



Does your plan's Durable Medical Equipment (DME) and Home Infusion Therapy (HIT) audit program need a boost?

DME and HIT claims are a well-known area of healthcare fraud and improper payment. Review of DME/HIT claims is an important step in ensuring the accurate payment of claims; driving correct utilization; and stemming the propensity toward fraud, waste, and abuse.

Our DME and HIT audits are supported by an experienced team of specialists, including registered nurses, certified coders, auditors, business and data analysts, and a concept ideation team of subject matter experts. Working under Medical Director

Performant has completed **+300k DME/HIT audits** for health plans nationwide, representing **+14M covered lives**.

oversight this team provides complex (clinical) claim audits and data mining audits to identify and resolve DME/HIT overpayments.

Complex (clinical) audits of DME claims require medical records and other source documentation are examined for a broad range of factors to validate the presence of overpayments or inaccurate billings, ensuring adherence to coverage and reimbursement policies. Performant reviews numerous audit parameters, including, but not

Advanced Home Care Audits

A trusted DME/HIT audit vendor for commercial plans and the sole Home Health, Hospice & DMEPOS Recovery Audit Contractor for CMS, Performant utilizes our expertise in high-risk/specialty audits and long-standing commercial payer relationships to offer proven DME/HIT audit programs backed by transparent reporting, web-based program metrics, and proprietary analytic tools.

At a Glance

The Problem

- DME/HIT claims are prone to payment errors and billing abuse leading to costly claims overpayments
- DME/HIT audits require specialized audit expertise and a mature data mining program
- Automated programs often lead to increased appeals and provider abrasion with minimal recoveries

The Solution

- Leverage our extensive library of proprietary algorithms, sophisticated scoring, and selection technology to identify overpayments
- Deploy a highly trained team of specialists, working under Medical Director oversight
- Offer flexible audit workflows that ensure alignment with the payer's existing audit process

THE BOTTOM LINE

limited to, proper documentation of written order and proof of delivery, correct coding, correct units, and continued need/continued use.

Complex (clinical) audits of HIT claims evaluate medical records for criteria such as indicated diagnosis, correct delivery/administration, correct coding, and duplicative billing. Performant's complex (clinical) claim audits include identifying claims potentially paid in error, requesting provider medical record for a selected subset of identified claims, receiving and processing all medical records, executing audits, developing clear findings (if any) and documenting the findings rationale, processing and mailing results letters, and offering provider communication throughout the process.

28%[†]

average hit rate for DME/HIT claim audits*



\$900

average audit finding for DME/HIT claim audits*

* Net metrics after overturns and cancellations.

† Hit rate spans 25 to 30%.

Data mining reviews of DME/HIT claims examine claims data and other supporting information for specific factors to ensure to correct coding and billing. Performant applies our library of algorithms to identify claim payments inconsistent with nationally recognized coding standards or payer policies, or that contain other clear billing inaccuracies. Claims data is reviewed for a variety of audit parameters, including, but not limited to, units, correct coding, duplicative billing, and same or similar equipment.

In the course of a data mining audit, Performant will identify claims potentially paid in error, perform a review of pertinent contextual information (cross-type claims, patient history, etc.), develop and validate clear findings (if any), and document the findings rationale. A finding is triggered when a claim, together with its associated historical claims and other factors, matches the criteria for adjustment. We are also equipped to handle any pertinent provider communication and engage recovery operations, if needed.

Partnering with Performant for DME/HIT audits often results in payers **identifying and recovering 5% to 10%** of associated claim payments.



For more information on our healthcare payer solutions, visit <https://www.performantcorp.com> or contact us at healthcare.info@performantcorp.com.