

Payment Integrity Solutions

Recouping hundreds of millions of dollars every year.



Expertise, Flexibility, Increased Savings and Bottom Line Results.

As experts in the area of healthcare payment integrity, we enable you to increase your bottom line results. We help you to reduce governance and administration costs, identify claim overpayments, fight fraud, waste and abuse, and increase overall recoveries – while enhancing service delivery. We have the expertise, resources, and tools to enhance your identification ability and maximize recovery.

A Full Range of Services. Delivered by the Experts.

Recovery and audit services can take on many different forms, depending on your business needs. By applying our tools, technology and the unmatched expertise of our in-field team of experts, we can help you improve operations, reduce costs and significantly increase your annual recoveries. Our payment integrity services include the following:

Subrogation

We blend tools, technology and experience to uncover every possible recovery opportunity. Our sophisticated investigation process identifies all potential sources of recovery including Motor Vehicle Accident, Product Liability, Premises Liability, and Medical Malpractice. Once identified, our experienced Recovery Specialists, working closely with our legal staff, assert the rights of our clients to achieve the best possible settlement. We eliminate cost shift to healthcare payers when a workers' compensation carrier is liable.

Mass Tort

We take a proactive approach to help you increase your recovery potential from mass torts and multi district litigations. A key part of our program is circumventing private lien resolution programs to give you back control of the identification and settlement process. Using patented data analytics and technology our mass tort team can identify all of your potential subrogation opportunities, particularly those complex and hard to find cases for illness or injury from dangerous pharmaceuticals, defective medical devices or harmful toxic substances. Our approach supplements your process and does not disrupt the day to day operations of your current subrogation program.

Coordination of Benefits

We go to great lengths to identify overpayments, reduce payment leakage, and improve member satisfaction for our clients. We supplement your internal Coordination of Benefits efforts to identify and recover benefits paid where Medicare or another payer should have paid primary. We share the updated information with our client to ensure accurate payments in the future.

Accurate CMS Reporting

The new challenge for health plans reporting entitlement information to Medicare is to look beyond basic Section 111 compliance. With the right focus, CMS required data sharing can be a powerful tool.

By providing entitlement data, you reduce Medicare's potential for overpayment while increasing your risk. Let Payment Integrity Solutions use our expertise to ensure that you are getting the most out of Section 111 mandated reporting:

- Timely and accurate primacy determinations
- Updates to the Common Working File
- Maintenance of primacy records in your eligibility system
- Accurate MSP and non-MSP reporting

Medicare Secondary Payer Validation

CMS provides files to Medicare Advantage payers identifying other commercial insurance coverage. We validate this data to ensure the correct primary payer is listed and that you receive higher premiums when the health plan is the primary payer. When the plan is secondary, we make certain that claims are diverted to the appropriate payer.

Share of Cost (SOC)

SOC is similar to private insurance plans out-of-pocket deductible. SOC is defined as the monthly dollar amount that a Medicaid recipient is obligated to pay for healthcare costs before Medicaid will pay claims. Payment Integrity Solutions uses the monthly State Eligibility File to validate that the recipient's share of cost was applied/ deducted against the paid claims for that month and to recover any share of cost overpaid by the plan.

Pharmacy Audits and Compliance

We have the most robust, scalable pharmacy auditing service in the industry. We utilize sophisticated data analytics to score pharmacies and conduct comprehensive prescription claim review to identify areas of loss or risk. Our processes range from on-site, desk, and electronic pharmacy reviews to data analysis. Audit services types include:

- Retail pharmacy audits
- Rx Claim Check
- LTC audits
- Mail order and specialty drug audits
- Invoice audits
- Enhanced FWA audits
- Drug rebate audits
- Pre- and Post- Network Credentialing audits

By partnering with us, you can identify overpayments, eliminate fraud, waste and abuse, and educate providers to prevent future claim submission errors and problems.

Medical and Pharmacy Retroactive Termination Audits

Health insurance companies overpay millions of dollars in claims each year from employer groups retroactively reporting individual member terminations. We use sophisticated tools and algorithms to mine health plan data and uncover overpayments.



Overpayment Identification and Recovery

Utilizing powerful analytics and a keen sense of the healthcare industry, we offer uniquely tuned services that will greatly enhance your ability to detect, validate and recover benefit overpayments, as well as identifying potential fraud, waste and abuse. Our services are offered in several models; identify and recover, identify and report and we can also take in any claim overpayment referrals a plan may have that could not be previously recovered and work them through our established recovery process.

The following are but a few of the overpayment and validation types we identify and recover on.

- Home infusion therapy audits
- Durable medical equipment audits
- Home health and hospice audits
- NCCI edits
- Duplicates
- Upcoding/Unbundling
- High dollar claim reviews
- Contract overpayments
- Client overpayment referrals
- Procedure code validation
- Medical necessity validation
- Diagnosis usage validation
- Procedure usage validation
- Place of service validation
- Place of service-procedure validation
- National Provider Identifier validation
- Medical unlikely edits
- Revenue code validation
- TAR validation
- Patient history validation

It is estimated that over 10% of U.S. medical claims are paid incorrectly by healthcare payers. This costs the healthcare industry tens of billions of dollars each year.

“We have found them to be very efficient and timely in investigating and opening recovery files. Their emphasis on customer service and prompt responses to our requests for information are a prime reason we maintain our relationship with them. Recovery results have been excellent. They provide comprehensive reporting documents to us which allow us to fulfill our obligations to outside stakeholders.”

– Legal Counsel, Medicaid Managed Care Organization

Our clients include:

- Government organizations
- Commercial insurance carriers
- Blue Cross / Blue Shield Plans
- Third-Party Administrators (TPAs)
- HMOs
- Corporations
- Taft-Hartley benefit funds
- Self-Insured health plans

We offer cost avoidance and recovery solutions that provide significant ROI, including:

- Hard dollar recoveries
- Soft dollar savings
- Sentinel effect
- Provider education
- Prevention of fraud, waste and abuse

About Conduent

Conduent is the world's largest provider of diversified business process services with leading capabilities in transaction processing, automation, analytics and constituent experience. We work with both government and commercial customers in assisting them to deliver quality services to the people they serve.

We manage interactions with patients and the insured for a significant portion of the U.S. healthcare industry. We're the customer interface for large segments of the technology industry. And, we're the operational and processing partner of choice for public transportation systems around the world.

Whether it's digital payments, claims processing, benefit administration, automated tolling, customer care or distributed learning – Conduent manages and modernizes these interactions to create value for both our clients and their constituents.

Learn more at www.conduent.com.

