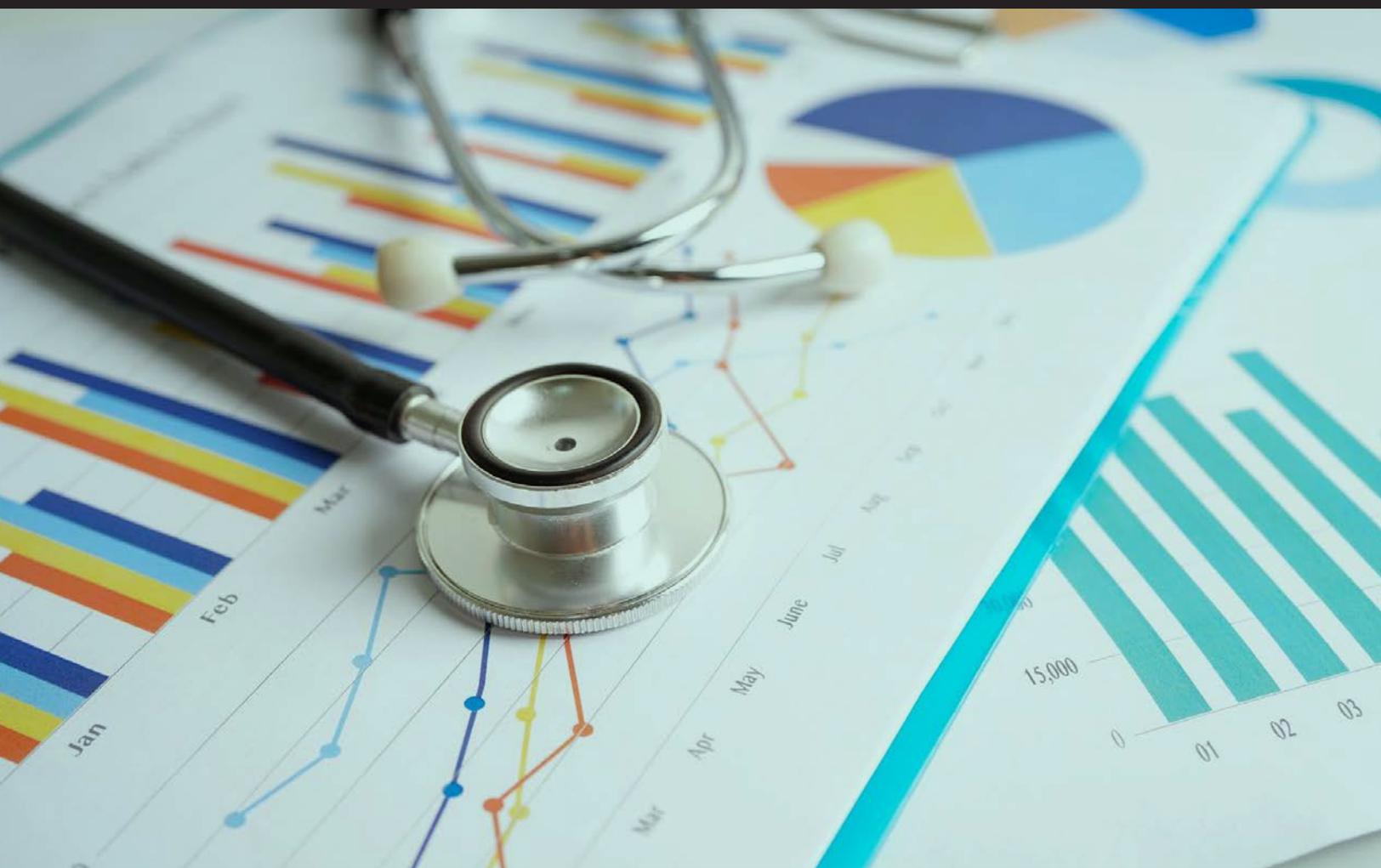


Payment Integrity : Strengthening Payer Enterprise Strategy

The evolution of payment integrity from siloed initiatives to a coordinated, enterprise payer strategy



Foreword

As healthcare costs and administrative complexity continue to rise, payers are under increasing pressure to deliver smarter, more sustainable solutions.

