Payment Accuracy & Integrity Solutions 2023

Financial Outcomes Top of Mind

Performance Report | **October 2023**

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Executive
Insights

Payment Accuracy & Integrity Solutions 2023 Market Introduction

Payment accuracy and integrity involves several steps, and KLAS research finds that payer organizations normally use multiple vendors for different steps (i.e., pre-payment vs. post-payment) and for different capabilities (i.e., claims editing, payment recovery). Some vendors say they provide broad capabilities across most or all areas, while others focus on providing offerings for certain steps in the payment accuracy and integrity cycle. These solutions are typically used across all different lines of business. Historically, payers and vendors have focused on correcting under- or overpayments when they occur; more recently, the market has emphasized accuracy before payments are made.

What KLAS Does

KLAS is a healthcare-focused research firm whose data helps provider, payer, and employer organizations make informed software and services decisions. Our reports exist because customers (including health plans) speak with KLAS and share invaluable insights; all performance data is based on feedback from these interviewed customers.

Key Definitions

Note: This is not a comprehensive list of payment accuracy and integrity processes but rather a list of the major components.

- **Pre-payment:** Processes that ensure accuracy before payment is made
  - **Claims pricing:** Calculates accurate pricing for which payer is liable based on reimbursement methods and related rules
  - **Provider education:** Instruction for/engagement with providers to help facilitate accurate coding and claims submission
  - **Claims editing:** Reviews and tests rules to ensure consistency and accuracy of items listed on a medical bill

- **Post-payment:** Processes that identify or recover losses after payment is made
  - **Coordination of benefits (COB):** Determines members' primary coverage/plan; mostly done post-payment (some vendors may offer ways to identify COB-related issues pre-payment)
  - **Data mining:** Identifies and recovers billing or payment errors through data analytics
  - **Subrogation:** Reimbursement for payers by the party at fault who caused damage to the member
  - **Credit balancing:** Identifies overpayment to provider organizations and manages credit balances
  - **Fraud, waste, and abuse (FWA):** Detects, corrects, and prevents fraud, waste, and abuse (which account for a large portion of costs for payers)

Payment Accuracy & Integrity Life Cycle
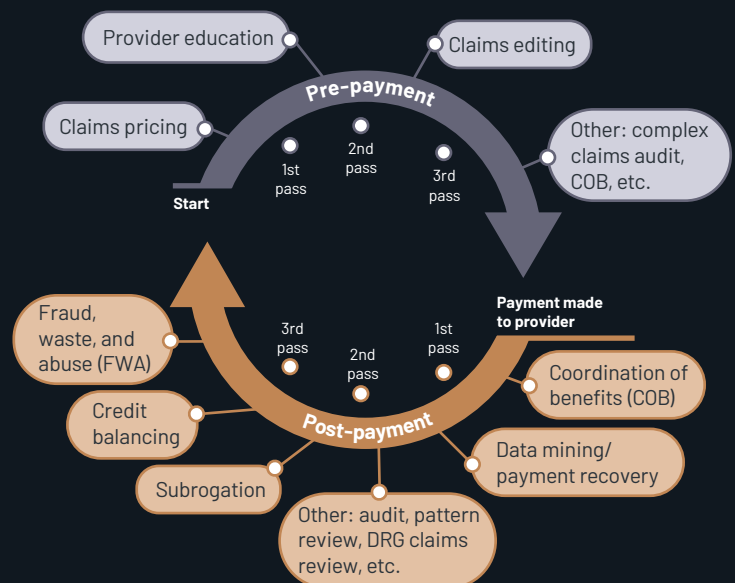
Key Industry Trends

- Payers are looking for increased accuracy and savings by using multiple vendors for different lines of business/types of bills as well as for different functionalities/processes.
- Vendor business models are evolving to include software/SaaS (in addition to services and contingency models).
- Payers are looking to focus more on pre-payment solutions to ensure accuracy before payment, marking a shift away from the traditional pay-and-chase model. This prospective payment model is expected to reduce administrative costs for both payer and provider organizations.
- Due to friction in payer-provider relationships, many payers are recognizing the need to improve collaboration with provider organizations. Friction in these relationships can not only add more administrative costs for both parties but also be detrimental to the patient experience. As payers work to be more proactive and more accurate in payment efforts, they anticipate that provider relationships will naturally improve and desirable networks will be better sustained.

Payment Accuracy & Integrity Solutions 2023
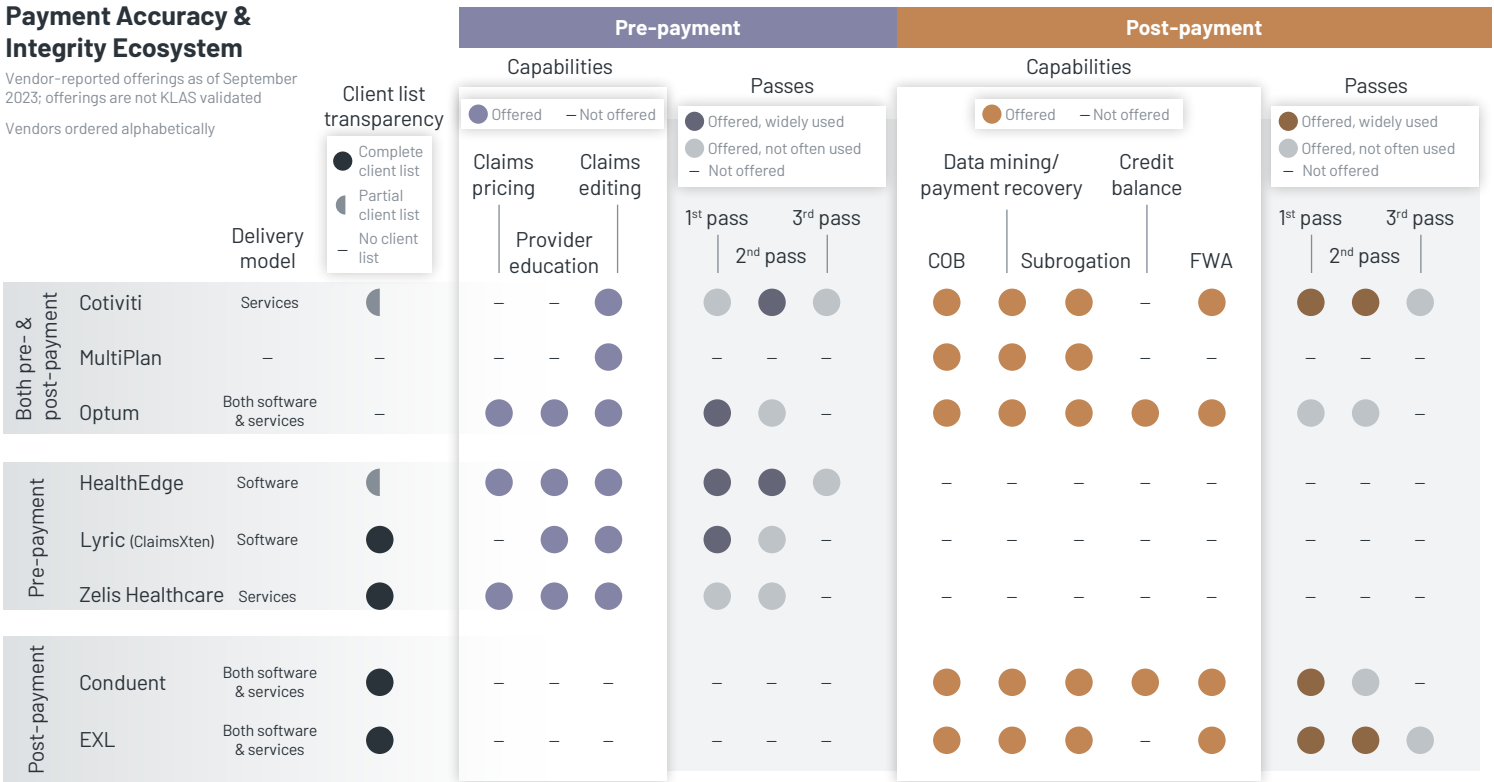## Financial Outcomes Top of Mind

Payers take on financial risk for members and pay for healthcare expenditures based on various plans and reimbursement types. Due to the complexity of reimbursement contracts, many factors (e.g., coding and billing errors, fraud, waste) can contribute to payers sometimes underpaying or overpaying provider organizations. Payment accuracy and integrity solutions help payers make accurate payments and recover losses when overpayments and fraud occur. This report—KLAS' first on this market—aims to identify the main capabilities these solutions provide and show early findings on customer satisfaction with vendors' performance.

Note: Research in this report is based on feedback from interviewed payer customers. This report is not intended to compare measured vendors' technological capabilities.

Payment Accuracy & Integrity Ecosystem

Vendor-reported offerings as of September 2023; offerings are not KLAS validated

Vendors ordered alphabetically

Client list transparency: ● Complete client list · ◐ Partial client list · — No client list

Pre-payment legend: ● Offered · — Not offered. Passes: ● Offered, widely used · ○ Offered, not often used · — Not offered

Post-payment legend: ● Offered · — Not offered. Passes: ● Offered, widely used · ○ Offered, not often used · — Not offered

	Vendor	Delivery model	Client list	Pre-payment Capabilities — Claims pricing	Provider education	Claims editing	Pre-payment Passes — 1st pass	2nd pass	3rd pass	Post-payment Capabilities — COB	Subrogation	Credit balance	FWA	Post-payment Passes — 1st pass	2nd pass	3rd pass
Both pre- & post-payment	Cotiviti	Services	◐	—	—	●	○	●	○	●	●	—	●	●	●	○
	MultiPlan	—	—	—	—	●	—	—	—	●	●	●	—	—	—	—
	Optum	Both software & services	—	●	●	●	●	○	—	●	●	●	●	○	○	—
Pre-payment	HealthEdge	Software	◐	●	●	●	●	●	○	—	—	—	—	—	—	—
	Lyric (ClaimsXten)	Software	●	●	—	●	●	○	—	—	—	—	—	—	—	—
	Zelis Healthcare	Services	●	●	●	●	○	○	—	—	—	—	—	—	—	—
Post-payment	Conduent	Both software & services	●	—	—	—	—	—	—	●	●	●	●	●	○	—
	EXL	Both software & services	●	—	—	—	—	—	—	●	●	●	●	●	●	○

Note: Many vendors offer additional capabilities for payment accuracy and integrity processes; examples include audits, complex claims audits, itemized bill review, out-of-network review, pattern review, pre-payment COB, pre-payment hospital bill review, post-payment DRG claims review, and special audits.

