



Audit Advantage for outpatient claims offers unparalleled clinical and audit expertise.

As a vendor of choice for CMS and some of the largest health plans in the country, Performant originally developed the outpatient audit solution to support a national health plan's APC program. Our solution was so successful, it was adopted by CMS nationally for post-payment recovery audits.

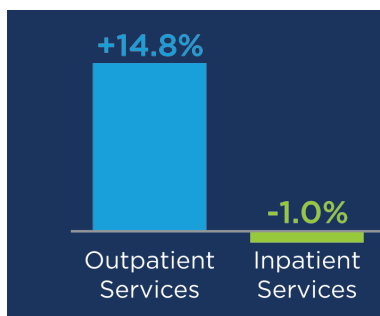
Identify improper payments for the spectrum of outpatient claims while protecting critical provider relationships.

The market is shifting toward outpatient services. Is your claim audit program equipped to respond?

Prior to the emergence of COVID-19, the healthcare industry saw exponential growth in outpatient versus inpatient services. However, the public health emergency created by the COVID-19 pandemic has catalyzed significant change in healthcare delivery, with an ever-increasing shift to outpatient care.

With this rising trend toward outpatient care, health plans can expect incremental growth in abusive billing and the need for specialized outpatient claim audit and recovery programs.

Audit Advantage for outpatient claims was designed by Performant in response to this industry shift. The scalable, comprehensive outpatient audit program protects plan dollars and improves plan oversight of the broadest range of claims, including Ambulatory Payment Classification/Ambulatory Patient Group (APC/APG), Professional (percent of charge, fee schedule, or other line payment method), and ambulatory surgical center (ASC).



By 2029, outpatient services are projected to increase by 14.8%, whereas inpatient volumes are expected to decrease by 1.0%.

Source: Sg2 Impact of Change®, 2021

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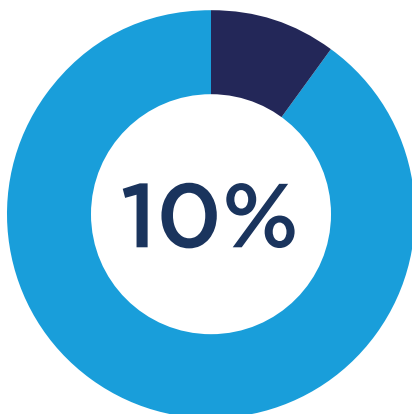
THE BOTTOM LINE

plans to perform line item reviews of billed outpatient services, complexity of classification grouping, differences in weighting, and myriad fee schedule details can also complicate the identification of improper payments during audits. **Audit Advantage** for outpatient claims is designed to alleviate these concerns, increase post-payment recoveries, and generate pre-payment savings, while protecting your critical provider relationships.

Performant's team of clinical experts, supported by our industry-leading data processing platform and a library of detection algorithms, conduct both data mining and medical record reviews of outpatient claims. We identify claims potentially paid in error and apply our proprietary scoring and selection model to target only claims with the highest likelihood of return for medical record review. In addition to reviewing outpatient claims for billing and coding errors, certified coders and nurse reviewers perform level of coding reviews, including those for pre-authorized services, at the CPT service level to identify and amend errors that generated higher level APCs/APGs than were substantiated by medical documentation.

Performant manages every stage of the audit, from requesting and processing provider medical records for selected claims and conducting the clinical audit to developing clear findings with documented rationale. We also process and mail the results letter, handling all provider communications ethically and transparently throughout the process.

Performant's clinical and audit experts perform **more than 50,000** outpatient audits annually.

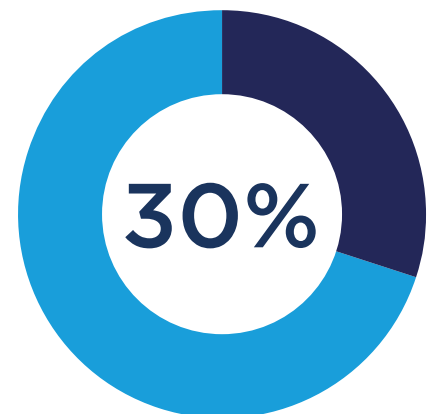


Provider revenue from outpatient services has grown by 9.6% since 2019, according to a 2021 Kaufman Hall report.



\$4.5k

Performant's average outpatient claim finding is \$4,500 with findings ranging from \$3,000 to \$7,500 per claim.



On average, 30% of outpatient claims audited by Performant result in findings.



Click [Audit Advantage Chat](#) to schedule a 30-minute discovery session with one of our outpatient Audit Advantage advisors today.