pareto
Intelligence

A CONVEY COMPANY

ACTIVATING HEALTHCARE DATA TO IMPROVE OUTCOMES

Pareto Intelligence supports health plans and providers with analytics, technology and advisory solutions to improve value-based outcomes.

Who We Serve:

- Commercial Payers
- Medicare & Medicaid
- Provider-Sponsored Plans
- Risk-Bearing Providers

Healthcare Data Integration
Harmonizing disparate clinical, claims and social determinants of health data sources to enable complex analysis and drive informed decisions.

Revenue & Payment Integrity
Ensuring complete, accurate and compliant data collection, preparation and regulatory submission to optimize revenue capture.

Applied Analytics
Activating client data through proprietary analytics, data modeling and expert advisory to improve performance.

Pareto Engage
Modernizing the way healthcare data is communicated with providers to improve clinical, quality and risk outcomes.

5:1 ROI
on average, with some achieving over **20:1 ROI**

14M+
covered lives across Commercial, ACA, MA & Medicaid

$150B+
analyzed by **100+** proprietary analytic models

7 days
from **data to insight** on average

40+
clients, including **2** of the top **4** and **10** of the top **25** largest health plans

REDEFINING TECHNOLOGY & SERVICES, TOGETHER.

Pareto Intelligence is a proud member of the Convey Family of Companies. With extensive expertise, powerful technology and robust data analytics, the Convey Companies deliver integrated, end-to-end healthcare solutions to achieve meaningful results.

Visit the virtual exhibit hall to meet with Pareto Intelligence, as well as representatives from all Convey Companies including Gorman Health Group.

PARETO INTELLIGENCE AT RISE NATIONAL

Pareto is a proud Platinum Sponsor of RISE National in 2020. Find us in the exhibit hall to see how we help health plans and risk-bearing providers improve performance using proprietary analytics and predictive models proven to get better results than other vendors.
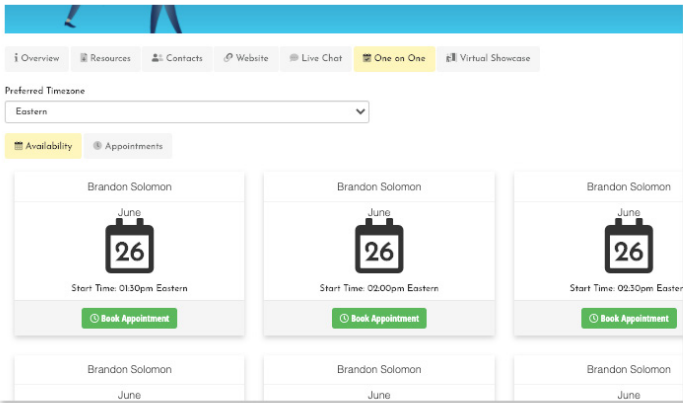
convey
FAMILY OF COMPANIES

HealthScape Advisors   pareto Intelligence   GORMAN HEALTH GROUP

GET INSPIRED & WIN GIFT CARDS!

Pareto is offering multiple opportunities throughout the event to win gift cards while also getting inspired to think differently about revenue improvement opportunities.

Win 1 of 3 $100 Amazon Gift Cards

Schedule a one-on-one meeting through the conference platform with Vice President of Client Advisory, Brandon Solomon, and we'll enter you into a raffle to win a $100 Amazon gift card!

Get a $5 Amazon Gift Card

Attend one of our virtual showcases and receive a digital gift card from Amazon:

Improving Payer-Provider Collaboration

Monday, June 29 | 12:00-1:00 PM CT

Pareto Engage

Oftentimes the different groups responsible for delivering patient care have different health data in their respective EHRs and systems. How do we close the information gap between health plans and providers? Attend our live presentation of an innovative method to improve payer-provider communication.

Identify & Resolve Encounter Data Quality Issues

Tuesday, June 30 | 2:00-3:00 PM CT

Data Integrity

If you aren't submitting complete and accurate encounter data to the various regulatory systems (e.g., RAPS, EDS, EDGE), you could be losing 1%-3% of premium revenue. Learn what you can do to identify, prioritize and resolve gaps in reported risk.

PARETO INTELLIGENCE AT RISE NATIONAL

Feel free to reach out to any of our team members throughout the conference and during the breaks to discuss the biggest problems you're facing and how we can help.

