



How has Performant garnered such a high level of claim audit and data mining proficiency?

Nearly two decades of experience serving government and commercial payers

Centers for Medicare & Medicaid Services (CMS) Recovery Audit Contractor (RAC) for Region 1 and Region 5

Sole Home Health, Hospice & Durable Medical Equipment, Prosthetics, Orthotics, & Supplies (DMEPOS) RAC (Region 5) for CMS

Exclusive medical review and consulting contractor for the Department of Health and Human Services Office of the Inspector General (HHS OIG)

Expert-led overpayment identification to augment your team while protecting critical provider relationships.

Identify inappropriate or unnecessary payments to recover more dollars for your health plan and effect prepayment savings.

Properly addressing wasteful or abusive billing requires healthcare leaders equipped with information on the latest best practices, tools, and techniques

to identify and recoup dollars lost to fraud and abuse. Performant’s **Audit Advantage** and **Data Mining Advantage** solutions—led by experienced healthcare audit experts and supported by sophisticated analytics technology—offer a suite of payment integrity services designed to help health plans control costs.



One of the most prevalent challenges for health plans is the issue of fraud, waste, and abuse in healthcare. An estimated \$760 billion to \$935 billion of annual healthcare costs can be attributed to waste, including fraud and abuse, accounting for approximately 25% of total healthcare spending.

Source: 2019 JAMA paper

AUDIT ADVANTAGE

Unparalleled clinical and audit expertise supported by segment specialists, state-of-the-art predictive analytics, and top-tier customer service.

Performant offers a comprehensive suite of clinical (complex) review audits proven to generate post-payment recoveries and prepayment savings. Audits are segmented into categories spanning a broad range of claim types, ensuring each health plan's high-risk claim categories are monitored for potential overpayments:

- **Inpatient and Facility Audits:** Diagnosis Related Group (MS-DRG and APR-DRG), Readmission, Skilled Nursing Facility, and Short Stay
- **Outpatient Audits:** Ambulatory Payment Classification (APC), Non-APC/APG, Ambulatory Surgical Centers, and Other Outpatient such as Clinical Laboratory Testing (including Genetic Testing) and High-Cost Drugs
- **Post-acute Home Care Audits:** Durable Medical Equipment (DME)/Home Infusion Therapy (HIT) and Home Health

Our suite of payment integrity services offers:

- Experience from multiple CMS RAC programs and commercial payers representing 200M+ covered lives
- Fast program implementation for accelerated recovery and ROI
- High accuracy and customer service ratings with a focus on protecting critical provider relationships
- Proprietary technology, online reporting, and dedicated teams focused on building long-term partnerships
- Ability to offer most audits in a prepay position for cost avoidance

DATA MINING ADVANTAGE

Innovative technology, backed by analysts and policy experts, applies data management and analytics to help maximize premiums and recoveries.

Our extensive data mining solution suite is designed to recover overpayments and help prevent leakage. We leverage a robust library of proprietary algorithms to identify and correct errors related to interoperability, mismatched data sets, changing coverage policies, and monitoring and controlling automated systems. Our data mining audits are divided into four groups with hundreds of edit concepts:

- Coordination of benefits and eligibility
- Production data mining
- Exploratory data mining
- Contract compliance reviews

Because COB often presents the largest savings opportunity, we offer a suite of COB data mining services that pairs a team of experts with sophisticated technology to identify and correct communication breakdowns between employers, health plans, and government entities and find missed savings hidden in eligibility data files and divided by siloed processes:

- **COB data mining** analyzes eligibility, paid claims, group demographics, and in-house data to identify claims where Medicare or another payer is primary.
- **COB 360** builds on COB data mining by adding Section 111 data, query-only/HEW files, and CAQH COB Smart® data (if available) to ensure maximum value is extracted from all eligibility data sources.
- **COB Plus** enhances COB 360 with COB Smart®, the only national commercial and state database for member eligibility data from CAQH, to provide the greatest recovery opportunity.



For more information about our suite of robust payment integrity services, contact us at marketing@performantcorp.com or visit www.performantcorp.com.