

Audit and Compliance Solutions

Protect your program from fraud, waste and abuse.



How much money can your program afford to lose? From incorrect billings to identity theft, there are many ways for fraud, waste and abuse to drain money from your programs. Audits increase accountability and preserve resources, but the partner you use can make all the difference in your results.

Healthcare programs are growing, and so are losses to fraud, waste and abuse – more than \$60 billion last year. This limits the resources available for meeting the needs of the people you serve. That makes fraud prevention and detection vital to managing an effective program.

Solution Features

- Pharmacy audits:
 - Desk and on-site audits
 - Systematic prescription claims check
 - Patient verification services
 - Specialty/mail order pharmacy audits
- Durable medical equipment, home infusion therapy, hospice and home health provider audits.
- Claims overpayment audit and recovery.
- Arms-length process that delivers results without harming provider relationships.
- Automated tools provide complete, easily accessible view of audit status from initial analysis to final recovery.

Conduent helps prevent losses and recover funds with our Audit and Compliance Solutions. We offer comprehensive auditing solutions that enable you to be more vigilant against fraudulent activities and prevent payment for inappropriate claims before they're made. Our combination of Web-based technology, a nationwide team of industry experts and a comprehensive, non-confrontational approach delivers results without damaging relationships. The difference? We train healthcare experts to be auditors, instead of the other way around.

By recovering hundreds of millions of dollars in non-compliance and fraud, we've become an effective partner for a broad spectrum of healthcare programs at every stage of auditing from initial analysis to final recovery. That's why healthcare groups choose us to conduct more than 25,000 healthcare audits a year throughout the U.S. and Puerto Rico.

Our solutions focus on these key areas: Pharmacy Audits, Durable Medical Equipment, Home Infusion Therapy, Hospice and Home Health Provider Audits and Claims Overpayment Audit and Recovery.

**Our people are
experienced professionals.**

Our people are more than auditors. They're healthcare specialists and accredited health fraud investigators. Each member of our team has professional credentials and real-world experience. And, they're located all around the United States, making our solutions highly scalable and ensuring that you'll be working with a team who knows your local laws and regulations.

Automated Tools and Efficiency

Our proprietary systems were developed by industry experts and refined over several years. They enable you to adjust claims analysis, scheduling and tracking tools to your specific requirements or different benefits plan designs. We scan all supporting documentation into a central repository that houses all data, claims and associated metrics. This electronic process prevents the loss of evidence and provides a highly accessible, paperless central hub for all the information pertaining to the audit.

Our technology also supports transparency in all we do. The secure Client Audit Viewer enables you to check on audits-in-process, view letters sent to the provider and get a full view of what's being done on your behalf.

Our Web-based Client Dashboard also provides you with continually updated results and reports so there is no more waiting for provider audit results. And you can do it all from anywhere with access to the Web.

Pharmacy Audits

Our audit solutions are comprehensive and conducted by a network of pharmacy professionals in the retail, long-term care and mail order and specialty environments.

Desk Audits

Reviewing up to 12 months of data per pharmacy, our auditors analyze data and look for trends and potentially erroneous billed claims. We provide you with a database of claims recommended for recovery, a summary report and the overcharge amount.

On-Site Audits

Our analytical programs review 100 percent of all paid claims. Audit candidates can be selected based on client request, high pharmacy network rankings or evidence of potential wrongdoing. Our team goes on-site and conducts a minimum 150-prescription review, including client-specific credentialing areas. Our auditors ensure each audited prescription meets all compliance criteria, as well as specific federal, state and local guidelines.

Rx Claims Check

This monthly claims analysis tool flags potential submission errors such as dosage amount, keypunch or other potential errors. It provides timely overpayment identification with limited disruption to operations. Typically, fund recovery occurs within 60 days.

Patient Verification Services

This audit targets groups of members whose identities have high risks of being used, without their knowledge, for pharmacy fraud. Using claims data and images of medications, we verify that the claims billed on their behalf are valid.

Additional Services, More Value

- Pharmacy, patient and physician profiling
- Fraud, waste and abuse protocols and reporting
- Clinical analysis, trending and reporting
- Specialty and mail order pharmacy audits

Serving a Variety of Programs

- State Medicaid agencies
- Medicaid MCOs
- Commercial health plans

Durable Medical Equipment, Home Infusion Therapy and Home Health Provider Audits

We have developed auditing procedures and proprietary software focused on fraud indicators and overpayment drivers used in Durable Medical Equipment, Home Infusion Therapy and Home Health Providers. This unique technology, combined with our experienced healthcare professionals, results in greater recoveries for our clients.

Claims Overpayment Audit and Recovery

We also provide a complete overpayment audit recovery service. We handle the entire process, from customized claims queries for analysis and provider communication to disputes and appeals and coordinating recoveries with the claims processor. We cover all claim types and customize to your billing requirements and provider manuals.

A Non-Confrontational, Transparent Approach

Although our work is thorough, our job is to look for discrepancies, not present a threat to your providers. The entire process is non-confrontational. We do a brief exit interview with the provider, showing a simple list of comparisons. After our auditor leaves the site, another staff member reviews that audit data based on state and client-specific requirements. Once complete, we send a summary letter to the provider. You can access all of this information online through our client access portal.

The Scalable Solution that Delivers Results

Today, every dollar counts. We have the right combination of people, technology and experience to reduce fraud and waste and recover much-needed dollars. Our solution is proven, thorough and trusted by government agencies and commercial companies alike. All which help you retain more resources and provide more effective care.

You can learn more about us at www.conduent.com/healthcareaudit.

