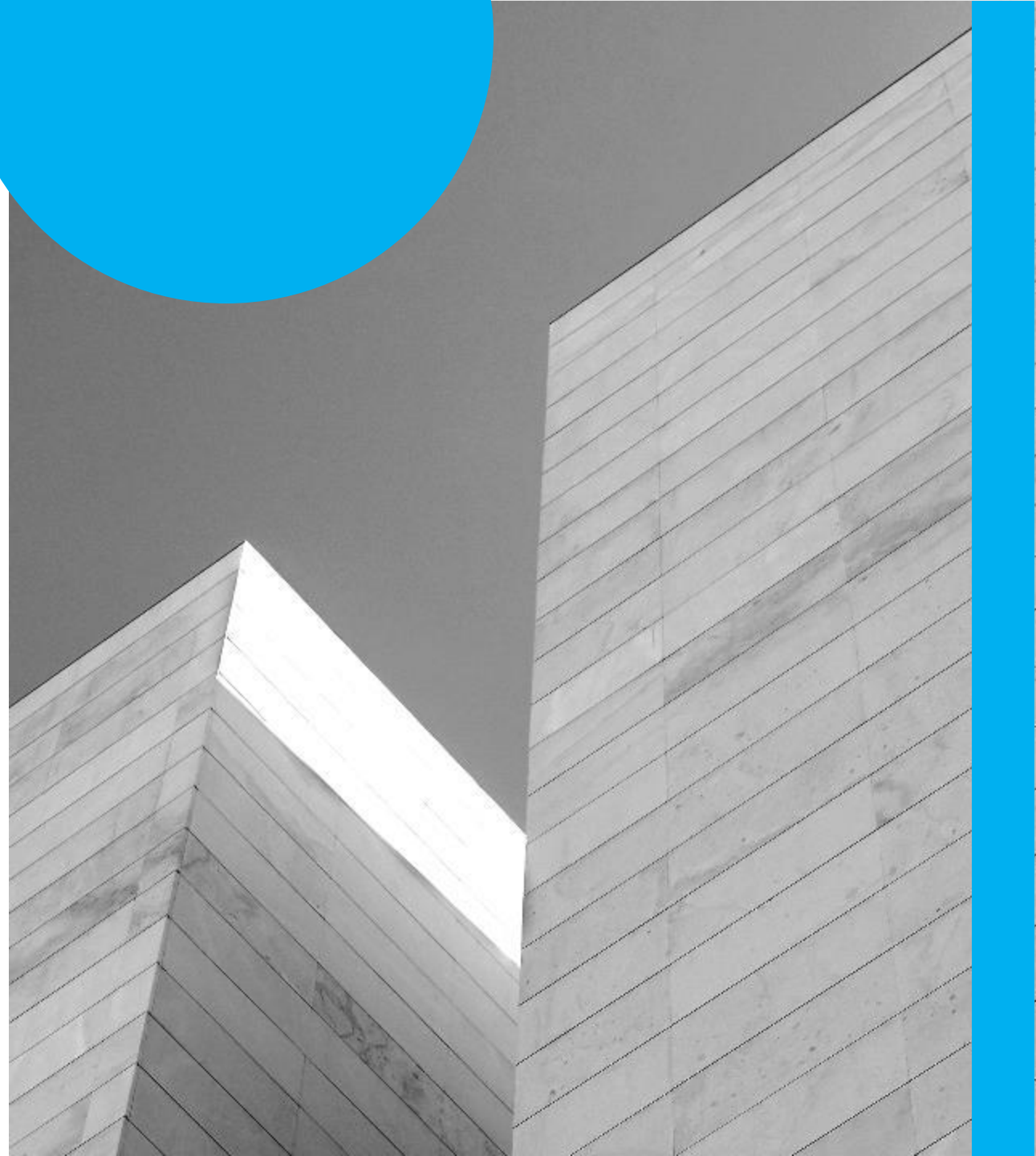
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PAYMENT INTEGRITY BENCHMARKING INITIATIVE

PILOT BENCHMARKS

SEPTEMBER 2026

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OVERVIEW

Two years ago, Kisaco Research – in collaboration with PI leaders – launched the PI Benchmarking Workgroup **to develop the first PI standards and benchmarks.**

Today, the initiative includes **50+ health plan and vendor PI thought leaders** who've developed standard PI program definitions and the industry's first benchmarks.

