Payment integrity is the process of ensuring a health claim is paid:
- By the responsible party for eligible members.
- According to contractual terms and policy.
- Not in duplicate or error.
- Free of fraud and abuse.

Effective programs and methods that can deliver results.

The need for payment integrity.
It’s estimated that one-third of the $3.2 trillion spent on U.S. health care in 2015 was either fraudulent, waste and error or abusive.¹

Positive financial impact.
Our payment integrity solutions total per member per month (PMPM) gross savings from all programs:

$31.68²

UnitedHealthcare’s payment integrity solutions work to combat payment errors that can lead to mispayment and downstream expenses, which affect health care costs.
Delivering an end-to-end solution.

We help ensure that providers are paid accurately while guarding against potential error, fraud and abuse. Our comprehensive program reviews network and out-of-network claims to help:

- Drive pre-payment accuracy and auto-adjudication.
- Identify, prevent and recover overpaid claims.
- Improve provider relationships with first-time claim payment accuracy and transparency.

Covering all 3 phases of the claim cycle.

1 Pre-adjudication

- Payment policy: Ensuring accurate payment before a claim processes.
- Coordination of benefits investigations: Verifying correct primary eligibility for members before we pay a claim.

2 Pre-payment

- Enhanced fraud and abuse and hospital bill audit:
  Pre- and post-payment review based on provider and facility-based audits. Plus, review of suspicious claims using algorithmic pattern combinations, artificial health care intelligence and manual clinical review of medical records.
- Coordination of benefits investigations
- Claims tracking and validation audit: New technology targeting billing errors between $10K and $250K for auditors to manually review.
- Focused claims review: Catching inaccuracies through targeted reviews by our specialty aligned, board certified physicians.
- Pre-pay subrogation injury coverage coordination: Investigating potential accident claims prior to payment.

3 Recovery

- Enhanced fraud and abuse and hospital bill audit
- Credit balance recovery program: Retrospective recovery service helping facilities research and resolve overpaid claims.
- Post-pay subrogation: Recovering benefits paid for a health plan member or dependent for an accident or injury where a third party is responsible.
- Advanced analytics and recovery services: Post-pay primary eligibility analytics identifying, investigating and recovering inaccurate claims.

Improving accuracy, integrity and affordability.

UnitedHealthcare’s thorough payment integrity solutions allow us to:

- Establish 1 comprehensive payment program.
- Ensure compliance with legal policies.
- Ensure timely and accurate payment.

For more information: Contact your UnitedHealthcare representative to learn more or ask for a quote.