The Payment Integrity Transparency Guide

Introduction

Payment integrity (PI) programs generate significant value for health plans—but many still operate with limited visibility into how savings are generated, validated, actioned, and measured.

As PI operations expand across pre- and post-pay workflows—from data mining and clinical validation to coding audits and claims recovery—transparency gaps become increasingly difficult to manage. Many plans can't answer basic questions about how their PI program actually works:

- Why was this claim flagged?
- How was this saving calculated?
- Can our teams validate and act on these findings independently?
- What's preventing the same error from recurring?
- Can we trace this finding back to earlier clinical or authorization decisions?

Too often, the answers live inside disconnected systems, vendor-managed workflows, or AI-generated outputs that lack clear explainability. Findings may be surfaced without meaningful context. Decisioning may require ongoing vendor involvement. Savings may be reported without clear attribution methodology—leaving health plans unable to validate how figures were calculated or whether the program is driving lasting impact.

The cost of that opacity is real, leading to:

- increased vendor dependency
- repeated overpayments without prevention
- provider abrasion caused by unclear rationale
- fragmented visibility across PI workflows
- reduced confidence in reported savings and ROI

As PI operations become more AI-enabled and operationally complex, transparency is emerging as a defining capability.

This guide introduces a framework for evaluating transparency across PI vendors, along with questions every health plan should be asking to ensure a collaborative and open partnership.

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How PI Vendor Models Approach Transparency

Not all payment integrity vendors approach transparency in the same way. While many vendors claim end-to-end visibility or AI-driven optimization, transparency is often shaped by foundational technology and operating model decisions that influence how findings are surfaced, validated, and measured over time.

For this evaluation, we're comparing three distinct vendor archetypes:

Legacy Vendors

Deliver PI primarily through outsourced, retrospective service models—relying on operationally fragmented, siloed processes rather than a unified technology platform. Visibility into how findings aare generated, actioned, and measured is typically limited by design.

Merged Vendors

Broad PI coverage assembled through multiple acquisitions, offering an end-to-end solution under a single vendor relationship. Because underlying technologies and workflows were developed independently, visibility and operational consistency may vary across products, data sources, and reporting.

Unified Intelligence Vendors (Cohere Health)

Transparency intentionally built into solutions including detection, decisioning, and all workflows. Unified visibility across PI functions with explainable logic and the configurability health plans need to guide, optimize, and scale program performance.