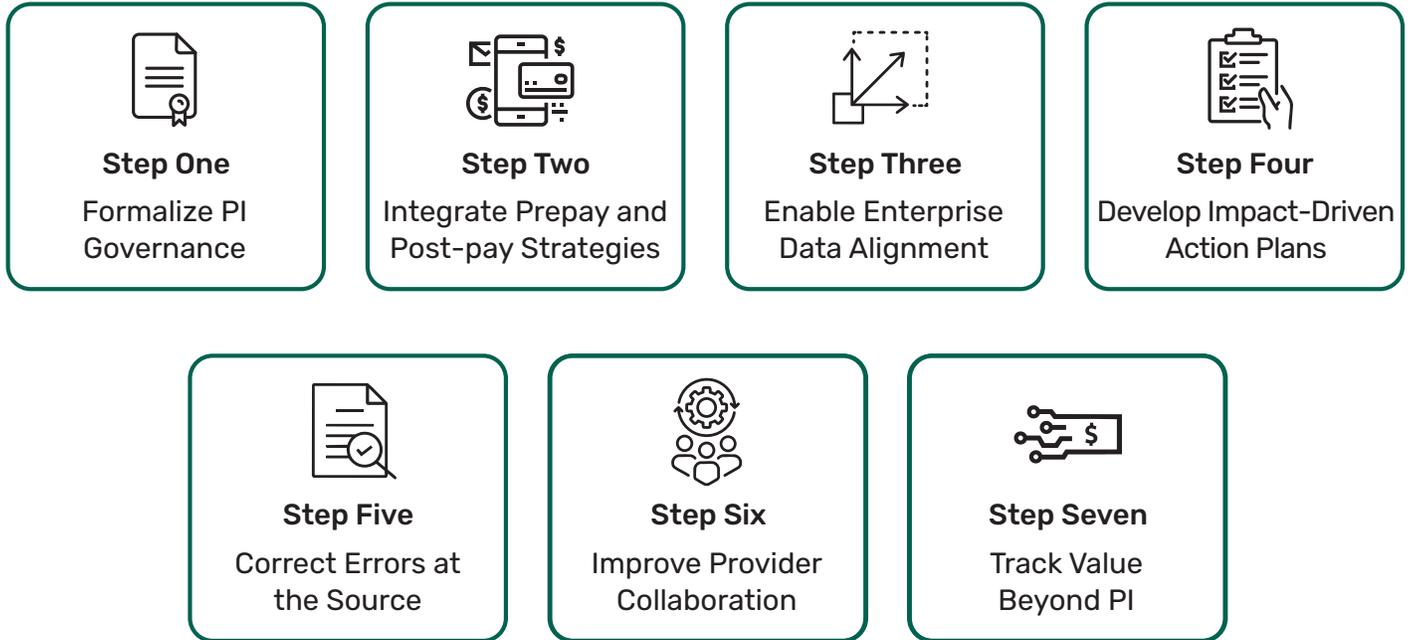
One of the most powerful strategies emerging is enterprise payment integrity (PI). No longer confined to isolated audits or recovery functions, PI is evolving into a coordinated, cross-functional initiative that touches every part of a payer's organization.

This paper shares practical insights to help payers move from fragmented PI efforts to a unified, enterprise strategy. It offers clear steps—like assessing current programs, building formal governance, and enabling real-time data sharing—to improve accuracy, efficiency, and long-term value.

Whether payers are just starting their enterprise strategy or refining an established framework, expanding cohesive efforts can deliver a range of benefits that lead to significant financial savings and streamlined operations.

Enterprise PI Roadmap

Every payer is at a different stage of developing a payment integrity ecosystem that works best within their culture. The roadmap outlined below provides core components of a successful enterprise framework:



Step 1. Formalize PI Governance

Objective: Create unified leadership and direction across the PI landscape.

Before integration begins, implementing a governance structure can ensure success. Key elements of developing formal governance include the following:

- **Establishing Cross-functional Leadership:** Formal governance should start with recruiting representatives from all relevant functional areas (clinical, IT, claims, audit, operations, network, etc.) who can align on and guide the process.
- **Defining Leadership Responsibilities:** Everyone involved in the governance process should have a clear role with set meeting cadences and decision-making protocols.
- **Developing Success Metrics:** Clear enterprise KPIs should be set to align with each functional area as well as the enterprise goals.
- **Maintaining Accountability:** Setting up the governance process can also ensure there is appropriate authority to get things completed on time and within budget using a documented process to measure impact and resolve conflicts.

