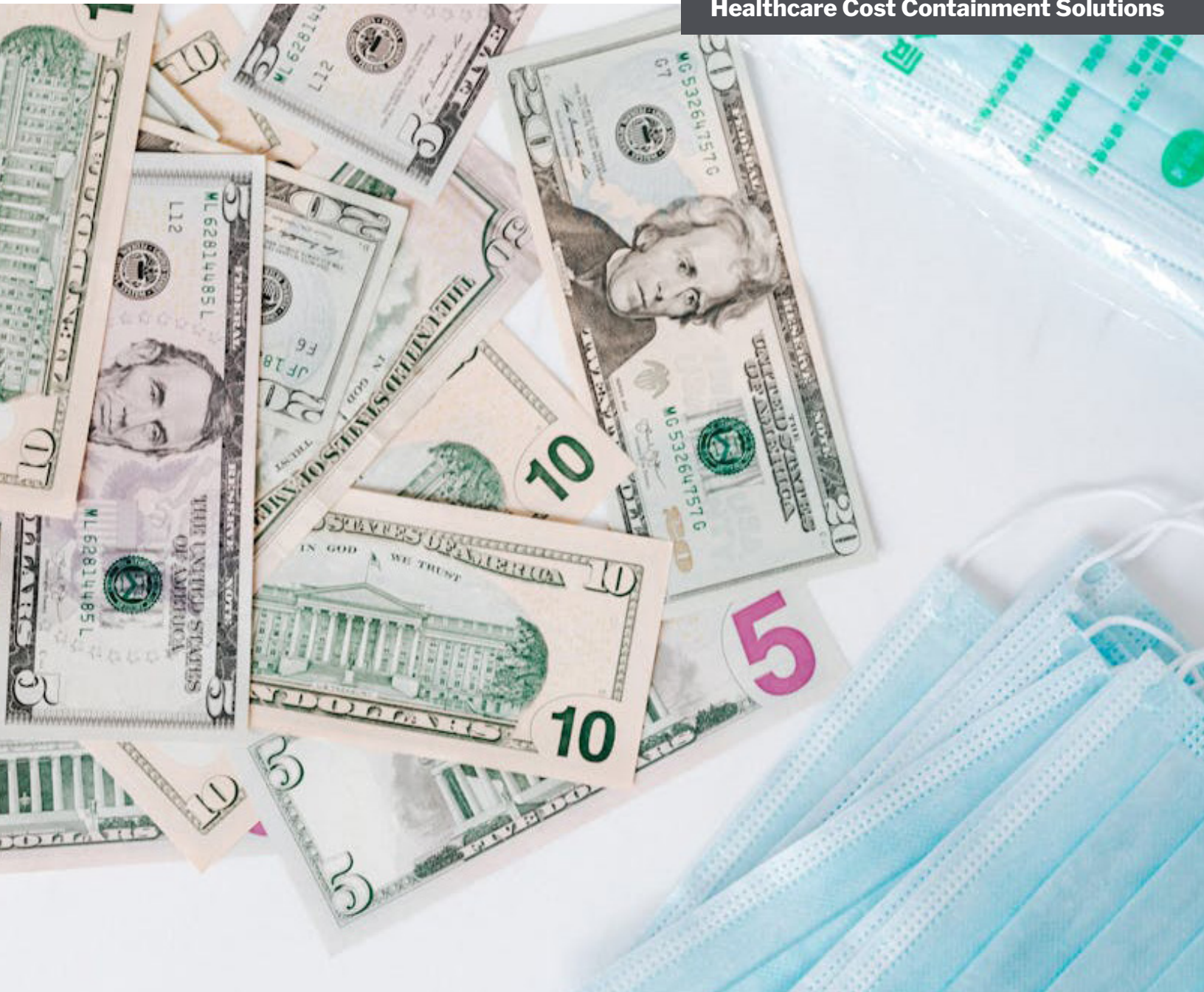


# Navigating Payment Integrity: Insights from Katy Brant

Expert Perspective on the Evolution of Clean Claim Review and the Payer-Provider Dynamic

Healthcare Cost Containment Solutions



# Interview Transcript

Traditional payment integrity methods have failed to meet the expectations of health plans. Historically, payers have heavily relied on trying to recover funds long after payment was made. With CMS reporting that **hospital care is now amounting to over a trillion-dollar annual spend, which accounts for 30% of our overall healthcare spend in the United States**, payers are now aiming for **higher accuracy and savings while minimizing disruptions**.

