Identify and Reduce Healthcare Fraud, Waste, and Abuse

Payment Integrity Solutions
Wasteful use of healthcare accounts for up to 40% of annual healthcare spending because of issues such as administrative system inefficiencies and fraud and abuse.

Furthermore, forces outside of our control, such as “pay-or-play” provisions of the Patient Protection and Affordable Care Act and the “Cadillac” tax, have dictated that employers accelerate efforts toward reducing healthcare cost trends.

Yet employee health benefits remain one of the least-monitored corporate expenses. Most organizations rely on third-party administrators to manage their healthcare spend, and payment integrity is often low on their long list of competing priorities — even though identifying errors can result in significant savings opportunities.

The keys to waste avoidance and substantial cost-savings for employers is meticulous attention to payment integrity issues — making sure the correct payment is made for the correct member, for the correct services, to the correct provider — and ensuring the administrative contract protects the employer’s interests.

The good news? Truven Health Analytics™ provides a comprehensive, powerful, and flexible solution for payment integrity services for employers.
From identification and prevention to investigation and recovery, the Truven Health Payment Integrity solutions can help uncover and eliminate wasteful spending. Backed by more than 20 years of experience, our team of payment integrity experts, proven methodologies, and cutting-edge technology can be applied to:

Audit and Compliance
Whether implementing a new vendor or plan design, or conducting an annual review, our proven claims auditing solutions help ensure claims are paid accurately — and in compliance with plan design.

Fraud, Waste, and Abuse
Our proprietary predictive models and detection algorithms help identify and reduce claims fraud, waste, and abuse — whether by providers or plan members — in the most cost-effective manner.

PBM RFP Contracting and Evaluation
From RFP evaluation to contract negotiation and compliance, our objective pharmacy benefit solutions can give you control over increasing pharmacy costs — without plan design changes or shifting costs to employees.

The Truven Health Difference

Leading-Edge Data Management Solutions
Healthcare data is “big data” — huge amounts of data from disparate datasets that are difficult to handle and even more difficult to analyze. Fortunately, as a data-management market leader, we’ve been working with big data successfully and efficiently for more than 30 years. We’re one of the most experienced providers in warehousing, mining, managing, integrating, and analyzing unparalleled amounts of healthcare-specific data, and we already have the proven methodologies and analytics to address our clients’ challenges.
Our clients typically experience an 8- to 15-percent reduction in their drug spend when using our custom PBM contract.

Payment Integrity Experience
The Truven Health payment integrity solutions team includes Accredited Healthcare Fraud Investigators, Certified Fraud Examiners, and other highly accomplished professionals who have practical, hands-on experience in the fields of claims administration, network management, medical management, claims auditing, pharmacy benefits, and benefits consulting — gained from working at major corporations, national health insurance companies, and consulting firms. Our team has handled just about every possible benefit plan scenario.

Driving Real Value
For more than three decades, our Payment Integrity suite of fraud detection algorithms, predictive models, audits, and investigations have helped our clients prevent, identify, and recover hundreds of millions of dollars in fraudulent claims. Perhaps more importantly, our service-center model allows immediate deployment with actionable results and quantifiable ROI.

Our results often speak for themselves:
- Identified potential overpayments due to fraud, waste, and abuse equal to 6 percent of client’s healthcare spend
- More than $4 million in savings were identified as a result of correcting errors and noncompliance with benefit plan design
- Recovered 4 percent of the client’s annual gross drug spend though PBM discount validation audit, resulting in an ROI greater than 10:1
- More than $6 million in savings were identified and members were incented to use the most cost-effective and highest-quality distribution channel for prescription drugs

FOR MORE INFORMATION
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