Note: Payment accuracy and integrity solutions are typically used across all different lines of business; see page 15 of the full report for information on validated customer adoption of lines of business.
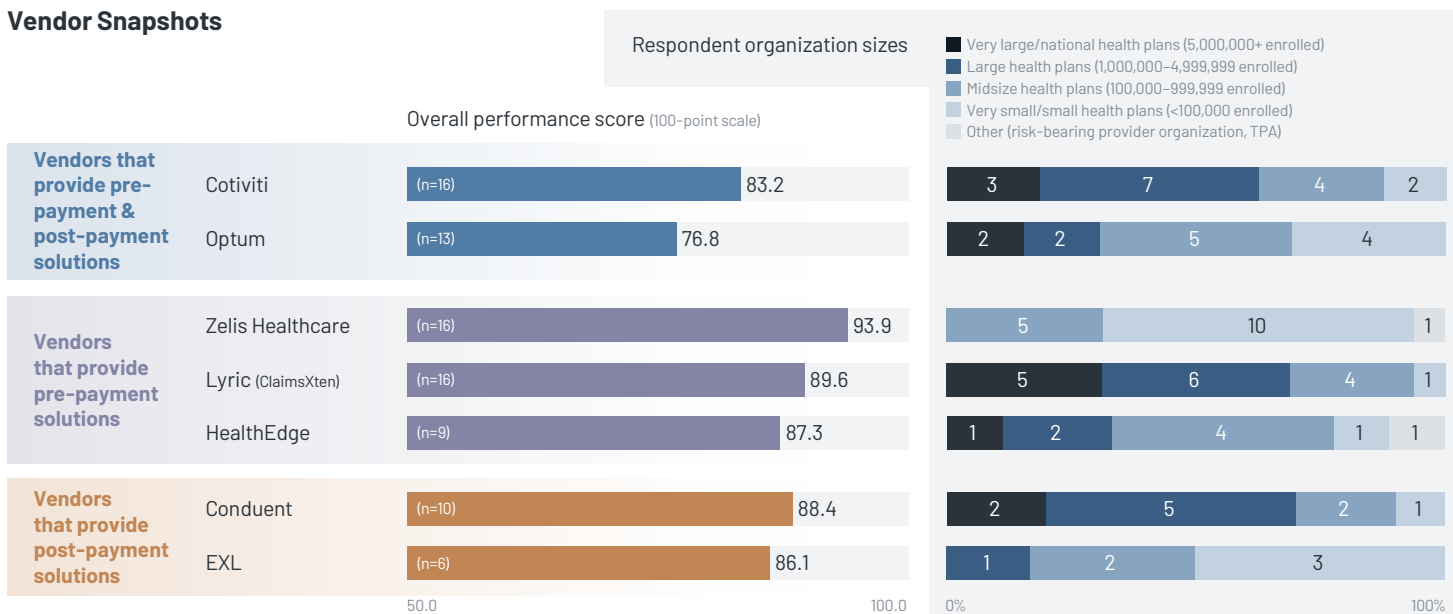
Vendors That Provide Pre-Payment & Post-Payment Solutions

Cotiviti and Optum Provide Broadest Solutions; Outcomes and Value for Customers Vary, Particularly with Optum

Payers of all sizes use Cotiviti and Optum, who both provide broad offerings that cover pre-payment and post-payment processes. Due to these broad functionalities, Cotiviti and Optum tend to operate in a more complex environment, which requires having expertise in all areas and doing multiple implementations, and that can consequently lead to challenges. Most **Cotiviti** customers use the system for pre-payment claims editing during the second pass and view the vendor as the market-share leader in second-pass editing. Additionally, Cotiviti is the only measured vendor with respondents who report using the system during the third pass (arguably the most difficult stage to identify additional inaccuracies/savings). Customer outcomes vary—some respondents see benefits such as captured billing errors, few false positives/negatives, improved finances, and good reports; others are less satisfied with the solution's ability to facilitate accurate payments. A few respondents feel they haven't received the desired ROI due to high costs and complicated reports.

Optum—who offers the broadest solution among measured vendors—receives the lowest customer ratings; respondents report that technical glitches (e.g., lack of integration within the product, false positives) prevent them from fully using the product. Multiple customers feel Optum isn't a partner, isn't invested in customer success, and doesn't understand customer needs. Optum's ownership by UnitedHealth Group (the largest US health plan company) and quick growth through acquisitions are also concerns for some customers. Despite these challenges, most respondents feel the solution is easy to use, citing outcomes like better edits/reviews, more savings, and more efficiency.

Vendor Snapshots

Respondent organization sizes

Legend:
- ■ Very large/national health plans (5,000,000+ enrolled)
- ■ Large health plans (1,000,000–4,999,999 enrolled)
- ■ Midsize health plans (100,000–999,999 enrolled)
- ■ Very small/small health plans (<100,000 enrolled)
- ■ Other (risk-bearing provider organization, TPA)

Overall performance score (100-point scale)

Category	Vendor	Score	n	Very large	Large	Midsize	Very small	Other
Vendors that provide pre-payment & post-payment solutions	Cotiviti	83.2	(n=16)	3	7	4	2	
	Optum	76.8	(n=13)	2	2	5	4	
Vendors that provide pre-payment solutions	Zelis Healthcare	93.9	(n=16)			5	10	1
	Lyric (ClaimsXten)	89.6	(n=16)	5	6	4	1	
	HealthEdge	87.3	(n=9)	1	2	4	1	1
Vendors that provide post-payment solutions	Conduent	88.4	(n=10)	2	5	2	1	
	EXL	86.1	(n=6)	1	2	3		

Scale: 50.0 — 100.0 / 0% — 100%

Limited feedback on **MultiPlan*** indicates customers use the product for out-of-network reviews pre- and post-payment, and all are using the product for commercial plans (KLAS has not validated customer use for Medicare/Medicaid business lines). Thus far, respondents are satisfied and find the product easy to use.

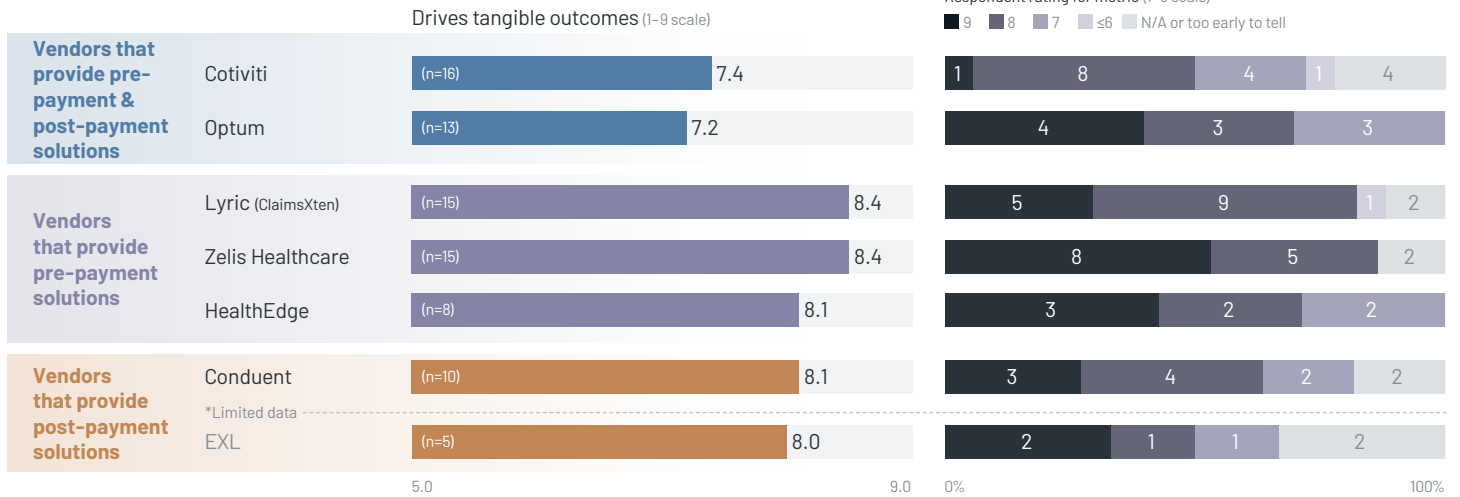**MultiPlan—Overall Performance Score** (100-point scale) (n=3)

90.9*

50.0 — 100.0

*Limited data

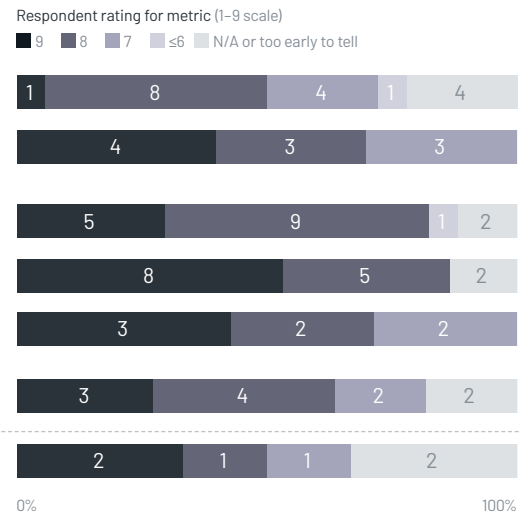## Vendors That Provide Pre-Payment Solutions

Zelis Healthcare Customers Are Most Satisfied; Lyric & HealthEdge Customers See Outcomes but Want More Proactive Engagement & Functionality

Zelis Healthcare offers software for claims editing and hospital bill reviews (first pass and second pass), and some customers report using the solution for provider education. Their customer base includes mostly small/midsize organizations but also some large organizations. Interviewed payer and TPA customers give Zelis the highest overall performance score in this market segment as well as across all KLAS-measured payer markets. Customers highlight the affordable, easy-to-use interface and the integration with core claims systems; they also appreciate outcomes such as cost savings, fewer billing errors, and explanations of edits. Reported improvement opportunities include better phone support and provider communication to support payer-provider relationships. **Lyric** ClaimsXten (formerly part of Change Healthcare) specializes in first-pass claims editing; interviewed customers report sizable savings and yearly optimization studies and note the solution can handle large claims volumes. The vendor is seen as having good customer relationships and expertise in CMS regulations, and they meet customer needs through collaboration. Respondents also mention that the Change Healthcare transition was smooth thanks to good communication. Some report challenges with inconsistent execution during upgrades and implementations, a difficult interface, and insufficient vendor expertise/guidance. **HealthEdge** Source (formerly Burgess) is known for first-pass claims editing and pricing, particularly for Medicare/Medicaid programs. Customers appreciate the high accuracy (which they credit to biweekly updates with CMS pricing information), and they note the vendor is willing to listen to them and provides quality support when issues occur. Respondents anticipate more functionality developments (e.g., better integration) in the future, and a few want HealthEdge to more proactively reach out about development/implementation timelines

Payment Accuracy & Integrity Outcomes

Drives tangible outcomes (1–9 scale)

Respondent rating for metric (1–9 scale)
■ 9 ■ 8 ■ 7 ■ ≤6 ■ N/A or too early to tell

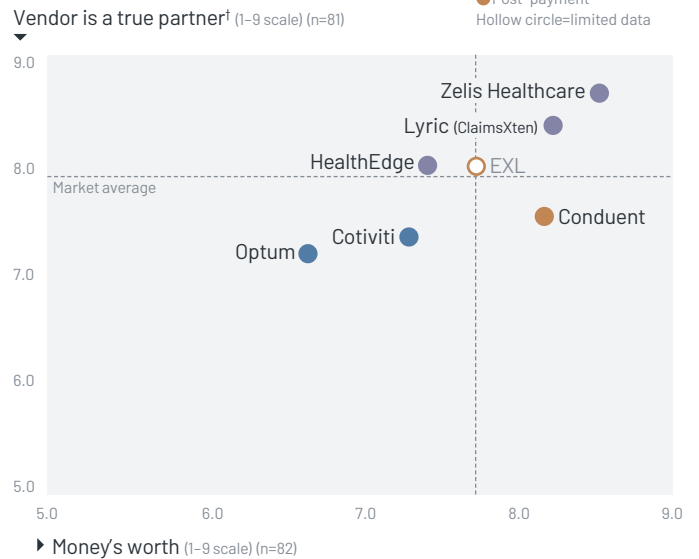|	Vendor	Drives tangible outcomes	Ratings distribution (9 / 8 / 7 / ≤6 / N/A)
Vendors that provide pre-payment & post-payment solutions	Cotiviti	(n=16) 7.4	1 / 8 / 4 / 1 / 4
	Optum	(n=13) 7.2	4 / 3 / 3
Vendors that provide pre-payment solutions	Lyric (ClaimsXten)	(n=15) 8.4	5 / 9 / 1 / 2
	Zelis Healthcare	(n=15) 8.4	8 / 5 / 2
	HealthEdge	(n=8) 8.1	3 / 2 / 2
Vendors that provide post-payment solutions	Conduent	(n=10) 8.1	3 / 4 / 2 / 2
	EXL	(n=5) 8.0	2 / 1 / 1 / 2

*Limited data

Scale: 5.0 — 9.0   0% — 100%

Vendors That Provide Post-Payment Solutions

Conduent & EXL Used for Payment Recovery & Analytics Respectively; Customers of Both Report Receiving Value

Conduent payer customers mostly use the solution for post-payment processes (payment recovery, subrogation, credit balancing), and they appreciate the vendor's easy-to-use interface and proactive help in meeting recovery goals, which leads to positive ROI. Customers also note the vendor provides a dedicated support team that reacts and provides solutions when needed. Some respondents feel Conduent could more proactively communicate their vision, product training, and delivery of innovation. **EXL** is a large cross-industry vendor with healthcare solutions that focus primarily on analytics. Payment accuracy and integrity customers mainly use the vendor for data mining and auditing. Respondents are highly satisfied with EXL—almost all highlight the vendor's staff and easy, fast communication, and a few mention that their implementation was very quick. Some customers feel the product is too manual and lacks innovation, and others report unresolved administrative issues and reporting errors.

