

# Unlocking New Opportunities: Executive Outlook on Payment Integrity for 2025

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CERIS Executive Roundtable Q & A



# About the Participants

Each of these individuals are bringing their unique insights into what 2025 holds for the critical aspect of payment integrity in the overall changing healthcare landscape.

**Greg Dorn, President**, has been with the organization since 1996, working in various roles until most recently being named President of CERIS in 2022; he previously served as CERIS' Executive Vice President. Greg oversees the day-to-day operations and long-term strategy of CERIS, including nurturing CERIS' long-standing partnerships with large national payers, managed care organizations, state agencies, and third-party administrators. Looking forward, he has plans to hire more expertise, invest in systems, and expand CERIS' product offering, all to continue to be the premier partner in the Payment Integrity market.

**Mark Johnson, SVP, Product Management**, has nearly 30 years of industry experience including the development of the payment integrity system for a large national payer, subrogation, third-party liability, healthcare policy, managing offshore payment operations, oversight of claims services, and a background in clinical care. Mark joined CERIS in 2019 as Vice President of Product Management. Mark oversees product management and implementations and provides guidance and direction to strategic partnerships, contracting, pricing, sales support, marketing, and accounting.

**James Contos, SVP, Operations**, has been with the organization since 2014. James was promoted to SVP of Operations in 2022 after serving as Vice President of Operations. Prior to joining CERIS, James led operations for two large health systems for 9 years. James ensures the strategic direction of operations aligns with continued CERIS growth and exceeds the needs of clients. His vision and direction shapes new document technology, streamlines turnaround times, develops specialty audit types, and improves recovery efforts.

**Steve Sutherland SVP, Information Systems**, has been with the organization since 1996. Steve has nearly 30 years of industry experience. As the SVP of Information Systems, he coaches and collaborates with his team and others to build and improve technology to support business processes and operations. His focus is on ensuring CERIS is using the latest technology advancements to bring a positive impact to all stakeholders within the healthcare ecosystem and creating a fair and equitable system.

**Jhana Spence, VP, Strategy**, has been with the organization since 2006, holding various roles within the organization from provider relations to account management and now overseeing strategy. With over 13 years of success and experience in client relationship management, partner revenue growth, and client advocacy, she has the unique ability to identify/implement solutions and resolve/mitigate client escalations in high-touch customer service environments. Jhana's has a well-deserved reputation as a customer advocate with a servant leadership style, a trusted advisor, and a champion of client success.

**Rick McLaughlin, VP, Account Management & Sales**, has over 20 years of experience in the Payment Integrity industry, where he delivered innovative and impactful SaaS and service solutions for healthcare payers and providers, oversaw various aspects of the payment accuracy business, and helped develop new services. He has a deep strategic understanding of the challenges and opportunities in this evolving field, and a passion for creating value for clients and stakeholders. Rick's core competencies include operational excellence, strategic alignment, and customer loyalty. Most importantly, he prides himself on fostering a growth-minded and positive culture. He is devoted to being a mentor, developing and empowering teams to exceed expectations and deliver outstanding results.

# Unlocking New Opportunities Roundtable Discussion

## **Q1:** What do you see as the biggest obstacles health plans face in building effective payment integrity programs?

**Greg (President):** There are many headwinds for health plan execs as we move into 2025, and we continue to see staffing shortages and high turnover as one of the things our clients report. These issues are compounded by the need for more accurate claims processes and the growing complexity of the healthcare ecosystem. At CERIS, we're addressing this by leveraging technology to help our clients fill staffing gaps and enhance process accuracy and efficiency.

**Rick McLaughlin (Accounts):** Another significant obstacle continues to be administrative burden. For example, organizations with limited vendor support often struggle with excessive claims management workloads. To address this, a strategic mix of internal expertise and external vendor partnerships can help reduce friction and improve outcomes.

**Accuracy focused while leveraging complexity, staff shortages, technology integrations.**

**Jhana (Strategy):** The increasing complexity of claims adjudication processes is another major hurdle. At CERIS, we focus on streamlining workflows through innovative tools and creating client-specific solutions that help health plans navigate these complexities with ease.

## **Q2: How can health plans continue to “move left” catching errors in pre-payment auditing?**

**Steve Sutherland (IT):** Speed and accuracy remain the biggest barriers to prepayment audits. By leveraging AI and predictive analytics, we’re helping organizations streamline this process and reduce the need for costly post-payment recoveries. These solutions enable faster adjudication and better selection accuracy, which are critical for identifying errors earlier in the claims process.

