

Specialty Provider Auditing

Reducing Fraud for HIT/DME, Home Health and Hospice



Our Qualifications

- National presence.
- Experience with commercial insurance carriers and government payers.
- Audit teams with clinical backgrounds.
- Sensitivity to provider relationships.
- Hard dollar recoveries, soft dollar savings.
- Document management solutions to streamline information collecting and reporting.

Growing service opportunities attract greater risks for fraud. Specialty care needs such as home infusion therapy (HIT), durable medical equipment (DME), home health and hospice services have become a multi-billion dollar industry. When costs are so great, it's critical that you pay only for the products and services your members need and receive.

Even the most skillfully run healthcare programs can experience billing errors and overpayments. And the specialized nature of HIT/DME, home health and hospice services can translate into millions of wasted dollars. It doesn't affect only you; it affects the members paying their premiums and the states setting your budgets – as well as the taxpayers funding your programs.

You can control the costs for these claims more effectively with ancillary services auditing solutions from Conduent. We help you detect and prevent fraud, waste and abuse and recover lost funds with a combination of automated tools, on-site auditing procedures and teams of industry experts. And we conduct audits professionally to preserve your relationships with providers. We ensure everyone supports one goal: giving patients the care they need – responsibly.

Effective Analysis and Recovery

- Desk audits and on-site reviews.
- Small, agile auditing teams.
- Proprietary software 50 percent faster than paper-based reviews.
- User-friendly, Web-based audit dashboard provides immediate access to audit data.
- Reports customized to your specific reporting guidelines.
- Sentinel effect for other providers.

Automation and Reporting

Effective audits begin with knowing where to look for potential recoveries. Our automated solutions streamline the process by analyzing and ranking 12 months to 24 months of claims data covering all types of ancillary services. We review factors such as billing volume, claim patterns, reimbursement rates and other signs of abuse or non-compliance. You can further refine results by provider, therapy, equipment or even patient condition. By initially targeting providers with the greatest potential recovery, we help generate larger recoveries faster.

Our tools also save time during the audit process. We can compare chart and claims data, helping you identify discrepancies between what physicians ordered and the billings you receive. We share the data via a secure website, so you receive reports as soon as they are finalized.

Industry Expertise and Relations

Finding answers is easier when you know what to ask. We train medical professionals to be auditors, not the other way around. This allows us to be thorough while maintaining your relationships with providers. We approach our work as consultants and involve providers in the audit process. This helps us better educate them on sources of error so they can prevent issues in the future.

Recoveries and Future Savings

Our ancillary services audit team historically recovers 3 percent to 10 percent of audited paid claims. But the benefits don't stop there. We act as both protection and a deterrent. News spreads quickly about auditing activity, creating a sentinel effect that actively discourages any fraud, waste and abuse among HIT/DME, home health and hospice providers as well as your entire provider network.

Successful specialty service programs need to benefit patients and programs over the long term. That's why we do more than recover hard dollars today. We help realize tomorrow's savings.

You can learn more at <http://www.conduent.com/healthcareaudit>.