True Partner vs. Money's Worth

● Both pre- & post-payment
● Pre-payment
● Post-payment
Hollow circle=limited data

Vendor is a true partner[†] (1–9 scale) (n=81)

Scatter plot positions:
- Zelis Healthcare (~8.6)
- Lyric (ClaimsXten) (~8.4)
- HealthEdge (~8.0)
- EXL (~8.0, hollow)
- Conduent (~7.6)
- Cotiviti (~7.3)
- Optum (~7.2)

Market average

Money's worth (1–9 scale) (n=82)

Scale: 5.0 — 9.0

† Data for "vendor is a true partner" comes from the following question: How satisfied are you with your vendor as a true partner?

Fully Rated Vendors

Conduent

Conduent Performance Scorecard (n=10)

Overall performance score (100-point scale)

	88.4
0.0	100.0

Customer experience pillars

Culture	Loyalty	Operations	Product	Relationship	Value
B	B+	B+	B+	A	A

Software grading scale (100-point scale)	A+ = 95.0–100.0 A = 91.0–94.9 A- = 88.0–90.9	B+ = 85.0–87.9 B = 81.0–84.9 B- = 78.0–80.9	C+ = 75.0–77.9 C = 71.0–74.9 C- = 68.0–70.9	D+ = 65.0–67.9 D = 61.0–64.9 D- = 58.0–60.9
				F = <57.9

"I would tell others that Conduent is very easy to work with. They like to bring things to our attention, especially when it comes to collections of outstanding money. The vendor lets us know that they want to try to collect as much as they can. If something is holding up a collection, Conduent tries to provide a solution to the problem without asking for extra money. They are good in that way. In terms of collecting money and meeting goals, the vendor does their job." —Manager

"Conduent doesn't train us very much on functionality or best practices per se. They are trying to find the recovery and basically make sure we are not missing any money, but there is not as much talk about what we can do better in order to improve our internal processes." —Manager
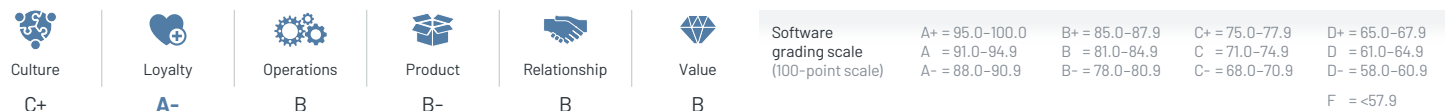
Cotiviti

Cotiviti Performance Scorecard (n=16)

Overall performance score (100-point scale)

	83.2
0.0	100.0

Customer experience pillars

Culture	Loyalty	Operations	Product	Relationship	Value
C+	A-	B	B-	B	B

Software grading scale (100-point scale)	A+ = 95.0–100.0 A = 91.0–94.9 A- = 88.0–90.9	B+ = 85.0–87.9 B = 81.0–84.9 B- = 78.0–80.9	C+ = 75.0–77.9 C = 71.0–74.9 C- = 68.0–70.9	D+ = 65.0–67.9 D = 61.0–64.9 D- = 58.0–60.9
				F = <57.9

"We selected Cotiviti because they were pretty much the only player in town for second-pass claims editing. The vendor was and still is considered to be the best in class. We looked at a couple of other vendors who offered some tools for claims editing, but the capabilities of those vendors' products did not compare to the capabilities in Cotiviti's system at the time." —VP

"The product works as promoted, and the vendor was not shy about telling us the appeal rates. The vendor was transparent about certain things but not about their editing, which has been a ding on Cotiviti for years. We don't know 100% what they are doing with each edit. We only have a general description, and that makes it very hard to be defensible to providers when they call about the edit. It feels like we are just shooting in the dark." —Director

EXL

EXL Performance Scorecard (n=6)

Overall performance score (100-point scale)   *Limited data

86.1

0.0   100.0

Customer experience pillars

Culture	Loyalty	Operations	Product	Relationship	Value
A	B-	B+*	B	A-	A*

Software grading scale (100-point scale)	A+ = 95.0–100.0 A = 91.0–94.9 A- = 88.0–90.9	B+ = 85.0–87.9 B = 81.0–84.9 B- = 78.0–80.9	C+ = 75.0–77.9 C = 71.0–74.9 C- = 68.0–70.9	D+ = 65.0–67.9 D = 61.0–64.9 D- = 58.0–60.9 F = <57.9

> "Our experience with EXL has been great. The vendor has been really good with communication, and they are always quick to respond. If I send the vendor an email, they will respond to me within the hour. The vendor's subject matter experts for various projects are very knowledgeable and quick to respond to our questions. The vendor seems to have their processes down to a science. That is very helpful for audits." —Manager

> "There are a lot of reports that go back and forth. There are errors in the reports, so the reports require a lot of babysitting, and that is very time consuming." —Manager

HealthEdge

HealthEdge Performance Scorecard (n=9)

Overall performance score (100-point scale)

87.3

0.0   100.0

Customer experience pillars

Culture	Loyalty	Operations	Product	Relationship	Value
B	A	B	B+	A	B

Software grading scale (100-point scale)	A+ = 95.0–100.0 A = 91.0–94.9 A- = 88.0–90.9	B+ = 85.0–87.9 B = 81.0–84.9 B- = 78.0–80.9	C+ = 75.0–77.9 C = 71.0–74.9 C- = 68.0–70.9	D+ = 65.0–67.9 D = 61.0–64.9 D- = 58.0–60.9 F = <57.9

> "What sets HealthEdge apart from other vendors is the capability to look up the Medicare rates in the system. I love that capability. If we have, for example, a provider that says that we didn't price a claim correctly, we love the way that the audit tool can go in and look at the claim. It explains every single line, what edits fired, why they fired, what payment was calculated, why it was calculated, and whether there was a modifier driving something. There is a lot of great detail behind how the claim was priced. All of that information is at our fingertips in that tool, and before we moved to the HealthEdge product, other tools did not have those capabilities." —Director

> "Getting visibility into the vendor's timelines and performance has been hard. There isn't transparency to evaluate their patterns. We have to wait for the functionality that we are expecting." —Director

Lyric (ClaimsXten)

Lyric (ClaimsXten) Performance Scorecard (n=16)

Overall performance score (100-point scale)

89.6

0.0   100.0

Customer experience pillars

Culture	Loyalty	Operations	Product	Relationship	Value
A-	A+	B	B+	A-	A-

Software grading scale (100-point scale)	A+ = 95.0–100.0 A = 91.0–94.9 A- = 88.0–90.9	B+ = 85.0–87.9 B = 81.0–84.9 B- = 78.0–80.9	C+ = 75.0–77.9 C = 71.0–74.9 C- = 68.0–70.9	D+ = 65.0–67.9 D = 61.0–64.9 D- = 58.0–60.9 F = <57.9

> "The ticket price is significant, but the reputation of the product in the industry is top of the line, and it is essential for a carrier or a third-party administrator to have code editing to ensure the appropriate adjudication of claims. The solution has been an integral piece of our value story in showing the benefits, and its value is definitely measurable in terms of impact on clients, books of business, products, and solutions. It is a key part of our value story. We are satisfied." —COO

> "From a payment-integrity perspective, we would like Lyric to look for policy opportunities or solutions. They do that to some extent, but we have to ask whether they are actually scanning the market to see what other payers are doing and offering. Increasing the frequency of those scans would be great. I would also like to see more brainstorming ideation where we bounce ideas off of each other to search for or identify potential opportunities. I want Lyric to ask what they can do to improve. One opportunity could be exploring exclusions that we currently have because we sometimes get things wrong." —Director

Optum

Optum Performance Scorecard (n=13)

Overall performance score (100-point scale)

76.8

0.0   100.0

Customer experience pillars

Culture	Loyalty	Operations	Product	Relationship	Value
C-	B-	C+	C+	B-	C+

Software grading scale (100-point scale)	A+ = 95.0–100.0	B+ = 85.0–87.9	C+ = 75.0–77.9	D+ = 65.0–67.9
	A = 91.0–94.9	B = 81.0–84.9	C = 71.0–74.9	D = 61.0–64.9
	A- = 88.0–90.9	B- = 78.0–80.9	C- = 68.0–70.9	D- = 58.0–60.9
				F = <57.9

> "As we see things that another vendor is not covering, we can utilize Optum Payment Integrity Solutions to pick up some additional savings. COVID-19 created a lot of costs, and we are definitely at the point of looking to find every nickel, dime, and quarter that we can in terms of savings. Optum's product is helping us to create efficiencies." —Manager

> "Optum is pretty rigid, not only through contracting but through the whole product cycle. They are pretty rigid on their upgrades, releases, and so forth. When we think of what we are paying with rebundling and whatnot, the cost has gone way up, but we do not know that the value has kept up with it." —CIO

Zelis Healthcare

Zelis Healthcare Performance Scorecard (n=16)

Overall performance score (100-point scale)

93.9

0.0   100.0

Customer experience pillars

Culture	Loyalty	Operations	Product	Relationship	Value
A-	A+	A	A	A	A

Software grading scale (100-point scale)	A+ = 95.0–100.0	B+ = 85.0–87.9	C+ = 75.0–77.9	D+ = 65.0–67.9
	A = 91.0–94.9	B = 81.0–84.9	C = 71.0–74.9	D = 61.0–64.9
	A- = 88.0–90.9	B- = 78.0–80.9	C- = 68.0–70.9	D- = 58.0–60.9
				F = <57.9

> "One thing that is important to mention is that Zelis Healthcare seems to be interested in and understand our operations. I can compare them to another very important vendor of ours who always wants to learn more about us so they can sell us more products. Zelis Healthcare is willing to engage with us and understand our business model, whether that means they can sell us more or they just want to do a better job for us." —VP

> "There are certain reporting functionalities that we would like to be different. Some provider-facing things don't work very well. We have a lot of issues with those things, and we often have to escalate those issues. We understand that Zelis Healthcare doesn't want to put resources into making the provider-facing things better because of a conflict of interest. We are paying for the product, but it is not super high quality. At the end of the day, the system is causing friction with the providers that we contract with, and that is making things really difficult." —Manager

Limited Data Vendors

MultiPlan

MultiPlan Performance Scorecard (n=3)

Customer experience pillars

Culture	Loyalty	Operations	Product	Relationship	Value
A	A	A	A	Insufficient data	A-

Overall performance score (100-point scale)

*Limited data

90.9

0.0   100.0

Software grading scale (100-point scale)	A+ = 95.0–100.0	B+ = 85.0–87.9	C+ = 75.0–77.9	D+ = 65.0–67.9
	A = 91.0–94.9	B = 81.0–84.9	C = 71.0–74.9	D = 61.0–64.9
	A- = 88.0–90.9	B- = 78.0–80.9	C- = 68.0–70.9	D- = 58.0–60.9
				F = <57.9

> "There is more room for accuracy in the product, but the solution is fairly good and should be recommended for payment integrity." —Director

> "We would like to see more stability in our human contact as far as resources go. It seems like we often get turnover on the contact side of things." —VP

Report Information

About This Report

Each year, KLAS interviews thousands of healthcare professionals about the IT solutions and services their organizations use. For this report, interviews were conducted over the last 12 months using KLAS' **standard quantitative evaluation** for healthcare software, which is composed of 16 numeric ratings questions and 4 yes/no questions, all weighted equally. Combined, the ratings for these questions make up the overall performance score, which is measured on a 100-point scale. The questions are organized into six customer experience pillars—culture, loyalty, operations, product, relationship, and value.

Customer Experience Pillars

Category	Culture	Loyalty	Operations	Product	Relationship	Value
Standard software evaluation metrics	Keeps all promises Proactive service Product works as promoted	Forecasted satisfaction Likely to recommend Overall satisfaction Part of long-term plans Would you buy again	Ease of use Quality of implementation Quality of training	Delivery of new technology Overall product quality Product has needed functionality Supports integration goals	Executive involvement Quality of phone/ web support	Avoids charging for every little thing Drives tangible outcomes Money's worth

Additionally, the standard evaluation included the following questions specific to the payment accuracy and integrity market:
1. What lines of business are you currently using your vendor for? In what ways does your vendor support you for payment integrity?
2. How well does your vendor facilitate accurate payments?
3. How satisfied are you with your vendor as a true partner?