**Mark Johnson (Product):** The industry is moving toward a proactive approach because prepayment auditing offers long-term cost savings and reduces friction with providers. This shift does require investments in scalable technologies and the right workflows and partnerships to balance experience, speed and accuracy.

**James Contos (Ops):** Operational transformation is key for this shift. By integrating prepayment reviews into claims workflows and aligning teams around these goals, we help our clients ensure smoother transitions and greater accuracy in auditing.

**Jhana Spence (Strategy):** Prepayment audits are about precision. With the right data insights and technology, payers can more easily identify and address root causes of overpayments. With this type of insight, we can support the workflow structure to catch issues from before payments go out the door.



### **Q3: Why is vendor strategy critical in managing payment integrity programs?**

**Greg (President):** Vendor partnerships should be based on transparency and alignment with strategic goals. At CERIS, we prioritize collaborating with our partners with the goal of feeling like a true extension of their organization. Only then can we achieve the best outcomes.

**Jhana Spence (Strategy):** We find that organizations using four or more vendors often experience administrative burdens and a lack of transparency. A balanced approach, combining the strengths of internal and external resources, is essential to achieving cost savings and operational efficiency.

**Rick McLaughlin (Accounts):** Health plans need to carefully evaluate their vendor strategy. While vendors bring specialized expertise and scalability, over-reliance can lead to hidden costs and reduced visibility. At CERIS, we focus on creating hybrid solutions that optimize PI without duplication or sacrificing control or quality.

### **Q4: How can digital transformation address challenges in payment integrity?**

**Steve Sutherland (IT):** Digital tools like AI, machine learning, and natural language processing are having a tremendous impact on payment integrity scalability, accuracy, speed and consistency. These technologies improve fraud detection, enhance claims accuracy, and enable real-time compliance with regulatory updates.

**James Contos (Ops):** Automation is key to reducing administrative costs and increasing efficiency. Digital solutions are allowing organizations to “shift left,” addressing payment issues earlier in the process to prevent overpayments and downstream errors.

**Mark Johnson (Product):** Scalability is one of the greatest benefits of digital transformation. By adopting robust digital solutions, health plans can expand their operational capacity without significantly increasing costs, allowing them to stay ahead of workforce challenges as well.

## **Q5: What do you see as the top priorities for payer organizations to improve payment integrity programs?**

**Mark Johnson (Product):** Our clients have been sharing that claim selection accuracy and cost-of-care savings are top priorities for their health plans. Improving these areas requires adopting new technologies and refining operational workflows to ensure scalability and sustainability.

**Rick McLaughlin (Accounts):** Another critical priority is strengthening supplier relationships and reducing administrative costs. Collaborative approaches and transparent processes with vendors like us can help health plans address these areas while maintaining alignment with long-term goals.

**Jhana Spence (Strategy):** Shifting audit capabilities upstream and increasing claim accuracy are crucial steps. These priorities require health plans to work closely with both internal teams and external partners to ensure that their systems and workflows are optimized for proactive payment integrity strategies.

## **Q6: How are you focused on evolving in the payment integrity landscape moving into 2025?**

**Greg (President):** As the healthcare ecosystem grows more complex, payment integrity must evolve with it. Our increased adoption of automation and AI-driven analytics, allows us to identify errors earlier in the process and dedicate our team to more complex, high-value work. At CERIS, we are committed to investment in proactive strategies that leverage these advancements to strengthen our health plan partnerships.

**Mark Johnson (Product):** The landscape continues moving toward predictive payment integrity models. By integrating machine learning and big data analysis, we can not only detect but also anticipate payment inaccuracies before they occur. This shift from reactive to predictive capabilities will define the next era.

**Jhana Spence (Strategy):** We continue to be focused on client-specific needs that will drive payment integrity. Transparency, collaboration, and tailored solutions will become the benchmarks of success, ensuring that payers, providers, and patients all benefit from fairer, more efficient systems that meet health plans where they are in their PI journey.

**Enhancing accuracy, provider relations, transparency, and tailored solutions**



## **Q7: Do you foresee blockchain playing a crucial role in payment integrity by 2025?**

**James Contos (Ops):** Blockchain technology is poised to revolutionize how we track and verify claims. Its transparency and security will provide unparalleled confidence in the accuracy of claims processes.

