are often a combination of things that can differ from health plan to health plan. As a dedicated partner, CERIS assesses the current state, reveals opportunities, supports opportunities with solutions, and accelerates success by partnering with our clients and integrating solutions across the claim life cycle.

CERIS has partnered with payers across the nation to support their payment integrity programs and help them advance where they are in their journey.

Visit CERIS.com to Learn More!