Note: Some organizations may have rated more than one product.

	Standard Evaluations		Estimated Customer Base for Measured Solution
	# of unique organizations	# of individual respondents	# of unique organizations
Conduent	10	10	Midsize
Cotiviti	16	21	Large
EXL	6	6	Midsize
HealthEdge	9	10	Small
Lyric (ClaimsXten)	16	18	Midsize
MultiPlan	3	3	-
Optum	13	13	Large
Zelis Healthcare	16	16	Large

Note: Some interviewed respondents may not have been familiar with all capabilities from their vendor(s).

Sample Sizes

Unless otherwise noted, sample sizes displayed throughout this report (e.g., n=16) represent the total number of *unique customer organizations* interviewed for a given vendor or solution. However, it should be noted that to allow for the representation of differing perspectives within any one customer organization, samples may include surveys from different individuals at the same organization. The table below shows the total number of unique organizations interviewed for each vendor or solution as well as the total number of individual respondents.

Some respondents choose not to answer particular questions, meaning the sample size for any given vendor or solution can change from question to question. When the number of *unique organization* responses for a particular question is less than 6, the score for that question is marked with an asterisk (*) or otherwise designated as "limited data." If the sample size is less than 3, no score is shown. Where textual content relies on limited data, the vendor name is marked with an asterisk. Note that when a vendor has a low number of reporting sites, the possibility exists for KLAS scores to change significantly as new surveys are collected.

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to klasresearch.com/faq.

Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.

LEAD AUTHOR
Ruirui Sun
ruirui.sun@KLASresearch.com

CO-AUTHOR
Joe VanDeGraaff
joe.vandegraaff@KLASresearch.com

WRITER
Natalie Hopkins

DESIGNER
Bronson Allgood
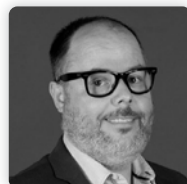
PROJECT MANAGER
Andrew Wright

KLAS RESEARCH

Our Mission
Improving the world's healthcare through collaboration, insights, and transparency.

365 S. Garden Grove Lane, Suite 300
Pleasant Grove, UT 84062

Ph: (800) 920-4109

For more information about KLAS, please visit our website:
www.KLASresearch.com

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Vendor Insights

Payment accuracy and integrity is a broad concept that contains multiple steps and functionalities. Payers focus on emphasizing high accuracy before a claim is paid (pre-payment steps) as well as recovering payment after a claim is paid (post-payment steps). Functionalities include claims pricing, claims editing, complex claims audits, coordination of benefits (COB), data mining, subrogation, and fraud/waste/abuse audits. In recent years, payers and vendors have paid more attention to pre-payment steps.

Vendors in this market offer different types of solutions for payer organizations—some focus on pre-payment steps, some on post-payment steps, and some on both. Because capabilities are so segmented, payers commonly use multiple vendors to manage the entire payment accuracy and integrity life cycle. Vendors' customer bases vary across payers of all sizes and lines of business. For example, Zelis Healthcare's customers are mostly small/midsize payer organizations (though there are some large customers) using the solution for TPA lines of business.

In contrast to other payer markets that KLAS measures, payment accuracy and integrity solutions receive higher overall performance scores. Most interviewed customers are satisfied with their vendor's product or service; however, performance still varies across vendors, particularly in terms of customer relationships. KLAS data shows that customer satisfaction is higher with vendors who just offer pre-payment functionalities as opposed to those who offer post-payment functionalities or both. Most respondents are loyal to their vendor, noting that their vendor is part of their long-term plans and that they would buy the product again. A few Optum and Cotiviti respondents are considering replacing their vendor because they haven't received the desired ROI; two interviewed EXL users are also unsure about long-term engagement with the vendor and would not purchase the product again due to current unsolved issues, despite good vendor relationships. In general, payers often want expertise and guidance from their vendors in order to achieve better payment accuracy. They also expect vendors (especially those who have been in the business for a long time) to proactively provide training, communication, and innovation.

Figure 1

Validated Customer Lines of Business
Respondents could choose more than one line of business; validated lines of business may not reflect all lines that vendors support
Vendors ordered alphabetically

Legend: — 0%   · 1%–25%   26%–50%   51%–75%   76%–100%

	Commercial programs—individual and/or health insurance marketplace	Commercial programs—large group and/or small group (HMO, PPO, POS, EPO, HSA, etc.)	Federally run government programs (i.e., Medicare, Medicare Advantage, VHA, TRICARE, IHS)	State-run government programs (i.e., Medicaid, CHIP, other state programs)	Third-party administrator (TPA)/ASO	Value-based contracting, delegated risk, and/or accountable care organizations	Specialty (i.e., dental, vision, behavioral health)
Conduent (n=10)	76%–100%	76%–100%	51%–75%	51%–75%	26%–50%	—	1%–25%
Cotiviti (n=16)	51%–75%	51%–75%	76%–100%	51%–75%	1%–25%	26%–50%	26%–50%
EXL† (n=6)	26%–50%	26%–50%	76%–100%	26%–50%	1%–25%	—	—
HealthEdge (n=9)	26%–50%	26%–50%	51%–75%	26%–50%	1%–25%	1%–25%	1%–25%
Lyric (ClaimsXten) (n=16)	76%–100%	76%–100%	51%–75%	26%–50%	26%–50%	1%–25%	1%–25%
Optum (n=13)	51%–75%	51%–75%	51%–75%	51%–75%	1%–25%	1%–25%	1%–25%
Zelis Healthcare (n=16)	1%–25%	26%–50%	1%–25%	1%–25%	76%–100%	—	1%–25%
Hollow circle=limited data							
MultiPlan (n=3)	1%–25%	26%–50%	—	—	26%–50%	—	26%–50%

†EXL reports the majority of their business is around commercial programs.

Conduent

Overall performance score (100-point scale)

(n=10)	**88.4**

0.0   100.0

Conduent Payment Integrity Solutions—Standard Numeric Indicators
(1–9 scale)

■ Conduent Payment Integrity Solutions
■ Market average

Customer experience pillars			
Culture	Proactive service	(n=10)	7.5
	Product works as promoted	(n=9)	8.0
Loyalty	Forecasted overall satisfaction	(n=10)	7.6
	Likely to recommend	(n=10)	7.8
	Overall satisfaction	(n=10)	7.7
Operations	Ease of use	(n=9)	8.4
	Quality of implementation	(n=8)	7.6
	Quality of training	(n=6)	7.5
Product	Delivery of new technology	(n=8)	7.1
	Overall product quality	(n=10)	8.1
	Product has needed functionality	(n=10)	8.1
	Supports integration goals	(n=8)	8.0
Relationships	Executive involvement	(n=10)	8.4
	Quality of phone/web support	(n=8)	8.1
Value	Drives tangible outcomes	(n=10)	8.1
	Money's worth	(n=10)	8.2

1.0   9.0

Conduent Payment Integrity Solutions—Standard Yes/No Indicators
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

■ Conduent Payment Integrity Solutions
■ Market average

Customer experience pillars			
Culture	Keeps all promises	(n=10)	82%
Loyalty	Part of long-term plans	(n=9)	89%
	Would you buy again	(n=10)	90%
Value	Avoids charging for every little thing	(n=10)	100%

0%   100%

Payment Accuracy & Integrity Ecosystem—Conduent
Vendor-reported offerings as of September 2023; offerings are not KLAS validated

	Pre-payment			Post-payment		
	Capabilities		**Passes**	**Capabilities**		**Passes**
Client list transparency	● Offered — Not offered		● Offered, widely used ○ Offered, not often used — Not offered	● Offered — Not offered		● Offered, widely used ○ Offered, not often used — Not offered
● Complete client list ◐ Partial client list — No client list	Provider education Claims pricing		1st pass 3rd pass	Data mining/ payment recovery Credit balancing		1st pass 3rd pass
	Claims editing		2nd pass	COB Subrogation FWA		2nd pass
Delivery model						
Both software & services ●	— —	—	— —	● ● ● ● ●		● ○ —

Figure 6 **Accurate Payments & True Partner—Conduent** (1–9 scale)

■ Ability to facilitate accurate payments   ■ Vendor is a true partner

(n=9)		8.1
(n=10)		7.5

5.0   9.0
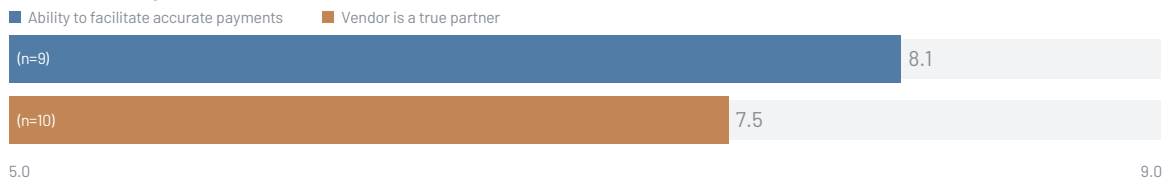
Ability to facilitate accurate payments

"*In terms of facilitating accurate payments, the solution is not 100% accurate, but it is pretty darn close. There are specific groups with certain rules that keep us from accepting audit findings. But for the general population, the solution is very accurate.*" —Manager

"*There are times when Conduent's auditors don't seem to be as well trained as other auditors, but for the most part, I have been very happy with the vendor.*" —Manager

Vendor is a true partner

"*Conduent is on-site at the facilities, combing through our claims and comparing them to the hospital's A/R system to make sure that we haven't overpaid. Conduent is very good about working with us. We have some facilities that have been resistant, but Conduent has worked very closely with us to do what they can on their side to get into those facilities to do their service.*" —Director

"*Conduent has too much turnover in the folks we work with, so we don't get much attention and responsiveness to our needs. I can't benchmark Conduent and know whether they are performing at a high level compared to another vendor in that same space because they haven't given us data. Conduent Payment Integrity Solutions is a complex platform. We haven't gone out to market recently to see what other vendors provide so we can move forward from Conduent, but I think there is an opportunity to do so.*" —Director

Cotiviti

Figure 7

Overall performance score (100-point scale)

(n=16)	**83.2**

0.0   100.0

Figure 8

Cotiviti Payment Accuracy Solutions—Standard Numeric Indicators
(1–9 scale)

Customer experience pillars

■ Cotiviti Payment Accuracy Solutions
■ Market average

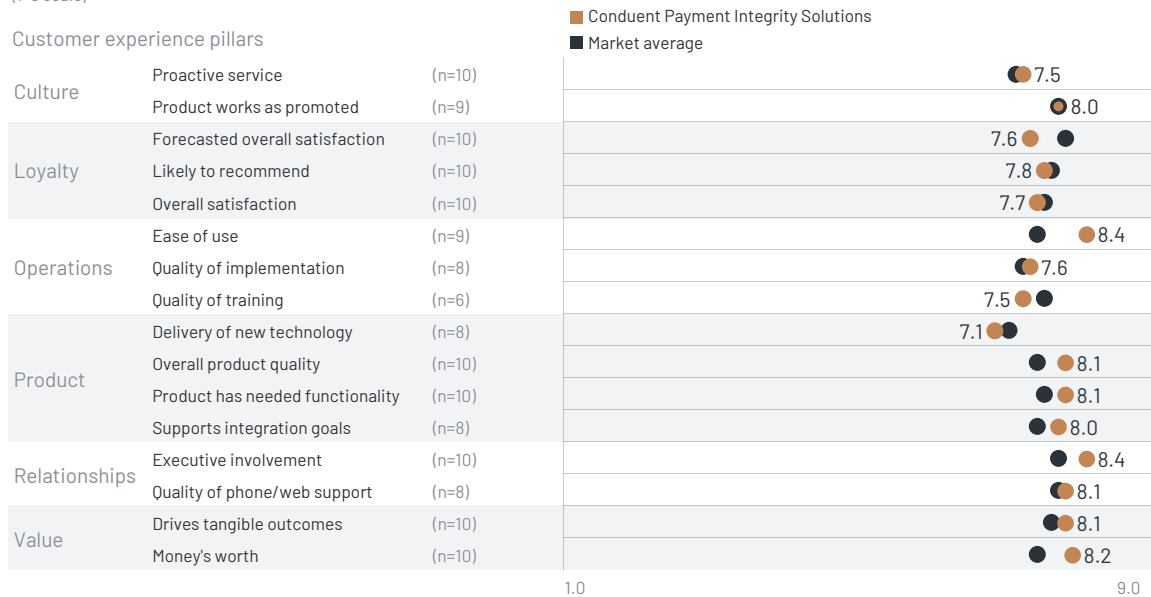| Pillar	Indicator	n	Score
Culture	Proactive service	(n=14)	7.0
	Product works as promoted	(n=16)	7.7
Loyalty	Forecasted overall satisfaction	(n=14)	7.7
	Likely to recommend	(n=16)	7.4
	Overall satisfaction	(n=16)	7.4
Operations	Ease of use	(n=13)	7.1
	Quality of implementation	(n=14)	7.4
	Quality of training	(n=11)	7.9
Product	Delivery of new technology	(n=13)	6.8
	Overall product quality	(n=16)	7.2
	Product has needed functionality	(n=15)	7.3
	Supports integration goals	(n=14)	6.9
Relationships	Executive involvement	(n=15)	7.5
	Quality of phone/web support	(n=14)	7.8
Value	Drives tangible outcomes	(n=16)	7.4
	Money's worth	(n=15)	7.3

