

We Make It Right



Healthcare Horizons focuses exclusively on healthcare claims audits for self-insured employers. **It is what we do. It is all we do.** Our people-centered process is described below.



Regular audits keep costs in check

It is crucial that self-insured employers conduct annual healthcare claims audits because one of the unintended consequences of self-insuring is that claims payers have no financial incentive to control costs. Errors can range, on average, from 1 to 3 percent of total claims, a cost that self-insured employers must cover out of their own pockets. Regular audits help keep healthcare expenses in check and ensure that employers are:

- Fulfilling their fiduciary responsibilities
- Not overpaying claims or paying claims in error
- Identifying and eliminating systemic errors
- Recovering overpayments within the TPA's timing limitations, typically two years



Know your audit rights

Healthcare Horizons can help you better understand your audit rights so you can avoid pitfalls like limitations to random sample audits or a two-year "no recovery" trap. We offer free audit rights assessments to self-insured employers.

What are your rights?

- Contingency or fixed-fee pricing?
- Comprehensive vs. random sample approach?
- How many claims can be reviewed on-site?
- Audit period allowed?



Understanding the 100% Difference

Your current TPA service agreement may limit you to a random sample audit, which we will accommodate if necessary. However, a random sample audit will not look at every claim, possibly leaving thousands of dollars paid in error. Our comprehensive audit reviews 100% of claims paid, analyzing all claims data to find errors. The recovered dollars are returned to YOU.

**Finding the source. Correcting the problem.
Putting things back the way they should be.**



We turn over every stone during your audit

After minimal set-up time required from you, we work behind the scenes with your TPA so you can focus on your business. Our executive team is involved in every audit, and our expert data review process triggers the creation of custom queries for “best probable error” selection, identifying more systemic errors. We search to find overpayments and errors, taking into account:

- Eligibility
- Medical coding accuracy
- Benefit maximums
- Excluded services
- Inpatient re-admissions
- Patient responsibility
- Abusive billing/fraud
- Duplicate billing
- Contracted rates
- Coordination of benefits
- Modifier pricing, and more ...



Reviewing the 100% Difference report

Your next step is reviewing the completed audit report! We provide accurate, reliable information so that you can make the best recovery decisions for your members. You are in charge, and you determine which claims to recover. We work with your TPA to monitor collections and help negotiate credits or settlements. On contingency-priced audits, Healthcare Horizons is paid only after the recovered dollars are deposited into your account.

The 100% Difference report:

- Summarizes the total dollars identified by issue
- Provides details on each selected sample claim error and the dollar impact
- Makes recommendations regarding plan design, root-cause correction, and benefit changes



Recovered dollars are added to your bottom line

We want our clients to have the highest level of confidence in the audit process. To achieve that end, we offer customized, flexible pricing options designed to meet your needs and accommodate your TPA requirements. Our fixed-fee pricing ensures you know exactly what your out-the-door audit cost will be. We also offer a risk-free, contingency pricing structure that is based on what we collect, not on the errors we identify.

Find answers to frequently asked questions at www.healthcarehorizons.com.

CLAIMS AUDIT TIMELINE