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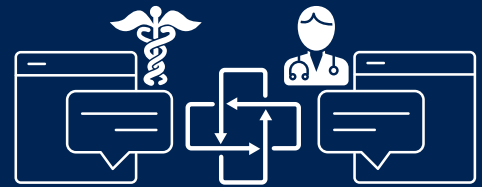
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Modernizing Provider Communication Strategy to Improve Risk, Quality & Clinical Outcomes

Tuesday, June 30
1:00 PM to 1:45 PM

Blue Cross of Idaho's Director of Risk Adjustment & Provider Strategy Leader, Leah Hannum, will be presenting with Brandon Solomon, Vice President of Client Advisory at Pareto, on the key elements of a successful provider communication strategy. Join us on Tuesday for this exclusive case study presentation and learn how to:

- Build a successful provider communication strategy that "meets providers where they are" through flexible connectivity and delivery (e.g., Direct Messaging, FHIR, API, batch)

- Evaluate the strategic and operational considerations that complement the strategies needed to streamline payer-provider communication and reduce provider abrasion

- Deliver insights to providers within existing workflows at point-of-care to solve the asymmetry of patient information between payers and providers, and ultimately, improve outcomes
  - Close risk documentation gaps to improve risk score accuracy
  - Close quality gaps to improve Stars/ HEDIS® measures
  - Gain access to critical clinical health information to provide higher quality care

![Pareto Intelligence — A Convey Company logo]

THINK DIFFERENTLY ABOUT REVENUE WITH PARETO INTELLIGENCE

Forward-thinking healthcare organizations have adopted a new approach to revenue integrity that goes beyond risk adjustment. Pareto Intelligence's Revenue & Payment Integrity solution applies complex analytic models to your data to identify financial improvement opportunities:

Risk Adjustment
Identify, prioritize and close risk documentation gaps through targeted campaigns.

Data Integrity
Evaluate end-to-end data integrity from encounter through to regulatory submission and prioritize issue resolution.

Payment Integrity
Ensure ongoing claims payment accuracy through effective coordination with Medicare benefits (e.g., Section 111 Reporting, COB).

Premium Integrity
Analyze monthly Medicare Advantage capitated premium accuracy (e.g., Medicare Secondary Payer, Dual Eligibility and End Stage Renal Disease).

Provider Activation
Utilize an intelligent communication platform to deliver critical member information to providers at point-of-care.

Quality/Stars
Improve quality measures through targeted, prioritized care gap closure.

Compliance
Focus on complete and accurate outcomes through two-way evaluations to identify both positive and negative contributors to revenue.

OVER 40+ HEALTH PLAN AND PROVIDER CLIENTS RELY ON PARETO'S PROVEN PROCESS AND ANALYTICS TO ENSURE COMPLETE, ACCURATE AND COMPLIANT REVENUE ACROSS ALL MARKETS.

Contact Brandon Solomon to learn more.

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THE SITUATION

A Blue plan serving approximately 1 million Commercial, Medicare Advantage (MA) and Affordable Care Act (ACA) members recognized the need for a comprehensive evaluation of revenue to ensure optimal outcomes and close any gaps impacting financial performance.
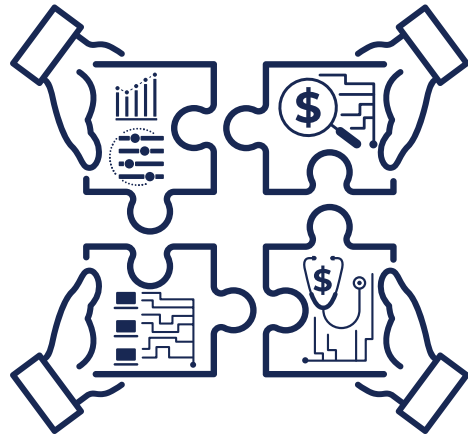
THE SOLUTION

This health plan selected Pareto as a partner because of our innovative approach to capturing complete, accurate and compliant revenue. Rather than focusing on singular issues, Pareto evaluates all areas impacting revenue accuracy to isolate leakage and compliance concerns, then works with client teams to focus remediation.

For this client, Pareto applied intelligent analytics using our Revenue & Payment Integrity solution to uncover the drivers of financial performance and areas for improvement. Specifically, we evaluated:

- Risk documentation completeness and accuracy impacting risk scores
- Encounter data integrity across the MA and ACA markets
- Capitated MA premium accuracy across Medicare Secondary Payer (MSP) and End Stage Renal Disease (ESRD) status
- Claims payment accuracy through coordination with Medicare benefits (COB)

THE RESULTS

Our evaluation identified multiple improvement opportunities, resulting in over $10 million in financial impact over the last 2 years as well as substantial risk score increases.

11%
risk score increase for each market (i.e., MA and ACA)

$3.7M
($20 PMPY)
in EDGE errors identified for the ACA market

$2M
($67 PMPY)
in recoveries for resolved MSP entitlement determinations

$4M
recovered through improved COB efforts

$1M
($30 PMPY)
in RAPS and EDS gaps identified for the MA market

$300K
($30K PER ESRD IDENTIFIED MEMBER)
in recoveries identified for misclassified ESRD members

VALUE-BASED REIMBURSEMENT SOLUTION FOR RISK-BEARING PROVIDERS

In the world of delegated risk, the financial outlook for health plans and providers is inextricably tied together, with providers taking on most of the financial risk from accurate documentation and reporting. This requires establishing oversight into payer processes that have potential downstream impact on reimbursement.