This deck includes the first savings benchmarks shared based on aggregated metrics from 15+ health plans, totaling **100M+ members, $37B+ PMPY savings for just the three PI programs shared.**

These are directional benchmarks - not actuarial predictions - providing an objective framework to identify savings opportunities.



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BENCHMARK USE CASES

- ✓ Objective analysis of performance and best practices by PI program
- ✓ Executive reporting on PI value and opportunities
- ✓ Justification for investments in PI vendors, resources, etc.
- ✓ Vendor performance targets
- ✓ Objective metrics for client RFPs
- ✓ Demonstrate a strong national value story for Blues plans
- ✓ Multi-year trend tracking of program improvement

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CONTEXT FOR INTERPRETING BENCHMARKS

Benchmarks must be vetted in the context or your own health plan and PI organization profile. The factors below represent some key savings drivers to consider when interpreting the benchmarks. As more plans share their metrics, we can segment the benchmarks by these factors.

- ✓ **Program Maturity:** Quality, quantity, and capabilities of PI programs
  Ex: Quality of analytics, audit accuracy, vendor management, pre-pay vs. post-pay balance

- ✓ **Provider Contracts:** Limits on audit capabilities based on provider contracts
  Ex: Strong contract limitations can restrict savings such as IBR (no % of charge reimbursement)

- ✓ **Audit Complexity/Payment Methodology**: Reimbursement methodology in contracts
  Ex. Carve outs; MS-DRG vs. APR-DRG; complexity of audits

- ✓ **Claims Systems Capabilities:** Quality, accuracy, & capabilities of claims systems and edits
  Ex. Pre-pay capabilities, quality of edits, programming within system

- ✓ **Risk Tolerance:** Appetite for risk, provider abrasion, how payment policy/audits are executed
  Ex. Conservative vs. proactive approach to medical necessity, provider abrasion

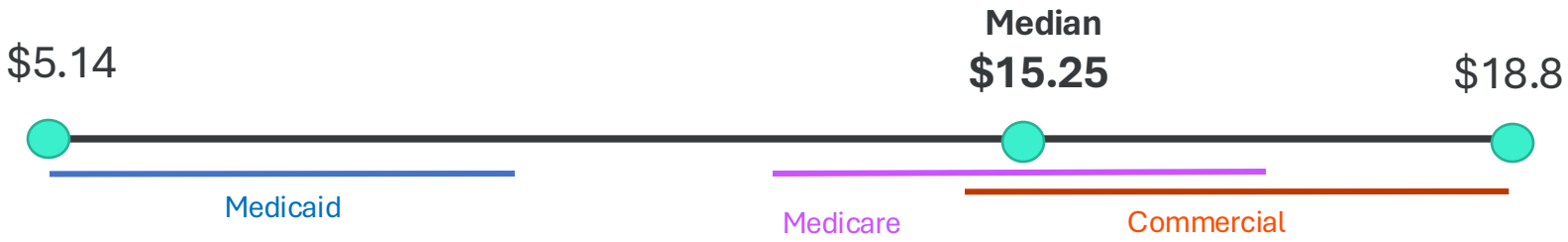
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CLAIMS EDITS BENCHMARKS

Definition: Edit Software applies standard and custom edits for a variety of incorrectly billed scenarios. Edits are systematically applied to a claim line vs adjustments made based on reviews and audits. A comprehensive Claim Edit solution may include pre-adjudication edits or post-adjudication edits, both completed before payment.

