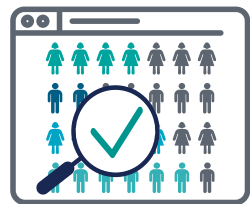


PARETO FOR RISK-BEARING PROVIDERS VALUE-BASED REIMBURSEMENT SOLUTION



Pareto Intelligence's Value-Based Reimbursement solution enables providers in risk-bearing contracts to review, analyze, oversee and improve key processes that drive risk revenue performance and ensure accurate reimbursement from private payers, CMS or state government. We evaluate the major factors contributing to a provider's revenue and propose activities to improve performance:

Risk Coding & Documentation



Gaps in risk documentation can have a material impact on your overall revenue. Pareto identifies and prioritizes undocumented risk 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



From encounter to regulatory submission, both the health plan and provider are responsible for maintaining the integrity of encounter data. Pareto verifies that data generated at point-of-care is completely and accurately transferred and submitted without data leakage.

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

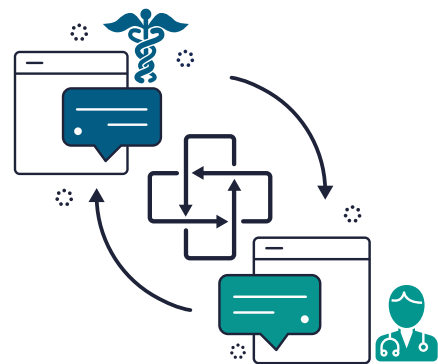
Capitated Payment Evaluation



The capitated payment you receive depends on the Medicare Secondary Payer (MSP) and entitlement status of your patients. Pareto verifies the accuracy of status determinations to ensure accurate payments and appropriate commercial insurance billings.

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

Performance Improvement & Execution



Once issues have been identified, Pareto prioritizes gaps and provides strategies for closure.

- Prioritized prospective and retrospective (i.e., chart reviews) risk documentation improvement campaigns
- Actionable provider-level scorecards on coding accuracy
- Proven provider communication tool, Pareto Engage, inspires action at point-of-care by delivering member-specific insights directly into EHRs and current clinical workflows to improve risk, quality and clinical outcomes

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

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

Pareto recommends starting with an assessment of your data quality and value-based contracts to establish a baseline for subsequent analysis. Then we apply our Value-Based Reimbursement Solution to identify gaps and prioritize issues for resolution.

SUCCESS STORIES

Pareto's Payer Data Validation solution has delivered proven results for risk-bearing providers.

Regional health system with 40k Medicare Advantage patients

The following data quality issues presented the greatest improvement opportunity:

- \$400K encounter data not complete submitted to payers by the provider
- \$1.3M scoreable encounters omitted from Risk Adjustment Processing System (RAPS) submissions
- \$3.0M unresolved Encounter Data System (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 Risk Adjustment Processing System (RAPS) submissions
- \$175K risk-adjusted diagnosis codes omitted from Risk Adjustment Processing System (RAPS) submissions

TOTAL IDENTIFIED OPPORTUNITY \$1.5M

WHY PARETO INTELLIGENCE



Data Science Driven

We apply advanced data science and proprietary algorithms to uncover opportunities for providers to improve revenue accuracy and ensure compliance.



Root Cause Remediation

Not only do we uncover improvement opportunities, but we also identify the root cause of issues to empower resolution efforts.



User-Friendly Platform

Our analytics are delivered on a flexible and easy-to-use platform that allows for customized outputs and reporting.



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pareto

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