

Prepay claim integrity for TPAs

Increase revenue by saving health plan sponsors up to 4% on annual claim spend

As your self-funded health plan clients face numerous cost pressures such as inflation, greater chronic care incidence, and sharply increased utilization, the need to ensure medical claims are paid appropriately and reduce administrative waste becomes paramount. In addition, plan sponsors are increasingly demanding transparency and greater accountability for cost containment from their benefit administrators. In fact, 74% of Cotiviti health plan clients with self-funded business are already integrating prepay final filter editing with self-insured employer groups.¹

As the industry leader in final-filter prepay claim review, Cotiviti adds an extra layer of payment integrity for your clients that claim systems and primary claim editors are not designed to handle. Our market-leading prepay Payment Policy Management and Coding Validation solutions deliver software-as-a-service (SaaS) claim editing technology and clinical claim coding review through a consultative service model with TPAs. This ensures the accuracy of claim payments for plan sponsors while reducing TPA technical and clinical resource needs without disrupting current adjudication workflow or delaying payment to providers. **This makes your service more attractive to self-funded plan sponsors and gives your organization an advantage over competing TPAs.**

Every Cotiviti TPA client gets a designated clinical team led by a medical director or clinical consultant for guidance and support through the process of data-driven policy assessment, selection, customization and maintenance. We provide full program transparency through ad-hoc reports and insights generated from our analytics team to support payment policy approval, reduce administrative burden and understand provider and claim trends.

Key strengths

- >\$5B in annual prepay medical cost savings delivered across health plan and TPA clients²
- 99.9% average editing accuracy
- 4% or more in incremental medical spend savings³ for plan sponsors
- ↑ Increased revenue in a shared savings model

Key benefits for your plan sponsor clients

- Avoid payment errors before claims get paid
- Lower administrative costs by reducing “pay and chase”
- Maintain positive provider relationships while ensuring payment integrity


Key Cotiviti differentiators

- Highest final-filter savings value in market
- Designated clinical consultant team
- Integrated prepay automated editing and clinical coding review
- Proven experience serving benefit administration companies covering nearly **6M** member lives

¹ Based on Cotiviti health plan clients deploying Payment Policy Management in ASO lines of business.

² Based on savings across all Cotiviti Payment Policy Management and Coding Validation clients.

³ Based on high annual savings rates for many Cotiviti payer clients using Payment Policy Management and Coding Validation, including health plan-owned third party administrators.

 To learn more about how Cotiviti's Payment Accuracy solutions can enable faster and more accurate claim payments, call 866.292.6971 or email answers@cotiviti.com.