

CLINICAL AUDITS

Minimize waste with deeper insights

In a competitive healthcare marketplace, cost containment is more important than ever. Unit errors, duplicate charges, wrong codes, and more are impacting your satisfaction levels and revenue streams, presenting significant risks you can't afford. Even more challenging is finding the time and resources to correct complex billing errors and claims.

To help you better address questionable costs, Discovery Health Partners (Discovery) offers a comprehensive Clinical Audits solution that helps evaluate the cost and clinical appropriateness of charges before and after they're paid. Using proprietary audit and data mining algorithms backed by expert clinical review, Discovery helps health plans better manage claims workflows, save valuable time and generate a higher return.

With Discovery's Clinical Audits, you can:

- Maintain a high sensitivity to provider outreach, increasing engagement
- Reduce paid expenses with an additional level of clinical reviews and insights
- Maximize current contracts, coding, and billing efficiencies
- Gain increased visibility into claims and medical review for:
 - o DRG Pricing
 - o Hospital Bill Audits
 - o Itemized Bill Review Audits

Ways we help

- 1. Technology:** Our flexible proprietary system provides secure pre- and post-claims payment analysis, identifies erroneous claims and overpayments, spots pricing errors, manages recoveries, and delivers custom reports.
- 2. Expertise:** Our seasoned medical experts and clinical auditors know how to work with your provider networks and unique policies to increase positive outcomes and maintain healthy relationships.
- 3. Efficiency:** Our tools and people take the hassle out of finding billing discrepancies, saving you valuable time, improving provider behavior, and offering greater recovery potential.

Our thorough auditing services allows for more efficient gathering of billed charges and supporting medical information to ensure accuracy of payments across a wide range of services and claims types. These detailed audit findings reveal opportunities to update flaws in coding and billing processes, and minimize future errors.

Who is it for?

Payment integrity directors, health plan analysts, and auditing staff at health plans.

What does it do?

Reviews a variety of services and claims types according to your plan's specific billing and payment policies to reduce bill totals, improve provider behavior, and protect your revenue streams.

How does it work?

We are with you every step of the Clinical Audit process—from claims analysis to clinical review and provider communication to final recovery.

Key metrics

Hospital Bill Audits

- Selection: 10.16%
- Hit rate: 75.76%
- Savings/spend: 4.47%

Itemized Bill Review

- Success rate: 79%
- 6% savings based on billed charges

Medical Necessity Short Stay

- Selection: 10.2%
- Success rate: 52%
- Savings/claim: \$2350