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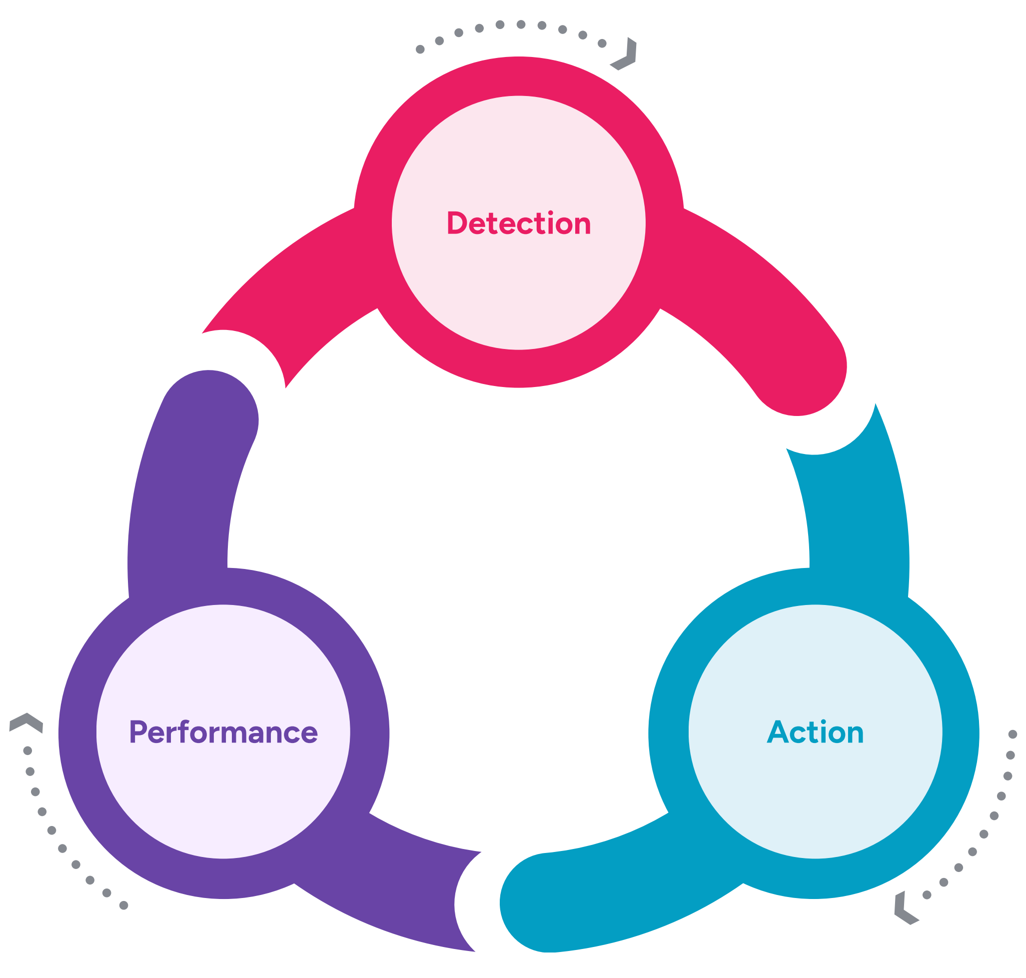
The PI Transparency Framework

Transparency in payment integrity isn't a single capability—it's a set of interconnected dimensions that shape how findings are identified, operationalized, and measured across the entire PI lifecycle.

Based on our experience working with health plans, we've identified three core dimensions of transparency that determine whether a PI program is truly transparent, controllable, and scalable.



Detection	Transparent identification of why claims are flagged and where errors originate
Action	The rationale and configurability to address issues now—and prevent recurrence
Performance	Independent verification of savings, outcomes, and program ROI

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Across all three dimensions, connected visibility across clinical and payment workflows increasingly determines how effective a PI plan can be.

Detection

Detection transparency means health plans have clear visibility into how overpayments are identified across pre- and post-pay workflows, including the logic, data sources, and AI models driving those findings.

Without it, health plans receive flagged claims and savings reports without meaningful context—making it difficult to validate findings, communicate rationale to providers, or understand the root causes driving overpayments.

Detection transparency is further strengthened when upstream clinical intelligence—including prior authorization and clinical documentation—is accessible to inform findings and reduce downstream payment friction.

Action

Action transparency determines whether health plans have the visibility, rationale, and configurability needed to respond effectively—making informed decisions with documented rationale and putting the right controls in place to address root causes long term.

This includes access to audit trails, provider profiling, root cause analysis, rules creation and maintenance, and configurable workflows—without requiring ongoing vendor involvement to interpret findings or implement changes.

Action transparency also requires consistency across utilization management and payment integrity workflows so providers are not subjected to conflicting determinations, duplicative reviews, or unclear documentation expectations across the care continuum.

Performance

Performance transparency means health plans can independently verify outcomes—understanding how savings are attributed, how ROI is calculated, and whether the program is shifting from reactive recovery toward proactive prevention.

Granular, accessible reporting across all PI functions—not just vendor-generated summaries—is standard. Health plans should be able to interrogate results at the rule, claim, and product level, using that data to continuously optimize program performance over time.

Transparent performance measurement should also capture operational and provider impact, including reductions in rework, appeals, provider abrasion, administrative burden, and recurring authorization-to-claim inconsistencies.

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Transparency Across PI Vendor Models

The following comparison evaluates how different vendor models perform across the three core dimensions of PI transparency.