Below Benchmark	At Benchmark	Above Benchmark	Top Performer
<$6.7	$6.7-15.25	$15.25-16.52	>$16.52
Bottom Quartile	Q1 to Median	Median to Q3	Top Quartile

Savings PMPM*



*Sum of dollars prevented, avoided or recovered as a result of PI Activity or program over a specific reporting period. Gross savings is the variance between what the claim could have allowed/original paid and what was allowed/new paid, inclusive of retroactive adjustments for overturn disputes and reprocessing for errors. This includes 100% of all finalized/paid medical claims inclusive of claims that are capitated, delegated or excluded from one or more PI programs. This savings is then divided by # members / member months.

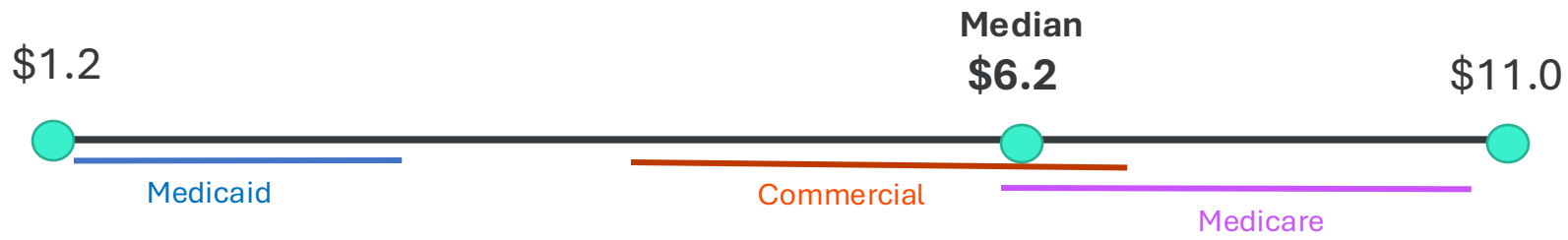
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COMPLEX CLINICAL & CODING – DRG BENCHMARKS

Definition: Reviewing/auditing an inpatient claim where the method of payment is DRG. It includes a review of a patient's record to ensure that documented conditions and billed codes are supported by sufficient clinical data and claim coded correctly.

Below Benchmark	At Benchmark	Above Benchmark	Top Performer
<$3.46	$3.46-$6.2	$6.2-$7.65	>$7.65
Bottom Quartile	Q1 to Median	Median to Q3	Top Quartile

Savings PMPM*



*Sum of dollars prevented, avoided or recovered as a result of PI Activity or program over a specific reporting period. Gross savings is the variance between what the claim could have allowed/original paid and what was allowed/new paid, inclusive of retroactive adjustments for overturn disputes and reprocessing for errors. This includes 100% of all finalized/paid medical claims inclusive of claims that are capitated, delegated or excluded from one or more PI programs. This savings is then divided by # members / member months.

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COORDINATION OF BENEFITS BENCHMARKS

Definition: A COB Program is the process of identification, validation and primacy determination of other coverage triggered by a claim or data sharing files or proactive suspecting query. Eligibility updates are often retroactive so this is applicable in either a Pay and Chase or a Chase and Pay workflow.

Below Benchmark	At Benchmark	Above Benchmark	Top Performer
<$6.3	$6.3-10.6	$10.6-$10.95	>$10.95
Bottom Quartile	Q1 to Median	Median to Q3	Top Quartile

Savings PMPM*



*Sum of dollars prevented, avoided or recovered as a result of PI Activity or program over a specific reporting period. Gross savings is the variance between what the claim could have allowed/original paid and what was allowed/new paid, inclusive of retroactive adjustments for overturn disputes and reprocessing for errors. This includes 100% of all finalized/paid medical claims inclusive of claims that are capitated, delegated or excluded from one or more PI programs. This savings is then divided by # members / member months.

