



Benefit Plan Claim Audits



Plan Payment Accuracy

Third-party administrators may inadvertently pay providers incorrectly for a number of reasons, from paying claims multiple times to paying providers more than the contracted rate. Incorrectly paid claims are a huge financial and administrative burden that can be largely avoided.

In Medicare alone, \$60 billion is lost annually to fraud, waste, abuse and improper payments.

If your plan is self-insured, it's critically important that every healthcare dollar you spend is for legitimate expenses. A Health West audit takes a comprehensive look at your plan document and plan payments to ensure that they are correct, appropriate and that you have not paid for expenses the plan does not owe. We identify root causes and provide insight to prevent future errors.

Our Medical Plan Audit can review 100% of your paid medical, dental and vision claims to reveal inconsistencies and identify overpayments.

Unnecessary Emergency Room Visits

On average between 13.7 to 27.1 percent of all emergency room visits are unnecessary and could be treated at an alternative place such as the physician's office, an urgent care center, or a walk-in clinic.

We scrub your data for these claims and have a nurse reach out to the patient (or employee for a minor child) to determine why they chose the emergency room and to help them understand their alternatives to the emergency room.

Emergency Room "Frequent Fliers"

The overuse of emergency rooms is responsible for \$38 billion in wasteful spending each year. It is important for your plan to understand the reason these "Frequent Fliers" seek care in the emergency room.

This is why we have nurses contact them to provide alternatives to the emergency room for non-urgent conditions.

Having this information helps us to understand how to better structure your plan benefits to help your members and lower your plan costs.



Provider Network Audit & Usage

Our auditing methodology is used to monitor your claims administrator's performance against the plan's contractual guarantees. We audit 100% of your claims and measure your administrator's overall performance.

Each client is different and that is why we deliver a custom and comprehensive auditing process.

Besides fraud, overpayments and duplicate payments we pay attention to the out-of-network claims as well as the in-network claims. We have found that third-party administrators ignore the limits of the plan and are paying significantly more for out-of-network claims. This issue alone can result in over 1% of additional plan savings.



A Health West audit shows that you are fulfilling your fiduciary obligations under the Employee Retirement Income Security Act (ERISA). It ensures your company's plan is operating as efficiently as possible.

Identification—of most significant leaks and recovery opportunities.

Confirmation—of payment accuracy.

Assurance—that systems and processes are in place that will optimize claim paying performance.

Fulfillment—of due diligence and fiduciary responsibility.

Identification—of human misrepresentation of plan language.

Enhancement—of the administrator's understanding of the plan.