**Steve Sutherland (IT):** Beyond blockchain, technologies like AI, natural language processing (NLP) and advanced machine learning (ML) will allow us to interpret complex datasets with greater speed and accuracy. These innovations will shape the future of claims processing.

**Jhana Spence (Strategy):** Real-time data collection tools incorporated into blockchain technology will give us actionable insights into patient care and billing accuracy, ensuring we remain proactive in addressing potential errors.

## **Q8: How do you anticipate regulatory changes affecting the payment integrity sector in 2025?**

**Greg Dorn (President):** Transparency will continue to take center stage as regulators push for greater accountability. Our role is to stay ahead of these changes and keep our partners updated by implementing sophisticated tracking and reporting.

**Jhana Spence (Strategy):** As regulations evolve, particularly in a new political climate, around data privacy and interoperability, compliance will become more challenging. Organizations must invest in agile systems that adapt to these changes while maintaining efficiency.

**Steve Sutherland (IT):** With stricter data security requirements, we must continuously innovate to ensure compliance. At CERIS, we're leveraging the latest advancements to protect sensitive patient and claims data while optimizing operations.

## **Q9: What steps can health plans take to address staffing challenges in payment integrity operations?**

**Greg Dorn (President):** The right mix of insourcing and outsourcing can help balance staffing challenges while maintaining control and quality. We also focus on creating scalable solutions in our partnerships that allow teams to work smarter.

**Rick McLaughlin (Accounts):** Staffing is a critical challenge for many health plans, especially as the complexity of payment integrity programs increases. By focusing on training and cross-functional collaboration, we can maximize efficiency even in lean staffing conditions.

**James Contos (Ops):** High employee turnover and shortages can be mitigated by investing in technology that automates repetitive tasks, freeing up staff to focus on higher-value work. Additionally, fostering a culture that prioritizes employee development and retention is key to long-term success.

## **Q10: What qualities should health plans look for when selecting a payment integrity vendor?**

**Rick McLaughlin (Accounts):** Depth and breadth of services are essential, but transparency is equally important. Health plans should look for vendors that prioritize collaboration, provide actionable insights, and align with their long-term strategic goals. At CERIS, we focus on building trust and delivering measurable value to our clients.

**Jhana Spence (Strategy):** Innovation and adaptability are key qualities. Vendors must not only understand the current challenges but also be prepared to evolve with the industry's needs, particularly as new technologies and regulations emerge.

**James Contos (Ops):** A strong vendor partnership should reduce complexity, not add to it. Health plans need vendors that can integrate seamlessly into their existing operations while providing clear, data-driven results.

**CERIS is meeting health plans where they are to expand success**



## **Q11: How do payer organizations balance cost savings with maintaining strong provider relationships?**

**Greg Dorn (President):** Payment integrity programs should prioritize fairness and equity. By leveraging data to provide clear and justifiable decisions, we can minimize friction while achieving cost savings. The provider and the patient journey all need to be considered to create a better healthcare environment for everyone.

**Rick McLaughlin (Accounts):** Balancing cost savings with provider relationships requires a collaborative approach. Transparency in payment integrity processes and clear communication are critical to maintaining trust. At CERIS, we work closely with providers to ensure they understand the rationale behind audits and adjustments.

**Jhana Spence (Strategy):** Provider engagement and relationships are key. At CERIS, we involve providers in the process and address their concerns proactively. It is important to turn potential conflicts into opportunities for collaboration.



## **Q12: How can payer organizations ensure their payment integrity programs are future-ready?**

**Steve Sutherland (IT):** Digital transformation is the foundation of a future-ready program. At CERIS, we're focused on implementing solutions that are not only advanced but also secure, scalable and adaptable which help ensure our clients stay ahead of the curve.

**Mark Johnson (Product):** Continuous improvement is key. By regularly reviewing and refining strategies, integrating new technologies, and staying aligned with regulatory changes, health plans can build resilient and effective payment integrity programs.

**Rick McLaughlin (Accounts):** Future-ready payment integrity programs must be agile and scalable. This means investing in technologies, as well as fostering strong partnerships with vendors like CERIS that offer innovative solutions.

This roundtable discussion highlights the multifaceted approach required to navigate the complex landscape of payment integrity. As we move into 2025, these insights from top executives provide a valuable roadmap for the industry.

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

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