1.0   9.0

Figure 9

Cotiviti Payment Accuracy Solutions—Standard Yes/No Indicators
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

Customer experience pillars

■ Cotiviti Payment Accuracy Solutions
■ Market average

Pillar	Indicator	n	Score
Culture	Keeps all promises	(n=16)	70%
Loyalty	Part of long-term plans	(n=16)	100%
	Would you buy again	(n=15)	100%
Value	Avoids charging for every little thing	(n=14)	89%

0%   100%
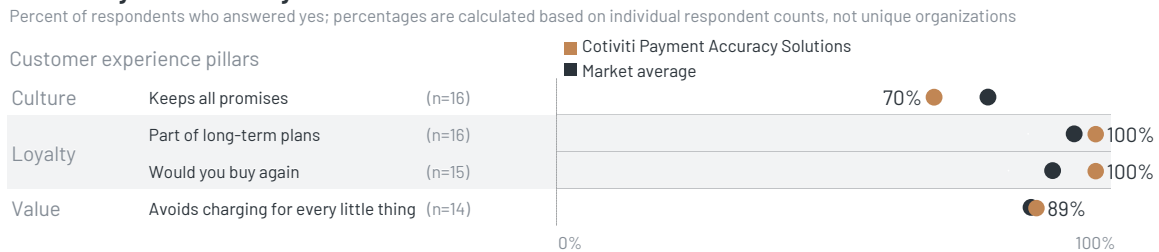
Figure 10

Payment Accuracy & Integrity Ecosystem—Cotiviti
Vendor-reported offerings as of September 2023; offerings are not KLAS validated

	Pre-payment				Post-payment			

Client list transparency
● Complete client list
◖ Partial client list
— No client list

Capabilities
● Offered   — Not offered
Provider education   Claims pricing
Claims editing

Passes
● Offered, widely used
○ Offered, not often used
— Not offered
1st pass   3rd pass
2nd pass

Capabilities
● Offered   — Not offered
Data mining/ payment recovery   Credit balancing
COB   Subrogation   FWA

Passes
● Offered, widely used
○ Offered, not often used
— Not offered
1st pass   3rd pass
2nd pass

Delivery model

Services

Figure 12   **Accurate Payments & True Partner—Cotiviti** (1–9 scale)

■ Ability to facilitate accurate payments   ■ Vendor is a true partner

(n=15)	7.6
(n=15)	7.4

5.0   9.0
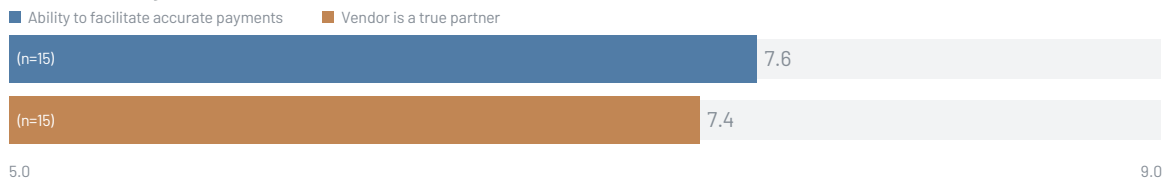
Ability to facilitate accurate payments

> ❝ *"We have great results with Cotiviti Payment Accuracy Solutions, and Cotiviti finds a lot of stuff on post-payment, so they are thorough in their work review. Cotiviti's services yield good performance in terms of financial impact. We couldn't do what the vendor does ourselves, so Cotiviti is well worth it."* —Director

> ❝ *"The product works as promoted, and the vendor was not shy about telling us the appeal rates. The vendor was transparent about certain things but not about their editing, which has been a ding on Cotiviti for years. We don't know 100% what they are doing with each edit. We only have a general description, and that makes it very hard to be defensible to providers when they call about the edit. It feels like we are just shooting in the dark."* —Director

Vendor is a true partner

> ❝ *"Cotiviti knows their business, and they do that business well. The vendor knows how to integrate operations, functionalities, and processes that are similar to ours, so things are very cohesive. Cotiviti really does well in absorbing our processes and making the process feel seamless even with how complicated medical policies are. . . . The vendor is doing what they said they would do for us, is saving us money, and is being a good partner; that is why we are continuing to expand our services with them."* —VP

> ❝ *"One of our biggest struggles with Cotiviti is how concerned they are about intellectual property, as all vendors are. It is in our contract that we can't take what Cotiviti has and rebuild it. Vendors don't often accuse us of trying to rebuild, but Cotiviti has done that to us, and that has damaged the relationship a little. It just really undermined our trust, and we have built it back up, but they really get stuck on intellectual property to the point where sometimes they don't want to give us data. We are sitting here thinking it is our claims data, and we are just asking them as our partner to give us data so we can work to enhance things and maximize our savings. Cotiviti is a little difficult to work with. Anytime we touch that intellectual property, it hits a nerve. We are a company that wants detail. We are not trying to get the vendor's intellectual property to rebuild; we are getting information to vet their services. They struggle because their other clients don't want to vet their services as much."* —Director

EXL

Figure 13

Overall performance score (100-point scale)

(n=6)	**86.1**

0.0   100.0

Figure 14

EXL Payment Integrity Solutions—Standard Numeric Indicators
(1–9 scale)

■ EXL Payment Integrity Solutions
■ Market average

*Limited data

Customer experience pillars			
Culture	Proactive service	(n=6)	7.7
	Product works as promoted	(n=5)	8.4*
Loyalty	Forecasted overall satisfaction	(n=5)	8.2*
	Likely to recommend	(n=6)	7.3
	Overall satisfaction	(n=6)	7.8
Operations	Ease of use	(n=5)	6.8*
	Quality of implementation	(n=4)	8.5*
	Quality of training	(n=4)	8.3*
Product	Delivery of new technology	(n=4)	7.3*
	Overall product quality	(n=5)	7.8*
	Product has needed functionality	(n=6)	8.0
	Supports integration goals	(n=5)	6.2*
Relationships	Executive involvement	(n=6)	8.3
	Quality of phone/web support	(n=6)	8.0
Value	Drives tangible outcomes	(n=5)	8.0*
	Money's worth	(n=4)	7.8*

1.0   9.0

Figure 15

EXL Payment Integrity Solutions—Standard Yes/No Indicators
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

■ EXL Payment Integrity Solutions
■ Market average

*Limited data

Customer experience pillars			
Culture	Keeps all promises	(n=4)	100%*
Loyalty	Part of long-term plans	(n=5)	80%*
	Would you buy again	(n=6)	67%
Value	Avoids charging for every little thing	(n=5)	100%*

0%   100%

Figure 16

Payment Accuracy & Integrity Ecosystem—EXL
Vendor-reported offerings as of September 2023; offerings are not KLAS validated

19
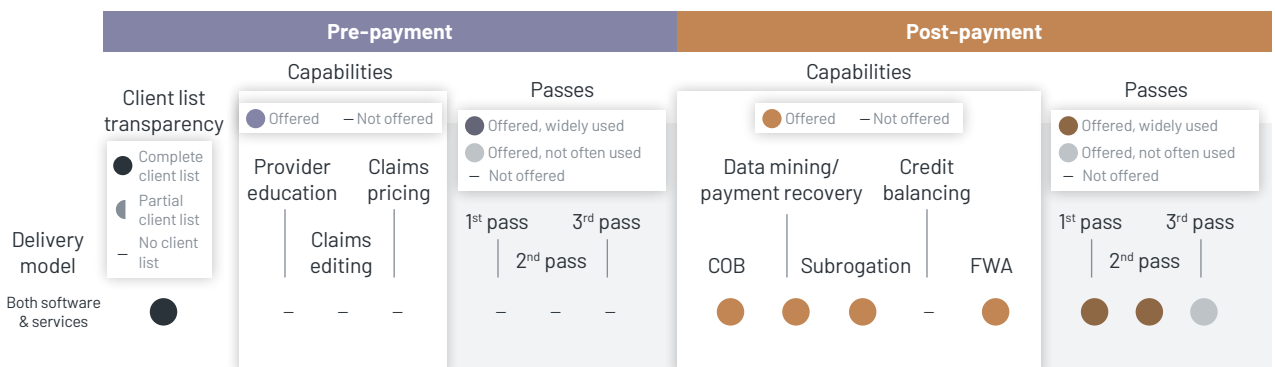
Figure 17 **Accurate Payments & True Partner—EXL** (1–9 scale)

■ Ability to facilitate accurate payments   ■ Vendor is a true partner

(n=6)	8.3
(n=6)	8.0

5.0   9.0
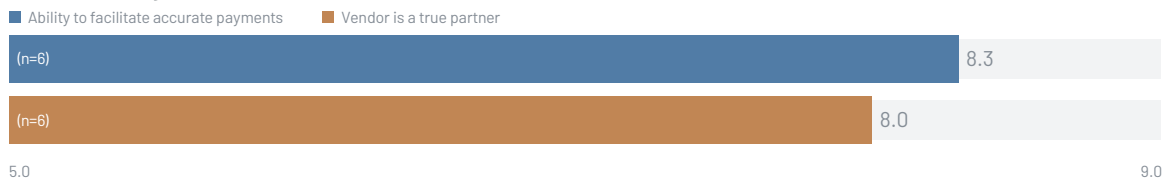
Ability to facilitate accurate payments

" *"The work that EXL does is very good. It isn't like there are zero errors in payments, but the vendor isn't making errors in their calculations or any of that. The work they are doing is pretty much flawless at this point. They do what is expected and then some, and they are very good at bringing ideas to us about things we maybe hadn't thought about. The vendor brings ideas to us to help us improve our program." —Director*

" *"I think that we are saving money with EXL, but I don't know whether we are saving what they think we are saving." —Manager*

Vendor is a true partner

" *"I forget sometimes that EXL is actually a vendor. They are just fabulous. They bend over backward for us and work really hard to keep us happy. They have some very bright people, and their proactive service is probably their strongest point. Additionally, I can get ahold of anybody at the vendor that I deal with within the same day and sometimes within minutes. I really like EXL. I have worked with other vendors, and EXL is the only one that gets such glowing feedback." —Director*

" *"We have had problems with invoices. We wonder why the vendor sits on invoices for so long. It is hard to validate my invoices based on the reports from the vendor. We have regular meetings with the vendor, but because of how they track and present information, it is very hard to understand things." —Manager*

HealthEdge

Figure 18

Overall performance score (100-point scale)

(n=87.3)	**87.3**

0.0　　　　　　　　　　　　　　　　　　　　　　　100.0

Figure 19

HealthEdge Source—Standard Numeric Indicators
(1–9 scale)

