



Medical Plan Audit

Your solution to reduce claim errors.

Third party administrators and pharmacy benefit managers 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 company is self-insured, it's critically important that every healthcare dollar you spend is for a legitimate expense. An HMS Medical Plan Audit is the key. It takes a comprehensive look at your plan, plan benefits, and payments to ensure they are correct and appropriate. We identify root causes and provide insight to prevent future errors.

We provide oversight of the carrier's recovery efforts for up to six months after the completion of the audit.

Our Medical Plan Audit can review 100% of your paid medical, pharmacy, dental, vision, and mental health claims to reveal

inconsistencies and identify overpayments.

Benefits include:

- A more efficient health plan
- Legal compliance
- Potential cash recoveries
- Elimination of systemic spending problems

An HMS Medical Plan Audit shows that you are fulfilling your obligations under the Employee Retirement Income Security Act (ERISA). It ensures your company's plan is operating as efficiently as possible.

Both the detailed audit report and our recommendations will improve your plan's compliance and performance. They can help refine internal policies and procedures, leading to systemic improvements and ultimately more savings.

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The Medical Plan Audit is part of our commitment to give you the broadest range of cost containment services in healthcare so you can keep improving your performance. Let us go to work for you.

Contact HMS today to get your health plan under control through a Medical Plan Audit.

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Enterprising healthcare

HMS provides the broadest suite of cost containment solutions in healthcare to help payers improve performance. Using innovative and time-tested technology and analytics, we prevent and recover improper payments related to fraud, waste, and abuse. Using our services, customers recoup billions of dollars every year and save billions more through the prevention of erroneous payments.