

PAYMENT RECONCILIATION

MAXIMIZING PAYMENT ACCURACY

Visiant's Payment Reconciliation solution streamlines the financial and membership reconciliation process to maximize accuracy of payments from the Centers for Medicare & Medicaid Services (CMS). It is an automated application that systematically compares and calculates expected reimbursement using CMS files and identifies variances. This greatly improves processing efficiency and discrepancy resolution, and enhances management reporting of the attestation and reconciliation process.

The solution fully integrates with our enrollment capability, making it a robust and comprehensive tool for health plans.

SIMPLIFIED ADMINISTRATION

The Payment Reconciliation module helps health plans confirm accurate reimbursement and avoid the risk of penalties by giving plans the tool and information to ensure membership information is recorded correctly and in compliance with CMS standards. Payment Reconciliation notifies you when monthly payment files are received and loaded with the ability to view "plan versus CMS" payment discrepancies for faster prioritization and resolution. The efficiency achieved helps expedite the submission and consideration of factors that are identified as being discrepant with expected results.

You may also realize time and cost savings by streamlining the submission and verification processes of four CMS files that most impact CMS payment levels, while also providing the configurability to meet your business needs. The

solution also provides high-level monthly payment reporting at the contract and PBP levels on crucial indicators that allow you to make better financial and operations decisions — such as total payment, membership counts, and PMPM.

Visiant monitors CMS regulations as they change, and updates the Payment Reconciliation application accordingly. Our simple, cost-effective maintenance enables you to automatically promote these updates to meet CMS requirements.

BENEFITS

- Compare totals from CMS plan payment reports with MMR and MPWR files to facilitate appropriate payment verification
- View CMS versus plan payment amounts received by year/contract/PBP
- Identify member-level payment discrepancies and easily prioritize them for research and resolution
- View average risk scores per member, payments per member, and PMPM month-over-month by contract
- View count of members, total dollars received, and average PMPM month-over-month in specific categories such as ESRD, community, and hospice; data is further configurable by year, contract, and PBP
- Create management reports for payments and adjustments
- Gain valuable trending data such as average risk adjustment factor by contract/year

REALIZE MAXIMUM VALUE

Visiant is a resource for Medicare Advantage, Medicaid and commercial health plans and providers looking to maximize opportunities in competitive healthcare markets. Our proven solutions help manage costs, improve agility and increase stakeholder satisfaction for all lines of business.

ADMINISTRATIVE SERVICES:

- Enrollment, claims, and billing
- Contact center capabilities
- Provider payments

COMPLIANCE:

- Legislative and regulatory tracking
- CMS mandated member/provider communications
- Audit support

PORTFOLIO MANAGEMENT:

- Member sales and marketing strategy
- Sales and marketing activities
- Product design and bid-related activities

RISK ADJUSTMENT & QUALITY:

- Prospective and retrospective provider-centric programs
- RAPS/EDPS data submissions
- Robust online reporting and dashboards
- Data-driven Star rating and HEDIS performance analysis