*The following interview with Katy Bant, president of 6 Degrees Health, explores her insights and predictions for the future of the Payment Integrity industry.*

**QUESTION:** In today's evolving payment integrity landscape, what key priorities do you observe among payers?

We talk to a lot of payers who are using multiple vendors for various stages of pre and post payment solutions, and I see 3 key areas that are common among the payers we talk to:

- › **First** - they all want to see higher accuracy rates and higher savings rates, so they typically want to use multiple vendors for different lines or different functions to build a full solution.
- › **Second** - they continue to look upstream in the process and work on more ways to ensure accuracy before payment since prospective models save time and money for both the payers and providers.
- › **Third** - they are realizing that friction in the payer-provider relationship can have a huge impact overall. That relationship not only drives accuracy and savings but it impacts the patient experience. Payers recognize strengthening relationships with providers will naturally improve these things, and they will be able to maintain more desirable networks. You can't just reduce bills without rationale.

**QUESTION:** What about the topic of satisfaction with existing payment integrity solutions?

Yes, every vendor wants satisfied payer clients. A recent payment integrity report by KLAS research asked payers a variety of questions about various PI vendors they use in their claim payment lifecycle. Across the board, increased satisfaction continued to come up in payer's responses along with affordable solutions, easy-to-use interfaces, and functionality within their existing workflow.



Of course, they also appreciate when the end results equate to more cost savings, fewer billing errors, and better explanations of edits. Some factors that caused dissatisfaction included lack of integration into existing processes, false positives, provider friction, and poor service.

Payers also express concerns with vendors they feel were less invested in their success. They felt some organizations were driven by acquisition—just getting bigger—while placing less focus on delivering success for clients.

## 3 Key Areas of Payer Focus

Higher Accuracy / Savings

Moving Reviews Upstream

Stronger Provider Relations

**QUESTION:** Can you discuss the most significant advancements in 6 Degrees Health payment integrity solutions, particularly regarding clean claim reviews, over the past year?

Over the past two years, 6 Degrees Health has made significant strides in our payment integrity solutions, especially in our clean claim reviews. Also, AI advancements have been both a catalyst for innovation and a point of caution. AI integration into our processes has the potential to greatly enhance efficiency and accuracy, but **it's crucial that we integrate AI functionality wisely.** Our stand-out advancements are not just in deploying AI but in how we blend it with our cornerstone of end-to-end service. This includes our development of proprietary algorithms by clinical experts and sophisticated data management strategies.

**The true essence of our success lies in our clinical expertise.** It's imperative to have seasoned professionals who not only leverage AI but bring invaluable human insight. Our expert clinician approach addresses a growing concern among our clients: the shift towards overly automated solutions that diminish the role of human intelligence in bill review processes.



**AI Needs Expert Humans In the Loop for Best Results**

One thing I am seeing is new AI companies coming out into the bill review business and offering things like bill reviews in 15 minutes. They make it appear that a machine could do bill review, but often those bill reductions can't be explained and are not defensible. **Maintaining relationships with providers** and answering their questions about reductions

on their billing **can't be successfully accomplished without human interaction.**

At 6 Degrees Health, we maintain a critical level of balance. Automation is employed thoughtfully ensuring that every decision can be explained and defended. This is exemplified by our team of nurses with bedside experience who review claims. Their clinical expertise ensures that what is included on a bill is not just appropriate but also defensible in every claim review.

**QUESTION:** Focusing on those automation and AI companies you mention, does that increase appeals from providers if they can't defend their edits?

Absolutely, appeals can become a real pain point. **The balance between payer and provider has to be managed across all payment integrity solutions.** You can have a low appeal rate when your findings are fair and supported, or you can focus on savings that aren't defensible which leads to enormous abrasion with providers

**Support for bill review payment reductions is the real key to reducing appeals.** Part of our secret sauce is that our experts are equipped with the references to use for defensibility – this gives teeth to our reviews. That is one of the primary reasons we think our human expertise is one of the critical components to success.

**QUESTION:** You have spent over 18 years leading and growing payment integrity solutions - even in some of the largest PI organizations, what makes 6 Degrees Health special to you?

Initially what drew me to 6 Degrees was the size of the company. They had been in business for 10 years already but were focused on an intentional growth model so they remain flexible and responsive to clients.



**I really wanted to build the next generation of clean claim reviews** based on all I had learned and certainly the mistakes I'd made along the way!

6 Degrees Health prides itself on being a culture first company. We foster a collaborative environment where we stress the importance of team, welcoming feedback on how to do things better. **Everyone at 6 Degrees strives to over-deliver on client expectations and ensure the highest level of satisfaction with our service.**

Since I've been at 6 Degrees Health, I see everyone focused on delivering the best solutions in the payment integrity market. We carefully screen our candidates for not only the right skills and experience, but their ability to work well with our team dynamics. Our team of experts are unique and can be difficult to find, so the culture we provide is essential to gaining top talent.

**We are building the next generation of clean claim reviews for each client.**

We are not just revenue driven. We have adopted the mindset that **we are in this with our customers for the long game of a fair and equitable health system that works better for everyone** - including the end consumer. We are all consumers of healthcare, and we want to be able to access providers who treat us fairly and use sound billing practice. **We also want providers to be treated fairly by payers, and support payers in monitoring equitable practices.**

**QUESTION:** I know you have been working hard on product development in the clean claim bill review area, can you explain where your development is focused at this time?

