Forces outside of our control, such as the “Cadillac Tax” and “Pay or Play” provisions of the Patient Protection and Affordable Care Act, have dictated that employers accelerate interest in reducing healthcare cost trends. These self-insurance and government regulations, coupled with rising benefit costs, have made it mandatory for employers to ensure the payment accuracy of their healthcare administrators. A retrospective audit is a key strategy for employers to identify and remove wasteful healthcare spending and improve vendor performance.

The last time you audited your health plan benefits, you may have missed some opportunities to reduce wasteful spending. Applying the Truven Health Analytics™ BenefitsAudit™ process, our experts collect and analyze data to evaluate past plan performance and turn the results into actionable information. This can be applied to all employee health benefit expenses, including medical, dental, prescription, and FSA accounts.

**Proven Methodology**

Our analysis using 100% of claims proved superior in an independent study that compared our approach that analyzes every aspect of every claim to the industry norm random sample audits. The study found that the random sample failed to identify 90% or more of the errors identified by our 100% methodology. Our methodology also depicts plan utilization more accurately and helps clients identify the root causes of claim errors.

**Features**

- Sophisticated mining and business rules engine generated from your plan design documents and industry standards
- Operational review provides a review of internal control policies and procedures to assess the risk of fraud and error
- Analysis of 100% of claims, much more than the typical random sampling
- Onsite claims audit validates the findings of the 100% analysis

**Benefits**

- Identify and eliminate waste in employee health plan expenses
- Ensure the accountability and compliance of plan administrators
- Provide recommendations on internal control improvements and cost-saving opportunities
- Uncover the root cause of errors to provide a clear path to contract changes and greater return on investment
- Critically evaluate your third-party administrators to negotiate the best contracts

**Product Spotlight**

We use the findings from the 100% claims audit to identify potential errors, and then draw from the exceptions a focused sample for onsite investigation.
BenefitsAudit: Our 100%-of-Claims Audit Solution

Building Your Custom Business Rules

Using your data and your documents to drive your audit:
• We gather your paid claims data and eligibility data from your Pharmacy Benefits Manager and Third Party Administrators
• We review your Summary Plan Documents and Administrative Services Only Agreement to ensure the results are tailored to your business

Data Analysis and Error Identification

Applying our proprietary methodologies and expertise:
• We analyze 100% of your claims for your audit
• We determine compliance with contract terms and plan documents
• We assess financial accuracy of paid claims and administrative processes, including error and fraud detection, overpayments, duplicates, and other errors
• We compare and analyze your data against industry best practices
• We provide exception reports that identify potential issues and errors

Delivering Real Results and Real Value

Targeted onsite review uses exceptions to drive findings:
• From your 100% claims audit, we identify potential errors and then draw from the exceptions a focused sample for onsite investigation
• We provide an operational review that looks at internal control policies and procedures to assess risk of fraud and error
• We identify control weaknesses and their causes and suggest process enhancements

Delivery! Audit Report

Recommendations on internal control improvements and cost-savings opportunities

Why Truven Health

One customer’s 100% claims audit identified more than $7 million (more than 5% of total plan payments) in possible erroneous payments by their third-party administrator for the second quarter of 2011 alone. With opportunities like these, it is important for you to ensure the accountability and compliance of your vendors, and to have the tools and knowledge to collect monetary recoveries.

$127.5M All Claims

$7M Erroneous Payments

$1.3M Surgery Payments

$1.1M Case Management

$2.5M Other Party Liability

$800K Standard Operating Procedures

$1M NCCI

$88K Contract Review

$140K Duplicate Payments

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ABOUT TRUVEN HEALTH ANALYTICS

Truven Health Analytics delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry. Hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, and medical device companies have relied on us for more than 30 years. We combine our deep clinical, financial, and healthcare management expertise with innovative technology platforms and information assets to make healthcare better by collaborating with our customers to uncover and realize opportunities for improving quality, efficiency, and outcomes. With more than 2,000 employees globally, we have major offices in Ann Arbor, Mich.; Chicago; and Denver. Advantage Suite, Micromedex, ActionOI, MarketScan, and 100 Top Hospitals are registered trademarks or trademarks of Truven Health Analytics.

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