**With Governance,
PI Efforts Align,
Roles are Clear, and
Momentum Builds.**



Step 2. Integrate Prepayment and Post-payment Strategies

Objective: Break down functional area barriers and ensure PI efforts are aligned.

As payers embark on assessing how existing PI efforts are working together and where silos are occurring, they can begin to determine how to best coordinate efforts across the full claims lifecycle. Key elements to erode any existing barriers include:

- **Aligning Cross Functional Areas:** Identifying where prepayment and post-payment teams can align on rules, edits, financial goals, and outreach creates a strong base for internal PI partnerships.
- **Identifying Errors Upstream:** Sharing insights and findings along the payment cycle can help to determine where errors can be identified and mitigated earlier.
- **Maximizing Efficiency:** Reviewing areas of duplication, gaps, and handoffs that can help to optimize and document workflow improvements.



Step 3. Enable Enterprise Data Alignment

Objective: Create a centralized, standardized analytic data set to align all functional areas and enable consistent, data-driven decision-making.

To fully leverage data as a maximum strategic asset in PI, it must be both accessible and actionable across all functional areas. By aligning around a shared data foundation, payers can drive consistency in their organization, increase transparency, and unlock deeper insights to guide an enterprise strategy. Key elements to developing a strong data foundation include:

- **Auditing Existing Data Tools:** Reviewing current reporting platforms, KPIs, and dashboards across departments helps to identify redundancies and assess data sources.
- **Centralizing Access:** Developing a shared data area that serves as the single source of truth for all PI-related metrics, creates an accessible and consistent way for communication to flow across functional areas.
- **Leveraging Existing Technology:** Applying AI and predictive modeling tools already in use to detect anomalies, assess trends, and prioritize high-impact areas supports the incorporation of existing investments.

**One Source = Clearer
Decisions and Better
Outcomes**



Step 4. Develop Impact-Driven Action Plans

Objective: Optimize resource allocation by focusing on initiatives that deliver the greatest value with maximum efficiency.

In an enterprise PI strategy, not all initiatives carry equal weight. To drive meaningful progress, payers must evaluate efforts based on potential return, execution complexity, and strategic relevance. Once functional areas are reviewing the same data sets, they can align on clear prioritization of high-impact opportunities while ensuring efficient use of resources and sustained momentum. One area of caution when working on this stage is that analysis paralysis can start to creep in if there are too many variables for governance to consider. So it is important to start simple and expand. Key elements to developing impact-driven action plans include:

- **Prioritizing Initiatives:** Each functional area should align on defining and ranking all PI opportunities based on their potential impact, cost savings, and required resources to their areas of expertise.
- **Defining Accountability:** Assigning owners and setting actionable timelines for each initiative ensures accountability and effective progress tracking and reporting.
- **Building Early Wins:** It is important to begin with initiatives that can deliver quick, visible results to generate momentum and stakeholder buy-in while preparing for broader, long-term implementations.
- **Reviewing the Prioritized Approach:** Continually assessing results, and sharing those with everyone as part of the governance process can strengthen internal alignment, and ensure every initiative contributes meaning to the ongoing improvement of the strategy.



Step 5. Correct Errors at the Source

Objective: Transition from reactive issue resolution to proactive error prevention through root cause identification.

Sustainable improvements in enterprise PI require more than just addressing symptoms—they demand targeted interventions at the source of recurring issues. By identifying the underlying causes of payment errors and applying corrective measures across functional areas, payers can significantly reduce rework, improve operational efficiency, and prevent the recurrence of costly mistakes and duplicate work. Key elements to enhance source-level correction include:

- **Identifying Systemic Issues:** Conducting trend analyses can uncover recurring errors and pinpoint functional areas where root cause symptoms are occurring.
- **Implementing Source-Level Fixes:** Designing and deploying corrective actions that span clinical, operational, network, and technical domains can help address problem areas.
- **Establishing Continuous Feedback Loops:** Building mechanisms to monitor outcomes, review impacts, reinforce improvements, and continually adapt solutions over time will support the long-term effectiveness of a program.