■ HealthEdge Source
■ Market average

Customer experience pillars

Pillar	Indicator	n	Score
Culture	Proactive service	(n=9)	7.5
	Product works as promoted	(n=9)	7.8
Loyalty	Forecasted overall satisfaction	(n=9)	8.2
	Likely to recommend	(n=9)	8.3
	Overall satisfaction	(n=9)	7.8
Operations	Ease of use	(n=9)	7.6
	Quality of implementation	(n=9)	7.1
	Quality of training	(n=9)	7.8
Product	Delivery of new technology	(n=9)	7.6
	Overall product quality	(n=9)	7.9
	Product has needed functionality	(n=9)	7.6
	Supports integration goals	(n=9)	8.3
Relationships	Executive involvement	(n=9)	8.4
	Quality of phone/web support	(n=9)	8.2
Value	Drives tangible outcomes	(n=8)	8.1
	Money's worth	(n=8)	7.4

1.0　　　　　　　　　　　　　　　　　　　　　　　9.0

Figure 20

HealthEdge Source—Standard Yes/No Indicators
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations
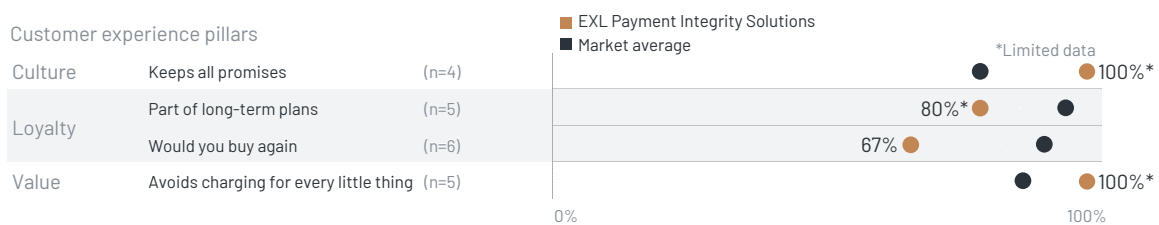
● HealthEdge Source
● Market average

Customer experience pillars

Pillar	Indicator	n	Percent
Culture	Keeps all promises	(n=8)	78%
Loyalty	Part of long-term plans	(n=9)	100%
	Would you buy again	(n=9)	90%
Value	Avoids charging for every little thing	(n=9)	80%

0%　　　　　　　　　　　　　　　　　　　　　　　100%

Figure 21

Payment Accuracy & Integrity Ecosystem—HealthEdge
Vendor-reported offerings as of September 2023; offerings are not KLAS validated

	Pre-payment					Post-payment				
	Capabilities			**Passes**		**Capabilities**			**Passes**	

Client list transparency
● Complete client list
◐ Partial client list
— No client list

Capabilities: ● Offered　— Not offered
Passes: ● Offered, widely used　○ Offered, not often used　— Not offered

Delivery model

Delivery model	Client list	Provider education	Claims pricing	Claims editing	1st pass	2nd pass	3rd pass	Data mining/ payment recovery	Credit balancing	COB	Subrogation	FWA	1st pass	2nd pass	3rd pass
Software	◐	●	●	●	●	●	○	—	—	—	—	—	—	—	—

Figure 22   **Accurate Payments & True Partner—HealthEdge** (1–9 scale)

■ Ability to facilitate accurate payments   ■ Vendor is a true partner

(n=7)	8.1
(n=7)	8.0

5.0   9.0
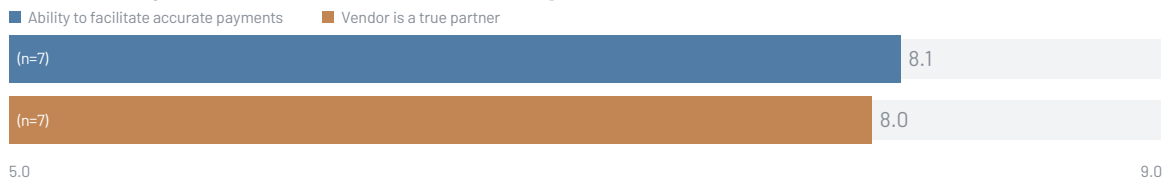
Ability to facilitate accurate payments

> "The vendor provides us with Medicare payment policies and rates accurately and pretty close to real time. It is not the case that CMS makes a pricing change today and HealthEdge Source loads it tomorrow, but the vendor does biweekly system updates. Before we had the HealthEdge Source tool, we only made updates to pricing once a year. HealthEdge Source does updates on major changes. But our claims are going through real-time processing, so when they feed through the filter, the vendor is picking up payment policies for pricing in real time." —Manager

> "We are working out some kinks right now with the integration between this product and another HealthEdge product. We didn't fully understand the road map and what we were getting in this phase versus what was being built out. There are some visibility issues, and those have caused some challenges." —Director

Vendor is a true partner

> "HealthEdge partners with us; they listen to our concerns and our needs. They also listen if we are struggling with our claim system and determine whether it is working with their tool or whether there are any operational things or additional needs that we have that their tool currently doesn't provide. The vendor is very good at listening to what we need, and their view of things has always been that if we need something, their other clients probably need it also. It is not like we are doing something totally different than the rest of the industry. HealthEdge is usually pretty good about trying to get our needs on the road map." —Director

> "Sometimes our main struggle with HealthEdge Source is getting them to understand our perspective as an operational business. If we tell them we are having an issue or that a provider is complaining about something particular, it can take a lot of back-and-forth to get the vendor to understand our perspective and what the provider's complaint is. Providers are pretty savvy in knowing what they should and should not be getting. They notice when there is a DRG or a particular code that they should be getting paid more for. But when we complain to the vendor, sometimes the vendor will come back a couple of times and tell us that the product is meant to do something, and we have to push back until they see what we are talking about." —Manager

Lyric (ClaimsXten)

Figure 23

Overall performance score (100-point scale)

(n=16)	**89.6**

0.0   100.0

Figure 24

Lyric ClaimsXten—Standard Numeric Indicators
(1–9 scale)

■ Lyric ClaimsXten
■ Market average

Customer experience pillars

Pillar	Indicator	n	Score
Culture	Proactive service	(n=14)	7.9
	Product works as promoted	(n=16)	8.4
Loyalty	Forecasted overall satisfaction	(n=15)	8.3
	Likely to recommend	(n=15)	8.6
	Overall satisfaction	(n=16)	8.1
Operations	Ease of use	(n=16)	7.6
	Quality of implementation	(n=15)	7.5
	Quality of training	(n=14)	7.6
Product	Delivery of new technology	(n=15)	7.0
	Overall product quality	(n=15)	8.1
	Product has needed functionality	(n=14)	7.9
	Supports integration goals	(n=16)	8.1
Relationships	Executive involvement	(n=16)	8.1
	Quality of phone/web support	(n=16)	8.1
Value	Drives tangible outcomes	(n=15)	8.3
	Money's worth	(n=15)	8.2

1.0   9.0

Figure 25

Lyric ClaimsXten—Standard Yes/No Indicators
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations
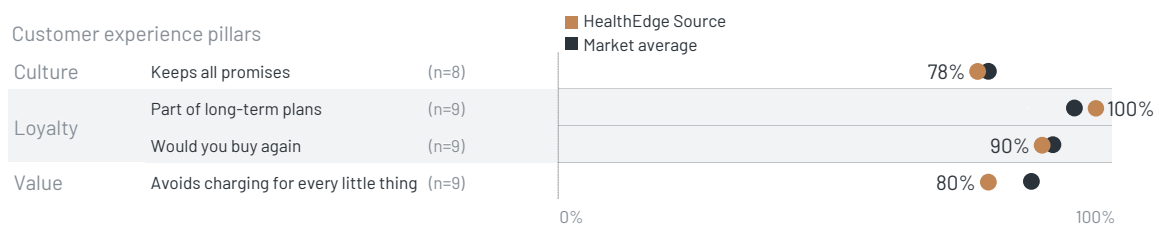
■ Lyric ClaimsXten
■ Market average

Customer experience pillars

Pillar	Indicator	n	Score
Culture	Keeps all promises	(n=16)	89%
Loyalty	Part of long-term plans	(n=15)	100%
	Would you buy again	(n=16)	100%
Value	Avoids charging for every little thing	(n=16)	83%

0%   100%
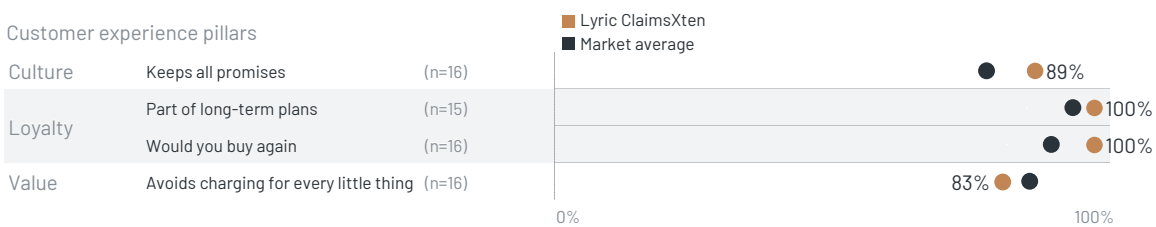
Figure 26

Payment Accuracy & Integrity Ecosystem—Lyric (ClaimsXten)
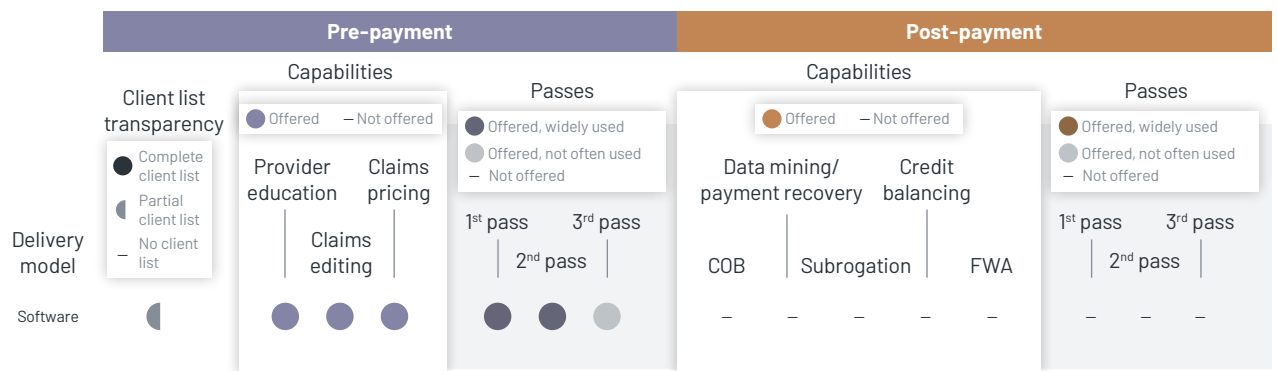Vendor-reported offerings as of September 2023; offerings are not KLAS validated

	Client list transparency	**Pre-payment**					**Post-payment**					
		Capabilities			Passes			Capabilities			Passes	
Delivery model		Provider education	Claims pricing	Claims editing	1st pass	2nd pass	3rd pass	Data mining/ payment recovery	Credit balancing	COB · Subrogation · FWA	1st pass	2nd pass · 3rd pass
Software	●	●	●	—	●	●	—	—	—	—	—	—

Client list transparency: ● Complete client list · ◐ Partial client list · — No client list

Pre-payment Capabilities: ● Offered · — Not offered

Pre-payment Passes: ● Offered, widely used · ● Offered, not often used · — Not offered

Post-payment Capabilities: ● Offered · — Not offered

Post-payment Passes: ● Offered, widely used · ● Offered, not often used · — Not offered

Figure 27   **Accurate Payments & True Partner—Lyric (ClaimsXten)** (1–9 scale)

■ Ability to facilitate accurate payments   ■ Vendor is a true partner

(n=15)	8.2
(n=15)	8.4

5.0   9.0
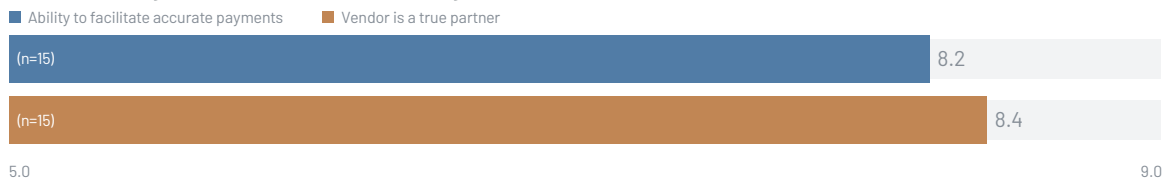
Ability to facilitate accurate payments

