

Our approach is different from most vendors in that we do not utilize a sampling methodology. Healthcare Horizons performs a comprehensive review of all paid claims using our electronic capabilities and proprietary claims audit logic. We are confident that a comprehensive review is superior to a sampling methodology because it:

- ❶ Identifies **all** incidences of a particular type of payment error,
- ❷ Allows for the payer to validate the findings of the audit based on specific claims information, and
- ❸ Provides more convincing evidence of operational issues at the payer site to facilitate process improvement and prevent future occurrences.



➡ **Our approach to these audits is as follows:**

- Obtain a full data set of claims paid for the last 18-24 months
- Gather information on benefits, eligibility, claims processes, provider contracts, and plan design to apply in our algorithms
- Systematically review the data set using standard and ad hoc queries
- Work with the Third Party Administrator to confirm logic used in overpayment reports
- Identify process improvement opportunities to minimize future errors
- Work with employer and Third Party Administrator to plan recovery of overpaid claims
- Focus on retraction efforts to minimize lag in recovery and increase percent realized
- Monitor recovery performance to ensure overpaid claims are recovered
- Use reports and modeling to resolve any other issues found in audit
- Recommend actions that can improve client satisfaction with Third Party Administrator