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GET INVOLVED

Collaboration drives more value, more savings, improved affordability

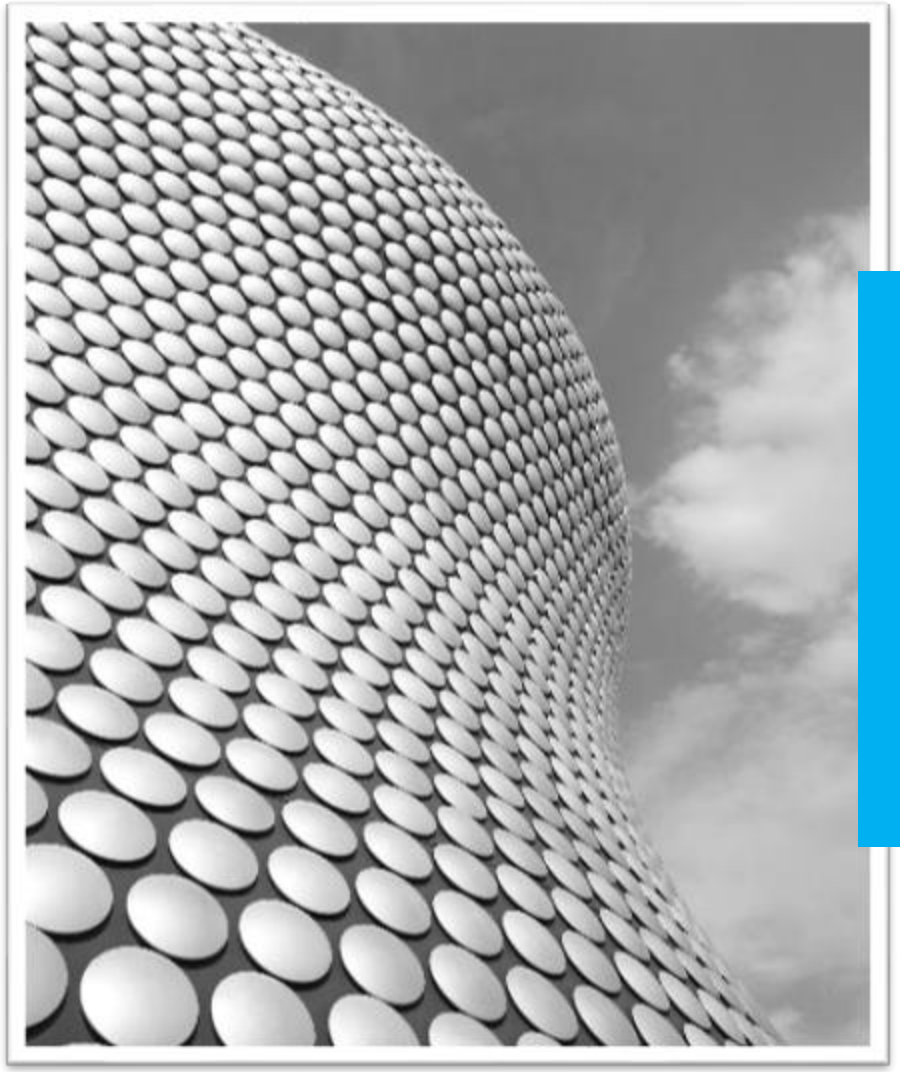


- **Access more data & resources:** Health plans can access more free detailed benchmarking data by sharing savings metrics through a secure, confidential, anonymous survey. All metrics aggregated to prevent attribution
- **Join the Workgroup:** Join your peers in a low-commitment, monthly call to inform the benchmarking strategy and discuss critical PI challenges and solutions
- **Become a Benchmarking Member:** Vendors can access more detailed data and become a key thought leader for the initiative through a benchmarking partnership

For more information contact Natalie Clayton at natalie.clayton@kisacoresearch.com

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APPENDIX: APPROACH

- **Foundational definitions:** Creation of standard PI program and savings PMPM calculation definitions
- **Data normalization:** 'Member months' used in savings calculation for normalization across plan sizes
- **Data collection:** Self-reported metrics from 15+ health plans collected through a secure, confidential, anonymous survey. All metrics aggregated to prevent attribution
- **Data validity:** Validation checks applied, anomalies flagged, plans attest to submission accuracy
- **Small cohort analysis:** Median vs. Mean; start with LOB segment, analyze in own context given range of plan profiles

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