Lasting PI Gains Start at Addressing Root Causes to Eliminate Rework and Waste.



Step 6. Improve Provider Collaboration

Objective: Strengthen provider relationships while reducing administrative waste.

Effective provider engagement is a cornerstone of any enterprise PI strategy. While many programs already focus on reducing costs, the most sustainable gains can come from reducing operational friction between payers and providers. Establishing a collaborative dynamic not only accelerates resolution timelines but also fosters mutual trust, improves data quality, and reduces the frequency of disputes. To achieve this, payers must prioritize standardization, transparency, and strategic communication. Key elements to improve provider collaboration include:

- **Standardizing Provider Communications:** Reducing redundant outreach and eliminating inconsistent messaging that can lead to confusion or delays goes a long way to end provider frustration.
- **Promoting Transparency:** All communications should be focused on building provider trust and encouraging timely, accurate responses.



Step 7. Track Value Beyond PI

Objective: Align enterprise PI with broader payer objectives for additional impact.

While cost savings remain a primary metric of success, payers are redefining the value of enterprise PI programs by aligning them with additional organizational goals. PI has evolved into a strategic lever that influences compliance, member satisfaction, provider engagement, and overall operational efficiency. Capturing this broader impact requires a more nuanced approach to measurement—one that goes beyond PI savings and focuses on other payer goals. Using enterprise PI as the basis for member satisfaction enhancement, as an example, can articulate a clear value-added proposition to stakeholders and elevate the strategic relevance of enterprise PI initiatives. Key elements to support this expanded view of value include:

- **Measuring and Tracking Improvements:** Setting additional KPIs and goals in key areas such as regulatory compliance, member experience, provider satisfaction, and internal operational throughput will support enterprise-wide initiatives.
- **Aligning with Organization Goals:** Over time, an enterprise PI strategy can evolve to align with larger organizational goals and demonstrate a clear return on investment to executive leadership.

**Integrating PI into
Additional Payers
Goals Evolves
Operational
Efficiencies**

Enterprise PI Roadmap

A mature, enterprise PI program delivers measurable and lasting impact across financial, operational, and strategic dimensions. By moving beyond traditional siloed initiatives, payers unlock the full potential of coordinated PI—achieving results that reinforce enterprise goals and improve organizational performance at scale.

**Strategic Enterprise
PI = Greater Impact
and Improved
Performance**

Payers that have adopted an enterprise PI strategy report substantial improvements in multiple domains including:

- **Financial Performance:** Enterprise PI initiatives drive sustained medical cost savings through improved prepayment and post-payment alignment, proactive error prevention, and focused resource allocation. Enterprise programs can achieve 10–15% higher savings rates and significant reductions in avoidable overpayments.
- **Operational Efficiency:** Standardized workflows, shared analytics, and centralized governance help streamline internal processes. This leads to reduced rework, more efficient touchpoints with providers, and improved interdepartmental coordination that cuts down on administrative overhead.
- **Provider Relations:** With fewer and more meaningful interactions, providers experience less friction and faster resolution cycles, resulting in improved satisfaction and higher response rates that are essential for building long-term payer-provider trust.
- **Member Experience and Compliance:** Enterprise PI supports compliance with regulatory standards and enhances the member experience by reducing claim errors, denials, and delays. Members benefit from faster, more accurate adjudication and greater transparency in their care journey.
- **Enterprise Alignment:** As PI becomes embedded in enterprise planning and reporting, its impact can extend into strategic initiatives like population health, quality improvement, and risk adjustment - all helping payers meet broader organizational goals.

These results reflect the growing consensus that PI is no longer a behind the scenes function. It is being transformed into a high-leverage, enterprise strategy.

Enterprise PI Conclusion

With the right governance, tools, and collaboration in place, payers can elevate PI from a cost-control mechanism to a driver of enterprise transformation. By taking a step-by-step, cross-functional approach, payers can improve outcomes, build smarter processes, and create a more collaborative ecosystem.

CERIS is here to help. Whether you're just beginning to align internal teams or expanding an enterprise PI model, we offer the guidance, analytics, and tools needed to get results. Let's elevate what's already working—and build what's next, together.

CERIS has partnered with payers across the nation to support their payment integrity program and help them advance where they are in their journey.

Visit [CERIS.com](https://www.ceris.com) to Learn More!