

Payment Integrity Solution

Pre- & post-pay Medicare Secondary Payer solutions that improve eligibility, payment, and compliance accuracy.

Population Identification

Many Medicare entitled members who are difficult to identify go undetected.

Regulatory Compliance

Incorrectly coordinating benefits with Medicare can result in noncompliance penalties for health plans.

Data Collection

Critical data required for correct order of benefits is difficult to collect and administratively burdensome.

Vendor Oversight

Details are often overlooked by other vendors, allowing Pareto to identify additional recoveries.



Pareto **PaymentIntegrityIQ** helps collect critical Medicare Secondary Payer (MSP) information and streamlines Section 111 reporting for pre-payment purposes, as well as validates the accuracy of post-payment Medicare claims payments.

Pre-Payment Services

Employer Outreach Tool & Section 111 Reporting

Proactively collecting and reporting the right information to CMS to correctly coordinate benefits upfront and pay claims accurately.

- Improve pre-payment accuracy, resulting in more accurate primacy determinations
- Lower administrative burden while increasing employer response rates
- Reduce the amount of post-payment discrepancies
- Minimize dependency on recovery vendors

Post-Payment Services

Coordination of Benefits

Recoup lost dollars and minimize compliance exposure from mistaken claims payments.

- Identify and recover incorrect claim payments
- Enhance pre-payment services to address issues identified in post-payment review
- Create a comprehensive view into improving the entire payment process

Pareto Payment Integrity IQ maximizes recovery of overpaid claims, uncovers underpaid claims that pose compliance risk, and reduces future mistaken payments by addressing the root cause of these issues.



Pre-Payment

Data Collection *Employer Outreach Tool*

Advanced analytics to evaluate and identify status inconsistencies.

Regulatory Requirements *Section 111 Reporting*

Quarterly Section 111 reporting in accordance with CMS mandatory regulatory requirements, enabling health plans to correctly coordinate payments for benefits.



Post-Payment

Payment Evaluation *Coordination of Benefits*

Application of proprietary analytics and modeling to identify under- and overpaid claims and uncover root causes to resolve issues at the source.

Why Pareto Intelligence

Gain Efficiencies

Proactively correcting inaccurate primary determinations reduces reliance on post-payment analysis and recoveries.

Reduce Administrative

Burden automating the employer collection process significantly reduces health plan effort.

Improve Compliance

Looking both ways to identify and correct under- and overpayments reduces potential compliance exposure.

Our Experience

Recoverability rates as high as

2-8%

of plan spend

Millions

in recovered overpayments across Commercial Group, ACA, and Medicaid

Dozens

of error types flagged before claims payment occurs