Pareto's revenue integrity solution for risk-bearing providers and provider-sponsored plans addresses the key factors affecting complete and accurate value-based reimbursement that are often overlooked.

Risk Coding & Documentation
Identify and prioritize risk coding gaps to focus point-of-care efforts and ensure regulatory compliance.

- **A 2% risk score increase results in $125-$150 PMPY revenue improvement.**

Payer Data Validation
Ensure data collected at encounter is completely and accurately transferred through payer systems and submitted without errors.

- **Even 1% data degradation can result in $60-$80 PMPY in lost revenue.**

Capitated Payment Evaluation
Verify the accuracy of Medicare Secondary Payer (MSP), End Stage Renal Disease (ESRD) and Dual Eligibility status to ensure accurate payments and appropriate commercial insurance billings.

- **Inaccurate classifications decrease revenue by $40-$50 PMPY on average.**

Performance Improvement & Execution
Deploy prospective and retrospective gap closure campaigns, provider-level scorecards, and other tools to maximize value-based reimbursement.

The financial opportunity across these solutions averages $225-$280 PMPY.

For 30,000 attributed lives, that's up to $8.4M in financial improvement.

Contact Ken Mikesh to learn more.

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Pareto Intelligence
A CONVEY COMPANY

REGIONAL HEALTH SYSTEM WITH 40K MEDICARE ADVANTAGE PATIENTS

The following data quality issues presented the greatest improvement opportunity:

- **$400K** encounter data not completely submitted to payers by the provider

- **$1.3M** scoreable encounters omitted from RAPS submissions

- **$3.0M** unresolved EDS submission errors

Total Identified Opportunity **$4.7M**

MIDWEST HEALTH SYSTEM WITH 25K MEDICARE ADVANTAGE PATIENTS

The following data quality issues presented the greatest improvement opportunity:

- **$1.3M** scoreable encounters omitted from RAPS submissions

- **$175K** risk-adjusted diagnosis codes omitted from EDS submissions

Total Identified Opportunity **$1.5M**

See how Oak Street Health improved revenue accuracy with Pareto.

To improve revenue integrity for Oak Street Health, our solution identified issues within encounter data submissions that were impacting risk adjustment payments and evaluated discrepancies specific to End-Stage Renal Disease (ESRD) entitlement determinations.

"We remain impressed with the effectiveness of Pareto's solutions and their ability to identify and prioritize opportunities for us to improve performance."

– Mike Pykosz
CEO of Oak Street Health

READ MORE

https://paretointel.com/insight/oak-street-health-partners-with-pareto-intelligence-to-improve-revenue-accuracy/

Not Ready for Risk?

COVID-19 is taking its toll on physician, hospital and health system revenues. If you're a provider not currently taking on risk, there has never been a more important time than now to begin that journey.

Leveraging Pareto's data and analytics empowered by the deep healthcare expertise from Gorman Health Group advisors, we can accelerate your transition to value-based care to prevent revenue interruption from COVID-19, create more predictable capitated reimbursement and bring certainty to your bottom line.

Pareto Intelligence   **GORMAN** HEALTH GROUP

CONVEY COMPANIES

CONTACT US

https://info.paretointel.com/provider-solutions

WHY PARTNER WITH PARETO INTELLIGENCE?

Pareto's purpose-built analytics and data management solutions seamlessly collect, aggregate, enrich and present disparate clinical and administrative data sources to create actionable predictions. Our ability to ingest and standardize any and all healthcare data sources, including social determinants of health, creates a comprehensive view of member health status to empower informed, data-driven decisions.

DATA SOURCES

STRUCTURED

UNSTRUCTURED

CLAIMS

CLINICAL DATA

ENROLLMENT

ADMINISTRATIVE DATA

SDOH

pareto Intelligence

Healthcare Data Integration

Revenue & Payment Integrity

Applied Analytics

Engage

Apply advanced data science and 100+ proprietary algorithms to your data to identify, quantify and prioritize opportunities for improvement and continually enhance outputs through machine learning to refine models and improve predictability.

Visit us in the virtual exhibit hall or contact us to schedule a demo.

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OUR CLIENT COMMITMENT

Speed to Value
We turn raw data into actionable predictions in less than 7 days on average, meaning you receive insights faster.

More than Technology
Our Solution+Service model includes expert advisory support with every solution to ensure you extract maximum value from our technology.

Committed to Security
We have earned Certified status for information security by HITRUST.* We also protect your data through at-rest encryption, annual penetration tests and more.

Compliance Focused
Across all solutions, we identify improvement opportunities as well as areas of risk to mitigate compliance concerns and reduce audit exposure.

*Systems that are HITRUST CSF Certified® include Pareto's Data Management Platform.