

Payment Integrity

Getting it right the first time and improving payment accuracy

Overview

Exela's Payment Integrity solution aligns providers to payers resulting in streamlined processing, cost savings, and enhanced experiences for all parties. Using Exela's proprietary technology and professional staff of subject matter experts, unnecessary downstream processing can be avoided.

Reduce claims processing time and expense with automation

The increase in claim processing costs is primarily due to reprocessing of claims driven by incorrect billing of claims by the providers or contradicting payer processing results. To reduce this friction between providers and payers, Exela's holistic Payment Integrity offering includes pre-submission edits, prepayment edits and collaboration portals.

Key Features

Pre-Submission Edits

Exela's Smart Edit Engine includes Proprietary Edits, SNIP, Clinical and Billing Edits. To enhance the Clean Claim Rate, this engine is applied prior to the submission of claims for both EDI and Paper Claims. A user portal enables review of the edits, guides on the identified error field and, and provides online correction and submission.

Pre-Payment & Post Payment Edits

Exela's Smart Edits Engine includes Clinical Edits, Utilization Edits, Historical Edits, Professional and Institutional Cross Edits, Pattern Analysis, and Outlier Identification. These automated processes are applied to claims and provide a workflow that enables sending requests for additional records for review.

Fraud, Waste, Abuse (FWA) Workflow

A robust document workflow management system tracks from the REQUEST for additional documentation to the RECEIPT of the documents. The system is able to configure workflows for integration with Major Release of Information vendors for obtaining medical records.

Coding Audit

Exela is recognized throughout the industry for expertise in medical coding, auditing and consulting services. Exela technology, along with accredited global subject matter expertise, review medical records, identify missing and erroneous content, as well as medical necessity interpretation.

Analytics and FWA

Driven by advanced analytics and supported by artificial Intelligence with machine learning, Exela provides 24/7 access to detailed reporting and dashboard functionality, automated alerts providing immediate notifications, and insights with root cause analysis. This enables enhanced understanding of trends and patterns associated with submissions.

Document Submission Portal

Exela's web-based portal allows users to upload medical records and correspondence enabling tracking and providing review status.

Overpayment Identification and Recovery

With a stringent practice of examining every line item on every claim, using our proprietary technology supported by clinicians and healthcare finance and accounting experts, Exela has delivered in excess of \$4 billion identified and recovered.

Benefits

- › Improve payment accuracy
- › Reduce or eliminate improper payments
- › Reduce pending/denied claims by 25-31% on average
- › Uncover past unidentified overpayments and resolve reoccurring issues
- › Identify risk prior to issuance of payment
- › Reduce effort by provider partners and administrative teams
- › Reduce duplicate and unclean claims
- › Eliminate need of multiple systems
- › Integrate pre-payment and post-payment
- › Shorten time to results
- › Improve medical loss ratio