

Cotiviti Payment Clarity™

Enhancing transparency and decision-making through a unified portal

Unclear policy and audit explanations can increase expenses and frustrate providers. To help ensure transparency, payers need clear explanations and quick responses to provider inquiries.

Cotiviti's Payment Clarity™ helps you improve transparency, reduce claim editing call volume, test claim editing scenarios with ease, and access dynamic insights to support decision-making.

Secure, SSO access to transparency and insights for your Cotiviti payment integrity program
Three modules designed for payment integrity leaders, providers, and provider support professionals

Payment Clarity

Program Clarity

Empower health plan leaders with data-driven insights for policy decisions and network management

Policy Clarity

Enhance policy understanding and improve coding accuracy for both health plans and providers

Claim Clarity

Help ensure accurate claim edits and provide clear, defensible explanations to support providers

Program Clarity

Gain dynamic insights to optimize program performance

Health plans need a comprehensive view of existing policies, provider impact, and appeals insights to enhance payment integrity programs effectively. Program Clarity provides this strategic perspective, helping you:

- Access program value and trending metrics
- Observe provider performance and abrasion indicators
- Make more informed policy management decisions

This enables you to:

- Identify areas that are facing challenges with adjustments
- Compare your policy against industry peers
- Reduce total cost of ownership by pinpointing costly policy

Cotiviti Payment Clarity

Policy Clarity

Enhance policy transparency and model payment scenarios before claims are submitted

Policy Clarity addresses one crucial question:

What payment policy would apply to a given claim scenario?

This enables providers to:

- Predict how specific policies will impact claims before submissions
- Understand potential payment policy scenarios
- Improve claim accuracy with better coding

By helping providers better understand payment policies upfront, claims are submitted correctly the first time, reducing errors and disputes. This transparency benefits both payers and providers, streamlining the claims process and improving compliance.

Claim Clarity

Access claim-level payment recommendations, policy rationale, and medical records

Claim Clarity enables you to efficiently answer this question for your providers:


What is the rationale behind the payment policy for this claim?

This solution:

- Provides provider support teams with quick access to claim details, defensible policy rationale, and recommendations for first-call resolution
- Enables secure multi-user access for real-time collaboration on provider requests

Claim Clarity presents all relevant claim details, policy rationales, and supporting information in a clear, structured format. This allows customer support teams to provide faster, more accurate responses to provider inquiries. By prioritizing the most relevant information, Claim Clarity enables representatives to make informed decisions efficiently.

In tandem with Claim Clarity, Cotiviti's Claims Inquiry Service integrates policy explanations directly into your provider portal, ensuring seamless access to verified claim details. Some clients have reported a >40% reduction in claim edit inquiries after implementation.

 Cotiviti Payment Clarity delivers streamlined, transparent payment policy insights that reduce provider friction and improve decision-making for payers. For more information, email answers@cotiviti.com or contact your Client Engagement Leader.