PI Transparency Dimensions	Legacy	Consolidated	Unified Intelligence
Detection	LOW Limited visibility into finding logic Retrospective/ manual workflows Siloed detection processes	MODERATE Broader detection coverage Mixed visibility across acquired technologies Inconsistent explainability between products	HIGH Explainable findings across workflows Shared logic and visibility Clear root cause identification
Action	LOW Heavy reliance on vendor-managed operations Workflow and rule changes may require lengthy implementation cycles Limited configurability and operational flexibility	MODERATE Workflow capabilities vary across solutions Configuration may require vendor coordination Operational consistency can differ between workflows	HIGH Configurable workflows with shared operational logic Consistent rationale across UM and PI decisions Transparent audit trails and root cause visibility
Performance	LOW Reporting often fragmented across products and teams Savings visibility focused on recovery outcomes Limited transparency into prevention impact and operational drivers	LOW-MODERATE Reporting visibility varies across products Savings methodologies may differ between workflows Limited visibility into upstream prevention impact	MODERATE-HIGH Unified reporting across clinical and payment workflows Full visibility into prevention and operational impact More consistent attribution across findings and outcomes at the rule, claim, and product level

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Questions to Ask Your PI Vendor

The right PI vendor should be able to answer questions about transparency with clarity and confidence. The following questions can help uncover how transparent a PI vendor truly is—from how findings are generated to how outcomes are measured and optimized over time.

Detection

- Can we see and understand the logic behind flagged claims?
- What data sources, rules, or AI models are used to generate findings?
- Can findings be traced back to root causes?
- How are false positives and missed opportunities measured?
- Are detection methodologies consistent across products and workflows?

Action

- Can our teams directly access audit trails and decision documentation?
- Can we independently configure workflows and rules?
- If we identify an issue with our findings, what's the process for making changes and how quickly can they be implemented?
- Can provider-facing rationale and documentation be reviewed and validated?
- How are recurring issues identified and operationalized into prevention strategies?
- Can prior authorization decisions, clinical review data, or policy determinations inform payment integrity findings?

Performance

- How are savings figures calculated, attributed, and validated?
- What level of reporting visibility exists at the rule, claim, and product level?
- How do you distinguish between one-time recoveries and sustainable savings driven by root cause prevention?
- Can upstream clinical signals be operationalized into prevention strategies across workflows?
- Can we independently validate savings methodology and performance trends?
- Is reporting unified across all PI functions?
- Can reporting connect authorization, clinical, and payment outcomes to measure end-to-end impact?

Transparency Warning Signs

A PI vendor with low visibility will show the following warning signs:

- Findings cannot be clearly explained
- Root causes cannot be traced or operationalized
- Workflow changes require ongoing vendor intervention
- Savings methodology cannot be independently validated
- Reporting varies across products or teams

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Modern Payment Integrity Depends on Connected Transparency

Opacity in payment integrity has a real cost—from unverified savings and repeated overpayments to fragmented workflows, provider abrasion, and reduced confidence in program performance. For health plans investing in PI, the question isn't just whether a vendor delivers results—it's whether you can see, verify, and stand behind them.

Transparent PI programs should provide visibility into how findings are generated, explainable rationale across workflows, and the reporting needed to verify outcomes and continuously improve performance. Increasingly, that transparency also depends on connected visibility across clinical and payment workflows—giving plans access to the upstream intelligence that shapes payment decisions before a claim is ever submitted.

At Cohere Health, transparency was intentionally built into the foundation of our PI solutions—from explainable detection logic and configurable workflows to measurable performance reporting and connected visibility across the UM and PI lifecycle. As health plans continue aligning utilization management and payment integrity strategies, that shared visibility becomes critical to enabling more proactive, collaborative, and data-driven decision-making over time.

Transparency isn't a feature - it's a foundation.

Explore how Cohere Health approaches transparent, AI-powered payment integrity workflows

Visit: **coherehealth.com/payment-integrity**

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