" *"I think that everyone's goal is to pay a claim the right way the first time. ClaimsXten helps us do that. It also helps us meet the CMS guidelines and direction that we get from AMA. We get a lot of directions from a lot of different organizations, and we want to make sure that we are doing things the right way. ClaimsXten helps us with that. It also helps us avoid fraudulent claims, waste, abuse, and things like that. ClaimsXten audits claims to ensure that they are paid correctly regardless of the reason that they were incorrect. That allows us to do a better job of evaluating claims and paying them correctly the first time." —Manager*

" *"The majority of the time, the edits that Lyric creates are accurate, but there are also times when the edits are not properly configured. There is always going to be an element of human error, so that is to be expected, but ClaimsXten is not a perfect platform." —Director*

Vendor is a true partner

" *"Our partnership and history with Lyric is very strong. Lyric is always willing, and they are always available to meet our needs and answer our questions in a timely manner. Lyric always asks us to let them know what we need. If we send an email or reach out, Lyric is quickly and readily available to get on a call to talk us through whatever we are seeing. If there are any questions on things that we don't understand, Lyric is always available. Lyric is a great partner, and I love them. I tell folks all the time that I will go to the mountaintop and shout how great Lyric is." —Director*
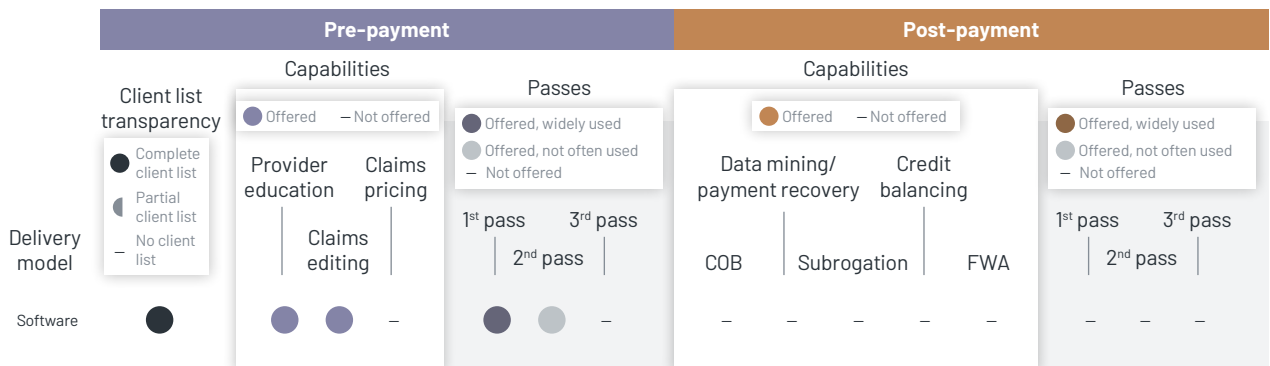
" *"Lyric doesn't guide us a lot. They just say we can do things, but we want a true partner to help us optimize and maximize what we are doing. They are the experts on their platform, and we would like more of that expertise to be shared with us. It seems like the vendor doesn't necessarily want to partner with us because they want to take a hands-off approach and say that we can do whatever we want to do. But they don't guide us. We want to use their tool, but we want just some guidance from their team because we know we can do anything. I know that I could take a left turn in the middle of traffic, but that still isn't necessarily a good idea to do." —Analyst*

MultiPlan

Figure 28

Overall performance score (100-point scale)

*Limited data

(n=3)	90.9*

0.0   100.0

Figure 29

MultiPlan Payment Integrity Solutions—Standard Numeric Indicators
(1-9 scale)

■ MultiPlan Payment Integrity Solutions
■ Market average

Customer experience pillars

*Limited data

Culture	Proactive service	(n=3)	7.3*
	Product works as promoted	Insufficient data	
Loyalty	Forecasted overall satisfaction	(n=3)	7.7*
	Likely to recommend	(n=3)	7.7*
	Overall satisfaction	(n=3)	7.7*
Operations	Ease of use	(n=3)	8.3*
	Quality of implementation	Insufficient data	
	Quality of training	Insufficient data	
Product	Delivery of new technology	Insufficient data	
	Overall product quality	Insufficient data	
	Product has needed functionality	(n=3)	8.0*
	Supports integration goals	(n=3)	8.3*
Relationships	Executive involvement	Insufficient data	
	Quality of phone/web support	Insufficient data	
Value	Drives tangible outcomes	(n=3)	7.7*
	Money's worth	(n=3)	7.3*

1.0   9.0

Figure 30

MultiPlan Payment Integrity Solutions—Standard Yes/No Indicators
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

■ MultiPlan Payment Integrity Solutions
■ Market average

Customer experience pillars

*Limited data

Culture	Keeps all promises	(n=3)	100%*
Loyalty	Part of long-term plans	(n=3)	100%*
	Would you buy again	(n=3)	100%*
Value	Avoids charging for every little thing	(n=3)	100%*

0%   100%

Figure 31

Payment Accuracy & Integrity Ecosystem—MultiPlan
Vendor-reported offerings as of September 2023; offerings are not KLAS validated

	Pre-payment				Post-payment			

Client list transparency

● Complete client list
◖ Partial client list
— No client list

Capabilities
● Offered — Not offered

Passes
● Offered, widely used
○ Offered, not often used
— Not offered

Capabilities
● Offered — Not offered

Passes
● Offered, widely used
○ Offered, not often used
— Not offered

Delivery model

Provider education | Claims pricing | Claims editing

1st pass | 3rd pass | 2nd pass

Data mining/ payment recovery | Credit balancing | COB | Subrogation | FWA
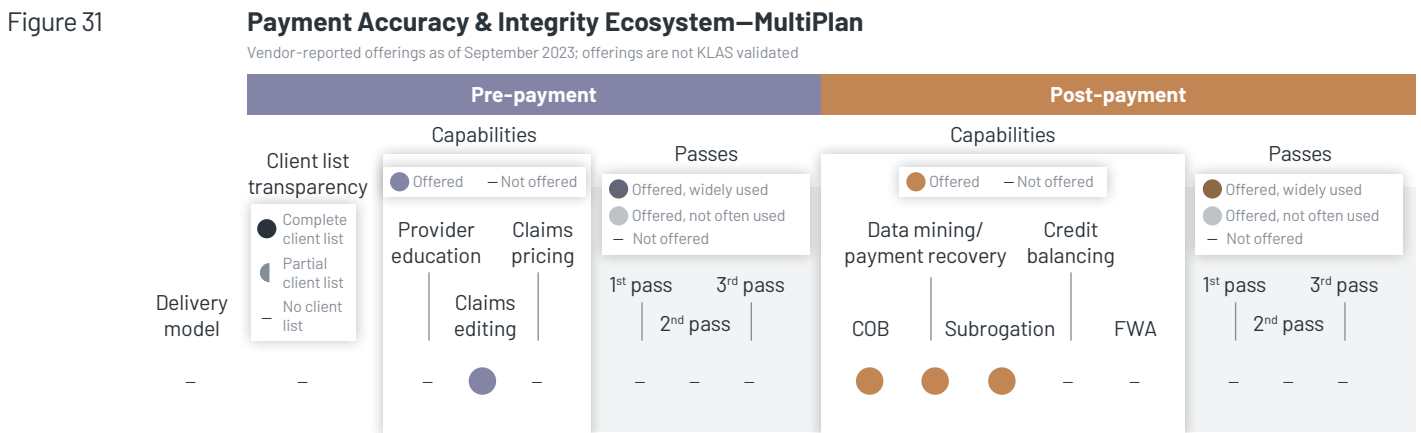
1st pass | 3rd pass | 2nd pass

Figure 32   **Accurate Payments & True Partner—MultiPlan** (1–9 scale)   *Limited data

■ Ability to facilitate accurate payments   ■ Vendor is a true partner

(n=3)	7.7*

5.0   9.0

Insufficient data to share customer commentary

Optum

Figure 33

Overall performance score (100-point scale)

(n=13)	76.8

0.0   100.0

Figure 34

Optum Payment Integrity Solutions—Standard Numeric Indicators
(1–9 scale)

● Optum Payment Integrity Solutions
● Market average

Customer experience pillars

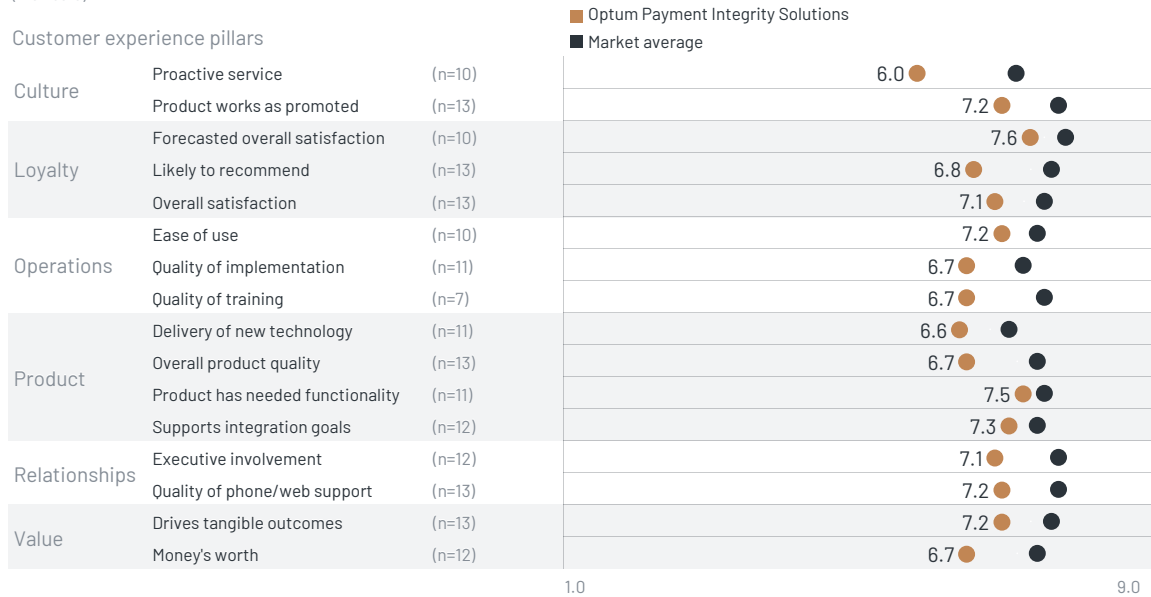| Pillar	Indicator		Score
Culture	Proactive service	(n=10)	6.0
	Product works as promoted	(n=13)	7.2
Loyalty	Forecasted overall satisfaction	(n=10)	7.6
	Likely to recommend	(n=13)	6.8
	Overall satisfaction	(n=13)	7.1
Operations	Ease of use	(n=10)	7.2
	Quality of implementation	(n=11)	6.7
	Quality of training	(n=7)	6.7
Product	Delivery of new technology	(n=11)	6.6
	Overall product quality	(n=13)	6.7
	Product has needed functionality	(n=11)	7.5
	Supports integration goals	(n=12)	7.3
Relationships	Executive involvement	(n=12)	7.1
	Quality of phone/web support	(n=13)	7.2
Value	Drives tangible outcomes	(n=13)	7.2
	Money's worth	(n=12)	6.7

1.0   9.0

Figure 35

Optum Payment Integrity Solutions—Standard Yes/No Indicators
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations
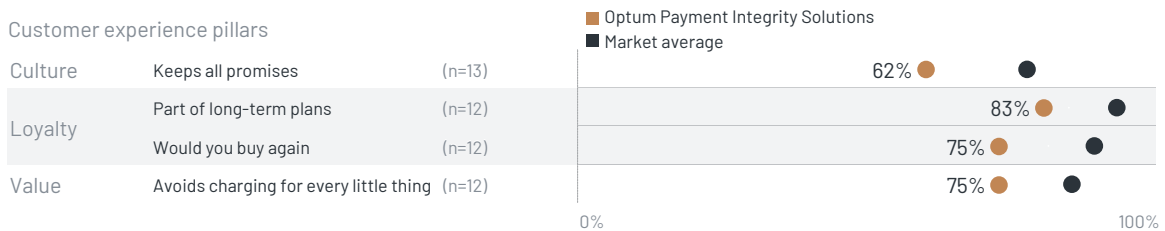
● Optum Payment Integrity Solutions
● Market average