A lot of our development goes into establishing new rules and fine-tuning existing edits and rules. That foundation is very important to the whole process, and **it takes a lot of expertise and time to organize a library of edits and data management to build proprietary rules that change the game.**

**Our growth is through client dedication and excellent service.**

We have built and continue to develop the next generation

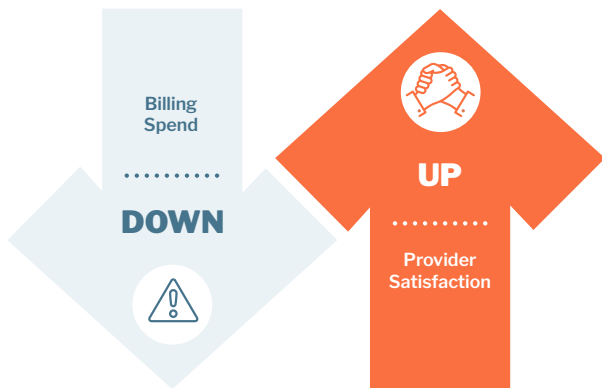
clean claim review solution. So we are always asking ourselves, now what, how do we make it better, and where do we go from here. We must continuously monitor and tweak our roadmap of edits. Our subject matter experts and clinicians utilize billions of data points and clinical information around claims payments, claims coding, and the frequency of billing errors. **Most claim systems have some edits, but you lose accuracy without payer specific, customized edits because experience and knowledge is missing from your edits.**

Logic can no longer just be "if / then." We have to look at the environment, the age and demographics of a patient, and other things happening on dates of service - just to name a few items that should be factored in. The relation of the charges to everything else must be an integral part in developing the most comprehensive edit library.

**A big focus we have is the provider experience.** I've been on the other end of the table talking with hospital CEOs and CFOs without feeling totally confident about charges we had removed from claims. I can tell you I don't want to be in that position again. My team has the mindset to give providers the benefit of the doubt and avoid nitpicking. If a provider can clarify their billing practices are compliant with industry standard guidelines,

we will no longer question those items. **The nature of our work doesn't have to, and shouldn't, make us adversarial with providers.**

**QUESTION:** That sounds like a lot to keep up with, with all the changes in healthcare. To wrap up our chat, how do you think medical inflation fits into your product development strategy?



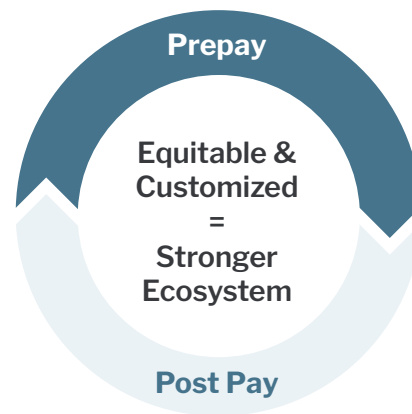
Well, it's not going away, and it is definitely a large part of our product development strategy. The challenge with medical inflation is that it impacts everything from how services are billed to the legislation governing payments. And those changes can require us to adapt our solutions.

**We have a proactive approach in product development, and we monitor changes coming in commercial and government payer strategies** as they focus on reducing costs. We also build flexibility and adaptability into our processes and edits to address the challenges ongoing medical inflation brings.

**QUESTION:** Any final thoughts payers should consider when thinking about clean claim review?

Well, of course I think they should use 6 Degrees Health! Overall, I feel payers should work with vendors that are primarily focused on client success and satisfaction which includes minimizing provider abrasion. **The entire ecosystem upstream and downstream will reap the benefits if everyone is focused on fair and equitable practices.**

For each client, we invest significant time and effort to understand how best to serve them. This means we customize our solution to meet their needs. There is always the base proprietary library content that can be used, but customizations must be built in the



review process based on a payer's customized policies, specific provider relationships, claim intake process, API, data feeds, letter templates, dollar thresholds, savings threshold desires, and the list goes on and on.

[Click Here to Contact Katy](#)

[Click Here to Learn More About Payment Integrity](#)

# Thank You!

6 Degrees Health is a technology enabled healthcare payment integrity provider dedicated to delivering superior cost savings to employers, health plans and other payers while prioritizing best-in-class service. We leverage both clinical expertise and innovative technology to deliver fair reimbursements and enhance payment accuracy. [www.6degreeshealth.com](http://www.6degreeshealth.com)

## About Katy Brant



Katy is a seasoned leader with over 25 years of clinical experience. She has led teams in innovative care management and medical bill review programs, specializing in high-risk maternity, neonatal ICU, pediatrics, and complex adult conditions. With expertise in high-value facility claim review and skilled negotiation, she collaborates effectively with commercial, Medicaid and Medical Advantage payers, TPA's, and in-patient facilities to drive successful outcomes.