

Milliman

Payment Integrity



Auditing healthcare claims data for fraud, waste, and abuse is often overlooked and seen as an insignificant place to start for finding waste in the healthcare industry. However, for organizations balancing a large number of members, auditing has the potential to save valuable money and time. Medical and pharmacy claim audits have been available through Milliman for over 15 years. Now with Milliman Payment Integrity (MPI), traditional auditing services have been standardized to provide important due diligence analysis and recommendations for healthcare organizations concerning fraud, waste, and abuse.

About Payment Integrity

Through the growth and sophistication of healthcare, the demand for a powerful claims auditing tool inspired the development of MPI. With this robust product for analyzing data, complex and unrefined scenarios from massive data compilations could be made simple through analysis to break down audit findings into digestible information used for decision making. MPI has the ability to audit medical, prescription, drug, dental, and vision claims. By running over 30 manual claims audits a year, MPI is easily one of the most reliable products on the market for analyzing claims data to save money and reduce cost. MPI software is designed to be seamlessly integrated into the MedInsight Solutions or as a standalone product.

MPI has the ability to:

- Audit 100% of claims and test for millions of potential issues in over 70 different categories.
- Create a detailed list of claims to manually audit from potentially problematic claims identified in the automated audit.
- Comprehensive audits, including analysis of:
 - Potential billing errors or anomalies
 - Duplicate claims and services
 - Assistant surgeon abuse
 - Outlier charges
 - Overpayments
 - Unbundling and up-coding
 - Accuracy of accumulations, such as deductible and out-of-pocket
 - Data integrity between claims processing system and accumulators
 - Potential subrogation claim
 - Drug refills too soon
 - Hospital specialty drugs
 - High frequency DME and ambulance rides
 - Stop-loss maximums
 - Eligibility issues
 - Fraud and abuse
 - COB recovery opportunities

Savings and Benefits

Every year, billions of dollars are wasted due to providers that are inconsistent in providing patients with medically necessary services meeting professionally recognized standards. With healthcare costs increasing at a high rate, managing where money can be saved is crucial. Through proper and effective claims auditing, healthcare organizations can detect and deny claims that are improperly billed and implement interventions to reduce the number of claims that are submitted erroneously, as well as identify flags for inefficiencies. By evaluating and detecting wasteful spending, potential savings can allow for healthcare costs to be lowered and for those savings to be passed on to more affordable healthcare plans for patients.

Value Added Analysis

Our MPI solution has added value to fraud, waste, and abuse detection in several ways.

- Severity scoring allows clients to filter out the noise from the results and focus on issues that are more significant and less subject to physician or billing policy interpretation.
- Payment recovery calculator allows estimation of potential recovery based on type of error, the error results, and our experience with auditing plans around the country.
- Uses powerful MedInsight reporting tools, including drill down analysis tools, dashboards, parametrized reports, and visualization tools to turn your data into actionable intelligence. Existing MedInsight users can use MPI with little to no additional training effort.

To learn more, please contact milliman.medinsight@milliman.com.