Customer experience pillars

Pillar	Indicator		Percent
Culture	Keeps all promises	(n=13)	62%
Loyalty	Part of long-term plans	(n=12)	83%
	Would you buy again	(n=12)	75%
Value	Avoids charging for every little thing	(n=12)	75%

0%   100%

Figure 36

Payment Accuracy & Integrity Ecosystem—Optum
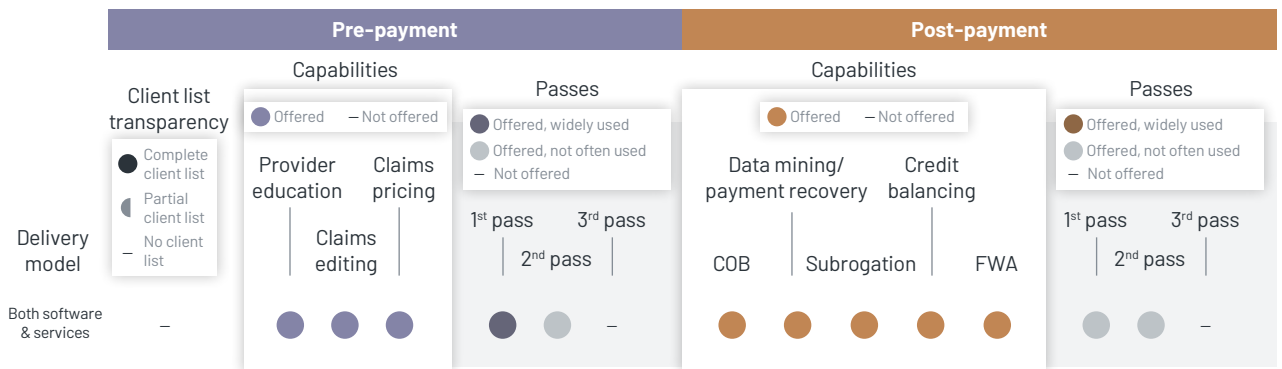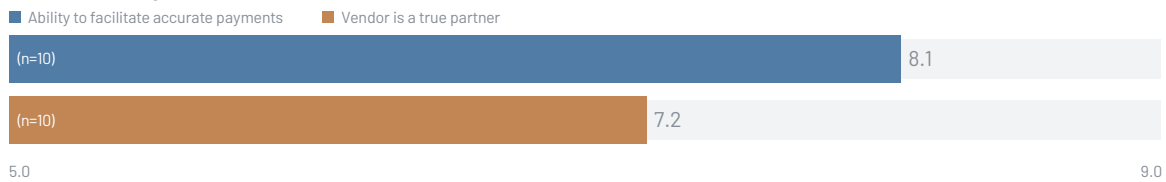Vendor-reported offerings as of September 2023; offerings are not KLAS validated

	Pre-payment				Post-payment			
Client list transparency	**Capabilities**			**Passes**	**Capabilities**			**Passes**

Client list transparency:
- ● Complete client list
- ◖ Partial client list
- — No client list

Pre-payment Capabilities:
● Offered — Not offered
Provider education, Claims pricing, Claims editing

Pre-payment Passes:
● Offered, widely used
○ Offered, not often used
— Not offered
1st pass, 2nd pass, 3rd pass

Post-payment Capabilities:
● Offered — Not offered
Data mining/payment recovery, Credit balancing, COB, Subrogation, FWA

Post-payment Passes:
● Offered, widely used
○ Offered, not often used
— Not offered
1st pass, 2nd pass, 3rd pass

Delivery model	Client list transparency	Provider education	Claims pricing	Claims editing	1st pass	2nd pass	3rd pass	Data mining/payment recovery	Credit balancing	COB	Subrogation	FWA	1st pass	2nd pass	3rd pass
Both software & services	—	●	●	●	●	○	—	●	●	●	●	●	○	○	—

Figure 37   **Accurate Payments & True Partner—Optum** (1–9 scale)

■ Ability to facilitate accurate payments   ■ Vendor is a true partner

(n=10)	8.1
(n=10)	7.2

5.0   9.0

Ability to facilitate accurate payments

" *"Optum is able to do chart reviews for us. Tending to claims internally is labor-intensive work, so we have utilized Optum. We gave them a very quick turnaround time, much faster than we could have done things in-house. We are using Optum strategically in areas where we don't want to add resources and where it makes more sense to utilize the vendor's staffing. Optum does the job well for what we have asked of the vendor."* —Manager

" *"I would probably give Optum a C grade. The vendor has done a number of reviews for us, and we have had to actually turn off some of the reviews because there had been a lot of false positives in what the vendor gave us; that was specifically with DRG prepay reviews."* —VP

Vendor is a true partner

" *"Optum is a good company. We have a really good partnership with them. They have been really willing to work with us on our payment models and how things are done. We also had a situation where one of Optum's releases had a defect in it that should have been caught in the beginning. The way Optum recovered from that was very good. They were very transparent with us. They didn't try to hide things. They owned up to their mistakes, so that was a really positive situation. Optum has been really good with support."* —VP

" *"The vendor provides a service that is consistent with their contract. They do things in a timely fashion, and they release edits when they say they will. They are professional. However, I would not use the word partner for Optum. Lately, they just throw their software over the fence and wish us good luck; they are more invested in completing the tasks at hand than in our education and success. Other vendors come in, sit down, look at our data, and make recommendations. That is not the relationship we have with Optum. We are not necessarily looking for them to consult for us. Optum comes in and meets with us just to sell us six more products."* —Director

Zelis Healthcare

Figure 38

Overall performance score (100-point scale)

(n=16)	**93.9**

0.0   100.0

Figure 39

Zelis Healthcare Payment Integrity Solutions—Standard Numeric Indicators
(1–9 scale)

Customer experience pillars

■ Zelis Healthcare Payment Integrity Solutions
■ Market average

Pillar	Indicator	n	Score
Culture	Proactive service	(n=14)	8.3
	Product works as promoted	(n=15)	8.2
Loyalty	Forecasted overall satisfaction	(n=15)	8.7
	Likely to recommend	(n=16)	8.7
	Overall satisfaction	(n=16)	8.7
Operations	Ease of use	(n=16)	8.5
	Quality of implementation	(n=14)	8.3
	Quality of training	(n=12)	8.3
Product	Delivery of new technology	(n=13)	8.5
	Overall product quality	(n=15)	8.1
	Product has needed functionality	(n=15)	8.4
	Supports integration goals	(n=12)	8.4
Relationships	Executive involvement	(n=15)	8.3
	Quality of phone/web support	(n=11)	8.4
Value	Drives tangible outcomes	(n=15)	8.4
	Money's worth	(n=15)	8.5

1.0   9.0

Figure 40

Zelis Healthcare Payment Integrity Solutions—Standard Yes/No Indicators
Percent of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

Customer experience pillars

■ Zelis Healthcare Payment Integrity Solutions
■ Market average

Pillar	Indicator	n	Percent
Culture	Keeps all promises	(n=16)	88%
Loyalty	Part of long-term plans	(n=15)	100%
	Would you buy again	(n=15)	100%
Value	Avoids charging for every little thing	(n=15)	93%

0%   100%
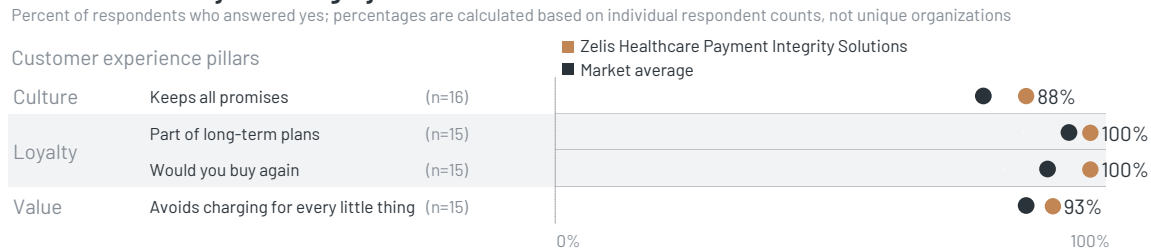
Figure 41

Payment Accuracy & Integrity Ecosystem—Zelis Healthcare
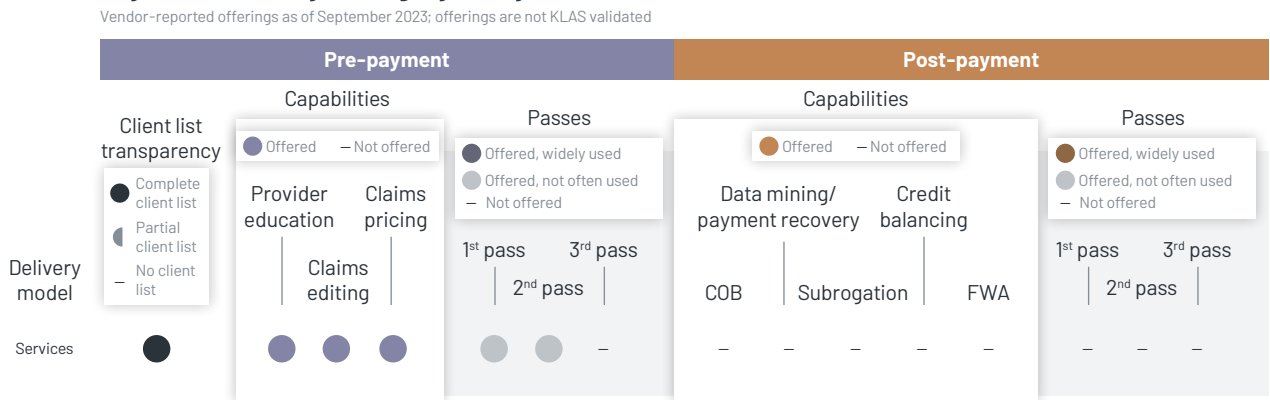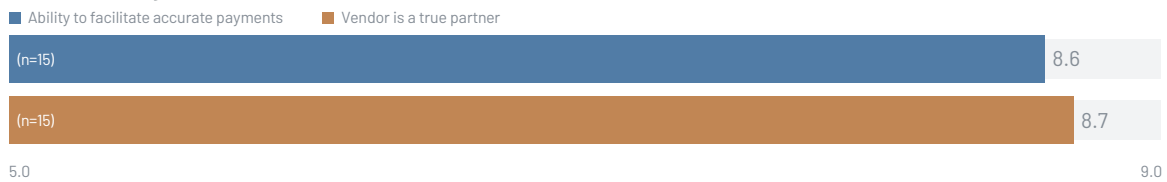Vendor-reported offerings as of September 2023; offerings are not KLAS validated

Figure 42 **Accurate Payments & True Partner—Zelis Healthcare** (1–9 scale)

■ Ability to facilitate accurate payments   ■ Vendor is a true partner

(n=15)	8.6
(n=15)	8.7

5.0   9.0

Ability to facilitate accurate payments

❝ *"Zelis Healthcare's solution has been a good benefit for members and groups. We are getting claims paid accurately because providers aren't billing the way they should be, so by adding the system, we are able to ensure clients aren't getting claims billed where providers are doing unbundling and different things." —Analyst*

❝ *"There are no issues with the system itself when it comes to the functionality. The issue is more with our stewardship meetings and how the vendor communicates savings to us. We want them to provide more information about how they apply their discounts for our out-of-network claims. There is really no explanation as to how the vendor comes to some conclusions. We like to do a lot of validation to see whether the vendor is saving what they say they are saving. We have been trying to do an analysis on that to get clarity because competing vendors constantly reach out to us, so we want to make sure we are getting the best deal for our customers." —VP*

Vendor is a true partner

❝ *"One thing that is important to mention is that Zelis Healthcare seems to be interested in and understand our operations. I can compare them to another very important vendor of ours who always wants to learn more about us so they can sell us more products. Zelis Healthcare is willing to engage with us and understand our business model, whether that means they can sell us more or they just want to do a better job for us." —VP*

❝ *"Sometimes when I have a problem, I have to start at the bottom of the vendor's organization and move my way up. I don't have direct contact with someone who can solve my problems." —VP*